

# BULLETIN

January, 1999

## 1998 Annual Meeting



**James M. Wilson, M.D. passes the gavel and the 111th PCMS Presidency to Lawrence A. Larson, D.O.**

see highlights page 5-7

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PIERCE COUNTY MEDICAL SOCIETY  
**BULLETIN**

January, 1999



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# President's Page.....

## Old Tacoma - New Medicine

I look forward to serving the PCMS as president in 1999. I have learned a great deal from our recent past presidents, **John Rowlands, MD**, the eternal optimist; **Stan Harris, MD**, the pragmatist/sometimes journalist and **Jim Wilson, MD**, the steady visionary. We all owe a great deal of gratitude to these leaders for their time and energy put forth on our behalf. The staff at PCMS keep us organized with their dedication to the physicians of Pierce County. Doug Jackman received a very deserved recognition for his service to the society. This kind of effort is necessary to keep the whole process moving forward in a well ordered fashion.

As an introduction to my first newsletter, I thought that a little background information might be of interest. You may know that I started into practice in Tacoma in 1980, joining **George Tanbara, MD** (PCMS President, 1986) my childhood Explorer Boy Scout leader and tennis partner. His guidance, mentoring and friendship initiated my interest in pediatrics. He has continued to be a positive influence on my professional career and remains a great tennis partner.

I started my life in Pierce County; born in 1950 at Tacoma General Hospital, the fifth child of Charles and Margaret Larson. Tacoma was a sleepy town in those days. The taste of arsenic and smell of pulp was thick in the air - producing Tacoma's famous aroma. The downtown bustled with activity. As a child I would hop on a bus and ride to downtown with my siblings to marvel at the department stores;

Rhodes, Sears and the Bon Marche. Woolworth's was my favorite because of the soda fountain and cheap toys in the basement. Small businesses flourished in the streets of downtown Tacoma. I grew up valuing family, friends, my church and my elders. This sounds a bit "corny" today but typified much of life in Tacoma in the 1950s and 60s.

I was introduced to medicine by my father. I can remember hanging out at the pathology lab, playing with the frogs kept in the refrigerator for pregnancy testing - a far cry from the plastic dip sticks used today. When I was "old enough" I graduated from frogs to autopsies. The whole process of dissecting to discover disease and cause of death fascinated me on one level and on another level I knew I did not want to become a pathologist. This medical "initiation" occurred with all of my siblings and to nobodies surprise pathology lost its appeal for all of us!

My world changed with the assassinations of President Kennedy and the Reverend Martin Luther King, Jr. The innocent life of childhood was erased by the realization that good men could be murdered for their great dreams. Vietnam escalated and claimed my childhood friends. Downtown Tacoma faltered with the development of suburban malls; the shoppers and stores were soon replaced with bars, prostitutes, homeless people and derelict buildings. I still thought of Tacoma as I did in my early childhood but it had changed forever - much like the rest of the



*Lawrence A. Larson, D.O.  
President, 1999*

United States.

Today I am proud to see Tacoma return to more prosperous times. Not by merely sweeping the social ills under the carpet but by confronting the issues of mental illness, substance abuse, domestic violence, youth violence, teenage pregnancy, infant mortality and education. Some solutions to these problems have been found and Pierce County is moving forward to a brighter future.

Much like the improved future of Tacoma, I see medicine moving forward from the "dark days" of big business medicine to patient and family oriented care. As the leaders of health care in Pierce County, we have an opportunity to help ensure a healthier population. This will take all of our efforts to successfully provide access to quality care.

Initiatives that face the medical community today include end of life care, trauma management, pediatric and adult access to care, and quality oriented contracting for healthcare. We need to educate ourselves and the community about these issues. As we head into the new year I hope that 1999 will see positive solutions and improved care for the citizens of Pierce County. ■

## Personal Problems of Physicians

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alcohol, retirement,  
emotional, or other such  
difficulties?*

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## In Memoriam

### Cyril Brown Ritchie, MD

C.B. Ritchie, MD, was born October 17, 1903 in Flanagan, Illinois. He died December 1, 1998 at the age of 95. Dr. Ritchie moved with his family to Idaho in 1909 where they homesteaded a ranch near Hagerman. In 1928 he graduated from the University of Illinois Medical School in Chicago. He then interned at Tacoma General Hospital.

Dr. Ritchie began his medical practice in 1929 in Morton, Washington where he was responsible for building the town's first hospital, today know as Morton General Hospital.

In 1932 he married Mary Turnbull and in 1941 they moved to Tacoma with their family.

Dr. Ritchie was very active in the medical community. He served as president of the Tacoma Surgical Club, the Pierce County Medical Bureau, and in 1960 was president of the Pierce County Medical Society. He also served as an elder of Immanuel Presbyterian Church for many years.

Dr. Ritchie was co-founder of Doctors Hospital in Tacoma. After retiring from his medical practice in 1968, he served as administrator of Doctors Hospital.

Dr. Ritchie is survived by his son, PCMS member Bill Ritchie, MD and his wife Marjorie. Dr. Bill Ritchie was president of PCMS in 1989. He is also survived by two daughters, Sue Ritchie, a pharmacist that lives in Steilacoom and Elizabeth Barker of Glendale, Arizona. He leaves five grandchildren and three great-grandchildren.

PCMS offers condolences to Dr. Ritchie's family. ■

# 1998 Annual Meeting introduces new leadership for 1999

The 1998 PCMS/PCMSA Annual Meeting was held at the Sheraton Hotel on Tuesday, December 8. The festive event was well attended and featured President **James M. Wilson, Jr., MD** passing the presidential gavel to **Lawrence A. Larson, DO**.

Dr. Wilson thanked the Board of Trustees for their commitment throughout the year and recognized outgoing board members Past-President, **Stan Harris, MD**, Secretary-Treasurer, **Nick Rajacich, MD** and Trustee **Gary Taubman, MD**. Dr. Harris served five years; Drs. Rajacich and Taubman two. He thanked his wife Deana for her support and his parents for "teaching me the importance of education."

The raffle drawing was a big hit as always, and the lucky winners included cardiologist **Eugene Lapin** and **Mrs. Fran Thomas**. Dr. Lapin won the gourmet basket and Mrs. Thomas the monthly fruit delivery package.

A moment of silence was given for members that died in 1998. They included **Drs. Marion Larsen, Harry Lawson, Robert Fortiner, Jack Mandeville, Carl Ekman, Wesley Gradin, Marcel Malden, Thomas Lawley, William Conte** and **C.B. Ritchie**.

Nikki Crowley gave the Alliance Report and thanked everyone for their generous support of the Holiday Sharing Card. She said over \$15,000 had been raised and will go to various charities in Pierce County.

Dr. Wilson introduced the speaker for the evening, **Dr. Pepper Schwartz**. Dr. Schwartz is a professor of sociology at the University of Washington and

spoke on gender and miscommunication. She explained the numerous ways that males and females communicate or fail to communicate that cause problems for relationships. Her talk was informative and humorous.

Highlighting the evening was the presentation of the Community Service Award to PCMS Executive Director, **Doug Jackman** (see story page 13). The Board of Trustees voted secretly to honor their director for his tireless work in the community and to thank him for 15 years of service. Past winners of the award have included **Drs. George Tanbara, Charles Weatherby, Terry Torgenrud, Gordon Klatt, Patrick Hogan** and **John VanBuskirk**.

Before the meeting was adjourned Dr. Wilson turned over the gavel to Dr. Larson. Dr. Larson thanked Dr.



*President Jim Wilson was honored by having his mother, from Ohio, and his wife, Deana, help celebrate his year as PCMS President*

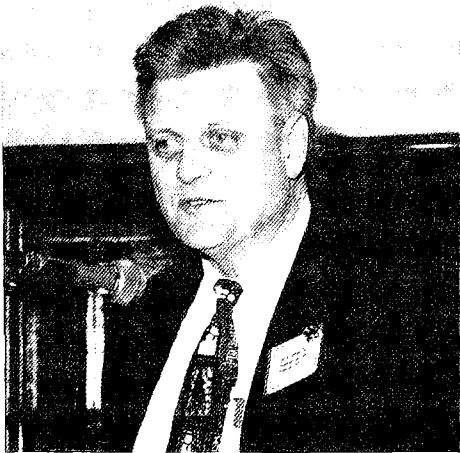


*Dr. Larry Larson with his wife, Mary (center) and Mrs. Kit Larson, wife of Vern Larson, retired radiologist and no relation, before he accepted the gavel as 1999 PCMS President*

Wilson for his service particularly his work with insurers and his commitment to HIV named reporting and Tacoma's ban on fireworks.

Dr. Larson told the audience he looked forward to working on many issues as president, particularly access to care. ■

*More photos page 6 - 7*



*Left: Dr. Larson, newly elected 1999 President, said he looked forward to working with the membership on many important issues that doctors will be facing next year*



*Above, from left, Past-President David Law visits with Dr. Alex Mihali and his wife Debbie. Drs. Law and Mihali both practice internal medicine*



*Left: Nikki Crowley, Alliance President, thanked the membership for the \$15,000 raised via the Holiday Sharing Card. The money will be given to philanthropic causes in Pierce County*



*Dr. Bill Roes, second from right, and his wife Ruth, second from left, visit with Dr. Joan Halley, right and her husband, left, before the meeting. Drs. Roes and Halley are both family practitioners across the Narrows bridge*



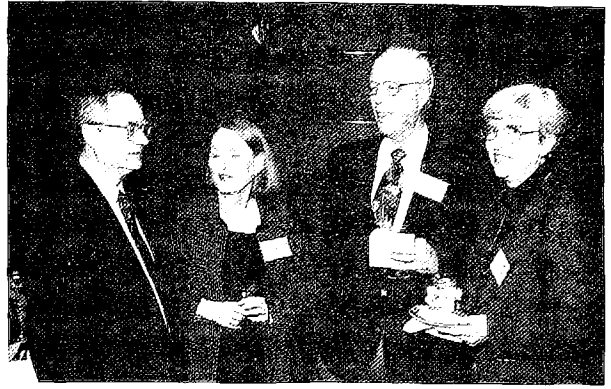
*Left, Doug Jackman, PCMS Executive Director was awarded the 1998 Community Service Award and honored for 15 years of service to PCMS. Dr. Wilson presented the award*



*Dr. Dwight Williamson, left and his wife, Donna visit with Dr. Elsie Claypool, former administrator, Seattle VA Hospital*



*Nikki Crowley, PCMSA President and Dr. Jim Wilson, PCMSA President, drew the names for the raffle drawings and each thanked their respective colleagues for a great year*



*Lakewood dermatologists, Don Gehle and John McGowen with spouses Joan Gehle and Gerry McGowen. Dr. Gerry McGowen is a family physician at Madigan Army Medical Center*



*Left: Fran Thomas, left, was the winner of the monthly fruit delivery, one of the prizes from the PCMSA sponsored raffle drawing. She is pictured with John and Karen Dimant*

*Right: Dr. Eugene Lapin is pictured carrying the Gourmet Basket that he won from the raffle drawing. The basket, a Longaberger, was filled with many terrific goodies*



*Left: Dr. Oris Houglum, retired Ob/Gyn, left, and Dr. Mian Anwar, retired anesthesiologist chat during the social hour*

*Right: Dr. Douglas Camp and his wife, Dorothy, enjoying the pre-dinner festivities. Dr. Camp is a resident with Tacoma Family Medicine practicing in Puyallup*



# New officers and trustees take the 1999 helm of PCMS



*Pictured from top left, left to right: Drs. Lawrence A. Larson, Charles Weatherby, Marilyn Pattison, Patrice Stevenson, James M. Wilson, Michael Kelly, Maria Mack, Doris Page, Jim Rooks, Susan Salo, Ted Walkley, and Mrs. Nikki Crowley*

**Lawrence A. Larson, DO** practices with Pediatrics Northwest, specializing in allergy/immunology, and pediatric pulmonology. He graduated from the College of Osteopathic Medicine & Surgery in Des Moines, Iowa. He and his wife Mary live in Tacoma's north end.

**Charles Weatherby, MD** is a family practitioner with MultiCare Medical Group. He received his medical degree from the University of Washington Medical School and completed his internship and residency at St. Luke's Hospital in Milwaukee. He and his wife, Shauna, live in University Place.

**James Wilson, Jr., MD** practices internal medicine with MultiCare Internal Medicine. He completed his medical education at the University of Rochester in New York and his internship and residency at Madigan. He lives on Day Island with his wife Deana.

**Marilyn Pattison, MD** practices internal medicine at Medalia in Gig Harbor. She graduated from the University of Washington Medical School and is board certified in nephrology. She and her husband, PCMS member Brad Pattison, MD, live in Gig Harbor.

**Patrice Stevenson, MD** practices physical medicine and rehabilitation in Puyallup. She graduated from the University of Washington Medical School and completed her internship and residency at the VA Medical Center in Los Angeles. She and her husband, Craig, live on Lake Tapps.

**Michael Kelly, MD** is a family practitioner in Lakewood. He graduated from the University of Cincinnati College of Medicine and completed his residency at Oregon Health Sciences University. He and his wife, Bonnie, live in University Place.

**Maria Mack, MD** practices anesthesiology at St. Joseph Medical Center. She received her medical degree from the University of Vermont School of Medicine and practiced at Madigan Army Medical Center before joining Pacific Anesthesia. She and her husband Dennis live in Lakewood.

**Doris Page, MD** is a family practitioner at Allenmore Medical Center in Tacoma. She completed her medical education at the University of Colorado in Denver and her internship at Mercy Hospital. She lives in Tacoma with her husband, Cedric.

**James Rooks, MD** practices otolaryngology in Lakewood. He attended medical school at the University of Miami School of Medicine. He is a Fellow in the American College of Surgeons and American Academy of Otolaryngology/Head/Neck Surgery. He and his wife Penny live in Steilacoom.

**Susan Salo, MD** is a family practitioner with Group Health in Tacoma. She earned her medical degree from the University of Washington School of Medicine and has practiced in Tacoma for 23 years. She lives with her husband and family in Puyallup.

**Edward Walkley, MD** practices pediatric emergency medicine at Mary Bridge Children's Hospital. He received his medical degree from Harvard Medical School and completed an internship in pediatrics at Children's Hospital. He and his wife live in the north end of Tacoma.

**Nikki Crowley** serves as President of the PCMS Alliance. She previously served as President in 1981-1982. She is married to James Crowley, MD, Tacoma neurosurgeon. They live in Edgewood. ■



# UW addresses concerns about expanding clinics to Pierce Co.

by John B. Coombs, MD

Associate Vice President for Medical Affairs for Clinical Systems and Networks  
Associate Dean for Regional Affairs and Rural Health of the School of Medicine, U of W

As many know from the July issue of this publication, I was invited to meet with the membership of PCMS last June to discuss the all-important issue of how physicians should be trained to best meet the future needs of our state and region.

In the midst of what I believe to have been a very good discussion that day, I was abruptly asked to comment on whether the University of Washington has plans to expand its primary-care network into Pierce County. My first reaction to this question was, "What does this have to do with the question of the day, on future physician training?" But as I thought about it a moment more, I realized that this question could not be answered by someone from the University of Washington without addressing the issue of physician training. Why? Because virtually everything that we do at the UW School of Medicine -- in partnership with so many truly outstanding volunteer physicians across the state and region that we serve -- ties in with our core missions of education, research and patient care.

After the membership meeting, I asked to meet with your Executive Committee to explore whether other important questions existed. While I addressed them as best I could at that meeting, I felt that it might also be worthwhile to offer to respond to these questions in writing so that my responses could be shared directly with the entire membership of the Society. I was very pleased that Dr. Wilson accepted this offer and I am delighted to share my thoughts here in answer to the questions he posed. Additionally, I have ex-

pressed my hope that it will be possible to meet periodically with the Board and the membership in order to strengthen communication between the UW and the Society.

## ① Why was UW Physicians Network (UWPN) created?

UWPN grew out of significant changes in the organization of primary care in King County that resulted during and after healthcare reform in 1993 and 1994. Previously, most primary-care practices were owned and operated by the physicians who worked them. However, within a very short period of time, most of these practices became owned or operated by larger entities such as hospitals or large group practices. This threatened the number of primary care teaching sites that the UW had access to in King County. Additionally, this was accompanied by dramatic changes in referral patterns to the UW Academic Medical Center (UW AMC) from primary care practices brought about by the vertical integration of medical care. This, in turn, created great risk for substantial change in teaching and research opportunities for our students, faculty and physicians in training.

At the time we saw these changes occurring, we conducted a survey of King County residents in which more than 400,000 reported they wanted direct neighborhood access (within 15 minutes of their homes) to the resources of Harborview Medical Center and UW Medical Center. This showed that the public, in a period of extraordinary population growth in King County, wanted increased access to UW physicians. At the same time, as described



John B. Coombs, MD

above, we were experiencing a decrease in our access to primary care sites - with all of the attendant, potentially very deleterious effects on our ability to maintain our critical missions of education, research and patient care. Thus was born UW Physicians Network, after much very careful planning and consideration to provide:

- a) high-quality, primary care practice sites at which medical students and residents could receive training in ambulatory care and complementing our arrangements with private practicing physicians
- b) access points for patients desiring referral to specialists at the UW AMC, who could then participate in teaching and research efforts by the specialists at the UW AMC
- c) a geographically diverse primary care system that allowed us to continue contracting with major insurers in King County, and
- d) an integrated system, including geographic distribution of primary care capable of accepting global capitation.

## ② What was the cost involved and did state funding contribute to the creation?

UWPN consists of nine neighborhood clinics, all within King County. We are very proud of these clinics. Each features an array of state-of-the-art systems that match

see "UW" page 12

# How to contact state, national lawmakers

For additional information about contacting legislators, please contact the Medical Society office. We will be happy to help you draft letters or make direct contact to legislative leaders regarding issues of concern. Please call Doug Jackinan, Executive Director, 572-3667.

The status of legislation can be obtained by calling the **Legislature's toll free hotline (800) 562-6000**. The hearing impaired may call (800) 635-9993. The hotline makes it easy to leave a message or voice an opinion to lawmakers, even if you don't know their individual telephone number. It also provides an easy way to learn the status of a bill, which committee it's before, whether it's been scheduled for a floor vote or survived various deadlines for action. You may also call the hotline to learn the topics, time and location of committee meetings.

A legislative meeting schedule is published weekly on Thursday. Mail subscriptions cost \$10 per year. For more information or a subscription form, call 1-360-786-7344.

Internet users may reach the Legislature at: **leginfo.leg.wa.gov** Users can view legislation and send e-mail to lawmakers and staff. Internet users also will have access to the state constitution, state laws, a list of legislators and a session calendar. The governor's home page can be viewed at **http://www.wa.gov/governor**

**President Clinton** may be reached by writing to him at the White House, 1600 Pennsylvania Ave NW, Washington D.C. 20500; his message phone is (202) 456-1111. **E-mail: president@whitehouse.gov**

Your U.S. Senators and representatives and state senators and state representatives may be contacted at the following addresses and telephone numbers:

**U.S. Senators: Senator Slade Gorton (R)**, 730 Hart Senate Building, Washington, D.C. 20510-4701. Phone: 202-224-3441 (D.C.) or 451-0103 (Bellevue). Fax: 202-224-9393. **E-mail: senator\_gorton@gorton.senate.gov**

**Senator Patty Murray (D)**, 302 Hart Senate Building, Washington D.C. 20510. Phone: 202-224-2621 (D.C.) or 553-5545 (Seattle). Fax: 202-224-0238. **E-mail: senator\_murray@murray.senate.gov**

**U.S. Representatives: Rep. Norm Dicks (D-6th District)**, 2467 Rayburn House Building, Washington D.C. 20515. Phone: 202-225-5916 (D.C.) or 593-6536 (Tacoma). Fax: 202-226-1176.

**Rep. Adam Smith (D-9th District)**, 1505 Longworth Office Building, Washington D.C. 20515. Phone: 202-225-8901 (D.C.) or 360-951-3826 (Tacoma). Fax: 202-225-5893.

**State offices:** The phone number of Governor Gary Locke's office is 360-753-6780, Olympia. Write to him at: Legislative Building, PO Box 40001, Olympia, 98504-0001. His Fax is 360-753-4110. His home page address is **http://www.wa.gov/governor**

**Write to state representatives** in care of the Washington House of Representatives, PO Box 40600, Olympia 98504-0600. **Write to state senators** in care of the Washington State Senate, PO Box 40482, Olympia 98504-0482. The central Senate Fax number is 360-786-1999. The House has no central Fax number.

**Legislators, by district, Olympia phone number and e-mail address:**

## 2nd District (South Pierce County)

Sen Marilyn Rasmussen-D, 786-7602

rasmusse\_ma@leg.wa.gov

Rep Roger Bush-R, 786-7824 bush\_ro@leg.wa.gov

Rep Tom Campbell-R, campbell\_to@leg.wa.gov

## 25th District (Puyallup, Sumner, Milton)

Sen Calvin Goings-D, 786-7648 goings\_ca@leg.wa.gov

Rep Jim Kastama-D, 786-7968 kastama\_ja@leg.wa.gov

Rep Joyce McDonald-R, 786-7948

mcdonald\_jo@leg.wa.gov

## 26th District (NW Tacoma, Gig Harbor, South Kitsap)

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Rep Pat Lantz-D, 786-7964 lantz\_pa@leg.wa.gov

Rep Tom Huff-R, 786-7802 huff\_to@leg.wa.gov

## 27th District (North Tacoma, East Side)

Sen Lorraine Wojahn-D, 786-7652 wojahn\_lo@leg.wa.gov

Rep Ruth Fisher-D, 786-7930 fisher\_ru@leg.wa.gov

Rep Debbie Regala-D, 786-7974 regala\_de@leg.wa.gov

## 28th District (W. Tacoma, Univ. Place, Fircrest, Lakewood)

Sen Shirley Winsley-R, 786-7654 winsley\_sh@leg.wa.gov

Rep Mike Carrell-R, 786-7958 carrell\_mi@leg.wa.gov

Rep Gigi Talcott-R, 786-7890 talcott\_gi@leg.wa.gov

## 29th District (South Tacoma, South End, Parkland)

Sen Rosa Franklin-D, 786-7656 franklin\_ro@leg.wa.gov

Rep Brian Sullivan-D, 786-7996 sullivan\_br@leg.wa.gov

Rep Steve Conway-D, 786-7906 conway\_st@leg.wa.gov

## 30th District (Northeast Tacoma, Federal Way)

Sen Tracey Eide-D, eide-tr@leg.wa.gov

Rep Maryanne Mitchell-R, 786-7830

mitchell\_ma@leg.wa.gov

Rep Mark Miloscia, miloscia\_ma@leg.wa.gov ■

# Into the Political Arena

by Jean Borst

When Dr. Shay Schual-Berke left her Tacoma cardiology practice in 1992, she thought she was taking a leave of absence to be with her children. Somewhere along the line, she became a politician.

"I realized that it was the first time in my adult life that I had the opportunity to be involved in my local community," said Dr. Schual-Berke, who has been a member of the Pierce County Medical Society since 1990, currently on inactive status. Inactive, however, doesn't seem a fitting word.

After leaving her practice, Dr. Schual-Berke became increasingly involved in children's issues and education, spending a great deal of time in the public schools. She became involved in councils and organizations and was ultimately elected to the local school board. After serving as the board's legislative representative for a few years, Dr. Schual-Berke considered a more active political role - she decided to run for State Representative of the 33rd district.

"My experience on the school board made me aware of various public policy issues," she said. "I realized that public service is a lot like practicing medicine. You look at the situation, assimilate information, diagnose what is going on and prescribe and develop thoughtful policy to remedy the situation."

Along with her strong involvement and interest in education and children's issues, Dr. Schual-Berke's experience as a physician made health care a natural platform in her campaign. "It's such an important issue among constituents," she noted. "I encountered

tremendous frustration and anxiety concerning the availability of care. When I sent out campaign literature specifically addressing my commitment to quality health care, I was truly stunned and touched by the enormous response I received from people. There were multitudes of calls from constituents. People had read every word of that literature and called to say they would support me if I made good on my commitment." That support came through. Dr. Schual-Berke said her campaign was bolstered by the volunteer efforts of at least 600 people that she knows of.

The commitment to a campaign seems ominous, particularly in an area like the 33rd district, which encompasses a wide and diverse geographical area including north

## Legislative Summit set for January 26

Mark your 1999 calendar for January 26, the date of the WSMA Legislative Summit at the Holiday Inn in Olympia. "Physician-Directed Care, The Patient's Right" is the theme for this year's conference.

Learn how legislation is made, gain helpful tips on how to effectively participate in the legislative process and useful insights on what lies ahead for physicians and health care as the 1999 Legislature gets to work. The WSMA Olympia office will make afternoon appointments with legislators for all members who are interested. Call Winnie Cline at the WSMA Olympia office, 800-562-4546 or email [wmc@wsma.org](mailto:wmc@wsma.org). ■



Shay Schual-Berke, MD

Federal Way, south Burien, Normandy Park, Des Moines, SeaTac and part of Tukwila, Renton and Kent. But Dr. Schual-Berke relished the experience. "It was wonderful," she said, despite the fact that she was a Democrat running against a strong Republican incumbent. "It was the most incredible experience imaginable. Ringing 9,000 doorbells gave me the opportunity to talk to people and get an amazing sense of what's happening out in the community." While she didn't have any preconceived notions that she would win the

See "Arena" page 20

## Physician for a day at the Capitol

The free Legislative Health Clinic at the Capitol is a unique program which, in addition to seeing a few patients, provides a way for physicians to enhance their visibility with legislators and staff and to promote a positive public image for medicine. As a PCMS member you are invited to participate as a volunteer physician any weekday morning (9:00 a.m. until noon) during the legislative session. You will be equipped with a beeper so you will be able to watch the legislature in action. For information or to reserve a day between January 12 and April 12 call Doug Jackman at 572-3667. ■

## "UW" from page 9

our view of what it takes to train excellent physicians for the needs of the future. These include, for example, the latest in electronic (paperless) medical records and information management allowing implementation of evidence-based medicine.

We anticipate that by the time all of the UWPN clinics break even, the UW AMC will have invested \$40 million in the program. These funds come from clinical revenues and reserves of our faculty practice plan, UW Medical Center and Harborview Medical Center. State-appropriated funds were not used in UWPN's creation and neither will state-appropriated funds be used in supporting the operation of the clinics.

### ❸ How many members currently belong to UWPN and what is the specialty mix?

Currently, UWPN has between 35 and 40 providers, 80% of whom are physicians. The remaining 20% are physician assistants and nurse practitioners. Of the physicians about half are board certified in family medicine, about one-third are board certified in internal medicine and about one-sixth are board certified pediatricians. All of the physicians are members of the University of Washington School of Medicine faculty. When fully operating at capacity by the year 2005, we anticipate having between 75 and 90 providers network-wide.

### ❹ How many clinics does UWPN currently operate and what are your projections for the next five years?

UWPN currently operates eight clinics, all in King County (Belltown, Factoria, Federal Way,

Issaquah, Kent/Des Moines, Shoreline, West Seattle and Woodinville). A ninth clinic, in Auburn, is scheduled to open November 1. There currently are no additional primary care clinics planned.

### ❺ Do UWPN clinics refer solely to UW specialists?

In a word, no: we work hard to maintain good relations with local specialists and institutions such as community hospitals. Our interest is providing the highest quality care and service within their local communities.

As part of their mission of supporting the education, research and patient care needs of the UW AMC, physicians at UWPN clinics give patients opportunities to obtain consultation and in-patient care from UW specialists and UW AMC clinical facilities. However, we pay close attention to what patients want - if a patient prefers not to get his or her specialized care at UW sites, or if the condition is such that local care makes better sense medically, he or she is referred to local specialists and local facilities.

During the first two years of operation, about two-thirds of referrals from UWPN clinics have been to a UW specialist and UW AMC facilities. The remainder of referrals have been to local specialists and local facilities.

### ❻ What are your plans for UWPN clinics in Pierce County?

We have been asked by several groups to consider establishing clinics in both Pierce and Snohomish counties. However, UWPN currently has no plans for clinics in these areas.

### ❼ What was the basis of Children's Hospital opposing pediatric cardiac surgery at Mary

Bridge Children's Hospital, and

### ❸ Children's Hospital has established a clinic of specialists in Olympia to directly compete with Mary Bridge Children's Hospital. Are state funds involved here?

The UW has a close working relationship with Children's Hospital and Regional Medical Center (CHRCM). However, CHRCM is an independently owned and managed institution. Pediatric specialty services and the value of regional pediatric specialty care are sharply distinct from those of primary-care medicine or specialty care for adults. These questions, therefore, should be referred to CHRCM.

### ❹ UW Department of Surgery offered to assist Pierce County with its designated trauma center. How did they plan to do this?

The Pierce County Executive invited the UW to review the county's current plans to reestablish major trauma services in Pierce County. Moreover, we were invited to consider actually joining in the planned execution of these services, perhaps through a contractual arrangement. To date, this is not an option that has been pursued. The UW is very supportive of efforts in Pierce County to provide in-county, high quality trauma care.

I hope the responses I have provided here help strengthen the perception that there is no ambiguity in the relationship between the UW School of Medicine and members of PCMS - an ambiguity the existence of which was raised by the title of an editorial in this publication last July ("University of Washington - friend or foe?"). This relationship remains strongly positive and productive and I assure you that it is our wish at the University of Washington AMC that it always remains so. ■

## In the Spotlight - Reluctantly

by Jean Borst

PCMS Executive Director Doug Jackman is not one for accolades. Which is why the PCMS Board of Trustees kept a tight lid on the fact that Doug was recipient of this year's Community Service Award. If he had known what was going to transpire at the Annual Meeting, it's likely he would have done something to prevent it. "I was very surprised," he said, adding that he should have become suspicious when his wife, Connie, postponed her trip to Norway for three days so she could attend the dinner. "I just thought she was anxious to hear our keynote speaker!"

Humility aside, Doug is honored that the Medical Society bestowed upon him such a prize, given annually to a Society member who has contributed time and talent to the community in order to improve quality of life. He feels privileged to be in the company of past award recipients - **Drs. George Tanbara, Gordon Klatt, Charles Weatherby, John Van Buskirk, Terry Torgenrud and Pat Hogan.** "I'm very pleased to have been given the award," he said. "But a lot of what I do is simply part of the job," although the members for whom he works so diligently beg to differ.

"For the past 15 years, Doug has been our mentor, our supporter and for those who have had the privilege of working with him, he has been an advocate and a friend in the truest sense," said PCMS 1998 President, **Dr. Jim Wilson.** "He is our eyes and ears in the community. To a great extent, it is because of him that our Society is the strongest in the state."

**Dr. Pat Duffy**, who was PCMS president in 1984 when Doug joined

the Society as Executive Director, praised Doug's abilities as a leader. "He's done an unbelievable job for the Society," Dr. Duffy said. "He is reliable, compassionate, cooperative... I just can't say enough good things about him. He always has the answers, displays incredible judgment and always knows the appropriate thing to say. We are extremely fortunate to have him."

And Doug feels fortunate as well. "This position offers so much diversity, both through its members and its activities. That's why I enjoy it," he said. "There's always something happening and there is rarely a dull moment." It's hard to find a dull moment with all that has transpired within the medical profession in recent years, Doug notes. He's observed tremendous changes, including the transition of physicians going from practicing privately to becoming employed in large groups. There have been mergers, acquisitions, and greater controls and increased paperwork. The Medical Society has dedicated enormous effort to help physicians prepare for managed care. But along with those challenges, Society members and staff, under Doug's direction, have been involved with several noteworthy causes and achieved numerous successes. "Doug truly exemplifies the volunteer-staff partnership," according to **Dr. Gordon Klatt**, 1990 PCMS president. "He does a superb job in his role at the Society by allowing volunteers to take a leadership role, and does so in a very gentlemanly manner. Having someone like him at PCMS is what makes our organization so successful."

**Dr. John Rowlands**, 1996 PCMS president, concurred. "Doug



Doug Jackman  
PCMS Executive Director

Jackman has been an advocate for physicians and health issues for a long, long time," said Dr. Rowlands, who first met Doug when he was field representative for the Lung Association before coming to PCMS. "He's dedicated himself to the Medical Society and the overall health of Pierce County."

Among the highlights of the last 15 years...

In 1984 the Credentials Committee and the Board of Trustees voted to deny membership to an applicant who had misrepresented himself on his application. They did so with numerous threats of lawsuits and litigation. The Society was sued for anti-trust and the litigation went on about three years until a federal judge summarily dismissed the case.

The same year, PCMS led the effort to get no smoking regulations and ordinances in city and county restaurants and work places. "It was a great effort supported by wonderful volunteers from our membership," Doug said. He recalled a state tobacco lobbyist who was overcome with an obvious 'smoker's cough' while testifying against the regulations. One of the county council members became so overcome with laughter she had to excuse herself.

In 1987, the Society led a successful effort to fluoridate Tacoma's water supply led by **Drs. Terry Torgenrud and Bill Jackson**

See "Jackman" page 18

## Interested in an asthma adventure?

Want to get away this summer while giving something back to the community?

Physicians, respiratory therapists and nurses can volunteer their time at Asthma Camp at Camp Sealth, a five-day overnight camp for children ages 6 to 14 with asthma who require daily medication.

Organized by the American Lung Association of Washington, Asthma Camp gives children with asthma the opportunity to have fun and learn about asthma management under the watchful eyes of a team of volunteer medical staff.

The Lung Association asks for at least a 24-hour time commitment and that volunteers follow the asthma management philosophy set forth in the NHLBI Guidelines. Camp Sealth is located on Vashon Island. Asthma Camp takes place from June 22 to 26, 1999.

For more information please call Penny Grellier at (253) 272-8777.

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## February membership meeting - how to savor your work as a physician

David Grube, MD, will be the speaker at the February General Membership Meeting, Tuesday, February 9 at the Landmark Convention Center in Tacoma.

Dr. Grube will entertain and inspire you with anecdotes and illustrations that will help you really enjoy your work as a physician. His topic will be "How to Really Enjoy Your Medical Practice."

Since 1977, Dr. Grube has been a family practitioner at the Philomath Family Medical Clinic in Philomath, Oregon. He graduated from Lewis and Clark College in Portland and went on to the University of Oregon Medical School where he received his medical degree. From 1974 to 1979 he served with the U.S.P.H.S. National Health Service Corps in Grand Coulee, WA and in Philomath, OR.

Dr. Grube has received numerous honors, and has many affiliations. Among them are serving as President (1990) President-Elect, Speaker, House of Delegates, Vice-Speaker and Board of Director (1980-83, 1989-Present) for the Oregon Academy of Family Physicians. He has been a member of the Benton County Medical Society since 1977, serving as President in 1980. He served as a clinical instructor for the Oregon Health Sciences University, Department of Family Medicine from 1973-'79 and as a clinical associate professor since 1993.

Dr. Grube admits that his part-time speaking career was a direct result of recognizing that so many of his personal physician friends seemed unhappy. He couldn't understand why physicians in the richest country in the world, with the greatest resources, blessings left and right, and wonderful new diagnostic and treatment options, weren't happy and enthused about their profession. Beginning with a "slide show" of clinic bloopers for an office Christmas party and moving to a "humor" talk at the Oregon Academy of Family Physicians, Dr. Grube says his program has "grown and mutated." It is often called: "Bones Set, Blood Let, Wounds Patched, Babies Hatched." His goal is simple, taking notes and anecdotes from his daily practice, including quotes from other practicing physicians, incorporating medical cartoons and newspaper blunders, he tries to make people laugh by recognizing the fact that the beginning of growing (maturity) is the ability to laugh at ourselves and to see how funny we are. A part of what he offers is reminders that we must not only take care of patients, but also take care of our practices and, especially, ourselves; thus he attempts to rekindle the origins of motives for entering into medicine.

Mark your calendar for an entertaining and enjoyable evening with your colleagues. ■

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# Mangled Care

## 1999 - The Year of Managed Care

by Teresa Clabots, MD

Is the public and are politicians aware of what is happening in health care?

What other business opens its doors with such huge overhead expenses, such onerous guidelines and penalties, such self-destructive discounts, such irresponsible clients and payors that simply refuse to pay their bills on a timely basis and we are not allowed to bill them interest charges, while we carry bank loans to pay our staff?

From this week alone and therefore fresh in my memory are the following:

The baby born in August whom I have cared for now for four months, whose mom swears she chose me, (the other 3 children are on my roster) who finally brings the coupon in is assigned to my husband, a cardiac surgeon. In my naiveté I said, gosh, at least he can bill for my services. **Wrong**, payment will be denied since he is a specialist, plus...it is considered fraud and subject to jail time and severe monetary penalties. Gosh, so we won't do that. Let's call the plan and change. (Our luck at getting moms or dads to call from home is zero). **Wrong**, the provider can not initiate a change, it has to be done by the patient. Let's get the mom in our office so we can call long distance on our phone and get her to change. Our phone bill is only \$200 dollars a month since the plans dropped their toll-free numbers. **Wrong**, the plan refuses to retro the patient back to me as of August or September, even though they made the mistake in assigning a baby to a heart surgeon. Let's bill the patient and she can pay for the care. **Wrong**, it is a felony to bill a

welfare patient. Let's write the insurance commissioner. **Wrong**, they are swamped with more important things.

Then I got a phone call from a friend, a gastroenterologist who did a consult and wants a referral on a newborn. I never saw the baby, so I have no records. I will do the referral if it's mine, but since all my patients from my former practice were transferred to another doctor without my permission (or the patients'), I ask to look at the records. His secretary faxes them to me. Seems the baby was referred by a pediatrician, with a nice letter of introduction. In my naiveté I ask why they haven't called that pediatrician and his corporation. They have, and it was denied. They want me to do the referral because the mother has been assigned to me. What do you mean the mother was assigned to me? Sure enough, we check our roster and we have a young 17 year old Mom assigned to a pediatrician.

I still do not understand how in the world a mom who has gone through a pregnancy and had a baby can be assigned to me. So I call the plan. "This conversation is being recorded..." I ask them if they are aware that I have been assigned a mom. Well, no they had no idea, they just obtained all these patients from an insurance that bailed out of the state, but could I call the Mom and inform her? I suppress a laugh. (I have to remember this is being recorded). Madam, I do not have her phone number. Well, doctor, if you terminate her you must mail her a letter. But Madam, I respond, I have never seen her, your roster doesn't give me her phone number OR her



Teresa Clabots, MD

address, so I can't send her a letter. The plan says: neither can we. All we get from the state is her name and DOB.

I am appalled at the chaos. I have been working in hospitals since I was 18, when I worked as a phlebotomist and paid my way through college and medical school. I have never seen so many physicians quit medicine, or depressed, angry and upset. And rightfully so. We are not providing optimal care. We are wasting hours that could be spent caring for patients trying to help our poor staff doing the four "C's": **coding** (with three decimal digits for accuracy, because even if it is a capitated patient we must pay for a HCFA form and code with accuracy)

**collating** (superfluous paperwork and documentation for the attorneys)

**connecting** (referring patients to needed services so they can be denied) and

**collecting** (if lucky 25 cents per dollar).

A sad state of affairs are the new medical textbooks that instead of diagnosis PEARLS on the hard covers now have ICD codes. I suppose it is now just as important for medical students to learn ICD codes rather than clinical PEARLS.

Then we get audited for patient "satisfaction" as to how our bonuses will be calculated. Of course our staff is exhausted and at times short with patients that forget their

See "Mangled Care" page 16

## "Mangled Care"

from page 15

cards, do not bring their copays, yet wanted their referral done (and approved) yesterday. They want us to send them a bill for their copay, but will only give us their beeper number or their aunt's address. Yet without their cards we cannot verify their coverage or their PCP. And according to the contract we physicians have all signed (without reading because we are too busy doing the four "C's") we are not to treat them without their copayments. And yet, they are free to change health coverage every 30 days! So they get mad at us when their referral is denied because they switched insurances again. And we have to do the referral all over again.

I have a pediatrician friend who refused to refer an abusive mom to a dermatologist for the baby's diaper rash. I concurred - that does not need a consult. But the plan approved the referral and billed my friend for it in one of his pools. And there is no recourse or appeal process.

I am appalled at the cherry picking that is going on in medicine. When I was with a large organization, we had an open door policy. Our mission was care to all. We received the sickest and the poorest. I received multiple children with congenital defects, cardiac defects, a huge panel of illegal Mexican immigrants, children from Oregon who had been on waiting lists and other countries where they could not obtain care. We actually advertised for high risk drug moms to come. We advertised and became the center for homeless patients to receive care. I came to know which providers out there were closing their doors to sick patients, the elderly, Medicare, chronically ill and disabled patients. We did not turn anyone away. That is what providing

care should be like. But everyone has to pull their weight.

Cherry picking should not be allowed. Dumping should not be allowed. Everyone needs to do their fair share. Lawsuits should not be allowed. Malpractice insurance should not be allowed. Anything that diverts a dollar away from its intended use, health care, should not be allowed. The insurance commissioner needs to help this state pass the any willing provider law. And the health insurance companies need to pay providers expeditiously, not years later. And there should only be one credentialing organization so it doesn't take five months to certify for each of 150 insurance plans. And there should be only one inspection for the office, not one for each insurance company. Or soon, very soon, so many providers will be leaving this state that the ones left will close their doors to any new patients. A new conundrum.

An expectant couple came to me for a prenatal visit. It seems they will be coming to Lakewood from Olympia for care. They could not find a single pediatrician in Olympia who takes their health care plan. This is a sad state of affairs.

Which reminds me of one more thing. Tired of getting requests for referrals denied? (or approved in writing and then payment ultimately denied like my daughter's speech therapy. Like the health plan said, on the very bottom in small print, "This approval is not a guarantee of payment"). I wanted to go to a plan where I would pay more but be able to see the doctor of my choice. I was willing to pay to get cadillac health care. Lo and behold, the only individual plan I can now purchase (when my out of pocket \$10,000 a year Cobra coverage runs out) covers only major catastrophic hospital coverage "since the insurance commissioner will not let us raise our rates we have decided not to offer

any new individual plans."

I do not know where all this is going. But if doctors do not wake up and organize, we will not be doctors anymore. We will be called providers, PCPs, pods plus we will be called a lot of other things.

I want to be a "doctor" not a "provider." Like my father before me, like my husband, like my husband's grandfather, I want to be a traditional doctor. I want to see my patient, provide good care and be compensated fairly. I refuse to lie on a physical and give a false diagnosis because that insurance does not believe in paying for physicals and preventive care. However, I do urge those families to complain or switch coverage. And I will continue to provide care to the needy, for children can not choose their parents.

Maybe we should require all plan administrators to come to our offices, for we are at the front lines. And if we don't fix this mess now who will take care of us? Is the public and are the politicians aware of this impending disaster? ■

**Puyallup, WA:** Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 10 hour shifts. Clinic hours are 12 noon to 9:30 pm Monday-Friday, 10:00 am - 7:30 pm Saturday, Sunday and holidays, outpatient only. \$50/hr, benefits available. Send letter of introduction and CV to Urgent Care Center Application, Good Samaritan Community Healthcare, Attn: Kathy Guy, PO Box 1247, Puyallup, WA 98371-0192.



# HIV name reporting begins January 1, 1999

In September, the Tacoma-Pierce County Board of Health adopted a regulation requiring the reporting of HIV seropositivity by names beginning January 1, 1999. The Health Department will guard information from this addition to the current list of reportable communicable diseases with the same confidentiality and sensitivity as it has with other diseases.

The regulation requires that physicians report all newly observed infections. The regulation also requires that physicians, with their patient's consent, report already known infections. **Dr. Cruz** hopes that physicians will help control this disease by obtaining patient consent whenever possible.

Medical providers and laboratories can report HIV positive tests by calling (253) 798-6410 (press "0") and ask to speak to a Nurse Epidemiologist or calling the 24-hour reporting line at (253) 798-6534 and leaving the information on the phone lines. If you prefer to mail reports, please request mailing materials from the Health Department.

The FAX line **MAY NOT** be used for HIV or AIDS case reports. If any additional information is needed, a Health Department Nurse will call.

Because an important part of the reporting includes partner notification, trained Health Department personnel will contact each newly reported HIV-positive patient to gather partner information and to provide information about supportive resources in Pierce County. Appropriate partners will be notified of their exposure and offered HIV testing. The Health

Department will not disclose the identity of the infected patient to any contact. This contact tracing is an essential part of our disease control efforts and it is impossible to do without working directly with the infected patient. HIV disease is a serious cause of morbidity and mortality in our county. Please promptly report any positive tests to us.

The Health Department will mail to each physician in the county a copy of this regulation and State regulatory requirements regarding counseling and testing. Our staff will visit your office in the near



Federico Cruz-Urbe, MD  
TPCHD Director

future for follow-up and technical assistance. If you desire additional information and materials about HIV counseling and testing, please call (253) 798-6060 or if assistance in counseling the newly infected positive patient is needed, call (253) 798-2866. ■

## Pierce County disease statistics

The Tacoma Pierce County Health Department compiles a report of diseases in Pierce County each month, as shown at left. The report is printed in the

*PCMS Bulletin* to help keep physicians and care-providers abreast of disease activity. If you have questions regarding the report, please call the Communicable Disease Section of the Health Department at 798-6410.

Please remember to call in reportable diseases to the 24 hour hotline, 798-6534.

Amended+  
Military \*

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT  
REPORTED CASES OF SELECTED DISEASES  
FOR MONTH ENDING NOVEMBER 30, 1998

DISEASE	THIS MONTH		1998 TO DATE		1997 TO DATE	
ENTERIC DISEASES						
Salmonella	14		54		66	
Shigella	3		13		12	
E. Coli O157:H7	0		13		11	
HEPATITIS (Acute)						
Hepatitis A	2		41		65	
Hepatitis B	0		8		14	
Hepatitis C/NANB	0		1		5	
INVASIVE DISEASE/BACTERIAL						
Meningococcal	1		5		9	
SEXUALLY TRANSMITTED DISEASES						
Chlamydia	95	45	1,327	275	1040	165
Gonorrhea	34	8	313	46	368	49
Herpes, Initial Infection	11	14	132	43	152	46
Syphilis, Early	0	0	2	1	2	0
Syphilis, Late	0	0	12	0	16	1
Pelvic Inflammatory Dis.(Acute)	4	0	59	2	90	1
Urethritis, Nongonococcal	5	12	26	116	32	91
TUBERCULOSIS	1	*	31	*	36	1*
VACCINE PREVENTABLE DISEASES						
Mumps	1		3		1	
Perussis	2		65		47	
HIV DISEASE						
AIDS	9		52		68	
TOTAL AIDS CASES - 1983 to Present	-	-	736	-	-	-
OTHER DISEASES--Malaria	1		4		6	

Communicable Disease Control (253) 798-6410

Confidential FAX (253) 798-7666

24-hour Reporting Line:  
(253) 798-6534

## Jackman *from page 13*

(and also defeated a subsequent anti-fluoridation challenge). Shortly after the measure passed, then-mayor, Doug Sutherland, got a call from a resident who complained that the fluoride had killed her goldfish. The fluoride, Mayor Sutherland informed her, had not yet been added to the water supply.

In 1998, Drs. **Jim Wilson** and **Peter Marsh** offered testimony on HIV names reporting and Drs. Wilson and Larson testified against the city lifting its ban on fireworks.

And, most recently has been the decision of physicians electing to unionize.

The Society is driven by its committee structure. Over 170 members are involved in the numerous committees. Members of the public serve on several committees, which is fairly unique among medical societies. "It is a huge plus having lay members involved in these committees," Doug said. "It adds a great deal of credibility to our organization."

Within the PCMS office itself, Doug takes note of the tremendous growth and change that has occurred. Next year, the organization's building will be paid in full. The PCMS Medical Placement Service, a part of Membership Benefits, Inc., is growing beyond expectation. "I credit a strong, loyal and dedicated staff for the success of the Society," Doug notes.

Sue Asher, PCMS Assistant Executive Director, has worked with Doug for 21 years. "Doug has been a mentor and a friend who has the uncanny ability of making the routine of coming to work not only worthwhile, but enjoyable," she said. "He will help solve any office dilemma, from a sensitive political problem to clogged plumbing."

"Doug runs the Medical Society

in such a professional, able fashion," Dr. Rowlands said. "Without his unifying direction, I'm not sure how the Medical Society would function. He's also built a wonderful team at the office and would be the first person to acknowledge them for the organization's success.

While members active in the Society are aware of Doug's efforts on the job, many may not be aware of his community involvement outside the office. Members attending the Annual Meeting heard Dr. Wilson list several organizations in which Doug is active. "That list blew me away," said Dr. Duffy. "I had no idea Doug was involved in so many efforts."

Doug has served on the board of the Tacoma-Pierce County Municipal League, Tacoma Urban League, Heath Foundation, Tacoma Actors Guild and the Pierce County Community AIDS Partnership. He has also been active in Forward Together, City Club, Tacoma Rotary, Tacoma Pierce County Health Department, Tacoma Rainier's Community Fund and the Audubon Society.

But his link to the community goes beyond his association with these organizations. Sue Asher noted that Doug's compassion and concern for others is immeasurable and she sees it every day at the office. "He always extends himself to those in

need or those less fortunate and that includes animals as well as people," she said.

In addition to his work at the Medical Society and his numerous community interests, Doug also makes time for his favorite hobby - biking. An avid cyclist, Doug has participated in the Seattle-to-Portland ride for 15 years. Biking has been a family activity for the Jackmans as well, although Connie and Doug are riding without the kids these days. Son Scott lives in Colorado and works at the Keystone Ski Resort. Their daughter, Susan, lives in Oslo, Norway with her husband Lars and their two children (Marianna, 18 months and the newest addition to the family, Daniel Douglas, born in November). At press time, the Jackmans were vacationing in Norway and getting acquainted with their new grandson. ■

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# the Pulse

## Pierce County Medical Society Alliance

### President's Message

Thank you to all who donated their time and energy to make the Holiday Sharing Card Fundraiser a fabulous success. A record breaking amount was donated for your community - \$15,000. Funds will be dispersed in January after a committee meeting. The organizing elves who planned and chose the card were **Helen Whitney, Cindy Anderson and Alice Wilhyde.**

The card mailing was accomplished December 3 by **Helen Whitney, Alice Wilhyde, Sharon Ann Lawson, Kris White, Sue Wulfestieg, Patty Kesling, Libby Tart, Fran Thomas, Mary Cordova, Alice Yeh, Dottie Truckey** and myself. Guests joined us for lunch and included Jackie Jensen, WSMAA President, Wenche Faiola and Blanche Ford from Lewis County Medical Alliance.

The "Baby Think it Over" program of providing dolls to schools in Pierce County has now

expanded to 11 schools. The schools are delighted to have this resource rather than flour sacks or eggs for the students to take home and care for like a baby.

We will not be sending out our membership books this year. We will send a copy of last year's book with updated addresses and phone numbers to be published in the Bulletin as received.

The Holiday Joint Dinner's Raffle Basket made a profit of \$188.00. Thank you for your gifts to the YWCA Shelter. Many gifts made their holiday planning easier and the women's gifts are used during the year.

Program possibilities exist in the spring. A Master Gardener program at a local nursery and a financial meeting for medical spouses are to be decided upon. Call me at 922-7233 to express interest and to provide further topic ideas. ■

--Nikki Crowley

### Additional Holiday Sharing Card contributors

Two more contributions were received for the 1998 Holiday Sharing Card after the publication deadline for last month's *Bulletin*.

**Mrs. Ginnie Miller (Ray) and Dr. and Mrs. Ales Matzenauer** should be added to the list of contributors.

Thanks to all of you that participated in the success of this project. ■

### Baby Think It Over dolls very popular

Since November, 1996 we have purchased and placed 78 "Baby Think It Over" dolls among ten schools in Pierce County. The most recent school was Hunt Middle School at 10th & Mildred Streets. Five dolls were delivered December 3 to Claudia Randolph, a home economics teacher. She was thrilled. These were purchased with a grant from the WSMAA Health Foundation.

Our project will continue in 1999 with some of the money received from the Holiday Sharing Card and the basket raffle at the PCMS/PCMSA Annual Meeting held at the Sheraton. A big thank you to all that participated. You are making this project a success. ■

-- Fran Thomas



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## Arena *from page 11*

election, she felt confident she had a chance. When the numbers were tallied, Dr. Schual-Berke had defeated Rep. Jim McCune with over 55% of the total votes cast.

The national political climate surely played a role in the election, she noted. "I heard a lot of comments from people regarding what was happening in Washington. Before the primary, people were sharing a lot of negative feelings about President Clinton. But after the primary, the mood changed. Voters were saying, 'Enough! I wouldn't vote for a Republican for anything!' While she had already developed a strong base of moderate voters "who voted for me because I was the better candidate, there were certainly a large number of voters who marked my name on the ballot because of the Clinton issue," she said.

Dr. Schual-Berke applauds her husband, also a physician, and her children for their strong support throughout her campaign. "I feel very fortunate," she said. My children are excited and the process has been an excellent learning experience for them. As for my husband...it's hard to find the words to explain how great he's been. After the election, I turned to him and said, "Thank you for making this so easy for me." And he responded, "Thank you for making this so easy on me." Friends and peers have warned her, however, that the strain and stress of working in Olympia can take its toll, even on the strongest of marriages. "The hours are long, the sessions can be grueling and there is a lot of pressure involved." She feels however, that her background as a physician will prepare her well for the climate in Olympia. "I'm used to being in situations where making

See *Arena*, next column

## 1998 Physician Directory changes

### Mumtaz, Munawar, MD

Change address to:  
3611 S "D" St, #5  
Tacoma, WA 98408  
Phone: 756-8562  
FAX: 475-8340

### Stringfellow, Steven, MD

Change address to:  
2420 S Union #100  
Tacoma, WA 98405-1306

### Utt, Terrill, MD

Change address to:  
16515 Meridian E, #105A  
Puyallup, WA 98375-1607  
Phone: 770-7600  
FAX: 435-8190

### Wright, Robert, MD

Change address to:  
102-A 23rd Ave SE  
Puyallup, WA 98372  
Phone: 840-1999  
FAX: 445-4125 ■

## Arena

decisions under pressure is critical."

Is this the beginning of a long political career? "Who knows?" she responded. "Since I stopped practicing medicine in 1992, my life has felt like a house. I walk from room to room and if I see something in one of those rooms I like, I stay there. If I don't, I move on to another room." As for the room she's in right now... "I'm anxious to get to work in Olympia and I'm looking forward to establishing meaningful public policy," she said, with particular emphasis on health care. "There are multiple aspects of health care in need of attention. The physicians and patients need to take back control of their care. I plan to do something about it." ■

## Applicants for membership

### Jacobs, Jeffrey M., MD

**Pediatric Allergy & Immunology**  
Practices at Pediatrics Northwest,  
316 MLK Jr Way, #212, Tacoma  
98405; 383-5777

Medical School: University of  
Miami School of Medicine  
Internship: Children's Hospital,  
Oakland CA

Residency: Children's Hospital,  
Oakland CA

Fellowship: National Jewish  
Medical and Research Center

### Hwang, Andrew S., MD Psychiatry

Practices at 2201 S 19th St., #201,  
Tacoma 98405; 627-8680

Medical School: Seoul National  
University

Internship: Allegheny General  
Hospital

Residency: Univ. of Minnesota  
Fellowship: Univ. of Minnesota

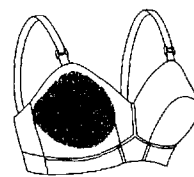
### Schoenike, Sumner L., MD Pediatrics

Practices at Lakewood Pediatrics,  
7424 Bridgeport Way W, #203,  
Tacoma 98467; 581-2111

Medical School: Baylor College of  
Medicine

Internship: University of Texas  
Residency: Phoenix Affiliated  
Hospitals

Residency: Oregon State Hospital ■



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# COLLEGE OF MEDICAL EDUCATION

## Cardiology CME scheduled for January 22, 1999

The College's fourth annual program featuring subjects on cardiology for the primary care physician will be held on Friday, January 22. The course director is **Marilyn Pattison, MD**.

This year's conference will focus on improving outcomes from prevention to end of life and will feature top quality national speakers.

This program is scheduled for the new Lagerquist Conference Center at St. Joseph Medical Center and will address the following:

- Risk Factor Modification in the CHD Patient: Identifying the Problem & Achieving Compliance
- Current Technology: Intervention in the CHD Patient and the Use of Adjunct Therapy
- Controversies in Statin Therapy: Diabetes, Estrogen Replacement Therapy & Other Factors
- Heart Failure Update: If Heart Disease Isn't a Terminal Illness, Why is it the Most Common Cause of Death?

For registration information call 627-7137. Early registration is encouraged as the conference is anticipated to fill. ■

## Mariner's Spring Training CME set; air and hotel reservations urged

The second CME & Mariner's Spring Training course in Phoenix is open for registration. The actual course is on the mornings of March 4-6. **Richard Hawkins, MD** is the program director.

A program brochure that details planning for travel and hotel logistics was mailed in December. The brochure also includes a CME schedule and registration information. Please call the College at (253) 627-7137 if you need a brochure.

The Cactus League schedule has been finalized and it appears the Mariner's will play on their home field in Peoria on March 4 and 6 and in Mesa (across Phoenix) on March 5.

The College has selected the Embassy Suites Phoenix-North for conference headquarters. The large and beautiful hotel is conveniently located close to the Mariners Peo-

ria stadium and offers reduced and competitive rates for complete two-room suites that include a private bedroom and separate living area with sofa bed. You may make reservations by calling (602) 375-1777 and identifying yourself as part of the C.O.M.E. group.

Flights to Phoenix during March often sell out in advance. In order to assure that we will have seats available for our CME group, the College block-booked seats on Alaska Airlines flights to Phoenix.

On Wednesday, March 3, we have seats on two flights in the afternoon. On Sunday, March 7, we have seats on two afternoon flights.

Olympus Travel is handling the flight arrangements. Specifically, MARILYN, is prepared to assist you in securing these seats. We urge you to make your travel plans now as these seats will likely sell out. Call Marilyn today at 565-1213. ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, January 22	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 27-31	CME at Whistler	John Jiganti, MD
Friday, February 26	Review of HIV Infections	Alan Tice, MD
Thursday-Saturday March 4-6	CME & Mariners Spring Training	Richard Hawkins, MD
Thursday-Friday March 11 - 12	Internal Medicine Review	Surinderjit Singh, MD
Friday, April 23	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday, May 15	Surgery Update 1999	David Magelssen, MD
Friday, May 21	Law & Medicine	Joseph Just, JD Nicholas Rajacich, MD

## Pediatricians' Group advises against oral vaccine for polio

The American Academy of Pediatrics issued new recommendations advising pediatricians to avoid giving oral polio vaccines to infants and instead give injections to immunize them against the disease. The professional group said it wants oral vaccines phased out completely by 2001 for routine vaccinations.

The new recommendations call for the use of injections of inactivated polio vaccine for the first two doses at two and four months of age. Either the injection or oral form of the vaccine is recommended for the third dose, at between six and 18 months old, and the fourth dose, at four to six years.

The new policy is aimed at reducing the already rare incidence of polio associated with the oral vaccine, which uses a live virus. It is a change from one issued just last year that said doctors could choose either injection only or oral vaccine only for the four-dose regimen. The Academy said surveys suggest that most pediatricians currently follow the new policy in immunizing children.

American Home Products Corp.'s Wyeth-Ayerst unit makes the oral vaccine, while Rhone Poulenc Rorer Group's Pasteur Merieux Connaught unit markets the injectable version. ■

*Reprinted from the Wall Street Journal, 12/10/98*

## Keep some patient charts indefinitely

Insurance companies have always recommended that inactive charts be kept for five years after a patient's death, ten years after the last visit, and 20 years after treating pregnant women and infants. After a recent court case, *DeYoung v. Providence Medical Center*, there is good reason to keep charts of some patients indefinitely - particularly when there is a bad outcome or any other concern for a potential claim. Otherwise, the 5-10-20 guideline remains a practical policy.

For more information, call PCMS at 572-3667. ■

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**Seeking BC Family Physician** to join independent, three family physician group. Obstetrics desirable. Pro-life. Competitive salary and benefits. Send cover letter and CV to **James A. Wilson, MD**, Cornerstone Family Physicians, 5920 100th Street SW #26, Lakewood WA 98499-2751.

**Franciscan Medical Group.** Franciscan Medical Group is a multi-specialty group practice in the South Puget Sound area of Washington. We currently have several opportunities available for *board certified/board eligible physicians* in all primary care specialties as well as selected sub-specialties. FMG is an affiliate of Franciscan Health System, a member of Catholic Health Initiatives. If you are interested in exploring these opportunities, please contact Norma Larson at: (253) 539-9702 or fax your CV to (253) 539-7981. EOE.

**Medical Consultant position** available. The State of Washington, Division of Disability Determination Services, seeks psychiatrists to perform contract services in the Olympia, Renton and Spokane area offices. Contract services include the evaluation of mental impairment severity from medical records and other reports, utilizing Social Security regulations and rules. Psychiatric Medical Consultants function as members of the adjudicative team and assist staff in determining eligibility for disability benefits. **REQUIREMENTS:** Current medical license in Washington State. Board Certified desirable. **REIMBURSEMENT:** \$51.83/hr. Interested psychiatrists should contact **Guthrie L. Turner, Jr., MD, MPH**, Chief Medical Consultant at (360) 586-4134 or the respective Area Manager: Olympia, Joy Justis (360) 586-4115; Renton, Frances Stine (425) 430-4811; Spokane, Dale McGruder (509) 625-5430.

**Pediatrician. Group Health** Permanente is currently seeking two pediatricians for Seattle-area facilities. We are a well-established HMO recently affiliated with Kaiser Permanente. Teaching opportunities may be available. Join a dynamic organization in an area close to recreational and cultural activities. For further information, call 800-543-9323 or fax CV and cover letter to (206) 448-6191. Equal opportunity employer.

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# PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

February, 1999



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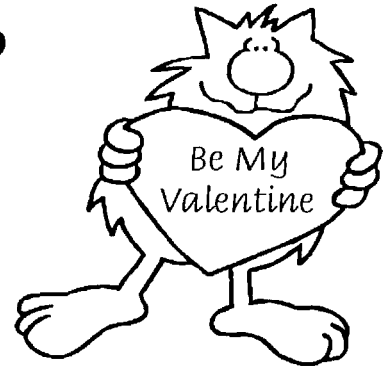
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PIERCE COUNTY MEDICAL SOCIETY  
**BULLETIN**

February, 1999



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*On the cover: The beach at Taholah Indian Reservation; Taholah, WA*

## Effective Physician Organizations

*A recap of Andy Dolan's talk at the PCMS Board of Trustees Retreat held January 9 at Fircrest Golf Club. The Board of Trustees was so impressed with Mr. Dolan's talk that he has been invited to address the April 13 General Membership Meeting*

by Jean Borst

At the PCMS Board Retreat, held at the Fircrest Golf Club on January 9, Dolan shared his views on effective physician organizations and offered his less-than-rosy assessment of the current state of affairs. While the situation looks bleak, Dolan did offer some valuable information and advice about physician organizations and some thoughts on the future. He explored the issues that have most affected physicians in recent years and how doctors have, in turn, responded to those issues. He addressed what typically goes wrong in physician organizations and offered some advice in making the organizations more effective. And, he shared his special brand of humor and candor that always make him a welcome guest of the Society.

### What's Been Going On?

Dolan began his presentation by reminding the audience that many of the factors affecting physicians today are external and basically out of their control. "Recent difficulties with carriers are not something that originated just within those particular carriers," he said. "Many of those problems come from the outside." Dolan explained that carriers are very tight with the business community, a relationship that originated in the 70s and 80s when double-digit inflation occurred and rates began to drop. "Carriers became saviors in the eyes of the business community," he said, but created problems for the medical community. Privatized public health care programs like Medicaid and Medicare resulted in carriers having more buying power and greater clout in the marketplace. "The gov-

ernment is now coming on board to increase that buying power," he added.

There are other external factors currently affecting physicians as well. Two major competitors are vying for health care dollars - hospitals and alternative medicine providers. Physicians more than ever need to be active and involved, as well as prepared for the changes ahead, because both factions will have a dramatic impact on the amount of money available in the health care system.

As a result of these trends, numerous complications have arisen. Dolan cited four major categories:

**Merger mania.** "Hospitals and carriers are aggregating their market power," he said, citing such examples as Regence and Multicare. "Physicians feel constrained to sign on because of the sheer size of these organizations."

**Regulatory Costs.** Dolan said regulatory costs are becoming increasingly high. "Putting together a deal now is so complex. Everything you do costs more."

**Intellectual Capital.** "As the complexities of the world increase, acquiring intellectual capital is needed, but is simply not possible for small organizations," Dolan remarked, adding that intellectual capital is really only gov-

see "Dolan" page 4



*Pictures from the Board of Trustees Retreat:  
Top: Jim Rooks, center, fixes Dr. Mark Gildenhar's glasses while Dr. Mike Kelley looks on.  
Center: From left, speakers Drs. R. Campbell McIntyre, Art Sprenkle and Don Storey talk with Dr. Richard Hawkins after their presentations  
Bottom: Drs. Jim Rooks, Maria Mack and Mike Kelley visit during the break*

## Dolan *from page 3*

ing to be available to larger organizations.

**Capitation.** "While the issue is still brewing, capitation really hasn't happened as expected," Dolan remarked. "And it's because doctors made too much money from capitation in the eyes of the carriers." He anticipates that a lot of carriers will go back to deep discounted fee-for-service.

As a result of the above occurrences, a number of different scenarios have emerged. For the most part, Dolan noted, physicians have tried to link up in one way or another, and have generally chosen from one of four paths:

**Doctors have gone to larger group practices** and smaller groups merged. The establishment of group practices "without walls" has increased and those mergers have enabled physicians to retain some regional autonomy while reaping some of the regulatory advantages of merging.

**Practices are linking more to networks** (primarily IPAs and PHOs). "The big question now," Dolan said, "is will physicians who belong to these operations allow them to negotiate all their contracts? I get calls all the time from physicians who are upset about contracts they've received from carriers, but they're uncomfortable saying no. The only way to get a better deal is to say no. But typically, carriers know you won't do that. It's likely these terrible battles will continue," Dolan said. "It's getting personal now, and I anticipate the contracts will get worse."

**Physicians went to work for systems.** These are typically hospitals but not in all cases.

**Physicians stayed in smaller practices** with the intention of wait-

ing out the storm. "I don't think there is a gleeful future ahead for smaller practices," Dolan said, "It's clear that the system is going to favor bigger organizations."

### Feeling the Fallout

Regardless of which path they have chosen, physicians in all types of practices and organizations are feeling fallout - in one way or another.

**Conflicts.** "There are huge conflicts between the primary care and specialty care communities," Dolan pointed out. "And there has been very little sensitivity to those conflicts as mixing the two groups has occurred within large organizations." Dolan also expressed special concern for ongoing conflicts between doctors and hospitals. "When a hospital goes out and negotiates a contract, it's negotiating two components - the amount of money that's going to come from the payer for physician services and the amount of money that comes to the hospital for hospital services. Is there a conflict of interest there? Yes! Am I troubled about it? I'd be less troubled if the hospitals would stop denying it and acknowledge the conflicts and create appropriate structures of dealing with them."

**Corporate Culture Shock.** Physicians lost a tremendous amount of autonomy in joining larger groups, Dolan noted. "Before, physicians were large frogs in small ponds, then they became tadpoles in the ocean." And it's more than business autonomy that was lost...financial and clinical autonomy faded as well.

Additionally, many physicians have simply had difficulty "getting along." In larger organizations, Dolan said, "going along to get along is expected and that's difficult for a lot of physicians. People who went to medical school were not typically ones to get along and many have to overcome their natu-

ral impulses to march to their own drummer."

As a result of these shifts in larger organizations and dealing with the dramatic changes in the way they practice medicine, Dolan has heard a lot of grumbling from physicians. "Physicians are not prepared for corporate culture change and many tend to do a lot of complaining about it.

**Interpersonal conflicts.** What if a physician doesn't ever get the hang of "getting along" within these organizations? Recurring interpersonal conflicts will eventually result in termination. Black marks will go on the physician's record; future employment could be jeopardized and could eventually lead to being put out of practice. "Disruptive physicians are becoming more prevalent as a result of the increasing pressure they're facing to conform to," Dolan said.

**Increased overhead.** "One of the reasons physicians go into larger groups is to have access to experts," Dolan noted. As a result, overhead increases.

### Now What?

"Without exception, I counsel people to get into larger groups," Dolan stated. "Carriers will cause greater problems if you're not in a larger group. At issue, then, is making a successful shift to these groups. Dolan shared the following advice for selecting groups to join and colleagues to link up with.

#### Pick Good People!

Pick people with clinical experience. (most important)

Pick people who are attractive to patients

Pick people who are professionally malleable (most overlooked)

Pick people who are likable

Pick people who are smart enough to get along in the New World

*see "Dolan" page 20*

# Physicians and Insurance Companies Working Together.... Can it Happen?

*Medical Directors discuss their views of the state of medicine with the Board of Trustees at the January 9 Board Retreat. The following highlights their comments.*

by Jean Borst

Wearing their "doctor hats" rather than acting in their administrative roles, the medical directors of three major insurance health plans sat down at the PCMS Board Retreat January 9 to discuss how insurance plans and physicians can work together.

Drs. Don Storey (Regence), Art Sprenkle (QualMed) and R. Campbell McIntyre (Premera) collectively agreed there is no single solution to the problems that exist at present. But they also concurred that "it is time to sit down and begin a constructive effort to join forces." When all was said and done, the following sentiments were overriding:

- ▶ We're all in business to provide quality health care, not make a profit
- ▶ Insurance companies are losing money and relying on their reserves
- ▶ We're all here to work for you not against you
- ▶ We are not the enemy...we are doctors and consider ourselves part of the profession.

Sprenkle kicked off the discussion with ...well...garbage. While serving in the legislature in Olympia in the mid 80s, Sprenkle was involved in the debate over the construction of garbage incinerators in Washington state. "It was a huge issue, and there was tremendous conflict between the sides. The debate involved excellent people who were very qualified at what they did but they didn't trust or like one another.

By sitting down together, we were able to develop a respect for one and we eventually got the job done without building all the incinerators. It took us a year just to develop a common understanding of what the issues really were and then we developed a pathway out. The situation we have here is very similar only much more complex. I'm cautiously optimistic that we can begin a constructive, sustained dialogue among us and at the state legislative level."

Things are happening already, Sprenkle added, citing the recent formation of the Medical Directors Forum of the Association of Washington Health Plans. "We're all doctors and have practiced in Washington state our entire careers," he said. "We haven't lost our credentials or our perspectives. We're exploring a lot of opportunities to make your lives better." Sprenkle noted that efforts are currently underway to standardize various issues to simplify procedures for physicians.

Don Storey agreed, "Although we are medical directors, we do consider ourselves still a part of the profession. We're not cut off behind enemy lines. I'm not saying we're going to agree all the time, but we still need to sit down together."

In his experience on the administrative side of medicine, Storey offered what he believes are "not common" sentiments and opinions of providers.

- Discussions of money are beneath a professional
- Insurers are evil and a parasite on the system
- Doctors will do the right thing if they are left alone

• Physicians derive much of their skill and value from "rugged individualism"

• We are professionals; we don't need to compete. Our education, training and obvious value will speak for us

• We are loved by the people. We will take our concerns/needs to the press and public opinion will rectify the wrongs

• Medical directors are no longer real doctors and are not one of us. "We are doctors, we just happen to have a different specialty." Storey noted.

"I feel as if organized medicine has not taken the initiative to focus on professional issues as opposed to business issues," Storey said. "A lot of conflicts that arise are in regards to business issues. If physicians led the high road in professional issues, there would be less of a problem."

Storey also offered his views on how physicians in Pierce County can improve patient care.

- ◆ Consider entire society as a patient and work for improved health of population
- ◆ Embrace concepts of managed care, such as accountability, outcome measurements, disease state management and standards HEDIS measurements
- ◆ Embrace the concept of value=quality/cost
- ◆ Political involvement for the good of the population served
- ◆ Support peer review and pressure/police yourself
- ◆ Understand and seriously grapple with the conflicting ethical prin-

see "Together" page 6

## Together *from page 5*

ciples of beneficence, autonomy, and social justice (distributive justice).

While quality of care is uppermost in the minds of all the players in the medical profession, R. Campbell McIntyre worries that quality is being compromised. In a diagram charting the relationship between quantity and quality of care, McIntyre noted that the medical profession is providing too much care and possibly jeopardizing the quality of what is being offered. "Things have changed dramatically in the last five years, but you better hang on for the next five," he cautioned. "A lot of things are colliding right now. Among the entities that are doing well right now are the pharmaceutical industry, hospitals and dentists. Insurers and physicians are not doing at all well."

Premera is now at year five of a downturn in profits, McIntyre noted. "Three years down turn and three years upturn is the norm. We are not in a survival mode. True, we're a nonprofit organization, but we're still a business and need a bottom line. We can only go on in this mode for so long." Both Storey and Sprenkle said their companies are sustaining similar losses.

In light of last year's outcry over

the Regence contract, board members were interested in knowing why insurance companies are offering questionable contracts and putting pressure on physicians to review, evaluate, sign and return the contracts within such a short time frame. "Personally," said **Dr. Mark Gildenhar**, WSMA Representative, "I feel it's a ploy to pressure doctors into making snap decisions rather than putting forth the 'working together' attitude that we're all trying to generate."

PCMS President, **Dr. Larry Larson**, added that he believes the biggest problem that exists today is that physicians lack the information they need to make decisions about insurance company contracts.

**Dr. Jim Wilson**, PCMS Past President, concurred, adding, "In general, as doctors we feel as if we're getting the message. 'Hey, get used to it. The times are changing. Sign the contract.'"

