

PCMS

NEWSLETTER

◆ A publication of the Pierce County Medical Society ◆

Volume 6 Number 1

January 1991

HAPPY NEW YEAR

1990 Dr. Klatt Says Goodbye



Dr. Marsh 98th President 1991

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

Anthony J. Haftel, M.D.

Emergency Medicine. Born 12/09/44 in Pennsylvania. Medical School, Drexel University, 1971; Internship, University of California, San Diego, 1972; Residency, University of California, San Diego, 1973; Graduate Training, University of Chicago, 1977. Licensed in Washington. Board Certified Emergency Medicine, 1983. Dr. Haftel is practicing at St. Joseph Hospital.

Jonathan L. Ritson, M.D.

Physical Medicine and Rehabilitation. Born 1/28/57 in New York. Medical School, Medical University of South Carolina, 1985; Internship, University of Washington, 1986; Residency, University of Washington, 1989; Graduate Training, Michigan State University, 1990. Licensed in Washington, 1990. Dr. Ritson is practicing at 1901 South Cedar, #302, Tacoma.

Welcome to New Members

The Board of Trustees at its December 1990 meeting approved the Credentials Committee recommendation that the following applicants be approved for membership into the Society. They are:

Noelle Thabault, M.D.

OB/Gyn
316 South K Street, #309, Tacoma

Robert Wright, M.D.

General Surgery
302 14th Avenue SE, Puyallup

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Higher Rates Taxing for 1991

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David E. Law Vice President
Joseph H. Wearn Secretary-Treasurer
Gordon R. Klatt Past President

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K. David McCowen
Robert W. Osborne, Jr.
Stuart D. Freed
Mary Lou Jones

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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Pierce County Medical Society

223 Tacoma Avenue South

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By Mike Mitka, *American Medical News*, November 1990

Upper-income taxpayers, including many physicians, will feel the brunt of rate hike changes and other adjustments found in the new tax law. The top tax rate for 1991 rises from 28% to 31%, while deductions are reduced and exemptions get phased out.

The cap on employers wages subject to the 1.45% Medicare tax was raised from \$51,300 to \$125,000. That means those being paid at least \$125,000 will have an additional \$1,069 taken out of their paychecks.

While the cap on the capital gains tax drops from 33% to 28%, the alternative minimum tax rate rises from 21% to 24%.

Congress and the President also agreed to excise tax hikes and a 10% luxury tax jump that includes purchases of cars above \$30,000. Accountants and analysts are still probing the new law, looking for openings that offer some breaks to those expected to pay more taxes — they aren't finding many.

One bit of good news for people filing joint returns who make between \$78,400 and \$185,760: the 33% tax rate has been eliminated. Now all taxpayers filing single returns will face the 31% rate for income above \$49,200, while that rate for joint filers hits at \$82,050.

William Kistner, a Chicago tax partner of Ernst & Young, cautions that the new general rules must be applied to specific taxpayer situations, which can lead to complications that may affect the pocketbook. For example, he said a general rule dictates that people who can transfer part of their income into 1990 should transfer as much as possible to pay at the 28% rate instead of the new 31%. But some people doing just that could find themselves in the current 33% "bubble" and will end up paying more.

"Don't get swept away by the idea of accelerating income without sitting down and running some projections," said Kistner. Exemptions will be phased out for single filers beginning at \$100,000 and ending at \$225,000, and for joint filers beginning at \$150,000 and ending at \$275,000.

The increase in the alternative minimum tax rate could snare many taxpayers, experts warn. The tax can apply to those with sizable itemized deductions and to professionals in small businesses who have a lot of equipment depreciation.

Taxpayers who may be affected by the alternative minimum rate must calculate taxes using both the regular tax rules and the rules for the alternative minimum and then pay the higher amount. With the alternative tax, certain benefits, such as deductions for state and local taxes, may be lost.

Aids Committee To Conduct Survey

The Medical Society AIDS Committee chaired by Alan Tice, M.D. met with community leaders regarding the anticipated future shortage of primary care physicians for AIDS patients. Tacoma Family Medicine, and the CHCDS Clinics have reached their capacity, and many patients are being referred to the emergency room. This meeting was an attempt at trying to broaden the number of primary care physicians seeing AIDS patients. There was discussion regarding the difficulty in treating AIDS patients. It was sug-

gested that if each physician would treat one patient, the problem would be solved. Many barriers exist for family physicians in treating AIDS patients. Expertise is difficult to gain when treating only one patient, many AIDS patients want specialists, and AIDS patients can be difficult and time consuming to care for. A survey will be sent to primary care physicians and specialists involved in caring for PWA's asking their opinions and practices in regard to treatment of AIDS patients.



EXPEDITION ANTARCTICA

featuring

Dennis F. Waldron, M.D.

and

Lavonne Stewart-Campbell

“A Literate Society?”

Date: Wednesday, January 23, 1991
Time: Lunch 12 pm, Program 12:45 pm
Place: Tacoma Dome Hotel (Quality Inn)
Cascade Room 2611 East E Street
Price: \$10.50 per person

Yes, I (we) have reserved January 23, 1991 to join the retired members of the Pierce County Medical Society at the “Expedition Antarctica” and “A Literate Society?” luncheon.

Please reserve _____ lunch(es) for me at \$10.50 per person (includes tax and gratuities). I have enclosed my check for \$_____.

Dr. _____

Please return no later than Friday, January 18, 1991, or call the Society office at 572-3709 to confirm your attendance



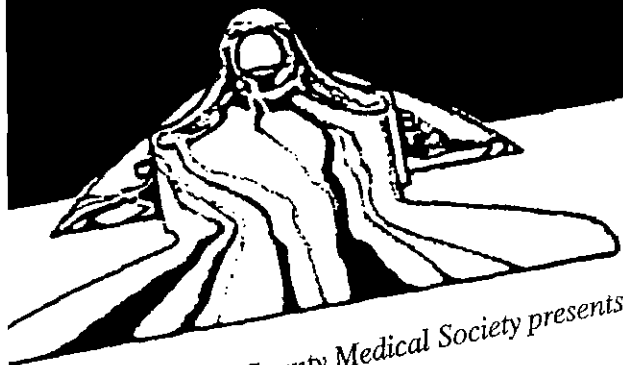
Pierce County Legislators

LEGISLATIVE HOTLINE.1-800-562-6000

Legislative Address: Senator/Representative John/Jane Doe

Legislative Building Olympia, WA 98504

<u>Residence</u>	<u>Olympia</u>	<u>Residence</u>	<u>Olympia</u>
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Rep. Marilyn Rasmussen (D) 33419 Mountain Highway East Eatonville 98328	847-3276	786-7824	
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Representative Wes Pruitt (D) 6215 55th Avenue Court Gig Harbor 98335	858-3154	786-7802	
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Representative Ruth Fisher (D) 1922 North Prospect #9 Tacoma 98406	752-7926	786-7930	
Representative Art Wang (D) 3319 No. Union Tacoma 98407	383-5461	786-7974	
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Representative Art Broback (R) 3616 Soundview Dr. W. Tacoma 98466	564-4432	786-7958	
Rep. Shirley J. Winsley (R) 539 Buena Vista Avenue Tacoma 98466	564-5494	786-890	
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Rep. Rosa Franklin (D) 7827 South Asotin Tacoma 98408	473-6241	786-7906	
Rep. Brian Ebersole (D) Legislative Bldg. 3rd Fl. Olympia, WA 98504	472-9414	786-7996	
30TH LEGISLATIVE DISTRICT			
Sen. Peter von Reichbauer (R) P.O. Box 3737 Federal Way 98063-3737	931-3913	786-7658	
Rep. Jean Marie Brough (R) 1118 South 287th Place Federal Way 98003	839-6903	786-7830	
Rep. Maryann Mitchell (R) 33010 39th Place S.W. Federal Way 98023	874-5769	786-7898	
CONGRESSIONAL OFFICIALS			
Sen. Brock Adams (D) 513 Hart Senate Office Bldg. Washington D.C. 20510	442-5545	202-224-2621	
Sen. Slade Gorton (R) 324 Hart Senate Office Bldg. Washington D.C. 20510	442-0350	202-224-3441	
Rep. Norm Dicks (D) 2429 Rayburn House Office Bldg Washington D.C. 20515 621 Pacific Ave. Suite 201 Tacoma 98402		202-225-5916	593-6536



The Pierce County Medical Society presents

do not resuscitate orders: use, abuse and non use

featuring

Dr. Daniel G. O'Hare

Ethicist

Sloan-Kettering Cancer Center



Date: February 12, 1991

Place: Executive Inn (Fife)
5700 Pacific Hwy E.

Time: Cocktails: 6:00 pm (no host)

Dinner: 6:45 pm

Program: 7:45 pm

Price: \$16 per person
(\$18 the day of the meeting)

Yes, I (we) have reserved the evening of Tuesday, February 12, 1991 to join members of the Pierce County Medical Society at their February General Membership Meeting and to hear Dr. Daniel O'Hare speak on "Do Not Resuscitate Orders: Use, Abuse and Non-Use."

Please reserve _____ dinner(s) at \$16 per person (meal, tax, and gratuities included).

Enclosed is my check for \$ _____

Dr. _____

Please make check payable to PCMS and return no later than Friday, February 8, 1990.

PCMS wishes to thank St. Joseph Hospital for their support of this program



Faith and Ethics in the Workplace

Ethics. Sounds simple when defined this way by William Shakespeare: "This above all - to thine own self be true, and it must follow, as the night the day, thou canst not then be false to any man." But try to follow that advice on the job. Not so simple when you consider the complexities of contemporary enterprises, responsibilities, regulations, careers, competition, human relations, and rights.

On February 16, the Lite Office at Pacific Lutheran University is offering a seminar to explore these ideas. Dr. Hubert Locke, Director of the Society and Justice program at the University of Washington, will open the day with his keynote address entitled, "Creeds and Conflicts: Faith, Ethics, and the Workplace". The workshop following will be directed at Pacific Professions. Dr. Roy Virak will lead the discussion for physicians and Carolyn Schultz will lead the discussion for nurses and other health care givers. Other groups will include business and industry, education, communications, law, and politics. For more information, please contact the Lite Office at Pacific Lutheran University, 535-7342 or Joan E. Halley, D.O., 851-5121.

Why Only One?

Two or three ballots returned for the 1991 election indicated some displeasure with having only one candidate for president and the other officer positions. Robert's Rules of Order recommends that only one candidate be presented on the ballot. "Although it is not common for the nominating committee to nominate more than one candidate for any office, the committee can do so unless the bylaws prohibit it. It is usually *not sound to require the committee to nominate more than one candidate for each office, since the committee can easily circumvent such a provision by nominating only one person who has any chance of being elected.*"

In 1986 the Bylaws of the Society were revised to follow Robert's guidelines because it was difficult to get a candidate who had been defeated to seek re-election.

The Nominating Committee consists of the Executive Committee and four at-large members elected at the September General Membership Meeting.

Drs. Guller, Insalaco, Leave for Saudi Arabia

Dr. Barbara Guller and Dr. Samuel J. Insalaco left recently for duty with the armed forces in Saudi Arabia. On behalf of all of us who remain, the Pierce County Medical Society offers our appreciation for their service and our hopes for their swift and safe return from the Gulf.

Coalition Introduces Legislation

The Coalition For A Tobacco-Free Pierce County, chaired by **Dr. Gordon Klatt**, and staffed by the Medical Society, recently conducted an opinion survey of City and Pierce County government representatives. The survey, conducted prior to the November election had a 39% return rate. One-hundred percent of the respondents feel that the sale of cigarettes to minors should be regulated and enforced. All but one supported eliminating cigarettes from vending machines (except in taverns and cocktail lounges), and this same number believes that Pierce County/Washington State should be a leader in tobacco control. Elimination of smoking in the workplace and the concept of a tobacco-free Pierce County/Washington State were the next highest priorities.

The Tobacco Coalition has introduced strengthened smoking ordinances to both the City and County governments for adoption. Mr. Greg Mykland is sponsoring the City ordinance and Ms. Barbara Skinner is the sponsor for the County. Boty Mykland and Skinner enthusiastically supported the amendments. The County ordinance has been reviewed by the attorney and has been assigned to the Health and Solid Waste Committee for review. The City ordinance is being reviewed by the City attorney. The changes in these ordinances will strengthen no smoking in workplaces and will essentially eliminate smoking except in designated areas.

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Team Building: Your Office Mandate for the 90's

Pierce County Medical Society presents a dynamic series of five workshops for physicians and staff to help you build a more effective medical office team.

Workshop presenters are the partners of Manageability: Norma Larson, Kay Harlan and Steve Larson, along with other knowledgeable professionals in the community.

Physicians and staff all will benefit from this series of teaching seminars.

PROGRAM 1 - Essentials of Team Building: Are You Putting Square Pegs in Round Holes?

Employers and staff, Friday, March 8, 1991 12:30-5:00 pm, Jackson Hall

PROGRAM 2 - Team Captain: The Physician

**Employers Only*, Friday, April 5, 1991 12:30 - 5:00 pm, Jackson Hall*

PROGRAM 3 - Team Building: Motivating Your Staff

Employers and staff, Friday, May 3, 1991 12:30- 5:00 pm, Jackson Hall

PROGRAM 4 - Team Problem Solving: Nuts and Bolts

Employers and staff, Friday, June 7, 1991 12:30-5:00 pm, Jackson Hall

PROGRAM 5 - Your Team Image: Marketing and Service

Employers and staff, Thursday, June 27, 1-5:00 pm, Jackson Hall

PCMS Members/Staff

\$50 per program
\$225 (Advance registration, 5 programs)
\$180 (Advance registration, 4 programs)

NonMembers/Staff

\$65 per program
\$300 (Advance Registration, 5 programs)
\$235 (Advance registration, 4 programs)



Register in advance for the full series and receive a 10% discount. Registration includes lunch and all workshop materials. If you have any questions about the upcoming PCMS workshops, contact Sharon Bain at the Society office, 572-3709.

Look for our flyer soon and register early!

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**Dr. Taylor 3rd in
United States**

Dr. Ron Taylor, well known general surgeon practicing in Tacoma also known for his running ability added another trophy to his collection.

On December 2, Dr. Taylor placed first in the National Masters Championship race in 27:39, running 8k in 27:39. Dr. Taylor is ranked third in the United States for the Masters Division in the 45-49 year old category.

In addition, Dr. Taylor has placed first in his age category in the popular Narrows Run held every June.

Congratulations from the Society.

**Parliamentary
Class Available
Again at TCC**



For those of you involved in boards, committees, etc., a class on "Robert's Rules of Order" will be given at Tacoma Community College on Thursday, January 10 starting at 7:00 pm. There will be eight weekly two-hour sessions. The instructor will be Dr. Stan Tuell, a professional registered parliamentarian with 25 years experience in the field. Many doctors and auxiliary members have taken the class. Dr. Tuell was Speaker of the House of Delegates of WSMA for 17 years. Call Tacoma Community College at 566-5018 for further information—or call Dr. Tuell at 927-1117.

**Qualified Physicians
Needed**

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1-800-554-4405**

**Board Retreat
Attracts Nationally
Known Speakers**

On January 12 the Board of Trustees will hold their annual Retreat to establish goals for the 1991 year.

Dr. Marv Young, WSMA president will discuss issues scheduled to come before the legislature as it convenes on January 14.

Dr. Howard Lang, Chairman, AMA Hospital Medical Staff Section will tell us about medical staff/hospital relationships in California and how, economic credentialing, and practice parameters will fit in the hospital setting.

Albert R. Jonsen, PhD, Chairman, Department of Medical History and Ethics, University of Washington will speak on "Ethical Issues Confronting Medicine — Nancy Cruzan case and Initiative 119." Dr. Jonsen is a nationally sought after speaker.

He will speak following lunch.

The meeting will be held at the Quality Inn. If you would be interested in attending, call the Medical Society office. Seating is very limited.

**Dr. Gildenhar
Continues as MBI
Leader**

Membership Benefits, Inc., the for-profit subsidiary of PCMS will continue under the leadership of Mark Gildenhar, M.D. MBI operates the publications department, the placement service and personnel department, desktop publishing, as well as other miscellaneous member services. Drs. David Law and Kevin Schoenfelder have completed their terms as Board Members. Dr. Tony Lazar was recently appointed to the board by the PCMS Board of Trustees. Dr. Gildenhar, an MBI Board Member since January, 1987 assumed the Presidency in July, 1989. MBI continues to be profitable, purchasing the building in 1990, and paying salary and loan payments to the Medical Society. The Medical Society has not raised dues for five years and does not anticipate doing so in the future.

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Sloan-Kettering Ethicist to Speak

On Tuesday, February 12, 1991, Dr. Daniel G. O'Hare of New York's Sloan-Kettering Cancer Center will be the dinner speaker for the PCMS February membership meeting.

Dr. O'Hare will give a presentation titled "Do Not Resuscitate Orders: Use, Abuse, and Non-Use." The program will include an overview of the physician's role in patient decision-making regarding the use of medical technology at the end of life. Discussion of advance physician directives, living wills and durable power of attorney will be included. A Fellow-in-Ethics at Memorial Sloan-Kettering since 1986, Dr. O'Hare was the first to achieve this fellowship. His current responsibilities include ethics research, education, and institutional policy review and development.

PCMS Meets with Rep. Norm Dicks

Pierce County Medical Society President Dr. Bill Marsh and members Drs. Klatt, Hawkins, Hopkins, Nichols, Popich and Weatherby lunched with Congressman Norm Dicks December 14 to discuss issues of mutual concern.

High on the agenda was prenatal care, immunizations and the importance of prevention and funding of programs to protect and educate our children.

Congressman Dicks was interested in the members' views on cost control. He realizes the liability issue needs to be confronted on the state and national level. An estimated 15% of Medicare costs is due to defensive medicine. Difficult decisions need to be made by Congress toward cutting Medicare costs. The importance of "living wills" was emphasized. Many issues were discussed and the members felt it was a good exchange. Dicks appeared to agree that despite the current system's deficiencies, it provides the best care in the world and a complete overhaul and dismantling of the system is not in the best interests of the public.

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Bruce Kaler, M.D.: 255-0056.

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572-0508

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34509-9th Ave S, #200 • Federal Way
874-3860

Dr. Marsh Society President

The Medical Society President's gavel was passed on to **Dr. William G. Marsh**, a family practice physician with the Summit View Clinic in Puyallup. Dr. Marsh accepted the gavel from **Dr. Gordon R. Klatt**, Colon-Rectal Surgeon who so ably led the Society in 1990.

Dr. Bill Marsh has been an active participant in the medical community. He was president of the Good Samaritan Hospital Medical Staff for two years. He served as a Trustee and as Secretary-Treasurer of the Society as well as representing the Society on WSMA Reference Committees. He chaired the WSMS Hospital Medical Staff Section. He sits on the 25th Legislative District Committee and meets regularly with representatives from that District. Two representatives he knows quite well.

Joining Dr. Marsh on the 1991 Board of Trustees is President-Elect **Dr. Eileen Toth**, Internist. Dr. Toth will be the first woman to lead the Society its 103-year history. President-Elect Toth joined the Society in 1978. She, too, has been active in Society affairs. She sat on the MBI Board for three years and was a Trustee in 1987-88. She served as President, Allenmore Medical Staff in 1990.

Vice President for 1990 will be **Dr. David Law**, Internist. Dr. Law is just completing a two-year term as Trustee. He is also President of the Tacoma Academy of Internal Medicine 1990-91.

Secretary-Treasurer **Dr. Joe Wearn** is starting his second term. Dr. Wearn is a Pediatrician with Western Clinic and has been deeply involved in hospital committee structure and also serves on WSMA's Maternal-Infant Health Committee.

Newly elected trustees are:

Ron Goldberg, PhD, M.D., a Puyallup Oncologist who has been a member of PCMS, WSMA and AMA since 1979. He is a member of the Good Samaritan Executive Committee.

Alex Mihali, M.D., an Internist has served as President of the Tacoma



Dr. Gordon R. Klatt hands the reins of the Pierce County Medical Society over to Dr. William G. Marsh, Puyallup Family Physician at the December annual meeting.

Academy of Medicine 1988-89 and Allenmore Medical Staff, 1989. He has been a member of the Society since 1977.

Robert W. Osborne, Jr., M.D., is a Peripheral Vascular Surgeon who served as Medical Society Secretary-Treasurer in 1985. He is active with several medical organizations in the community and has been a member of the Society since 1981.

Three Trustees completing their two-year terms are:

Stuart Freed, M.D., Family Physician, also serves as Chairman of the very active Sports Medicine Committee and

team physician to the University of Puget Sound athletic teams.

K. David McCowen, M.D., Endocrinologist, has been a member of PCMS, WSMA and AMA since 1980. He serves on several hospital committees and is Director, St. Joseph's Hospital Diabetic Care Unit.

A. Robert Thiessen, M.D., Oncologist, has been a member of PCMS and WSMA since 1986. Dr. Thiessen is active with the Tacoma Academy of Internal Medicine.



Some of the 1991 PCMS Board Members: (L-R) Ron Goldberg, M.D., PhD; Anthony S. Lazar (departing member); Eileen Toth, M.D.; William Marsh, M.D.; David E. Law, M.D.; and Joseph H. Wearn, M.D.



Nearly 300 Attend Annual Meeting

Dr. Marsh Installed as New President



The Pierce County Medical Society installed its 98th president as **Dr. William G. Marsh** accepted the gavel from **Dr. Gordon Klatt** at the PCMS Joint Annual Dinner Meeting December 11 at the Sheraton Ballroom.

In his comments as outgoing president, Dr. Klatt expressed particular thanks to the many Society committee chairmen and committee members, noting the Pierce County Medical Society actively supports twenty standing committees, five times the state average of 4-6. Dr. Klatt urged Society members to get involved and work together on issues that concern organized medicine. Dr. Klatt likened the process to riding on a toboggan — “It takes several people all leaning together to make sure you don’t hit any trees.”

Dr. Marsh intends to make access to care a priority for the Medical Society in the coming year, saying “I believe the Medical Society should play the leading role in

the county on the issue of access to care for everyone . . . We need to continue as advocates for our patients in the health care debates of the future.” Dr. Marsh stressed the urgent need for special attention from the medical community for “one group of patients in Pierce County — they are poor, they are unemployed, they can’t vote or lobby for themselves—they are, however, our future—they are our children. Born and unborn, they are tremendously underserved by the current health care system.”

“As Special Interest groups demand their portion of the health care dollar, we, Pierce County physicians, have to protect and defend our future by being sure our children get their share.” Dr. Marsh urged members to “Help me in this worthy goal any way you can, in any way you are willing to participate. Every one of us is needed to promote this endeavor.”





Benson Entertains

Mr. Steve Benson, acid-penned editorial cartoonist for the Morning News Tribune, regaled (and impaled) the capacity crowd at the Sheraton Ballroom December 11. In his introduction, Dr. Klatt said the Pulitzer prize nominee "sometimes makes you laugh sometimes makes you cry, sometimes makes you angry (depending upon whether or not he is picking on you), but he always makes you think."

Describing his role as a commentator, Mr. Benson said, "Burgeoning debt, S&L

bailouts, a creeping recession, a wimpy Congress, war clouds on the horizon . . . for an editorial cartoonist, these are the best of times!"

"Editorial cartoons are not fair, are not objective, are not unbiased, are not an oil portrait, are not a gag. Our job is likened to that of a pit bull, to grab the throats of the politicians and make them do what they promised. I always try to comfort the afflicted, and afflict the comfortable."



Clockwise from left—(1) Past President Dr. Richard Hawkins, Mrs. Errollyne Marsh and President Bill Marsh enjoy the company of Dr. Peter Marsh and his wife Margot (2) Mrs. Mary Lou Jones, President PCMSA and Nikki Crowley sell raffle tickets to the Roes, Samms, and Larsons (3) Attendees examine a display of cartoons from the Morning News Tribune (4) Mr. Patrick Murto and his wife Dr. Eileen Toth visit with Dr. Don Shrewsbury and his wife Sandy (5) Mrs. Mary Rowlands, Jan and Bob Thiessen compare notes (6) Dr. Phil Grenley, recently retired urologist tells Dr. Ray Miller he and Mrs. Grenley are celebrating their 52nd wedding anniversary (7) Dr. Bill Ritchie, Past President visits with Kirk Marsh and Errollyne Marsh, Dr. Bill Marsh and Pat Wearn (8) Dr. Klatt turns the lectern over to speaker Steve Benson, editorial cartoonist for the Morning News Tribune (9) Dr. Klatt and Steve Benson (10) Mrs. Pat (Dan) Schaaf was recognized for her efforts in making the Goodwill Physician Exchange such a success (11) Mrs. Mary Lou Jones and Dr. Gordon Klatt acknowledge past presidents of the Auxiliary and Society (12, 13, 14) Drs. Bill Roes, David Law, and Tony Lazar are recognized for their contributions to the Society (15) Dr. Ron Goldberg, newly elected trustee, chats with Steve Benson (16) Dr. Bill Marsh, 98th president of PCMS presents a plaque to outgoing president Dr. Gordon Klatt.

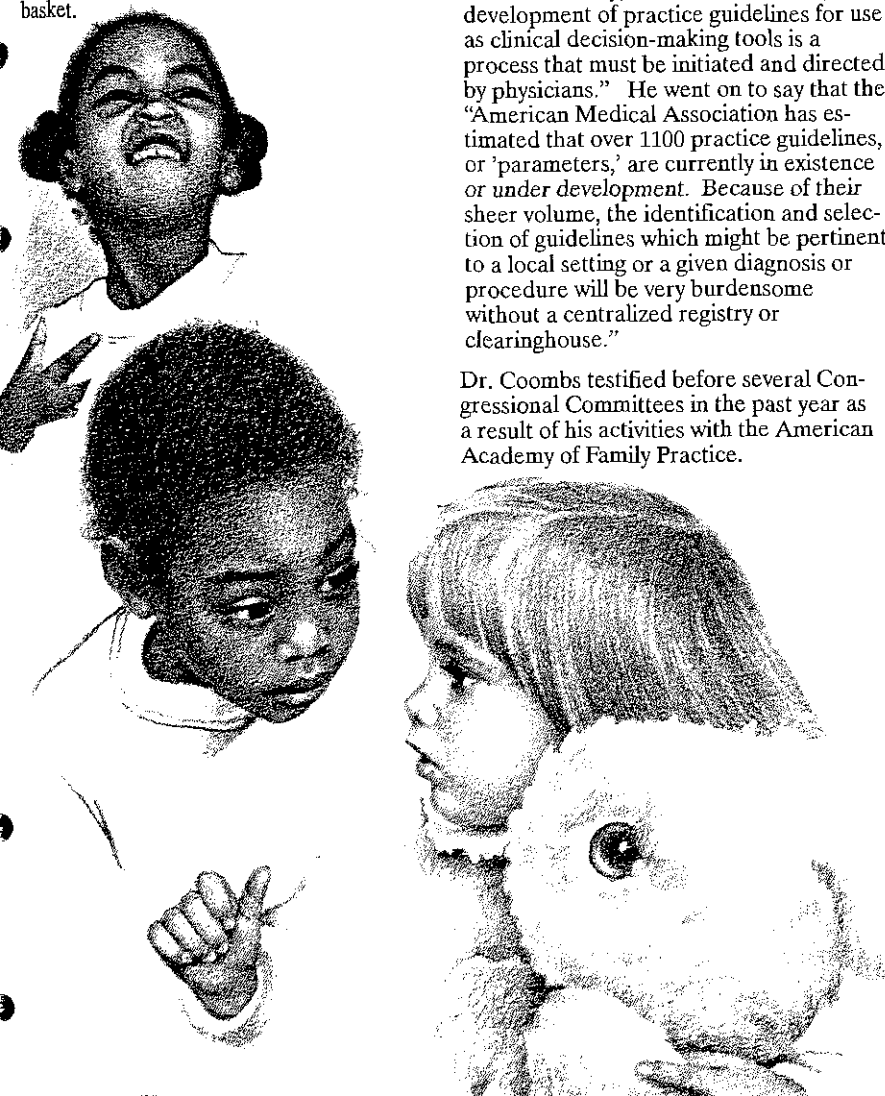




to PCMS -
Best wishes
and thank!
Steve
Berkson

PCMS Contributes to Merry Christmas for Tone School

In an outpouring of support, PCMS members contributed to a merrier Christmas for the women and children of the Eugene P. Tone School for Homeless Children. Over twelve plastic yard bags of gifts and toys were donated at the Joint Annual Dinner Meeting. Mrs. Mary Lou Jones, Pierce County Medical Society Auxiliary President, announced the Auxiliary also would be presenting the school a philanthropic gift of \$1500. Raffles held at the meeting raised \$455 to go toward the Auxiliary's community work. Mary Lou said "I've never seen such a great response." Winners of the raffle were Dr. Don Weber, who will receive a basket of fruit monthly in 1991 and Sue Asher, who won the gourmet food basket.



Dr. Coombs Testifies Before Institute

As Chairman of the American Hospital Association's Committee on "Physician Practice Patterns", Dr. John Coombs, PCMS Vice President and Vice President/Medical Affairs for MultiCare testified before the Institute of Medicine on December 3.

The testimony dealt with the development and use of clinical practice guidelines and the potential role hospitals might play in the development/implementation and evaluation of the efforts that are coming forth from specialty societies and the American Medical Association.

In his testimony, Dr. Coomb's stated, "The development of practice guidelines for use as clinical decision-making tools is a process that must be initiated and directed by physicians." He went on to say that the "American Medical Association has estimated that over 1100 practice guidelines, or 'parameters,' are currently in existence or under development. Because of their sheer volume, the identification and selection of guidelines which might be pertinent to a local setting or a given diagnosis or procedure will be very burdensome without a centralized registry or clearinghouse."

Dr. Coombs testified before several Congressional Committees in the past year as a result of his activities with the American Academy of Family Practice.

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COLLEGE OF MEDICAL EDUCATION



HIV Infections CME Program Planned

A major program featuring HIV Infections is scheduled for February 8, 1990. The program, designed for physicians, was developed by Alan Tice, M.D.

HIV Infections: A Review, will serve as a timely update regarding HIV infections and AIDS. Recognized regional and local experts including Hunter Handsfield, M.D., Ann Collier, M.D., and Mimi Fields, M.D., M.P.H will speak.

Dr. Handsfield is a professor of medicine at the University of Washington and director of the STD control program for the Seattle/King County Department of Public Health.

Dr. Collier is an assistant professor of medicine at the University and the clinical director of the nationally recognized AIDS Clinical Trials Units.

Dr. Fields is the assistant secretary for the State of Washington HIV/AIDS and Infectious Diseases and acting state health officer.

Continued on next page .

Law and Medicine Symposium Scheduled for January 17

The annual Law & Medicine Symposium is scheduled for January 17, 1991.

The program will feature a variety of subjects of likely interest to both physicians and attorneys. Thomas Kirchmeier, CPCU, a vice president for Physician's Insurance will speak on stress reduction for physicians. William Robertson, M.D., a professor of pediatrics from the University of Washington will speak on "Lessons from the Battlefield: Vignettes of Malpractice Cases".

Rounding out the morning's program, Gilbert Eade, M.D. and Colleen Klein, R.N., M.N. J.D., both of whom are associated with the Medical Disciplinary Program will speak on "Is the Medical Disciplinary Board an Oxymoron?"

The keynote speaker for this year's symposium will be the Honorable Justice Richard P. Guy of the Washington State Supreme Court. He will address the

medical legal issues of the nineties.

In the afternoon, Brian Putra, J.D., a Seattle attorney, will speak on "Bar Association Disciplinary Board: Myth or Reality." The rest of the afternoon will address issues around DNA fingerprinting including a mock criminal trial. Participants and speakers will include Gerald Schellenberg, Ph.D., John Ladenburg, J.D., the Pierce County Prosecuting Attorney, and Stephen Garvey, J.D., a defense attorney. The program will end with a panel and an opportunity for questions and answers.

This year's program was designed by Marcel Malden, M.D. and David Condon, J.D. and will be held in rooms 3A & B of St. Joseph Hospital's South Pavilion Conference Center.

The program is organized by the College of Medical Education. If you wish to register, please call C.O.M.E. at 627-7137.

C.O.M.E. 1990 - 91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1991		
Thurs. January 17	Law and Medicine Symposium	David Condon, J.D. Marcel Malden, M.D.
Fri. February 8	Review of HIV Infections	Alan Tice, M.D.
Weds.-Sat. February 27 & 28 March 1 & 2	Sun Valley Program	Mark Craddock, M.D. Stuart Freed, M.D. John Lenlhan, M.D.
Thurs., Fri. March 14 & 15	Tacoma Academy of Internal Medicine	Amy Yu, M.D.
Fri., Sat. April 12 & 13	Surgical Club	James Stilwell, M.D.
Fri. May 10	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Fri. May 31	Office Gynecology	John Lenlhan, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.

Clip and Save!

*HIV Infections CME
Continued from page 17*

The conference will be held at St. Joseph Hospital's conference rooms 3A & B and will offer 7 Category I CME credits. Those interested in attending this C.O.M.E. program may call 627-7137 to register. The agenda is scheduled to address the following subjects:

- HIV infections and their relationship to STD and Dementia
- HIV treatment options
- State efforts regarding HIV infections
- Infection control
- Patient care and case management
- AIDS in Africa
- Pierce County AIDS Foundation
- Needle Exchange Program
- Risks for surgeons
- HIV testing
- ACTU protocols
- Problem solving



Sun Valley & CME Registration Still Available

It's not too late to sign up for the Ski/CME program in beautiful Sun Valley, Idaho.

Several of your colleagues and their families have registered for Sun Valley and CME scheduled for February 27 through March 3.

The conference will be held at Elkhorn Resort. The resort has offered participants considerably reduced rates for lodging in both the hotel and condominiums. However, another group is scheduled to meet at the same time so

we urge you to finalize your lodging arrangements with Elkhorn soon.

Likewise, airline seats are going fast for our special discount fare. Some of the more popular flights are already sold out. Now is the time to act if you want a reasonable selection of times.

Participants and their families can look forward to:

- An affordable mid-winter ski vacation combined with quality CME
- Tax advantages
- Reduced rates for lodging at Elkhorn Resort
- Major savings on air fare
- Outstanding cross-country skiing
- Child care, ice skating, great shopping, and fine restaurants
- Special group events

If you have questions, or need another registration form, call the College of Medical Education at 627-7137.

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The Triage Clearinghouse

A Joint Project of the Tacoma - Pierce County Health Department and PCMS

The Triage Clearinghouse is a new program in Pierce County to assist low income pregnant women access prenatal care. Pierce County has been designated a maternity care "distressed" area due, in part, to inappropriate use of existing services, significant strain on providers, and the number of women in need. The number of obstetrical providers is decreasing while the number of women needing maternity care is increasing. The number of providers who will accept Medicaid patients is even less. In 1991, it is projected 35-37% of the anticipated 10,500 births in Pierce County will be to Medicaid eligible women.

The infant mortality rate in Pierce County is higher than in other counties in the state. Washington ranks 19th in the nation. Lack of prenatal care early in pregnancy or no prenatal care at all becomes a factor in infant mortality. Low income women in Pierce County have met many barriers in accessing care. In response to this need, as identified by the Infant Mortality Task

Force, the Prenatal Care Coalition was established to begin problem solving. As a result of the coalition's efforts, several new programs have been developed. The first was the OB Access Clinic, a fellowship program which will provide for an additional 500 deliveries for women on Medicaid. The second program is the Triage Clearinghouse.

The main function of the Clearinghouse is to establish a rotating roster of physicians who provide obstetrical care and who will accept Medicaid patients. Through First Steps state funding, the clearinghouse can link patients with community health nurses who provide maternity support services during the pregnancy and for sixty days postpartum for both mom and baby. Nutrition and psycho-social assistance are the primary areas of Maternity Support Services. Maternity case managers are available to provide information and referral for higher risk patients. They help mothers before the baby is born and up to the baby's first birthday.

Transportation vouchers and child care reimbursement are two services available to assist mothers.

The Clearinghouse is also able to provide technical assistance with billing procedures and troubleshooting any problems that occur. Ongoing training on Medicaid billing will be provided. The State legislature has made access to maternity care a priority and vendor rates will increase January 1, 1991.

Doug Jackman from PCMS and Barbara Lee from the Triage Clearinghouse have been providing information on the clearinghouse to physicians individually. We hope to reach all OB and family practice physicians in January. Physicians who wish to be placed on the roster can contact Barbara directly at the Clearinghouse. The response has been excellent to date, and the support of our doctors is greatly appreciated. By working together, we can be a part of healthy babies in Pierce County.

For more information on the Triage Clearinghouse, call Barbara at 596-2987.

Happy New Year!





Holiday Dinner

The PCMS/PCMSA holiday dinner was a huge success. Music for the evening was provided by the Tacoma Youth Symphony String Quartet. Morning News Tribune editorial cartoonist, Steve Benson, presented a most entertaining program.

Special thanks to Sharon Ann Lawson, holiday dinner Chairman, for creating the beautiful gourmet food basket and for coordinating with Doug Jackman in making the evening very festive and enjoyable. Thanks to Sylvia Lee, Nikki Crowley, Marny Weber, Karen Benveniste, Sharon Ann Lawson and Mary Lou Jones for helping to sell raffle tickets. Thanks also to Mona Baghdadi, Helen Whitney, Karen Dimant, and Alice Wilhyde for selling tote bags, Entertainment '91 coupon books, and note cards.

Sue Asher won the gourmet food basket and Dr. Don Weber won the Medical Society's offering of seasonal fruit for each month of the year. The raffle netted a profit of \$455.

Dr. Klatt and Mary Lou Jones recognized past presidents of both organizations who were present. Seventeen Auxiliary past presidents were in attendance. Very special thanks to all members who generously contributed to the annual collection of gifts and toys for the women and children at the YWCA Women's Support Shelter. They filled nine large bags and several smaller ones. The amount collected was overwhelming, and very appreciated by the YWCA. THANK YOU.

AMA-ERF Holiday Sharing Card . . . Many Thanks!

A special thanks to everyone who contributed to the success of this year's AMA-ERF Holiday Sharing Card. At the time this went to print, 223 families had donated \$16,180.00. James and Judy Wagonfeld, Barry and June Weled, and Alva and Mahelle Miller send their best wishes as well as their AMA-ERF contribution. Due to the printing deadline their names were omitted.

Special Thanks go to:

Mary Lou Jones, Auxiliary President, always ready to help; Barbara Wong, creator of our beautiful card; Cindy Anderson, for formatting and production of the contributor insert; Terri Stewart, Co-chairman, for her help.

Many thanks to everyone who helped at the mailings. Lots of helping hands and delicious food made light work of card mailing from the home of Nikki Crowley. Thank you to those on the Board who made those very important reminder calls.

Special thanks to Doug Jackman, Tanya and Kim at the Medical Society office.

Extra Thanks To: Bev Law, for selling gift wrap to cover the expenses of our Sharing Card project; Mona Baghdadi, for selling tote bags; and Sandy Shrewsbury, AMA-ERF Chairman.

Thank You Thank You

The Tacoma Academy of Internal Medicine has generously donated \$500.00 to PCMSA to be used for our philanthropic outreach. We

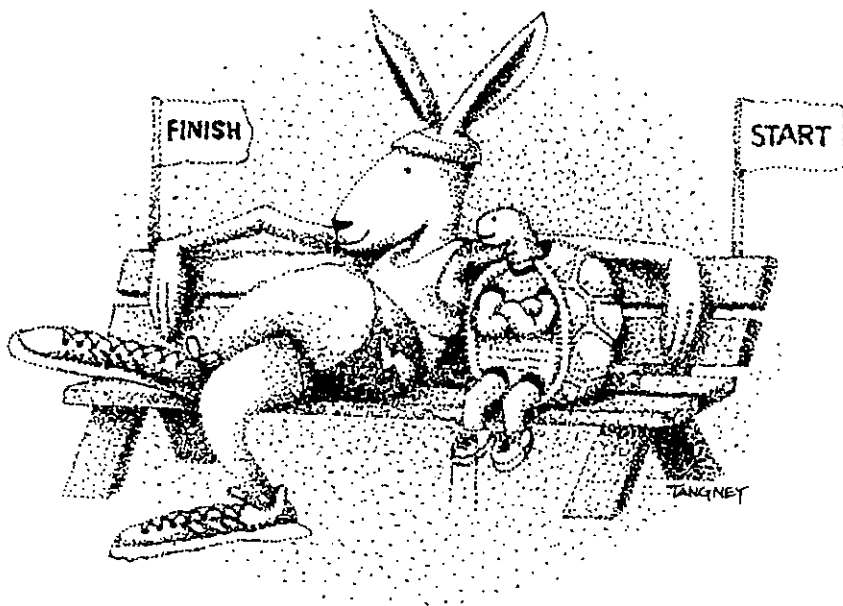
appreciate the contribution and will use it in assisting a worthwhile charity in the Tacoma-Pierce County area.



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Auxiliary Meeting Notice

The January PCMSA meeting is Thursday evening, January 17, 7 pm at Tacoma Country and Golf Club, Gravelly Lake Drive SW. Colleen Hacker, PLU Women's Soccer coach will show us how to defend ourselves in today's world. Dr. William Marsh, PCMS president will speak also.

Invite a friend to join you to hear this dynamic lady and welcome Dr. Marsh. Reservations must be made by January 10. Send your check for \$7 per person for coffee and dessert to Gloria Virak, 1319 Palm Dr, Tacoma, 98466. Your cancelled check is your receipt.

Coming Soon
 the chance of a lifetime
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 More details later!

Philanthropic Candidates Announced

The Auxiliary approved funding for the following organizations for 1991:

- Hospice of Tacoma
- Pierce County AIDS Foundation
- Safe Place (Pierce County Alliance)

• *WSMAA Teen Health Forum*
 The YWCA Eugene P. Tone School for Homeless Children is the recipient of \$1,500 donated by the Independent Practice Association and the After Hours Clinic.

The Tone School is PCMSA's candidate for the WSMA Auxiliary philanthropic award.

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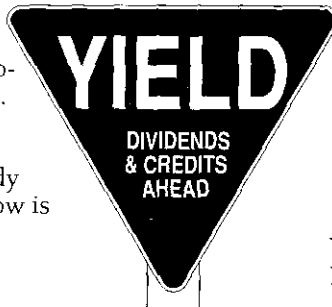
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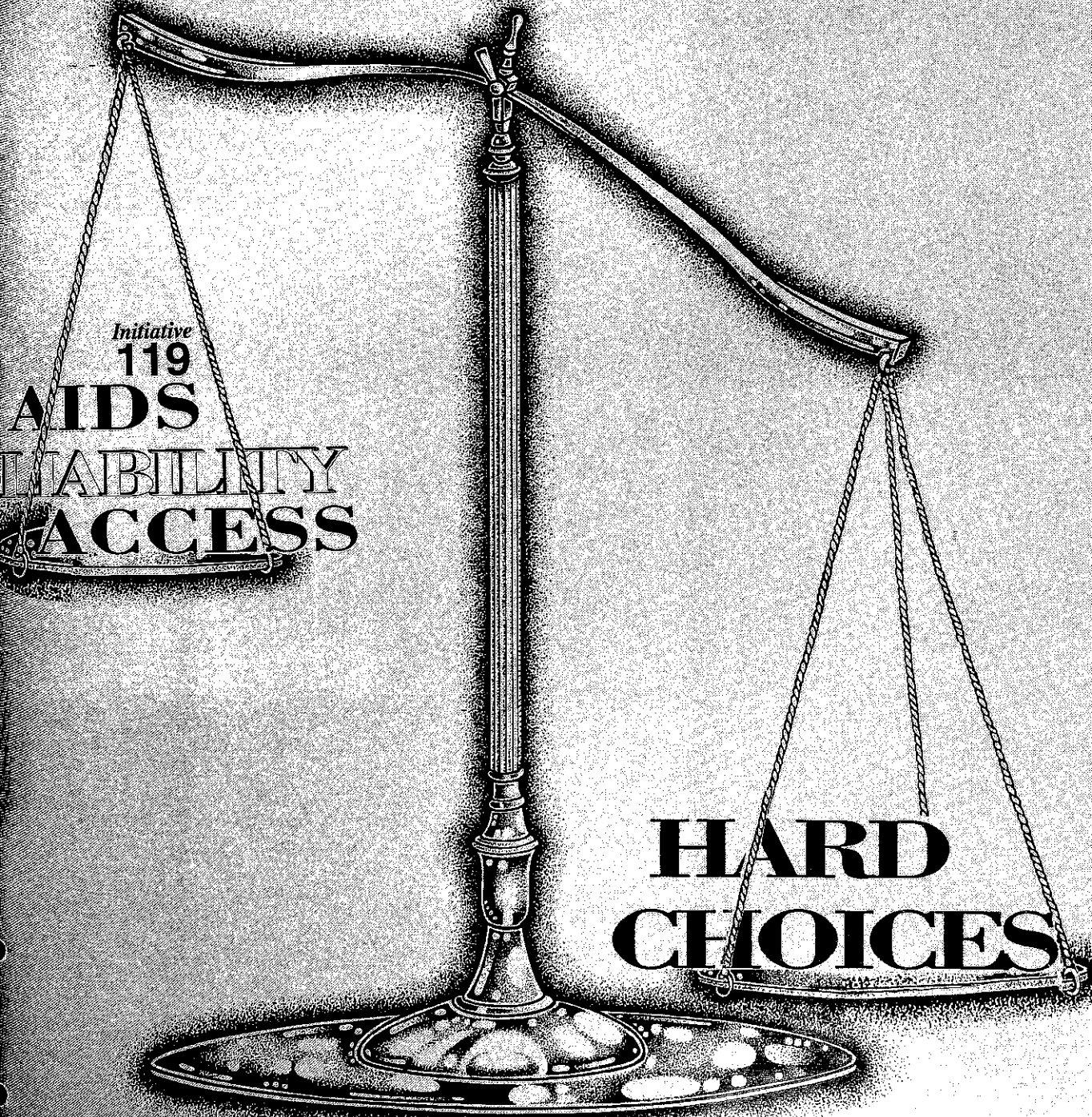
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BULLETIN

VOLUME 6, NUMBER 2

FEBRUARY 1991



Initiative

119

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Initiative #119 "Death With Dignity"

Initiative 119 seems to change the "Natural Death Act" in ways many of us would desire. The title of the initiative, "Death With Dignity", is meant to catch peoples' eye and heart. Who would wish a death for themselves, or anyone else, that is without dignity? Be careful of this emotional response as you thoroughly read this initiative.

There are several sections of this initiative that are worth supporting. The initiative redefines "terminal condition" as: "an irreversible condition which, in the written opinion of two physicians having examined the patient and exercising reasonable medical judgment, will result in death within six months - or - a condition in which the patient has been determined in writing by two physicians as having no reasonable probability of recovery from an irreversible coma or persistent vegetative state." This language provides a clear and concise definition of a terminal condition.

It further identifies artificially administered nutrition and hydration, along with cardiac resuscitation and respiratory support, as life-sustaining procedures which may be removed if such use would serve only to prolong the moment of death. The addition of nutrition and hydration to the list of life-sustaining procedures has been needed for a long time.

If the initiative stopped at this point it could be supported. But, it's the following concept that has very interesting consequences. The initiative, should it become law, would allow an adult, terminally ill patient, who is both conscious and mentally competent, to request aid-

in-dying in writing from a licensed physician. Aid-in-dying is defined as a medical service, provided in person by a physician, that will end the life of a conscious and mentally competent qualified patient in a dignified, painless and humane manner, when requested voluntarily by the patient through a written directive at the time the medical service is to be provided. This means a physician could be asked by a patient who is awake, alert, competent and terminally ill (i.e. less than 6 months to live) to be killed in a painless and humane manner. This is not the aid-in-dying where a physician relieves the pain and suffering of a comatose or moribund patient, but the active facilitation of death.

Physicians who comply with such a written directive would be immune from civil, criminal, or administrative liability. This provision of immunity is necessary because currently, you would be charged with first degree murder. No physician is required to permit the provision of aid-in-dying within his or her facility. If, however, the physician refuses to effectuate the directive than they must make a good faith effort to transfer the qualified patient to another physician who will effectuate the directive. You would have to find someone else to participate actively in the death of your patient.

This portion of the initiative makes a quantum leap between relieving pain and suffering and the active participation in the killing of a patient. The current AMA and WSMA Judicial Council Opinion states that it is unethical to actively participate in helping to hasten the death of a person. Despite all the

good sections in the initiative, the physician aid-in-dying portion makes it impossible for me to totally support. Physicians need to know the ramifications of this initiative and actively educate your patients to its contents. This would make bad law and would put physicians in the position of actively participating in the death of their alert, competent and terminally ill patients or referring to another physician who would. You would not have the option of refusing a request unless you made a good faith effort to find someone else who would follow the directive of a qualified patient. You could be sitting across from a conscious and mentally competent adult and perform a medical service ending their life.

The backers of Initiative 119 have obtained enough valid signatures to place the issue before the 1991 Legislature. The Legislature can pass it as is, modify it, or do nothing at all. I believe we should ask the Legislature to pass a law with similar language as the initiative but without the physician aid-in-dying section. The voters of the state would then have the opportunity to choose between the two versions of the initiative in the November, 1991 elections.

I believe that with the modern methods of pain control we can make our terminally ill patients comfortable and maintain a quality of life worth living. The provision of physician aided death is not necessary, nor needed; and has great potential for abuse.

—WGM

TO: Doctors Called to Active Duty

SUBJ: Your Medical License

**FROM: Stanley W. Tuell, M.D.
Member, State Board of Medical Examiners**

If you are called to active duty, send a letter of notification to the address below along with a copy of your orders and ask to be put on military status. (This assumes you have a current valid State license.)

Mail to:

**Department of Health
Professional Licensing Services
Post Office Box 1099
Olympia, WA 98507-1099**

The Department will put you on military status. When you are discharged from duty and return to practice in this State, send the State Department of Health a U.S. Government form No. DD-214, properly filled out, and your license will be reinstated. If a renewal date has passed in the meantime, you will need to pay the renewal fee. Feel free to call my office if you have questions.

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By Dumont S. Staatz, M.D.

Health Volunteers Orthopaedic Overseas is a non-profit group originally chartered by the American Academy of Orthopaedic surgery. The group's purpose is to train young doctors in the third world countries using technology available in a specialized field — in my case, orthopaedic surgery. Orthopaedic Overseas tries to keep a volunteer coming every month to teach. Volunteers donate their own transportation, room and board, and all their time and expenses. Orthopaedic Overseas has joined with World Orthopaedic Concern, a British operation. Personally, I have had experience as a volunteer on the Hope Ship in 1964 in Ecuador; with Orthopaedic Overseas in Bangladesh in October 1985; in March 1987 I went to Jamaica; and in March, 1989, February, 1990, and November 1990, I went to Ethiopia.



Medicine in the Third World:

Orthopaedics Overseas

There are many reasons for training people in their own countries. First, of course, is that students are taught in their own country with their own technology. They are trained with the technology that is available to them. For many of the young men who train overseas, when they come home they are totally frustrated by the lack of the high-tech medicine with which they were trained. Perhaps most important, many of these people would not go home after they have trained here. By training them in their own countries, we reverse the brain drain and can put the orthopaedic surgeons where they are really needed.

Bangladesh is a good example, with 100,000,000 people in an area the size of Wisconsin; one of the poorest countries in the world. Income averages \$140 per year and average life expectancy is 42. They are plagued with floods, typhoons, and natural disasters.

Ethiopia is similar to Bangladesh in that it is quite poor. One of the reasons for the poverty is the 30-year civil war which is still going on. They have been hit by famine and drought. Ethiopia is a Marxist country, and we should note that the average income is about \$150 a year, with an average life expectancy, if we include the countryside, of probably about 50.

I will use Ethiopia as a typical example of working overseas. In 1987, Ethiopia had no native orthopaedic surgeons. There were two Russians in the military hospital and one Indian. The latter joined the training program when it was set up in October 1987. This program trains native orthopaedic surgeons during their fourth year of medical training. There were five fourth year residents, with a total of thirteen in the program. In addition, surgeons are attached who have trained elsewhere but who must have a year in the training program before they can go out into the country as certified orthopaedic surgeons.

After their training, residents are required to take an examination which is being set up by the English. The English have funded a chair of orthopaedic surgery for four years. This funding ends September 30, 1991, when the first students graduate. Continuing the chair and finding funds is a big problem. So far, none of the young native Ethiopian surgeons are qualified to take over the chair of the department. The training program is based at the Black Lion Hospital in Ethiopia, and is part of the medical school program. Jeffrey Walker, president of World Orthopaedic Concerns (from Great Britain) is current professor. He arrived in February, 1990, and has set up an excellent program to assure continuity and expansion.

There are many problems. For instance, the military ward, (a thirty-three bed ward) has anywhere from 93-115 patients. They are in the hall, all over, and at times on the floor. Running water in

Continued on next page . . .

From previous page . . .

the faucets is nil. Ninety-three percent of the patients come in from the field infected and with draining wounds. Though they are all dirty, dressings are taken off and thrown on the floor and then swept up, contaminating clean and dirty cases. Wash basins don't work, so one cannot wash between dirty cases. I tried to get them to throw dressings into buckets, which was somewhat successful. There is hope of cutting down infections.

Another problem is in training. Residents get only one day in surgery, plus emergency cases. If there are no beds for emergency cases, they may be operated on and discharged as outpatients. This includes fractured femurs, which are reduced as far as possible and placed in a hip spica cast and discharged. We began sending the young men to a leprosy hospital for some training in hand surgery. Another hospital, St. Paul, is being renovated. If a good surgical supervisor can be obtained, then the young men may go there for more practical training in operative technique.

There are many shortages. We ran out of x-ray film on most of my trips. One time we ran out of cotton and sheet wadding to put underneath casts so we had to put toilet paper underneath casts. Toilet paper was scarce and unattainable in many of the stores. May it be noted, I brought three rolls with me when I came on my trips. Besides trauma from the ward, there are many other problems. In the polio clinic, I saw enough post-polio paralysis in any one clinic to keep us operating on a daily basis for a month, though obviously this was not possible. We saw 20-30 severe deformities in each polio clinic each week. Club foot clinics averaged about 15 patients with 21 club feet, a great number of whom were operative candidates as well as plaster corrective candidates.

Another problem is that orthopaedic surgery is given only a limited amount of beds. If we took a paraplegic patient, he could stay forever as there are no rehabilita-

tion units. We could fill up our service with paraplegics and have nothing else. Therefore, if we saw paraplegic patients, they were often treated as outpatients or could be seen for other medical service.

Presently, Jeffrey Walker has structured service in Ethiopia quite well. There are presentations on all emergency cases and pre-op cases. We have problem clinic diagnostic sessions, x-ray clinics in x-ray with the radiologist, and pathology lectures in addition to going over pathology slides. There are instructional lectures every Saturday for two hours. I gave my share of examinations on these lectures on subjects such as club feet and shoulder diagnosis and problems. We taught the young men how to sharpen instruments *as they will have to sharpen their own*.

Another problem is training orthopaedic surgeons. Most Ethiopian doctors have never used a hammer, nail, screwdriver, or any other instrument or tools in their lives before beginning training. This means teaching them psychomotor skills in addition to diagnosis and proper surgery technique. In compensation, I should say the residents were young, eager, very grateful for training, very cooperative and intelligent. They got great satisfaction out of helping other people learn.

When going to the third world, it is important to remember you are not operating to support your own ego. If I do something then leave and they have not learned it, they can do nothing else and only one case is helped; but, if we can teach these young men a procedure, that will live on and can be taught to others. The whole purpose is to help people in the third world become more self-sufficient. It also teaches tolerance between different races. From the time I boarded the Ethiopian airline on the way over until I got back into London, I was a minority race. It was a different feeling. But in the way of personal satisfaction and benefit, I feel I received as much or more on these trips than I put in.

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To PCMS Membership, Thank You

Trudy and I express our most sincere appreciation and thanks to the Society for the lovely Lardo figurines that were presented to us in December at the Annual Holiday Dinner. Our association with the Society and the Auxiliary has been a very rewarding experience for both of us.

Thank you again and a Happy New Year to you all.

*Sincerely,
Gordon and Trudy Klatt*

Assistance Requested for Romanian Orphans

Donations of medical supplies of any kind are needed to assist Romanian children. A group of people from Washington and Oregon will be traveling to Romania March 14 and would like to take donations of medical supplies. Antibiotics, vitamins, Tylenol, cold medicine and disposable syringes are desperately needed. The group is not affiliated with any particular organization, but are simply concerned citizens trying to assist any way they can. As everyone is aware, thousands of Romanian children are existing in severely under-staffed, unsanitary and ill equipped conditions. For more information, contact Debra A. Bock at 472-1122.

WAMPAC Members Needed

In 1990, only 22% of the PCMS membership belonged to the Washington Medical Political Action Committee (WAMPAC). We need to build up the membership in representation for the all-important 1992 elections. 1992 is not only another presidential election year, but here in Washington, we will elect a governor, U.S. Senator, and have at least one open congressional seat, perhaps two. It is very important that we play a part in these state-wide elections, not to mention participate as we always do in state legislative races. Let's have Pierce County lead the state in WAMPAC membership.

Keeping in Touch with the Doctor

Reprinted from the Wall Street Journal, January 1991

The average American consults with a doctor 5.4 times a year.

Most contacts are at the doctor's office, an average of 3.2 visits per person each year, according to a 1989 survey by the National Center for Health Statistics.

The average person talks on the phone 0.6 times a year and sees the doctor in the hospital 0.7 times. Another 0.8 contacts a year are made at clinics and elsewhere. (These numbers don't include physician contacts for hospital in-patients.)

The young and old tend to have the most contact with their doctors. Children under the age of five have an average of 6.7 doctor contacts a year. For people aged 65 to 74, contacts average 8.2 a year, well above the norm. People 75 or older see or talk to doctors an average of 9.9 times per year.

Older children and young adults see the doctor the least. People ages 5 to 17 average 3.5 physician contacts a year; for those aged 18 to 24, the figure edges up to 3.9. Doctor visits for those in the large middle ground are about average: 5.1 a year for people aged 25-44, and 6.1 annually for those aged 45-64.

Girls and women have an average of 6.1 physician contacts a year, compared with 4.7 for boys and men. Whites have more contacts (5.6 a year) than blacks (4.7).

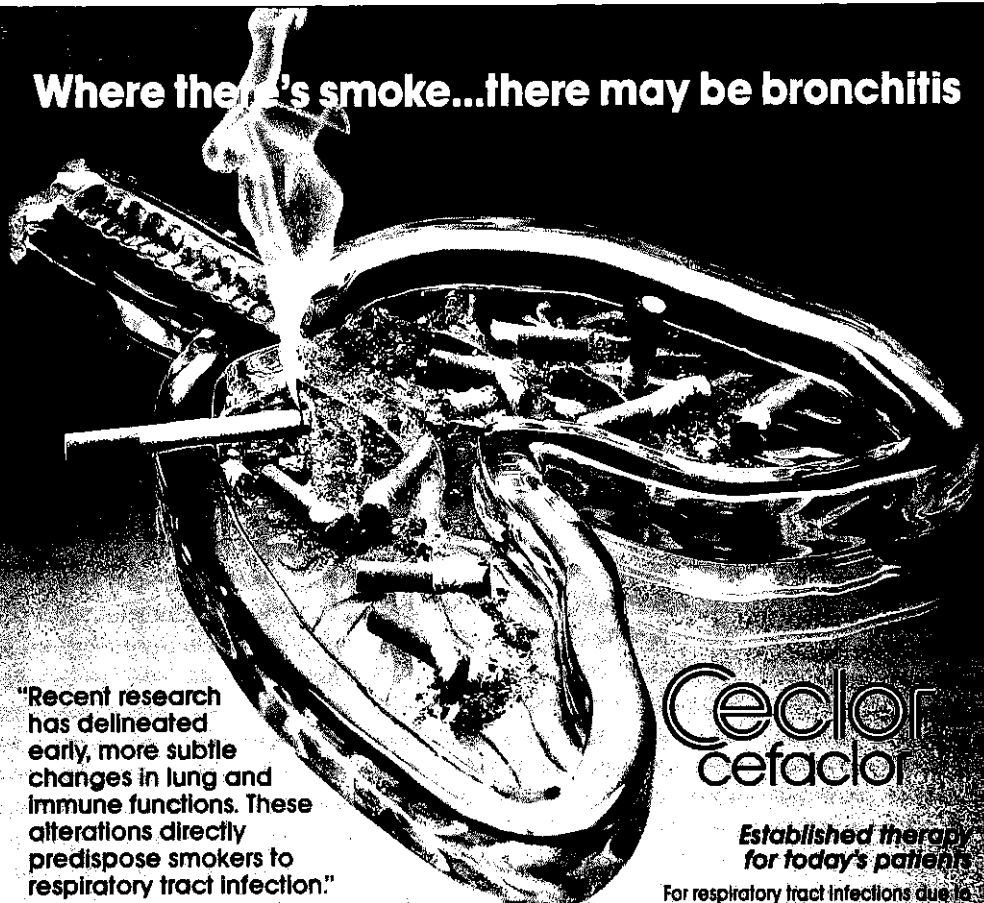
People with higher incomes may have more money to spend on doctors, but are less likely to see them. Those with family incomes below \$10,000 see or talk to doctors an average of 6.8 times a year, while those with incomes of \$35,000 or more have 5.2 contacts.

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Am Fam Phys 1987;36:133-140

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Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.
Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:

- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of non-susceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:

- Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, serum-sickness-like reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.
- Stevens-Johnson syndrome, toxic epidermal necrolysis,

and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.

- Gastrointestinal (mostly diarrhea): 2.6%
- Symptoms of pseudomembranous colitis may occur either during or after antibiotic treatment.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestasis have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, confusion, hypertonia, dizziness, and ataxia have been reported.
- Other: eosinophilia, 2%; genital pruritus, less than 1% and, rarely, thrombocytopenia and interstitial nephritis.
- Abnormalities in laboratory results of clinical trials:**
 - Slight elevations in hepatic enzymes.
 - Transient lymphocytosis, leukopenia, and hemolytic anemia and reversible leukopenia.
 - Rare reports of increased prothrombin time without clinical bleeding in patients receiving Ceclor and Coumadin concomitantly.
 - Abnormal urinalysis; elevations in blood creatinine.
 - Positive direct Coombs' test.
 - False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinimat[®] tablets or Teo-Tape[®] (glucose enzymatic test strip, Lilly), PA 8791 AMP.

Additional information available to the physician on request from Eli Lilly and Company, Indianapolis, Indiana 46226.



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Doctors Exempt from Employer Reporting

Washington State law requires certain employers to report all newly hired and rehired employees to the Office of Support Enforcement (OSE). The purpose of the law is to help OSE locate parents who should be paying child support but are not. Collections of child support from this program help reduce the taxpayers' burden for supporting many of these children.

Analysis of the program reveals some employers, due to the nature of their business, do not generally hire persons who have support obligations with the OSE. These employers are now exempt from reporting.

As of November 1, 1990, the following classifications are exempt from reporting:

Offices and clinics of medical doctors, dentists, osteopathic physicians, chiropractors, podiatrists, medical and dental laboratories, and kidney dialysis centers.

You may direct any questions about Employer Reporting to 1-800-562-0479 or write to: POB 9162, Olympia, WA 98504-9162.

FYI

Health care workers number 7.5 million — more than 6% of the total private labor force in America.

Source: Bureau of Labor Statistics

A message from The American Medical Association for the Health Access America Proposal

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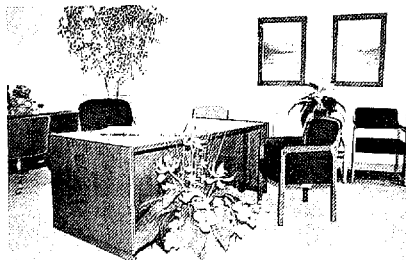
Directed by David W. McEniry, M.D., formerly of the Hospital for Tropical Diseases, London, and the London School of Hygiene and Tropical Medicine.

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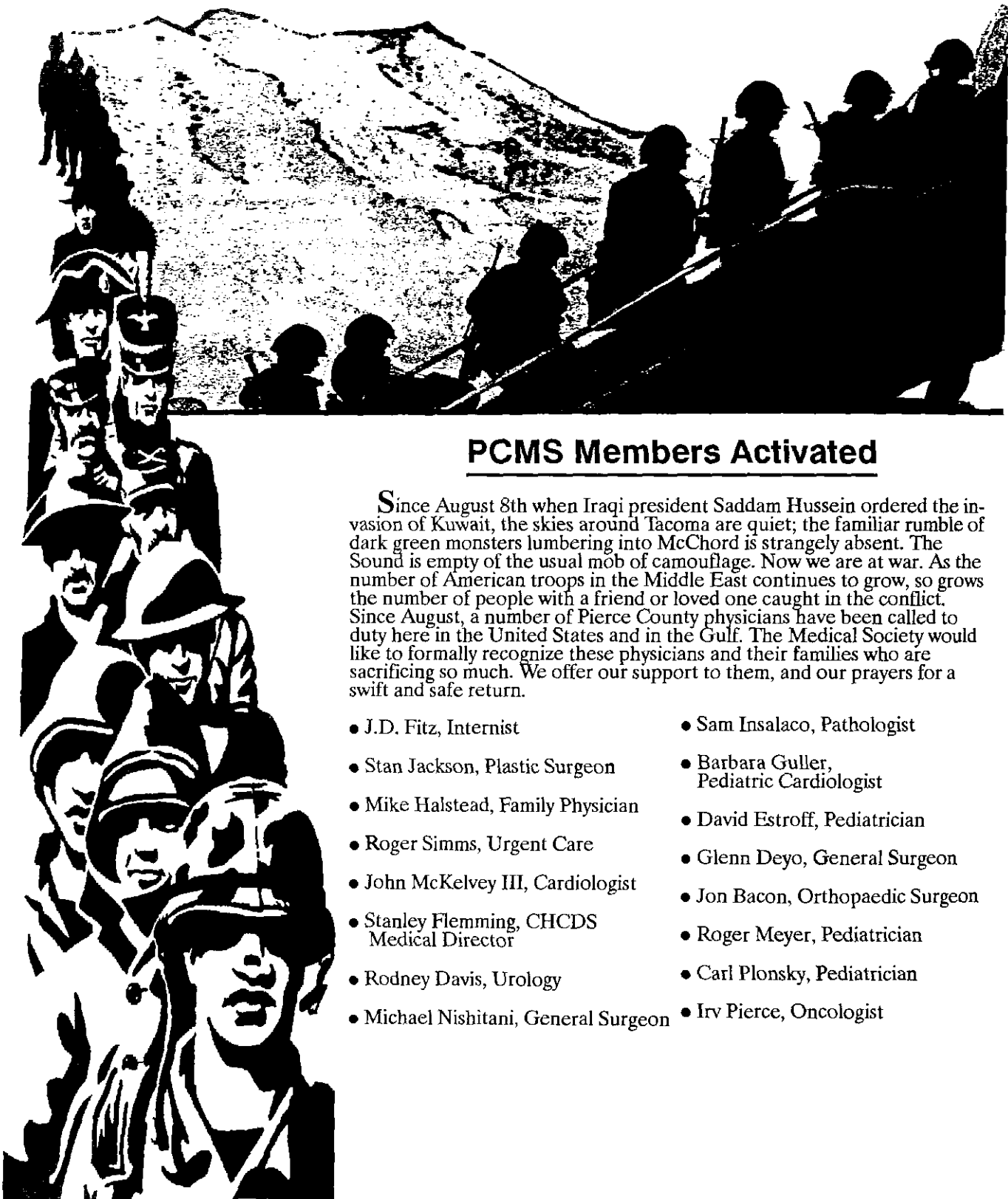
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PCMS Members Activated

Since August 8th when Iraqi president Saddam Hussein ordered the invasion of Kuwait, the skies around Tacoma are quiet; the familiar rumble of dark green monsters lumbering into McChord is strangely absent. The Sound is empty of the usual mob of camouflage. Now we are at war. As the number of American troops in the Middle East continues to grow, so grows the number of people with a friend or loved one caught in the conflict. Since August, a number of Pierce County physicians have been called to duty here in the United States and in the Gulf. The Medical Society would like to formally recognize these physicians and their families who are sacrificing so much. We offer our support to them, and our prayers for a swift and safe return.

- J.D. Fitz, Internist
- Stan Jackson, Plastic Surgeon
- Mike Halstead, Family Physician
- Roger Simms, Urgent Care
- John McKelvey III, Cardiologist
- Stanley Flemming, CHCDS Medical Director
- Rodney Davis, Urology
- Michael Nishitani, General Surgeon
- Sam Insalaco, Pathologist
- Barbara Guller, Pediatric Cardiologist
- David Estroff, Pediatrician
- Glenn Deyo, General Surgeon
- Jon Bacon, Orthopaedic Surgeon
- Roger Meyer, Pediatrician
- Carl Plonsky, Pediatrician
- Irv Pierce, Oncologist

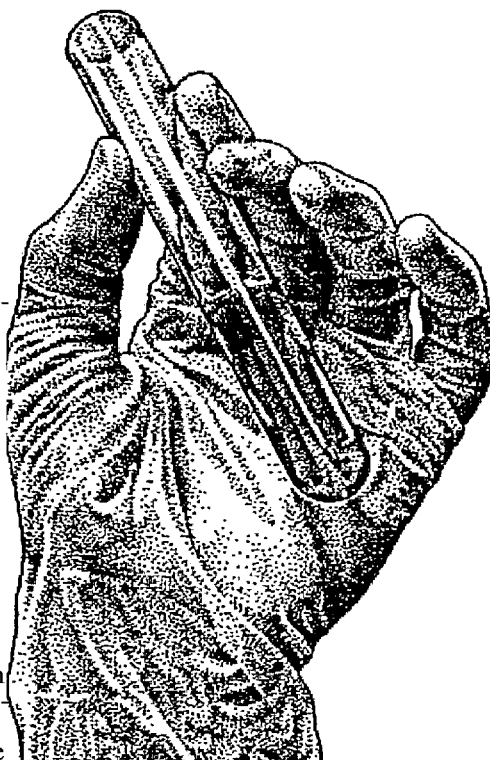
Tuberculosis on the Rise

According to the American Lung Association, tuberculosis rates continue to climb in the United States and experts say the 1990 increase will be the largest since national reporting on the disease began in 1953.

New figures show that through November, 1990, TB incidence rose eight percent from last year. Researchers think that the increase could reach ten percent by the end of December.

"We're seeing large increases in cases of TB in many cities and states," said John D. Allen, M.D., president of the American Lung Association nationally and chief of medicine at the Mason Clinic in Seattle. "What is of particular concern is the increase in the number of cases among children under age five."

Large increases in TB have also occurred among blacks, hispanics, and in younger adults. Experts attribute much of the rise to TB occurring in persons with the AIDS virus (HIV). Other causes include increased immigration from high-prevalence countries and transmis-



sion in institutional settings such as schools, hospitals, homeless shelters, correctional facilities and nursing homes.

The American Lung Association of Washington has been working with health departments to develop a statewide action plan.

DNR—Use, Abuse, & Non-Use

Dr. Daniel G. O'Hare of New York's Memorial Sloan-Kettering Cancer Center will present, "Do Not Resuscitate orders: Use, Abuse and Non-Use" at the Tuesday, February 12, PCMS General Membership meeting at the Executive Inn in Fife.

Social hour for the meeting will begin at 6:00 p.m. with dinner being served at 6:45 and the program to begin at 7:45.

Do not resuscitate orders have been an area of concern and contention for many years. Dr. O'Hare will discuss the ethics involved with this continuing issue.

A fellow in ethics at Sloan-Kettering since 1986, Dr. O'Hare has given presentations on ethics in both the United States and abroad. His current responsibilities include ethics research, education and institutional policy development and review.

Surgical Club Dissections, Meeting Changed to April 19 & 20

The annual Tacoma Surgical Club's dissections, demonstrations, lectures, and social events have been rescheduled to Friday and Saturday, April 19 and 20. The dates were changed due to a calendar adjustment at the University of Puget Sound. The club's activities were originally scheduled for the week prior, April 12 and 13.

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Drs. Edwards and Stuen Distinguished Alumni

Dr. Cynthia (Wilson) Edwards and Marcus R. Stuen were recognized recently as Distinguished Alumni during Pacific Lutheran University's Centennial Alumni Recognition. Dr. Wilson is a family physician with Tacoma Family Practice Medicine, Allenmore Medical Center; Board member of Hospice, March of Dimes; Advisory Board, Pierce County Diabetes Association; Presenter, Tacoma MESA Program; President-Elect, Family Practice Committee, Tacoma General Hospital; Member, PLU Board of Regents; Volunteer, PLU Centennial Fund-Shaping Tomorrow.

Dr. Stuen, psychiatrist, practiced medicine for 40 years, retired after 30 years combined military and civilian federal service. He is currently a part-time consultant with the Insurance Division of the Washington Department of Social and Health Services. He has organized programs for Vietnam veterans and an alcohol and drug treatment program and mental hygiene clinic. Dr. Stuen has given numerous presentations and publications and has received the Physician's Recognition Award, American Medical Association in addition to numerous other awards.

The State of the World's Health

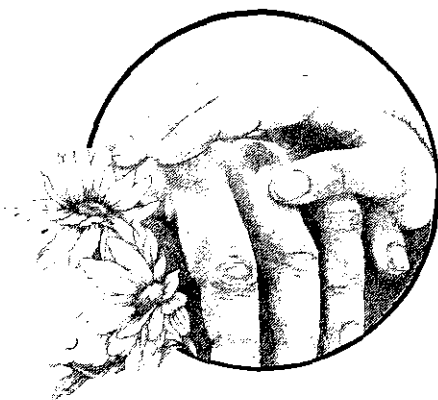
The State of the World's Health will be discussed at PLU on Friday, February 22 with the following experts: Jonas Salk, M.D.; Norman Borlaug, Ph.D.; William Foege, M.D.; Margretta Styles, Ed.D.; James Grant, J.D.; Daniel Callahan, Ph.D.; and Salim Yusuf, MRCP, D.Phil. A centennial gift from Pacific Lutheran University, the seminar is free, excluding meals.

These seven humanitarians, who have helped shape our world, will present the program from 8:30 to 5:00 at the University Center. Discussions will include "Personal observations and experiences regarding the issues involved in solving humanity's problems", and at 1:30 a panel discussion "What Kind of Life Should Medical Progress Serve?" Special interest sessions are scheduled for the afternoon including "Preventative Medicine and Disease Eradication", "Problems of Hunger, Health and Education", and "Health Care Delivery: Management and Choices." Dr. Daniel Callahan will discuss "Euthanasia & Health Care Rationing" to a SOLD-OUT dinner crowd at 6:30 p.m.

Registration deadline is February 15. For a complete program brochure, more information, or registration, please call Nancy Scott, Division of Natural Sciences, PLU, 535-7535 or 535-7560.

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The Greatest Gift

By Ronald C. Dobson, M.D.
Reprinted from the King County
Medical Society Bulletin, December
1990

The emphasis on acting in the best interests of another, even to the detriment of oneself, is deeply rooted in the traditions of medicine. Since the time when a healer was both physician and priest, altruism has been a central tenant of the physician's creed. Consider for a moment these great physicians from our past: Charcot, Trudeau, Rush, Osler, Schweitzer—the luster attached to their names is in no small part due to their dedication to altruism.

The placing of another's benefit before one's own is a fundamental way in which medicine differs from other human endeavors. Few, if any, expect the businessman to operate out of charitable and benevolent motives; no one expects the grocer to feed the hungry or the innkeeper to shelter the homeless.

Because of the expectation of altruism, the doctor-patient relationship is not just another business contract – and a pox on those who try to make it such! The bond between the physician and patient is dependent upon the trust of the patient; trust that the physician knows more than the patient about illness and its treatment, trust that the physician will help, trust that the physician's true motivation is the reward of helping others, and the trust that the physician will always place the individual patient's interests first.

Society asks a lot of its physicians and at times its expectations can be multiple, unrealistic, or conflicting. Even so, the societal rewards of practicing medicine are many. Indeed over the past 60 years



physicians in this country have been very fortunate both economically and politically. Now, however, many of the gains, prestige, independence, and money, are being withdrawn with little protest from those outside of medicine. And, as G.B. Shaw wryly observed, "the government that robs Peter to pay Paul can count on the support of Paul."

Under such conditions, the temptation is strong for physicians to look after "number one" and leave altruism at the wayside. None openly declare their intent to abandon such principles, of course. Rather, it often is expressed by misguided actions such as refusing to see any Medicaid or charity patients, or by declining to contribute professional time to the

community. Doing so is a grave mistake; some of the tarnish on the name of medicine today is the result of our inattention to the noblesse oblige of medicine.

To date there have been many changes for medicine with even more proposed; some of which are good, and some, not so good. Believing that the overall effect of these changes will be more harmful than beneficial, some advocate resisting all changes. Those who do so are indulging in a forlorn desire to return to the days when medicine was a cottage industry. Such recidivism is doomed to failure and a discredit to our better instincts. Changes will occur and our help in channeling them is in everyone's best interest. As physicians, we will be best served by focusing on the fundamental canons of medicine and working to see that they are preserved in whatever new order prevails.

For the physicians of King County, one tradition of the holiday season is the Bulletin's cover of the golden rule; it is an attribute we want in our own physician.

During this season, the giving of gifts is also a tradition. It would be wise of us to remember that the greatest gift is to give of ourselves.

It is true there are many problems facing us; but when have there not been? The solutions to these problems will come with time, and new problems will replace the old ones. Quoting Carlyle, one of the above mentioned physicians wrote: "Our duty is not to see what lies dimly in the distance, but to do what lies clearly at hand." As practitioners of medicine, our task is to care for the patient altruistically and with our eye ever on the golden rule.

Pierce County "Sentinel" for Hepatitis Research

To more accurately define the incidence and epidemiology of all types of viral hepatitis, a federally sponsored program of intensive surveillance for acute viral hepatitis was begun in several sentinel counties in 1979.

Since October of 1981, it has focused on four counties: Denver (Denver, Colorado), Pinellas (St. Petersburg, Florida), Jefferson (Birmingham, Alabama) and Pierce (Tacoma, Washington). These counties have provided more precise data on the significant sources of viral hepatitis infection in the United States and the contribution of these sources to disease incidence.⁽¹⁾ This surveillance program has been funded for an additional five years, through 1995.

Since this research began in Pierce County, major changes have occurred in the incidence and epidemiology of the different types of viral hepatitis in Pierce County and the United States. The incidence of hepatitis A has increased and drug users, both parenteral and non-parenteral, have become a source of community-wide outbreaks. Hepatitis A among drug users is probably a result of their lifestyle and is not due to needle sharing.^(2,3) The frequency of hepatitis B has declined among homosexual men but has increased in heterosexuals with multiple partners and parenteral drug users. Male homosexuals, generally speak-

ing, have modified their risk behavior in response to the AIDS epidemic, while many sexually active heterosexuals and parenteral drug users have not yet done so.⁽⁴⁾ The number of hepatitis non-A, non-B cases (hepatitis C) in parenteral drug users has also increased while transfusion-associated cases have declined, although the reason for this decline among transfusion recipients is unknown and occurred before surrogate testing and the current hepatitis C antibody test became available. The role of person-to-person transmission, other than through blood, may be more important than previously recognized and deserves further study.⁽⁵⁾

The specific aims of the research for the next five years are:

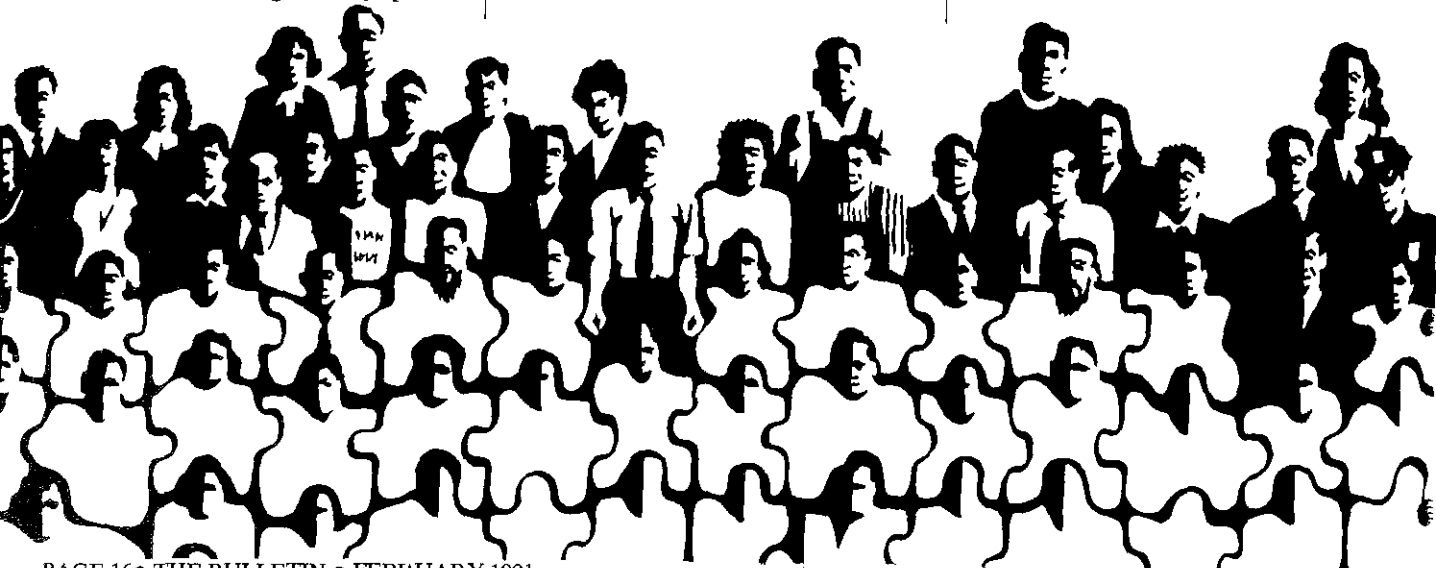
- To determine trends in the incidence of and risk factors associated with acute viral hepatitis. Particular emphasis will be placed on quantitating the importance of heterosexual transmission of hepatitis B and hepatitis non-A, non-B (hepatitis C).
- To determine the transmission patterns and epidemiologic characteristics associated with non-A, non-B hepatitis infection (hepatitis C), including perinatal transmission.
- To determine the medical and work loss related costs associated

with acute illness for viral hepatitis.

For this research to be successful, your help is needed. Please report all confirmed or suspected cases of viral hepatitis within one business day of diagnosis by calling the Tacoma-Pierce County Health Department at 591-6535 or 591-6534 (24 hour reporting line). If you have any questions about the research or viral hepatitis, please call Karen Mottram at 591-6535.

References:

1. Hepatitis surveillance report no. 52. Atlanta: Centers for Disease Control, 1989.
2. Hepatitis surveillance report no. 51. Atlanta: Centers for Disease Control, 1987.
3. Hepatitis A among drug abusers. *MMWR* 1988;37:295-300,305.
4. Alter MJ, Hadler SC, Margolis HS, et al. The changing epidemiology of hepatitis B in the United States and need for alternative vaccination strategies. *JAMA* 1990;263:1218-1222.
5. Alter MJ, Coleman PJ, Alexander WJ, et al. Importance of heterosexual activity in the transmission of hepatitis B and non-A, non-B hepatitis. *JAMA* 1989; 262:1201-1205.





“The Raised Eyebrow”

Once upon a time, a family physician prescribed a local medicament, which unfortunately caused irritation and a worsening of his patient's eruption. He referred the patient to a specialist, who upon hearing which medication had been used, could not restrain himself. With eyebrows raised, he asked the rhetorical question, “What! He used that?”

Three complicated events now evolve.

First, the specialist has momentarily inflated his ego and demonstrated his sense of superiority. Assuming his treatment works, he has gained a grateful patient.

Second, as time passes, the patient slowly realizes that not only has his family doctor been criticized, but he (the patient) has been told that he made a bad choice of a physician. It is much like buying a new car; the proud new

owner seldom appreciates a friendly enumeration of the many engineering defects of the new model and may react to the “unsolicited friendly advice” with anger.

Third, human nature being what it is, the patient must pass on an account of the events to the family physician. The physician thus has a name to whom he will never again refer a patient. He will certainly tell the story to his colleagues.

Now, what is the end result of our somewhat far-fetched narrative? Our specialist friend did feel powerful for a moment and for this he sacrificed a lifetime of referrals from one or more physicians. More important, he planted a seed of doubt in the patient's mind, and his confidence in medicine may have been lessened.

Smallness and bickering between the generalist and specialist, in both directions, should cease. The forward looking physician will attempt to boost, not knock, his colleagues. Whether we like it or not, all physicians are in the same boat, and diminishing one diminishes all. We are all aware, or we had better be, that there are those who delight in the discovery of any possible defect in the profession we claim to love. Don't make their task too easy.

*By John T. McCarthy, M.D.
Reprinted from CUTIS, Mar 1990*



**PIERCE COUNTY
MEDICAL SOCIETY**
Membership Benefits Inc. in
association with St. Joseph Hospital

Presents

**Essentials of Team
Building: Are You Putting
Square Pegs in Round Holes?**

*Friday, March 8 — Conference Rooms 3A&B, St. Joseph Hospital
12:30 to 5:00 PM Lunch and materials provided*

Pierce County Medical Society Membership Benefits Inc., in association with St Joseph Hospital, is proud to announce a series of five dynamic workshops presented by the partners of Manage.Ability to help physicians and their staff build a more effective medical office team.

PROGRAM 1 - ESSENTIALS OF TEAM BUILDING

- > *Tools to help you build the best possible team*
- > *Assess the strengths of your current staff - recognize their best and learn what you can do to maximize what they give to the practice*
- > *Other than skills, factors to consider when looking for a new team member*
- > *What you can do to help your present team members succeed*
- > *The dynamics of team building - an ongoing process*

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Yes, register me for (check one) _____ the PCMS Workshop Series "Team Building—Your Office Mandate for the 90's" or _____ Program One, "The Essentials of Team Building: Are You Putting Square Pegs in Round Holes?"

PCMS Members/Staff

\$ 50 per program
\$225 (Advance registration, 5 programs*)
\$180 (Advance Registration, 4 programs)
*Program 2 is for physicians only

NonMembers/Staff

\$ 65 per program
\$300 (Advance Registration, 5 programs*)
\$235 (Advance Registration, 4 programs)

I have enclosed \$ _____ for _____ programs. I understand advance registration to the series entitles me to a 10% discount, and that lunch and workshop materials are included for all programs. Registration is non-refundable.

Name _____ Phone _____

TEAM BUILDING: Your Office Mandate for the 90's

Pierce County Medical Society continues to provide PCMS physicians and their staff members with educational programs designed for their specific needs. Our upcoming five program series on Team Building will provide you with a variety of useful information.

Team building will play an important role in the 90's for every physician in private practice. Having a medical office staff and having a medical office team are two very different concepts.

An "office staff" is a group of individual employees working independently to complete their own assigned tasks. Each may have a different goal, and a much different philosophy. Many may not succeed since they are being utilized in the wrong position. Conflicts may arise more often since there may be little harmony, no common goal or sense of team support.

An "office team" is a group of individual employees working together to reflect the practice philosophy of the physician and meet the specific needs of the patients. Every team member knows their purpose in the practice. Each shares the same goal and philosophy. The team operates efficiently, effectively. Team members thrive because each "fits" into their assigned role. The team concept brings harmony and success to the office as each individual is encouraged to reach their full potential.

An office team is what every physician would like to have in his/her practice. A team concept means less conflict among staff members. It best utilizes employee time and makes each one more effective. This atmosphere reflects a better image, retains more patients and reduces staff turnover. **It is the best practice marketing tool.**

From the basic essentials of team building, hiring, staff motivation, staff management and leadership to problem solving, marketing, service and your office image -- this series of 5 workshops will offer you tools to develop your own medical office team. Four programs are for physicians and their staff. Program 2 is for physicians only. A discount is given for advance registration for the entire series. Lunch and all materials are provided.

PLEASE JOIN US FOR "TEAM BUILDING: Your Office Mandate for the 90's"

PROGRAM 1 - Essentials of Team Building: Are You Putting Square Pegs in Round Holes?

Employers and staff, Friday, March 8, 1991 12:30-5:00 pm, Conference Rooms 3A&3B, St. Joseph Hospital

PROGRAM 2 - Team Captain: The Physician

Physicians Only, Friday, April 5, 1991 12:30 - 5:00 pm, Conference Rooms 3A&3B, St. Joseph Hospital

PROGRAM 3 - Team Building: Motivating Your Staff

Employers and staff, Friday, May 3, 1991 12:30- 5:00 pm, Conference Rooms 3A&3B, St. Joseph Hospital

PROGRAM 4 - Team Problem Solving: Nuts and Bolts

Employers and staff, Friday, June 7, 1991 12:30-5:00 pm, Conference Rooms 3A&3B, St. Joseph Hospital

PROGRAM 5 - Your Team Image: Marketing and Service

Employers and staff, Friday, June 28, 12:30-5:00 pm, Conference Rooms 3A&3B, St. Joseph Hospital

Register in advance for the full series and receive a 10% discount. Registration includes lunch and all workshop materials. If you have any questions about the upcoming PCMS workshops, contact Sharon Bain at the Society office, 572-3709.

Look for our flyer soon and register early!

WHEN DOCTORS SHOULD SAY

NO

There was a time, not too far back, when a doctor's power over his patients was near absolute. He was the expert, after all. And when it came to medical matters, his word was law. It was as simple as that. With the blossoming of the consumer movement in the late 1960's and early 1970's, however, people were encouraged to become more informed and take control of their lives. In large measure, this has been a positive development. But when that trend became dominant in the health care arena, it gave rise to a number of troubling questions.

Should, for example, a physician be obliged to do what he or she perceives to be medically futile and wasteful, simply because a patient demands that it be done? Is a physician obliged to refrain from taking what he or she believes to be a morally and socially responsible course of action only because a special interest group is opposed to it? And should people whose behaviors adversely affect the well-being of others be allowed to continue to do their thing without being held accountable?

Such questions illustrate a real conflict between individual liberty and the common good. While the U.S. Constitution upholds the ideal of an inalienable right to life and liberty, it is becoming increasingly apparent in the arena of medical care that the rights to life and liberty may be inherently antithetical to one another. One person's liberty may threaten the lives of others; safeguarding the lives of the many may require that the liberties of some be circumscribed. Unfortunately, physicians often must decide which right takes precedence.

Just how tough does it get? As the following four cases, all recently treated at Stanford Hospital, suggest, it gets very tough.

Crack Babies:

"Debra" has just given birth, prematurely, to her fourth baby. He has been admitted to the intensive care nursery. As with each of his three older siblings, this little boy was born addicted to crack cocaine — an addiction that makes him susceptible to lung disease, neuro-developmental disabilities, and brain disorders, the full extent of which will only become apparent when he is older. Debra herself is addicted to cocaine, heroin, and alcohol and continued to use these substances throughout each of her pregnancies. She received no prenatal care and no treatment for her addictions.

Debra is also on welfare, hence, the costs of treating her babies are borne by MediCal. These costs are enormous: an average of \$250,000 for each child's initial hospitalization in the intensive care nursery; an average of \$60,000 per year for the two children

*By Ernie W.D. Young, M.D.
Reprinted from STANFORD magazine, December,
1990*

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who, as a result of the damage resulting from their mother's drug abuse, will require lifelong care in a state institution for the developmentally disabled.

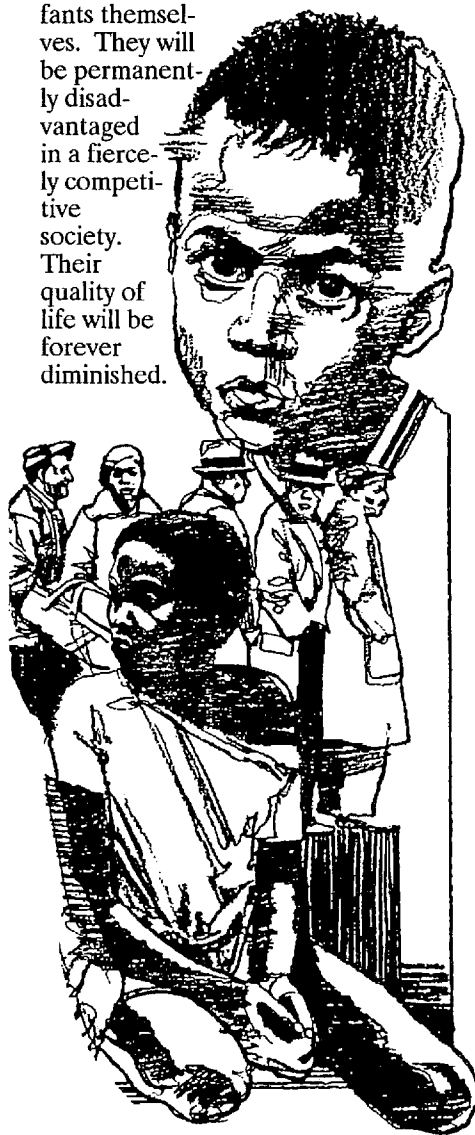
One's first impulse on hearing Debra's story is to want to blame her for her irresponsibility in giving birth to her fourth crack-addicted baby. This impulse may need to be checked. The governor of California recently vetoed a bill that would have afforded pregnant, addicted women drug counseling and rehabilitative services. Our societal unwillingness to appropriate the resources necessary to treat pregnant women like Debra for their addictions means that we are now faced with the sorts of consequences that Debra's case illustrates. Treating her babies after their birth is incomparably more expensive than treating Debra during her pregnancy.

However, even if we, as a society, did provide women like Debra with adequate prenatal care and ready access to drug counseling and rehabilitative services, what should be done about those who either cannot or will not avail themselves of these programs and keep having addicted infants? Should we sterilize them? The very question causes the hair on the necks of all civil libertarians to stand on end.

And speaking of necks, let me stick mine out and argue — with two provisos — that we should sterilize Debra.

Debra should not have been allowed to continue giving birth to successive crack-addicted infants. Not only is the cost of neonatal care for her four babies exorbitant, but the cost of institutionalizing those who are profoundly impaired and of providing special education for those who are moderately impaired will be enormous and ongoing. Here's the rub: That money could have been used to provide preventative or basic medical care to hundreds of other people.

In addition to these financial costs, there is the human cost to the infants themselves. They will be permanently disadvantaged in a fiercely competitive society. Their quality of life will be forever diminished.



My first proviso is that, after the birth of Debra's first baby, if not before, the attempt should have been made to enroll Debra in a drug rehabilitation program. If no such program was available, or if one was but no effort was made to admit Debra to it, then to speak of sterilization is premature. It is also a classic example of blaming the victim.

If, however, drug rehabilitation was available to Debra, and if the effort

was made to afford her treatment for her addiction, and she either refused treatment or returned to her old ways once she had left the detoxification center, it then might be appropriate to think of involuntary sterilization.

This brings me to my second proviso: If we are going to infringe upon individual liberties, we should do so in the least invasive and least damaging way possible. A contraceptive is now under development that is implanted under the skin of a woman's arm or back and promises to be effective for five years. Debra should be provided with this device, assuming it is both safe and effective, rather than be forced to have a tubal ligation. The former procedure is easily reversible; the latter much less so and, therefore, much more permanent and deleterious.

My argument flies in the face of popular opinion. The issue of maternal rights versus the well-being of the fetus arises in many contexts, such as the following:

- Women with an inherited metabolic disease called phenylketonuria (PKU) who become pregnant need to adhere strictly to an unpleasant diet, or else their babies will be born severely retarded. Should a pregnant woman with PKU be compelled to remain on such a diet?
- Women with insulin-dependent diabetes mellitus who become pregnant must control their diabetes or else risk giving birth to premature, possibly damaged, even stillborn babies. Should an insulin-dependent diabetic be compelled to control her diabetes during her pregnancy?
- Pregnant women with a history of preterm labor may require hospitalization and intravenous medication to prevent giving birth prematurely again. The risks to the fetus from premature delivery include respiratory immaturity, intraventricular hemorrhage,

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neurologic handicaps, and even fetal death. Should a woman with a history of preterm labor who goes into labor prematurely again and refuses treatment be compelled to submit to involuntary hospitalization for the sake of the baby she is carrying?

The debate on these issues is as much political as it is emotional. The courts are reluctant to impose involuntary treatment on pregnant women. The essence of the sometimes vigorous argument against nonconsensual intervention is constitutional in nature: The competent adult's right to be free from unwanted bodily invasion is grounded firmly in the constitutional right to privacy. It is not surprising, therefore, that the American College of Obstetricians and Gynecologists adopted a policy in August 1987 that physicians are "almost never" justified in going to court to compel the treatment of a pregnant woman, even when non-treatment results in massive expenditures of public funds - funds that could have been used to help others.

Futile Heroics:

"Agnes" is an 82-year-old lady who came into Stanford Hospital to have the mitral valve in her heart replaced. She, too, is a MediCal patient. The surgery went well, but postoperatively she became very feverish.

Over the next six months in the intensive care unit (ICU), she underwent three different six-week regimens of antibiotic therapy. Her temperature remained normal as long as she was on the antibiotics; it went up again as soon as each course of antibiotic therapy ended, suggesting that the site of the infection was the prosthetic mitral valve itself.

The only way to treat Agnes's problem definitively would be to replace the artificial valve. That, however, is impossible: She is dependent on

a ventilator, her kidneys have been damaged by the antibiotic therapy, and she is too weak and debilitated to survive another major operation.

For six months, Agnes's family has insisted that everything be done to keep her alive. They refuse even to contemplate withholding the withdrawal of the aggressive therapies which, in the unanimous opinion of her physicians, are actually harming her (she has had three strokes while in the ICU). "She's a fighter," they say. "She's always slow to recover, even from a cold, but recover she does!"

Meanwhile, the cost of maintaining Agnes in the ICU now approaches \$1 million.

Praying for Miracles:

"Willie" was shot in the head at close range by a teenaged acquaintance in an argument over a camera. He never regained consciousness. His neocortex had been

effectively destroyed when the bullet entered his skull. All he has left is some residual brain-stem function, controlling temperature and respiration. He has been on a ventilator for more than a month.

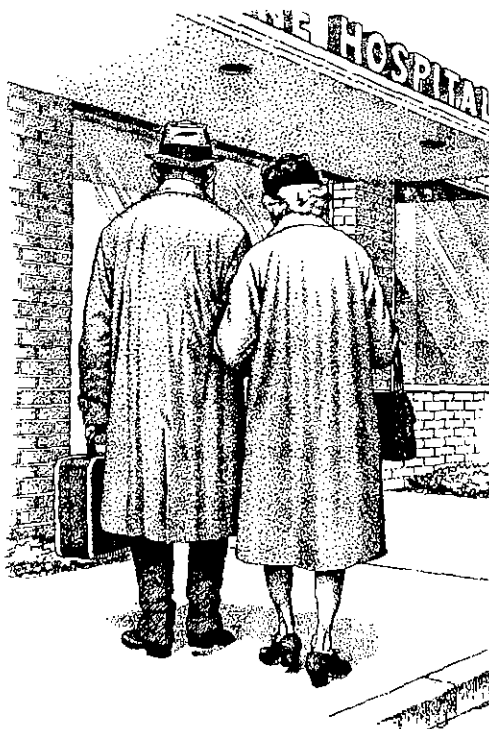
His father adamantly refuses to allow the discontinuation of the aggressive therapy, stating that he believes in miracles and that God, who created the brain, can heal the brain as well.

Willie, too, is a MediCal patient. Society bears the cost of treating him - several hundred thousand dollars by now - as well as the cost of treating others like him.

With respect to both Agnes and Willie, common sense tells us that "He who pays the piper shall call the tune." If society, through MediCal, is paying all or part of Agnes's or Willie's medical bill, then surely it is fair for society to set some limits to futile medical care and on the behaviors that incur them. It seems appropriate for a society that is footing the bill to make policy decisions about withholding expensive and marginally beneficial medical services and about restricting the sale and use of handguns.

Doing these things may seem appropriate to reasonable people, but unless such actions are politically expedient as well, there is not much hope that they will be enacted into legislation. Politicians' failure to address the issues of medically futile treatment and handgun control does not make these issues disappear. It merely unloads them into the medical setting, where they do not properly or permanently belong.

I was actively involved, along with the treating physicians, in dealing with both Agnes's and Willie's families. In both cases, we did our best to educate the families as to the reality of their loved ones' condition and prognosis. We did this over a long period of time, using people with different perspectives and emphases to reinforce the common message: that continuation of



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aggressive treatment was medically futile.

We did not make the argument that it was also cost-ineffective and, therefore, socially irresponsible; to have done so in a clinical setting would have been inappropriate.

Despite our best efforts, both families remained insistent: We were to continue administering expensive, medically futile treatments, and they would not consent to withdrawing or withholding intensive care.

In each case it was the patient who resolved the impasse - by dying. Both patients underwent cardiac arrest and died before a medical team could respond. At the time of death, each patient was still on a ventilator.

For me, as much as for the treating physicians, these ordeals are over, but the issue they raise remains vivid and pressing. When the rights of the individual are opposed to the interests of society, why should the individual always prevail? No good reason can be adduced. Priorities are being set sheerly on arbitrary and emotional grounds.

Knowingly Spreading AIDS:

"Terry," a homeless woman addicted to heroin and cocaine (which she uses intravenously), has come into the emergency room for the second time in six months. In addition to her drug addiction, she admits to prostitution - the only means she has of supporting her drug habit. During both hospital visits she tested HIV-positive, meaning that for the last six months, and possibly much longer, Terry could have been passing on the virus to her many sexual and needle contacts.

Nevertheless, HIV-positive status is not reportable to the public health authorities - whereas other sexually transmitted diseases, such as syphilis

or gonorrhea are - for the purpose of tracing and warning all possible contacts. In the name of civil liberties, the confidentiality of the person who tests HIV-positive is protected.

Meanwhile, countless others have been placed in jeopardy by exposure to an eventually fatal disease.

As established in the landmark 1976 Tarasoff case, psychiatrists have a duty to warn a potential victim that supersedes the duty to maintain patient confidentiality. In 1969, UC-Berkeley student Tanya Tarasoff was murdered by a mentally disturbed admirer, who, during sessions with his counselors, had threatened to harm her. The counselors, in turn, did not adequately warn Tarasoff of the threats because they did not want to violate the confidentiality of the relationship that they had with the patient. They feared that once confidentiality had been breached, the patient would not return for further psychiatric help and, therefore, could have become even more dangerous.

Rightly, confidentiality is seen as essential to the integrity of the physician-patient relationship. Nevertheless, the ruling in this case seems wise: It ranks a real and present danger above possible future consequences.

I find it difficult not to make comparisons between Terry and Tanya Tarasoff's killer. Terry knows she is infected with a virus that is potentially life-threatening. She knows that the virus is spread through sexual and needle contact. Yet she continues to have sex and to exchange needles with others in a highly promiscuous way - without informing them of her HIV status. She is, through her behavior, threatening the lives of others, just as the man convicted of murdering Tarasoff had done. Yet in the one case, there is now a duty to warn; in the other, the hands of Terry's physicians are tied. They may not report her HIV status to the public

health authorities.

This anomalous situation caused Terry's physicians to resort reluctantly to a stratagem that, while questionable, at least allowed the public health authorities to begin the difficult work of tracing and warning Terry's sexual and needle contacts: They altered her diagnosis from ARC (AIDS-Related Complex) to full-blown AIDS. While ARC is not reportable, AIDS is. Her physicians felt that, in this case, the end justified the means. Many would disagree. Truthfulness in communicating a diagnosis is too important a principle to be ignored, however, apparently laudable the reason. Nonetheless, when confronted with an unresolved social and political problem in the medical arena, they did the best they could for all concerned.

The real problem lies in the failure of a special interest group to look beyond its own narrow (but legitimate) concerns with a broader perspective. Legitimately concerned about discrimination in housing, insurance, and employment because of their HIV status, members of the gay lobby have steadfastly opposed the reporting of any HIV cases except those involving full-blown AIDS. While their concern is understandable, it also presents considerable problems for people who aren't infected, as evidenced by Terry's case.

For each of these four cases, the common good was jeopardized by an inadequate or deficient understanding of the meaning of liberty. The notion that liberty means "I can have what I want" may have serious and adverse social consequences. In certain situations, this kind of "liberty" can threaten the quality of life - and even the physical existence - of someone who needs the wasted medical resources. There is an urgent need, therefore, to carefully reflect on the meaning of liberty in society.

Life in a society is possible only if

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the freedom of individuals to have or do what they want is circumscribed. If, for instance, everyone felt at liberty to disregard the property rights of others and to help themselves to whatever they wanted, we would live in a state of anarchy. Our society has decided, rightly, that citizens should not be free to take other peoples' belongings - or to refuse to pay taxes, or to keep their children out of school. The very notion of community requires some constraints on individual liberties.

Constraints are all the more appropriate when liberty threatens life itself. Surely there have to be some compromises; surely there has to be a willingness to give and take on both sides if both principles - respect for liberty and respect for life - are to be upheld simultaneously.

In the medical arena, we must learn and practice the art of balancing the rights of the individual against the need to use what resources we have evenhandedly and fairly.

This may seem self-evident. But what may be reasonable and appropriate to most of us may appear entirely unreasonable and inappropriate to others: the gay lobby, the tobacco lobby, and the National Rifle Association, to name a few. Special interest groups, unwilling to look at the larger picture because of narrow focus on their own concerns, are always potentially opposed to the common good.

What are sorely needed, above all else, are politicians who are concerned less about opinion polls and re-election than about such qualities as honor and integrity. For ultimately, balancing the constitutional rights to life and liberty, as is now required in the medical field, will have to be done in the political arena.

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

Richard T. Dehlinger, M.D.

Internal Medicine. Born 04/22/45 in Boston, Massachusetts. Medical School, University of Southern California, 1980; Internship, Huntington Memorial Hospital, Pasadena, 1981; Residency, Huntington Memorial Hospital, Pasadena, 1983. Licensed in Washington, 1990. Board Certified Internal Medicine, 1986. Dr. Dehlinger will be assuming Axel Lindstrom, M.D.'s practice.

Robert W. Kunkle, M.D.

Orthopedics. Born 07/18/48 in Los Angeles, California. Medical School, Johns Hopkins School of Medicine, 1981; Internship, University of California at Irvine Medical Center, 1982; Residency, University of California at Irvine Medical Center, 1986. Licensed in Washington, 1990. Board Certified Orthopedics, 1989. Dr. Kunkle is practicing with John Bargren, M.D.

Rosanne M. Larsen, M.D.

Family Practice. Born 05/21/46 in Tacoma, Washington. Medical School, University of Washington School of Medicine, 1986;

Internship, Tacoma Family Medicine, 1987; Residency, Tacoma Family Medicine, 1989. Licensed in Washington, 1988. Board Certified Family Practice, 1989. Dr. Larsen is practicing at Group Health Cooperative.

Michael P. Brook, M.D.

Emergency Medicine. Born 03/23/57 in Saskatoon, Canada. Medical School, University of Saskatchewan, 1984; Internship, LAC/USC Medical Center, 1985; Residency, LAC/USC Medical Center, 1987; Graduate Training, LAC/USC Medical Center, 1988. Licensed in Washington, 1990. Board Certified Emergency Medicine, 1988. Dr. Brook is practicing at 3606 22nd St. SE, Puyallup.

Daniel Redford, M.D.

Anesthesia. Born 01/27/52 in Cortez, Colorado. Medical School, University Autonoma of Guadalajara, 1982; Internship, Fifth Pathway University of Maryland at South Baltimore General Hospital, 1985; Residency, St. Luke's Hospital, 1986; Illinois Masonic Medical Center, 1991. Licensed in Washington, 1989.

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101 Ways to Save the Earth

Poor Planet Earth. It's in sorry shape. Facing major environmental problems such as toxic waste, the "greenhouse effect," the hole in the ozone and endangered animals, can the individual do anything significant to help preserve Planet Earth?

The answer, of course, is **Yes**. Although one person can't end the avalanche of trash thrown away every day, individuals *can* cut down on the size of their own contribution. The more individuals work at helping the environment in their everyday lives, the easier it becomes for all of us to deal with the bigger problems.

So don't think that what you do doesn't matter. It does. As Edmund Burke said, "Nobody makes a greater mistake than he who does nothing because he could do only a little." In this spirit, continuing the series of articles we began in December, we are publishing a list of 101 ways you can help preserve the planet. Originally published in the Rotarian, August 1990.

16. Use cloth towels, not paper, for spills.

17. Use chlorine-free bleach.

18. Don't buy aerosol cans containing chlorofluorocarbons, (CFCs) which destroy the ozone. Look for products that come with non-aerosol vacuum pumps.

19. Avoid overpackaged goods and foods. For example, buy fresh fruits and vegetables loose, not in plastic bags or shrink-wrapped on trays. Containers and packaging make up about a third of the waste stream.

20. Buy the larger, economy size of detergents and other products you use regularly.

21. Buy reusable, not disposable products. (Over two billion plastic razors are thrown away every year.)

22. Buy biodegradable waxed paper wrap instead of plastic wrap for preserving food.

23. Buy eggs in cardboard, not

styrofoam, cartons.

24. Choose non-toxic substitutes for products with toxic ingredients. For example, make cleaning solutions from baking soda, lemon juice, and vinegar.

25. If you have a choice, pick paper over plastic bags at the grocer and elsewhere.

26. If you do take plastic bags, wash and reuse them.

27. You can easily avoid the paper or plastic dilemma. Bring your own reusable bag—how about canvas, or the string bags popular in Europe—to the grocery store.

28. Buy products that can be packaged in refillable or reusable containers.

29. When refillable can't be found, look for one that is made from materials that are recycled in your community.

30. If you must have a product containing toxics, buy the smallest package possible—only the amount you will actually use, and dispose of the package carefully.

Board Retreat a Huge Success



Al Jonsen, Ph.D., Chairman of University of WA Department of Medical History and Ethics addresses the PCMS Board Retreat Jan 12.

Members of the PCMS Board of Trustees, Committee Chairmen, Presidents of Hospital Medical Staffs and Specialty Societies, and Past Presidents gathered at the Quality Hotel (Tacoma Dome) Saturday, January 12, to hear nationally renown speakers address major issues facing the medical community.

Dr. Marvin Young, President, WSMA, began the meeting complimenting Pierce County for the number of members it has involved in WSMA activities. He said the Society is the most active in the state with WSMA.

Dr. Young noted a major concern of WSMA is health care access and attempts to change the system. He said businesses and the state are going to continue to be more active and constrictive in terms of controlling bottom-line costs. Pressure for change is building everywhere. An activist group, Washington Citizens for Action (previously known as Washington Fair Share), was very in-

strumental in getting Initiative 92 on the ballot in 1988 and is soliciting signatures for changes in the health care system. They promise that if the Health Care Access and Cost Commission does not come up with something fairly strong in December, they will put an Initiative on the ballot in 1992 for a single payor system.

Meanwhile, WSMA is working with other provider groups to offer an alternative. WSMA's "Report P" was very well received by legislators in 1991 and forms the basis for WSMA's recommended reforms.

Howard Lang, M.D., a Greenbrae, California OB/GYN and current president of the AMA Hospital Medical Staff Section, offered some rather controversial views on hospital medical staff and physician relationships.

Dr. Lang contends that the main function of medical associations is to keep our own doctors from being eaten alive. The other purpose is patient advocacy. "But," he said, "physician advocacy ranks equal with patient advocacy."

He stated physicians are disgruntled because they feel powerless. Dr. Lang cited several potential problem areas for physicians in the immediate future: 1) Patient dumping laws — OBRA and reasonable on-call time. Physicians are at risk if they do not report and examine the patient in a "reasonable" time, 2) On-call emergency coverage, and 3) Establishment of a National Practitioner Databank. Dr. Lang recommended that care be given to communications with the National

Databank and how that communication is worded as the bank will only accept 600 characters (character being a letter, space, or punctuation). Once in the Databank, information is very difficult to change.

Medical staff bylaws were a major point of his presentation. Dr. Lang emphasized the "fair hearing" process should be a statute in medical staff bylaws. Lang contended that we can "control how we practice medicine, how we can be patient advocates and how we can take care of patients right at the medical staff level. We have the right, and authority, to do what we were trained to do through our bylaws." "The problem," he says, "is no one reads them. It is absolutely crazy to let a hospital lawyer do medical staff bylaws." Dr. Lang says, "They think differently than we do."

Dr. Lang went on to say, "I firmly believe that medical staff should be compensated for what they do. What doctors do is make it possible for hospitals to do business and to maintain licensure and accreditation. The medical staff as a body should be reimbursed and not individually." What would the medical staffs do with the money? Dr. Lang suggests hiring your own legal counsel or medical staff coordinator.

Economic credentialing, he stated, was "the ultimate control." It is hospital oriented and has nothing to do with quality. It is only related to the bottom line. Hospitals are asking: How many Medicaid patients do you have? How old are you? What is your color and what type of patients do you attract?

One approach Dr. Lang has begun to see around the country is a pre-application form. An application for an application, it is used as a screen-

ing device by the hospitals.

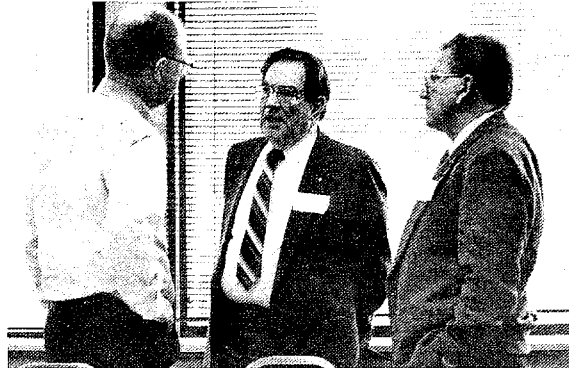
Dr. Al Jonsen, Chairman, Medical History and Ethics, University of Washington, gave a very lucid and informative presentation on the role of the ethicist and a marvelous explanation on the development of ethics from the time the dialysis program was created by Dr. Belding Scribner at the University of Washington in the early 1960's. "The development of a wide range of technologies have brought great benefits and great problems," he said. The question and concept of "futile" medical treatment and the efficacy of various procedures under various circumstances. He sighted the cases of Mrs. Wangley in Minnesota and the Nancy Cruzan case in Missouri. In Mrs. Wangley's situation, the hospital sought permission from the courts to permit them to let her die, whereas the Cruzan family sought permission.

Dr. Jonsen emphasized that physicians must become involved with Initiative 119 as it progresses through the legislature. Initiative 119 will undoubtedly become a ballot issue in November. He is concerned with it from three points of view: 1) Initiative 119 changes the definition of terminal illness and adds persistent vegetative state as terminal illness. Dr. Jonsen says "PVS is not a terminal illness;" 2) the legislation would insert the specific mention of nutrition and dehydration, to which he is not opposed; and 3) call physician-assisted suicide a new medical procedure.

Another concern expressed by Dr. Jonsen is "this type of legislation privatizes the taking of life in a way our civilization has taken great pains to remove. Homicide laws in our culture reflect the general feeling that the taking of a life is subject to public scrutiny. This legislation would immunize physicians from scrutiny by the law and is a great step backwards to privatization of killing. This is a first step down a slippery slope and I think it is an ill-conceived public policy."

He went on to say, "if this legislation is passed and becomes medical procedure, it will be your obligation as a physician to include your attitudes towards it in the informed consent that constitutes the basis of your contract with your patient. At the time a patient comes to you, you should tell them, 'I am a doctor who does Aid-in-Dying or a doctor who doesn't. This is not a medical procedure I do or it is.' You need to recognize at the beginning of your relationship with your patient that they will know what you will do and under what conditions you will do it." Approximately 35 members attended the retreat.

Please see the President's Page for Dr. Marsh's comments on Initiative 119.



L-R Dr. Marvin Young, President, WSMA; Ralph Johnson, Past President of WSMA and PCMS; Jim Stilwell, President, Tacoma Surgical Club



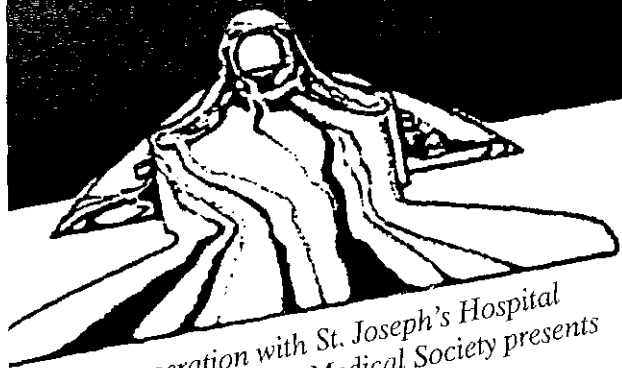
L-R Dr. Stan Tuell, PCMS Past President (1983); Dr. John Coombs, Medical Director, MultiCare; Bob Osborne, Jr., PCMS Trustee



L-R Dr. Howard Lang, Chairman AMA Hospital Medical Staff Section; Dr. Leonard Alenick, AMA Alternate Delegate; Dr. Marvin Young, President, WSMA



L-R Drs. Bill Ritchie; Marcel Malden; Stan Tuell; Bob Osborne, Jr.; Bob Alston; Ron Goldberg; Bob Wachter



In cooperation with St. Joseph's Hospital
The Pierce County Medical Society presents

**do not
resuscitate
orders: use,
abuse and non use**

featuring

Dr. Daniel G. O'Hare

Ethicist

Sloan-Kettering Cancer Center



Date: February 12, 1991

Place: Executive Inn (Fife)
5700 Pacific Hwy E.

Time: Cocktails: 6:00 pm (no host)

Dinner: 6:45 pm

Program: 7:45 pm

Price: \$16 per person

(\$18 the day of the meeting)

Yes, I (we) have reserved the evening of Tuesday, February 12, 1991 to join members of the Pierce County Medical Society at their February General Membership Meeting and to hear Dr. Daniel O'Hare speak on "Do Not Resuscitate Orders: Use, Abuse and Non-Use."

Please reserve _____ dinner(s) at \$16 per person (meal, tax, and gratuities included).

Enclosed is my check for \$ _____

Dr. _____

Please make check payable to PCMS and return no later than Friday, February 8
PCMS wishes to thank St. Joseph Hospital for their support of this program



COLLEGE OF MEDICAL EDUCATION



Sun Valley: It's Not Too Late!

An opportunity to enjoy beautiful Sun Valley, Idaho and all its amenities and receive quality CME is still available. Join your colleagues and their families at Elkhorn Resort on February 27 through March 3, or extend your stay and still receive airline and lodging savings. If you have questions, or need another registration form, call the College of Medical Education at 627-7137.

HIV Infections CME Program Set for February 8

"HIV Infections: A Review," a quality CME program offering 7 hours of Category I credit, is scheduled for Friday, February 8.

The program, designed by Alan Tice, M.D., will be held at St. Joseph Hospital's conference rooms 3A and B.

Recognized regional and local experts including Hunter Handsfield M.D., Ann Collier, M.D., and Mimi Fields, M.D., will speak.

For additional information, call C.O.M.E. at 627-7137.

Tacoma Academy of Internal Medicine Annual Conference March 14 & 15

The Tacoma Academy of Internal Medicine's two-day continuing medical education program is slated for March 14 & 15. Organized by Amy Yu, M.D., Internal Medicine Review-1991 offers a variety of timely subjects presented by an expert faculty from the local area as well as other parts of the country.

The program offers 12 Category I CME credits and is available to both members of the Tacoma Academy and all other area physicians. The program will be presented in Jackson Hall with the traditional dinner scheduled for TAIM members for Friday, March 15 TAIM members at Fircrest Golf Club. This year's program subjects include:

- Estrogen Update: Effects of Estrogen on Lipids and Cardiovascular Disease
- Substance Abuse and Cardiovascular Disease
- Nitroglycerin: New Insights into Antianginal Mechanisms
- Advances in Therapy for Acid-Related Diseases, Omeprazole
- The Aging G.I. Tract
- The 10% of Your Patients Who Take 30% of Your Time
- Chronic Fatigue Syndromes
- Update on Chondroprotective Effects of Nonsteroidal Antiinflammatory Drugs
- New Therapies for Rheumatoid Arthritis
- The ABC's of Hepatitis
- An Overview of STD's in the AIDS Era
- The Athlete-Use and Misuse of Drugs
- A Review in Anaphylaxis

C.O.M.E. 1990 - 91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1991		
Fri. February 8	Review of HIV Infections	Alan Tice, M.D.
Weds.-Sat. February 27 & 28 March 1 & 2	Sun Valley Program	Mark Craddock, M.D. Stuart Freed, M.D. John Lenihan, M.D.
Thurs., Fri. March 14 & 15	Tacoma Academy of Internal Medicine	Amy Yu, M.D.
Fri., Sat. April 12 & 13	Surgical Club	James Stilwell, M.D.
Fri. May 10	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Fri. May 31	Office Gynecology	John Lenihan, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.

What's new for physicians at St. Joseph Hospital?

◆ **Atherectomy**

Similar to angioplasty, this procedure actually removes plaque buildup along artery walls. In angioplasty, a balloon is inflated to compress the plaque against the artery wall to break open a blockage. With atherectomy, a special cutting device is used to shave the plaque from the blood vessel wall and remove it.

◆ **Implantable defibrillator**

This device is ideal for survivors of "sudden cardiac death" syndrome who cannot be treated successfully with medications. The device is surgically implanted in the patient's abdomen and connected to the heart with wires similar to those of a pacemaker. It monitors the heart beat and delivers an electric shock to restart the heart should it stop beating.

◆ **Home Care Services**

St. Joseph Home Care Services is the region's most comprehensive provider of 24-hour home care. Services include Home Health/Skilled Nursing, Hospice and Palliative Care, Home Infusion and Home Enteral Support. Referrals can be made 24 hours a day by calling 591-6808.

◆ **Teleradiology**

A new system purchased by Tacoma Radiology enables radiologists to perform STAT readings of images when they are not in the hospital. By transmitting the image over telephone wires, radiologists at St. Joseph, St. Francis or Tacoma General hospitals can interpret x-rays regardless of where the image originates.

**For more information, call Barbara Gottas,
Director of Medical Staff Development,
at 627-4101, ext. 5058**

Safe Disposal of Radioactive Wastes Needs Physician Support, Direction

The disposal of low-level radioactive wastes may seem like a minor concern among medicine's worries. But consider these facts:

- Twenty-five percent to 30 percent of all low-level radioactive wastes produced in the U.S. results directly from medical uses.
- About 120 million nuclear medicine procedures contribute annually to low-level radioactive waste production.
- Research is a significant contributor to low-level radioactive waste production. For example, radioisotopes are used in the development and evaluation of about 90 percent of all new drugs.

Universities, medical schools, hospitals, laboratories and medical practices are among the producers of low-level radioactive wastes. Their activities clearly benefit individual patients and society as a whole.

Political, Not Public Problem

Then why is disposal of radioactive wastes a problem?

Actually, disposal has long been more a political than a public health problem. In the 1960s, six licensed commercial facilities received wastes from across the country. After three of these facilities closed, opposition developed in the three remaining host states on the grounds that they should not be burdened with the disposal needs of the entire nation.

In response, Congress passed the Low Level Radioactive Wastes Policy Act in 1980. Under this bill, each state would eventually become responsible for disposal of radioactive wastes generated within its boundaries. The act recommended that states participate in regional

groupings or compacts to improve the cost-effectiveness of disposal facilities. It also stated that any regional facility could exclude wastes from outside its region after January 1, 1986.

States Make Slow Progress

For the next five years, states moved to negotiate compacts and sign the necessary agreements. The difficulty in locating and gaining approval for disposal sites slowed progress. Remote sites might satisfy public sentiment, but their remoteness complicated disposal convenience and cost.

By 1985, it was clear that states would not meet the 1986 deadline. Congress responded with amendments to the Wastes Policy Act, extending the deadline to January 1, 1993. On that date, the three existing commercial sites -- located in Beatty, Nevada; Richland, Washington; and Barnwell, South Carolina; -- will be closed to outsiders.

State negotiations have proceeded since 1985. Yet selecting a disposal site and preparing to operate a facility involves a complicated series of steps. In its 1988 informational report the American Medical Association Council on Scientific Affairs said those steps include legislation, government oversight, public participation, financing, engineering, supervision, surveillance and quality control. Few states are far along in this process and fewer still are expected to meet the 1993 deadline.

Physicians can help

Physicians can play a key role in helping their states develop acceptable disposal facilities for low-level radioactive wastes. Their medical training can provide an informed

perspective on the personal and public health risks related to waste disposal.

Consider becoming involved in efforts to establish disposal facilities. First, contact representatives of your state's radiation control program or health agency. Arrange to meet with them, determine whether your state is involved in a compact, and offer your support. Encourage these representatives to consider what will be done if a disposal site is not available by January 1, 1993. Stress the need to develop one or more storage sites for low-level wastes as an intermediate measure until a disposal site becomes available.

Secondly, encourage your medical society's public health or environmental health committee to become involved. Pass policy regarding the disposal of low-level radioactive wastes and then promote it. Through lobbying efforts or by working with public health authorities, the medical society can influence disposal facility plans.

Finally, physicians can help persuade their patients, the media, and community groups that radioactive materials can be beneficial. Seek opportunities to lead discussions in classrooms or speak to public audiences.

For further information, contact the Division of Biomedical Science (J. Loeb, Ph.D., Director), American Medical Association, 515 North State Street, Chicago, Illinois, 60610; (312) 464-5456.

"Low-level Radioactive Wastes," August 4, 1989, Vol. 26, No. 5, pp. 669-674, *Journal of the American Medical Association*.

April in Tacoma, daffodils in blossom...

We hope you will join us as the Pierce county Medical Society Auxiliary hosts the WSMA Auxiliary Spring House of Delegates, April 21, 22, 23 and 24 at the Tacoma Sheraton Hotel.

Our annual meeting is for all county auxiliary members. Each county has a certain number of voting delegates and alternate delegates in relationship to paid membership, however, attendance at convention is not limited to voting delegates. Convention is open to all members of the medical auxiliary.

Mary Lynn Smith, AMA Auxiliary Director, Southern Region has accepted our invitation and will represent national auxiliary.

Mary Strauss, AMA Auxiliary past

president and nationally known motivational speaker will be conducting a special workshop. Guests are invited to attend; registration fee for this seminar will be \$25 for non-registered participants. Also on the schedule are a special "hat dinner"... workshops to strengthen leadership skills and develop county program and projects, as well as conducting the business of State Auxiliary.

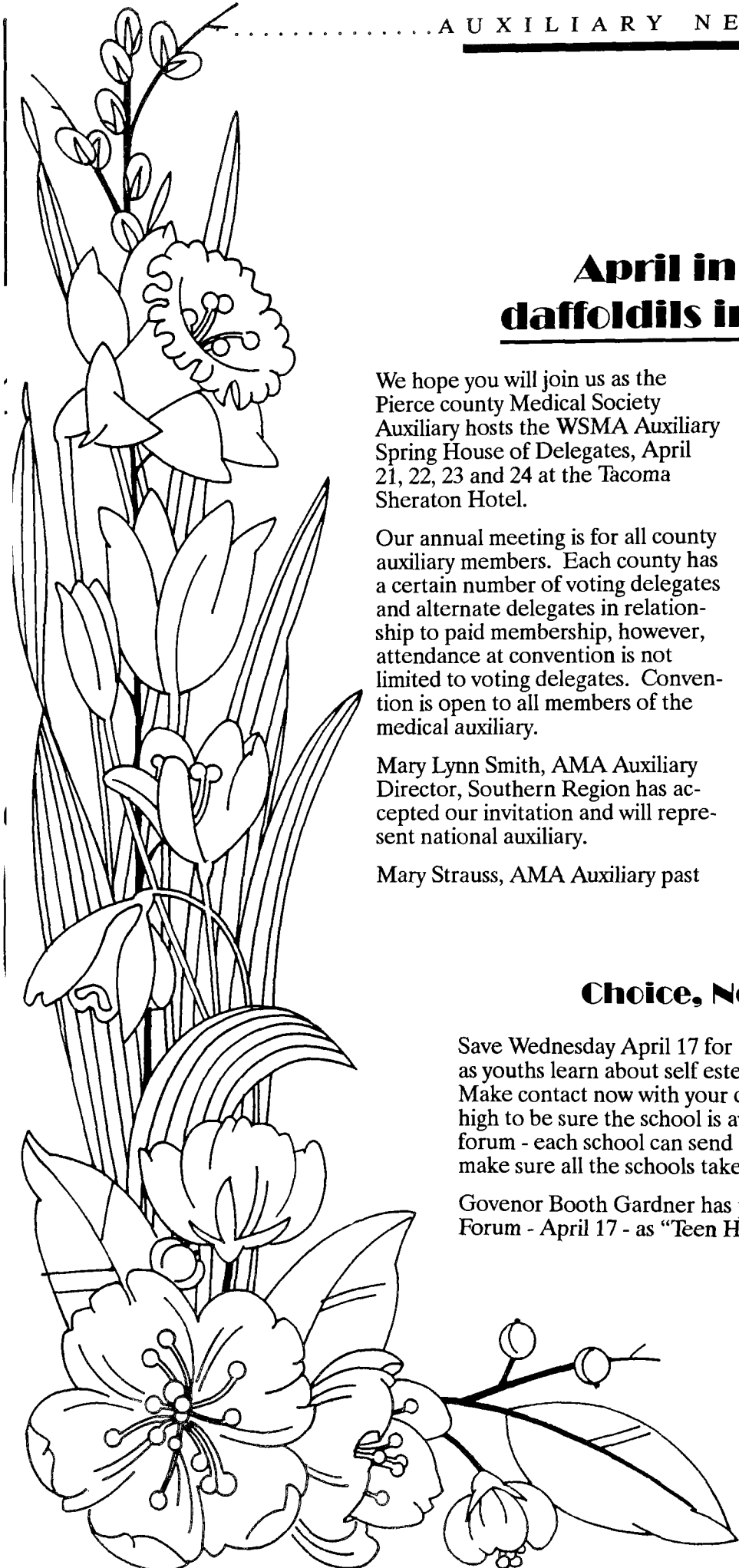
You can help make this a memorable event. Mark your calendar now; we want to see you at the Spring House of Delegates.

Convention Co-Chairmen
Marny Weber Alice Wilhyde
863-2114 572-6920

Choice, Not Chance

Save Wednesday April 17 for an exciting day in Ellensburg as youths learn about self esteem and physical fitness. Make contact now with your child's middle school or junior high to be sure the school is aware of this teen health forum - each school can send at least 2 students. Help us make sure all the schools take advantage of this.

Govenor Booth Gardner has proclaimed the date of the Forum - April 17 - as "Teen Health Day."



Physician's Desk References

Please take any "old" (Since 1986) PDR's to the Medical Society Office: 223 Tacoma Avenue South, Tacoma, WA 98402. The auxiliary is recycling them to school nurses.



Note Cards

You can purchase the beautifully designed Holiday Sharing card notes for your personal use. Enjoy Barbara Wong's design. Try these for your next gift! Cost is 15 for \$10. Contact Nancy Rose or Karen Dimant.

Joint Holiday Dinner a Success!

"Thanks" to all the raffle purchasers at the December Joint Holiday Dinner. We raised \$455.00 in the raffle. Sue Asher won the gourmet basket. Don Weber, M.D. won the monthly fruit selection.

"Thanks" for all the gifts for women and children.

"Thanks" to political cartoonist, Steve Benson, for an informative and entertaining program.

No Meeting in February

Save your energy and baby sitter for the March meeting!! There will be no February meeting.

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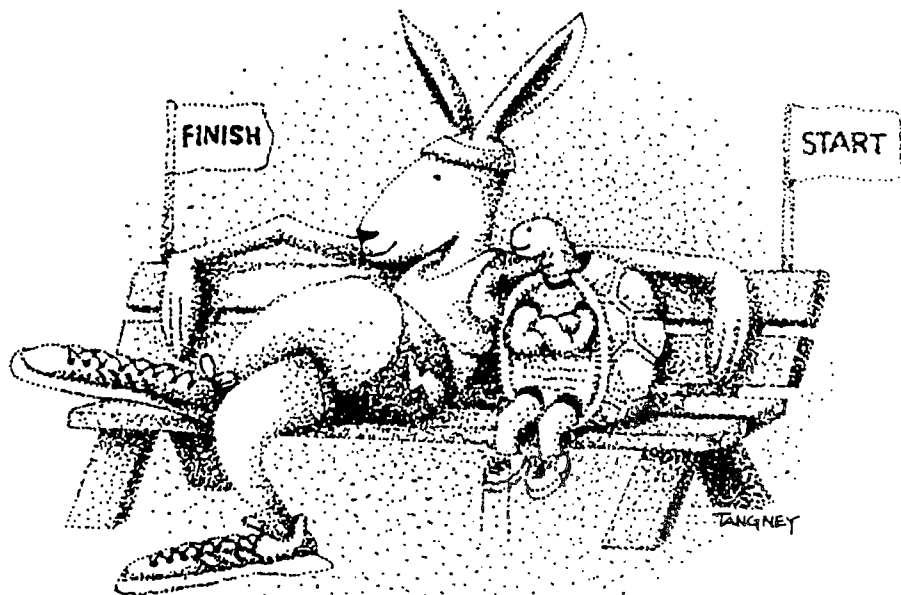
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- Personal Plan coverage, for individuals.
- Medicare coverage, for the elderly and handicapped. (We administer Medicare Part B and provide local beneficiaries with excellent customer service.)
- Medicare Supplement coverage, for those on Medicare.
- Group Conversion coverage, for those individuals who have lost group coverage.
- Basic Health Plan coverage, for the uninsured, in conjunction with the State of Washington.

We also actively support Doctor Care, a voluntary Medicare assignment program sponsored by Pierce County Medical Society, designed to help needy seniors get the medical care they need and deserve.

And, we participate in and support organizations and events with a health focus, including these:

- American Heart Association
- Pierce County Medical Society
- United Way of Pierce County
- Coalition for a Tobacco-Free Pierce County
- March of Dimes Walkathon
- City of Destiny Cancer Run
- St. Joseph's Heart Run
- Festival of Trees (benefiting the Critical Care Unit of Mary Bridge Children's Hospital and Health Center)



Donald P. Sacco
President

As civic leaders, we are active participants in the Tacoma-Pierce County Chamber of Commerce, BEST (Building Excellent Schools Together), and the Economic Development Board.

We value our community!



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The Bulletin is published quarterly in February, May, August, and November by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in *The Bulletin* are the first of the month preceding publication (i.e. Oct 1 for Nov issue).

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of the Medical Society. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. *The Bulletin* and Pierce County Medical Society reserve the right to reject any advertising.

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NEWSLETTER

◆ A publication of the Pierce County Medical Society ◆

VOLUME 6, #3

MARCH 1991

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AMA LEGISLATION

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CLIA Update

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PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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Writing to Your Legislator

Board Actions

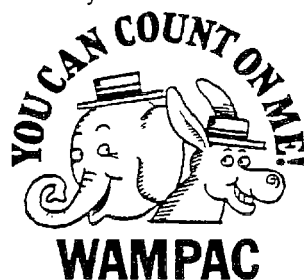


relate to the same subject. If you don't know the bill number, call the WSMA office in Olympia, 1-800-562-4546.

- Get right to the point. For example, "I urge you to support (oppose) House (Senate) bill No. _____." Then state why you want the bill supported or opposed. Use examples from your own experience to make your point, if possible.
- Avoid sounding self-serving. Note that your position is in the public's interest, not just the medical profession's. Tell why you think the proposed legislation would help or hurt the community.
- Don't delay. Inform your legislator while there is still time to take action. A letter written after a bill has been reported out of committee or voted on the floor is ineffective.
- Be polite and reasonable. Lawmakers can't please everyone. They may disagree with you. Try to respect their views and don't lose your temper - even on paper.
- Ask for a response. Share it with the WSMA.
- Follow up. If the response is favorable, thank the legislator in writing. If the response is negative, take a close look at why and decide whether you should forward any additional information. Perhaps a personal meeting is needed. If your legislator remains adamantly opposed on the issue, don't pursue it any further or you could jeopardize the legislator's support on another important issue. In fact, the legislator may support you next time. And, the WSMA will need that support.

At its February 5 meeting, the PCMS Board of Trustees approved a one-year Service Agreement between PCMS and Washington State Physicians' Insurance Association (WSPIA). Terms of the agreement provide that the Society will make space available in each issue of the PCMS Bulletin for informational articles submitted by WSPIA and that PCMS will assist in advertising coordination in each issue of the Bulletin, the Pictorial Directory, and the physician's and surgeons annual Directory.

Other actions taken by the Board were: 1) approval to conduct a membership survey for physicians in specialties treating AIDS patients to establish a referral system for these patients through the Society office; and 2) the Board approved the Executive Committee decision in January to return 1991 dues to any PCMS member activated by the military.



Department of Labor to Hold Symposium

The Washington State Department of Labor and Industries will conduct a one-day continuing medical education symposium for physicians on March 21, 1991 in Seattle.

"Prevention and Treatment of Occupational Musculoskeletal Disorders" will be presented Thursday, March 21, at the Battelle Seattle Conference Center. The symposium is accredited for 7 hours of Category I CME credit toward the Physician's Recognition Award of the American Medical Association. Tuition is \$100. Register early. For more information, contact Joanne McDaniel at 1-586-4942.

While Government and its processes may appear at times to be an insensate behemoth, it is composed of individual legislators who do pay attention to the letters and phone calls they receive. In fact, legislators rely heavily on their mail to gauge the opinion of their constituents on any given issue. A letter is a simple but powerful way to ensure your voice is heard by your government.

- If you don't know your legislator's name, you may find out by calling the PCMS office at 572-3667.
- Properly address your letter. Send correspondence to: The Honorable _____, Washington House of Representatives (or Washington State Senate), Legislative Building, Olympia, WA 98504.
- The inside salutation should be "Dear Representative _____" or "Dear Senator _____." Keep the letter to one page and write clearly or type on personal or preferably, business stationery. Cover only one bill or issue in each letter.
- Include the House or Senate bill number. Sometimes several bills

WSMA Board Meets

Dr. Hal Clure, Immediate Past President, WSMA, reported that the Washington Health Care Commission in its preliminary meetings seems to be placing a strong emphasis on managed health care systems. The Board agreed that a clearer definition as to what constitutes "managed health care" is necessary before the commission proceeds.

Dr. George Tanbara, Tacoma Pediatrician, reported on the activities of the State Board of Health. Dr. Tanbara is Past President of PCMS, a member of the Washington State Board of Medical Examiners and a current member of the State Board of Health. He provided background information and reiterated the Board of Health's intention to remain available to citizens. The Board of Health feels its decisions should reflect the views of Washington residents. Dr. Tanbara has been a long-time proponent of access to health care for all. He thanked the WSMA for its help in the Board of Health's reorganization and in the development of the Department of Health.

Dr. Leonard Alenick, Tacoma-Lakewood Ophthalmologist and AMA Alternate Delegate, reported on the WSMA's Medical Board Task Force. The Task Force recommended that the legislature consider amending provisions concerning physician appointments to the Medical Dis-

ciplinary Board. The Task Force recommends physicians be placed on the Medical Disciplinary Board by gubernatorial appointment rather than by election.

In addition, WSMA is urging the Department of Health to amend current state regulations regarding medical laboratories. WSMA would like amendments to the current regulations to retain quality control while reducing the deleterious impact on access and cost. The WSMA Executive Committee established an Advisory Committee to work with the Department of Health on 1) amending the current regulations and 2) seeking legislation to suspend state regulations until federal regulations are finalized.

The Board debated at length whether or not to support Pro-Choice Initiative 120 that is now before the state legislature. WSMA decided to endorse the Initiative. The Board feels the initiative is consistent with WSMA policy and previous positions preserving the integrity of the doctor/patient relationship.

Also in attendance from Pierce County was **Dr. Richard Hoffmeister**, co-chair of the WSMA Legislative Committee. **Drs. Richard Hawkins** and **Charles Weatherby**, Vice Speaker of the House and trustee, respectively.

Long-Term Care Financing Updates Available

The Medical Society has available two new items from the AMA addressing various aspects of the long-term care financing issue.

The Long-Term Care Financing Update summarizes recent public and private long-

term care financing proposals. Included in the Update is a Special Report that evaluates the possibility that managed care will play a significant role in long-term care financing. Call the Society office at 572-3667 for a copy or direct your questions to John H. Lorant at (312) 464-5921.

Physicians Needed for Community Outreach

The Salvation Army has asked the Medical Society for assistance and/or information from area physicians for beneficiaries of the Adult Rehabilitation Center. The Salvation Army is requesting assistance in conducting physical exams for men newly admitted to the center. Recipients (men only, age 18-65) enroll in the residential program with a minimum commitment of six months. Their lifestyles normally have not been conducive for health, hygiene, and diet. Their recovery is amazing but there are times when they need examinations which exceed the capabilities of the Rehabilitation Center. Recipients have access to emergency care at Tacoma General but lack basics as they are not eligible for medical coupons and have no insurance or money.

The primary need is for physicians to conduct physical exams on newly admitted patients to the rehabilitation program. Physicals would be scheduled according to availability.

Barry McCabe, adult rehabilitation counselor, has asked for "doctors who would be able to visit us at the center or to whom we could refer. We would welcome your thoughts and participation in developing a way to meet this need. There are about 65 men here [in the center] but our primary concern is for the newly admitted men."

If you would like to assist, contact Barry McCabe at 627-8118 or call the Society office at 572-3667.

Electronic Magnetic Claims Now Available Through Pierce County Medical

Physicians' offices can now submit all claims to Pierce County Medical electronically. Electronic Media Claims (EMC) provides a paperless means for submitting claims directly from the physicians' office to Pierce County Medical. EMC eliminates mail and delivery time for submitting paper claims and reduces paper processing, postage, and supplies cost. How does EMC work?

If you have your own computer, you have two choices:

- Electronic Claims Clearinghouse (ECC) allows you to transmit all your claims to Pierce County Medical. They forward them to the appropriate health care agencies and organizations.
- Pierce County Medical Blue Shield Only Claims allows you to transmit only your Blue Shield Claims to them -- if you use an outside service to do your billing, Pierce County Medical can work with this service to send Pierce County Medical Blue Shield Only claims to them.

If you have any questions, call Jerry Gilstrap, PCM Professional Relations EMC Representative at 597-6516.

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U.S. Laws: Too Tough?

Public awareness of the drunk driving problem in the United States has brought about a tremendous change in the way drunk drivers now are handled by the law. But did you know how other countries handle their drunk drivers? Most of these examples are for first offenses.



Australia – The names of the drivers are sent to the local newspaper and are printed under the heading “He’s drunk and in jail!”

Malaysia – The driver is jailed, and if he is married, his wife is jailed too.

Turkey – Drunk drivers are taken 20 miles from town by police and forced to walk back under escort.

Russia – license revoked for life.

England – One year suspension and a \$250 fine and jail for one year.

France – Three year loss of license, one year in jail, and a one thousand dollar fine.

Poland – Jail, fine and forced to attend political lectures.

Bulgaria – A second conviction results in execution.

El Salvador – Your first offense is your last. Execution by firing squad.

CLIA Update: AMA Opposition May Modify Lab Regs

Overwhelmed by the avalanche of AMA mail, both HHS and HCFA publicly acknowledged considering major changes to CLIA regulations affecting levels of testing, personnel standards and new technology. The AMA supports OBRA '90 legislation calling for:

- a 60-day public comment period following the publication
- prompt access to accurate test results

- consideration of comments by lab service providers
- oversight hearings during the comment period by the Committee on Labor and Human Resources

HCFA also must complete, without further delay, five studies which include testing the correlation between personnel standards and test results. To those of you who wrote letters, thanks for your help!

AMA Legislative Successes

The final federal budget reconciliation contains significant successes for you-AMA wins included:

- reduced cuts in Medicare from \$5.5 to \$3.2 billion
- adoption of major elements of “anti-hassle” legislation, thanks to your tremendous response: cross-coverage billing, establishment of Practicing Physician Advisory Council, a study on release of payment screens, and a study on grouping of claims determinations for purposes of appeals process
- moderated 125% Balance Billing limits for 1991 by raising the payment floor on prevailing charge levels to 60% and increasing charge limits for

“evaluation and management” services to 140%

- Medicaid coverage, by mid-1991, for all pregnant women and children through age 18 whose family incomes fall below the poverty line
 - gaining reauthorization and expansion of National Health Service Corps to a level of as much as \$137 million
- AMA defeated:
- triplicate prescription proposal, and
 - a \$1 physician charge for every non-electronically filed claim.

Health Access America: A Minimum Benefits Package

Addressing a panel of labor leaders headed by AFL-CIO President Lane Kirkland, AMA president C. John Tupper, M.D. stated that “It’s in everyone’s best interest to try to find consensus on the development of a health care system that will be fair and equitable to all Americans.” That’s why the AMA is pushing for required employer health insurance, a key point in its Health Access America proposal. Equally important are conditions for easing the burden of employer-mandated health insurance on new and small business owners. “Health Access

America: A Minimum Benefits Package” outlines employer-provided minimum health care benefits; it does not set new standards for health plans. This along with other financial incentives suggested in Health Access America, reflects the AMA’s desire to find fair solutions to the access problem and to preserve health benefits now enjoyed by American workers.

For your free copy of this brochure, write: Health Access America, AMA 515 N. State St. Chicago, IL 60610, or call 1-800-AMA-3211.

Morning News Tribune Meets with PCMS Leadership

John Komen, Editor of the Morning News Tribune, along with editorial writers Patrick O'Callahan and Dave Seago met with PCMS President **Dr. Bill Marsh** and Immediate Past President **Dr. Gordon Klatt** on Wednesday, February 6 to discuss Initiative 119 (Death with Dignity).

Proponents of the Initiative met with the Editorial Board the previous day in support of the Initiative that is drafted as an amendment to the 1979 Natural Death Act. It allows an adult terminally ill patient who is both conscious and mentally competent to request aid-in-dying in writing from a licensed physician. Aid-in-dying is defined as a medical service, provided in person by a physician that will end the life of a conscious and mentally competent qualified patient in a dignified, painless, and humane manner when requested voluntarily by the patient through a written directive at the time the medical service is to be provided.

Physicians complying with such a directive when requested by qualified patients are immune from civil, criminal, or administrative liability. No physician is required to provide aid-in-dying and no health care facility is required to permit the provision of aid-in-dying within the facility. However, if the physician for a health care facility refuses to effectuate the directive, such physician or facility shall make a good faith effort to transfer the qualified patient to another physician who will effectuate the directive to another facility.

Drs. Marsh and Klatt reiterated the position taken by WSMA at its annual meeting in September 1990. The WSMA's rationale for opposing Initiative 119 was: as per current AMA and WSMA judicial counsel opinion, it is unethical to actively participate in helping to hasten death, and 2) the death with dignity initiative makes a quantum leap between relieving pain and suffering and actively facilitating death.

Drs. Marsh and Klatt posed the question, "if the legislature wants to legalize medical killing, why should doctors be the ones selected to perform the act?" A major concern of the medical community and the Editorial Board is whether this the first step along an exceptionally slippery slope. Dr. Albert Jonsen, Ph.D., Chairman of the Department of Medical History and Ethics at University of Washington, said, "This is the first slip down the slope. Initiative 119 only applies to the competent, voluntary patient, but much of the pain and distress of dying comes to the incompetent and to their families. 119 cannot help them. Thus there may be an inclination to extend the scope of the legalized action to those who would certainly have wished it, had they been able."

Lawmakers can approve the Initiative as is, ignore it and send it to the November ballot, or provide an alternative and send both to the ballot. Sponsors of the Initiative submitted about 225,000 signatures to the Secretary of State.

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PCMS Membership Survey Results

Would you recommend membership in the Pierce County Medical Society to a new physician in your area?

Definitely 80.1%	Possibly 17.6%	No .3%	No Opinion -
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How important is each of the following to you as a reason for belonging to the Pierce County Medical Society?

	Very Important	Somewhat Important	Not Important	No Opinion
a. The need to be represented before state and county legislative/regulatory bodies	77.0%	20.9	2.4	-
b. PCMS Newsletter and Bulletin	17.5%	68.9	13.4	-
c. Continuing Medical Education	34.0%	45.6	20.0	1.0
d. To have my interests and accomplishments communicated to the general public	34.8%	40.7	23.3	2.0
e. A vehicle for exchanging my views with others in the profession	27.0%	51.2	21.0	2.0
f. Support of the medical library	33.9%	48.9	15.8	2.0

In the future, what level of emphasis should the Pierce County Medical Society give to each of the following issues?

	Greater Emphasis	About Same Emphasis	Less Emphasis	No Opinion
a. The public image of the medical profession	51.9%	43.1	2.7	2.3
b. Professional liability and malpractice suits	38.9%	56.2	2.8	2
c. Relationships with third party payors	51.1%	41.5	3.5	-

Overall, how effective do you feel the Society has been in responding to your most important concerns?

Very effective	23.1%	Somewhat effective	62.1%	Ineffective	9.6%	No opinion	5.2%
d. State/federal government involvement in health care	66.1%	31.5	2.1	-			
e. Accessibility of quality health care to citizens	47.9%	46.1	16.2	-			
f. Cost of Medical care	41.5%	50.2	6.2	1.7			
g. Legislative affairs/lobbying	44.1%	47.7	2.1	6.0			

Many professional associations or societies offer members a variety of benefits and services, some of which the members pay for in addition to their annual dues. How important are each of the following member benefits and services to you? (Please rate each benefit or service.)

	Very Important	Somewhat Important	Not Important	No Opinion
a. Individual/family/staff health insurance	18.0%	30.0	48.8	3.2
b. Practice liability insurance	14.5%	26.8	56.1	2.5
c. Disability income insurance	11.3%	32.1	54.4	2.1
d. Practice management seminars	14.0%	49.0	35.7	-
e. Contract negotiations with hospital/third party payors	25.7%	36.8	35.4	2.9

Do you currently smoke? Yes 3.8% No 95.8% **Are you an ex-smoker?** Yes 22.8% No 73.7%

Aid-in-dying is defined by Initiative 119 to mean aid in the term of a medical service provided in person by a physician that will end the life of a conscious and mentally competent qualified patient in a dignified, painless and humane manner, when requested voluntarily by the patient through a written directive in accordance with this chapter at the time the medical service is to be provided.

Do you support Aid-in-dying as defined above? Yes 34.0% No 56.0%
Would you be willing to administer it? Yes 22.0 No 78.0%

How long have you been practicing in Pierce County?

Under 5 years 21.8%; 5-10 years 27.5%; 11-20 years 31.1%; 21-30 years 12.5%; over 30 7.1%

Your age: 35 years or less 10.6%; 36-45 42.6%; 46-55 25.3%; 56-65 16.5%; 66+ 4.9%

PCMS Annual Survey Results

Because PCMS strives to support the needs of its members, we urged you to reply to our annual membership survey. A total of 296 members did so for a 48.5% response rate; an excellent return for any organization - the average is 10-15%.

While our survey was unscientific, some clear views emerged. For the third year in a row, representation before state and county legislative bodies was the #1 reason for belonging to the Society. Eighty percent of members would recommend the Society to a new physician.

Sixty-six percent of members would like greater emphasis placed on state/federal involvement in health care, replacing the public image of the medical profession as the greatest concern. Public image of the profession, relationships with third party payors and accessibility of quality health care to citizens were the next most important concerns.

Eighty-five percent of members feel the Society has been very or somewhat effect in responding to their concerns.

Once again, contract negotiations with hospital/third party payors was the benefit not currently provided that is most desired. Practice management seminars and individual/family/staff health insurance were rated second and third most important benefits, respectively.

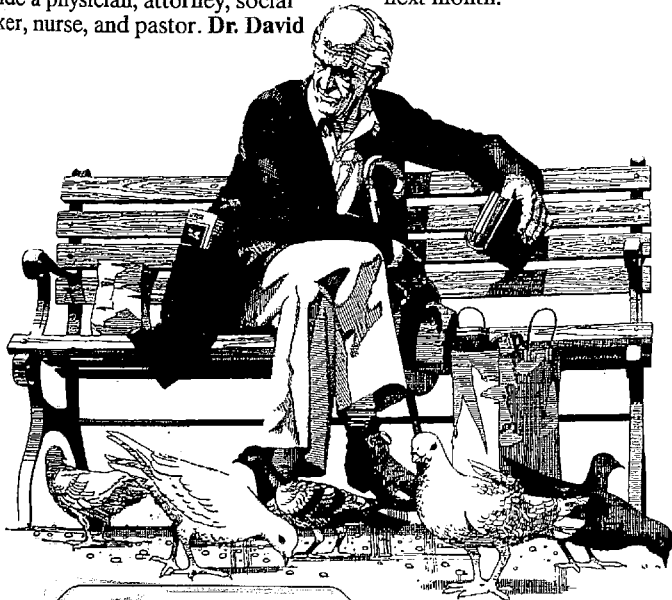
Sixty-six percent of respondents were opposed to Initiative 119 as it is currently written, but a surprising number of physicians - 34% - were in favor of the initiative, and 22.1% would be willing to administer it.

Twenty-one percent of the respondents have been practicing in Pierce County less than 5 years; 27.5% between 5 and 10 years; 31.1% between 11 and 20 years; and 19.6% over 21 years. The majority were between 36 and 55 years old, and 9% of the respondents were women, corresponding with female membership in PCMS.

Aging Committee Plans Public Forum

The PCMS Committee on Aging, chaired by Dr. James M. Wilson, is planning a public forum regarding end of life decisions. The forum, scheduled for the afternoon of May 22, is targeted toward the senior population. A panel format will be used featuring case scenarios. The panel presentors will include a physician, attorney, social worker, nurse, and pastor. Dr. David

Law will be the physician panel member and the afternoon will be moderated by Dr. Wilson. There will be no charge for the program and it is being planned with members of AARP, Council on Aging, Area Agency on Aging, and other senior organizations. Program brochures will be available next month.



More Physicians Called to Serve

General surgeon William Martin was called to active duty in February. Dr. Martin was ordered to report to Brooke Army Medical Center, San Antonio, Texas. Dr. Leslie Fox, Puyallup ophthalmologist, has also been recalled to active duty. Dr. Fox is serving with the 50th Hospital Battalion in the Gulf.

Dr. Martin joins Dr. Glenn Deyo and Dr. Michael Nishitani, other general surgeons who have been recalled because of the Persian Gulf conflict. This is creating a considerable burden for the remaining general surgeons in the community regarding trauma care. The number of surgeons available was never extensive and with the recall of Drs. Deyo, Nishitani, and Martin the situation has become more critical.

“Team Building” PCMS Offers Workshop Series

Pierce County Medical Society Membership Benefits Inc, in association with St. Joseph Hospital, is presenting a series of five workshops, “Team Building: Your Office Mandate for the 90’s.” From the basics of hiring, motivation, management, and leadership to the finer skills of problem solving, marketing, and your office image, these workshops will provide physicians tools to build their own office team. The first workshop is scheduled for Friday, March 8, at St. Joseph Hospital. Program 1 will cover:

- Tools to help you build the best office team
- Other than experience, factors to consider when looking for a new team member
- How you can help your present team succeed

The workshops are conducted by the highly regarded partners of Manageability—Norma Larson, Steve Larson, and Kay Harlan. To register, or for more information, call the Society office at 572-3709.

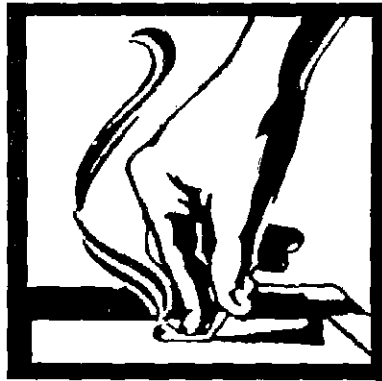
State Tobacco Act

The state legislature is considering a law that would help make youth access to tobacco difficult. The Tobacco Act includes strategies for preventing tobacco addiction among youth. It includes:

- Strengthening regulation on the sale, distribution and promotion of tobacco products to youth under 18-years of age
 - Restricts cigarette vending machines to adult-only areas
 - Eliminating coupon offers, sales by mail, and free distribution of tobacco products
 - Eliminating single cigarette sales
- Conducting a statewide advertising and public awareness campaign
 - Informing youth and their families about the negative health effects of using tobacco products

- Prevention, education and cessation programs to help reduce tobacco use and addiction, such as:

- Education to school aged children and teenagers
- Outreach to pregnant women and teens
- Increased availability of local cessation classes and programs
- Outreach to communities with high smoking prevalence



The Act creates a statewide tobacco prevention effort aimed primarily at children, their families and their communities. Prevention activities will be funded by an increase in the sales tax on tobacco products equal to a penny per pack.