Storey, who agreed that the last Regence contract was poorly worded, encouraged physicians to contact medical directors in the future with their problems and concerns regarding contracts. He also reminded board members that Regence has experienced tremendous staff turnover in the last 18 months and believes the attitude within the organization is changing. "We really are trying to work with organizations," he said. ■

## Ben Blackett, MD discontinues surgery practice

*Editor's Note: The following letter was submitted to the membership of PCMS from Dr. Blackett*

Dear Pierce County Medical Society Colleagues:

I discontinued the surgical portion of my practice at the end of 1998. I did this with mixed feeling as I anticipate missing the surgical decision making most and the surgery itself second.

I will not miss dealing with insurance companies and "managed care."

I will continue with a medical practice consisting of independent medical evaluations and will continue my legal practice, which largely involves medical malpractice defense work.

I am yours truly,

**W. Ben Blackett, MD**



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## In Memoriam

### Cletus I. Stevens, MD



Steve was the first friend I met when we completed military service and entered pre-med summer school at Creighton University (Omaha) in June 1946. We remained friends until his death on December 30, 1998.

Steve was born in the very small farming community of Presho, South Dakota on August 29, 1922. His grade school and high school were all in one building. His Roman Catholic family had to drive to another community to attend church. Steve's strong faith formed the basis of his character and values and sustained him throughout his life and in the dying process.

During WWII, Steve served as the pilot of a B24 with the 389th Bombardment group of the 2nd Air Division, commanded by Col. Jimmy Stewart. Steve certainly qualified as a true war hero, flying in a set formation into Germany day after day with many of the other B24's around him being shot out of the sky. His intense loyalty to friends resulted in reunions with his crew as late as 1997 and contact until shortly before his death.

After the war, Steve did some brief work as a crop duster but decided his luck as a pilot was used up and quit flying altogether.

Steve graduated from the Creighton University School of Medicine in 1952, interned in Omaha and returned to South Dakota to practice in Mitchell. He came to Tacoma in 1956 to join me at the Northern Pacific Beneficial Association group and practiced in Tacoma until his retirement in 1989.

After graduation in 1952, Steve married Loretta Jameson, and they had five children - Christine, Mark, David, Karen and Kathryn. Steve was genuinely devoted to his family and the depth of that relationship was distinctly expressed by the care and devotion of his children during the last year of his life.

Steve was diagnosed with inoperable lung cancer in July 1996 but resolved to truly *live* in the remaining days of his life. Even following chemotherapy and radiation, Steve and Lorrie made several trips. Unfortunately, Lorrie was diagnosed with cancer in May 1997 and died in October 1997, a profound loss which Steve accepted with grace.

Steve epitomized the best of family practitioners. He enjoyed all aspects of medical practice, especially delivering babies and he excelled in the one-on-one relationships with patients, who brought the third generation in their families for his personal care. Even before CME, Steve strove to keep his medical knowledge updated. He was gratified by his associations with all levels of medical practitioners, who returned his friendship. He was one of the founders of Puget Sound Clinic, served on many committees in the medical community and was a Fellow in the Academy of Family Practice. He was also active in the St. Ann Catholic Church where he served on the parish council for many years.

Steve was my most cherished friend for 52 years. I enjoyed sharing medical practice with him, even more sharing our family camping, visiting his Presho family, observing his children grow and achieve, but most of all just being with him.

Steve was a gentle man, wise enough to enjoy his life while demonstrating those old fashioned virtues of devotion to family, church, community and his medical practice. I have certainly been blessed by having been his friend.

Thomas Skrinar, MD

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## February membership meeting - how to savor your work as a physician

David Grube, MD, will be the speaker at the February General Membership Meeting, Tuesday, February 9 at the Landmark Convention Center in Tacoma.


Dr. Grube will entertain and inspire you with anecdotes and illustrations that will help you really enjoy your work as a physician. His topic will be "How to Really Enjoy Your Medical Practice."

Since 1977, Dr. Grube has been a family practitioner at the Philomath Family Medical Clinic in Philomath, Oregon. He graduated from Lewis and Clark College in Portland and went on to the University of Oregon Medical School where he received his medical degree. From 1974 to 1979 he served with the U.S.P.H.S. National Health Service Corps in Grand Coulee, WA and in Philomath, OR.

Dr. Grube has received numerous honors, and has many affiliations. Among them are serving as President (1990) President-Elect, Speaker, House of Delegates, Vice-Speaker and Board of Director (1980-83, 1989-Present) for the Oregon Academy of Family Physicians. He has been a member of the Benton County Medical Society since 1977, serving as President in 1980. He served as a clinical instructor for the Oregon Health Sciences University, Department of Family Medicine from 1973-'79 and as a clinical associate professor since 1993.

Dr. Grube admits that his part-time speaking career was a direct result of recognizing that so many of his personal physician friends seemed unhappy. He couldn't understand why physicians in the richest country in the world, with the greatest resources, blessings left and right, and wonderful new diagnostic and treatment options, weren't happy and enthused about their profession. Beginning with a "slide show" of clinic bloopers for an office Christmas party and moving to a "humor" talk at the Oregon Academy of Family Physicians, Dr. Grube says his program has "grown and mutated." It is often called: "Bones Set, Blood Let, Wounds Patched, Babies Hatched." His goal is simple, taking notes and anecdotes from his daily practice, including quotes from other practicing physicians, incorporating medical cartoons and newspaper blunders, he tries to make people laugh by recognizing the fact that the beginning of growing (maturity) is the ability to laugh at ourselves and to see how funny we are. A part of what he offers is reminders that we must not only take care of patients, but also take care of our practices and, especially, ourselves; thus he attempts to rekindle the origins of motives for entering into medicine.

Mark your calendar for an entertaining and enjoyable evening with your colleagues. ■



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# The Invisible Hand....

## "Capitation"

*The same man cannot be well skilled in everything; each has his special excellence.*  
Euripides (c. 450 BC)

by Andrew Statson, MD

A few days after the recent election President Clinton stated that the items on the Patients' Bill of Rights will have high priority during the next legislative session. "We have to ensure that medical decisions are made by doctors, not by accountants," he added. Commissioner Senn said pretty much the same thing a few months ago - "Doctors should make the decisions about health care with their patients. The decisions should not be made by those who are economically invested." So far there has been no mention about capitation and it remains politically correct. When the inevitable abuses occur and come to the surface that tune will change.

Capitation was introduced in Britain some fifty years ago and worked quite well, at least at the beginning. Long waiting periods for hospital and other specialized services were not unusual, such as three months for a mammogram in the presence of a breast mass, six months for colposcopy in the presence of an abnormal Pap smear, two years or more for hernia repair or hysterectomy. That brought about private insurance and private hospitals where people who could afford the price would bypass the NHS. The backbone of the capitation system was the network of office based general practitioners. That has remained intact until now but is showing signs of strain. There is a plan to integrate the general practitioners into primary care groups. They will have to learn on their own whether groups can be managed more efficiently than private offices. At the

same time a debate is evolving on the issue of rationing health care. This all means that capitation is no longer able to control costs. Britons are no longer satisfied with the care they are receiving if they ever were.

Capitation worked in Britain because the British are a disciplined and traditionalist people. France wisely did not choose that system. It would not have worked there. The French are a very independent minded people, distrustful of authority. Even though in a different sense, so are the Americans.

Capitation presumes people are going to sign up with a physician who will follow them for many years. Changing physicians increases costs because of duplication of services. Every physician has to know enough about a patient to make a diagnosis and offer treatment. The quality of care also suffers because it is impossible to learn as much about a patient in one or even a few visits as someone who has treated him for years would know. In this country, however, patients frequently go from physician to physician, looking for the answer to their problem, until they obtain satisfaction. Frequently enough they are right in doing so. The idea of a magnetic card containing the entire medical record of a patient was kicked around. How often do you think the patients would bring it with them when they came for care? How complete and reliable do you think it would be?

The economic benefits of capitation derive from the long term care



Andrew N. Statson, MD

of a patient by the same physician, but there also is the subtle effect of the financial incentive to keep costs down. For a variety of reasons patients change physicians frequently. They move, they change jobs and insurance plans, or they simply consult different physicians for different problems. "We don't have patients, our patients have physicians," one of my attendings used to say. Since long term care is not such a big factor in actual practice, the financial incentive becomes the major player in keeping costs down.

Life in society brings about economic progress through joint effort, specialization and mass production. Specialization is in fact a natural process. The immense variety of biological organisms, each functioning in its own niche, is the obvious result. In areas of low population density, such as the American frontier, people had to make do. Even then some people were better with the hammer than with the sickle. As the population density increases people drift into the roles that feel comfortable.

In this respect, capitation is a step backwards. It puts us in the role of an insurance company. Pricing the product requires actuarial skills and market knowledge. These are the job of insurance companies. There are two possibilities here. Either we will be able to assume this role successfully and eventually bypass the insurance companies which will have to leave the business or we will fail and go out of the capitation business.

see "Capitation" page 10

## Capitation *from page 9*

My bet is on the latter.

Insuring risk is a serious business. The specialists in the field, the major insurance companies, have been wrong on many occasions in assessing risk. Probably all of them have underwritten some risks where they underestimated costs and lost huge amounts of money. Examples of such judgment errors in capitation contracts are beginning to appear. Already some medical groups and probably individuals have lost a lot of money on capitation gambles. For instance one common problem with pediatricians and internists is the adverse patient selection. People who select them do so because of a chronic condition that requires their expertise. Yet they are considered primary care providers for the purposes of capitation.

Risk assumption is one problem with capitation. The conflict of interest issue and the malpractice exposure that goes with it is even worse. We can be wrong in evaluating a patient and miss a significant problem. Failure to diagnose breast cancer for instance is one of the highest loss items in liability insurance. However, failure to diagnose in the presence of a financial incentive to deny care or not to spend enough time with a patient can be very difficult to defend.

In some short term studies capitation has been shown to reduce health care costs. Physicians have some leeway in choosing cheaper medications, tests or treatments. Most of the time they would be correct in doing so. However, if something should go wrong they have made themselves open to attack both for error of medical judgment and for the financial conflict of interest. This system may have worked in Britain for some time, but even there it seems to be in trouble. With American patients I am afraid it is a dangerous experiment and some of our colleagues are going to get hurt. ■

## Mrs. Pearle Baskin, arts backer and widow of Dr. Lester Baskin dies at 89

Pearle Baskin, long time supporter of the arts in Tacoma died in December at the age of 89. Mrs. Baskin was the widow of Dr. Lester Baskin, who was a long time PCMS member. Dr. Baskin served as president of the Society in 1972; he died in 1978.

The Baskins were active supporters of the Tacoma Philharmonic and the Seattle Symphony. They helped secure the old National Bank of Washington building at 12th and Pacific for the Tacoma Art Mu-

seum. The museum has a gallery named in honor of Dr. Baskin.

Mrs. Baskin met her husband in 1929 while both were attending the University of Illinois. They married in 1931 and moved to Tacoma in 1933. Dr. Baskin accepted an internship at Western Clinic where he began his career as a distinguished physician and surgeon.

In 1975, Governor Dan Evans honored Dr. Baskin with the Governor's Art Award for his contributions to the arts in Tacoma. ■



## Clean Air for Kids

### Asthma Prevention Program

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Clean Air for Kids is a partnership of the American Lung Association of Washington, Tacoma Public Schools, University of Washington, Puyallup Tribal Health Authority, Washington State Department of Health, Mary Bridge Children's Health Center, and The Tacoma-Pierce County Health Department which is dedicated to helping people learn more about ways to reduce asthma and health risks from pollutants in their home.

## Physicians Insurance suggests to keep some charts indefinitely

*Editor's Note: the following information is from "Physicians Risk Management Update" published by Physicians Insurance Exchange and recommends a change in how long to keep patient records.*

In the recent case *DeYoung v. Providence Medical Center*, the Washington Supreme Court voted 5-4 to void an eight year statute of repose for medical malpractice cases. The statute was declared unconstitutional because the court, in a very troubling opinion by Justice Madsen, found that the statute affected so few claims that there was no rational basis for the legislation. Also in the majority were Justices Dolliver, Smith, Johnson and Sanders.

Justice Alexander, joined by Chief Justice Durham and Justices Guy and Talmadge, wrote a very concise dissent. He pointed out that "statutes of repose are justified because they guard against untrustworthy evidence, stale claims and undue burdens placed on defendants." He went on to state "Sympathy for the plaintiff...is not enough to compel this court to jump into a time machine and undo what was done by the Legislature 22 years ago...This court cannot, after all, legislate - no matter how admirable its objectives might be in doing so."

After this case, it is still the law that ordinarily an adult patient has three years to file a malpractice case or, when the existence of a case is not discoverable, the patient has within one year after it becomes discoverable. The change is that there is no longer an eight year limit in the time to commence a lawsuit. Now, even if a case is not discovered for 15 years, the suit can be filed 16 years after the treatment.

Say, for example, that in 1989, a family practitioner sutured a wound and the patient developed a very

prominent scar. In 1998, the patient discovered that had the physician used a different technique, the scar would have been far less prominent. Under the old law, the patient cannot make a claim because the discovery of the potential negligence was made more than eight years from the date of the medical procedure. However, under the new law, the patient has 1 year from the date of the potential negligence was discovered. So, the question arises: How long should physicians keep inactive medical records?

We have always suggested that

policyholders keep inactive charts for 5 years after a patient's death, 10 years after the last visit and 20 years after treating pregnant women and infants. We have also advised policyholders that to be absolutely safe, they should keep inactive charts indefinitely. After the *DeYoung* case, policyholders may want to be safer. Now there is good reason to keep charts of some patients indefinitely - particularly when there is a bad outcome or any other concern for a potential claim. Otherwise, our 5-10-20 guideline remains a practical policy. ■

## Drs. Pattison and Farber selected to participate in end-of-life care program

**Drs. Mimi Pattison**, Gig Harbor Internist and **Stuart Farber**, Tacoma Family Physician, were among 270 physicians selected to participate in a new program being launched by the AMA's Institute of Ethics aimed at helping physicians improve end-of-life care provided to their patients.

The Education for Physicians on End-of-Life Care or EPEC Project will educate physicians in essential clinical competencies in end-of-life care, including palliative care, ethical decision making, symptom management, communication skills and psycho-social issues.

The EPEC curriculum, which has been designed with input from nationally respected experts in the field, combines didactic sessions, videotape presentations, interactive discussions and practical exercises. Physicians participating in EPEC are expected to share the skills and knowledge they learn with their colleagues.

"EPEC is very much a train-the-trainer program," Linda Emanuel, MD, PhD, principal investigator for EPEC said. "For it to be successful, participants have to take what they learn and share it with others. We're encouraging institutions and physician groups in Pierce County to contact these participants after they have completed the conference to see about setting up their own training sessions."

In all, approximately 450 health care professionals from around the world submitted applications to participate in EPEC. The first of four EPEC regional conferences took place in mid-January in Phoenix. Others will follow in Atlanta, Chicago and Boston in February and March.

"We wish we could have taken every applicant, they were all that impressive," Dr. Emanuel said. "But these workshops are going to be 'hands-on' and highly interactive. For that to happen, we had to limit the physicians participating." ■

## Medical Marijuana - Initiative 692, questions and answers

Since the passage of Initiative 692, the Department of Health has received numerous queries from health care providers, patients, and others asking how to obtain, prescribe or, in some cases, get a license to grow marijuana. Initiative 692 allows patients with terminal illnesses and persons with some chronic diseases described in the law to use and possess marijuana once they've received documentation from their physician. The law protects the physicians and primary caregivers of these patients against criminal prosecution and/or penalizing administrative actions. However, a number of questions about obtaining marijuana for medical use are not addressed by Initiative 692 and remain unanswered.

**Q: How do I obtain medical marijuana?**

**A:** Even with the passage of Initiative 692, marijuana cannot be legally purchased and there is no identified legal way to distribute marijuana. The new law only allows patients (who have written documentation) and their primary caregivers to jointly possess no more than is necessary for the patient's personal medical use. This quantity must not exceed a 60-day supply.

**Q: Is a license available to allow a person or firm to grow or sell marijuana?**

**A:** The initiative did not provide for a legal means of supplying marijuana. Therefore, no license to grow or sell marijuana is available.

**Q: How do I qualify as a patient?**

**A:** According to Initiative 692, for a person to qualify to use marijuana for medical reasons he or she must be 1) a patient of a licensed medical or osteopathic physician; 2) diagnosed by that physician as having a terminal or debilitating illness mentioned in the language of the law; 3) a resident of the state of Washington at the time of diagnosis; and 4) advised by that physician of the risks and benefits of the medical use of marijuana.

**Q: What type of documentation do I need to prove that I am a qualified patient?**

**A:** Initiative 692 requires that to qualify for use of medical marijuana, a patient must 1) have a formal statement signed by the provider or a copy of medical records, stating that in the physician's professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks; 2) have proof of identity, such as a Washington state driver's license or identicaid; and 3) present valid documentation to any law enforcement official who might question the patient.

**Q: Who can be the primary caregiver?**

**A:** Initiative 692 defines primary caregiver as a person who is 1) 18 or older; 2) responsible for the housing, health, or care of the patient; 3) designated in writing by a patient to perform the duties of primary caregiver; and 4) a caregiver to only one patient at a time.

**Q: How do I prove I'm a primary caregiver?**

**A:** A primary caregiver must keep 1) a copy of the patient's valid physician consent form and 2) a written statement designating him or her as primary caregiver. Upon request by a law enforcement officer, the caregiver must be able to present both written documents.

**Q: Will a physician prescribe marijuana for me?**

**A:** Physicians cannot legally prescribe marijuana. They can only advise or not advise its use for your condition as described in Initiative 692. Physicians, applying professional standards of care, may inform and counsel terminally ill patients and the chronically ill as to the risks and benefits of marijuana as medicine. ■



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Tuesday, April 13, 1999

Social Hour: 6:00 pm

Dinner: 6:45 pm

Program: 7:45 pm

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(Registration required by April 9. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

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# How to contact state, national lawmakers

For additional information about contacting legislators, please contact the Medical Society office. We will be happy to help you draft letters or make direct contact to legislative leaders regarding issues of concern. Please call Doug Jackman, Executive Director, 572-3667.

The status of legislation can be obtained by calling the **Legislature's toll free hotline (800) 562-6000**. The hearing impaired may call (800) 635-9993. The hotline makes it easy to leave a message or voice an opinion to lawmakers, even if you don't know their individual telephone number. It also provides an easy way to learn the status of a bill, which committee it's before, whether it's been scheduled for a floor vote or survived various deadlines for action. You may also call the hotline to learn the topics, time and location of committee meetings. A legislative meeting schedule is published weekly on Thursday. Mail subscriptions cost \$10 per year. For more information or a subscription form, call 1-360-786-7344.

Internet users may reach the Legislature at: [www.leg.wa.gov](http://www.leg.wa.gov) Users can view legislation and send e-mail to lawmakers and staff. Internet users also will have access to the state constitution, state laws, a list of legislators and a session calendar. The governor's home page can be viewed at [www.wa.gov/governor](http://www.wa.gov/governor)

**President Clinton** may be reached by writing to him at the White House, 1600 Pennsylvania Ave NW, Washington D.C. 20500; his message phone is (202) 456-1111. **E-mail: [president@whitehouse.gov](mailto:president@whitehouse.gov)**

Your U.S. Senators and representatives and state senators and state representatives may be contacted at the following addresses and telephone numbers:

**U.S. Senators: Senator Slade Gorton (R)**, 730 Hart Senate Building, Washington, D.C. 20510-4701. Phone: 202-224-3441 (D.C.) or 253-581-1646 (Lakewood). Fax: 202-224-9393. **E-mail: [senator\\_gorton@gorton.senate.gov](mailto:senator_gorton@gorton.senate.gov)**

**Senator Patty Murray (D)**, 111 Russell Senate Building, Washington D.C. 20510. Phone: 202-224-2621 (D.C.) or 206-553-5545 (Seattle). Fax: 202-224-0238. **E-mail: [senator\\_murray@murray.senate.gov](mailto:senator_murray@murray.senate.gov)**

**U.S. Representatives: Rep. Norm Dicks (D-6th District)**, 2467 Rayburn House Building, Washington D.C. 20515. Phone: 202-225-5916 (D.C.) or 253-593-6536 (Tacoma). Fax: 202-226-1176.

**Rep. Adam Smith (D-9th District)**, 116 Cannon House Office Building, Washington D.C. 20515. Phone: 202-225-8901 (D.C.), 253-926-6683 (Tacoma) or toll free 888-764-8409. Fax: 253-926-1321.

**State offices:** The phone number of **Governor Gary Locke's** office is 360-902-4111, Olympia. Write to him at: Legislative Building, PO Box 40002, Olympia, 98504-0001. His Fax is 360-902-4110. His home page address is [www.wa.gov/governor](http://www.wa.gov/governor)

**Write to state representatives** in care of the Washington House of Representatives, PO Box 40600, Olympia 98504-0600. **Write to state senators** in care of the Washington State Senate, PO Box 40482, Olympia 98504-0482. The central Senate Fax number is 360-786-1999. The House has no central Fax number.

## Legislators, by district, Olympia phone number and e-mail address:

### 2nd District (South Pierce County)

Sen Marilyn Rasmussen-D, 786-7602

[rasmusse\\_ma@leg.wa.gov](mailto:rasmusse_ma@leg.wa.gov)

Rep Roger Bush-R, 786-7824 [bush\\_ro@leg.wa.gov](mailto:bush_ro@leg.wa.gov)

Rep Tom Campbell-R, 786-7912 [campbell\\_to@leg.wa.gov](mailto:campbell_to@leg.wa.gov)

### 25th District (Puyallup, Sumner, Milton)

Sen Calvin Goings-D, 786-7648 [goings\\_ca@leg.wa.gov](mailto:goings_ca@leg.wa.gov)

Rep Jim Kastama-D, 786-7968 [kastama\\_ja@leg.wa.gov](mailto:kastama_ja@leg.wa.gov)

Rep Joyce McDonald-R, 786-7948

[mcdonald\\_jo@leg.wa.gov](mailto:mcdonald_jo@leg.wa.gov)

### 26th District (NW Tacoma, Gig Harbor, South Kitsap)

Sen Bob Oke-R, 786-7650 [senate\\_26@leg.wa.gov](mailto:senate_26@leg.wa.gov)

Rep Pat Lantz-D, 786-7964 [lantz\\_pa@leg.wa.gov](mailto:lantz_pa@leg.wa.gov)

Rep Tom Huff-R, 786-7802 [huff\\_to@leg.wa.gov](mailto:huff_to@leg.wa.gov)

### 27th District (North Tacoma, East Side)

Sen Lorraine Wojahn-D, 786-7652 [wojahn\\_lo@leg.wa.gov](mailto:wojahn_lo@leg.wa.gov)

Rep Ruth Fisher-D, 786-7930 [fisher\\_ru@leg.wa.gov](mailto:fisher_ru@leg.wa.gov)

Rep Debbie Regala-D, 786-7974 [regala\\_de@leg.wa.gov](mailto:regala_de@leg.wa.gov)

### 28th District (W. Tacoma, Univ. Place, Fircrest, Lakewood)

Sen Shirley Winsley-R, 786-7654 [winsley\\_sh@leg.wa.gov](mailto:winsley_sh@leg.wa.gov)

Rep Mike Carrell-R, 786-7958 [carrell\\_mi@leg.wa.gov](mailto:carrell_mi@leg.wa.gov)

Rep Gigi Talcott-R, 786-7890 [talcott\\_gi@leg.wa.gov](mailto:talcott_gi@leg.wa.gov)

### 29th District (South Tacoma, South End, Parkland)

Sen Rosa Franklin-D, 786-7656 [franklin\\_ro@leg.wa.gov](mailto:franklin_ro@leg.wa.gov)

Rep Brian Sullivan-D, 786-7996 [sullivan\\_br@leg.wa.gov](mailto:sullivan_br@leg.wa.gov)

Rep Steve Conway-D, 786-7906 [conway\\_st@leg.wa.gov](mailto:conway_st@leg.wa.gov)

### 30th District (Northeast Tacoma, Federal Way)

Sen Tracey Eide-D, 786-7658 [eide\\_tr@leg.wa.gov](mailto:eide_tr@leg.wa.gov)

Rep Maryanne Mitchell-R, 786-7830

[mitchell\\_ma@leg.wa.gov](mailto:mitchell_ma@leg.wa.gov)

Rep Mark Miloscia, 786-7898 [miloscia\\_ma@leg.wa.gov](mailto:miloscia_ma@leg.wa.gov)



## Satellite Teleconferences

These opportunities for free continuing medical education are sponsored by the Tacoma-Pierce County Health Department. All teleconferences will be held at the Willard Resource Center, 3201 South D Street, Tacoma.

"Preparing for the Next Influenza Pandemic", February 25, 1999; 10:00am to 12:30pm. Offered by the Centers for Disease Control. Epidemiologists agree that the probability is high that another dangerous new strain of the flu virus will emerge. This teleconference will discuss guidelines to prepare for the next pandemic, its anticipated vaccine shortage and disruption of social and community services. Call (253) 798-6410 (press "0") to reserve. Call early as space is limited.

"Effective STD/HIV Prevention Counseling for the Busy Primary Care Provider," March 18, 1999; 9:00am to 11:00am. Offered by the National Network of STD/HIV Prevention Training Centers. Designed for physicians, ARNPs, PAs and nurses who provide care for persons who have or are at risk for STDs. Call (253) 798-6410 (press "0") to reserve.

"Epidemiology and Prevention of Vaccine-Preventable Diseases", March 25, April 1, April 8 and April 15, 1999. Two and one-half hours each telecast (times TBA). Offered by the Centers for Disease Control. Call (253) 798-6410 (press "0") to register. ■

## New Rotavirus Vaccine available soon

In December 1998, the American Academy of Pediatrics Committee on Infectious Diseases issued guidelines for the use of the new rotavirus vaccine which was licensed by the FDA in August. Locally, the vaccine is expected to be available prior to mid-year 1999.

Rotavirus is the most common cause of severe diarrhea in children in the United States. Almost all children have one or more rotavirus infections in the first 5 years of life. Each year in the U.S., rotavirus causes 500,000 physician visits and 50,000 hospitalizations. It is highly infectious. The fecal-oral route is the most common mode of transmission and common source outbreaks with person-to-person spread do occur. Clinical manifestations range from asymptomatic shedding to life-threatening gastroenteritis with severe vomiting and diarrhea. The infection is most common in winter.

The new vaccine is called Rotashield and is a live attenuated tetravalent vaccine. In four placebo-controlled randomized trials, three doses of vaccine gave a vaccine efficacy of 70-95% against severe rotavirus diarrhea and about 50% efficacy against any diarrhea caused by rotavirus. The vaccine is given by mouth at 2 months, 4 months and 6 months of age, along with the other routine infant immunizations. The first dose can be given as early as 6 weeks of age and the minimum interval between doses is 3 weeks. The first dose is not recommended to be given to infants older than 6 months of age and the maximum age for completing the 3 dose series is 12 months. The series should not be completed if the infant has reached 12 months of age without having received all 3 doses. Special efforts should be made to immunize prior to the anticipated annual onset of rotavirus disease activity in their lo-

cal communities.

Increased rates of fever have been reported after the first and second doses, but the fever is generally mild and limited to less than 24 hours. Initiation of the series after age 6 months is contraindicated as fevers are more pronounced in clinical trials (probably due to decreased maternal antibody).

The vaccine is contraindicated in infants who are allergic to aminoglycoside antibiotics, amphotericin B, or monosodium glutamate which are components of the vaccine. Infants with moderate or severe febrile illness and infants with known or suspected immune compromise. It is not recommended for children with acute vomiting or diarrhea and consideration should be given to immunizing children with gastrointestinal tract disease until further data are available. ■

## MMR Update

The Tacoma-Pierce County Health Department recently recommended that children immunized against Measles, Mumps and Rubella (MMR) in countries of the former Soviet Union be revaccinated with MMR. We have learned that Rubella was not routinely administered and subsequently these children may not be adequately protected. If these children have not received a dose of MMR upon or after arriving in the United States, we recommend that they receive a dose of MMR vaccine now.

MMR vaccine is routinely administered at 12-15 months of age and a second dose can be given as early as Kindergarten entry, but is required prior to entering 6th grade. The second dose is required for adequate protection against rubeola; immunity for rubella is achieved after one vaccination. If you have questions please call Cindy Miron at 798-6556. ■

## Cyber Stocks

**The Street** at <http://www.thestreet.com> is constantly touted as one of the finest financial Web sites on the Internet. Very well-designed, this site is like waking up in the morning and reviewing your Wall Street Journal over a thick cup of black coffee. Here you'll find a scrolling ticker of all the major domestic and foreign indexes, basic front-page financial editorial and the ability to drill down and absorb, if you want, massive amounts of detail on markets, companies, funds, commentary and current news.

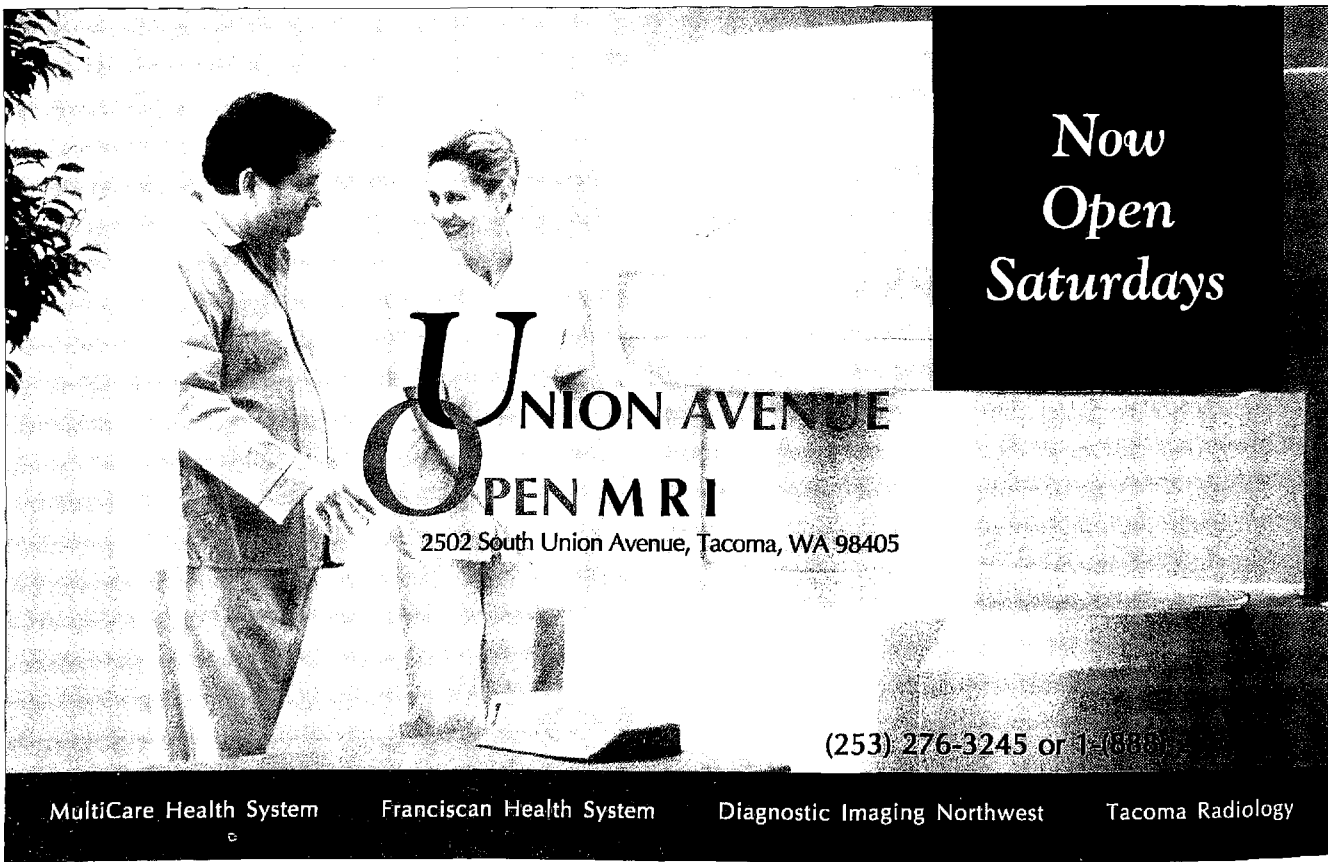
No listing of Internet financial sites would be complete without **The Motley Fools** at <http://www.fool.com>

whose motto is "To Educate, Amuse and Enrich." This site is packed with valuable financial information. The ubiquitous stock quote capability is augmented with interesting on-line polls, review of specific stocks, news from a variety of sources, access to on-line trading and similar kinds of information.

If it's a stock quote you're after, or a review of the upward progress of your mutual fund, why mess around with a simple daily quote? Take a look at **Big Charts** at <http://www.bigcharts.com> and you'll be able to review charts compiled and displayed in more ways than you ever thought you wanted. The simple historical chart is an excellent way to begin to acquire an overall sense of your stock, index or fund. You can also review stock sectors

(there are more than 1,100 from which to choose), get historical quotes and access one of the best on-line finance bookstores on the Web at <http://www.franchise.fantasticshopping.com/traders-bigcharts>.

Believe it or not, the stuffy but informative Wall Street Journal has an excellent Web site at <http://www.wsj.com>. The catch, of course, is that you have to pay to use it. If you're familiar with the print edition, you'll find much of the same information here, with some additional connected pieces impossible to convey on paper (hence, "interactive edition"). For example, it is constantly being updated, so regardless of where or when you read it, it's current. A subscription is \$49 per year but WSJ Interactive offers a free two-week trial. ■



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# In My Opinion



## "You 2 Kan Have Healthcare Access"

*"Ask not what you can do for your country, ask what your country can do for me."  
Ted Kennedy, 2001*

by Nichol Iverson, MD



*Nichol T. Iverson, MD*

In the face of the frenzied impairment proceedings that are under way in the Senate, Medicare has raised its ugly head again in the process of practicing medicine for us. The latest effort, specifying which medications can be used for prostate cancer, is a portent of meddling to come.

The concept of our federal government being the medical testing ground for America's future needs to be explored before the millennial bug infects us all. Using the seven gazillion federal workers, especially the members of the legislature, the judicial department and the executive branch will give us a perfect chance to experiment with a system of health care delivery that will be in the best interests of the country. Bill "the head case" Clinton, along with his wife Biliary will be the index cases for this far flung system. In the unlikely event Slick Willy gets the shaft from the Senate, Al "the matador" Gore along with his wife Skipper will take up the sword to slash the runaway medical costs. The essence of this experiment is novel. Our feckless leaders will devise a system that they must follow. The punishment for using any medical system outside of the Initiative Trial would be the death penalty, a trip to the Kevorkian Clinic, or a life sentence of listening to rap music.

Using a Town Meeting format, our government leaders will argue amongst themselves about how they will be treated and which technolo-

gies will be available to them. Our state to the south used this method to come up with the famous "Organ Decisions" to help define utilization and rationing in order to see who gets who's organs. Used pianos can be substituted when organs are in short supply. There will be a system of queuing to arrange for surgeries, strict formularies for pharmaceuticals and those lucky physicians and nurses who will make up the caregivers will be part of a new health service. This Health Experiment Advice Department Service, will be run by a random selection of physicians who can apply for this noble experiment provided they speak little English and have had no training in the United States.

The initial phase of this process will undoubtedly show our heads of government working at their best. Can you picture the leaders in Washington, under the constant scrutiny of the press and the public, realizing the implications of "their" system would create rationing for themselves first! Ha. Can you see the great Kennedy's realizing that

their personal billion dollar socialized pockets have suddenly been sewn shut. How about those poor, poor Republicans as they face a potentially fatal disease without any options outside of the "system." I love it! Let those pants droppers and infidels suffer the consequences of their great idealism before foisting it upon the public. Can you see these rich dudes suddenly stuck, helpless as they wait their turn, or discovering that the rules of treatment do not apply to them because they are too old. Or too wicked.

Some of my other opinions have been rather stupid at best and not particularly responsible at their worst. **This idea has got to fly.** We need to take this message to our elected government officials and cram it down their scandalous throats. In the unlikely event this idea does not seem to be particularly popular to the DC gang, the Social Health Initiative Trial will be dumped by its own Health Experiment Advice Department Service, which will spell its doom. ■

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## New Millennium countdown underway - are you ready?

With the beginning of 1999, year 2000 (Y2K) computer system compliance efforts should be well underway in all practice settings. At the very least, the basic elements of a Y2K compliance plan should be in place. Practices should be budgeting staff time as well as money to assess Y2K compliance and to resolve Y2K related problems that arise.

One of the most serious Y2K issues affecting medical practices is the possible interruption of cash flow. The WSMA has been communicating with major health plans to ascertain their Y2K readiness. In addition, the WSMA and the WSHA has asked the 13 largest

health plans in the state to sign a statement committing their organizations to the concept of revenue averaging in January 2000, should the need arise.

The FDA is warning hospitals, emergency medical services and physicians that some medical devices may not have transitioned from December 31, 1998 to January 1, 1999. While there does not appear to be any risks to patients, improper transition from 1998 to 1999 could result in inaccurate records.

At the national level, a Y2K class action lawsuit against Medical Manager Corp, a publicly traded software vendor has recently been

settled. As a result the company will provide a free upgraded version of its practice management product to thousands of purchasers. The popular software product is used at approximately 25,000 sites encompassing 110,000 physicians, with approximately 75% of Medical Manager's customers using a non-Y2K-compliant software version. The settlement will cost Medical manager Corp. \$1.455 million. Once approved by a judge, eligible participants will receive notices in the mail that will explain the settlement options in detail. ■

*From WSMA Membership Memo, January 8, 1999.*

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# the Pulse

## Pierce County Medical Society Alliance

### President's Message



Nikki Crowley

Well, we are well into the new year and will soon be looking for spring flowers and more daylight. Aren't those

happy thoughts?

The Alliance recently gave away \$19,879 to good causes in our community. Thanks to you, supporters of the Holiday Sharing Card, we were able to contribute in this generous manner.

As we look toward spring, we will also be looking to graduation. If any member of your family will be graduating soon, please let us know so that we may include the information in our annual June graduation announcement. Call **Alice Yeh** (see adjacent article) or me with the information.

We are currently updating our membership roster and need correct addresses. If your address has changed or needs updating please call me, 922-7233.

And, once again, we need participants in our Alliance. If you know anyone who might be interested in joining, please invite them to our



March Membership Meeting. It will be held on **Tuesday, March 30 at 10 a.m. at the home of Fran Thomas, 3224 Horsehead Bay Drive NW in Gig Harbor.** Please call Fran (265-2774) or me to make your reservation. We will have coffee and our program for the morning will feature **Julia Mueller** sharing her character watch collection and the history of character watches.

I look forward to seeing you in March. ■

### Send us your graduation info

Please report any person in your family graduating this spring for our June graduation announcements. High school, college, trade school, etc. Moms, dads, students, etc. Please include the following information:

- Name
- School
- Degree/Recognition
- Future Plans
- Special achievements

Please contact **Alice Yeh**, 756-0578 or fax the information to her at 756-6744. You may also contact her by e-mail at [wenyeh@wa.net](mailto:wenyeh@wa.net). Be sure and let Alice know how to get in touch with you in case she has any questions.

Thank you. ■

### Philanthropic funds (\$19,897) dispensed

Wow! Thanks to a very generous Holiday Sharing Card, the Philanthropic Committee met on Friday, January 7 at the Harmon. We added \$5000 to our philanthropic funds and dispensed \$19,897.00 to the following:

- \$5000 Family Renewal Shelter
- \$4000 PCMS Hospice Study
- \$2897 Baby Think it Over (Classroom set of 10 babies)
- \$2000 Neighborhood Clinic
- \$2000 SANE/SARC
- \$1500 Tacoma Area Literacy Council
- \$1500 PLU Wellness Center
- \$1000 Emergency Nurses Care

Thanks to **Nikki Crowley, Kathy Samms, Sue Wulfestieg, Yolanda Bruce, Mary Cordova** and **Melinda Rajacich** for your help. ■

**Fran Thomas**  
Philanthropic Chair

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## Dolan *from page 4*

**Determine what type of practice you want.** Ask yourself, do you go with a single-specialty or multi-specialty? Are you interested in a single or multi-geographic area?

**Consider economies of scale.** You have to become as big as you carefully can because that's where the economies of scale are.

**Accept that you need intellectual resources.** You need to have smart people to help you and it costs money.

**Keep the lines of communication open.** This is critical!

**You have to yield to others.** You're no longer the boss

**Remain open to dramatic changes**

### Some Parting Words of Advice

"Keeping organized medicine strong is vital," Dolan said, "You have to have someone outside of these structures that can question, cajole, prod, provoke and analyze these guys...someone who is not compromised by these opposing organizations." Additionally, Dolan strongly advised physicians that being politically active is critical. "Nonphysicians play the game harder," he said. "You need to be enthusiastic and participate at a higher level than you are now."

"I do not think there's a single solution to the problems," Dolan said in closing. "No major issues in health care reform have arisen. No one has the answer. There are no big, looming proposals for fixing this game." And, he added, there are no entities in Washington state working to bring divergent players together. "Resistance to serious change is now greater than it's ever been. While the business community and payers will retain a strong relationship, no one is interested in playing a convening role." "In the meantime," he said, "we should stop complaining. It could be worse." ■

## Applicants for membership

### Abdullah, Bisher A., MD; Pediatrics/ Pediatric Gastroenterology

Practices at 314 MLK Jr Way, #202, Tacoma 98405; 552-1511

Medical School: Damascus University School of Medicine

Residency: Medical College of Ohio

Fellowship: Riley Hospital for Children

### Chan, Christopher Y., MD; Family Medicine

Practices with Cornerstone Family Physicians, 5922 100th St SW, #26, Tacoma 98499-2751; 588-0756

Medical School: University of Alberta

Internship: University of Alberta

Residency: University of Alberta

### Ginocchio, Christopher J., MD; Neurology

Practices at 915 6th Ave, #2, Tacoma 98405; 383-5056

Medical School: University of California School of Medicine- San Diego

Internship: Good Samaritan/Emanuel Hospital

Residency: Oregon Health Sciences University


Fellowship: Duke University Medical Center ■

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# COLLEGE OF MEDICAL EDUCATION

## HIV Infections CME scheduled for February 26

Registration is open for the HIV Infections CME scheduled for Friday, February 26. This popular conference is once again developed by local HIV expert **Alan Tice, MD** and will be held at St. Joseph Medical Center, Rooms 1A & B.

Designed for all physicians, the conference will serve as a timely update regarding developments in HIV infections and AIDS. The course will feature national, regional and local experts.

This year's conference will include presentations on local HIV developments and will focus on elements of HIV management and treatment. The program will feature the following addresses:

- ◆ Local Developments in HIV Care
- ◆ Assuring Access to Care
- ◆ HIV Medications: Problems & Solutions
- ◆ Update on Anti-Retroviral Therapy
- ◆ New Frontiers in HIV Care
- ◆ Challenging Cases ■

## CME and Mariners (and sun), set for Phoenix on March 3-7

The second CME & Mariner's Spring Training course in Phoenix is open for registration. The actual course is on the mornings of March 4-6. **Richard Hawkins, MD** is the program director.

A program brochure that details planning for travel and hotel logistics was mailed in December. The brochure also includes a CME schedule and registration information. Please call the College at (253) 627-7137 if you need a brochure.

Flights to Phoenix during March often sell out. ACCORDINGLY, WE URGE YOU TO TIE DOWN THOSE PLANE RESERVATIONS NOW. Olympus Travel can handle your flight arrangements. Specifically, MARILYN, is prepared to as-

sist you in securing these seats. Call Marilyn at (253) 565-1213.

The Cactus League schedule has been finalized and it appears the Mariner's will play on their home field in Peoria on March 4 and 6 and in Mesa (across Phoenix) on March 5.

The College has selected the Embassy Suites Phoenix-North for conference headquarters. The large and beautiful hotel is conveniently located close to the Mariners Peoria stadium and offers reduced and competitive rates for complete two-room suites that include a private bedroom and separate living area with sofa bed. You may make reservations at (602) 375-1777 and identifying yourself as part of the C.O.M.E. group. ■

## Internal Medicine Review - 1999 scheduled for March 11-12

The Tacoma Academy of Internal Medicine's annual two-day CME program is open for registration. The program offers a variety of timely internal medicine topics. The review was organized this year by **Surinderjit Singh, MD**.

The program offers 12 Category I CME credits and is available to

members of the Academy and all other area physicians. The program will be presented in the new Lagerquist Conference Center, Rooms 1A & B at St. Joseph Medical Center.

To register, or for more information, call the College at 627-7137. ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, February 26	Review of HIV Infections	Alan Tice, MD
Thursday-Saturday March 4-6	CME & Mariners Spring Training	Richard Hawkins, MD
Thursday-Friday March 11 - 12	Internal Medicine Review	Surinderjit Singh, MD
Friday, April 23	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday, May 15	Surgery Update 1999	David Magelssen, MD
Friday, May 21	Law & Medicine	Joseph Just, JD Nicholas Rajacich, MD

## A short course in human relations

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- The **FOUR** most important words: *"What is your opinion?"*
- The **THREE** most important words: *"If you please."*
- The **TWO** most important words: *"Thank you."*
- The **ONE** most important word: *"We"*
- The **LEAST** important word: *"I"*

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**Franciscan Medical Group.**

Franciscan Medical Group is a multi-specialty group practice in the South Puget Sound area of Washington. We currently have several opportunities available for *board certified/board eligible physicians* in all primary care specialties as well as selected sub-specialties. FMG is an affiliate of Franciscan Health System, a member of Catholic Health Initiatives. If you are interested in exploring these opportunities, please contact Norma Larson at: (253) 539-9702 or fax your CV to (253) 539-7981. EOE.

**Radiation Oncologist. Group**

Health Permanente is currently seeking a board certified/board eligible radiation oncologist interested in locum tenens coverage for an extended period of time. This employed full-time position could begin immediately and continue until summer. For further information, fax CV and cover letter to (206) 448-6191 or call (206) 448-6543. Equal employment opportunity.

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**Medical Consultant position available.** The State of Washington, Division of Disability Determination Services, seeks psychiatrists to perform contract services in the Olympia, Renton and Spokane area offices. Contract services include the evaluation of mental impairment severity from medical records and other reports, utilizing Social Security regulations and rules. Psychiatric Medical Consultants function as members of the adjudicative team and assist staff in determining eligibility for disability benefits. **REQUIREMENTS:** Current medical license in Washington State. Board Certified desirable. **REIMBURSEMENT:** \$51.83/hr. Interested psychiatrists should contact Guthrie L. Turner, Jr., MD, MPH, Chief Medical Consultant at (360) 586-4134 or the respective Area Manager: Olympia, Joy Justis (360) 586-4115; Renton, Frances Stine (425) 430-4811; Spokane, Dale McGruder (509) 625-5430.

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# BULLETIN

March, 1999



## **Legislative Summit educates physicians about the importance of state government and the legislative process**

*See page 6-7*

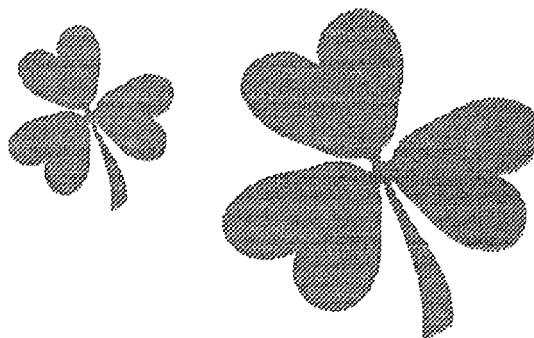
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  - 9 **April General Membership Meeting to feature Andy Dolan, JD, Ph.D.**
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  - 16 **Retired members to meet for lunch and 'Vintage Car Racing' update by Cordell Bahn, MD**
  - 18 **College Whistler program featured fun, sun, mountains and snow - reviewed in pictures**
-

# PIERCE COUNTY MEDICAL SOCIETY BULLETIN

March, 1999



**PCMS Officers/Trustees:**

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# President's Page.....

## The Seven Tenets of Practice in Pierce County



*Lawrence A. Larson, D.O.  
President, 1999*

A popular genre in this past decade has been the self-help books. Spawned from this has come the "Tenet" books. Books that try to list principles of success. This struck me as an interesting exercise for a president's page. My list reflects what I have learned from the Pierce County medical community over the past 20 years. Many of you, the readers of this president's page, are the authors of these tenets. I must admit that attempting to produce this list is a bit difficult, not only because I would like the tenets to be comprehensive but also once produced I may need to live by them.

I thought of writing this when I was in Olympia at the WSMA Legislative Day. It struck me that making healthcare legislation is such a daunting task and that possibly producing a list of principles might help guide our decisions. Thus my list follows:

1. **Honesty**
2. **Keep Current**
3. **Keep patients and families needs first**
4. **Maintain collegial relationships with peers**
5. **Keep balance in your life**
6. **Be a mentor**
7. **Know the business of medicine**

**Honesty** - Honesty is basic to the practice of medicine, because honesty is the essential ingredient to trust and trust is what allows us to be a competent healer. Our patients expect us to be their advocates in healthcare, helping facilitate critical medical decisions with a clear and

honest understanding of medical knowledge and the scientific process. We are the resource in this community that is best equipped to assess appropriateness of care.

**Keep Current** - The half-life of medical knowledge is estimated to be five years. With a knowledge base changing so rapidly we need to be lifelong students. The challenge is to find time to stay academically appropriate and to understand how to access the resources available - CME courses, journals, reviews, computers, and peers. PCMS has done a great service in support of CME and computer literacy for physicians.

**Keep patients and families needs first in our medical practices** - I am constantly reminded that health care is best served when we first consider patient and family concerns. This is a simple principle that is one of our best allies in improving the health of our community. Efforts and programs that support this tenet are the most professionally satisfying and enduring.

**Maintain collegial relationships with peers** - In this business oriented competitive world we may find adversity with colleagues. We need to keep in mind that our similarities in purpose far outweigh any business conflicts. The PCMS provides an excellent forum to discuss our differences and arrive at the desired "win-win" solutions.

**Keep your life balanced** - Take an appropriate amount of time for your profession, family, community, and self. This is a difficult task. Medicine demands so much of our time and energies. For longevity and a

satisfied mind, balancing our profession with time for family, community and self-fulfilling interests is imperative.

**Be a mentor** - Provide time for others to learn from your experience. Invite a colleague to share professional experiences. Get involved with teaching the youth of our community, medical students, and paramedical professionals. Our education, perspective, and abilities are a great resource. Share your fortunes with those less fortunate - your intellect, talent, energy, spirit, and resources.

**Know the business of medicine** - Much of what we are capable of providing patients and families involves our approach to contracting and management of resources. We need to stay in the forefront of these decisions and not transfer the business decisions to non-physicians. We provide a unique insight into healthcare management that cannot be learned in business school. Much of our discontent with the changing practice of medicine can be alleviated by our active role in the business process.

These tenets have been taught to me by many of my colleagues in Pierce County. They are noninclusive and may differ from those which you would list. I would welcome your comments and additional principles of practice which may help generate a more comprehensive list. ■

*LAL*

# Escalating danger of driving makes 'graduated' licensing a life-saver

*Editor's note: This editorial, written by Cecil Snodgrass, MD, Puyallup emergency and family physician, is reprinted from The News Tribune, 12/21/98.*

Driving is a privilege granted by the state, not a right. It is the responsibility of the state to develop minimum standards of competence in this, as in all forms of licensing.

The state's continual growth and the escalating danger presented by our overburdened road system poses an ever-increasing challenge even to experienced drivers.

"Graduated licensing is not a plot to "penalize young drivers who observe the rules," as The News Tribune suggested in its December 14 editorial. It is an attempt to provide increased behind-the-wheel experience for the novice driver in more controlled situations. (Editor's note: The editorial supported proposed legislation that would impose restrictions on novice drivers only after they committed one or two driving infractions.)

Driver error accounts for 82% of fatal crashes among 16-year-olds; their nonfatal crash rates are nearly four times those of adults. Thirty-five percent of teenage deaths are attributable to motor vehicle accidents, accounting for more than 5,000 deaths a year nationwide. These elevated death rates are due to impulsiveness, poor judgment and most importantly, lack of practical driving experience.

Graduated licensing is a concept, not a particular system. Implementation varies from state to state, but the concept of increasing privilege dependent on a period of experience and proven responsibility is universal in the states that follow this policy. Restricting the time and manner of driving in stages allows

the novice driver to acquire road experience in a variety of settings under the supervision of an adult.

Nighttime restrictions are especially effective considering that 40 percent of teen driving deaths occur after 9pm while less than 10 percent of teen driving occurs during this period.

Three recent fatal accidents close to home highlight the need for a change. On December 7 in Federal Way, a 17-year-old student was killed in a crosswalk by a 17-year-old driver passing a stopped school bus. On December 11, a 33-year-old Eatonville woman was killed when a 16-year-old driver crossed into oncoming traffic. On September 23, a 16-year-old Orting boy was killed when two other 16-year-old drivers in separate cars attempted to pass a third vehicle at the same time.

Who supports graduated driver licensing? The Washington State Medical Association, the American

Academy of Pediatrics, the American College of Emergency Physicians, Mothers Against Drunk Driving (MADD) and numerous other organizations concerned with the safety and well being of our youth.

We are the ones who pick them up and pray that they live. We have to make the calls in the night that no one wants to make or receive. We sit with you and relate the details of life and death.

It requires 1,600 hours of training to cut hair, but only 34 hours to obtain a driver's license. Considerations of convenience and cost aside, we have a responsibility to prepare the novice driver as thoroughly as is reasonably possible.

Graduated driver licensing works and is saving lives in states where it is used. We must adequately prepare our young adults for this rite of passage; their lives depend on it. ■

*Dr. Snodgrass is the medical director of the Puyallup Fire Department*

## 1999 Physicians Directory being printed, to be distributed in March

The 1999 issue of the annual PCMS Physicians Directory is currently being printed. Due to the many changes for the 1999 book, production was slowed to accommodate new office addresses and phone numbers.

Forty-five hundred books are printed and distributed to physician offices, hospitals, nursing homes and other health related agencies.

Each PCMS member receives one free copy of the book which is sent to their residence. Additional copies are available to members at a reduced cost.

Changes will be printed in the *Bulletin* each month to keep the information in the books up to date.

Please call PCMS, 572-3709 and keep us informed of any listing information that changes.

If you have any ideas about the annual Directory that you would like to see changed or made available, please call us and let us know.

It takes about two weeks to distribute the books, so if you don't receive all of your books in your first delivery, another could be on its way to you. ■

# Oregon Family Practitioner, David Grube, MD, humorist, humorous at February General Membership Meeting

David Grube, MD, shared humorous and insightful anecdotes and illustrations at the February General Membership Meeting to help physicians get more enjoyment from the practice of medicine. A family practitioner at Philomath Family Medical Clinic in Philomath, Oregon, told his story of what began as sharing bloopers, cartoons, etc. at a Christmas party for his colleagues and has developed into presentations to Rotary Clubs, Medical Societies and other such organizations.

Dr. Grube explained that finding the humor is not difficult. "Real life is funnier than anything we could invent," he said. "Look for the special moments, the humorous ones,"

he added. The key is sharing the humorous experiences. He asked the audience, "What is the funniest thing that has happened to you - did you tell anyone?"

The real art of medicine consists of amusing the patient while nature cures the disease, according to Dr. Grube, and he reminded physicians to consider that empathy is the only real panacea in medicine.

"Most folks are about as happy as they make up their minds to be," quipped Grube. Since physicians are dealing with so much change he reminded them that they can choose their thoughts and choose to be happy. And, most importantly, "no matter where you go you have to

take yourself with you." he said. "so you might as well choose to be in good company."

Dr. Grube recommended books for physicians to read, "The Best of Medical Humor" by Howard Bennett, "The Youngest Science. Notes of a Medicine Warrior" by Lewis Thomas and all books by author Ferrol Samms. He recommended saving thank you notes and letters that patients send over the years and revisiting them on difficult days to remind yourself why you practice medicine. His parting words of advice, "always bring your love to work, remember who you are, make good choices and do the right thing." ■



Left, speaker Dr. Grube and medical school classmate, Dr. Richard Hawkins



Dr. Gary Tart, new Tacoma pediatrician, visits with colleagues after the meeting



Left, PCMS Secretary/Treasurer, Dr. Patrice Stevenson with Dr. Marvin Brooke, Director, Good Samaritan Rehab



From left, Drs. Joe Wearn, Federico Cruz-Uribe, Gary Tart, David Sparling and Lawrence Larson

# How to contact state, national lawmakers

For additional information about contacting legislators, please contact the Medical Society office. We will be happy to help you draft letters or make direct contact to legislative leaders regarding issues of concern. Please call Doug Jackman, Executive Director, 572-3667.

The status of legislation can be obtained by calling the **Legislature's toll free hotline (800) 562-6000**. The hearing impaired may call (800) 635-9993. The hotline makes it easy to leave a message or voice an opinion to lawmakers, even if you don't know their individual telephone number. It also provides an easy way to learn the status of a bill, which committee it's before, whether it's been scheduled for a floor vote or survived various deadlines for action. You may also call the hotline to learn the topics, time and location of committee meetings. A legislative meeting schedule is published weekly on Thursday. Mail subscriptions cost \$10 per year. For more information or a subscription form, call 1-360-786-7344.

Internet users may reach the Legislature at: [www.leg.wa.gov](http://www.leg.wa.gov) Users can view legislation and send e-mail to lawmakers and staff. Internet users also will have access to the state constitution, state laws, a list of legislators and a session calendar. The governor's home page can be viewed at [www.wa.gov/governor](http://www.wa.gov/governor)

**President Clinton** may be reached by writing to him at the White House, 1600 Pennsylvania Ave NW, Washington D.C. 20500; his message phone is (202) 456-1111. **E-mail:** [president@whitehouse.gov](mailto:president@whitehouse.gov)

Your U.S. Senators and representatives and state senators and state representatives may be contacted at the following addresses and telephone numbers:

**U.S. Senators: Senator Slade Gorton (R)**, 730 Hart Senate Building, Washington, D.C. 20510-4701. Phone: 202-224-3441 (D.C.) or 253-581-1646 (Lakewood). Fax: 202-224-9393. **E-mail:** [senator\\_gorton@gorton.senate.gov](mailto:senator_gorton@gorton.senate.gov)

**Senator Patty Murray (D)**, 111 Russell Senate Building, Washington D.C. 20510. Phone: 202-224-2621 (D.C.) or 206-553-5545 (Seattle). Fax: 202-224-0238. **E-mail:** [senator\\_murray@murray.senate.gov](mailto:senator_murray@murray.senate.gov)

**U.S. Representatives: Rep. Norm Dicks (D-6th District)**, 2467 Rayburn House Building, Washington D.C. 20515. Phone: 202-225-5916 (D.C.) or 253-593-6536 (Tacoma). Fax: 202-226-1176.

**Rep. Adam Smith (D-9th District)**, 116 Cannon House Office Building, Washington D.C. 20515. Phone: 202-225-8901 (D.C.), 253-926-6683 (Tacoma) or toll free 888-764-8409. Fax: 253-926-1321.

**State offices:** The phone number of Governor Gary Locke's office is 360-902-4111, Olympia. Write to him at: Legislative Building, PO Box 40002, Olympia, 98504-0001. His Fax is 360-902-4110. His home page address is [www.wa.gov/governor](http://www.wa.gov/governor)

**Write to state representatives** in care of the Washington House of Representatives, PO Box 40600, Olympia 98504-0600. **Write to state senators** in care of the Washington State Senate, PO Box 40482, Olympia 98504-0482. The central Senate Fax number is 360-786-1999. The House has no central Fax number.

**Legislators, by district, Olympia phone number and e-mail address:**

**2nd District (South Pierce County)**  
Sen Marilyn Rasmussen-D, 786-7602

[rasmusse\\_ma@leg.wa.gov](mailto:rasmusse_ma@leg.wa.gov)

Rep Roger Bush-R, 786-7824 [bush\\_ro@leg.wa.gov](mailto:bush_ro@leg.wa.gov)

Rep Tom Campbell-R, 786-7912 [campbell\\_to@leg.wa.gov](mailto:campbell_to@leg.wa.gov)

**25th District (Puyallup, Sumner, Milton)**

Sen Calvin Goings-D, 786-7648 [goings\\_ca@leg.wa.gov](mailto:goings_ca@leg.wa.gov)

Rep Jim Kastama-D, 786-7968 [kastama\\_ja@leg.wa.gov](mailto:kastama_ja@leg.wa.gov)

Rep Joyce McDonald-R, 786-7948

[mcdonald\\_jo@leg.wa.gov](mailto:mcdonald_jo@leg.wa.gov)

**26th District (NW Tacoma, Gig Harbor, South Kitsap)**

Sen Bob Oke-R, 786-7650 [senate\\_26@leg.wa.gov](mailto:senate_26@leg.wa.gov)

Rep Pat Lantz-D, 786-7964 [lantz\\_pa@leg.wa.gov](mailto:lantz_pa@leg.wa.gov)

Rep Tom Huff-R, 786-7802 [huff\\_to@leg.wa.gov](mailto:huff_to@leg.wa.gov)

**27th District (North Tacoma, East Side)**

Sen Lorraine Wojahn-D, 786-7652 [wojahn.lo@leg.wa.gov](mailto:wojahn.lo@leg.wa.gov)

Rep Ruth Fisher-D, 786-7930 [fisher\\_ru@leg.wa.gov](mailto:fisher_ru@leg.wa.gov)

Rep Debbie Regala-D, 786-7974 [regala\\_dc@leg.wa.gov](mailto:regala_dc@leg.wa.gov)

**28th District (W. Tacoma, Univ. Place, Fircrest, Lakewood)**

Sen Shirley Winsley-R, 786-7654 [winsley\\_sh@leg.wa.gov](mailto:winsley_sh@leg.wa.gov)

Rep Mike Carrell-R, 786-7958 [carrell\\_mi@leg.wa.gov](mailto:carrell_mi@leg.wa.gov)

Rep Gigi Talcott-R, 786-7890 [talcott\\_gi@leg.wa.gov](mailto:talcott_gi@leg.wa.gov)

**29th District (South Tacoma, South End, Parkland)**

Sen Rosa Franklin-D, 786-7656 [franklin\\_ro@leg.wa.gov](mailto:franklin_ro@leg.wa.gov)

Rep Brian Sullivan-D, 786-7996 [sullivan\\_br@leg.wa.gov](mailto:sullivan_br@leg.wa.gov)

Rep Steve Conway-D, 786-7906 [conway\\_st@leg.wa.gov](mailto:conway_st@leg.wa.gov)

**30th District (Northeast Tacoma, Federal Way)**

Sen Tracey Eide-D, 786-7658 [eide\\_tr@leg.wa.gov](mailto:eide_tr@leg.wa.gov)

Rep Maryanne Mitchell-R, 786-7830

[mitchell\\_ma@leg.wa.gov](mailto:mitchell_ma@leg.wa.gov)

Rep Mark Miloscia, 786-7898 [miloscia\\_ma@leg.wa.gov](mailto:miloscia_ma@leg.wa.gov)

# 1999 Legislative Summit educates physicians about legislation

Pierce County was well represented at the WSMA Legislative Summit in Olympia on January 26. A good contingent of physicians and staff from around the state, nearly 200 strong, descended on their legislators in the afternoon after a morning session of speeches and education.

Governor Locke was scheduled to address the delegation but found it necessary to take his wife to the hospital as she was experiencing pain in her eighth month of pregnancy. Sue Crystal, his health care advisor, spoke to the group on the Governor's proposed legislation on tobacco settlement monies available for health care and the patient's bill of rights. She also noted the Governor's concern that the physician-patient relationship be maintained in this era of managed care.

Attorney General Christine Gregoire gave a spirited presentation on the tobacco settlement issue and the need for the money to go into the health services account on health care issues.

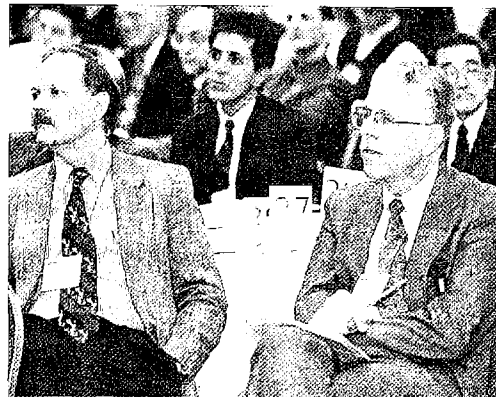
Representatives Eileen Cody (D) and Linda Evans Parlette (R), Co-Chairs of the House Health Care Committee, spoke to issues before the Committee. Cody said she was concerned about access in the state and she would be cooperating with WSMA on that issue. On tort reform, she said, she disagreed with WSMA and she did ask for support on contraception parody bills before the legislature.

During lunch, Len Ettlinger, WSMA Policy Director, discussed the issues before the 1999 Legislature and reviewed them for the members before they were to meet with their representatives in the afternoon.

Those attending the summit meeting were:

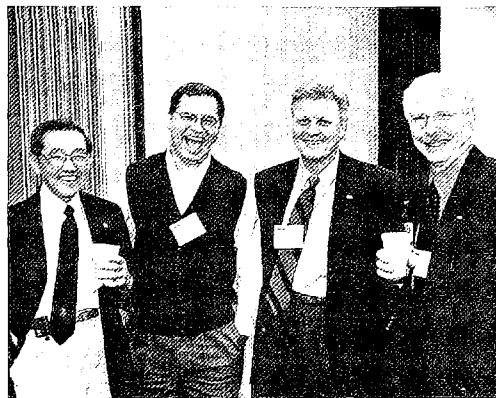
**Leonard Alenick, MD**  
**James Blankenship, MD**  
**Michael Brennan, DO**  
**Federico Cruz-Uribe, MD**  
**Lawrence A. Larson, DO**  
**Joseph Mancuso, MD**  
**Peter Marsh, MD**  
**Vita Pliskow, MD**  
**Don Russell, DO**  
**David Sparling, MD**  
**George Tanbara, MD**  
**Don Weber, MD**  
**Mrs. Marnie Weber**  
**Mrs. Kris White**  
**Carl Wulfestieg, MD**

The Society extends its many thanks to those members who attended the Legislative Summit. ■



*Pictured at right:*

*Top:  
 Dr. Don Russell, Puyallup Pediatrician and Dr. Carl Wulfestieg, Tacoma ENT, listen to one of the speakers in the morning session prior to meeting with their own legislators*



*Center:  
 From left, Drs. George Tanbara, Federico Cruz-Uribe, Lawrence A. Larson and David Sparling. All are pediatricians with the exception of Dr. Cruz-Uribe, who is Director of Health for the Tacoma Pierce County Health Department*

*Bottom:  
 Drs. Peter Marsh and Len Alenick are facing the camera as they and others meet with their Senator, Shirley Winsley from the 28th District*



## Board of Trustees discuss many issues at February meeting

*Trauma, allergic emergency preparedness for schools and support for organized medicine among discussions and actions*

At the February 2nd Board of Trustees Meeting, **Dr. Chris Jordan** and Ms. Barbara Young presented an update on the Adult Trauma Center Designation for Pierce County. Dr. Jordan noted that both St. Joseph and Tacoma General Hospitals have been very committed and have each contributed \$250,000 a year for two years. The trauma system must be operational by June 30 to receive matching state funds of \$500,000. The SW Washington Trauma Services, PLLC will hire the medical director, three trauma surgeons and four trauma physician assistants. They will contract with and pay community surgical subspecialists to provide physician support required for state trauma destination. Arrangements for hospital-based specialty support will be negotiated by the hospitals. To ensure viability, a trust has been set up, titled The Trauma Trust (T3) and will be responsible for annual fund-raising both short and long term.

There has been much discussion and concern about hospital based and subspecialist participation in this system. Dr. Jordan reiterated his confidence in the system and noted that it is a voluntary operation and that there will be reasonable reimbursement for those that want to participate.

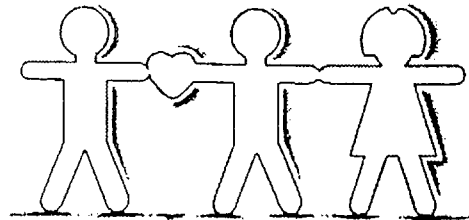
In other news, the Board of Trustees approved two actions. One provides \$500 in support of the **Federation Coordination Team** (FCT). The FCT was created in 1997 with a mission of championing a federation-wide effort to maximize the strengths of organized medicine. It is a cross-organizational team of twenty-six federation leaders, supported by federation contributions created to improve the

value of organized medicine. Their basic assumption is that the basic building blocks of organized medicine are well positioned to serve members, but everyone could all benefit from increased efforts to coordinate, communicate and collaborate. Their projects have sought ways to use internet technologies, streamline the application process, expedite the learned experiences of other societies and develop "how to" guides to promote and share particularly successful federation ideas, products and services. The FCT will conclude it's work in 1999.

Also approved by the Board of Trustees was a recommendation for **allergic emergency preparedness** for schools. The recommendation calls for every student with the significant potential of a life threaten-

ing allergic reaction, including life threatening asthma, have immediate access to epinephrine through trained individuals. In addition, a written emergency plan should be developed for each child in conjunction with the school nurse and the child's physician. It will be the parent's responsibility to inform the school of the medical condition, provide epinephrine, and to help with the emergency plan. The plan will accompany a letter of introduction, signed by **Dr. Lawrence Larson**, PCMS President, **Lawrence Schwartz** (Chair, PH/SH Committee) and **Arthur Vegg**, allergist who introduced the idea to the committee. The letter and recommendation will be sent to each school administrator as well as the superintendent of each Pierce County School District. ■

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# Pierce County Medical Society

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## April General Membership Meeting

Tuesday, April 13, 1999

Social Hour: 6:00 pm

Dinner: 6:45 pm

Program: 7:45 pm

Landmark Convention Center

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Tacoma

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- ◆ *Issues that have most affected doctors and how they have responded*
- ◆ *What typically goes wrong in physician organizations*
- ◆ *Some suggestions for making your practice successful*

(Registration required by April 9. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve \_\_\_\_\_ dinner(s) at \$20 per person (tax and tip included)

Enclosed is my check for \$ \_\_\_\_\_ or my credit card # is \_\_\_\_\_

Visa     Master Card    Expiration Date \_\_\_\_\_    Signature \_\_\_\_\_

I will be bringing my spouse or a guest. Name for name tag: \_\_\_\_\_

Signed: \_\_\_\_\_

Thank you!

## Personal Problems of Physicians

*Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?*

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*Robert Sands	752-6056
Bill Dean	272-4013
F. Dennis Waldron	265-2584
*Chair	

***Confidentiality Assured***

## In Memoriam Richard Link, MD 1911-1999

A family physician that did a lot of ob/gyn, Dr. Link practiced in Tacoma at 2517 North Washington for many years. He graduated from the University of Oregon in 1939 and enlisted in the Army in 1940 serving until 1946. He did a residency in ob/gyn from 1951 to 1953. From 1961-1975 he served as Chief of Medicine and Surgery at the American Lake Veteran's Hospital. Dr. Link retired from active practice in 1975 and volunteered his services to CARE in Medico in Vietnam, Indonesia and Afghanistan for five years.

There is a note in Dr. Link's file in the PCMS office that he sent upon his retirement in 1975. It reads, "To the best of my recollection, I first joined Pierce County Medical Society when I was a resident at the old Pierce County Hospital in 1940 or while on active duty with the Army the next year while stationed at Fort Warden in Port Townsend, innocently believing that I was really on "active duty for a year" and knowing that I would be returning to my hometown to practice after the service. I did, but it was in 1945 after the end of WWII."

Dr. Link is survived by his wife, Rena, three sons, a daughter and four grandchildren. The Medical Society extends its sympathy to his family. ■



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# The Invisible Hand.....

## "Managing Care"

*How can you be expected to govern a country that has two hundred forty-six kinds of cheese?*

Charles de Gaulle (1962)



Andrew N. Statson, MD

by Andrew Statson, MD

"I have a good feeling about this baby," one of our neonatologists told me. He did not say anything about ventilator settings, oxygen requirements, blood gases, or anything else that could be entered into a computer. Yet with this one sentence he told me more than pages of computer printouts could have said.

Of course a computer also can tell you it has a good feeling. The program will be something like this:

```
IF a AND b AND c THEN
PRINT "I have a good feeling!"
ELSE IF x AND y AND z THEN
PRINT "I have a bad feeling!"
ELSE PRINT "I don't know!"
END IF
```

How helpful would such a statement be? What would it tell? By necessity the variables a, b, x, y, z have to be predefined for the program to recognize them. They also have to be a limited number. They have to be quantifiable. Granted, neural networks could do better. Still the data have to be fed to them. When we take a history and examine a patient we pick up many clues, some of them part of nonverbal communication, many of them not quantifiable. Can we accurately express these in words? Can we translate them into a language the computer can understand?

One attempt to quantify risk in pregnancy was done at the department of OB-GYN at the University of Washington (UW). They wrote a long list of possible risk factors and

complications of pregnancy, each given a range of numerical values, something like the Apgar score for newborns, but much more complex. The sum of the score determined whether the patient was low risk or high risk. A few community physicians used this score sheet for a while. It certainly was not widely adopted and I haven't seen anybody use it for a long time. To my knowledge the UW has dropped it as well. I suspect it was much more burdensome and time consuming than it was helpful. As medical treatments go, pregnancy care is thought to be rather simple, straightforward, and a cinch to code and computerize. Several university departments have been working for years on this project. There are a few prototypes out there. They could be useful to collect data for statistical studies. They could be helpful in large group practices to access the records of patients they don't know. However, until we have hand-held units with accurate voice recognition, they will not be as convenient as paper records. Even then, scrolling will be a problem.