On February 20 the Senate Health and Long Term Care Committee heard almost two hours of testimony. They were forced to move on to the next agenda item before all speakers were able to be heard. Dr. Buck Moses, Puyallup pediatrician, gave testimony in support of the bill on behalf of the Pierce County Medical Society. The overwhelming majority of presentors favored the bill with only the Tobacco Institute, a Smoker's Rights Group, and the Restaurant Association opposing the bill. The Committee is expected to vote on the bill in the near future.

If you would like more information about this or any other smoking legislation, please contact Sue Asher at the Medical Society office.

Smoking Ordinance Update

Tighter public smoking controls are currently being addressed by both the Pierce County and Tacoma City Councils. The strengthened ordinances were presented to Barbara Skinner and Greg Mykland of the County and City councils respectively by Dr. Gordon Klatt, on behalf of the Coalition For A Tobacco Free Pierce County. Dr. Klatt is the chairman of the Coalition. Both council representatives readily agreed to sponsor the proposed ordinance and submitted them to council attorneys for review.

The proposed ordinance changes accommodation from the non-smoker to the smoker. All public places will be non-smoking except in designated areas. For example, you go to your favorite restaurant,

which under the current ordinance must accommodate you in a non-smoking section upon request. Under the proposed ordinance, the restaurant is non-smoking, but may accommodate smokers in smoking section, upon request. The proposed ordinance will also offer strict controls for smoking in the workplace. Smoking will be prohibited in workplaces, except in designated areas that meet numerous criteria.

The Health and Solid Waste committee of the Pierce County Council took public testimony regarding this proposed ordinance in January. The primary resistance is from the Restaurant Association who would only support the bill as a statewide mandate. The two committee members disagreed on support of the bill so action was delayed until more public input could be obtained.

The Tacoma News Tribune, in efforts to notify the public about the proposed change, gave headline coverage on January 29. The only other opponent was the Tobacco Institute, citing the proposal as "unreasonable".

The City and County have been in contact regarding the proposed ordinance and are now working in tandem to introduce the legislation simultaneously. Hearing dates for both councils will be scheduled in the near future. If you would like to be notified of these dates, please call Sue Asher at the Society office, 572-3666. Or, you may contact your city and/or county representatives and urge support for this ordinance via letter or phone call.

Donations Requested for Soviets

As the memory of the Goodwill Games and our guests from the Soviet Union fade, an opportunity to rekindle relationships now presents itself. Doctor Simkhovich of Moscow #7 Hospital has sent a request for donations of medical supplies and equipment. This request has come through the Center for Soviet-American Dialogue in Seattle. Dr. Michael P. Young will be the contact person in the Pierce County area.

Dr. Simkhovich is the medical director for the department of Physical Medicine at Moscow Hospital. He has combined western medical technology with eastern methods, including acupuncture and the treatment of sports and physical injuries. He offered the training services of his hospital for anyone interested. In addition, other training is available in other areas. Anyone who is interested in contributing to this effort contact:

Dr. Michael P. Young,
10904 Gravelly Lake Dr. S.W.,
Tacoma 98499 or call at 584-3454.

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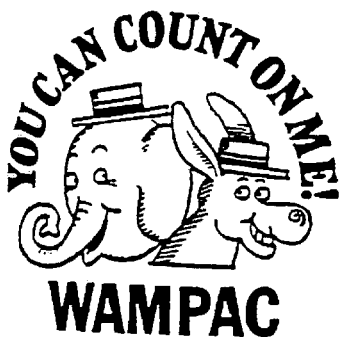
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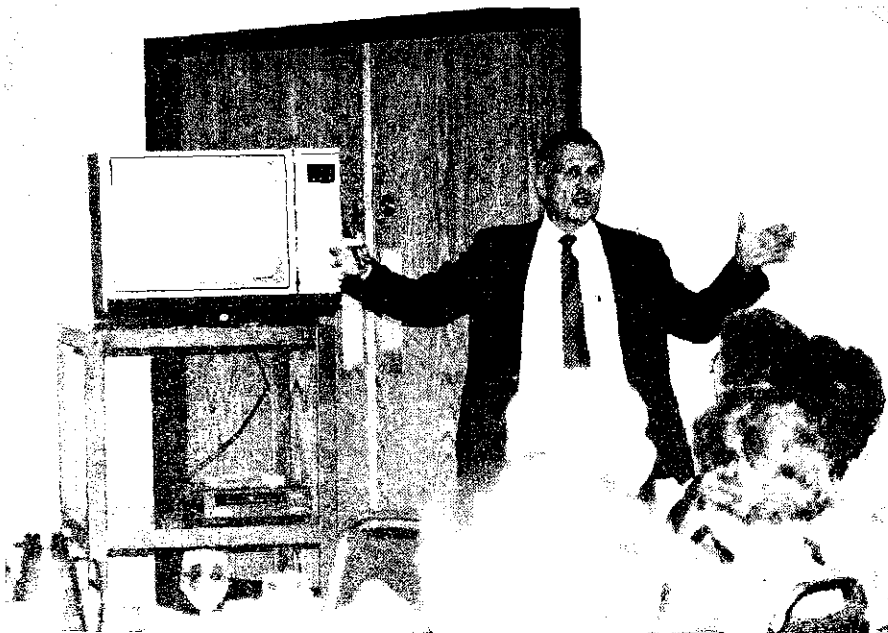
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Excellent References

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Retired Members Tour Antarctica with



Dr. F. Dennis Waldron, gastroenterologist, was the featured speaker at the January 20 retirement luncheon. Dr. Waldron entertained guests with tales of the Antarctic, a fascinating topic

In late January, approximately fifty retired PCMS members toured Antarctica with **Dr. F. Dennis Waldron**. Via fourteen hours of self-described "amateurish" video (edited down to fifty minutes!) Dr. Waldron provided a wonderful scenic, educational, and entertaining trip.

It began the last day of 1989 in southern Chile, when he and his wife boarded the *World Discoverer*, a cruise ship carrying approximately 130 passengers, 70 crew members, and a dozen staff. During the next two months the ship made four trips from Southern Chile to the Antarctic Peninsula, primarily through the Falkland Islands.

Dr. Waldron said the Antarctic is the coldest place on earth, as well as the driest and the most barren, with more ice than anywhere. Antarctic ice traps ninety percent of the world's fresh water. It is devoid of animal life as we would define it, yet sustains life such as migratory creatures, marine life, mammals and birds.

He highlighted the beautiful geography of the area, and shared his knowledge of the ice, climate, people, history, and animals.

He spoke of his ship-mates; a glaciologist from England who has spent the last forty-two summers in Antarctica and who is also the world's foremost expert on glacial ice flow; as well as two geologists who studied there for many summers.

He reported that 2200 people live on the Falkland Islands, almost double the population of 1200 prior to the war in 1984. The video portrayed islands that are flat and wind swept with an economy primarily based on sheep. The residents are British.

The stars of the video had to be the penguins. There are seventeen species of penguins, seven which reside in Antarctica. The Albatross variety live to seventy-five years of age and mate with the same



Drs. Robert Florence and Edwin Fairbourn chat before lunch

Dr. Waldron

partner for life. Eggs hatch in 34-36 days and in eight to ten weeks the baby penguin is grown enough to go to sea and live independently. Some penguins can dive 350-400 feet, as this is their avenue of catching food to bring back to land to regurgitate for their young. Many of the penguins found at SeaWorld and other aquariums around the world are descendants of Antarctic penguins. The Antarctic Treaty Organization decrees that animals cannot be removed from the continent. However, biologist Frank Todd, after spending twenty years studying penguins was allowed to bring back abandoned eggs. He brought back several and fortunately, met with great success in incubating them.

In size, Antarctica equals the north american continent and Europe combined. Its center elevation is over 16,000 feet, with an ice depth of two miles or 14,000 feet, yet less than two inches of moisture falls each year. Since the white snow and ice reflects solar energy and the temperatures are cold, melting does not occur. Ice is plastic and tends to move, so this continent has a huge ice mass that constantly shifts, creating wind currents and patterns. The ice breaks off in huge hunks known as ice shelves, sometimes over 100 feet long.

Fortunately, the Antarctic Treaty Organization has been successful operating with the mandates that avoid the political, taking a philosophy of "let's do valuable research that we can share, and do what we can to preserve the area and not exploit it." The concern is the discovery of oil or other valuable resources could create political havoc for this wonderful, pristine environment.

The members had a wonderful trip, too. Thank you Dr. Waldron, you are an excellent tour guide. Let us know of your future travels, we may want to join you.



Drs. Fairbourn, Doherty and Smith share a table and conversation at the retirement luncheon



Dr. Kubat ponders as his wife chats with Mrs. Dorothy Truckey



Dr. & Mrs. Stan Tuell enjoy a conversation with Dr. Truckey

February General Membership Meeting

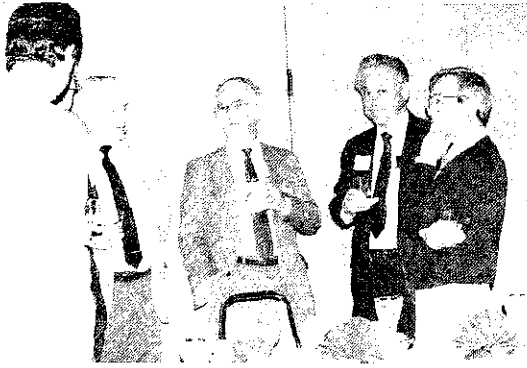
Sloan- Kettering Scholar Speaks



L-R Chaplain Tom Park, St. Joseph Hospital, Speaker for the evening; Daniel O'Hare, Ph.D., ethicist from Sloan-Kettering Clinic, NYC., Drs. Mimi Pattison, chairman St. Joseph Hospital Ethics Committee; and Brad Pattison, Anesthesiologist, St. Joseph Hospital.



Drs. Ernest Bauer, Roy Virak, Tacoma Family Residency physicians Fay Homan, John McCarthy, Nancy Spaugh, and Dr. Levant and his wife listen intently to "DNR Orders- Use, Abuse, and Non-Use"



L-R Drs. Anthony O'Keefe, Peter Cannon, Howard Wong, and Sumiho Wada shared conversation prior to dinner at the General Membership Meeting.



Nearly 100 members attended the February 12 General Membership Meeting at the Executive Inn with ethicist and speaker Daniel O'Hare, Ph.D.



Dr. Lauren Colman and Dr. Bruce Hilton enjoy a conversation with Mrs. Hilton prior to hearing Dr. O'Hare's presentation.

ANATOMY OF



A LAWSUIT

● Depositions ● Interrogations ● Trial ●

Organized by the Washington State Physician's Insurance Association (WSPIA)

PCMS General Membership Meeting – Tuesday, April 9 – Executive Inn* (5700 Pacific Hwy E, Fife)

Cocktails: 6:00pm ● Dinner: 6:45 pm ● Program: 7:00 pm

\$16 per person ● \$18 at the door

Yes, I (we) have reserved the evening of Tuesday, April 9 to join members of the Pierce County Medical Society at their April General Membership Meeting and to hear "Anatomy of a Trial" presented by the Washington State Physician's Insurance Association (WSPIA).

Please reserve _____ dinner(s) at \$16 per person (includes meal, tax & gratuities)

Enclosed is my check for _____ Dr. _____

Please make check payable to PCMS and return no later than **Friday, April 5, 1991**

*Please note new location

Practice Brochure Can Be a Marketing Asset

By Neil Baum, MD

How much of your staff's time is spent answering basic—but important—questions about your practice?

If you are like most practice-based MDs, the answer is “plenty”.

A practice brochure can be a practical way to turn this situation into a marketing asset, and it's something you and your staff can prepare together.

Introduce Yourself

A practice brochure can inform your current and potential patients of the services you offer, office policies, and practice philosophy while serving as an introduction to you, your staff, and your hospital.

The brochure should introduce you and your practice. You walk-in should briefly include your education, board certification, professional organizations, and any special training you may have completed. Most of us have impressive CVs, and we should share these with our patients.

Define Your Specialty

You want to describe or define your specialty and any special areas of interest within your specialty. Briefly let your patients know exactly what your specialty is and how it can help them. If your practice has an unusual or unique background—for example, it was the first to perform a procedure in your community—note that, too.

Spell Out Policies

Your appointment policy should be described in detail. Inform the patients of how your practice handles walk-ins and emergencies. State your cancellation policy and if you charge for missed appointments. You also want to mention how far in advance they should call for an appointment.

Your telephone policy should be covered in a concise manner. There are probably several areas you are willing to discuss over the phone and they should be clearly stated. For example, will you

give laboratory results over the phone? Do you refill prescriptions over the phone? If you routinely do not refill prescriptions you may want to briefly state why. You will want to briefly describe what can and cannot be covered by the nurse.

Another very important area regarding the phone is to mention what time you routinely make return calls to patients. This prevents patients from waiting all day for your return calls or keeps the patient from making frequent calls to your office and tying up your office staff and telephone.

But whatever policy you set out in the brochure, make sure that you follow it scrupulously. There can be legal implications to not keeping a promise, especially one offered in writing.

On rare occasions your secretary may not check out with your answering service or call-forward the office line and your patients will not be able to reach you by calling the office number. Therefore, it is a good idea to include the telephone number of your answering service in the brochure. State your policy on emergencies and after-hours calls. You may want to mention the name and telephone number of the MD who covers for you when you are not on call.

Make Your Location Easy

If you have patients who come from great distances, include an easy-to-read map indicating the location of your office. Often your hospital can provide a camera-ready map that you can incorporate into your brochure.

Herald Your Amenities

If you provide any amenities or additional services, mention them in the brochure. This would include free parking, house calls, a toll-free “800” number, or transportation for elderly or visually impaired patients.

Explain Your Payment Policy

You will also want to include information regarding payment and insurance guidelines. If you expect payment at the time of service, say so. Explain this

keeps down costs by avoiding increases in billing and secretarial expenses. State your policy on Medicare assignment and explain what assignment means to your patients. If you accept credit cards, specify which ones.

Discuss your policy on late or delinquent payments, especially if you add a monthly service charge. Indicate if you have an office manager for patients to contact on bill-related questions.

A practice brochure is no longer considered unusual and should be a necessary ingredient of your marketing strategy

State your policy regarding insurance forms, especially if you handle them without charge. This extra service promotes prompt filing of the insurance form. It also puts your office in charge of the processing procedure and ensures accurate completion of the form.

Comment on Your Practice Philosophy

Finally, a brief comment on your practice philosophy should be included. For example, my practice philosophy is “We are committed to excellence, to provide the best health care. We pay attention to little details because they make a big difference.”

Be Personal

The language of your brochure should appear as if you are talking with the reader. Try to use words such as “we,” “you,” “us,” and “our.” Try to avoid medical terms unless they are commonly used words or you define them in the brochure. The readability should be at about the level of a high school graduate. After you have completed your brochure, have it edited by a friend or colleague, or better yet, by someone with copy-editing experience. Your hospital marketing and public relations

departments often have staff members that do medical and lay writing and can be of assistance.

The Technical End

Now that you have created your brochure how do you get it printed? The least expensive way is to type and photocopy it; photocopiers can print on both sides of a piece of paper.

A more professional look can be created by having the brochure typeset by a printer or a company that specializes in desktop publishing.

If you are concerned about an even more polished final product – and don't mind paying – there are firms that will produce the brochure for you.

Pierce County Medical Society's Publication Services Department offers professional brochures for members at discounted rates.

Distribution

After your brochure is printed, what do you do with it? Having a stack of them for patients to pick up in your office is not the most effective use. I suggest you send a brochure to all new patients with an accompanying introductory letter. Also send a brochure to all established patients. Offer brochures to referring physicians. If you do public speaking, have the brochure available for the audience.

A practice brochure is no longer considered unusual and should be a necessary ingredient of your marketing strategy. It takes some effort to create a good one, but you will be rewarded with the results.

If you are interested in creating a practice brochure for your office and would like PCMS Publication Services to send you a free estimate, please call 572-3709.

—From JAMA, Oct 89

Health Access America

The AMA proposal to improve access to affordable, quality health care.

“I can't afford to go to the doctor.”

We hear that a lot from our patients these days. For the 33 million people who have no health insurance, it's a particularly acute problem.

That's why the AMA has launched a proposal to improve access to affordable, quality health care. It's called *Health Access America*. The message is being sent to Congress, the media, labor and management organizations, concerned groups like AARP, and your fellow physicians.

Simply put, *Health Access America* proposes health insurance coverage for all

Americans, regardless of income or health status. It calls for expanded publicly-funded health care for the needy; a stronger Medicare system; employer-provided coverage for all workers and their families with tax incentives for small businesses.

America's physicians are leading the way to reforming the health care system by speaking out on these critical issues. To get a copy of the *Health Access America* proposal, please call our Member Service Center at 1-800-AMA-3211.

The American Medical Association

on behalf of member physicians and their patients.



A message from The American Medical Association for the Health Access America Proposal

Tacoma-Seattle

Outpatient General Medical Care at its best. Full and part time positions available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M.

Contact: Andy Tsoi, M.D.: 537-3724
Bruce Kaler, M.D.: 255-0056.

COLLEGE OF MEDICAL EDUCATION



Office Gynecology CME Program Planned

Office Gynecology, a C.O.M.E. course designed to provide the primary care practitioner with the latest information regarding the evaluation and management of some of today's most important issues in women's health care is scheduled for May 31, 1991.

The program, organized by **John Lenihan, M.D.**, will offer Category I CME credit and will be held in Rooms 3A & B of St. Joseph Hospital's South Pavilion. Topics will include dysfunctional bleeding including operative hysterectomy and endometrial ablation, newer methods of treating pelvic pain syndromes, the latest developments in contraceptive technology, and the use of GnRH analogues in an office setting.

ACLS Provider Course Slated

The College of Medical Education has organized a two-day ACLS certification and recertification course for physicians, nurses, and paramedics following the guidelines of the American Heart Association for June 24 and 25. **James Dunn, M.D.**, is the course coordinator. The program brochure including registration information will be mailed in early April. For additional information, please contact the College at 627-7137.

First Office Procedures Course Scheduled for Friday, May 10

A one-day program designed to review indications and techniques for common office procedures in primary care has been slated for Friday, May 10. The program, not to be confused with the College's popular Common Office Problems, will feature presentations by a faculty of primary care physicians and specialists who are competent in the procedures involved.

The program will include procedures selected as a result of the survey con-

ducted last fall. The course organizers are **Mark Craddock, M.D.** and **Tom Norris, M.D.**

The C.O.M.E. Category I program will be held in Jackson Hall Auditorium. A program brochure detailing the procedures is included and registration material will be mailed to Pierce County Medical Society members approximately six weeks before the course.

Internal Medicine Review – 1991 CME Program Registration Open

The Tacoma Academy of Internal Medicine's annual two-day CME program is open for registration. The program this year offers a variety of timely internal medicine subject areas including cardiovascular disease, gastroenterology, practice management, immunology, rheumatology, epidemiology, infectious disease, and sports medicine. The program this year was organized by **Amy Yu, M.D.**

The program offers 12 Category I CME credits and is available to both members of the Tacoma Academy and all other

area physicians. The program will be presented in Jackson Hall with the traditional dinner scheduled for TAIM members for Friday, March 15 at Fircrest Golf Club.

Those who have yet to register or who would like additional information regarding this very popular program may call the College of Medical Education for a program brochure at 627-7137.

C.O.M.E. 1990 – 91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1991		
Thurs., Fri. March 14 & 15	Tacoma Academy of Internal Medicine	Amy Yu, M.D.
Fri., Sat. April 19 & 20*	Surgical Club	James Stilwell, M.D.
Fri. May 10	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Fri. May 31	Office Gynecology	John Lenihan, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.

* Please note date change

Welcome to New Members

The Board of Trustees at its February 1991 meeting approved the Credentials Committee recommendation that the following applicants be approved for membership into the Society. They are:

ACTIVE MEMBERS

Anthony J. Haftel, M.D.

Emergency Medicine
5003 Old Stump Dr. N.W., Gig Harbor
Drexel University, 1971.

David N. Griggs, M.D.

Family Practice
331 S. Meridian, Puyallup
University of California School of
Medicine, 1969.

Richard T. Dehlinger, M.D.

Internal Medicine
2420 S. Union, #160, Tacoma
University of Southern California, 1980.

Kimberly Horn, M.D.

Anesthesiology
314 S. K St., #302, Tacoma
University of Hawaii, 1978.

Jonathan L. Ritson, M.D.

Family Practice
1901 S. Cedar, #302, Tacoma
Medical University of California, 1985.

Gary R. Pingrey, D.O.

Family Practice
4700 Pt Fosdick Dr. N.W., Gig Harbor
University of Health Sciences, Kansas
City Missouri, 1982.

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credential's Committee or Board of Trustees of the Society.

Rosanne M. Larsen, M.D.

Family Practice. Born 5/21/46 in Tacoma, Washington. Medical School, University of Washington, 1986; Internship, Tacoma Family Medicine, 1987; Residency, Tacoma Family Medicine, 1987; Board Certified Family Practice 1989. Licensed in Washington, 1988. Dr. Larsen is practicing at 9505 S. Steele St., Tacoma.

Michael P. Brook, M.D.

Emergency Medicine. Born 3/23/57 in Saskatoon, Canada. Medical School, University of Saskatchewan, 1984; Internship, Lac/USC Medical Center, 1985; Residency, LAC/USC Medical Center, 1987; Graduate training, LAC/USC Medical Center, 1988; Board Certified Emergency Medicine, 1988. Licensed in Washington, 1990. Dr. Brook is practicing at 3606 22nd St. S.E.

Robert W. Kunkle, M.D.

Orthopedics. Born 7/18/48 in Los Angeles, California. Medical School, John Hopkins School of Medicine, 1981; Internship, University of California, Irvine, 1982; Residency, University of California, Irvine, 1986; Board Certified Orthopedics, 1989. Licensed in Washington, 1990. Dr. Kunkle is practicing at 1002 S. K St., Tacoma.

Daniel T. Redford, M.D.

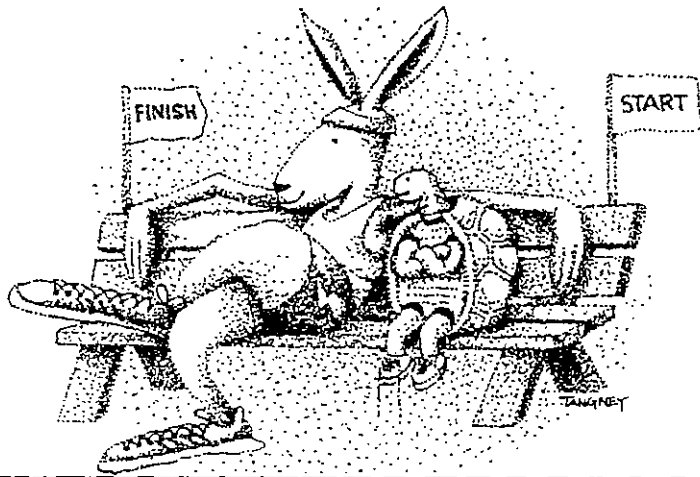
Anesthesia. Born 1/27/52 in Cortez, Colorado. Medical School, University of Guadalajara, 1982; Internship, South Baltimore General, 1985; Residency, Illinois Masonic Center, 1991. Licensed in Washington, 1989. Dr. Redford is practicing at 8204 55th Ave. S.W. #M-301, Tacoma.

Robert A. Yancey, M.D.

Orthopedic Surgery. Born 11/27/56. Medical School, Harvard Medical School, 1983; Internship, Children's Orthopedic Hospital, 1984; Residency, Virginia Mason Hospital, 1985; Graduate Training, Massachusetts General Hospital, 1990. Licensed in Washington, 1984. Dr. Yancey is practicing at 4700 Pt Fosdick, #206, Gig Harbor.

Cynthia L. Cote, M.D.

Born 2/9/61 in Torrance, California. Medical School, Temple University Medical School, 1987; Internship, Valley Family Care, 1988; Residency, Valley Family Care, 1990; Board Certified Family Practice, 1990. Licensed in Washington, 1989. Dr. Cote is practicing at 2209 E. 32nd St., Tacoma.



**PCMSA
FUNDRAISER**

FIRST "ZERO" K MARATHON

SPONSORED BY THE PIERCE COUNTY MEDICAL SOCIETY AUXILIARY

TIME: ON YOUR MARK...GET SET...NOW!
 DATE: MARCH 10, 1991 COMPLETION
 ENTRY FEE: \$30.00 INDIVIDUAL/ \$100 OR MORE INCLUDES ALL
 YOUR FAMILY & FRIENDS
 COURSE: THIS EASY COURSE ALLOWS YOU TO REACH YOUR
 OWN PERSONAL BEST! NO PAIN-A LOT TO GAIN!

STARTING LINE: YOUR CONTRIBUTION
 FINISH LINE: EVERYONE IS A WINNER BY HELPING US
 REACH OUR GOAL OF \$6,000.00

OTHER NOTES: YOUR TAX DEDUCTIBLE DONATIONS WILL
 SUPPORT OUR COMMUNITY THROUGH THE FOLLOWING
 PHILANTHROPIC ORGANIZATIONS:

- 1) HOSPICE OF TACOMA
- 2) PIERCE COUNTY AIDS FOUNDATION
- 3) YWCA WOMEN'S SUPPORT SHELTER
- 4) WSMMA TEEN HEALTH FORUM/CHOICE NOT CHANCE
- 5) PIERCE COUNTY ALLIANCE/SAFE PLACE (for kids in need)

**Support for Those
Called to Middle
East**

The Pierce County Medical Society and Auxiliary offers support to the medical families who have loved ones serving in the Middle East. If we can be of any assistance now or in the future, please call:

- Bev Graham (752-3457) Support Chairman
- Mary Lou Jones - Auxiliary President
- Doug Jackman - Society Director

Dr. Pat Donley has offered to hold weekly support meetings free of charge at his office. Call 272-2234 for more information.

**Legislative
Day-March 26**

Join us for legislative information and a tour of the State Capitol with King County Auxiliary. We will meet at 10 am at the WSMA office in Olympia. You will have the opportunity to meet your legislators.

There will be a catered No Host luncheon for \$5. R.S.V.P. by March 18 to Debby McAlexander at 588-1013 or Mary Lou Jones at 565-3128.

Please indicate if you are interested in car-pooling and in which legislative district you reside.

THANK YOU!

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I RAN THE PCMSA "ZERO" K MARATHON
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WHITE SHIRT
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100% COTTON, AVAILABLE IN 2 STYLES SHORT SLEEVE \$10.00
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ADULT SIZES: SMALL, MEDIUM, LARGE OR X-LARGE

QUANTITY	SIZE	STYLE	PRICE	TOTAL
TOTAL				

NAME _____ PH# _____
 ADDRESS _____

ENCLOSE THIS ORDER FORM WITH YOUR DONATION MAKE CHECKS PAYABLE TO PCMSA

Choice, Not Chance



A free teen health forum for 7th and 8th grade students and middle school faculty will be held on Wednesday, April 17, 1991 at Central Washington University, Ellensburg, Washington.

“Choice, Not Chance” is a statewide, physician involved, day-long conference that provides a forum for students and health educators to discuss factual information about life-style decisions that directly correlate with future good health. Participating teachers and students return to their schools with information to share with those who did not attend. Students and educators need a common knowledge base. Seventh and eighth grade students and faculty are targeted because life style decisions are made during early adolescence.

The forum will be recognized in proclamation by Governor Booth Gardner! It is endorsed by the Washington State Board of Education, Washington State Parent/Teacher’s Association, Washington Association, and the Association of Washington School Principals.

Be sure student representatives from your child’s school attend the conference on April 17. On-site volunteers are needed that day—Can you join us? If interested call Jo Roller or Mary Lou Jones.

Topics include image building, making responsible personal decisions, how tobacco and alcohol are promoted to teens, communication skills, and various workshops.

Meth Labs: What Are They? Why Should We Care?

DEFINED: Methamphetamine is known on the street as Crank, Speed, or Ice. In its crystal form it is a strong stimulant and is called the poor man’s cocaine. It was first synthesized in Japan in 1917 and was used by pilots from Japan, Britain, and the U.S.A during WW II as a means to stay awake during flights. After the war, production and sales were begun by motorcycle gangs. It has become prevalent because cocaine smuggling intervention has decreased the profit margin in cocaine; Meth is cheap to produce and the High is much longer than that of cocaine.

BODY EFFECT: The user receives an immediate high which may last up to 14 hours depending upon the form of Meth used. The signs and symptoms include extreme hyperactivity, malnutrition and dehydration due to the

overstimulation of the nervous system with failure of the trigger responses of hunger and thirst.

METHOD OF USE: Meth can be eaten, injected, or snorted, and can be smoked in its crystalline form.

PROCESS OF PRODUCTION: The main ingredient is ephedrine tablets which are illegal to possess in Washington, but not in B.C. or Oregon. Federal law is not consistent with enforcement needs. The specialized equipment used in Meth production is restricted for specific sale, but the chemicals used are not controlled substances. A “cooker” needs no special chemical knowledge or training and can complete the process in six hours. They may also move the different parts of the process to different locations to avoid detection and in doing so contaminate several locations. Suspicions should be

aroused if you see storage of chemical drums with the names removed, unusual traffic, persons coming out of buildings only to smoke, fortification of buildings, many suitcases or cardboard boxes being carried in and out, and a strong chemical odor being present. Favorite sites are rural, secluded areas, mini storage units, rental homes or secluded motel units. Twenty-six labs were dismantled in 1989, only seven were in Tacoma.

CONTAMINATION: problems occur with skin absorption of chemical and inhalation of toxic fumes. Pollution is evident in soil, water and air. If you suspect a lab location, do not investigate! Call the Narcotics Line at 591-7537. The investigation team is a joint effort between many law enforcement agencies.

Graduating Seniors

The Medical Society and Auxiliary would like to recognize our sons and daughters who are graduating this year. If you have a son or daughter graduating from high school, vocational school, college, graduate school, etc., please take a moment to fill this out and return it to : Eve Carleton 972 Altadena Dr., Tacoma 98466.

This information must be received by May 15, 1991

Student's Name: _____

School: _____

Home Address _____

Parent Name(s) _____

Degree or Diploma Received _____

Future Plans _____



Auxiliary Meeting Notice

"Overview of Common Emergencies and Uncommon Trauma" is the topic of the next general membership meeting, Friday, March 15, 10:00 am at the Oakbrook Golf and Country Club, 9102 Zircon Drive SW, Lakewood.

Our speaker, C.E. Snodgrass, M.D., F.A.C.E.P, has practiced emergency medicine for fifteen years. Please join us and become an informed parent or grandparent. It is essential to be prepared for accidents that can happen while you care for a loved one.

Reservations must be made by March 8. Send your check for \$10.25 (payable to PCMSA) to: Gloria Virak, 1319 Palm Drive, Tacoma, 98466.

Positions Available

MULTICARE HOSPITALS HAVE a combined licensed bed capacity of 600 beds, sees in excess of 1100 new cancer cases a year, has medical and surgical oncologists as well as radiation oncologists, includes modern diagnostic, therapeutic and cancer treatment modalities, has a 26-bed dedicated medical oncology unit, is ACOS approved, has a CCOP grant from the National Cancer Institute and is affiliated with SWOG for clinical research. Candidates who have training in one of the oncology specialties, should have extensive experience in cancer program development, been involved in clinical research, and have strong coordinative, management and interpersonal skills. Please submit curriculum vitae to: Christine A. Michaud, Vice President of Ancillary Services, MultiCare, PO Box 5299, Tacoma, WA 98405-0986

PART-TIME PHYSICIAN ADULT primary care. Prefer BC/BE I.M., S.P., or E.M. \$50/hr., 8am - 4pm, 1-2 weeks per week, flexible. Low volume, low acuity, correctional care setting in Monroe. Liability covered. Northwest Medical Care Services (206) 937-9178

TACOMA-SEATTLE, OUTPATIENT General Medical Care at its best. Full and part time position available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, M.D. 537-3724 or Bruce Kaler, M.D. 255-0056

FULL TIME FACULTY POSITION at University of Washington-affiliated Family Practice Residency program in south Seattle area. Board certification and OB experience preferred. New opening created by program expansion. Interested in joining us? Please send letter and CV to Drew Oliveira, M.D., Program Director, Valley Family Care, 3915 Talbot Rd S., Suite #401, Renton, WA 98055

WASHINGTON, PUGET SOUND Part or Full time emergency department practice. Low volume, excellent medical staff, great freedom of scheduling. Malpractice paid. Independent contractor. C.V. to TECP, 955 Tacoma Ave S., Suite 210, Tacoma, WA 98402. (206) 627-2303

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breast
surgery
think
of us.*

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**Qualified Physicians
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Western Washington • Low Volume •
24 beds, 8 patients per 24 hrs • 12-72
hours shifts • Graduate of an accredited
Medical School • Current WA License and
ACLS Certification • One Year
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WASHINGTON, PUGET SOUND
Full or parttime position with expanding Physician owned group. Well established, practicing adult emergency medicine. High level of critical care, excellent medical staff. Great flexibility in scheduling to enjoy the Northwest. Partnership potential, malpractice paid, ABEM certification or preparation required. CV to TECP, 955 Tacoma Ave. S., Suite 210, Tacoma, WA 98402 627-2303

Office Space

EXCELLENT OFFICE SPACE
Available in Medical Society Office building. Two/three private offices with large central area. Over 1000 sq. ft. Utilities included in rent. Free off-street parking. \$600 month. Call 572-3666

FEDERAL WAY PSYCHIATRY
Board Certified Psychiatrist seeks other mental health professionals to lease office space in new free-standing building in Federal Way. Sound-proofing, carpeting, access to group room, private quiet area. Additional support services available by contract. Available now. If interested call Maria between 8-2 M-F. 927-4837

BEST OF BOTH WORLDS!
In between St. Clare Hospital and hospitals located in the Allenmore and Tacoma area. We have 1,177 sq. ft. available. Built out for a physical therapist, however, it would accommodate a wide range of physician uses. Rent negotiable. Call Crawford /Katica Inc. Gary Crawford 272-9200

Equipment

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#5181. Best Offer. Call 383-2900

General

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Physicians Insurance calls Washington home—just like you do. Established exclusively to serve Washington physicians, we are the state's leading professional liability insurance carrier.

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Western Washington Eastern Washington
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**PIERCE COUNTY MEDICAL SOCIETY
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TACOMA, WA 98402**

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PCMS

NEWSLETTER

◆ A publication of the Pierce County Medical Society ◆

VOLUME 6, NUMBER 4

April 1991



WELCOME HOME! And Thanks . . .

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PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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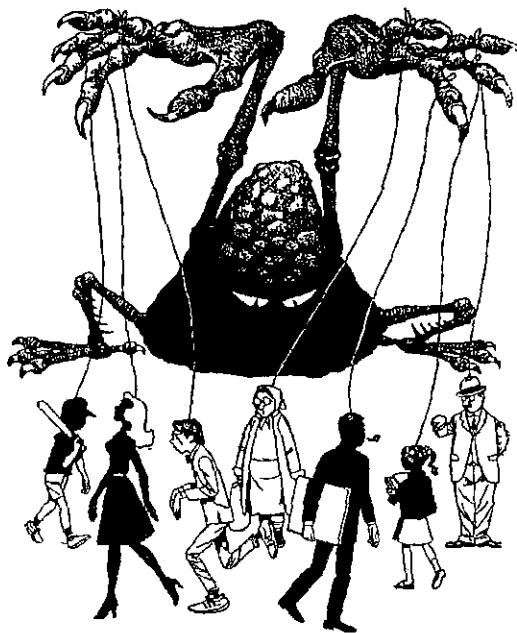
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Washington Health Care to be Restructured

In 1990, Governor Booth Gardner appointed a Commission on Health Care Cost Control and Access charged with formulating recommendations for restructuring health care delivery in Washington. The Commission has until December, 1992 to issue its recommendations. The political/legislative process, which will result in Commission-recommended laws, is expected to continue through the 1993 legislative session and beyond.

In January 1989, a survey indicated that 76% of Washington voters agreed that the state's health care system needs "major changes" or a "complete overhaul."

Physicians also support reform. A June, 1990 survey found that most Washington physicians believe changes are necessary; only 6 percent indicated "no real change" is needed.

You have an opportunity to participate in this process. As patient advocates, physicians have an obligation

to promote change that builds on the strengths of the current system -- change that will not reduce health care quality, stifle innovation, or unduly restrict access to technology or needed medical procedures.

The Washington State Medical Association has adopted the following broad goals for health care system reform. They are:

1. Individual consumers of health care should be encouraged to take responsibility for their life choices and should be aware of the cost associated with those choices.
2. Purchasers of health care coverage should have a choice as to which benefits they wish to purchase and the price they are willing to pay for those benefits.
3. High quality health care can best be provided by a free-market environment that provides alternative ap-

Continued on next page . . .

Health Care from page 2...

proaches and stimulates innovation, research, and competition.

4. Providers must be given incentives to contain costs of existing health care services.

5. Health protection should be offered without the incumbrance of state mandated specific benefits.

6. No part of the cost of delivering health care services to public beneficiaries should be required to be borne by providers or shifted to private programs. Basic health benefits should be provided by the state to those who cannot otherwise obtain coverage, but these basic benefits should be subsidized from general revenues.

7. Comprehensive, creative, and equitable system for resolution of malpractice disputes must be put into place that reduces the cost associated with the practice of defensive medicine, reduces the cost of malpractice insurance, and doesn't interfere with providing certain services for specific populations.

8. Incentives should be provided to encourage employers to provide benefits to their employees. Opportunities must be created for small businesses, or groups of small businesses, to obtain health benefits for their employees at competitive costs.

9. The health care delivery system must be understood by consumers and efficiently administered by providers and third party payors.

Campaign Strategy

A seven-point campaign strategy has been developed and approved by the WSMA Executive Committee to involve physicians and patients in the health care system reform process. Each point will receive equal attention and commitment.

- State-wide physician unity and involvement
- Broad-based state-wide coalition

- Local district coalition
- Patient and public education
- Quality health care reform agenda
- State access and cost control commission involvement
- Legislator contact

Local District Coalition

The Washington State Medical Association is seeking to create a grassroots network, involving a broad spectrum of society, for the purpose of educating physicians, patients, and the public, and to advocate a quality health care reform agenda. **Richard Hawkins, M.D.** Family Physician and Past President of the Medical Society has been asked to chair the Coalition.

Dr. Hawkins held two meetings at Jackson Hall on March 8 and 11 to inform the membership of what is happening in Washington State, and the urgent need for physicians to become involved in the process. Dr. Hawkins asked for the assistance of those attending for ideas as how best to reach their colleagues and the general public to inform them that:

1. Our health care system is in transition. The present health care system is changing and we are all experiencing levels of frustration.
2. Reform efforts should build on the strengths of the current system, while addressing its shortcomings.
3. We all have a stake. We all have a role to play in seeking a solution. The number of groups state-wide (health care commission, business, labor, and health care providers) are searching for innovative solutions. These three key points must be emphasized time and again to patients, friends, colleagues, and legislators.

Following the adjournment of the legislature, meetings will be scheduled for members of the Society to meet with their legislators for lunch, brunch, breakfast, or whatever is convenient to the legislator so that we can get medicine's message to them.

Any member who is interested in visiting Olympia during the legislative session to meet with their district representatives please call the Medical Society office.

If you belong to an organization such as Rotary, Kawanis, Lions, Garden Club, etc., Dr. Hawkins and the Local District Coalition Steering Committee will have speakers available to address your group on health care in Washington State. Please call the office to schedule a speaker.

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WHAT'S NOT!


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Oregon Panel Issues Updated Medicaid Priority Treatment List

The March 11 AMNews reported that after a 17 month struggle, Oregon has produced a priority list of medical conditions that could revolutionize the Medicaid system. An eleven-member state-appointed commission ranked the 714 items using its own clinical judgement, taking into consideration the cost, effectiveness, and social value of health services.

By using this priority list, Oregon hopes to spend Medicaid funds in a more rational way and treat patients most likely to benefit from health care services.

Topping the proposed Medicaid priority list released February 20 were life-threatening, but treatable, conditions, maternity services, and preventive care for children and adults. In the middle were chronic diseases where treatments are considered effective, but do not return a person to full health, such as glaucoma, multiple sclerosis, and cerebral palsy. Fatal conditions where treatment does not improve the persons' quality of life, as with terminal HIV disease and alcoholic cirrhosis of the liver, scored near the bottom.

Bone marrow, liver, kidney, and cardiac transplants ranked high when the diagnosis indicated a good chance of recovery, but much lower when the chance was slim. Preventive care, such as birth control, sterilization, mammograms, cervical sterilization, cervical cancer screening, and dental care ranked above all cancer treatments. All necessary diagnostic work will be covered. Mental health and chemical dependency conditions were not part of the list, but will be added later.

This list is a thoughtful way to spend health care dollars, said Commissioner Tina Castanares, M.D., from Hood River, who cares only for low-

income people. Many of her patients are ineligible for such Medicaid services as routine laboratory tests for a heart murmur, an abscessed tooth, or insulin and syringes for diabetes.

"If everyone can have life-saving treatments and maternal and child care, I'll feel very good about rationing health care," she said. "We can no longer provide unlimited care for some and be fair to every one. Prioritizing health care allows us to define a floor below which we should let no one fall."

Oregon hopes to implement the priority list for the Medicaid population in July, 1992, and later allow employers to use the list, rather than the state-mandated employee health benefits. Before then, however, state officials face a tough road. First, Oregon's legislature must decide how far down the list the state can afford to go. Lawmakers expect to have a cost estimate for the medical services by late April. Legislature has until July to reach a decision. It can only decide the amount of money that should be spent on health care.

After the legislature funds the programs, Oregon must obtain waivers from Congress or the Federal Health Care Financing administration to deviate from mandated Medicaid benefits and expand coverage to all eligible single people and childless couples. This program would swell the state's Medicaid rolls from 204,000 to 319,000 by raising income eligibility from 58% to 100% of federal poverty level. The federal government pays 63% of Oregon's Medicaid expenditures.

Dr. John Kitzhaber, Emergency Room Physician and President of the Oregon Senate, is optimistic about getting a waiver through Congress this fall.

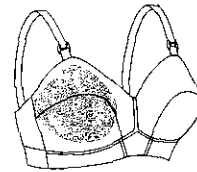
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OBRA's Balance Billing to Have Impact

By David N. Gans

One of the provisions of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) is the imposition of limits on the balance billing of Medicare charges. The act specified that in 1991 physicians will be prohibited from billing more than 125 percent of the local area non-par prevailing charge.

If the practice's 1990 Maximum Allowable Actual Charge (MAAC) limit is at or below 125 percent of the local non-par prevailing charge, the limit on actual charges in 1991 is the same percentage above the recognized payment amount as during 1990.

Omnibus Budget Reconciliation Act of 1990 (OBRA '90), passed by Congress on Oct. 27, 1990, modified the balance billing limitations of OBRA '89. Congress changed the 1991 balanced billing limits for evaluations and management services only (CPT-4 codes 90000 through 90699) to the lower of the 1990 MAAC or 140 per-

cent of the 1991 local area non-par prevailing charge (on the same percentage above the 1991 non-par prevailing charge as the 1990 MAAC exceeded the 1990 non-par prevailing charge). For all other services, the limits remain at 125 percent.

The balance billing limitations will have substantial impact on medical group revenue and on physician compensation. This is confirmed by a limited survey of medical groups conducted by the Center for Research in Ambulatory Health Care Administration (CRAHCA) research arm of the Medical Group Management Association (MGMA).

Using the forecasting feature of the Physicians Services: Income Projection (PSIP) software to estimate the impact of the balance billing limitation, eight medical groups returned a survey questionnaire that stated the financial impact of this legislation. The median change in Medicare revenue per doctor in these groups is expected to be a loss of \$20,000.

Access vs Cost The Issues

Over 50 Society members attended two meetings organized by PCMS and chaired by **Dr. Richard Hawkins** to learn more about efforts currently underway in Washington State to restructure the present health care system. The meetings are part of a framework developed by WSMA to build a state-wide coalition of health care providers, insurers, employers, and others so that medicine will have a voice in restructuring the health care system.

Dr. Charles Weatherby, family physician and WSMA Trustee, reported some of the driving concerns behind the efforts for massive change in the current system.

Dr. Weatherby noted there are 785,000 (17% of total population) people in the state of Washington who are uninsured. More than 37% of the uninsured are under age 18. Fifty-three percent (295,000) of the state's uninsured are employed.

Governor Booth Gardner is using some of these facts as the basis for his argument for a revised health care system. He and the legislature have formed a commission on Health Care Cost Control and Access that is charged with formulating recommendations to restructure the way health care is delivered in Washington. The legislature has until December, 1992, to issue its recommendations. Political/legislative processes that will result in commission-recommended laws are expected to continue through the 1993 legislative session and beyond.

Dr. Dick Bowe, former President of PCMS (1987) and current WSMA Trustee asked attendees for their ideas on solutions at the local level. He urged attendees to contact their

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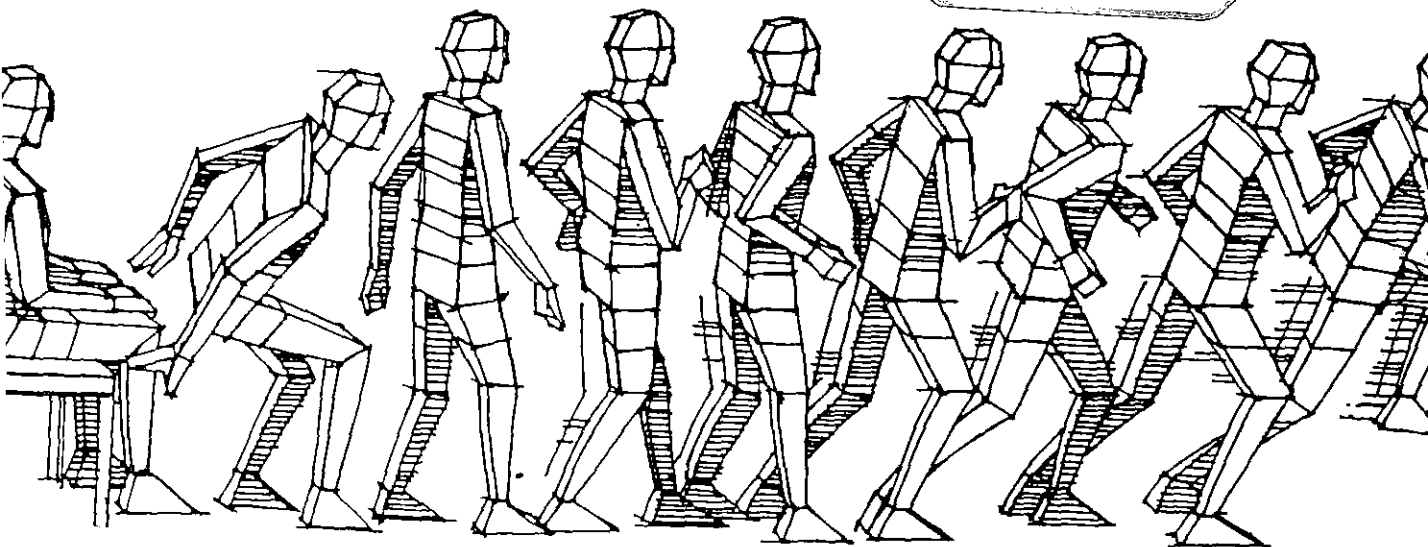
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Continued on page 7. . .



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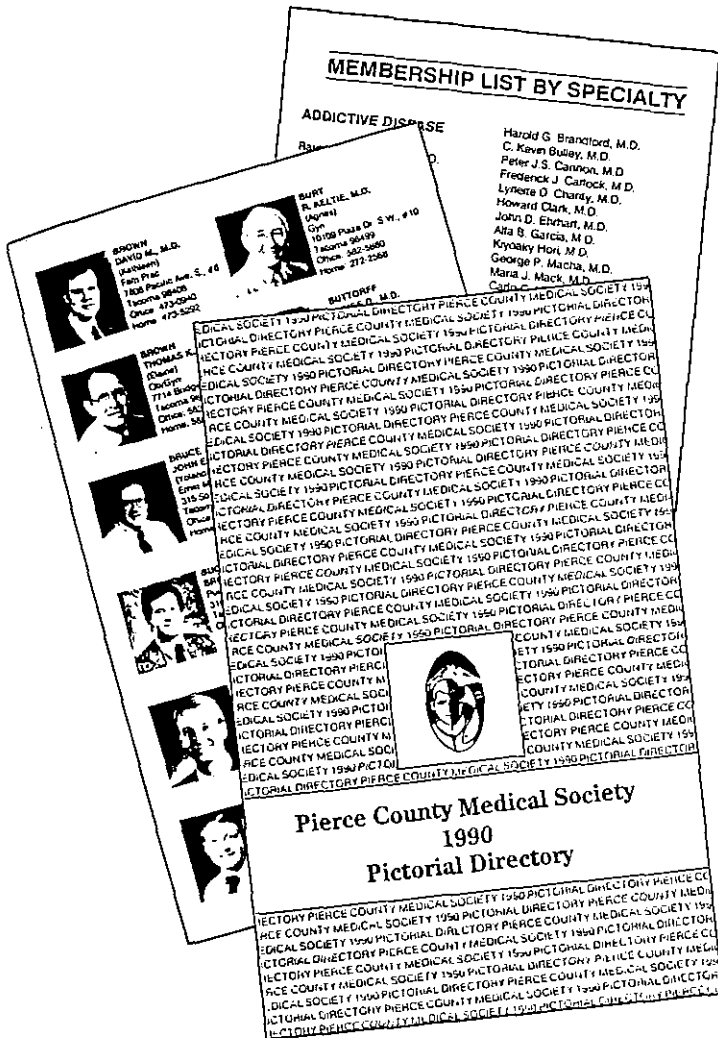


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1990

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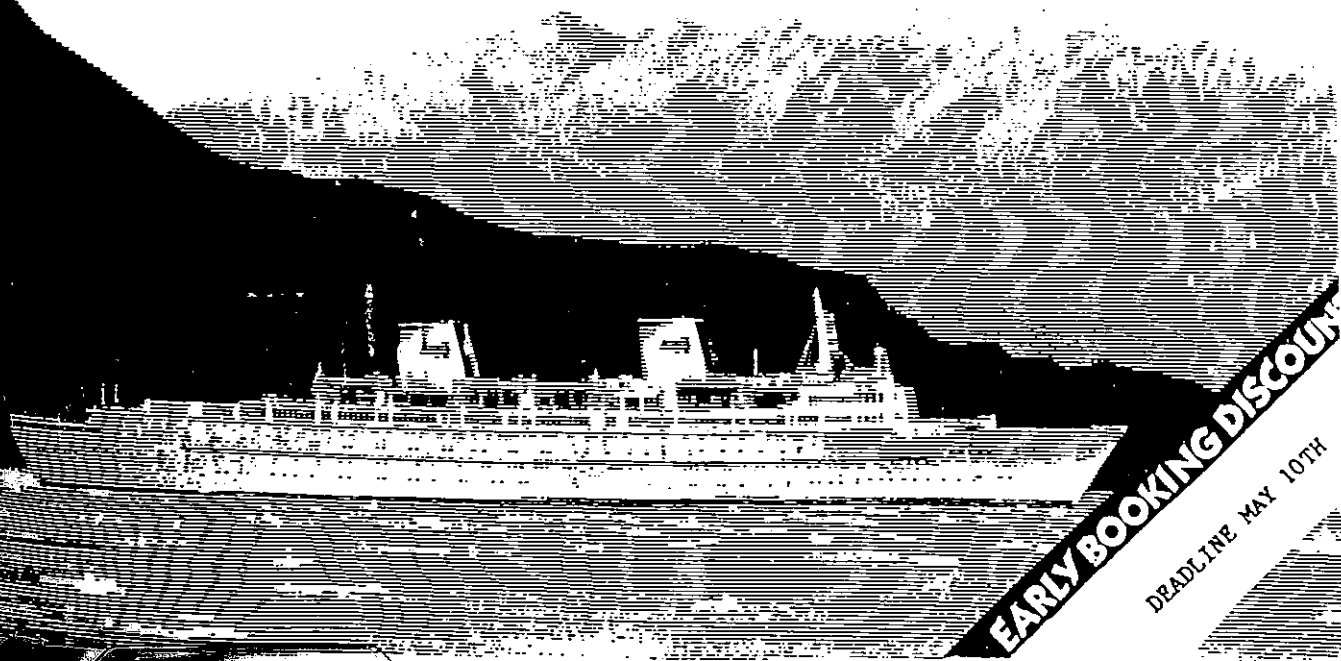
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Commission from page 5 . . .

legislators, develop speakers' bureaus, and to develop other ideas.

Many of those present asked for additional information on the changes taking place; what reforms are considered acceptable to organized medicine; and how the proposed plan compares to Canada's health care system. The PCMS Bulletin and Newsletter will carry information on these changes. Two systems under particularly close scrutiny by legislators are Oregon and Canada.

Bill Marsh, M.D., Puyallup Family Physician, and Medical Society President, concluded that the cost of health care is driving the change and for the first time in history, the AMA, business, and the AFL-CIO all agree that change is necessary. He asked for creative input as to what a reformed system ought to look like and urged physicians to be involved in the process.

AMA Assembly Meeting Jun 20-24

Medical staffs from around the country are encouraged to elect a medical staff representative to participate in the AMA-Hospital Medical Staff Section Assembly Meeting June 20-24, 1991 at the Chicago Marriott Hotel in Chicago, Illinois.

The HMSS Assembly provided medical staffs with a unique opportunity to discuss and participate in the policymaking process of the AMA. In addition to the Assembly meeting, an educational program on the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Practice Parameters will be held on PRO and Managed Care Review. If you are unable to participate in the Chicago Meeting, we encourage you to call us with the name of your HMSS Representative.

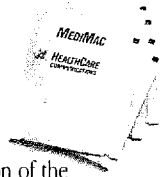
For further information about the AMA-HMSS, please call (312)464-4754 or 464-4761.

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Come to the Fair!

**Executive Inn, Fife
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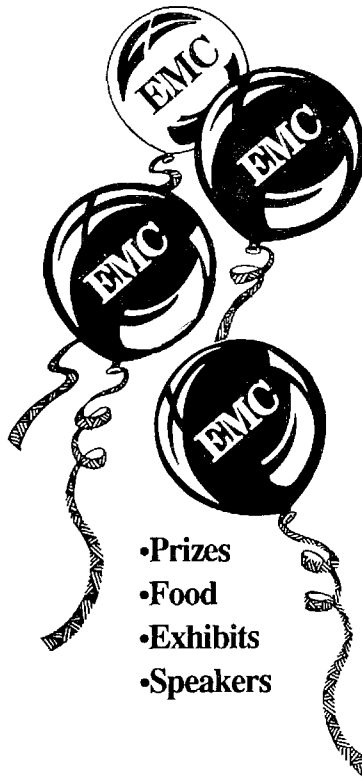
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Payment Reform puts Medicare Fees Lower Than Expected

The March 11, 1991, AMNews reported that when Physician Payment Reforms begin next year, Medicare fees will be 15% lower than anticipated just two years ago.

After adjusting for inflation, primary care services (10%) will get only a third of their expected gain and predicted surgical losses (29%) will nearly double.

A technicality in the way the reforms are phased in could reduce fees by another 6% a year by 1996. On top of this, fees will probably be sliced by another 1% as a preemptive strike against potential spending increases that could occur if physicians try to limit their losses by delivering more services.

Those numbers will form the bottom line in the Physician Payment Review Commission's 1991 Report. The report also will address a variety of other issues -- including payment for electrocardiograms. It may include a call for an immediate implementation of payment reforms in one fell swoop next January as well.

WSMA Requests Nominations for Positions on Committees

Any PCMS member who would like to have his name placed in nomination for membership on a WSMA Council/Committee please call the Medical Society office by April 10.

The Nominating Committee will meet in mid-May to prepare a slate of nominees for presentation to the House of Delegates during the 1991 Annual Meeting, September 19-22, at the Bellevue Red Lion. Council and committee nominees will be forwarded to WSMA President-Elect James T. Kilduff, M.D., for his review and action. Below is a current roster of WSMA councils/committees. If you're interested, please call the Medical Society. We urge your involvement and participation and would like to have Pierce County represented on all the councils and committees.

- Claims Review Panels
- Constitution and Bylaws
- Council on Professional Affairs
- Emergency Medical Services Standards Committee
- Finance Committee
- Grievance Committee
- Health Access Task Force
- HIV/AIDS Task Force
- Industrial Insurance and Rehabilitation Committee
- Judicial Council
- Legislative Committee
- Maternal and Infant Health Committee
- Medicaid Liaison Committee
- Physicians Committee
- Membership Credentialing Committee
- PACE Program Steering Committee
- Personal Problems of Physicians Committee
- Physician/School Liaison Committee

If you have any questions about the functions, purpose of the Committee, how often they meet, etc., please call the Medical Society office.

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AIDS Foundation Seeks Psychiatrist

The Pierce County AIDS Foundation is seeking a psychiatrist to work up to 20 hours per week. Primary responsibility is full out-patient and consultative psychiatry. \$70 per hour. For more information, contact Jeannie Darneille, Executive Director at 383-2565

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Organized by the Washington State Physician's Insurance Association (WSPIA)

PCMS General Membership Meeting – Tuesday, April 9 – Executive Inn* (5700 Pacific Hwy E, Fife)

Cocktails: 6 :00pm ● Dinner: 6:45 pm ● Program: 7:00 pm

\$16 per person ● \$18 at the door

Yes, I (we) have reserved the evening of Tuesday, April 9 to join members of the Pierce County Medical Society at their April General Membership Meeting and to hear "Anatomy of a Trial" presented by the Washington State Physician's Insurance Association (WSPIA).

Please reserve _____ dinner(s) at \$16 per person (includes meal, tax & gratuities)

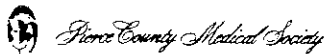
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Please make check payable to PCMS and return no later than **Friday, April 5, 1991**

*Please note new location

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COLLEGE OF MEDICAL EDUCATION



State Lab Legislation Seminar Scheduled

On November 1, 1990, new rules affecting all state physician laboratories became state law. The College of Medical Education has organized a seminar to explain and interpret these rules and to assure each office is fully informed of the impact the new rules will have on the office laboratory function.

The course, slated for Thursday, June 6 from 1 to 5 p.m. was organized by Judy Thompson, M.T., Laboratory Manager for the Summit View Clinic. The seminar will be held at St. Joseph Hospital, Rooms 3A & B of the South Pavilion.

The seminar is designed for the non-pathologist Laboratory Director, physician, or nurse practitioner and appropriate staff. The areas of concentration will be quality control, quality assurance, proficiency testing, cost effective approach to laboratory operations, record keeping, and the inspection process.

A program brochure with conference details and registration material will be mailed shortly.

The course content for the one-day program designed to review common office procedures has been established. Driven by responses from a physician survey, six procedures have been selected.

The program is scheduled for Friday, May 10 in Jackson Hall and will feature presentations by faculty made up of local physicians and specialists who are competent in the procedures involved.

The College of Medical Education is the organizer of the program which will offer 7 hours of Category I credit for both AMA and AAFP. Drs. Mark

Craddock and Tom Norris are the course coordinators.

The following procedures will be presented with an opportunity for hands-on experience:

- Skin ablative and biopsy techniques
 - Laceration repair
 - Joint aspiration and injection
 - Needle biopsy: breast, thyroid, and nodes
 - Norplant insertion
 - Ingrown toenails/Paronychia
- The program brochure detailing the conference particulars and registration material will be in the mail soon.

Office Gynecology Course May 31

An office gynecology course for primary care physicians is scheduled for May 31, 1991 at St. Joseph Hospital, Rooms 3A & B, South Pavilion.

The course will present the latest information regarding the evaluation

and management of major issues in women's health care.

The program is organized by **John Lenihan, M.D.**, and will offer Category I CME credits.

C.O.M.E. 1990 - 91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1991		
Fri., Sat. April 12 & 13	Surgical Club	James Stilwell, M.D.
Fri. May 10	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Fri. May 31	Office Gynecology	John Lenihan, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.

Clip and Save!

Sun Valley & CME a Huge Success!



Mark Craddock demonstrates knee injury diagnosis on patient Stuart Freed

Sun Valley & CME, the College of Medical Education's first time "resort" program was termed a huge success by conference participants. The program brought together a number of PCMS physicians for family vacationing, great skiing, fine dining, value shopping, and the usual quality CME—this time out of Pierce County.

The program featured a potpourri of educational subjects of value to

all medical specialties. Conference attendees particularly enjoyed the "rare opportunity to have in-depth discussions about clinical situations." Out of the classroom, conference participants and their families enjoyed downhill and cross country skiing under both sunny skies and heavy snow.

The College plans another "resort" CME conference next year—this time under the sun in Hawaii.



Alan & Constance Tice, Karen Benveniste, Steve & Jan Fuson, and Cindy Lenihan await a gourmet dinner at one of Sun Valley's fine restaurants



Carl and Susan Wulfestieg and Hank and Bobbie Zielinski show smiles after hearing the forecast—SNOW!



Dr. Benveniste, Bowe, Samms, & Patterson swap ski stories during the welcome reception



Cindy Lenihan demonstrates an expert turn on the mountain

1990 Disabilities Act Impacts Physicians

The Medical Society has received several inquiries from member offices regarding a physicians obligation to provide interpreters for medical services. TACID (Tacoma Area Coalition of Individuals with Disabilities) has been advising their clients that the Washington State Law Against Discrimination (RCW 49.60) and Section 504 of the Rehabilitation Act of 1973, mandates physicians to provide and pay for interpreters for hearing-impaired patients.

Upon further examination with the Attorney General's office, an **opinion** letter of the Executive Director of the State Human Rights Commission was forwarded that said "health care clinics and other organizations providing medical services to the public have an obligation under the state law

against discrimination (Chapter 49.60 RCW) to provide for the services of sign language interpreters for patients who are hearing impaired.

However, WAC 162-26-080 (1), states "It is an unfair practice for a person in the operation of a place of public accommodation to fail to make **reasonable accommodation . . .**"

Reasonable accommodation factors are further defined as:

- cost of making the accommodation
- size of the place of public accommodation
- availability of staff to make the accommodation
- importance of service to the disabled person and other relevant factors

"The physician who restricts the amount of billable time to be paid for may be able to show that the amount of their medical fees is insufficient to

cover more than limited billable time for an interpreter as an overhead expense. This is a factual question which must be determined in each case based on the four factors set forth in WAC 162-26-080 (3). The physician who provides an interpreter but refuses to pay any of the cost would appear to be ignoring both an obligation to the interpreter who was retained and the statutory obligation to provide reasonable accommodation for his or her patients."

Remember, this is not a legal ruling, only an **opinion** of the Executive Director of the State Human Rights Commission. We are asking the State Attorney General's office for clarification of this ruling and will publish further information as it becomes available.

WSMA Surveys Members on 'Death with Dignity' Initiative

An informal WSMA survey of physicians' attitudes on Initiative 119, the so-called "Death with Dignity" initiative, reflects physicians frustrations with the inadequacies of the Natural Death Act, and indicates that physicians are troubled by the "aid-in-dying" portion of the initiative. Although the survey was an informal sampling, not a statistically valid opinion poll, it appears to indicate that much of the physician-support for I-119 is borne out of frustration with the lack of legislative amendments to the Natural Death Act. The WSMA's informal sample indicates:

- 70% (798 of 1105 responding physicians) oppose the use of lethal injections to knowingly hasten death;
- 60% oppose the use of a lethal dose of medication to end a patient's life;
- 70% would not be willing to be involved personally in the 'mercy killing' of a patient;
- 51% feel the medical association should oppose Initiative 119.

Pierce County physicians also oppose Aid-in-Dying as defined by Initiative 119. Fifty-six percent of PCMS physicians responding to the membership survey opposed the Aid-in-Dying portion of Initiative 119. Seventy-eight percent of respondents said they would not be willing to administer it. Physicians overwhelmingly support a terminal patient's right to have their wishes respected relative to the withdrawal of life sustaining procedures which only artificially prolong the moment of death . . . And they

clearly support clarification of ambiguities in the 'natural death act.'

But physicians are troubled by the aid-in-dying issue — the provision of Initiative 119 that would legalize the use of lethal injections, deliberate drug overdoses, or other actions that would knowingly hasten a patient's death.

The medical association's probable position will be to encourage voters to defeat the initiative in November — and in so doing — send a mandate to the legislature to fix the 'Natural Death Act' and provide relief to the people confronted with life and death decisions.

A hearing on Initiative 119 and HB 1481, an alternative to the initiative, is scheduled in the House next week. A hearing is unlikely in the Senate.

- 84% (924 of 1105 responding physicians) support the initiative's clarified definition of a terminal condition;
- 93% (1028 of 1105 responding physicians) support the initiative's clarified definition of life sustaining procedures;

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credential's Committee or Board of Trustees of the Society.

John M. Stogin, M.D.

Orthopedic Surgery. Born 10/19/58 in Evanston, Illinois. Medical School, Harvard 1984; Internship, Virginia Mason, 1985; Residency, Virginia Mason, 1986; Graduate training, Indian Center for Surgery of the Hand, 1991. Licensed in Washington, 1985. Dr. Stogin is practicing at 2420 So. Union, #300, Tacoma.

Kevin S. Kennedy, D.O.

Otolaryngology. Born 3/16/53 in Decatur, Illinois. Medical School, Chicago College of Osteopathic Medicine, 1982; Internship, Naval Hospital, 1983; Residency, Naval Hospital, 1987; Board Certified American Board of Otolaryngology, 1988; Osteopathic Board of Otolaryngology, 1990. Licensed in Washington, 1990. Dr. Kennedy is practicing at 1901 So. Union, #B2010, Tacoma.

Welcome to New Members

The Board of Trustees at its February 1991 meeting approved the Credentials Committee recommendation that the following applicants be approved for membership into the Society. They are:

Rosanne M. Larsen, M.D.

Family Practice
9505 S. Steele St., Tacoma.
University of Washington, 1986.

Robert A. Yancey, M.D.

Orthopedic Surgery
4700 Pt. Fosdick, #206, Gig Harbor
Harvard Medical School, 1983.

John F. Gunningham, M.D.

Family Practice
1720 E. 44th St., Tacoma
University of Washington, 1987.

Qualified Physicians Needed

- Walk-in Clinic • Military Facility • Eight hour shifts • Excellent Support •
- Full and Part-time Positions • Graduate of an Accredited Medical School
- Current Washington License • Current BLS/ACLS Preferred •
- Malpractice Coverage •

For more information please call:

National Emergency Services 1-800-554-4405

Dr. Ron Taylor sets PR at Seaside Marathon

Dr. Ron Taylor, 48 years young, set a personal record at the Seaside Marathon at Seaside, Oregon on February 23 with a time of 2 hours and 39 minutes. Dr. Taylor averaged 6:05 minutes per mile for the 26-plus mile event.

Dr. Taylor placed first in his age bracket 45-49 and 7th overall. He was the second master (40+) to finish in the very popular run (a 40-year-old was first). The Seaside Marathon has long been a popular event and attracts over 400 runners. Dr. Taylor said the weather was just right for running, perhaps a little windy. The Seaside Marathon is known for treacherous weather. He noted that the top three Masters runners were from Tacoma.

Susie Duffy WSMAA President

An installation dinner will be held Tuesday, April 23 at the Tacoma Sheraton Hotel for Susie Duffy, president elect of the Washington State Medical Association Auxiliary. Reservations are due by Wednesday, April 10. The dinner is \$25 per person and \$50 per couple. Make checks payable to WSMA Auxiliary Convention Fund and mail to:
Helen Whitney
1736 Fairview Dr. S.
Tacoma, WA 98465

AMA Leadership Conference Comments

- The AMA Health Legislative Council reported the biggest threat to successful legislation is fragmentation of organized medicine.
- New Hampshire physicians have told the New Hampshire legislature they will accept assignment if it has a means test.
- Congress thinks the insurance industry is making too much profit.
- Practice parameters will have to be kept open and not secret.
- Practice parameters will provide guidelines only, and do not mean negligence if not followed.
- Medical societies (specialty societies) should not take steps to try and force their practice parameters and should not sanction those who do not follow them. Specialty societies cannot compel M.D.'s to follow parameters.
- Senator Jay Rockefeller, [West Virginia] Chairman of the Pepper Commission, stated that we need to build on the existing health care system and Congress, nor the people, have any sense of where to go.
- Dr. Alan Nelson, Salt Lake City, Utah, Internist and Immediate Past-President, AMA, stated that "Fundamental changes in the health care system are needed and desirable." He went on to say that, "Americans don't like to stand in line -- they will sue before they queue."
- Kirk Johnson, AMA Legal Counsel, stated that, "The Federal Trade Commission is not a problem in peer review, it is a myth. Good faith review is pro-competitive, not anti-competitive." He urged medical societies to go after fee gougers (throw them out of medical societies) and if the medical society is sued, the AMA will indemnify -- if it is done in good faith.
- Retired Chief Justice Warren Berger stated, "Never, never secure the services of a doctor or lawyer who advertises for a patient or a client."
- Dr. Louis Sullivan, Secretary, Human Health Services, said physicians are going to have to become good managers and that they can no longer afford business as usual. He also said, "A federalized system is not the answer to health care costs and quality."
- "Blowing the whistle on an impaired physician is an act of love" said Daniel J. Canavan, M.D., Medical Director of Physicians Health Program in New Jersey.
- Marie G. Kuffner, M.D., UCLA Medical Center, on reporting about the National Physicians Data Bank, stated that the Bank has been plagued with problems. Staff is woefully inadequate and has had 300,000 queries submitted by 13,000 entities. Only 135,000 of the queries have been processed.
- Robert E. McAfee, M.D., AMA Board of Trustees reported that violence has become routine in America. Six percent of adults reported they had personally been victim of a violent act last year. Fifty million Americans have been touched by violence in the last 12 months and homicide is one of three leading causes of death with three quarters of homicides resulting from use of fire arms. He went on to say that 135,000 school children go to school each day carrying a gun. Dr. McAfee noted that, "Domestic violence costs business 100 million dollars a year."
- **Eighty-four percent of the public feel physicians can play a role in controlling violence.**
- Sandra J. Kaplan, M.D., psychiatrist, stated family violence often precedes suicide. She noted less than 5% of child abuse is diagnosed in the emergency room.
- Lane Kirkland, President, AFL-CIO, in addressing the conference, stated that this is the first time in history that organized labor and medicine are headed in the same direction, National Health Care.

"Over Qualified" Could Spell Discrimination

The following article was condensed from a letter received by PCMS from Reed & McClure, Attorneys at Law, Seattle. Mary Peterson, Employment Attorney (206) 386-7021.

It is a good practice for employers to be very selective in the hiring process. In this situation it's not unusual for many employers to deny senior applicants employment based on the fact that they feel the person is over qualified for the position open.

At the end of January, the United States Court of Appeals decided that disqualifying the over qualified individual showed evidence of age discrimination. (*Taggart v. Time, Inc.*)

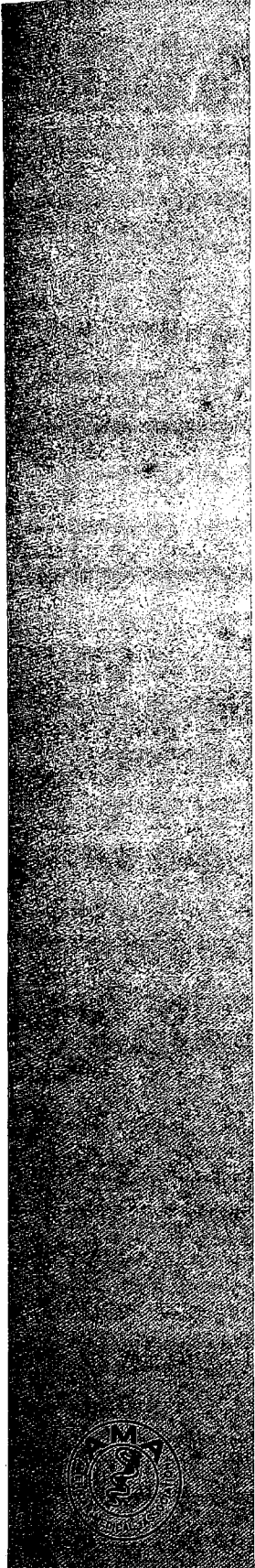
Mr. Taggart was 58 years of age and applied for several different positions at Time. He was turned down for all positions which resulted in his complaint of illegal age discrimination.

Time was able to give very specific and job-related reasons for three of the four rejections and the Court agreed that Time's refusal not to hire Taggart for these three openings was not age-related.

However, the reason given for the fourth rejection was purely that Mr. Taggart was over qualified and the manager did not think he would be challenged or interested in the job. Time then hired a younger person for the job because he was better qualified for the position.

Quoting from the Court's opinion . . . "Research has unearthed no cases where an over qualified applicant was ruled unqualified in the context of age discrimination litigation. Since over qualified is defined as having more education, training or experience than a job calls for . . . a ruling that over qualified means unqualified is a non-

Continued on page 16. . .



**The AMA
Hospital Medical Staff Section
Seventeenth Assembly Meeting
June 20 - 24, 1991
Chicago Marriott Hotel
Chicago, Illinois**

Highlights of the Annual Meeting will include:

- an educational program on the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Practice Parameters;
- presentation by the AMA-HMSS Governing Council of reports on medical staff issues including Evaluation of the Hospital Medical Director and Criteria for Evaluating the Performance of the Hospital Medical Director, PRO Required Education of Hospital Medical Staff and Patient Responsibility of On Call Physicians;
- an information exchange on PRO and Managed Care Review;
- AMA-HMSS Governing Council elections for the positions of Delegate, Alternate Delegate and one Member-At-Large.

For Information Contact:

Department of Hospital Medical Staff Services
American Medical Association
515 North State Street
Chicago, Illinois 60610
Phone (312) 464-4754 or 464-4761



HMSS

Discrimination from page 14

sequitur. Thus it is not surprising that what case law there is comes to the opposite conclusion."

In the Court's opinion, when over qualified is used as a reason for not hiring an over-40 applicant, the word over qualified can be simply a code word for too old. The Court ruled that an employer is engaging in unlawful age discrimination when he or she rejects an applicant over age 40 for the sole reason that he or she is over qualified.

This decision offers excellent advice on how to avoid this happening to you. Taggart's claim was rejected in three of the four cases when there was a very specific job-related reason relating to qualifications for rejecting his application. So when rejecting an applicant in any of the protected categories, whether it be race, age, sex, or any other, your reasons must be 1) specific, 2) relevant to the job sought, and 3) must support the decision that the individual truly was not qualified to do the job.

**Mayor to Address
May Membership
Meeting**

Mayor Karen Vialle will address the May 14 General Membership Meeting to be held at the **Fircrest Golf Club**. Mayor Vialle is Tacoma's first woman mayor and has been the subject of some controversy since she was elected in 1988.

Mayor Vialle is well known for her speaking ability and is familiar with the health care system as a result of her experience on the Budget Committee for Governor Dan Evans.

Please note that the meeting will be at the Fircrest Golf Club.

Improve Your Practice for \$50

Be sure to attend the PCMS program for physicians only on April 5 from 12:30 to 5:00 pm at St. Joseph Hospital. The program is totally devoted to you—the employer—and your team leadership skills. This is Program #2 in the series of five Team Building seminars offered by PCMS this spring. The cost is \$50 for PCMS members and includes lunch and materials.

Coming up on May 3 is the third program, "Motivating Your Staff," a program for physicians and their staff members. **Building your office team** is the most important process you can undertake as an employer. Your office team is critical to the success of your practice. **Having a harmonious**

and efficient team in your office is the best overall marketing tool available. An office team reduces costly staff turnover, retains more patients and brings new referrals.

A few comments from those attending Program 1 on March 8th:

"Good Job!" "Very Informative" "Motivating" "Professional" "Excellent all the way around" "Greatly enjoyed the content and presenters"

Please join us on April 5, May 3, June 7, and June 28 for the concluding sessions on Team Building. Contact Sharon Bain at the Society office for details, 572-3709.

TAMM

Tacoma Area Medical Managers

A forum for medical managers to:

- Share ideas
- Solve Common Problems
- Hear interesting Speakers
- Become informed on current issues
- Attend monthly meetings at Shenanigans

TAMM was formed in 1983 for medical managers in the Tacoma area. For membership information, contact: Jan Halvorson, Secretary/Treasurer c/o Drs. Wulfestieg, Rone & Erwin 2420 S Union #100 Tacoma, WA 98405-1322

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Contact: Andy Tsoi, M.D.: 537-3724
Bruce Kaier, M.D.: 255-0056.

Susie Duffy to Lead WSMAA

Pierce County Medical Society and Auxiliary are pleased to extend an invitation to all medical society members and spouses to attend the installation dinner of Susanne Duffy, wife of Dr. J. Patrick Duffy. Susie will be installed as WSMAA Auxiliary president on April 23, 1991.

Pierce County will host the 60th Annual Washington State Medical Association Auxiliary House of Delegates, April 22-24 1991 at the Tacoma Sheraton Hotel.

Historically, Pierce County has made significant contributions to the leadership of state auxiliary. Susie will be the fifth Pierce County resident to hold this office. Alma Whitacre (Horace) of Tacoma was the first WSMA President when state auxiliary was founded in 1932. Other state presidents from Pierce County are Mrs. Daniel H. Bell, 1936-37; JoAnn Johnson (Ralph A.), 1976-77; and Sharon Ann Lawson (Harry), 1988-89.

Susie has been active in the medical auxiliary for many years. Prior to becoming President of PCMS Auxiliary in 1986, she chaired and served on a variety of county auxiliary committees and projects. Susie served WSMAA Auxiliary as Nominating Committee Chairman in 1989, Chairman of AMA-ERF in 1988 to 1990, and was a member of the WSMAA delegation to AMA Auxiliary in 1990. Susie is a past president of the WB. Mitchell Orthopedic Guild and has been active in church and community affairs for many years. She has been a personal shopper at Nordstrom, Tacoma Mall for 4 years. Reservations for the dinner are due by Wednesday, April 10. Cost is \$25 per person, \$50 per couple. Make checks payable to WSMAA Auxiliary Convention Fund and mail to:
Helen Whitney, 1736 Fairview Dr. S,
Tacoma WA 98465.