Perhaps the best established and most widely used algorithm in medical practice is the cardiac resuscitation protocol. Paramedics, nurses and physicians are trained and re-trained, I should say drilled, in cardiac resuscitation. The efforts have paid off. The success rate in first time cardiac arrest is of the order of 80%, if I remember correctly. Since

cardiac resuscitation is started by non-physician personnel, the question about the chances for success in any individual case does not come up. The efforts should be continued until a physician, preferably a cardiologist, can evaluate the patient and decide whether to stop.

At the beginning of a treatment, the condition of patients may appear identical, but at some point those that are going to make it give us a good feeling and the others don't. Perhaps by the time we get the bad feeling it may be too late to do anything that can change the outcome. It is also possible that by being alert to subtle differences in the response to treatment we may be able to alter the management of the patients early enough to achieve a better result. The time available to decide on a change of treatment may be a few minutes in the case of cardiac arrest or a few weeks in the case of a breast mass. The nature of early differences may lead the clinician to choose one of several available options. The question would be not only what to do, but also when, how much, how often, and when to stop or to switch to yet another treatment. At a certain point, the clinician may have to act on gut feeling. No protocol can include that. No matter how well planned the course of action after the first few moments the situation changes. I could not find the reference, but I remember the statement that the best plan of battle becomes obsolete as soon as  
*see "Managing" page 12*

## Managing *from page 11*

the first shot is fired.

In real life we usually recognize ourselves and others as different from one another. For some reason it is much more difficult to understand that just as our faces are different, so are our thoughts, our tendency to health or illness, our sensitivity to infections, degenerative diseases, medications or other treatments; our ability to recover from illness or to live with a disability. The individual differences between patients require that the optimal treatment be tailored to the patient just like a well fitting dress or suit. Standard treatments may work just as off the rack clothes may fit. Perhaps most of the time patients would do well, even without any treatment. If that is satisfactory, we don't need physicians. Any clerk can look up the algorithm and dispense the treatment. From time to time physicians from a review service would call to tell me they are denying a request for a certain operation on the basis of ACOG or other official guidelines. If so, why does their company have physician reviewers? A clerk should be able to follow the guidelines and issue a denial.

There are reports that patients with heart disease do best when treated by cardiologists; diabetics do best when treated by endocrinologists. Not only that, but the total cost of care is less. Other reports state that the cost of care and presumably the outcome are the same whether patients are treated by generalists or specialists. It is possible that these reports are put out by the public relations department of the respective specialty societies. I suspect there is some truth to them and the apparent contradiction can be reconciled. In every field there are people with different interests and abilities. There probably are some

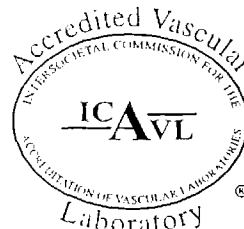
generalists who can treat some conditions in which they have a special interest better than some specialists who have no interest in those conditions. Are the results better because the physicians are better able to follow the treatment algorithm? Perhaps they don't follow an algorithm at all, but instead they start different patients on different treatments plans based on the patients' individual characteristics and are quick to modify their approach according to the way the patients respond.

Any navigator can bring a boat to harbor in a calm sea. The skill of the navigator is needed in bad weather. If we could predict the weather with certainty and knew it would be good it wouldn't matter

who was steering the boat. The same is true in clinical practice. If we can't be sure the patient is healthy, it doesn't matter who is doing the physical examination. If we can be sure the problem is minor, anyone could give the treatment. If we can be sure the patient does not have cancer, it doesn't matter whether we get a biopsy and persist in establishing a diagnosis. Not everyone with epigastric discomfort should be given a cardiogram, but some patients ought to. Unfortunately there can be no guidelines that cover everything. Appropriate clinical decisions cannot be dictated by protocols. They can only be made by clinicians and their patients. ■

## Announcement

We are proud to announce the accreditation of our noninvasive vascular laboratory by  
The Intersocietal Commission for the  
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**Allen H.B. Yu, M.D., F.A.C.S.**

**314 Martin Luther King Jr. Way, Suite 303**

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**(253) 572-2844**

**Fax: 572-2841**

## In Memoriam

Clarence L. Anderson, MD

December 4, 1922 - December 26, 1998



Clarence L. Anderson started what would become Cardiac Study Center on October 6, 1966. We're sure at that time he did not envision what we have since become, one of Pierce County's largest specialty practices.

Anyone who had the privilege of working with Dr. Anderson knew him to be a kind, caring and compassionate man. In conversation, you always knew you had his undivided attention for as long as you needed it. It was one of the many things that endeared him to his colleagues, staff and patients. He was a gentleman in the true sense of the word, "Gentle Man."

Dr. Anderson was a very private man, and as a result, many were not aware of his heroic deeds during the Korean War. During the first week of November 1950, the 3rd Battalion Defensive Perimeter was captured by the Chinese Communist Forces. Rather than escape, Dr. Anderson volunteered to remain with and care for the 150 wounded soldiers, becoming a prisoner of war himself for 34 months. Because Dr. Anderson never spoke of his experiences as a POW, we can only assume that he, like other POWs of that war, was denied food, shelter and adequate clothing and medical supplies. For his service to his country, he received many honors, including a Purple Heart.

After settling in Tacoma with wife Janet and sons Richard and John, Dr. Anderson opened an office with Dr. James Billingsley and began practicing cardiology. After several years, Dr. Billingsley left and in 1971, Dr. John Nagle joined Dr. Anderson in practice. Two years later they were joined by Dr. Gail Strait and two years after that by Dr. Gene Lapin. The practice continued to grow and now has 10 physicians. In 1991, Dr. Anderson semi-retired. He continued to follow his patients in the office but did not practice in the hospitals.

Dr. Anderson was a devoted husband and family man. In his spare time, he enjoyed gardening (he raised exotic orchids), bird watching, rock collecting and traveling in his RV. Unfortunately, the last few years he was not able to indulge his fondness for travel due to Janet's declining health. He "officially" retired on June 30, 1998 and passed away on December 26, 1998.

Thanks for the legacy...we miss you. ■

**The physicians and staff at Cardiac Study Center**

## Applicants for membership

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*of Washington*

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**Lung Information  
Service Line**

*Providing patient  
education materials*

**Clark, Lynne P., MD**  
**General Surgery**  
Practices with Mt. Rainier Surgical  
Associates, 419 S "L" St, #101,  
Tacoma 98405; 383-5949  
Medical School: Eastern Virginia  
Medical School  
Internship: Eastern Virginia School  
of Medicine  
Residency: Eastern Virginia School  
of Medicine

**Kaeley, Gurjit S., MD**  
**Rheumatology/Internal Medicine**  
Practices with Pacific Sports  
Medicine, 3315 S 23rd St, #200,

Tacoma 98405; 572-8326  
Medical School: Univ. of London  
Internship: University of Tennessee  
Residency: University of Tennessee

**Moon, Michael R., MD**  
**Anesthesiology**  
Practices with Allenmore Anesthe-  
sia Associates, 1901 S Union,  
Tacoma 98405; 596-5131  
Medical School: Oregon Health  
Sciences University  
Internship: David Grant U.S. Air  
Force Medical Center  
Residency: Wilford Hall U.S. Air  
Force Medical Center ■



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# Welcome, new PCMS Members

## **Al-Mateen, Majeed, MD**

### **Neurology**

Practices with Neurology & Neurosurgery Associates, 915 6th Ave, #2, Tacoma 98405; 383-5056  
 Medical School: University of California-Davis  
 Internship: Children's Hospital, Oakland CA  
 Residency: Children's Hospital, Oakland CA

## **Brooke, Marvin M., MD**

### **Physical Medicine and Rehab**

Practices at 407-14th Ave SE, Puyallup 98372; 841-5849  
 Medical School: Emory University  
 Internship: University Hospital  
 Residency: University of Washington

## **Collier, III, Herman E., MD**

### **Cardiology**

Practices with Cardiac Study Center, 1901 S Cedar, #301, Tacoma 98405; 572-7320  
 Medical School: Temple University  
 Internship: Dwight D. Eisenhower Army Medical Center  
 Residency: Dwight D. Eisenhower Army Medical Center

## **Hasse, Mihaela M., MD**

### **Internal Medicine**

Practices at 21120 Meridian E, Graham 98338; 847-9166  
 Medical School: University of Bucharest

### **Bucharest**

Internship: LAC-USC Medical Ctr  
 Residency: LAC-USC Medical Ctr

## **Jacobs, Jeffrey M., MD**

### **Pediatric Allergy & Immunology**

Practices with Pediatrics Northwest, 316 MLK Jr Way, #212, Tacoma 98405; 383-5777  
 Medical School: University of Miami School of Medicine  
 Internship: Children's Hospital, Oakland CA  
 Residency: Children's Hospital, Oakland CA

Fellowship: National Jewish

Medical and Research Center

## **Jones, Kelly L., MD**

### **Family Medicine**

Practices at 1102 S "I" St, Tacoma 98405; 597-3813  
 Medical School: University of Kansas

Internship: Providence Hospital

Residency: Providence Hospital

## **Krabbe, Marjorie E., MD**

### **Family and OB/GYN**

Practices at 2748 Milton Way, #102, Milton 98354; 927-9772  
 Medical School: University of California-Davis  
 Internship: Tacoma Family Medicine  
 Residency: Tacoma Family Medicine

## **Neff, Timothy W., MD OB/GYN**

Practices at 222 N "J" St, Tacoma 98405; 383-2309

Medical School: University of Kansas

Internship: Wesley Medical Center

Residency: Wesley Medical Center

## **Overstreet, Debora W., MD**

### **Pediatrics**

Practices at 1708 S Yakima, Tacoma 98405; 597-8407  
 Medical School: University of Washington School of Medicine  
 Internship: St. Louis Children's Hospital  
 Residency: St. Louis Children's Hospital

## **Park-Hwang, Esther M., MD OB/GYN**

Practices at 222 N "J" St, Tacoma 98405; 552-4747

Medical School: Loma Linda University

Internship: University of Illinois

Residency: University of Illinois

## **Schroeder, Richard L., MD OB/GYN**

Practices at 222 N "J" St, Tacoma 98405; 552-2950

Medical School: Baylor College of Medicine

Internship: Ben Taub General Hosp

Residency: Baylor College of Med

## **Smith, Jeffrey L., MD**

### **Family Practice**

Practices at 14916 Washington Ave SW, Lakewood 98499; 589-7027

Medical School: University of Washington School of Medicine

Internship: Swedish Medical Center

Residency: Swedish Medical Center

## **Sorsby, Stephen C., MD**

### **Family Practice/Geriatrics**

Practices at 2748 Milton Way, #102, Milton 98354; 927-9772

Medical School: University of Arkansas

Residency: Madigan AMC

## **Steedman, John T., MD**

### **Orthopedic Surgery**

Practices at 702-23rd Ave SE,

Puyallup 98372; 845-9520

Medical School: Johns Hopkins University

Internship: Mayo Clinic

Residency: Mayo Clinic

## **Ungerleider, Judy R., MD**

### **OB/GYN**

Practices at 222 N "J" St, Tacoma 98405; 552-2950

Medical School: University of California

Residency: Kaiser Permanente Medical Center ■



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# Pierce County Medical Society

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## Retired Physician Luncheon

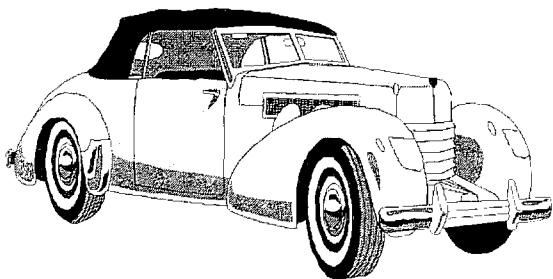
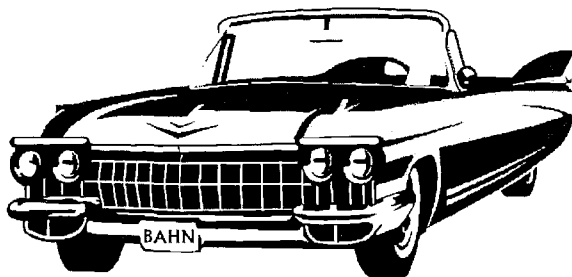
Friday, March 12, 1999

12:00 (noon)

Fircrest Golf Club

1500 Regents Boulevard

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featuring

**Cordell Bahn, MD**

**Cardiovascular Surgeon**

**Retired**

---

(Please clip and mail in the enclosed envelope to PCMS no later than Tuesday, March 9 or call 572-3667)

YES, I (we) have reserved Friday, March 12 to join retired members, (including spouses, guests, and widows) of the Medical Society for lunch.

Please reserve \_\_\_\_ lunch(es) for me at \$11.00 per person (includes tax and tip)

I will be bringing my spouse or a guest. Name for name tag: \_\_\_\_\_

Signed: \_\_\_\_\_



# COLLEGE OF MEDICAL EDUCATION



## Allergy, Asthma, Pulmonology CME set Friday, April 23

The College's CME program featuring subjects on allergy, asthma and pulmonology is set for Friday, April 23. The course is under the direction of **Alex Mihali, MD.**

This is a one-day update designed for the primary care provider. It will focus on diagnosis and management of common allergy, pulmonology and asthma problems.

This program is complimentary to all area physicians. An annual conference, it has been developed with support from local pharmaceutical companies which will be acknowledged.

The program will be held at the new Lagerquist Center in St. Joseph Hospital.

For registration information call the College at 627-7137. Although no registration fee is required, physicians wishing to attend must complete and return a registration form. The conference is anticipated to fill, so early registration is encouraged. ■

## Internal Medicine Review - 1999 scheduled for March 11-12

The Tacoma Academy of Internal Medicine's annual two-day CME program is open for registration. The program offers a variety of timely internal medicine topics. The review was organized this year by **Surinderjit Singh, MD.**

The program offers 12 Category I CME credits and is available to

members of the Academy and all other area physicians. The program will be presented in the new Lagerquist Conference Center, Rooms 1A & B at St. Joseph Medical Center.

To register, or for more information, call the College at 627-7137. ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Thursday-Saturday March 4-6	CME & Mariners Spring Training	Richard Hawkins, MD
Thursday-Friday March 11 - 12	Internal Medicine Review	Surinderjit Singh, MD
Friday, April 23	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday, May 15	Surgery Update 1999	David Magelssen, MD
Friday, May 21	Law & Medicine	Joseph Just, JD Nicholas Rajacich, MD

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# Participants find great skiing in addition to quality

CME at Whistler, the College of Medical Education's winter resort program, was a huge success with great skiing and quality CME.

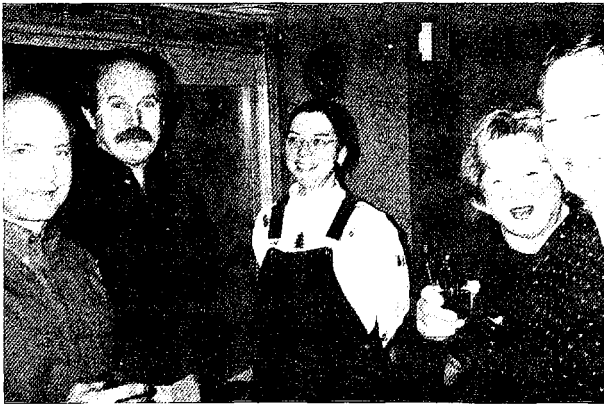
The program brought together a number of Pierce County physicians in British Columbia for family vacationing and quality CME. Physicians outside Pierce County also joined the group.

The program featured a potpourri of educational subjects of value to

*cont. on page 19*



*Left: Alex Mihali, MD, Tacoma Internist and his daughter Melissa, pose for their picture in the bright and beautiful Whistler sunshine*



*Clockwise, from left: The Craddock and Jiganti families share smiles, from left, back row, Elizabeth, Mark, Jenny and Kate Craddock with front row, Suzy, John and Kyle Jiganti. Jigantis' other sons were playing in the snow close by*

*Thinking Snow are, from left, Drs. John Lenihan and Bill Thomas; Fran Thomas, Kris White and Dr. Matthew White. All are excited about skiing and discuss it at the College's reception on Wednesday evening*

*Drs. Leslie and Barbara Fox wait patiently in the ski lift line anxious to get to the sunny Blackcomb Mountain slopes*

# Continuing Medical Education at Whistler

*Right: Whistler program speaker Needam Ward, MD, addresses the near record physician audience on the latest developments in hypertension*



all 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 snow, great food and relaxation. The program was directed by **John Jiganti, MD.**

The College plans to offer a ski CME program next year and will likely return to the Whistler resort area. ■



*Clockwise, from above:*

*Left to right: Drs. Daniel Ginsberg, Charles Souliere, Gregg Ostergren and Alex Mihali having fun at the pre-conference reception and anticipating great skiing the next three days*

*Drs. Carol Kovanda and Mark Ludvigson attend the apres ski function hosted by Dr. John Lenihan on Friday night*

*The Nordestgaard family, left to right, Ida, Aksel, Rie and Lisbeth enjoying the sun*



**Puyallup, WA:** Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 10 hour shifts. Clinic hours are 12 noon to 9:30 pm Monday-Friday, 10:00 am - 7:30 pm Saturday, Sunday and holidays, outpatient only. \$50/hr, benefits available. Send letter of introduction and CV to Urgent Care Center Application, Good Samaritan Community Healthcare, Attn: Kathy Guy, PO Box 1247, Puyallup, WA 98371-0192.

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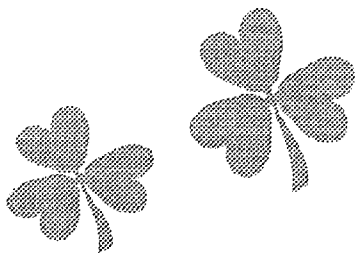
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# the Pulse

## Pierce County Medical Society Alliance

### President's Message



*Nikki Crowley*

Germany to see a new grand child and planning next year's Alliance activities.

Pierce County will be the host for WSMAA President **Kris White**, who will assume her new office in April 1999. It would be nice to have some Pierce County members attend the State Annual Meeting in LaConner from April 18-20. Watch

My thoughts are fleeting as I write this note. Thoughts of completing the collection of income tax data for this year, planning a trip to

for registration information in the publication "One Voice" coming out soon. Come to LaConner for a "spring break" and show Kris how much we appreciate her efforts on our behalf.

The Tulip Festival will be just finishing but there will be flowers to see and LaConner has interesting shops, beautiful scenery and excellent restaurants. Please join us.

There is no point in having a meeting without delegates from each county to state and vote on issues that affect our lives. Be there as a delegate! We are entitled to have about six from Pierce County. Call me at 922-7233 if you wish to be included in the delegation. (It's more fun than work!) ■

### Send us your graduation info

Please report any person in your family graduating this spring for our June graduation announcements. High school, college, trade school, etc. Moms, dads, students, etc. Please include the following information:

**Name and School**

**Degree/Recognition**

**Future Plans**

**Special achievements**

Please contact **Alice Yeh**, 756-0578 or fax the information to her at 756-6744. You may also contact her by e-mail at wenyeh@wa.net. Be sure and let Alice know how to get in touch with you in case she has any questions. Thank you! ■

### New Alliance Members/New Addresses - February, 1999

**Ames, Ruth (Gerald)**

4804 Harborview  
Tacoma, WA 98422-1800  
927-6844

**Arthur, D. Marlene (Walter)**

PO Box 518  
Puyallup, WA 98371-0053  
845-5542

**Bell, Thomas (Corinne)**

626 Vista Drive  
Tacoma, WA 98465  
566-5594

**Corliss, Beverly V. (Robert W.)**

2006 Channel Rd E  
Sumner, WA 98390  
863-9881

**Gallucci, Jerol-Ann (John J.)**

128 Cormorant  
Steilacoom, WA 98388-1718  
582-4994

**Garred, Virginia**

5713 Parker Rd  
Sumner, WA 98390

**Goldberg, Elizabeth (Ronald)**

PO Box 313  
Fox Island, WA 98333  
549-2112

**Griffith, Sandy (James)**

4611 Paradise Ave  
Tacoma, WA 98466  
565-1533

**Hansen, Genny (K. Royce)**

12723 Gravelly Lake Dr SW  
Lakewood, WA 98499  
582-0128

**Hellyer, Constance (David T.)**

11610 Trek Dr E  
Eatonville, WA 98328  
360-832-6390

**Kanda, Grace (John)**

14419 Riverwalk  
Sumner, WA 98390-8213  
863-9184

**Klatt, Lou (Gordon)**

5121 Cromwell Dr  
Gig Harbor, WA 98335  
265-3898

**Luber, Marlise A. (John M.)**

13006 DuBois SW  
Lakewood, WA 98498  
582-6061

**Martindale, Anne (Richard E.)**

4009 Crystal Ridge  
Puyallup, WA 98372-5261  
848-6580

**Matzenauer, Leona (Ales)**

1713 S Sunset Dr  
Tacoma, WA 98465-1233  
564-4295

**McGill, Edith (Charles)**

10124 36th St NW  
Gig Harbor, WA 98335  
265-2350

**Moses, Grace N. (DeMaurice)**

156 Eagle Ridge  
Puyallup, WA 98374  
360-893-3063

**Ritter, Lola H. (Kenneth)**

10433 Lake Steilacoom Dr SW  
Lakewood, WA 98498  
582-9263

**Rooks, Penny (James)**

103 Lila St  
Steilacoom, WA 98388  
984-6304

**Tuell, Lois (Stan)**

4325 Cliffside Dr  
Tacoma, WA 98422  
927-1117

**Wanwig, Annette (Daniel)**

PO Box 1609  
Gig Harbor, WA 98335  
851-4396

**Ward, Rubye K.**

1055 Delta Ct  
Firerest, WA 98466  
460-2798

**Wicks, Marjorie J. (Merrill)**

6224-A North Parkway  
Tacoma, WA 98407  
752-7481 ■

## Spellbinding websites

Below are the top ten websites in December, 1998 that kept users' attention the longest. Try them!

**gamesville.com**

basketball pools, rock and roll trivia

**ebay.com**

online auctions, from Furby's to fishing rods

**moneycentral.msn.com**

financial news and features; owned by Microsoft

**yahoo.com**

internet directories plus e-mail, shopping, etc.

**hotmail.com**

free e-mail; owned by Microsoft

**netaddress.com**

free e-mail

**uproar.com**

play bingo and other games online

**schwab.com**

online stock trading and financial research

**etrade.com**

online stock trading and financial research

**rootsweb.com**

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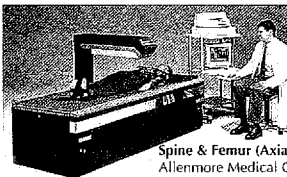
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# BULLETIN

April, 1999



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PIERCE COUNTY MEDICAL SOCIETY  
**BULLETIN**

April, 1999



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The Bulletin is published monthly 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 15th of the month preceding publication (i.e. October 15 for the November 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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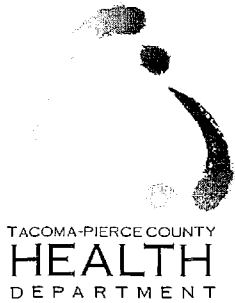
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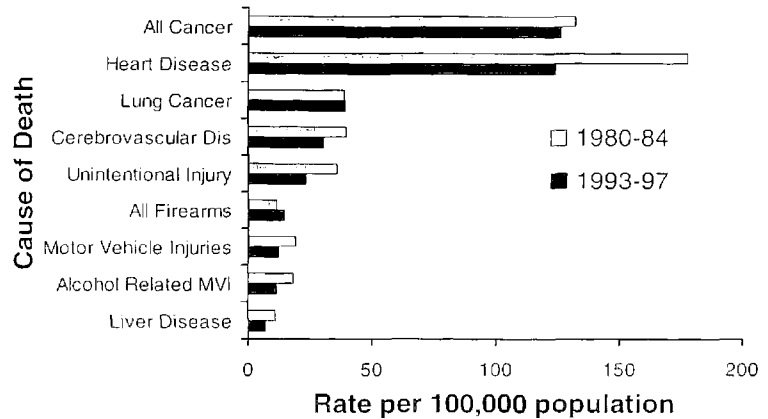
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*On the cover: The Hoh River, on the Olympic Peninsula*



## The Health of Pierce County

### Leading Causes of Death in Pierce County, 1980-84 and 1993-97



Age-adjusted death rates

Source: Washington State Dept of Health, Vital Registration System Annual Statistical Files, 1998

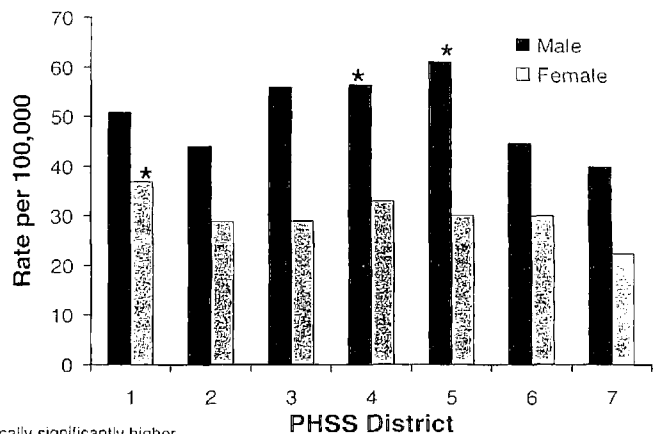
Over the next few months, the Tacoma-Pierce County Health Department's *Bulletin* articles will be installments about the health status of Pierce County residents. We hope physicians and other medical providers will find the reports interesting and useful to their practice.

In addition to engaging private providers' interest in Pierce County statistics on mortality and morbidity, the data should provide a framework for understanding the health department's priorities for prevention strategies. Over the next several years, our goal is to reduce illness and death related to smoking, alcohol abuse, violence, and HIV/AIDS. These areas are related to behaviors which we believe health promotion campaigns, carefully crafted and targeted, should be able to change. The charts and narrative we include in the *Bulletin* are baseline statistics against which we can compare numbers in the future to determine the effectiveness of our strategies.

#### Part One: Leading Causes of Death in Pierce County

Comparisons in age-adjusted death rates for the periods 1980 to 1984 and 1993 to 1997 show an overall decline except in causes of death from lung cancer. This decline follows national and statewide trends. The most dramatic declines are seen in deaths from heart disease, stroke and unintentional

### Deaths From Respiratory Cancer, 1993-1997



\* Statistically significantly higher

Age-adjusted death rates

Source: Washington State Dept of Health, Vital Registration System Annual Statistical Files, 1998

See "Health" page 4

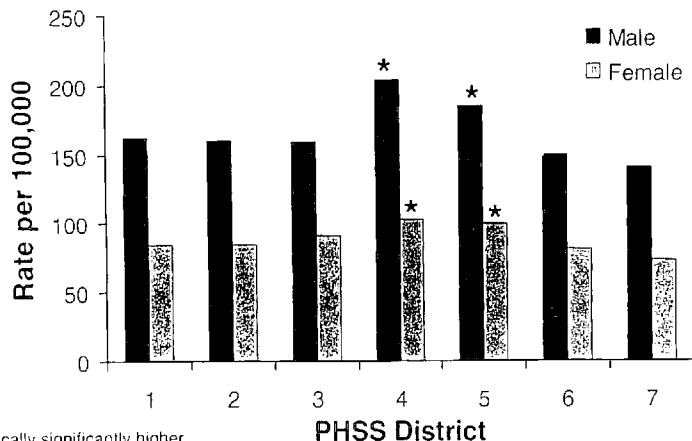
# Health *from page 3*

injuries. This is thought to be due to advances in medical care and higher safety standards for automobiles. Cancer (all types) has exceeded

For Health Department staff assignments, Pierce County has been divided into seven districts with approximately equal numbers

county and comparing by TPCHD district, the death rates from heart disease are statistically higher in males and females in districts 4 and 5 (central Tacoma and part of Lakewood) compared to district 7 (North Tacoma and Peninsula). Death rates for all respiratory cancers among males in districts 4 and 5 and females in district 1 (Sumner, Buckley, Orting, Eatonville and all parts east) are statistically significantly higher than in district 7, which has the lowest rate for males and females in the county.

## Deaths from Heart Disease, 1993-1997



★ Statistically significantly higher  
Age-adjusted death rates

Source: Washington State Dept of Health, Vital Registration System Annual Statistical Files, 1998

Future articles will include data on key public health issues, including:

- ♦ access to medical care and its effects on preventive health behavior
- ♦ behavioral patterns for tobacco use, alcohol misuse and violence
- ♦ current attitudes and behaviors associated with health risk among school children across the county
- ♦ variations in service capacity across communities

For more information on the data, contact Rick MacCornack, Senior Epidemiologist and Public Health Manager at 798-4788. ■

heart disease as the number one cause of death in our county. Deaths secondary to firearms have increased.

of residents per district (same as Pierce County Council district divisions). In looking at the variation in causes of death across the

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Tuesday, April 13, 1999

Social Hour: 6:00 pm

Dinner: 6:45 pm

Program: 7:45 pm

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(Registration required by April 9. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve \_\_\_\_\_ dinner(s) at \$20 per person (tax and tip included)

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Thank you!



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Volunteers do not give medical advice, and would welcome referrals from medical providers. The service is free. To make a referral, or to get more information about the program, contact Sarah Curran at (253) 798-2954.

Clean Air for Kids is a partnership of the American Lung Association of Washington, Tacoma Public Schools, University of Washington, Puyallup Tribal Health Authority, Washington State Department of Health, Mary Bridge Children's Health Center, and The Tacoma-Pierce County Health Department which is dedicated to helping people learn more about ways to reduce asthma and health risks from pollutants in their home.

## In Memoriam

### Charles L. Anderson, MD

#### 1931-1999

Dr. Charles LeRoy Anderson, died on Friday, March 5, 1999 after a brief illness. He had suffered for many years with hereditary elliptocytosis.

Dr. Anderson practiced child and adult psychiatry in Pierce County since 1972. He joined the Medical Society in 1973. He graduated from the University of Washington Medical School in 1962 and completed his internship and residencies in psychiatry. He practiced at Western State Hospital for many years before starting his private practice.

He was an active PCMS member, serving as an Alternate Delegate at several WSMA meetings. In 1971-72 he served as a member of a Pierce County Task Force for Children and in 1981 was a member of the Medical Society's Jail Health Advisory Board. In 1990 and 1991 he served as President of the Southwest Washington Psychiatric Society and participated in Pierce County Medical Society Board of Trustee's meetings as the Psychiatric Society's representative. He served for several years on the WSMA's Teen Task Force and was a member of the Washington State Pediatric Association.

Dr. Anderson is survived by his wife, Cindy, an active PCMSA member and children Eric, John, and Wendy and their spouses. He leaves two grandchildren and two brothers.

Services were held at Zion Lutheran Church, where contributions in his memory will be used for children.

PCMS extends condolences to Dr. Anderson's family. ■



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# The Invisible Hand.....

## "The Magic of Numbers"

*"Truth is much too complicated to allow anything but approximations."*

John von Neumann



Andrew N. Statson, MD

by Andrew Statson, MD

Sometimes I get a call from the Labor Room about a patient. "She is 38  $\frac{6}{7}$  weeks," the nurse would add. When I hear that, I have to suppress the wild urge to ask "and how many hours?" Perhaps "how many 168ths?" would be more in tune. Our perinatologists started counting the days to keep track of the weeks. Their patients may stay on the unit for a month or more, and it is awkward, every few days, to have to recalculate the gestational age. There is no harm in being precise, so long as precision is not confused with accuracy, nor with clinical relevance. For instance, our ultrasound machines give us the fetal weight with a precision down to one gram. Their accuracy, however, is nowhere near that.

I suspect the clinical difference between two patients, both at 33 w 3 d, is more significant than the difference between the same patient at 33 w 3 d and 34 w 1 d. The problem is that the difference between two patients is more likely to be descriptive than numerical, therefore not easily quantifiable. Somehow it is easier to treat two of the same gestational age the same way. At least, that is how studies are done. We give steroids to patients with preterm labor to reduce the risk of respiratory distress in the newborn. According to studies, steroids don't work after 34 weeks. Do they stop at the stroke of midnight?

We, ordinary people, have a fascination with numbers. We think we know something much better if we can put a number on it. Mathematicians have a different view of things. The above quote from the designer of the computer architecture that bears his name, John von Neumann, is but one example. "How long is the coast of Britain?" asks Benoit Mandelbrot in his book "The Fractal Geometry of Nature". His answer is worthy of a mathematician: It depends on your yardstick. As you use a smaller and smaller yardstick, and go around every rock and pebble and grain of sand, the coast becomes longer and longer. It is infinite, if measured with an infinitely small yardstick. This does not even account for the constant shift of the line between sea and land with the waves and the tides.

A similar problem exists with land borders. Mandelbrot reports that the border between Spain and Portugal is 1214km according to the Portuguese, but only 987km according to the Spaniards; and the border between the Netherlands and Belgium is 449km according to the Belgians, but only 380km according to the Dutch. Same borders, different yardsticks.

Numbers are designed to count discrete entities. At some point, however, the number becomes "many". For large numbers or continuous functions the numbers are only approximations, sometimes

good, sometimes poor. The error we tend to make is to believe that if we have a number, it is both exact and true. At least we think it is more exact than a description.

In medicine we use number ratings as a code for descriptions, such as in the grading of heart murmurs or tendon reflexes. In the grading of Pap smears, however, we went from numbers to descriptions. Somehow numbers didn't do it. The experts still grumble that the readings are not accurate, that too many smears are put in a waste basket category. That may be true, but cell changes represent a continuum. Drawing lines in a continuum is always arbitrary. It cannot be exact. It is not realistic to expect our pathologists to never hedge their calls.

One of the speakers at a seminar on cervical pathology stated that when she read biopsies, she also looked at who the attending physician was. When she was not sure whether to overcall or undercall a lesion, she tailored the report according to how aggressive she expected the gynecologist to be. In a sense, she moved the dividing lines along the continuum depending on the response she expected from the clinician.

In the old days, before fetal monitors, someone did a study to test the accuracy of counting fetal heart tones. They made recordings and played them at different speeds.

see "Magic" page 8

## Magic *from page 7*

A number of physicians, midwives and nurses were asked to count. One half of the counts were off by more than 10 beats per minute and one third by more than 20 beats. If we can be off so much in counting a heart rate, how accurate can we be, for instance, in rating pain on a scale of one to ten? Is it better than a description? One of the anesthesiologists during my residency had an interesting way of gauging pain. When a patient said "God help me!" she was in active labor. When she said "Jesus save me!" she was close to delivery and ready for a spinal.

As clinicians we know that the numbers we deal with are only approximations. The problem is that non-clinicians, such as the people who work for the various health plans, don't know that. Recently a bulletin from the Department of Labor and Industries crossed my desk. Reading it I learned that to make the diagnosis of fibromyalgia the patient must report widespread pain for at least 3 months and I have to test 18 tender point sites with digital pressure of 4kg. The patient must perceive this pressure as pain at eleven or more of these points to confirm the diagnosis. Ten points wouldn't do it. Pressure of 3kg or 5kg wouldn't do it. How do we determine we are applying digital pressure of 4kg? Does the size of the finger or the length of the fingernail make a difference? Anyway, how would a patient react to putting 4kg digital pressure on a tender point? How many will let us do it eleven times? I suspect graduated pressure is more appropriate, but that implies we have to use our judgment!

The writers of the Evaluation and Management Codes also show a fascination with numbers. For a comprehensive office visit our

record must show four or more elements of the history of present illness; a review of ten or more systems; one or more items from each of the past, family and social histories; the examination of at least two elements from each of nine different system; etc. Does the review of ten systems, all of the negative, require more work or skill than the review of only three systems, but with significant problems in each?

The managed care plans have decided to pay for medical care by the numbers. They base their payment schedule on the number of minutes spent, systems reviewed, elements examined, diagnoses made, prescriptions written, etc. In this respect they have a serious problem. They have no way to measure the amount of work involved in any one case.

They are even less able to determine the value of that work. When

price is not based on value, but on paperwork, the market will give back paperwork, instead of value. Such is the nature of the beast. We can only get what we pay for.

Under those circumstances the first to go down is quality, the next is availability. The market is already doing that. The quality of care has decreased and over time even poor care will become less and less available. At the same time, outside the confines of managed care, a parallel market will develop, as in Great Britain.

A very small parallel market has existed for some time already. I suspect most of us have seen patients, insured by some closed panel group plans, come for private care and pay out of their own pocket. As managed plans continue to limit care, this market is bound to grow. Care by the numbers gradually will lose ground and might, just might, eventually disappear. ■

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## In Memoriam

Samuel E. Adams, MD

December 14, 1919 - February 12, 1999



The sobriquet, "Good Sam," settled naturally on him. His mourners included families of up to four generations of patients, friends, and neighbors, members of local governing bodies, utilities, professions, and sports. Elegies and eulogies were offered in respect for his dedication to medicine, family and his volunteering for an awesome number of jobs on regulatory bodies, and in uncompensated, unsung and unglamorous community service. He never sought aggrandizement or favors in return for his efforts.

After listening to the praises of the mourners, the priest dubbed him Saint Samuel E. Adams, by-passing centuries of liturgy and custom of the church, tongue in cheek, because he'd never before heard so much eulogistic outpouring from so wide a spectrum of speakers. Sam would have smiled at the unconventionality.

My family lived next door to the Adams for forty years, but I find it impossible to pen an elegy because I cannot think of him without a smile that would belie the elegy. We had no curtains on the facing windows and we spent years with breakfast nooks and kitchens wide open to neighborly view. Lordy, did we share a lot of living midst child rearing and medicine practices! Births and deaths, joy and sorrow, success and failure, victory and defeat, health and sickness, it is difficult to remember which family was the recipient of any specific entity, but always, someone cared.

Sam was raised in logging camps in the timber country north of Satsop and Aberdeen. He was the son of a literate logger who wrote of his experiences. It was the time of the Great Depression and survival was the only goal of most of his contemporaries. His desire for college and medical training was highly fanciful, impractical and improbable. He accomplished it in the face of poverty and deprivation, but he related his experiences proudly as precious memories and education, never citing any physical, social or psychological rigor.

He met his beloved wife, Lorraine, during medical school. She was a hospital dietitian trainee who saw to his nutrition and once bought him new shoes. Theirs was a storybook romance. He was her prince, her knight in shining armor, exactly as befit her wants and needs. It persisted unchanged over years. She was his princess and he won her hand each and every day. She cared for his needs and wants before he was aware of them and the ground she trod was holy to him. The only time she let him down was when she was so careless as to pass away before his time! He cared for her at home in her final days, the physician well knowing there was nothing to be done, but as a hurt lover insistent that something be done and dying a little each day with her. We physicians well know that there is no such thing as a "broken heart" as a cause of death. A laughable concept, but Sam died of a lack of will to live that began with Lorraine's funeral. Call it depression if that suits you, but his religion and profession made suicide unthinkable, so he just retired from living.

He graduated from the University of Washington and Northwestern Medical College. He was in general practice in Tacoma from 1951 to 1996. As hobbies, he coached Little League baseball, was the physician of a pro baseball team for twenty-five years, and followed Husky football avidly. He was a dedicated steelhead fisherman with a classical repertoire of tales about it. He loved golf and hunting and those pursuits bred stories of both success and failure and helped to feed his very active sense of humor.

The community and profession are both a little less humane for his loss, but his five children and seven grandchildren carry both his genetic and social attributes and will no doubt make significant contributions.

David F. Dye, MD

## Retired members go vintage car racing with Cordell Bahn, MD

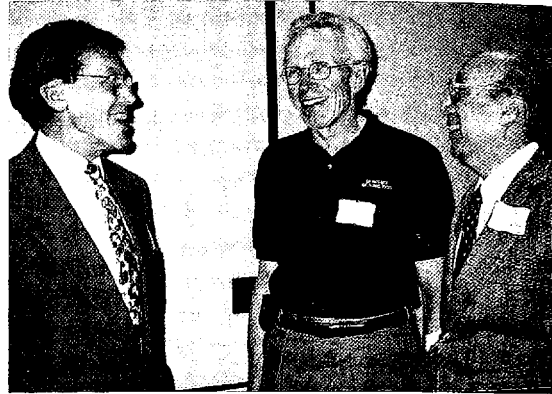
Dr. Cordell Bahn, retired cardiovascular surgeon, took the retired members for a drive down memory lane at their luncheon meeting on Friday, March 5. After a buffet lunch at Fircrest Golf Club, Dr. Bahn showed slides and shared his knowledge about vintage cars and vintage car racing. His interests are and have been primarily in road racing, and he has followed road racing from New York to Paris over the years. He spoke about XKEs, Jaguars, Ferraris, noting the 250GTE model Ferrari has "a certain mystique about it." This car has won a great number of races, has 250-350 horse power and was the most valuable car postwar.

He shared stories about the Maserati and the Bugatti, the later being one of his personal favorites. The type 35 particularly. "They made only 210 of them," he said, and they have won over 1800 races in Europe, sporting 24 valves and 8 cylinders in their engine along with cable brakes. "The car is made to go - not to stop," added Dr. Bahn.

Bentleys, Mercedes Benz, and the Porche 904. The Porche 904 was a

racing car with only 112 models built. He said it was a great handling car, very forgiving, with a durable, complex engine.

For Bahn's personal collection he favors the Bugatti. He has owned two, and still has one which he bought in London. It is a model 35C, and, according to Dr. Bahn, "an all-out race car." ■



*Pictured above: Dr. Cordell Bahn, speaker (center) visits with Dr. Carroll Simpson (left) and Dr. Mian Anwar (right)*

*Pictured at right: Dr. Robert Florence (left), and Dr. John Stutterheim visit with former colleagues after the meeting*



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# Start the engines for some power searching

*Physicians can wander the Web with general search engines. But a more specialized one can get you where you're going faster.*

Just as a medical library would be virtually useless without a card catalogue, the benefits of the Web cannot be fully realized without a way to find the documents.

Search sites abound, and most Web-savvy doctors have learned not to pick one and stick with it. Theirs is a process of moving from one site to another until they get exactly what they want.

"I usually search **Excite** [<http://www.excite.com/>]. It's the home page for my Internet service provider [Prodigy Internet] and it does a creditable job," says Benjamin Krevsky, MD, Director of Gastrointestinal Endoscopy at Temple University Hospital.

But that's just his first step. "When that fails, I switch to **Yahoo!** [<http://www.yahoo.com/>], especially if I want to search using menus," Dr. Krevsky says.

Next, he goes to **AltaVista** [<http://www.altavista.com/>] for what he calls high-power searches or to **Healthfinders** [<http://www.healthfinder.gov/>] or the **National Institutes of Health** [<http://www.nih.gov/>] for patient information.

## Directories vs. Search Engines

One of the most important distinctions is between directories and search engines. It's a bit confusing because, in common parlance, both directories and search engines are often referred to as search engines.

A directory - Yahoo! is the most famous - is prepared by people, not generated automatically as are true

search engines.

With a directory, reviews write a short description of the site. When you type in a search term, the directory searches only for that term.

In contrast, true search engines, like **HotBot** [<http://www.hotbot.com/>] or **AltaVista**, "crawl" the Web, reading virtually every word on millions of Web pages every day.

By revisiting each site every few days or so, the search engines are able to maintain an up-to-date database of the words and phrases contained on every page.

Since directories search only descriptions, they generally provide fewer hits - Web pages that match the search terms.

For example, a search of the word "diabetes" at Yahoo! yielded 391 site matches. Search the same term at HotBot and you get 210,000.

To narrow your searches, it pays to remember that directories divide the hits into categories, each of which leads to subcategories.

For example, Yahoo! has a manageable 17 categories for diabetes, including "Health: Diseases and Conditions: Diabetes and "Business and Economy: Companies: Health: Software: Personal Health: Titles: Diabetes."

While search engines do not have a preset hierarchical structure, they often do provide powerful features that help refine the search. For a comprehensive search, it's best to try more than one. This is where "metasearch engines" can help.

"I use individual search engines a lot less now that Apple's System 8.5 includes a 'metasearch' utility called Sherlock," says Andy Spooner, MD, a pediatrician at the

University of Alabama at Birmingham. He likes the fact that metasearch utilities search other search engines and rank the results in order of relevance in a single window.

Before using Apple's new system, Dr. Spooner used **MetaCrawler** [<http://www.go2net.com/>], which searches Lycos, Infoseek, WebCrawler, Excite, AltaVista, Thunderstone and Yahoo!

## General vs. Medical Search Sites

Search engines for doctors can also be divided into two broad categories: general search engines and medical search engines.

The basic difference lies in the sites they search. Medical search engines confine themselves to sites geared to doctors or patients.

General search engines don't exclude such sites, of course, but they should be used primarily for broad-based inquiries. For example, research on head injuries may require clinical information as well as news stories of people who sustained such injuries. Those news stories can be found on general search engines.

"I usually try the medical sites first," says Stuart T. Weinberg, MD, a pediatrician with New Century Pediatrics in Findlay, Ohio.

He likes PubMed or a pediatric site such as **PEDINFO** [<http://www.uab.edu/pedinfo/>]. If he can't find what he needs using medical sites, he goes to a metasearch engine.

Most of the dozens of medical search sites distinguish themselves in some way.

For example, **Medical World Search** [<http://www.mwsearch.com/>] is unique in its ability to

See "Engines" page 18

# How to Register to Vote

## To register to vote in Pierce County, you must be:

A citizen of the United States; at least 18 years of age by the date of the next election; a resident of Pierce County; and not presently denied your civil rights as a result of a felony conviction.

You may register at the Pierce County Annex, 2401 South 35th Street, Room 200, Tacoma, or you may have a form mailed to you by calling 253-798-7430 or 1-800-446-4979 (in Washington). If you register by mail, your application must be post-marked at least 30 days prior to an election to vote. You may register in person at the Auditor's Office, 2401 South 35th Street, Room 200, Tacoma, or at an Auditor's Satellite Office, up to 15 days prior to an election.

### Address or Name Change:

If you move, be sure to notify the Auditor's Office of your new address - call 253-798-7430. If your name has changed, we will need to send you a form to update your signature.

## Cancellation of Registration:

You will only be removed from the registration files if you fill out a cancellation card or register to vote

in another county or state. If a voter is deceased, another voter may fill out a death card to cancel the deceased person's registration. ■

**If you want to vote by mail permanently, fill out this form and send it in. If you already receive your ballot by mail, you do not need to fill this out.**

<b>Pierce County Absentee Ballot Request</b>		
ONGOING <input checked="" type="checkbox"/>	Send To: Cathy Pearsall-Stipek, CPO Pierce Co. Auditor 2401 S 35th St, Rm 200, Tacoma, WA 98409 (253) 798-7430 • 1-800-446-4979 (WA)	
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Print Name as Registered		
Print Address Where You Live		City/Town Zip Code
Date of Birth	Social Security Number	Home Phone Number
Year-Round Mailing Address (required if different from address where you live)		
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# Inhuman Treatment of the Sick

February 11, 1912 - The headline in the *Sunday Tribune* cried "Leper has been harbored in city for months." Citizens were told that a man afflicted with this dread disease had been found farming a five-acre tract at Summit.

Living under an assumed name, former army private, John R. Earl, was attempting to support his family on a small military pension that he supplemented by farming. He might have gone on unknown and unsuspected, but his deteriorating condition drew the attention of some of his neighbors.

As a private, Earl had been stationed on a small island in the Philippines when he contracted the disease. He was taken to Manila for further examination, and within a few hours, was on his way to San Francisco, under tight security. There army physicians reexamined the private and confirmed the diagnosis. Because of his illness, Earl was granted the highest possible pension and discharged from the military.

Earl was then sent to Washington D.C. where he was examined. Leprosy was again the diagnosis, however, there was enough doubt that Earl was sent to New York where Dr. Duncan Buckley, a leading expert on skin diseases made yet another examination. "Severe eczema" the doctor said and the pension was immediately reduced by half.

No longer in the army, and released by the medical establishment, Earl was free to go about his business. New York City health officials, however, suggested that he return to California where the climate was "far superior for skin diseases to that of New York."

While in California, Earl married and had three children. He was, according to his own words, "influenced to travel north and live under an assumed name." The family ended up living on a five-acre farm on the Summit-Puyallup border. Pierce County officials later claimed that residents of California provided transportation money for the move, with enough cash left over to purchase the land.

When his illness worsened and he was unable to work, Earl wrote the army pension office and asked that his full pension be restored. Fearing that the change meant confirmation of the original diagnosis, the government took immediate steps. All railroad officials were notified of Earl's existence, whereabouts and condition, and were warned against transporting him to any other part of the country. With this kind of publicity, Earl's presence became public knowledge.

Pierce County officials took immediate action and Earl

**LEPER HAS BEEN  
HARBORED IN CITY  
FOR SIX MONTHS**

---

**Man Afflicted With Dread Plague  
Is Found Peaceably Tilling a  
Five-acre Tract at Summit**

---

**DEPUTY SHERIFF HAS  
STOOD GUARD TWO DAYS**

---

**County Will Build Stockade on  
About Acre of Ground—Big  
— Damage Suit May Be Filed**

*Shock and outrage were the response to discovery of a leprosy-infected man in south Tacoma suburb of Summit.*

was forbidden to leave his land. His neighbors were outraged and authorities were told that the entire Earl family would be murdered and their home dynamited if they were allowed to stay.

In spite of repeated assurances by County Commissioner J.F. Libby that leprosy was not transmittable, except by actual contact, the sheriff was ordered to guard the property and the family. Eventually, a small shack was built for Earl on one acre and enclosed with a high fence. Earl's sole communication was through a small hole in the gate. Mrs. Earl was given a pistol for defense and additional guards patrolled the farm, but clearly something had to be done. As the situation continued, plans were made to move Earl, but that wasn't enough for the locals, who gave Mrs. Early two days to move out. While Pierce County officials looked to see whether they could charge California for the costs in-

See "Sick" page 16

## Sun, great baseball and quality CME in Phoenix



*Dr. John Jiganti and his wife, Suzy, take a break in their tennis match in Phoenix*

CME and Mariner Spring Training, the College of Medical Education's second program of its kind was a success with sun, great baseball and quality CME.

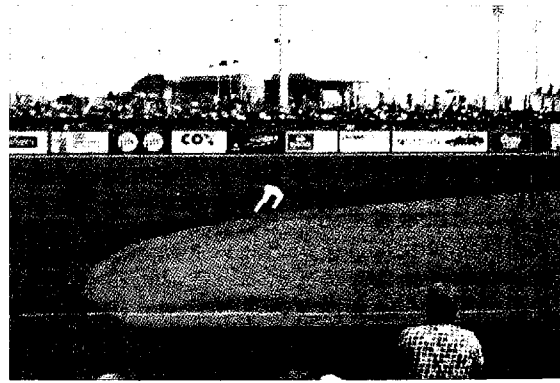
The program brought together a number of Pierce County physicians in Phoenix for family vacations and CME. Some physicians outside Pierce County also joined the group.

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 sun, baseball and exploring the greater Phoenix area. The program was directed by **Richard Hawkins, MD.**



*Dr. Robert Alston responds to a question regarding osteoporosis during the CME program*



*Garth Brooks, San Diego Padres wannabe and alleged country singer, jogs in from left field in a game with the Mariners*



*Dr. Frank Senecal's children enjoyed the pool. They are, clockwise from front left, Conor, Clare, Aidan and Maura*



*Dr. Ken Graham and his wife, Bev, are all smiles in beautiful and sunny Arizona*

# COLLEGE OF MEDICAL EDUCATION

## Surgical Update CME, May 14 & 15

The very popular dissections, demonstrations and lectures presented annually by the Tacoma Surgical Club are set for May 14 & 15. The programs will be held at Tacoma Community College.

On Friday afternoon, dissections and demonstrations on cadavers will be performed for health care providers and interested students. Beginning Saturday morning, several short lectures featuring the latest developments in surgery will be presented by local physicians and Army Medical Corps doctors. The 68th annual program is directed this year by **David Magelssen, MD.** ■

## Law & Medicine Symposium May 21

The Law & Medicine Symposium offered by the Medical/Legal Committee is scheduled for May 21. The Medical/Legal Committee consists of representatives from PCMS and the local Bar Association.

The symposium presents topics of common interest 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.

Brochures will be mailed in April. ■

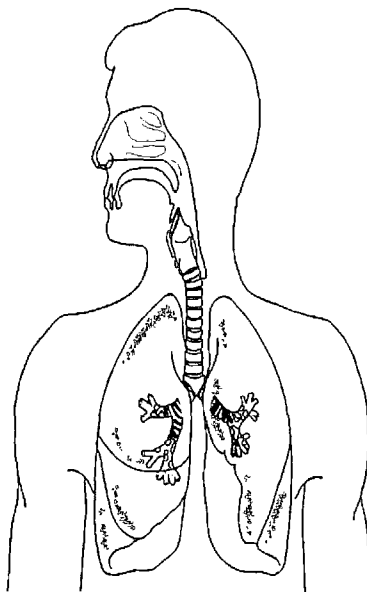
## Allergy, Asthma and Pulmonology CME scheduled for Friday, April 23

The College's CME program featuring subjects on allergy, asthma and pulmonology will be held Friday, April 23. The course is under the medical direction of **Alex Mihali, MD.**

This is a one-day update designed for the primary care provider. It will focus on diagnosis and management of common allergy, asthma and pulmonology problems.

This program is complimentary to all area physicians. An annual conference, it has been developed with support from local pharmaceutical companies which will be acknowledged.

The program will be held at the



### Small Cell Lung Cancer

For registration information call the College at 627-7137. Although no registration fee is required, physicians wishing to attend must complete and return a registration form. The conference is anticipated to fill so early registration is encouraged. ■

New Lagerquist Conference Center at St. Joseph Medical Center in Rooms 1A & B. It will include presentations on:

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- ◆ Occupational Rhinitis, an Overlooked Entity
- ◆ Asthma Care and Current Trends and Treatment
- ◆ Leukotrienes - Current Status
- ◆ Advances in the Treatment of Non-

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, April 23	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday, May 15	Surgery Update 1999	David Magelssen, MD
Friday, May 21	Law & Medicine	Joseph Just, JD Nicholas Rajacich, MD

## Sick *from page 13*

volved in Earl's protection and future care, Spanish-American war veterans stepped in on behalf of the man and his family. Rooms were prepared for the ailing veteran at the Diamond Point Marine Hospital at Port Townsend and a special launch transported him there. The final outcome for this family has been lost to history. ■

*Reprinted from the Senior Scene, March, 1999*

## Clinical guidelines available online

The Agency for Health Care Policy and Research (AHCPR), in partnership with the American Association of Health Plans (AAHP) and the American Medical Association (AMA), is sponsoring a World Wide Web-based National Guideline Clearinghouse (NGC).

The NGC is a publicly available electronic repository for clinical practice guidelines and related materials that provides online access to guidelines at [www.guideline.gov](http://www.guideline.gov). ■

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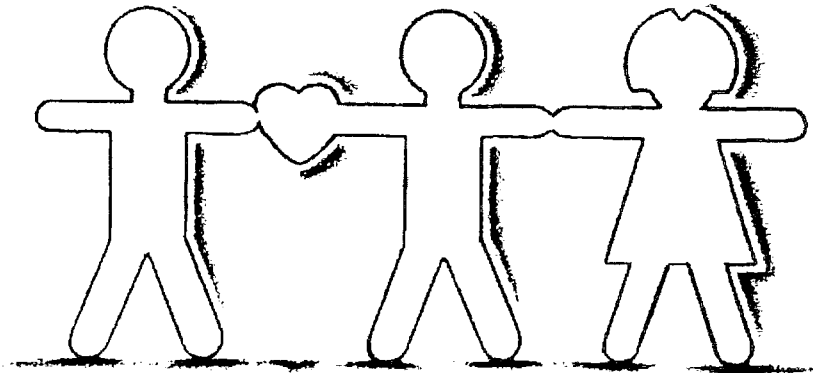
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## Engines *from page 11*

understand medical terminology.

When the user enters a standard English query, the search engine expands the search by using synonyms from 500,000 terms from the National Library of Medicine's Unified Medical Language System (UMLS).

"Heart disease," for example, will automatically yield documents that contain, among other terms, "heart attack," "myocardial infarction," "infarction of heart," "myocardial infarct" and "infarct, myocardium."

If you want, the site can automati-

cally use the expanded set of search terms to search general search engines such as Altavista, InfoSeek, HotBot or WebCrawler.

**PubMed** [<http://www.ncbi.nlm.nih.gov/pubmed/>] is the Web's free version of Medline, which contains abstracts from numerous professional medical journals.

If the journal publisher has a Web site that offers full text, PubMed provides links to that site. (Some of those sites may require that you register, subscribe or pay a fee to view the full text of an article.)

Though the information age overload may seem daunting, a little practice and a basic understanding of how search engines work can go a long way toward helping doctors get comfortable with search sites. ■

*Reprinted from American Medical News, March 15, 1999*

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# BULLETIN

May, 1999



**Drew Deutsch, MD, (left) incoming MBI President, thanks Keith Demirjian, MD for his tenure as president, 1996-1998**

See story page 4

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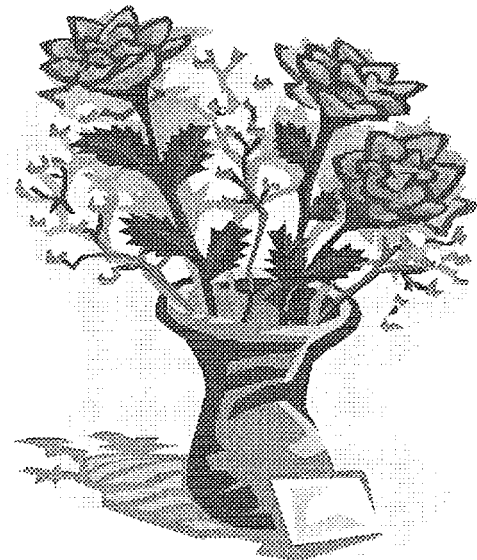
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PIERCE COUNTY MEDICAL SOCIETY  
**BULLETIN**

May, 1999



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# President's Page.....

## Remarkable Medicine



*Lawrence A. Larson, D.O.  
President, 1999*

The past five years have been a great learning experience for me. Through the leadership of **David Sparling, MD** I have had the opportunity to become involved with the health care in Chelyabinsk, Russia. My entry into the Handford - Chelyabinsk movement started slowly by involving some of the visiting physicians from Chelyabinsk into the CF, pulmonary, and allergy/immunology clinics at MBCHC and Pediatrics Northwest Specialty Care. Through these visits the physicians in Chelyabinsk expressed a desire to learn more about the practice of medicine in North America. A number of physician exchanges were arranged by Dr. Sparling; and in 1997, I had my first opportunity to visit Chelyabinsk.

The trip to Russia was a great adventure from my first experience with Aeroflot (Russia's notorious airline) to the sheer distance from Tacoma to Chelyabinsk. This is a city of 1.3 million people located on the East slope of the Ural mountains. The Oblast (region surrounding) Chelyabinsk is about the size of Western Washington and looks very much like Minnesota with large birch forests and lakes of various shades of blue scattered about. The beauty of the countryside belies the environmental problems. Chelyabinsk prior to perestroika was a closed city and the primary site for the Soviet nuclear arms development. In 1957 a tank of radioactive waste exploded contaminating much of the region with high levels of strontium-90. This remained unannounced to

the local population and the world until 1969. There remains a very large exposure to nuclear waste in the region. Chelyabinsk is also an important mining center with high levels of heavy metals exposure and other industrial pollution.

I found our hosts to be gracious and inviting. I was able to stay in the family apartment of one of the physicians, a wonderful pediatric radiologist Dimitri Ovsianitsky, MD, and three generations of his family. Included on this trip was my brother Charles, a pediatric epidemiologist from McGill University. At that visit we lectured at several meetings and began plans for an asthma epidemiology project. Over the ensuing year the project was jointly developed by our Russian partners, McGill University and the physicians of Tacoma. Through a second visit last fall to Chelyabinsk and much work by all members of the team, a research proposal was funded by CIDA and USAID.

As a result of this project my hosts from my second visit to Chelyabinsk Drs. Yaroslav Zhakov and Igor Federov came to Tacoma for a visit. As usual David Sparling had arranged a full schedule. Our charge was to show these physicians how we practice medicine and why. In preparing for their visit I wanted to give them the essence of what we do - a large task at best. Complicating this task was having the physicians understand the dramatic differences of Western healthcare. The healthcare system in Russia is a hospital inpatient based system with very little outpa-

tient medicine. Much of the public health support is also hospital based. With loss of the government financial and political support for medicine in Russia healthcare delivery has suffered. Physicians often go for months without payment for their services, and when paid are done so at a subsistence level. Despite these obstacles the physician community remains focused, dedicated, and determined to provide their best level of care. There is an obvious esteem for our profession above the enormous turmoil of their life. Further complicating the political/economic issues are the ever-present environmental catastrophes.

The visit of Drs. Zhakov and Federov occurred this February and turned out to be a great success. The healthcare community of Pierce County welcomed them with a supportive and comprehensive view of our system of care. They left with an appreciation of how we deliver services in a timely, efficient and caring manner. It is impressive to pause and examine what we have built in our county. Yes, there is room for improvement, but there is also a level of care and dedication to medicine that we can all be proud of. I look forward to my continued participation with these remarkable people both in Chelyabinsk and Pierce County. ■

## PCMS Subsidiary, Membership Benefits, Inc., provides service and revenues for members

The Membership Benefits, Inc. (MBI) Board of Directors presented a plaque to **Dr. Keith Demirjian** at their March meeting in recognition of his service as President, 1996-1998. **Dr. Drew Deutsch** thanked him for his years of service, acknowledging the financial success of MBI, the PCMS wholly-owned, for-profit subsidiary. Dr. Deutsch currently serves as President.

MBI oversees the publication department that generates the monthly *Bulletin* and the annual Physician Directory and operates the PCMS placement service for both temporary and permanent personnel. MBI owns the PCMS building at 223 Tacoma Avenue South, and leases space to other medically related organizations such as the Pierce County Dental Society, Pierce County Nurses Association, American Lung Association of WA and the newly formed SW Washington Trauma Services.

The placement service began its temporary division in 1993 and has proven to be a timely and successful venture. Providing temporary personnel from one day to several months, it allows the employer to obtain staffing without having to hire, fire, do payroll or provide benefits. Temporary workers are placed in the office and then the employer pays a fee to the placement service for the use of that temporary worker. No record keeping or taxes required. The worker is an employee of the agency and is reimbursed as such. The service has grown from gross revenues of \$23,000 in 1993 to over \$350,000 in 1998.

MBI was incorporated in 1978 as

an avenue for PCMS to generate non-dues income without jeopardizing the nonprofit status of PCMS. Revenues from advertising, placements, rents, programs, etc. are used to forestall dues increases. PCMS has seen one dues increase (\$10) in many years.

MBI has not always operated in a for-profit mode. In 1985-1986 MBI borrowed heavily from PCMS to subsidize their business, as they did initially in 1978-79. All loans have been repaid and MBI currently enjoys financial freedom. They are working to build reserves should difficult financial times return.

Other members that have served as MBI Presidents since its inception include: **Drs. Drew Deutsch**, 1999; **Keith Demirjian**, 1996-1998; **Joe Wearn**, 1992-1995; **Mark Gildenhar**, 1989-1992; **Robert Whitney**, 1988-1989; **Don Shrewsbury**, 1985-1987;

**Gregory Popich**, 1984; **Dale Hirz**, 1981-1983; **Richard Bowe**, 1979-1980; **Ken Graham**, 1978.

Current MBI Board members are **Drs. Steve Settle**, **Steve Duncan**, **Tim Schubert**, **Art Maslow**, and Secretary-Treasurer, **Patrice Stevenson** in addition to **Drs. Demirjian**, **Deutsch**, **Gildenhar** and **Wearn**.

MBI strives to provide benefits to PCMS members as well as remain financially viable. Last year, MBI produced the Pharmacy Directory, a complete listing of Pierce County pharmacies. The year before, laminated coding matrixes were produced. Both the Pharmacy Directory and coding matrixes were distributed free to members, and were developed at the suggestion of members. The MBI Board welcomes ideas about benefits that would be of help to the membership. Please call Sue Asher, 572-3667 at the Society office with your suggestions. ■

**Do we have your  
e-mail address?**

**Please send it to us at:  
pcmswa@pcmswa.org**



# Embezzlement: it can happen to anyone

*Business people, physicians included, often feel humiliated that they've been fooled by someone they trusted. That's why systems should be set up to give physicians oversight and regular review.*

by Suzanne B. Taylor, CPA

She was the perfect employee. She worked long hours, and never had anyone fill in for her to do her bookkeeping duties. She never took a vacation unless the doctor, her employer, was also away. She took care of all the office details herself.

The only problem: She was stealing the doctor blind.

Fraud. Embezzlement. Theft. Physicians are particularly vulnerable because they often entrust their office manager and bookkeepers with nearly all of the duties and oversight of the books.

But that is exactly what should not happen.

Most embezzlement starts small. The individual may be struggling financially to pay bills, or is going through a divorce and finds that money is tight. Rationalization is easy: "I just need a little and I'll pay it back next month."

But if controls aren't in place, that person sees how easy it is to not pay it back,

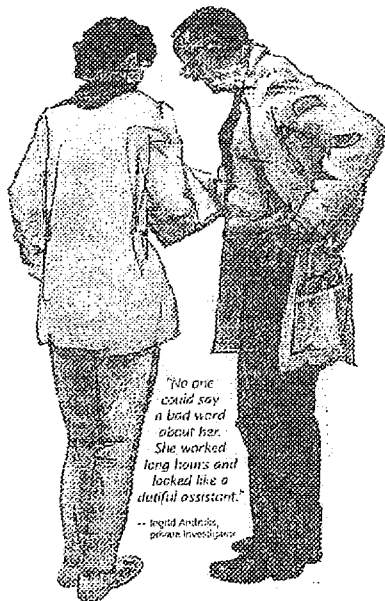
and how simple it would be to take more.

Ingrid Andrusis, a private investigator in Portland, and Yergen and Meyer, LLP, recently helped uncover embezzlement in the office of a private practice physician who lost much of his practice's income and thousands of dollars from his retirement funds to a trusted employee. That perfect staff member who handled all the details of the office books.

"Her books were so complex," Andrusis says. "She moved money around through various business accounts. It was an arduous task to identify true income." The woman's thieving was eventually discovered, but only after the physician closed his practice and the unpaid bill notices started rolling in – bills the doctor thought had been paid long ago.

Then, after getting bank records for several years, the doctor discovered that his loyal, long-time employee had taken his money.

She used many methods to divert patient payments. She kept no records to verify the form of payment, for example,



See "Embezzlement" page 6

## Where a practice is vulnerable

Embezzlement methods vary, but generally occur in three business practice areas: the cash receipts cycle, cash disbursement cycle and in other accounting adjustments.

In the cash receipts cycle, an employee may pocket any patient payments, particularly those paid in cash, and never enter the charge or payment into the system. Or, the charge may be recorded then removed later through the use of an adjustment.

How to avoid this? Regularly review your appointment schedule, follow several patients through the process from charge tickets, claims filed, payments received, and to the bank deposit slip. Investigate all differences. In the cash disbursement cycle, always authorize all expenditures, verify the receipt of purchased items and require that you authorize the actual disbursement of cash. Don't keep any signature stamps in the practice. Often the employee creates fake companies to issue invoices. The employee prints false invoices to that imaginary vendor, the invoices are sent to the practice and payment is sent to a post office box – which actually belongs to the thieving employee.

How to avoid this scenario? Be familiar with your vendors. Ask about new vendor names. Require that invoices and proofs of purchase be attached to any checks to vendors. Call phone numbers on new vendors to be

See "Vulnerable" page 6

## Embezzlement

from page 5

whether patients paid by cash or check. Vague record keeping made it impossible to collect on old accounts, as well.

He also gave significant authority to this single individual.

"This individual provided all necessary information to the accountants. So there was no need for the doctor to review canceled checks. No one ever saw anything out of the ordinary," Andrulis says. Physicians must take an active part in their businesses to avoid embezzlement. For example, simply having canceled checks and bank statements sent to their homes to review can have the potential of deterring a thief.

The bottom line: Trust no one. And when you feel something's not right – immediately check it out.

How common is embezzlement? It's not clear because it tends to be an under-reported crime. Business people, physicians included, often feel humiliated that they've been fooled by someone they trusted. But they shouldn't because it's surprisingly easy to fall victim to someone who is intent on cheating. Indeed, this loyal employee was well respected and never suspected. "No one could say a bad word about her," says Andrulis. "She worked long hours and looked like a dutiful assistant."

What is the best deterrent to employees considering embezzlement? The knowledge that someone will be reviewing their work. Physicians must set up the systems within their practices to have oversight, and regular review. ■

*Suzanne Taylor, CPA is a partner with Yergen and Meyer, LLP. This article originally appeared in the 3/19/99 issue of the Portland Physicians' SCRIBE, the newspaper of the Medical Society of Metropolitan Portland. Reprinted with permission.*

## Vulnerable

from page 5

certain they exist. Check the addresses on invoices. Never issue a check without an invoice or check request. Don't pay off of statements.

Embezzling employees also may:

- Use a bad debt expense account to hide stolen funds. The employee may adjust a patient charge into a bad debt account, eventually write it off as uncollectible, thus leaving the employee free to take the cash when the patient pays.
- Overstate adjustments from insurance companies, and pocket the difference.
- Input bogus charges on an otherwise bonafide insurance claim form. When the check is received, the employee converts the check and skims the overage.
- Create fraudulent claim forms, based on a likely diagnosis/procedure for a particular patient. When the check comes in, the employee cashes it.

So what can a physician do, without taking on all the bookkeeping?

- Make certain office duties are segregated. Have one employee open the mail, photocopy the checks, and another make out the deposit slip. Make sure more than one person understands your accounting system.
- The person who posts payments

and adjustments into the computer system should never see the actual checks. That person should post from photocopied checks and EOBs.

- Require all employees to take annual vacations.
- Never, ever have a signature stamp available to employees. Sign everything yourself, personally.
- Review contractual adjustments. Occasionally review month-end reports that list each posted adjustment.
- Review appointment schedules and follow several patients through your system, making sure payments are received for services provided. Compare cash receipts posted in your accounting system with cash deposits in the bank.
- Review bank deposit slips to see if the "less cash" part is ever used. Investigate why.
- Have your bank statement mailed directly to your home. Take five minutes each month to review each processed check to make sure none has a forged signature, or a payee's name has been changed.
- Make sure all important reports and documents (bank statements, month-end reports, financial statements, appointment schedules, fee tickets) are saved. Don't allow employees to shred documents unless you have approved it.
- Approve all accounts sent to a collection agency and written off as bad debt expense. ■

**Puget Sound Area, WA:** You know how you want to set up your practice. We can help you do it. Dynamic community-based healthcare organization seeks BC/BE Family Practitioners. Flexible financial packages and practice positions available from independent to group settings, practice management to full employment. Convenience, quality 225-bed hospital and excellent location in fast-growing, family community. Close to Seattle with year-round recreational opportunities. We are an equal opportunity employer. Contact Kathy Guy, Administrative Director of Clinics, Good Samaritan Community Healthcare, 407 - 14th Avenue SE, Puyallup, WA 98371, (253) 848-6661, Ext. 1865.



# Pierce County Medical Society

invites you and your spouse/guest to the

## June General Membership Meeting

Tuesday, June 8, 1999

Social Hour: 6:00 pm  
Dinner: 6:45 pm  
Program: 7:45 pm

Landmark Convention Center  
Temple Theatre, Roof Garden  
47 St. Helens Avenue  
Tacoma

### Care at the end of life - opportunities for improvement

featuring

Marilyn Pattison, MD  
Stuart Farber, MD



(Registration required by June 4. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve \_\_\_\_\_ dinner(s) at \$20 per person (tax and tip included)

Enclosed is my check for \$ \_\_\_\_\_ or my credit card # is \_\_\_\_\_

Visa     Master Card    Expiration Date \_\_\_\_\_    Signature \_\_\_\_\_

I will be bringing my spouse or a guest. Name for name tag: \_\_\_\_\_

Signed: \_\_\_\_\_

Thank you!

# Wall Street Journal provides interactive mutual-fund tips

Reprinted from the Wall Street Journal,  
5/5/99

## Charles Schwab [www.schwab.com](http://www.schwab.com)

**Tools/Toys:** If you're an account-holder, you can customize a home page and use the Asset Allocation Tool Kit. Anybody can try out the Mutual Fund Screening Tool which sorts funds by fees, size, performance.

**Resources/Usability:** Stack together as many as 50 funds of the thousands sold by or through Schwab to compare them. But there's limited charting capability. Account-holders can get independent research in the Analyst Center, plus daily updates on the status of fund holdings.

**Transactions:** Yes, with one of the biggest mutual-funds "supermarkets" around, site is one of most heavily used for buying/selling funds.

## E\*Trade [www.etrade.com](http://www.etrade.com)

**Tools/Toys:** Invest an imaginary \$100,000, join discussion groups.

**Resources/Usability:** Conduct research on thousands of funds. A "power search" allows investors to use ever-narrower criteria. Explanations are clear, concise, easy to read.

**Transactions:** Yes, lots of buying opportunities. Site has one of the widest selections of funds - around 4,300.

## Fidelity Investments [www.fidelity.com](http://www.fidelity.com)

**Tools/Toys:** Helpful, interactive retirement section. There's a Roth IRA presentation and planning tools for funding college education, plus tax-preparation help.