PCMSA Slate of Officers

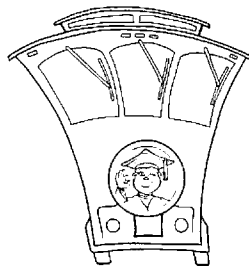
Nominating committee announces 1991-92 officers

President-Elect Karen Benveniste will assume the office of Pierce County Medical Society Auxiliary President on June 1. Joining Karen are:

- Nominated President-Elect: TBA
- Program: Leigh Anne Yuhasz and Sylvia Lee
- Membership: Patty Kesling and Lynn Peixotto
- Bylaws: Nikki Crowley
- Arrangements: Mona Baghdadi and Colleen Vercio
- Recording Secretary: Marilyn Simpson
- Corresponding Secretary: Eva Carleton
- Treasurer: Peggy Smith
- Dues Treasurer: Alice Yeh

Those serving on this year's nominating committee included: Chairman Alice Wilhyde, Karen Benveniste, Sylvia Lee, Helen Whitney, Colleen Vercio, Maryln Baer, Nikki Crowley, Leigh Ann Yuhasz, and Judy Brachvogel.

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209 North "I" St. Tacoma, Washington 98403 (206) 383-1085

Highlights of WSMA Auxiliary Annual Meeting

Plan to join auxiliaries from around the state on April 22-24, 1991 at the Tacoma Sheraton, Tacoma, for the WSMA Auxiliary annual meeting. This is a wonderful time to meet new friends, greet old ones, learn something new, and discover the excitement of state auxiliary.

“Strauss Training”—Mary Strauss, motivational consultant, member of National Speakers Association, and 1988-89 AMA Auxiliary President has a unique way of connecting with her audience. Don't miss this opportunity to develop your personal leadership style, sharpen your communication skills, and learn effective time management techniques. (Monday, April 22, 1:30-3:30 PM, PSD recognition)

“Parliamentary Pizazz”—Mary Randolph, professional registered parliamentarian from the National Association of Parliamentarians presents this session on parliamentary procedure. Whether you're conducting a family discussion at the kitchen table or chairing a meeting of the

“400” Club, this workshop will help you run a fast and efficient meeting. (Tuesday, April 23, 10:45-11:45 a.m. PSD recognition.)

“Heroic Environment”—Susan Makey, of Heroic Environment, leads this workshop. Participants learn the eight principles of Heroic Environment and identify the five steps that lead to the development of Heroic Behavior. (Tuesday, April 23, 2:00-3:00 p.m., PSD recognition)

“Insights”—Doyle E. Winter, EdD, Deputy Superintendent, Office of the Superintendent of Public Instruction for the State of Washington has had a broad range of educational responsibilities. Dr. Winter has been a key person in the establishment of the teen health forum coalition. Join us to hear this dynamic educator discuss current issues. (Wednesday, April 24, 10:30-11:00 a.m., Q&A session to follow, PSD recognition)

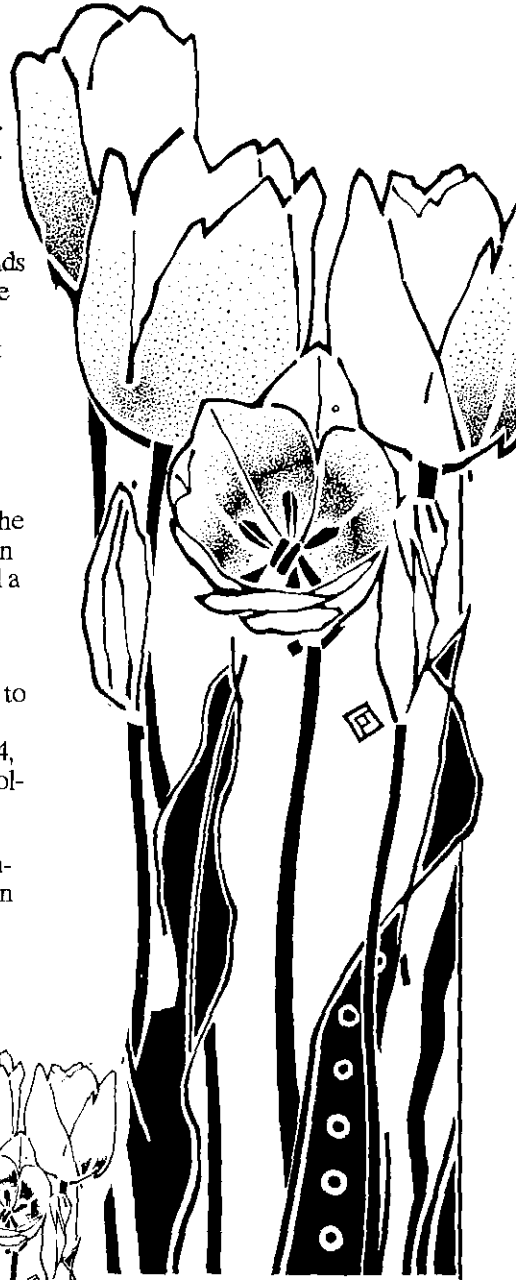
A full meeting schedule and registration will be printed in the convention issue of MedAux News.

REMINDER!!!

The “0”K Marathon is ending. If you have forgotten to participate, you can still be a part of the marathon by sending your check payable to PCMSA to:
Karen Dimant
3519 13th Ave Ct NW,
Gig Harbor WA 98335.
Show Your Stuff—There Are NO Losers. The whole community wins!

No Meeting in April

There will be no general meeting for PCMSA in April. Plan instead to join us for all or part of the WSMAA House of Delegates Convention April 22-24 at the Tacoma Sheraton Hotel.



Graduating Seniors

The Medical Society and Auxiliary would like to recognize our sons and daughters who are graduating this year. If you have a son or daughter graduating from high school, vocational school, college, graduate school, etc., please take a moment to fill this out and return it to: Eva Carleton, 972 Altadena Dr., Tacoma 98466

This information must be received by May 15, 1991

Student's Name: _____

School: _____

Home Address _____

Parent Name(s) _____

Degree or Diploma Received _____

Future Plans _____



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General Medical Care at its best. Full and part time position available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsou, M.D. 537-3724 or Bruce Kaler, M.D. 255-0056

FULL TIME FACULTY POSITION at University of Washington-affiliated Family Practice Residency program in south Seattle area. Board certification and OB experience preferred. New opening created by program expansion. Interested in joining us? Please send letter and CV to Drew Oliveira, M.D., Program Director, Valley

Family Care, 3915 Talbot Rd S, Suite #401, Renton, WA 98055

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Motivating Your Staff

Third in the series of PCMS workshops to help you build *your* team

**Team Building:
Your Office Mandate for the 90's**

Friday, May 3

For more informatin on the Team Building Series, call the Society office, 572-3709



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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOLUME 6, NUMBER 2

MAY 1991

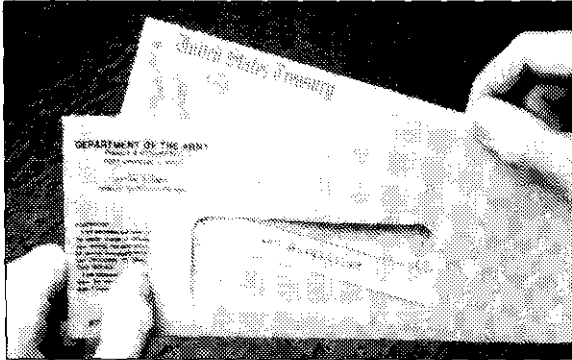


Susanne Duffy

WSMAA President 1991-92

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BULLETIN



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Medicine of the Future

What will the practice of medicine in the State of Washington be like in the year 2000, or even the year 1993? Will reimbursement for services be through private insurance, through the state, through a single-payor system or a combination of these? What does the future hold for medicine? These are a few of the questions that are asked (or should be) by Pierce County physicians. The underlying question, however, is how will the payment for medical care affect the patients' ability to obtain that care?

It seems everyone – politicians, business leaders, and organized medicine – agree the cost of health care is too high. The cost in tax dollars and in payroll expenses is currently rising faster than inflation. The consensus of the leadership of these organizations is to limit or predetermine the amount of money spent on health care. This limit would be established by the economy and government mandate with physicians being held accountable. The amount of money spent on health care would remain constant or at best rise at a "manageable" level yearly. The consequences are simple for the politicians and purchasers of health care; fixed costs and a defined expenditure. The "cost" for patients is related to how the system is structured.

The system of health care delivery I favor would have several of the following factors present. This is by no means the ultimate list.

Everyone would have a family physician. Yes, I agree that everyone should have a primary care physician, but since I'm a Family Practice specialist, I put that as the goal. A physician who knows the patient, the patient's family and support structure could best direct all health care for that individual. In Washington State

only 17% of physicians provide primary care. It would be necessary to educate and train a large number of physicians to fulfill this objective.

We would have a system of rationed care implemented in a rational way. A system to ration care established by public policy with input from all sectors of society. It could be similar to the Oregon experiment, but done with Washington flair. Rationing policy should be established by the people, through their representatives, without regard to special interests but with global societal interests.

Tort reform is a necessary element for any rationed system of health care delivery. Defensive medicine costs money to accomplish and is usually nonproductive. The concept that every possible diagnosis must be either ruled in or out before therapy can be undertaken must cease. We must be allowed to use our best clinical judgement and not rely on inappropriate, expensive technology when making diagnoses and planning treatments for our patients. Our fear of lawyers and the courts must be eased for cost containment to be effective in any responsible health care system.

We need less paperwork and restrictions on our practices. There should be uniform regulations and coding established by all payors. All physicians should have access to electronic billing and maybe, even specialty-specific patient encounter forms or "super bills." Our overhead costs must be accounted for in any reformed system.

There should be universal access to health care for all people in the state. Insurance should be available for all people. Under the current system there is access for all, but for some patients only through

the most costly route, the emergency room. If there were enough primary care physicians, access would not be a problem.

There needs to be a system of fair compensation for services. That means a resource-based Relative Value System be established and fully funded.

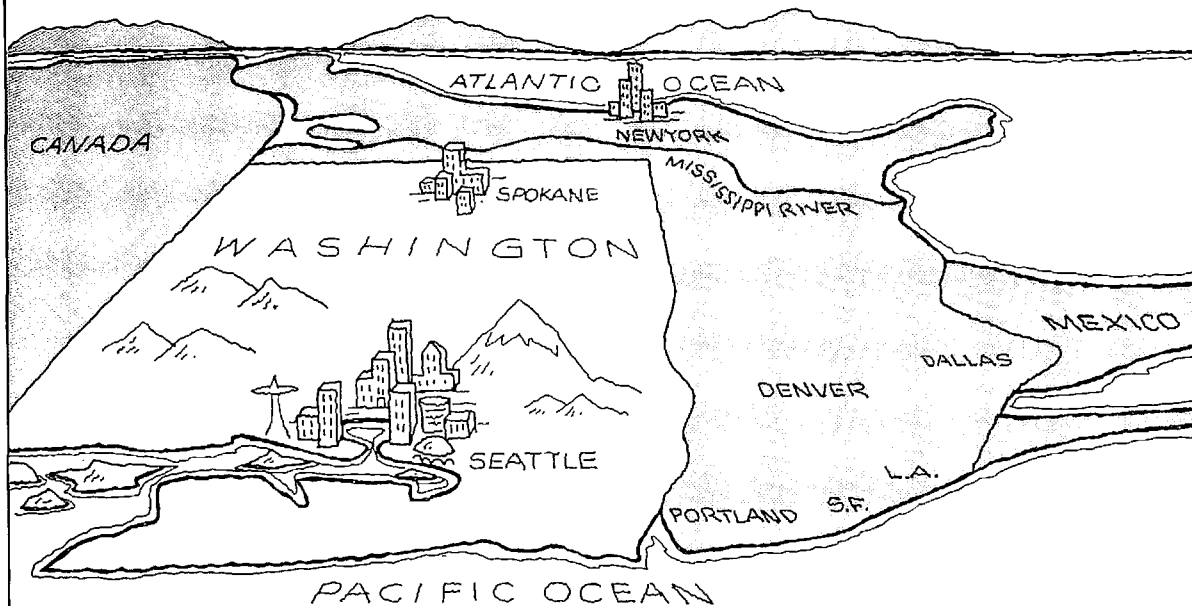
Any system should have patient involvement and responsibility. Co-pays, deductibles and similar strategies are necessary to help decrease the use of the system. Patient responsibility for their own health care and their life styles is necessary. The system must be able to reward healthy lifestyles and change unhealthy ones (seat belts, smoking, vaccinations, alcohol, drugs. . .)

There should be an emphasis on cost effective preventive services. Compensation for these services should be at a maximum. Scientifically proven preventive measures should be encouraged, promoted and funded.

Some of these elements can be accomplished in a short time, but some will take many years. Society will have to face up to the task of establishing a rationed care system and all the artificial rules and barriers it will bring into their lives. The costs of such a system – queues, managed care, practice parameters – might seem larger than the current costs of our health care system. Curious questions can be asked. Will people be willing and eager to wait for services? Who will wait, who won't wait?

Stay tuned to your local Medical Society to find out the answers to these and many more questions. I encourage **each one of you** to become an active participant in this process of change or you will become a victim of it. . . **WGMS**

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Past President of PCMSA New Washington Medical Auxiliary President

During the 20-plus years she's been involved in Medical Auxiliary activities, Susie Duffy has juggled the roles of wife and mother, community activist, and church volunteer. She and her husband Pat, a Sumner physician, have been partners for 24 years, raising a family of nine (count 'em, nine!) children.

"By far my most meaningful - and fulfilling - accomplishments to date have centered on our family," says Susie. "Pat and I are proud to have nurtured nine children, each of whom has had the ability, the willingness, and the desire to attend college - and to use that education in a kaleidoscope of careers."

Joan, the eldest, is associate dean at the University of Puget Sound School of Law; Kathi, a senior marketing representative for Apple Computer; Patrick, Jr., a partner in the Tacoma law firm of Messina-Duffy; Kevin, a director with the Alaska Department of Fish and Game; Brian, a Seattle financial consultant with Edward D. Jones; Steve, an industrial lighting sales representative for GTE-Sylvania in northern California; and Jill, a store manager at the Bon Marche in Moscow, Idaho. Another son, Jon, died in a car accident eight years ago. And Mary, the youngest child, is a junior in Communications at Washington State University.

"My increased involvement in Medical Auxiliary activities coincided precisely with the first year that Mary went off to the university," Susie notes. "The year 1987 was a critical time for me, because I was confronted with some important decisions about what I wanted to do with the rest of my life."

One of Susie's decisions was to

secure employment at Nordstrom as a personal shopper, a position she still holds. Another was to take on additional responsibilities for the Washington State Medical Auxiliary. Since then, she has been chair of the Nominating Committee and served a two-year stint as state chair of the AMA-Educational Research Foundation.

"AMA-ERF is still my 'first love' as far as Auxiliary activities go," insists Susie. "I was particularly pleased when, in 1989-90, our committee was able to raise for the Foundation the most funds in our history - and thrilled that Pierce County, for which I was proud to serve as Auxiliary President in 1986-87, was responsible for the greatest single contribution."

Susie calls 1990-91, her year as state President-elect, the most educational and "totally consuming" time of her life. She points to frequent meetings with Auxiliary groups throughout Washington, a weekly schedule of sessions with statewide committees, and occasional travel to national conferences as reasons her calendar has never been so laden with "outside commitments."

"I've even found it necessary to establish an 'in-home' office, complete with desk, computer, and wall of filing cabinets," she quips.

The 1991-92 State President is no stranger to community involvement, albeit at a less intense level. She has been President of the



W.B. Mitchell Orthopedic Guild, a religious education teacher, and a parish council member at Sumner's St. Andrews Catholic Church. In her spare time, which isn't much these days, she enjoys skiing, tennis, and golf.

Susie is a 1959 graduate of Seattle's Evergreen High School, where she was a cheerleader and senior ball queen; a former student at Central Washington State University majoring in psychology and elementary education; and a past flight attendant for Northwest Orient Airlines.

About her involvement in the Washington State Medical Auxiliary, Susie says simply: "I feel wanted and needed, in a different way than by my family, to be sure. But wanted and needed, nevertheless."

The former Pierce County Medical Auxiliary President takes office as State Medical Auxiliary President on April 23, 1991. \$

Providers Uniquely Qualified to Promote Helmet Safety

Information gathered by the Washington Children's Bicycle Helmet Coalition indicates that medical care providers have a significant influence over a patient's decision to purchase a bicycle helmet. The coalition, which is marking its fourth year of promoting child helmet usage, has targeted medical care providers as the group that can single-handedly realize an increased helmet usage rate with their participation in the coalition's bicycle helmet campaign.

The coalition isolated medical care providers for their frequent exposure to children and their unique ability to serve as role models for their patients. Many providers who currently participate in the campaign have found office visits to be an ideal moment to instruct patients that serious bicycle-related head injuries can occur quite easily and even be prevented if a bicycle helmet is worn. Those who have joined the coalition's efforts, however, represent a small number of providers that encourage helmet use — one of the few proven methods of injury prevention today. The coalition is asking that providers instruct adults, as well as children, of the importance of wearing a helmet. A 1990 evaluation

revealed that 98.6 percent of children were wearing helmets if riding with an adult who wore one!

Actually participating in the program is quite simple since the campaign furnishes medical offices with all promotional materials. Posters and activity flyers that depict the benefits of wearing a bicycle helmet are available. These, coupled with discount coupons that offer an almost 50 percent reduction in the cost of each helmet, illustrate to parents how inexpensive and easy it is to prevent head injuries from happening to their child.

The 1991 summer campaign runs from April 15 through August 31. To become involved in the program, contact the Washington State Medical Association at (206) 441-9762 and request the number of posters, discount coupons and flyers needed. The materials are shipped to medical offices at no charge, and included with each order is a brochure describing the various methods a medical care provider can employ to promote helmets to parents and children. Contact the WSMA today!§

Enhanced Reimbursement for HIV Care

The Tacoma-Pierce County Health Department is coordinating the HIV Intervention Program (HIP), a new state-funded program that pays for medical monitoring and lab tests for HIV+ individuals. In addition to T4 cell counts and office visits, HIP will also pay for certain lab work associated with antiviral therapy including TB tests, chest x-rays, and CBC's. HIP reimburses at 155% of the medicaid rate. To participate in HIP, a physician needs to sign a Professional Services Agreement. Joan Keltgen-Lo, R.N., will be contacting physicians about the HIV Intervention Program and will make information available on the primary care of HIV infected individuals. Contact Joan Keltgen-Lo, R.N. at (206) 591-6548 for more information. §

Call for Resolutions

The 101st Annual Meeting of the Washington State Medical Association will be held in Bellevue September 19-22. Now is the time to be considering possibilities for resolutions to be introduced to the House of Delegates.

Last year, issues of concern included HIV infection reporting, professional liability, gun control, PRO/W, immunizations, and many others. In 1990, fifty-four resolutions were introduced on the floor of the House of Delegates. This is an opportunity to have WSMA, and organized medicine, take action on issues of concern to you.

If you would like assistance in drafting a resolution, please call the Medical Society office, 572-3667§.

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Allergist/Immunologist
Allergy Associates of Tacoma

Friday, May 3

7:00 to 7:45 am

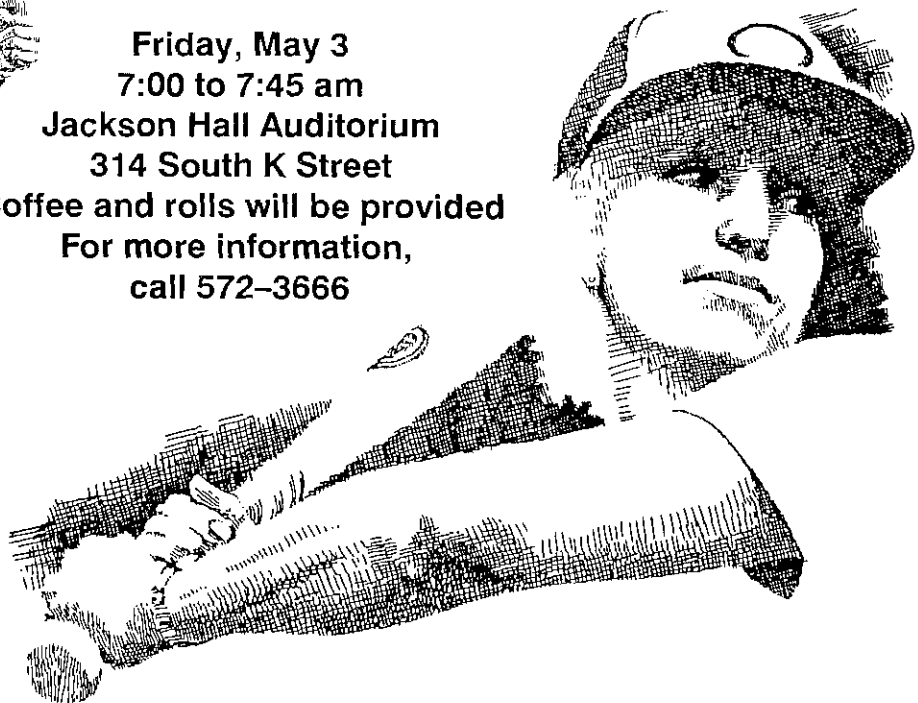
Jackson Hall Auditorium

314 South K Street

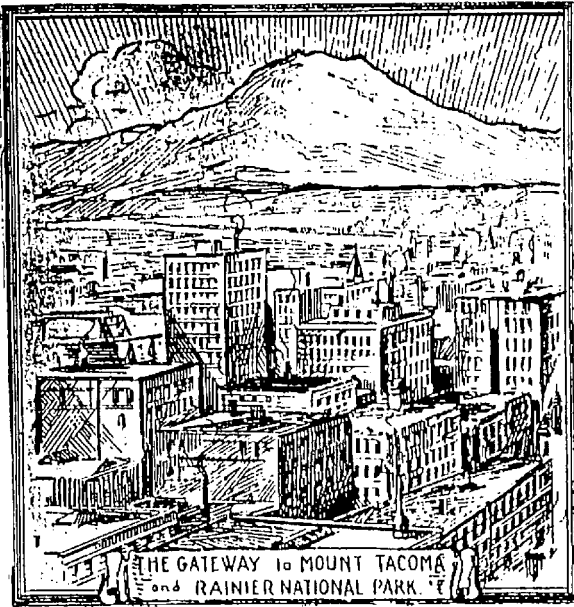
Coffee and rolls will be provided

For more information,

call 572-3666



Sponsored by the Pierce County Medical Society Sports Medicine Committee
223 Tacoma Avenue South, Tacoma, WA 98402 • (206) 572-3666



Guides to the Evaluation of Permanent Impairment Available

The Guides to the Evaluation of Permanent Impairment Third Edition is available for sale. The cost is \$36 for AMA members, and \$45 for non-members.

Since its first publication in 1971, this book has become the definitive text on evaluating impairments. The revision is improved in several ways over the edition published in 1988. The section on impairments of the arm and hand is more accurate and understandable, and new material on finger and hand sensitivity is included. References are provided. Use of the inclinometer in evaluating the spine is explained, and distributors are listed. New material appears on the repetitive motion syndrome, and slight changes were made concerning back and knee impairments. The text is easier to use. About a dozen knowledgeable physicians along with AMA staff prepared the text.

To order The Guides to the Evaluations of Permanent Impairment Third Edition (Revised) with your Visa, MasterCard, or American Express call the toll free number: 1-800-621-8335. The order number is OP-25490 or, you may order the book by mailing your request with remittance to: AMA, Order Department, Post Office Box 2964, Milwaukee Wisconsin, 53201, Attention: Order Processing.\$

Mayor Vialle to Address Membership

Mayor Karen Vialle, the first woman mayor of Tacoma, will address the Society's General Membership Meeting on May 14. She will comment on the future of Tacoma, what is happening regarding the University of Washington

branch campus, the Port and waterfront, drugs, crime, etc.

Plan on attending the meeting at Fircrest Golf Club May 14 and give the Mayor of Tacoma a warm welcome.\$

1991 DIRECTORY CHANGES

Please note the following changes for the 1991 Directory and make the appropriate corrections. Thank You.

Address Changes For:

- Archer, Bryan: Delete: B7010 Allenmore Medical Center
Add: 3611 So. D St. # 16, Tacoma, WA 98408
- Larson, Lawrence: Delete: 1811 So. K Street
Add: 316 So. K St. #212, Tacoma, WA 98405
- Tanbara, George: Delete: 1811 So. K
Add: 316 So. K St. #212, Tacoma, WA 98405
- Woodruff, Maryann: Delete: 1811 So. K
Add: 316 So. K St. #212, Tacoma, WA 98405
- Gustafson, Julie: Delete: 1609 Meridian S
Add: 10114 Meridian S., Puy 98373 848-0368

Specialty Listing Additions:

- Dawson, Rachel to Family Practice
- Dean, William to Surgery-Urological



For your insulin-mixing
or NPH-using patients

Humulin 70/30 makes life easier

Rapid onset and sustained
duration insulin activity
in a single vial

- May offer enhanced control through a more physiologic activity profile
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- Easy to use—for patients who find mixing difficult



Specify
Humulin 70/30
70% human insulin
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30% human insulin injection
(recombinant DNA origin)

Humulin has just the right mix

Any change of insulin should be made cautiously and only under medical supervision.

Changes in refinement, purity, strength, brand (manufacturer), type (regular, NPH, Lente[®], etc), species (beef, pork, beef-pork, human), and/or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage.

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BEWARE, BEWARE, BEWARE

Washington Industrial Safety and Health Agency (WISHA) Directive WRD88-2B has created a furor in the Washington State medical community.

It has been reported that one Washington physician was fined \$10,000 for violation of the directive for improper disposal of waste (sharps) and not providing free immunizations for Hepatitis B to his employees. The WSMA Executive Committee is reviewing the issue and may seek injunctive relief through the courts from this regulation until it is adopted through the rules making process. This directive concerns procedures and guidelines to be followed when conducting inspections and issuing citations to occupational groups where substantial risk of directly contacting body fluids is present. Each facility is required to have an IC policy.

Hepatitis B Vaccination - The facilities IC policy regarding Hepatitis B vaccinations shall address all circumstances warranting such vaccinations and shall identify all employees whose jobs involve participation in tasks or activities with exposure to blood or other body fluids to which universal precautions apply. All such employees in the following occupational groups shall be offered Hepatitis B vaccinations free of charge in amounts and at times prescribed by standard medical practice.

Health Care Employees - Employers of other occupational groups may be required to offer employees Hepatitis B vaccinations free of charge if evidence demonstrates that the employees are at significantly greater risk of HBV infection than the general population.

Waste Disposal - Any receptacle used for putrescible solid or liquid waste or refuse shall be so constructed that it does not leak and may be thoroughly cleaned and maintained in a sanitary condition. Such a receptacle shall be equipped with a solid, tight-fitting cover, unless it can be maintained in a sanitary condition without a cover. This requirement does not prohibit the use of receptacles which are designed to permit the maintenance of a sanitary condition without regard to the aforementioned requirements.

All sweeping, solid or liquid waste, refuse, and garbage shall be removed in such a manner as to avoid creating a menace to health and as often as appropriate to maintain the place of employment in a sanitary condition.

Containers for disposal

- After they are used, disposable syringes and needles, scalpel blades, and other sharp items shall be placed in puncture and breakage resistant containers for disposal.

- Such containers shall be easily accessible to personnel needing them and located in all areas where needles are commonly used, including emergency rooms, intensive care units, and surgical suites, and shall be so constructed that they will not spill their contents if knocked over and will not allow injuries when handled.

- These containers shall also be located on patient floors and any other setting where blood is drawn and needles are used.

WISHA will use a random selection method to identify the health care facilities to be programmed for inspection within Washington state.

Inspections, programmed or unprogrammed, conducted at health care facilities or at other establishments (such as manufacturing plants) which supports an on-site health care unit shall be directed to all areas involving the hazard of direct exposure to body fluids potentially contaminated with HBV or HIV.

WSMA is asking L&I to delay implementation for six months until Washington physicians can be informed of the directive.

The above is just a summary of WRD88-2B. If you would like a copy of the complete directive, please call the Medical Society office at 572-3667. §

AMA Urges DataBank Limitations

Malpractice payments of less than \$30,000 should be omitted from a physician's National Practitioner Data Bank record, according to the AMA.

The AMA will also urge HHS to:

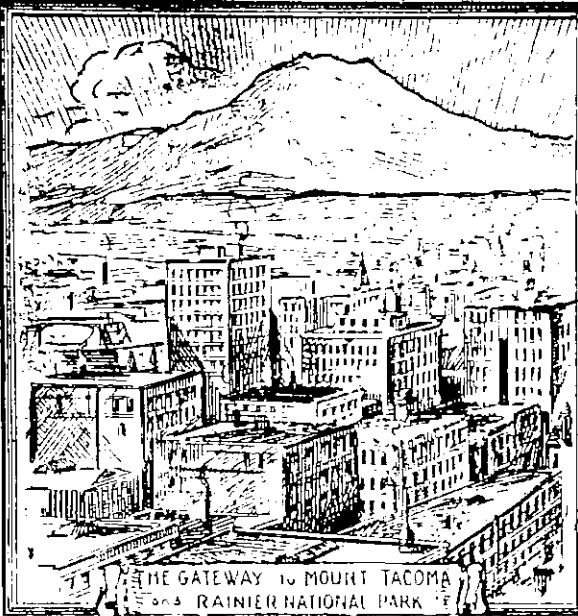
- exclude from physician records denial of hospital privileges due to board certification failure and lack of hospital-required liability insurance
- ensure that physicians are allowed to attach explanations to their disputed report

- inform physicians about requests for their records

- purge all physician data bank information, other than license revocation, every five years. §

JUNE, 1991

GREATER TACOMA



Pierce County Medical Society
presents

Mayor Karen Vialle

The Future of Tacoma

PCMS General Membership
Meeting - May 14, 1991
Spouses are Invited!

Place: Fircrest Golf Club
6520 Regents Blvd
Social Hour: 6:00 pm
Dinner: 6:45pm
Program: 7:00pm
\$17 per person

Yes! I (we) have reserved the evening of Tuesday, May 14 to join members of PCMS at the May General Membership Meeting & to hear Mayor Vialle speak on

The Future of Tacoma.

Please reserve ___ dinner(s) at \$17 per person (includes meal, tax & gratuities)
Enclosed is my check for \$ ___
Dr. _____

Please make check payable to PCMS and return no later than Friday, May 10



Help Tell Legislators About Health Care Reform

The Washington State Medical Association, in efforts to help legislators, have developed a table-top display. The display, housed by a free-standing capitol building with the caption "Tell Your Legislator How You Feel About Health Care Reform," has ready-made postcards individuals can check and drop in the box. The card explains that Governor Gardner has appointed a state commission to study the health care system in Washington state; the commission will make recommendations to the governor

and legislature; and that new laws will be passed concerning the way patients and their families receive health care services.

The completed card will be mailed by the caretaker of the display to WSMA, who will be responsible for them reaching Olympia.

If you would like to have a display in your office, please call the Medical Society office, 572-3667 and we will deliver one to you. Instructions are included.\$

Board Actions

Dr. Richard Hawkins, past president of PCMS, met with the Board of Trustees April 2 to discuss the activities of the Washington Health Care Commission and efforts to reform the state's health care system.

Dr. Hawkins is chairing WSMA's effort to get more physicians involved and participating in the proposals as the alternative is having a system imposed on the profession through the Initiative process. He asked that members discuss the issues and make their colleagues aware of the tremendous changes being advocated by various groups. He will be addressing several specialty societies in the near future.

The Board discussed **WISHA Directive 88-2B** that deals with occupational exposure to Hepatitis B Virus and HIV. (See page 11)

Initiative 119...The Board agreed that the Society not take a position on the "Death with Dignity" Initiative at this time. It was the consensus of the Board that this is an individual physician's decision.

Dr. Stuart Freed, Board member and Chair of the Sports Medicine Committee, reported that the Committee would continue to seek financial support from sources other than the general membership for the tent the Committee would like to have available at local sporting events.

Medical Library of Pierce County...The Medical Society contributes over \$47,000 annually to help support the Medical Library. In response to queries from members, the Executive Committee and Board of Trustees plan to review the Library/Society relationship and the future direction of the Library. Dr. Bill Dean, President of the Medical Library Board has been invited to meet with the PCMS Board in May. A poll of the membership is being considered to determine use by members and nonmembers and how many are doing literature searches at home or through their own specialty society.\$

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Pierce County Medical Society Retired Luncheon

Date: Friday May 10, 1991

Time: Lunch 12 pm, Program 12:45 pm

Place: Fircrest Golf Club 6520 Regents Blvd

Price: \$10.00 per person



A Trip



Through Peru

Including Machu Picchu

Featuring

Dumont S. Staatz, M.D.

Yes, I (we) have reserved May 10, 1991 to join the Retired Members & spouses of the Pierce County Medical Society for "A Trip Through Peru"

Please reserve lunch(es) for me at \$10.00 per person

(incl. tax & tip). Enclosed is my check for \$

Please return no later than Monday, May 6, 1991, or call the Society office at 572-3666 to confirm your attendance.

A Piece of My Mind

Healing Arts

The ritual that gets me through the day starts with a jolt from REM sleep. First sound of the day: static from the clock radio. First thought: another day of this dehumanizing internship. First sight: a whitewashed, empty face in the mirror. This is me.

My mind has abandoned its search for meaning in my work on the medical wards. The Fraternity that is Medicine, like all the others, requires that members must survive rituals of pain before they can enter the fold. But the human organism knows that repeated trauma causes the skin to lose sensation; the protection is respite, which is not my privilege this morning. I cannot recall exactly when I gave up the search and wonder if numbness has begun to shape my thoughts.

Still, internship is only a year, almost half over; residency will be an improvement. By then I might enjoy leading everyone on work rounds: an endless exercise in which mobs of house staff and medical students converge at 6 a.m. on the sleepy and infirm. "How was your night, sir?" "Have you passed any gas yet?" From such data, key medication changes will be made. Our medical successes often seem excesses. Witness the diabetic smoker who survived several heart attacks in order to experience the piecemeal amputation of limbs starved by the original disease. Or cut to the steelworker with emphysema, found unconscious by neighbors and whose

sole misfortune was his neglect to carry a living will in his back pocket. He remains unaware of his surroundings, his voice kept silent by the endotracheal tube that has become an appendage, weeks after his arrival. The art of healing lies buried under a morass of cure.

5:15 Just enough time to splash water onto my sleep-encrusted eyes and shuffle through a lifeless wardrobe. My ritual of self-healing begins again this morning with 20 slices of Wonder Bread, two rows across, each slopped with a spoonful of peanut butter and jelly. Out the door at 5:45 with no time to waste. In the harsh cold, I think of a woman, an old black homeless unknown with arachnoid fingers and a face wrinkled against the wind like an ancient tribal chief's. Her image stays before me as I move along, by the five or so unkempt panhandlers strewn among their niches along the few blocks to the hospital.

The PBJs reach their destinations quietly, as I tuck them into the sour wraps of these sleepy vagrants, who will remain unconscious until the first sunlight stings their swollen eyelids. Manageable by even the shakiest hands, with a

simplicity of design only a mother could invent, the sandwiches qualify as the perfect food. These pasty creations are high-octane fuel: sugar for the heavy drinkers who will wake up hung over and hypoglycemic; protein, sorely needed by all; and vitamins (Wonder Bread is the only brand that tastes like a multivitamin), partly thiamine and folate, for the delirious who mingle about, talking trash to curbside Buicks, in neurologic fits from deficiencies. One can only guess how people end up as litter on the sidewalk. In the dark and cold I succumb to familiar sensations of fatigue and inadequacy, if only for a moment, as I wonder how these elders become my charges. Was it something my parents taught me as a child, or is this some form of compensation for the impotence that stifles the motions of my hours and days as an intern in this system?

On this sidewalk, however, I command the service; as usual, I have extra sandwiches for the woman with the spidery hands, who is usually the last one I en-

See "Healing Arts," page 20 . . .

Physician Healer & Servant

Not infrequently — perhaps at some quiet moment in the examining room — I still feel the awesome privilege of the healer. We are trusted with the darkest secrets, offered the deepest pain and the richest joy, allowed to share in the times of greatest mystery. We are given the opportunity to offer the gift of healing to another, and there could be no greater glory. Albert Schweitzer said somewhere that “the only ones among you who will be really happy are those who have sought and found how to serve.” I welcome you into a profession which gives you that occasion as perhaps no other does.

But all is not well in our profession. A Gallup survey commissioned by the American Medical Association last year found that almost 40 percent of the doctors interviewed said that they would not enter medical school if they had a career choice to make again. Doctors complain that medicine is being overwhelmed by government and third-party interference; patients complain that doctors are too specialized, do not spend enough time with them, and are interested only in money; doctors mourn the loss of trust between patient and physician as symbolized in a malpractice mess that has already damaged medicine irrevocably.

You who are graduating today may remember that you came to medicine because you wanted to help people, to be of service. Yet we practicing physicians too frequently find ourselves enmeshed in work that does not seem so rewarding as we thought, involved in a profession in which power, prestige, and money seem often to be the dominant concerns. We find ourselves alienated from our patients and peers. Too often we sense that the ideals with which we came to medicine were lost somewhere along the way, and we are not quite sure how to get them back.

We are not alone. This is a time in our history when a certain cynicism infects not only medicine but the wider society as well. As affluent Americans, for instance, our standard of living depends on consuming more than the earth can afford to lose; our standard of living literally depends on strangling our environment, yet we seem unwilling even to recognize our complicity

I feel extraordinarily privileged to celebrate with you today. I stood here 16 years ago to receive my own degree and can yet remember the honor of matriculating into the profession of medicine.

much less to take the hard steps to do something about it. Such blindness breeds cynicism.

Economically we have just finished a decade of extraordinary selfishness. It is doubtful that our economy will be able to sustain the aftermath of a national debt out of control, the shenanigans on Wall Street and in the Savings and Loans, and the increasing dominance of foreign investment, yet our collective insanity in refusing to invest in our future through taxes makes resolution of the crisis a pipedream. Such neglect breeds cynicism.

But perhaps the greatest source of our cultural cynicism and self-doubt results from our surrender to economic injustice - from the oppression of the poor.

Seven years ago I moved from a rural family practice in Grand Marais, Minnesota, to the inner city of Washington, D.C. I have been deeply affected by what I have seen there. In Washington I work at Community of Hope, a small clinic for indigent patients, and at Christ House, a 34-bed medical recovery shelter for homeless men who are too ill to be on the streets yet not ill enough to be in the hospital.

Several weeks ago we welcomed 24-year-old Herman Young into Christ House. Herman had recently been discharged from Washington's public hospital to the large city shelter downtown after a diagnosis of AIDS. . . well, not exactly AIDS. Although his immune system was severely compromised, he didn't meet the case definition of AIDS because he had not yet had the required opportunistic infections. Nevertheless, he had painful boils over his trunk and face, and even a few hours of normal activity exhausted him. But because he did not meet the case definition for AIDS, he was not eligible for Social Security disability, and because he did not have Social Security disability, he was not eligible for Medicaid. The hospital, therefore, could not afford to keep him.

Now, it might be reasonable and humane to send a constantly exhausted man with boils and an immune system incapable of fighting infection home to a clean bun-

galow in the suburbs, attended by family; it is not humane to send him to a shelter of 1,400 homeless people, living eight and ten to a room, where tuberculosis and other infectious diseases are common.

Like any doctor I see a lot of tragedy, but there is something especially awful about people who have been abandoned. There has always been poverty in this country, of course, but until very recently we considered its eradication fundamental to the survival of our democracy. That has changed. As a society we no longer believe that we can afford to lift people out of poverty; we've given up hope of providing them access to adequate housing, medical care, or even livelihood.

Today — in part because of the seeming hopelessness of the situation, in part because the tragedy of the poor has become an acceptable price for the affluence of the rest of us — we have decided that certain people will simply have to fend for themselves.

At our clinic we see children from very poor families. Michael is a five-year-old with severe asthma. His mother, Mary, is a bright young woman, addicted to cocaine. Mary and Michael live doubled up with an aunt who — because she is already taking care of her own grand-daughter — is unwilling to assume responsibility for Michael. But Mary frequently and without warning disappears from home for days at a time, abandoning Michael to this aunt who will not get involved with medication.

Not only does Michael get his medicines erratically, but Mary will not even be honest with me about what he has and hasn't received; perhaps she doesn't really know. So when Michael comes in, as he frequently does, wheezing and short of breath, there is simply no way to know whether he needs a change in dosage or simply needs to take what has already been prescribed. Mary is a neglectful mother and Michael needs protective care, but in the District we have found protective services for children unavailable unless the signs of abuse are extreme. Despite

our appeals, Mary is allowed to neglect her son, and a generational cycle of vicious poverty and brokenness continues.

When I first came to Washington I tended to blame individuals for these tragedies — the hospital doctors who discharged homeless patients before they were ready, the protective service workers who refused to get involved, the drug-addicted mothers. But each of them has also fallen victim to a society which refuses to allocate resources to take care of those who cannot make it in our competitive culture.

The doctors at the public hospital are overwhelmed with sick patients and must discharge a man sick with HIV infections and boils if they are to make room for the next man with AIDS and severe pneumonia. The social worker from whom we tried to get protection for Michael already had a case load of 80 other children, some of them severely physically abused, and she simply did not have the resources to help Michael. And Mary. . . she grew up abused and broken herself, unable to be a mother.

Half of all black children in our county live in homes below the poverty line. There is no affordable housing for poor people. Families with small children constitute almost half the homeless population in Washington. No one is even proposing a plan that might make it possible for these families to climb out of their desperate situations. And the environment in which these children live — the poor schools, the drug-ridden neighborhoods, the lack of hope — is creating a generation of young people who will be unemployable when they become adults.

The reality of the inner city is that we as a society are choosing to let people go, to allow them to sink or swim on their own. By and large, they are sinking.

It may seem inappropriate to you that I bring the pain of the culture into this time of celebration. But medicine is a mystery, and it heals not only the patient but also the practitioner. We physicians have been given the gifts of healing the wider social fabric as well. But the prerequisite for healing is

Continued on page 18 . . .

"Healer" from page 17 . . .

But the prerequisite for healing is a proper diagnosis. And the fundamental cultural illness today is an extraordinary injustice which both crushes the poor and creates a profound cynicism among the rest of us. There is a direct connection between the pain of the poor and the malaise of the affluent; only through their healing will we find our own.

Over the past several years I have been privileged to work with a number of homeless men with AIDS. I have been deeply touched by the transformation I have seen occur in some of these men as they have struggled with their disease. Henry, for instance, was a severe alcoholic, subsisting on the streets for many years. In December we discovered he had AIDS, and he came to Christ House — cachectic, withdrawn, and depressed. Once sober he had to face the deep pain in his life: his diagnosis, the wasted years, the uncertain future.

But among the poor there is frequently a resilience — a willingness to accept the pain, an ability to embrace the darkness — that is awe inspiring. Henry stopped drinking, attended Alcoholics Anonymous, and began to face his illness. We first noticed the change in Henry when he started caring for an older roommate, terminally ill from cancer. He would sit there for hours, holding the dying man's hand, just being with him. Perhaps he would go out and bring back a cup of ice cream as a gift.

Soon Henry was visiting other men from Christ House who had been admitted to area hospitals, providing a presence to those who — like himself — were dying. He once told me that "in a way" AIDS was the best thing that had happened to him since it had allowed him to confront the wasted years and to begin again. There is a quiet radiance about him which gives to others his newfound peace and joy.

Henry has much to teach us. He can teach us that the darkness

in our own souls and in our society must be confronted and that we must become servants to our brothers and sisters. There is an extraordinary illusion current today that we can find happiness and fulfillment in the pursuit of money, power, and prestige. Can we begin to look at the possibility that it is precisely our wealth, precisely our positions of power and prestige, that isolate us?

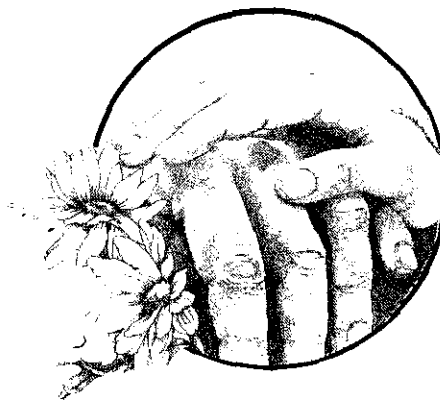
Perhaps we are dissatisfied with our work because we have forgotten how to be servants. Is it possible that our excessive incomes, our difficulty in receiving the poor into our practices, our participation in a system which oppresses the poor is part of the source of our deeper suffering? Can we examine the possibility that we become fully human by embracing the pain of the wounded and becoming servants to one another?

You graduates begin residency training in one month. It will be an overwhelming experience. You will know much pain — both your patients' and your own. It will be difficult to remember that the real joy of medicine comes from taking on the pain, not protecting ourselves from it. This profession which you enter today offers you the remarkable role of healer and servant. Your patients will come to you in extraordinary vulnerability; your community has given you the privilege of a medical education. As Schweitzer said, your task is to seek and find how to serve. It is precisely the servant nature of our profession which will be deeply healing for you, its future practitioners. §

*By David Hilfiker, M.D.
From the 1990 Medical School
commencement ceremony in Washington,
D.C. Reprinted from the Minnesota
Medical Alumni Bulletin*

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Literacy Involvement

Are you a physician involved in or interested in literacy? Do you realize some of your patients may not understand you? We're looking not just for tutors, but for physicians willing to present a paper at a medical meeting to be recorded and used nationally for CME credit in an audio cassette program. For information, call Kris White. (851-5552).\$

HIV Early Care Physician Guidelines Available

Providing HIV early care to all individuals infected with HIV will require the participation of most primary care physicians. There is a general consensus that early care can and should be managed in primary care practice. The AMA has prepared a report that seeks to prepare physicians to provide this care by providing guidelines and by referring interested practitioners to additional sources of information. The report covers the following:

- Taking the history
- Physical examination - current signs, symptoms, and complaints
- Initial/baseline diagnostic testing
- Diagnostic evaluation of medical status
- Immunologic prophylaxis
- On-going medical monitoring of HIV positive patients
- Treatment interventions in early care
- Many other guidelines in considerations of early care of AIDS patients

If you would like a copy of the report, please call the Medical Society at 572-3667.\$

ELECTRONIC MEDIA CLAIMS



Paperless Claims Submission - The way of the future.

Join the Crowd! Take Advantage of PCM's Free Offers!

Save time and paperwork. With our Electronic Claims Clearinghouse (ECC) service, you forward all your claims to us and we direct them to the appropriate health care agencies for payment. Join the following providers who are using or soon to be using this service:

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Barry S. Anton, Ph.D.	Robert W. Kunkle, M.D.	Tacoma Family Medicine
John H. Bargren, M.D.	Neville A. Lewis, M.D.	Tacoma Radiology
David D. Delawyer, Ph.D.	Kelvin K. Ma, M.D.	Steven M. Teeny, M.D.
Digestive Disease Consultants	Raymond McGroarty, M.D.	Fletcher B. Taylor, M.D.
Lawrence Green, M.D.	Matthew Newman, M.D.	Carl Wulfestieg, M.D.
Dale L. Hirz, M.D.	Jeffrey Patterson, M.D.	
J. Dale Howard, M.D.	Craig Rone, M.D.	

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Thomas Baker, M.D.	Carl Plonsky, M.D.	John Stewart, M.D.
Wouter Bosch, M.D.	R. Charles Ray, M.D.	Tacoma Orthopedic
David Brantley, M.D.	William Ritchie, M.D.	Robert Warrick, M.D.
Diagnostic Imaging	Arthur Ozolin, M.D.	Hsushi Yeh, M.D.
Richard Gray, M.D.	Gregory Popich, M.D.	
Thomas Griffith, M.D.	Frank Senecal, M.D.	

So, if you want to join the crowd to take advantage of these free offers, give us a call at 597-6516. Jeri Gilstrap, our EMC Professional Relations Representative, will give you all the details.



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Alan D. Tice M.D.
Peter K. Marsh M.D.
Philip C. Craven M.D.
David W. McEniry M.D.

"Healing Arts," from page 15

counter. Asleep she is rather lovingly, her thin arms shielding threadbare dreams from cold night air. I sense that she has nurtured many, and will need the extra energy to sustain herself. In sleep she is unaware that in receiving my offering, she nurtures yet another. If I had the nerve to wake her, I would tell her this, and much, much more.

Bending to tuck the sandwiches into her arms, I see no steam near her face, unlike the others in fitful sleep. And I can't satisfy myself that her chest rises and falls with life, as she is embalmed in layers of worn woolens. My heart begins to race, as she is pulseless, at both the wrist and neck. She is stiff and cold to the touch, but January spares none of us. Finally, I shake her; she does not awaken.

Stepping back, I see she looks more rested than the others. Her eyes are closed; she must have died in her sleep. The permanence of her night's sleep is almost enviable. I resist the reflex to breathe into her mouth. Was it for her sake or for mine that I thought of trying to resuscitate her lifeless body? And if she survived such efforts, would she ever be able to speak for herself? Looking at her here, it seems not.

But the questions linger, along with the handful of sticky sandwiches that will be my dinner, nourishing an image that refuses to fade in the brightly lit mecca of medicine ahead. Ambling toward the phone booth to notify the police of the body, I am simultaneously warmed and made numb by my decision, which motioned to me from a distant corner of logic. All this time that logic had been obscured by the harsh hint of those hospital lights. Finally, on a cold, dark sidewalk, I can feel the shape of its boundaries.

6:10: I will be late for morning rounds. \$

*Lisa M. Lanzarone, MD, Portland, Me
Reprinted from JAMA, April 91*



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to Dr. Jack Alger
Our apologies for leaving you off of the list last month . . .

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Robert Wilson, Family Practitioner, and Dumont Staatz, retired Orthopaedist, share conversation prior to the mock trial at the April 9 General Membership meeting.



Mock Trial Huge Success

The April 9 General Membership Meeting attracted nearly 80 members of the Society to observe attorneys taking a deposition and cross examining a treating physician.

Washington State Physicians Insurance Exchange (WSPIA) organized the meeting at the Executive Inn. Attorneys John Rosendahl and Bill Mays provided an interesting format for demonstrating a treating physician giving a deposition.

WSPIA representative Jerry DuPois stated that any time a physician feels he needs the guidance of an attorney during a deposition, WSPIA will provide an attorney at no fee.

The attorneys underscored that preparation for testimony at a deposition is vital. If you are not prepared, you may be trapped into giving an answer you may regret. Therefore, it is very important to familiarize yourself with all

your pertinent medical records and your treatment of the patient. You also need to understand what alternative treatment options were available to you at the time you treated the patient and to be prepared to explain the treatment you rendered.

You need to realize that a deposition is testimony taken under oath and recorded by a court reporter. This testimony is admissible at trial and can be used to discredit your trial testimony.

General guidelines for answering questions at a deposition were provided. A summary follows:

- Tell the truth and do not exaggerate
- If you make a mistake in your testimony, simply state you were mistaken and correct your statement
- Take time, go slowly, and think before you speak
- Answer only the specific question asked and nothing more
- Do not guess or speculate about an answer. Be willing to acknowledge the limits of your expertise
- Always avoid the use of adjectives, superlatives, and characterizations such as "I never" or "I always" or "In all candor"
- Do not use the word



Attorneys John Rosendahl and Bill Mays take questions on depositions and trial testimony at the April 9 meeting.



PCMS Vice President and Program Chairman David Law, Internist, compares notes with fellow Internist Jim Fry.



L-R Ron Spangler, ENT; Mahmood Sarram, OB-Gyn; and Martin Schaeferle, Plastic Surgeon enjoy some camaraderie at the Executive Inn.



Richard Hawkins (Past President-86) and James Wilson, Internist & Chairman of Committee on Aging, discuss Dr. Hawkins's role as the chairman of WSMA's Local District Coalition.

See "Trial" page 22 . . .

"Trial" from page 22 . . .

- Do not use the word "inadvertent", as in "I inadvertently nicked the artery." One of the several definitions of "inadvertent" is "reckless, careless, negligent"
- If you are being asked a question about a document, take the time to thoroughly examine the document before answering
- Do not let the questioner put words in your mouth
- Pay particular attention to the introductory clauses of questions such as, "would it be fair to say", as these clauses generally introduce leading questions or hypothetical questions.
- Do not accept the questioners summary of your testimony. Simply reply that you stand on your previous statements
- Never volunteer to supply documents or other evidence
- Do not argue with the questioner

If you would like a complete listing of the guidelines on providing a deposition, please call the Society office at 572-3667. §

Pierce County Medical to Host Vendor Fair

Pierce County Medical is hosting a vendor fair for Electronic Media Claims Thursday, May 9 at the Executive Inn in Fife. Vendors and speakers will present information on computer systems and EMC software between 11 am and 6 pm. For more information, contact Jeri Gilstrap at 597-6516. §

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PCMS Bike Club riders take lunch at "The Dock." L-R Judy Wagonfeld, Jim Wagonfeld, Jan Whaley, Dick Bowe, Doug Jackman, Jack Hill, and Sid Whaley. Photographer was Dave Wilhyde, tour leader.

PCMS Bike Club Active

Several members of the PCMS Bicycle Club thoroughly enjoyed a beautiful April day touring the sites of Tacoma. Joining tour leader Dr. Dave Wilhyde were Sid and Jan Whaley, Jim and Judy Wagonfeld, Jack and Judy Hill, and Dick Bowe. Point Defiance, the Tide Flats, downtown, and the waterfront were all enjoyed from the cyclists view. Several members of PCMS have registered to ride the ever-

popular Annual Seattle-to-Portland ride scheduled for June 29-30. If you are interested in joining other members, please call the Society office at 572-3667. The club's June ride will be the Peninsula Metric - a 62-mile ride around the Gig Harbor Peninsula. Watch for more information in your mailbox. If you aren't on the Bike Club mailing list and would like to be, call the Society office. §

CPT Assistant

The American Medical Association has recently launched a new newsletter, *CPT Assistant*.

CPT Assistant answers the most commonly asked questions about coding with authoritative, factual information. This newsletter will be increasingly used by the AMA and the Health Care Financing Administration to provide detailed information concerning key-coding modification that will accompany the new Medicare payment schedule, which is effective January 1, 1992.

As procedure and diagnosis coding continues to grow in importance to physicians, the *CPT Assistant*, which is available on a subscription basis, will serve as a valuable resource to you. For an AMA member, a one-year subscription is \$85 plus four issues, a non-AMA member fee is \$135 plus four issues. Those who subscribe prior to June 30 will receive a FREE three-ring binder to keep your issues of *CPT Assistant* handy for future reference. You can call the subscription department of AMA at 1-800-621-8335 and charge your MasterCard or VISA, 8:30 a.m. - 4:30 p.m. CST. §

Change in Age for Immunizing Children Against Measles

The recommended age for immunizing children against measles has returned to 15 months.

In 1990, the age for the first immunization was lowered to 12 months due to a county-wide measles outbreak among preschool-age children. Thirty one cases were reported in children under five, an attack rate of 68.8/100,000.

Thus far in 1991, no cases have been reported among preschool-age children. As a result, the stand-

ard fifteen month measles immunization schedule can be resumed.

This spring the State Board of Health is expected to pass a two dose measles immunization requirement for children entering sixth grade in the fall. Local school districts are currently informing parents of fifth graders of this change. You may be getting calls from these parents with requests for a second measles-containing vaccine for their child. Measles-

Mumps-Rubella (MMR) is recommended, but any measles containing vaccine is acceptable providing the child has been immunized at least once against mumps. Publicly-funded vaccine is available to implement this requirement.

Please contact Allene Mares, Manager, Communicable Disease Control Section at 596-2849 if you have any questions on either of these topics. §

Health Commission Notes

When Governor Gardner first appointed the Washington Health Care Commission, it was expected that most of their recommendations would come forth in December, 1992. Now they hope to have much of their work accomplished and recommendations going to the Governor on December 1, 1991.

The Commission was created by the 1990 legislature to: 1) identify methods of controlling health care costs, 2) recommend plans for insuring access to health services for all state residents, 3) identify "appropriate and effective" health services, and 4) recommend changes to medical malpractice and liability insurance.

Three members of the 17-person commission reside in Pierce County. Tom Hilyard, Executive Director, Pierce County Human Services Department.

Merriam E. Lathrop, who sits on the Executive Committee of the Washington Committee on Aging, both live in Sumner; and Cindy Zehnder, Lobbyist, Joint Council of Teamsters #28, resides in Gig Harbor. Dr. Richard Hawkins, who is chairing

WSMA's Pierce County Local District Coalition and several members of the Society have met with Mr. Hilyard, Ms. Lathrop, and Ms. Zehnder.

PCMS President **Bill Marsh**, President Elect **Eileen Toth**, **Charles Weatherby**, **Dick Bowe**, and **Gordon Klatt** have met with the Commissioners on an individual basis. The Commissioners feel quite certain that if nothing of substance comes out of the Health Care Commission's recommendations that certain groups in the state will begin the initiative process to reform the health care system as they wish to see it. All three Commissioners commented that it is critical that members of the medical community, particularly physicians, provide input to the Commission and to the members of the legislature who will make the final decision.

The Medical Society will be organizing meetings with all the Pierce County Legislators immediately following the adjournment of the current session. If you would like to participate, please call the Society office, 572-3667.\$

PCMS Team Building Programs 4 & 5

On June 7, 1991 Program #4 in the PCMS program series **Team Building** will present "Team Problem Solving: Nuts & Bolts." The afternoon program will include:

- New State and Federal Regulations - Help or Headache?
- Hiring, firing, policy manuals, terminations, job descriptions, employee counseling, etc.
- Risk Management/Legal Aspects: the business side of medicine
- Communication between back and front office team members
- Scheduling Snafus - will computerization help?

On June 28, 1991 Program #5 concludes this series with "Your Team Image: Marketing & Service" All programs in this series cost \$50.00 for PCMS members or their staff members and \$65.00 for non-members.

Where: St. Joseph Hospital, Conference Center South Pavillion, Rms 3A&B, June 7 and 28th - from 12:30 to 5:00 P.M.\$

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Lab Rules Workshop

On November 1, 1990, new rules affecting all state physician laboratories became state law. The College of Medical Education has organized a seminar to explain and interpret these rules and to assure each office is fully informed of the impact the new rules will have on the office laboratory function.

The course, slated for Thursday, June 6 from 1 to 5 pm was organized by Judy Thompson, MT, Laboratory Manager for the Summit View Clinic. The seminar will be held at St. Joseph Hospital's Rooms 3A & B of the South Pavilion.

The seminar is designed for the non-pathologist Laboratory Director, physician, or nurse practitioner and appropriate staff. The areas of concentration will be quality control, quality assurance, proficiency testing, cost effective approach to laboratory operations, record keeping, and the inspection process.

A program brochure with conference details and registration material will be mailed shortly. \$

ACLS Course Offers Certification, 16 Category I Credits

The semi-annual ACLS provider course offers both certification and 16 hours of Category I CME credit. The course is scheduled for June 24 and 25 at Jackson Hall.

Those interested in attending the course should contact the College of Medical Education, 627-7137.

Early registration is recommended as classes fill quickly. \$

Office Gynecology CME Designed for Primary Care Physicians

The College's "Office Gynecology Update" course has been designed to provide the primary care practitioner with the latest in women's health care. The program, organized by Tacoma physician John Lenihan, MD, is scheduled for Friday, May 31, at St. Joseph Hospital's Conference Center, South Pavilion.

The Category I course will feature both local and regional GYN experts on the following subjects:

- GYN Cancer Screening: What's New//What's Recommended
- Ectopic Pregnancy: Newest Methods of Diagnosis & Treatment
- Endometrial Ablation and Other Treatments for DUB
- Contraceptive Alternatives: What's New
- Vaginitis: Into the 21st Century
- Norplant
- Fibroids: Modern Management\$

Office Procedures Registration Open

Registration is open for the College of Medical Education's first Office Procedures Course. The hands-on CME program is scheduled for May 10 in Jackson Hall Auditorium and will feature the following topics:

- Skin ablative and biopsy techniques
- Laceration repair
- Joint aspiration and injection
- Needle biopsy; breast, thyroid, and nodes
- Norplant insertion
- Ingrown toenails/Paronychia

program will offer presentations by faculty made up of local physicians and specialists who are competent in the procedures. The faculty includes Don Gehle, MD; Martin Schaeferle, MD; Steve Fuson, DPM; Stuart Freed, MD; John Zelinski, MD; and Tom Norris, M.D.

For further information or registration materials, call C.O.M.E. at 627-7137.\$

The 6-credit Category I CME

C.O.M.E. 1990 - 91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1991		
Fri. May 10	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Fri. May 31	Office Gynecology	John Lenihan, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.

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A comprehensive, two-volume practice management manual covering practice growth, personnel issues, practice profitability and marketing questions in an easy-to-use format. We would be happy to make available to you sections of the manual that would be of greatest help to your practice.

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Through the St. Joseph Purchasing Department, physicians have the opportunity to purchase standard — as well as some specialized — equipment at reduced cost. Contact us at the number below for details.

◆ **Marketing Support and Consultation**

This service is for physicians seeking development of practice brochures, announcements of new associates or office locations, or more comprehensive marketing plans. In addition, our market research data also can help you make a more informed decision when you are looking at an office move or second office location.

Recruitment Assistance

◆ **Looking For A New Associate?**

We can help with the development of itineraries, familiarization with community resources such as schools and real estate contacts and much more.

**For more information, call Barbara Gottas,
Director of Medical Staff Development,
at 627-4101, ext. 5058**

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualification or other such requisites for membership shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

Timothy S. Schmidt, M.D.

Family Practice. Born 1/03/54 in Watseka, Illinois. Medical School, University of Southern California, 1980; Residency, Northridge Hospital, 1983; Board Certified Family Practice, 1990. Licensed in Washington 1991. Dr. Schmidt is practicing at 11019 Canyon Rd. E #A, Puyallup.

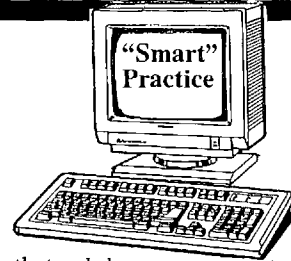
Fletcher B. Taylor, M.D.

Psychiatry. Born 11/07/55 in San Francisco. Medical School, University of Oklahoma, 1986; Internship, Case Western Reserve, 1987; Residency, Case Western Reserve, 1990. Licensed in Washington, 1990. Dr. Taylor is practicing at 5909 Orchard W, Tacoma.

Organizations Develop Parameters

Developing Practice Parameters can yield substantial benefits for physicians and patients by promoting the best utilization of health services, according to the AMA Office of Quality Assurance. Practice parameters, which are strategies for patient management, assist physicians in clinical decision-making. The AMA has called on its constituent societies to work together to establish practice parameters. The AMA/Specialty Society Practice Parameters Partnership and the Practice Parameters Forum, which include more than 65 physician organizations, have released guidelines for developing parameters. In addition, the AMA Office of Quality Assurance published a second edition of the Directory of Practice parameters. For further information, contact the Office of Quality Assurance, AMA Chicago HQ, (312) 464-5510. \$

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Graduating Seniors

The Medical Society and Auxiliary would like to recognize our sons and daughters who are graduating this year. If you have a son or daughter graduating from high school, vocational school, college, graduate school, etc., please take a moment to fill this out and return it to: Eva Carleton, 972 Altadena Dr., Tacoma 98466

This information must be received by May 15, 1991

Student's Name: _____

School: _____

Home Address _____

Parent Name(s) _____

Degree or Diploma Received _____

Future Plans _____





Aging Forum May 22

The PCMS Committee on Aging, chaired by James M. Wilson, M.D. has organized a public forum entitled "Senior Health Care Decisions: Preparing For Difficult End of Life Issues". The planning committee including David Law, M.D., and numerous representatives from senior groups and agencies planned and organized the afternoon program.

The program, offered free of charge, will be held on Wednesday, May 22 from 1:00 to 3:00 p.m. A variety of expert speakers are volunteering their time and expertise. Dr. Wilson will moderate the program with Stuart Farber, M.D., addressing the physician's perspective.

Specific case presentations and a panel discussion will highlight the program. Drinks and refreshments will be provided at the break.

The program will be held at the First Christian Church at the corner of 6th Avenue and Orchard Street in Tacoma. Plenty of parking is available and access from the church parking lot to the auditorium is not difficult. Advance registration is required and limited to the first 100 people. To register, call please call the Medical Society office, 572-3666 and leave your name with the receptionist.

Senior Health Care Decisions: Preparing for Difficult End of Life Issues

Wednesday, May 22nd

1:00 TO 3:00 PM

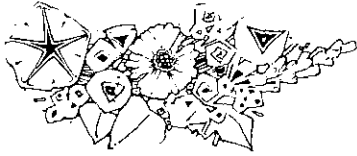
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1:00	Welcome	James M. Wilson, M.D. Internal Medicine
1:10	Care-Taker Issues	Barbara Barton, A.R.N.P. Geriatric Nurse Practitioner Orchard Park Health Care Center
1:20	The Legal Perspective	Patricia A. Smith, M.A., J.D. Attorney Specializing in Elder Law Master of Arts, Public Services/Gerontology
1:30	Medical Ethics	Father Tom Park O.S.B. Director of Pastoral Care & Ethics St. Joseph Hospital and Health Care Center
1:40	Support Services	Brian Giddens, A.C.S.W. Director, Social Work and Community Services Allenmore Hospital and Associated Home Health
1:50	Physician's Perspective	Stuart J. Farber, M.D. Family Practice
2:00	Break	
2:15	Panel Discussions /Case Presentations	

This program is offered at no cost as a service of the Pierce County Medical Society. The speakers are providing their time as a service to their community. Registration is Required by mailing the registration form to PCMS, 223 Tacoma Avenue South, Tacoma, WA 98402 or you may register by phone at 572-3666. Registration is limited to the first 100.

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3. Place of Birth	City	County	Name of Hospital
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5. Mother's Full Maiden Name	Last	First	Middle
6. Your Relationship	<input type="checkbox"/> If an adopted child, put X in this square		

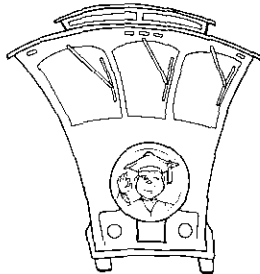
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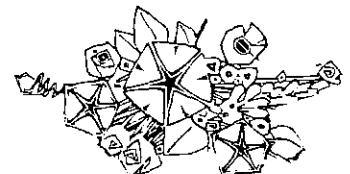
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Meeting Notice

The May luncheon will be held Friday, May 17, at Knutson's Farm, 11624 78th Street E., Sumner, Washington, 98370.

Noted author, lecturer and television personality Ed Hume will speak on northwest gardening. Join us for what promises to be a highlight of the year.

Make your reservation by calling Gloria Virak, 564-7503; Kim Nelson, 565-8117; or Colleen Vercio, 1-851-7459 by May 10.\$



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PHYSICIAN OPENING ANTICIPATED in May 1991 for primary care physician for 1000 resident adult male correctional facility. Duties include: medical directorship, direct patient care and supervision of physicians assistants, hospital work available but not required. Compensation includes: salary of \$5360 to \$6216 per month and benefit package (malpractice coverage, medical-dental insurance and retirement plan). Housing available on site (7 sq. mi. island in south Puget Sound) for minimal fee. For further information contact Ted Love, Health Care Manager, McNeil Island Correction Center (206) 588-5281 x 297

PSYCHIATRIST-P/T Contract psychiatrist, board eligible to work as a part of a geriatric mental health team providing services to nursing home residents. Consultation and education provided to the team and to nursing home staff. Six hours minimum - \$55/hr. South King County location (Approx. 20-30 mins from Seattle or Tacoma). CV to Pat Valdez, Valley Cities Mental Health Center, 2704 I St. N.E., Auburn, WA 98002. Ph. 854-0760

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FULL TIME FACULTY POSITION at University of Washington-affiliated Family Practice Residency program in south Seattle area. Board certification and OB experience preferred. New opening created by program expansion. Interested in joining us? Please send letter and CV to Drew Oliveira, M.D., Program Director, Valley Family Care, 3915 Talbot Rd S, Suite 401, Renton, WA 98055

WASHINGTON, PUGET SOUND Full or parttime position with expanding Physician owned group. Well established, practicing adult emergency medicine. High level of critical care, excellent medical staff. Great flexibility in scheduling to enjoy the Northwest, partnership potential, malpractice paid, ABEM certification or preparation required. CV to TECP, 955 Tacoma Ave. S., Suite 210, Tacoma, WA 98402 (206) 627-2303

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SUPERB OFFICE SPACE AVAILABLE in Lakes Medical Plaza, a new three story office complex adjacent to St. Clare Hospital in Lakewood. 1360 sq. ft. of well designed space. Utilities included in rent. Abundant Free off street parking. Call 584-1982 9-5, 565-1990 after 6 pm

FEDERAL WAY PSYCHIATRY Board certified psychiatrist seeks other mental health professionals to lease office space in new free standing building in Federal Way. Sound proofing, carpeting, access to group room, private quiet area. Additional support services available by contract. Available now. If interested call Maria between 8-2, M-F 927-4837

General

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The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of the Medical Society. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. *The Bulletin* and Pierce County Medical Society reserve the right to reject any advertising.

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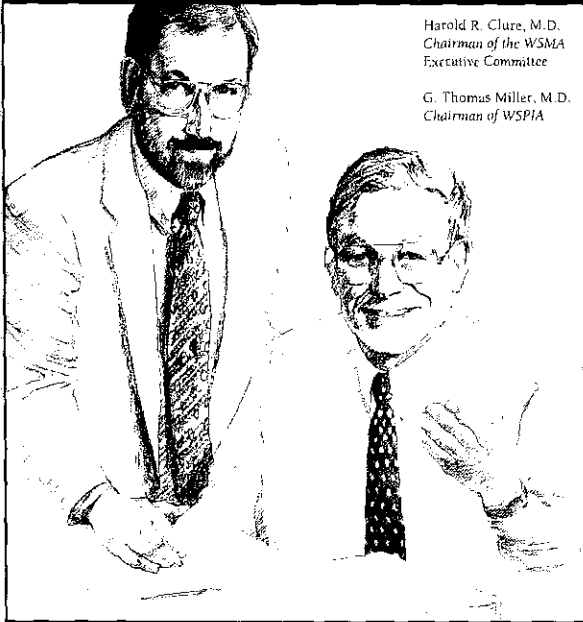
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June, 1991

To: Any Service Member
Operation Desert Storm
APO NY NY

Americans have sometimes been accused of being a nation of amnesiacs, forging on to bigger and better things while seldom taking the time to reflect on the things that have gone before. Our experiences since the end of the active fighting in the gulf would seem to bear this notion out. For the average person, life has returned to normal with stunning swiftness. Even for those with family or friends in harms way, the war is fading as swiftly as a Puget fog. A sense of immense and grateful relief has replaced the restless anxieties of just a few months ago. But the war, however swift, has left its mark on all of us, especially the physicians who were recalled to active duty.

See Page 5 . . .

**Inside
WSMA
Calls Special
Session to
study
Health Care
Reform
See Pg 2**



Tired of all that paperwork?

Electronic Medical Claims (EMC) provides a paperless means for submitting claims directly from your office to our office. EMC eliminates mail and delivery time for submitting paper claims and reduces paper processing, postage and supplies cost.

How does EMC work? If you have your own computer, you have two choices:

- **Electronic Claims Clearinghouse (ECC)** allows you to transmit all your claims to us and let us forward them to the appropriate health care agencies and organizations.
- **Pierce County Medical Blue Shield *Only* Claims** allows you to transmit only your Blue Shield claims to us.

Let us tell you more. If you were unable to attend the EMC Fair May 9, call our Professional Relations EMC Representative, Jeri Gilstrap, at 597-6516 for information.



1114 Broadway Plaza Tacoma, Washington 98402

**PCMS Meets with
WSMA House of
Delegates on Health
Care Reform**

A special session of the WSMA House of Delegates was held Saturday, June 1. **Dr. Bill Marsh**, PCMS President, led the Pierce County delegation in assisting WSMA in formulating a proposal to present to the Washington Health Care Commission on June 21.

The Commission, charged by the Legislature to issue its initial report this December on cost and access reform proposals, will draft its recommendations this summer.

A national governors' conference will convene in Seattle in mid-August and system reform will top the agenda of its chairman, Governor Booth Gardner.

The Hospital Association and the Insurance industry will present their proposals to the Commission on cost and access reform.

In a May 1 memo to delegates, WSMA said the rapid progression of public debate on system reform requires that the WSMA Access Task Force take its reform recommendation to the House before the September annual meeting. Three factors are contributing to accelerated debate on reform: 1) the Washington Health Care Commission, charged by the legislature with issuing an initial report on cost and access reform by December, will draft its recommendations this summer; 2) The National Governors Association conference, chaired by Gov. Booth Gardner, will convene in Seattle in mid-August and system reform will top its agenda; and 3) other organizations are preparing to present their cost and access reform proposals.

Representing the Medical Society were **Drs. Bill Marsh, President; Stu Freed, Eileen Toth, Ron Goldberg, Joe Wearn, Les Reid, Ralph Johnson, Dave Sparling and Guthrie Turner.**

Tacoma-Seattle

Outpatient General Medical Care at its best. Full and part time positions available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M.

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Bruce Kaler, M.D.: 255-0056

Medical Training in the Examination, Evaluation, and Treatment of Child Sexual Abuse

Over the past decade, it has become increasingly evident that our system to protect children from sexual abuse is lacking. Few medical professionals are trained in the techniques of child sexual assault examination. This, coupled with a general discomfort related to the issue of child sexual abuse, leads to many unrecognized and untreated cases.

Harborview's Sexual Assault Center now provides training in child sexual abuse examinations for physicians and nurses. This training has been offered for three years and is considered to be one of the most comprehensive programs addressing this topic. The program was designed by Dr. Carole Jenny and is conducted by Dr. Mary Gibbons, Medical Director of the Harborview Sexual Assault Center. It is funded by the state of Washington for the purpose of improving the quality of medical services available to children who have been sexually abused.

The training includes:

- Clinical experience working up sexual abuse victims
- Exam techniques

- Diagnosis and treatment of sexually transmitted diseases
- Physical diagnosis of abuse-related injuries
- Photo documentation/use of the photocolposcope
- Collection of forensic specimens
- Techniques of interviewing for collection of data for diagnosis of sexual abuse as well as for court testimony
- Legal testimony techniques
- Child abuse prevention

The training is free and consists of one day of clinical work and a two day conference. Post-training consultation is also available as needed. C.M.E. accreditation is provided through the University of Washington.

This is a very exciting and vital opportunity. The training will improve your professional skills as well as increase your comfort level when treating child sexual assault victims.

Please call Chris Feldt at (206) 223-8779 to register for the training.

HIV Intervention Program

The HIV Intervention Program (HIP) is designed to make early medical intervention/treatment available to HIV seropositive, low-income persons. HIP is interactive with the AIDS Prescription Drug Program (APDA) which makes certain that FDA approved medications/treatments are available to medically eligible HIV seropositive low-income persons. The program does not serve persons with CDC-defined AIDS.

Under the HIP program, providers are reimbursed at a rate up to 155% of the prevailing conversion factor as

published by DSHS for HIP approved services. Charges are submitted on a completed State of Washington Invoice Voucher.

Eligibility requirements, schedule of covered services, financial criteria and other pertinent information is available through the Medical Society office, 572-3666.

In-service training is available through the HIP Access Coordinator, Joan Keltgen-Lo, Tacoma-Pierce County Health Department at 596-2865 or 596-2863.

Beware: Malpractice Offers that Sound Too Good to Be True

The Washington State Medical Association has received reports of physicians being solicited to purchase professional liability insurance from "off-shore" companies at what appear to be very attractive rates. These companies, which are domiciled outside of the U.S., are not regulated by the Insurance Commissioner. Physicians who buy insurance from such companies are not protected by the State Guarantee Fund. This means anyone insured by these companies will be held personally liable for any claims the company can't or won't honor. Moreover, some hospitals may not recognize such coverage as being sufficient to satisfy professional liability insurance requirements for medical staff privileges.

Three "off-shore" companies - Professional Risk Insurers Management Company, Inc. (PRIME), Casualty Assurance Risk Brokerage Company, and Trans-Pacific Insurance Company - have all been issued "Cease and Desist" orders by the Insurance Commissioner, but they still continue to solicit business in this state.

WSMA urges physicians to be careful in selecting a professional liability company and to thoroughly evaluate companies when purchasing insurance. WSMA established Physicians Insurance to provide a safe, stable market for liability insurance at competitive rates. It offers the best protection available at a reasonable price.

A word to the wise should be sufficient - if it sounds too good to be true, it probably is.

Defamation: Defending Your Employment References

Subjective, honest assessments of a co-worker's or an employee's job performance are considered by courts to be employment references made for a proper purpose. This means that the employer or the peer giving the reference has a defense against a defamation lawsuit.

Another defense is to claim that the statements made in the reference are protected by "qualified privilege."

This occurs whenever the comments were given only to persons who had a business interest in them and were made without malice, deliberate ill will or animosity toward the employee or co-worker.

The Court of Appeals in Minnesota recently ruled that a co-worker had not defamed another employee when he gave her an unsatisfactory reference to a prospective employer. In fact, the woman contacted her former co-worker and asked what he had said. The man replied that he told the prospective employer, whom he had known for the past ten years, that the woman "had trouble dealing with legislators because she lacked warmth, was insincere, and had no sense of integrity."

The woman was not hired for the particular job she was seeking: inter-governmental coordinator with the state county. However, she was hired for another position, on a contract basis, as a lobbyist for the county at the state legislature.

Based on the less-than-sterling reference from her former university peer,

the woman sued the university and the individual for defamation.

The appeals court wrote that a **defamatory statement is not actionable if the comment was conditionally privileged and the privilege was not abused. To be privileged, a statement must be made upon a proper occasion, from a proper motive, and based upon reasonable or probable cause.**"

"Employment references," the court reasoned, "are conditionally privileged because the public interest is best served by encouraging accurate assessments of an employee's performance."

To defeat the privilege, employees must prove that the statements were made maliciously. "Malice may be shown by evidence of personal ill will, or by evidence such as exaggerated language of the statement or the extent of the statement's publication."

The court determined that a peer's evaluation of a co-worker is conditionally privileged because it "can be just as helpful to a prospective employer as a supervisor's recommendation."

Here there was no evidence of any malice between the parties. The co-workers statements were privileged because they were made for a proper purpose, namely an employment reference. Also, "a private conversation with a longtime acquaintance was a proper occasion for him to communicate his opinion." And, his opinion was based on his observing the woman at work in the legislature.

Demographics of Pierce County (1990)

- Pierce County covers 1,790 sq. miles, 118 of which are water.
- The city of Tacoma covers a total of 59.1 sq. miles, 11.5 of which are water.
- The second largest city in the county is Puyallup.
- The population of Pierce County increased by 88,833 or 18.3% between 1980 and 1990. This was greater than the rate of growth both state-wide (16.1%) and for King County (16.8%), the most populated county in the state.
- In the manufacturing sector, a robust 36.4% growth is projected for machinery/computer/electronic/electrical equipment/instruments industries. These are expected to expand to 3,000 by 1995.
- From 1989 to 1990, population grew at an annual rate of 2.4%, reaching 574,500.
- The Tacoma area has experienced a shift of population growth from incorporated to unincorporated areas of the county. From 1980 to 1989, unincorporated areas grew by 23.1% (vs. 5.1% for cities and towns), accounting for nearly 84% of Pierce County's total population growth.
- While the city of Tacoma increased by only 2.3% between 1980 and 1989, the five next largest incorporated communities grew by 15%.
- In 1989, 16.8% of the population was of minority status (compared to 12.2% state-wide).
- Average annual pay for workers covered by state and federal unemployment insurance programs in Pierce County was \$19,299 in 1989.
- Seattle had the highest pay (\$24,361), while Pierce County had sixth place and trailed the state-wide average by 10.7%

**Labor Market Information Report of the Labor Market and Economic Analysis Branch, Washington State Employment Security Department.*

Directory Corrections

Please make the following corrections to your membership directories:

Stevens Dimant, M.D. is retired

Kent Gebhardt, D.O., incorrectly listed as M.D.

Ken Graham, M.D., physician's only phone # is 627-1992

Robert Yancey, M.D., second phone # is 272-8855, not 272-8853

"At first, it was just me, myself and I. There were a couple of Army veterinarians there. I grabbed them, and a sergeant who was a PA in civilian life, and I found a couple of guys who had been medics in Viet Nam. We worked around the clock for 5 to 10 days"

Stanley Flemming, M.D.

Continued from cover . . .

Most had little time to prepare, some as long as a week, some only 24 hours. Six Pierce County physicians were deployed to the gulf, several were stationed at Madigan Army Medical Center, and still others served at Travis Air Force Base in California and Brooks Army Medical Center in San Antonio. They experienced varying levels of disruption as a result of their service. The partners of those in group practices picked up extra patients; some, like Dr. Michael Halstead, see their private patients at the end of their military day, working 12, 18 or more hours. Drs. Michael Nishitani and Halstead are still on active duty. In reflecting upon their experiences, there is a pervasive feeling among these physicians that things have changed in a permanent way. For some, such as Dr. Stanley Flemming, life will never be quite the same. Dr. Flemming was on the front lines during the invasion of Kuwait City, and is left with memories he hopes fervently will fade with time.

Dr. Flemming is a member of a California unit (426 CA FID/Unconventional Warfare) located in Upland, California. He had just 24 hours notice to report for duty in the gulf. Dr. Flemming wasn't recalled as a physician, but as a Special Operations Officer, his reserve specialty. He left in January, deploying with a Marine

Special Operations unit from New York state.

His observations are made through the magnification of the front lines. As a member of Special Operations, he was forward even of friendly forces. His mission was to set up disaster relief in Kuwait City, reestablish medical support, set up triage and treatment centers and to reestablish government in the area where they were operating.

Dr. Flemming said his experience was, like Dante's *Inferno*, "like sitting at the gates of Hell." With the wells burning, the thick air of Kuwait was filled with oily smoke "so black you couldn't see the front of the truck you were sitting in. At midday, we couldn't see the sun." Through this surreal landscape "everywhere we could see acres and acres of bodies."

Dr. Flemming deployed as a special operations officer, but he didn't remain one for long. The physician assigned to their position was shot in the head and killed during the first few hours of the war, and Dr. Flemming took his place. "At first, it was just me, myself and I," said Dr. Flemming. "There were a couple of Army veterinarians there. I grabbed them, and a sergeant who was a PA in civilian life, and a couple of guys who were medics in Viet Nam. We worked around the clock for 5-10 days." Dr. Flemming's only other medical assistants were "anyone who was around. I'd say, 'Can you put on a bandaid? Can you hold a hand? Good. Come here.' Everything was moving incredibly fast." Dr. Flemming lived in Viet Nam as the dependent of a military father during the Viet Nam war. He said "I had seen people die before. But it just didn't have the impact this had. Nothing prepared me for the ferocity of the wounds that I saw. People with parts of their head or chest missing. The worst thing I saw was these two Iraqi soldiers. One had been shot in the back, it was almost entirely blown away. The other was shot in the leg. His femur and the femoral vein were torn out and he had stuffed an old greasy rag into the wound. The two

of them walked 40 kilometers to get to me."

It has been hard for Dr. Flemming to adjust to the end of the war and returning to his practice. He said, "My first patient was a man with a backache. It was very difficult for me to treat him. I kept remembering those two Iraqis and at first I felt like saying 'This is so petty. Get out of here.' But I know it is a matter of perspective. His pain is real to him, and I can't hold my experience in the war against him." To help himself readjust, Dr. Flemming said, "I spent about two weeks in my yard looking at the flowers. It helped me get my feet back on the ground." "But," he continued, "trying to sort out my experiences has caused me to rethink what is really important, and certainly to reorder my priorities."

Dr. Flemming had the opportunity to talk with many Iraqis. Commenting on the speed with which the war was won, he said "I talked to a couple of battalion commanders. The Iraqis had some extremely lethal weapons, and could have caused real damage to us if they had chosen to stay and fight. But their will was broken by two things: first, we could fight around the clock in any weather; and second, Saddam had been telling them for months we

Continued on next page . . .

"The Iraqis had some extremely lethal weapons, and could have caused real damage to us if they had chosen to stay and fight. But their will was broken by two things: we could fight around the clock . . . and Saddam had been telling them for months we wouldn't fight"

Stanley Flemming, M.D.

wouldn't fight, that the American people wouldn't support the war. The Iraqis we found outside Kuwait City hadn't eaten for a couple of weeks, hadn't had water for a week and a half." Dr. Flemming said a captured Iraqi major showed him his "induction notice." The Major was a reservist, like him, and the notice directed him to report for duty or his family would be starved. If that wasn't sufficient, his family would be executed. Dr. Flemming noted that there seemed to be two classes of Iraqi soldier--the unwilling, bewildered conscript like the major, and the soldiers who had occupied the city of Kuwait. Speaking of them, Dr. Flemming said, "I have no remorse about what we did to them. As a matter of fact, I think we didn't do enough. The human damage they did was unthinkable. The rapes, the torture, the executions. It is impossible to imagine them as human beings." "At one point," said Dr. Flemming, "they had to turn the city's ice skating rink into a morgue. The Iraqis knew Kuwaitis were hiding Americans so they started rounding up women and children and executing them to make them tell where the Americans were."

"The support shown at home for the military was a great comfort to the troops," said Dr. Flemming. "It meant a lot to us to get the cards and letters from people we didn't even

.....

"A full battery of drill sergeants converged on us. You need a haircut, sir. You need a trim. . . Haircut! Haircut! Trim!"

David Estroff M.D.

.....

know saying 'we're thinking of you, hang in there.' We were definitely aware of it, and you can't imagine how much it helps when you are stuck out there in the desert. Our bank here at home even called my wife to see if they could help. And of course, the other members of my group stepped right in and took up the slack for me so I didn't have to worry about my practice while I was gone."

Not everyone's experience was so grim. Dr. Samuel Insalaco was sent to Riyadh, Saudi Arabia in January after about two months of orientation training at Ft. Lewis. In Riyadh, Dr. Insalaco was assigned to a Saudi military hospital. Overall, his experience was positive. He said, "I was in the army during the Viet Nam war. Though I wasn't in Viet Nam, we still had a lot of problems with the troops, there was a lot of drug use. The quality of people I met while over there was just outstanding. It was a real joy to be around so many fine people, both active duty and reserve." He said he was never really frightened, and other than some initial confusion, the regular scud attacks were simply part of the routine. He said there was very little bickering between services, active duty and reservists, or internationally. Dr. Insalaco noted "The Saudis were in control of who could be admitted to the hospital, and their admission policies were more stringent than ours. This caused some friction initially, but we worked things out over time as we got used to working together. I made some very good friends while I was there." He commented that the base in Riyadh was well supplied with medical personnel. Although he worked seven days a week, only twenty units of blood were administered to American troops while he was in the Gulf.

Many other Pierce County physicians escaped going overseas, serving instead as replacements for active duty physicians. Apparently trying to avoid a repeat of their experience in Korea in the Alan Alda-M.A.S.H.-vein, the Army sent several doctors to two

weeks of officer training at Ft. Sam Houston, Texas. Although many had been on active duty for years, the Army required reservists to attend the course in order to satisfy "Minimal Deployable Standards" (a.k.a. Boot Polishing 101). Dr. David Estroff was in the first group of reservists to attend. "There were about 650 confused reservists ranging from brand new lieutenants to 67 & 3/4 year-old-full-bull-Viet Nam vets standing in long lines in the parking lot. A battalion of drill sergeants converged on us saying, 'You need a haircut, sir; you need a trim; haircut, haircut, trim.'" About 2/3 had no uniforms. "We had no PT, no marching, no tests. They just stood up and talked to us for twelve days, 'This is an Army uniform.' This is a name plate.' 'This is how you wear an Army uniform.' But I did meet some really excellent people," he said. Dr. John McKelvey III and Dr. James Fitz are two other Ft. Sam-Houston graduates. Dr. McKelvey was active duty for 10 years and Dr. Fitz for 7, but each enjoyed learning how to use a compass, shoot a .45, and throw a grenade. Both doctors reported for active duty at Madigan the end of January. Madigan was designated to accept casualties from the Gulf. "The fact that we had so few casualties shows how well things were run" said Dr. McKelvey. "We were striving for low casualties for us, and we definitely achieved that." Dr. McKelvey expressed the feeling that his active duty experience would have been more satisfying for him if had he been able to be more directly involved.

Dr. Carl Plonsky also found good things to say about his time on active duty. Assigned to Madigan, Dr. Plonsky saw pediatric patients and taught pediatrics to residents in Madigan's Pediatric Residency Program. Dr. Plonsky continued to see some of his private patients after duty hours and to continue his work at the Mary Bridge Emergency Unit. Dr. Plonsky is well versed in the suddenness with which the military can alter a life. He was drafted in the early 1970's while trying to set up his first

Continued on next page . .

"I went to Grenada during that invasion. I can't assume that this is going to be the last war. My being in the reserves puts my employees at risk. In a sense, I'm making a decision for my employees. . . My practice could not survive another activation."

Glenn Deyo, M.D.

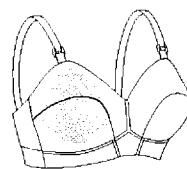
private practice in North Carolina. He served on active duty for 14 years before joining the Reserves in 1985.

Most of the physicians interviewed said they are planning to stay in the reserves. All noted that as a result of our gulf experiences, many issues will have to be addressed, and the guard and reserves will undoubtedly experience significant losses. Many physicians said they are rethinking their commitment to the reserves, with most saying only the number of years they have invested toward retirement is keeping them in. Dr. Roger Simms is still considering whether to abandon his sixteen years of reserve time. Dr. Simms was able to hire a locum tenens to run his Urgent Care practice while he was at Madigan. Dr. Stanley Jackson is also considering whether to remain. He has 21 years of service, enough to retire if he wished. Also a solo practitioner, Dr. Jackson worked in his practice in the evenings. As he said, "It was enough to pay the electric bill, but I had to let my staff go. Now I am basically having to start over again, hire new people, get my practice going almost from scratch." "But" said Dr. Jackson, "I will say this. It was difficult and I was fortunate I only went to Madigan. But I knew what I was doing when I joined the reserves, and I was willing to go and do what they said."

Even seventeen years of military service isn't enough to deter Dr. Glenn Deyo from his decision to separate from the reserves. He said that as a result of his experience during his activation, he will be giving up his 17 years of military time. A solo practitioner, was assigned to Madigan January 8, and will be released May 29th. While some physicians stationed at Madigan were able to continue seeing their private patients at night, as a general surgeon keeping surgeon's hours, this was impossible for him. Fortunately, Dr. Leo Annett came out of retirement to take Dr. Deyo's practice while he is at Madigan. "This is the second time I've been deployed," he said. "I went to Grenada during that invasion. The Army called me in August [1990] while I was teaching in London. They wanted me to go to Dhahran then. In the three days or so it took them to track me down, they found a physician in California to go, so I escaped that but still ended up at Madigan. I'm lucky Dr. Annett was available to take over for me. That might not be the case the next time. I can't assume this will be the last war." "I won't get a retirement from the reserves until I am 65," he continued, "and my practice couldn't survive another activation. In addition, my being in the reserves puts my employees at risk. In a sense, I'm making a decision for my employees-- If I'm called up, they have no jobs."

Undoubtedly, the successes and failures, losses and gains of this war will be discussed and debated for some time. What lessons we ultimately will learn are for historians to tell. Whatever our level of involvement, the past eight months have been an odd time for all of us. As the last soldiers return home and life returns to "normal," a single thought overrides the rest--Thanks, and we're so glad you're back.

*By Carolyn Orris
PCMS Publications Coordinator*



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Prenatal Triage Clearinghouse: A Success Story



As of May 1, 515 women have received prenatal care through the new Prenatal Triage Clearinghouse. Ninety-seven percent of the women have First Steps medical coupons as their insurance.

Hats off to the 12 obstetricians, 15 family practioners, Midwives Associated, Tacoma Family Medicine, and the OB Access Clinic for participating in the Clearinghouse program. Without your support and willingness to serve your community, many women in Pierce County simply wouldn't be receiving prenatal care.

Unique to the northwest are family practioners who include obstetrical care in their practice. The Clearinghouse is especially grateful for the tremendous impact they have had in contributing to the success of the program.

Benefits to the medical community have meant that the office staff can readily access the services of the Clearinghouse, saving time and

frustration. Offices are reporting that patients are coming into care better prepared, i.e., coupons, transportation and child care issues have been resolved, reducing the number of "no shows". Seminars on how to maximize billing procedures have been offered by the Clearinghouse and the Division of Medical Assistance. Sumner Family Physicians recently expressed gratitude for the nurse at the Clearinghouse. Through her efforts, one patient was linked with home health services which kept her from the trauma and expense of hospitalization.

Much of the gratitude that is expressed to the Clearinghouse, though, comes from the patients themselves. They are grateful no longer to be faced with ten or twelve rejections of medical care based on their financial status before giving up and receiving no prenatal care. They are grateful for a community that cares.

Practice Parameters Video Available

As part of its long-standing commitment to improving the quality of medical care, the American Medical Association is working cooperatively with the national medical specialty societies and other physician organizations to guide the development, dissemination, and implementation of practice parameters.

A copy of the AMA Office of Quality Assurance video "Practice Parameters: Impact on Liability," which describes the legal implications of practice parameters for physicians is available at the Medical Society. Additional copies are available by calling 1-800-621-8335 and requesting Order # OP271291. The cost is \$20 for AMA members and \$30 for non-members.

Medical Consultant Position Available

The Office of Disability Insurance, State of Washington, seeks applications for 3 Physician positions in the Olympia, Renton and Spokane offices. Primary duties will be to direct and supervise consulting physicians and dentists for the Social Security Disability Benefits.

REQUIREMENTS:

- Current Washington State Medical License
- 4 years experience in the Practice of Medicine
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Interested physicians should submit application by 7/15/91. Application can be obtained from: Personnel Office - Division of Medical Assistance HB-34 628 - 8th Ave SE, Olympia WA 98501-0095 Fill your application out completely, providing information about all your education, training, and experience to ensure proper credit. Return to the above address. If you have questions, contact: Guthrie L. Turner, Jr., M.D., Chief Medical Consultant, at (206) 586-4134. E.O.E.

PCMS Presents Seminar June 28

The Pierce County Medical Society in conjunction with St. Joseph Hospital will present the last workshop in its "Team Building" series Friday, June 28. "Your Team Image: Marketing and Service" will be presented at St. Joseph Hospital's South Pavilion Conference Center, Rooms 3A & B from 12:30 to 5:00 pm. Valet Parking is available. Seminars are presented by the experienced partners of ManageAbility; Norma Larson, Kay Harlan, Steve Larson, and Eileen Ailes. The program will address:

- Marketing to achieve the right practice mix for you
- The marketing team- yes, every person in the office has a role
- Defining customer service for your practice
- Creating your marketing history and planning for long term success
- Twenty-five marketing tips you can use tomorrow

For more information contact Sharon Bain, PCMS Placement Coordinator, 572-3709.

AMA Quick Dial Quick Quiz

Your answers to these questions will tell you how quickly and easily you can get member information by telephone from the American Medical Association. If you get the right answers, your phone calls will be free!

- A. What number should you call to get an ME# for a physician?
- B. What number should you call to notify the AMA of a deceased physician?
- C. What number should you call to find out if a physician's dues have been posted?
- D. What number should you call to inquire about a dues overpayment or underpayment, an exempt member, or other special dues situations?
- E. What number should you call to find out why a member is not receiving their journals?
- F. What number should you call to record a change of address?
- G. What number should you call for AMA membership materials, membership trends, membership counts, sample surveys, or any other topic that you can think of that relates to membership?

Check your answers and claim your reward!

- A. 1-800-AMA-3211
 B. 1-800-AMA-3211
 C. 1-800-AMA-3211
 D. 1-800-AMA-3211
 E. 1-800-AMA-3211
 F. 1-800-AMA-3211
 G. 1-800-AMA-3211

You can make quick even quicker by requesting the extension number of the area you need. Here are the ones most commonly used:

- ME numbersext. 5199
 Dues postingext. 4357
 Other dues questionsext. 4783
 Subscriptionsext. 0183
 Address changesext. 5192
 Membership materialsext.4782

Pre-registration is required by June 21, 1991
— Lunch is Provided —

Yes, I wish to register for the PCMS program "Your Team Image" on Friday, June 28, 1991. I understand my registration fee is non-refundable and includes lunch and all materials. Enclosed is my check for (Check one):

- _____ \$ 50 PCMS Physician or staff
 _____ \$ 65 Non-Member or staff

Name _____ Title _____

Employer _____ Phone _____

Please make checks payable to MBI and mail this form to:
 PCMS
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 Tacoma WA 98402

Please use one form per person — this form may be copied

St. Joseph's Annual Heart Run



Joe Nichols, orthopedist, discusses pre-race strategies



David Law, Internist & PCMS Vice President, 1/4 of the Corporate team



Pre-run conversation, L-R, John Bargren, Dick Baerg, Steve Hammer



Stu Freed, Family Practitioner & PCMS Trustee



Shirley Deem, Family Practitioner



David Munoz with son & friend



Above- Tom Herron, Pediatrician, Corporate Cup member and a top finisher

Attracts Many PCMS Members

The St. Joseph Hospital Annual Heart Run attracted many PCMS members on Saturday, May 11. For a first, the Medical Society sponsored a corporate cup team consisting of Drs. Tom Herron, Michael Priebe, Mark Craddock, and David Law. At press time the results of the Heart Run were not available. However, we know the team is in contention for honors.

Other members running were Drs. Gerard Ames, Shirley Deem, Stuart Freed, David Munoz, Joseph Nichols, Gregory Popich, and Ron Taylor. Dr. Taylor, General Surgeon, again displayed the excellent form that has made him one of the premier master runners in the Northwest. Taylor finished in the top ten in a field of nearly 1500 runners.



Left- Mark Craddock, Family Practice, President, C.O.M.E. Board and PCMS Corporate Cup member



Above- Mike Priebe, Gastroenterologist, 1/4 of PCMS Corporate Cup Team



Left- John Bargren, Orthopedist

Ron Taylor, General Surgeon finished in the top ten



Dr. Dumont S. Staatz and his wife, Marian

A Trip Through Peru

Retired members of the Medical Society enjoyed a tour through Peru with Dr. Dumont S. Staatz at the Retired Luncheon on May 10. Dr. Staatz went to Peru as part of an Orthopaedics Overseas trip to South America in 1965. Many of areas he visited are now off-limits to foreigners, and today Americans are particularly unwelcome in Peru.

However, times were different in 1965, and Dr. Staatz said each South American country he visited tried to outdo the last in hospitality. His trip began at the Presidential Palace in Lima, where the splendor of the palace was offset by the poverty of the houses on the neighboring hillsides. Many homes have no roofs. It rains so seldom that the local people put up four walls without bothering to put on a roof.

Another stop was Cusco, a remote town at 11,000 feet in the Andes. Dr. Staatz's company flew to Cusco in an old, unpressurized airplane of dubious safety. Passengers were given pipe-like devices which fed them a mixture of oxygen and helium. Said Dr. Staatz, "As you can imagine, conversation on the plane sounded like something from a Donald Duck cartoon." Dr. Staatz reported the stewardesses were a bizarre sight as they moved down the aisles with oxygen bottles in packs on their backs.

Much of modern-day Cusco is built upon the site of an Incan city. Many buildings are built on foundations left by the Incas centuries before. Incan buildings were constructed with stones cut and set into place so perfectly no mortar was used. Walls are broader at the base and narrower at the top, angling slightly inward. This is a remarkably durable method of construction, and many buildings have stood the test of time and countless earthquakes with equanimity. How the Incas managed to construct their dwellings remains a mystery, as they had no written language and passed everything down through oral traditions which are now lost.

The Staatzes arrived at Cuzco on market day when the Indians bring their fruits, vegetables, blankets, and other items to market to sell. Wares are laid



Bernard Rowen, M.D.; Dr. and Mrs. Glen McBride; and Dr. and Mrs. Chris Reynolds peruse the luncheon buffet at Fircrest Golf Club.



L-R Erna Guilfoil and Charles McGill, M.D. wait for their turn at the Retired Luncheon May 10.

Continued on next page . . .

From previous page . . .

out on the ground on colorful hand-woven blankets. Dr. Staatz said the people all wore different types of hats denoting what part of the city they were from. Most were flat-topped, brimmed hats with a colorful ribbon. Llamas (pronounced Yah-ma) were commonplace throughout.

The use of cocaine is prevalent among the local people, who chew the raw leaves. The coca plant originally was reserved for the exclusive use of priests and royalty on religious and ceremonial occasions. However, the Spanish conquistadors found coca made the local people more willing slaves, and introduced cocaine to the general population. Cocaine made it easier for the enslaved natives to tolerate the otherwise unendurable conditions under their Spanish masters.

One of the most amazing things Dr. Staatz saw was in a small and impoverished church in a little village near Cusco. Dr. Staatz said the church's priest was quite threadbare, but when he took the group inside the church, to see his pride and joy, they were speechless to discover that inside the plain little building was an ancient altar stretching from ceiling to floor made of pure gold.

From the town of Cusco, the group took a vintage train to the village of Machu Picchu, and then antique, wheezing busses up a terrifically steep road to the ruins of the Incan city of Machu Picchu. No one knows why the Incas abandoned the city. It remains virtually unchanged from the time of the Incas, complete with sacrificial slabs.

The group took another train to the town of Pillones on the Alto Plano (high plain). At 14,360', the train station at Pillones is higher than the top of Mt. Rainier. Dr. Staatz commented with some respect as to the probable red blood count of a group of children who were playing a vigorous game of soccer in the rallyard.

The final stop on Dr. Staatz's tour of Peru was Lake Titicaca, the highest body of water its size in the world. Fishermen build their boats from bundles of reeds gathered from the shores of the lake.

Our tour of Peru wasn't as long as we would have liked, but as Dr. Staatz said, "the mind can absorb no more than the rear end can tolerate!" Thank you, Dr. Staatz, and we hope to tour another country with you someday!

Dr. Saeed Selected as Examiner

Mohammad Saeed, M.D. was selected to serve as an oral examiner for the American Board of Electrodiagnostic Medicine at the

Rehabilitation Institute of Chicago April 12 and 13. Congratulations, Dr. Saeed!

Sharon Bain Honored by Bates

On May 3, Sharon Bain, PCMS Placement Coordinator was recognized for her work in support of the Administrative Medical Assistant program at Bates Voc-Tech. A member of the Bates Advisory Board since 1986, Sharon has served the last two years as Board President. She has been actively involved in the planning and development of the class at Bates which is taught by Jean Graves.

All Bates employees were asked to nominate individuals who they felt merited special recognition. Over 250 people were nominated and 10 were selected to receive special awards for their individual efforts on behalf of Bates.

Dr. Ralph Johnson, PCMS member, was one of many community professionals on hand for the ceremony. Dr. Johnson is also a member of the Bates Advisory Board serving as physician advisor for the Administrative Medical Assisting Program.

The ceremony was part of the official opening of the \$15 million remodeling of the Bates downtown campus.

To: Health Care Providers

During the next few months, over 2000 children in King and Pierce counties will have a medical exam in preparation for enrollment in HEAD Start and ECEAP. ECEAP is the state funded Early Childhood Education and Assistance Program modelled after the federally funded Head Start program. Both programs require that the child have a hematocrit/hemoglobin performed. Both programs provide nutrition counseling to the family and child if the child's hematocrit is below 34% (hemoglobin below 11 gm). Please help us serve our families by performing the hematocrit/hemoglobin and noting the results on the child's physical exam form.

Association Execs Honor PCMS

The Washington Society of Association Executives honored the Pierce County Medical Society at their annual meeting on May 14. The award was presented for outstanding public service for the Society's work toward water fluoridation in Tacoma. The Medical Society led a successful campaign in 1988 to fluoridate the city water supply. The issue returned to the ballot in 1989 due to anti-fluoridation efforts, but fluoridation was retained by a vote of Tacoma residents. The Citizens For Better Dental Health Committee was chaired by Dr. Terry Torgrenrud.



Bill Marsh, PCMS President, converses with Past President Bill Jackson

Over 100 members and spouses attended the May 14 General Membership Meeting and heard Tacoma Mayor Karen Vialle address the highlights of the future of the city. Mayor Vialle's presentation was very well received. She commented on the progress the community is making with regard to crime and drugs. Tacoma is experiencing far fewer

drive-by shootings and over 200 crack houses have closed in the last two years. "Tacoma", she said, "is making great progress environmentally with one of the most successful recycling programs in the nation." The Mayor contends that Simpson Pulp Mill is making progress and will be eliminating some of the smoke and aroma they currently expel. She does not expect

Simpson to close any time soon as they have recently invested \$140 million in the plant.

Mayor Vialle urged physicians to become more involved in the community and to use their credibility to sit on committees and help the community become a better place to live.

R-Don Russell illustrates a point to John McCloskey and his wife Susan



Mayor Karen Vialle Has High Hopes for Tacoma

Tobacco Coalition Meets with Stanton Glantz

A few members of the Coalition For A Tobacco-Free Pierce County had the distinct pleasure of meeting with Stanton A. Glantz, Ph.D., Professor of Medicine from the University of California-San Francisco. The meeting was held in the coffee shop of Sea-Tac Airport during an hour layover in his travel to Bellingham.

Dr. Glantz, a very active, outspoken, proponent of smoke-free environments has authored voluminous articles, been an active participant in securing numerous county, city, and state smoking ordinances, conducted major research projects, and has appeared on numerous television and documentary films, even the Oprah Winfrey show.

Specific recommendations that Dr. Glantz shared for securing stringent ordinances were to begin someplace that you can win. Always think positive, start small, win, and then move on to the next place you can win.

Once you begin to win, you can use that case to build your next one. It diffuses the Tobacco Lobby's stand that if a city regulates stringently the "sky will fall in". You now have proven their claim, as it always is, as false.

He said the more aggressive you are the more successful you will be. He recommended strong emphasis in the workplace as this is where people need protection.

He advised being aggressive with the Tobacco Lobby. He suggested exposing them in any way possible. He specifically suggested a published report of all tobacco company campaign contributions to expose legislators that are funded by tobacco money. He told of how subtly the tobacco companies work and how it is necessary to expose them and their tactics.

He said Canada had the highest cigarette tax in the nation and had just raised their tax 3 cents per cigarette. A pack of cigarettes now costs \$4.50 in

Canada. The Minister of Finance, when asked about the loss of revenue due to a decrease in cigarette sales from the high cost, responded by saying that "I view this as a vaccine that doesn't cost any money."

Dr. Glantz said he expects a EPA/NIH study to be released in the next couple of months that will further document ETS (environmental tobacco smoke) as a carcinogen and pollutant and an additional study in about six months that will relate ETS has a factor in heart disease.

His final words were to always remember that you don't want to regulate behavior, you want to regulate pollution. And, that the most efficient and effective way to control pollution is at the source.

Dr. Glantz's knowledge and experience will be shared with the Coalition and put to good use locally in presenting local tobacco controls.

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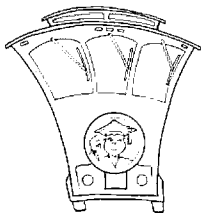
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Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credential's Committee or Board of Trustees of the Society.

John M. Stogin, M.D.

Orthopedic Surgery. Born 10/19/58 in Evanston, Illinois. Medical School, Harvard 1984; Internship, Virginia Mason, 1985; Residency, Virginia Mason, 1986; Graduate training, Indian Center for Surgery of the Hand, 1991. Licensed in Washington, 1985. Dr. Stogin is practicing at 2420 So. Union, #300, Tacoma.

Kevin S. Kennedy, D.O.

Otolaryngology. Born 3/16/53 in Decatur, Illinois. Medical School, Chicago College of Osteopathic Medicine, 1982; Internship, Naval Hospital, 1983; Residency, Naval Hospital, 1987; Board Certified American Board of Otolaryngology, 1988; Osteopathic Board of Otolaryngology, 1990. Licensed in Washington, 1990. Dr. Kennedy is practicing at 1901 So. Union, #B2010, Tacoma.

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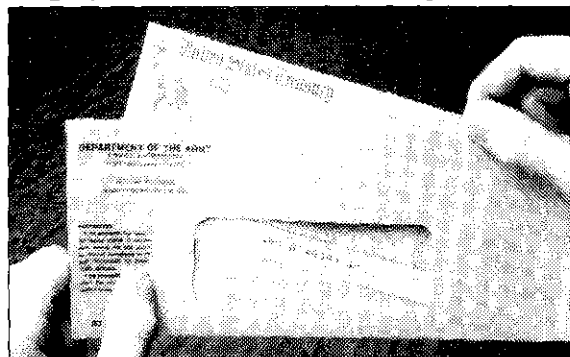
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Important Ramifications of Office Lab Legislation Explained on June 6

COLLEGE OF MEDICAL EDUCATION

 *Pierce County Medical Society*

There is still space available in the College's course on state lab legislation which became effective last November.

The new regulations affect all labs—even small practice lab activity.

The course is designed to explain and interpret these rules and assure each office is fully informed of the impact the new rules will have on the office laboratory function.

The course, slated for Thursday, June 6 from 1 to 5 pm was organized by

Judy Thompson, MT, Laboratory Manager for the Summit View Clinic. The seminar will be held at St. Joseph Hospital's Rooms 3A & B of the South Pavilion.

The seminar is designed for the non-pathologist laboratory director, physician, or nurse practitioner and appropriate staff. The areas of concentration will be quality control, quality assurance, proficiency testing, cost effective approach to laboratory operations, record keeping, and the inspection process.

ACLS Provider Course Filling

The College of Medical Education's highly touted ACLS Provider Course still has spaces available. Unlike many other ACLS courses, this program offers 16 hours of Category I credit from both the AMA and AAFP.

The course, slated for June 24 & 25 at Jackson Hall has been developed by James Dunn, M.D.

The C.O.M.E program is a two-day certification and recertification course offered twice annually for physicians, nurses, and paramedics and follows the guidelines of the American Heart

Association. A pre-requisite is current certification in Basic Life Support which can be fulfilled during the course. ACLS manuals are provided only to those certifying.

The C.O.M.E. course is "participant friendly" combining some lecture with a great deal of hands-on practice prior to the second day's afternoon testing.

Those interested in registering should contact the College soon as the course fills early.

1992 Hawaii CME Program Developing

The College of Medical Education is planning its second "resort" CME program, this time in Hawaii.

Following C.O.M.E.'s first resort effort which proved to be most successful, next year's program will offer sun, family vacationing, relaxation and the usual quality CME.

Although the program is still developing, the course will likely be in Kauai for a week from March 30 through April 3 of 1992. The program, as developed by Drs. Craddock, Lenihan, and Yu, should feature 20 Category I CME credits.

The College is presently negotiating reduced rates for both lodging and air fare. Since the program is planned for Hawaii's high season, early registration is encouraged.

Keep your eye out for a program brochure to be completed soon.

C.O.M.E. 1990 - 91 Schedule

Date(s)	Program/Subject	Coordinator(s)
Thurs.. June 6	State Lab Legislation	Judy Thompson
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.
Clip and Save!		

Thank You, Mary Lou!

Mary Lou Jones has been an extremely capable, caring, and efficient Auxiliary leader during the past year. Her ability to plan and organize made Mary Lou invaluable to the Auxiliary. Besides serving as President during the 1990-91 year, Mary Lou has also managed in recent years other

important Auxiliary positions such as Philanthropy, Newcomers, and arrangements. Such energy is vital to the continuing strength of PCMSA.

Thank you, Mary Lou!

WSMAA House of Delegates Report

The WSMAA Annual Convention was held April 22-24 in Tacoma, hosted by the PCMS Auxiliary. PCMSA delegates who attended were President Mary Lou Jones, Karen Benveniste, Shirley Bourdeau, Karen Dimant, Jerol-Ann Gallucci, Denise Manos, Gloria Virak, and Alice Yeh. Alternates were Nikki Crowley, Bev Graham, Debby McAlexander (who served as a delegate April 23) and Alice Wilhyde. Kris White, WSMAA Historian, attended as a state board member. Sharon Ann Lawson attended as Chairman of the Teen Health Forum.

Susie Duffy was installed as President of WSMAA for 1991-1992. Helen Whitney was elected Treasurer and Nikki Crowley Historian for the coming year. Other important business included acceptance of the 1991-1992 proposed budget, and establishing a personnel committee. A resolution to recommend a name change from "Auxiliary" to "Alliance" engendered a lively debate. The resolution failed but Auxiliary members will discuss the issue at county meetings to determine the level of interest in re-introducing the subject at another convention. Delegates at the convention heard presentations by Mary Strauss, a motivation and leadership trainer, and Rob Lebow, author of "Heroic Environment." Other fine speakers included Dr. Marvin Young, President of WSMA, Mary Lynn Smith, AMAA Director, Southern Region, Dr. Doyle Winter of the Office of the Superinten-



PCMSA President Karen Benveniste and newly-elected WSMAA President Susie Duffy

dent of Public Instruction, and Tom Curry, Executive Director of WSMA.

Pierce County received the AMA-ERF Achievement Award for the state's largest contribution, \$17,342. In addition, Pierce County received the award for the largest donation increase, \$2,182. Pierce County ranked fifth in the nation for contributions.

Thank you to Marny Weber and Alice Wilhyde who were convention co-chairmen. They were assisted in their excellent and energetic work by these committee members: Nikki Crowley, Marilyn Simpson, Lori Fisher, Helen Whitney, Marlene Arthur, Shirley Kemman, Bev Graham, Rubye Ward, Jerol-Ann Gallucci, Peggy Smith, Mona Baghdadi, Sharon Lukens, Mary Lou Jones, Debby McAlexander, and Leigh Ann Yuhasz. The active teamwork of these volunteers (as well as that of many others) made the House of Delegates a very successful convention.

WSMAA Teen Health Forum

The third annual teen health forum, Choice, Not Chance, held April 17, at Central Washington University in Ellensburg was a huge success. The conference was attended by approximately 800 participants representing 81 middle-schools.

Core subjects for this year's conference were Self-esteem and Personal Fitness. Some of the afternoon workshops focused on prejudice reduction, gangs and violence, eating disorders, teen suicide, personal loss, and teen sexuality.

Pierce County Auxilians were involved in the forum in a variety of ways. They were Sharon Ann Lawson, Jo Roller, Alice Wilhyde, Cindy Anderson, Mona Baghdadi, Kris White, Marilyn Simpson-Miskovsky, Mary Lou Jones, Marny Weber, and Karen Benveniste. Dr. Pat Duffy attended and provided much help. Debby McAlexander, Trudy Klatt, Bev Graham, and Rubye Ward were instrumental in providing schools with registration materials.

Thank you to the Pierce County Medical Bureau, the Pierce County Medical Society, and the Pierce County Medical Auxiliary for their contributions to the teen health forum. We appreciate their needed assistance.

We need volunteers! There are many ways for auxilians to help, either prior to the conference or at the teen health forum. You may call Sharon Ann Lawson, 564-6647, or Mary Lou Jones, 565-3128, for further information about how you may support next year's Choice, Not Chance.

Thank you to Sharon Ann Lawson, Chairman, for her commitment and dedication. Her creation, Choice, Not Chance, has impacted many students by sharing accurate health information and encouraging them to use it to make informed decisions in their lives.

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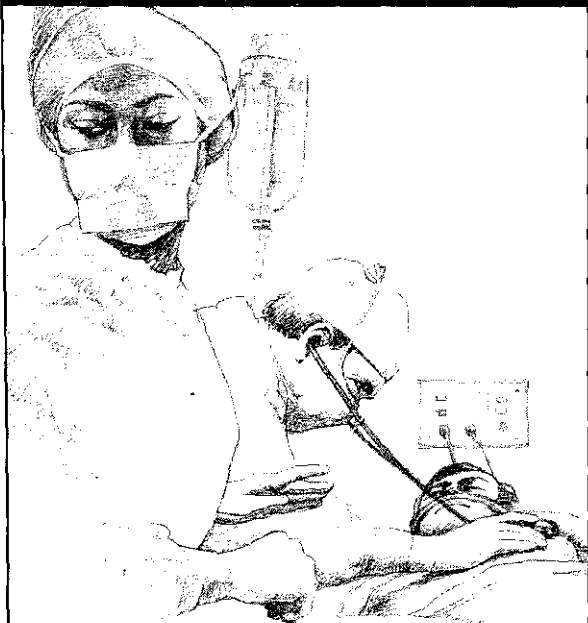
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PCMS NEWSLETTER

◆ A publication of the Pierce County Medical Society ◆

Volume 6 Number 6

July 1991

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Terminating the Problem Employee
1991 Graduates

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Delegates endorse WSMA reform plan

Following vigorous debate, delegates to the special June 1 House meeting overwhelmingly endorsed a health care reform plan that includes:

- Universal access for all state residents to basic health care.
- Significant insurance reform in underwriting, portability, and relief from administrative hassles.
- Sweeping liability reform.
- Creation of a data clearinghouse to standardize eligibility, claims processing, and centralize payment and data collection.
- A strong public health program.
- Cost predictability via imposition of marketplace forces—contracting, negotiated rates and payment reform—technology review, and other means.
- An end to public (Medicaid, et al) cost shifting to the private sector.

Association leaders reported to the House that there appears to be a growing commonality of interest on the part of other groups—business, hospitals and insurers—in pursuing a collaborative approach to system reform. Several speakers representing these groups urged the delegates to give them more time to work out a joint reform approach.

All acknowledged that each group would have to sacrifice to achieve a package that preserves a pluralistic structure while clearly solving the problems of the current system.

Physicians' frustrations with a system that downloads insurance overhead to their offices, denies access and continuity of insurance coverage and which does not address liability and defensive medicine predominated the morning session.

The delegates' had a strong desire to have the WSMA continue its role as patient advocate while dealing with the growing frustrations of the debate. The House directed leadership to work with the other groups to the maximum extent possible on a joint package.

While there was a clear consensus that a pluralistic, multi-payer system is most desirable, consideration of a single-payer system was not ruled out for provision of the basic health care benefits package.

The plan presented to the House does not call for mandated employer-provided insurance. Rather, it lays out a plan to assure that all residents have coverage through private or public programs with state subsidized coverage for low income beneficiaries.

The need for accountability for all—providers, patients, business and insurers—was stressed throughout the meeting. Delegates agreed both concepts are integral to a public-ly credible reform plan. *Continued on next page . . .*

Need to move ahead stressed

Representatives from business, insurers and hospitals addressed the House before it began deliberations, as did House Health Care Committee Senior Research Analyst, Bill Hagens. Hagens, generally considered the prime author of "The Washington Healthcare Service Act of 1992" (Braddock II), outlined that proposal's single-payer system patterned after Canada's.

Association of Washington Business Vice President, Enid Layes, told delegates that while business has been late in coming to the reform discussion, it "will be there." She predicted that health care reform will be the number one issue before the legislature in 1992.

King County Blue Shield Vice President for Medical Affairs, Dr. Terry Rodgers, acknowledged that insurance practices have adversely affected access, and that insurers were committed to reform in their industry, but warned against a state-run system.

Washington State Hospital Association President, Leo Greenawalt, predicted a voter-attractive, simplistic reform initiative if significant improvements are not achieved soon. "Public opinion polls indicate that people are fed up," he said. Greenawalt urged WSMA to work with hospitals to find a solution that guarantees access and achieves cost predictability.

The national governors' conference will meet in Seattle in August and is expected to unveil a system reform proposal. The State Health Commission is expected to draft its primary (and sweeping) recommendations later this summer.

What's Next?

WSMA leadership will continue to seek a cooperative plan with other groups. Should that not be achievable by the mid-July meeting of the commission, the Association will re-evaluate its position and consider whether or not to proceed with a reform package, singly or with the State Hospital Association. Call the WSMA Seattle Office (441-9762/1-800-552-0612) for a copy of the resolution adopted by the House of Delegates.

Delegates assemble in Bellevue for 1991 WSMA Annual Meeting

The 102nd Annual Meeting of the Washington State Medical Association will be held September 19-22, 1991 at the Bellevue Red Lion Inn.


All reports and resolutions must be received at WSMA's Seattle office by Friday, July 26, to be included in the House of Delegates Handbook. Resolutions received after August 16 must have the consent of two thirds of the House to be considered at the meeting.

The theme for this year's meeting is "Pride in Professionalism." The opening program on Thursday, September 19, scheduled from 2-5 pm will focus on ethical issues in the nineties. AMA Senior Vice President for Medical Education and Science, Dr. Roy M. Schwarz, is the keynote speaker. Washington State Health Care Commission Chairman Paul Redmond has also been invited to speak. A report on the commissions's preliminary recommendations on health care system reform will be ready this fall. Seattle internist, Dr. Nancy Purcell, is this year's scientific program chairman. Dr. Pur-

cell has arranged a special program for Friday afternoon September 20, focusing on end of life issues, prompted by the debate surrounding Initiative 119.

Several Specialty Societies are also planning scientific programs at the meeting, including: the Washington Chapter of the American College of Emergency Physicians; Washington Chapter of the American Academy of Pediatrics; the Washington State Society of Anesthesiologists; the Washington State Society of Allergy and Immunology; the Washington State Psychiatric Association; the Northwest Association of Occupational Medicine; and the Washington Society of Medical Assistants. Programs will also be hosted by the WSMA HIV/AIDS Task Force and the WSMA Physician and School committee.

Registration information will be distributed in June. For further information about hotel arrangements or the scientific program, call WSMA meeting planner Patti Smith in Seattle at 441-9762 or toll free, 1-800-552-0612.



PRIDE IN


PROFESSIONALISM

1991 WSMA

ANNUAL MEETING

Bellevue Red Lion Hotel
September 19-22, 1991
Washington State Medical Association

For Further Information
Call 1-800-552-0612



PCMS members active in state arena

Dr. Larry Cargol, Pathologist, Tacoma General Hospital, is just completing a two-year term as president of the Washington State Society of Pathologists. Prior to that, Dr. Cargol served four years as secretary for the 150-member organization.

Dr. Cargol has practiced in Pierce County since 1975.

Leonard Alenick, Lakewood Ophthalmologist, was elected chairman-elect of the WSMA Hospital Medical Staff Section. Dr. Alenick, who currently serves as President of St. Clare Medical Staff, has been active in organized medicine and the community for many years.

As an Alternate AMA Delegate, Dr. Alenick attends the AMA House of Delegates meeting semi-annually and is well-informed on what is taking place on the state and national scene. He also sits on the WSMA Board of Trustees. He was a member of the House of Delegates for the American Association of Ophthalmology, 1977-81. He was President of the Washington State Academy of Ophthalmology in 1989 and served as Presi-

dent of the Washington Society to Prevent Blindness in 1987.

Ken Bodily, M.D., Tacoma Vascular Surgeon, will be assuming the Presidency of the Washington Chapter College of Surgeons in June. Dr. Bodily has been an active member of the PCMS since 1980. He served as PCMS Vice President and Program Chairman in 1986 and was very active with the EMS Committee and the trauma issue that was before the community at that time.

At its Annual May Meeting in Wenatchee, the Washington Academy of Family Practice chose three Pierce County members to represent them at the state and national level.

Dr. Bill Marsh, currently serving as President, PCMS, was elected WAFF Board member. **Tom Norris**, Director, Tacoma Family Medicine Program was also named a Board member. **Dr. John Coombs**, Medical Director, Multicare Medical Center, was elected Alternate Delegate to the AAFP House of Delegates. Dr. Coombs was Vice President of the Society in 1990. Dr. Norris serves on the Board of Directors of the College of Medical Education.

New law to govern medical records

The *Uniform Health Information Act* passed last session by the state legislature will provide clear statutory direction regarding the disclosure of health care information for physicians, patients, and other health care providers on issues regarding disclosure of medical records. Prior to the law's passage, most questions regarding access to medical records were governed by common law, professional ethics or custom.

The new law contains new obligations for releasing health care information to patients, releasing information to others with the patient's consent and

releasing information to others without the patient's consent. It also allows patients to **correct or amend health care records**. Health care providers failing to comply with the new law may be held liable for civil damages and found to have engaged in unprofessional conduct under the Uniform Disciplinary Act. All health care professionals and many health care facility personnel will need to become knowledgeable about this new law and about their new responsibilities.

If you would like a copy of the new law (SHB 1828) please call the Medical Society office.

Release of medical records

Physicians' offices who refuse to release a patient's medical records is the most frequent cause of grievance calls to the Medical Society. Patients find it very upsetting when they are refused their records, feeling the physician is trying to hide something from them.

The AMA and WSPIA both recommend that "as long as the patient has given legal consent, it is appropriate to release copies of all records contained in the patient's chart." If a patient requests a personal copy of his medical records, should they be released? Yes. Any competent adult patient may request and receive a copy of his or her medical records. The original records are the property of the physician and should never be released. In its "Current Opinions from the Council on Ethical and Judicial Affairs" the AMA states, "Notes made in treating the patient are primarily for the physicians own use and constitute his personal property. However, on request of the patient, a physician should provide a copy or a summary of the record to the patient or to another physician, an attorney, or other person designated by the patient."

Medical reports should not be withheld because of an unpaid bill for medical services.

Simplified, routine insurance reimbursement forms should be prepared without charge, but a charge for complex, complicated, or multiple reports may be made in conformance with local custom. A reasonable charge may be made for the cost of duplicating records.

Upon retirement or sale of a practice, it is recommended that medical records be kept for 5 years from death of the patient; 10 years from the patients last visit; and 15 years from date of birth.

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credential's Committee or Board of Trustees of the Society.

Carroll S. Simpson, MD

Cardiology. Born 5/31/36 in Eldon, Missouri. Medical School, University of Missouri, 1962; Internship, Pontiac General Hospital, 1963; Residency, Cleveland Clinic, 1968; Graduate School, Cleveland Clinic, 1970; Board Certified Internal Medicine, 1973; Board Certified Cardiovascular Disease, 1973. Licensed in Washington, 1970. Dr. Simpson is practicing at 2424 Western Rd, Steilacoom.

Arthur D. Graham, MD

Diagnostic Radiology. Born 12/16/32 in Pueblo, California. Medical School, University of Colorado, 1958; Internship, H.C. Moffet Hospital, 1959; Residency, Fitzsimmons Army Hospital, 1965; Board Certified American Board of Radiology, 1966; American Board of Medical Management, 1989. Dr. Graham is practicing at the VA Medical Center, Tacoma.

Kenneth M. Edstrom, MD

OB/GYN. Born 5/19/55 in McBride, Canada. Medical School, Loma Linda University, 1983; Internship, Loma Linda University, 1984; Residency, Loma Linda University, 1987. Licensed in Washington, 1988. Dr. Edstrom is practicing at 1420 4th St. S.E. #112, Tacoma.

Allen Yu, MD

General/Vascular Surgery. Born 11/18/52 in Taipei, Taiwan. Medical School, National Taiwan University, Taipei, 1978; Internship, Presbyterian University of Pennsylvania, 1984; Residency, Episcopal Hospital, 1986; Graduate School, Englewood Hospital, 1990. Dr. Yu is practicing at 314 S. K St., #201, Tacoma.

Luke W. Ballenger, MD

Psychiatry. Born 11/18/53 in Ft. Smith, Arkansas. Medical School, University of Texas Medical School, 1987; Internship, University of Texas Medical School, 1988; Residency, University of Texas Medical School, 1991. Licensed in Washington, 1991. Dr. Ballenger is practicing at 1901 Cedar, #203, Tacoma.

Robert F. Findlay, MD

Dermatology. Born 02/22/51 in Duluth, Minnesota. Medical School, Washington University, 1979; Internship, Letterman Army Medical Center, 1980; Residency, Letterman Army Medical Center, 1983; Graduate School, Armed Forces Institute of Pathology, 1989; Board Certified in Dermatology, 1989; Board Certified in Pathology, 1989. Licensed in Washington, 1987. Dr. Findlay is practicing at 3908 10th St. S.E. #300, Puyallup.

Loren B. Betteridge, MD

Family Practice. Born 5/11/60. Medical School, University of Washington, 1988; Internship, Ventura County Medical Center, 1989; Residency, Ventura County Medical Center, 1991. Licensed in Washington, 1990. Dr. Betteridge is practicing at 3733 S. Thompson, Tacoma.

Wendell W. Adams, MD

Orthopaedics. Born 9/5/49 in Cleveland, Ohio. Medical School, Case Western Reserve University, 1979; Internship, University Hospitals of Cleveland, 1980; Residency, University Hospitals of Cleveland, 1984; Graduate School, San Francisco General Hospital, 1985. Board Certified in Orthopaedics, 1987. Dr. Adams is practicing at 702 23rd Ave S.E., Puyallup.

Dur Huang, MD

Family Practice. Born 9/1/55 in Taiwan. Medical School, University of Alabama, 1988; Internship, Franklin Square Hospital, 1989; Residency, Franklin Square Hospital, 1991. Licensed in Washington, 1990. Dr. Huang is practicing at 102B 23rd Ave S.E., Puyallup.

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1991-92 C.O.M.E. Board Established

At their June meeting, the College of Medical Education Board of Directors named three new Board Members for one-year, at-large terms. The new officers are: **Drs. Todd Nelson**, Radiologist; **Dale Overfield**, Neurologist; and **Sandra Reilley**, Ob/Gyn. These new members join **Drs. Peter Bertozzi, Philip Craven, Surinderjit Singh, and Gary Taubman**, all recently re-appointed by the PCMS Board of Trustees for terms of three years.

Appreciation and thanks are extended to **Drs. Mian Anwar, David Brown, and John Lenihan** for their service as Board Members of the College. They served many years on the Board and helped the College reorganize after facing program difficulties and financial hardship. Dr. Brown served as College President from 1988-1990, and Dr. Anwar served on the Accreditation Committee from 1988-1991. The College officers for the fiscal year beginning July 1, 1991 will be **Drs. Mark Craddock**, President; **Stuart Freed**, Vice-President; and **Sister Anne McNamara**, Treasurer. The College program calendar for 1991-1992 will be mailed this summer and will feature a CME course in Hawaii.

College Board Announces 1991-92 CME Schedule

The College of Medical Education's 1991-92 schedule has been finalized. Approved by the College Board at their last meeting, the schedule includes a variety of Category I approved programs designed particularly for primary care physicians and internists.

The eleven programs have been selected in response to physician interest. They include:

1991 - 92 C.O.M.E. Schedule

DATES	PROGRAM	DIRECTOR(S)
1991		
Thurs., Fri. October 10 & 11	Common Office Problems	Mark Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri. November 8	Infectious Disease Update	Philip Craven, M.D.
Thurs., Fri. December 12 & 13	Advanced Cardiac Life Support	David Munoz, M.D.
1992		
Thurs. January 16	Law & Medicine Symposium	Douglas Attig, M.D. Frank Ladenburg, J.D.
Fri. February 7	Review of HIV Infections	Alan Tice, M.D.
Fri. February 28	Office Intervention: Alcohol and Substance Abuse	Mark Craddock, M.D.
Thurs., Fri. March 12 & 13	Internal Medicine Review-1992	Bruce Brazina, M.D.
Mon. - Fri. Mar. 30 - Apr. 3	Hawaii and CME	Mark Craddock, M.D. John Lenihan, M.D. Amy Yu, M.D.
Fri., Sat. April 17 & 18	Tacoma Surgical Club	Ken Ritter, M.D. Chris Jordan, M.D.
Fri. May 8	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Mon., Tues. June 22 & 23	Advanced Cardiac Life Support	James Dunn, M.D.

City of Destiny Classic raises record \$150,000

Sixty-eight teams and nearly 800 people participated in the Seventh Annual City of Destiny Classic May 19 & 20 at Stadium Bowl. An estimated record amount of nearly \$150,000 was raised. The event was started by **Gordon Klatt, MD, PCMS Immediate Past-President**, who raised \$27,000 running solo for 24 hours at the University of Puget Sound track. The team concept evolved later. Today, 19 state American Cancer Society divisions are raising tremendous amounts of money through this very special event. Some of the many PCMS members taking part were **John Lenihan, OB-Gyn**; **Bob Thiessen, Oncologist**; and **Ron Taylor, General Surgeon**.



Two members of the K team - Trudy Klatt and daughter Julie Sullivan on one of many laps during the 24-hour run pioneered by Dr. Gordon Klatt.



Oncologist Bob Thiessen, a member of one of the nearly 75 teams that helped to raise approximately \$150,000 for the American Cancer Society.



Dr. Howard Wong & Steve Bader were participants in the very popular, worthwhile event that attracted hundreds of runners and volunteers.

Congratulations to all!

Sound-to-Narrows run attracts many PCMS members & families

The 19th annual Sound to Narrows 12K run brought out many members and their families to enjoy the event that attracted over 10,000 participants. It was an ideal day for running—a bit overcast and in the lower 60's.

General surgeon **Ron Taylor** was the top finisher of PCMS runners. Taylor, 48, toured the course in **43:56** for 51st place overall out of 10,000 runners. Good run **Dr. Taylor!** He finished 2nd in the 45-49 age category.

PCMS Vice President, internist **David Law** ran a very respectable **48:02** to take 146th place overall. Also finishing in the top 200 were **Mike Priebe** and **Craig Rone** with **49:11** and **49:13** respectively. Donna White, wife of ophthalmologist Larry White placed 6th in the 35-39 age category. Donna ran a very good 54:42.

Many made it a family event. Radiologist Andy Levine ran the 12K while his wife Stephanie and three children did the shuffle. Hsushi and Alice Yeh made it a family outing as did several others.

If we missed you in the listing, please give the office a call at 572-3667. We will print a correction in the *Bulletin*.

Gerard Ames
Ron Anderson
Ted Baer
Cordell Bahn
Thomas Baker
Glenna Blackett
Sally Blackett
Priscilla Bosch
David Brown
Mark Craddock
Shirley Deem
Drew Deutsch

Kim Ettlinger
Robert Ettlinger
Ken Graham
Michael Halstead
Steve Hammer
Stan Harris
Jack Hill
Judy Hill
Patrick Hogan
Wayne Larson
David Law
John Lenihan
Andrew Levine
A. Loomis
John McKelvey
David Munoz
Kimberly Nelson
Todd Nelson
Robert Osborne
Sabrina Pingrey

Michael Priebe
Barb Przasnyski
Nikki Przasnyski
Allison Rone
Belinda Rone
Craig Rone
Eric Rone
Jim Rooks
Joan Strait
Ron Taylor
Jennifer Tobin
Dennis Waldron
Donna White
Larry White
Stef Wulfestieg
Sue Wulfestieg
LeighAnne
Yuhasz

In Memoriam

Bernard N. Ootkin, M.D.

1914-1991

Dr. "Bernie" Ootkin died May 24th. He was a longstanding figure on the medical scene in Tacoma and Lakewood. His pre-med college years were spent at University of California (Berkeley), and he earned his M.D. at Marquette University in Milwaukee. Internship and residency years were spent at the Pierce County Hospital from 1939 to 1941. Subsequently, Bernie was employed by the DuPont plant as Industrial Physician, a job he maintained for thirty five years. Additionally he had a private practice with offices variously in downtown Tacoma, DuPont, Tillicum, and finally in Lakewood. His was indeed a general practice with obstetrics, limited major surgery, uncomplicated orthopaedics, and abundant pediatrics.

Bernie's severe myopia brought repeated rejections of his enlistment attempts during World War II. Therefore, he was, while living in DuPont, the only physician between Olympia and most of Tacoma. These were exhausting years. Additionally, he found time to be involved in medical organizations as President of Pierce County Medical Bureau, and on the Board of Directors at Doctor's

Hospital. When Lakewood General Hospital opened in May, 1961, Dr. Ootkin was the first President of the Medical Staff.

Retirement from DuPont and private practice came in 1976. This permitted him to indulge in his love of travel as a ship's physician on many world-wide cruises. This also kindled his enthusiasm for staying current at seminars and clinical conferences.

Dr. Ootkin practiced medicine with great humility, compassion, and a sense of caring. He repeatedly expressed awe at the function of our human form. None who knew him can forget his ever-present sense of humor; his hearty laugh.

Death came to Bernie several days after myocardial infarction. He is survived by his loving wife Olga, son Greg, and daughter Joan. It was my privilege to have Bernie as a business associate, colleague, and friend.

May he have a well-deserved rest in peace.

John P. Liewer, M.D.

Richard Witt, M.D.

1941-1991

Dr. Richard Witt, Family Practitioner with the Community Health Care Delivery System Clinics since 1986, was struck by an aortic aneurism on June 11. Dr. Witt was born May 29, 1941, in Oklahoma City, Oklahoma. He graduated from Kansas University School of Medicine in 1975 and completed his residency at Southern Colorado Family Medical Residency in Pueblo, Colorado, 1978. He remained in Pueblo through 1985 in private practice before moving to Tacoma.

Richard was a valued member of the medical community. He provided much needed obstetrical care to those patients he saw at the Community Health Care Delivery Clinics who often had a difficult time accessing care. He was a very caring and sensitive man. Staff at Lakewood Clinic report that his patients are devastated

by his death. Dr. Witt was one of the first family physicians to start seeing and caring for AIDS patients in Pierce County.

He was an avid long-distance runner. He ran in marathons throughout the country. He had to limit running due to a stress fracture that occurred 3-4 years ago. However, he still managed to average 5-6 miles daily.

The Medical Society extends its condolences to his companion, Dr. Paula Meyer; his daughter, Richael L. Michels of Ft. Collins, Colo.; his parents, Mr. and Mrs. Paul E. Witt of Mesa, Ariz.; one sister, Paula Dzierzanowski of Colorado Springs, Colo.; and two brothers, Terry and Jerry Witt of Wichita, Kan.



Congratulations 1991 Graduating Seniors

The Pierce County Medical Society and Auxiliary are pleased to recognize the sons and daughters of members who are graduating this year. Each one of these high school or college graduations represent a significant achievement and milestone in the student's life. We are proud to recognize your achievements and wish each of you success in your future endeavors. Your plans are varied, many are unique, and always exciting. Congratulations and best wishes to each and every one of you as you face your future and march on to an interesting, exciting life!

John Akamatsu, son of Tosh and Sue Akamatsu, is graduating from the University of Washington with a dual degree: Bachelor of Studio Art and Bachelor of English. John plans to continue his education and will be seeking a masters degree in Architecture.

Cindy Olejar, daughter of Michael and Janet Olejar, is receiving her Bachelor of Arts degree in Economics from the University of Washington. This summer Cindy will travel to Germany where she has a summer job.

Kami Pliskow, daughter of Ray and Vita Pliskow, is graduating from Charles Wright Academy. In the fall she will be attending Pomona College in Claremont, California. At Pomona, Kami's studies will focus on pre-med courses. She will also continue with voice performance studies while at Pomona.

Trista Campbell, daughter of Mick and Lavonne Campbell, is receiving her bachelor's degree in graphic design from the University of Washington. She hopes to get a job in the Seattle area with a graphic design firm.

David Plonsky, son of Carl and Kay Plonsky, is graduating from Bellarmine Prep. High School. He will continue his education in the fall at the New York University Tisch School of the Arts.

Melissa Marie Griffith, daughter of Marie and Tom Griffith, is graduating from Lakes High School. Melissa will be entering Pacific Lutheran University in the fall. She plans to major in business and english and then continue on to law school.

Wendy Joy Rooks, daughter of Penny and J. James Rooks and Mrs. Janet Smith of St. Louis, Missouri, is receiving her Bachelor of Arts degree in Education from Wheaton College. She plans to look for a job as a junior high school teacher. Brave soul!

Tina Iverson, daughter of Nick and Joanne Iverson, is graduating from Rogers High School. Tina will be working this summer and attending the University of Washington in the fall where she will focus on science studies.

Elizabeth Sollie, daughter of Dagny and Stanley Sollie, is graduating from Claremont-McKenna College in Claremont, California. She is receiving her Bachelor of Arts degree in International Relations.

Kevin Lapin, son of Eugene and Margaret Lapin, is receiving his high school diploma from Charles Wright Academy. Kevin will continue his education at Dartmouth in New Hampshire this fall. He will focus on cognitive sciences.

Naomi Sollie, also a daughter of Dagny and Stanley Sollie, is receiving her Bachelor of Sciences degree in nursing from Concordia College in Moorhead, Minnesota.

Robert E. Marsh, son of William and Errollyne Marsh, is receiving his Bachelor of Science degree in Biology from Oregon State University. He will continue on to medical school in the fall at the Oregon Health Sciences University in Portland.

Donald C. Weber, son of Marny and Donald Weber, is receiving his Bachelor of Arts degree in Education (Physical Education emphasis) from Washington State University. He is currently looking for a teaching position in the Seattle-Tacoma area. Does anyone have a job?

Mary Elizabeth Murphy, daughter of Vince and Elizabeth Murphy, has graduated from Western Washington University. Mary Beth received her Bachelor of Science degree. Currently she is working and studying hard to take the MCAT exam in the fall with hopes of heading on to medical school next year.

Brent K. Weled, son of Barry and June Weled, is graduating from Curtis High School. He will be continuing his education at Swarthmore College in the fall.

Jon Nesson, son of Vern and Judy Nesson, is graduating from Puyallup High School. Jon will be going on a trip to Europe at the end of the summer and then in the fall will enter the University of Washington.

Hadley Brooke Johnson, daughter of JoAnn Johnson and Ralph Johnson, graduated from Clover Park High school June 7, 1991. She will be attending Western Washington University in the fall.

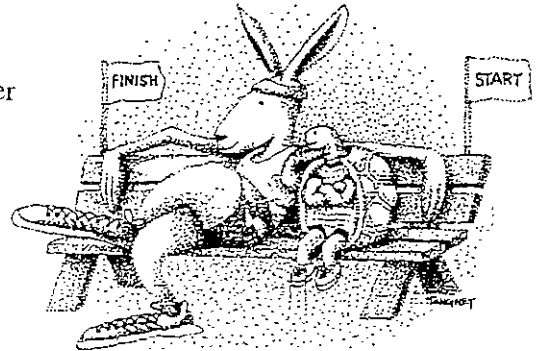
Zero K marathon results

The marathon is over and everyone was a winner. Profits were \$3700, to be distributed to Pierce County charitable organizations. Thanks to the supporters of our first "Non Run for Funds," and a special thanks to the committee who planned the event: Candy Rao, Kris White, Nancy Rose, and those who stuffed and mailed the invitations. Thank You, Thank You!

Lon and Sue Annest
 Walter and Marlene Arthur
 Tarek and Mona Baghdadi
 Ronald and Karen Benveniste
 Wayne and Reta Bergstrom
 Michael and Lavonne Campbell
 James and Nicole Crowley
 John and Karen Dimant
 Stevens and Sheila Dimant
 James and Lila Early
 Cynthia and Terry Edwards
 Lawrence and Lori Fisher
 John and Jerol-Ann Gallucci
 Mark and Janet Gildenhar
 Ronald and Elizabeth Goldberg
 Kenneth and Beverly Graham
 Wesley and Margaret Greydanus
 Thomas and Marie Griffith
 Stanley and Marjorie Harris
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 John and Judy Hill
 E. Bruce and Virginia Hilton
 David S. Hopkins
 Kiyooki Hori and Patricia Palms
 Nichol and Joanne Iverson
 Thomas and MaryLou Jones
 Peter and Patricia Kesling
 Arthur and Pamela Knodel
 Clyde and Sydna Koontz

David and Bev Law
 W.H. and Sharon Ann Lawson
 John and Cynthia Lenihan
 Phillip and Elita Lesh
 Theodore and Denise Manos
 Peter and Marguerite Marsh
 William and Errollynne Marsh
 Robert and Janice Martin
 Robert and Debby McAlexander
 David and Linda McCowen
 Chris and Diane Miller
 Ray and Virginia Miller
 Donald and Beret Mott
 Patrick Murto and Eileen Toth
 Todd and Kimberly Nelson
 James and Barbara Patterson
 David and Jennifer Pomeroy
 Bill and Marge Ritchie
 Jerome and Candy Rao
 Bill and Ruth Roes
 Donald and Nancy Rose
 Paul and Catherine Schneider
 Dennis and Terry Scholl
 Daniel and Shay Schual-Berke
 Donald and Sandra Shrewsbury
 Marilyn Simpson and Tom McKovsky
 Cecil and Denise Snodgrass
 Craig and Patrice Stevenson
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 Norman and Donna Takahashi

Terry and Jan Torgunrud
 Robert and Dorothy Truckey
 Vascular Testing Laboratory, P.S.
 Collen and Lawrence Vercio



Villa Obstetrics and Gynecology P.S.
 Richard and Marion Vimont
 Roy and Gloria Virak
 David and Alice Wilhyde
 Dwight and Donna Williamson
 Robert and Helen Whitney
 Robert and Carole Winegar
 Mitchell and Mary Ann Woodruff
 Carl and Susan Wulfestieg
 Hsushi and Alice Yeh

Auxilians Honored

Four Pierce County Medical Society Auxilians were honored in the community recently.

Ellen Pinto was presented with the Ecumenical Service Award. She is a member of Immanuel Presbyterian Church and has served her denomination at the local, regional, and national levels. In the late sixties she played a key role in maintaining communications between the black and white communities. She has served as Regent and President of Tacoma Community College and had a long tenure on the Tacoma Housing Authority. She has served on many boards includ-

ing being past president of the Pierce County Medical Society Auxiliary.

Lavonne Campbell was selected by KSTW-TV as Outstanding Volunteer. Her literacy teaching at Remann Hall brought her this award.

Kay Plonsky received the 1991 Excellence in Arts Education Award from the Arts Advisory Committee of the Tacoma Public Schools. Kay is the founder and a 10-year volunteer with the PTA "In Touch with Art" program.

Marge Ritchie is the new president of the University Place School Board.

Congratulations, we are proud of you!

Coming Events: Save These Dates!

- Saturday, September 7
Tacoma Golf and County Club Beach Party, Auxilians and Spouses, Newcomers, too!
- Saturday, December 14
A special performance for the Medical Society Auxiliary at TAG of "A Christmas Carol" Tickets: \$20. Proceeds will benefit the PCMSA Philanthropy. Contact Denise Manos for tickets at 1-479-6405.

More Auxiliary News Next Page

PCMSA Donates \$500

PCMSA has given \$500 for the Emergency Food Network in response to the current food bank crisis in Pierce County.

Karen Dimant President Elect

PCMSA is pleased to announce that Karen Dimant is our President Elect for the 1991-92 year.

Karen has served the Auxiliary in a variety of positions. Most recently she chaired the successful "O" K fundraiser event. The Auxiliary is lucky to have Karen!

Philanthropic Fund Applications Available

For seniors or health-oriented Pierce County organization would like to be considered by the Pierce County Medical Society as a recipient for philanthropic funding, you may now obtain an application by writing or calling:

Mary Córdova
10207-104th St. Ct. S.W.
Tacoma, WA 98498
(206) 588-3126

Proof of 501(c)(3) IRS rating is required.

**APPLICATION DEADLINE IS:
SATURDAY, SEPTEMBER 14, 1991**



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Physician's salary to \$67,584. Internist's (BE/BC) salary to \$74,592. Western State Hospital is a fully accredited (JCAHO) and certified (HCFA) hospital. The hospital is associated with the University of Washington Medical School with clinical faculty appointment possible. A Research Institute, with the University, is now being developed. Western currently has a physicians' staff of 60 including 35 psychiatrists and 6 internists. Excellent benefits, including hospitalization/medical insurance, retirement, vacation estimated equivalence at 24%, plus optional deferred income plan. Send CV to Ira S. Klein, M.D., Acting Medical Director, Western State Hospital, Fort Steilacoom, WA 98494; (206) 756-2349. EOE.

PSYCHIATRIST-P/T Contract or salaried psychiatrist, board eligible to work as a part of a geriatric mental health team providing services to nursing home residents. Consultation and education provided to the team and to nursing home staff. Six hours minimum - South King County location (Approx. 20-30 min from Seattle or Tacoma). CV to Pat Valdez, Valley Cities Mental Health Center, 2704 I St. N.E., Auburn, WA 98002. Ph. 854-0760

PART-TIME PHYSICIAN ADULT primary care. Prefer BC/BE I.M., FP, or E.M. \$50/hr., 8am - 4pm, 2 weekdays/week, flexible scheduling. Low volume, low acuity, correctional care setting. Liability covered. Northwest Medical Care Services, (206) 937-9178

TACOMA-SEATTLE, OUTPATIENT General Medical Care at its best. Full and part time position available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., FP, I.M. Contact Andy Tsoi, M.D. 537-3724 or Bruce Kaler, M.D. 255-0056

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Full or parttime position with expanding Physician owned group. Well established, practicing adult emergency medicine. High level of critical care, excellent medical staff. Great flexibility in scheduling to enjoy the Northwest, partnership potential, malpractice paid, ABEM certification or preparation required. CV to TECP, 955 Tacoma Ave. S., Suite 210, Tacoma, WA 98402 (206) 627-2303

Practices Available

THIRTY-SEVEN-YEAR-OLD active psychiatric practice. Solid referral base. Available in December 1991. Office located at Allenmore. Ideal accommodations for solo practice. Active to level desired. Will introduce. Terms negotiable. Inquire 383-2413.

Equipment

FOR SALE-EXAM TABLE \$450, Executive desk-hardwood \$950. Contact Lynn 474-3329.

PUBLIC AUCTION HELD BY LYNLEE'S INC., July 10th-Medical equipment, exam tables, stretchers, EKG's, suction pumps, cabinetry office furniture. Preview begins 8:30 a.m. Bidding begins at noon. Location: 17725 NE 65th, Redmond, WA (near Mary Moor park). Call for information (206) 867-5415.

EXAM TABLE - SOLID OAK with storage. Excellent condition-\$600. 272-2234

Office Space

SATELLITE OFFICE SPACE available - Expand to Federal Way and enjoy serving a growing community of upper income patients. Freeway access, good parking, completely furnished, three exam rooms, half day lease rates. Call today - Office Care/Pam 572-2225

FEDERAL WAY COUNSELING office space. New free standing building in condo office park. Soundproofing, carpeting, private, quiet area, access to a group room, additional support services available by contract. Contact Marie (206) 838-2326, 927-4837

SUPERB OFFICE SPACE AVAILABLE in Lakes Medical Plaza, a new three story office complex adjacent to St. Clare Hospital in Lakewood. 1360 sq. ft. of well designed space. Utilities included in rent. Abundant Free off street parking. Call 584-1982 9-5, 565-1990 after 6 pm

EXCELLENT OFFICE SPACE AVAILABLE in PCMS building. Over 1000 sq. ft. Large central area, 2/3 private offices. Utilities included in \$600 month rent. Free off street parking. Call 572-3666

General

PRIME WATERFRONT RETREAT enjoy the gorgeous sunsets and Olympics from the spacious deck of this quality built 2-bedroom home on 118 feet of no bank waterfront. Excellent protected moorage, oysters and clams! Only 30 minutes to downtown Tacoma. Located in Gig Harbor-Allen Point area. \$390,000 Listed exclusively by Peachy Smalling-Windermere-American N.W. Realty. 627-1125 or 851-3336.

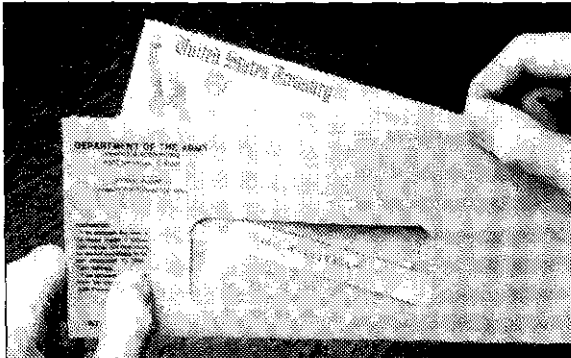
NORTH ROSEDALE 203 ft. bulk-headed low bank waterfront - 4000 sq. ft. home. Western exposure, just reduced by \$50,000. Now asking \$629,000. Call Dan Perkins 272-2105. Eve. 1-857-3177.

FOR RENT, WAPATO POINT VACATION home. Four bedroom, three bath, large deck with panoramic view of Lake Chelan. Available for prime summer rental. Ideal for two families. Call (206) 682-3521 for rates and brochure

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BULLETIN

Volume 6, Number 8

August 1991

HCFA RBRVS PROPOSAL: STIFF REDUCTIONS AHEAD!

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I N S U R A N C E

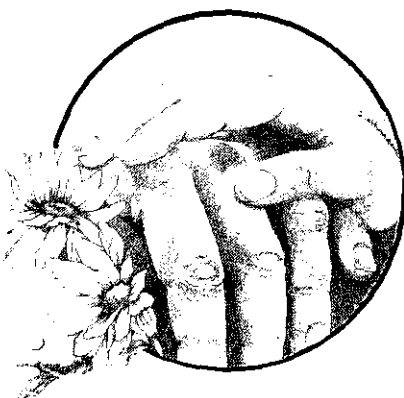
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BULLETIN



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Medicine As A Career

What should I write about this time? This question plagues me. Another article on how the health care delivery system may change and how that might affect me seemed boring, so . . .

All the changes in our health care system predicted for the future tend to make physicians doubt their choice of profession. In physician lounges I have heard all the griping and complaining, even the threatening, that takes place whenever the subject of the health care system is discussed. Many doctors decry how badly they have been treated or will be treated under this system or that system.

I enjoy the practice of Family Medicine. In my deliberations for this article, I thought back to why I wanted to become a doctor. I had skill and interest in mathematics and the sciences. Combining all that with my enjoyment of people, I turned toward medicine. Since no one in my immediate family was a physician, I went into medicine without any first-hand knowledge of what to expect or how to proceed. During the time I went to college and medical school, the Vietnam conflict was going full tilt. This fact, of course, kept me in school doing my very best in undergraduate and medical school work!

Would I,

Could I,

Do Something

Different?

Would I, *could I*, do something different? I've thought about this many times, as I'm sure most of you have. I love the practice of medicine. The dynamics, the puzzle and the art of it all— I can't imagine doing anything else even if the entire system were to be overhauled. I have wonderful, thoughtful, and caring partners and staff and a great location to practice. Good Samaritan Hospital has been, and continues to be, an excellent facility and resource for my patients.

If the rules were changed now, how would it affect me? The business, the regulations, the expectations may all change in the future. If all that happens, what will I do? I guess I will practice medicine the best I can under the new system. I'm not saying I've stopped working for or will ever stop working for what I believe is the perfect health delivery system. If and when things change, I know I can adapt. I could do well in whatever I chose, but it would be difficult to change to another profession. If I won the Lotto, maybe I could cut down to part time!

We should encourage young, bright, creative students toward medicine as a career. They will be our replacements and maybe even our personal physicians. We complain about the business and the regulatory side of medicine, but we fail to reinforce our love and commitment to the art and science of medicine.

My advice to you is this—remember why you chose medicine in the first place—be a part of, and participate in, the changes ahead.

HCFA Proposes 16% Conversion Factor Cut

A proposed regulation by the Health Care Finance Administration would reduce medicare payment levels by 16% in 1996.

Congress decreed the new system should be "budget neutral," costing Medicare no more and no less than if RBRVs had never been. The 1989 law focused only on 1992, however, and HCFA proposes to achieve 1992 neutrality in a way that will actually reduce post-1992 payments.

The reduced conversion factor threatens to reduce payment for some services by 40%. No specialty escapes. For example, internists' fees, previously expected to go up would drop by about 3%.