**Resources/Usability:** The site contains information from fund-tracker Morningstar Inc. about more than 3,000 funds from over 300 companies. The best things are reserved for Fidelity customers, including real-time stock and mutual-fund quotes and the ability to extensively chart the performance of funds. When we searched the site in late March without account-holder privileges, results for funds were only through February 28. But funds snapshots are quite good, detailing fund fees, expenses and volatility. The site also offers annual/semiannual fund reports.

**Transactions:** Yes

## Morningstar [www.morningstar.net](http://www.morningstar.net)

**Tools/Toys:** Offers a few nifty tools, including 401(k) and individual retirement account calculator, as well as a fund selector. Put the cursor on "Quicktakes" to get snapshots of a fund's risk, return, expense ratios, plus news and analysis. Investors can track up to 10 portfolios with as many as 50 funds or stocks in each.

**Resources/Usability:** Can 295,000 free users be wrong? "Premium" users, who pay \$9.95 a month or \$99 a year, get daily market updates, two portfolio updates daily and news alerts on holdings via e-mail. Day-trader alert: Who says you have to be a long-term owner? This site gives you daily mutual fund leaders and laggards, based on the previous day's performance data. Most experts writing the site's analytical pieces are - surprise! - Morningstar analysts, but the fund tracker is known for its consumer-friendly and independent approach.

**Transactions:** None

## Mutual Fund Investor's Center [www.mfea.com](http://www.mfea.com)

**Tools/Toys:** There's a retirement worksheet and "My Personal Portfolio" tracks performance of as many as 9,000 mutual funds. FundCenter locates category leaders, lowest-cost funds and those with the lowest investment minimums.

**Resources/Usability:** The Education, Planning and Retirement Centers are good places for the novice to start. Funded by no-load fund companies, this is a gateway to 42 other sites. But while this site isn't plastered with advertising, as some are, fund firms do conspicuously post articles on the home page about their own sites, funds, managers, performance, etc. What some might like about this site: Anonymity. You can download and print educational materials without registering, as is required on some other sites, notes Michelle Smith, managing director of the Mutual Fund Educational Alliance, a consortium of no-load fund companies that run the site.

**Transactions:** None

## Scudder Kemper Investments [www.scudder.com](http://www.scudder.com)

**Tools/Toys:** IRA calculator, retirement planning tools, asset-allocation worksheets. An online financial "concierge" takes written questions and directs visitors to the proper area when asked such questions as, "What is a growth fund?" But don't expect sophisticated answers to more conceptual questions. "Why should I care about a fund's risk level?" sent us to a list of daily prices of Scudder's funds.

See "tips" page 10



# The health status of Pierce County

Over the next few months, the Tacoma-Pierce County Health Department will publish articles about the health status of Pierce County residents. We hope physicians and other medical providers will find the reports interesting and useful to their practice.

In addition to engaging private providers' interest in Pierce County statistics on mortality and morbidity, the data should provide a framework for understanding the health department's priorities for prevention strategies. Over the next several years, our goal is to reduce illness and death related to smoking, alcohol abuse, violence and HIV/AIDS. These areas are related to behaviors which we believe health promotion campaigns, carefully crafted and targeted, should be able to change. The charts and narratives we include in the Bulletin are baseline statistics against which we can compare numbers in the future to determine the effectiveness of our strategies.

## Access to Care

What happens when someone does not have medical insurance? What are the impacts on the individual and on a family when health coverage is inadequate to their needs? Without insurance or with only partial coverage, individuals make choices not to see a physician, even when they believe they should. Without insurance, individuals and families receive neither

health care nor information that helps prevent medical problems. The Health Department has collected data on levels of insurance coverage and on their impacts. Some of those figures are shared in this article.

In Pierce County:

- ◆ Half (50%) of the uninsured adults who said they probably needed to see a doctor during 1998 did not do so. They said cost prevented it. By comparison, only eight percent (8%) of the insured adults did not see a doctor when they felt it was necessary.

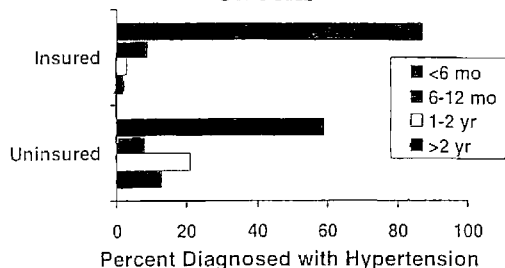
- ◆ Uninsured adults are less likely to have received routine medical checkups in two or more years, compared to medically insured adults (see chart). This is according to the Behavioral Risk Factor Survey, developed by the Centers for Disease Control and completed by the health department in 1995.

- ◆ Almost twenty percent (20%) of uninsured women have not had a pap smear, to detect cervical dysplasia and early-stage cervical cancer, in more than two years.

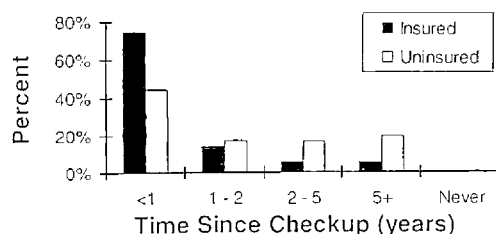
- ◆ Among county adults who have been diagnosed with hypertension, those without insurance are less likely to have had a blood pressure checkup than

See "Health" page 14

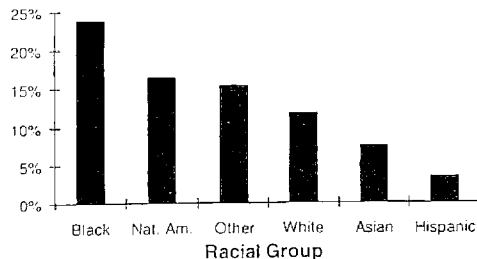
## Recency of Blood Pressure Checks



## Time Since Last Medical Checkup



## Percent of Adults Within Each Racial/Ethnic Group Who Are Medically Uninsured



Pierce County Adults  
Source: OCA BRFSS (1995)

**Tips** *from page 8*

**Resources/Usability:** Well-gearred for the inexperienced user. Create an on-line profile and after a few queries about age, retirement plans and such, Scudder divines your interests and sends messages on subjects of possible interest.

Fund data from both Morningstar and Lipper Inc. are available to analyze Scudder funds, but not rival funds. While investors can't buy rivals' funds on this site, Scudder will track and price them inside its "Personal Investment Organizer."

We discovered this oddity as we tried out the retirement planner: By modestly increasing inflation and interest rate assumptions, we three times were told we need to save a negative number each month to reach retirement goals. (Surprisingly enough, there was an allocation strategy suggested to meet that goal!)

Transactions: Yes

**SmartMoney**  
[www.smartmoney.com](http://www.smartmoney.com)

**Tools/Toys:** Interactive performance comparisons, and investors can compare two funds over one, three or five years. An asset allocator helps figure out retirement income, college plans. There's "Ask SmartMoney" for specific questions. (SmartMoney is published by Dow Jones & Co. in a joint venture with Hearst Corp. Dow Jones also publishes The Wall Street Journal.)

**Resources/Usability:** Content is refreshed often during the day, usually with analysis. Fund profiles are tagged in green, red and yellow to denote what's good, bad or otherwise notable. Some tasks take longer, such as having to go to a different screen to find out what a fund's symbol is.

Transactions: None

**Strong Funds**  
[www.strong-funds.com](http://www.strong-funds.com)

**Tools/Toys:** Lots of interactive tools – retirement and college calculators, portfolio planners, a quiz to test your mutual-fund knowledge. (If you fail a question, you're automatically linked to a section that contains information you missed.) Watch fund-manager interviews online, live or taped. And there's a quiz that gives investors ideas on portfolio structuring, customized to your age and risk tolerance.

**Resources/Usability:** Easy-to-use charts (powered by Donaldson Lufkin & Jenrette's online trading unit, DLJdirect) that allow comparisons of Strong funds with indexes and rival funds over various periods, up to 10 years. Also, there is extensive daily market comment, courtesy of DLJ. Lots of helpful documents are available.

Transactions: Yes

**Vanguard Group**  
[www.vanguard.com](http://www.vanguard.com)

**Tools/Toys:** Interactive quizzes help investors determine risk tolerance, proper investment mixes and how much to stash into an IRA, among other features.

**Resources/Usability:** Full of objective, educational material that doesn't push Vanguard products. (It even makes a case against IRAs.) Extensive explanations of recent tax laws. Portfolio summaries can track Vanguard and non-Vanguard investments. Extremely easy for the novice to navigate. Provides investors with free Navigator Plus software for financial planning. (Many people buy such software from stores.) The Learning Center has 10 in-depth, step-by-step tutorials on mutual-fund investing. There is even a library with Vanguard founder John Bogle's speeches, among many selections.

Transactions: Yes

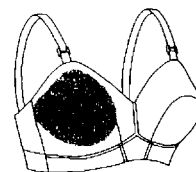
Also of Note:  
[www.fundalarm.com](http://www.fundalarm.com)

If the mutual fund Web-site world had a gossip column, this might be it. Highlights include "3-Alarm Funds," which is a list of portfolios regularly lagging behind their benchmarks, plus news of fund manager changes and sassy commentary on the industry. ■

**Approved Interpreters for Medicaid changed as of April 1, 1999**

To satisfy the state's purchasing requirements, Washington is changing its contracts with interpreter agencies for Medicaid effective April 1. The Medical Assistance Administration (MAA) recommends that physicians' offices confirm that any interpreter agency they use has a contract with the state. Otherwise, the interpreters may look to the physicians' office for payment of their services to Medicaid patients.

A list of the participating agencies can be obtained by contacting PCMS at 572-3666, or check the State General Administration office's website at <http://www.ga.wa.gov/pca/pcacont.htm> and enter contract #15398. ■



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## A Career Well Spent

by J.D. Fitz, MD

On the occasion of my friend **Bob Kallsen's** retirement, I'd like to celebrate with you what I have come to find out about his personal and professional life. Many of the members of the PCMS have known and loved Bob for longer than I, but I feel a special claim to his friendship, having shared offices and support staff with him for the past several years. I have always admired and tried to emulate Bob's dedication to his patients, his uniformly positive outlook on life, his professionalism in regards to his staff relations. I will always treasure the role modeling he has provided me in so many areas.

Bob was born and grew up in Pipestone County, located in southwest Minnesota near the South Dakota and Iowa borders. He attended the University of Minnesota - both undergraduate and Medical Schools. His medical school was on the fast track during World War II. In order to satisfy his draft board, Bob enrolled in the V-12 program and entered active naval service during his senior year of medical school.

After graduation, he was transferred to the Naval Hospital. While there, still during the war, he met a young lady named Mavis at the University of Washington. She was studying Chinese languages there in order to become a "spy" for the US government. Mavis says she first met Bob when she had to throw him out of the women's dormitory at the UW (acting in her role as Resident Associate) one evening. He will only admit to "playing bridge" with another young lady at the time.

Bob was subsequently assigned to the naval fleet in the South Pacific. The war ended during this assignment and Bob had the privilege of representing the US Naval fleet and meeting with the Chinese communist physicians at the occasion of the Japanese surrender. After the War he found Mavis and the two were married in 1946. They returned to Minneapolis where he completed his Internal Medical Residency. After this he took a position at the Scripps Research Clinic in San Diego. While there he had the opportunity to meet two little known gentlemen named Dr.'s Merck and Upjohn on the development of obscure pharmaceuticals such as Hydrochlorothiazide and antidiuretic hormone. Bob then was asked to start the San Diego blood bank but was soon thereafter recalled into active duty during the Korean Conflict. By this time Bob and Mavis had three of their eventual 5 children.

After returning from active duty at the Naval Hospital in San Diego, Bob and several friends decided to return to their rural roots and began a practice of Internal Medicine in northern Minnesota on the "Iron Range." Bob says that Mavis only had to see the first snowfall to realize that she was not going to live in the tundra. He began to peruse the classifieds and found a practice in Tacoma for sale due to the untimely death of its' owner, a Dr. Quevli. They bought the practice (note that I did not say "They reviewed the benefits package and negotiated a contract to include a moving allowance") and moved their family to their present home in the North End. Thus began Bob's



*Robert A. Kallsen, MD*

44 year Tacoma career in 1955. Mavis decided that after their multiple moves that "this was it" and she was right!

Bob initially practiced in the Medical Arts Building and subsequently in the building on 5<sup>th</sup> and L which is now occupied by the Rainier Surgical Associates. After many years of practice in these locations, Bob moved to Jackson Hall to make room for the expanding Tacoma Family Residency program, which began its existence in his building on L Street. And more recently, he has moved his practice into the Residency building in order to facilitate the Resident's continued participation with his patients. Bob's practice has been an integral part of the teaching focus for the TFM Residents in the areas of Internal Medicine and Geriatrics. And since its' inception, Bob has always taken an active role in the Residency, beginning his involvement as a member of its' initial Board with Dr. Roy Virak and others. Over the years he has been one of the major supporters through his committed volunteer teaching services and his active participation in the conferences and rounding activities. Bob still has the distinction among all the residents or faculty of having the best attendance at Morning Report and the daily teaching conferences. Because of his dedication to his patients and his devotion to the professional elements of practice (on-See "Career" page 18

# Andy Dolan advised members about effective physician organizations at April General Membership Meeting

Andy Dolan offered valuable advice and optimism for the future of medicine when he spoke to the crowd at the April General Membership Meeting.

He noted there are currently external factors that have added to difficult times for physicians and that is two other groups vying for the same health care dollars as physicians - hospitals and alternative medicine providers. This increases the competition for the money and will force physicians to become more involved and active in their careers and in politics.

He explained one of the biggest mistakes physicians have made is signing any contract that is given to them. Once you learn how much it costs you to provide medical care, then you will know what price you can sell it for. The day will come when physicians will have to say, no.

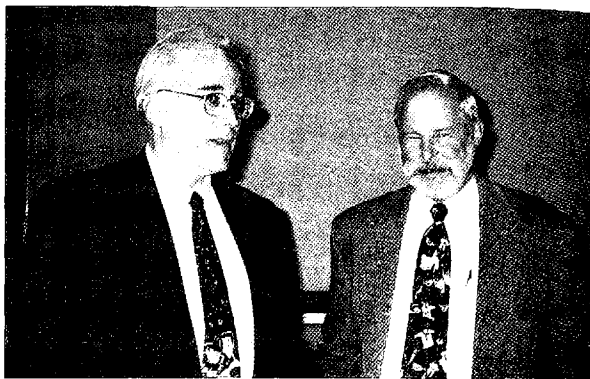
He advises everyone to get into larger groups. "It is essential for contracting with carriers as it provides more clout. The little office will have a difficult time surviving." ■

*Pictured at right:*

*Top: Dr. Joe Wearn (right), Tacoma pediatrician, visits with speaker Andy Dolan after the meeting*

*Center: Dr. Tim Schubert (center), gastroenterologist, and his wife Arlene, smile for the camera while neurologist Dr. George Delyanis looks on*

*Bottom: Dr. Mark Yuhasz (left), radiologist, visits with Dr. Matthew White, Lakewood family practitioner after the meeting*



## Personal Problems of Physicians

*Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?*

- \*Robert Sands, Chair     752-6056
- Bill Dean                     272-4013
- F. Dennis Waldron        265-2584

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# In My Opinion .....

## I'm Depressed

*"Well I'll be hanged."*

*Judas Iscariot, when he found out his SSRI RX was changed*

by Nichol Iverson, MD

I'm depressed. I received a letter from one of the local insurance companies that stated that I was over prescribing a certain green and cream colored capsule to treat depression. I have been living in this delusional world that tailoring medicines to a patient's specific needs and side effects is good medicine. Wrong. A carefully penned letter on glossy paper with pie graphs and numbers and letters on the back identifying me as the guilty party in a crime against society snapped me back to reality. Rather than sending my patients to the health food store to get St. John's Wort, chew on a Chinese herb, or drink 17 lattes before breakfast, I prescribed effective prescription drugs! On careful perusal of the pie graph, my "wedge of pie" usage of the aforementioned capsule was actually less than my peers. Confused? You bet. Impulsively I began singing, "You can get anything you want, at Alice's Restaurant," until my pharmacist wife dragged my limp body to the sofa.

Scanning the literature about depression can be depressing. Most experts agree that this debilitating malady creates all sorts of grief, and has now been linked to many "physical" ailments such as coronary deaths, accident rates and plain old run of the mill suicide. Practicing critical care medicine has allowed me to observe multiple suicide attempts by the same patients, fortunately rarely successful. Consecutive successful suicides appear to be rare. Most psychiatric literature and conferences (one's

NOT supported by an SSRI manufacturer) have, pounded into my head the failure of primary care physicians to treat depression adequately. When I received my letter from Dr. Ray Junts, MD, MA, JD, my wife (the pharmacist) was quick to point out that pharmacists have prescriptive authority, and have been allowed in many clinics to prescribe "equivalent" albeit cheaper medicines "for better care of the patients" not to mention a larger bottom line for the insurance companies. How much do the CEO's of all these insurance companies make anyway? How much are these companies spending to keep us from spending? How many years did these morons spend in medical school, residencies and learning the art of medicine in their practice? I would love to see the faces of all these cost cutters when they have a personal crisis and their choices are limited by their own system.

Since physicians and other health care givers have taken a hammering in incomes and have been dealing with a huge pile of paper to treat insurance companies, the time may have arrived to consider one (ugh!) payer for health care in our state. How about a system in which there is only one middle person, thereby eliminating the greatest waste in medicine - time. Consider all the time we spend filling out forms, changing prescriptions, getting approval for hangnail and wart surgery, the consumers of medicine would wind up with much more of my time. Emotional energy units



Nichol T. Iverson, MD

***"How about a system in which there is only one middle person, thereby eliminating the greatest waste in medicine - time. Consider all the time we spend filling out forms, changing prescriptions, getting approval for hangnail and wart surgery, the consumers of medicine would wind up with much more of my time."***

(EEU's) left over to care for patients and to improve record keeping would be spent improving the health of the community. Perhaps it is time to take all the insurance companies to task, eliminating all their CEO's, bureaucrats and other high school dropouts whose sole job is to pester physicians to death. The vision statement for this insurance: We shall collect money to pay hospitals and physicians to care for patients. Period. Can somebody gimme a Prozac?? ■

# Applicants for membership

**Neuhalfen, Elizabeth A., MD**  
**Family Practice**

Practices at Good Samaritan Community Health, 16515 Meridian East, #104A, Puyallup 98375; 240-1859

Medical School: University of Nebraska

Internship: Madigan Army Medical Center

Residency: Madigan Army Medical Center

**Smith, Wendall J., MD**  
**Cardiothoracic Surgery**

Practices at Cardiothoracic Sur-

geons, 1207 South 5<sup>th</sup> Street, Tacoma 98405; 572-8777  
Medical School: Rush Medical College

Residency: Parkland Memorial Hospital

Fellowship: Harvard Medical School

**Stewart, William M., MD**  
**Anesthesiology**

Practices with Pacific Anesthesia, St. Joseph Medical Center, PO Box 2197, Tacoma 98401; 591-6625

Medical School: University of Utah

Internship: University of Utah

Residency: University of Arizona Health Sciences Center ■

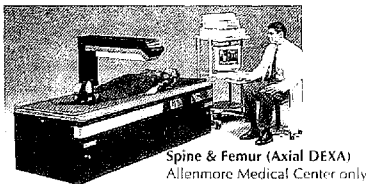
# Health *from page 9*

those with insurance (see chart), missing out on a simple mechanism for preventing cardiovascular accidents and deterioration.

♦ Overall, there seems to be patterns of who is and who is not insured (see chart). African Americans lead the list of populations with uninsured adults; Native Americans are second. Note that in the survey results, Hispanic people are under-represented, so the data on that population may not be accurately reflected in the chart.

For more information on the data, contact Rick MacCornack, Senior Epidemiologist and Public Health Manager, at 798-4788. ■

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# The Invisible Hand.....

## Cost, Value and Price

*Value is the most invisible and impalpable of ghosts, and comes and goes unthought of while the visible and dense matter remains as it was.*

W. Stanley Jevons  
Investigations in Currency and Finance, 1884

by Andrew Statson, MD

When the California Medical Association came out with its first Relative Value Schedule, it was based on actual charges. The market had determined them as the price for medical services, except for surgical fees. The price of surgical services had been bid higher than comparative medical or obstetrical ones because insurance covered hospital and surgical charges.

As insurance coverage expanded to the other fields, that distortion in the market was factored into the payment schedules of Medicare, Medicaid, the bureaus and other payers. It became a source of animosity between procedural and cognitive physicians, and eventually led to the development of the Resource Based Relative Value Schedule and lower payments for all. The surgeons felt the squeeze more acutely, because of the earlier distortion in the market.

The economic effect of the current payment squeeze has already changed the practice of medicine. Our hospitals and offices are reducing overhead, while increasing the workload. At the same time those of us who can, leave medicine for other fields. Others retire. The new physicians who are going to replace us are much less willing to work the long hours we put in. The change in the medical work force, not only physicians, but also nurses and other personnel, will reduce the supply of services. The market will exact its price.

Even so, the main economic problem for health care in this country is not the squeeze we all experienced, although it is a problem. Much worse is the economic distortion brought about by the resource-based reimbursement for goods and services, better known as "cost plus valuation".

I don't know whether cost plus valuation originated with Karl Marx, but according to him the value of an item is determined by the amount of work required to produce it, specifically the number of work hours. He had to admit that no amount of labor can make an essentially worthless object valuable. He had to skirt the issue of art valuation. Since he believed in equality, it did not occur to him that some workers might produce more value in a given time than others. Another economist, Alfred Marshall, wrote in 1890: "We might as well dispute whether it is the upper or the under blade of a pair of scissors that cuts a piece of paper, as whether value is governed by utility or cost of production.

The labor theory was at the basis of the socialist economies and to the extent that it was applied into practice, it contributed to their downfall. Cost plus valuation and the labor theory of value are essentially the same thing. They are based on the fallacy that there is a direct connection between cost of production and market value. If such were the case, Beanie Babies, that cost pennies to produce, would not sell for hundreds of dollars.



Andrew N. Statson, MD

Value is determined by the price at which the buyer would rather buy, than keep his money; and the seller would rather sell, than keep his product. The cost of production comes into consideration only when making the decision to produce something. If the cost is higher than the expected market value there will be no room for profit and the item will not be produced. On the other hand, if the value is much higher than the cost of production, the volume of production will increase, either by the same manufacturer or by a competitor, and the resulting surplus will bring down the market price closer to the cost of production. For instance, Visicalc and Lotus 1-2-3 sold for over 300 dollars initially, but now entire suites of programs can be bought for about half that.

How the market functions is illustrated by the following example: Slide rules were a valuable tool in several fields, primarily engineering. When electronic calculators appeared, and as their price gradually came down, the market value of slide rules dropped below their manufacturing cost. Production ceased and the slide rules in the pipeline were sold at huge discounts. Today there is no market for them.

Our government uses cost plus valuation because it buys items, such as tanks, submarines and bombs, for which there is no market

See "Cost" page 16

## "Cost" *from page 15*

to price them and determine their value. Its purchases are based on political, not on economic considerations. This system of payment ran into trouble when the government entered health care financing with Medicare and Medicaid. The hospitals were paid on a cost plus basis. That resulted in a spending spree, and eventually had to be controlled with certificate of need requirements, then with the DRG based prospective payment system. For physicians HCFA brought about the RBRVS. Right or wrong, that is how the government operates. We cannot expect anything else.

Our patients are not concerned about cost. They are concerned about the value of our services to them. They assess it according to whether we helped them deal with their problems. They know we cannot always cure them, even though they would like that, but they expect we will be there for them through hard times and we will do our best to make things easier for them. I don't know what the cost is of a warm smile, a gentle touch, an expression of concern and caring, and all those little things patients call our "bedside manner". These are the things that give them the nudge to keep going, to keep fighting, to keep living. I wonder what could be the resource based value of the human touch that is so much a part of clinical practice. I could not find it in the CPT book, there is no code for it. The managed care plans probably don't know it exists, or if they did, they don't care. Only the patients can determine its value.

The most distressing thing I see today is the lack of caring. It hit the hospitals first, but it is infiltrating our offices. We are rushed. The burden

of paperwork has increased tremendously. We have less and less time to devote to our patients and their care suffers. They suffer. We see it, but we are helpless. Our protests have been largely ignored. The powers that be don't care what we think.

The purchasers of health care insurance, that is the big employers, and the insurance companies selling the policies are cutting costs. It is true that they have a lot of money, a lot of lobbyists, a lot of clout. Still they have to face their employees from time to time, and there is one thing they cannot do, they cannot vote. Congress and the state legislatures are concerned about the cost of health care. They are even more concerned about getting reelected. Government intervention is best avoided, but mistreating people is bound to bring about retribution, one way or another, sooner or later. Already people are having to deal with the problems we saw coming some time ago, and they are unhappy. The popular discontent is growing. Our patients will make things change. Our role in this conflict is minor, but important. It is to maintain our allegiance to our patients and to remain their advocates. ■

**Puyallup, WA:** Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 10 hour shifts. Clinic hours are 12 noon to 9:30 pm Monday-Friday, 10:00 am - 7:30 pm Saturday, Sunday and holidays, outpatient only. \$50/hr, benefits available. Send letter of introduction and CV to Urgent Care Center Application, Good Samaritan Community Healthcare, Attn: Kathy Guy, PO Box 1247, Puyallup, WA 98371-0192.

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## A Mother's Tear

by Teresa Clabots, MD

The other nite  
I could not sleep  
I tossed and turned all nite,  
My baby here  
within my reach,  
was also sleeping light.

I went to feel  
the ocean breeze,  
and smell those memories,  
that open doors up to the past,  
and hold me in their spell.

The crying sea swelled  
with every breath,  
and groaned with every sigh.

I went to watch  
the light reflected  
off that silvery moon.  
A gently hanging  
silver pendant,  
on the night's bosom.

I saw the moon like a medallion disc  
someone had bitten off,  
It seemed serene, pristine, alone,  
a host, a halfhost moon.

I saw my mother  
up in the clouds,  
her face a Pieta's smile.  
Sweetly cooing at the child,  
she cradled in her arms.

The babe in arms,  
all fluffy and fat,  
her fingers were pulling hair.  
I saw my mother wince and smile  
and gently kiss those fingers.  
With eyes fixed on her mother,  
and legs like pistons kicking,  
she giggled, cooed and pulled again.

Caressing and humming out loud,  
my mom snag cradle songs,  
A Mother Mary lullaby,  
the other of sweet Jesus.  
She coaxed the infant to her sleep,  
and calmed away her fears.

I saw all this in clouds up high  
as tears washed my many sins.  
I called for her and shouted loud  
yet she didn't turn my way.

I saw she was content, relaxed,  
she'd had a full career,  
for one could tell her sacrifice,  
in the slow rhythm of her sway.  
(As a mother she'd spent  
many a sleepless night  
for the comfort on another.

In anger and pain I called again,  
I wanted her full attention,  
But all she cared for .....  
was the babe in her arms,  
who had her full devotion.

Through her blood and milk  
and sweat and tears  
into that babe  
she poured out her very essence.

For as the sun's gold rays reached  
out to her  
like the fingers of God's own halo  
the clouds were stretched much  
thinner,  
thru the haze I could see the  
face....  
...of the babe in her arms much  
clearer.



*Teresa Clabots, MD*

For as God reached out to take his  
servant,  
she was happy as could be.  
For you see.....  
SHE was content with her lot in life;  
For the babe she nursed was me.

\* \* \* \* \*

I turned to the infant in my bed  
as I put her to my breast.  
My tear touched her cheek  
as I realized.....  
my mom's spirit was in MY babe.

And I thanked my God  
that I had known this woman  
who had taught me to be a mother.

How to love,  
what was right,  
how to help another  
and also how to forgive.

As we shape each soul  
that God has entrusted  
in our circle of love.

---

*Dedicated to the memory of Alicia  
Garcia-Otero Gaston, 1924-1997*

## Career *from page 11*

going study, participation in learning activities), he is a valued and respected member of the TFM family.

But more than all of these elements I have mentioned, Bob is a real person with many active interests in various areas. Bob and Mavis are taking yearly trips to fly-in BC fishing destinations, he is seen at Crystal Mountain frequently, he takes an active interest in his landscaping and he maintains wonderful relations with his 5 children, 12 grandchildren and 2 great-grandchildren.

As Bob has been my mentor, model and friend, I wish him well in this next phase of his life and career. I'm quite sure I will be seeing him at conferences and CME activities and I know he will be enlarging his already full life outside of medicine with the extra time he will have available. Congratulations, Bob on a career well spent! ■

## Dennis Waldron, MD to be honored by the CCFA

F. Dennis Waldron, MD will be receive the 1999 Torch of Friendship Award at the annual dinner of the Crohn's & Colitis Foundation of America, Washington Chapter. The meeting dinner will be held on Saturday, May 22 at the Glendale Country Club in Bellevue.



F. Dennis Waldron, MD

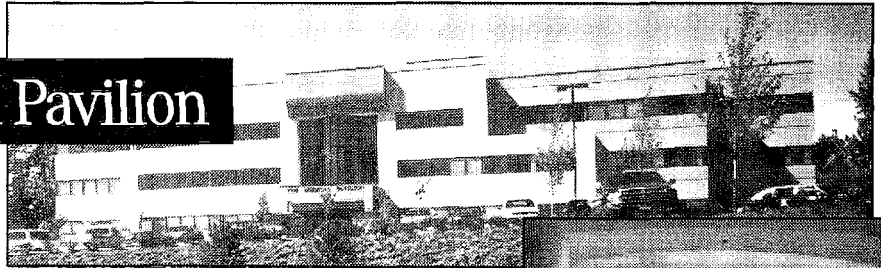
Dr. Waldron is being honored for "his pioneering services in gastroenterology as the first GI physician in Pierce County and for his commitment to the fight for health for people with Crohn's disease and ulcerative colitis.

Congratulations, Dr. Waldron. ■

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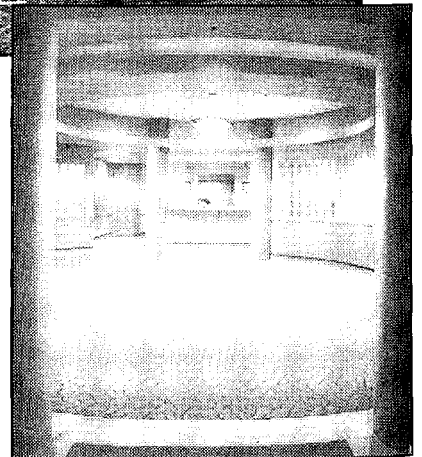
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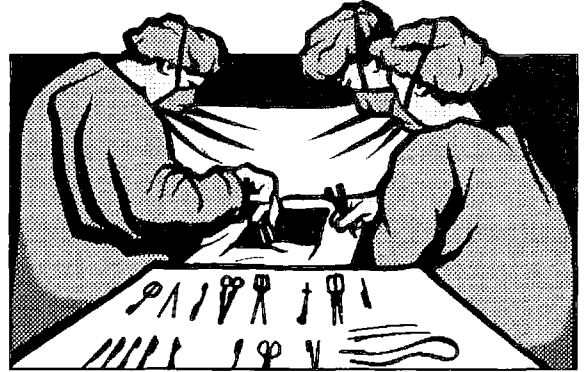
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# COLLEGE OF MEDICAL EDUCATION

## Surgical Update CME, May 14 & 15 offers dissections and lectures

The very popular dissections, demonstrations and lectures presented annually by the Tacoma Surgical Club are set for May 14 & 15. The program will be held at Tacoma Community College in the Lecture Hall, Building 16.



## Law & Medicine Symposium set for May 21, 1999

The very popular Law & Medicine Symposium offered by the Medical/Legal Committee is scheduled for Friday, May 21, 1999. The symposium presents topics of common interest to both physicians and attorneys.

This year's program has been designed by Joseph Just, JD and Nicholas Rajacich, MD and will be held in the Lagerquist Conference Center at St. Joseph Hospital in rooms 1A & B.

The program will offer physicians 6 Category I CME credits for AMA. The schedule includes addresses on the following topics:

- ◆ **Boundary Violations – Sexual Misconduct**
- ◆ **Legalization of Marijuana**
- ◆ **Unionization of Physicians**
- ◆ **Y2K**
- ◆ **Representation Before the Medical Quality Assurance Commission**
- ◆ **HIV – Names Reporting**

Registration remains open for the program. Please call the College, 627-7137 for registration information. ■

On Friday afternoon, dissections and demonstrations on cadavers will be performed for health care providers and interested students. Beginning Saturday morning, several short lectures featuring the latest developments in surgery will be presented by local physicians and Army Medical Corps doctors.

The 68th annual program is directed this year by Dr. David Magelssen. The Surgical Club Annual Dinner, open to Surgical Club Members and invited guests will be held Saturday evening, May 15 beginning at 6:30 p.m. at Tacoma Country and Golf Club in Lakewood.

The program's schedule is as follows:

- ❖ **Blood & Component Replacement**
- ❖ **Hypovolemia, Shock & Cellular Vessels**
- ❖ **Dissection: Thorax, Major Vessels**
- ❖ **Dissection: Upper Abdomen & Retroperitoneal Space**
- ❖ **Penetrating Injuries of the Abdomen**
- ❖ **Pancreas, Stomach & Liver Trauma**
- ❖ **Intraabdominal Vascular Injuries**
- ❖ **Dissection: Female Pelvis**
- ❖ **Burn Injuries**

For specific program scheduling or registration information, please call the College at 627-7137. ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Saturday, May 15	Surgery Update 1999	David Magelssen, MD
Friday, May 21	Law & Medicine	Joseph Just, JD Nicholas Rajacich, MD

## 1999 Physician Directory changes

**Colen, John, MD (Retired)**

7310 Amber Lane SW  
Lakewood, WA 98498  
Phone: 582-4899

**Hall, Jerome, MD**

2101 North Pearl Street, #300  
Tacoma, WA 98406  
Phone: 756-5100  
FAX: 759-8013

**Mendelson, Martin, MD**

Moved to Georgia

**Morris, Ronald, MD**

2732 East Main Ave  
Puyallup, WA 98372

**Sanford, Elizabeth, MD**

1901 South Union, #B6007  
Tacoma, WA 98405 ■

**Horvath, Kimberly, PA-C**

1901 South Union, #B6007  
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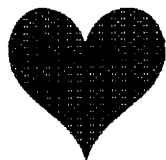
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# the Pulse

## Pierce County Medical Society Alliance

### President's Message

The March 30 meeting of the PCMSA was held at the home of **Fran Thomas**. The meeting opened at 10a.m. Minutes and Treasurer reports were dispensed as neither of the officers were present.

The primary discussion was nomination of officers for next year. With the cooperation of all present, a new slate was completed.

The nominated officers are as follows:

**President - Yolanda Bruce**

**President-elect - Alice Yeh**

**Recording Secretary - Patty Kesling**

**Dues Treasurer - Sue Wulfestieg**

**Treasurer - Kathy Samms**

Further discussion was regarding committees for the year. There will be a Philanthropy Committee and a Holiday Sharing Card Committee which is in keeping with the membership's preference to be strictly philanthropic. Members who have not been involved in Alliance activities and would like to be included in the philanthropic efforts are invited to contact **Fran Thomas** or **Nikki Crowley**.

Reports were made by **Patty Kesling** and **Kris White** regarding the WSMAA Alliance Annual Meeting held in La Conner in April.

It was suggested that we try to obtain e-mail addresses for all members when renewing member-

ships next fall.

The meeting concluded at 11:30a.m.

Our program was provided by **Julia Mueller**. A collection of **Character Watches** was presented, with shadow boxes of many different types of watches, from cartoon characters to political figures to food products and much more. We then saw a slide show of the many types of character watches.

Installation for the new officers will be held at **Grazies'** in Old Town on the 4<sup>th</sup> of May at 11:30a.m. If you wish to join us, please make reservations with **Nikki Crowley** at 922-7233. ■

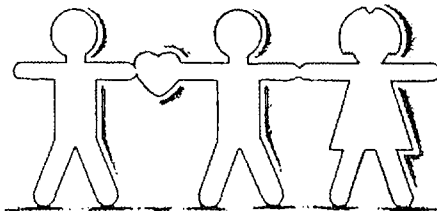
### Philanthropic fund applications now available

If your service and health related Pierce County organization would like to be considered by the PCMS Alliance as a recipient for philanthropic funding, you may obtain an application form by writing to: **Fran Thomas, 3224 Horsehead Bay Drive NW, Gig Harbor, 98335**.

Proof of 501C(3) IRS rating is required and all applications must be requested directly from Ms. Thomas.

Application deadline is September 1, 1999. ■

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## Preparing physician offices for the year 2000 (Y2K)

The AMA, WSMA and PCMS have all been working to prepare physicians for the year 2000 problem by providing seminars, a guidelines manual, a Y2K Web site and publicity about HCFA sponsored Year 2000 Action Week events.

The WSMA has published a manual titled, "The Year 2000 Problem: Concerns and Solutions for Physicians and Medical Practices."

The manual addresses the following topics:

- ♦ Overview of the Y2K problem, including the history, scope, complications and compliance
- ♦ The Impact of Y2K on Physician Practices, including patient safety and practice continuity. Included here are medical devices, communications and facility controls as well as reimbursement and legal concerns and budget preparedness.
- ♦ Addressing the Y2K Problem in Physician Practices covers awareness, assessment,

renovation, validation, implementation, including a checklist and responding to Y2K inquiries.

It is highly recommended that every physician pay attention to this important issue as it has the potential to seriously impact physicians and their practices. The health care community is particularly vulnerable because of its complex business and patient care interactions.

If you have questions about the Millennium Bug, please call PCMS, 572-3666. ■

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Available. The State of Washington Division of Disability Determination Services seeks physicians with clinical experience in psychiatry, family medicine, general internal medicine, or orthopedic surgery to perform contract services in the Olympia and Renton area offices. Contract services include the evaluation of physical or mental impairment severity from medical records and other reports, utilizing Social Security regulations and rules. Medical Consultants function as members of the adjudicative team and assist staff in determining eligibility for disability benefits. **REQUIREMENTS:** Current medical license in Washington State. Board certification is desirable. **REIMBURSEMENT:** \$51.83/hr. Interested physicians should contact Guthrie L. Turner, Jr., MD, MPH, Chief Medical Consultant at (360) 664-7361 or the respective Area Manager: Olympia, Joy Justis (360) 664-7355; Renton, Frances Stine (425) 430-4811.

**Pediatrician. Group Health**

Permanente is currently seeking a full-time pediatrician for our Port Orchard facility. We are a physician-managed organization recently affiliated with Kaiser Permanente internationally known for research and clinical program development. Our facility is located near Puget Sound with many recreational opportunities nearby. For further information, call 800-543-9323 or fax CV and cover letter to (206) 448-6191.

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**New office space available.** Up to 4500 sq. ft. Will finish to suit. On Union Avenue. Close to hospitals. Convenient parking, ground level. Call Robin at 756-2182.

**Puyallup Office Space For Lease.** 1800 sq. ft., five exam rooms, hearing booth, lab, private physician's office, break room, security and fully furnished. Located on Meridian. Please call Jess or Louise at 627-6731.

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# PIERCE COUNTY MEDICAL SOCIETY BULLETIN

June, 1999



## Retiring PCMS Physicians - Not Quite!!!

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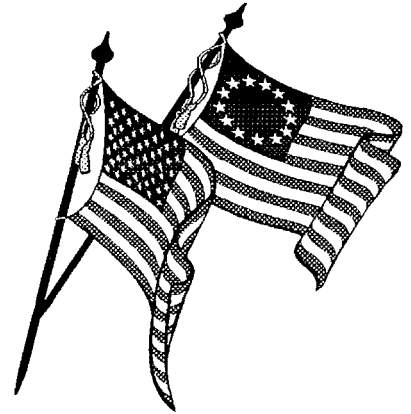
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-

# PIERCE COUNTY MEDICAL SOCIETY BULLETIN

June, 1999



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# The Retiring PCMS Physician.....Not Quite!

*re.tired / 1: secluded, quiet 2: withdrawn from active duty or from one's occupation*

by Jean Borst

There was a time when retirement meant leaving behind the hustle and bustle of the work world, finding time to relax, dispensing of schedules, perhaps taking a trip, casting a line, or allotting a morning (or two or three) for coffee with other retired friends. Time, time and more time. Time to read all those unread books. Time to tackle all those revered hobbies.

But for today's physicians, apparently, retirement does not necessarily mean an end to schedules, responsibilities and commitments. As a matter of fact, their lives appear busier than ever.

Six retired physicians were interviewed for this article with the intent of shedding light on the life of the retiree. What has the transition been like? What do you miss most and least about medicine? How are you filling your day? What advice do you have for other physicians contemplating retirement?

All agree that there has been little free time since "official" retirement. They are all involved in various activities – recreational, political, social, business, spiritual, medical. Hands down, all emphatically agree that what they miss most are their patients, their colleagues, and the day-to-day interaction that comes with being a physician. In turn, all were in consensus about what they *don't* miss about medicine – the overabundance of paperwork, increased workload, midnight awakenings, weekends on call, authorizations, delays, physician and patient dissatisfaction, and medical malpractice problems.

The word "freedom" came up frequently, as each said they enjoyed the freedom to do the kinds of things they like most. And all encouraged other physicians looking ahead to retirement to keep active, keep in touch with medicine, and keep healthy.

## Jim Early, MD retired internist

Adjustment? What adjustment? For Dr. Jim Early, who retired in November 1997, there hasn't been one. "I'm busy all the time," he noted. "And I'm enjoying every minute of it."



Family activities and events, travel, maintaining rental properties, spending time with friends, hiking, boating, fishing, singing in the church choir. "I never had time to do all the things I wanted to. Now I can. Freedom is the key."

Dr. Early said it took about six months to really make the transition from medicine to retirement. "I didn't turn my practice over to someone, so it took a few months to complete chart transfers, place patients, etc. I didn't just close up shop." From time to time, he still gets patient-related calls, but that is diminishing. "When you're in solo practice, you're really married to

your patients. You have a relationship with every one of them. Now, I look at the person as my friend, rather than a heart problem." Dr. Early added that if he ever does feel lonesome, he just goes to the neighborhood Safeway. "Invariably, I'll meet five or six former patients while I'm there!"

About 18 months before retiring, Dr. Early said he felt like he would never leave medicine. "But a year and a half later, I said, 'that's it.' I just woke up one day and realized I didn't have to do it anymore and I didn't want to do it anymore." Since retiring, he's had opportunities to return to medicine, and has given it some thought. "It didn't take me long to realize that it would be stupid!"

For others thinking of retiring, "you can't do it unless you're financially solvent. Make prudent investments. And don't get divorced!" He also encourages people to maintain their interests and activities throughout their careers, then keep up with them when retirement comes. "Look at your own personal values – family and spiritual growth. Start valuing your own physical health. One of my patients encouraged me to exercise. Now I work out three times a week. I feel great, I've lost weight, and I'm able to enjoy a lot of other activities now."

The Earlys have two adopted sons, one of whom recently married. "We're very pleased to now have a daughter!" Dr. Early said. Their other son suffers from chronic mental illness, so a great

*See "Retired" page 4*

## "Retired" from page 3

deal of their time is devoted to him. They are very active in the mental health system, supporting others who are dealing with similar circumstances.

Dr. Early reflects on his medical practice and his life and wonders, "I was committed 100 percent to medicine, 24 hours a day for all those years. At the same time, I was involved and committed to other activities and interests. How did I do it?" Quite well, one imagines.

*Dr. Early served as PCMS President in 1975. He also served as President of St. Joseph Hospital Medical Staff. He was a PCMS Trustee in 1972-73 and a WSMA Delegate in 1974-1976.*

### David Hopkins, MD retired family practitioner

Since it's only been four months since his retirement, Dr. David Hopkins feels he hasn't

had a chance to fully reflect on a transition from practicing medicine to retire-

ment. As a matter of fact, he's been too busy. From medical issues within his family to dealing with a car accident, there's hardly been time to think about it. "Life has been hectic," he said.

While so many people from all professions spend their entire careers working and putting off various activities and pleasures until retirement, Dr. Hopkins was adamant about enjoying himself while he was still working. "I've known too many people who wanted to wait until retiring to do anything -



travel, hobbies, etc. Then, once they did retire, they either became ill or they or their spouse died. I probably didn't set aside for retirement as much as many people would, but I spent money traveling and spending time with my family throughout my practice. While I realize I have to be careful now being on a fixed income, I'm glad we did so many things throughout the years."

Dr. Hopkins misses his patients, and the day-to-day interaction with people. But, "I don't miss the evening calls, the paperwork and the business side of medicine." He had sold his practice to Medalia Health Systems and, as part of the agreement, worked in the clinic a year before retiring. "I got a good look at what's coming down the pike," and while it's not all bad, he's relieved to be away from it. He does, however, still keep in touch with medicine and will continue to be active in the Association of Family Practice and retired physicians meetings at the Medical Society.

"I haven't been retired long enough to know yet what the transition and adjustments will be," he said. "Income is an issue. The thing about saving for retirement is that you get to the point where you have to spend it! The entire process is reversed, and that takes some getting used to."

*Dr. Hopkins was PCMS President in 1976. He has served as Editor of the Bulletin since 1972. He was a Delegate to the AVMA, 1981-1985 and an Alternate Delegate, 1974-1976. He has served as Chief of Staff and as a Board of Trustee for St. Francis Hospital.*

### Duane Hopp, MD, retired orthopedic surgeon

"I didn't really retire, I just changed occupations," according to Dr. Duane Hopp, who retired from medicine in June 1996. When he left his full-time practice, Dr. Hopp had little time to regard transition.

He and his wife Susan had owned and operated a horse-breeding farm (Thrift Ranch) for 10 years.



"I really don't miss medicine," he said. "Actually, I'm still using my medical skills on the farm, and have even done some equine orthoscopic surgery." He added that he especially doesn't miss the malpractice problems that invariably come with practicing medicine. "At least horses can't sue you. They can kick, but I'd prefer that to a lawsuit!"

Dr. Hopp does admit that the transition from orthopedic surgeon to horse breeder took planning. "I learned from my father - a gynecologist - to begin planning retirement from the time you start practicing medicine. When he retired, he didn't have anything to do. I really believe you have to plan carefully, and then work toward that. Now here I am... I really enjoy what I'm doing, and I hope to do it as long as I possibly can."

Thrift Ranch is a 70 acre farm. Currently, the Hoppes have four mares they breed to various stallions. While they are primarily breeders (selling horses worldwide), the Hoppes also keep some of the horses themselves to race. Two of their horses are currently running at Emerald Downs and another is training at Churchill Downs in Kentucky.

*Dr. Hopp practiced orthopedic surgery in Puyallup from 1975 until his retirement in 1996.*

See "Retired" page 5



## "Retired" *from page 4*

### Ken Graham, MD retired family practitioner

"It has not been a tough adjustment," said Dr. Graham, who retired in May 1996. "I have always liked to do a lot of things, and now I have the time to do them. When you're practicing full time, you have to really limit your activities – plan around call schedules and delivery dates. But now I have the freedom to do things I like." And it's easy to see why Dr. Graham needed more time. His interests include fishing, hunting, hiking, biking, tennis, and travel. He also volunteers with Associated Ministries, and gives his time to the Paint Tacoma project. He said he'd also like to help out at St. Leo's neighborhood clinic. "There are volunteer activities *everywhere*," he noted.

While he's welcomed retirement with open arms, Dr. Graham does miss his patients and colleagues and works to keep in touch with both. He still receives calls from patients asking for advice. "I will always think of them as friends," he said.

For others looking ahead to retirement, Dr. Graham offers this advice: "Stay a little involved in medicine. Keep your license, at least until you see how things go. Maintain contact with your colleagues. Consider what you like to do in your spare time and cultivate those activities. Keep or get involved with aerobic exercise and keep in good physical shape. Participate in outdoor activities and sports. Make new friends and find an activity that will bring you in contact with younger people. Playing tennis at Pac West has done just that for me."



*Dr. Graham was president of PCMS in 1979. He was named Washington Family Physician of the year in 1988. He served on the initial Board of Directors and was the first president of Membership Benefits, Inc.; the PCMS for-profit subsidiary. He also served as Wilson High School team physician for 25 years.*

### John McDonough, MD retired cardiologist

Dr. John McDonough, who will celebrate one year of retired life July 1, found retirement took a little getting used to. "I worked 50 years in medicine," he said. "Suddenly, I had to learn a few new tricks." For starters, he had to overcome waking at 5:30 a.m. and reaching for his beeper. "It took me five months to get over that," he said. He's also learning new skills – like writing checks and balancing a checkbook, a task his wife previously took care of at home and his staff handled at the office.

While still in practice, Dr. McDonough recalled talking to retired physicians and being perplexed when they told him there wasn't enough time in the day to do all the things they needed or wanted to do. "I just didn't believe that," he said. "But now I realize it's easy to fill up a schedule doing good, worthwhile things, and still have a list of other things to do that's too long to accomplish!"

Dr. McDonough fills his personal schedule with a variety of activities, many related to his church. For instance, once a week he takes communion to shut-in patients (one of who is a



retired physician), an activity he finds very rewarding.

He and wife Jane spend time with their children and grandchildren, all of whom live in Washington state. In his "spare" time, Dr. McDonough even designed and constructed an outdoor grill at this beach house that cooks food upside down, dispensing fat drippings into a drip pan, avoiding flare ups and excess smoke. The apparatus is also configured to bake, broil and rotisserie.

While extensive travel is not on the long-range agenda, the McDonough's, as a retirement celebration of sorts, took a trip around the southern end of South America in March and were at sea for 32 days.

"I dearly love and enjoy retirement," he said, "but I do miss my patients and colleagues. Occasionally, I'll have a family member or friend ask advice about a cardiology related issue, and I'm pleased to be able to offer advice or guidance."

For other physicians contemplating retirement, Dr. McDonough offers this: "Realize that it's a changed life, but a good one. Life is full of transitions, this is just one of them. Think well in advance about your retirement. While I don't think it demands a lot of detailed planning, you do need to pave the way. Realize that there's a transition from having an income, and examine well in advance what your other income sources are. Keep some interest in medicine. It's a major part of our lives, after all. Attend medical meetings, read journals, stay in touch with colleagues and support them if they need it. And stay healthy!"

*Dr. McDonough practiced cardiology in Tacoma since 1975. He has served as chair of the PCMS Personal Problems of Physicians Committee.*

*See "Retired" page 6*

# "Retired" from page 5

## David Sparling, MD retired pediatrician

"I'm busier now than before I retired," noted Dr. David Sparling, who retired in June, 1997. "I haven't had time for all the things I'm interested in doing. The list of books I'd like to read and hobbies I'd like to pursue is getting longer, not shorter!"

And the list of his activities appears to be getting longer, as well. At present, Dr. Sparling is coordinator of men's ministry at his church, a member of the Tacoma-Pierce County Board of Health, and extensively involved with programs at Mary Bridge Hospital. Dr. Sparling is the U.S. partnership representative for the Mary Bridge-Chelyabinsk Affiliation, a partnership established and managed by the American International Health Alliance which is focused on neonatal resuscitation. He is also chairman of the Legal Advocacy Committee/Mary Bridge 2000, a job that has taken him to Olympia on several occasions to deal with such issues as gunlock legislation, the cardiac surgery program at Mary Bridge, disproportionate state compensation to Mary Bridge for a disproportionate share of Medicaid patients, and the children's health insurance program. He recently visited the governor's office for signing of legislation mandating life jackets for all children operating in private watercraft, a crusade he was very involved with.

But these are not simply newfound activities brought on by



retirement, Dr. Sparling is simply continuing and expanding activities he's been involved in throughout his career. "I guess I shouldn't have let people know I retired," he laughed. "They must have thought I'd have a lot of free time on my hands. Perhaps it's time for me to learn to say no!"

His day timer is full, indeed. In addition to his medical-related involvement, the Sparlings also attend their grandkids' t-ball and soccer games, coordinate church activities, travel, garden, hike and camp, take in cultural events, and plan and participate in various family activities.

Check out a typical week for Dr. Sparling: an evening at the Seattle Opera, a weekly bible breakfast, working on a grant report for a Board of Health project, a Mary Bridge Legal Advocacy Committee meeting, choir rehearsal, meeting a friend visiting from Moscow, an open house for the Mary Bridge Advocacy/Child Abuse Prevention and Safety Center, dinner with a nephew and visiting Russian guests, a night at the symphony... all while preparing for a family trip to Whis-

ler. Oh, Dr. Sparling also runs two and a half miles, three to four times a week.

Does he miss medicine? Does he even have time to miss medicine? "I don't miss it. I have other challenges now, and I'm glad to be away from the problems."

He still keeps up on medical literature as he did while still in practice. In 1974, Dr. Sparling began his own abstracts of pediatric literature he read, and has distributed it to friends for the last few years. Last year, a volume was translated to Russian and sent to colleagues there.

So what comes next for Dr. Sparling? "I still have my list of hobbies I'd like to pursue. I still have that list of books that needs to be read. And I still have that hammock in the back yard that hasn't been used."

*Dr. Sparling practiced pediatrics in Tacoma beginning in 1960. He has served as a member of the Tacoma-Pierce County Board of Health since 1994. He was chair of the Public Health/School Health Committee and served as President of the Pierce County Pediatric Society, 1966-1967. ■*

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# Pierce County hopes to receive grant to assist uninsured

The Tacoma-Pierce County Health Department, in conjunction with the Pierce County Medical Society has applied for a grant from the Robert Wood Johnson Foundation to design, build and implement a locally-managed, universal health insurance program for uninsured Pierce County residents.

The primary objectives of the project are to:

- provide universal coverage
- implement more cost-effective patterns of care
- divert episodic care from high-cost emergency rooms
- reconcile community expecta-

tions about the scope and standard of care with available resources

- consider enacting a local requirement for individual financial responsibility for illness care
- serve as a project for the current state-subsidized insurance plan
- build community agreement about the need for and features of the program

The players in the project will be key medical providers (PCMS, four major hospital systems, Tacoma Pierce County Health Department and the community-based clinics currently serving many uninsured

persons). They will carry out a community-based process for testing and further modifying the features of the system and define more precisely the number and characteristics of uninsured in Pierce County.

Pierce County is applying for this grant because previous efforts to resolve problems of access for low income uninsured people have not been as successful as had been hoped.

The proposal is bold, but the Health Department plans to proceed whether or not the grant funding is awarded. ■

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# The Invisible Hand.....

## The Pricing Mechanism

*We never know the worth of water till the well is dry.*

Thomas Fuller, M.D. (1732)

by Andrew Statson, MD

We usually think of the market as a system that brings to its participants the goods and services they want to consume and carries away what they have produced. It does that, but it does much more. It is also a system of communication and regulation. It functions as the circulatory and neuro-endocrine system of society. In a multi-cellular organism the cells secrete hormones, kinins and other active substances, which inform others of their condition and regulate local and systemic blood flow. Similarly, every day the participants in the market make multiple decisions based on the information the market has given them, namely the price of goods and services. The information of their actions is in turn transmitted across the market to the other participants. At the same time the market regulates production and consumption by adjusting the supply and demand so that they balance each other. It does that through the pricing mechanism.

The price of an item is a signal of its relative scarcity or abundance. Fresh fruit, for instance, may vary in price three to five fold throughout the year. When the price is low buyers tend to consume more or use the fruit to make preserves and jams for future consumption. The high price, on the opposite, dampens demand to match the limited supply.

Once upon a time there were service stations. When we pulled into one, an attendant would come out

running, fill the tank, wash the windshield, check the oil, etc. Then the oil producers raised the price of crude. The cost of production from

cians and the media came up with a slogan – "Save it for the best!" Perhaps many patriotic citizens heeded that advice. I suspect most people



Andrew N. Statson, MD

---

*"The central control of prices in the field of health care has effectively destroyed the pricing mechanism. We no longer have a way to measure value and to price the services accordingly. The pricing of health care has become a political process."*

---

some sources became higher than the going price of gas. Uneconomic production stopped, and the supply became inadequate to meet the demand. To bring those two back into balance the market needed to raise the price of gas high enough and fast enough in order to curtail demand and stimulate supply. For political reasons we decided not to let that happen. Instead, we resorted to rationing. The two immediate results of that were the almost complete disappearance of service, and a significant misallocation of scarce resources.

The gas stations were allotted supplies according to their previous use. Since the rationing reduced tourism, many resort areas saw a drop in the number of visitors. They experienced no gas shortages at all. They got more than the local people could use. At the same time the major populated areas were squeezed harder.

To encourage conservation, politi-

thought of it as a good one for the other guy. What really made people use less gas was the lack of supply.

With our decision to control the price of gas we did not foil the market. We still paid the price, and probably more. However, instead of paying in cash at the pump, we paid in wasted time on the road, because of the lower speed limit, and at the pump, because we had to wait in line, or pay someone else to wait for us. We paid for it in inconvenience, because we could not go on long trips, we could only buy gas on certain days, and we had to drive around town looking for an open station that had not run out of its allotment.

In cases of natural disasters, such as flood and earthquakes, when the water is contaminated and the flow of supplies interrupted, the price of essentials, such as food, water and gas, has to rise in order to limit the use of these scarce resources only

See "Pricing" page 10

## "Pricing" *from page 9*

to the most important functions. Some people have called this rise in price, gouging. Perhaps, but it is an unmistakable and unequivocal message from the market that gets everybody's attention and says: "Save it for the best!"

When the pricing mechanism is not allowed to function for political reasons, an imbalance between supply and demand occurs. When the price is fixed too low, a shortage develops. When it is fixed too high, it results in overproduction and waste. The centrally controlled economies of the socialist countries suffered constantly from those problems. The lack of a pricing mechanism, more than the labor theory of value, more than any other economic factor, was the reason for the fall of communism. The active black market that existed there only prolonged the agony, it could not prevent the fall.

When the Medicare and Medicaid programs brought large amounts of money into the health care market, the demand exploded, and so did prices. Now we see the oppo-

site effect. The flow of money is dropping. The first step in the market response is the reduction in services. So far the private offices have not been affected very much, but the hospitals and the big groups are. The people working there have a higher workload, less time to care for patients, the tension is higher, the job satisfaction is lower, as is patient satisfaction.

In a recent Audiodigest tape the speaker cited a study of Massachusetts physicians published in JAMA in 1993. About 36% of them stated they would not have gone to medical school if they knew then what they know now. Over 50% would not encourage their children or other young people to go into medicine. The nurses chose their field to take care of patients, but they are so overburdened with paperwork, they have no time left for patient care.

The patients themselves believe that in the managed care setting the physicians have very little time for them. They are not satisfied with a brief examination and a prescription, so they go to alternative care practitioners. They want someone who could spend time with them and listen to them.

The market still is exacting its price. We pay it not in cash, but in lower quality care, in wasted time, in delayed treatments, in long term sequelae. In sum, we pay it in human suffering. That also is our political decision.

The physicians who turned over their offices to the management groups and went on a salary lost control of their practices. When their contracts were due for renewal, they also had to take a significant cut in pay. No wonder unionization of salaried physicians is becoming more prevalent. With prices under central control, pay and working conditions are no

longer economic issues, but have become political ones. Unionization is a political response.

The central control of prices in the field of health care has effectively destroyed the pricing mechanism. We no longer have a way to measure value and to price the services accordingly. The pricing of health care has become a political process. The patients have no way to determine the relative abundance of scarcity of resources. The market has no way of telling them: "Save it for the best!"

As political decisions direct the flow of money in health care, we can expect the medical equivalent of putting a man on the moon, while our roads are full of pot-holes. Some dazzling projects will be funded just to show the world how good we are, while the treatments of the prosaic, boring, but common illnesses will be neglected.

Recently one of my health plans sent me an amendment to their contract. The last paragraph caught my attention: "Members are free to contract at any time to obtain any health care services outside the health plan on any terms or conditions the members choose." The plan just will not pay for them. Thus managed care assumes the role of a safety net, the lowest tier of a multi-tiered health care system. A few years ago the military established the first multi-tiered system with their Tricare program. This is now expanding to Medicare. The options will become available to others under managed care. Those who can afford to do so will seek care outside the system. Private insurance companies will move in and offer policies which insure against catastrophic expenses. A new cycle will begin. ■

**Puyallup, WA:** Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 10 hour shifts. Clinic hours are 12 noon to 9:30 pm Monday-Friday, 10:00 am - 7:30 pm Saturday, Sunday and holidays, outpatient only. \$50/hr, benefits available. Send letter of introduction and CV to Urgent Care Center Application, Good Samaritan Community Healthcare, Attn: Kathy Guy, PO Box 1247, Puyallup, WA 98371-0192.

# Health Care: Reform or Revamp?

by Daisy Puracal, MD



*Daisy Puracal, MD*

## ► The Problem

Medical care in America is capable of being the finest in the world, but out of 29 developed nations we are the only one who chooses not to have a system of National Health Care Policy to cover all citizens. We rank 19<sup>th</sup> in longevity and 27<sup>th</sup> in infant mortality!! Patients and doctors nationwide are showing increasing dissatisfaction with the current health care delivery system. Managed care has created difficulties, excessive paperwork and frustrations for all. Denial of care by health care plans poses problems for doctors and patients alike. Except for a brief initial slowing, managed care has not proved effective in ongoing cost containment. National health care costs were back up to 10% last year and are still rising with more than 44 million people in America without health care or the means to pay for care in spite of economic expansion and decreased unemployment. There is no doubt about it ... health care is expensive! But other industrial countries have shown that it can be done. So, what can we do to maximize our resources and provide similar coverage for all Americans?

## The Facts

Twenty percent of patients consume 80% of our health care dollar. These are the high risk patients with major medical illnesses. As a corollary, 80% of patients consume only 20% of health costs, but are paying high premiums for it. Medical care should be the inalienable right of every American. This right is being denied to many because of the market driven inflated costs of our present system.

## ► A Proposal

What is our expectation of insurance? Should insurers be expected to cover all health care costs? Or should insurance be policies obtained to indemnify against only "excessive" losses to families or individuals? I propose a multitiered system to meet the needs of health care.

### ► The First Level – Outpatient Services

Office visits to all providers whether it be to physicians, naturopaths, chiropractors and medications will be covered at this level. Patients will retain their choice of providers. An arbitrary cap (e.g. \$2000 per person per annum) is set for this. Patients will carry a debit card to pay for services. An automatic readout at the point of service keeps track of services used and remaining monies available for the year.

The money for this income comes out of a newly created personal social security account (or Medical Savings Account) by taxation. Incentives will need to be in place to discourage excessive spending or abuse of the system (e.g. an individual may have the option to use excess cash over a period of time in his/her account for education/housing improvements). Incentives need to be placed for utilizing preventive care (e.g. tax deductions for mammograms or pap tests). Mechanisms for quality assurance and cost containment at the providers end need also to be implemented. Patients or providers who consistently overuse the system can be identified and educated (i.e. maximization of \$2000).

With this method, freedom of

choice is maintained. It eliminates discrimination amongst the rich, the elderly and the poor. Providers will be able to offer charity care again at their own discretion. With our current system, the differential in disbursements to providers by Medicaid, Medicare and private insurers creates social discriminations.

### ► The Second Level – Inpatient Care

Surgical and hospital costs will be covered through insurance - either a state run single payor or private insurance. However, strict measures have to be in place to ensure that there be no profiteering. Again, there should be a cap to the expenses per person per year (e.g. \$20,000). Insurance may be bought by the individual, employer or Medicare. Medicare at this level should be age and income based and not solely age based.

The insurance premium should be standardized and equitable for all. A universal premium will bring back the basic tenet for insurance (i.e. large pool to minimize risk). It discourages exclusions of high risk groups or individuals and encourages total numbers. Without outpatient care and extraordinary costs of the third level (see below) premiums will be more affordable. People should be able to move from one job to another or from one state to another without affecting the status of their insurance. Every single working person will be insured.

Illness is not predictable and no

*See "Care" page 14*

## Immunization Program Educational Outreach

In June, the Tacoma-Pierce County Immunization Coalition and the Tacoma-Pierce County Health Department Immunization Program will offer an office based assessment and educational in-service to medical providers and clinics. Selected clinics and offices will be asked to participate. **The goal of the outreach is to assess practice wide immunization rates and offer information and tools to increase the percentage of fully vaccinated children in your practice.**

The program begins with a practice-based immunization assessment using Clinic Assessment Software Application (CASA) to see how many of the clinic's two year old patients are up to date on immunizations. CASA was developed by the CDC's National Immunization Program. A random sampling of charts are reviewed and entered into the CASA computer program which calculates immunization rates for the practice. Based on the results of the assessment, a 30 to 45 minute in-service will be presented which will offer tools and recommendations for interventions to increase rates. After one year, the CASA assessment will be repeated.

All results will be shared with providers. If you have any questions or would like additional information about the educational outreach program, please call Cindy Miron at the Health Department, 798-6556. ■

## State vaccine participants required to participate in August study

In August of 1999, all provider sites enrolled in the state vaccine program will be required to participate in what is being called a benchmarking survey. The survey will document the eligibility status of all children under age 19 years receiving immunizations during the entire month of August. **The data gathered through statewide benchmarking will be essential to the stability of long-term vaccine funding in Washington State.**

The state has been operating on an estimate that 43 percent of our children qualify for vaccines under the federal Vaccines for Children (VFC) program. The Centers for Disease Control is now requiring that these percentages used in the funding formulation be based on actual data. In reality, the percentage of VFC eligible children in our state is probably higher than 43 percent. We believe this to be true as Washington has one of the lowest documented percentages of VFC eligible children but has the highest Medicaid eligibility cap (200% of federal poverty level), one of the highest provider participation rates, and a high percentage of public-assisted births.

**The survey involves a simple form which your patients' parent or guardian will be asked to complete.** It asks the child's name, birth date, whether the child is insured, uninsured, underinsured (no coverage for immunizations), Medicaid enrolled, or American Indian/Alaska Native. The surveys can then be collected by the office staff, and turned over to the TPCHD immunization program staff at the end of the benchmarking period.

The Tacoma-Pierce County Health Department Immunization Program will provide a supply of the surveys and instruct the office staff about survey requirements. We will be available to answer questions or give assistance as necessary. At the end of the survey period, our staff will collect the forms and send them on to the Washington state Immunization Program to be compiled and analyzed. Aggregate results will be available upon request.

The information you gather is important in the continuation of a high level of immunization services for children. Your cooperation is appreciated, particularly during the busy month of August. ■

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# The health status of Pierce County

This is a continuing segment outlining the health status of Pierce County residents. The data presented should provide a framework for understanding the Health Department's priorities for prevention strategies. Over the next several years, our goal is to reduce illness and death related to smoking, alcohol misuse, violence, and HIV/AIDS. These areas are related to behaviors which deserve community wide attention and efforts for change.

Here's some of the statistics related to smoking and tobacco-related illness and death in Pierce County:

- ◆ There are approximately 110,000 adults - or approximately 25% of adults - in Pierce County who smoke cigarettes.
- ◆ As discussed in the first article in this series, age-adjusted death rates from lung cancer have not changed over 15 years, while rates from all other causes of death have dropped significantly.
- ◆ Every year in Pierce County, 1,072 people die from tobacco use. Twenty percent of all Pierce County deaths are smoking related. About half of all regular smokers will eventually die of tobacco-related illnesses.
- ◆ Across the seven health districts\*, death rates for all respi-

ratory cancers in males in Districts 4 and 5 and females in District 1 are statistically significantly higher than in District 7 which has the lowest death rate from this cause (see chart).

◆ One third of all hospital beds and 53,000 outpatient visits are related to tobacco use.

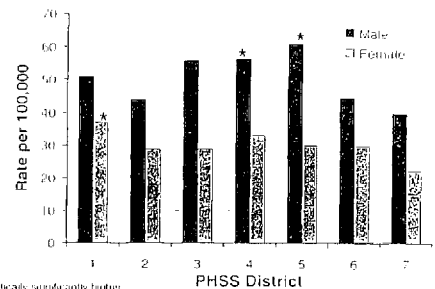
◆ Tobacco use is the number one preventable cause of death in this county. Seventy percent of current

smokers say they want to quit and most of them have made more than one serious attempt to do so.

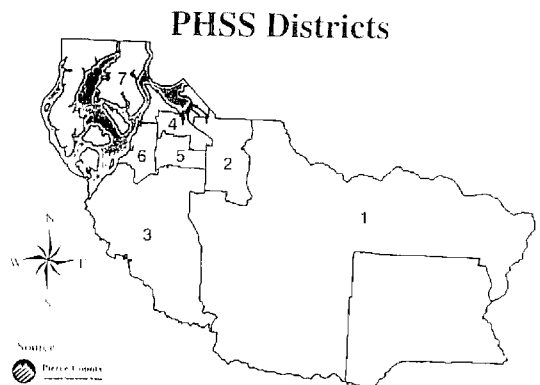
Because of this unnecessary toll on the health and well-being of Pierce County citizens, the Health Department has developed a comprehensive tobacco prevention plan which focuses on adult cessation, prevention of youth uptake, enforcement of laws banning all outdoor advertising, zero tolerance of youth possession and sales to minors, and smoke-free workplaces. Demographic variation of smokers seen across the county highlight the need to tailor community-wide prevention and intervention efforts to gain maximum effects in behavior change. All plans will be implemented in the seven local health district areas as well as from the central office.

Physicians and other primary care providers play a key role in assisting smokers in quitting. Studies have shown medical staff who provide brief clinical interventions during patient visits achieve quit rates up to ten percent. While this rate of cessation may seem relatively low, consider that tobacco

## Deaths From Respiratory Cancer, 1993-1997



\* Statistically significantly higher Age-adjusted death rates.  
Source: Washington State Dept. of Health, Vital Registration System Annual Statistics, 1998



See "Health Status" page 14

## "Care" from page 11

one should be penalized for getting sick. Doctors can be held accountable for the care they provide, but not for the fact that people get sick.

### ▶ The Third Level – Exceptional Costs

Extraordinary costs (e.g. transplantations, or "experimental" procedures) will go through a board. Funding for this should be through state or federal reserve. No one who fits criteria for these procedures need ever be denied care.

### ▶ The Fourth Level – Nursing Home Care

Long term care will be taken care of by Medicare. Incentives are given to encourage in-home care by family members or home health nurses.

In essence everyone is given a \$2,000 deductible and the means to pay for it, and we won't have to worry about long term care crippling a family.

### ▶ The Fifth Level – Research and Development

Funding for this is to be undertaken by drug companies, universities, charitable donations and may be subsidized by the government.

When a cap is reached, funding rolls over to the next level. Checks and balances are put in place to reduce abuse of the system. Many details will, of course, have to be worked out (e.g. what about the child or the housewife with no social security?) But you can see that with this system there can be advantages over the current one. Profiteering at the expense of another's sickness is totally uncivilized and un-American. With whatever we choose, profiteering has to go.

I would like to see more open discussions on the frustrations doctors are facing. Maybe the creation of a mailbox at the Society will help. I urge your thoughts and comments on the issue so we can work towards affordable health care for all and doctors can go back to being doctors. ■

*Dr. Puracal is a family physician. She has practiced in Tacoma since 1980.*

## Personal Problems of Physicians

*Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?*

\*Robert Sands, Chair 752-6056  
Bill Dean 272-4013  
F. Dennis Waldron 265-2584

**Confidentiality Assured**


## "Health Status" from page 13

use is a chronic disease. Imagine achieving a five percent rate of cure for Type I diabetes. The Health Department is providing free training for medical office staff to learn how to implement a state-of-the-art clinic-based tobacco cessation intervention from the National Cancer Institute. The training can happen in your office and **can reduce your smoking patient population to 15% of your general patient panel with less than three minutes of staff time.**

For questions or information about Tobacco Prevention, call Nancy McKindsey at 798-6461.

For more information from the Office of Community Assessment (on statistics quoted), call Rick MacCornack, Ph.D. at 798-4788. ■

\*The seven health districts are synonymous with county council district and approximate the following areas: 1) East Pierce County, including Sumner, Orting, Eatonville; 2) Puyallup, Fife, Edgewood; 3) Bethel, Midland, Roy, Yelm; 4) Tacoma Central and Northeast; 5) Tacoma South, part of Lakewood; 6) University Place, part of Lakewood, Steilacoom; 7) Gig Harbor, Peninsula, North Tacoma.