The AMA wants Congress to amend the law that created payment reforms using a resource-based relative value scale to:

- Prohibit the use of a behavior offset. (HCFA wants to reduce payments by 3% to compensate for volume increases it expects to occur as physicians facing payment reductions boost services to minimize losses.)
- Bar adjustments for the asymmetry in the RBRVS transition period. (HCFA wants to reduce payments by another 2% to compensate for the fact that RBRVS payment gains will occur more rapidly than payment losses.)
- Eliminate the tripling effect by spreading adjustments across both the RBRVS and historical portion of the payment. (During the transition, payments are a blend of RBRVS and historical rates. HCFA says the law requires all adjustments to be loaded on the conversion factor, which controls only the RBRVS payment, or about one-third of the total in

Physician fee schedule impact by specialty

% change in allowed charges for fee schedule relative to current system

Specialty	Year 1 (1992) change in		Year 5 (1996) change in	
	Payments per service (%)	Payments* (%)	Payments per service (%)	Payments* (%)
All physician specialties	-3	0	-16	-6
Family Practice	13	14	15	17
General Practice	14	15	14	16
Cardiology	-5	-2	-17	-8
Dermatology	-2	-1	-15	-7
Internal Medicine	0	0	-3	-1
Gastroenterology	-7	-2	-25	-11
Nephrology	-4	-1	-15	-7
Neurology	-4	-1	-9	-4
Psychiatry	-9	-3	-5	-2
Pulmonary	-4	-1	-8	-4
Urology	-4	-1	-15	-7
Radiology	-6	-2	-32	-14
Anesthesiology	-8	-3	-35	-16
Pathology	-6	-2	-30	-14
General Surgery	-5	-2	-20	-9
Neurosurgery	-6	-2	-25	-11
Ophthalmology	-8	-3	-35	-16
Orth. Surgery	-6	-2	-19	-9
Otolaryngology	2	3	-4	-2
Plastic Surgery	-6	-2	-17	-8
Thoracic Surgery	-7	-2	-31	-14
Clinics	-1	0	-11	-5
Optometry	13	14	12	14
Podiatry	5	6	16	18

*Includes changes in payments per service as well as anticipated volume/intensity responses. Note: HCFA did not include, and was unable to supply, projections for obstetrician/gynecologists. Source: Health Care Financing Administration

1992. Cutting overall payments by 5% thus requires a 16% reduction in the conversion factor.)

The AMA believes it will require a groundswell of letters to Congress and HCFA, more than were generated by the CLIA episode. *Time is limited.* August 5 is the deadline for receipt of letters to HCFA and Congress. Write your Congressman; Write Gail Wilensky, HCFA Administrator; and write Secretary of Health, Dr. Louis Sullivan. If you have any questions on RBRVs and HCFA, contact Dr. Leonard Alenick. Dr. Alenick, a Lakewood ophthalmologist, is an AMA Alternate Delegate and is well informed on this issue. You can also call AMA staff members: (all numbers are area code 312) Mark J. Segal 464-4726; Sandra L. Sherman 464-4728; Bruce Blehart 464-4039; or Janet Horan, 464-5538.

Fee schedule payments vs. 1991 average payments for selected high-volume physician services

Physician Service*	1991 Average Payment	Full Fee Schedule (As of '91)**
Office visit, new, level 1 of 5	\$ 26	22
Office visit, new, level 3 of 5	38	48
Office visit, new, level 5 of 5	64	81
Office visit, established, level 1 of 5	12	10
Office visit, established, level 3 of 5	26	27
Office visit, established, level 5 of 5	56	63
Hospital visit, initial, level 2 of 3	76	82
Total hip joint replacement	2,11	1,486
Insertion of heart pacemaker	818	491
Coronary arteries bypass	3,181	1,926
Sigmoidoscopy	96	69
Removal of gallbladder	746	525
Prostatectomy	983	702
Total hysterectomy	837	592
Remove cataract, insert lens	1,342	832
X-ray exam of chest	14	9
Contrast CAT scans, abdomen	91	57
Weekly radiation therapy	162	99
Surg. path., gross & micro.	58	37

*Relative values may continue to change up until final publication

**Does not reflect annual updates that would apply in 1992 and later years

"Health Care in America is the Cancer that is Threatening our Economy"

In an address to Tacoma Rotary 8 on June 27, Governor Booth Gardner said "Health care in America is the cancer that is threatening our economy." Gardner went on to say, "When people have insurance, doctors and patients have no inclination to hold costs down. The industry is not responding to market forces."

"The tremendous cost of health care is taking dollars from other programs," he said. "With the cost of insurance for state employees at

\$900 million annually, the need is to expand access and cut costs. We can no longer tolerate 37 million people in this nation not getting care."

He stated that there have been 10 national health care commissions formed in the last two decades with no reform at the national level. [States have greater potential to change the system than a very partisan Congress.]

The Governor listed six areas that need to be corrected. He sug-

gested 1) The number of dollars per capita, 2) less dollars spent on intensive care, especially with 20% of health care going to the last six weeks of life, 3) greater investment on prevention and health education, 4) massive overhaul of the tort reform system. (He stated the United States has 2/3 of the world's attorneys and only 5% of the world's population.) 5) Every doctor and patient has to help hold down costs, 6) savings will be required to improve access.

Housing Needed

Interested in learning how medicine is taught in another country? Regine Bohn, a 23-year old senior medical student from Germany will be doing a 4-week rotation at Tacoma Family Medicine from August 21 through September 18, 1991. She needs housing while she is here as she is outside of the University of Washington system and is not eligible for student apartments subsidized by the University. If you are interested in housing Ms. Bohn during all or part of the time she is here, please call Ms. Lynn Quanrud at Tacoma Family Medicine, 572-4682.

Corrections

Please note the following corrections:

1991 Directory Corrections

- Dr. Ernest Randolph's correct office address is 16218 Pacific Ave, Suite 4, Spanaway (rather than Puyallup,) 98387
- Drs. Singh, Saeed, Steinitz, Settle, Hilton, and Ritson of Electrodiagnosis and Rehabilitation Associates of Tacoma, Inc, correct address is 2121 S. 19th, Tacoma, 98405, phone 272-9994

Also . . .

- Thomas Deem, son of Drs. Shirley Deem and Clark Deem, graduated from Charles Wright Academy. He will enter Washington University in St. Louis, MO this fall. Thomas is spending the summer travelling in South America.
- Jan Halstead was left off of the list of people who ran in the 19th Annual Sound to Narrows run.

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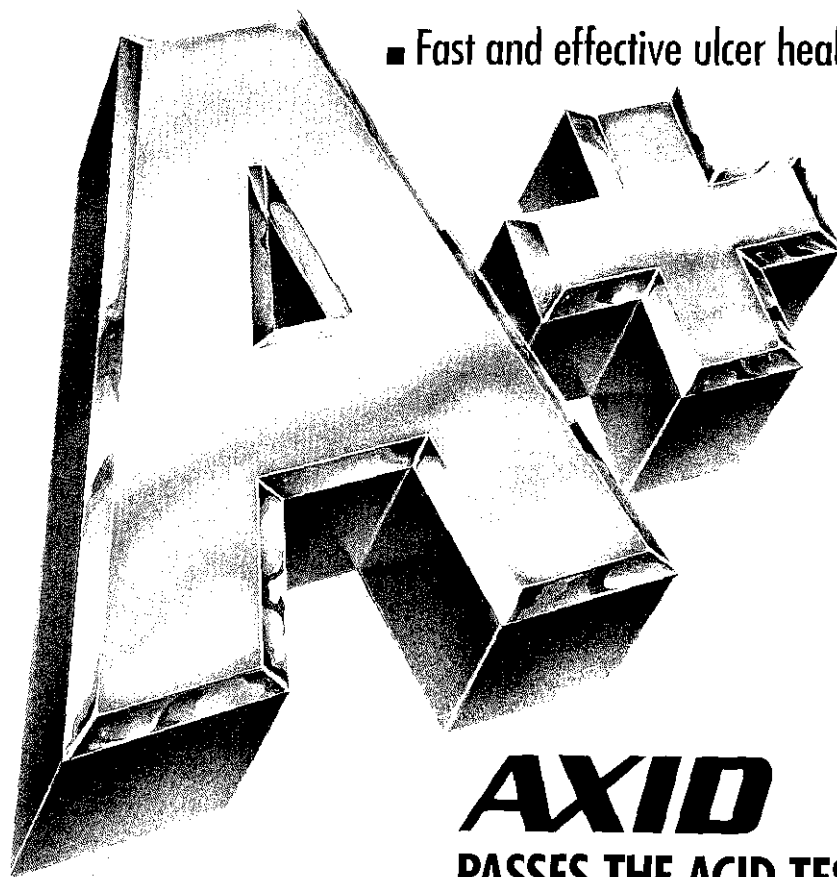
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Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credential's Committee or Board of Trustees of the Society.

Don W. Hebard, MD

Radiation Oncology. Born 05/09/42 in Nebraska City, Nebraska. Medical School, Temple University 1968; Internship, Virginia Mason Medical Clinic, 1969; Residency, Virginia Mason/University of Washington, 1973; Board Certified National Board of Medical Examiners 1969; Board Certified American Board of Radiology, 1975. Licensed in Washington, 1969. Dr. Hebard is practicing at 314 S. K St., #11, Tacoma.

Thomas E. Reinertson, MD

Gastroenterology. Born 10/26/58 in Flint, Michigan. Medical School, Michigan State University, 1984; Residency, Albany Medical Center, 1988; Graduate School, Albany Medical School 1990. Board Certified Internal Medicine 1988, Pediatrics 1989. Dr. Reinertson is practicing at 104-A 23rd Ave SE, Puyallup.

David H. Ricker, MD

Pediatrics. Born 08/21/58 in Tucson, Arizona. Medical School, UC San Diego Medical Center, 1985; Internship, UC San Diego Medical Center, 1987; Residency, UC San Diego Medical Center, 1987; Graduate Training, Pittsburgh Children's Hospital, 1991; Board Certified Pediatrics 1989. Dr. Ricker is practicing at 316 S. K St., #212, Tacoma.

David R. Benson, MD

Ophthalmology. Born 5/03/51 in Centralia, Washington. Medical School, University of Kansas, 1987; Internship, Berkshire Medical Center, 1987; Residency, University of Arizona. Licensed in Washington, 1987. Dr. Benson is practicing at 521 S. K St., Tacoma

James J. Schopp, MD

General Surgeon. Born 09/07/60 in Chicago, Illinois. Medical School, University of Illinois, 1986; Internship, Cook County Hospital, 1987; Residency, Cook County Hospital, 1991. Dr. Schopp is practicing at 1901 S. Cedar, #303, Tacoma.

AXID® (nizatidine capsules)

Brief Summary. Consult the package insert for complete prescribing information.

Indications and Usage: 1. Active duodenal ulcer—Up to 8 weeks of treatment. Most patients heal within 4 weeks.

2. Maintenance therapy—for healed duodenal ulcer patients at a reduced dosage of 150 mg b.i.d. The consequences of therapy with Axid for longer than 1 year are not known.

Contraindications: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H₂-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to other H₂-receptor antagonists.

Precautions: General—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False positive tests for urobilinogen with Multistix™ may occur during therapy.

Drug Interactions—No interactions have been observed with theophylline, chlorazepate, lorazepam, diazepam, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system. Therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concomitantly.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A 2-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a 2-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hypoplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight gain as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatocarcinogenic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice given up to 360 mg/kg/day, about 60 times the human dose, and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutagen tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a 2-generation, pre- and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect, but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in 1 fetus, and at 50 mg/kg, it produced ventricular septal defects, distended abdomen, spinal bifida, hydrocephaly, and enlarged heart in 1 fetus. These are, however, not adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, swelling (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events were due to the drug.

Hepatic—Hepatocellular injury revealed liver enzyme tests or alkaline phosphatase possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGPT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to 3 times the upper limit of normal, however, did not significantly differ from that in placebo patients. All abnormalities were reversible after discontinuation of Axid. Since market introduction, hepatitis and jaundice have been reported. Rare cases of cholestatic or mixed hepatocellular and cholestatic injury with jaundice have been reported with reversal of the abnormalities after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of androgenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumentary—Swelling and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Rare episodes of hypersensitivity reactions (e.g., bronchospasm, laryngeal edema, rash, and osmophilias) have been reported.

Other—Hypotension, unassociated with gout or nephrakiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdose occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis does not substantially increase clearance of nizatidine due to its large volume of distribution.

References

1. Data on file, Lilly Research Laboratories
2. *Scand J Gastroenterol* 1987;22(suppl 136):61-70
3. *Scand J Gastroenterol* 1987;22(suppl 136):47-55
4. *Am J Gastroenterol* 1969;84:769-774

NZ-2942-B-143346

Additional information available to the profession on request.

 Eli Lilly and Company
Indianapolis, Indiana
46285

PCMS Sponsors First Women Physicians Meeting

You've Come A Long Way, Baby!
Even though she apologized for borrowing the title from a cigarette company, Anna Chavelle, MD, WSMA Secretary/Treasurer, admitted that women, have indeed, come a long way in medicine. She spoke to a group of about twenty Pierce County women physicians, on Wednesday, June 26 at Allenmore Hospital. The meeting, sponsored by PCMS, with Dr. Eileen Toth, PCMS President-Elect presiding, was the first gathering of the group, who decided to meet two to three times per year.

Dr. Chavelle reviewed demographics of women physicians, discussing where they are today and possibilities for the future. She reported that in 1988 there were 600,000 physicians, 100,000 of whom were female. In 1989, 39% of medical students were female, compared to 9% in 1969. Currently, 16% of physicians are female, with projections to 30% by the year 2010.

She added that 82% of women physicians are active in patient care. Forty-four percent are office based, 37% hospital based, 7% in other

capacities, and 10% not practicing. Women have an average income of \$95,000 and work an average of 53.8 hours per week compared to their male counterparts who earn \$151,000 and work 58.7 hours.

Women have had to work hard to break many stereotypes, such as not being dependable, not participating, etc. Even though improvements have been made, women still face many stereotypes regarding their capabilities and commitment. Dr. Chavelle said that men need to understand that women have the privilege of child bearing and that is an important aspect of a woman's life that is not going to go away. She urged women to put balance in their lives, and to work at providing a stable personal life as well as a life of being a physician.

She offered tips for surviving in the professional world: "Participate", she said. "Be a member who is involved and then you will move up. Participate in specialty groups, your local medical society as well as state and national associations, write letters, talk to patients, and network."

She advised everyone to take care of themselves. Proper exercise, nutrition, and managing stress are all important. She added, "Doctors tend to be workaholics and take care of themselves last". Her advice was to "have a healthy lifestyle."

Women should be assertive, not aggressive, should choose words carefully, and not put up with sexual harassment in any form. She referred to the "old boys club" and recommended that women infiltrate it with the "old girls club." Women are requesting women physicians and with 51% of the patients being female, the time to be a woman physician is here.

She closed with a couple of her favorite philosophies:

- If you're not part of the solution, you're part of the problem

- Treat life as a bold and daring adventure

If you are interested in the meeting with other women physicians, please call the Medical Society of office, 572-3667.

"He said . . . She Said . . ." Critical Remarks Cause Lots Of Trouble

A critical remark from a physician or staff member about care provided by a previous physician can frequently generate a non-meritorious malpractice claim. Often, the physician who made the remark does not remember being disparaging. What really happened? The current physician or staff member may have remarked to the patient, "I don't understand why Dr. X did this." Or he may have commented, "I wonder why Dr. X did not consider Z diagnosis."

Even though the physician intended no real criticism, the patient could easily interpret the statements as proof of negligent care.

One physician-owned profes-

sional liability insurance company in California found that 23 percent of all cases closed without payment had arisen in this manner.

Many patients are poor or selective historians. Therefore, even when a patient gives you a medical care history that sounds like the standards of care are not met, you should refrain from commenting. In many instances the record will not be available to make an accurate judgement call.

To patients who specifically ask about the quality of care provided by a previous physician, it is reasonable for you to say you cannot comment without reviewing the entire record. You may also want to say to the patient,

"I wasn't there to stand in that physician's shoes."

It is important to remember that the legal standard for meeting the standard of care recognizes different modes of treatment. A colleague's treatment plan—even if very different from what you might suggest—does not necessarily indicate negligence or malpractice. If you believe a patient received negligent medical care, discuss these concerns with the other physician involved to obtain more complete information. If you suspect an on-going pattern of poor care, consider advising the Medical Disciplinary Board, hospital quality assurance committee or county medical society.

Reprinted from WSMA Reports



Neighborhood Clinic Update

This has been a year of painful transition for the Neighborhood Clinic located at 1323 S. Yakima in the basement of the old St. Leo's School. We have continued to provide health care for people who do not have the ability to pay. Crises have included an enormous pharmacy debt, decreased physician and pharmacist volunteers, the loss of psychiatry services, and the departure of our longstanding and compassionate clinic coordinator Trudy Dodsworth.

Our thanks to the administration of St. Joseph Hospital for forgiving our debt of nearly \$100,000! Presently, we are able to meet our financial obligations on an on-going monthly basis. Unfortunately, this has meant restricting pharmacy services. We no longer will dispense medications on site. Only prescriptions written by our clinic volunteers will be accepted by St. Joseph pharmacy.

Our thanks to psychiatrists Michael Pearson and Ada Van Dooren for having selflessly provided ongoing care for our mentally ill patients on Wednesday nights for the past several years. We will miss you.

We are pleased to announce that Joe Cates-Carney has eagerly accepted the position of Clinic Coordinator. Joe brings his enthusiasm, creative problem-solving skills, and a longstanding commitment to the

poor. Please help us welcome Joe.

We were pleased to receive a United Way grant for the first time this year.

There are an estimated 30 million-plus medically uninsured individuals in the United States. Many more are underinsured. Like the rest of the country, in Pierce County there is an appalling shortage of health care providers for these men, women, and children. We at the neighborhood clinic appreciate those of you who have supported us over the years in our efforts to help the underserved. The clinic is a place that we can each lend a hand to help those less fortunate as a temporary measure, while we as a country struggle with long term solutions. Perhaps someday soon there will longer be the need for a "free" clinic.

You can do something today to help the medically underserved in our community directly.

- Volunteer to staff the clinic one evening a month
- Encourage your colleagues to volunteer
- Agree to provide uncompensated care for patients referred to your office
- Tax-deductible contributions are cheerfully accepted. Please contact

Joe Cates-Carney
The Neighborhood Clinic
1323 S. Yakima
Tacoma, WA
(Clinic) 627-6353
(Home) 474-782

John Van Buskirk
419 S. L
Tacoma, 98405
(Clinic) 383-5120
(Home) 759-8379



Local District Coalition Active

Earlier this year, the Washington State Medical Association created sixteen local District Coalitions to educate physicians, patients, and the public, and to advocate a quality health care reform agenda.

WSMA designated Dr. Richard Hawkins as the chair of the Pierce County District. Dr. Hawkins has been very active organizing two meetings for membership of the PCMS to have a greater grasp of what is taking place in Washington State with health care reform. Mailings have gone out to approximately 80 organizations in the county alerting them to the availability of

speakers on the topic of health care reform.

Dr. Hawkins has addressed Rotary North Club and will be speaking to the Lakewood Lions and the University Place Rotary in July. His comments have been well received to date. Some of the issues being discussed are rationing, Medicare, medical care for the poor, high-tech medicine, and the Canadian Health Care System.

If you are a member of an organization that would like a speaker on any of these topics, please give the Medical Society office a call.

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A Memorable Day in the Life of An Unsung Hero



40 years.

How many deliveries?

How many strokes?

How many funerals?

He got up at 6 o'clock, without an alarm clock, just as he had done every day for the past 40 years.

He did 15 minutes of calisthenics by the foot of the bed. (He wasn't as limber as he had been when he rowed lightweight crew at the university, but he could still pump out those sit-ups.)

Then he went to his desk, pulled out Harrison's Principles of Internal Medicine, and opened to his bookmark on page 433, "Wegener's granulomatosis."

He read for 20 minutes, a habit he had started when he was an intern. The book was shorter then, but he could still get through it in about nine months by doing 10 pages each morning. Perhaps this habit hadn't told him much about how to treat Jason Robert's runny nose or talk to Mabel Watkins about her husband's infidelities, but it did help him in the office from time to time and it always made him feel good, more confident, still a student of the discipline he loved so dearly.

He showered. He peed, standing by the bowl for a few seconds until the stream began. Time to get the gland rechecked, maybe get one of those ultrasound exams. Sam Davis had told him his prostate was "on the large size" when he did a physical a year ago.

He dressed, coat and tie as usual. There were people in the community who had known him for their entire lives and who had never seen him without a coat and tie. He always believed that people wanted their doctors to look professional. He never understood how these younger fellows could wear polo shirts, sneakers and jeans. Well, at least it was better now than in the '70s when they wore ponytails and earrings.

Breakfast was on the table just as it had been every morning of his practice. It pleased him that his wife long ago had begun to get up soon after he did, to make his breakfast while he did his morning routine. It wasn't part of any prenuptial agreement, just a special time they had together each day. Even when there were committee meetings or lectures by visiting experts she would get up with him, cut him some fruit, sip coffee. All that had changed was that oat bran cereal had replaced the bacon and eggs. He didn't like the taste, but the evidence in favor of a low-fat diet was too strong to disregard.

Still half asleep, she smiled at him. He smiled back. Did she know that he loved her as much today as he had when they met at the hospital so many years ago, he a medical student and she a librarian? What a wonderful wife and mother she had been. And smart - the best person to talk to about an interesting case, to

cry with after a difficult death. A spouse knows in special way what being a doctor is all about.

Forty years. How many deliveries? How many strokes? How many weekends on-call? How many funerals? President of the Medical Society, delegate to the state convention four times, the first chairman of the new ICU committee.

Med student, intern, new kid in town, best GP in the county, cutting back a bit, oldest member of the staff. How quickly time had passed. How different medicine had become, yet how much it had remained the same.

Lots of memories. Lots of joy, lots of sadness. Plenty of hard work. He would do it all again without hesitation.

He kissed his wife and walked out the door to his Oldsmobile - he always bought American.

A beautiful morning. A special morning. Today he would retire.

No banquets, no speeches, no gold watch. The younger physicians didn't seem to have much time for him anymore. He would just see a few more patients, finish packing up, and lock the door on his way out. Whatever he had told his nurses about looking forward to retirement, he knew he'd miss practicing medicine.

And we'll miss him too. But since no one is likely to tell him: *Thanks, doc, thanks from all of us. You did good.*

By Richard E. Waltman, MD



PCMS Heart Run Team **1st** In Division, **3rd** Overall

With a combined time of 2:08:02, Drs. Mark Craddock, Tom Herron, David Law, and Michael Priebe placed first in the all men combined ages 131-160 years team participating in the St. Joseph Heart Run, May 21, 1991. The second place team in the category had a time of 2:19:15. Of the 28 teams participating, the PCMS team placed third overall.

St. Joseph Hospital delivered a very nice acrylic trophy that will be placed in a place of honor in the PCMS office. Congratulations to the four speedsters!

Clockwise, from upper left: Mark Craddock, Tom Herron, David Law, and Michael Priebe



Seattle-to-Portland Attracts Many PCMS Riders

Many Medical Society biking enthusiasts participated in the annual 196 mile bike ride from Seattle to Portland (STP), June 29-30. Ten thousand riders registered for the event, sponsored by the Cascade Bicycle Club of Seattle. Over 8,000 were scheduled to complete the ride in two days, with 1,785 attempting to accomplish the mission in one day.

Congratulations to the following PCMS members and families for completion of the STP Bike Ride:

Two-day Riders: (196 miles in two days)

- Ron Benveniste
- Ken Bodily



PCMS Medicare Team (L-R) Dick Bowe, Doug Jackman, Don Shrewsbury, and "Coach" Dave Wilhyde

Continued on pg 15 . . .

At our new Gig Harbor Same Day Surgery Center, you'll find the recovery room very familiar.



It's home, sweet home.

At St. Joseph, we know that your patient's trip to the hospital can be something to recover from in and of itself. That's one of the reasons we built our new Same Day Surgery Center in Gig Harbor. It makes a trip to the hospital a little less stressful. And a lot more convenient.

Same day surgery represents the latest thinking in medical care. It lets your patients recover in familiar surroundings at home.

The entire center is designed to make them feel more comfortable. You'll notice it as soon as you walk in. The colors are fresh and relaxing. We've even installed headphones and big, comfortable chairs in our post-anesthesia recovery lounge.

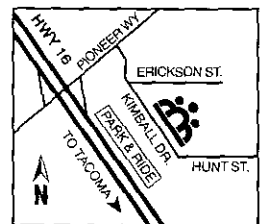


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HOSPITAL**

And because it's located in Gig Harbor, your patients get this special kind of medical care without the headache of driving into Tacoma or Bremerton.

There's one other thing you should know about our new center. It is filled with the same care and compassion that patients have come to expect from St. Joseph Hospital.

If you'd like to learn more about our new Same Day Surgery Center in Gig Harbor or schedule your patients, call 591-6628.



Northbound, Exit Gig Harbor City Center
Southbound, Exit Gig Harbor / Fox Island

ST. JOSEPH SAME DAY SURGERY CENTER OF GIG HARBOR • GIG HARBOR MEDICAL PAVILION • 6401 KIMBALL DRIVE • GIG HARBOR

- George Garcia
- Maria Mack and husband Dennis (completed ride on a tandem)
- Jeff Nacht, wife Gail, children Hilary and Jamie
- Robert Osborne
- Michael Regalado, wife Dinnie (completed ride on a tandem)
- Greg Sanders

One-day Riders:

- Dick Bowe
- Ken Deem (son of Shirley Deem and Clark Deem)
- Pat Hogan
- Doug Jackman (PCMS Staff)

- Dan Niebrugge
- Don Shrewsbury
- Phil Shultz
- Dave Wilhyde (tour Leader of PCMS Bike Club)

Drs. Bowe, Shrewsbury, and Wilhyde, joined by Doug Jackman and Steve Wilson, left the Kingdome in Seattle at 4:05 a.m. and crossed the finish line in Portland 16 hours later at 9:00 p.m. Pat Hogan started on Saturday with the two-day riders but continued on to Portland arriving about 8:30 p.m. He and other Saturday riders had to contend with several hours of hard rain. Sunday riders fared better with no precipitation and fairly mild temperatures.

The Cascade Bicycle Club provided three rest stops. One in Tacoma, Centralia, and Longview. The club prepared 6,000 sandwiches, 6,500 pounds of boiled red potatoes, 24,000 bagels, 22,000 muffins, and 3,000 Power Bars. In addition, 18,000 Jungle Bars, 30,000 cookies, 6,000 pounds of bananas, 3,000 pieces of cantaloupe, 1,800 pounds of watermelon, 1,400 pounds of grapes, and 500 pounds of honeydew melons were consumed. Overall, the 10,000 riders consumed between seven and ten tons of food.

Congratulations to all finishers of the STP Bike Ride. If you are interested in joining the PCMS Bike Club, please call the Medical Society office, 572-3667. The club is open to all members, their families or friends with the sole interest of riding bikes.

Fewer Physicians Accept New Medicare Patients

Access to care for the nation's elderly may be adversely affected by Congress' efforts to reduce physician reimbursements for many Medicare services, the AMA Center for Health Policy Research reported. Reimbursement reductions, state-mandated assignment laws and increased administrative burdens associated with Medicare claims may make it more difficult for beneficiaries to find a physician willing to accept them as new patients. This is especially true for those who are new to the program

or who do not have an established relationship with a physician. In a 1990 survey, the AMA asked physicians how many new Medicare patients they accepted. The data indicated a slight decline in the willingness of physicians to accept new Medicare patients. The proportion of physicians who accepted new Medicare patients fell 2.5 percentage points between 1989 and 1990, while the proportion who did not accept new Medicare patients increased by 2.2 percentage points.

Dr. Blackett to be Installed President

Dr. Ben Blackett, Tacoma neurosurgeon, attorney, and past president of PCMS will be installed as President, Western Neurosurgical Society in September. WNSS membership includes the mountain states west to Hawaii.

Dr. Blackett also sits on the board of directors of the 4000-member American Association of Neurological Surgeons. Some of major issues confronting the AANS are: RBRVS, OBRA II and HCFA's balance billing dictates.

Physician's Insurance Makes Classification Changes for 1991

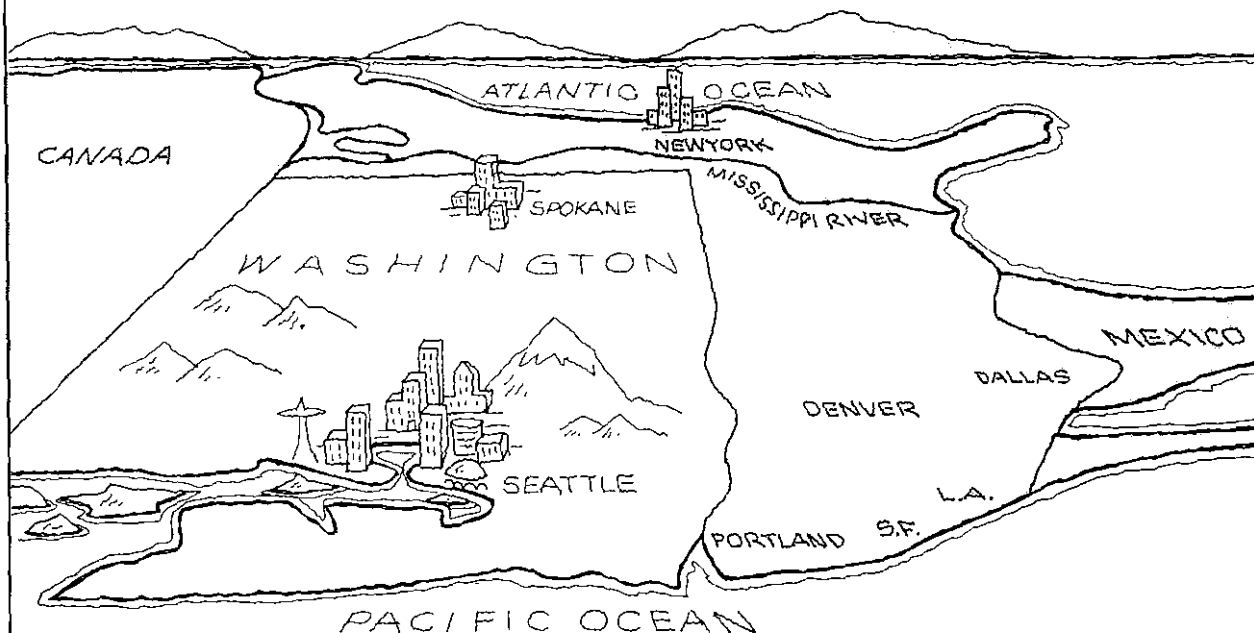
Physician's Insurance recently completed an in-depth review of its loss experience, by specialty, through December 31, 1990. As a result of this study, several specialties will have premium reductions. The new classifications have been approved by the Physicians Insurance Board of Directors and the Washington State Insurance Department. The Physicians Insurance rate filing applies to all new and renewal policies as of June 1, 1991,

and due to Insurance Department rules, will take effect on January 1, 1992, for all present policy holders.

Specialties affected by the classification changes include: anesthesiology, cardiology, radiology, otolaryngology, ophthalmology, cardiovascular surgery, general surgery, orthopedic surgery, plastic surgery, and family practice/general practice including minor surgery (no obstetrics).

In addition, in an effort to improve access to prenatal care in Washington State, a new classification has been approved. This program places family practitioners/general practitioners doing up to 20 normal deliveries (no high-risk obstetrics, cesarean sections, or major surgery) in a lower premium class.

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COLLEGE OF MEDICAL EDUCATION



Common Office Problems CME Set for October 10,11

The very popular Common Office Problems course is scheduled for Thursday and Friday, October 10 and 11. Designed for the Primary Care practitioner, the CME program this year will feature half-day sessions on pediatrics, internal medicine, pharmacology, and sports medicine.

Local and regional experts will present "Common Office Problems" subjects as selected by course coordinators Drs. Mark Craddock, Kirk Harmon, and Tom Herron. The program will be held in Rooms 3A and B of St. Joseph Hospital's South Pavilion.

The course is sponsored by the College of Medical Education and will offer 14 Category I CME credits. A program brochure detailing the course agenda and registration material will be mailed in August.

This year's course, as with all courses sponsored by the College of Medical Education, is developed in response to PCMS physician input derived from the College interest survey. For information regarding other C.O.M.E. courses, please call 627-7137.

Plan Now for Hawaii – Brochure/ Registration Available Soon

The final touches in preparation for next year's Hawaii and CME are nearly complete. The College's second "resort" CME program is scheduled for the week of March 30 through April 3 in Kauai at the Stouffer Waishai Beach Resort.

Potential participants are encouraged to mark their calendars for that week now and plan to finalize plane and lodging arrangements as soon as possible.

Details for taking advantage of both flight and lodging discounts will be highlighted in the program brochure.

1991 - 92 C.O.M.E. Schedule

DATES	PROGRAM	DIRECTOR(S)
1991		
Thurs., Fri. October 10 & 11	Common Office Problems	Mark Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri. November 8	Infectious Disease Update	Philip Craven, M.D.
Thurs., Fri. December 12 & 13	Advanced Cardiac Life Support	David Munoz, M.D.
1992		
Thurs. January 16	Law & Medicine Symposium	Douglas Attig, M.D. Frank Ladenburg, J.D.
Fri. February 7	Review of HIV Infections	Alan Tice, M.D.
Fri. February 28	Office Intervention: Alcohol and Substance Abuse	Mark Craddock, M.D.
Thurs., Fri. March 12 & 13	Internal Medicine Review-1992	Bruce Brazina, M.D.
Mon. - Fri. Mar. 30 - Apr. 3	Hawaii and CME	Mark Craddock, M.D. John Lenihan, M.D. Amy Yu, M.D.
Fri., Sat. April 17 & 18	Tacoma Surgical Club	Ken Ritter, M.D. Chris Jordan, M.D.
Fri. May 8	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Mon., Tues. June 22 & 23	Advanced Cardiac Life Support	James Dunn, M.D.



Members & Spouses

Mark your calendars for:
September 10
PCMS General
Membership Meeting

*Rep. Dennis Braddock—Speaker
Author of Braddock I & II and
Advocate of the One-Payor System*

Dennis Braddock, author of Braddock I & II and advocate of the British Columbia one-payor system, will address PCMS members on his health care reform plan Tuesday, September 10 at Fircrest Golf Club.

If the legislature adopts Braddock II:

- *What is going to happen in Washington State?*
- *How will you, the individual physician, your practice, your future, be affected?*
- *Mark your calendars for Tuesday, September 10*

Cocktails: 6:00 pm
Dinner: 6:45 pm
Program: 7:00 pm
Price: \$17 (\$19 door)

Yes, I (we) have reserved the evening of Tuesday, September 10 to join members of the Pierce County Medical Society at the September General Membership Meeting to hear Representative Dennis Braddock explain his health care reform bill at Fircrest Golf Club.

Please reserve _____ dinner(s) at \$17 per person (includes meal, tax, and gratuities) Enclosed is my check for \$ _____

Dr. _____

Please make check payable to PCMS and return no later than
Friday, September 6, 1991

TACOMA ACTORS GUILD

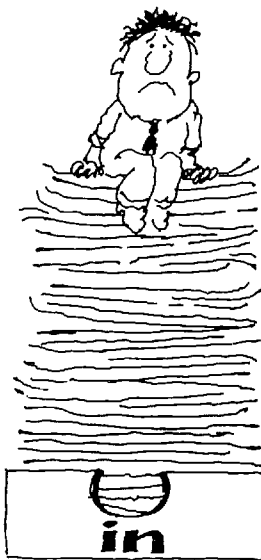
Christmas in August

PCMSA is honored to host the Tacoma Actors Guild presentation of the Christmas classic "A Christmas Carol" December 14th. This excellent production will be enjoyed by all ages—think Christmas gifts for friends, office staff, those on the gift list who have everything!

Come join us for a holiday evening: Reception at 6 pm "A Christmas Carol" at 7 pm (No intermission.)

Tickets are selling fast on a first come, first served basis. Please send your check for \$20 (\$6 is tax deductible) today to: PCMSA c/o Denise Manos, 3088 Rocky Point Road Bremerton, WA 98312

If you are unable to enjoy this evening with us, donations to PCMSA are always appreciated.



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Pierce County Medical is offering *free of charge* a software program that will enable your IBM compatible personal computer to electronically submit Blue Shield claims to us.

The Electronic Claims Entry System (ECES) will allow your office staff to enter and edit data, prepare files and submit claims over the telephone lines to Pierce County Medical. If you aren't ready to make the investment in a full scale office practice system to electronically submit claims, this software program is for you! All you need is the PC and a modem.

Jeri Gilstrap, our EMC Professional Relations Representative, will be happy to provide the details. Just give her a call at 597-6516.

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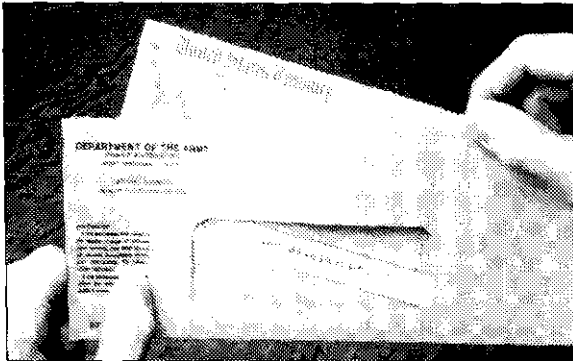
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Auxiliary 1991-92 Programs Announced

It's time to start saving dates on our calendars for the 1991-92 Auxiliary year. The programs are intended to provide fun and fund-raising, variety, and participation. Mark these dates:

Sun, September 15, 1991

"Beach Party Barbecue and Bebob"
See accompanying article for details.

Fri, October 18, 1991

"Western Hoedown"
Square dance and home style eats.
Fircrest golf club, 6:30 pm.
Admission: food bank contribution

Fri, November 15, 1991

"Holiday Caterer"
A morning of tempting foods and creative presentation ideas for those holiday parties ahead.
Engine House #9, 10 am.

Tues, December 10, 1991

"Medical Society Joint Annual Dinner"
Toys and gifts to benefit the women and children at the Y.W.C.A. Women's Shelter.

Sat, December 14, 1991

"A Christmas Carol"
Tacoma Actors Guild A fundraiser to benefit PCMSA Philanthropic projects. See accompanying article.

Fri, January 17, 1992

"Literary Review and Tea"
A well-known reviewer will intrigue us with books we've missed and must read during the long winter nights ahead. We'll enjoy an old-fashioned tea party at the home of Kathleen Forte, 3 pm.

Fri, February 21, 1992

"Luncheon at the Opera"
Canterwood County Club will be the setting for a luncheon and preview presentation by members of the Tacoma Opera Association. 10:30 am.

Mar, 1992

To be announced

Tue, April 16, 1992

"Wine Tasting"
An evening of Vinotque sipping and rating our favorite wines in a "blind wine tasting." Spouses are invited, 7 pm. Proceeds to benefit PCMSA Philanthropic Fund.

Friday, May 15, 1992

"Northwest Trek"
An adventuresome morning with our children watching the wildlife. A tasty box picnic will follow.
Meet at 9:30 at Northwest Trek.



**TACOMA
ACTORS
GUILD**



Why Join Auxiliary?

You can see by the articles on these pages that there is a lot going on in Auxiliary these days. Dedicated members have devoted precious summer hours to planning a year that includes something for everyone, from square dancing to opera and from wine tasting to literary reviews. Five of our meetings/events include our spouses. Four events (at this writing) are fundraisers; two meetings are scheduled for mornings, one for lunch, two for afternoons, and four for evening hours. Meetings/events are held in a variety of locations around Pierce County. These plans are an attempt to meet the diverse needs of the members of the medical community.

Won't you join us? We need your support in order to continue the good work in the community for which Pierce County Medical Society Auxiliary has become known.

Karen Benveniste, President



Beach Party Picnic

On Sunday, September 15, from 4 to 8 pm the Auxiliary will host a beach party picnic on the beautiful shores of American lake at the Tacoma Country Club Beach House. Bring the children and plan to enjoy an afternoon of pickle ball, volleyball, ping pong, basketball and swimming. A life guard will be on duty. During and after our picnic dinner, a disc jockey will entertain us with songs from all decades. Casual dress! Approximate cost will be \$15 per person, with special rates for children. Watch for more details and directions in the September *Newsletter* and in the Auxiliary publication, *The Pulse*. Come and say goodbye to summer while saying hello to both old and new friends. See you there!

Philanthropic Fund Applications Available

If your service or health-oriented Pierce County organization would like to be considered by the Pierce County Medical Society as a recipient for philanthropic funding, you may now obtain an application by writing or calling:

Mary Córdova
10207-104th St. Ct. S.W.
Tacoma, WA 98498
(206) 588-3126

Proof of 501(c)3 IRS rating is required.

**APPLICATION DEADLINE IS:
SATURDAY, SEPTEMBER 14, 1991**

Welcome Newcomers!

A very warm welcome to you and your family. Congratulations on choosing this lovely part of the country in which to live and to practice medicine. During the summer, all newcomers will be personally contacted by an Auxiliary member so we can answer any questions you might have. If you have not been contacted by the end of August or just have a questions about our community, please feel free to call Sandy Shrewsbury at 564-6677 or Denise Snodgrass at 848-0777.

Please mark your calendars for Sunday, September 15 and plan to join us at the Auxiliary beach party picnic from 4 to 8 pm at the Tacoma Country Club. We're looking forward to seeing you!

PIERCE COUNTY MEDICAL SOCIETY AUXILIARY DUES				
	Regular	Widow/Retired	Newcomer	Student/Resident
National	\$20	\$20	\$20	\$7.50
State	\$30	\$21	\$20	\$2.00
County	\$15	\$10	\$10	\$10.00
Total Dues	\$65	\$51	\$50	\$19.50

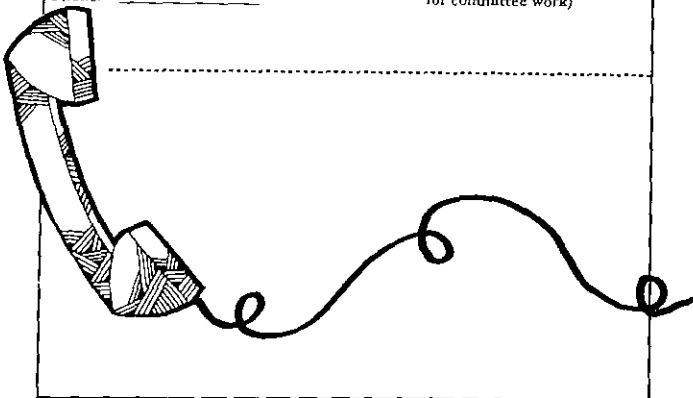
Please circle amount paid, make check out to PCMSA, and mail by September 15 to: Alice Yeh, 2810 Vista View Dr N, Tacoma, Wa 98467

Name: _____

Enter below changes to your membership listing. Type of membership?

Address: _____ P Participating

Phone: _____ S Supporting (no calls for committee work)



Positions Available

Health Care Workers Needed: Primary Care physicians, nurses, medical assistants, and other health care workers needed to volunteer help staff the Neighborhood Clinic at old St Leo's School. Please help us serve community members who are unable to pay for health care. Call Joe Cates-Carney (H)474-7382 or (W)627-6353 to sign up to work a Monday night. (Tax deductible donations can be sent to the Neighborhood Clinic, 1323 Yakima, Tacoma, WA)

General Physicians & Internists-Physician's salary to \$67,584. Internist's (BE/BC) salary to \$74,592. Western State Hospital is a fully accredited (JCAHO) and certified (HCFA) hospital. The hospital is associated with the University of Washington Medical School with clinical faculty appointment possible. A Research Institute, with the University, is now being developed. Western currently has a physician's staff of 60 including 35 psychiatrists and 6 internists. Excellent benefits, including hospitalization/medical insurance, retirement, vacation estimated equivalence at 24%, plus optional deferred income plan. Send CV to Ira S. Klein, M.D., Acting Medical Director, Western State Hospital, Fort Steilacoom, WA 98494; (206) 756-2349. EOE

Psychiatrist-P/T Contract or salaried psychiatrist, board eligible to work as a part of a geriatric mental health team providing services to nursing home residents. Consultation and education provided to the team and to nursing home staff. Six hours minimum - South King County location (Approx. 20-30 min from Seattle or Tacoma). CV to Pat Valdez, Valley Cities Mental Health Center, 2704 1st. N.E., Auburn, WA 98002. Ph. 854-0760

Part-time Physician Adult Primary Care. Prefer BC/BE I.M., F.P., or E.M. \$50/hr., 8am - 4pm, 2 weekdays/week, flexible scheduling. Low volume, low acuity, correctional care setting. Liability covered. Northwest Medical Care Services. (206) 937-9178

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Equipment

For Sale-exam Table \$450, Executive desk-hardwood \$950. Contact Lynn 474-3329

For Sale - Atl Ultramark Iv Ultrasound \$40,000. Call Lynlee's 867-5415

For Sale - Diasonics DRF 400 RV Ultrasound \$35,000. Call Lynlee's 867-5415

For Sale - Sharplan 1040 Co2 Laser \$25,000. Call Lynlee's 867-5415

For Sale - Siemens Patient Monitoring system \$125,000. Call Lynlee's 867-5415.

For Sale - Meda Sonics Vasculab. Non-invasive diagnostic system \$10,000. Call Lynlee's 867-5415

For Sale - Diasonics Toshiba C-arm series 9000. \$124,000 Call Lynlee's 867-5415

For Sale - Kirschner 5100 Surgery table for use with C-arm \$11,500 Call Lynlee's 867-5415

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Satellite Office Space Available in Federal Way. Freeway access, good parking, completely furnished, 2 exam rooms. Approx. 865 sq. ft., half-day lease rates. Sub-lease form Infections, Ltd., P.S. If interested contact Gail 627-4123

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Federal Way Counseling office space. New free standing building in condo office park. Soundproofing, carpeting, private, quiet area, access to a group room, additional support services available by contract. Contact Marie (206) 838-2326, 927-4837

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The Bulletin is published quarterly in February, May, August, and November by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in The Bulletin are the first of the month preceding publication (i.e. Oct 1 for Nov issue).

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of the Medical Society. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin and Pierce County Medical Society reserve the right to reject any advertising.

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Publications Coordinator: Carolyn Orvis

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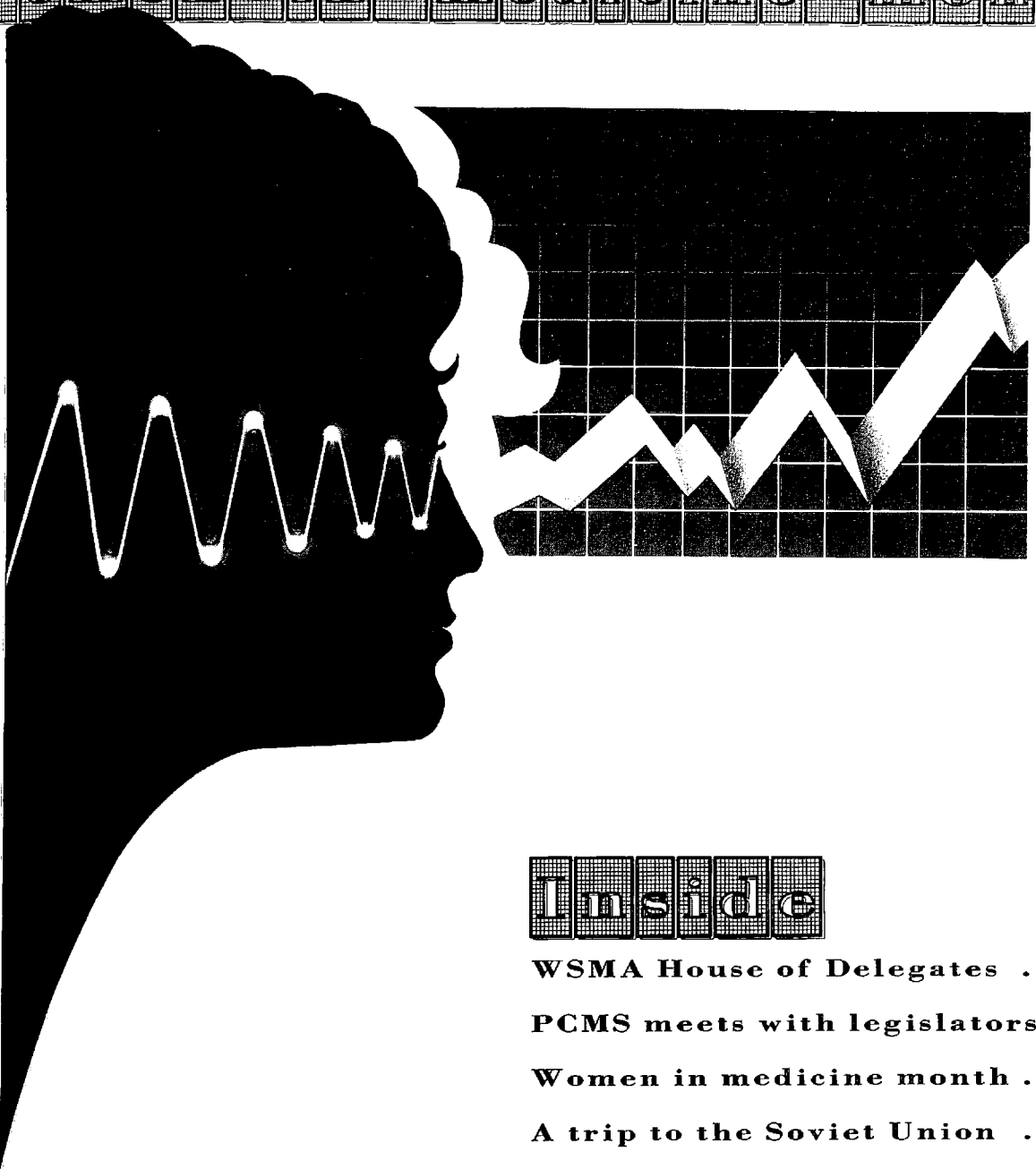
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NEWSLETTER

◆ A publication of the Pierce County Medical Society ◆

W o m e n ~ i n ~ m e d i c i n e ~ m o n t h



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PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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REP. BRADDOCK TO SPEAK

Representative. Dennis Braddock (D) Bellingham, author of the **Washington Healthcare Service Act of 1992** will address the General Membership Meeting at Fircrest Golf Club September 10. His proposal puts Washington State in the forefront of the nation in health care reform.

As presently written, Braddock's bill contains the following elements:

- A uniform set of appropriate health care services shall be available to all eligible persons and provided in an efficient and timely manner.
- The Plan shall be developed based on the concept of a unified administrative organizational structure.
- A state health care budget shall be established.
- Health care facilities shall be funded by an annual health care facility budget.
- Health care providers shall have the option of payment on a fee-for-services, annual budget, or capitated basis. Fees shall be set within each specialty or scope of practice in the manner prescribed by the board of governors and based on the principles set forth in the federal resource-based relative value

scale with incentives to provide wellness care and least intrusive procedures for the prevention or treatment of illnesses or injuries.

- No health care facility or health care provider may charge any additional fees for balance bill.
- As of July 1, 1996, no insuring entity may independently insure, contract for, or provide those health services provided through the Washington Healthcare Plan.
- Nothing shall preclude such an insuring entity from insuring, providing, or contracting for health care services not included in the healthcare plan or alternative plans.
- An alternative plan, after an initial start-up period, must maintain an average monthly enrollment of 350,000. The alternative plan rates and related costs must be at or below those of the Healthcare Plan.

If adopted, Rep. Braddock's bill will have a tremendous impact on the way medicine is practiced in Washington State. He's a good speaker. Plan to attend the September 10 meeting at Fircrest Golf Club. It's important to be informed and knowledgeable about one of the major health care reform proposals in the nation.

PCMS REPS AT WSMA MEETING

The delegates and alternate delegates listed below will be representing the Medical Society at the 102nd Annual Meeting of the Washington State Medical Association, Sept. 19-22, in Bellevue. If you have any issues you would like raised at the meeting, talk to one of the following members:

DELEGATES:

William Marsh, President
Family Practice
Eileen Toth, President Elect
Internist
David Law, Vice President
Internist
Joseph Wearn, Sec-treas
Pediatrician
Gordon R. Klatt, Past President
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Alex Mihali, Trustee
Internist
Robert Osborne, Trustee
Vascular Surgeon

ALTERNATE DELEGATES:

Ken Bodily
Vascular Surgery
John Doelle
Family Practice
James Fulcher
Emergency Medicine
Douglas Gant
Ob/Gyn
Michael Haynes
Family Practice
Vita Pliskow
Anesthesiology
Rebecca Sullivan
Family Practice
George Tanbara
Pediatrics
Robert Whitney
Radiology

INITIATIVE #119 GATHERS MOMENTUM

Initiative 119, (an effort to amend the Natural Death Act) will be on the November 5 ballot. If passed, the controversial legislation will make Washington the only place in the world where active euthanasia by physicians is legal.

As of late July, the proponents of 119 had gathered over \$600,000 in funds to help get the issue passed. A physician's group has formed opposing the initiative.

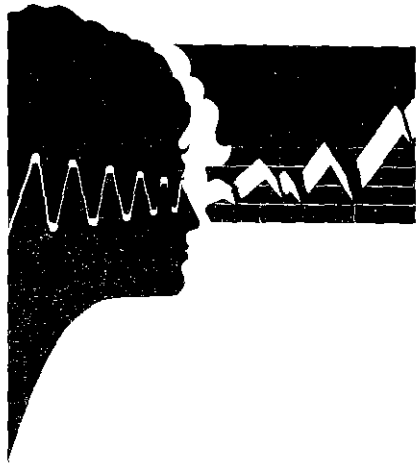
The Initiative would allow physicians to legally perform active euthanasia

without criminal sanction on "a conscious and mentally competent, qualified patient."

Under Initiative 119, candidates for active euthanasia are terminally ill patients or patients who have an irreversible condition that, in the opinion of two physicians, will result in death within six months. The patient must be conscious, mentally competent, and voluntarily request the service (in writing) at the time it is to be rendered.

WOMEN IN MEDICINE MONTH

By Eileen Toth, MD
PCMS President Elect



Our profession has been shaken up by rapid and far-reaching changes in the past few years. One of the most significant and most positive of these changes has been the increase in the number of women physicians. The AMA has designated September as Women in Medicine Month, and it is a good time to pause and reflect on the history of women physicians, our accomplishments, and most importantly our future.

In 1984 the AMA established its Department of Women in Medicine. The stated goal of this department is to mainstream women into organized medicine. "Fully mainstreamed" is defined as:

- When the proportion of female physicians joining the AMA is the same as the proportion of male physician members.
- When the number of women in AMA leadership positions is proportional to their numbers in organized medicine.

In 1970, only 7.6% (25,401) of the country's 334,028 physicians were women. By 1988, our numbers were up to 16.4%. More striking changes

have taken place in medical school enrollments. In 1969, only 9.0% of American Medical students were women. That percentage has risen to 36.2% in the 1989-90 academic year.

Projections indicate that women will represent 30% of all physicians in the U.S. by the year 2010. Of course, women will comprise an even larger proportion of younger physicians. If current specialty trends continue, the majority of women physicians will choose to work in primary care (internal medicine, pediatrics, family practice) and anesthesiology. It will be increasingly important for women to take on leadership roles in organized medicine in the years to come.

From 1980 through 1988, the percentage of male physicians belonging to the AMA has held steady at 46%. During the same eight years, the membership of women physicians has increased from 25% to 31%. The number of women physicians in the AMA went from 12,875 in 1980 to 29,969 in 1988, an increase of 132%! Male AMA membership increased only 20% during the same period. In Pierce County, there are approximately 101 women physicians. Sixty-seven of us, or 66.3%, belong to PCMS, comprising 11.5% of the total PCMS membership.

It is clear women physicians will play a major part in the future of health care in the United States, but it is also crucial for us to become involved in organized medicine. In order for us to further our interests and to promote our point of view, which in some respects is different from that of our male colleagues, it is vital for us to be active participants.

If national, state, and county medical societies are to continue to reflect the current character of medical practice,

they must have an adequate number of women members—a number proportional to the women physicians in the country.

Organized medicine has been, and continues to be, an effective force in shaping public policy. If our medical societies are to retain a high degree of credibility with governmental decision makers, we must have a large percentage of physicians participating. We won't be able to achieve that goal in the future unless membership of women physicians continues to increase.

Dr. Anna Chevelle, in her recent address to Pierce County women doctors, told us that the concerns of women physicians are largely the same as those of our male colleagues. She urges us to become active, to the extent that we are able, in the main stream medical organizations so that men and women physicians can together speak with one voice.

There are more women in top U.S. health posts than ever before—women who serve as role models. Dr. Antonio Novello is the new U.S. Surgeon General. Dr. Bernadine Healey is the director of the National Institutes of Health. Dr. Nancy Dick-ey and Dr. Palma Formica are now serving as the first and second women AMA trustees elected by the House of Delegates. In Washington, Dr. Anna Chevelle has held a number of top positions in the WSMA and is currently serving as its Secretary-Treasurer.

The doors are open for us to participate fully. The WSMA and PCMS, as well as the AMA, are committed to increasing both membership and leadership roles if women physicians. I hope my women colleagues will take advantage of these opportunities. □

Disability Law Impacts Medical Practices

by Rebecca L. Burke. Reprinted from the *MGMA Update*, May 1991

Last fall Congress passed the Americans with Disabilities Act (ADA). This law creates far-reaching rights for disabled persons and puts new obligations on private-sector employers and businesses.

The Department of Justice, the agency responsible for enforcing much of the ADA, recently published proposed regulations for implementing the act's requirements with respect to places of public accommodation and commercial facilities.

Under the ADA, professional offices of health providers are considered places of public accommodation and subject to certain requirements. There is no waiver for small employers or businesses, in contrast to the employment requirements.

The first general rule is that *a place of public accommodation cannot discriminate against an individual because of their disability.*

A physician who specializes in treating only a particular condition cannot generally refuse to treat an individual with a disability for that condition, but is not required to treat an individual for a different condition.

A physician who, for example, refers an AIDS patient to another physician because he or she does not want to treat a person with AIDS would be in violation of the ADA unless the reason for the referral was that the treatment the individual required was not within the physician's area of expertise.

Auxiliary Aids and Services

Medical practices will also be required to provide auxiliary aids and services to individuals with disabilities unless to do so would be an undue burden. Auxiliary aids are required where necessary to ensure effective communication with individuals with disabilities.

Some examples of auxiliary aids are interpreters for the deaf, audio recordings or braille materials. The type of aid required depends on the situation.

An interpreter for the deaf may not be required if effective communication can be achieved through writing notes. The regulations give examples of where an interpreter might be necessary, as in the need to discuss a serious medical procedure with a patient, such as surgery.

Barrier Removal

Medical practices will also be subject to the barrier removal requirements of the ADA. Architectural barriers that prevent access by disabled persons must be removed if "readily achievable."

Barrier removal is not considered readily achievable if it would result in significant loss of profit or significant loss of efficiency of operation.

Some examples of architectural barrier removal are the installation of ramps, making curb cuts in sidewalks, providing accessible restroom facilities, widening of doors and making patient examination rooms accessible. The extent to which this is required will depend on the costs involved compared to the practice's overall financial resources.

Where a medical office leases space in a building, there is shared responsibility between the practitioner and the landlord for barrier removal. The landlord is required to remove barriers in the common space areas and to give permission to the tenant to remove barriers in the tenant's space.

Where removal of a barrier in the tenant's space is not readily achievable for the tenant, then the burden switches to the landlord to remove the barrier, if readily achievable for the landlord.

Where it is not readily achievable to remove a barrier, alternatives that are readily achievable must be used. Some examples might be visiting a patient in his or her home or relocating certain facilities to an accessible location.

New Construction and Alterations

Buildings designed for first occupancy after January 26, 1993, must be constructed in conformance with architectural standards to assure accessibility to disabled persons. These standards include installation of elevators in new construction.

In addition, any alterations to existing facilities begun after January 26, 1992, must also meet those standards.

Physician offices will be required to comply with these requirements. However, it is only the part of the facility that is being altered that must meet the standards for accessibility.

For example, if new bathrooms are being installed or existing facilities remodelled, they will have to be accessible to the disabled.

Likewise, if the reception area and hallways are being altered, the alterations to those areas must meet the standards. However, in that case it would not be necessary to alter patient examining rooms.

If an alteration is made to a "primary function" area (a major activity for which the facility is intended) then the path of travel to the altered area and restrooms, telephones and drinking fountains serving the altered area must be accessible.

Individuals may bring civil suits against offices with facilities not complying with the ADA, but dispensation is limited to injunctive relief such as requiring the facility to comply with the regulations and monetary damages. Punitive damages are not permitted. □

PCMS ON KSTW

KSTW-TV (Channel 11) will be taping two members of the Medical Society for the Council on Aging program *60 Plus*.

Richard Hawkins, MD will be interviewed on October 6. He will address how technology has influenced the cost of health care. The program will air **October 26**.

Dr. Hawkins served as president of PCMS in 1986.

On Oct 21, **President Bill Marsh** will be quizzed on Initiative #119 (Death with Dignity). Initiative 119 will be before the voters November 5. The show will air **November 2 & 3**, just prior to the election. Tune in. Both program topics are in the forefront of issues being scrutinized by both politicians and the general public.

PCMS SPONSORS PUBLIC FORUM

Governor Booth Gardner says health care in America has become an economic cancer that threatens our entire economy. Senator Mitchell, (D) Maine and Senate Majority Leader says health care will be on the agenda for the 1992 presidential campaign. Representative Braddock, (D) Bellingham, has proposed a far-reaching reform measure in the state legislature.

What does the general public want from a health care system? Is the public ready to brave the difficulties of rationing and the ethical issues that accompany rationing?

Is 12% of the gross national product too much to spend on health care in the United States, or too little?

The Medical Society will be seeking to answer these questions Wednesday evening, September 11, at Jackson Hall (314 So K St). The public is invited to provide some input to physicians on their views on health care reform. **Drs. Richard Hawkins and Gordon Klatt** have organized a public forum with a panel of physicians to respond to questions from the public. **Dr. Charles Weatherby** will provide background on the reform movement. **Dr. Bill Marsh, PCMS President**, will address WSMA's position and **Dr. Richard Hawkins** will look at various alternatives. The panel will consist of **Drs. Leonard Alenick, Dick Bowe and Arthur Vegh**.

Puget Sound Bank Vice President Tom Hosea will moderate the program. Hosea has co-chaired the Prenatal Coalition with **Dr. John Coombs** the past two years and is familiar with medicine and the issues facing it.

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Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credential's Committee or Board of Trustees of the Society.

Gary R. Noe, MD

Family Practice. Medical School, Oregon Health Sciences University 1984; Internship, San Bernadino City Medical Center, 1985; Residency, San Bernadino City Medical Center, 1987; Board Certified Family Practice, 1987. Licensed in Washington 1991. Dr. Noe is practicing at 2746 Milton Way, Milton.

Stanley Flemming, DO

Family Practice, Adolescent Medicine. Medical School, College of Osteopathic Medicine/Pacific, 1985; Internship, Pacific Hospital of Long Beach, 1986; Residency, Pacific Hospital of Long Beach, 1988; Graduate training, Children's Hospital of Los Angeles, 1990; Board Certified American College of General Practice, 1986. Licensed in Washington, 1986. Dr. Flemming is Medical Director, CHCDS Clinic at 1702 Tacoma Ave S, Tacoma.

Michael R. Jackson, MD

Family Practice. Medical School, University of Washington, 1980; Internship, St. Clare Hospital, 1981;

Residency, Spokane Family Medicine, 1983; Board Certified American Board of Family Practice, 1990. Dr. Jackson is practicing at 1708 S. Yakima, Tacoma.

Stanton A. Erwin, MD

Otolaryngology. Medical School, University of Oklahoma, 1979; Internship, Gorgas Hospital, 1980; Residency, Medical College of Georgia, 1984; Board Certified Otolaryngology, 1985. Licensed in Washington, 1991. Dr. Erwin is practicing at 2420 S. Union #100, Tacoma.

John F. Clapper, MD

Pediatrics. Medical School, University of Washington, 1975; Internship, Tripler Army Hospital, 1976; Residency, Tripler Army Hospital, 1978; Board Certified Pediatrics, 1980. Licensed in Washington, 1978. Dr. Clapper is practicing at 316 S. K St, Tacoma.

Jean M. Wyles, MD

Physical Medicine and Rehabilitation. Medical School, Oregon Health Sciences University, 1987; Internship, University of Wisconsin-Madison, 1988; Residency, University of

Wisconsin-Madison, 1991; Board Certified Physical Medicine and Rehabilitation. Licensed in Washington, 1991. Dr. Wyles is practicing at 2121 S. 19th St., Tacoma.

Jocelyn V. DeVita, MD

Internal Medicine/Pediatrics. Medical School, Loyola Stritch School of Medicine, 1986; Internship, LAC-USC Medical Center, 1987; Residency, LAC-USC Medical Center, 1990; Board Certified American Board of Pediatrics, 1990. Licensed in Washington, 1991. Dr. DeVita is practicing at 6401 Kimball Dr. S.W., Gig Harbor.

Richard A. Jordan, MD

Internal Medicine. Medical School, University of Washington, 1983; Internship, Sacred Heart Medical Center, 1984; Residency, UC Davis Medical Center, 1988; Board Certified American Board of Internal Medicine, 1989. Licensed in Washington, 1984. Dr. Jordan is practicing at 316 South K St #210, Tacoma.

Welcome to New Members!!

The Board of Trustees recently approved the Credentials Committee recommendation that the following applicants be approved for membership into the Society. They are:

David H. Ricker, MD

Pediatrics
316 South K St #212, Tacoma

Osman O. Carrim, MD

Internal Medicine
A-242 Allenmore Medical Center

Thomas E. Reinerton, MD

Gastroenterology
104-A 23rd Ave S.E., Puyallup

Dur Huang, MD

Family Practice
102B 23rd Ave S.E., Puyallup

Robert H. Hoyt, MD

Cardiology
1901 S Cedar #301, Tacoma

Allen Yu, MD

General/Vascular Surgeon
314 South K St #201, Tacoma

John M. Stogin, MD

Orthopaedic Surgery
2420 S Union #300, Tacoma
[Note: Last month we printed Dr. Stogin's credentials incorrectly. Dr. Stogin's hand surgery training was at

the *Indiana* Center for Surgery of the Hand and Upper Extremity, rather than the Indian Hand Center.]

David R. Benson, MD

Ophthalmology
314 South K St #404, Tacoma

Loren B. Betteridge, MD

Family Practice
3733 S Thompson, Tacoma

CANCER 2000 SYMPOSIUM

The Cancer 2000 Symposium to be held Friday, September 20th at St. Joseph Hospital and Health Care Center will include 2 special lectures for physicians only: "Pain and Symptom Management of the Cancer Patient" in Dining Rooms 1 & 2, 7:30 to 8:30 a.m. and "Bone Marrow Transplantation," Dining Rooms 1 & 2, 12-1 p.m. These lectures will be of particular interest to primary care physicians, hematologists, and radiation therapists. Approved for Category I CME. No registration is needed.

PCMS MEETS WITH LEGISLATORS

Members of the Society representing several legislative districts met with legislators recently to give them the opportunity to get to know some of their physician constituents. We would like legislators to feel comfortable enough to call one of their doctors if they have a question on medical issues coming before the legislature.

The meetings focused on health care reform, emphasizing legislators' views on reform and how they plan to approach changes. In the meetings, Society members acknowledged reform is necessary, but cautioned that massive changes may still not result in what the American people want or would be happy with.

Drs. Bill Marsh, Mike Haynes, and Cecil Snodgrass met with **Senator Marc Gaspard** (D) of the 25th District. Gaspard is the ranking democrat on the Senate Ways and Means Committee. He was raised in Puyallup and attended school with Drs. Haynes and

Snodgrass. He has been supportive of funding for the Medicaid Pediatric Care and Maternity Care Act legislation.

Drs. Marsh (President), Haynes, Snodgrass, Ed Pullen and Rebecca Sullivan also met with **Representative Sarah Casada** of the 25th District. Representative Casada sits on the House Health Care Committee. That Committee will be the starting point for Representative Braddock's "**Washington Healthcare Service Act of 1992.**"

Drs. Bill Marsh, Eileen Toth, Mian Anwar and Richard Hawkins met with **Representative Rosa Franklin** (D), 29th District. Representative Franklin has a long history of nursing in Pierce County and is well-informed on health care issues. She sits on the House Health Care Committee with Rep. Casada.

GENERAL SURGERY TAKES ON NEW MEANING IN THE ARMY RESERVE.

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Also, service in the Reserve affords you an opportunity to work with dedicated, top professionals from all across the country, as well as attend important medical conferences and even continue your education.



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Or write:

Major Jane McCullough
(206) 967-2524/5406

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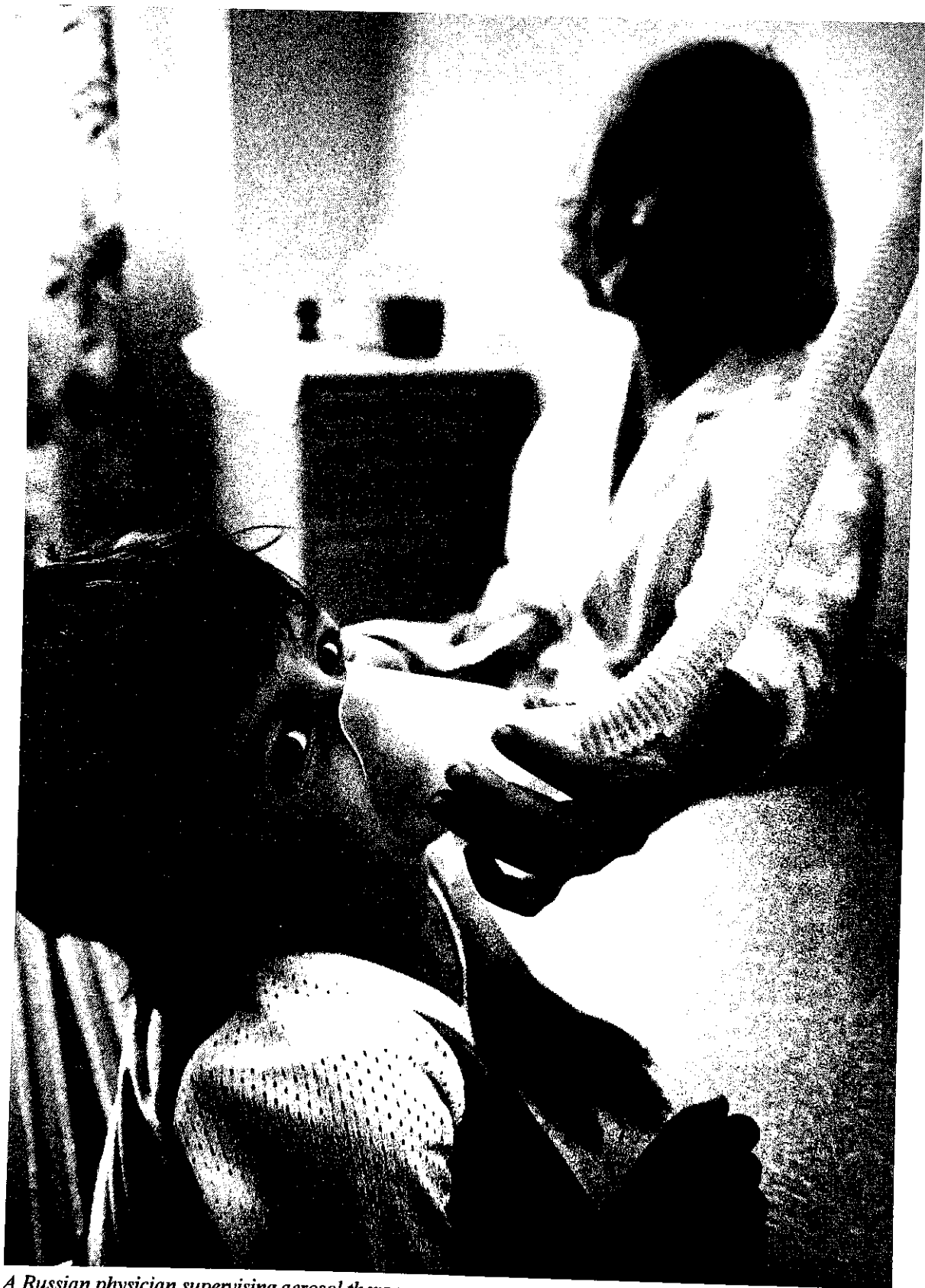
There's one other thing you should know about our new center. It is filled with the same care and compassion that patients have come to expect from St. Joseph Hospital.

If you'd like to learn more about our new Same Day Surgery Center in Gig Harbor or schedule your patients, call 591-6628.



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Southbound, Exit Gig Harbor / Fox Island

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A Russian physician supervising aerosol therapy

Sister Cities

By James G. Billingsley, MD

With almost no time to prepare, Nancy and I were given the opportunity to become members of the City of Tacoma's mission Vladivostok, Russia. Following a specific request for representatives of the medical profession, we were invited to be part of the group attempting to cement a Sister City and Favored Port Agreement with the largest port in eastern Russia. Vladivostok is still a closed city.

Transportation was unique. We traveled with ten other Tacomans in the formal delegation aboard Aeroflot, an Ielution 62M. Our flight was the inaugural charter for the beginning of regular San Francisco-Khabarovsk service. The first four-hour leg of the trip ended in a fuel stop in Anchorage; afterward we flew for six hours to the international airport at Khabarovsk, Russia. We spent the next two days exploring, hastily trying to learn Russian phrases and learning something about the mechanics of travel in a country which has the reputation of world power. . . and bureaucracy.

I discovered that our "at leisure" time was planned to give the city officials from Vladivostok time to issue visas to their city. When we boarded the overnight express train to move to our destination we did so without the knowledge of the Russian government in Moscow, but with the warm welcome of our host.

Nothing provides more contrast than the austere eastern Russian hotels and the rail coaches of East German manufacture which are used for "soft class" (first class) trains. We pulled out of the Khabarovsk Vogval (station) in early evening for the 12 hour trip to Vladivostok. We were in two person compartments. A steward was stationed in each car and made sure all of the passengers were properly attended. A hot water source at the end of each car provided boiling water for soup, tea, or coffee. The train was comfortable and one of the cleanest areas we saw.

A moving experience occurred as we slowed about five miles out of the destination station and saw three of the largest helicopters of the Russian border guard hovering 100 feet off the right of way over the bay. Each of the three helicopters had what appeared to be a bucket hanging below on a hoistline. As we drew nearer, we realized the first "bucket" was a large Russian flag, the second an equally large American flag and the third a colorful flag of the border guard. This was the first moment we all realized the importance the hosts attached to the delegation and the hopes of the Russian officials for the coming week of meetings.

Though we attended a number of ceremonial meetings and the final signing of documents between the governments, we all engaged in some special conferences in areas of our individual interest. The Minister of Culture gave Nancy and me some insight into the background and arts of the local area. I had the opportunity to visit the medical areas, but we had too little time to do more than peek into the complexities of medicine as practiced in Russia.

Together with the Drs.' McGowan (John and Jerry) and Don Sacco of Pierce County Medical, we visited a 1,000 bed general hospital. After the rather stiff formal initial meeting, the head of the hospital asked that we all "cut the political talk and share as doctors." From that moment our experience changed. We toured dark ill-equipped areas full of very ill and badly injured people and listened to our colleagues' requests for education exchanges, equipment seminars and any other assistance we could provide. In contrast to the dark halls were rare areas of newer equipment and technologies such as computerized ultrasound.

Side by side were computers and abacuses. Needles and syringes are reused after boiling and only covered with gauze for protection. The 1,000 bed hospital had only 500 nurses. The

critical care unit had little more than a ventilator with 1960 U.S. technology. Medication was also limited. Many of the doctors did technical tasks such as running the E.E.G. machine and giving inhalation therapy. "Higher level" doctors did surgical procedures. Some of the orthopedic results were heroic, given the austere circumstances.

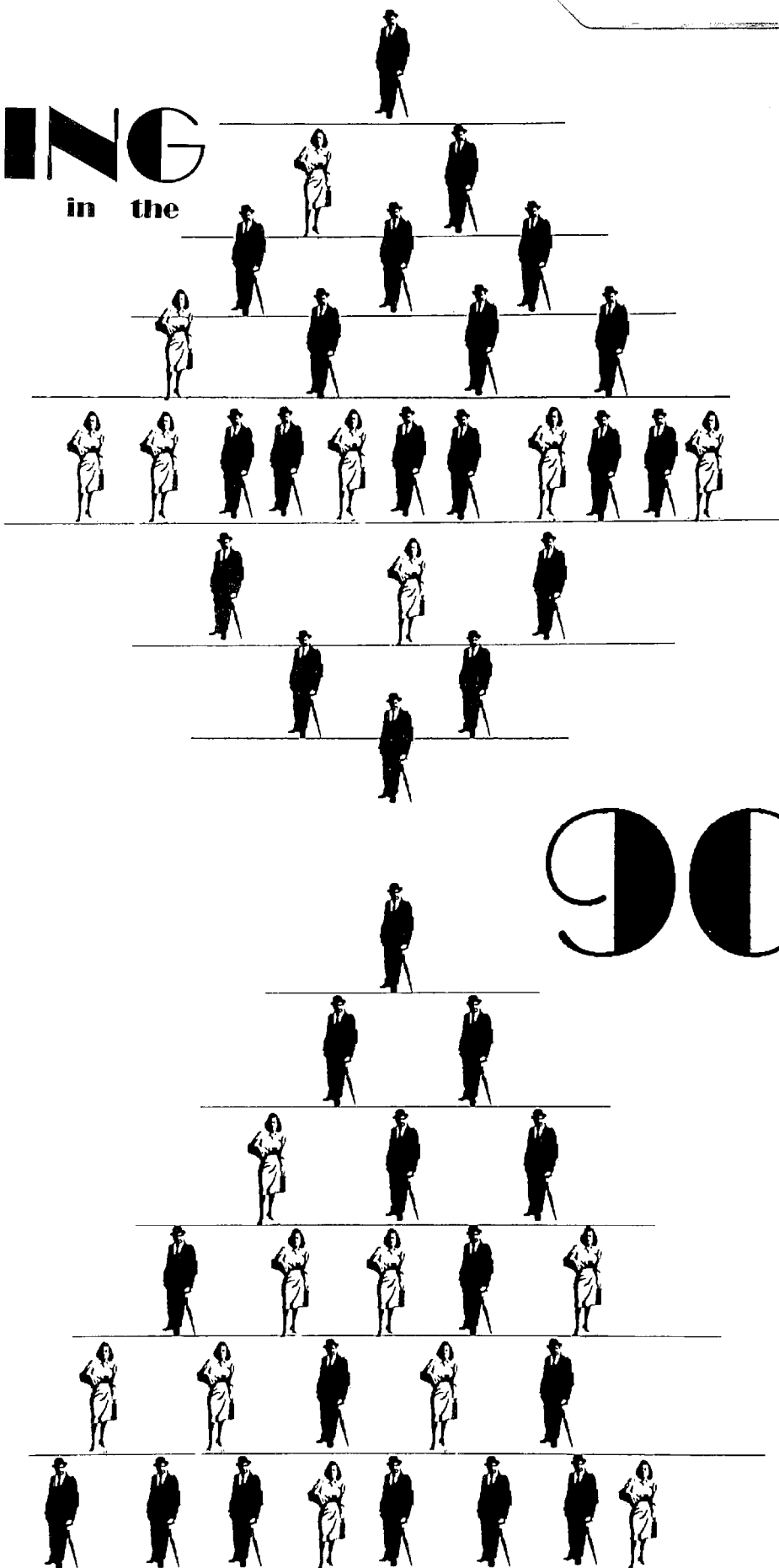
In contrast to the front-line medicine we saw in the major city hospital, we were able to see a state-of-the-art eye institute in another city. There, the cataract, posterior chamber and general eye surgery areas were new, bright, and modern. We saw little activity in the afternoon, and the laser specialist was sitting at a grand piano in one of the open lounges freewheeling some 1950's show tunes. But there was a catch—for a routine eye operation, such as cataracts, the next opening was reportedly not until 1998. The eye institute represents top technology, but is far short of the capability to handle the need.

As the time to leave drew closer, our new friends gave us a list of three or four things which they wanted presented for consideration here in Tacoma. I asked them to simply give the list to us in Russian, and we brought them home for translation. We were clearly not ready to offer any agreement which we could not promise to deliver. Their requests are being discussed with several appropriate groups in our society.

We have a strong urge to find a way to further our association by exchanging ideas and technologies. Our Russian colleagues have few personal resources and cannot bring funds out of their country. For that reason, any program must be ready to provide total support. Despite this, we are suggesting several programs which may lead to exchanges which benefit patients on both sides of the Pacific Rim. Dr. Robert Klein, along unofficially, took some excellent videos of the entire trip. □

HIRING

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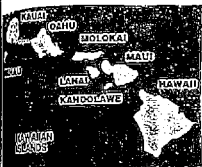
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Join your colleagues and their families for next year's spring vacation in beautiful Kauai, Hawaii during the College of Medical Education's second "resort" conference, March 30 to April 3, 1992. But don't miss out, make your travel plans now!

- **TRANSPORTATION:** Flights to Hawaii at spring vacation time sellout many months in advance. In order to assure we will have seats available for the CME group, we are reserving a large block of seats in a tour package including a rental car on the Northwest Airlines Boeing 747 from Seattle to Honolulu and an inter-island flight to Kauai. We must put down a substantial nonrefundable deposit in order to hold these seats, so it is crucial you make your reservations as quickly as possible. Olympus Travel is handling the flight arrangements again for 1992. Please call Kris or Angie at 565-1213 to reserve your seats.
- **ACCOMMODATIONS:** Kauai's Stouffer Waiohai Resort has been selected as our conference site. Located on beautiful Poipu Beach, the hotel was selected upon a variety of criteria, but particularly on its savings for families. In addition to significantly reduced rates for ocean view rooms (\$155 per day) a second room for children is offered at 50% off, (\$77.50 per day). Call the College (627-7137) for a hotel registration form or call the Waiohai at 1-808-742-9511.
- **CME REGISTRATION:** By now, you should have received a complete conference brochure detailing our planned CME program. Simply complete the form and return to the College with your registration fee.

So make your plans now for Hawaii and CME. Join us in Kauai next spring. If you have any questions, need a program brochure, or need a hotel registration form, give us a call at 627-7137.

Aloha! College of Medical Education



By Sharon Bain PCMS Placement Coordinator

If you've experienced difficulty finding employees recently, you're not alone. Our country is currently experiencing a hiring crunch which is greatest in service industries such as health care. In our own community, recruiting qualified employees is approaching a crisis point.

According to an article in *Working Woman* magazine titled *The Hiring Crisis of the 1990's*, "... The age distribution of today's population is shaped like a diamond, with the baby boomers constituting nearly half of the labor force. Superimpose this shape on the traditional labor pyramid and the problem becomes clear." The demand for employees in the medical field is growing but the people available to meet the demand is rapidly shrinking.

On April 10, 1991 the *Tacoma News Tribune* business section quoted Jeffrey M. Humphreys, Director of Economic Forecasting at Georgia's Selig Center for Economic Growth, as stating "The strongest field is that of medical assistants, which should experience 4.5 percent annual job growth during the 1990's. (Medical Assistants topped his list for growth potential in the 1990's) Aging baby

boomers will need more health care as they enter middle age, and the rapidly expanding elderly population will create a huge demand for medical care." Humphreys says "more tasks will be performed by assistants rather than physicians to help hold down medical costs. The aging population will shrink the pool of people available for such jobs."

In addition, consider that a local community college has closed courses such as Medical Transcription and Medical Secretary. Some local vocational programs no longer have waiting lists. Many young people are planning to enter other fields which they feel offer more glamour, advancement, better salary potential and benefits. Some economic forecasters say shortages are expected to become more acute over the next several years as the number of 18-24 year olds drops by more than half a million per year.

According to a recent survey taken locally by Olsten Corporation in Federal Way, as quoted in the April 1, 1991 issue of the *Business Examiner*, "One third of employers surveyed plan to raise salaries and enhance benefit packages to be more competitive for the limited number of skilled prospects." It also states, "This is a challenge that employers will continue to face this decade, and they will need to develop some aggressive

and creative approaches to finding the people they need. Some innovative employers are recruiting from non-traditional sources like homemakers and retirees."

A few years ago, women who left the work force to raise families faced many problems when they wanted to return to work. Today, many industries are actively recruiting this group. Their maturity, experience, tact, reliable nature and productivity are attractive to employers.

There *are* solutions, whether by offering a better package of benefits and more competitive salaries to attract (and keep) employees, or becoming more open to innovative ideas in hiring. The PCMS Medical-Dental Placement Service has felt the strain of the current crisis and is trying new recruiting methods to increase the pool of qualified applicants to refer to PCMS members. However, the people who are most qualified in our community are looking for the best salaries, benefits and working conditions. Those who don't find what they need in Tacoma are commuting to Seattle offices where salaries are higher.

We all must consider options to combat the shortage by becoming more aware of what is happening to our medical office staff resources. □

RBRVS Reform Conference

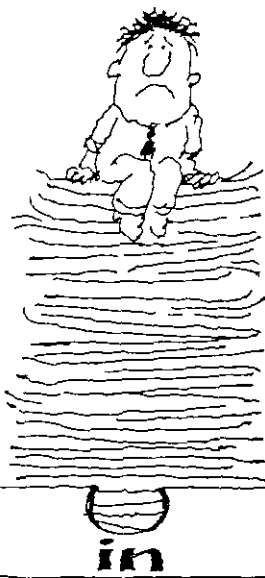
An RBRVS payment reform conference sponsored by St. Joseph Hospital and Health Care Center and co-sponsored by PCMS will be held October 23, 1991 at the Executive Inn, Tacoma/Fife.

The morning session will focus on RBRVS system, its impact on physician practices, and coping with the changes the payment reform will have on working relationships. An afternoon workshop will provide more in-depth information on calculating Medicare fee schedule changes on a physician's bottom line. Registration information will be mailed in early Septem-

Neurology- Neurosurgery Grand Rounds

A five-part series held bimonthly will be starting October 8th at St. Joseph Hospital and Health Care Center, Lagerquist 2B & C, 6-7 p.m. The purpose of these grand rounds is to provide a forum for invited speakers to present "state of the art" lectures on pertinent subjects in neuroscience as well as presentations by local practitioners about interesting, educational patients treated in the community. For more information please call 591-6730. Approved for Category I CME.

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Pierce County Medical is offering *free of charge* a software program that will enable your IBM compatible personal computer to electronically submit Blue Shield claims to us.

The Electronic Claims Entry System (ECES) will allow your office staff to enter and edit data, prepare files and submit claims over the telephone lines to Pierce County Medical. If you aren't ready to make the investment in a full scale office practice system to electronically submit claims, this software program is for you! All you need is the PC and a modem.

Jeri Gilstrap, our EMC Professional Relations Representative, will be happy to provide the details. Just give her a call at 597-6516.



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Contact: Andy Tsoi, M.D.: 537-3724
Bruce Kaler, M.D.: 255-0056.

State Legislature Funds Prenatal Triage Clearinghouse

Pierce County's Prenatal Triage Clearinghouse has been funded by the state for the 1991-93 biennium. A joint venture of the Tacoma-Pierce County Health Department and the Pierce County Medical Society, the Clearinghouse was implemented to begin solving access problems faced by pregnant women in Pierce County. The dilemma of access has been attributed to an increase in the number of Medicaid eligible women and a decrease in the number of obstetrical providers. Compounding the problem was the number of providers no longer accepting patients with medical coupons.

Since its inception in January 1991, the Clearinghouse has been instrumental in assuring prenatal care for over 850 pregnant women. This was accomplished by community support from obstetrical providers in Pierce County, including 15 OB doctors and 16 family practice doctors, as well as the Community Health Care Delivery System, Midwives Associated, Tacoma Family Medicine and the OB Access Clinic.

How do doctors feel about their participation in the Clearinghouse? Comments received include: "What a difference from ten years ago . . . these patients are better prepared to receive medical care," "The prescreening helps - my staff no longer has to do the social service aspect," "I appreciate having patients show up for their appointments. The transportation issue seems to be solved." The Clearinghouse works out a referral agreement with physicians as to how many patients they can care for per month. After several months of referrals, physician's offices are now contacting the Clearinghouse to expand that number.

Thank you to all the supporters of the Clearinghouse who rallied to encourage the legislature to fund the program through the state budget. But most important, thank you to all the providers and their staffs. Without them, the program simply wouldn't work. The Clearinghouse is an outstanding example of how the community benefits when we work together in partnership.

Champus to Require Approval for Some Procedures

The Office of Civilian Health and Medical Program of the Uniformed Service (OCHAMPUS) has announced that effective Oct. 1, 1991, prior approval and a non-availability statement will be required for certain outpatient (same-day surgery) procedures.

It is important physicians and their staffs are aware of this significant change in CHAMPUS as

their primary insurance and who live within the catchment area (approx 40 mile radius) of Madigan or another military treatment facility must obtain prior approval and receive a DD Form 1251, *Non-Availability Statement*. Treatment without this form will jeopardize payment of the claim.

For a full list of affected procedures, contact the Society office or to the Madigan CHAMPUS office, 967-7690 or 967-2371.

For Dr. Guller, It's Still a Man's World (In Saudi Arabia)

"You've come a long way, baby!" goes a popular refrain, but not if you're a woman in Saudi Arabia. On Friday the 13th, Dr. Barbara Guller left the United States for Saudi Arabia with her Army reserve unit, the 50th General Hospital.

Along with the usual difficulties in adjusting to a foreign country, Dr. Guller and her other female colleagues experienced the difficulties of working in a totally male-dominated society. While Saudi women do not view their roles as oppressive, American women found Saudi customs took some getting used to. Women in Saudi Arabia are not allowed to drive or speak to any man other than relatives. At the Saudi hospital where she worked, Dr. Guller discovered the pharmacy waiting rooms are segregated. She inadvertently sat in male waiting room, where she was greeted with astonished stares. Women working in the hospital could not sit and talk with their colleagues, but could stand in open hallways, though even that brought some reaction from Saudis.

Dr. Guller found Saudi women physicians to be very bright and capable. Their male peers respected them professionally, but not socially.

While she found her experience in the Mid East fascinating, Dr. Guller was glad to return to the states where women have come a long way, indeed.

**Common Office Problems CME Subjects
Announced, Set for October 10 & 11**

The subjects for the very popular Common Office Problems CME course have been announced. The program, offering 14 Category I credits, is scheduled for October 10 and 11 and is accepting registrations through C.O.M.E. at 627-7137.

The course content, as selected by Drs. Mark Craddock, Kirk Harmon, and Tom Herron is as follows:



Pediatrics

- Common pediatric orthopaedic problems
- P.E. tubes
- Short stature
- Immunization update
- G.E. Reflux

Internal Medicine

- HIV Update
- Chronic Fatigue Syndrome
- ABC's of Hepatitis
- Anxiety & depression

Pharmacology

- Pharmacology and atrial fibrillation
- Pharmacology of acne
- Pharmacology of chronic pain
- Pharmacology of stroke management
- Pharmacology of migraine management

Sports Medicine

- Current diagnosis & treatment of the shoulder
- Lower back pain in runners
- Dynamic foot evaluation
- G.I. problems in the athlete

1991 - 92 C.O.M.E. Schedule

DATES	PROGRAM	DIRECTOR(S)
1991		
Thurs., Fri. October 10 & 11	Common Office Problems	Mark Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri. November 8	Infectious Disease Update	Philip Craven, M.D.
Thurs., Fri. December 12 & 13	Advanced Cardiac Life Support	David Munoz, M.D.
1992		
Thurs. January 16	Law & Medicine Symposium	Douglas Attig, M.D. Frank Ladenburg, J.D.
Fri. February 7	Review of HIV Infections	Alan Tice, M.D.
Fri. February 28	Office Intervention: Alcohol and Substance Abuse	Mark Craddock, M.D.
Thurs., Fri. March 12 & 13	Internal Medicine Review-1992	Bruce Brazina, M.D.
Mon. - Fri. Mar. 30 - Apr. 3	Hawaii and CME	Mark Craddock, M.D. John Lenihan, M.D. Amy Yu, M.D.
Fri., Sat. April 17 & 18	Tacoma Surgical Club	Ken Ritter, M.D. Chris Jordan, M.D.
Fri. May 8	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Mon., Tues. June 22 & 23	Advanced Cardiac Life Support	James Dunn, M.D.

WHY JOIN AUXILIARY?

You can see by the articles on these pages that there is lot going on in Auxiliary these days. Dedicated members have devoted precious summer hours to planning a year that includes someone for everyone, from square dancing to opera and from wine tasting to literary reviews. Five of our meetings/events include our spouses. Four events (at this writing) are fund raisers; two meetings are scheduled for mornings, one for lunch, two for afternoons, and four for evening hours. Meetings/events are held in variety of locations around Pierce County. These plans are an attempt to meet the diverse needs of the members of the medical community.

Won't you join us? We need your support in order to continew the good work in the community for which Pierce COUnty Medical Society Auxiliary has become known.

Karen Benveniste, President

PIERCE COUNTY MEDICAL SOCIETY AUXILIARY DUES

	Regular	Widow/Retired	Newcomer	Student/Resident
National	\$20	\$20	\$20	\$7.50
State	\$30	\$21	\$20	\$2.00
County	\$15	\$10	\$10	\$10.00
Total Dues	\$65	\$51	\$50	\$19.50

Please circle amount paid, make check out to PCMSA, and mail by September 15 to:

Alice Yeh
2810 Vista View Dr N
Tacoma, Wa 98407

Name: _____

Enter below changes to your membership listing. Type of membership?

Address: _____

P Participating

Phone: _____

S Supporting (no calls for committee work)

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CAUTION TO YOUR PATIENTS. It is illegal to dispose of human excrement in garbage. Parents are doing this with paper/plastic diapers. "Disposable" is a misnomer.



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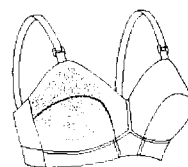
Annual Gift Wrap Sale

Sally Foster All Occasion Gift Wrap and Accessories are now available from PCMSA board members. The proceeds from this sale will fund the printing of our AMA-ERF holiday greeting card.

In order to ensure delivery by Thanksgiving, all orders must be received by September 25th. For further information, contact Janet Fry 851-6050; Mona Baghdadi 851-6306; or Karen Dimant 851-9404. You may also place your order at the PCMSA Beach Party September 15!

Back to School Clothing Drive

The auxiliary is collecting clothing, new or "recycled" for the children at the Tone School. Do you have a contribution? If so, bring it to the Beach Party Sept. 15!



After breast surgery think of us.

Union Avenue Pharmacy & Corset Shop
Formerly Smith's Corset Shop
2302 S. Union Ave 752-1705



Beach Party Picnic

On Sunday, September 15, from 4 to 8 pm the Auxiliary will host a beach party picnic on the beautiful shores of American lake at the Tacoma Country Club Beach House. Bring the children and plan to enjoy an afternoon of pickle ball, volleyball, ping pong, basketball and swimming. A life guard will be on duty. During and after our picnic dinner, a disc jockey will entertain us with songs from all decades during and after our picnic dinner. Casual dress! (Chicken and shrimp kebabs, hamburgers, rice pilaf, salad, ice cream bars and beverages). This event will cost \$16 per adult and \$14 per child. No charge for toddlers. Send your check payable to PCMSA to Sue Wulfestieg 2830 North 27th St, Tacoma WA 98407 by September 10 to reserve your place. We're looking forward to seeing you. Come and say goodbye to summer while saying hello to both old and new friends. See you there!

Philanthropic Fund Applications Available

If your service or health-oriented Pierce County organization would like to be considered by the Pierce County Medical Society as a recipient for philanthropic funding, you may now obtain an application by writing or calling:

Mary Córdova
10207-104th St. Ct. S.W.
Tacoma, WA 98498
(206) 588-3126

Proof of 501(c)3 IRS rating is required.

**APPLICATION DEADLINE IS:
SATURDAY, SEPTEMBER 14, 1991**

"I Kiss You," Victor

It has already been a year since the Goodwill Games Physician Exchange. One guest, Victor Bovenenko, inadvertently created quite an uproar for his hosts when he took off on a solo hike to the Lakewood Mall. All was well in the end, however, and a genuine friendship was forged. Below is a letter he sent to his host families:

My dear Papas and Mamas Richard, Julia, Irving, Phyllis, Dear Benvenistes, your children, Papas and Mamas, Dear Sarah and Christina, Please, excuse me, I didn't write you for a long time, I had valid reasons. I will never forget your kindness, friendship and congeniality to my simple and modest person.

I wish you Happy New Year 1991 and Happy (new) Christmas, my family wishes you the same. I pray with my family for your health, happiness and also for your children, for peace and friendship.

One more time, thank you for hosting me and for everything you've done for me. God be with you. I kiss you, Victor.

PCMSA is honored to host the Tacoma Actors Guild presentation of the Christmas classic "A Christmas Carol" December 14th. This excellent production will be enjoyed by all ages—think Christmas gifts for friends, office staff, those on the gift list who have everything!

Tickets are selling fast on a first come, first served basis. Please send your check for \$20 (\$6 is tax deductible) today to: PCMSA c/o Denise Manos, 3088 Rocky Point Road Bremerton, WA 98312

If you are unable to enjoy this evening with us, donations to PCMSA are always appreciated.

Positions Available

Are you a physician looking for a multi-disciplinary group treating patients with combined medical/ psychiatric/ psychosomatic problems? Our group is possibly unique in its commitment to dissolving these boundries & approaching patients with the emerging neuroscience model. If interested, please forward your CV to Washington Institute of Neurosciences, 2825 Eastlake Av E, #333, Seattle, WA 98102

Psychiatrist-P/T contract or salaried psychiatrist, board eligible to work as a part of a geriatric mental health team providing services to nursing home residents. Consultation and education provided to the team and to nursing home staff. Six hours minimum - South King County location (Approx. 20-30 min from Seattle or Tacoma). CV to Pat Valdez, Valley Cities Mental Health Center, 2704 1st N.E., Auburn, WA 98002. Ph. 854-0760

Tacoma-Seattle, Outpatient General Medical care at its best. Full and part time position available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P, FP, LM. Contact Andy Tsoi, M.D. 537-3724 or Bruce Kaler, M.D. 255-0056

Washington, Puget Sound Full or part time position with expanding Physician owned group. Well established, practicing adult emergency medicine. High level of critical care, excellent medical staff. Great flexibility in scheduling to enjoy the Northwest, partnership potential, malpractice paid, ABEM certification or preparation required. CV to TECP, 955 Tacoma Ave. S., Suite 210, Tacoma, WA 98402 (206) 627-2303

Practices Available

Internal Medicine practice available. Growing general Internal Medicine practice in Poulsbo area available due to physician's relocation. Estimated 1991 gross at \$240,000. Minimal investment. Partnership opportunity. Excellent call coverage. Beautiful location. Contact Joyce Adams, AD-MOR Associates, 1800-827-5198 for specific information.

Thirty-seven-year-old active psychiatric practice. Solid referral base. Available in December 1991. Office located at Allenmore. Ideal accomodations for solo practice. Active to level desired. Will introduce. Terms negotiable. Inquire 383-2413

Equipment

Preowned office medical equipment for sale: gooseneck lamps \$65, SMR treatment carts \$10000, rolling stools \$65, large variety of instruments. Large showroom of equipment in Redmond to choose from including everything for exam rooms. Lynlee's Inc., 867-5415. Call us with your needs list.

Office Space

Federal Way Counseling Office space. New free standing building in condo office park. Soundproofing, carpeting, private, quiet area, access to a group room, additional support services available by contract. Contact Marie (206) 838-2326, 927-4837

Superb Office Space Available in Lakes Medical Plaza, a new three story office complex adjacent to St. Clare Hospital in Lakewood. 1360 sq. ft. of well designed space. Utilities included in rent. Abundant free off street parking. Call 584-1982 9-5, 565-1990 after 6 pm

Excellent Office Space Available in PCMS building. Over 1000 sq. ft. Large central area, 2/3 private offices. Utilities included in \$600 month rent. Free off street parking. Call 572-3666

Medical Office Space. St. Francis Medical Office Building-Federal Way available as separate space, shared space, rental, lease or potential ownership. Also daily rental space available in Tacoma. Contact Mal Blair, Tacoma 572-0508

Satellite Office Space available in Federal Way. Freeway access, good parking, completely furnished. Two exam rooms. Approx. 865 sq. ft. Half-day lease rates. Sub-lease from Infections Ltd., P.S. If interested, contact Gail, 627-4123

General

Sumner/Edgewood 1 + Acre with sweeping view of Mt. Rainier and the Puyallup Valley. Olympic size pool, tennis court. Home has 5,000 + Sq. Ft., 6 br, 4 bth. Built in the 1930's, remodeled in the 50's. \$360,000. Windermere Real Estate. JoAnne Barrett 572-8900-537-2726.

Responsible, non-smoker, honest college student will house sit and care for pets. Experienced, references. Eric Lawrence, 862-1041

For rent, Wapato Point vacation home. Four bedroom, three bath, large deck with panoramic view of Lake Chelan. Available for prime summer rental. Ideal for two families. Call (206) 682-3521 for rates and brochure.

Kopachuck Dr. Waterfront Home
Panoramic Olympic mt. view and gorgeous sunsets from this 2560 sq. ft. two-story NW contemporary home with tile and hardwood floors. Very private setting on 2 acres. \$695,000 Contact Peachy Smalling at 851-3336 eves or 627-1125 weekdays.

South Kitsap Horse Ranch.
Picturesque 13 acre ranch ideal for the professional horse trainer. 8-stall stables with office, tack room, utility room and hay loft. Covered riding arena, paddocks, rail fencing, workshop, tennis court and pool all adjoining a lovely five bedroom two story home. Only 15 min. to Tacoma. \$625,000. Contact Peachy Smalling at 851-3336 eve or 627-1125 weekdays.

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Visit Us At The 1991 WSMA Meeting

Physicians Insurance is pleased to be participating in the 1991 Washington State Medical Association Annual Meeting in Bellevue at the Red Lion Inn, September 19-22.

If you are unable to attend, but would like to learn more about Physicians Insurance services and plans, please call us today. We will provide information immediately.

*Please look for our booth number
in your registration packet.*

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NEWSLETTER

♦ A publication of the Pierce County Medical Society

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NOV 1

See Page 18 for details

October

1991

HEALTH CARE REFORM



WHERE ARE WE HEADING?

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PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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223 Tacoma Avenue South

Tacoma, WA 98402 (206)572-3666

ELECTRONIC MEDIA CLAIMS



Paperless Claims Submission

Tired of all that paperwork?

Electronic Medical Claims (EMC) provides a paperless means for submitting claims directly from your office to our office. EMC eliminates mail and delivery time for submitting paper claims and reduces paper processing, postage and supplies cost.

How does EMC work? If you have your own computer, you have two choices:

- **Electronic Claims Clearinghouse (ECC)** allows you to transmit all your claims to us and let us forward them to the appropriate health care agencies and organizations.
- **Pierce County Medical Blue Shield *Only* Claims** allows you to transmit only your Blue Shield claims to us.

Let us tell you more. Call our Professional Relations EMC Representative, Jeri Gilstrap, at 597-6516 for information.



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572-0508

St. Francis Medical Office Building
34509-9th Ave S, #200 • Federal Way
874-3860

Initial Recommendations of Health Care Commission

Reprinted from the WSMA Leadership Memo

The Washington Health Care Commission has approved initial recommendations that clearly indicate a preference for a regulatory as opposed to market environment for this state's future health care system.

The commission is now taking its draft package to the public in a series of community meetings around the state in September and October.

In short, the recommendations call for uniform:

- Benefits ("not called basic").
- Methods and levels of payment (premiums for the insured benefit package and payments to providers).
- Cost sharing by consumers-at the point of service (Co-payments) and in premiums.

The commission recommends creation of a Washington Health Services Commission with independent rule-making authority to determine:

- Provider payment methods (with a strong move away from fee-for-service).
- A global state health care budget.
- Whether insurance should be residential or employer-based.
- A financing and payment system. Options under consideration include: multiple payer; single payer and a voucher system (replacing existing state taxes and most health benefit costs) where individuals would receive

vouchers to obtain uniform benefits coverage from one of a number of insurance or managed care plans.

A hearing will be held in Tacoma on October 7 at the Bicentennial Pavilion. Your representation is critical if physicians are to have a continued voice in the reform debate. The meeting is scheduled from 7-10 pm.

WSMA is working with local district coalition member physicians to offer testimony, as are other members of the Alliance for Health Care reform. If you would like an advance copy of the 65-page full recommendations, please contact Katie Bender, 1-800-552-0612.

RBRVS Impact Analysis To Be Available

How will the current HCFA Medicare changes impact your practice? The PCMS Executive Committee reviewed a proposal submitted by Linda Firmberg of *The Medical Office Connection*.

Ms. Firmberg's proposal would provide a member with five reports based on forty CPT codes submitted by the member. The reports are: 1) estimated individual fees report, 2) estimated Medicare income report, 3) fee reimbursement change report, 4) income reimbursement change report, and 5) workload and resource allocation report. The reports would be based on the latest numbers available from HCFA. The service will be provided for \$120.

Ms. Firmberg is a speaker at the RBRVS Seminar being jointly sponsored by the Medical Society and St. Joseph Hospital, October 23.

New Law Restricts Referrals

Reprinted from the WSMA Leadership Memo

Physicians and laboratories who billed Medicare for lab services during 1990 or 1991 will soon receive a survey from the Medicare carrier inquiring about their financial interest in, or ownership of, laboratories. The survey is required by amendments included in the Omnibus Budget Reconciliation Act of 1989 and must be returned to the carrier by October 1.

Under the new provisions of the Medicare law, physicians are prohibited from referring Medicare beneficiaries to laboratories they own or have a financial relationship with, and are prohibited from billing for such services. The new law, which takes effect on January 1, 1992, exempts in-office labs, group practice labs, and rural labs. In addition, interest in a lab which is listed on a major stock exchange and has total assets exceeding \$100,000 is exempt.

The definition of "financial relationship" is very broad so physicians having questions about this law or needing additional information should contact their Medicare carrier.

Dr. Saeed to Serve on AAEM Committee

Mohammad A. Saeed, MD has been asked to serve on the American Association of Electrodiagnostic Medicine Workshop Committee. Dr. Saeed also served on the committee last year.

RBRVS Picture Brighter but Final Resolution Unclear

PCMS thanks all physicians who took the time to write their senators and congressmen, patients, and Health Care Financing Administration and Health and Human Services Department over HCFA's intent to reduce the RBRVS conversion factor by 16 percent.

An estimated 20,000 letters were generated in this state; 125,000 nation-wide. An AMA media tour included stops in Seattle and Spokane and produced numerous favorable editorials.

WSMA leadership met with members of the state's congressional delegation. All pledged and provided support. Bi-partisan letters were written by members of the House Ways and Means Committee, the Senate Finance Committees and the Congressional Rural Health Coalition, among others. The vast majority of Congress has asked for administrative relief of the draft HCFA regulations.

The prognosis? Hopeful but still guarded.

The AMA has received reports the administration may advance a proposal to eliminate the tripling effect and to modify its original plan to address transition asymmetry. However, the administration intends to retain its original proposal to reduce the conversion factor to reflect a "behavioral offset."

WSMA continues to urge members of the delegation-in person and by letter-to keep the pressure on for full relief. There is no legislative avenue to apply behavior offset to the conversion factor and the Congress decided the volume issue when it enacted the Medicare Volume Performance Standard.

We are pushing for administrative change over legislative relief since the latter option opens the door for negative as well as positive action.

A bill remains in the wings that would force HCFA to revise its interpretation of the Medicare physician payment reform legislation, sponsored by Rep. Fortney (Pete) Stark. (D-CA).

If you have not yet done so, please write your congressman and two senators. Thank them for their support on the issue and urge that they keep the pressure on for administrative relief-and elimination of the behavioral offset.

Board Approves 1992 Budget

At the September 3 Board meeting, the PCMS Board of Trustees approved the proposed 1992 budget. A balanced budget is forecast with projected income and expenses of \$237,542. This is a 6.2% increase over 1991 income and expenditures.

A dues increase is not being requested for 1992. The budget is based on a membership of 595 full dues-paying members. Non-dues income accounts for nearly 30% (\$67,967) of all PCMS income. This is revenue derived from investments, salary reimbursement, WSPIA contract, WSMA dues rebate, etc. that makes it possible to keep dues from increasing.

A major change in the budget was the Board's approval to reimburse delegates and alternate delegates to the WSMA Annual Meeting a per diem allowance of \$100 per day. In the past, Pierce County representatives to the WSMA Annual Meeting did not receive any reimbursement from the Society.

It is projected that approximately \$14,000 will be carried over to the 1992 reserves. Reserve levels for the Society at the conclusion of 1991 should be approximately \$140,000. This is 60% of one year's operating costs.

In The Event of a Disaster

In the event of a disaster, the Tacoma-Pierce County Health Department is the lead agency for the coordination of EMS, including, but not limited to, such activities as:

- A) Identification and coordination of medical resources
- B) Identification of potential sights and support staff for temporary emergency clinics
- C) Emergency care at shelters and congregate care facilities
- D) Coordination of medical transportation resources

In the event of a disaster where normal communications are disrupted, doctors and nurses should report to the hospital where they practice the most for an assignment. Doctors and nurses who do not practice at a hospital should either go to their normal place of business to handle walk-in patients or report to the nearest hospital.

Direction and control of emergency medical functions at hospitals will be the responsibility of each facilities' manager and staff.

St. Joseph Hospital is designated as the primary Pierce County Disaster Medical Control Center (DMCC). Medical Director of St. Joseph Hospital is the coordinator of the DMCC. The second alternate DMCC is Madigan Army Medical Center. Tacoma General Hospital is the third alternate DMCC.

Qualified Physicians Needed

Western Washington • Low Volume • 24 beds, 8 patients per 24 hrs • 12-72 hours shifts • Graduate of an accredited Medical School • Current WA License and ACLS Certification • One Year Emergency Room Experience • Malpractice Coverage Provided:

**CALL National Emergency Services
1-800-554-4405**



**“As doctors, if we do the right thing at the right time,
we can make a difference.”**

Dr. Kenneth A. Haller, Pediatrician, East St. Louis, Illinois, Member, American Medical Association

In one of the nation's poorest communities, Dr. Kenneth Haller is working not only to save children's lives, but to bring dignity to the lives of their parents.

He is the type of physician who brings distinction to our profession. He is the type of physician who upholds the highest ideals of medicine. He is also a member of the American Medical Association (AMA).

“I read the Principles of Medical Ethics of the AMA and was impressed by it. I'm proud to be a member,” says Dr. Haller.

You are invited to join Dr. Haller and to join with him in his efforts to bring quality health care to those in need. Become a member of the American Medical Association today.

American Medical Association

Physicians dedicated to the health of America



Pierce County Medical Society Retired Luncheon presents:

UTAH'S

National Parks on Foot & by Jeep

featuring

Marcel Malden, MD

Date: Friday November 8
Time: Lunch 12:00
Speaker 12:45
Place: Fircrest Golf Club
Price: \$10 per person



Yes, I (we) have reserved Friday, November 8, 1991 to join retired members of the Pierce County Medical Society at the November Retired luncheon featuring Marcel Malden, MD.

*Please reserve _____ lunches for me at \$10 per person (includes tax and gratuities).
I have enclosed my check for \$ _____.*

Dr. _____

Please return no later than Friday, November 1, or call the Society office at 572-3667 to confirm your attendance.

Low-Level Lead Exposures and Toxicity in Children

Recent medical attention to pending new Center for Disease Control guidelines regarding childhood lead toxicity has called attention to the lack of information on blood lead levels of children in Washington State, including Pierce County. During the first week of October, KIRO television will be running a series on the increasing concern of low level lead exposures in young children. It is anticipated that this series, together with other media attention surrounding the probable release of the CDC guidelines, will increase requests from parents about lead exposure and lead testing.

The Centers for Disease Control is currently finalizing their document, which will redefine the levels of blood lead indicating the need for additional screening, environmental assessment, medical evaluation and/or treatment (chelation).

Although these levels have not been finalized, it is anticipated the action levels will be substantially lower than the 25 mcg/dl now recommended. This is primarily because of recently published studies which indicate subtle but measurable physiologic effects associated with blood lead in the 10 to 25 mcg/dl range. These include a roughly 1 decibel increase in hearing threshold per 5 mcg/dl blood lead increment, a 3 point decrement in General Cognitive Index on the McCarthy Scales at age 5 for each 100 mcg/dl blood lead increment at age 2 years, and 2 cm deficit in stature per 10 mcg/dl blood lead increment at age 15 months among infants who were exposed to higher than average prenatal blood lead.

Generally, until blood levels reach 45 mcg/dl or more, children are clinically asymptomatic. Because of the absence of children reported with symptomatic lead toxicity in this

area in recent memory, the assumption is that there are very few, if any, children in Pierce County with levels of 45 mcg/dl or more. In addition to blood lead testing, erythrocyte protoporphyrin and zinc protoporphyrin blood tests can identify lead toxicity, although they are not specific and are not sensitive at lower blood levels. A survey in King County in 1985 detected blood levels in the 15-30 mcg/dl range in 0.4% of all children screened. These represented only 5.3% of screened children who had persistently elevated zinc protoporphyrin levels. Because of the non-specificity and lack of sensitivity of EP and ZPP in the 10-25 mcg/dl range, a direct blood lead measurement using 2-3 ml on venous blood is required for identification of low levels of lead toxicity.

Children at particular risk are thought to be those who may have poor nutrition (low calcium and iron intake) coupled with exposure to paint and house dust in homes built before 1950. Other factors, such as parental occupation or hobby involving lead and playing near high auto traffic areas may also contribute to risk.

In summary, we are uncertain at this time about the extent of any low level lead toxicity among Pierce County children, but are taking steps to gather information. The final CDC guidelines are as yet unavailable, but increased media attention will likely create a need to provide information and to provide blood lead testing in many instances where potential risk seems to be present. Your cooperation and assistance will be appreciated.

For further information, you may contact Donna Libby at 591-6030.

Public Forum Reaches Few

In efforts to seek public input regarding health care system reform, the Medical Society sponsored a public forum the evening of September 11. The forum was open to the public and was organized so individuals could express their views and ask questions regarding the health care system.

The attendance was very disappointing. Less than ten people attended with three of them being other physicians. The program was moderated by Tom Hosea, Puget Sound Bank Vice President, and featured a panel of physicians. The physicians, **Drs. Charles Weatherby, Bill Marsh, Richard Hawkins, Leonard Alenick, Dick Bowe, and Arthur Vegh** informally discussed the current system, alternative systems and answered questions.

John Long,
CEO/President, St.
Joseph Hospital,
Addresses Board

John Long, President/CEO of St. Joseph Hospital, addressed the PCMS Board of Trustees at its September 3 meeting. In June, Mr. Long had given a presentation to the Western Regional Meeting of the Medical Group Managers Association in Seattle. His topic was, "Forging Strong Hospital Medical Staff Relations." The presentation was well received and generated much discussion. He stated the two most important issues facing medicine today are health care reform and physicians payment reform. He reviewed the forces driving health care reform and outlined possible future scenarios and strategies for the 1990's.

ST.
JOSEPH
HOSPITAL

THE
CENTENNIAL
BLACK & WHITE
BALL

in celebration of

ONE HUNDRED
YEARS of SERVICE
1891 - 1991

SATURDAY, NOVEMBER 2
Sheraton Hotel Tacoma
Convention Center

\$200 per couple
\$300 per couple for
the Centennial Ball
Special Package

presents



Special 16th Annual Ball has been planned to help St. Joseph Hospital celebrate their first 100 years of caring. "St. Joseph Centennial Black and White Ball," chaired by Margaret Lapin, will be held Saturday, November 2nd at the Sheraton Tacoma Bicentennial Pavillion.

Proceeds from this year's Black and White Ball will benefit the St. Joseph Hospital Capital Campaign to build a new, state-of-the-art Emergency Center, much needed by our community.

The gala evening includes an elegant dinner, dancing to the music of the ever popular Travelin' Light and special guest entertainment for your enjoyment.

Mark your calendars for this special anniversary event. Watch for future details or call St. Joseph Hospital for more information.

GENERAL SURGERY TAKES ON NEW MEANING IN THE ARMY RESERVE.

When you take time to serve with the Army Reserve, we'll make sure it's time well spent.

For a minimum amount of time, the Reserve will make sure you get a maximum amount of experience you probably won't find in your civilian practice.

First and foremost, you'll be an Army officer with all the privileges and benefits which that entails.

Also, service in the Reserve affords you an opportunity to work with dedicated, top professionals from all across the country, as well as attend important medical conferences and even continue your education.



Serving as a general surgeon in the Army Reserve is an adventure waiting to happen. And because your time is important, we can be very flexible about how and when you participate. For more information about Army Reserve medicine, contact one of our experienced Army Reserve Medical Counselors. They can arrange for you to talk to an Army Reserve physician and visit a Reserve Center or medical facility. Call collect:
Or write:

Major Jane McCullough
(206) 967-2524/5406

BE ALL YOU CAN BE.[®]
ARMY RESERVE

Board Approves Increase to Pierce County Medical Library Support

After a thorough discussion of the relationship of the Pierce County Medical Library with the Medical Society, the Board approved a 6% increase to be contributed to the support of the library in 1992. Support will be \$49,989 or \$84 per member (included in dues).

The Board met with **Dr. William Dean**, President, Pierce County Medical Library Board, and **Kathy Edelman**, Librarian, in May and discussed the future of the library. Some concern had been voiced regarding the direction of the library in this electronic age. The Board did vote to review the relationship between the two entities on an annual basis to make certain that the funds are spent in the best manner.

How To Have a Happy Heart

The October 8 General Membership Meeting speaker, **Stephen Yarnall, M.D.**, promises to be a lively, informative, interactive session which will be useful for your own life and for others you care for.

Dr. Yarnall is a popular writer and speaker with several identities. As well as a practicing cardiologist in Edmonds, Washington, **Dr. Yarnall** is a member of the National Speakers Association and is known as **Dr. Quack**, a Seattle Seafair clown! He is President of **Dr. Cookie, Inc.**, and is known to bribe his audience with complimentary doctor cookies.

Social hour will begin at 6:00 p.m., dinner at 6:45 p.m., and the program will commence at 7:45 p.m. The meeting will be held at the Fircrest Golf Club, 6520 Regents Blvd. (See pg 5)

PCCMA to Provide Programs

The Pierce County Chapter of Medical Assistants is planning three dynamite educational programs for their regular monthly meetings. Plans now are for the first meeting to be held before the end of the year. All speaker meetings will provide the medical assistants attending with continuing education credits. The group plans to meet where child care is provided. Watch the November Bulletin for details! If you have any questions, contact **Sharon Bain** at the Society office, 572-3709.

Hiring in the 90's

The PCMS Medical-Dental Placement Service has been very active this year despite the difficulty haunting the healthcare industry, namely — finding qualified employees. The response we received to the September Newsletter article "**Hiring in the 90's**" was impressive. Many people called to add their comments on the difficulties they have recruiting new staff as well as some opinions on why they feel people are not entering the field.

The Placement Service continues to be a good resource to find medical office staff and we do whatever possible to find employees who will match your specific requirements. We try not to waste your valuable time representing those who do not meet your expectations. We advertise every Sunday in the Morning News Tribune and will be glad to advertise for you at no charge.

When you need a new staff member, call your Placement Service at 572-3709. We'll do our best to serve you ethically and effectively.

Dr. Bob Ferguson Recipient of Systems Award

Dr. Bob Ferguson, family physician, was recently awarded the **Community Health Care Delivery Systems (CHCDS) Clinics** award for his dedication to providing continuing comprehensive care to homeless and low-income patients during the past year.

Dr. Ferguson, who was retired and working part-time for CHCDS voluntarily went to almost a full-time basis when **Dr. Stan Flemming**, CHCDS Medical Director was called to active duty for Operation Desert Storm. **Dr. Ferguson** had been assisting the clinics by providing care to the homeless in the four shelters that CHCDS manages. According to **Florence Reeves**, CHCDS Executive Director, "If **Dr. Ferguson** had not volunteered, many of **Dr. Flemming's** patients would have been abandoned."

Dr. Flemming returned in June and shortly thereafter CHCDS suffered the tragic loss of **Dr. Richard Witt**. Once again, **Dr. Ferguson** stepped in on a nearly full-time basis.

CHCDS provided comprehensive care and ancillary services to 11,500 patients in 1990. **Ms. Reeves** stated, "CHCDS has received tremendous support from the specialists to enable their patients comprehensive and continuing care."

PCMS congratulates and thanks **Dr. Ferguson** (1970 PCMS President) for his outstanding service to the community.

Lower Extremities Assessment

presented by

Robert W. Kunkle, MD

Thursday

October 24, 1991

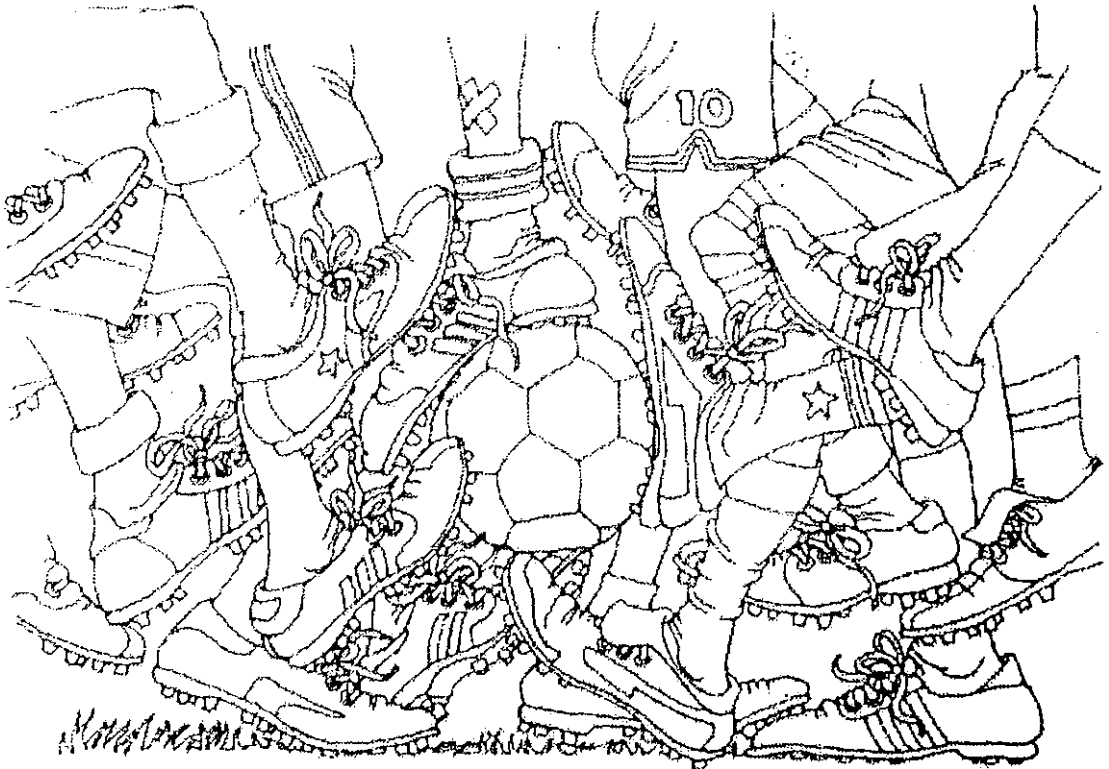
7:00 AM

Jackson Hall Auditorium

314 South K Street

For more information, call 572-3666

Refreshments will be served



SPONSORED BY: PIERCE COUNTY MEDICAL SOCIETY
SPORTS MEDICINE COMMITTEE
BRUCE SNELL, PT, ATC, CHAIRMAN



HIV INFECTION in the Medical and Dental Office

HIV Infection In the Medical and Dental Office will be offered on Wednesday, November 6, 1991. The program, sponsored by the Pierce County Medical Society and Pierce County Dental Society is designed for staff members of physicians and dentists. The program focuses on the care and treatment of HIV/AIDS patients in the office setting. It also directly addresses the fear and concern most staff members have when working with AIDS patients. Participants will receive a basic AIDS education review, then will choose three sessions for more specific study.

A morning program and an afternoon program will be held, from 8:00 - 12:00 a.m. and 1:00 - 5:00 p.m. respectively. A lunch program from 12:00 to 1:00 will be offered with the Pierce County AIDS Foundation presenting a special session "Face to Face With AIDS".

The program is coordinated by **Alan Tice, MD**, and features faculty from the Pierce County AIDS Foundation, Tacoma Pierce County Health Department, the state Department of Health, the University of Washington AIDS Clinical Trials Unit, Multicare Medical Center, St. Joseph Hospital, and Infections Limited.

Topics range from infection control, what to do if you get stuck, to legal issues, treatment options, and support services.

Attendance is limited to the first 100 registrants for each program. Registration fee is \$40.00 for staff of Pierce County Medical and Dental Societies, \$60.00 for staff of non-members.

Box lunch will be provided for those wishing to participate in the lunch session for \$5.00.

RBRVS Conference

Sponsored by St. Joseph Hospital and the Pierce County Medical Society, the Physician Payment Reform Conference is geared to Physicians and Medical Office Managers. It will be held on Wednesday, October 23, 1991 at the Executive Inn, Tacoma-Fife with Session I from 8:30 a.m. to 12:30 p.m. and Session II from 1:30 p.m. to 3:30 p.m. Join your health care colleagues for a lively and

substantive exploration of the impact of physician payment reform on the daily practice of physicians. Session I limited to 300 participants, Session II limited to 100.. Registration is required by October 16. Approved for Category I CME. For registration and more information please call St. Joseph Marketing Department, 591-6730.

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Contact: Andy Tsoi, M.D.: 537-3724
Bruce Kaler, M.D.: 255-0056.

BOSS'S NIGHT!

*Boss's Night is back and what a surprise
staff will bring bosses, every shape and every size.*

*Some will bring one boss, some will bring more
most will boast with pride and praises galore!*

*An award will be given to the "Boss of the Year"
Someone outstanding, and there will be a great
cheer!*

*Is your leader the kind who appreciates staff
One who leads fairly with time still to laugh?*

*Does your leader manage staff in a way
that makes you all grateful you elected to stay?*

*Maybe you'd like to share with the rest
how your boss is the boss who is best!*

Nominations for the Boss of the Year Award

The 1990 "Boss of the Year" award was presented to *Dr. Michael Priebe*. Dr. Priebe was nominated by his employee, Sharon Stamper.

To nominate your physician for "Boss of the Year," send your one page nomination to PCMS, 223 Tacoma Avenue South, Tacoma WA 98402. In your nomination, explain why your boss should be honored with this award based on the following criteria:

- * **Appreciation of Staff**
- * **Professional Standards and Ethics**
- * **Management Style**
- * **Other**

Nominations are limited to one page and must be received in the PCMS office by **October 15, 1991**. (Judging will be conducted by an independent, non-medical professional.)

HONOR YOUR LEADER



@ BOSS'S NIGHT!

Thursday, October 24, 1991

@La Quinta Inn, Tacoma

For many years, the Pierce County Chapter of Medical Assistants presented Boss's Night to bring physicians and their staffs together (no spouses allowed!) for an evening of camaraderie and fun. The Pierce County Medical Society has assumed organization of this annual event and we hope you will join us.

*** Social Hour * Dinner * Entertainment**

Featuring the comedy and musical styles of **Vi Childs**

INITIATIVE 119 DOMINATES WSMA ANNUAL MEETING

By a vote of 114 to 22, the WSMA House of Delegates voted to actively fight the "Death with Dignity" Initiative 119 that will appear on the November 5 ballot.

The Initiative is an amendment to the Natural Death Act and is vigorously supported by the Hemlock Society. Initiative 119 allows a terminally ill adult patient who is both conscious and mentally competent to request aid-in-dying in writing from a licensed physician.

Aid-in-dying is defined as a medical service, provided in person by a physician that will end the life of a conscious and mentally competent qualified patient in a dignified, painless, and humane manner when requested voluntarily by the patient through a written directive at the time the medical service is to be provided.

The WSMA House of Delegates (including 15 Pierce County representatives) heard the issue discussed at length in a panel discussion Friday afternoon and on the House floor Saturday morning. The issue poses a dilemma for organized medicine as most physicians approve of the other amendments in the Initiative. They redefine "terminal condition" as:

- an irreversible condition which, in the written opinion of two physicians having examined the patient and exercising reasonable medical judgment, will result in death within six months — or — a condition in which the patient has been determined *in writing* by two physicians as having no reasonable probability of recovery from an irreversible coma or persistent vegetative state.
- it identifies artificially administered nutrition and hydration, along with cardiac resuscitation and respiratory support, as life-sustaining procedures which may be removed if their use would serve only to prolong the moment of death.

Physicians complying with the directive as requested by a qualified patient are immune from civil, criminal, or administrative liability. No physician is required to provide aid-in-dying, but the attending physician shall make a "good faith" effort to transfer the qualified patient to another physician or facility who will effectuate the directive of the patient.

Members of the House of Delegates did acknowledge that greater education to physicians on pain management is necessary. However, most testimony was very much against the Initiative.

WSMA Delegates Strongly Oppose Tobacco

The WSMA House of Delegates voted on two resolutions relating to tobacco at their 1991 annual meeting in Bellevue. The Tobacco Addiction Coordinating Council (Resolution #12, A-91), introduced by Pierce County Delegate **Gordon Klatt, MD** was unanimously approved. The resolution mandates the WSMA to reaffirm its commitment to the Tobacco Addiction Coordinating Council and continue efforts to:

- ban free distribution of tobacco samples
- ban vending machine sales of tobacco products to minors
- ban sales of tobacco products without the appropriate federally mandated warning labels
- require tobacco product dealers to be licensed
- enforce the state law prohibiting the sale of tobacco products to minors
- work to continue to increase taxes on tobacco products
- further restrict smoking in enclosed public places
- ban smoking in health care facilities

The resolution further resolves that the WSMA continue as an active member and provide financial assistance to the Tobacco Addiction Coordinating Council so that a concerted effort can be mounted to lobby effectively against the use of tobacco.

Delegates also unanimously approved an Anti-Smoking Promotion resolution (Resolution #33, A-19) that directs the WSMA to urge the Tobacco Addiction Coordinating Council to consider development of a certificate of commendation for businesses, organizations, and individuals who initiate changes or the development of policies which have a positive impact on the reduction of exposure to tobacco smoke and access to tobacco products.

President Marsh on WAMPAC Board

Because of his active participation and knowledge of the political arena, **William G. Marsh, MD**, President PCMS was elected to the Washington Medicine Political Action Committee (WAMPAC) Board of Directors. **Dr. Marsh** knows his legislators personally and visits Olympia several times a year. He is a strong advocate of physician participation in the political process. The WAMPAC Board reviews candidate positions on issues to determine the level of assistance WAMPAC will provide the candidate.

Sharon Ann Lawson Honored

WSMA President Marvin Young and WSMMA President **Susie Duffy** honored **Sharon Ann Lawson (Harry)** for the creation and implementation of the highly successful Teen Health Forum. Sharon Ann, Past President of PCMSA and WSMMA, was presented a plaque at the President's dinner at the WSMMA Annual Meeting held at the Bellevue Red Lion.

Continued on page 16 . . .

**PCMS
Members & Spouses**

**"How to Have a Happy
Heart!"**

featuring

**Stephen R. Yarnall MD
(Dr. Cookie)**

Dr. Yarnall is a popular writer & speaker with several identities.
He is a practicing cardiologist in Edmonds, WA & Assistant Clinical
Professor of Medicine at the U of W. Dr. Yarnall
is also known as Dr. Quack, a SeaFair Clown
and Dr. Cookie, President of Dr. Cookie, Inc.

**Oct 8
Tuesday
Fircrest
Golf
Club**

6520 Regents Blvd

Social Hour
6:00 pm
Dinner
6:45 pm
Program
7:45 pm
Price
\$17
\$19 at door

Yes! I (we) have reserved the evening of **Tuesday, October 8** to join members of the Pierce County Medical Society at the October General Membership Meeting to hear Dr. Stephen Yarnall speak on "How to Have a Happy Heart!" at Fircrest Golf Club.

Please reserve _____ dinners at \$17 per person (includes meal, tax, and gratuities). Enclosed is my check for _____

Dr. _____

Please make check payable to PCMS and return no later than Friday, **October 4** to: 223 Tacoma Ave S. Tacoma, WA 98402 (206) 572-3667



In Memoriam

Ray Miller, M.D., retired internist died September 18, 1991. Dr. Miller had a distinguished career. He served on President Truman's personal medical staff in the White House shortly after graduating from George Washington Medical School. Dr. Miller has held many a dinner table in sway with his reminiscences of White House lore.

He served his country first as a member of the Missouri National Guard called to active duty in 1940 (age 17). After rising to the rank of Lt. Col. he resigned his commission to return to medical school. Upon graduation, he returned to active duty as a 1st Lieutenant and service in the White House.

During Vietnam, he served as Commanding Officer of the 44th Medical Brigade, in charge of all U.S. hospitals in Vietnam. He retired from the service as a Colonel and joined Western Clinic where he spent the next 19 years.

Dr. Miller is survived by his wife Ginnie (57 years); sons, Douglas, Michael and Ray Jr., and nine grandchildren who share the sorrow of the Society.

issues, it is important and your responsibility to vote.

Due to time factors, many people are using the absentee ballot. You receive the ballot approximately a week before the election and can study it in the privacy of your home before completing it.

If you would like to receive an absentee ballot, simply request an absentee ballot on a sheet of paper, print your name and sign it. Mail the request to:

**Pierce County Election Dept
2401 So. 35th St.
Tacoma, WA 98409**

Do it today. Pierce County has one of the poorest voter turnouts in the state and this does not reflect well on us.

WSMA Leadership Changes

James T. Kilduff, MD, Bremerton urologist assumed the presidency of WSMA at its 102nd Annual Meeting in Bellevue on September 21.

The first woman president of WSMA will be Anna H. Chavelle who was elected President Elect. Dr. Chavelle is a family physician with a host of honors and firsts to her credit.

Nancy L. Purcell, Renton family physician was elected Secretary-Treasurer. She has been active in King County Medical Society affairs.

Important Election...Use an Absentee Ballot

On November 5 several important issues will be on the ballot. Initiative #119 (Death with Dignity), Initiative 120, (protects existing abortion rights), Initiative 553, (would limit length of terms for elected officials) and other critical issues and races. Regardless of your position on the

Continued from page 14 . . .

The Forum, held annually on the campus of Central Washington University is directed to Middle Schoolers.

Over 500 students attended from across the state in 1991. Choice, Not Chance addressed five concerns that contribute to poor quality adolescent health—Violence and Trauma, Substance Abuse, Victimization, Psychiatric Disorders/Suicide, and Teen Pregnancy.

Sharon Ann has spent countless hours in organizing the conferences. In accepting her award, she acknowledged receiving much assistance from her colleagues. But, she has been the impetus for the successful program. Congratulations Sharon Ann.

PCMS Well Represented On WSMA Board

Gordon R. Klatt, MD, Immediate Past President of PCMS was elected to the WSMA Board of Trustees as a Trustee. He joins **Dr. Charles Weatherby, Richard Hawkins, Leonard Alenick and Richard Bowe** on the Board.

Dr. Klatt's name was placed in nomination by the PCMS Board of Trustees because of his leadership capabilities.

Dr. Hawkins, as vice-speaker of the House of Delegates presided over the lengthy debate of Initiative 119 on the House floor. His parliamentary expertise was needed as efforts were made through parliamentary procedure to carry the vote of the day.

Dr. Leonard Alenick, serves as AMA Alternate Delegate and attends the bi-annual AMA House of Delegates meetings.

Common Office Problems Registration Open

Registration for the very popular CME program *Common Office Problems* is still open.

This year's program is designed for primary care practitioners and focuses on practical approaches to most common office problems. Pediatrics, Internal Medicine, Pharmacology and Sports Medicine will be emphasized.

The program offers 14 Category I credits and is scheduled for October 10 & 11. Registrations are accepted through C.O.M.E. at 627-7137.

Course content was selected by Drs. Mark Craddock, Kirk Harmon, and Tom Herron.

ACLS Provider Course Available December 12 & 13

The College of Medical Education's highly touted ACLS Provider Course has been scheduled for December 12 & 13. Unlike many other ACLS courses, this program offers 16 hours of Category I credit from both the AMA and AAFP. The course will be held at Jackson Hall and was developed by David Munoz, MD.

The C.O.M.E. program is a two-day course offered twice annually for physicians, nurses, and paramedics and follows the guidelines of the American Heart Association. A pre-requisite is current certification in Basic Life Support which can be fulfilled during the course. ACLS manuals are provided only to those certifying.

The C.O.M.E. course is "participant friendly," combining some lecture with a great deal of hands-on practice prior to the second day's afternoon testing.

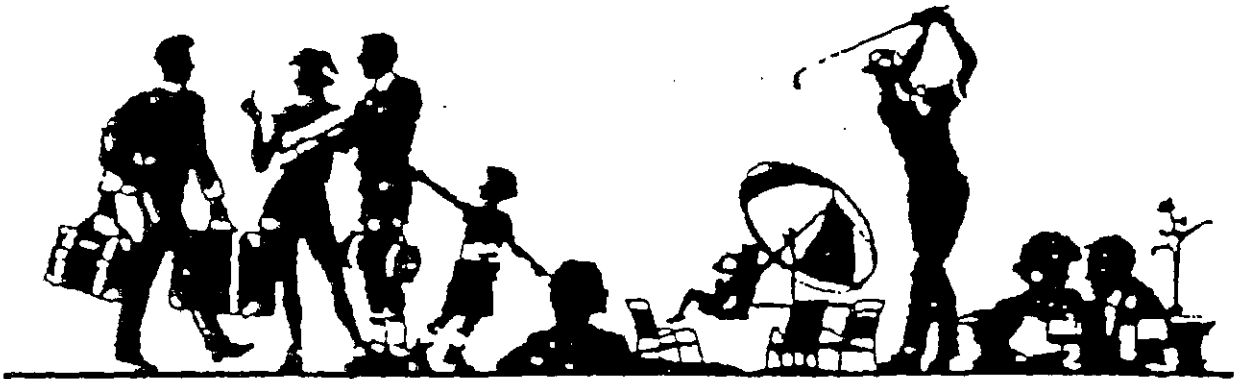
Infectious Diseases Update Program Scheduled for November 8

A complimentary (no registration fee) Infectious Diseases CME program is scheduled for November 8 in Rooms 3&B of St. Joseph Hospital's Conference Center South Pavilion. The program was developed by Philip Craven, MD and is supported by Infections Limited of Tacoma. The College of Medical Education is co-sponsoring the conference.

You should have received your program brochure highlighting conference subjects along with a registration form. Although no registration fee is required, physicians wishing to attend must return a registration form. Early registration is encouraged as the conference is anticipated to fill early. The program offers 6 Category I CME credits.

1991 - 92 C.O.M.E. Schedule

DATES	PROGRAM	DIRECTOR(S)
1991		
Thurs., Fri. October 10 & 11	Common Office Problems	Mark Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri. November 8	Infectious Disease Update	Philip Craven, M.D.
Thurs., Fri. December 12 & 13	Advanced Cardiac Life Support	David Munoz, M.D.
1992		
Thurs. January 16	Law & Medicine Symposium	Douglas Attig, M.D. Frank Ladenburg, J.D.
Fri. February 7	Review of HIV Infections	Alan Tice, M.D.
Fri. February 28	Office Intervention: Alcohol and Substance Abuse	Mark Craddock, M.D.
Thurs., Fri. March 12 & 13	Internal Medicine Review-1992	Bruce Brazina, M.D.
Mon. - Fri. Mar. 30 - Apr. 3	Hawaii and CME	Mark Craddock, M.D. John Lenihan, M.D. Amy Yu, M.D.
Fri., Sat. April 17 & 18	Tacoma Surgical Club	Ken Ritter, M.D. Chris Jordan, M.D.
Fri. May 8	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Mon., Tues. June 22 & 23	Advanced Cardiac Life Support	James Dunn, M.D.



Hawaii & CME Signup Deadline set for November 1

November 1 has been set for the Hawaii and CME conference registration deadline. Likewise, arrangements for both flights and lodging must be made soon to assure space.

Physicians and their families are encouraged to act now to join their colleagues next spring in beautiful Kauai, Hawaii during the College of Medical Education's second "resort" conference, March 30 to April 3, 1992.

Flights to Hawaii in spring sell out many months in advance. In order to assure seats are available for the CME group, the College reserved a large block of seats in a tour package (which includes a rental car) on a Northwest Airlines Boeing 747 from Seattle to Honolulu and an inter-island flight to Kauai. It is crucial you make your reservations as soon as possible. Olympus Travel is handling the flight arrangements. Please call Kris or Angie at 565-1213 to reserve your seats.

Kauai's Stouffer Waiohai Resort has been selected as the conference site. Located on beautiful Poipu beach, the hotel was selected for a variety of criteria, but particularly the savings for families.

In addition to significantly reduced rates for ocean view rooms (\$155 per day) a second room for children is offered for a 50% discount (\$77.50

per day). Call the College (627-7137) for a hotel registration form or call the Waiohai at 1-808-742-9511. You should have received a complete conference brochure detailing our planned CME program. Simply complete the form and return it to the College with your registration fee.

So make your plans now for Hawaii and CME. Come join us in Kauai next spring. If you have any questions, need a program brochure, or need a hotel registration form, call the College of Medical Education at 627-7137.

Keynote Speaker Announced for Law and Medicine

Symposium January 16

The Law and Medicine Committee has selected local attorney George W. Christnacht as this year's keynote speaker at the Law and Medicine Symposium. The traditional conference is scheduled for January 16, 1992.

The symposium presents topics of common interest to physicians and attorneys. Speakers are chosen from prominent members of both professions. This program offers an insightful look at both sides of the common professional interactions and is coordinated this year by Douglas Attig, MD and Frank Ladenburg, Jr., JD.

George Christnacht is an associate in the Tacoma firm of Troup, Christnacht, McKasy and Durkin. The vast majority of his work is in the field

of personal injury, product liability, and professional negligence cases.

Mr. Christnacht obtained his degree from Gonzaga University in 1957 and was admitted to the Washington State Bar the same year.

Mr. Christnacht is a former member of the Board of Governor's of WSTLA and has been a speaker at past WSTLA seminars. He is also a former member of the Board of Trustees for Pierce County Bar Association and a former president of the Tacoma-Pierce County Bar Association.

Mr. Christnacht is presently a member of the Tacoma-Pierce County Bar Association, the American College of Trial Lawyers, the American Bar Association and the American Trial Lawyers.

Scenes from a

Clockwise from top: Colleen Vercio assists with balloons; Kit Larson sharpens her sand castle skills; Dr. Pete Kesling orders pizza in.



Beach Party



**PIERCE COUNTY MEDICAL SOCIETY AUXILIARY
COUNTY, STATE, AND NATIONAL DUES 1991-92**

	Regular	Widow/Retired	Newcomer	Student/Resident
National	\$20	\$20	\$20	\$7.50
State	\$30	\$21	\$20	\$2.00
County	\$15	\$10	\$10	\$10.00
Total Dues	\$65	\$51	\$50	\$19.50

Please circle amount paid, make check out to PCMSA, and mail by September 15 to:

Alice Yeh
2810 Vista View Dr N.
Tacoma, Wa 98407

Name: _____

Enter below changes to your membership listing. Type of membership?

Address: _____

P Participating

Phone: _____

S Supporting

(no calls for committee work)

Sponsored by St. Joseph Hospital and the Pierce County Medical Society, this conference is geared to Physicians and Medical Office Managers.

Wednesday, October 23, 1991 Executive Inn, Tacoma- Fife Session I: 8:30 a.m. to 12:30 p.m. Session II: 1:30 p.m. to 3:30 p.m. Join this select group of health care colleagues for a lively and substantive exploration of the impact of physician payment reform on the daily practice of physicians.

Session I limited to 300 participants, Session II limited to 100.. Registration is required by October 16.

Approved for Category I CME. For registration and more information please call St. Joseph Marketing Department, 591-6730.

PHYSICIAN PAYMENT REFORM CONFERENCE

"What will your Medicare 'bottom line' be in the 1990's?"

SESSION I 8:30 a.m. -12:30 p.m.

The Facts

- A. Health Care Reform Overview ~ *John Long*
- B. Defining OBRA89, The Government's Perspective ~ *Nancy Dapper*

The Consequences

- A. Practice impact issues: ~ *Rufus Stanley, MD*
 - RBRVS
 - Regional cost adjustments
 - Role of transition
- B. Relationship impact issues:
 - Physician/Physician relationships
 - Physician/Patient relationships
 - Physician/Hospital relationships
 - Physician/Payor relationships
- C. Financial Strategies for the 90's. ~ *Linda Firnberg*
 - Financial analysis models

The Options ~ *Physician Panel*

- A. Surgical and procedural perspectives
- B. Cognitive perspectives

SESSION II 1:30 p.m. ~ 3:30 p.m.

Medicare Impact Analysis Workshop ~ *Linda Firnberg*

- I. What is Medicare Impact Analysis
- II. Data Required to Produce the Analysis
- III. Understanding the Computations
- IV. Additional Issues Which May Affect Medicare Income
- V. Interpreting the Reports
- VI. What to Do With the Information After You Run the Reports

SPEAKERS

Nancy Dapper is the Regional Administrator for the Region X, HCFA.

Linda Firnberg is a principal of the Medical Office Connection, a consulting firm specializing in automation, office efficiency and reimbursement management.

John Long, FACHE, is the President and Chief Executive Officer of St. Joseph Hospital and Health Care Center.

Rufus Stanley, MD, is a nationally known speaker on physician reimbursement issues and an orthopedic surgeon in private practice.

Volunteers Needed

Tacoma and University Place nurses are seeking volunteers (volunteers do not have to be a nurse) to help with the fall vision and hearing screening. This year school nurses will be using a "team screening approach" whereby they will go from school to school and see all children in sequence. This approach allows all children to be screened early in the school year and problems are detected before they have a negative impact on the child's academic school year. To make team screening successful, numerous volunteers are needed.

Schedules are flexible and no pre-training is necessary. Please call our Volunteer Resources Coordinator, Trudy Klatt, at 952-2784. If no answer, please wait for voice messaging and leave your name.



A

AMA-ERF Holiday Card Kickoff

All Pierce County physicians will receive a letter from Carolyn Hogan and Terry Stewart telling them about this year's Holiday Sharing Card. The sharing card is sent to all PCMS members with an enclosed list of contributors. Save yourself the expense and labor of addressing all those cards to medical friends and let your auxiliary committee do the work. It is an easy way to send holiday greetings while supporting the medical school or medical research of your choice. All funds are payable to AMA-ERF. Your donations are tax deductible. Pierce County has been number one in donations in Washington for a number of years. Keep up the good work. Watch for your letter coming soon with all the information you need to make 1991 a banner year for AMA-ERF.

Christmas

Carol

PCMSA is honored to host the Tacoma Actors Guild presentation of the Christmas classic "A Christmas Carol" December 14th. This excellent production will be enjoyed by all ages—think Christmas gifts for friends, office staff, those on the gift list who have everything!

Tickets are selling fast on a first come, first served basis. Please send your check for \$20 (\$6 is tax deductible) today to: PCMSA c/o Denise Manos, 3088 Rocky Point Road Bremerton, WA 98312

Fall Western Hoedown

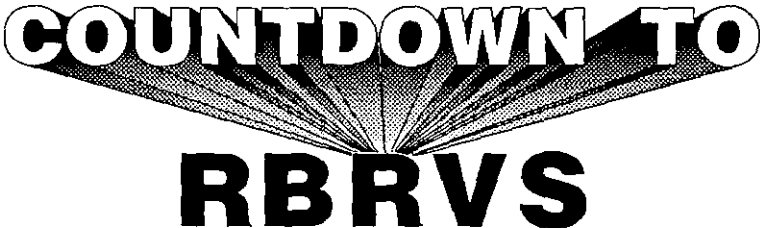
On Friday, October 18, 1991 from 6:30 to 10:00 pm, the Auxiliary will host an evening of fun, food, and square dancing. Here is that opportunity to pull on your cowboy boots and favorite western garb. Choose your partner and do-si-do to the foot-stompin' calls of Mike DeSisto, who will lead us through the steps of the square dance.

Your check is your reservation. The evening's event is open to guests, but since space is limited, make your reservation now. The price is \$18 per person. Please send your check made out to PCMSA by Thursday, October 10 to: Lori Fisher 3611-11th Ave NW, Gig Harbor 98335 or call 851-7940 for more information. We will be taking food or cash donations at the door for the Emergency Food Network. We look forward to seeing you there!

Nominating Committee to Meet

The PCMSA Nominating Committee will begin meeting in October to select officers for 1992-93. The executive committee positions to be filled are: 1) President-Elect; 2) 1st VP-Program; 3) 2nd VP, Membership; 4) 3rd VP, Bylaws/Historian/Parliamentarian; 5) 4th VP-Arrangements; 6) Recording Secretary; 7) Corresponding Secretary; 8) Treasurer; and 9) Dues Treasurer.

If you are interested in serving on the Board, please call Mary Lou Jones, 565-3128.



COUNTDOWN TO
RBRVS

Watch for the announcement of our
Medicare Impact Analysis Service
to find out the *projected impact*
of the new Medicare RBRVS Fee schedule
on your practice.

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Positions Available

Are you a physician looking for a multi-disciplinary group treating patients with combined medical/ psychiatric/ psychosomatic problems? Our group is possibly unique in its commitment to dissolving these boundaries & approaching patients with the emerging neuroscience model. If interested, please forward your CV to Washington Institute of Neurosciences, 2825 Eastlake Ave E, #333, Seattle, WA 98102

Psychiatrist-P/T contract or salaried psychiatrist, board eligible to work as a part of a geriatric mental health team providing services to nursing home residents. Consultation and education provided to the team and to nursing home staff. Six hours minimum - South King County location (Approx 20-30 min from Seattle or Tacoma). CV to Pat Valdez, Valley Cities Mental Health Center, 2704 ISt NE, Auburn, WA 98002 Ph. 854-0760

Tacoma-Seattle, Outpatient General Medical care at its best. Full and part time position available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P, F.P, I.M. Contact Andy Tsoi, M.D. 537-3724 or Bruce Kaler, M.D. 255-0056

Washington, Puget Sound Full or part time position with expanding Physician owned group. Well established, practicing adult emergency medicine. High level of critical care, excellent medical staff. Great flexibility in scheduling to enjoy the Northwest, partnership potential, malpractice paid, ABEM certification or preparation required. CV to TECP, 955 Tacoma Ave. S, # 210, Tacoma, WA 98402 (206) 627-2303

Equipment

Preowned office medical equipment for sale: gooseneck lamps \$65, SMR treatment carts \$1000, rolling stools \$65, large variety of instruments. Large showroom of equipment in Redmond to choose from including everything for exam rooms. Lynlee's Inc., 867-5415. Call us with your needs list.

Viagraph Stress - Testing System. Includes treadmill, 3-channel EKG, Recorder and monitor. Excellent condition. \$8,000. Call Lynlee's, Inc. for details (206) 867-5415. (Preowned medical equipment sales).

Office Space

Federal Way Psychotherapy Office space. New free standing building in condo office park. Soundproofing, carpeting, private, quiet area, access to a group room, additional support services available by contract. Contact Maria (206) 838-2326, 927-4837

Excellent Office Space Available in PCMS building. Over 1000 sq. ft. Large central area, 2/3 private offices Utilities included in \$600 month rent. Free off street parking. Call 572-3666

Medical Office Space. St. Francis Medical Office Building-Federal Way available as separate space, shared space, rental, lease or potential ownership. Also daily rental space available in Tacoma. Contact Mal Blair, Tacoma 572-0508

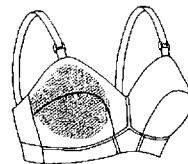
General

13.76 Acres of open woodland with seasonal creek situated 2 miles west of No 16 Gig Harbor interchange. For sale on contract \$227,500. Terms negotiable. Dr. Mike Doel at 549-2133

Is there a skeleton in your closet you'd like to sell me? Real or plastic. Contact Dr. Rose at 884-9221

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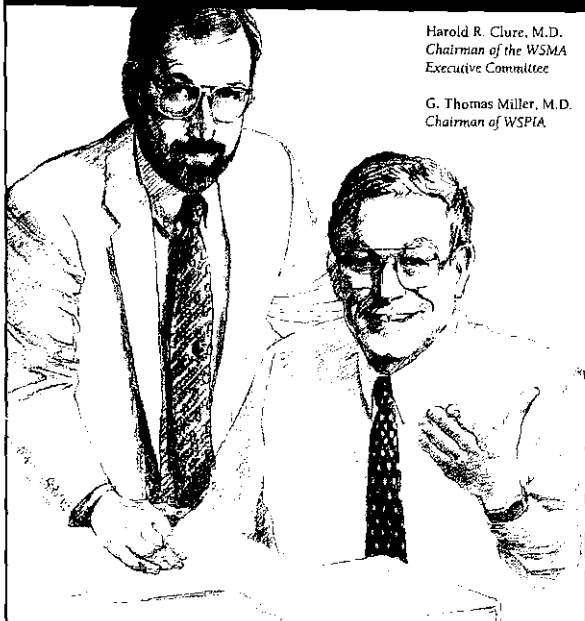
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BULLETIN

Volume 6, Number 11 November 1991

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Initiative 119 – How do You Feel?
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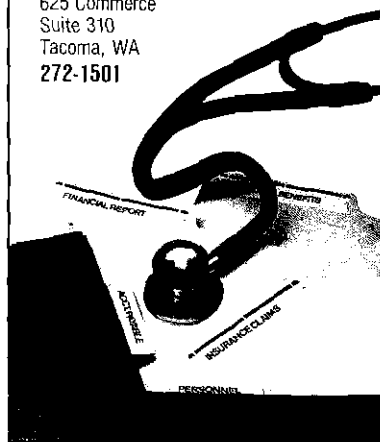
Medical Director, John Atkinson, M.D.

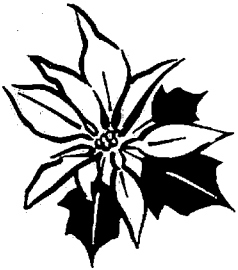
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You're Invited!

Spend an evening with Scrooge and your
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TAG Production of

"A Christmas Carol"

Saturday, December 14, 1991

Hosted by the
Pierce County Medical Society Auxiliary.

The evening will begin at 6:00 p.m. with
wine or punch and light hors d'oeuvres.

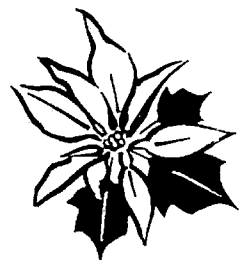
The 7:00 p.m. performance lasts 1 1/2 hours (no intermission).
Families with school age children are welcome!

Proceeds from ticket sales benefit the PCMS Auxiliary Philanthropy fund.
Each ticket is \$20.00 (\$6.00 tax deductible).

Share the holiday spirit! Tickets make great gifts for family, friends, office
staff or anyone on your list.

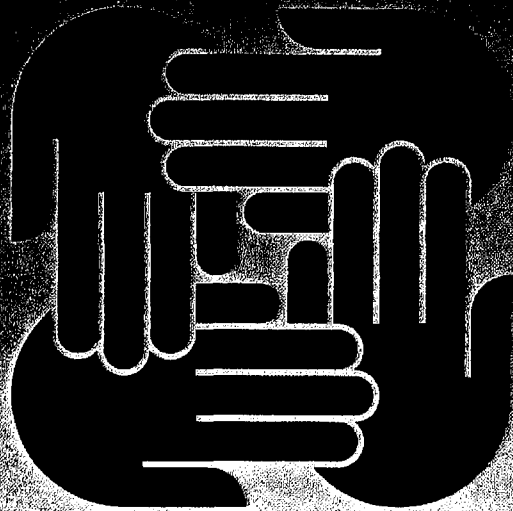
Make checks payable to PCMSA and send:
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Your tickets will be sent in late November/early December



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BULLETIN



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- 12 "A Single Payer Health Care Plan: A Boon for Physicians"
By Susan L. Norris, MD and Martin Mendelson, MD, PhD



Columns

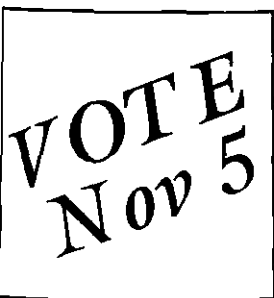
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Departments

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Events

- Vote! PCMS Board Meeting—November 5
- Retired Luncheon—November 8
- Joint Annual Holiday Membership Meeting
December 10—Tacoma Sheraton
- Advanced Cardiac Life Support—December 12 & 13





Physician Self Esteem

Seem like an unusual title? I've been concerned lately about this very topic. Many physicians feel bad about their profession and the mountains of regulations that are necessary to practice medicine. Why do some physicians seem to do well in this environment while others do so poorly? I believe those doctors who have an interest outside their practices are able to turn life's roller coaster into a sunny Sunday drive. Working through the system to change the changeable and fix the fixable gives power instead of despair.