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David J. Roskoph, MBA, CFP

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# Welcome, new PCMS Members

**Abdullah, Bisher A., MD**  
**Ped/Ped Gastroenterology**  
 Practices at 314 MLK Jr Way,  
 #202, Tacoma 98405; 552-1511  
 Medical School: Damascus Univer-  
 sity School of Medicine  
 Residency: Medical College of Ohio  
 Fellowship: Riley Hospital for  
 Children

**Chan, Christopher Y., MD**  
**Family Medicine**  
 Practices with Cornerstone Family  
 Physicians, 5922 100<sup>th</sup> St SW, #26,  
 Tacoma 98499-2751; 588-0756  
 Medical School: University of  
 Alberta  
 Internship: University of Alberta  
 Residency: University of Alberta

**Clark, Lynne P., MD**  
**General Surgery**  
 Practices with Mt. Rainier Surgical  
 Associates, 419 S "L" St, #101,  
 Tacoma 98405; 383-5949  
 Medical School: Eastern Virginia  
 Medical School  
 Internship: Eastern Virginia School  
 of Medicine  
 Residency: Eastern Virginia School  
 of Medicine

**Ginocchio, Christopher J., MD**  
**Neurology**  
 Practices at 915 6<sup>th</sup> Ave, #2,  
 Tacoma 98405; 383-5056  
 Medical School: University of  
 California School of Medicine –  
 San Diego  
 Internship: Good Samaritan/  
 Emanuel Hospital  
 Residency: Oregon Health Sciences  
 University  
 Fellowship: Duke University  
 Medical Center

**Kaeley, Gurjit S., MD**  
**Rheumatology/Internal Med**  
 Practices with Pacific Sports  
 Medicine, 3315 S 23<sup>rd</sup> St, #200,  
 Tacoma 98405; 572-8326  
 Medical School: University of  
 London  
 Internship: University of Tennessee  
 Residency: University of Tennessee  
 Fellowship: University of Tennessee

**Moon, Michael R., MD**  
**Anesthesiology**  
 Practices with Allenmore Anesthe-  
 sia Associates, 1901 S Union,  
 Tacoma 98405; 596-5131  
 Medical School: Oregon Health

Sciences University  
 Internship: David Grant U.S. Air  
 Force Medical Center  
 Residency: Wilford Hall U.S. Air  
 Force Medical Center

**Schoenike, Sumner L., MD**  
**Pediatrics**  
 Practices with Lakewood Pediat-  
 rics, 7424 Bridgeport Way W, #203,  
 Tacoma 98467; 581-2111  
 Medical School: Baylor College of  
 Medicine  
 Internship: University of Texas  
 Residency: Phoenix Affiliated  
 Hospitals  
 Residency: Oregon State Hospital ■

## Applicants for Membership

**Benjamin, G. Gordon, MD**  
**Diagnostic Radiology**  
 Practices at Tacoma Radiology;  
 3402 S 18<sup>th</sup> Street, Tacoma 98405;  
 383-1099  
 Medical School: Medical College of  
 Wisconsin  
 Internship: Virginia Mason Hospital  
 Residency: Univ. of Washington  
 Fellowship: Univ. of Washington

**Bleau, Brian L., MD**  
**Gastroenterology**  
 Practices at Tacoma Digestive  
 Disease Center; 1112 Sixth Av-  
 enue, #200, Tacoma 98405; 272-  
 8664  
 Medical School: University of  
 Alberta

Internship: Royal Columbian  
 Hospital  
 Residency: University of British  
 Columbia  
 Fellowship: University of British  
 Columbia and the Mayo Clinic

**Khan, Shireen E., MD**  
**Diagnostic Radiology**  
 Practices at Tacoma Radiology;  
 3402 S 18<sup>th</sup> Street, Tacoma 98405;  
 383-1099  
 Medical School: Washington  
 University School of Medicine  
 Internship: County Medical Center  
 Residency: University of Minnesota  
 Fellowship: Children's Hospital  
 Medical Center ■

## 1999 Physician Directory changes

**Colen, John, MD (Retired)**

Change address to:  
7310 Amber Lane SW  
Lakewood, WA 98498  
Phone: 582-4899

**Community Health Care  
(Health Agencies)**

Change address to:  
Administration Office  
101 E 26<sup>th</sup> St, #100  
Tacoma, WA 98421-1108

**Davis, Eddie, DPM**

Change phone to:  
Puyallup Office: 841-3668

**Freeman, Robert, MD (Re-  
tired)**

Change address to:  
2119 Mildred St W  
Tacoma, WA 98466-6135

**Hall, Jerome, MD**

Change address to:  
2102 N Pearl St, #300  
Tacoma, WA 98406  
Phone: 756-5100  
FAX: 759-8013

**Horvath, Kimberly, PAC**

Change address to:  
1901 S Union Ave, #B6007  
Tacoma, WA 98405-1806

**Morris, Ronald, MD**

Change address to:  
2732 E Main Ave  
Puyallup, WA 98372-3164

Multicare

**Drs. Combs, Dehlinger and  
Stringfellow;**

**Catherine Droege, ARNP**

Add the following phone numbers:  
Physicians only: 403-6059  
FAX: 403-6028

**Ost, Michelle, MD**

Change address to:  
16515 Meridian E  
Puyallup, WA 98375-6251

**Sanford, Elizabeth, MD**

Change address to:  
1901 S Union Ave, #B6007  
Tacoma, WA 98405-1806

**Stuart, Robert, MD**

Change address to:  
4700 Pt. Fosdick Dr NW, #310  
Gig Harbor, WA 98335  
Phone: 853-2150

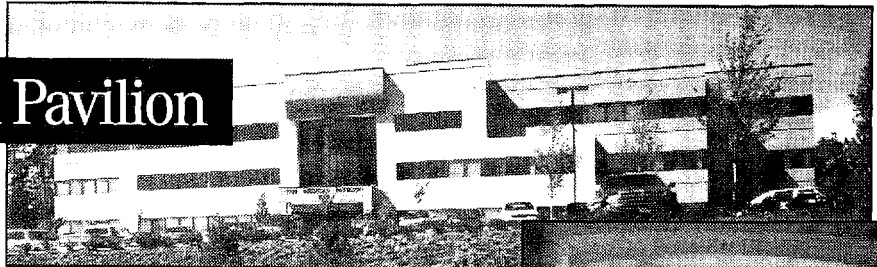
**Wohns, Richard, MD**

Change address to:  
Puyallup Office  
102B-23<sup>rd</sup> Ave SE  
Puyallup, WA 98371 ■

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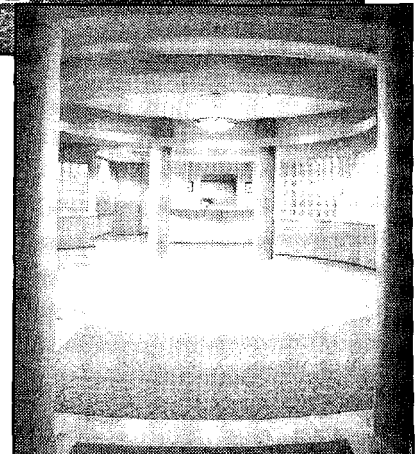


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## **Retired Physician Luncheon**

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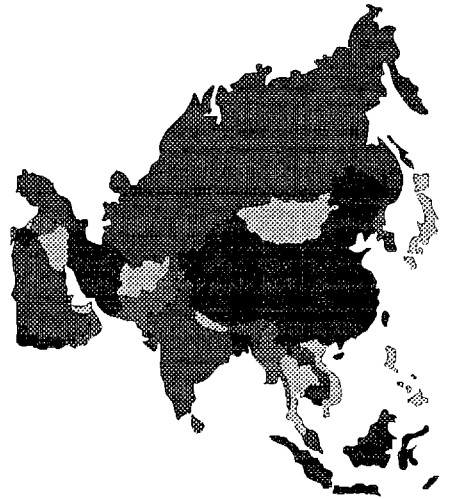
Friday, June 18, 1999  
12:00 (noon)

**Peter Marsh, MD  
and  
Susan Bemis, ARNP**

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---

(Please clip and mail in the enclosed envelope to PCMS no later than Tuesday, June 15 or call 572-3667)

YES, I (we) have reserved Friday, June 18 to join retired members, (including spouses, guests, and widows) of the Medical Society for lunch.

Please reserve \_\_\_\_\_ lunch(es) for me at \$18.00 per person (includes tax and tip). My check is attached.

I will be bringing my spouse or a guest. Name for name tag: \_\_\_\_\_

Signed: \_\_\_\_\_

Thank you!

## L & I Complaint report available

The WSMA and the Department of Labor and Industries have developed a system to receive, record, analyze and respond to complaints that physicians have concerning their interactions with the department. The complaint form asks for information that will help them identify problem areas and work on making improvements.

The form, which must be completed and faxed to WSMA, is one page and easy to complete.

For more information or a copy of the form, call PCMS, 572-3667. ■

## Healthlinks.com - a comprehensive online link for health professionals

**Healthlinks.com** is one of the most comprehensive online directories available specifically designed for healthcare professionals.

This medical resource center provides a world of information at your fingertips.

Categories include medical professionals, Web TV programs, consumer resources and search options.

For medical professionals a placement service, on-line pharmacy, discount products, medical

resources, dispute resolution, medical grants, continuing medical education and other such services are available. Also included is a medical bookstore and marketing information.

Medical professionals can build and maintain their own website by using the Healthlinks' MedDirectory Web Wizard.

While you are visiting Healthlinks.com, be sure to check out the PCMS homepage, [pcms@pcms.wa](mailto:pcms@pcms.wa). ■

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# COLLEGE OF MEDICAL EDUCATION

## 2000 Whistler CME Program February 2-6

The dates for the annual ski CME program in Whistler/Blackcomb have been set for February 2-6, 2000. The dates are one week later than the traditional program week.

Next year, the College of Medical Education has contracted so that all physicians can again stay in the Aspens, also the site for the meetings.

A program brochure and more details will be available in September.

Mark your calendar now! ■

## ID Update first Fall College CME

The ninth annual Infectious Diseases Update CME program will start out the College's Fall schedule.

The very popular program is directed by **Alan Tice, MD** and involves Infections Limited physicians. It is scheduled for Friday, October 1, 1999 and will be held at the Tacoma Sheraton Hotel. ■

## Hawaii CME dates and location set - Spring, 1999 on the "Big Island"

Winter sun,  
beaches, relaxation,  
family time, golf,  
tennis, swimming  
AND quality  
Category I CME!

Join your colleagues and their families next April on the beautiful island of Hawaii for

the College of Medical Education's "resort" conference April 10-14, 2000.

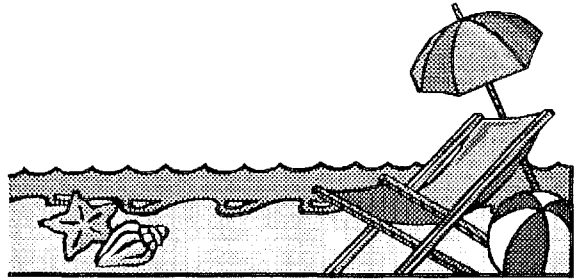
Like other College CME at Hawaii programs in 1992, 1994, 1996 and 1998, this year's "resort" conference will be held on the big island of Hawaii and feature a potpourri of educational subjects of value to all medical specialties.

The elegant Hapuna Beach Hotel has been selected as the site for the CME at Hawaii program for a variety of reasons but particularly for our ability to secure "a world class resort" at greatly reduced rates.

Unlike large national CME meetings, this program not only offers considerable savings and is custom designed for local physicians, but allows Pierce County physicians and their families to mix away from the office and enjoy one of the most beautiful spots in the world.

A program brochure highlighting the conference particulars should be mailed in July. In addition to outlining the CME program (16 Category I hours), the brochure discusses transportation and encourages advance planning for the limited flight options during the spring vacation demands in Hawaii. The brochure also discusses the savings and amenities of the Hapuna.

For additional information, call the College at 627-7137. ■



## College Board to announce 1999-2000 CME program schedule in July

The College of Medical Education's Board of Directors will announce its CME schedule for 1999-2000 after their June meeting. The courses are offered in response to local physician interest and are designed and directed by local physicians. All courses offer AMA and AAFP Category I CME credit.

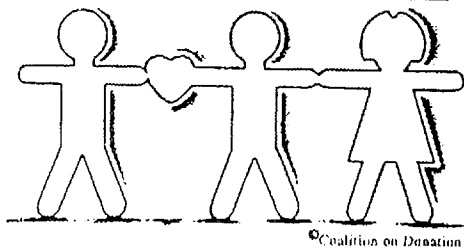
A course calendar identifying the course title, dates, brief description and course directors will be mailed in early July. For additional information on next year's offerings, please call the College at 627-7137. ■

## Minimizing liability in the medical setting

Physicians Insurance Exchange is offering a three-hour workshop for medical office personnel on minimizing liability. The workshop will help to protect your practice by showing staff the correlation between good documentation and a successful defense, and teach skills that will limit or eliminate contact with plaintiff attorneys.

The program is offered both June 9 and June 10 in Tacoma at the Sheraton Hotel. For more information call 1-800-962-1399. ■

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# the Pulse

## Pierce County Medical Society Alliance

### Planning meeting scheduled

Please join us for a planning meeting – Tuesday, June 8<sup>th</sup> at 11:00 a.m. at the home of Yolanda Bruce – 4822 105<sup>th</sup> Ave NW, Gig Harbor; 265-8190. Brown bag lunch – beverages will be provided by the hostess.

The Alliance needs and wants your ideas for field trips and your e-mail address. You may send them to: [jebruce@ptinet.net](mailto:jebruce@ptinet.net).

#### Directions from Tacoma

Hwy 16 West take Gig Harbor City Center/Kopachuck State Park Exit. Turn left at light on Pioneer Way. Turn right at light on Hunt. Turn right at 46<sup>th</sup> Ave/Skansie Ave. Turn left at Rosedale St NW. Turn left at Raynash Dr NW and proceed to stop sign. Street changes name to Kopachuck Dr NW. Proceed over bridge and continue on Kopachuck Dr NW. Street changes names to Artdale at State Park entrance. Turn right on 105<sup>th</sup> Ave NW (Kopachuk Ridge Estates). It is the second right after the park entrance. Blue house with white trim in a cul-de-sac. Do not turn right on 105th Ave Ct NW. ■

### Congratulations 1999 graduates!

**Carissa Bourdeau**, daughter of Emory and Shirley Bourdeau will graduate from Charles Wright Academy. She was selected to attend the 1999 National Youth Leadership Forum on Medicine in San Francisco. She will be attending the University of Arizona with an eye to a career in medicine.

**Timothy Cargol**: son of the late Larry and Bonnie Cargol will receive his B.S. in Electrical Engineering from MIT. He will continue at MIT next year to complete his Master's Degree.

**Peter John Kesling**, son of Pete and Patty Kesling is graduating from Seattle University Law School.

**Stefan Krick**, son of George and Patricia Krick is graduating from Stadium High School.

Dr. Edward J. Przasnyski and wife Barbara have two graduates this year.

**Nikki Przasnyski** is graduating from Charles Wright Academy and plans to attend the Tisch School for the Performing Arts at NYU.

**Jeremy Przasnyski** will receive his B.S. in Computer Science from Western Washington University in Bellingham.

**Kevin Thomas**, son of Bill and Fran Thomas is graduating from Gig Harbor High School. He was awarded a scholarship to Lewis and Clark College in Portland, Oregon, where he will attend this fall.

**Rodney Yeh**, son of Hsushi and Alice Yeh is graduating from Foss High School. He won a National Merit Scholarship and is a semi-finalist for Presidential Scholars Award. He will attend Harvard next year.

**Anne Zoltani**, daughter of Dr. and Mrs. J. Greg Zoltani is graduating from Bellarmine High School. She will attend Seattle University and plans to major in International Studies. ■

### Philanthropic fund applications now available for non-profit organizations

If your service and health related Pierce County organization would like to be considered by the PCMS Alliance as a recipient for philanthropic funding, you may obtain an application form by writing to: **Fran Thomas, 3224 Horsehead Bay Drive NW, Gig Harbor, 98335.**

Proof of 501C(3) IRS rating is required and all applications must be requested directly from Ms. Thomas.

Application deadline is September 1, 1999. ■

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## AMA data: Physician income down

For the second time in four years, median physician income fell slightly between 1996 and 1997, according to the most recent edition of the AMA's Socioeconomic Monitoring System physician survey.

In 1997, the most recent year for which complete data were available, the median net income for a U.S. physician was \$164,000, down 1.2% from \$166,000 in 1996.

The annual survey polls a representative sample of approximately 4,000 doctors. Since 1988, survey data show that physician income, adjusted for inflation, has been essentially flat. Between 1993

and 1997, median net income adjusted for inflation fell at a rate of 1.4% per year.

The survey also found that as of last year, 62.3% of the nation's physicians were self-employed, with 36.1% identifying themselves as employees and 1.6% listing themselves as independent contractors. Physicians worked an average of 55 hours a week; self-employed doctors averaged 57-hour weeks, while employed doctors averaged 51. ■

*Reprinted from AM News, May 24/31, 1999*

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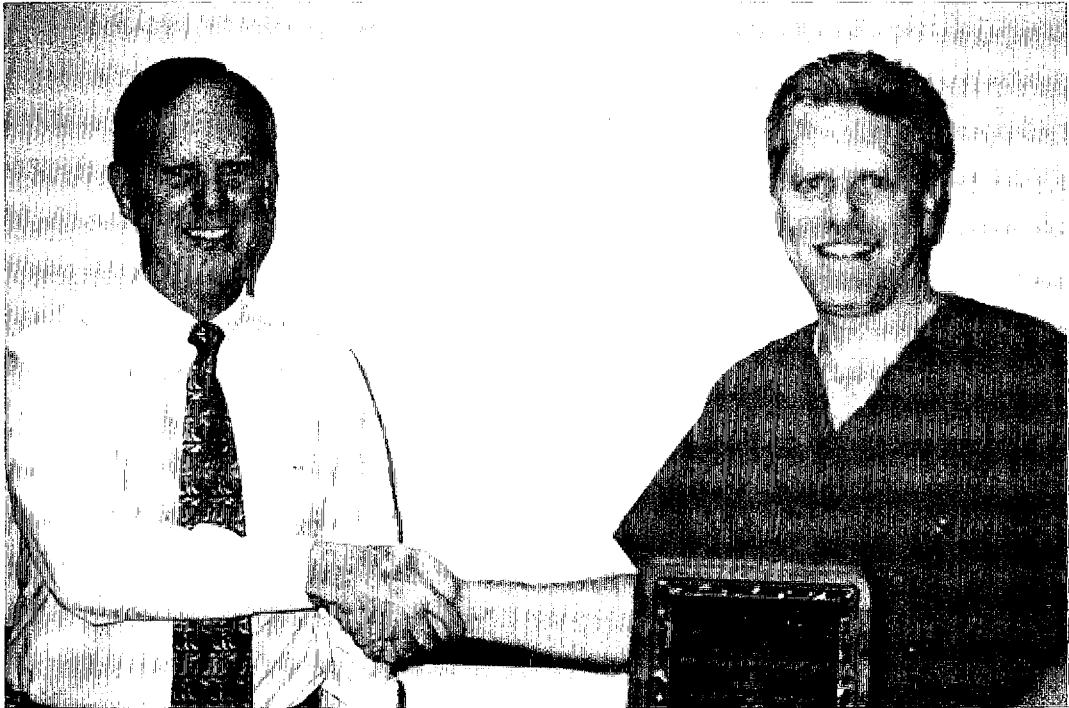
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# BULLETIN

Pierce County Medical Society



July, 1999



Dale Overfield, MD (left), President of the College of Medical Education thanks Gary Taubman, MD for his years of service on the Board of Directors including his service as president 1996-1998

See story page 15

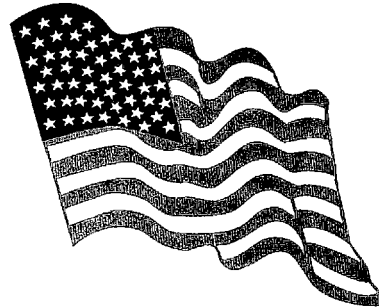
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Pierce County Medical Society

# BULLETIN

July  
1999

**PCMS Officers/Trustees:**

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Past President: Peter K. Marsh, MD  
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**Medical-Legal**, Pat Donley; **Membership Benefits,  
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**Public Health/School Health**, Joseph Wearn; **Sports  
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**The Bulletin** is published monthly by PCMS  
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 County Medical Society. Deadlines for submitting  
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 the 15th of the month preceding publication (i.e.  
 October 15 for the November 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  
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## June General Membership Meeting Review

# “Care at the End of Life”

**Dr. Mimi Pattison and Stu Farber** agree that there is a lot happening around end-of-life care in our county and in our country. With an aging population and a focus on quality of life, it is an issue that will not soon die itself.

Dr. Pattison drew the landscape for what our society and particularly, Pierce County, has to look forward to in terms of end of life care. “Things have changed tremendously during the last century,” she told the crowd at the June General Membership meeting. At the turn of the century the average age of death was 46. Today it is 78. Major causes of death used to be infection, accidents and childbirth, while today they are cancer, heart attacks, stroke and dementia. Disability - on average four years - has also entered the picture. “There didn’t used to be healthcare disability,” noted Dr. Pattison, **“but today we find women requiring an average of five years and men four years of care. The average person who lives to life expectancy in this country can expect not to take care of themselves for four or five years before they die.”**

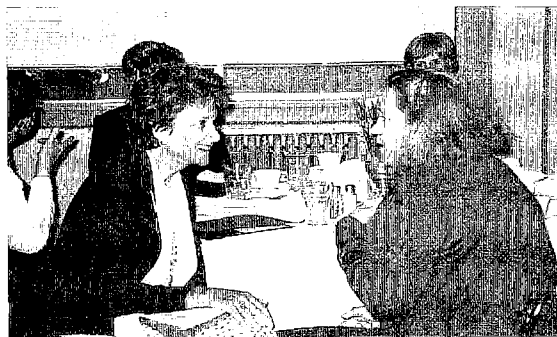
The reality is that we don’t have a healthcare system that addresses this issue. Financing has changed tremendously; while it used to be private, and a very minor, out of pocket expense, today most of it is public. And, thirty percent of families who go through a terminal illness of a loved one end up financially devastated in some way. This reality affects families and loved ones of the 5,000 or so people that die in Pierce County each year.

What do we know about dying and what it is like? Dr. Pattison cited a couple major research studies. One, conducted by Catholic Health Care,

talked to patients, families, bereaved persons and community people. They found that Americans believe that death is really a natural part of life and even people with a chronic or terminal illness see themselves as living and don’t acknowledge themselves as dying. An organized system for care at the end of life generally doesn’t exist unless the patient has access to hospice. And, on average, **only about 17% of people who die have access to hospice.**

The support study, looked at patient preferences and outcomes regarding treatment. This Robert Wood Johnson study looked at 9,000 patients in various teaching institutions. After two-year baselines they learned that doctors believed that they didn’t need more information to treat patients, honor their directives, treat their pain, etc. Then they created a first-class system of communication where physicians got all the information they needed. But,

see “Care at the End of Life” page 4



*Dr. Mimi Pattison, left, talks with Melinda Rajacich (Nicholas) after the meeting*



*Dr. Stu Farber answers questions posed by Yasuko Wada (Sumiho) after his presentation*



*From left, Dr. Phillip Backup, Mrs. Yasuko Wada, Dr. Sumiho Wada and Mrs. Ruth Backup enjoyed the evening*

# Swiftsure sailboat race attracts PCMS members

**Drs. Dave McCowen and Chris Jordan** once again sailed in the very popular Swiftsure sailboat race. The event, which actually has three separate courses, starts in Victoria B.C. and rounds Cape Flattery for 100 nautical miles. Drs. McCowen and Jordan, both veterans of the race, did the middle course to Cape Flattery. Dr. McCowen has sailed the Swiftsure for 17 years. This was the 13th year for his 39' Cal sailboat, "Mystic." PCMS members crewing for him were **Drs. Phil Craven, Jim Fry and Henry Retailliau**. The Mystic brought home a 3rd place trophy.

Cardiovascular surgeon **Ron Knight** was part of the crew on Chris Jordan's 37' "Kahuna." The "Kahuna" took 2nd place in 1997 and was leading their class this year but had to quit in order to catch a ferry.

Dr. Jordan has done the Swiftsure 12 times and has always found it an exciting race. The weather for the May 29 event was a combination of great winds and frustrating calm.



*Left, Dr. Dave McCowen, attired in "Mystic" hat and shirt, gathers his thoughts prior to the sail race*

*Right, Dr. Ron Knight enjoys himself during one of the calm periods in the race. Dr. Knight crewed on the "Kahuna"*



*Left, Dr. McCowen (left) and Phil Craven, MD sit in close quarters while riding the winds on the "Mystic"*


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## "Care at the End of Life"

when they began to measure outcomes, absolutely nothing changed. From patient and family reports, 50% of patients had experienced severe or moderate pain most of the time.

"We know an incredible amount about pain management today in terms of physiology and pharmacology, but yet there is a real disconnect between what we know and what we do," noted Dr. Pattison. In terms of honoring patient's wishes in decision making, 75% of patients and families had said that after two weeks of serious illness in the hospital, no physician had ever discussed code status or CPR with them.

The information gleaned from these major studies shows that there is real need in four specific areas: pain and symptom management, advance directives, patient and family support, continuity and transfers. And, there is tremendous movement across the U.S. from major organizations in medicine, both AMA and ACP, to begin to address these issues. There are also many private foundations that are conducting research and programs.

"When we talk about improving end of life care, we make one major assumption and that is that we have identified who is at the end of life," said Dr. Pattison. "When we think about dying patients, one of the biggest challenges for physicians is to determine who is dying." And, she admitted, it is difficult to determine who is dying. Various diseases and illnesses have predictable courses, yet others have gradual declines with episodic illness that can mean immediate death. These types are most difficult to predict and will remain a challenge.

Studies have shown that most people will die of a chronic illness that is known to be fatal. They will die within a few day or weeks of having been relatively stable. They will die having quite an uncertain prognosis. And, in short, most people will die

without an active dying process.

People don't think of heart disease as a terminal illness, yet it is the most common cause of death in our country. Dr. Pattison shared a slide of an algorithm on how to treat heart failure produced by the American Heart Association. Options included medical

launched by Compassion in Dying, an organization that challenged the constitutionality of the laws against physician assisted suicide in the state of Washington. They formed a coalition, now called the Washington State End of Life Coalition, an active group with broad community representation.

---

"We know an incredible amount about pain management today in terms of physiology and pharmacology, but yet there is a real disconnect between what we know and what we do."

---

management, various drugs, revascularization, heart transplant, etc.; but you could not die! Not allowed.

Dr. Pattison explained a project at her primary care clinic that she has worked on which identifies patients in the last year of life, offers advance care planning, increased clinic contact, and referrals to support services in the community. Outcomes have included increased physician awareness and patient and physician satisfaction, increased community resource use, decreased hospitalization and emergency room use, and increased referrals to hospice. The length of service that hospice provides has increased dramatically - to over 70 days. An added benefit for patients is that the decrease in hospitalization and emergency room visits has served to facilitate people dying at home.

Cost data has shown that it does increase costs at the end of life, but the program does improve quality of care and it can be easily replicated at other medical facilities, said Dr. Pattison.

Dr. Farber spoke to the group about what's happening at the local community level. PCMS and the WSMA have both been involved in end of life care issues. Dr. Farber served on the End of Life task force, formed in 1997. The group was formed in response to the Supreme Court case

While initiated by WSMA, it has developed as an independent body and Dr. Farber serves on the steering committee. In addition to many health care participants, also included is the ACLU, AARP, government officials, senators, as well as two groups, Compassionate Choices and Compassion in Dying. One advocates for physician assisted suicide, while one works to prevent the need for it.

"One of the fruits of the coalition is that these diverse groups came together and agreed upon one ideal, that all families and patients at the end of life deserve good care," noted Dr. Farber. The coalition will also be sponsoring a series of community forums across the state for the public addressing end of life care.

In Pierce County, Dr. Farber chairs the Hospice Task Force, which brings together the major hospice organizations to discuss needs in Pierce County. Originally, the task force met to consider the feasibility of a free-standing, inpatient hospice in Pierce County. The group has determined that they need to ask the community for input. "They will be working in the coming year with physicians and patients and families and asking what we should be doing in the area of end of life care," said Dr. Farber.



# Pierce County Medical Society

invites you and your spouse/guest to the

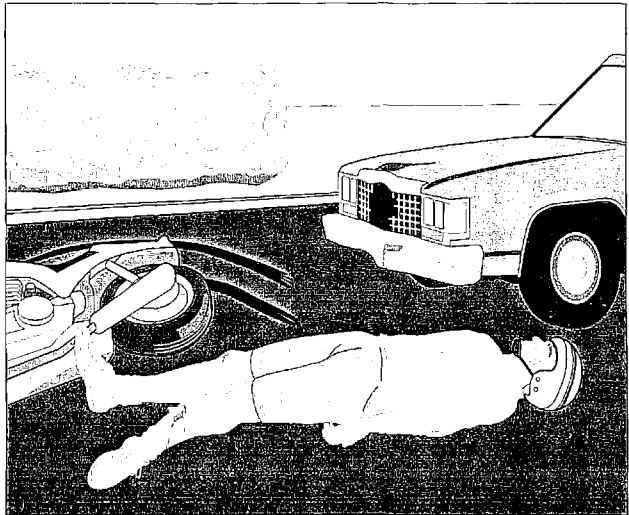
## September General Membership Meeting

Tuesday, September 14, 1999

Social Hour: 6:00 pm  
Dinner: 6:45 pm  
Program: 7:45 pm

Landmark Convention Center  
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47 St. Helens Avenue  
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Signed: \_\_\_\_\_

Thank you!



*Tom Herron, MD, placed 7th in his age division and was the 59th finisher*

## Sound to Narrows ...a fun run

For another year, **Drs. John Jiganti, Tom Herron and Ron Taylor** finished in the top 200 of the 4,163 runners that finished the 12K course of the 1999 Sound to Narrows run. Dr. Jiganti finished 9th in his age division and 54rd in the run with a time of 46:45. Dr. Herron finished 7th in his age division and 59th overall with a time of 47:01. Dr. Taylor finished 2nd in his age division with a time of 50:08 making him the 145th finisher to cross the line.

Other PCMS finishers:

**Cordell Bahn, MD** who ran the event for the 27th consecutive year, as long as it has been held and **Bruce Baker, DO**, both finishing at one hour 26 minutes.

**Drs. Loren Betteridge**, ran a terrific 58:50, **Tom Charbonnel** finished at 1:08. **Robert Colliss**, Sumner internist, and **Mark Craddock**, Gig Harbor family practitioner both finished strong. **Steve Elder, MD** finished in just 54:16 and **Jim Furstoss, MD** in 1:03.



*Cordell Bahn, MD, has run in every Sound to Narrows making this his 27th consecutive year at the event*



*Jack Tornow, MD, (right) PCMS applicant and medical director for TriCare, hoping to soon see the finish line*



*John Lenihan, MD, ran an excellent 58:38, just 33 seconds slower than last year*



*Ken Graham, MD, retired family practitioner, feeling good but glad to be finished*




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# Sound to Narrows ...a PCMS recap

Pediatrician **Martin Goldsmith, MD**, finished in 58:27 and **John Goodin, MD**, Tacoma ophthalmologist completed the course in one hour, 15 minutes.

**Drs. Ken Graham**, retired family physician, **Jack Hill**, cardiologist and **Patrick Hogan**, neurologist. **Charles Hubbell, MD**, Tacoma dermatologist finishing in one hour, 10 minutes. **Peter Krumins, MD** and **John Lenihan, MD** both had excellent runs, finishing at 57:33 and 58:38 respectively, as did **Drs. Tim Lang, Carlos Moravek, Todd Nelson, and Aksel Nordestgaard**, with finishing times of 1:07, 1:01, 1:04 and 57:33.

Tacoma general surgeon **Jim Rifenberg, MD** ran a 1:18, **Craig Rone MD**, finished in just 57:13 and **Jim Rooks, MD**, 1:12. Others were **James Schopp, MD**, Tacoma pulmonologist with a time of 1:00, **Darryl Tan, MD**, Lakewood pediatrician 1:08, **Jack Tornow, MD**, PCMS applicant and **Hsushi Yeh, MD**, 1:18.



*John Jiganti, MD, ran an excellent 46:45, finishing in 54th place*



*Hsushi Yeh, MD, Tacoma ophthalmologist completed the 12K run while his wife ran the 5K*



*Jim Rifenberg, MD, Tacoma general surgeon, glad to be at the finish line*



*James Schopp, MD, (center) ran the course in 1:00:42, just a little slower than his last year's time of 58:17*



*Gil Johnston, MD, Tacoma cardiovascular surgeon finishing the event for another year*

# Sound to Narrows... family finishers

Two top women finishers were wives of PCMS members. Lisbet Nordestgaard (Aksel) finished the run in 1:01 and was 145th in the top 200 women while Mary Crabb (Bill) finished 13 seconds later and was the 151st woman across the line.

Other finishers included Mary Baker (Bruce), Jinny Craddock (Mark), Hilda Elder (Stephen), Jennifer Fulcher (daughter of Jim), Kimberly Nelson (Todd), Jenifer Rifenberg (Jim), Kathy Samms (John), Jennifer Tobin (Rick), and Sue Wulfstiegi (Carl).

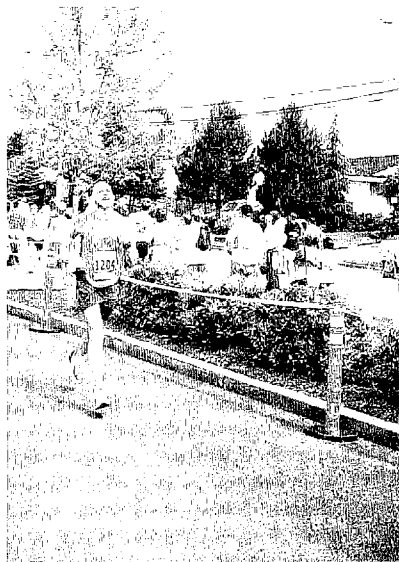
Congratulations, runners.



*Ron Taylor, MD looks strong as he nears the finish line. He placed 2nd in his age division, running a 50:08*



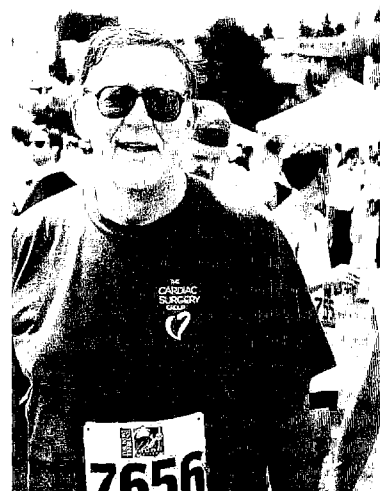
*Craig Rone, MD, ran an excellent 57:13 shaving 5 seconds off last year's time*



*Pat Hogan, DO, Tacoma neurologist, finished in 1:00:04, bettering his 1997 time of 1:01:00*



*Aksel Nordestgaard, MD ran an excellent 57:13, finishing ahead of his wife, who's time was 1:01:22*



*Jack Hill, MD, happy at the finish line after an excellent run*

*If PCMS staff missed your name or your spouse's name in compiling the results, we apologize, but please let us know and it will be printed in the August issue.*

# Physicians and patients taking control

## 1999 Annual WSMA House of Delegates meeting

This year's Annual Meeting is just around the corner. WSMA members will gather to set policy, exchange ideas and deliberate issues affecting the practice of medicine and the profession September 30 through October 2 at Cavanaugh's Inn at the Park in Spokane.

Any member of the House of Delegates may submit a resolution. Proposed resolutions must be received by Shannon Bell by August 30<sup>th</sup> or (July 30<sup>th</sup> to be printed in the Delegate Handbook). Her fax is 206-441-5863 and her email is [slb@wsma.org](mailto:slb@wsma.org). If you are not a delegate but have a resolution you'd like to propose, contact PCMS, 572-3667 about having a delegate submit your resolution.

## Castle of Sand

The boy upon the beach with scoop and hand,  
did toil to make a city out of sand.

From central parapet and scarp there rose,  
a castle, mighty towers thrusting o'er,  
A fortress built to last forevermore.

Boy grew to youth and youth to man in time,  
And tools changed while in the sandy grime.

Letters, numbers, science and the call,  
To engineering, medicine, the law,  
Or business, clergy, or the public trough.

Money, power, prideful selfish way,  
Slowly entered, and when in did stay,  
And vice with its entrancing open maw,  
With golden threads drew into unseen mesh,  
Its victims, circled, caught with no regress.

The sun reached apogee then started west,  
As city shadows bode the coming test.  
Sea breezes up, became a raging gale,  
And restless wave that swept the briny shore,  
Left castle of sand, once proud, a stand no more.

The boy with trembling and dismay did cry,  
Father, Mother, why are things awry.  
Then a sound, clear, sweet, without delay  
Said: Dearest child my voice at your behest,  
Is muted till you come with a request.

For answer only truth will turn the key,  
To free your soul from its chained misery.  
Search deep with humble heart the depths inside.  
Tomorrow at the beach another day,  
Finds the boy with pail and scoop at play.

**John R. McDonough, MD**

## New Members

### **Benavente, Marissa, MD**

#### **Family Practice**

Practices at University Place Clinic;  
4620 Bridgeport Way W, Tacoma  
98466; Phone: 564-0170

Medical School: University of Illinois

Internship: Riverside Regional  
Medical Center

Residency: Riverside Regional  
Medical Center

Fellowship: Eastern Virginia Medical  
School

### **Cavanagh, Michael K., PAC**

Practices at 1802 S Yakima, #102,  
Tacoma 98405; Phone: 272-7777

Medical School: Creighton University

Internship: U.S. Army Physician

Assistant School

### **Harroun, Douglas V., MD**

#### **Internal Medicine**

Practices at North Hill Family  
Medicine; 2748 Milton Way #102;  
Milton 98354; Phone: 927-9772

Medical School: Wayne State Medical  
School

Internship: University of Texas

Residency: University of Texas

### **McAllister, Debra L., MD**

#### **Ob/Gyn**

Practices at 1408 3<sup>rd</sup> Street SE, #200,  
Puyallup 98372; Phone: 848-2683

Medical School: St. Louis University  
School of Medicine

Internship: Southwestern Medical  
School

Residency: Southwestern Medical  
School

### **Smelser, Lynn M., PAC**

#### **Pediatrics**

Practices at Evergreen Children's  
Clinic; 1910 Meridian Street S, #A,  
Puyallup 98371; Phone: 848-2303

Medical School: Alderson-Broadus  
College

## The Health Status of Pierce County

# A letter from the director of health



TACOMA-PIERCE COUNTY  
**HEALTH**  
DEPARTMENT

## Alcohol misuse in Pierce County

Alcohol misuse is associated with significant morbidity and mortality in Pierce County and Washington state.

► We estimate that alcohol misuse is associated with 275 deaths; 23,400 hospitalization days; and almost 50,000 outpatient visits every year in Pierce County.

► From 1992-1996, an average of over 100 youth under age 21 were killed or injured in motor vehicle collisions per year in Pierce County.

► In a 1995 survey, one in four men in Pierce County reported binge drinking (consumption of five or more drinks at any one time, two or more times per month). There is a strong association between driving under the influence and binge drinking.

► In a 1998 survey of Pierce County students; 48% of 12<sup>th</sup> graders reported having used alcohol within the last 30 days; 29% of 12<sup>th</sup> graders reported at least one episode of having five or more drinks in a row within the last two weeks.

► In 1996, 46.5% of all traffic fatalities in Washington State involved drinking drivers; the economic loss from drinking driver collisions was \$448.5 million.

► The prevalence of drinking and driving increases substantially among youth and young adults. Alcohol use among youth is associated with other unhealthy and risky behaviors,

As physicians, we are all aware of the toll tobacco use has on the health and quality of life of our patients. I would like to encourage you to consider taking advantage of a free clinic-based tobacco cessation training avail-

able to you and your staff from the Tacoma-Pierce County Health Department. The training is tailored to your needs, and the basics can be taught in as little time as an hour in your office setting.

We all want to help our patients with the number one preventable cause of death - tobacco use. The National Cancer Institute and the Agency for Health Care Policy have developed an effective clinic-based smoking cessation model. Research has refined that model based on analysis of 3000 cessation research articles. The resulting Smoking Cessation Clinical Practice Guidelines (the 4-A model) are easy to learn, fast to use, and effective. Implementing the briefest version of the model takes no more than three to five minutes and can result in doubling the cessation rates for your patient population.

such as unprotected sex, acquaintance rape, and violence.

In 1998, school survey data indicated that 56% of Pierce County 12<sup>th</sup> graders surveyed said it would be very easy for them to obtain beer, wine or hard liquor. In November and December, the Washington State Liquor Control Board conducted compliance checks of 176 grocery and convenience stores in Pierce County to check for sales of alcohol to minors. Nineteen percent of the stores checked failed to check identification of youth attempting to purchase alcohol. The Health Department's "Keep Teens Alive" media campaign addressed adults who would sell liquor to, or buy it for, underage persons.

The reduction of alcohol misuse by 20% is one of the prevention priorities of the Tacoma-Pierce County Health Department. Reaching that goal will translate into approximately 55 fewer deaths due to alcohol each year in the county as well as fewer alcohol-related hospitalizations and outpatient visits. Health Department prevention specialists are now developing a campaign against binge drinking which will target young adults, to be launched in the fall of 1999. For more information about the plan, call John Britt at 798-2881. For more information (about health data), call Rick MacCornack, Ph.D. at 798-4788.

able to you and your staff from the Tacoma-Pierce County Health Department. The training is tailored to your needs, and the basics can be taught in as little time as an hour in your office setting.

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During the training, you and your staff will learn a systematic process to use with your patients and you will learn simple and effective motivational interviewing techniques that help your patients move forward through the quitting process. The model can be readily incorporated into your current patient education system so that every member of your team is able to assist patients with their quitting process. While physician advice has the most dramatic impact on patients' behavior, the model can also be effectively used by non-physician members of the team.

The Board of Health has set the goal of reducing tobacco use in the county by 40% over the next ten years. I hope that you will take advantage of the free training we offer and play an important role in reaching that goal.

Sincerely,

**Federico Cruz-Uribe, MD**



# Today's cybercraze is any website devoted to health or maladies- check out [www.doctorsmedicinesdiseasesgalore.com](http://www.doctorsmedicinesdiseasesgalore.com)

by Anne Carrns

Reprinted from the Wall Street Journal, 6/10/99

In the next big land rush on the Internet, the target market is a juicy one: cyberchondriacs. Famous medical centers, unknown online startups and big media companies are all jockeying to create Web sites where consumers can find out about their health.

Drkoop.com Inc. raised \$84.4 million in an initial public offering, making its cofounder, former U.S. surgeon general C. Everett Koop, a wealthy Web mogul at the age of 82. On the same day, Rupert Murdoch's News Corp. empire said it had made a "significant investment" in PlanetRx.com, an online pharmacy and health-information service. Silicon Valley entrepreneur Jim Clark, who founded Silicon Graphics and Netscape, is trying for his third home run with Healthon Corp., now about to merge with WebMD Inc.

**Roughly 23.3 million adults, or nearly 40% of American adults online, used the Internet to seek health related information in 1998,** says New York research firm Cyber Dialogue Inc. They surf the Web voraciously seeking information about diseases, treatments and drugs, and chat with others who suffer from similar maladies.

Art Doherty, a 58-year-old retired engineer from Lompoc, Calif., contracted Lyme disease a few years ago and now spends eight hours a day searching the Internet for information about the illness. "I'm pasty white," says Mr. Doherty, joking about spending his days indoors at the computer.

Brenda McKaig, a 36-year-old Pickering, Ontario, woman who struggles with chronic sinus infections and asthma, says she spends about two

hours daily hunting for information, which she then discusses with her doctor. "I really use the Internet to feel I'm not alone," she says. "There's hundreds of other people suffering from the same condition."

**As they multiply like viruses, the new Web ventures are racing to serve up all these patients to drug marketers. Last year, drug companies spent \$1.5 billion advertising prescription drugs directly to U.S. consumers.** Most of that was for print and TV, with less than 1% going to online advertising.

Everyone expects mergers and flameouts to reduce the field to a few players with powerful brands. Here's a field guide to some of the aspirants:

**Medscape.com:** A serious medical site. It offers original, peer-reviewed reports as well as journal articles organized by medical specialty.

Despite its weighty material, more of its one million registered users say they are consumers (350,000) than doctors (180,000). (Mr. Doherty, the Lyme disease sufferer, is a frequent user.) A dedicated consumer site is in the works, as is an initial public offering. Its editor is George Lundberg, iconoclastic former editor of the Journal of the American Medical Association.

**Webmd.com:** The pending merger of privately held WebMD with publicly traded medical-transaction company Healthon, together with big investments from Microsoft and Dupont, is giving webmd.com a head start in establishing itself as a brand name.

Begun as a subscription service for doctors, WebMD is also beefing up its free consumer site, which offers health news and information, a physician directory and condition-specific

"communities," or support groups. Jeffrey Arnold, the company's chief executive, has cut marketing and distribution deals with outlets such as Time Warner's CNN, Lycos and Microsoft's WebTV Networks.

**Drkoop.com:** With Dr. Koop himself as chairman and spokesman, the site claims six million individuals visits since its launch nearly a year ago. It offers more than 120 chat groups, as well as advice from physician Nancy Snyderman, a popular radio and television personality.

Plans call for drkoop.com to add a personal medical-record feature that will invite consumers to keep track of their health history and expenses within a secure portion of the Web site.

**Ahn.com:** The site specializes in "Webcasting" medical procedures, such as angioplasty, so patients can see the surgeries they're about to undergo. First to bring a live birth to your computer screen via the Internet, ahn.com will relaunch in July as thehealthnetwork.com, a joint venture of Fox Liberty Ventures and AHN Ltd. Partners, featuring expanded offerings and more coordination with its affiliated cable-television station.

**Mediconsult.com:** Focusing on patients with chronic ailments, the publicly traded venture offers information on 60 common conditions. Roughly 85% of its visitors are women. Consumers may pose questions to big-name doctors for a \$195 fee.

**Intelihealth.com:** The site is the product of a closely held, for-profit joint venture between medical heavy-weight Johns Hopkins University Hospital and Health System and Aetna Inc.'s Aetna U.S. Healthcare unit. Intelihealth.com offers whimsical features such as a virtual picnic, complete with animated ants, where

See "craze" page 16

*The Invisible Hand...*

by Andrew Statson, MD

**Caution: Shortages Ahead**

The above sign has appeared periodically over the years. When the unit is full we have transferred patients to other hospitals. At times we also have received patients from other hospitals because they did not have beds available. This shuffling of patients around takes advantage of the redundancy in the system. It is an inconvenience for them, but it is not critical. Our British and Canadian colleagues have to schedule their electives up to two years into the future. We are nowhere near that.



*Andrew N.  
Statson, MD*

Unfortunately, things are going to get worse, not better. The Tribune recently ran a story on the plight of the teaching hospitals. They are cutting down on staff and beds. Their teaching and research programs are underfunded. The closure of wards, and perhaps even entire hospitals is a possibility.

My first experience with medical shortages in this country was at Cleveland State Hospital. My residency included a six month rotation through the medical-surgical ward. During three of those months, by the 25<sup>th</sup>, the pharmacist would call to tell us we had spent our budget for antibiotics and the only one he had available until the first of next month was penicillin G.

In its war on drugs, the Nixon administration convinced the Turkish farmers (paid them enough) to plow under their poppy plantations. The

*"NICU closed."*

*A sign in our L & D suite*

result was a temporary shortage of morphine and codeine. More recently our pharmacists stopped making the Tacoma General house cream for hemorrhoids. They couldn't get the ingredient with anesthetic and vasoconstrictive properties, cocaine.

There is a current shortage of injectable droperidol and phenobarbital. According to the official explanation the manufacturers cannot get some basic ingredients to make them. The real reason is more likely to be that they cannot make them at a profit. When these products eventually do come back to market, I suspect it will be at a higher price.

The past few years we have had

---

*"As in any other price squeeze, the first to go down is quality, the next is availability. The big purchasers of drugs: the insurance plans, hospitals, big drug store chains, have gone to the lowest bidders. As a result, the manufacturers have been forced to cut corners."*

---

a series of letters from the pharmacists, reporting temporary shortages of a variety of injectable drugs. I don't remember this happening with any regularity in the past. It is a recent development. Sometimes the shortages may be due to the FDA, which has required a change in the manufacturing process. In any event, however, the price of the preparation will probably need to rise, or it will not become available at all.

During the first few years after ampicillin came out the incidence of

rashes and other reactions was of the order of 20%. Many people were labeled then as allergic to penicillin. However, when the pharmaceutical companies improved their purification process, the drug reactions almost disappeared. Today, even in its injectable form, ampicillin very rarely produces a reaction. The problems we observed in the past must have been due to the impurities in the preparation, not to the drug.

Drug manufacturing is an exacting process. Purity is important, especially for injectables. Absorbability is important, especially for tablets. The tablets need to be compressed well enough so they don't crumble, but not so much that they don't dissolve in the intestinal tract.

The price squeeze we experienced was also applied on the drug companies, mostly on the manufactur-

ers of generics. Even though recently they have been able to raise prices and have shown some good profits, they have had to reduce their costs too. As in any other price squeeze, the first to go down is quality, the next is availability. The big purchasers of drugs: the insurance plans, hospitals, big drug store chains, have gone to the lowest bidders. As a result, the manufacturers have been forced to cut corners.

My observations have no scientific validity, it may be my paranoia, but I sense a recent trend that

*See "shortages" page 14*

## "Shortages"

worries me. It seems there is an increase in drug reactions, which may or may not be allergic. The last few patients I treated with cefazolin did not defervesce as expected, even though the cultures showed sensitive organisms. Instead, the patients maintained a temperature of around 99 until the drug was stopped. Their neutrophil and lymphocyte counts were normal, but the eosinophils were up. Could that have been a reaction to an impurity?

Compared to past experience there is a decrease in the response to some drugs, almost as if the patients were not taking the medication, or perhaps not absorbing it well. One of my patients put it to me very bluntly: "These generic pills are like taking a placebo! They have absolutely no effect!" She had been on a brand name estrogen and her insurance company had instructed the pharmacist to give her a generic substitute. She requested to go back on the brand name drug even if she had to pay more to get it.

The price squeeze extends to other products and services we use. The supplies we use, such as gloves, sutures, adhesive tape, dressings, etc., are of lower quality. Laboratory services have kept up reasonably well, probably due to the introduction of better technology, but the pressure to cut costs is there. The problems with the reading of Pap smears, the reduction in the number of cuts on pathology specimens, the lower quality of reagents, the increased workload on the staff, all combine to produce an environment where mistakes will be made, and on a large scale. Perhaps these problems always existed, but in the past we had no-one else to blame.

One long term consequence of this squeeze is that pharmaceutical and medical supply companies will have to cut their expenses. Unless they can be sure they will be able to recover their costs, the first thing they will have to cut is their research and development

programs. They may continue those they are currently operating, particularly if close to completion, but they will be very reluctant to embark on new research if they cannot be sure it will be profitable.

There is no excuse of profligacy. We cannot justify using the most expensive equipment and supplies when cheaper products can do a good job. However, cost effectiveness implies an equal stress on both cost and effectiveness. When the stress is on cost, usually because the people who purchase the products are not the ones who use them, the quality is so poor, that the products are not effective. The result is a higher level of waste and inefficiency, which ultimately raises costs. This is misguided economy.

One example was the position of managed care plans to require the use

of cheaper drugs for a specific problem, even though the more expensive ones may reduce the rate of side effects, complications, office visits and hospital admissions. It took them a while to accept that the SSRI are much better than the tricyclics, for instance.

When we, as individual physicians, treating individual patients, select a treatment, we can and do make mistakes. We do not always choose the best, or the least expensive treatment. Usually, however, our choices work reasonably well, at a reasonable cost. When the selection is made centrally and applied equally to all patients, the mistakes are still made, but on a much larger scale. I shall end with the well known saying: "To err is human, but to really foul things up you need a computer."



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## Pierce County "Child Death Review Team" meets monthly

From 1995 to 1997, the Washington legislature enacted several bills to develop a statewide system to review childhood deaths. Under the legislation, local teams were developed to review deaths occurring in the county for the purpose of identifying preventable strategies. In December 1998, the Pierce County Child Death Review Team (PCCDRT) was formed pursuant to that legislation. Hosted by the Tacoma-Pierce County Health Department, members of the PCCDRT come from a variety of public and private agencies and include physicians, nurses, CPS staff, law enforcement detectives and prosecuting attorneys.

On average, 160 infants and children die annually in Pierce County. Approximately 40 of those deaths are due to traumatic event (homicide, suicide or unintentional injury) and another 15 are classified as SIDS. All of the injury and SIDS deaths undergo a complete review. To date, 12 deaths have been reviewed by the PCCDRT and prevention strategies identified.

The reviews are not to place blame on any party. Rather, the purpose is to identify factors which, if addressed through system changes, would likely have prevented that death or similar deaths. A subcommittee also screens the medical or natural deaths for deaths that could have been prevented through changes in the systems available in the county. The reviews consist of abstracting information from appropriate records including medical, CPS and law enforcement.

The team meets monthly to review the cases. At the end of each year, the team will publish a report with its recommendations.

For additional information, please contact Riley Peters at 798-6056 or Medori Hill at 798-7668.

## College of Medical Education thanks Gary Taubman, MD


At their June meeting, the College of Medical Education Board of Directors awarded a plaque to **Gary Taubman, MD** for his service to the board of directors as well as serving as president of the College from 1996 until 1998. Dr. Taubman has served on the board since 1990.

The College is a subsidiary of the Pierce County Medical Society and is responsible for accredited continuing medical education. The College conducts numerous Category I accredited CME courses each year. The courses are set by the Board of Directors with input from the PCMS membership compiled from interest surveys and course evaluations.

At their June meeting the board also approved the 1999-2000 course calendar which will feature eleven courses, one in Hawaii and one in Whistler, with the other nine being held in Tacoma at various locations. (See page 17 for a complete list of courses.)

Dr. Taubman has also served as a course director for several years as he has co-chaired, with **Dr. Rick Tobin**, the Nuts, Bolts, & Innovation: Gastrointestinal Disease conference for the last four years. The fifth annual course will be held on Friday, June 2, 2000.

College board members leaving this year with Dr. Taubman are **Drs. John Hautala** and **Mark Grubb**. Board members for 1999-2000 will be **Drs. J.D. Fitz, Barbara Fox, John Jiganti, Steve Konicek, Dale Overfield, Brad Pattison, Judy Pauwels, Cecil Snodgrass, Virginia Stowell, Richard Waltman, and Tod Wurst**. New members will be **Drs. William Holderman** and **Robert Alston**. Other members of the Board include Rick Campbell, Good Samaritan Hospital, Sister Anne McNamara, Franciscan Health System, Victoria Fletcher, MultiCare Medical Center and Doug Jackman, PCMS Executive Director.



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**"Craze"**

visitors can compare the fat content of summer foods. Its online Healthy Home catalog sells items like a SnoreLess pillow.

**Americasdoctor.com:**

Offering free, private chats with online doctors, 24 hours a day, the site receives sponsorship fees from partner hospitals, which can provide local contacts. Its Medical Mall sells items like a Super Tote Carryall (\$36.80), a purse that attaches to your walker. Click on "A Doctor in Your House" to schmooze with the stars and their physicians. Actor Roger Moore recently chatted about skin cancer. Mr. Moore, who first noticed his skin was sun-damaged while filming "Octopussy," offered his own special advice on sun block and bronzing creams.

**Thriveonline.com:**

An offering of media mogul Geraldine Laybourne's Oxygen Media Inc., the site is also available through America Online's health channel. It features alternative medicines, diet and exercise tips. It also includes subject areas like Serenity, where users can click on a photo of "Dream Doctor" Charles McPhee, who will interpret their dreams. One woman writes to say she's about to get married, and is worried about a dream that "everyone I've ever known was hunting me down to kill me." She wonders if this is related to

premenstrual syndrome. Charles McPhee congratulates her on her wedding and then wonders, "How bad is your PMS?"

**Onhealth.com:** A well being site aimed primarily at women, onhealth.com is operated by On Health Network Co., a onetime partner of the Mayo Clinic that was relaunched last summer as a publicly traded company. On Health Network has an alliance with Drugstore.com for on-line pharmacy purchases and offers guides that rate the health quotient of communities nationally.

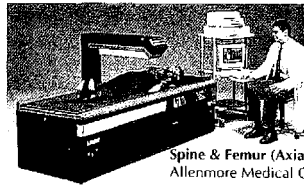
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# COLLEGE OF MEDICAL EDUCATION

## Continuing Medical Education

### College Board announces CME schedule through June, 2000

The College of Medical Education's Board of Directors announced its CME schedule for 1999-2000 after their June meeting. The courses are offered in response to local physician interest and are designed and directed by local physicians. All courses offer AMA and AAFP Category I CME credit.

A course calendar identifying the course title, dates, brief description and course directors will be mailed in early July. For additional information on next year's offerings, please call the College at 627-7137.

## Watch for Hawaii CME Brochure in July

The semiannual CME at Hawaii program is set for April 10-14 on the "Big Island" of Hawaii at the elegant Hapuna Beach Hotel.

A brochure detailing the program and information on course registration, accommodations, and air transportation should be out in early July.

Those interested are encouraged to plan ahead and make early arrangements for the hotel and particularly flight reservations.

For more information, call the College at 627-7137.

## CME Program at Whistler, February 2-6

The dates for the annual Whistler CME program have been set for February 2-6, 2000. The dates are one week later than the traditional program week.

The College of Medical Education has contracted so that all physicians can again stay in the Aspens, also the site for the meetings.

A program brochure with course details and registration will be available in September.

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, October 1	Infectious Diseases Update	Alan Tice, MD
Friday, October 29	Common Office Problems	Mark Craddock, MD
Friday, December 3	Medicine & Mental Health	David Law, MD
Friday, January 21	Cardiology for Primary Care	Gregg Ostergren, DO
Wednesday - Sunday February 2-6	CME @ Whistler	Richard Tobin, MD
Friday, February, 11	Advances in Women's Medicine	John Lenihan, Jr., MD
Thursday-Friday March 9 & 10	Internal Medicine Review 2000	Robert Corliss, MD
Monday - Friday April 9-15	CME @ Hawaii	Mark Craddock, MD
Saturday, April 29	Surgery Update 2000	Virginia Stowell, MD
Friday, May 5	Asthma, Allergy & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 2	Nuts, Bolts & Innovation: Gastrointestinal Disease V	Gary Taubman, MD Richard Tobin, MD

# 1999 Physician Directory changes

### Archer, Bryan, MD (Retired)

Change address to:  
South Shore Lakes #1107  
3805 FM 518 West  
League City, TX 77573

### Froelich, Theresa, DO

Change address to:  
Gyft Clinic  
3582 Pacific Ave. 3<sup>rd</sup> Floor  
Tacoma, WA 98408  
Phone: 475-5433  
FAX: 473-6715

### Kesling, Peter, MD

Change address to:  
2703 Jahn Ave NW, #C-5  
Gig Harbor, WA 98335  
Phone: 851-6992  
FAX: 858-3425

### Kristovich, Deb, MPT

Change address to:  
One-to-One Physical Therapy  
2312 N 30<sup>th</sup> Street, #101  
Tacoma, WA 98403  
Phone: 396-9001.  
FAX: 396-1231.

### Kunkle, Robert MD

Change address to:  
4700 Pt Fosdick Dr NW, #206  
Gig Harbor, WA 98335  
Phone: 851-6075  
Physicians only: 851-6076  
FAX: 858-5059

### Lazarus, Marlene, MD

Change phone to:  
Phone: 864-6848  
FAX: 864-6851.

### Reynolds, Glen, MD (Retired)

Change address to:  
8023 Shirley Ave, #B  
Gig Harbor, WA 98332-1847  
Phone: 858-6031

### Strom, Janice, MD

Change physicians only to: 596-5158

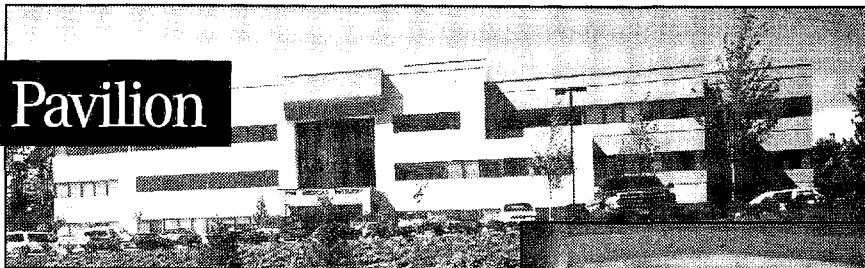
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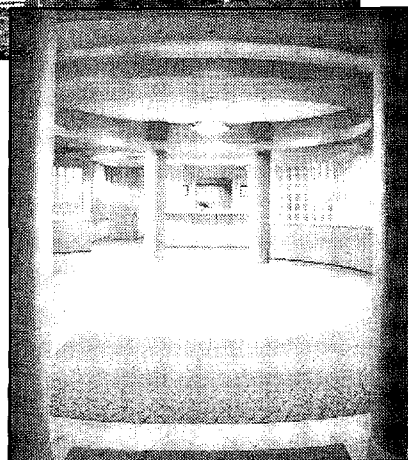
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*Pierce County Medical Society*

# BULLETIN



August, 1999

## WSMA

### PHYSICIANS & PATIENTS



### TAKING CONTROL

### WSMA Annual Meeting

### September 30 - October 2, 1999

### Spokane, WA

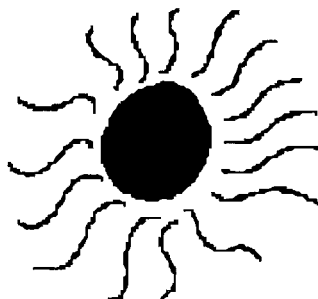
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Pierce County Medical Society

# BULLETIN

August  
1999

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## Summertime Assessment

The summer is a good time to stand back and reassess where we are going, how we got there, and what adjustments might be in order. Usually the summer allows a mini-break from patient and practice demands. This is a good time to re-new our enthusiasm and refocus our direction.



I know that we participate in the best of the professions. We are afforded privileges that most other professionals are not, such as the joy of being a valued part of patients' life. In medicine we sit in the unique position of helping people shape a more positive direction through our skill, education and caring. We participate as friend, mentor, and example to our patients and community. This all has its rewards, but also there is a payment. Our time, energy, and enthusiasm can be drained by these privileges turning into demands. How do we keep going in a fulfilling and positive direction?

I believe that remaining productive, positive and content with our medical lives takes time and thought. These are some of the tools I use to stay productive.

### 1) Take on new challenges.

This could be as simple as organizing your desk or as complex as organizing your practice. It is good to periodically stand back and identify a new project or goal. Then it is important that we celebrate our accomplishments along the way. After all, the journey may be more important than the destination.

2) **Don't procrastinate.** If only I could avoid this. My wife always tells me that perfectionists tend to procrastinate – I guess this fits me well. (If only the best will do then less than the "best" will surely not be acceptable.) Whereas, we strive for excellence and perfection, sometimes what we do is good enough and allows for more productive activities.

3) **Forego the material for the spiritual.** I'm reminded everyday when I listen to patient's concerns that my solutions for their problems rarely involve money. More often than not, answers rely on emotional, spiritual, and professional support. We too often judge our success in monetary measures and lucrative contracts. A fair return for our services is important as long as this is balanced with a recognition of our overall fa-

vorable economic status.

4) **Get exercise.** I have always spent time participating in sports. My favorite pastime is playing "ratball" (a form of dis-organized basketball) at the YMCA. This is a good release for me and a great way to stay fit. I like sports that are physical and competitive. I think it is important to participate, watch less and do more.

5) **Enjoy today.** This is the only summer of 1999 you will ever have, so live it. Don't put off your enjoyment of life until retirement. This I have learned from the advice of my senior colleagues. Plan to work longer and pace yourself. Medicine needs experienced practitioners. Don't retire completely from medicine, but use your talent and perspective to support your colleagues, community, and at risk populations. Examples abound in our "retired" physicians such as **Dr. David Sparling's** work in Russia and **Dr. Dumont Staatz's** work in Ethiopia.

I am certain that this summer will find most of you taking advantage of the Pacific Northwest. My wish is for you to be content with your profession and position in Pierce County. I am proud to be your colleague.

## Physician Income Data

The 1998 Socioeconomic Monitoring System (SMS) survey of physicians, primarily focused on physician income, released their findings this spring.

Key findings of the survey show that median physician net income of all surveyed physicians **fell \$2,000 or 1.2% in 1997**. From 1993 to 1997, median net income adjusted for inflation fell an average of 1.4% per year. The share of practice revenue from managed care contracts increased to 52.4% in 1997 from 44.2% in 1996.

The SMS survey is a telephone survey of a nationally representative, random sample of post-resident, non-federal patient-care physicians. Some 4,000 physicians, both AMA members and nonmembers took part. Both office and hospital-based physicians are included. The survey was conducted from April-September, 1998.

Additional findings show that 62.3% of physicians were self-employed; 36.1% were employees, and 1.6% were independent contractors. Of self-employed physicians, 41.5% were in solo practice, while 43.4% of employee physicians practiced in groups of 9 or more.

Physicians worked a median of 48 weeks per year and 55 hours per week. Self-employed physicians spent 57 hours per week in professional activities compared to 51 hours for employed physicians. Median patient visits per week were 100 for all physicians.

For a complete copy of the survey results, call PCMS at 572-3667.

## Pierce County not selected for "Communities in Charge" grant

The Pierce County Medical Society, Tacoma Pierce County Health Department, the four major hospital systems and the community-based clinics currently serving many uninsured persons were recently disappointed when they were notified that they were not selected to receive a "Communities in Charge" grant offered by The Robert Wood Johnson Foundation. The competition was stiff, as there were over 1,100 inquiries regarding the proposal and ultimately, 100 applications submitted. Of the 100 that applied, 26 were chosen for a site visit.

The goal of the grant project is to design, build community consensus for and prepare to implement a locally-managed, universal health insurance program for uninsured Pierce County residents. Grant organizers hoped to:

- provide universal coverage
- implement more cost-effective patterns of care
- divert episodic care from high-cost emergency rooms
- reconcile community expectations about the scope and standard of care with available resources
- consider enacting a local requirement for individual financial responsibility for illness care
- serve as a pilot project for the current state-subsidized insurance plan, and
- build community agreement about the need for and features of the

program

Organizers plan to proceed with the project despite losing the grant funding. They plan to capture as many dollars locally as possible, including state money designed for county control, design a premium that is means-tested and create new expectations for financial participation by those with some resources. Within constraints of funding, they will develop a managed care system that assumes universal coverage and responds to each eligible person seeking care at the appropriate level of medical expertise, regardless of where one enters the system. A major goal is to ration procedures, not people.

The motivation for this group stems from the estimated 99,325 medically uninsured persons of all ages in Pierce County. There is an additional 103,005 receiving Medicaid. The Basic Health Plan, a statewide effort to provide insurance for this population, currently covers nearly 24,000 lives in the county but it is under-funded, suffers from adverse selection, and is losing providers. Ultimately, nearly 27% of the county population are people of limited means without commercial medical insurance.

The planning group will establish a commission to serve as the entity for the plan. The members of the commission will include at least one representative from each of the major health systems, a representative from each community clinic system operating in Pierce County, a representative from each local government unit that provides substantial support for the plan, a PCMS representative and three consumers. If the Legislature will provide support, then the state would also have representation.

Watch future issues of the *Bulletin* for project progress reports from the planning group.

**Puget Sound Area, WA:** You know how you want to set up your practice. We can help you do it. Dynamic community-based healthcare organization seeks BC/BE Family Practitioners. Flexible financial packages and practice positions available from independent to group settings, practice management to full employment. Convenience, quality 225-bed hospital and excellent location in fast-growing, family community. Close to Seattle with year-round recreational opportunities. We are an equal opportunity employer. Contact Kathy Guy, Administrative Director of Clinics, Good Samaritan Community Healthcare, 407 - 14th Avenue SE, Puyallup, WA 98371, (253) 848-6661, Ext. 1865.



# Pierce County Medical Society

invites you and your spouse/guest to the

## September General Membership Meeting

Tuesday, September 14, 1999

Social Hour: 6:00 pm

Dinner: 6:45 pm

Program: 7:45 pm

Landmark Convention Center

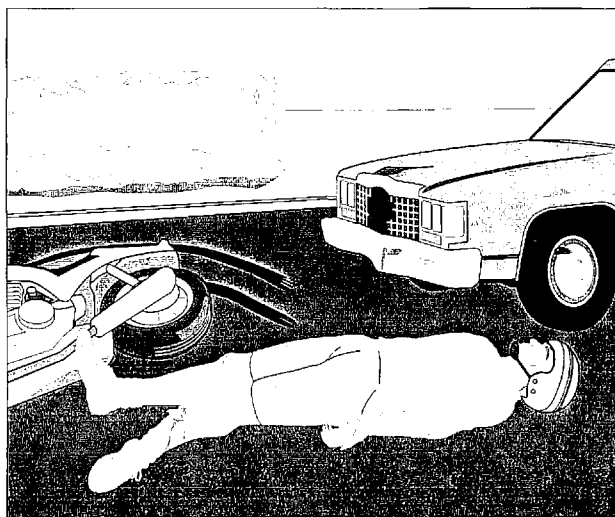
Temple Theatre, Roof Garden

47 St. Helens Avenue

Tacoma

# Trauma!

- ▶ System update
- ▶ Specialist support
- ▶ Hospital support
- ▶ Financial arrangements



(Registration required by September 10. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve \_\_\_\_\_ dinner(s) at \$20 per person (tax and tip included)

Enclosed is my check for \$ \_\_\_\_\_ or my credit card # is \_\_\_\_\_

Visa     Master Card    Expiration Date \_\_\_\_\_    Signature \_\_\_\_\_

I will be bringing my spouse or a guest. Name for name tag: \_\_\_\_\_

Signed: \_\_\_\_\_

Thank you!

# Retired Members 'Travel to Asia' at June luncheon

It was all because of a barbecue at Senator Marilyn Rasmussen's house. That was where the plan began, anyway, of an Asia trip to Korea, China and Viet Nam for **Dr. Peter Marsh** and his wife Sue (ARNP). They had interesting travel companions as they were part of the Washington State Trade Delegation that included other political leaders from Washington state.

They shared many humorous stories about their travels with PCMS retired members at their June luncheon held at Shenanigan's Restaurant. Over 50 people attended and not one of them left early, for fear of missing out on one of Dr. Marsh's entertaining tales.

They attended a Korean Economic Board meeting and heard projections for Korea for the next few years. Dr. Marsh noted that Korea has recently laid off many workers and most others have taken a 40% pay cut due to the bleak

economic conditions. On the fun side, they toured Korea's open air market which is several square miles, and, you could buy a 'fake' or 'imitation' anything as there are no patents in the country, they reported.

In Beijing they joined 12 million people, and watched as 10 million of them rode bicycles. "There are dumpy bikes everywhere," noted Sue Marsh. Nobody steals them they just use any bike that happens to be convenient. And, the air quality is very bad, but a breeze will come and clear it out. They did lots of touring in Beijing and, of course saw the Forbidden City.

In China, the Great Wall was a favorite spot. It is 2500 miles long and took 50 years to complete. And, in Saigon they marveled at the beautiful french architecture.

In Viet Nam there was lots going on. "Billion dollar projects are happening there," said Dr. Marsh.



*Peter Marsh, MD, and his wife, Sue, kept the crowd laughing at the retired member luncheon at Shenanigan's Restaurant*



*Attendees admire the beautiful silk garment that Sue Marsh brought back from their trip*



*The crowd thoroughly enjoyed the entertaining stories the Marshes shared about their travels to Asia*



*Dennis Waldron, MD visits with Mian Anwar, MD and his wife Patty after the meeting*

## The Invisible Hand...

by Andrew Statson, MD

### "Profiling"

A few years ago King County Medical came out with a profiling system for physicians. They held several meetings in the area to explain what this system did and how the information could help us. In Pierce County, we didn't have many patients insured by King County Medical, so the numbers were too low to be of much significance.

The idea of profiling is interesting. It is good for us to know where we stand among our peers on various parameters. We are social creatures and have the innate desire to fit in our group, to conform to their expectations, to be accepted. At the same time, however, we expect to be recognized as individuals, as different from everyone else, as having something special to contribute.

At the informational meetings, a problem came to light. The point of view of the company officials was that we must fit the mold they had designed for us. We must strive to be average on the chosen parameters. Instead of pointing to our individual differences as strengths to be cultivated for the benefit of all, they were outlined as weaknesses to be corrected.

As an example, they gave the profile of a family physician, who was more efficient than average (had a lower per patient cost) in his office visits, laboratory utilization and referrals of adult patients. However, he had more referrals than average in the pediatric age group. Instead of capitalizing on his skills to treat adults, the



Andrew N. Statson, MD

*Comparison is not proof.*

*French proverb*

point of the presentation was that he was deficient in treating children, therefore he needed to get some additional education in that area. The medical director said he didn't need a family physician who did only well child care. He could get a nurse practitioner to do that. He probably didn't realize that he was speaking as the employer of the physician, not as the insurer of the patient. In fact, the physician is employed by his patients, not by their insurance company.

Another thing the medical director didn't realize was that physicians are not clones of one another.

feel comfortable handling. Forcing him to do something he didn't like would not make him more productive. The resulting increase in his work related stress would adversely affect even that part of his job he was doing well. Such an effort would be counterproductive and self-defeating. Physicians cannot fit a mold any better than patients can.

My first year of residency was a total immersion in obstetrics. After a few months I was amazed to discover how closely the personality of the patients matched that of their physicians. Patients need to feel comfortable with their physicians. They need to be able to communicate with them. To do so, they have to be on the same wave length. The net result is not only better patient-physician communication, but also better medical care.

---

*"I suspect patients profile us when they ask their friends about a referral, and certainly they do so at their initial visit. If we don't measure up to their expectations, they go to someone else. The managed care plans use profiling to select a panel of physicians who fit their mold. They hoped this would reduce their costs. Perhaps, but it is more likely that it wouldn't."*

---

Some physicians are very good at working with children. They can easily establish a good rapport with them, they can readily communicate at their level, and as a result they are very effective in treating them. Others don't have the heart for that. They may find it emotionally too painful or taxing, or their personality may be such, that children don't feel comfortable with them.

Whatever the reason, this example showed a physician who did a good job in his field of interest. He also knew when to refer the cases he didn't

I suspect patients profile us when they ask their friends about a referral, and certainly they do so at their initial visit. If we don't measure up to their expectations, they go to someone else. The managed care plans use profiling to select a panel of physicians who fit their mold. They hoped this would reduce their costs. Perhaps, but it is more likely that it wouldn't.

To reduce costs they would need to use their people where they are the most effective, where they would give peak performance. To

See "profiling" page 10



## Personal Problems of Physicians

**Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?**

**Your colleagues want to help**

\*Robert Sands, Chair 752-6056  
 Bill Dean 272-4013  
 F. Dennis Waldron 265-2584

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*Providing patient education materials*

## Register to Vote

Physicians have a very poor record for voting in elections at all levels of government. A very easy way to improve your voting record is to vote absentee. See below for instructions on having ballots mailed to your home for every election. To vote is the highest form of good citizenship.

You must be a citizen of the United States; at least 18 years of age by the date of the next election; a resident of Pierce County; and not presently denied your civil rights as a result of a felony conviction.

You may register at the Pierce County Annex, 2401 South 35th Street, Room 200, Tacoma or you may use the form below. If you register by mail, your application must be postmarked at least 30 days prior to an election to vote. You may register in person at the Auditor's Office, 2401 South 35th Street, Room 200, Tacoma or at an Auditor's Satellite Office up to 15 days prior to an election

## Address or Name Change

If you move, be sure to notify the Auditor's Office of your new address - call 253-798-7439. If your name has changed, we will need to send you a form to update your signature.

## Cancellation of Registration

You will only be removed from the registration files if you fill out a cancellation card or register to vote in another country or state. If a voter is deceased, another voter may fill out a death card to cancel the deceased person's registration.

**If you want to vote by mail permanently, fill out this form and send it in. If you already receive your ballot by mail, you do not need to fill this out.**

Pierce County Absentee Ballot Request		
ONGOING <input checked="" type="checkbox"/>	Send To:	Cathy Pearsall-Stipek, CPO Pierce Co. Auditor 2401 S 35th St, Rm 200, Tacoma, WA 98409 (253) 798-7430 • 1-800-446-4979 (WA)
A year-round mailing address is required		
Print Name as Registered		
Print Address Where You Live		City/Town Zip Code
Date of Birth	Social Security Number	Home Phone Number
Year-Round Mailing Address (required if different from address where you live)		
City/Town		Zip Code
<b>X</b>		Date
Signature of Applicant		Date



# Pierce County Medical Society

## Education for Physicians

### ON End of Life Care



A four part series:

September 16 and 30; October 14 and 28

7:00 - 9:00 a.m.

Landmark Convention Center  
47 St. Helens Avenue, Tacoma

#### Registration

To register, please call Pierce County Medical Society, 572-3667. **Registration is required and open to physicians only.** There is no fee. Priority will be given to those registering for the entire series.

#### Faculty

**Stuart Farber, M.D.** is a Project on Death in America Scholar and Assistant Clinical Professor in the Department of Family Medicine, University of Washington School of Medicine. He is board certified in family practice, geriatrics and hospice and palliative medicine. EPEC\* trained, 1999.

**Mimi Pattison, M.D.** is Medical Director, Palliative Care Services and Chair, Medical Ethics Committee, Franciscan Health System-West; Medical Director, Improving Care Through End of Life, Internal Medicine-Nephrology, Franciscan Medical Group. EPEC\* trained, 1999.

#### Accreditation, 7 Hours

As an organization accredited by the WSMA Medical Education Committee to provide continuing medical education, the College of Medical Education certifies that this course meets the criteria for 7 hours of Category I CME to satisfy the requirements of the Washington State Medical Quality Assurance Commission and for the Physicians' Recognition Award of the AMA.

#### Sponsors

This course is offered through the generous support of Franciscan Hospice, Group Health Hospice, Good Samaritan Hospice, Multicare Hospice of Tacoma, Pierce County Medical Society, PCMS Alliance, Three Cedars, Compassionate Choices and the College of Medical Education.

#### Objectives; Participants will:

- understand how to negotiate goals of care and identify reasonable hope
- be able to communicate prognosis and identify/assess assessment areas
- be able to define advance care planning and explain its importance
- learn how to communicate bad news and know why it is important to do so
- be able to compare and contrast nociceptive and neuropathic pain
- be able to identify adverse effects of analgesics and their management
- understand general guidelines for managing non-pain symptoms
- understand the assessment and management of common physical symptoms
- be able to apply the principles for withholding or withdrawing therapy
- learn how to prepare and support the patient, family, and caregivers
- learn how to assess and manage the pathophysiological changes of dying
- be able to identify and manage initial grief reaction

#### For More Information

Please call the Pierce County Medical Society, 572-3667, for a program brochure. Additional registration information, including directions to the Landmark Convention Center, is available by calling the PCMS office.

## “Profiling”

Continued from page 7

achieve that, however, the managed care plans have to treat physicians as individuals, different from one another. The officers of the managed care plans, I am afraid, cannot understand such a concept. To them physicians are full time equivalents. So long as they look on us as bodies, not as individuals, they will get the performance of bodies.

There is a Latin maxim: “The surgeon cuts first with his mind, then with his knife.” The Romans knew it. Our modern insurance executives have yet to discover it. They believe they can do the thinking for us. They expect us to do as their procedure manuals tell us, to decide according to their algorithms, to follow their guidelines, to heed their protocols, to practice within their parameters. They are least interested in the best we have to offer, our professional judgment. They want from us the least valuable, the work of our hands; and ignore the most valuable, the work of our minds. No wonder they are losing money, even though they pay us so little.

Patients, however, see us as individuals, and judge us as such. When they have a choice, they select a physician who matches their personality, someone they can relate to. When that choice is taken away from them, patients are frustrated and unhappy. As

a result they come up with more complaints, that require more office visits and tests, more medications, and in the long run their care ends up costing more. Patients who are worried can easily accept the word of a physician they trust that there is nothing seriously wrong with them, and go away happy. When they don't trust the physician, they are not satisfied until they have had multiple tests and procedures to give them the reassurance they need.

Properly used, profiling can direct patients to the physicians who will best meet their needs. It can be like a matching service, which allows the patient to learn about the physicians before the first interview. Of course this assumes that the parameters of the profiling match what the patients are looking for in a physician. The system will have to answer the questions the patients have when they select a physician. Is he a good listener? Does he allow enough time for questions? Does he feel comfortable discussing the personal questions I have in mind? Is he compassionate? Is he judgmental? Is he patronizing? Will he accept me as I am, with all my lumps and warts?

Such a profiling system would be beneficial to both patients and physicians. If the parameters of profiling are chosen by the insurance company to cut costs, while the patients are looking for someone able and willing to listen to them, the service would not work.

## Applicants for Membership

### Litsky, Steven H., MD

#### Physical Medicine & Rehab

Practices at NW Center for Integrative Medicine; 2702 S 42<sup>nd</sup> Street, #310, Tacoma 98409; 472-7844

Medical School: Sackler School of

Medicine, Tel Aviv University

Internship: Sinai Hospital, Wayne State University

Residency: Sinai Hospital, Wayne State University

### Realica, Ross M., MD

#### Plastic Surgery

Practices at Pacific Northwest Plastic Surgery; 1530 S Union, Tacoma 98405

Medical School: University of Philippines, College of Medicine

Internship: Boston University

Residency: St. Elizabeth's Medical Center

Fellowship: Medical College of Georgia

### Wyman, James J., MD

#### Orthopedic Surgery

Practices at Tacoma Orthopedic

Surgeons; 2420 S Union, #300, Tacoma 98405, Phone: 756-0888

Medical School: University of

Medicine & Dentistry of New Jersey

Internship: University of California-Davis

Residency: Rhode Island Hospital

Fellowship: Rhode Island Hospital



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# Letter to the Editor

Dear Editor:

Please note the omission of the word "happy" in my poem "Castle of Sand" which you published in the July issue of the *Bulletin*. I think you will agree that the omission changes the tone, especially of the last stanza.

While attending an American College of Cardiology meeting in

## Castle of Sand

The boy upon the beach with scoop and hand,  
Did toil to make a city out of sand.  
From central parapet and scarp there rose,  
A castle, mighty towers thrusting o'er,  
A fortress built to last forevermore.

Boy grew to youth and youth to man in time,  
And tools changed while in the sandy grime.  
Letters, numbers, science and the call,  
To engineering, medicine, the law,  
Or business, clergy, or the public trough.

Money, power, prideful selfish way,  
Slowly entered, and when in did stay.  
And vice with its entrancing open maw,  
With golden threads drew into unseen mesh,  
Its victims, circled, caught with no regress.

The sun reached apogee then started west,  
As city shadows bode the coming test.  
Sea breezes up, became a raging gale,  
And restless wave that swept the briny shore,  
Left castle of sand, once proud, astand no more.

The boy with trembling and dismay did cry,  
Father, Mother, why are things awry.  
Then a sound, clear, sweet, without delay,  
Said: Dearest child my voice at your behest,  
Is muted till you come with a request.

For answer only truth will turn the key,  
To free your soul from its chained misery.  
Search deep with humble heart the depths inside.  
Tomorrow at the beach another day,  
Finds happy the boy with pail and scoop at play.

*"My wife, Jane, read it and said, "But John, I don't understand it." Several since have asked, but what does it mean?"*

Hawaii in 1994, with afternoons free to spend at the beach, my attention was caught by a group of children digging and building in the beach sand near the water's edge. As the northeast trade winds swept over Mauna Kea, bringing the late afternoon cloud cover so typical of the Kona coast where my wife Jane and I were staying, I began to imagine the themes which later were written down, and woven into what became the poem, "Castle of Sand."

Jane read it and said, "But John, I don't understand it." Several since have asked, "but what does it mean?"

The poem is allegorical and makes heavy use of metaphor. The boy represents every man (or woman). The sand represents those materials used to construct the edifices of our world. Castle, parapet, scarp, and fortress represent those structures which enclose and isolate us from others.

Time is not treated solely as elapsement, but variously: as permanence (a fortress built to last forevermore); as future treated as being present (boy grew to youth and youth to man in time, and tools changed while in the sandy grime); and as the past, treated as if it were the present (the boy with trembling and dismay did cry).

The evil influences of life (money, power, pride, selfishness, vice) were used to emphasize the power of these influences to victimize and enslave.

With the metaphor of the sun's movement, apogee represents high noon; sea breezes represent the afternoon movement of sea air upon the land; and destruction of the sand castle by gale and wave represent the

dissolution of material things by the forces of nature.

Lengthening afternoon shadows of the city are intended as a foreboding of the coming test. This test is not the ability of city structures to withstand the storm, but rather, the response of the boy to loss of the material things of his life.



*John McDonough, MD*

The voice represents the Divine, or God, who speaks to us if we ask and listen. Truth is treated for its power to free from spiritual bondage. Humility and discernment are treated as enhancements to allow the light of truth to illuminate the interior spaces.

Happiness is treated as the result of listening and responding to the voice of the Divine and is alluded to in the final line of the poem: finds happy the boy with pail and scoop at play.

I wish to thank you for publishing this poem and especially my medical colleague Dr. Teresa Clabots for submitting it on my behalf.

**John R. McDonough, MD**

*Editor's note: Our apologies to Dr. McDonough for the omission of the word "happy" in the original printed version of his poem "Castle of Sand." However, we are grateful to Dr. McDonough for providing his interpretation of the poem along with the correction.*

# WSMA Annual Meeting will focus on solutions

## 109th meeting to be held in Spokane September 30 - October 2

“Physicians and Patients: Taking Control,” is the theme of the WSMA Annual Meeting scheduled for September 30-October 2 in Spokane. Speakers at the opening session will focus on:

- 1) **how to build a statewide coalition**
- 2) **how to identify specific problems within the health care system**
- 3) **how to identify solutions and ensure that the solutions are carried out**

Stuart Elway, president of Elway Research in Seattle, will lead the way with his analysis of two statewide

opinion surveys commissioned by WSMA and Physician Insurance. He'll review the state of the current health care system as perceived by physicians and the public.

The new WSMA and Physicians Insurance public awareness campaign will be introduced by Denise Passinetti, vice president of public relations for KNCB/Dave, a Seattle public relations firm. Ms. Passinetti will explain how the campaign will build statewide support for changes in the health care system that the survey research shows is wanted by both the public and WSMA members. She will explain the campaign messages and display the creative materials and ads that will be used.

Dan Monson, head coach for Spokane's Gonzaga University men's basketball team will also be a featured speaker. He will reveal how teamwork can power successful sports teams as well as groups of physicians.

The annual meeting is free to members, and will be held at Cavanaugh's Inn at the Park in Spokane. Registration packets will be sent in mid-July. Room reservations should be made before August 31. To reserve your room call 1-800-325-4000 or visit [www.cavanaugh.com](http://www.cavanaugh.com). Ask for the WSMA room discount.

Watch your mail for registration brochures.

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# The Health Status of Pierce County

## Firearm Injuries in Pierce County 1992-1996



### Suicides represent the majority of firearm-related injury deaths

This article is part of a series from the Tacoma-Pierce County Health Department, illustrating the health status of Pierce County residents. We hope physicians and other medical providers will find the reports interesting and useful to their practice.

The data presented should provide a framework for understanding the Health Department's priorities for prevention strategies. Over the next several years, our goal is to reduce illness and death related to smoking, alcohol misuse, violence, and HIV/AIDS. These areas are related to behaviors which deserve community-wide attention and efforts for change.

Firearms-related incidents across the nation as well as locally continue to sensitize health professionals, policy makers and the general public to the tragic consequences that occur when firearms fall into the wrong hands. Information for this brief summary was obtained from the CHARS hospital reporting system database. A recently implemented statewide firearms injury surveillance system will soon provide information about firearms injuries that are treated in emergency rooms. This will allow for a more complete picture of firearm injury prevalence and patterns in our communities.

Although homicides and assault receive a great deal of media attention, suicides represent the majority of firearm-related injury deaths. Females attempt suicide at a much higher rate than males, but male fatality rates are about 4 times higher. The result is that males represent over 80% of suicide fatalities.

Firearm injuries occur most frequently to adolescents and young adults. From 1992-1996, Pierce County youth aged 15-19 experienced the highest rate of firearm homicide of any

**Pierce County (5.9/100,000) was 84% higher than the rate for Washington State (3.2/100,000) during this five-year period.**

The Health Department is prepar-

### Number of Firearm-Related Injuries to Pierce County Youth, 1992-1996

Fatalities	Under 1	1-4	5-9	10-14	15-19	20-24
Homicide	1	2	1	4	41	40
Suicide	-----	-----	-----	7	17	32
Unintentional	0	0	0	0	0	4
<b>Total</b>	1	2	1	11	58	76
Hospitalizations	Under 1	1-4	5-9	10-14	15-19	20-24
Assault	0	0	0	7	65	51
Self-inflicted	-----	-----	-----	-----	3	3
Unintentional	1	0	0	4	24	25
<b>Total</b>	1	0	0	11	92	79

age group (18.9/100,000) accounting for 22% of all firearm homicide victims. Firearm homicide is the second leading cause of injury death for this age

ing a plan for reducing injury and death from firearms and other forms of violence. More information will be provided in the TPCHD column once

### Number of Firearm-Related Injuries in Pierce County, 1992-1996

Fatalities	Homicide	Suicide	Unintentional	Total
	190	277	10	477
Hospitalizations*	Assault	Self-Inflicted	Unintentional	
	249	30	120	399
<b>Total</b>	439	307	130	876

\* May include some patients who eventually died.

group. The vast majority of firearm homicides (83%) occur to individuals between the ages of 15-44 years old. **The firearm homicide rate in**

those plans are finalized.

Contact John Britt, RN, MPH, Prevention Coordinator, for more information 798-2881.

## MQAC considers rule change

A new two-year license renewal cycle is being considered by the Medical Quality Assurance Commission, (MQAC) as of October 1, 1999. Physicians would renew their licenses every two years instead of every year.

MQAC has scheduled a meeting for September 24 to vote on the change, which would also apply to CME rules. A physician would need to obtain 200 hours of CME every four years rather than 150 every three years as is currently required.

Also in keeping with the change would be licence fees which would reflect the new two year time frame.

## WSMA contract evaluation service revamped

The WSMA Board of Trustees recently approved a plan to revamp the WSMA contract evaluation service. Among the upcoming changes:

- ◆ more focus on the evaluation by emphasizing contract provisions most important to medical practices
- ◆ more assertive and direct characterization of contract provisions and
- ◆ model language for key provisions.

An advisory group of county medical society executives and clinic managers is advising on the re-design. The board also approved transferring the contract evaluation service to WSMA-Representation Service (WSMA-RS).

WSMA members requesting a contract evaluation now will be asked to authorize WSMA-RS to represent them if they have not already done so.

For questions about the WSMA Representation Services call WSMA, 1-800-552-0612.

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## June Planning Meeting Yields Ideas

The June planning meeting of the PCMSA was held at the home of **Yolanda Bruce**. Dates were set for membership solicitation, mailing and newcomers coffee. Membership mailing will be held at the PCMS office at 223 Tacoma Avenue South on August 10 at 9:30 a.m. Your help is greatly appreciated.

**Ginny Miller** has graciously offered to host the Newcomers coffee at her home on September 23<sup>rd</sup>. Child care will be provided. Time and directions will be announced in the September Bulletin. A Chinese Tea Ceremony will be presented.

Suggestions for field trips were made. They include: a cooking class, bowling, snow shoeing and hiking. The

cooking class will be held at the Peninsula Cooking School in Canterwood on November 4<sup>th</sup>. Cost is \$30.00 per person for a maximum of 12 people. Holiday hors d'oeuvres is the topic. RSVP to Yolanda Bruce at 265-8190.

Join us for bowling in January at the Narrows Plaza Bowl & Entertainment. The date and time will be announced. Information on snow shoeing and hiking will be provided in the future.

It was suggested that three raffle items be offered at the PCMS Joint Holiday Dinner this year. What are your thoughts? E-mail them to [jebruce@ptinet.net](mailto:jebruce@ptinet.net).

Also, please note that philanthropy applications forms are out and are due by September 1, 1999.

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# AMA sets guidelines on health-related product sales

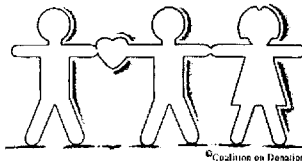
The AMA House of Delegates, at their annual meeting in June, adopted the Council of Ethical and Judicial Affairs Report 1 which addresses the sale of health-related products in physician offices. The report's recommendations were:

- ◆ Health-related products which lack scientific validity should not be sold in physician offices
- ◆ Useful health-related products may be distributed free of charge or at cost
- ◆ Physicians generally should not sell products when they can be obtained elsewhere in the community

- ◆ Physicians should disclose to patients the nature of their financial arrangements with suppliers of health-related products
- ◆ Physicians should provide literature understandable to patients which attests to the scientific validity of the product being sold
- ◆ Physicians should not engage in exclusive distributorships of health-related products.

The WSMA Judicial Council is expected to issue their report on this topic at the WSMA annual meeting in Spokane.

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# COLLEGE OF MEDICAL EDUCATION

## Common Office Problems CME will be held October 29

The topics are set for the College's Common Office Problems CME scheduled for Friday, October 29, 1999. The conference will be held at St. Joseph Medical Center, Rooms 1A & B.

The program is again directed by **Mark Craddock, MD** and will offer 6 Category I CME credits. This year's course will cover:

- Pediatric Vaccines
- Common Shoulder Problem
- Uterine Artery Embolization for Treating Fibroids
- New Diabetes Therapies
- Pediatric Headache
- Hypertension
- Dermatology
- Fibromyalgia

The course is designed for the primary care clinician and focuses on practical approaches to the most common dilemmas faced in the daily routine of medical practice. Look for the registration brochure in the mail just after Labor Day.

For more information, please call the College of Medical Education, 627-7137 between 7:30 a.m. and 5:00 p.m.

## Continuing Medical Education

### ID Update CME set October 1 Program will include physicians from other specialties

The annual Infectious Diseases Update CME is set for Friday, October 1, 1999 and will be held at the Sheraton Tacoma Hotel. The program is again directed by **Alan Tice, MD** and will feature local specialists and sub-specialists joining Infections Limited physicians as they give presentations on

specific disease areas.

This year's keynote speaker is **Alan Cross, MD** from the University of Maryland Cancer Center in Baltimore. He will be speaking on Bio Terrorism.

The registration brochure will be mailed in the middle of August. Physicians are encouraged to register early.

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, October 1	Infectious Diseases Update	Alan Tice, MD
Friday, October 29	Common Office Problems	Mark Craddock, MD
Friday, December 3	Medicine & Mental Health	David Law, MD
Friday, January 21	Cardiology for Primary Care	Gregg Ostergren, DO
Wednesday - Sunday February 2-6	CME @ Whistler	Richard Tobin, MD
Friday, February, 11	Advances in Women's Medicine	John Lenihan, Jr., MD
Thursday-Friday March 9 & 10	Internal Medicine Review 2000	Robert Corliss, MD
Monday - Friday April 10-14	CME @ Hawaii	Mark Craddock, MD
Saturday, April 29	Surgery Update 2000	Virginia Stowell, MD
Friday, May 5	Asthma, Allergy & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 2	Nuts, Bolts & Innovation: Gastrointestinal Disease V	Gary Taubman, MD Richard Tobin, MD

## 1999 Physician Directory changes

### Fletcher, Bobbie, ARNP

Change address to:  
920 Alder Avenue  
Sumner, WA 98390  
Phone: 891-0811

### Meas, Hay San, MD

Change address to:  
3716 Pacific Avenue, #H  
Tacoma, WA 98408-7836

### Rajacich, Nicholas, MD

Change address to:  
316 MLK Jr. Way, #312  
Tacoma, WA 98405  
Phone: 627-7143  
FAX: 627-5006

### Reyes, Maria Regina, MD

Change DSHS Billing # to: 1103829

## Y2K Workbook for concerns and solutions available

“The Year 2000 Problem - Concerns and Solutions for Physicians and Medical Practices,” is available to help physician practices prepare for the Millennium Bug.

The booklet, published by WSMA, explains how to find out more information about your particular preparedness for Y2K, discusses patient safety and practice continuity and includes a checklist to help ensure a smooth transition into the next millennium.

For information, call the PCMS office, 572-3667.

## Sound to Narrows update

PCMS member **David Magelssen, MD** completed the

Sound to Narrows run on June 12, 1999.

He ran an excellent run, completing the 12 kilometer course in one hour and four minutes (1:04:24).

Dr. Magelssen finished 1,386th out of 4,163 runners in the 12K event.

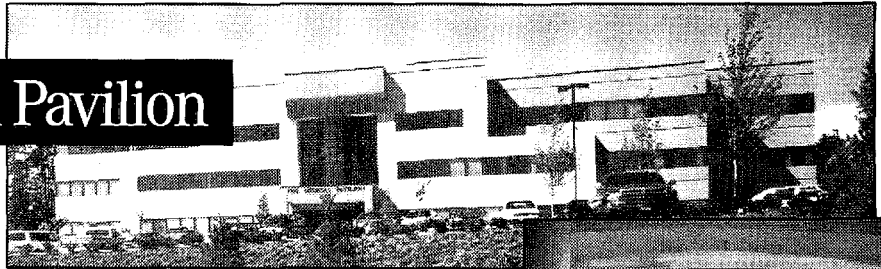
PCMS apologizes for inadvertently omitting him from the results listed in the July *Bulletin*. **Jim Rooks, MD**, notified PCMS that Dr. Magelssen had participated in the run.



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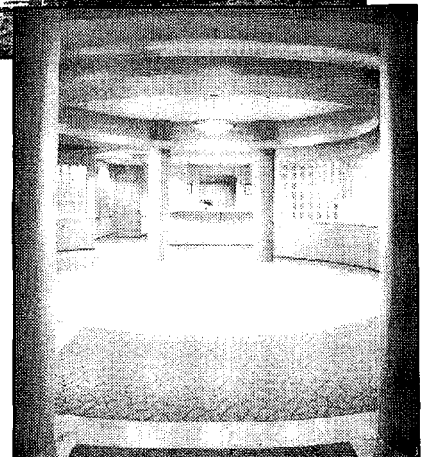
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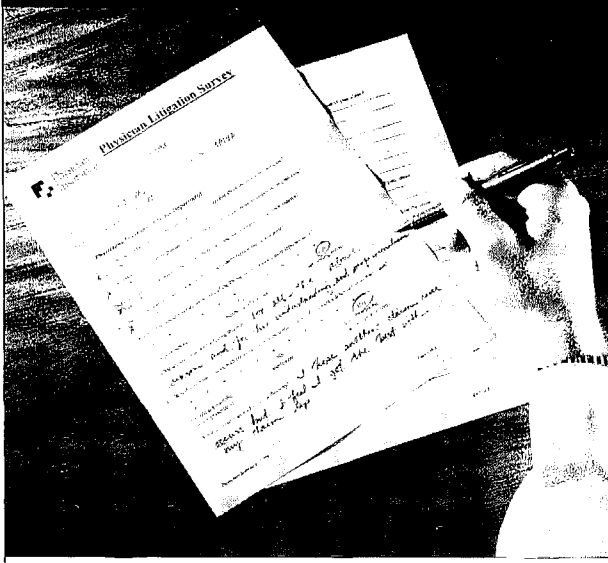
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# Pierce County Medical Society

# BULLETIN



September, 1999

## Making it to the top, together...



Left: Dr. David Law and son, Tad, on top of Mt. Rainier; August, 1996

Right: Dr. Pat Hogan and daughter, Adrienne, on top of Mt. Rainier; July, 1999



See page 3

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  - 10 New charges for copying and duplicating records
  - 11 September is Women in Medicine month
  - 13 The Invisible Hand: "TheHammurabi Experiment"
-

# Pierce County Medical Society

# BULLETIN


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 Stevenson; **College of Medical Education**, W. Dale  
 Overfield; **Credentials**, Susan Salo; **Emergency  
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 Standards Of Practice**, David Lukens; **Grievance**,  
 James M. Wilson; **Legislative**, William Marsh;  
**Medical-Legal**, Pat Donley; **Membership Benefits,  
 Inc.**, Drew Deutsch; **Personal Problems Of  
 Physicians**, Robert Sands; **Public Health/School  
 Health**, Joseph Wearn; **Sports Medicine**, John  
 Jiganti.

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September  
 1999

**WSMA**

PHYSICIANS  
 & PATIENTS



TAKING  
 CONTROL

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# Beyond medicine, physicians enjoy athletic events, activities

Many enjoy participating with their family, particularly their children

Athletic events abound in the summer in Washington State. Every weekend there is a running, biking, or some combination of, an athletic event. And, you can always do your own thing, like hiking, kayaking, wind-surfing, or even attempting to scale one of the infamous mountain peaks. Opportunities are as abundant as one's interest or imagination.

Many PCMS members take full advantage of these opportunities, and many as well, share the satisfactions of such accomplishments with their children.

**Drs. Pat Hogan**, Tacoma Neurologist and **David Law**, Tacoma Internist, both have shared their mountain climbing accomplishments with their children. Dr. Hogan, with daughter Adrienne (Mt. Rainier) and son Patrick (Mt. St. Helens) and Dr. Law with son Tad (Mt. Rainier and Mt. Hood).

A very popular summer event for families is the annual Seattle to Portland bicycle ride. **Dr. Tim Schubert** completed the 190 mile ride with his daughter, Alexa, and **Dr. J. Greg Zoltani** enjoyed the company of his

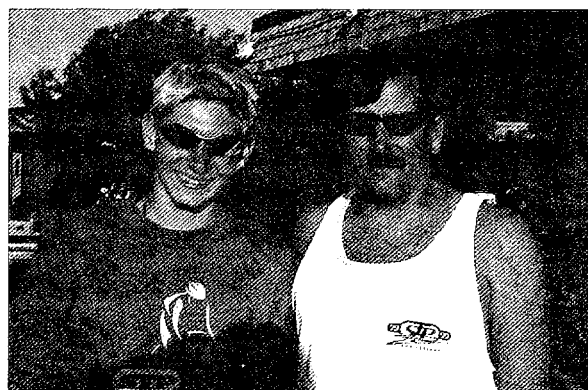
son, Daniel, while **Drs. Henry Retailiau** and **Jim Fulcher** rode with their sons, Daniel and Tyler, respectively.

**Drs. Jack Stewart, Peter Krumins** and **Nick Iverson** all completed the RAMROD (Ride Around Mt. Rainier in One Day), a rigorous, 160 mile bike ride. It is a tortuous course and entry is limited.

*Editor's Note: If you have pictures of an event or activity that you have undertaken with any of your family members, please submit them to the PCMS Bulletin for publication*



*Dr. Tim Schubert and daughter Alexa completed the Seattle to Portland bicycle ride on a tandem. They pedaled to Longview the first day (150 miles)*



*Dr. J. Greg Zoltani and son Daniel completed the Seattle to Portland bicycle ride this summer*



*Dr. Pat Hogan and son Patrick, scale Mt. St. Helens in August of this year*



*Dr. David Law and son Tad at the summit of Mt. Hood in June, 1997*





## The Health Status of Pierce County

# Firearm Ownership & Storage Practices in Pierce County, 1996-1998

This article is part of a series from the Tacoma-Pierce County Health Department, regarding the health status of Pierce County residents.

The data presented should provide a framework for understanding the Health Department's priorities for prevention strategies. Over the next several years, our goal is to reduce illness and death related to smoking, alcohol misuse, violence and HIV/AIDS. These areas are related to behaviors that deserve community-wide attention and efforts for change.

Every year the Washington State Department of Health conducts a statewide household survey. Every even numbered year, questions about firearm ownership and storage are included. The combined 1996 and 1998 Pierce County results are shown in the table above, along with estimates of childhood exposure to household firearms.

Health care providers should be aware that many of their patients are likely to possess firearms and that some of these firearms are stored unlocked and/or loaded. Even families who do not own firearms should know that more than one of every three households with children contains a firearm. The storage practices of the firearm owner should be of concern to any family whose children visit other homes in the neighborhood.

The Tacoma-Pierce County Health Department is developing a campaign to encourage handgun owners to store their guns in a lock box. These devices provide quick

Firearm Ownership and Storage Practices - Pierce County Households with Children under 18 at Home 96/98	% of Firearms Owners Who:	Est. # Children under 18 Exposed to Household Firearms
<b>Firearm Ownership</b> (37% of households)		75,000
Own Handguns	62%	47,000
* Own Rifles/Shotguns	78%	51,000
<b>Firearm Storage Practices</b>		
Store Firearms Unlocked	57%	13,000
Store Firearms Loaded	22%	6,000
Store Firearms Loaded and Unlocked	14%	3,000

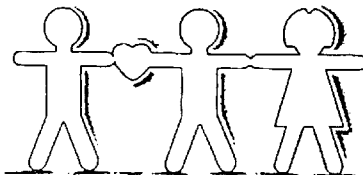
\* Many firearm owners report both handguns and rifles/shotguns

access for those who have guns for protection while keeping the guns out of the wrong hands. Increasing the number of firearms that are safely stored will reduce unintentional firearms injuries to children, reduce the likelihood of youth carrying family firearms to school, reduce the incidence of theft of firearms for use in

subsequent violent crimes, and reduce the accessibility of family firearms to depressed and impulsive adolescents. If you are interested in receiving patient education materials related to firearm storage or wish to be placed on a mailing list for the safe storage campaign, please contact Wendy White at 798-6426.

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# Pierce County Medical Society

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## September General Membership Meeting

Tuesday, September 14, 1999

Social Hour: 6:00 pm

Dinner: 6:45 pm

Program: 7:45 pm

Landmark Convention Center

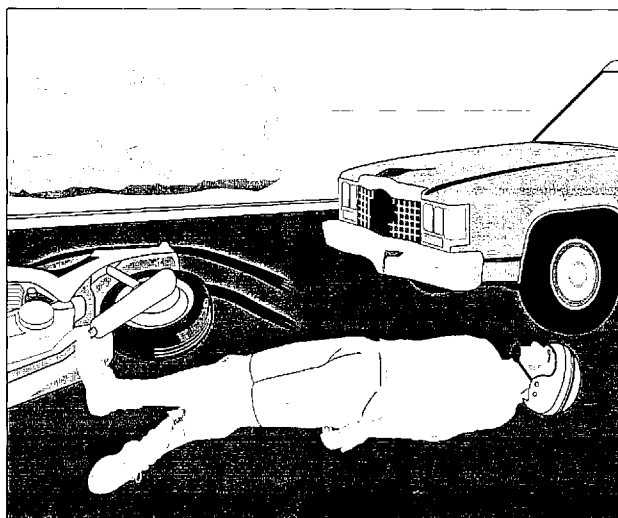
Temple Theatre, Roof Garden

47 St. Helens Avenue

Tacoma

# Trauma!

- › System update
- › Specialist support
- › Hospital support
- › Financial arrangements



(Registration required by September 10. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve \_\_\_\_\_ dinner(s) at \$20 per person (tax and tip included)

Enclosed is my check for \$ \_\_\_\_\_ or my credit card # is \_\_\_\_\_

Visa     Master Card    Expiration Date \_\_\_\_\_    Signature \_\_\_\_\_

I will be bringing my spouse or a guest. Name for name tag: \_\_\_\_\_

Signed: \_\_\_\_\_

Thank you!

## Applicants for Membership

**Cowell, Pamela D., MD**

**Obstetrics/Gynecology**

Practices at Mt. Tahoma Gynecology,  
4808 112<sup>th</sup> Street SW, Lakewood 98499;  
582-5880

Medical School: Wayne State University  
School of Medicine

Internship: Grady Memorial Hospital  
Residency: Emory University Affiliated  
Hospitals

**Kihara, Todd K., MD**

**Vascular Surgery**

Practices at Cascade Vascular  
Associates, 1802 S Yakima, #204,  
Tacoma 98405; 383-3325

Medical School: Univ of Maryland  
Internship: Geisinger Medical Center  
Residency: Geisinger Medical Center  
Fellowship: Hershey Medical Center

**Kim, Cholwoo A., MD**

**General Surgery**

Practices at Meridian Surgical  
Services, 102-A 23<sup>rd</sup> Ave SE, Puyallup  
98372; 840-1999

Medical School: Univ of North  
Carolina

Internship: Emory University Hospitals  
Residency: Emory University  
Hospitals Fellowship: Emory  
University Hospitals

**Petrin, James H., MD**

**Dermatology**

Practices at Puyallup Dermatology  
Clinic, 1706 S Meridian, #140, Puyallup  
98371; 841-2453

Medical School: Univ of Washington  
Internship: University of Washington  
Residency: University of Washington

**Takagi, Brian K., MD**

**Ophthalmology**

Practices at Valley Eye Clinic, 2622  
Meridian Street S, Puyallup 98373; 848-  
3545

Medical School: Univ of Pittsburgh  
Internship: Cleveland Clinic

Foundation Residency: Cleveland  
Clinic Foundation  
Fellowship: Mason Eye Institute,  
University of Missouri

## 1999 Physician Directory changes

**Bertozzi, Peter, MD**

Mailing address: 617 N "C" Street  
Tacoma, WA 98403-2810

**Cozart, Jennifer, PAC**

Change address to:  
2102 N Pearl Street, #405  
Tacoma, WA 98406-2550

**Ehly, Jay, MD (Retired)**

Change address to:  
PMB 1204  
200 W 34<sup>th</sup> Avenue  
Anchorage, AK 99503-3969

**Michel, Terrel, MD**

Change address to:  
336 2<sup>nd</sup> Street SE  
Puyallup, WA 98372-3220

**Spangler, Ronald, MD (Retired)**

Change address to:  
19823 N White Rock Drive  
Sun City West, AZ 85375

**Utt, Terrill, MD**

Change mailing address to:  
PO Box 731009  
Puyallup, WA 98373-0030

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# Pierce County Medical Society

## Education for Physicians

on

## End of Life Care

A four part series:

September 16 and 30; October 14 and 28

7:00 - 9:00 a.m.

Landmark Convention Center

47 St. Helens Avenue, Tacoma



### Registration

To register, please call Pierce County Medical Society, 572-3667. **Registration is required and open to physicians only.** There is no fee. Priority will be given to those registering for the entire series.

### Faculty

Stuart Farber, M.D. is a Project on Death in America Scholar and Assistant Clinical Professor in the Department of Family Medicine, University of Washington School of Medicine. He is board certified in family practice, geriatrics and hospice and palliative medicine. EPEC\* trained, 1999.

Mimi Pattison, M.D. is Medical Director, Palliative Care Services and Chair, Medical Ethics Committee, Franciscan Health System-West; Medical Director, Improving Care Through End of Life, Internal Medicine-Nephrology, Franciscan Medical Group. EPEC\* trained, 1999.

### Accreditation, 7 Hours

As an organization accredited by the WSMA Medical Education Committee to provide continuing medical education, the College of Medical Education certifies that this course meets the criteria for 7 hours of Category I CME to satisfy the requirements of the Washington State Medical Quality Assurance Commission and for the Physicians' Recognition Award of the AMA.

### Sponsors

This course is offered through the generous support of Franciscan Hospice, Group Health Hospice, Good Samaritan Hospice, Multicare Hospice of Tacoma, Pierce County Medical Society, PCMS Alliance, Three Cedars, Compassionate Choices and the College of Medical Education.

### Objectives; Participants will:

- understand how to negotiate goals of care and identify reasonable hope
- be able to communicate prognosis and identify/assess assessment areas
- be able to define advance care planning and explain its importance
- learn how to communicate bad news and know why it is important to do so
- be able to compare and contrast nociceptive and neuropathic pain
- be able to identify adverse effects of analgesics and their management
- understand general guidelines for managing non-pain symptoms
- understand the assessment and management of common physical symptoms
- be able to apply the principles for withholding or withdrawing therapy
- learn how to prepare and support the patient, family, and caregivers
- learn how to assess and manage the pathophysiological changes of dying
- be able to identify and manage initial grief reaction

### For More Information

Please call the Pierce County Medical Society, 572-3667, for a program brochure. Additional registration information, including directions to the Landmark Convention Center, is available by calling the PCMS office.

## Personal Problems of Physicians

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Bill Dean 272-4013  
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## Online pharmacy sites explosion raises concerns for oversight

Pharmacy web sites are a booming business these days and there is concern regarding how they are policed. The actual number of internet pharmacies continues to grow rapidly for both legitimate business and not-so-legitimate operators, as they both see opportunities by selling prescription drugs online.

Both the Federal Trade Commission and the Food and Drug Administration are regulators of such businesses and both have informed a federal subcommittee that they are working to fight illegal drug sales by pharmacy web sites.

Although the FDA has outlined their plan to double the number of investigators from ten to 20, many don't feel this will make much difference and continue to ask the question, "where are the cops on the Internet?"

It has been estimated that the total number of pharmacy web sites is currently over 400. Everyone is starting a site fearful of losing a perceived business opportunity.

Hopefully, they operate legally by filling written prescriptions from physicians that they have verified.

However, some sites offer easy access to prescription drugs without requiring a prescription. Many anecdotes have raised concerns in the medical profession and the government.

The AMA has worked with the National Association of Boards of Pharmacies (NABP) to develop a program to identify legitimate sites. The program will use a national seal to identify the pharmacies that have been licensed and credentialed. Pharmacies are licensed by the state in which they do business.

The NABP also allows anyone to report what they believe to be illegal activities by a pharmacy web site. The NABP has no authority to discipline, but will turn over any information to the appropriate authorities. Enforcement activities are difficult and complicated as many transactions are conducted across state lines or by foreign companies. These difficulties have been acknowledged by the FTC and the FDA.

*Excerpts from AMNews, August 23/30, 1999. For a copy of the complete article, call PCMS, 572-3667*



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# WSMA Annual Meeting will focus on solutions

## 109th meeting to be held in Spokane September 30 - October 2

"Physicians and Patients: Taking Control," is the theme of the WSMA Annual Meeting scheduled for September 30-October 2 in Spokane. Speakers at the opening session will focus on:

- 1) how to build a statewide coalition
- 2) how to identify specific problems within the health care system
- 3) how to identify solutions and ensure that the solutions are carried out

Stuart Elway, president of Elway Research in Seattle, will lead the way with "Attitudes on Health Care," his analysis of two statewide opinion surveys commissioned by WSMA and Physicians Insurance. He'll review the state of the current health care system as perceived by physicians and the public.

The new WSMA and Physicians Insurance public awareness campaign will be introduced by Denise Passinetti, vice president of public relations for KNCB/Dave, a Seattle public relations firm. Ms. Passinetti, whose talk is entitled "Moving Awareness to Action," will explain how the campaign will build statewide support for changes in the health care system that the survey research shows is wanted by both the public and WSMA members. She will explain the campaign messages and strategies and display the creative materials and ads that will be used.

Dan Monson, head coach for Spokane's Gonzaga University men's basketball team will also be a featured speaker. He will reveal, in his talk, "Leadership: Taking it to the Hoop

Takes Teamwork," how teamwork can power successful sports teams as well as groups of physicians.

PCMS members, **Dr. Stu Farber and Mimi Pattison** will present an educational session, "Helping Families Prepare for the End of Life Journey." Their session will be held on Friday, October 1, 1 - 5 p.m. and is accredited for 3.75 hours of Category I CME. Sessions will be presented from the caregiver's and physician's perspective. The physician's perspective will include techniques that physicians can learn and incorporate into their discussions with patients and their caregivers.

Other educational sessions include:

- ◆ Domestic Violence
- ◆ Genetics & Your Practice
- ◆ Medical Strategies for Tobacco Cessation
- ◆ Medicare Compliance for Physicians' Practices
- ◆ Addiction Medicine
- ◆ Vaginal Birth after Cesarean Section: Safe and Sound Strategies
- ◆ Advances in Women's Health
- ◆ MQAC: Pain Management
- ◆ Allergy/Asthma Symposium
- ◆ Ophthalmology
- ◆ Psychiatry

Other highlights of the meeting will be the President's Dinner which will honor the outgoing president and the New President's Inauguration and Reception which will welcome the new incoming officers and trustees.

# WSMA

## PHYSICIANS & PATIENTS



## TAKING CONTROL

**Dr. Peter Marsh**, Tacoma Infectious Diseases physician, will be stepping down from the slate of officers. He served as WSMA President in 1997-98 and this past year as Past-President.

The annual meeting is free to members, and will be held at Cavanaugh's Inn at the Park in Spokane. To reserve your room call 1-800-325-4000 or visit [www.cavanaugh.com](http://www.cavanaugh.com). Ask for the WSMA room discount.

If you have not received your registration brochure, please call PCMS, 572-3667 and one will be mailed to you.

# New copying charges for duplicating patient records

Fees that providers can charge for searching and duplicating records increased as of July 1, 1999. The new fees, pursuant to WAC 246-08-400 and RCW 70.02.070, cannot exceed:

Copy charges:

\$ .79 per page - first 30 pages  
\$ .60 per page - other pages

Clerical fees:

\$18.00 maximum

Certification of Record:

\$2.00

Editing by the physician personally  
(when required by statute):

Basic office visit charge

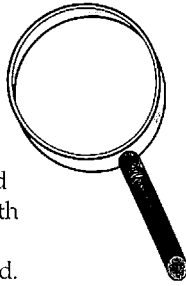
The Health Care Information Act of 1991 allows patients to obtain a copy of their medical record, and also allows physicians to charge a reasonable fee. Health care providers are not required to honor an authorization until the fee has been paid.

The procedure should include a written request from the patient to examine or copy all or part of the recorded health care information. The health care provider should promptly, but no later than fifteen working days after receiving the request, make the information available for examination during regular business hours and provide a copy, if requested, to the

patient. If the provider does not maintain a record of the information, the patient should be given the name and address of the health care provider who maintains the record.

Denial of examination and copying of patient records can be made if there is knowledge that the health care information would be injurious to the health of the patient or expected to cause danger to the life or safety of any individual.

For more information on patient records and the Health Care Information Act, call the Society office, 572-3667.



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## Advanced Coding Seminar offered in Tacoma

Washington State Medical Association is offering a new seminar on Advanced CPT & ICD-9 Coding in Tacoma on Friday, September 24 at the LaQuinta Inn.

Morning sessions are from 8:30 a.m. to 12:30 p.m. and will address coding for medical specialties, while afternoon sessions (1:30-5:30 p.m.) will review coding for surgical specialties. Obstetrics and Gynecology will be covered as the last segment of both the morning and afternoon sessions. Better coding means better cash flow and lower practice expenses.

Cost of each half day seminar is \$129 for WSMA members and their staff (\$258 for non-members). For registration information call Kathy Birnie at the WSMA office, 1-800-552-0612.

# An open letter to patients about the Medicare Program

*Below is a suggested "open letter" to patients on Medicare fraud and abuse policies. It is intended to show that physicians are concerned about "true" fraud, while educating patients about the effects of burdensome Medicare regulations and overzealous fraud activities. The letter is a template. Physicians may use it exactly as it is or modify it to suit their purposes. Plagiarism is encouraged.*

As your physician, I want you to know that I am concerned about Medicare fraud. The American Medical Association (AMA) has worked diligently over the years with Congress and agencies of the federal government to root out real fraud.

Physicians are concerned about the simplistic approach the federal government is currently taking towards addressing Medicare fraud. In press releases and policies, the federal government frequently lumps honest billing mistakes together with intentional fraud. The result is that the patient-physician relationship is harmed and physicians are buried in paperwork.

As you know, Medicare is extremely complicated. Today, physicians must comply with more than 100,000 pages of Medicare rules and regulations. As a result of the complexity of the program, billing errors do occur. My first and foremost duty is to provide you with the best medical care.

Complying with federal Medicare requirements is forcing me to spend a great deal more time and expense on administration. This means that I and my office staff have less time to spend on direct patient care. Al-

though this is a disservice to you and my other patients, I must go along with these rules - or else drop out of the Medicare program for good.

AMA physicians are urging the federal government to simplify Medicare regulations and to educate physicians on what we need to do to comply with the requirements. We are hopeful that the federal government will tone down its rhetoric that labels honest physicians as criminals, and instead focus on identifying those individuals who are truly committing intentional

fraud and bilking the taxpayers.

Inadvertent billing errors are bound to occur in a program as complex as Medicare. Like most physicians, I am trying my best to comply with the extremely complicated Medicare program. If you believe you have found an error, please bring it to my attention. I want to be helpful and answer your questions. You should feel confident and comfortable about the medical care that you receive from me. Thank you for listening to my concerns. I am always available to listen to yours.

## Women Physicians on the Move - Celebrating our History September is Women in Medicine Month

This year commemorates twenty years of women physician leadership at the American Medical Association (AMA). When the AMA created its first formal committee in 1979 to identify the needs of the growing number of women in medicine, only about 10% of U.S. physicians were female. By the beginning of 1999, the number of women physicians had more than tripled. Women now represent 22% of all U.S. physicians.

This celebration of the growth and accomplishments of women physicians will serve as the framework of the 1999 September Women in Medicine Month campaign. It also presents an opportunity for your medical society to herald its own history of women physician leadership.

The dramatic growth in the number and influence of women

physicians, particularly over the past two decades, has made the medical profession and the AMA stronger. Of course, we must also recognize the contributions of the many outstanding women physicians who paved the way. For example, in 1896, Dr. Sarah Hackett Stevenson became the first woman member of the AMA. The AMA welcomed its first woman delegate in 1915.

This year's September Women in Medicine Month campaign is an occasion to celebrate our pioneers, our colleagues and the women physicians of the future. As always, it is also a chance to focus on your membership and programming effort on this important physician segment. We hope you will also help to promote membership in the AMA and the Women Physicians Congress (WPC).

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# Guides to Substance Abuse Services available

The Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services has published *A Guide to Substance Abuse Services for Primary Care Clinicians*, which includes a pocket reference guide. The documents are designed to transmit knowledge on substance abuse treatment, provide guidance on sound clinical and administrative practices, and thereby improve alcohol and other drug treatment. They are products of a systematic and innovative process that brought together clinicians, research-

ers, program managers, policy makers, and other experts to reach consensus on treatment practices.

The bound book provides practical information for identifying indications of substance abuse and initiating a discussion of substance abuse disorders, conducting brief interventions for patients in the early states of substance abuse, and appropriately referring more seriously affected patients for in-depth assessment and treatment. The document includes recommendations about pharmacotherapy and legal issues surrounding

privacy and confidentiality.

The reference book summarizes essential information on screening and assessment of patients during the clinical interview, and "Identifying Substance Abuse in the Primary Setting," an accompanying brochure provides a quick and easy-to-use tool for screening patients. The documents represent new efforts to provide information to practitioners in formats that are easily used in patient interactions.

For information on receiving a copy of the materials, call PCMS, 572-3667.

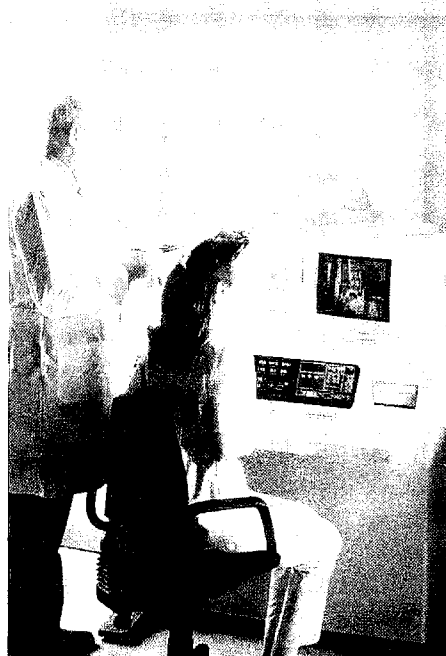
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# Pierce County Medical Society

## Pharmacy Directory - 2000

Tacoma (all area codes are 253)		
A & H Prescription 2603 Bridgeport Way W	564-0088	FX: 564-4062
Albertson's 3905 Bridgeport Way W	565-7997	FX: 460-0440
Albertson's 2401 North Pearl St	752-7919	FX: 761-7730
Albertson's 8611 Steilacoom Blvd	582-4149	FX: 582-8664
Allenmore MultiCare Clinic Pharmacy, S 19th & Union	403-5055	FX: 403-5794
Allenmore Pharmacy 1901 South Union #A252	383-5519	FX: 272-9324
Bridgeport Prof Pharmacy 7424 Bridgeport Way W	582-1662	FX: 589-9698
Centruy Plaza 1708 South Yakima (#1)	591-6920	FX: 305-6420
Chung Pharmacy 9122 South Tacoma Way #104	584-2484	FX: 584-6094
Cost Less Prescriptions 5431 Pacific Ave	474-9493	FX: 474-2369
Cost Less Prescriptions 1109 Regents Blvd (Fircrest)	564-5200	FX: 564-6698
Cost Plus Pharmacy & Family Care Ctr 204 North "T" St	627-1188	FX: 627-0158
Costco Pharmacy 3639 South Pine St	475-2376	FX: 475-0460
Franciscan Pharmacy-Tacoma South, 2111 South 90th	535-5615	FX: 535-5717
Fred Meyer 4505 South 19th St	752-9110	FX: 756-9320
Fred Meyer 6901 South 19th St	565-7585	FX: 565-7971
Fred Meyer 5115 100th St SW (Lakewood)	589-4433	FX: 589-4442
Kmart 1414 East 72nd	537-6668	FX: 539-8461
Lincoln Pharmacy 821 South 38th	473-1155	FX: 473-1158
Longs Drugs 5401 - 6th Ave	752-1484	FX: 761-9430
Longs Drugs 7901 South Hosmer	472-7488	FX: 472-3789
Mai Linh Pharmacy 1211 South 11th St	383-2576	FX: 383-2598
Mary Bridge Clinics Pharmacy 311 South L St	403-1411	FX: 403-1745
Medical Center Pharmacy 1206 South 11th St	383-5359	FX: 383-4732
Mega Pharmacy 7911 South Hosmer	473-1919	FX: 473-6528
MultiCare Clinic Pharmacy 521 ML King Jr Way	403-4920	FX: 403-4856
Parkland Marketplace 13322 Pacific Ave	531-3711	FX: 537-0993
Puget Sound Pharmacy 1112 - 6th Ave #101	272-1107	FX: 272-7327
Rainier Pharmacy 1901 South Cedar #104	272-2293	FX: 272-2294
Rankos Pharmacy 101 North Tacoma Ave	383-2411	FX: 572-4329
RiteAid 3840 Bridgeport Way W	564-2255	FX: 564-0189
RiteAid 9830 Pacific Ave	531-6533	FX: 539-4383
RiteAid 5700 - 100th St SW #100 (Lakewood) (#8)	588-3666	FX: 588-1922
RiteAid 7041 Pacific Ave	474-8500	FX: 474-0253
RiteAid 6802 South 19th	564-7223	FX: 564-0206
RiteAid 15801 Pacific Ave	531-7427	FX: 535-9279
RiteAid 1912 North Pearl	756-6707	FX: 879-0272
RiteAid 4502 South Steele St	474-8355	FX: 473-3949
RiteAid 22311 Mountain Hwy E (Spanaway)	846-0542	FX: 846-8716
Safeway 707 South 56th St	471-1730	FX: 471-3529
Safeway 2411 North Proctor	759-9889	FX: 756-6902
Safeway 10507 Gravelly Lk Dr SW	581-7181	FX: 588-3658
Safeway 1302 South 38th St	471-5511	FX: 471-9673
Safeway 1624 72nd St East	537-2435	FX: 537-3019
Safeway 1211 South "M" St	572-7753	FX: 272-9315
Soundview Pharmacy 3611 South "D" St	756-8585	FX: 474-7874
Spanaway Drug 17703 Pacific Ave	846-0511	FX: 846-0513
Tacoma Pharmacy 9115 South Tacoma Way #109	984-9580	FX: 984-1294
Top Foods & Drug 3130 South 23rd	591-3110	FX: 591-6278
Union Ave Pharmacy 2302 South Union	752-1705	FX: 761-9315
Walgreens 9505 Bridgeport Way SW (#1)	582-2230	FX: 582-0654
Walgreens 8405 Pacific Ave (#1)	536-3705	FX: 536-4659
Walgreens 4315 - 6th Ave (#1)	756-5159	FX: 756-5086
Walgreens 7451 Cirque Dr W	564-7569	FX: 564-8208
Walgreens 8224 Steilacoom Blvd SW	581-0494	FX: 581-0997

Bonney Lake (All area codes are 253)		
Fred Meyer 20901 Hwy 410	891-7333	FX: 891-7327
RiteAid 21302 Hwy 410	862-2822	FX: 862-8430
Safeway 21301 Hwy 410	862-2533	FX: 862-2173

Eatonville (Area code 360)		
Kirk's Pharmacy 104 Mashell Ave North	832-4700	FX: 832-4520

Federal Way- King County (All area codes are 253)		
Albertson's 33620 - 21st Ave SW	952-3323	FX: 874-4853
Costco 35100 Enchanted Pkwy	874-4431	FX: 874-5773
Drug Emporium 2030 South 314th	946-1222	FX: 946-4046
Family Pharmacy 30809 - 1st Ave South #K	839-3100	FX: 941-4310
Franciscan Pharmacy 34503 - 9th Ave South #110 (#1)	942-4040	FX: 942-4046
Fred Meyer 33702 - 21st Ave	952-0133	FX: 952-0142
Longs Drugs 1209 South 320th	945-6752	FX: 945-7138
RiteAid 2131 SW 336th St	952-2803	FX: 952-0387
RiteAid 31009 Pacific Hwy South	941-5013	FX: 529-1519
Top Foods & Drug 31515 - 20th Ave South	839-9322	FX: 839-9397
Virginia Mason South 33501 - 1st Way South	874-1650	FX: 874-1665

Fife (All area codes are 253)		
Fife United Drug 5303 Pacific Hwy East	922-0222	FX: 926-2541
Fife Valley Mart 5306 Pacific Hwy East	922-8722	FX: 922-0136

Gig Harbor (All area codes are 253)		
Bartell Drugs 5500 Olympic Dr	858-7455	FX: 858-7460
Cost Less Prescriptions 14218 - 92nd Ave NW (Purdy)	857-7797	FX: 857-7679
Gig Harbor Rexall 3114 Judson St	858-9908	FX: 858-7213
Olympic Pharmacy 4700 Pt Fosdick Dr NW #110	858-9941	FX: 851-9942
RiteAid 4818 Pt Fosdick Dr NW	851-6939	FX: 858-3203
Safeway 4831 Pt. Fosdick Dr NW	851-6870	FX: 851-6870

Milton (All area codes are 253)		
Albertson's 2800 Milton Way	952-8436	FX: 952-8478
RiteAid 900 East Meridian	952-2680	FX: 925-0685
Safeway 900 East Meridian	952-0390	FX: 952-4354

Orting (Area code 360)		
Cope's Orting Pharmacy 134 Washington Ave	893-2117	FX: 893-8888

Puyallup (All area codes are 253)		
Albertson's 16120 Meridian East	845-9617	FX: 770-3578
Albertson's 11012 Canyon Rd East	537-3808	FX: 539-3654
Beall's Pharmacy 618 South Meridian, Suite A	845-8444	FX: 845-7114
Fred Meyer 1100 Meridian North	840-8183	FX: 840-8177
Fred Meyer 17404 Meridian East (#3)	445-7873	FX: 445-7867
Medicine Shoppe 1210 East Main	848-1597	FX: 848-6268
RiteAid 1323 East Main	848-3564	FX: 770-9187
RiteAid 3717 Meridian	848-1544	FX: 841-4119
RiteAid 11012 East Canyon Rd	535-5660	FX: 537-2201
Safeway 4301 South Meridian	841-6495	FX: 841-6496
Safeway 10105 - 224th St East (Graham)	847-7634	FX: 847-7635
Safeway 5512 - 161st East (at Canyon Road)	531-5831	FX: 536-5235
Summit Trading Co 10409 Canyon Rd East	840-2098	FX: 840-0308
Top Foods & Drug 201 - 37th Ave SE	770-7720	FX: 770-7738
Walmart Pharmacy 310 - 31st Ave SE	770-9889	FX: 770-9983

Sumner (All area codes are 253)		
Mark's Pharmacy 1119 Main	863-6223	
Nicholson's Pharmacy 910 Alder Ave	863-8141	FX: 863-3707

Hospital Outpatient Pharmacies (All area codes are 253)		
Allenmore Hospital	403-5150	FX: 403-5092
Good Samaritan Hospital	841-5899	FX: 770-5655
Mary Bridge Children's Hospital	552-1076	FX: 552-1558
Puget Sound Hospital (Ext #213)	474-0561	FX: 472-8697
St. Clare Hospital Pharmacy	581-6410	FX: 589-8294
St. Francis Hospital Pharmacy	952-7966	FX: 952-7924
St. Joseph Medical Center (#1)	591-6683	FX: 591-6956
Tacoma General Hospital	403-1076	FX: 403-1558

**Pharmacy Hotline** ..... 253-846-0511

The pharmacy hotline is for reporting fraudulent pharmacy activities

Numbers in parentheses are to be pressed at voice mail prompt for calls from physician offices only

8/99 Pierce County Medical Society; please call 572-3709 for changes/additions

## The Invisible Hand...

by Andrew Statson, MD

## "The Hammurabi Experiment"

Tyrants like to portray themselves as the benefactors and the protectors of the little people. Everything they do is for our own good. Of course, they are the best placed to know what is good for us.

That did not start with Hammurabi, nor will it end with Stalin. They may debase the coinage to the point where it is all copper

and no gold. The merchants, however, are expected to give good measure, and the craftsmen are expected to do solid work. They also are expected to accept in payment the centrally determined price and in the debased coinage in circulation.

The laws of Hammurabi cover a wide variety of topics. They mostly determine prices for good and services, but also establish punishments for crimes and mishaps. Several provisions pertain to the practice of medicine. Among them is the following: "If a physician has treated a freeman with a bronze knife and has cured the freeman, he shall receive ten shekels of silver. If a physician has treated a freeman with a bronze knife and caused the man to die, his hand shall be cut off." There are various translations of this text, but the above is a reasonable approximation.

There are some indications that the price fixing reduced trade and affected the prosperity of the city. There are no documents from the city of Babylon concerning the practice of medicine under this law. A few clay tablets dealing with the practice of medicine were found in other cities in



Andrew N. Statson, MD

Anu and Enlil called me by name, Hammurabi, the reverent prince who fears the gods, to render good to the people, to make justice shine in the land, to destroy the evil and wicked, to ensure that the strong do not oppress the weak.

The Laws of Hammurabi (19th Century BC)

Babylonia, but most of them come from Assyria.

We have an account on the city of Babylon from the 5<sup>th</sup> century BC by Herodotus: "Next in ingenuity to the old marriage custom is their treatment of disease. They have no physicians, but bring their sick out into the street, where anyone who comes along offers the sufferer advice on his complaint, either from personal experience, or observation of a similar complaint in others. Anyone will stop by the sick man's side and suggest remedies, which he has himself proved successful in whatever the trouble may be, or which he has known to succeed with other people. Nobody is allowed to pass a sick person in silence, but everyone must ask him what is the matter."

Present day assyriologists do not believe Herodotus could be right. They think he either invented the story, or was misled. Possibly so, but so far no document from ancient Greek or Roman sources has been discovered to prove Herodotus wrong, or even to merely contradict him. Yet Greeks and Romans had extensive contacts with the Mediterranean and the Middle Eastern worlds, which Herodotus describes. In ancient Greece and Rome, Herodotus was considered not only a scholar, but also a model of scholarship. It is easy to understand why by reading "The Histories." In his narrative he clearly distinguishes between the things he personally saw; the things told to him by reli-

able sources, such as the priests and the scribes of the temples; and the stories he heard from other people. When he has heard different versions of the same event, he relates all of them, giving his sources. When he has an opinion, he states which version he thinks is the most likely to be true. His description of the customs of Babylon is based on his personal observations during his visit there.

The assyriologists make several points on this subject. The practice of medicine in Mesopotamia had three aspects: surgical, expressed by the use of a knife; medical, expressed by the administration of herbs and potions; and psychosomatic, expressed by incantations and spells. The laws of Hammurabi deal only with the surgical aspect. Therefore, even if the practice of surgery had ceased, the medical and psychosomatic practitioners should not have been affected. However, the texts discussing the practice of medicine in Babylonia and Assyria describe mainly one type of physician, the "asu," implying that he probably was a general practitioner, using a bronze knife at times, giving herbs and potions at other times, and doing incantations and spells as well.

Another aspect of the above point is that the stele with the laws of Hammurabi has areas that have been rubbed off and are not legible. Considering the amount of detail these laws cover, it is possible that the other aspects of medical practice were covered

See "Experiment" page 14

## "Experiment" from page 13

as well, at least regarding the prices of services. This could have been on the same stele, or perhaps on another one, still buried under the silt of the Euphrates.

The severity of the law is another point. The Assyriologists say the law is so harsh, that it could not have been enforced. That may be so, but the laws of Hammurabi also provide penalties for judges, if they changed the law, and for civil servants, if they did not apply it. Whether the laws were enforced or not would then depend on how long was the arm of the king.

It is true the law is very severe. Unless the physicians of Babylon had six arms, like some depictions of Brahma, they were out after only two strikes. Documents from several cities in Babylonia and also from Assyria, suggest that medicine continued to be practiced after the time of Hammurabi. There are no such documents from the city of Babylon proper. This may be because the city of Babylon has not

been dug out. It is also possible that the other cities of Babylonia did not enforce the law and did not suffer the same consequences. Even though historians speak of a Babylonian empire, it consisted of many city-states with their own kinds, who paid tribute to Babylon but were autonomous in their internal affairs. So while it is likely that the laws of Hammurabi were enforced in the city of Babylon, it is unlikely that they were heeded elsewhere.

Let me transport you for a moment to the city of Babylon during the time of Hammurabi. We are the physicians of the city and we gather in the home of one of our colleagues, the first one to suffer under the new law. We look at the end of his arm, where his hand should be and see a stump. Then we look at each other. We know that the questions about our turn to suffer the same fate is not whether but when. One of the old-timers says: "I was going to retire last year, but the patients just keep calling. Now I'm going to quit for

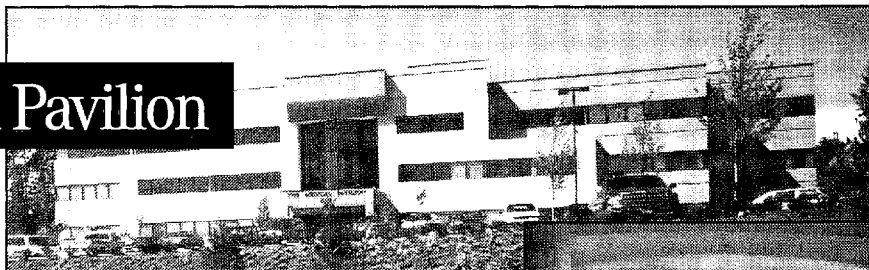
sure." A younger physician says: "I have an uncle, who is a merchant in Ur. I'll visit him to see whether he could employ me." How many of us do you think will wait around for the first strike? How many will stay after that for the second?

I don't know whether Herodotus is telling the truth. I don't know whether the laws of Hammurabi destroyed the medical profession of Babylon. The more surprising thing is not that it could have happened, but that the effect of the law would still have been present 14 centuries later. Of course that is ancient history. We have come a long way since then. Today we are much more civilized. Granted we still have a central control of prices, but at least in case of mishap we seldom hurt our physicians physically. We only scar them emotionally and sometimes ruin them economically. That way, they won't leave to do something else, but will stick around for more punishment.

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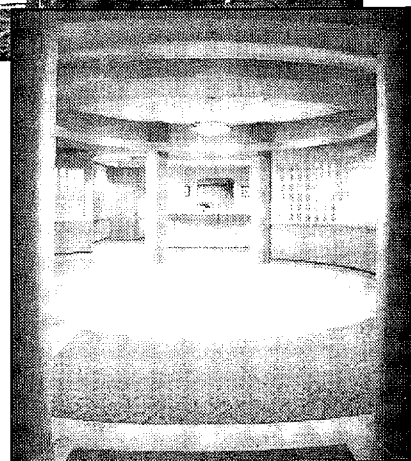


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**Kirsten Hayford**  
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## The Pulse

## PCMS Alliance

### President's Message

The American Heritage dictionary defines member as a distinct part of a whole or one that belongs to a group or organization. The Alliance exists because of its distinct members and will continue to be active in the community as long as there are members.

There are currently 135 active members in the PCMSA. The Alliance mailed 716 membership solicitations. If you have already joined or renewed your membership, thank you. If you have forgotten to return your membership, please do so today.

A special thank you to **Mona Baghdadi, Brittany and Hilary Bruce, Nikki Crowley, Fran Thomas, Kris White, Sue Wulfestieg and Alice Yeh** for helping with the membership mailing.

Also, please accept this reminder that the Newcomers Coffee will be held on Thursday, September 23 at 9:30 a.m. Child care will be provided. Please indicate if you will need this service when you RSVP. A Chinese Tea ceremony will be presented. RSVP by September 13<sup>th</sup> to Ginnie Miller at 759-7434. Ginnie is hosting the coffee. Her address is 4629 North Mullen, Tacoma. From I-5, take Exit 132. Follow Hwy 16 to the 6<sup>th</sup> Ave. Exit. Turn left on 6<sup>th</sup>, immediately getting into the right lane to turn right onto Pearl Street. Continue on Pearl, turning right on North 46<sup>th</sup>. Turn left on N. Mullen. Ginnie's house is white brick with light green trim on the right at the corner of North 47<sup>th</sup> and North Mullen.

This coffee is for newcomers and its success depends on your participation. If you know of a medical family new to the community, please consider inviting them. See you there!

**Yolanda Bruce, PCMSA President**

**Do we have your e-mail address?**

**please send it to us at:**

**[pcmswa@pcmswa.org](mailto:pcmswa@pcmswa.org)**

### Entertainment 2000 Update - What's New??

This year's book is our best ever. Our merchant services team has signed many great new offers in all areas, especially in the greater Olympia, Bremerton, and Tacoma areas.

Check out some of the HOT new offers: Ariel's at Bayview Inn, Sandpiper Steakhouse, Tumwater Valley Bar & Grill, Northwest Grill at Cavanaugh's, Rustica Ristorante, Tacoma Bar & Grill, Altezzo at the Sheraton, Balsano's West, Clifford's Bistro, The Shoreline, Salish Lodge, Benihana, Seattle Supersonics, Planet Hollywood and TONS MORE...

We are also pleased to again offer some of your favorite merchants such as Johnny's Dock, Genoa's, Captain K's, Mary McCrank's, Mama Stortini's, Space Needle, Seattle Mariners, Tacoma Rainiers, Victoria Clipper and much, much more.

The books will be available in mid-September. Call **Fran Thomas at 265-2774**. Cost is \$35 for the South Sound edition and \$40 for the Seattle edition.

### WSMAA & PCMSA launch "SAVE" program

The Pierce County Medical Society Alliance and the Washington State Medical Association Alliance have recently launched a new program called "SAVE," Stop American's Violence Everywhere. Now available are "HANDS ARE NOT FOR HITTING" activity coloring books for Pre-K to 3rd grades. If you would like to introduce this to your child's school or church class, please contact Alice Yeh at 756-0578.

There are many "SAVE"-related projects in the works. If you would like to get involved, please contact a member of the PCMSA.



## Plans ready for CME on "Big Island"

Winter sun, beaches, relaxation, family time, golf, tennis, swimming AND quality Category I CME!

Join your colleagues and their families for next year's spring vacation on the beautiful island of Hawaii during the College of Medical Education's "resort" conference April 9-15, 2000.

Like other College CME in Hawaii programs in 1992, 1994, 1996 and 1998, this year's conference will be held on the big island and feature a potpourri of educational subjects of value to all medical specialties.

Unlike large national meetings, this program not only offers considerable savings and is custom designed for local physicians, it allows Pierce County physicians and their families to mix away from the office and enjoy one of the most beautiful spots in the world.

Program brochures were mailed in August. In addition to outlining the CME program (16 Category I hours), the brochure discusses transportation and encour-

ages advance planning for the limited flight options during the spring vacation demands in Hawaii. The brochure also discusses the savings

and amenities of the Hapuna Beach Hotel, the conference site.

For additional information, call the College at 627-7137.

## Elegant Hapuna Hotel, with bargain children rates, is site for CME

The Hapuna Beach Prince Hotel, on 32 acres edging on Hapuna Beach at the Mauna Kea Resort, (hailed as "one of the world's 10 best"), has been selected as the site for the CME at Hawaii program for a variety of reasons, but particularly for the ability to secure a "world-class resort" at greatly reduced rates. Registrants may benefit from our negotiated group rates for ocean view rooms at \$180. A second adjoining room for children under 18 is available at \$50 below the group rate.

Built in 1994, the Hapuna is located on the beautiful and sunny Kona coast. The oversized, deluxe guest quarters feature louvered doors that slide open to roomy furnished lanais. The smart design of this hotel

ensures that all rooms have at least partial ocean views.

The hotel offers reduced green fees at the Mauna Kea course that began the legend of Hawaii as a golfer's paradise, and Hapuna Golf Course, 18 championship holes designed by Arnold Palmer and Ed Seay, with an ocean view from every tee and green.

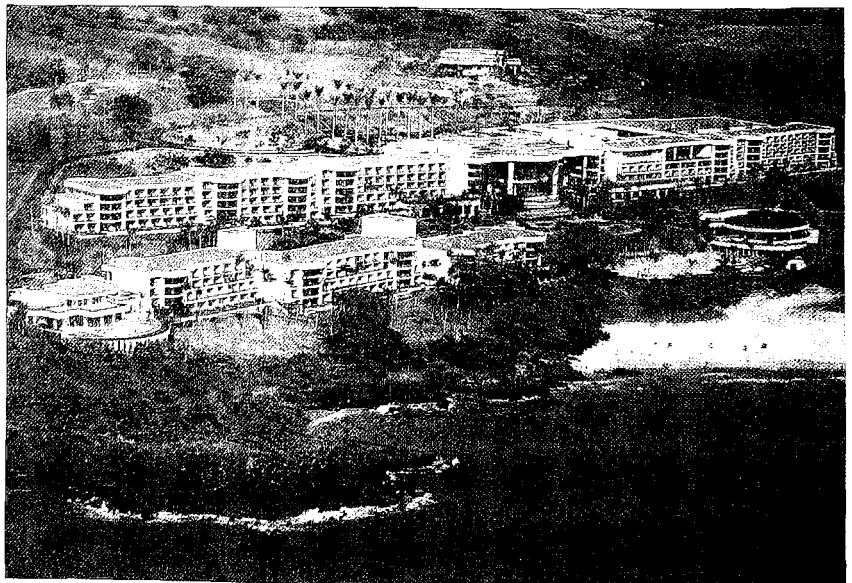
To take advantage of these savings, you must make your reservations soon. **THE COLLEGE'S RESERVED BLOCK OF ROOMS WILL BE RELEASED AFTER FEBRUARY 9, 2000.** Reservations can be made by calling the Hapuna directly at (800) 882-6060. You must identify yourself as part of the COLLEGE OF MEDICAL EDUCATION group.

## Early air reservations essential

Hawaiian spring vacation flights sell out many months in advance. A review recently suggested all flights during this time are filling.

To assure you are able to secure seats and get a reasonable price, we urge you to make your reservations NOW. A small refundable deposit will hold your seats.

The College is working with Marilyn at Olympus Travel (565-1213). Olympus has booked some seats at group rates and has access to other special options at the best rates. Call Marilyn today.



# COLLEGE OF MEDICAL EDUCATION

## ID Update CME set October 1

The annual Infectious Diseases Update CME is set for Friday, October 1, 1999 and will be held at the Sheraton Tacoma Hotel. The program is again directed by **Alan Tice, MD** and will feature specialists and sub-specialists from the community joining Infectious Limited physicians as they give presentations on specific disease areas. The course is designed as an update on common outpatient and inpatient infections.

This year's keynote speaker is Alan Cross, MD from the University of Maryland Cancer Center in Baltimore. He will be speaking on Bioterrorism.

The registration brochure was mailed in August. If you did not receive yours, please call the College and one will be sent to you. Physicians are encouraged to register early.

The program will feature *joint addresses on infectious diseases and*

- ◆ **Public health**
- ◆ **Musculoskeletal infections**
- ◆ **Diagnostic Imaging**
- ◆ **Bioterrorism**
- ◆ **Pulmonary diseases**
- ◆ **Gastroenterology**

For more information, please call the College of Medical Education at 627-7317.