"There are many physicians in the Pierce County Medical Society that find value and power over the system through their volunteer work for the Society"

How do you value yourself? How do others see you? Is it the money you make or the things you are able to buy? Possibly, it is the skills you've learned, or the friends you've made, or the patients you've served.

There are many physicians in the Pierce County Medical Society that find value and power over the system through their volunteer work for the Society. The Medical Society has about 24 active committees. I say "about" because we appoint new committees when appropriate and terminate others as they've lived out their usefulness. Staffing these committees accounts for 197 physicians who participate in the active life of the Society.

The hours spent by these physicians total well over 3900 hours. This amounts to 97.5 weeks or almost 3 years of work, all of it donated time. These physicians probably feel good about themselves and their profession. They can feel empowerment through their activities and through the things their efforts accomplish. Assuming their time is worth \$150 per hour, the total bill comes to \$585,000. Wow!

There are many of you who volunteer to donate your time to all sorts of endeavors; church, scouts, schools, free clinics, coaching and teaching. These are the activities we all should feel good about. Many of us really care about medical and societal issues. We work outside of our practices and strive for the good of all. I encourage each of you to evaluate your goals and mission in life. There are numerous opportunities to volunteer in your Medical Society. Call the Society office for more information and a list of these opportunities. Feel good again!

W G M

The Pierce County Medical Society *and*
the
Pierce County Medical Society Auxiliary

cordially invite you to join them at their

Joint Annual Holiday Dinner

*Tuesday, December 10
Tacoma Sheraton Ballroom
1320 Broadway Plaza
No-host Social Hour 6:30 pm
Dinner - 7:15 pm
Program - 8:15 pm
Entertainment provided by
Society members*





Members of the PCMS delegation to the WSMA House of Delegates listen to an in-depth discussion on Initiative 119 (Death with Dignity). Pictured are: (front row) John Doelle, Eileen Toth, Charles Weatherby, George Tanbara and Joe Wearn. Second Row: Rebecca Sullivan



Above - PCMS Secretary-Treasurer Joe Wearn, Bob Martin (back) and Vice President David Law study a resolution before voting at the WSMA Annual Meeting.

Below - Vice Speaker, WSMA House of Delegates, Richard Hawkins (Tacoma Family Physician) and WSMA President-Elect Anna Chavelle (Seattle Family Physician) watch the debate on the House floor.



WSMA House of Delegates



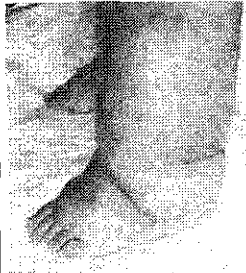
Dr. Eileen Toth, PCMS Delegate and President-Elect of the House of Delegates to address the Initiative 119 issue.



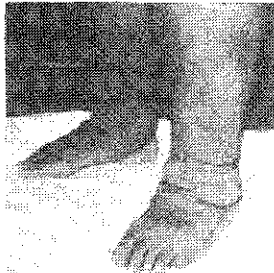
Dr. Gordon Klatt, PCMS Past President, addressed the Delegates on a resolution asking WSMA to continue its lobbying efforts to control sales of cigarettes to minors. He was elected to the WSMA Board of Trustees.

Dear Doctor,

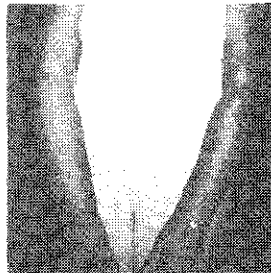
IT WORKS



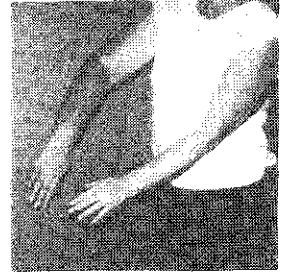
Before
Patient with one and one-half days of LYMPHA PRESS treatment



After



Before
Patient with four days of LYMPHA PRESS treatment



After

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IT'S MEDICARE APPROVED

The **Lympha press** is approved by Medicare and other third party payors. After the initial set-up, a professional from Shaw Foundations monitors your patient's progress and contacts you with the results. This allows you to logically decide if this form of therapy is effective.

GIVE IT A TRY ON YOUR MOST DIFFICULT PATIENT

Try the **Lympha press** on one of your patients who is suffering from lymphedema. The initial treatment will be provided at no charge with the first month's rent always applying toward purchase. I'd be pleased to provide you with more information or reports of actual therapy results. Please give me a call at 1-800-825-4226 for more information.

Sincerely yours,

Paul A. Pitler
President

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The entire center is designed to make them feel more comfortable. You'll notice it as soon as you walk in. The colors are fresh and relaxing. We've even installed headphones and big, comfortable chairs in our post-anesthesia recovery lounge.

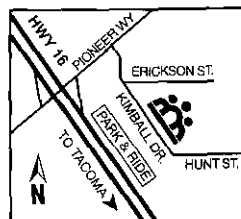


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Health Care Commission Takes Testimony Until After Midnight

The eighth public hearing of the Washington Health Care Commission was held in Tacoma October 7 at the Bicentennial Pavilion. Over 200 persons attended the meeting with 120 testifying.

Appointed by the Governor and the Legislature in May, 1990, the Commission conducted hearings around the state for public comment. An initial package of reform recommendations will be submitted to the Governor and the Legislature by December 1, 1991. The Commission's final report is due November 1, 1992.

Those testifying were asked to address the draft recommendations. However, much of the testimony was anecdotal. Many speakers asked that patients retain the freedom to choose their health care providers.

Leonard Alenick, MD, AMA Alternate Delegate and Lakewood ophthalmologist presented the Medical Society's position on the recommendations. He commented on the current strengths of the system say-

ing, "Let's fix the problems of high cost and lack of access by building on the existing strengths rather than instituting a highly regulated model of reform that trades one set of problems for new problems.

Dr. Alenick asked that steps be taken now to cut unproductive costs and to increase access, such as:

- 1) no forms to fill out, but rather uniform electronic processing,
- 2) portability of insurance with no waiting period as you change jobs,
- 3) insurance premiums based on group risks rather than on individual risk,
- 4) research conducted to verify what treatments really work and are cost-effective, and
- 5) tort reform.

Several members of the Medical Society addressed the forum.

Dr. Richard Hawkins urged caution in expecting too much from "managed care" systems. He noted, "Decisions will have to be made as to what *not* to do."

Dr. Kerry Watrin, Family Physician and faculty member at Tacoma Family Medicine,

commented on the 4000 persons on the waiting list for the Basic Health Plan in Pierce County and the need to eliminate pre-existing conditions on health insurance policies. **Dr. Peter Marsh** asked that the Basic Health Plan be expanded and tort reform is a necessity for any reform at all. **Dr. George Tanbara** asked that "Physicians, carriers, hospitals and communities should each be given an opportunity to demonstrate their ability to provide quality care to those more in need of instead of accumulating people who utilize health care the least. They need to prove that they are able to provide efficient and effective care—as they claim they can—by accepting this segment of the population."

Drs. David Munoz, Arthur Vegh and Gary Trupp also addressed the Commission. **Dr. Munoz** noted the lack of good information systems in government programs when available in the business community. He urged that incentives be provided for those who lead healthy life styles.

Thanks to Members

Dear Colleagues,

I wish to express my sincere appreciation for all your caring and support during my surgery and recuperation time. I have gained complete recovery and have returned to a regular surgical schedule. I am now available and accepting all of your referrals. Again, thank you for your confidence and continued support.

Sincerely,

Jeff Patterson

Parliamentary classes offered

The popular Parliamentary Procedures class taught by **Stanley Tuell, M.D.**, is being offered by Tacoma Community College beginning Monday, January 6. If you are in a leadership position or plan on chairing a committee, these classes are a necessity and will make your job much easier.

The eight-class series will be held Mondays from 7 to 9 p.m. on the Tacoma Community College campus. You can register at the first session or may pre-register by calling 566-6018.

1992 Nominations

The PCMS Nominating Committee met in September, nominating the following individuals: President-Elect, **Dr. Jim Fuicher**, St Joseph ER physician; Vice President, **Dr. William Roes**, family practice; Secretary-Treasurer, **Dr. Vita Pliskow**, Allenmore anesthesiologist. Nominated for the three available Trustee positions were **Drs. Joseph Clabots**, vascular surgeon; Jonathan Hurst, gastroenterologist; **David Munoz**, geriatrician; **Rebecca Sullivan**, family physician; **Theresa Terem**, colo-rectal surgeon; **James Taylor**, pulmonologist; and **James M. Wilson**, internist.

Sagging Revenue Raises Specter of Medicaid Cuts

The state's sagging revenue forecasts, down \$200+ million at last count and predicted to worsen, have pushed the governor to order an initial 2.5% reduction in all state agency budgets by December 1.

The result: deep cuts in the state's Medicaid program as the department struggles to define a "decision package" totaling up to \$90.6 million in reduced spending from December 1 through June 30, 1993 (the end of the biennium). Likely targets for elimination:

- » Chiropractic Services (\$5.6M)
- » Podiatric Services (\$1.2M)
- » Physical and Speech Therapy (\$1.9M)
- » Non-Hospital Indigent Services (\$14.1M)
- » Reduced General Assistance Scope of Care (\$5.6M)

The Answers Keep Changing....

Stephen R. Yarnall, MD, helped many PCMS members and spouses learn "How To Have a Happy Heart" at the October 8 General Membership Meeting. Dr. Yarnall is a practicing cardiologist in Edmonds and Assistant Professor of Medicine at the University of Washington. Other aliases include Dr. Quack, a SeaFair Clown and Dr. Cookie, his business that sells healthy cookies.

Dr. Yarnall said he used to give speeches on the do's and don'ts of healthy lifestyles, including reducing stress and behavior change. But he came to realize that doing so had no impact on peoples' behavior, that the answers were always changing, and that each individual needs to be advised differently regarding their choices for a healthy life.

- » The projected January 1, 1992 vendor rate increase, budgeted at 3.1% in the biennium budget (\$15.7M)
- » Dental Services (\$14.4M)
- » The departments Medical Indigent Program (\$19.1M)

As the state acknowledges potential additional shortfalls, further pressures for program cuts are expected, perhaps 2.5% more next spring.

WSMA's Medicaid Liaison Committee is meeting regularly with the Medicaid department senior staff. The issue is on the agenda for the November 2 Interspecialty Council and November 16 WSMA Board of Trustees meetings.

Reprinted from WSMA Leadership Update, October 10, 1991

"It depends," said Dr. Yarnall, "is a great answer." He said he uses this for all questions his patients ask. When asked by patients if alcohol, fat, cholesterol, caffeine, etc. are bad, his answer is always, "it depends". "It depends" means each patient's metabolism, genetic makeup, exercise patterns, and other factors must be considered before the question can be answered.

Dr. Yarnall praised humor above all else for good heart health. He said, "laughter is internal jogging and it is the best exercise you can get." He also praised Type A behavior saying, "busy people live longer." It's not bad to be busy, but is bad to be busy and be angry about it. It is angry and aggressive behavior that is not good for the heart.

HIV Early Intervention Program

The Community Health Care Delivery System (CHCDS) and Pierce County AIDS Foundation (PCAF) through the HIV Early Intervention Program (mental health arm) are pleased to announce availability of outpatient psychiatric services to persons who live with HIV disease. The goal of the HIV Early Intervention Program is to provide early intervention in the form of education, counseling/testing, and mental health support to those who are sero-negative but in a high risk group and to provide ongoing support services to people who are living with the HIV disease. Services offered under the purview of this program are HIV testing, pre- and post-test counseling, nutritional consultation, medical referral, and outpatient psychiatric services. Psychiatric services available are individual psychotherapy, group therapy, conjoint therapy, and psychopharmacotherapy. Fees for these services are based on patient's income (sliding fee), private insurance, or medical coupon; however, *no one will be refused services for inability to pay.* These services augment the already existing services offered by the mental health counselor: individual and conjoint counseling, group support sessions, and referral to other mental health services. Recently CHCDS hired a well trained and highly qualified psychiatrist to provide consultation and psychopharmacotherapy. The mental health counselor's services are available from Tuesday through Saturday during standard office hours. Consultation with the psychiatrist (arranged through triage with the mental health counselor) is available on Tuesday afternoon and all day Saturday.

Please make a special effort to inform your patients of these services. Nursing staff and office personnel would also benefit from knowing that counseling and psychiatric services for persons living with HIV disease can be obtained through Pierce County AIDS Foundation at 383-2565.

Office Policy Manuals—How Does Your Office Measure Up?

Do You Have A Written Office Policy Manual? Communicating your office policies to employees through a written policy manual may lessen your risk of liability, strengthen your staff by reducing confusion and make the job of managing less stressful. Our society is governed by rules and regulations.

Most people are not comfortable working without clearly stated rules and regulations. Employees have the right to know what is expected and employers have an obligation to provide them with information. After a new employee is hired conflicts can arise easily when no set policies are in place, such as:

"I've already made plans and now you tell me I have to be here one full year before I can get a paid vacation?"

"I didn't know I could be terminated just for being late to work so much."

"You're being unfair and playing favorites! Sandy gets more privileges than me, I think that's discrimination and I'm going to see an attorney!"

"You deducted medical coverage from my paycheck! I assumed this would be a benefit you'd pay for! I quit!"

"I just assumed we took the day after Thanksgiving off with pay — it's been that way everywhere else I have worked!"

"I didn't know it would be a breach of confidentiality to discuss a patient with my husband. Now I'm fired and I'm angry."

All employees deserve equal treatment. Written policies help an employer ensure that everyone will receive equal treatment by being

equally informed. It is an excellent idea to have those people who are competing for a position in your office review your policy manual prior to their final interview. What better time to address any questions or concerns about working in your particular practice. A policy manual will protect you in most employment decisions you will make. Even the difficult ones.

Usually employers are unaware that the absence of written policies can be considered or interpreted by staff as an endorsement of undesirable behavior, poor attitudes and abuse of privileges. Many employers have developed policies after the fact. That is, developing policies after experiencing serious problems in their offices. Not enough have the foresight to anticipate potential problems and develop procedures to prevent them from happening.

Don't be an employer who institutes written policies after the fact. Start now to develop these important guidelines for you and your staff. Use your manual as an effective tool in preventing problems and conflicts in your medical office.

Writing a manual is not difficult, especially if you have an outline to begin with and a sample policy to review. The Pierce County Medical Society will gladly send you a copy of their own policy manual to use for ideas in designing your own. We have several other helpful handouts we will include to assist you.

If you would like assistance in creating a customized policy manual for your office, call Sharon Bain at the Society office, 572-3709.

"How can you expect me to know how you want this situation handled?"

"No one told me we had a policy on this!"

By Sharon Bain

PCMS Placement Coordinator

A Single Payer Health Care Plan: a Boon to American Physicians

by Susan L. Norris, M.D. and Martin Mendelson, M.D., Ph.D.

Over the last decade we have all become increasingly aware of the shortcomings of our current health care system. We, as physicians have become spectators in our own arena. Increasingly, the players and directors are nonmedical personnel: the insurance industry, "quality" assurance reviewers, politicians, and hospital and clinic administrators. Physicians are increasingly alienated from their profession by red tape, administrative second-guessing, and excessive paperwork. We spend 1 1/2 days a month on billing and insurance-generated chores. No small part of this problem is the dizzying proliferation of health insurance plans, now totalling over 1200 in this country, with a profusion of rules, exceptions, exclusions, copayments, deductions and forms.

The only viable solution to this problem is a single payer, publically-controlled health insurance plan that would provide universal access to quality health care. Note carefully, this would be an insurance plan, not a system of care. Health care would continue to be delivered, as now, by independent providers or groups, only the method of payment for care would change. We propose that this option holds significant advantages for physicians, and should be seriously considered as an alternative health care financing model.

This single payer system would be universally accessible to all permanent residents of the state. All residents would register with a central agency and have a health care number and card. No resident would be denied basic health care as defined by the plan. Services provided would include all medical outpatient and hospital care, as well as long-term care.

Medical services covered by the plan would be billed to a single, central paying agency, probably at the state level. The precise nature of the agency may be one of several:

*"There are a thousand
hacking at the branches
of evil to one who is striking
at its root"*

Henry David Thoreau

a new state agency, a public agency franchised by the state, or a private corporation franchised and supervised by the state (even one of the present private insurers could become the franchise holder - the critical factor will be public accountability for low overhead and high efficiency). The source of payment would be state-controlled revenues: these could be from general taxation (both personal and corporate) explicitly devoted to this purpose, with additional revenue from the Federal government in lieu of funds currently received from Medicare and Medicaid.

The financing of this single payer system need not involve increased total health care spending. In the current American system with its 1200-plus insurance companies, we are spending between 19.3 and 24.1% (or \$96.8 to \$120.4 billion) to total "Health Care" outlay just on the administration of the system. In converting to a single payer system with an overhead closer to 10% (based on the administrative costs of the current Canadian single payer system) we would save \$67 billion per year (13.8 to 16.6% of

total health care spending). According to the U.S. General Accounting Office report on Canadian Health Insurance of June, 1991, adoption of a Canadian style system would produce savings more than sufficient to provide comprehensive health care coverage, without copayments or deductibles, to the approximately 32 million currently uninsured as well as the underinsured.

The Administration and supervision of this single payer system would be the responsibility of the state government. Fee schedules for health care providers would be set annually by negotiation between the health care provider professional organization and the payer agency. All charges would be reimbursed on a fee-for-service basis, with providers functioning largely in private practice settings, as they do now. Thus, this system is not "socialized", salaried medicine like that practiced by physicians in the National Health Service in Great Britain.

There are numerous advantages of a single payer financing model to the health care system. The currently uninsured and underinsured will get basic health care in a more timely and appropriate fashion than they do with the current system, diminishing both the burden of preventable chronic illness and the monetary cost of acute care in emergency room settings.

We have already mentioned the decrease in administrative costs that would ensue with a single payer system. The insurance industry's operational as well as manpower expenses for marketing, pre-authorization for admissions and procedures, and patient risk assessment would cease to exist. Claims

processing and disbursement of payments would be done by the single payer at minimal expense. (Total administrative costs for Canadian health insurance is 1.2% of health care spending, compared to average overhead costs of 11.9% for private insurance companies in the U.S. (Reference 1)). The top-heavy administrative load of hospitals and clinics (health care administrators have increased approximately 270% in the past 10 years, while the number of M.D.s has increased 40%) would be sharply diminished. Hospitals would have predictable global budgets and would not have the expense and complexity of determining and collecting third party coverage for each patient. This system also eliminates cost shifting to cover bad debts – there could be no bad debt!

In addition to the numerous advantages of the single payer system to the health care system in general, the American physician would benefit greatly.

Office overhead for the private practice physician would diminish significantly. In the U.S. the average overhead and billing expenses (excluding malpractice premiums) for office-based physicians are 44% of gross professional income, compared to 34% in Canada . This estimate does not include physician time in submitting routine claims, the completion of complex claim forms, letters to third party payers, and the resolution of disputed claims, all of which serve to diminish productivity. The time spent on billing by physicians in a single payer system is negligible. In British Columbia, for example, all billing is computerized, with a software communications system issued without charge to all physicians. All bills are paid – in full – bimonthly, within 25 days of submission. The main component of office overhead is nonphysician personnel. The office support staff of the average American physician numbers 1.47 people, whereas in B.C. only 0.73 persons are required per physician.

Fee schedules in Canada are negotiated between physician associations and the provincial payer. Despite the fact that average fees are lower than in the U.S., the lower practice overhead in Canada results in net incomes that are still among the highest in the country. Indeed, Canadian general and family physicians' net incomes are within a few thousand dollars of the U.S. counterparts, and pediatricians' and internists' are higher! Only in surgical subspecialties are the differences substantial, yet even these margins will be greatly reduced with the advent of RBRVS payment schedules in the U.S.

Malpractice premiums also contribute to higher operating costs for American physicians. On average, U.S. physicians pay malpractice premiums 10 times those of Canadian physicians . Canadian physicians are sued only one seventh as often as U.S. doctors. There are several reasons for these disparities, including social attitudes and differences in judicial systems. However, a contributing factor may be that universal health care coverage obviates the need to recover the cost of past and future medical expenses.

Physician autonomy would in many respects be increased with a single payer system. Patients' insurance companies, and their utilization review (? "cost reduction") staffs would no longer play a role in determining patient care. (If you're not convinced that this is a problem now, then you may be after reading the words of Carl Schramm, then president of the Health Insurance Association of American, who saw an expanded role for utilization review nurses in guarding against physician misjudgments. He wrote, "Many nurses have saved people from death by second-guessing physicians"). No pre-authorizations would be required for medical services covered by the single payer system. Referral patterns would be based on patient

need and provider expertise, rather than insurance policy restrictions. One of us (SLN) trained and practiced in Canada, and found physician autonomy greater and patient care far more satisfactory than in her experience practicing in Washington State.

There are marked advantages to the physician to have universal access to medical services for one's patients. Medical investigations and follow-up schedules can be completed without interruptions due to job changes or loss of insurance policies by patients. Genuine continuity of care can exist, limited only by patient and provider wishes. Patients' overall level of health can be improved, independent of their income and employment situations.

The specter of rationing of health care services is often advanced as an argument against a single-payer system, with the point made that such a system in Canada has led to rationing. In fact, rationing and the single payer model of health care financing have absolutely nothing to do with each other! Canada spends only 8.9% of its GNP on health care, and has chosen to retain this limit even though it results in fewer services. Nonetheless, all Canadians can receive a level of care that maintains their overall health at par with ours, and if Canadians were to increase the percentage of GNP going into medical care to a level comparable to that in the U.S., high technology services could expand to eliminate queuing. In contrast, here in the U.S. we spend 11.6% of our GNP on health care and still have rationing based on income: 640,000 citizens of Washington State have no health insurance, and 80% of these are employed persons or their dependents. As mentioned earlier, the U.S. General Accounting Office, the non-partisan research arm of the Congress, has concluded that the administrative costs of our present multi-payer insurance industry consume more than enough money to pay for health

care for the presently uninsured and underinsured, with the same level of services now enjoyed by the insured! Rationing of health services is an issue totally separate from the single-payer model, and not in any sense a byproduct of this payment method.

In a single payer, universally accessible system, the difficult choices of resource allocation with an aging population and in an era of rapidly expanding technology and medical knowledge, would be based on community choices and democratic processes. All persons would have equal access to available resources based on medical need, and not ability to pay.

In summary, we propose that a single-payer, universally accessible health care system would offer the American physician many advantages over the multi-tiered, restricted access, administratively top-heavy health care financing system currently in place in this country. Fee-for-service, private practice physicians could provide quality services at acceptable cost. Health-care dollars now consumed in wasteful administrative practices could be spent on actual health-care. But to attain this clearly desirable end, physicians will have to take a leading role in shaping a rational health care financing system. §

References for this article are available at the PCMS office.

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Dr. Marsh Debates Initiative 119

A college professor and a leading local doctor presented widely different views of Initiative 119 and its potential impacts at a debate Wednesday before the City Club of Tacoma. The debate between John Magee of the University of Puget Sound and Dr. William Marsh, president of the Pierce County Medical Society, had no clear winner.

But it demonstrated, as Magee put it, how "people with the same religion, the same ethical beliefs, when faced with the same set of facts, can come up with divergent answers."

Magee, who spoke in favor of the initiative, said the question posed by I-119 is "fundamentally one of choice."

He argued the right of individuals to make up their own minds about how they wish to die should take priority over whether the action is perceived as right or wrong.

If approved by voters next month, the initiative would give certain terminally ill patients the right to have their doctors end their lives.

Opponents of the initiative claim it would put American society on a "slippery slope: of moral decline,

decreasing respect for human life and perhaps leading to involuntary euthanasia.

But in Wednesday's debate before about 120 business leaders, Magee dismissed that argument. Because of modern medicine, Americans have been on the slippery slope for some time, he said.

"We've prolonged dying. We've made it a problem that didn't exist to any degree at all before."

Marsh said he supports two parts of the initiative.

One changes the definition of terminal condition to include persons in irreversible comas or persistent vegetative states.

The other includes artificially administered food and water among procedures that can be legally refused by means of a living will.

What he does not agree with, he said, is what framers of the initiative call "aid-in-dying."

"This initiative asks physicians to commit homicide," Marsh said. He stressed that, if I-119 passes, Washington would become the only place in the world where euthanasia is legal.

Marsh acknowledged that participating in aid-in-dying would be required to transfer such patients to other doctors who would carry out their wishes.

"I would have to find somebody to kill this person," Marsh said. "That's the law."

Marsh stressed aid-in-dying could only be performed on a conscious, competent person, asking City Club members to imagine giving a lethal injection "to the person right across the table from you."

He also said two other aspects of I-119 are shortcomings: (1) the difficulty of determining when a patient truly has six months to live; and (2) the failure of the initiative to specify what sort of doctor is authorized to make judgements about who is qualified to carry out aid-in-dying.

"We don't need to kill patients to relieve pain in 1991," Marsh said. "The concept that death is painful is a concept of the living, not of the dying."

Magee argued pain is not being controlled and cannot be controlled in all cases.

By Rob Carson, reprinted from The Morning News Tribune, Oct. 17, 1991

Tacoma-Seattle

Outpatient General Medical Care at its best. Full and part time positions available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M.

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Bruce Kaler, M.D.: 255-0056.

MultiCare Medicare Update

A Medicare Update Workshop (including RBRVS payment reform) will be held on these dates & times:

Wednesday, November 13

8-12 am, Jackson Hall

Thursday, November 14

1-5 pm, Jackson Hall

The workshop fee of \$65 per person covers the cost of workbooks and materials. Call Jan Rich at 552-1535 for additional information.

The Benefit of Benefits

Workers value employer-provided benefits so much that 70 percent of workers regard them as a major criterion in their decision about whether to accept or to decline a job, according to a recent survey. The Employee Benefit Research Institute, which conducted the survey, reports that last year only 57 percent of those surveyed rated benefits as highly.

The benefit most greatly coveted by employees? Not surprisingly, it's health insurance, with 65 percent of respondents ranking it first among all benefits. Workers who are presently covered by their employer's health insurance point out they would need at least an additional \$4000 in salary if the benefit were withdrawn.

Reprinted from You and the Law, Oct 91

New WSMA Officers

In one of its final actions, the House elected the following officers for 1992: President-Elect: Anna Chavelle, MD (King); Vice President: Richard Seaman, MD (Thurston-Mason); and Secretary-Treasurer: Nancy Purcell, MD (King)

Dr. James W. Kilduff was inaugurated as WSMA President at the Saturday evening New President's Reception. WSMA Past President Dr. Marvin R. Young will serve as chairman of the Executive Committee this year.

For a copy of the Official Actions of the House of Delegates and the revised Bylaws, call the WSMA Seattle office at (206) 441-9762 or 1-800-552-0612.

Reprinted from WSMA Leadership Memo, October 10, 1991



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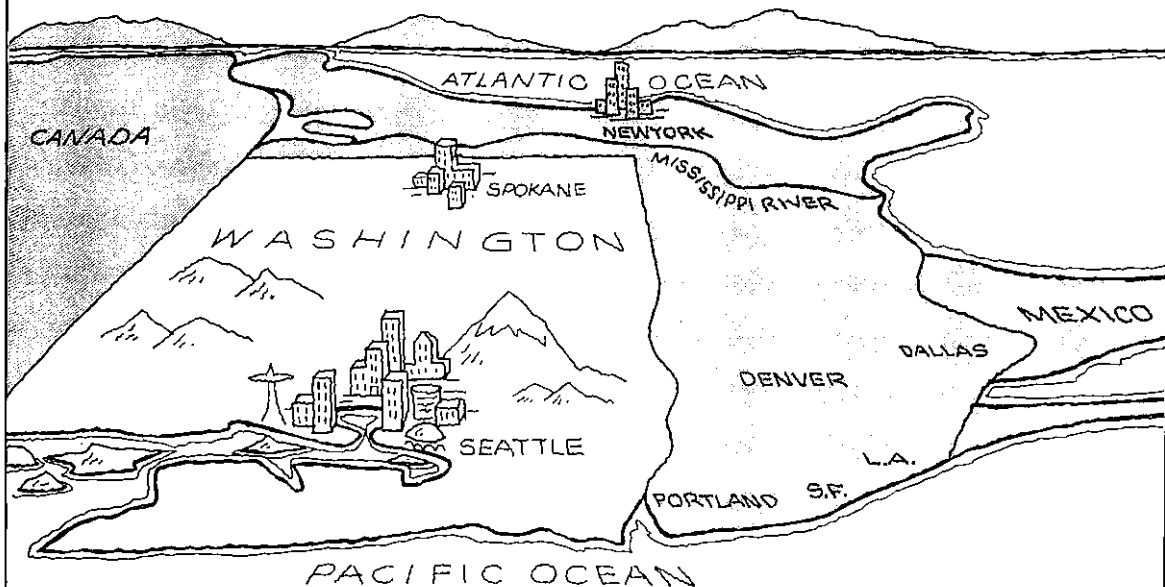


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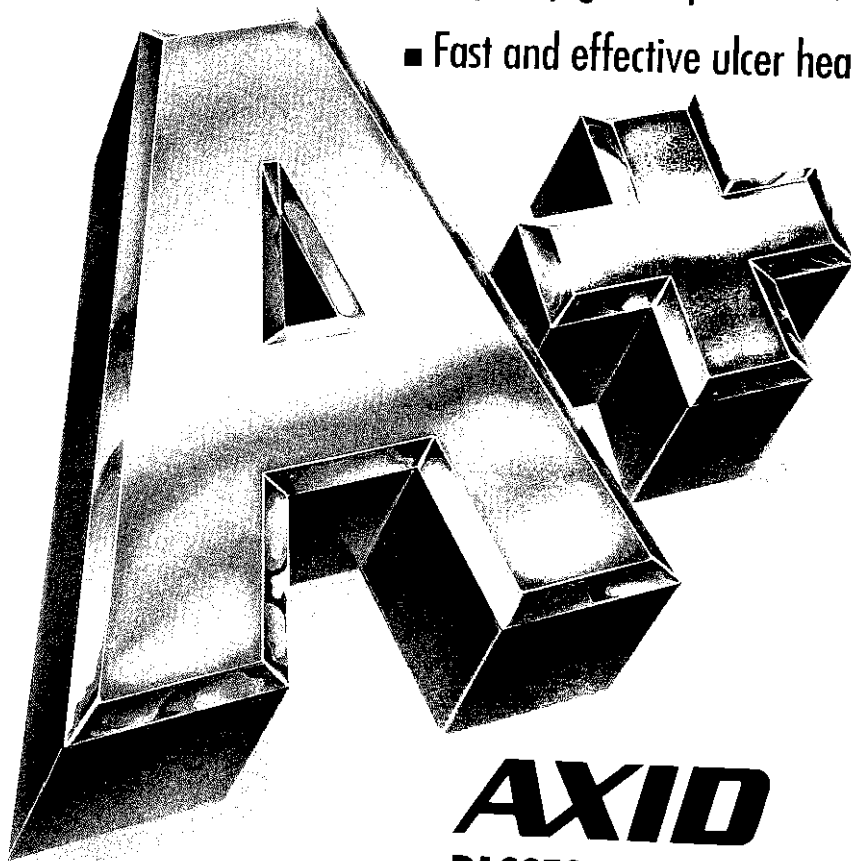
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Welcome to New Members

The Board of Trustees at its February 1991 meeting approved the Credentials Committee recommendation that the following applicants be approved for membership into the Society. They are:

Lorie Michelle Booth, MD

Pediatrics
1708 S. Yakima, Tacoma

Stanton A. Erwin, MD

Otolaryngology
2420 S. Union #100, Tacoma

Robert F. Findlay, MD

Dermatology
3908 10th St SE #300, Puyallup

Stanley Flemming, DO

Family Practice/Adoles Med
1702 Tacoma Ave S, Tacoma

Don W. Hebard, MD

Radiation Oncology
314 S K St #11, Tacoma

Michael Reid Jackson, MD

Family Practice
1708 S. Yakima, Tacoma

Richard A. Jordan, MD

Internal Medicine
316 S K St #201, Tacoma

Gary R. Noe, MD

Family Practice
2746 Milton Wy, Milton

Ki H. Oh, MD

General/Vascular Surgery
11311 Bridgeport Wy SW #302, Tacoma

James J. Schopp, MD

General Surgeon
1901 S. Cedar #303, Tacoma

Jean M. Wyles, MD

Phys Med and Rehab
2121 S 19th St, Tacoma

David Benson, MD

Ophthalmologist
1708 S. Yakima, Tacoma

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Brief Summary: Consult the package insert for complete prescribing information.

Indications and Usage: 1. Active duodenal ulcer—for up to 8 weeks of treatment. Most patients heal within 4 weeks.

2. Maintenance therapy—for healed duodenal ulcer patients at a reduced dosage of 150 mg q.d. The consequences of therapy with Axid for longer than 1 year are not known.

Contraindications: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H₂-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to other H₂-receptor antagonists.

Precautions: General—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with moderate renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for uricobacterin with *Helicobacter*[®] may occur during therapy.

Drug Interactions—No interactions have been observed with theophylline, chlorazepate, lorazepam, hydroxyzine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,500 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A 2-year oral carcinogenicity study in rats, with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a 2-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the 0.9-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed statistically significant increases in hepatic carcinomas and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control range for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and nonhuman hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice given up to 350 mg/kg/day, about 50 times the human dose, and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a 2-generation, prenatal and postnatal fertility study in rats, dose of nizatidine up to 500 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—First reported on studies in rats, at doses up to 500 times the human dose and Dutch rabbit studies at doses up to 50 times the human dose revealed no evidence of impaired fertility or teratogenic effect, but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and decreased fetal weight. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and calcaneous edema in 4 fetuses, and at 50 mg/kg, it produced ventricular anomaly, osseous abdomen, spina bifida, hydrocephaly, and enlarged heart in 4 fetuses. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Use in Elderly Patients—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions—Clinical trials of varying durations included about 5,000 patients. Among the three common adverse events in domestic placebo-controlled trials of over 1,000 язоден patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.0% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events were due to the drug.

Hepatic—Hepatotoxicity injury (elevated liver enzyme tests) of unknown pharmacological possibility or indirectly related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) of SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to 3 times the upper limit of normal (normal did not significantly differ from that in placebo patients). All abnormalities were reversible after discontinuation of Axid. Since market introduction, hepatic and jaundice have been reported. Rare cases of cholestatic or mixed hepatocellular and cholestatic injury with jaundice have been reported with reversal of the abnormalities after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies, and controlled clinical trials, showed no evidence of antihandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. The patient had previously received thrombocytopenic agents taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of angioedema following oral drug administration have been reported. Rare episodes of hypersensitivity reactions may be of the IgE-mediated type and anaphylaxis have been reported.

Other—Hypersensitivity associated with acute or subacute hepatitis was reported. Erythema, fever and nausea related to nizatidine has been reported.


Overdosage—Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis does not substantially increase clearance of nizatidine due to its large volume of distribution.

References

1. Data on file, Lilly Research Laboratories
2. *Scand J Gastroenterol* 1987;22(suppl 124):61-70
3. *Scand J Gastroenterol* 1987;22(suppl 136):47-55
4. *Am J Gastroenterol* 1989;84:769-774

NZ-2942-B-149346

Additional information available to the profession on request

 Eli Lilly and Company
Indianapolis, Indiana
46285

1,000 Referrals: a Profile

The Prenatal Triage Clearinghouse, a joint venture of the Pierce County Medical Society and the Tacoma-Pierce County Health Department has received over 1,000 referrals since its phone lines opened in January. Who are the women calling? What have we learned in our first nine months of operation?

We know that:

- » The average age of the women who call is 22. Fifteen percent are younger than 17.
- » Caucasians make up 78% of the referrals, African Americans 12%, and Hispanic 5%. English is the primary language.
- » 97% of the women are at 185% of the poverty level or below and equally represent the four major geographical zones of Pierce County.

Why Women Call:

- » 87% have a confirmed pregnancy, 39% are in their first trimester, 41% in their second, and 20% in their third trimester.
- » 91% were unable to locate prenatal care on their own.
- » 40% have no medical coverage and 18% have no transportation to appointments.

How Women Find the Clearinghouse:

- » Tacoma-Pierce County Health Department program referrals.
- » Department of Social and Health Services' Community Service Offices and other social service agencies.
- » Private medical providers.

Where Women are Referred:

- » 49% are referred to private medical providers.
- » 28% are referred to OBAC and 8% to the ER.
- » 37% of all referrals are to Department of Social and Health Service offices for 1st Steps Medical coupons and 32% to the WIC program.

In summary, the Prenatal Triage Clearinghouse appears to have begun meeting the goals set by the Prenatal Care Coalition. These are to help low income pregnant women access prenatal care in order to assure healthy babies in Pierce County. The numbers indicate success; however, we must be aware that the problem of infant mortality and low birth weight babies is not solved. We must continue to work together in partnership as a community.

Physicians who are not currently participating in the Clearinghouse who would like more information should contact Doug Jackman at Pierce County Medical Society (572-3666) or Barbara Lee at the Clearinghouse (596-2987).

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credential's Committee or Board of Trustees of the Society.

Edward G. DeVita, MD

Neurology. Medical School, Medical College of Pennsylvania, 1984; Internship, Bryn Mawr Hospital, 1985; Residency, University of Southern California, 1990. Licensed in Washington, 1991. Dr. DeVita is practicing at 915 6th Ave, Tacoma.

Anthony J. Forte, MD

Anesthesiology. Medical School, University of Washington, 1985; Internship, Swedish Hospital, 1986; Residency, University of Washington, 1989; Graduate Training, Dept of Medicinal Chemistry; Board Certified Anesthesiology, 1990.

Robert P. Wills, MD

Sports Med/Orthopedics. Medical School, Johns Hopkins University, 1982; Internship, Johns Hopkins Hospital, 1983; Residency, Johns Hopkins Hospital, 1987; Graduate Training, Jackson Hole, WY; Board Certified Orthopedic Surgery, 1990. Licensed in Washington, 1987.

Renan B. Wills, MD

Anesthesiology. Medical School, Johns Hopkins University, 1981; Internship, University of Maryland, 1984; Residency, Johns Hopkins Hospital, 1986; Graduate Training, Johns Hopkins Hospital, 1987; Board Certified American Board of Anesthesiology, 1989; Board Certified American Board of Internal Medicine, 1985. Licensed in Washington, 1987.

Hawaii and CME Registration Continues

Registration for Hawaii and CME, the College's second resort continuing medical education program, has been continued. November 1 was previously set as the sign up deadline.

Many local physicians and their families have signed up to visit beautiful Kauai, Hawaii next spring for the conference scheduled for March 30 to April 3. Those interested in sun, beaches, relaxation, family time, golf, tennis, swimming, wind surfing AND quality Category I CME are encouraged to register today.

For air transportation to Kauai, participants should contact Olympus travel (Kris or Angie) at 565-1213 to take advantage of reduced fares. The College has reserved a block of seats including a rented car for our conference travelers. For hotel accommodations, CME participants should contact the conference hotel, the Stouffer Waiohai Beach Resort at 1-800-426-4122. Located on beautiful Poipu Beach, the hotel was selected upon a variety of criteria, but particularly on its savings for families. In addition to significantly reduced rates for ocean view rooms (\$155 per day) a second room for children is offered at 50% off (\$77.50 per day).

So make your plans now for Hawaii and CME. Join your colleagues and their families in Kauai next spring. If you have any questions, need a program brochure, or need a hotel registration form, call the College at 627-7137.

ACLS Registration Underway

The College's traditional December ACLS provider course registration is underway. Unlike many other ACLS courses, this program offers 16 hours of Category I credit from both the AMA and AAFP. The course will be held at Jackson Hall and was developed by David Munoz, MD. Physicians are encouraged to register early as classes fill quickly.

Infectious Diseases Update Program Fills Early, Registration Closed

Registration for the Infectious Diseases Update CME program scheduled for November 8 has filled. The response for this program was overwhelming and, as a result, the conference capacity was reached after just three weeks of open registration.

The program, organized by Dr. Philip Craven and presented by Infections Limited of Tacoma, was offered in response to high interest

expressed by PCMS members in last year's C.O.M.E. interest survey.

In light of this high interest in infectious diseases continuing medical education, the College plans to offer another conference on this subject in the 1992-93 program calendar.

The College does appreciate interest in this program and hopes those unable to attend will take advantage of C.O.M.E.'s nine CME programs remaining this year.

1991 - 92 C.O.M.E. Schedule

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR(S)</u>
1991		
Thurs., Fri. December 12 & 13	Advanced Cardiac Life Support	David Munoz, M.D.
1992		
Thurs. January 16	Law & Medicine Symposium	Douglas Attig, M.D. Frank Ladenburg, J.D.
Fri. February 7	Review of HIV Infections	Alan Tice, M.D.
Fri. February 28	Office Intervention: Alcohol and Substance Abuse	Mark Craddock, M.D.
Thurs., Fri. March 12 & 13	Internal Medicine Review-1992	Bruce Brazina, M.D.
Mon. - Fri. Mar. 30 - Apr. 3	Hawaii and CME	Mark Craddock, M.D. John Lenihan, M.D. Amy Yu, M.D.
Fri., Sat. April 17 & 18	Tacoma Surgical Club	Ken Ritter, M.D. Chris Jordan, M.D.
Fri. May 8	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Mon., Tues. June 22 & 23	Advanced Cardiac Life Support	James Dunn, M.D.

TACOMA FACTORS GUILD



Fund Raising with Scrooge and A Christmas Carol

TAG's outstanding production of the Dicken's classic tale is ours for one night, Sat., December 14.

The Auxiliary has purchased all available seats and is now selling them. When all seats are sold, we'll earn more than \$2000 toward our philanthropy fund. The evening also includes a wine/punch reception prior to the performance. Tickets are just \$20 each (\$6 is tax-deductible).

For your TAG tickets, send your check (payable to PCMSA) to: PCMSA c/o Denise Manos, 3088 Rocky Pt. Road, Bremerton 98312

A reception will be held at 6 pm, with the program from 7-8:30 (a no intermission performance). This is an early evening, very suitable for children.

Vote at November Meeting!

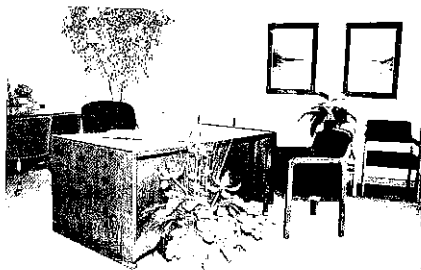
Margot Marsh and Nikki Crowley will debate the possibility of a name change for Auxiliary at our November 15 meeting. A vote will follow the debate. This will be an advisory vote only to inform state leaders how county members feel.

November Meeting Announcement

When: Friday, November 15, 10 AM. **Where:** St. Mary's Episcopal Church, 10630 Gravelly Lake Dr. S.W. Free Child Care **Program:** Holiday catering by Gail Orth • Welcome to newcomers • Welcome to state Auxiliary officers Susie Duffy and Anne Youngstrom • Auxiliary name change debate by debate squad captains Margot Marsh and Nikki Crowley **Lunch:** We'll dine on the gourmet foods Gail has taught us to prepare **Cost:** \$8 Checks and reservations to Lori Fisher (3611 11th Ave NW, Gig Harbor 98335 1-851-7940) or Sue Wulfstiegl (2830 N. 27th, Tacoma 98407, 759-8492) Please let us know when registering if you will be using our child care services. Thanks!

Holiday Joint Dinner Alert

Ladies, the Auxiliary needs your help and generosity for the upcoming Holiday Joint Dinner on Tuesday, December 10th. As you know, we will raffle a holiday gourmet food basket at this special event. Please bring your nonperishable food items to the November board meeting and/or the November general meeting. The night of the Holiday Joint Dinner, please bring a wrapped gift (identify contents) for women at the Y.W.C.A. Support Shelter, and an unwrapped gift for children at the shelter. Thank you, Jerol-Ann Gallucci, Chairman



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Psychiatrist-P/T contract or salaried psychiatrist, board eligible to work as a part of a geriatric mental health team providing services to nursing home residents. Consultation and education provided to the team and to nursing home staff. Six hours minimum - South King County location (Approx. 20-30 min from Seattle or Tacoma). CV to Pat Valdez, Valley Cities Mental Health Center, 2704 I St. NE, Auburn, WA 98002 Ph. 854-0760

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Federal Way Psychotherapy Office Space. New free standing building in condo office park. Soundproofing, carpeting, private, quiet area, access to a group room, additional support services available by contract. Contact Maria (206) 838-2326, 927-4837

Medical Office Space. St. Francis Medical Office Building-Federal Way available as separate space, shared space, rental, lease or potential ownership. Also daily rental space available in Tacoma. Contact Mal Blair, Tacoma 572-0508

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The Bulletin is published quarterly in February, May, August, and November by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in *The Bulletin* are the first of the month preceding publication (i.e. Oct 1 for Nov issue).

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of the Medical Society. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. *The Bulletin* and Pierce County Medical Society reserve the right to reject any advertising.

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NEWSLETTER

♦ A publication of the Pierce County Medical Society

Volume 6 Number 12

December 1991

Happy Holidays from the Pierce County Medical Society

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Medicare Reimbursement Meeting 8:30 & 1:30 Dec 11
Medicare Reimbursement Meeting 8:30 & 1:30 Dec 14
"A Christmas Carol" Dec 14

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PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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Managing Editor:

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Bruce Kaler, M.D.: 255-0056.

OFFICE STAFF HIV PROGRAM A HUGE SUCCESS

On November 6, 150 medical and dental office staff attended the HIV education course. Held at St. Joseph Hospital, attendees learned the latest information about the HIV virus, including transmission, infection control, legal and confidential issues as well as what to do with a needle stick. Organized by **Alan Tice, M.D.**, Chairman of the PCMS AIDS Committee, attendees touted the program as "better than excellent" and "well presented". Ninety-eight percent of the respondents answered that they would be interested in attending another HIV program next year.

ANNUAL MEETING TO BE FESTIVE AND FUN

The PCMS Annual Meeting scheduled for Tuesday, December 10, at the Sheraton Ballroom promises to be a fun event.

Outgoing President **Dr. Bill Marsh** has asked several talented members of the Society to provide the entertainment for the evening.

Dr. Joe Nichols will be playing the synthesizer. Joe is known for the beauty of his own compositions. **Dr. Gordy Klatt** will serenade the meeting with his accordion and jazz duo **Dr. Dave Pomeroy** (flute) and **Dr. Jim Patterson** (piano) will also perform. It should be great fun!

Dr. Marsh will pass the president's gavel to **Dr. Eileen Toth**, Tacoma internist. Dr. Toth will become the first woman president of the Society in 104 years.

Before and during dinner a string quartet from the Tacoma Youth Symphony will entertain with Christmas music and the classics.

Auxiliary coordinator **Jerol-Ann Gallucci** has arranged for beautiful floral center pieces. She has spent a great deal of time making arrangements for the event at the Tacoma Sheraton Hotel. No host cocktails will begin at 6:30 p.m.. Dinner will be served at 7:15 and the program will commence at 8:15.

Installation of 1992 Officers and Trustees will take place with other awards and acknowledgements being made. Plan to attend for an evening of enjoyment and camaraderie!

HOLIDAY DINNER

For the past ten years, auxiliary members have helped brighten the holiday season for battered women at the YWCA Women's Support Shelter.

Please bring a gaily wrapped gift with you to the Annual Medical Society Auxiliary Joint Dinner at the Tacoma Sheraton Hotel on Tuesday, December 10. Please identify the

contents of the gift to assist YWCA staff with the distribution of gifts. Some gift ideas are: stationery, note paper, postcards with stamps, soaps, cologne, slippers, bath powder, hair brush and comb and cosmetics.

Plan to celebrate the Holiday Season with your friends and colleagues at the Annual Meeting.

BOARD ADOPTS AIDS DISCLOSURE POLICY

The PCMS AIDS Committee under Chairman **Alan Tice, MD**, submitted a resolution to the Board of Trustees asking that PCMS oppose any effort by the Legislature, Congress or the Center for Disease Control (CDC) to impose mandatory testing of health care workers or disclosure of their HIV status.

It was the Committee's opinion that such requirements would discourage health care workers from treating HIV infected patients and thereby create an access problem for the patients. The Committee agreed that

there is no scientific evidence that any procedures pose a risk of HIV transmission if performed properly and with standard infection control policies.

The Board agreed with the Committee that in the case of Dr. Acer, transmission occurred in an office with poor instrument sterilization where the dentist was a patient as well as a practitioner.

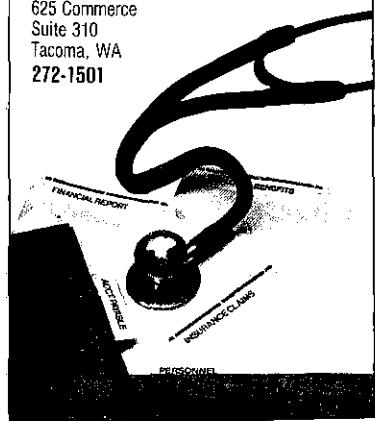
The Board adopted the resolution and will distribute it to all hospitals and health organizations.

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Why Only One Candidate?

In late October, the Nominating Committee Report was sent to the membership listing candidates for 1992 Officer and Trustee positions of the Society. Only one candidate was listed for the positions of President-Elect, Vice President, and Secretary-Treasurer.

It seems every year the Society office receives at least one call from a member stating their unhappiness with the procedure and suggesting at least some competition for the offices. It was also said that it was the perception that the Society is run by a few.

Four years ago, Medical Society Bylaws required more than one candidate for each office. After each Nominating Committee nominated a superb candidate, it was virtually impossible for the Committee to find

candidates to oppose each other. Once candidates lost, he or she usually had no desire to submit themselves to another election ordeal. So the Society lost the services of an interested and valuable member.

About nominees, *Robert's Rules of Order* states "Although it is not common for the Nominating Committee to nominate more than one candidate for any office, the Committee can do so unless the Bylaws prohibit it. It is usually not sound to *require* the Committee to nominate more than one candidate for each office, since the Committee can easily circumvent such a provision by nominating only one person who has any chance of being elected."

The comment that the Society is run by a small group of individuals is far from reality. The term of office for a

trustee is two years, officers serve only one year. In the past eight years, only two members of the Board have repeated. They were Secretary-Treasurers and their term of office is one year.

The backbone of PCMS is its committee structure. There are approximately 160 members serving on the numerous Society committees. Most actions taken by the Board of Trustees originate in one of the committees. Most of the leadership of the Society has risen through the Committee structure.

If any member of the Society wishes to become active in the organization, all kinds of opportunities exist. If you would like to serve on a committee, please call Sue Asher or Doug Jackman at the Society office.

ELECTRONIC MEDIA CLAIMS Paperless Claims Submission

Tired of all that paperwork?

Electronic Medical Claims (EMC) provides a paperless means for submitting claims directly from your office to our office. EMC eliminates mail and delivery time for submitting paper claims and reduces paper processing, postage and supplies cost.

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- **Electronic Claims Clearinghouse (ECC)** allows you to transmit all your claims to us and let us forward them to the appropriate health care agencies and organizations.
- **Pierce County Medical Blue Shield Only Claims** allows you to transmit only your Blue Shield claims to us.

Let us tell you more. Call our Professional Relations EMC Representative, Jeri Gilstrap, at 597-6516 for information.



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HIV INFECTION IN THE MEDICAL OFFICE

The most up-to-date information on AIDS in the Medical office is available in notebook form from the PCMS. Information provided includes the latest state regulations on confidentiality, infection control, and informed consent. Also included is information on what to do if you get stuck, office policies and functions, as well as local resources.

The notebooks are available at the PCMS office, 223 Tacoma Ave. So., Tacoma 98402 for \$20.00. If you would like your copy delivered or mailed to you, please add a \$5.00 delivery charge.

For more information or to order your copy, please call 572-3666.

PCMS WANTS YOU

Your president and Board of Trustees ask for your assistance and participation. PCMS is known as the most active medical society in the Northwest. The basis for this is its committee structure. Committees are the backbone of the organization. The Society is involved in many various activities in the community and needs your help.

Please review the listing of Society committees and volunteer to serve on one of the nearly twenty committees. The time commitment is minimal. Most of the committees meet at 7:00 a.m. and adjourn by 8:15.

Please decide if you are interested in serving on any of the listed committees and indicate your preference.

1. _____

2. _____

3. _____

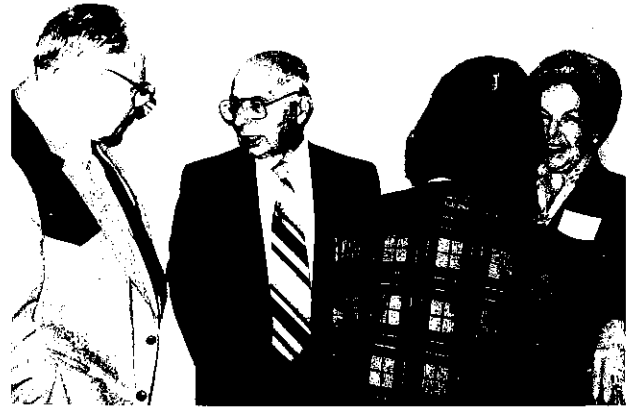
Your Name (print): _____

You will be notified of Committee appointments. Please return this form to the Pierce County Medical Society.

- AIDS Committee...(meets monthly) Works to enhance communication with community groups and organizations working on AIDS issues. Develops programs to assist medical community to understand and treat this disease.
- Bylaws Committee...(meets as needed) Considers and recommends amendments to Bylaws.
- College of Medical Education, Board of Directors...(meets quarterly) Responsible for setting policy for C.O.M.E.
- Committee on Aging...(meets quarterly) Created to enhance communications with senior citizen groups, provider, etc.
- Credentials Committee...(meets monthly) Reviews membership applications and submits recommendations to Board of Trustees.
- Editorial Committee...(meets as needed) Sets policy for Society publications.
- Emergency Medical Standards Committee...(meets monthly) Serves as an advisory to the Pierce County EMS System.
- Ethics/Standards of Practice Committee...(meets quarterly) Reviews, arbitrates questions of ethical conduct within the profession.
- Grievance...(meets monthly) Seeks to resolve disputes between physicians, patients and other parties.
- Interprofessional...(meets quarterly) Maintains communications between physicians, pharmacists and other professionals to solve problems of mutual concern.
- Legislative...(meets as needed) Presents medicine's viewpoint to members of the legislature and candidates for office. Monitor legislative activities and issues.
- Library...(meets as needed) Governs the activities and budget of the Medical Library consortium.
- Medical-Legal...(meets monthly) Seeks to resolve disputes arising between respective members of the two professions.
- Membership Benefits, Inc. Board of Directors...(meets quarterly) Sets policy for the Society's wholly owned for-profit subsidiary.
- Minority Health Affairs Committee...(meets quarterly) Works with members of the minority community to improve health care and communications.
- Personal Problems of Physicians...(meets as needed) Assists physicians whose practices may be affected by a drug, mental, or alcohol related impairment.
- Public Health/School Health...(meets monthly) Serves as a resource authority to a variety of community and health agencies.
- Sports Medicine Committee...(meets monthly) Serves as a resource for highschoools, colleges, athletic directors, coaches, trainers, and therapists.



Clockwise from left – Drs. Brokaw and Zimmerman enjoy a visit; Dr. Malden, guest speaker, shared slides of his visit to Utah by jeep; Dr. Jack Erickson talks with Dr. Malden as Mrs. Helen Florence chats with Mrs. Malden; Dr. and Mrs. Ekman and Kelly Moore look on while Dr. Malden greets Dr. Kemp.



RETIRED MEMBERS TOUR UTAH BY FOOT AND BY JEEP!

Marcel Malden, M.D. played tour guide for the retired members and spouses attending the November 8 Retired Luncheon held at Fircrest Golf Club. Slides of beautiful scenic Utah bore witness to what a wonderful and beautiful experience the travels were. Dr. Malden said Utah offers unlimited recreation such as hiking, biking, kiyaking, white water rafting, in addition to four-wheeling.

Jeeping takes you on terrain otherwise not accessible and you can stop and do hiking and walking trails within the many parks and canyons in Utah.

The retired luncheon, held quarterly, features a buffet lunch as well as a brief travel program. If you are interested in sharing your travels at a future luncheon, please contact the Medical Society office, 572-3667.



Patient Self-Determination Act Effective December 1

The law applies to all Medicare and Medicaid provider organizations (any hospital, skilled nursing facilities, home health agencies, HMO's, hospice programs, and pre-paid health care organizations). The law states that a "provider of services or pre-paid or eligible organizations (as the case may be) must maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization." These written policies and procedures should:

a. Provide written information to each individual concerning:

-an individual's right under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives;

-written policies of the provider organization respecting implementation of such rights.

b. Document in the individuals medical record whether or not the individual has executed an advanced directive.

c. Not condition the provision of care or discriminate against an individual based on whether or not the individual has executed an advance directive.

d. Assure that the provider or organization complies with the

requirements of the State law respecting advance directives.

e. Educate staff and the community on issues concerning advance directives.

Among the recommendations regarding advance directives of the AMA's Council on Ethical and Judicial Affairs stated:

-Advance directives (living wills and durable powers of attorney for health care) are the best insurance for individuals that their interests will be promoted in the event that they become incompetent. Generally, it is most affective if the individual designates a proxy decision maker and discussed with the proxy his or her values regarding decisions about life support.

-Without an advance directive that designates a proxy, the patient's family should become the surrogate decision maker. Family includes persons with whom the patient is closely associated. In the case when there is no family closely associated with the patient, but there are persons who both care about the patient and have some relevant knowledge of the patient, such relation should be involved in the decision making process and may be appropriate surrogates.

-It is the responsibility of physicians to provide all relevant medical information and to explain to surrogate decision makers a decision

should be based on substituted judgement (what the patient would have decided) when there is evidence of patients' preferences and values. If there is not adequate evidence of preferences and values, the decision should be based on the best interest of the patient (what outcome would most likely promote the patients' well-being).

-Institutional Ethics Committee should be established for the purpose of facilitating sound decision making. These Ethics Committees should be structured so that a diversity of perspectives, including those from outside medicine, are represented.

While the intent of the PSDA is in concert with AMA policy in the best interest of patients and the providers of care, some provisions of the Act do cause concerns. Among these concerns are:

-The liability of the physician if the advanced directive is not provided by the facility or the patient, or if the facility does not comply with the provisions of the PSDA;

-How the requirements should apply to incompetent or comatose patients;

-How the PSDA applies to emergency patients;

-How the PSDA applies to minors who are deemed competent to determine certain medical care.

Welcome to New Members

The Board of Trustees at its February meeting approved the Credentials Committee recommendation that the following applicants be approved for membership into the Society. They are:

Mark A. Ludvigson, MD
General Surgery. Dr. Ludvigson is practicing at 902 S.L St #202, Tacoma.

Andre' C. Joseph, MD
General Surgery. Dr. Joseph is practicing at 3611 S. D St #20, Tacoma.

John F. Clapper, MD
Pediatrics. Dr. Clapper is practicing at 316 S .K St, Tacoma

Jocelyn V. DeVita, MD
Internal Medicine/Pediatrics. Dr. DeVita is practicing at 6401 Kimball Dr SW, Gig Harbor.

Edward A. Drum, MD
Family Practice/Aerospace Medicine. Dr. Drum is practicing at MS 5A-08, PO Box 3707, Seattle.

Thomas J. Martin, MD
Nephrology. Dr. Martin is practicing at 1624 S. I St #200, Tacoma

Fletcher B. Taylor, MD
Psychiatry. Dr. Fletcher is practicing at 5909 Orchard W., Tacoma.

Dur Huong, MD
Family Practice. Dr. Huang is practicing at 102B-23rd Ave SE, Puyallup.

IMPORTANT MEETINGS

The Board of Trustees of the Medical Society believe it is imperative that the membership be aware of the tremendous changes in medicare reimbursement that become effective January 1, 1992.

CLAIMS processing for physicians will change dramatically in 1992, especially the evaluation and management codes used most frequently in medical practices.

PCMS and the medicare office have scheduled the following meetings. These meetings are for physicians and their staff. *It is critical that doctors and staff attend and become familiar with the new coding system.*

THE MEETINGS ARE SCHEDULED FOR:

A.

TIME: 8:30 - 11:30 a.m.

DATE: WEDNESDAY, DECEMBER 11

LOCATION: JACKSON HALL —314 SO. K ST

B.

TIME: 1:30 - 4:30 p.m.

DATE: WEDNESDAY, DECEMBER 11

LOCATION: CONFERENCE ROOM, EDUCATION CENTER
GOOD SAMARITAN HOSPITAL, PUYALLUP

C.

TIME: 8:30 - 11:30

DATE: SATURDAY, DECEMBER 14

LOCATION: JACKSON HALL—314 SO. K. ST

D.

TIME: 1:30 - 4:30

DATE: SATURDAY, DECEMBER 14

LOCATION JACKSON HALL —314 SO. K ST

REGISTRATION FORM

NAME _____ (NO FEE)

ADDRESS: _____

PHONE _____

PLEASE CIRCLE A B C D Number Attending _____

PLEASE RETURN TO THE MEDICAL SOCIETY OFFICE: 223 Tacoma Avenue S, Tacoma, WA 98402

BOARD TOLD MEDICARE CHANGES WILL BE DRAMATIC

Dr. John Lindberg, Medical Director, Medicare, King County Blue Shield and Linda Brennan, Manager, Medicare Professional Affairs met with the PCMS Board of Trustees at its November 5 meeting.

The message was that dramatic changes in CPT codes will take effect January 1, 1992. The new codes (Visit Codes) will be a "whole new language" compared to the old codes. Dr. Lindberg and the Board agreed that physicians will need large financial reserves, **because billings will be turned back** if they are incorrect.

PCMS and Medicare are sponsoring meetings (see page 8 for dates and times) to inform the membership and their staff of the dramatic changes that will become effective January 1.

CPT 1992

Claims processing for physicians will change dramatically in 1992, especially the Evaluation and Management codes used most frequently in medical practices. These new codes will be required by Medicare effective January 1, 1992.

For 98% of physicians, CPT 1992 will be essential to avoiding delays in claims processing. The earlier you start to prepare, the easier it will be to keep your practice running smoothly and efficiently.

1992 CPT Code Manuals are available from AMA. Call 1-800-621-8335.

Keep your claims processing current with the latest revisions in physician codes.

If your practice makes extensive use of medical specialty codes, AMA offers the option of a pre-packaged CPT set that includes CPT 1992 and a CPT Minibook covering one of eight specialty areas...all at the same low CPT 1992 price. MEMBER PRICE \$27.00 NON-MEMBER PRICE \$34.00

The pre-packaged set for Medical Specialties covers allergy, cardiology, clinical immunology, emergency medicine, family practice, gastroenterology, general practice, internal medicine, nephrology, neurology, pediatrics, physical medicine, psychiatry, and pulmonary medicine. Includes Minibook plus CPT 1992.

Order #: 0P054292

Pre-packaged set for Radiology.

Order #: 0P054392

Pre-packaged set for Pathology & Laboratory Medicine.

Order #: 0P054492

Pre-packaged set for Gynecology, Obstetric & Urology.

Order #: 0P054592

Pre-packaged set for Neurological & Orthopaedic Surgery.

Order #: 0P054692

Pre-packaged set for Dermatology, Plastic & Reconstructive Surgery.

Order #: 0P054792

Pre-packaged set for General Surgery.

Order #: 0P054892

Pre-packaged set for Head & Neck Surgery, Oral & Maxillo-facial Surgery, Ophthalmology & Otorhinolaryngology.

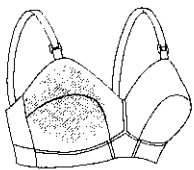
Order #: 0P054992

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership shall assume the responsibility for conveying that information to the Credential's Committee or Board of Trustees of the Society.

Donna L. LaVallie, DO
Family/Sports Medicine. Born 01/04/54. Medical School, Michigan State University/Osteopathy, 1986; Internship, Lansing General Hospital, 1987; Residency, St. Lawrence Hospital, 1989; Graduate Training, Kaiser Permanente, 1990; Board Certified Family Practice, 1989. Licensed in Washington, 1990. Dr. LaVallie is practicing at 3315 S. 23rd #200, Tacoma.

Gregg S. Ostergren, DO
Internal Medicine. Born 12.28/51. Medical School, Kirksville College of Osteopathic Medicine, 1987; Internship, San Joaquin General Hospital, 1989; Residency, San Joaquin General Hospital, 1991. Licensed in Washington, 1991. Dr. Ostergren is practicing at 4700 Pt Fosdick Dr #203, Gig Harbor.



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Alan D. Tice M.D.
Peter K. Marsh M.D.
Philip C. Craven M.D.
David W. McEniry M.D.

PRIMARY CARE AND HIV DISEASE

Physicians in Pierce County have identified some barriers to caring for HIV infected patients. The following summarizes the issues they face:

- Lack of expertise/experience with HIV/AIDS
- Fear of loss of other patients from practice
- Fear of "AIDS Doctor" label
- Fear of being overwhelmed with non-medical problems of HIV/AIDS patients
- Fear of exposure
- Loss of practice income from caring for patients with DSHS coupons
- Dislike and/or discomfort for gays and IV drug users
- Emotionally charged issues of death and dying of young adults - fatal disease, no cure

Joan Keltgen-Lo, RN, from the AIDS Prevention Program, has been meeting with primary care physicians to address some of these concerns. Joan meets individually with Pierce County physicians to review a packet of medical treatment information on HIV/AIDS. In addition, she provides information on the HIV Intervention Program (a program that reimburses physicians for providing HIV-related

care to eligible patients) and on support services. Joan, who has met with 115 primary care physicians in Pierce County since April, reports a very positive response:

HIP PRIMARY CARE PHYSICIAN RESPONSES

- 154 (total) MD's have been contacted for individual appointment
- 115 MD's met for individual appointment
- 31 declined initial appointment
- 7 cancelled appointment

HIV PHYSICIAN VISITS

- 115 MD's met for individual appointments
- 109 Agreed to keep current clients and provide primary care if they become HIV+
- 30 MD's agreed to take referrals
- 17 HIP agreements were signed
- 6 refused to provide primary care to HIV+ patients
- 5 agreed to take referral clients on HIP

Over 95% of the physicians who met with Joan are willing to keep their current patients who become HIV+

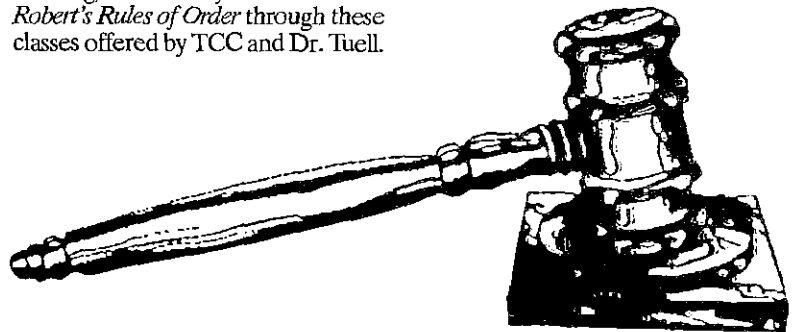
in their practices. *This is a significant response. It is important to know that the need for primary care providers still exists.* The HIV/AIDS Case Management Program at the Health Department has five to eight clients each month that need a referral to a primary care physician in Pierce County. Clients who have DSHS (medical coupons) or are eligible for HIP (HIV Intervention Program) have the most difficulty finding a primary care provider. The HIV/AIDS Case Management team continues to work with local physicians to resolve this issue. Case Managers are available to coordinate the psychosocial needs of clients so that physicians can focus on medical monitoring. For additional information on HIV/AIDS or, if you are willing to accept HIV+ referrals, please contact Lori VanSlyke at 596-2863. For technical assistance and medical treatment information contact Joan Keltgen-Lo at 591-6548. Joan will meet individually with physicians or arrange for an office inservice to cover topics like confidentiality, counseling and testing, and medical management of HIV disease.

Correction

The November 1991 PCMS *Bulletin* reported that registration for the Parliamentary Procedure classes taught by Stanley Tuell, M.D., could be accomplished by calling 566-6018. That telephone number should read 566-5018 or if you like, you can call Dr. Tuell at his home at 927-1117.

A series of eight classes will begin at TCC on Monday, January 6, from 7-9:00 p.m. If you want to be comfortable and at-ease when you chair your next board or committee

meeting, familiarize yourself with *Robert's Rules of Order* through these classes offered by TCC and Dr. Tuell.



COLLEGE OF MEDICAL EDUCATION



Pierce County Medical Society

Law & Medicine Symposium Jan 16

The very popular annual Law & Medicine Symposium offered by the Doctor/Lawyer Committee is scheduled for January 16, 1992.

The symposium presents topics of interest common to both physicians and attorneys. Speakers are chosen from prominent members of both professions. The program offers an insightful look at both sides of common professional interactions.

This year's program was designed by Douglas Attig, MD and Frank Ladenburg, JD. The program will be held in rooms 3A & B of St. Joseph Hospital's South Pavilion Conference Center.

The program will offer physicians 7 Category I CME credits for AMA and AAFP as well as CLE credit for attorneys. A continental breakfast and lunch are included.

The program is organized by the College of Medical Education. This year's schedule includes:

- What Actions Cause Suits
- Quackery in Medicine
- Headache Malpractice Cases
- The Medical Disciplinary Board
- Manipulation
- What The Injured Person Really Gets
- Medical Care In Workers Compensation

HAWAII & CME Participants, Families Urged to Make Travel Reservations Soon

Considered a trip to Hawaii for the family in April as a Christmas gift in December?

Join your colleagues and their families for next spring in beautiful Kauai, Hawaii during the College of Medical Education's second "resort" conference, March 30 to April 3, 1992. But don't miss out, make your travel plans now!

For air transportation to Kauai, participants should contact Olympus Travel (Kris or Angie) at 565-1213 to take advantage of reduced fares. The College has reserved a block of seats

including a rented car for our conference travelers. For hotel accommodations, CME participants should contact the conference hotel, the Stouffer Waiohai Beach Resort at 1-800-426-4122. Conference registration should be mailed to the college.

So make your plans now for Hawaii and CME. Join your colleagues and their families in Kauai next spring. If you have any questions, need a program brochure, or need a hotel registration form, call the College at 627-7137.

1991 - 92 C.O.M.E. Schedule

DATES	PROGRAM	DIRECTOR(S)
1991		
Thurs., Fri. December 12 & 13	Advanced Cardiac Life Support	David Munoz, M.D.
1992		
Thurs. January 16	Law & Medicine Symposium	Douglas Attig, M.D. Frank Ladenburg, J.D.
Fri. February 7	Review of HIV Infections	Alan Tice, M.D.
Fri. February 28	Office Intervention: Alcohol and Substance Abuse	Mark Craddock, M.D.
Thurs., Fri. March 12 & 13	Internal Medicine Review-1992	Bruce Brazina, M.D.
Mon. - Fri. Mar. 30 - Apr. 3	Hawaii and CME	Mark Craddock, M.D. John Lenihan, M.D. Amy Yu, M.D.
Fri., Sat. April 17 & 18	Tacoma Surgical Club	Ken Ritter, M.D. Chris Jordan, M.D.
Fri. May 8	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Mon., Tues. June 22 & 23	Advanced Cardiac Life Support	James Dunn, M.D.

PEGGY O'BRIEN JOINS PCMS STAFF AS PLACEMENT COORDINATOR



Peggy O'Brien, a native Tacoma, has joined the staff of PCMS Membership Benefits, Inc. as Placement Coordinator. Peggy replaces Sharon Bain who resigned her position in late October.

Peggy brings a history of personnel and employment experience to PCMS. Working as an employment consultant in Seattle for many years, she's well acquainted with matching employers and

employees. In May, 1990 Peggy earned her national (CPC) Certified Personnel Consultant certificate.

Please call Peggy and introduce yourself. She will be happy to take your job order, refer potential employees to you, and/or consult with you regarding all your personnel needs.

Welcome, Peggy.

In Memorium

George Macha, M.D., Anesthesiologist, died August 9, 1991 following two myocardial infarctions. We of the medical community are saddened.

Born in Lissice, Czechoslovakia, March 22, 1928, George, by his early 20's was, if not by inclination, then by circumstances, destined to lead an adventuresome life. For it was as a fugitive, in the dark of night, that he cut his way through successive rows of barbed wire fences and eluded armed Russian guards to escape his

communist homeland. Such is not for the faint hearted.

After graduating from the University of Innsbruck, Austria, he came to the United States in 1956. George took his internship here in Tacoma at St. Joseph Hospital and then completed an anesthesiology residency at the Swedish Hospital in Seattle. He then returned to Tacoma, married Loretta Hebert, and engaged in a busy anesthesia practice until his recent death.

George was dedicated to his family, to his friends, to his work, and to his God.

Dr. Macha is survived by his wife Loretta, his son Peter, and his daughter Michelle. Also, in Czechoslovakia he has several brothers and a sister.

George was gentle. George was kind. George was loyal. We shall miss him.

Gordon E. Dean, M.D.

WSMA BOARD TAKES ACTION

At its November 16 Board meeting, officers and trustees of the Washington State Medical Association spent most of the day determining a course of action for WSMA as the State looks at health care reform.

Rep. Art Sprengle, (also a Board member) emphasized that cost control is the major issue. He stated that "physicians must come up with a credible five year approach to cut costs."

Pierce County Medical's own **Don Sacco**, representing the insurers of the state, i.e., Blue Cross, Blue Shield and commercial insurers, also emphasized cost control. He stated that physicians and hospitals have to give more on cost control. Insurers will be proposing the elimination of pre-existing conditions. "Business," he said, "is not willing to

play until they can control costs." A major concern of insurers is that practice parameters and liability reform will not bring about immediate cost control and without cost control, universal access will not be possible. He reported that insurers will be introducing legislation that will generate revenue for the first 100,000 into an expanded Basic Health Plan.

WSMA was in agreement that universal access needs to be achieved within five years. It was also agreed that liability and insurance reform needs to be accomplished if the health care system is to be truly reformed.

Rep. Rod Chandler, candidate for the Senate seat held by Sen. Brock Adams, addressed the meeting. Chandler predicted the Bush Administration

would have a health care reform package to offer the voters in '92. He noted that on a per capita basis, health care costs in the U.S. were \$2,354 per person, compared to \$1,693 in Canada and \$1,232 in Germany. He stated, "There will have to be some give by everybody."

Mr. Featherstone Reid, representing the Governor's office, said, "Governor Gardner's health care package will build on what we have—try to improve it." He said there will be a lot fewer insurers in the state and asked those that survive to go back to the basics. Employers will be asked to cover their employees and individuals will be responsible for some of their coverage

SUPPORT THE YWCA SHELTER

On the night of the Holiday Joint Dinner, please bring a wrapped gift (identify contents) for women at the YWCA Support Shelter and an unwrapped gift for children at the shelter. Thanks! Jerol-Ann Gallucci, Chairman.



PASSPORT '92

PASSPORT '92 books for Tacoma and the South Sound region are now available from the Auxiliary. Plan to buy one of these money-saving entertainment books right away. Each book contains \$5000 in total savings opportunities throughout 1992. It covers dining, theaters, sporting events and even hotel rooms and car rental.

To obtain your book, send a check for just \$30 (\$9 is tax deductible) to Sue Asher at the PCMS office, 223 Tacoma Avenue S., Tacoma 98402. You will need to pick up your PASSPORT at the PCMS office. For further information, Sue's phone number is 572-3666.

JANUARY MEETING

Winter weather keeping you indoors? Been looking for a good book to curl up with to pass the time? Come join us Friday, January 17, 1992 at the home of Kathleen Forte, and we'll provide a cozy English tea and introduce you to "Books You May Have Missed," by literary viewer Liz Stark. She promises to pique our interest in one or two books that will be perfect to settle down with during the long winter nights. The meeting will begin at 10 am. Please call in your reservation to Sue Wulfestieg, 759-8492 or Lori Fisher, 1-851-7940 by Monday January 13, 1992.

TACOMA FACTORS GUILD

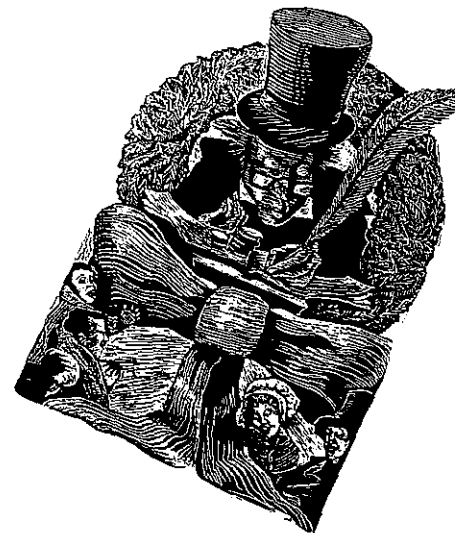
Fund Raising with Scrooge and A Christmas Carol

TAG's outstanding production of the Dicken's classic tale is ours for one night, Sat., December 14.

The Auxiliary has purchased all available seats and is now selling them. When all seats are sold, we'll earn more than \$2000 toward our philanthropy fund. The evening also includes a wine/punch reception prior to the performance. Tickets are just \$20 each (\$6 is tax-deductible).

For your TAG tickets, send your check (payable to PCMSA) to: PCMSA c/o Denise Manos, 3088 Rocky Pt. Road, Bremerton 98312

A reception will be held at 6 pm, with the program from 7-8:30 (a no intermission performance). This is an early evening, very suitable for children.



Positions Available

Psychiatrist-P/T contract or salaried psychiatrist, board eligible to work as a part of a geriatric mental health team providing services to nursing home residents. Consultation and education provided to the team and to nursing home staff. Six hours minimum - South King County location (Approx. 20-30 min from Seattle or Tacoma). CV to Pat Valdez, Valley Cities Mental Health Center, 27041 St. NE, Auburn, WA 98002 Ph. 854-0760

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Federal Way Psychotherapy Office Space. New free standing building in condo office park. Soundproofing, carpeting, private, quiet area, access to a group room, additional support services available by contract. Contact Maria (206) 838-2326, 927-4837

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