## Continuing Medical Education

### Whistler/Blackcomb CME registration, reservations open

Registration is open for the College's CME at Whistler/Blackcomb program; brochures were recently mailed. The conference is scheduled for February 2-6, 2000.

Reservations for the block of condos, **THIS YEAR AGAIN ALL IN THE ASPENS**, are available. Reservations can be made by calling

(800) 777-0185. You must identify yourself as part of the College of Medical Education to receive the negotiated reduced rates. **THE COLLEGE'S BLOCK OF ROOMS WILL BE RELEASED ON DECEMBER 1, 1999.**

For more information, call the College at 627-7137.

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, October 1	Infectious Diseases Update	Alan Tice, MD
Friday, October 29	Common Office Problems	Mark Craddock, MD
Friday, December 3	Medicine & Mental Health	David Law, MD
Friday, January 21	Cardiology for Primary Care	Gregg Ostergren, DO
Wednesday - Sunday February 2-6	CME @ Whistler	Richard Tobin, MD
Friday, February, 11	Advances in Women's Medicine	John Lenihan, Jr., MD
Thursday-Friday March 9 & 10	Internal Medicine Review 2000	Robert Corliss, MD
Monday - Friday April 10-14	CME @ Hawaii	Mark Craddock, MD
Saturday, April 29	Surgery Update 2000	Virginia Stowell, MD
Friday, May 5	Asthma, Allergy & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 2	Nuts, Bolts & Innovation: Gastrointestinal Disease V	Gary Taubman, MD Richard Tobin, MD

## Julian Arroyo, MD will participate in Orthopaedic Summer Institute

Dr. Julian S. Arroyo, Lakewood orthopaedic surgeon, will be on the faculty of the American Academy of Orthopaedic Surgeons' Summer Institute, 1999. The Institute will be held in Seattle, September 22-26.

Dr. Arroyo will serve as an Institute Lab Instructor and will also present a lecture entitled, "Management of Proximal Humeral Fractures."

## Asthma: crisis in inner cities

African Americans and Hispanics in inner cities are two to six times more likely to die from asthma than are white Americans, according to the National Medical Association. Allergic triggers such as dust mites and cockroaches often proliferate in multiple or substandard urban dwellings, the Association reported in the August *Journal of the National Medical Association*. Allergens from tobacco smoke and diesel fumes may set up the basis for chronic airway inflammation.

Studies have shown that some African-American patients are treated differently and have poorer outcomes.

## HMOs: red ink continues

For the second year in a row, more than half of HMOs lost money. In 1998, 56% of HMOs lost a total of \$490 million, according to Weiss Ratings, Inc. In 1997, 57% of HMOs lost \$768 million.

In addition, many plans faced with financial insolvency. The capital reserves of 100 HMOs fell below minimum risk-based capital guidelines established by the National Association of Insurance Commissioners. One of the plans with the lowest level of capital reserves was Humana Health Plan of Texas, with only 18% of the recommended capital level.



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**Opportunities for Full Service** Family Practice Physicians. Four Family Practice Physician openings at UW Physicians Network (UWPN) clinics in the Puget Sound area: Westwood (West Seattle), Issaquah, Auburn, and Federal Way. FPs must be board certified or eligible, and practice the full spectrum of family medicine including obstetrics. UWPN is a physician run organization of nine clinics fully utilizing an electronic medical record system. Affiliated with the University of Washington Academic Medical Center; resident/student teaching and research opportunities. Excellent comp/benefit plan. Submit cover letter/cv to: Thomas E. Norris, MD, Medical Executive and Executive Director, UW Physicians Network, 1910 Fairview Avenue North, Suite 302, Seattle WA 98102. Fax: (206) 520-5587.

## PRACTICES AVAILABLE

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## OFFICE SPACE

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**New office space available.** Up to 4500 sq. ft. Will finish to suit. On Union Avenue. Close to hospitals. Convenient parking, ground level. Call Robin at 756-2182.

**Medical office space to sub-lease.** Approximately 1,000 sq. ft., three blocks from Tacoma General. Private parking and private bath. Call 380-9743.

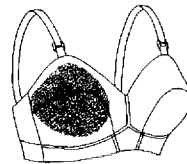
**Puyallup, WA:** Hospital affiliated urgent care center has immediate openings for BC family practice physicians to work 8-hour shifts. Clinic hours are 10:00 am - 6:00 pm, 7 days per week, outpatient only is \$50/hr, or full service salaried with benefits available. Also seeking physician assistants to work in urgent care center; salaried position. Send letter of introduction and CV to Urgent Care Center Application, Good Samaritan Community Healthcare, Attn: Kathy Guy, PO Box 1247, Puyallup, WA 98371-0192.

## TACOMA/PIERCE COUNTY

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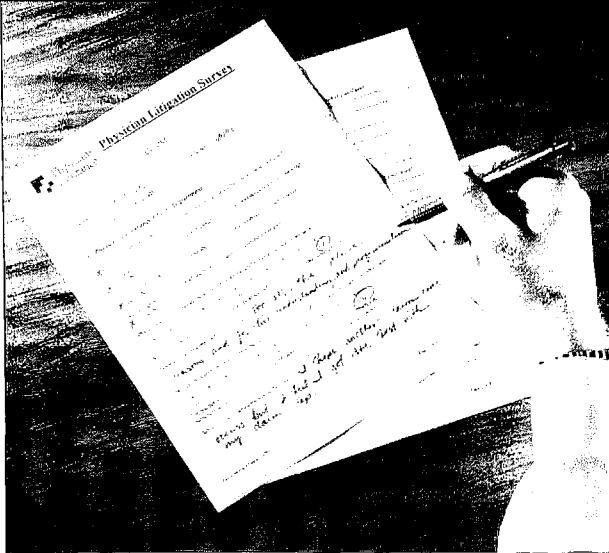
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# BULLETIN

Pierce County Medical Society



October, 1999

## Members participate in many activities



L to R: Drs. Charles Weatherby, Rob Roth, Chris Jordan, Susan Salo and Steven Litsky before dinner at the September General Membership Meeting, "Trauma Update"



General Surgeon Bill Martin, and wife Karyl pack the car after completing the 180 mile Courage Classic Bicycle Ride loop that climbs three mountain passes



Dr. Kirk Rue, left, Tacoma anesthesiologist, visits with Dr. Lawrence Larson, PCMS President, and his wife, Mary Larson while the crowd enjoys the social hour



L to R: Jim Mullern, Janice Sack-Ory, Pediatricians, Drs. Richard Ory and Pam LaBorde and Bill LaBorde looking forward to the 12 mile Blewett Pass descent just ahead

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- 5 Members ride in Courage Classic Bicycle Tour; raise funds for Mary Bridge
- 7 Department of Labor & Industries - Independent Medical Examiner Panels
- 9 TPCHD: Early Intervention Case Management for HIV Infection
- 11 In Memoriam: Stevens Dimant, MD pays tribute to Rodger Dille, MD
- 13 The Invisible Hand: "Medicine is a Harsh Mistress"
- 16 Hawaii & CME - make plans now for next spring

Pierce County Medical Society

# BULLETIN



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 delivery of medicine and the betterment of the health  
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October  
 1999



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# “State of the System” report on Trauma

A “State of the System” report on Tacoma-Pierce County Level II Adult Trauma was given at the September 14<sup>th</sup> General Membership Meeting held at Tacoma’s Landmark Convention Center. **Drs. Jim Rifenberg, Chris Jordan and Alan White** along with Executive Barbara Young, responded to many questions and concerns regarding the system that has been scheduled to be implemented, but been postponed, twice. “A trauma director is crucial,” noted Dr. Rifenberg as he addressed the crowd. “We need a pilot,” he responded, when asked of reasons for the delays. Unfortunately, two to three candidates have been offered the position but have declined

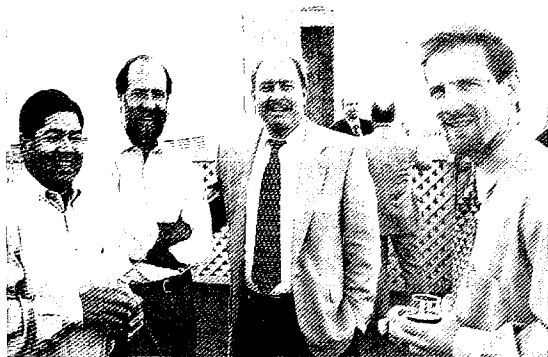
due to family reasons.

Dr. Rifenberg reviewed the history, explaining the “shut down” of the Pierce County system in 1995, which many physicians felt was operating dangerously. Patients were then shipped to Madigan Army Medical Center or Harborview in Seattle, just 30 miles north. Some continue to support patients being sent to Harborview, as it is an excellent teaching facility that provides full-time trauma staff and equipment. However, many more physicians in Pierce County believe that patients should not have to leave their own community for care and that Pierce County has the talent to provide excellent

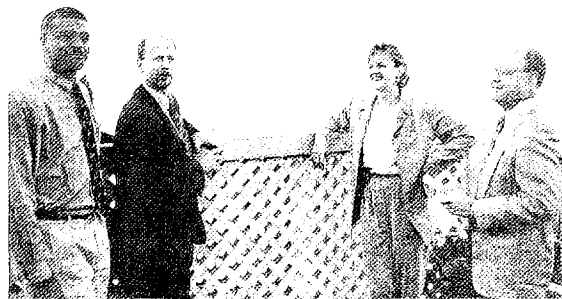
trauma care. And, currently, over three-fourths of the trauma patients are cared for at Madigan, who has stated publicly that they cannot continue to provide care for civilian patients.

The two years of toil and efforts by Drs. Rifenberg, Jordan and White have paid off. They have managed to get both hospitals to agree to a system of care that will be rotated between hospitals. Even though this system is criticized by many doctors, it is a big step for the two large competitors, only a mile apart, in Tacoma. “We needed to be involved,” noted Dr. Jordan because the big players in the county and the state said “we’re going to design a

See “Trauma” page 4



From left: Drs. Michael Regalado, Harold Boyd, and Bob Stoecker, all ER physicians and David Judish, physical med and rehab. Drs. Regalado and Judish practice in Puyallup



From left: Ralph Mitchell, PA-C, Dr. Jim Rifenberg, Trauma Executive Barbara Young and Dr. Alan White. Dr. Rifenberg and White are Tacoma general surgeons



Dr. Asuquo Esuabana, left and Dr. Kelly Jones, new PCMS member, both practice at Community Health Care



Left, new member and orthopedic surgeon, James Wyman with pediatric surgeon George Noble and his wife, Martha

“Trauma” from page 3

system and we want you to help us or we will do it for you.” The fear of having it fixed by others still exists. Pierce County remains the last piece in a statewide plan that was to be completed last year.

In spite of differing opinions within the physician community about the need for a local trauma system, it is hard not to recognize the hard work and commitment of the three surgeons. Drs. Jordan, Rifenbery and White have dedicated endless hours to development of a trauma system for this community. They hope that a new trauma director can soon take over their jobs.

### Trauma: State of the System

#### Systems Operations:

- ▶ All three hospitals (Tacoma General and St. Joseph jointly, Madigan separately) submitted proposals and completed site reviews for state trauma designation; provisional designation granted
- ▶ Tacoma General/MultiCare will contract and bill for their hospital services and all trauma-related professional physician fees generated through SW WA Trauma Services, PLLC. St. Joseph will contract and bill for their hospital fees. Madigan will follow their own military/federal billing protocols
- ▶ Outreach efforts with the prehospital community are ongoing to ensure triage and transport protocols reflect the presence of Level II trauma facilities in Tacoma
- ▶ The joint multi-disciplinary Trauma Committee has completed all required policy development, including clinical pathways and a quality assurance/improvement plan

#### SW Washington Trauma Services, PLLC:

- Engaged in national search for Trauma Medical Director
- Hired one trauma surgeon, recruiting for two more
- Hired three trauma physician assistants, recruiting for one more
- Have signed contracts with subspecialists as follows:
  - 8 general orthopedists, 5 ortho-hand surgeons
  - 4 ortho-spine surgeons
  - 3 vascular credentialed surgeons (includes one Madigan moonlighter)
  - 1 plastic surgeon (plus one more pending arrival)
  - 4 thoracic surgeons, 5 urologists
  - 11 ob/gyn surgeons, 9 pulmonologists
  - 6 craniofacial surgeons
- Have signed contracts with 5 community general surgeons plus 4 Madigan moonlighters
- Have commitments to participate from 4 hospital-based specialty groups; 2 emergency, 1 radiology, 1 anesthesia



From left, Dr. Rina Reyes and Dr. Patrice Stevenson; both practice physical medicine and rehabilitation at Good Samaritan Hospital in Puyallup



Dr. Brad Pattison (left), St. Joseph anesthesiologist and Dr. Mark Yuhasz, Tacoma radiologist compare notes after the meeting



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# Courage Classic Bicycle Tour benefits Mary Bridge Childrens Health Center as well as participants

The Eighth Annual *Courage Classic* Bicycle Tour, held August 21-23, attracted 540 riders. The Classic is one of the best-supported rides in the country. Rest stops about every 20-25 miles staffed by volunteers from the Pierce County Rotary Clubs, compete with each other to provide the best food available. Banana splits, root beer floats, bagels and cream cheese, all types of fruits, even solid foods like spaghetti, chicken, beef, etc. is served. Most riders gain weight on the ride.

The ride originated three miles west of North Bend and riders left the parking lot in a wet mist that continued most of the 26 miles to Snoqualmie Summit. The route did escape I-90 for a few miles on side roads to relieve the excessive noise of the traffic. The sun came out on the summit and the riders were greeted with music and a fantastic lunch hosted by the Gig Harbor Rotary, where Dermatologist **Bob Martin, MD** was volunteering. The next rest stop would be 20 miles away at Lake Easton, then on to Cle Elum where they would finish their 60-mile ride for that day. They were treated to a barbecue dinner in the Sunset Café parking lot with live music and a hypnotist act that pleased the crowd.

After a Sunday breakfast buffet riders headed north through the Teanaway Valley horse ranches, with beautiful meadows, toward Blewett Pass. With the exception of the last 3-4 miles, Blewett was found to be an easier climb than Snoqualmie. **Dr. Ed Pullen**, Puyallup family physician was a Sumner Rotary volunteer on the serving line for the terrific lunch and leis that were given the riders. A bit of a headwind prevented the nearly 20 mile downgrade from being exciting. The temperature was nearing 85-90 as the riders entered Leavenworth for the evening.

Day three of the ride dawned

beautifully in Leavenworth and the riders found themselves in Skykomish 57 miles later where the ride ended. The first 23 miles took them on the back road to Lake Wenatchee through beautiful meadows and woods and a couple challenging hills. At mile 23, the right turn onto Hwy. 2 would lead the riders to Stevens Pass summit at mile 43. At mile 39, Sumner Rotary volunteer **Dr. Pat Duffy**, Sumner family physician and Past President of PCMS was handing out drinks and food to carry the riders over the top. Dr. Duffy had to get up at 3:30 a.m. to get to the Pass to meet the first riders.

It would be easy to over dramatize the last four miles of the climb, but they were difficult and for some people they were probably brutal. The temperature gauge read about

See "Courage" page 6



*Orthopedist Jack Stewart, MD, waiting for his banana split at the Lake Easton rest stop. The Classic was a piece of cake for Dr. Stewart as he had done the infamous RAMROD (Ride Around Mt. Rainier in One Day) a few weeks earlier*



*Anesthesiologist Marsden Stewart, MD and his wife, Leelee, enjoying the summit of Blewett Pass and a great lunch provided by the Sumner Rotary. Leelee also did the RAMROD in 1999, Dr. Stewart in 1998*



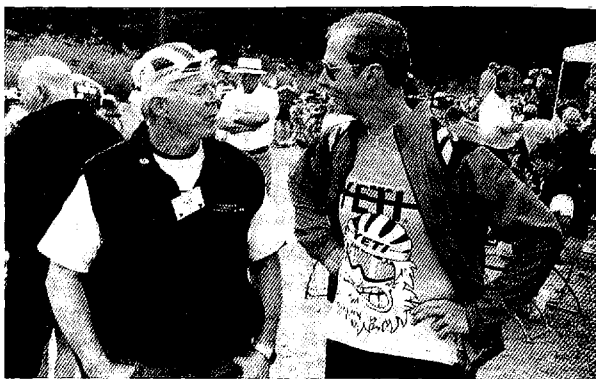
*MultiCare President/CEO Diane Ceccheitini and husband Major General Frank Scoggins enjoy lunch after the Snoqualmie climb. Diane has done all eight Courage Classics*

## “Courage” from page 5

90 degrees and being so close to the pavement must have increased that a few degrees. But, after a few refreshments, the seven-mile descent on new pavement made the climb all worthwhile. Some riders gained speeds of up to 35-40 miles per hour on the ride down. It was all-downhill to Skykomish where buses awaited to take riders back to their cars in North Bend.

All agreed that it was a superb ride with great company, food, weather and excellent organization by the Courage Classic staff and Mary Bridge Children’s Hospital. They estimated that nearly a quarter-million dollars was raised by the riders.

PCMS Members riding the Classic were: **Patty Kulpa, Pamela Laborde, John McCloskey, Bill Martin/Karyl, Richard Ory/Jan, Henry Retailiau, Steve Settle, Don Shrewsbury, Jack Stewart and Marsden Stewart / Leelee.** Volunteers included **Drs. Pat Duffy, Bob Martin and Ed Pullen.**



*Tacoma Internist Henry Retailiau, MD, visits with Dermatologist Bob Martin, MD at the Snoqualmie Pass Summit. Dr. Retailiau was about to devour a great spaghetti lunch prepared by the Gig Harbor Rotary of which Dr. Martin was a volunteer and past-president*

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Tuesday, November 9, 1999

Social Hour: 6:00 pm

Dinner: 6:45 pm

Program: 7:45 pm

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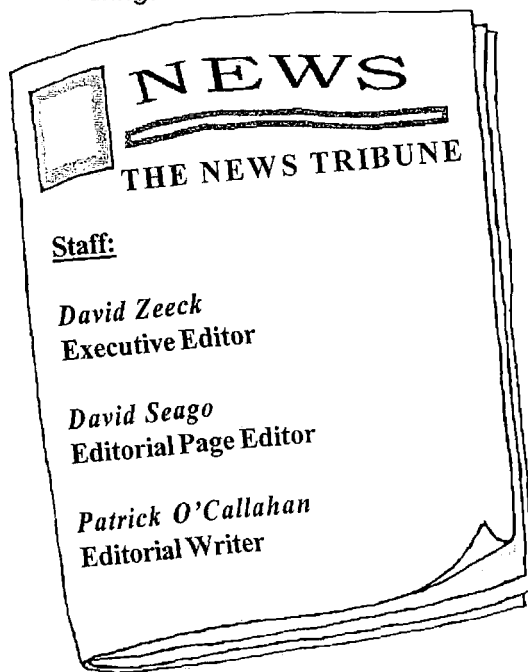
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- ▶ Adult Trauma Center
- ▶ Public Health concerns

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# Pierce County Medical Society

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### Tacoma (all area codes are 253)

A & H Prescription 2603 Bridgeport Way W	564-0088	FX: 564-4062
Albertson's 3905 Bridgeport Way W	565-7997	FX: 460-0440
Albertson's 2401 North Pearl St	752-7919	FX: 761-7730
Albertson's 8611 Steilacoom Blvd	582-4149	FX: 582-8664
Allenmore MultiCare Clinic Pharmacy, S 19th & Union	403-5055	FX: 403-5794
Allenmore Pharmacy 1901 South Union #A252	383-5519	FX: 272-9324
Bridgeport Prof Pharmacy 7424 Bridgeport Way W	582-1662	FX: 589-9698
Century Plaza 1708 South Yakima	(#1) 591-6920	FX: 305-6420
Chung Pharmacy 9122 South Tacoma Way #104	584-2484	FX: 584-6094
Cost Less Prescriptions 5431 Pacific Ave	474-9493	FX: 474-2369
Cost Less Prescriptions 1109 Regents Blvd (Fircrest)	564-5200	FX: 564-6698
Cost Plus Pharmacy & Family Care Ctr 204 North "I" St	627-1188	FX: 627-0158
Costco Pharmacy 3639 South Pine St	475-2376	FX: 475-0460
Franciscan Pharmacy-Tacoma South, 2111 South 90th	535-5615	FX: 535-5717
Fred Meyer 4505 South 19th St	752-9110	FX: 756-9320
Fred Meyer 6901 South 19th St	565-7585	FX: 565-7971
Fred Meyer 5115 100th St SW (Lakewood)	589-4433	FX: 589-4442
Kmart 1414 East 72nd	537-6668	FX: 539-8461
Lincoln Pharmacy 821 South 38th	473-1155	FX: 473-1158
Longs Drugs 5401 - 6th Ave	752-1484	FX: 761-9430
Longs Drugs 7901 South Hosmer	472-7488	FX: 472-3789
Mai Linh Pharmacy 1211 South 11th St	383-2576	FX: 383-2598
Mary Bridge Clinics Pharmacy 311 South L St	403-1411	FX: 403-1745
Medical Center Pharmacy 1206 South 11th St	383-5359	FX: 383-4732
Mega Pharmacy 7911 South Hosmer	473-1919	FX: 473-6528
MultiCare Clinic Pharmacy 521 ML King Jr Way	403-4920	FX: 403-4856
Parkland Marketplace 13322 Pacific Ave	531-3711	FX: 537-0993
Puget Sound Pharmacy 1112 - 6th Ave #101	272-1107	FX: 272-7327
Rainier Pharmacy 1901 South Cedar #104	272-2293	FX: 272-2294
Rankos Pharmacy 101 North Tacoma Ave	383-2411	FX: 572-4329
RiteAid 3840 Bridgeport Way W	564-2255	FX: 564-0189
RiteAid 9830 Pacific Ave	531-6533	FX: 539-4383
RiteAid 5700 - 100th St SW #100 (Lakewood)	(#8) 588-3666	FX: 588-1922
RiteAid 7041 Pacific Ave	474-8500	FX: 474-0253
RiteAid 6802 South 19th	564-7223	FX: 564-0206
RiteAid 15801 Pacific Ave	531-7427	FX: 535-9279
RiteAid 1912 North Pearl	756-6707	FX: 879-0272
RiteAid 4502 South Steele St	474-8355	FX: 473-3949
RiteAid 22311 Mountain Hwy E (Spanaway)	846-0542	FX: 846-8716
Safeway 707 South 56th St	471-1730	FX: 471-3529
Safeway 2411 North Proctor	759-9889	FX: 756-6902
Safeway 10507 Gravelly Lk Dr SW	581-7181	FX: 588-3658
Safeway 1302 South 38th St	471-5511	FX: 471-9673
Safeway 1624 72nd St East	537-2435	FX: 537-3019
Safeway 1211 South "M" St	572-7753	FX: 272-9315
Soundview Pharmacy 3611 South "D" St	756-8585	FX: 474-7874
Spanaway Drug 17703 Pacific Ave	846-0511	FX: 846-0513
Tacoma Pharmacy 9115 South Tacoma Way #109	984-9580	FX: 984-1294
Top Foods & Drug 3130 South 23rd	591-3110	FX: 591-6278
Union Ave Pharmacy 2302 South Union	752-1705	FX: 761-9315
Walgreens 9505 Bridgeport Way SW	(#1) 582-2230	FX: 582-0654
Walgreens 8405 Pacific Ave	(#1) 536-3705	FX: 536-4659
Walgreens 4315 - 6th Ave	(#1) 756-5159	FX: 756-5086
Walgreens 7451 Cirque Dr W	564-7569	FX: 564-8208
Walgreens 8224 Steilacoom Blvd SW	581-0494	FX: 581-0997

### Bonney Lake (All area codes are 253)

Fred Meyer 20901 Hwy 410	891-7333	FX: 891-7327
RiteAid 21302 Hwy 410	862-2822	FX: 862-8430
Safeway 21301 Hwy 410	862-2533	FX: 862-2173

### Eatonville (Area code 360)

Kirk's Pharmacy 104 Mashell Ave North	832-4700	FX: 832-4520
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### Federal Way- King County (All area codes are 253)

Albertson's 33620 - 21st Ave SW	952-3323	FX: 874-4853
Costco 35100 Enchanted Pkwy	874-4431	FX: 874-5773
Drug Emporium 2030 South 314th	946-1222	FX: 946-4046
Family Pharmacy 30809 - 1st Ave South #K	839-3100	FX: 941-4310
Franciscan Pharmacy 34503 - 9th Ave South #110	(#1) 942-4040	FX: 942-4046
Fred Meyer 33702 - 21st Ave	952-0133	FX: 952-0142
Longs Drugs 1209 South 320th	945-6752	FX: 945-7138
RiteAid 2131 SW 336th St	952-2803	FX: 952-0387
RiteAid 31009 Pacific Hwy South	941-5013	FX: 529-1519
Top Foods & Drug 31515 - 20th Ave South	839-9322	FX: 839-9397
Virginia Mason South 33501 - 1st Way South	874-1650	FX: 874-1665

### Fife (All area codes are 253)

Fife United Drug 5303 Pacific Hwy East	922-0222	FX: 926-2541
Fife Valley Mart 5306 Pacific Hwy East	922-8722	FX: 922-0136

### Gig Harbor (All area codes are 253)

Bartell Drugs 5500 Olympic Dr	858-7455	FX: 858-7460
Cost Less Prescriptions 14218 - 92nd Ave NW (Purdy)	857-7797	FX: 857-7679
Gig Harbor Rexall 3114 Judson St	858-9908	FX: 858-7213
Olympic Pharmacy 4700 Pt Fosdick Dr NW #110	858-9941	FX: 851-9942
RiteAid 4818 Pt Fosdick Dr NW	851-6939	FX: 858-3203
Safeway 4831 Pt. Fosdick Dr NW	851-6870	FX: 851-6870

### Milton (All area codes are 253)

Albertson's 2800 Milton Way	952-8436	FX: 952-8478
RiteAid 900 East Meridian	952-2680	FX: 925-0685
Safeway 900 East Meridian	952-0390	FX: 952-4354

### Orting (Area code 360)

Cope's Orting Pharmacy 134 Washington Ave	893-2117	FX: 893-8888
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### Puyallup (All area codes are 253)

Albertson's 16120 Meridian East	845-9617	FX: 770-3578
Albertson's 11012 Canyon Rd East	537-3808	FX: 539-3654
Beall's Pharmacy 618 South Meridian, Suite A	845-8444	FX: 845-7114
Fred Meyer 1100 Meridian North	840-8183	FX: 840-8177
Fred Meyer 17404 Meridian East	(#3) 445-7873	FX: 445-7867
Medicine Shoppe 1210 East Main	848-1597	FX: 848-6268
RiteAid 1323 East Main	848-3564	FX: 770-9187
RiteAid 3717 Meridian	848-1544	FX: 841-4119
RiteAid 11012 East Canyon Rd	535-5660	FX: 537-2201
Safeway 4301 South Meridian	841-6495	FX: 841-6496
Safeway 10105 - 224th St East (Graham)	847-7634	FX: 847-7635
Safeway 5512 - 161st East (at Canyon Road)	531-5831	FX: 536-5235
Summit Trading Co 10409 Canyon Rd East	840-2098	FX: 840-0308
Top Foods & Drug 201 - 37th Ave SE	770-7720	FX: 770-7738
Walmart Pharmacy 310 - 31st Ave SE	770-9889	FX: 770-9983

### Sumner (All area codes are 253)

Mark's Pharmacy 1119 Main	863-6223	
Nicholson's Pharmacy 910 Alder Ave	863-8141	FX: 863-3707

### Hospital Outpatient Pharmacies (All area codes are 253)

Allenmore Hospital	403-5150	FX: 403-5092
Good Samaritan Hospital	841-5899	FX: 770-5655
Mary Bridge Children's Hospital	552-1076	FX: 552-1558
Puget Sound Hospital	(Ext #213) 474-0561	FX: 472-8697
St. Clare Hospital Pharmacy	581-6410	FX: 589-8294
St. Francis Hospital Pharmacy	952-7966	FX: 952-7924
St. Joseph Medical Center	(#1) 591-6683	FX: 591-6956
Tacoma General Hospital	403-1076	FX: 403-1558

Pharmacy Hotline ..... 253-846-0511

The pharmacy hotline is for reporting fraudulent pharmacy activities

Numbers in parentheses are to be pressed at voice mail prompt for calls from physician offices only

8/99 Pierce County Medical Society; please call 572-3709 for changes/additions

# PCMS Labor & Industries Task Force brings collaboration

The Labor and Industries Task Force chaired by **William Ritchie, MD** has been meeting for nearly two years attempting to bring about a smoother, more collaborative relationship between physicians and the Department of Labor & Industries (L&I). The matter of independent medical examinations was again the centerpiece of the agenda at the Task Force's September meeting and several issues were discussed that may be of interest/benefit to PCMS members.

L&I does encourage attending physicians to perform the rating examination of the patient. This does enhance the process and reduce the amount of paperwork. The attending physician need not provide a ten page report to the Department. It is necessary, however, that the Department be notified that you will be doing the ratings and it is necessary for them to load the code. A pre-authorization call will greatly speed the account receivable time. It is important to distinguish between IMEs and the impairment rating codes, which are different.

Physicians and/or their staff can call (800) 848-0811 (provider toll-free hotline) to determine if the code has

been loaded. If you are experiencing difficulty with a particular claims manager or specific claim, please don't hesitate to contact any of the following claims manager supervisors. They are:

- Unit 9:**  
**Kathryn Hudson** 360-902-4742
- Unit J:**  
**Wayne Shatto** 360-902-6445
- Unit G:**  
**Sherrilyn McClune** 360-902-6413

The claim managers' operations manager for Pierce County is Carol Eddinger. She may be reached at 360-902-6601. If you fail to get a satisfactory response from any of the above, please call Doug Jackman at 572-3667.

## Department of Labor & Industries Introducing.....

**Diane Groves, RNC, BSN, MA**

**Occupational Nurse Consultant  
Tacoma Service location**

*Diane has spent the last ten years in Olympia with the Medical Quality Assurance Commission as a Health Care Investigator before joining L&I*

**Phone: 253-596-3904**

**FAX: 253-596-3881**

**Email: groe235.lni.wa.gov**

*Please call Diane if you have questions or need help*

## Pierce County Independent Medical Examiner Panels

### Corvel IME Services

Medical Director: Alan Brobeck, MD  
10828 Gravelly Lake Dr SW #105  
Tacoma, 98499  
360-779-7488, Fax: 360-779-7636  
Quality Assurance Contact: Mary Swindell, Dist Mgr, 360-336-9602

### Exigere Corporation

Medical Director: Edward DeVita, MD  
1901 S Union, B1012, Tacoma, 98405  
888-452-5582, Fax: 425-452-5582  
Quality Assurance Contact: Jamie Cheney, 425-452-5581

### Franciscan Independent Medical Consultants

Medical Director: Kirk Harmon, MD  
1930 Port of Tacoma Road  
Tacoma, 98421  
253-272-6686, Fax: 253-274-5525  
Quality Assurance Contact: Kristin Shotsman, 253-272-6686

### Haelan Medical Evaluations (NHR WA Inc.)

Medical Director: Bradley Billington, MD  
535 Dock Street #114, Tacoma, 98402  
253-627-0565, 800-858-7040, Fax: 253-627-5651  
Quality Assurance Contact: Patricia Jackson, 800-858-7040

### Independent Medical Evaluations

Medical Director: Mark Leadbetter, MD  
10828 Gravelly Lk Dr #110, Tacoma, 98499  
360-491-2558, 800-876-2558, Fax: 360-459-0191  
Quality Assurance Contact: Sheila Melich, 360-491-2258

### Independent Medical Services

Medical Director: Patrick Hogan, DO  
1811 ML King Jr Way, Tacoma, 98405  
253-572-4288, Fax: 253-572-4608  
Quality Assurance Contact: Maureen Graves, 253-572-4288

## TACOMA/PIERCE COUNTY

Outpatient General Medical Care.

Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM.

Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty (Allen, Nelson, Turner & Assoc.), Clinic Manager (253) 383-4351

See "Panels" page 12



Save  
the  
Date

## The Edwin C. Yoder Honor Lectures Friday, November 19, 1999

**SPECIAL PRESENTATION by Susan Fisher-Hoch, MD and Joseph McCormick, MD** authors of Level 4: Virus Hunters of the CDC. This husband and wife team has spent two and a half decades in remote corners of the world tracking some of the most lethal diseases known to mankind. Now these diseases - the deadly Ebola virus, Lassa Fever, HIV, Legionnaire's Disease and the tick borne Crimean Congo Hemorrhagic Fever have become the subject of increased public concern. These speakers will offer a personal, insiders' account of the struggle to understand and to curb the destructive power of these viruses.

**Location:** *St. Joseph Medical Center*

**Physician Lectures:** This course is accredited for 2.0 Category 1 hours.

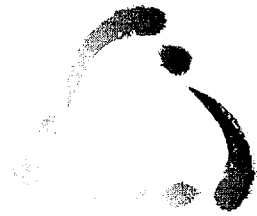
12:30 P.M. - 1:30 P.M. *Complimentary Catered Luncheon in hospital cafeteria*

1:30 P.M. - 2:30 P.M. *"Emerging Diseases in the 21<sup>st</sup> Century - Have We Learned and Will We Anticipate?"*  
Rooms 1A & B *Joseph McCormick, M.D.*

2:45 P.M. - 3:45 P.M. *"Dangerous Viruses - Tropical Rain Forest to the High Security Laboratory"*  
Rooms 1A & B *Susan Fisher-Hoch, M.D.*

**Reservations required for lunch and each lecture - limited seating available**  
*Invitations will be mailed in October. For more information, call the Office of Academic Affairs at (253) 207-6035.*

"As an organization accredited by the Washington State Medical Association Medical Education Committee to provide continuing medical education, Catholic Health Initiatives, Western Region certifies that this course meets the criteria for 2.0 hours of Category 1 CME to satisfy the relicensure requirements of the Washington State Medical Quality Assurance Commission and for the Physician's Recognition Award of the American Medical Association."



TACOMA-PIERCE COUNTY  
**HEALTH**  
DEPARTMENT

## Health Department web site offers wealth of info

Be sure to bookmark [www.healthdept.co.pierce.wa.us](http://www.healthdept.co.pierce.wa.us) as one of your frequently visited web sites. The active site offers options for navigation. You can do a site search on any page by topic or you can use the site directory, a complete listing of departments and programs. All major sections have their own site directory, as well.

A sampling of listings include:

- Board Activities
- Board of Health
- Breast & Cervical Health
- Commercial Food Program
- Communicable Diseases
- Community/Health Groups
- Family Support Centers
- Food & Community Safety
- Domestic Violence
- Health News - Worldwide
- Help
- Human Resources
- Public Health Affairs
- Programs for Kids
- Services and Phone Directory
- Site Directory
- Source Protection
- Substance Abuse

## The Health Status of Pierce County

### Early Intervention Case Management for HIV Infection

The Tacoma-Pierce County Health Department has begun a program of case management for people who are HIV positive. The program will balance early treatment to maintain health with strategies to prevent the spread of the disease.

There are now medical therapies which can help HIV-positive people to live healthier, longer lives. The development of highly active antiretroviral therapy (HAART) means we can begin to look at HIV infection as a chronic disease that can be managed. Although the virus stays in the infected person's body permanently, early treatment can help the body restore its immune system to near normal levels.

While the new drugs have remarkably improved the health of persons infected with HIV, there are concerns. The regimens are complex and patients often have difficulty adhering to the medication schedule; people who miss doses may be at increased risk for developing drug-resistant strains of HIV, and HIV-positive persons on the HAART therapy may believe they are less infectious and relax their prevention practices.

The Health Department's Early Intervention Case Management program will combine help in locating resources for medical and other needs with education on ways to prevent the spread of the disease. Services will be provided in a professional and therapeutic manner; referrals, education and counseling will be individualized to the client's needs and risk factors. In addition, staff will work the HIV-positive people to locate partners to educate and support them in prevention behaviors. Research completed by the Centers for Disease Control (CDC)

has shown that clients and their partners are receptive to partner notification services, and it is a standard public health practice for preventing sexually transmitted and other communicable diseases.

The effectiveness of the program relies on early notification of HIV infection. Earlier this year the Board of Health passed a resolution that requires reporting of positive HIV tests to the Health Department by physicians and laboratories. Reporting HIV infection, rather than waiting for AIDS symptoms, means that individuals can get the HAART and other medical treatment in early stages of viral infection and also prevent the spread to others through education and follow-up with partners. The CDC have recently advocated for this kind of early action, by using new technology that helps to pinpoint when someone first became infected. If those names are then forwarded to professionals for follow-up, partners can be identified more quickly and accurately. In Update #101, dated September 7, 1999, the CDC announced they want to "do for HIV what has long been done for syphilis and gonorrhea" by getting the infected person treated and partners notified early. Their message continues: "While it's hard for many sexually active people to recall the names and addresses of all their partners, spanning years of activity, it is typically a simple matter to conjure a list for the past four months. The CDC want public health authorities to use this information to track down individuals who might have gotten infected and interrupt the chain of transmission on a large-scale basis."

Please report HIV-positive tests to the Health Department by calling the 24-hour reporting line at 798-6534.

# Franciscan Medical Group Physicians No Longer Represented by Labor Union

The Northwest Physicians Alliance (NWP), a part of United Salaried Physicians and Dentists labor union, has chosen to no longer represent physicians who practice with the Franciscan Medical Group, a network of eight clinics located throughout south King and Pierce counties. Franciscan Medical Group has received a letter from the union stating they "unequivocally disclaim interest in representing" the physicians in the medical group.

Franciscan Medical Group, which has 52 physicians, began operations in April 1999, after the split up of Medalia HealthCare, a network

of primary care clinics throughout Puget Sound that was co-sponsored by the Providence and Franciscan Health Systems. In June 1998, Medalia physicians voted to be represented by a labor union. After it was formed this spring, Franciscan Medical Group recognized the union and agreed to bargain with it.

"We are pleased to have the opportunity to work directly with our physicians to provide our patients the best possible care," said **Cliff Robertson, MD**, chief medical officer for Franciscan Medical Group. "Our physicians have taken a strong lead in making decisions locally as part

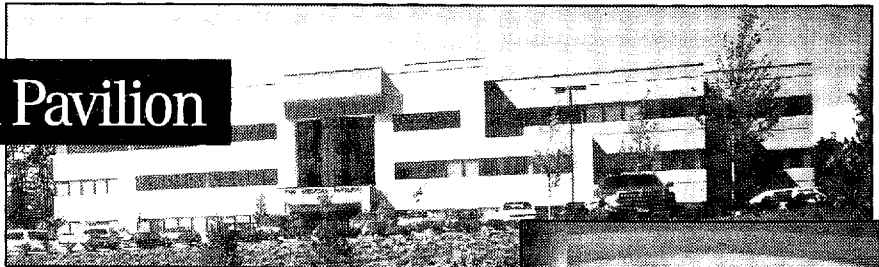
of this new organization. I interpret the union's withdrawal to mean that our doctors are optimistic about the direction of our medical group. While we respect the right of our physicians and staff to seek representation, this action suggests that our doctors don't feel they need a union as a third-party intermediary."

Since its formation in April, Franciscan Medical Group has successfully recruited five new physicians, converted to a more effective computer system and installed a new phone system that provides better access for patients, while maintaining steady patient volumes.

Federal Way's Finest  
Address:

## The Medical Pavilion

At St. Francis Hospital  
34503 9th Avenue S.  
Federal Way



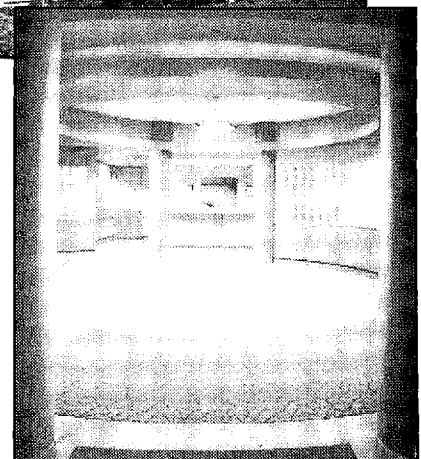
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**206-264-4594**  
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- High Growth Market



# IN MEMORIAM

RODGER S. DILLE, MD

APRIL 25, 1909 – SEPTEMBER 9, 1999

It is an honor to be asked to celebrate the life of **Dr. Rodger Dille**. He was my firm friend and colleague for 42 years. Rodger was a great man in every sense, in every sense. His humor was no less than his goodness. We enjoyed many experiences together and apart from our one day fully spent at the races at Longacres where my wife and I were his guests, all experiences were positive. He had a profound knowledge of internal medicine, having first received his degree in Pharmacy, magnum cum laude, at the University of Washington with subsequent medical training at the Mayo Clinic. Quickly one recognized his diagnostic skills, his intellect and his scientific knowledge. An article in a recent *News Tribune* by Ellen Goodman emphasizes the importance of compassion in medical care. Rodger exemplified that quality. He also had an unpredictable, very funny wit. A remark that only he could make occurred when I sought his opinion about what to me was a most puzzling, obscure disorder. His response was, "It's the worst case of whatever it is that I have ever seen!" He was an instinctively kind and warm person. He had an immense heart, one matching his frame. In the hospital corridors this big man seemed to trot rather than walk and one will always remember that diminutive black bag which held his medical tools of trade. I heard that early every morning his day started with Journal reading. He remained up to date with a current knowledge of *The New England Journal of Medicine*, *The Lancet* and the other best publications. He was full of energy no less than wisdom. Moreover, I never heard him say an unkind thing.



Despite his large practice and daily commitments to Internal Medicine, many of us will remember his participating at surgery. In the operating room he would patiently assist for hours if necessary in order to see the disease process, the pathology. Who was it that once said that for some surgical procedures a calendar would be more appropriate than a clock? Rodger was unflinching.

Medicine and family were his life. With the pleasure of having been the treating physician for his wife Vernetta, and his daughters Esther and young Vernetta there was ample evidence of these family bonds. He was wrenched by the loss of Josephine in early days. He wept at the funeral of his beloved wife Vernetta not long ago.

He came with us to enjoy Jerry Miller and his son playing jazz at the Iron Horse. On taking him home late at night there of course was the older Vernetta waiting for him at the gate. Most recently, at the age of 90, he regularly came to services I sometimes conducted through St. Luke's Church at the Weatherly Inn. This was always followed by time cheerily spent in his apartment, reminiscing and still talking medicine. He was a merry man at all times. If, by Heaven is meant leaving us with the best memories of a splendid person, Rodger has certainly gone there.

Stevens Dimant, MD

## “Panels”

### Medical Consultants Network

Medical Director: Brian Grant, MD  
3315 S 23rd #110, Tacoma, 98405  
253-272-4556, 800-636-3926, Fax 253-272-4876

Quality Assurance Contact: Karen Rothstrom, 800-443-6269

### Medical Diagnostic Services

Medical Director: Michael Olejar, MD  
1402 - 54th Ave E, Tacoma, 98424  
800-834-8334

Quality Assurance Contact: Jeannine Austin, 425-451-3345

### Objective Medical Assessments (OMAC)

Medical Director: Dhanvant Madhani  
Allenmore Medical Center  
PO Box 111266, Tacoma 98411-1266  
800-331-6622

Quality Assurance Contact: Chris Casper, 206-324-6622

### Physician Resources Northwest

Medical Director: Mark Holmes, MD  
11318 Bridgeport Way SW, #B  
Lakewood, 98499

253-581-1913, Fax: 253-581-9358

Quality Assurance Contact: Jeanete Colberson, 253-581-9313

### Valley Independent Physicians Services

Medical Directors: Drs. Ma, Renn and Winegar

12303 Meridian S, Puyallup 98373

253-841-1378

201 - 15th Ave SW #D, Puyallup 98371

253-840-0598, Fax: 253-840-3352

Quality Assurance Contacts: Drs. Ma, Renn and Winegar

## Advanced Coding Seminars Rescheduled

The WSMA Advanced Coding Seminars, *Advanced CPT & ICD-9 Coding*, have been rescheduled. The Tacoma session will be held on Wednesday, October 27 at the LaQuinta Inn.

Morning sessions 8:30-12:30 will address coding for medical specialties, while afternoon sessions (1:30 -5:30) will review coding for surgical specialties. Ob/Gyn will be covered as the last segment of both sessions. Cost is \$129 for WSMA members and \$258 for non-members.

For more information, call Kathy Birnie at WSMA, 1-800-552-0612.

# Will a disability put you out of commission?



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As you know, disability insurance policies for physicians are changing rapidly—and not for the better. High claims have caused many major carriers to limit the most important benefits.

At Physicians Insurance Agency, there's still time to secure the specialty-specific coverage you need. In addition, we can help you find superior life and long-term-care coverage for you and your family.

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## The Invisible Hand...

by Andrew Statson, MD

# "Medicine is a Harsh Mistress"

This title was inspired by Robert Heinlein, who wrote "The Moon is a Harsh Mistress." The thoughts were triggered by a letter from a high school student,

working on a class assignment. "Obstetrics sounds like a nice profession. What do you like about it? What don't you like? What made you go into it?" What, indeed!



Andrew N. Statson, MD

During the few spare moments in medical school, between classes, lab, night call, and studying for tests, we admitted to one another that we didn't really know what we were getting into when we applied to medical school. This was not a complaint. It was a statement of fact. No matter how much we may have known about medicine before we started, the reality of it was different. We could try to describe it, but we could not make someone else understand it. One had to live through it, to know what it was like. Each one of us probably experienced things differently, but we all had our feelings.

When we were lined up to register for the first year of school, one secretary joked, "You won't get to be doctors until each of you has filled a cemetery lot." Facing death was one of the strongest triggers of feelings. She had different faces: the 27 year old man with rheumatic heart disease, on his sixth episode of congestive heart failure, whose heart refused to respond to digitalis; the eight year old girl with leukemia, covered with petechiae; the four month old boy with

True passion is a consuming flame, and either it must find fruition, or it will burn the human heart to dust and ashes.

William Winter

myocardial fibroelastosis; the 22 year old woman with septic abortion. They were all different, yet when death finally took them, they looked strangely alike, as if she had put her own mask on their faces: the sunken eyes, the pinched nose, the ashen cheeks.

Facing death, after having worked on patients for hours to keep them going, brought the bitter taste of defeat. We bowed to the inevitable, but did not like it. We just had to accept it, or it would not have been possible to keep going.

savoring the last few moments of a slumbering state, before stepping into the brightly lit operating room, suddenly completely awake, ready to go. Then followed the rush of action, like resuscitating a newborn with no heartbeat that was pulled out of the abdomen of a woman with a ruptured uterus, and getting him to the nursery; like doing a hysterectomy on a patient with postpartum hemorrhage who just wouldn't stop bleeding after replacing some ten units of blood. We all have many stories to tell like that, where we are thrown into the picture of a

---

*Something is missing. We used to be proud of our art, now we are asked to paint by the numbers. We had the respect of the community, now we are bodies, full-time equivalents. Our patients still respect us, somewhat. We are no longer their physicians of choice, we are one of those names on their insurance panel.*

---

Other people also were affected by death and needed help. Like the baffled parents of the four month old boy with fibroelastosis. "But he was well until just two to three days ago!" Like the bewildered husband of the 22 year old woman with septic abortion, who stood outside the room, holding his 18 month old boy on his arm, and his three year old girl by the hand, waiting for us to get done so he could spend some time with his wife. He didn't get to her bedside until after she had died.

Then, there were the nights. Ah, the nights! Like walking through dim halls of the hospital, half asleep,

complex pattern of human life, and leave our mark on the canvas.

Last year, at the district meeting of ACOG, I met a few friends from California, now retired. We sat together at lunch, and were joined by a colleague recently out of training. "Why do you still go to meetings?" she asked them. The answer was: to get CME credits to keep their license. Was that the real reason? Why did they want to keep their license? Certainly not to practice. The truth is that medicine is a way of life. You don't stop

See "Mistress" page 14

## "Mistress" from page 13

being a physician just because you retire. Somehow giving up the license is like giving up a part of one's life. I didn't ask them what they did, that they would not have been able to do without their license, what made them spend their retirement money going to meetings, keeping up. I think, very simply, as long as they were still alive, they were still physicians.

What made us go into medicine? Some would say it was the money. It has been said doctors make too much money. That is no longer true, if it ever was. Yes, we earn a good living, but those among us who became rich did so from other activities, not from the practice of medicine. People in other fields, who work as hard as we do, with our intelligence and ability, make much more money than we could ever expect to make.

Some would say it was a role model that inspired us. Perhaps, but why did we choose this role model, rather than another? Why did President Clinton choose President Kennedy as his role model, rather than the local general practitioner? Why, out of all the role models out there, we wanted to be like this one?

I have known physicians, who at some point decided medical practice was not for them. They went into public health or administration. Well known writers, like Michael Crichton, dropped out of medicine early in their careers and never looked back. We stayed.

The same questions apply to nurses. I have spoken with several, who left nursing for other fields, but came back. Working on an assembly line they made more money, had regular hours, did not have to work on weekends and had better benefits. However, they could not take the drudgery. There is some kind of mental stimulation and emotional feedback from working in medicine that makes us put up with the hours, the messy work, the blood and the gore of medical practice. That is a soft spot inside us we try to cover up with

superficial detachment, and even with some degree of cynicism. After working all night, trying to patch up a wretched body, we may say, "There must be a better way to earn a living!" Yet we keep going, because deep inside we know that there is nothing else we would rather be doing.

The insurance executives know that very well. They know we will be at our posts when called, no matter what they do to us. We will continue to take care of patients and we will be satisfied with any crumbs they deign thrown us. Physicians were well known to be the best risk for disability insurance among all professionals. We just could not stay away from our work. However, a strange thing happened on the way to the bank. To the horror of insurance executives, physicians suddenly started filing claims for disability in large numbers, so much so that disability compensation of physicians put a significant dent in the balance sheets of insurance companies.

Something is missing. We used to be proud of our art, now we are asked to paint by the numbers. We had the respect of the community, now we are bodies, full time equivalents. Our patients still respect us, somewhat. We are no longer their physicians of choice, we are one of those names on their insurance panel. We stand at the gate to their medical care and hold the key, so they resent us for that. They also know they no longer have our undivided allegiance, because we are beholden to their insurance company. They know we are in a bind, but they are in a bind too, and they are more concerned about themselves than about us.

So there we stand, but one cannot keep on giving, without getting something in return. Even the strongest passion needs to be fed. It usually does not require much, but it needs some recognition, or it will burn out. When that happens, whatever is done to rekindle it, it usually too little, too late. What remains is dust and ashes in the heart.

## Applicants for Membership

### Cowell, Pamela D., MD Obstetrics/Gynecology

Practices at Mt. Tahoma Gynecology,  
4808 112<sup>th</sup> Street SW, Lakewood 98499;  
582-5880

Medical School: Emory University  
School of Medicine

Internship: Grady Memorial Hospital  
Residency: Emory University Affiliated  
Hospitals

### Johnson, Anthony G., MD Family Practice

Practices at 9332 Bridgeport Way SW,  
Lakewood 98499; 403-4460 Medical

School: University of California-Irvine  
Internship: University of California at

Davis

Residency: University of California at  
Davis

## Personal Problems of Physicians

**Medical problems,  
drugs, alcohol, retire-  
ment, emotional, or  
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**Your colleagues want to help**

\*Robert Sands, Chair 752-6056  
Bill Dean 272-4013  
F. Dennis Waldron 265-2584

**Confidentiality  
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# The Pulse

## PCMS Alliance

### President's Message

Now that school is back in session we hope you will be able to join us on November 4 from 11:00am to 1:00pm for the Peninsula Cooking School class. The school is located in Canterwood. Robin Going will demonstrate how to prepare and serve hors d'oeuvres for the holidays. The cost is \$30 per person with a maximum of 12 people. Please make checks payable to PCMSA and mail to **Yolanda Bruce**, 4822 105<sup>th</sup> Ave NW, Gig Harbor 98335. Your check is your reservation. RSVP by October 25 to **Yolanda Bruce** at 265-8190.

Directions to Peninsula Cooking School: The address/phone is 12210 49<sup>th</sup> Ave Ct NW / 858-2465. If the gates are closed, dial 013. Take Hwy 16 East to Gig Harbor. Exit at North Rosedale. Turn right onto Rosedale. Turn left at Canterwood Blvd. Turn right at 54<sup>th</sup> Street, which turns into 49<sup>th</sup> Avenue.

**Nikki Crowley** is in charge of family support. Please call her at 922-7233 for any individual needs, concerns or support.

**The Holiday Sharing Card mailing will be held on October 12 at 9:30am at the PCMS office.** Your help is greatly needed! Call Yolanda Bruce if you can help.

### Philanthropic Update

The following organizations have requested funds. The Philanthropic Committee will meet in October to prioritize the list. They have specified why funds have been requested.

- Tacoma Area Literacy Council** for tutor training and support services
- Prison Pet Partnership Program** for electric wheelchairs
- Neighborhood Clinic** for a social worker
- Pierce County AIDS Foundation** for their Basic Needs Program
- YWCA** for a Women's Health Program
- PLU Wellness Center** for a First Step Program
- Trinity Neighborhood Clinic** for medication and malpractice insurance
- Head Lice International** for Pediculosis Treatment Specialist
- Sane/SARC Program** at Tacoma General for training additional nurse examiners for the Sexual Assault Program
- American Lung Association** for Camperships for two children
- Baby Think It Over Program** for more dolls

## Ten Things you can do to Reduce Violence

### Education

- Invite a speaker on domestic violence to your faith organization, neighborhood meeting, or civic group.
- Encourage your pastor or Rabbi to provide spiritual leadership to your congregation that addresses family violence.
- Encourage your school to include violence prevention as part of the curriculum.
- Talk to your children about relationships that are healthy and foster mutual respect. Control over a partner is abuse.
- Self-examination means does your own vocabulary, attitude and actions reflect a tolerance for violence or a desire for peace and respect?

### Get involved

- Adopt a room at the Women's Shelter or give your time as a volunteer.
- Attend court with a victim of domestic violence to provide emotional support.
- Sponsor a food drive for a women's shelter through your faith organization, civic group or business.
- Donate or collect new clothing and toys for children living at the shelter.
- Donate 5% of your income or 5% of your time to a program benefiting the victims of family violence.
- Talk about it! The conspiracy of silence allows this to pass from generation to generation and people are dying every day.

If you or someone you know needs help call 911 for emergency assistance or call the Washington State Domestic Violence Toll Free Hotline for services nearest your at 800-562-6025. Plan for your future safety.

### VOLUNTEERS NEEDED

#### ONE - TWO HOURS

Stop the Violence Fair  
Saturday, October 23  
10 a.m - 5 p.m.  
South Hill Mall,  
Puyallup

Contact: Alice Yeh  
756-0578 or  
email: wenyeh@wa.net

# CME at Hawaii on "Big Island," Hapuna Hotel on sunny, Kona Coast

The Hapuna Beach Prince Hotel, on 32 acres edging on Hapuna Beach at the Mauna Kea Resort (hailed as "one of the world's 10 best"), has been selected as the site for the CME at Hawaii program for a variety of reasons, but particularly for the ability to secure a "world-class resort" at greatly reduced rates.

Built in 1994, the Hapuna is located on the beautiful and sunny Kona coast. The oversized, deluxe guest quarters feature louvered doors that slide open to roomy furnished lanais. The smart design of this hotel ensures that all rooms have at least partial ocean views.

The hotel offers reduced green fees at the Mauna Kea course that began the legend of Hawaii as a golfer's paradise and Hapuna Golf Course, 18 championship holes designed by Arnold Palmer and Ed Seay, with an ocean view from every tee and green.

Registrants may benefit from our negotiated group rates for ocean view rooms at \$180. A second adjoining room for children under 18 is available

## Air reservations encouraged for Hawaii CME

To assure you are able to secure seats and get a reasonable price for CME at Hawaii, we urge you to make your reservations NOW. A small refundable deposit will hold your seats.

The College is working with Marilyn at Olympus Travel (565-1213). Olympus has booked some seats at group rates and has access to other special options at the best rates.

**Call Marilyn today.**

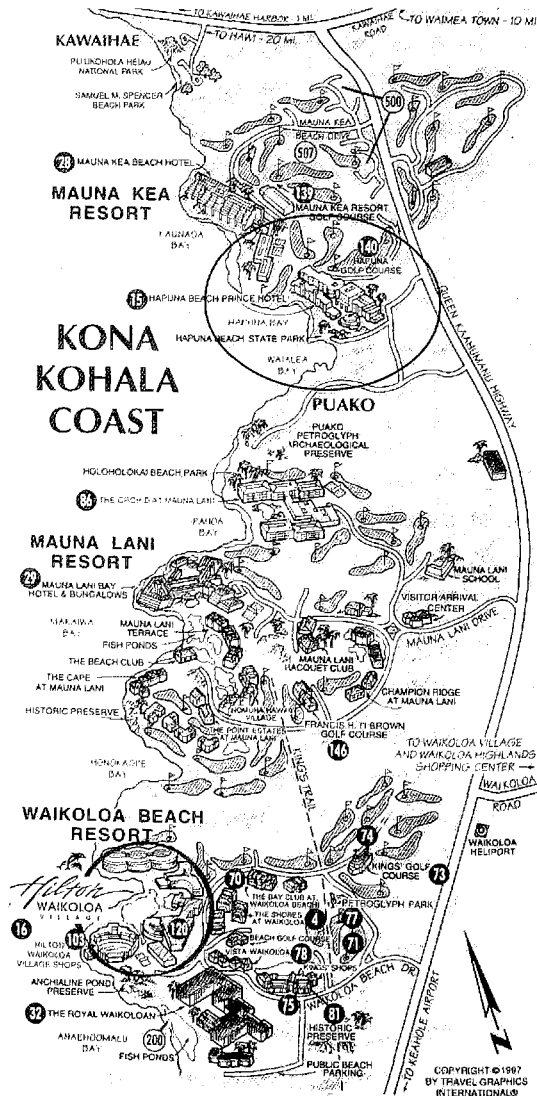
at \$50 below the group rate.

To take advantage of these savings, you must make your reservations soon. **THE COLLEGE'S RESERVED BLOCK OF ROOMS WILL BE RELEASED AFTER FEBRUARY 9, 2000.** Reservations can be made by calling the Hapuna directly at (800) 882-6060. You must identify yourself as part of the COME group.

Program brochures were mailed

in August. In addition to outlining the CME program (16 Category I hours), the brochure discusses transportation and encourages advance planning for the limited flight options during the spring vacation demands in Hawaii. The brochure also discusses the savings and amenities of the Hapuna Beach Hotel.

For additional information, call the College at 627-7137.



# COLLEGE OF MEDICAL EDUCATION

## Continuing Medical Education

### Whistler/Blackcomb CME condo reservations deadline December 1

Registration is open for the College's CME at Whistler/Blackcomb program; brochures were recently mailed. The conference is scheduled for February 2-6, 2000.

Reservations for the block of condos, THIS YEAR AGAIN ALL IN THE ASPENS, are available. Reservations can be made by calling (800) 777-

0185. You must identify yourself as part of the College of Medical Education to receive the negotiated reduced rates. THE COLLEGE'S BLOCK OF ROOMS WILL BE RELEASED AFTER DECEMBER 1, 1999.

For more information, call the College at 627-7137.

### Common Office Problems CME set October 29

The topics are set for the College's Common Office Problems CME scheduled for Friday, October 29, 1999 and planned for Rooms 1A & B at St. Joseph Medical Center.

The course is designed for the primary care clinician and focuses on practical approaches to the most common dilemmas faced in the daily routine of medical practice. Special emphasis will be placed on quality, cost effectiveness and practice parameters.

The program is again directed by **Mark Craddock, MD** and will offer 6 Category I CME credits. This year's course will cover:

- Pediatric Vaccines
- Common Shoulder Problems
- Uterine Artery Embolization for Treating Fibroids
- New Diabetes Therapies
- Pediatric Headache
- Hypertension
- Dermatology
- Fibromyalgia

For registration information or a course brochure, call the College at 627-7137.

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, October 29	Common Office Problems	Mark Craddock, MD
Friday, December 3	Medicine & Mental Health	David Law, MD
Friday, January 21	Cardiology for Primary Care	Gregg Ostergren, DO
Wednesday - Sunday February 2-6	CME @ Whistler	Richard Tobin, MD
Friday, February, 11	Advances in Women's Medicine	John Lenihan, Jr., MD
Thursday-Friday March 9 & 10	Internal Medicine Review 2000	Robert Corliss, MD
Monday - Friday April 10-14	CME @ Hawaii	Mark Craddock, MD
Saturday, April 29	Surgery Update 2000	Virginia Stowell, MD
Friday, May 5	Asthma, Allergy & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 2	Nuts, Bolts & Innovation: Gastrointestinal Disease V	Gary Taubman, MD Richard Tobin, MD

# John Lenihan, MD reaps results of several years of research and study

The lead and second articles published in the Green Journal (OB/GYN) were the results of two studies Dr. Lenihan participated in as a co-investigator. ("Uterine Bleeding in Postmenopausal Women on Continuous Therapy with Estradiol and Norethinadron Acetate," Archer et al., OB-GYN, Vol 94, No. 3, Page 323, September, 1999 and "A Randomized Controlled Trial of Four Doses of Transdermal Estradiol for Preventing Postmenopausal Bone Loss," Weiss et al., OB-GYN, Vol 94, No. 3, page 330, September 1999.)

He also participated as a researcher for an article published in the American Journal of OB-GYN in July,

1999 which is entitled "Efficacy and Safety of Low, Standard, and High Dosages of an Estradiol Transdermal System Compared with Placebo on Vasomotor Symptoms in Highly Symptomatic Menopausal Women," Utian et al., Vol 181, No. 1, July, 1999. He co-authored a paper recently accepted for presentation at the American College of Rheumatology Annual Clinical Meeting on November 13, 1999. The paper is entitled "Alendronate vs. Intranasal Calcitonin for Treatment of Osteoporosis in Postmenopausal Women," by Rosen, et.al. Dr. Lenihan's patients are now benefitting from several years of research and study of new menopausal treatment regimens.

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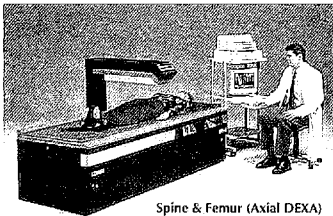
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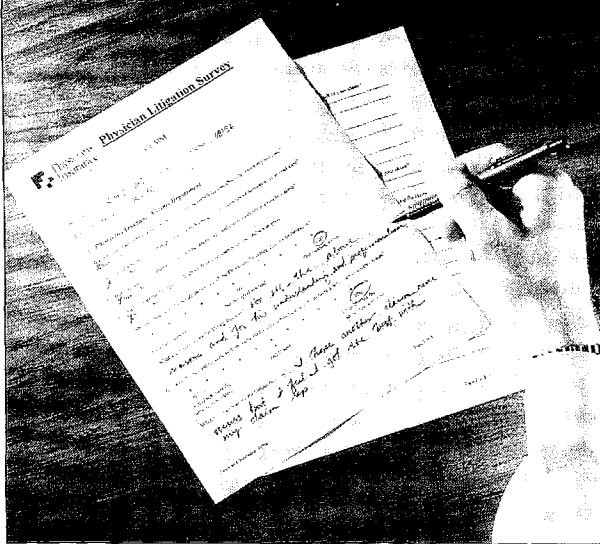
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# BULLETIN

Pierce County Medical Society



November, 1999

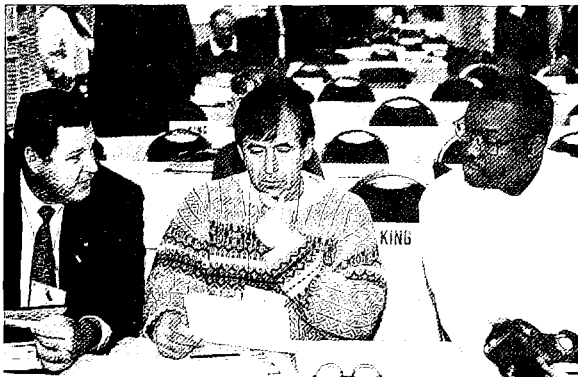
## WSMA Annual Meeting: Insurers/Universal Health Care major topics in Spokane



The Pierce County delegation, 2nd and 3rd rows, demonstrates their pleasure at the conclusion of one of many discussions on issues facing physicians



Peter Marsh, MD (left) receives congratulations and thanks from Dr. Mark Adams, outgoing WSMA President, for his tenure on the Board of Trustees, and his service as President



Drs. Nick Rajacich, Keith Demirjian and Charles Weatherby, (left to right) study one of the many resolutions discussed in reference committee prior to the Delegate's meeting



Kris White, WSMA Alliance President (Matthew White, MD) received the thanks of Dr. John Coombs, VP, U of W School of Medicine for Alliance contributions to the school. Dr. Coombs is a PCMS member

More pictures and story, page 5

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- 10 Administration of oral medication at school creates confusion
- 11 Kris White, WSMAA President, Promoting a Positive Image of Physicians & their Spouses

Pierce County Medical Society  
**BULLETIN** 

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 Doris A. Page, MD  
 J. James Rooks, Jr., MD  
 Susan J. Salo, MD  
 Edward I. Walkley, MD  
 Yolanda Bruce, PCMSA President

**WSMA Representatives:**

Past President: Peter K. Marsh, MD  
 Speaker of the House: Richard Hawkins, MD  
 Trustee: David E. Law, MD  
 AMA Delegate: Leonard Alenick, MD

**Executive Director:** Douglas Jackman

**Committee Chairs:**

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**Bylaws**, Stanley Tuell; **Budget/Finance**, Patrice  
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 Standards Of Practice**, David Lukens; **Grievance**,  
 James M. Wilson; **Legislative**, William Marsh;  
**Medical-Legal**, Pat Donley; **Membership Benefits,  
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 Physicians**, Robert Sands; **Public Health/School  
 Health**, Joseph Wearn; **Sports Medicine**, John  
 Jiganti.

The Bulletin is published monthly by PCMS  
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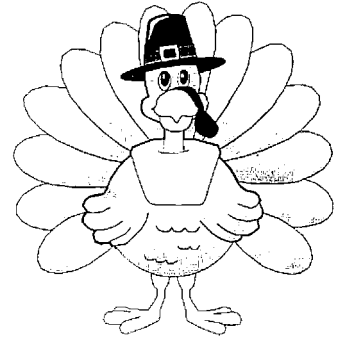
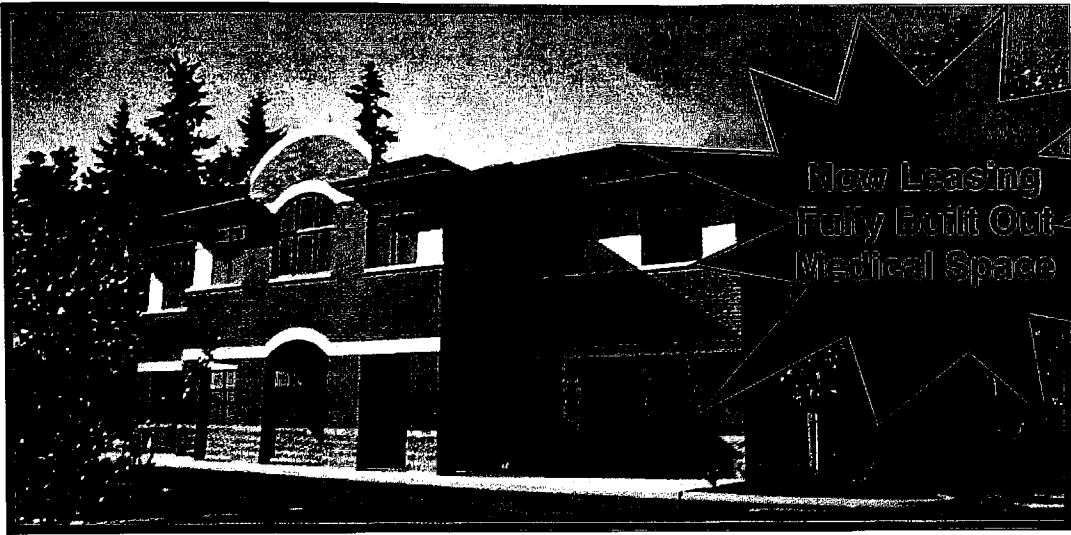


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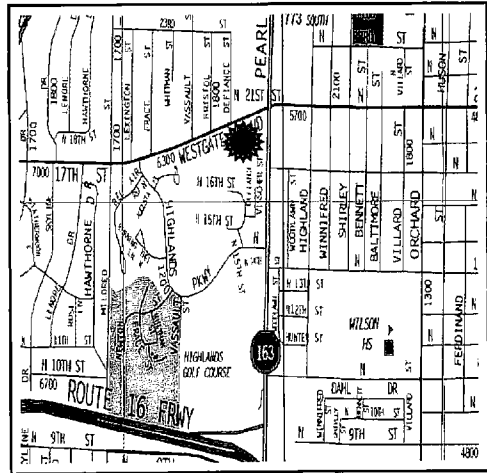
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## President's Page

by Lawrence A. Larson, D.O.

# WSMA - What's Hot and What's Not

The annual meeting of the WSMA on the first weekend of October in Spokane proved to be a great review of what's hot and what's not in Washington state medicine. As usual, there was more material and debate presented in the three days than one could possibly cover.

The Pierce County delegates came prepared thanks to the PCMS staff and our caucus meetings. We had good representation at all four reference committees and the two House of Delegates sessions.

What's hot this year included a variety of issues and resolutions. **Dr. Peter Marsh's** resolution urging organizations to refer to our profession as "physicians" or "doctors" instead of the more generic "provider" summed up the tone of the meeting. We are professionals and we expect to act and be treated as such. The role out of the CURE campaign was done in a less than positive manner with an immediate protest from the House to project a more professional approach. The initial ad campaign, although truthful, came off as trite and negative rather than forceful and effective. This was a good reminder that we have legitimate complaints with the insurance industry, but that we will be more successful with our message if we keep our patients concerns first.

We did approve a resolution to develop a reimbursement and fee survey statewide to provide physicians with data. In addition, we agreed to develop a Washington state model provider agreement to use in a lawful manner for negotiation of provider contracts. This would allow physicians to more effectively counter insurance plans that aggressively pursue contracts that disadvantage physician-patient relationships and undermine quality care.

A resolution was passed to require health plans to include in physician and non-physician provider contracts a "compensation schedule" that provides a comprehensive compensation schedule for each plan product which clearly delineates the services covered, reimbursement for each service and penalty charges for failure to provide a compensation schedule. This would allow us to better understand how we are reimbursed for services which now is often not possible under current contracts.

The hottest debate of the meet-

What was "not hot" this year included continuing "business as usual" with health plans, ignoring the concerns over access to adequate, affordable in-



Lawrence A. Larson, D.O.  
President, 1999

---

*"What was 'not hot' this year included continuing 'business as usual' with health plans, ignoring the concerns over access to adequate, affordable insurance and excluding physicians from the decisions of proper, quality medical care."*

---

ing occurred in reference committee "C." This concerned the Washington State Health Care Financing Reform Act of 2000. The debate raged on for hours with a resolution to take a more studied view of Health Care 2000 prior to drafting any final language. The single payer system, medical savings accounts, and use of discounted fee for cash payment at time of service were considered.

Several resolutions dealt with access to care issues. Noting that we have 600,000 individuals uninsured in the state, 17 counties without individual health insurance plans available and a rapid increase in basic health plan premiums, one of the solutions to this crisis was the Kids Care resolution which would develop a system for universal coverage of all children in the state.

insurance and excluding physicians from the decisions of proper, quality medical care.

Of course many more initiatives were discussed and passed. The overall tenor was to remain professional in our advocacy for our patients and the practice of medicine. We will need to partner with our patients through such vehicles as the CURE campaign for effective and significant change.

I would hope that each of our Pierce County physician has the opportunity to participate in the development and/or implementation of these and future WSMA and PCMS initiatives. The experience is worthwhile and certainly educational.

I will remind PCMS members that we have many effective avenues for your involvement and I welcome your ideas and efforts.

## IN MEMORIAM

KENNETH STURDEVANT, MD  
1906 - 1999

**Kenneth H. Sturdevant, MD** died in Puyallup on October 15, 1999. He was born in Oklahoma City on November 11, 1906. He attended high school in Connecticut and Texas and college at the University of Oklahoma prior to earning his doctor of medicine degree from Loma Linda University in 1931. After interning at Swedish Hospital in Seattle he practiced medicine in Friday Harbor for five years. In 1936 he moved to Puyallup so he would have access to a hospital. He worked with Dr. Aylen, a local surgeon, learning additional surgical skills which he used to provide more complete medical services to his patients. During World War II he spent three years in the Army Air Force as a flight surgeon and then resumed his practice in Puyallup.



Dr. Sturdevant was active in the community serving as a member of the city council and the school board, including a term as president. He belonged to the Puyallup Active Club, and was a member of the Kiwanis and PCMS until his death. **Dr. Sturdevant was a PCMS member for 63 years.** After retiring he volunteered for three tours with the American Red Cross in the Cambodian refugee camps in northern Thailand. He assisted in many church sponsored missions including visits to Zambia, Thailand, Sudan, Papua New Guinea and Malaysia.

Dr. Sturdevant is survived by Evelyn, his wife of 68 years, his daughter Marilyn, four grandchildren and three great grandchildren.

PCMS extends condolences to his family.

## OPAT and the 2000 Olympics

It is not too late to make plans to attend the first international conference on outpatient parenteral antimicrobial therapy, September 17-22, 2000, in Sydney, Australia. The conference will be under the medical direction and organization of **Alan Tice, MD.**

The incredible Fairmont Resort in Leura has been secured for the meeting. If you would also like to attend the Olympics, you should make plans for tickets SOON by contacting Mary McManus at 274-0833 or by email at [mcmanus@idlinks.com](mailto:mcmanus@idlinks.com).

## Dr. Boutry thanks colleagues

*Editor's Note: Dr. Boutry was injured in a hit and run accident near his home in north Tacoma. He asked PCMS to publish this note of thanks*

The concern and support of my colleagues have overwhelmed me. Thank you so much for the cards, gifts and flowers. A special thanks to **Drs. Craddock, Pingrey and Roes** who have helped above and beyond the call of duty to keep my office open and to **Drs. Kovanda, Lenihan and Cammarano** for keeping my call coverage intact. Thanks to **Drs. Yancy and Kunkel** who put me back together and have me on my feet again!

Sincerely,  
**Don Boutry, MD**

# PCMS Delegates participate in setting WSMA policy

This year, at the WSMA Annual Meeting in Spokane, delegates from Pierce County participated in many discussions of concern to physicians in our state. Of primary concern was the insurance industry and the myriad of difficulties both physicians and patients have in conducting business with them.

Representing Pierce County at the meeting were PCMS delegates, **Drs. Lawrence A. Larson, James M. Wilson, Charles Weatherby, Patrice Stevenson, Susan Salo, Nick Rajacich, Keith Demirjian, Don Russell, Cecil Snodgrass, and Federico Cruz-Uribe.** WSMA Representatives included **Drs. Leonard Alenick, Richard Hawkins, David Law and Peter Marsh.** **Dr. David**

**BeMiller** represented the American College of Ob/Gyn, Washington Chapter while **Dr. Ken Graham** represented the Senior Physician Section.

A highlight of the meeting for many Pierce County participants was attending the media training session sponsored by the AMA featuring their media expert Pat Clark. Ms. Clark gave an outstanding educational session on working with the media, using audience members (including Dr. Charles Weatherby) as examples of what not to do. As always, Ms. Clark's three hour session was informative and entertaining.

Another highlight of the session was an opening session presentation by KIRO Radio personality Dave Ross. Mr.

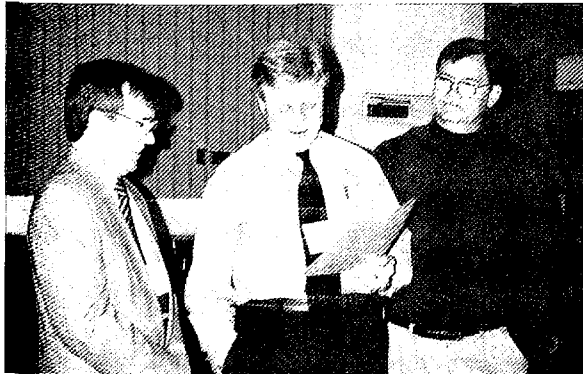
See "WSMA" page 6



*From left, Drs. Patrice Stevenson, Puyallup physical med and rehab physician and Susan Salo, Group Health family practitioner visit after the early morning caucus meeting*



*Richard Hawkins, MD, WSMA Speaker of the House (left) chats with Dave Ross, KIRO Radio personality after his presentation to the House of Delegates at the opening session*



*L to R: Drs. Richard Hawkins, Lawrence A. Larson and Federico Cruz-Uribe discuss an issue after the Pierce County caucus breakfast meeting early Saturday morning*



*Susan Salo, MD and Larry Larson, DO find a few minutes to chat about the many issues discussed at the meeting*

“WSMA” from page 5

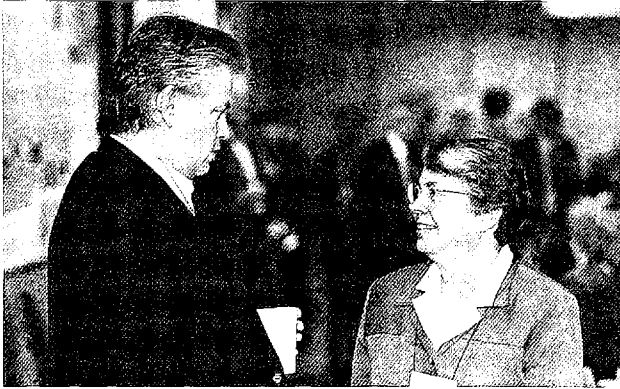
Ross told the House of Delegates that “it is your responsibility, as medical professionals, to work with your patients and the insurance companies in a professional manner to effect change.” Mr. Ross’ presentation was a welcome relief after the introduction of the CURE campaign that featured less than professional media clips that took “potshots” at insurance companies.

Other actions taken include further study of the Health Care 2000 initiative, which endorses a statewide, single sponsored health care system and approval of a study of system reform options, including advantages and disadvantages of different system models. The House opposed further health plan market consolidations, and supported legislation

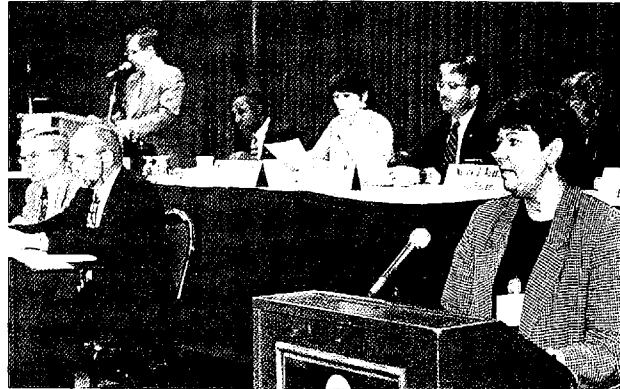
that would require health plans to have adequate physician networks in place prior to marketing to employers and patients.

**Dr. Peter Marsh’s** resolution is now WSMA policy and says that WSMA should direct that physicians be referred to by their professional title of either ‘physician’ or ‘doctor’ instead of the umbrella term “provider,” that is currently used for any number of professionals that provide a service to the public from message therapists to naturopaths. Kudos to Dr. Marsh!

If you would like a complete listing of all the actions of the House of Delegates at the recent WSMA Annual Meeting, please call the PCMS office, 572-3667 and a copy can be mailed or faxed to you.



*Jim Wilson, MD, PCMS Past-president visits with WSMA Past-president Nancy Purcell, MD, Renton gastroenterologist*



*At right, Dr. Patrice Stevenson, PCMS Secretary-Treasurer, served as chair of Reference Committee B; Dr. Richard Hawkins, Speaker of the House, is in the background, presiding*



*Dr. Charles Weatherby, PCMS President-elect, (center) and Peter Dunlap, Seattle anesthesiologist, receive media training from AMA’s media specialist, Pat Clark*



*Left to right, Drs. Charles Weatherby, Larry Larson, Ken Graham (hidden) Nick Rajacich, Patrice Stevenson and David Law visit during one of the breaks*

## New member reception welcomes colleagues

A new member reception held in September to welcome new PCMS members to the organization and to the medical community was a success. Many new members attended and were welcomed by PCMS leadership.

The event was held at North Tacoma Winesellers and was the first such event sponsored by PCMS. The early evening reception was well attended and provided an opportunity for new members to meet colleagues and visit with each other outside of the medical setting.

The event was hosted by Hoechst Marion Roussel.



*Steven Litsky, MD, physical medicine and rehab physician with his wife, Cynthia. Dr. Litsky practices in Tacoma*



*Family practitioners Drs. Steve Duncan, Puyallup, (center) and Charles Weatherby, Tacoma, visit with a Hoechst rep. Dr. Duncan sits on the MBI Board of Directors and Dr. Weatherby is President-elect of PCMS*



*From left, Richard Schroeder, MD, ob/gyn, his wife Kirsten, and Michael Moon, MD, anesthesiologist visit with colleagues. Dr. Schroeder practices at Multicare and Dr. Moon at Allenmore*



*From left, C. Anthony Kim, MD, general surgeon, his wife Kathy and Jeffrey Jacobs, MD, Tacoma pediatrician, enjoy getting to know colleagues*



*Left, Dr. Bisher Abdullah and his wife Hania, (center) with Miemie Yuwono, MD. Drs. Abdullah and Yuwono are both pediatricians*



## Applicants for Membership

### **Becker, Nicole R., MD**

#### **Pediatrics**

Practices at Pediatrics NW, 316 MLK Jr. Way, #212, Tacoma 98405; 403-1419  
 Medical School: University of Pennsylvania School of Medicine  
 Internship: Children's Hospital of Philadelphia  
 Residency: Children's Hospital of Philadelphia  
 Fellowship: University of Washington  
 Fellowship: Rush Children's Hospital

### **Blair, John M., Jr., MD**

#### **Orthopaedics**

Practices at 1515 MLK Jr. Way, Tacoma 98405; 572-2663 Ext. 230  
 Medical School: University of Chicago  
 Internship: University of California San Diego  
 Residency: University of California San Diego  
 Fellowship: University of Minnesota

### **Edgoose, Jennifer, MD**

#### **Family Medicine**

Practices at Community Health Care, 9112 Lakewood Dr SW, #203, Tacoma 98499; 589-7030  
 Medical School: Columbia University  
 Internship: University of Washington  
 Residency: University of Washington

### **Hoefle, Stephanie F., MD**

#### **Family Practice**

Practices at MultiCare, 225 176<sup>th</sup> St. S., Spanaway 98387; 552-4777  
 Medical School: Louisiana State Univ  
 Residency: Texas Tech University Health Science Center

### **Rynes, Richard I., MD**

#### **Rheumatology**

Practices at 4905 108<sup>th</sup> St. SW, Lakewood 98499  
 Medical School: University of Pennsylvania  
 Internship: University of Michigan  
 Residency: University of Michigan  
 Graduate Training: Harvard University School of Medicine

## New Members

### **Benjamin, G. Gordon, MD**

#### **Diagnostic Radiology**

Practices at Tacoma Radiology, 3402 S 18<sup>th</sup> St., Tacoma 98405; 383-1099  
 Medical School: Medical College of Wisconsin  
 Internship: Virginia Mason Hospital  
 Residency: University of Washington  
 Fellowship: University of Washington

### **Boutry, Donald A., MD**

#### **Ob/Gyn/Infertility**

Practices at 4700 Pt. Fosdick Dr. NW, #205, Gig Harbor 98335; 581-8684  
 Medical School: University of California-Irvine  
 Internship: Santa Clara Valley Med Center  
 Residency: Stanford Univ Med Center

### **Cowell, Pamela D., MD**

#### **Obstetrics/Gynecology**

Practices at Mt. Tahoma Gynecology, 4808 112<sup>th</sup> St. SW, Lakewood 98499; 582-5880  
 Medical School: Emory University School of Medicine  
 Internship: Grady Memorial Hospital  
 Residency: Emory University Affiliated Hospitals

### **Kihara, Todd K., MD**

#### **Vascular Surgery**

Practices at Cascade Vascular, 1802 S Yakima #204, Tacoma 98405; 383-3325  
 Medical School: University of Maryland  
 Internship: Geisinger Medical Center  
 Residency: Geisinger Medical Center  
 Fellowship: Hershey Medical Center

### **Kim, C Anthony., MD**

#### **General Surgery**

Practices at Meridian Surgical Services, 102-A 23<sup>rd</sup> Ave. SE, Puyallup 98372; 840-1999  
 Medical School: University of North Carolina School of Medicine  
 Internship: Emory University Hospitals  
 Residency: Emory University Hospitals  
 Fellowship: Emory University

### **Litsky, Steven H., MD**

#### **Physical Medicine & Rehab**

Practices at the Northwest Center for Integrative Medicine, 2702 S 42<sup>nd</sup> St., #310, Tacoma 98409; 472-7844  
 Medical School: Sackler School of Medicine, Tel Aviv University  
 Internship: Sinai Hospital, Wayne State University  
 Residency: Sinai Hospital, Wayne State University

### **Realica, Ross M., MD**

#### **Plastic Surgery**

Practices at Pacific Northwest Plastic Surgery, 1530 S Union, North Pavilion, Tacoma 98405  
 Medical School: Univ of the Philippines  
 Internship: Boston Univ Med Center  
 Residency: St. Elizabeth's Med Center  
 Fellowship: Medical College of Georgia

### **Takagi, Brian K., MD**

#### **Ophthalmology**

Practices at Valley Eye Clinic, 2622 Meridian St. S., Puyallup 98373; 848-3545  
 Medical School: University of Pittsburgh School of Medicine  
 Internship: Cleveland Clinic Foundation  
 Residency: Cleveland Clinic Foundation  
 Fellowship: Mason Eye Institute, University of Missouri

### **Wyman, James J., MD**

#### **Orthopaedic Surgery**

Practices at Tacoma Orthopaedic Surgeons, 2420 S Union, #300, Tacoma 98405; 756-0888  
 Medical School: University of Medicine & Dentistry of New Jersey  
 Internship: Univ of California at Davis  
 Residency: Rhode Island Hospital  
 Fellowship: Rhode Island Hospital



## PCMS supports positive TB test reporting

The Pierce County Medical Society Board of Trustees recently agreed to support a regulation that would ask physicians to report cases of TB infection to the Health Department.

The Health Department is currently required by law to maintain a register of individuals for whom preventive therapy is being prescribed. But, as all clinical services for TB screening and prevention are being delivered in the private sector, it has become difficult to gather the information that assures that all appropriate disease control measures are in place.

A health regulation which will require private medical providers, hospitals and clinics to report to the Health Department positive TB skin tests and for pharmacists to report the dispensing of preventive medications would allow the Department to collect information about individuals in the community who are screened and treated for TB latent infection.

**Dr. Federico Cruz-Uribe** explained to the Board of Trustees at their October meeting that they are successful working with patients that visit the health centers but they are missing an unknown number tested in the private community. The Board of Trustees voted unanimously to support the Health Department's efforts.

## The Health Status of Pierce County

### Tacoma Pierce County Health Department updates Website

With the goal of preventing public health problems, the Tacoma-Pierce County Health Department (TPCHD) looks for as many mechanisms as possible for keeping people informed. One of our newest attempts is an upgrade of our website. Originally focusing on tobacco prevention, the website offers practitioners and the general public lots of information.

To get to the TPCHD home page, enter [www.healthdept.co.pierce.wa.us](http://www.healthdept.co.pierce.wa.us) into the address line of your internet main page. You'll see a "table of contents" on the left side of the TPCHD home page, which you can click on with your mouse to move to areas of interest. Here's a quick list to pique your curiosity:

**Communicable Disease Control.** This section has several subsections, of particular use to the practitioner. "Reportable Diseases" lists all the diseases that medical providers are expected to report to the health department. "Communicable Diseases" contains the monthly statistics of reported cases in Pierce County of the diseases caused by E. Coli or salmonella, illnesses carried by food or water, sexually transmitted diseases (including HIV), tuberculosis, measles and other diseases avoidable if immunized, hepatitis, and other diseases in the county.

The section on Medical Provider information includes health alerts if there are any recent outbreaks to be aware of and a monthly newsletter with useful information, such as the latest news related to immunization, and symptoms and new treatments of diseases.

There is also a list of Continuing Medical Education opportunities for physicians and their staff

**Source Protection.** This part of the website is devoted to preventing

problems in and from the larger environment. The section on Safe Shellfish contains a guide for safe harvesting of shellfish and information to prevent paralytic shellfish poisoning. The section on Household Hazardous Wastes provides a lot of information about toxic materials in the home. A particularly useful piece for people with chemical sensitivities is a list of Less Toxic Alternatives for Cleaning.

**Food and Community Safety.** This part of the website concentrates on information and resources for preventing illnesses due to poor techniques in storing and cooking foods. There is also a list of smoke-free restaurants in Pierce County.

A fun section for kids teaches them how to wash their hands and why that's important. Feel free to copy the pictures of germs for young patients to color or the maze for them to complete. As they play, they also learn a very important way to prevent the spread of diseases.

On the home page is a list of new topics and timely resources. Right now there's a link to information on preventing head lice and treating individuals with lice, for example. This information may be helpful to your patients.

This article is only a partial listing of all the resources available through the TPCHD website. We are continually updating the information so that you and your patients will have the most up-to-date and valuable information possible. You can add your e-mail address to our list of "subscribers" (look for the button near the bottom of the home page) to get health alerts and other news as soon as we get it. If you have ideas about other information you'd like to see on the website, please send an e-mail to our "Webster" using the link at the bottom of the home page.

# Administration of oral medication at school creates confusion

Health care providers, other than physicians and dentists, may prescribe medications for school children, but only school nurses are legally allowed to administer the medication at school. They are not permitted to delegate the responsibility to an unlicensed school staff member. However, they may delegate the responsibility of administering the medication to an unlicensed school staff member if the order is from a physician (MD or DO) or a dentist.

RCW 28A.210.160, Public and private schools-Administration of Oral Medications by - Conditions, says, "Public school districts and private schools which conduct any of grades K-12 may provide for the administration of oral medication of any nature to students who are in the custody of the school district or school at the time of administration but are not required to do so by this section, subject to the following

conditions: (4) "The public school district or the private school is in receipt of (a) written, current and unexpired request from a licensed physician or dentist for administration of the medication, as there exists a valid health reason which makes administration of such medication advisable during the hours when school is in session or the hours in which the student is under the supervision of school officials, and (b) written, current and unexpired instructions from such physician or dentist regarding the administration of prescribed medication to students who require medication for more than 15 consecutive working days."

The nurse practice act requires nurses to execute the medical regimen as prescribed by health professionals, including physicians and dentists. The law relating to nursing care lists the following health professionals as those that

an RN may provide care at or under the general direction of : licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner (ARNP) acting within the scope of his or her license. Licensed practical nurses are required to carry out selected aspects of the designated nursing regimen under the direction and supervision of a registered nurse in addition to the above-listed health professionals.

Thus, nurses (RN,LPN) may accept and carry out orders for oral medications from health professionals with prescriptive authority operating within their scope of practice, but they can delegate the administration of oral medications to non-nurse school staff only on written requests from physicians and dentists.

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## Special Feature

## Kris White: WSMA Alliance President

*Promoting a Positive Image of Physicians and Their Spouses*

"I think there is a serious misconception out in the community about what physicians do," says **Kris White**, president of the WSMAA, active PCMSA member and wife of **Dr. Matthew White**, a Lakewood family physician. "The popular notion is that physicians are 'full of themselves.'" Through the projects of the Alliance, she and other members want to show communities that medical families care.

"Our role is to promote a positive image of physicians and their spouses by giving back to the community," she explains. "Through our involvement, we can show people that physicians are not in the profession only to earn a lifestyle. Our involvement can generate tremendous positive publicity throughout Pierce County."

Her past involvement with PCMSA and her current leadership role at the state level have done just that. But her decision to be involved was not predicated on needing something to keep her busy. "I don't have any more spare time than anyone else," Kris said. "But I'm a good example of someone with a full life who can still be involved. I have numerous interests and am well educated. I have worked in my husband's medical practice and have firsthand knowledge of what physicians do."

Her agenda as WSMAA president is full, to say the least. During her yearlong tenure, Kris travels to Chicago three times, for an annual meeting and two leadership training conferences. In Washington state, she attends four board meetings and an annual meeting, as well as retreats and monthly meetings with the WSMA

Executive Committee. She also visits active counties. There is a great deal of administrative work that comes with the job, she notes, and is grateful that WSMA provides secretarial support.

Is her state leadership role a stepping stone to the national level? "Perhaps later," she says. "What I most enjoy is being in the community and working on projects in Pierce County," Kris says. "It's very rewarding and I'd like to help mentor others to step forward into leadership roles."

Kris praises the PCMSA for its involvement on the local level, particularly its role in placing 'Baby Think It Over' dolls in schools. The lifelike, computerized infant simulators, the actual size of infants, are teacher programmed and sent home overnight with students to give them a very realistic idea of what caring for a baby is like.

She also points to the accomplishments of other county Alliances. "Wonderful examples are being set throughout the state," she says. In Spokane, for example, Alliance members built a Habitat for Humanity house. The Thurston-Mason County Alliance conducted a childhood immunization program. "If one person or a group has a good idea, it's fine to copy it," Kris says. "I'd like to see our county rise to the challenge and take on a giant project, as in building a Habitat home or funding a new shelter for domestic violence victims."

Kris is one of a line of PCMSA past presidents who have gone on to head the WSMAA - **Sharon Ann Lawson, Suzy Duffy and Helen**



*Kris White  
PCMSA President, 1999-2000*

## WSMAA...

*From 1931 to Today*

*The WSMA Alliance (once known as the Auxiliary), has been in existence since 1931 when Dr. A. E. Anderson, WSMA president, presented a resolution to the 42nd annual meeting of their House of Delegates asking for the formation of a "Women's Auxiliary" to the Association. The resolution passed unanimously, and by February 1932, 12 counties were organized. By September, Alma Whiteacre, wife of Dr. Horace Whiteacre, then president of WSMA, became the first state president.*

*Much has changed over the years. At present, the Alliance is organized in six active counties. As phrased in the WSMA Alliance website, "It really does not take a lot of people to hold fund-raising events, promote health projects and have a good time." The organization is no longer a women's group and is actively seeking membership from men married to physicians.*

See "White" page 12

“White” from page 11

Whitney have also held the position. Her involvement at the state level came about because of her interest in health issues. Specifically, Kris explains that one ‘dream health project’ would be to develop a series of Public Service Television Announcements related to the AMAA’s national project – Stop America’s Violence Everywhere (SAVE). “There are numerous materials and background information available, specifically in regards to conflict resolution for children. Participating in the national project at a state level would be very beneficial,” she says.

Kris White brings to her position as WSMAA president an extensive and well rounded background. She has a bachelor’s and master’s in geography, geology and science education from Washington State University and University of Washington. Kris gained extensive teaching experience in science and math, grade five - college. In addition to her involvement with PCMSA and WSMAA, she has also been actively involved in domestic violence issues, both as a member of the Pierce County Commission Against Domestic Violence and WSMA PACE Violence Advisory group. Her interest in domestic violence stems from her relationship with a good friend and fellow teacher who was involved in an abusive marriage. “I vowed then to do something significant if I ever had the chance.” She has since worked to pass domestic violence legislation and helped develop guidelines for physician intervention when abuse is suspected. “It’s a difficult task,” she notes. “Domestic violence is still an issue we don’t want to talk about. It brings with it a great deal of denial and embarrassment”

While her plate is full with WSMAA responsibilities, it’s not all business with Kris White. She prides herself on having a variety of interests. In addition to her Alliance

commitments and working in her husband’s office, Kris enjoys skiing, hiking, fishing, photography, gourmet cooking and gardening. A lover of the outdoors, Kris has made several ascents of Mt. Rainier and worked for the National Park Service as a seasonal naturalist at Mt. Rainier and Grand Teton National Parks. She hopes to combine her interest in photography, writing and the outdoors to do some freelance work for regional travel magazines. She plays clarinet in local concert bands, having played with other medically related clarinetists – **Drs. Ray Pliskow and Leslie Fox.** Kris is also a member of the Washington State University Cougar Alumni

Marching Band.

Kris acknowledges that it’s difficult for people to take on more responsibility in their lives, but encourages Alliance members to find the time to give back to the community. “Look at the activities and causes you’re involved in right now, then take one month off. Call Yolanda Bruce (PCMSA President) and find out what you can do for the Alliance. It’s important for us to be out in the community,” Kris says, adding that Alliance involvement also brings added benefits. “There are a lot of great social and recreational opportunities,” she notes. “The spouses are missing out on a lot of satisfaction...and fun!”

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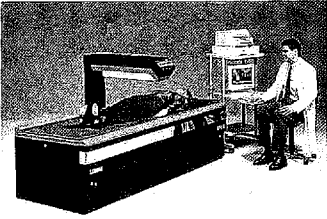
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## The Invisible Hand...

by Andrew Statson, MD

# "Uncertainty in Academia"

A breeze of fresh air is blowing through the academic world. The change is noticeable in the attitude of the speakers at our meetings. It has become obvious within the past two years.

One of my attendings used to say: "If you haven't had a complication, it's because you haven't



Andrew N. Statson, MD

done enough cases." Before CME became big business, speakers at a meeting would present their series of 60 or 80 patients and conclude by saying: "We had no complications in our series. So, if you did things our way, you should have no complications." The thinly veiled implication was that if we had a complication, it was because we did not do things their way. There still are a few speakers like that, but now they tend to cover up their position with the legal implications of not doing as they recommend.

As CME became a requirement for license renewal and the speaker circuit developed, the academics had to meet their peers from other institutions across the country and across the world. They discovered that there is more than one way of doing things. The standard line they adopted when expressing an opinion became "my bias is to do this."

It is only recently that speakers have changed their tune to a better one. At the meetings I have attended the past two years, most speakers said: "Don't take my word for it. Here are the studies, these are their strengths

and weaknesses as I see them. Look at them and make your own decision." Some went further by saying that the patient population in private practice is not the same as that at the university clinics, on which the studies have been done, and their conclusions do not necessarily apply to all patients. The management decision should depend on the individual situation and on the specific risk factors of every patient. "Use your judgment," they said.

This new trend is very significant for the private practice of medicine. It is partly due to the recent stress on evidence based practice. There is

intended for others. They discovered that this system was not such a good idea. The straitjacket they had prepared for the private practitioners was now wrapped around them as well.

I don't know how many of our professors have realized that academic freedom and practice freedom are two adjacent facets on the multifaceted diamond of freedom. I don't know how many of them realize that marring any one of these facets dims the sparkle of every other one and dulls the brightness of the entire gem. Freedom is indivisible. We cannot

---

*"While the insurance companies are busy curtailing the freedom of patients and physicians in their frantic effort to cut costs, other forces at large are gradually eroding the freedom of the insurance companies themselves through government mandates. When bullying is the game, there is always a bigger bully around."*

---

another reason for it as well. In the past our professors had no reluctance to issue management protocols. They felt that, since they wrote them, they could change them at any time, and were not bound by them. The protocols were for the local doctors, those outside the ivory towers.

Managed care changed that. The insurance companies picked up the things they liked from the various protocols and wrote their own guidelines. They also had the power to enforce them, since they held the purse. The professors suddenly found themselves bound by the rules they

deny it to some and expect that no-one else will be affected.

This applies to insurance companies as well. During the past several years they have spent an inordinate amount of effort to establish controls over patients and physicians, to restrict patient access to care and our ability to provide it. In this effort they were helped by our professors, who designed the algorithms, wrote the guidelines, and established the parameters of medical practice. But medicine does not stand still. The insurance companies hoped that the

See "Academia" page 14

## "Academia" from page 13

protocols, once written, would be valid for a long time, if not forever. Yet they were obsolete almost as soon as they were published.

Several years ago the state of Maine enacted a new malpractice law. It provided that a physician who followed an established protocol could present it in his defense and would not be liable for malpractice. The interim report on the effect of this law for the first five years came out recently. During this time in only one case did a defendant invoke this law. The original protocols have never been updated. The malpractice insurers have discouraged their physicians from relying on this law for their defense. The interim commission concluded that the law had not achieved what it set out to accom-

plish.

The professors, for their part, thought that their algorithms would help the practice of medicine. However, as new things are discovered, as experience is gained, the algorithms become outdated and a hindrance, rather than a help. They need such frequent revisions that it becomes difficult at any one time to know which is the latest version and which one is obsolete. We are swamped with bulletins from various agencies and companies with their latest rules and requirements, replacing the ones they issued just a few months ago. How is it humanly possible to keep up with all that, and with the medical literature as well?

While the insurance companies are busy curtailing the freedom of

patients and physicians in their frantic effort to cut costs, other forces at large are gradually eroding the freedom of the insurance companies themselves through government mandates. When bullying is the game, there is always a bigger bully around. Then, when the biggest bully gets too big, what happens is the disintegration of the social structure, so brightly illustrated by the events in the Soviet Union.

I suspect the change in academia reflects the realization by our professors that uncertainty is part of the practice of medicine. I also hope that this realization will be broad enough to affect the entire academic community. If so, the future of medicine and of our health care system will be much brighter.

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# The Pulse

# PCMS Alliance

## President's Message

Thanks to **Mona Baghdadi, Nikki Crowley, Judy Donley, Sonya Hawkins, Ginnie Miller, Fran Thomas, Helen Whitney and Alice Yeh** for attending the September meeting and to those of you that attended the October meeting as well. We have many projects in the works, including Violence issues, philanthropy decision, the December Annual Meeting, and of course, our biggest fund raiser of all, the Holiday Sharing Card. We are also seeking additional funding from the WSMAA Health Foundation for our Baby Think It Over Dolls.

After our September meeting May Chen presented a Chinese Tea Ceremony which was fun.

Remember, mark your calendar for the PCMS/PCMSA Annual Meeting that will be held on Tuesday, December 14 at the Sheraton Tacoma Hotel.

## Entertainment Books 2000 available now

This year's book is the best ever featuring many great new offers in all areas. Check out some of the HOT new offers: Tacoma Bar & Grill, Altezzo at the Sheraton, Balsano's West, Clifford's Bistro, The Shoreline, Salish Lodge, Benihana, Seattle Supersonics, Planet Hollywood and TONSMORE...

We are also pleased to again offer some of your favorite merchants such as Johnny's Dock, Genoa's, Captain K's, Mary McCrank's, Mama Stortini's, Space Needle, Seattle Mariners, Tacoma Rainiers, Victoria Clipper and much more.

Call **Fran Thomas at 265-2774**. Cost is \$35 for the SouthSound edition and \$40 for the Seattle edition.

## October Board Report

The October Board meeting was held at the PCMS office on October 12. Attending the meeting were **Yolanda Bruce (President), Alice Yeh, Fran Thomas, Mona Baghdadi, Kathleen Smith, Helen Whitney, Nikki Crowley and Kris White**.

The Board approved funds to purchase a vinyl banner and t-shirts with SAVE logos (STOP AMERICA'S VIOLENCE EVERYWHERE). They will be used at functions where PCMSA members are representing the Pierce County medical community.

Philanthropy requests were presented for discussion and were prioritized. The final list will be published next month.

Raffle items for the PCMS/PCMSA Annual Meeting were discussed and it was decided that two baskets will be made this year, one featuring food items and the other non-food items.

The main agenda item for the meeting was the preparation of the Holiday Sharing Card solicitation mailing.


## Personal Problems of Physicians

*Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?*

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# Internet Humor - Health Insurance Questions

**Q:** What does HMO stand for?

**A:** This is actually a variation of the phrase, "Hey, Moe!" Its roots go back to the concept pioneered by Dr. Moe Howard, who discovered that a patient could be made to forget about the pain in his foot if he was poked hard enough in the eyes. Modern practice replaces the finger poke with hi-tech equivalents such as voice mail and referral slips, but the result remains the same.

**Q:** Do all diagnostic procedures require pre-certification?

**A:** No. Only those you need.

**Q:** I just joined a new HMO. How difficult will it be to choose the doctor I want?

**A:** Just slightly more difficult than choosing your parents. Your insurer will provide you with a book listing all the doctors who were participating in the plan at the time the information was gathered. These doctors will fall into two basic categories: those who are no longer accepting new patients and those who will see you but are no longer part of the plan. But don't worry...the remaining doctor who is still in the plan and accepting new patients has an office just half a day's drive away.

**Q:** What are pre-existing conditions?

**A:** This is a phrase used by the grammatically challenged when they want to talk about existing conditions. Unfortunately, we seem to be pre-stuck with it.

**Q:** Well, can I get coverage for my pre-existing conditions?

**A:** Certainly, as long as they don't require any treatment.

**Q:** What happens if I want to try alternative forms of medicine?

**A:** You'll need to find alternative forms of payment.

**Q:** I have an 80/20 plan with a \$200 deductible and a \$2,000 yearly cap. My insurer reimbursed the doctor for my outpatient surgery but I'd already paid the bill. What should I do?

**A:** You have two choices: your doctor can sign the reimbursement check over to you or you can ask him to invest the money for you in one of

See "humor" page 18

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# COLLEGE OF MEDICAL EDUCATION

## Condo reservation deadline is December 1

Reservations for the College's block of condos, once again all in the Aspens, are available. Reservations can be made by calling (800) 777-0185. You must identify yourself as part of the College of Medical Education to receive the negotiated reduced rates. THE COLLEGE'S BLOCK OF ROOMS WILL BE RELEASED AFTER DECEMBER 1, 1999.

For more information, call the College at 627-7137.

## Hawaii Hotel/Air reservations urged

Although the dates for the College's CME at Hawaii program are six months away, it's not too early to make necessary LOGISTICAL arrangements including reservations for the hotel, flights and registration for the conference.

If you are planning to attend the conference, set for April 9-15 on the Big Island, we suggest you call the Hapuna Beach Hotel at (800) 882-6060 AND Marilyn at Olympus Travel for flight arrangements at 565-1213.

## Continuing Medical Education

# Medicine and Mental Health Conference set December 3

A CME program focusing on the diagnosis, treatment and management of mental health complaints faced in the primary care and internal medicine practice is set for Friday, December 3.

The complimentary program, directed by **Drs. David Law** and **Mark Craddock**, offers 6 category I CME credits. Topics include:

- Estrogen Deprivation & It's Impact on Cognitive Function

- Dementia with Psychosis
- Treatment Resistant Depression
- Sleep Disorders
- Adult ADD
- Anxiety & Panic
- Addressing the Addictive Patient
- Geriatric Depression

A program brochure was mailed in late October. For additional information, please call 627-7137.

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, December 3	Medicine & Mental Health	David Law, MD
Friday, January 21	Cardiology for Primary Care	Gregg Ostergren, DO
Wednesday - Sunday February 2-6	CME @ Whistler	Richard Tobin, MD
Friday, February, 11	Advances in Women's Medicine	John Lenihan, Jr., MD
Thursday-Friday March 9 & 10	Internal Medicine Review 2000	Robert Corliss, MD
Monday - Friday April 10-14	CME @ Hawaii	Mark Craddock, MD
Saturday, April 29	Surgery Update 2000	Virginia Stowell, MD
Friday, May 5	Asthma, Allergy & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 2	Nuts, Bolts & Innovation: Gastrointestinal Disease V	Gary Taubman, MD Richard Tobin, MD

“Humor” from page 16

those great offers that only doctors and dentists hear about, like windmill farms and frog hatcheries.

**Q:** What accounts for the largest portion of health care costs?

**A:** Doctors trying to recoup their investment losses.

**Q:** What should I do if I get sick while traveling?

**A:** Try sitting in a different part of the bus.

**Q:** No, I mean what if I'm away from home and I get sick?

**A:** You really shouldn't do that. You'll have a hard time seeing your primary care physician. It's best to wait until you return then get sick.

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**Deborah Kristovich**  
MPT, ATC

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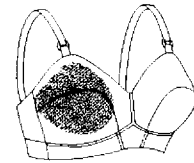
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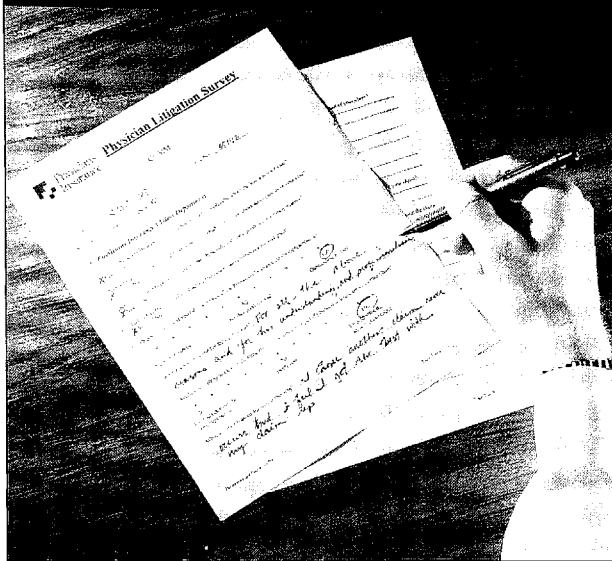
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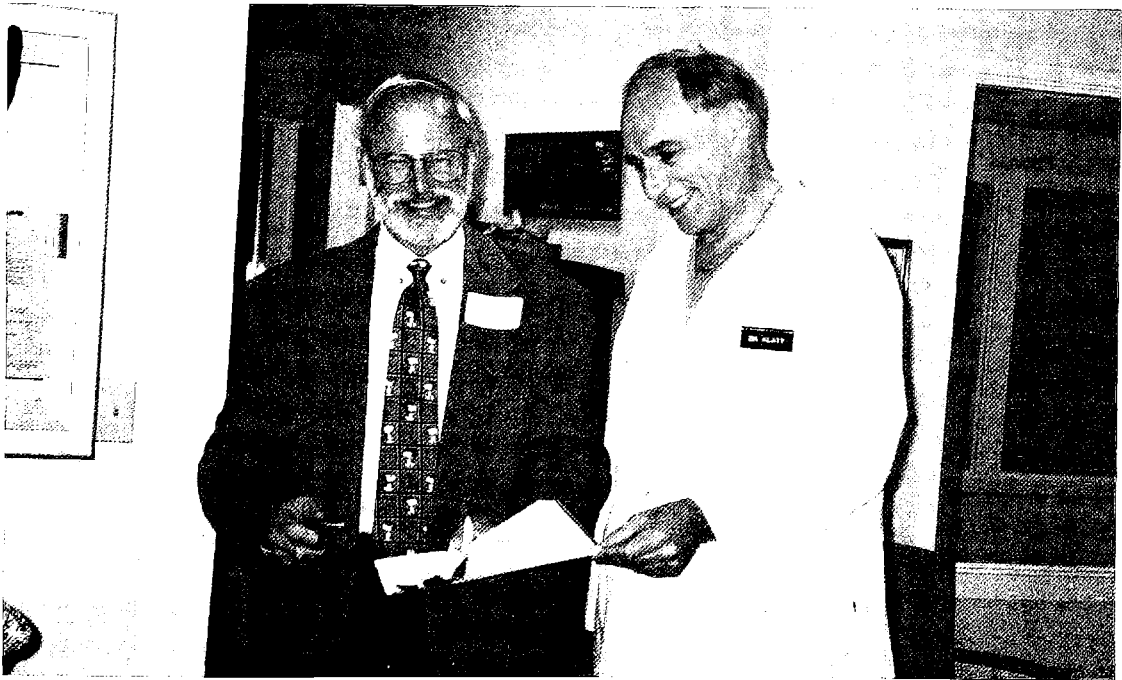
# BULLETIN

Pierce County Medical Society



December, 1999

## PCMS Celebrates - No More Mortgage



Drs. Joe Wearn (left) and Gordon Klatt watch the paper burn at the PCMS Mortgage Burning Party. Dr. Klatt was president and Dr. Wearn was secretary-treasurer in 1990 when the building was purchased by MBI, the PCMS for-profit subsidiary

More pictures and story, page 7

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- 13 "End of the Year Perspective," by Federico Cruz-Uribe, MD

# Pierce County Medical Society

# BULLETIN


**PCMS Officers/Trustees:**

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**Medical-Legal**, Pat Donley; **Membership Benefits,  
 Inc.**, Drew Deutsch; **Personal Problems Of  
 Physicians**, Robert Sands; **Public Health/School  
 Health**, Joseph Wearn; **Sports Medicine**, John  
 Jiganti.

The **Bulletin** is published monthly 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 15th of the month preceding publication (i.e. October 15 for the November 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.

**Editor:** David S. Hopkins MD

**Managing Editor:** Douglas Jackman

**Editorial Committee:** MBI Board of Directors

**Advertising Representative:** Tanya McClain  
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Make all checks payable to: **MBI**  
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 Home Page: <http://www.pcmswa.org>



December  
 1999

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## President's Page

by Lawrence A. Larson, D.O.

### PCY2KMS

Do we need a Y2K fix for medicine in Pierce County? What is needed to make the practice of medicine compliant with the demands of the new millennium, and how do we identify those demands?

The physicians and hospitals of Pierce County can be proud of our excellent health care. However, there are signs that problems await us in the near term. Marketplace forces, big business, insurance companies, government and the legal system all present formidable obstacles to quality medical care.

I know that 500,000 uninsured people in the state of Washington is a significant problem that will need to be remedied. When citizens of our county and state no longer have access to affordable medical insurance then our whole care system is in a precarious position. There are no simple solutions to this health care crisis, but an alliance with our patients would go a long way to finding workable solutions. The new WSMA CURE program may help form an effective platform to identify the issues and create a positive force for remedies.

In Pierce County we are fortunate to have an active and effective Medical Society. We have an excellent and tireless administrative staff that is focusing on our issues. As physicians we need to help the PCMS identify where its energies should be placed. This year we have supported regional trauma care, end-of-life issues, public health issues, community health clinics, immunizations, quality of care, communication links to insurance plans, legislative reform, tuberculosis reporting, L&I reform, management of anaphylaxis in schools, communication with our local press, and quality practice vehicles. We do this work with mainly volunteer energy from the Medical Society membership. This is your body of work for 1999 and one of which we can be proud. The system of committees and boards, CME and MBI does work. We enjoy our largest membership in the past decade because we have been and are effective at improving medicine for Pierce County.

As I end this year as President of PCMS I want to thank all of the membership and staff for your dedication and hard work. Yes, Y2K is upon us but we have the right organization in PCMS to support excellence in health care in the new millennium. ■



Lawrence A. Larson, D.O.  
President, 1999



# Applicants for Membership

**Kierney, Philip C., MD**  
**Plastic & Reconstructive Surgery**  
 Practices at 1708 S Yakima, Tacoma  
 98405; 404-1165  
 Medical School: UCLA  
 Internship: Mayo Clinic  
 Residency: Mayo Clinic  
 Fellowship: University of South Florida

**Kwon, Peter S., MD**  
**Neurology**  
 Practices at 1322 3<sup>rd</sup> St. SE, #220,  
 Puyallup 98372; 848-9695  
 Medical School: Univ of Minnesota  
 Internship: St. Joseph Mercy Hospital  
 Residency: University of Michigan  
 Fellowship: Duke University

**Macbeth, Laura C., MD**  
**Pediatrics**  
 Practices at Pediatrics Northwest, 4700  
 Pt. Fosdick Dr NW, #103, Gig Harbor  
 98335; 851-5665  
 Medical School: New York University  
 School of Medicine  
 Internship: University of Washington  
 Residency: University of Washington/  
 Children's Hospital

**Sorum, Randy D., MD**  
**Radiation/Oncology**  
 Practices at Tacoma/Valley Radiation  
 Oncology Center, 1318 3<sup>rd</sup> St. SE,  
 Puyallup 98372; 841-4311  
 Medical School: Univ of South Dakota  
 Internship: University of South Dakota  
 Residency: St. Mary's Integrated  
 Radiation Oncology Program

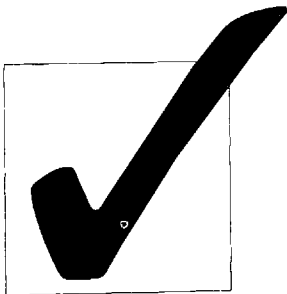
## FOUND: Raincoat

A raincoat was left at the  
**Landmark Convention  
 Center** after the  
**November 9th general  
 membership meeting.**

The coat is a **London Fog,**  
 long raincoat, dark green  
 in color.

If you lost your raincoat  
 after the meeting, please  
 call **Pierce County  
 Medical Society, 572-3667.**

# Did You Remember?



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# The News Tribune Editors offer collaboration with PCMS

Over 100 people attended the November 9 General Membership meeting eager to hear opinions of Tacoma's major newspaper's senior editorial staff. Representing *The News Tribune* were David Zeeck, David Seago and Patrick O'Callahan; Executive Editor, Editorial Page Editor and Chief Editorial Writer respectively. And, as one would expect, all well spoken and professional, and surprisingly honest.

They were explicit in their distinction between editorials and news, noting that editorials are biased because they are merely "opinions." "We receive about one complaint per month regarding this issue," noted Seago. People tend to forget that the editorial page is not "news."

Each defined their distinct role. Seago has editorial responsibility for two pages daily and four on Sunday while Zeeck is responsible for the news content. O'Callahan writes editorials, but, "I don't write all the editorials," he quickly noted. He was previously a medical reporter and remains intensely interested in medicine and its role in society. "I follow the profession and their concerns," he added.

The routine is a ten a.m. meeting every morning and the job is to argue. They review local and national news and issues. They look for support and information from both sides, with an eye to what is good for the community. "It is a challenging, exciting job, noted Seago, but what is good for the community is what drives our opinions."

Patrick O'Callahan said that he sees two problems for the medical community. People who have HMOs and people who don't have HMOs. "Medical care needs to be defined," he

said. "Is health care a commodity, a human right, an entitlement or a public good? Until we can define what medical care is we don't know what model to follow."

When asked about current local issues such as trauma care and Initiative 695, responses were forthcoming. "It is troubling that trauma care for Pierce County has taken as long as it has, but medicine has internal politics just as any profession," responded O'Callahan. Seago added, "There are smart, credible people who disagree about trauma, so it is hard to know who is right." He added that he believes the new trauma director will be a real asset for the system and if it works for two years he promised to help with



Right, David Zeeck, Executive Editor, talks with Dr. Ron Morris after the meeting. He welcomes input from the medical community



David Seago, Editorial Page Editor (left) visits with attendees after the meeting. "We try not to be in an ivory tower," he said



Left, Patrick O'Callahan, Editorial Writer, thinks before responding to a question. Technology and inflation have vexed policy makers for a long time, he believes

See "TNT" page 6

“TNT” from page 5

publicity for permanent funding.

On the 695 issue they felt the trend of the public is one of anger and frustration. “The government has an angry constituency,” noted Seago. The wave of anger could be encompassed by stadiums, the Narrows Bridge, property taxes, etc., with Initiative 695 giving voters a perfect avenue to let lawmakers know how fed up they are.

Moving on to direct questions about bad publicity for medicine, including a recent article questioning the safety of childhood vaccinations, Zeek apologized. “That has to be the dumbest article we have ever run,” he said, adding, “you should have read it before it was edited.” He admitted that the article was a “big mistake” and the editors do recognize

that when people read the newspaper they assume the information is mainstream. O’Callahan expressed his concern that the American public is less literate scientifically than they used to be and ignorance is more pervasive and the demand for credibility has been lifted.

In closing, the guests expressed their interest and willingness to work with the medical community and their desire to be more proactive and less reactive. Suggestions for collaborative efforts included guest columnists, op-ed articles, an evening forum on health care, as well as the invitation for any PCMS member to call the editors directly and express their ideas or concerns. ■



*Puyallup physicians Drs. Ron Morris, family practitioner, (left) and Jonathan Hurst, gastroenterologist*



*From left, Dr. David Bales, Gig Harbor internist, with Dr. Jack Hill, recently retired cardiologist and his wife, Judy*



*Left, Dr. Jim Early, retired Lakewood internist talks with Editorial Page Editor David Seago after the meeting*



*Left to right, CHC physicians Drs. John Gray and Asuquo Esuabana visit with a colleague after the meeting*

# Mortgage burning party a happy event for PCMS

In 1990, with PCMS facing a rental increase for office space that would cost \$150,000 over five years, the search began for an office building to purchase. As luck would have it, an ideal spot was found that could provide space for PCMS and their two subsidiaries, Membership Benefits, Inc. (MBI) and the College of Medical Education, as well as additional offices that could provide rental income for the Society.

On October 28, over 40 members attended a celebration in honor of PCMS now owning the building. In just nine years, MBI has satisfied the mortgage.

**Dr. Gordon Klatt** was PCMS President and **Dr. Joe Wearn** Secretary-Treasurer when the Board of Trustees voted to invest in the real estate venture. It has been a good decision. The building will now serve as a source of non-dues revenue from rents paid by tenants. Current tenants include the Pierce County Dental Society, Pierce County Nurses Association, American Lung Association of Washington, SW Washington Trauma Services and Chase Economics.

The building has been recently remodeled including new paint inside and out, new carpeting, lights and a heating/air conditioning system. Located on Tacoma Avenue South, just one block east of Wright Park, it offers close proximity to both Tacoma General and St. Joseph Hospitals. There is a conference room that will accommodate about 15 people. Many smaller meetings are held at the office including the Immunization and Hospice Task Forces, MBI Board, and Grievance, EMS, L&I and Medical-Legal Committees. ■



*From left, Dr. Peter Marsh, his wife Susan, Drs. Mian Anwar, Stephen Duncan and David Dye watch the paper burn*



*From left, Drs. George Tanbara, Dick Bowe and Tom Miskovsky along with Dr. Doris Page (front row) helped celebrate the happy occasion for PCMS*



*PCMS President, Dr. Larry Larson, visits with Mrs. Lorna Burt, wife of retired member Dr. Robert Burt*



*Drs. Mian Anwar (center) and his wife Patty, visit with Dr. Tom Miskovsky while Drs. Ron Anderson (left) and George Tanbara visit in the background*

# Patient information internet resources

For patients who want to find health information, there are many options. The National Network of Libraries of Medicine offers the following advice/options:

**The World Wide Web** gives access to a wealth of health information. But, check the source! Who put that information on the web? Non-profit health agencies and universities often have excellent web sites. Be aware of the many advertisements on the web. Many reputable sites are listed below.

**Your public librarian** does have access to important indexes and lists of health materials and can borrow from a medical library. Usually the information can be acquired without charge.

Hospital and clinic libraries serving consumers are becoming more numerous. Hospital librarians are specialists in finding the best health information. Call ahead to find out about hours and charges.

**www.nlm.nih.gov/pnr/dir/reports/consumers.html**

Consumer health information services are often offered by medical school libraries and large hospital libraries. Librarians specializing in health information can find exactly what you want, copy and send you a complete packet of information. Such services cost more but may well be worth it. One example is Health Information for You:

**www.hslib.washington.edu/hsl/hify/**

Other online options include:

## **MEDLINEplus:**

**www.nlm.nih.gov/medlineplus**

The National Library of Medicine's selected resource for information that will help you research your health questions

## **MEDLINE:**

**www.nlm.nih.gov/databases/freemedl**

**www.ncbi.nlm.nih.gov/PubMed/**

## **www.igm.nlm.nih.gov**

The world's most extensive bibliography of published medical information. Free access to the National Library of Medicine via PubMed and Internet Grateful Med

## **healthfinder:**

**www.healthfinder.gov**

Federal government's links to dependable consumer health information

## **CHID Online:**

**www.chid.nih.gov**

Combined Health Information Database, sponsored by health related agencies of the federal government

## **NIH Health Information Page:**

**www.nih.gov/health**

Provides access to consumer health information of the National Institutes of Health

## **drkoop.com:**

**www.drkoop.com**

An Internet based consumer healthcare company founded in part by the former Surgeon General C. Everett Koop. It's stated purpose is to "empower consumers to become active, well informed participants to better manage their health". There is information for people of all ages, from news, health and wellness, disease topics and more.

## **Health Web:**

**www.healthweb.org**

Easy to use health specialty categories. Maintained by medical school libraries in the Greater Midwest region of the National Network of Libraries of Medicine

## **Netwellness:**

**www.netwellness.com**

Web-based consumer health information service developed by the Univer-

sity of Cincinnati Medical Center with more than 40 partners, including the medical centers at Case Western Reserve University, Ohio State University and Ohio's libraries. They have all collaborated to provide current and accurate health information. Try "Ask the Expert"!

## **American Medical Association's Health Insight Page:**

**www.ama-assn.org/consumer**

Designed by the AMA to provide online health information and to be patient friendly. It includes links to a "Doctor Finder" and a "Hospital Finder"

## **Cancer.net:**

**www.cancer.net.nci.nih.gov**

Provides information on cancer, and cancer physicians and counselors. From the National Cancer Institute.

## **CDC, the Centers for Disease Control:**

**www.cdc.gov**

**www.cdc.gov/nip**

**www.cdc.gov/travelers**

Has answers to frequently asked questions about childhood immunizations, international traveling, disease outbreaks, recommended immunizations, etc. as well as myriad other resources for the public.

## **The Agency for Health Care Policy and Research:**

**www.ahcpr.gov**

The Agency for Health Care Policy and Research provides data to help consumers make decisions about specific health concerns and prescriptions.

## **Substance Abuse and Mental Health Service Administration:**

**www.samhsa.gov**

Substance Abuse and Mental Health Service Administration's information on treatment and prevention

## Special Feature

by Richard E. Waltman, M.D.

## A family physician's promise to himself

A year ago, a very close friend, godfather to my oldest son, died of lung cancer caused by smoking. Bob was 53, a devoted husband and father, and a delightful guy. He was a doctor of pharmacy, smart enough to know about the dangers of smoking, and strong enough to quit the habit several years ago, unfortunately, too late.



Richard Waltman, MD

After the funeral, I attended a reception at his home, and found the caterer and the waiters smoking in the backyard during a break. I made them put out their cigarettes, eliciting a sarcastic "Chill out, man!" from one of the young men. I wondered if his family would be having a similar reception after his funeral 30 or 40 years hence.

On the plane ride home, I resolved to make a special effort throughout the coming year to encourage smoking cessation in my practice. It would be my way to make some peace with Bob's death.

I tried. I read up on all the methods of smoking cessation, and listened as the pill and patch and gum reps gave me their data and educational literature. I made quitting an issue with every one of my patients who smoked. I did persuade a few patients to stop, but not many. And like so many of you, I spent the year treating rampant abuse related illness.

I admitted my chronic lung patients with infectious exacerbations of their disease; several of them needed four or five hospital stays in one year. I diagnosed 12 patients with lung cancers

and three with nose and throat cancers related to smoking.

One of my saddest experiences involved a 51-year-old man whom I've followed for more than 10 years. At every visit, I urged him to quit smoking, starting exercising, and get his diabetes under control. At his first follow-up office visit after an acute MI and emergency CABG surgery, he and his wife, said they were now "really working hard" to quit smoking. They are both down to less than a pack a day.

If the pain and shock of an MI and emergency cardiac surgery won't make you give up tobacco, I wonder, what will?

Other abuse-related illnesses kept me busy all year. I admitted patient after patient with problems induced by alcohol: Tom with another GI bleed, Ralph with another episode of pancreatitis, and Minnie with hip fractures, two in one year, after falling while intoxicated. I recently admitted a 47-year-old man, the son of a longtime patient, to a nursing home with mental status changes that probably resulted from anoxia and alcohol-related aspiration pneumonitis. He should be able to return to the community soon, but I'm already anticipating the call from the ER after he damages himself again.

Drug abuse is well represented, even in my predominantly Medicare and working-class practice. I admitted a young man with severe hepatitis from IV drug abuse and saw a high school student who had a dysphoric reaction to marijuana. (His mother thought he

had the flu.) And, while doing ER backup, I admitted a 20-year-old woman with a mixed drug overdose. She was intubated, got better, signed out against medical advice, and was back on the streets in a few days. Ironically, we call a case like that a "save"!

I dealt with a number of patients with chronic dependence on, and little insight regarding, the narcotics their physicians had prescribed. As Mrs. Galloway told me, "I wouldn't take the pills if my pain weren't so bad. I can't stop now."

Sadly, Mrs. Galloway is severely overweight, poorly conditioned, and profoundly inactive at age 68. She'll never start the exercise and weight

loss program that could reduce the pain in those arthritic joints. And she'll continue to take more and more narcotic analgesia.

*"I think we can have substantial impact on the lifestyles of our patients, and I believe it's our obligation to help them help themselves. Don't you?"*

Domestic violence? I discovered some cases, but had almost nothing to offer the victims except a sympathetic shoulder. Our community has only two shelters, always full, and very little in the way of other support for victims. If the statistics are correct, for every casualty of domestic violence I identified, I missed three or four others. It's probably true that physicians don't look carefully for domestic violence, but I think that's in part because we have so little help to offer.

I lost several patients to drunk drivers in the past year, and now I have one teenage patient trapped in a wheelchair for the rest of her life because of a friend's reckless driving.

See "Promise" page 10

## “Promise” from page 9

Yesterday I paid my monthly visit to a 46-year-old former teacher with a devastating head injury. She was struck on her way to school by a drunk driver. I have seen her in the nursing home for 11 years now, and I'll probably pass her care on to another physician when I retire.

Fortunately, I have not lost a patient to suicide in the past year. But I did get involved after a 16-year-old student at my son's school took his own life, and I found how little we have done to create suicide prevention programs in our community. Sadly, a great many suicide victims had visited a health professional within a few months before their act. In most cases, we didn't recognize their cry for help.

Looking back over the year, I was bothered by one thing above all: I had been brought up to believe that good people were rewarded and bad people punished. But that wasn't what I was seeing. My smokers, my drinkers, even my drug users and victims of abusive husbands, were in almost every instance good people, nice people, people who simply had made poor choices or shown poor judgment. In no way could I say that they “deserved” what happened to them. I really couldn't blame them, and frankly, I began to blame myself. Perhaps I should have done a better job directing their choices.

As the anniversary of Bob's death approached, I wasn't satisfied with what I'd accomplished, and wanted to do better. I wrote a letter to 35 of my primary care colleagues and asked them to join me in a smoking cessation effort. Several wrote back to voice support, but other responses disappointed and saddened me.

Two physicians said they didn't think anything we could do would have much of an impact on smokers. Another felt it wasn't his responsibility, or his right, to tell people to stop smoking. I disagree with both. I think we can have substantial impact on the lifestyles of

our patients, and I believe it's our obligation to help them help themselves. Don't you?

The most disturbing response came from a doctor who said he agreed with me but had too much else going on right now. Actually, what frustrated me most of all was the absence of any response from most of my colleagues.

Which leads me to today. I've got to start somewhere, so I'll start with myself. I'm tired of trying to repair the carnage and I don't want more of the same.

I don't want to find any more lung cancer: I want to prevent them. I don't want to “save” any drug overdoses: I want them not to happen. And I don't want to provide emergency care for a domestic violence victim: I want to get her to safety before the violence occurs.

I am making a commitment to be more aware of and more responsive to abuse-related illness. I am going to work harder, longer and better to defeat this killer of fathers, mothers and children, this destroyer of families and communities.

How will I do it? I will make it a priority to learn more about abuse-related illness. I'll learn what methods and interventions are most effective. I'll read more about abuse-related illness, find some CME courses and encourage our hospital to sponsor programs on the subject. I will make my patients aware of the risks of abuse-related illness and of my

interest in helping them modify their behavior before it's too late. I'll start by sending a letter to all my patients, making them aware of my willingness to help.

I will work more actively in our community to enhance resources available for the prevention and treatment of abuse-related illness. I'll make some financial donations, but I'll also offer my time doing volunteer work and presentations. I will alert my colleagues and encourage their support of programs aimed at dealing with abuse-related disease and the importance and effectiveness of physician intervention. That alert starts with this essay. I'm asking doctors throughout the country to join me in an approach to patient care that emphasizes the identification and treatment of self-destructive behavior.

By my words and actions, I will show my community and my profession that physicians do care about the consequences of abuse-related illness, and that we can intervene to reduce the losses to our society that abuse-related illness brings.

I don't have false expectations. I won't abolish smoking, alcoholism, or substance abuse. I won't bring an end to domestic violence, reckless driving, or suicide. But perhaps I can change a few minds and save a few lives, and that's a start. If I can save a few, and if each member of my call group can save a few, and if every physician who reads this essay can save a few...

Will you join me? ■



**Deborah Kristovich**  
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## The Invisible Hand...

by Andrew Statson, MD

# "The Burden of Proof"

"Logic is not satisfied with assertion. It cares nothing for the opinions of the great, nothing for the prejudices of the many, and least of all for the superstitions of the dead."

Robert Ingersoll (1884)



Andrew Statson, MD

At a meeting last year, a midwife discussed her role in a group obstetrical practice. Then she said, "Pregnancy is a natural process and should be considered normal until proven that it is not. Innocent until proven guilty."

Applying a dictum from one field to another is a type of lateral reasoning that Aristotle would probably have called illogism. Imagine our armed forces accepting our dictum "First do no harm." You can see our soldiers telling the enemy, "Gentleman, we don't want to harm you for anything in the world, but we are about to shoot exactly where you stand."

Innocent until proven guilty is the legal expression of the bill of rights. It is the product of the American Revolution. An early hint of it is present in the Magna Charta, but it acquired its full meaning only in the constitutional democracy of the United States. It is an ever so tenuous a protection of the citizen from the exercise of arbitrary power by the state.

In medical practice, the power is in the hands that hold the purse. In the past, that was the patient. In contemporary practice, it is the insurance company. Since the patients will suffer from the lack of care or from inappropriate care, they should be protected from the exercise of arbitrary power and the burden of proof should be borne by those who hold the purse.

There are many situations in medicine where the condition of the patient can become serious very fast. Infants and pregnant women are two of these. They may look healthy, under-

going a natural process, but in the span of a few hours, or even a few minutes their condition may change from very low risk to critical.

A simple example is the multiparous woman in labor, who has had an uneventful pregnancy. She is progressing well until she ruptures membranes and the cord prolapses. She changes from a very low risk to a very high risk in the span of a few seconds. If this patient happened to be off monitor because she was low risk and we checked fetal heart tones every 30

minutes, or even every 15 minutes, the time it would have taken to discover the problem and to act on it might have been too long. It would have been even worse if the patient happened to be in the hot tub at the time. We cannot put the burden on the patient to prove to us she is in trouble and expect to avoid these types of situations. We have to be able to prove from minute to minute that the patient is not in trouble.

---

*"Much has been said about the right to medical care, if there is such a thing. However, the restrictions imposed on patients and physicians by the insurance companies have been such that patients have had to prove they should get the care they want."*

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minutes, or even every 15 minutes, the time it would have taken to discover the problem and to act on it might have been too long. It would have been even worse if the patient happened to be in the hot tub at the time. We cannot put the burden on the patient to prove to us she is in trouble and expect to avoid these types of situations. We have to be able to prove from minute to minute that the patient is not in trouble.

One of the admonitions where I trained was "think ectopic". In the past, before the sonograms and lab tests of today, the diagnosis of ectopic pregnancy was difficult. Under certain cir-

umstances we had to assume that the patient had an ectopic until we could prove that she did not. The patient did not have to convince us she had an ectopic. The burden of proof was on us.

When a patient has a breast mass or an abnormal mammogram, the burden is on us to prove she does not have cancer, rather than on her to demonstrate that she does. Yet, when we call the insurance companies to get authorization for tests or procedures, we are asked to prove to them that they should be done, rather than have them prove to

us that they shouldn't. Fortunately, high risk situations are not common, but when they occur we usually cannot wait for the patient to prove to us she is guilty. In laboring patients we have to be ready to act on very short notice. We can prove she was low risk only in retrospect, after she is safely delivered, and the baby is doing well. Up to that point anything can happen, and has.

Years ago, a teenage couple came to my office. They wanted to deliver at home. What did I think about

See "Proof" page 12



“Proof” from page 11

that? She showed me a little paperback book which discussed pregnancy, labor, delivery and the care of the newborn. The illustrations showed equipment which people on the American frontier probably had used. I told them I did not do home deliveries. “But what could possibly go wrong?” he asked. I looked at my textbook of obstetrics, two inches thick, and said nothing. He caught my look. I don’t know whether he got the message. I never saw them again.

One patient came for a pregnancy interview and told me she did not want oxytocin after delivery because after her last delivery she had too much cramping. Instead, she wanted to put the baby on the breast, hoping that would make her uterus contract just enough but not too much. “What did they do before oxytocin?” she asked. “They died,” I answered. Maternal mortality was more than 20% in the nineteenth century and hemorrhage was one of the major causes. We have made such progress in medical practice that people have forgotten Death is still around to claim her due. We have been able to delay her so many times, that when she finally wins, as inevitably she does, people think we must have done something wrong. It has to be our fault, not their recklessness. Fortunately for my coronaries, this patient decided to go someplace else for care.

Death does not care who is innocent and who is guilty. She is never far away. Sometimes a few seconds of inattention, as in a car accident, is all she needs to claim her victims. She profits from any lapse in our vigilance, whether it was a Pap smear or a mammogram delayed, a chest pain neglected, or any other subtle sign of trouble ignored, because the patient was assessed as low risk. Then something happens that gets our attention, the equivalent of hitting us on the head with a two-by-four, but by then the patient may be in deep trouble.


Sometimes a new patient may call my office to make an appointment and give a list of reasons why she needs to be seen. My staff know she must have had experience with one of the closed panel programs where getting an appointment with a physician is a big event.

The insurance executives would have been incensed if an aircraft manufacturer had put on the market a plane with defective doors that flipped open in midair every thousands flights or so. Yet they had no qualms asking women with previous section to undergo labor, when the risk of uterine rupture is one percent. Recently, our State Medical Quality Assurance Commission felt compelled to issue a statement on “the dark side of VBAC” (vaginal birth after cesarean). The only thing wrong with

this statement is that it should have been made fifteen years ago. I wonder what kind of proof finally made the Commission come out with it and who bore the burden. How many babies had to die, or live with serious problems, how many women had to lose their uterus in order to prove that VBAC has a dark side?

Much has been said about the right to medical care, if there is such a thing. However, the restrictions imposed on patients and physicians by the insurance companies have been such that patients had to prove they should get the care they want. Under these circumstances, no matter what anyone may say, the care is not theirs by right, it is theirs by permission. They can only beg for it, and if they get it, it is much more as alms, than as a right. ■


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# The Health Status of Pierce County

## “End of the Year Perspective”

by Federico Cruz-Uribe, MD

1999 has been a roller coaster year for us at the Health Department. On the “up” side, we accomplished some things that I consider public health milestones:



Federico Cruz-Uribe, MD

❖ The Board of Health approved a resolution to require reporting of individuals who are HIV-positive, allowing us to begin prevention activities with the individuals and their partners sooner.

❖ In a related action, the Health Department has begun a case management system for people who are HIV-positive. The program will balance early treatment to maintain health with strategies to prevent the spread of the disease.

❖ We’ve developed plans and begun campaigns to change the public’s behavior regarding tobacco use, alcohol misuse, and domestic violence. This is the start of work to improve the public’s health on a larger scale than we have in the past.

On the “down” side, the

recent election has resulted in painful cuts to programs. With the passage of I-695, some of the department’s services will have to be limited or changed.

Our focus will continue to be prevention. We want to create healthy communities, working in concert with the residents and services currently available, including private providers. When the voters approved I-695, discretionary funds to the department were cut by 50%. Faced with that level of budget reduction, we decided to do two things: 1) Maintain the Vision, Mission and Strategic Directions set out four years ago; and 2) Keep the overall structure intact at a level where all components could still function and be brought up to speed again as future funding allows. However, to achieve the \$4.2 million budget cut required, we

will have to eliminate 59 positions. Here are the changes we’ve planned:

### Communicable Disease

**Control.** Much of the funding for disease prevention is categorical, but even here we had to cut 7.4% of the budget. In general, we will continue to strive toward our goal of fully implementing a communicable disease control system throughout Pierce County. This means staff will continue to collect data on diseases in the community and respond to outbreaks as they occur, and work with physicians and other providers, offering information and resources on public health issues.

**Public Health Service System.** This is the countywide vehicle for prevention efforts, including cam-

See “Year” page 14

### The MVET Challenge: Reduce the Y2K Budget by \$4,234,560

#### Achieve by:

Making Drastic Program Cuts – 15% of Overall Budget  
Retaining the Infrastructure to Accomplish the Department’s Mission

#### Cuts:

- Adolescent Health Programs – \$685,899 (42.1%) – 4.8 FTE
- Communicable Disease Control - \$384,288 (4.7%) – 2.0 FTE
- Family Support Centers - \$824,016 (22%) - 8.0 FTE
- Public Health Service System - \$1,544,670 (40%) – 25.2 FTE
- Source Protection Programs - \$471,332 (12.2%) – 6.0 FTE
- Substance Abuse/Other Services - \$180,105 (4%) – 4.0 FTE
- Administration - \$699,269 (17.3%) – 9.0 FTE

NOTE 1: Some of the FTEs cut, especially in the PHSS, will be restored through position restructuring.

NOTE 2: Cuts to administration, totalling \$556,019 are distributed in cuts identified for each program as well as in the Administration line.

“Year” from page 13

paigns to limit tobacco use, alcohol abuse and violence. One of the hallmarks of this program was community involvement activities that engaged residents of an area in assessing their public health issues and making plans to deal with them. Much of the funding for these services is from MVET funding. To achieve the required 40% cut in this program, we chose to restructure it. We will reduce the number of sites from seven to three and reduce the size of staff in each of the districts, although staff will travel to and be available to the public in all seven districts in the county. We will also release more limited public campaigns on tobacco, alcohol and violence.

**Family Support Centers (FSC).** The FSC’s provide resources to the families of young children, resources which include public nurses to assess babies for developmental progress and families for issues such as substance abuse. The nurse and/or a Family Support Worker can then create a plan for each family to achieve goals to strengthen that family. The program will continue, although this will also be restructured, not only to achieve a 22% reduction in the bud-

get, but also to rebuild a more seamless service for children and families.

**Adolescent Health.** The Middle School and Moderate Offender Programs work with adolescents to prevent gang involvement by youth. These programs will be cut by approximately 42%, although staff will continue to work with youth in schools and the juvenile justice system to prevent risky behavior.

**Source Protection.** We will be eliminating our compliance program, which will impact the work we do on monitoring and educating the public about the environment. However, we will continue to work to improve ground and surface water, septic systems and the appropriate elimination of hazardous/infectious waste.

The bottom line here is that the Health Department has taken a damaging blow to it’s budget and we’re doing the best we can to continue to offer this community as many key health promoting services as possible.

Thanks for your cooperation in 1999. We’re looking forward to maintaining our relationship with the medical community and to working together with you to strengthen Pierce County in the year 2000. ■

## Personal Problems of Physicians

Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?

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 Bill Dean 272-4013  
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# The Pulse

## PCMS Alliance

### President's Message - Holiday Wishes

Mark your calendar for the PCMS/PCMSA Annual Meeting that will be held on Tuesday, December 14 at the Tacoma Sheraton Hotel. Watch your mail for your invitation. **Please be sure to bring an unwrapped toy for a child or a wrapped gift to the YWCA Shelter.**

And, thanks to all of you for sending in your donations for the Holiday Sharing Card. We appreciate your support and your donation. The money will support our philanthropic contributions to our community.

*As bells ring out  
on Christmas Day.  
May joy and laughter  
come your way.  
And may the season  
leave behind  
Memories of the nicest kind!*

*As bells ring in  
the new year, too.  
May you find they ring in for you  
Days filled with  
special joy and cheer  
And happiness to last all year!*

Yolanda Bruce

#### Our Apology

The Bulletin apologizes to **Jo Roller (Gil)** and **JoAnn Johnson (Ralph)** for not recognizing them in the November issue as Past-president's of the WSMA Alliance (formerly known as the Auxiliary).

JoAnn Johnson served as President in 1970-1971 and Jo Roller in 1978-1979.

We apologize for the error.

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## 1999 Physician Directory changes

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Change all prefixes to 435

**Day, Lila, MD**  
Change address to:  
3920 W Tapps Dr E  
Sumner, WA 98390  
Phone: 862-8001  
Effective 12/1/99

**Hall, Jerome, MD**  
Change address to:  
3611 S "D" St, #2  
Tacoma, WA 98408  
Phone: 756-8570  
FAX: 475-5531

**Horvath, Kimberly, PAC**  
Change address to:

6002 N Westgate Blvd. #230  
Tacoma, WA 98406-2527

**Kovanda, Carol, MD**  
Change address to:  
314 MLK Jr. Way, #104  
Tacoma, WA 98405  
Phone: 272-5572  
Physicians only: 272-4761  
FAX: 272-5699

**Mathews, Paul, MD**  
Change address to:  
515 S "M" St, #201  
Tacoma, WA 98405

**Sanford, Elizabeth, MD**  
Change address to:  
6002 N Westgate Blvd. #230  
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# COLLEGE OF MEDICAL EDUCATION

## Continuing Medical Education

# Cardiology CME scheduled for January 21, 2000

## Whistler CME reservations for condos urged

Registration is open for the College's popular CME at Whistler/Blackcomb program. The conference is scheduled for February 2-6, 2000.

Reservations for the College's block of condos, again in the Aspens, are available. Reservations can be made by calling (800) 777-0185. You must identify yourself as part of the College of Medical Education to receive the negotiated reduced rates. **THE COLLEGE'S BLOCK OF ROOMS WILL BE RELEASED AFTER DECEMBER 1, 1999.**

## Got your Hawaii air reservations?

To assure you are able to secure seats and get a reasonable price for CME at Hawaii, we urge you to make your reservations NOW. A small refundable deposit will hold your seats.

The College is working with Marilyn at Olympus Travel (565-1213). Olympus has booked some seats at group rates and has access to other special options at the best rates.

Call Marilyn today.

The College's fifth annual program featuring subjects on cardiology for the primary care physician will be held on Friday, January 21. The course director is **Gregg Ostergren, DO.**

The program will address the following topics:

- Hypertension
- Acute Coronary Syndromes

- Lipid Therapy
- Atrial Fibrillation
- Congestive Heart Failure
- Stroke Management
- Managing the Diabetic with Cardiovascular Concerns

The program brochure will be available in early December. For course information call the College at 627-7137.

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, December 3	Medicine & Mental Health	David Law, MD
Friday, January 21	Cardiology for Primary Care	Gregg Ostergren, DO
Wednesday - Sunday February 2-6	CME @ Whistler	Richard Tobin, MD
Friday, February, 11	Advances in Women's Medicine	John Lenihan, Jr., MD
Thursday-Friday March 9 & 10	Internal Medicine Review 2000	Robert Corliss, MD
Monday - Friday April 10-14	CME @ Hawaii	Mark Craddock, MD
Saturday, April 29	Surgery Update 2000	Virginia Stowell, MD
Friday, May 5	Asthma, Allergy & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 2	Nuts, Bolts & Innovation: Gastrointestinal Disease V	Gary Taubman, MD Richard Tobin, MD

# What do surgeons and mechanics have in common?

Morris was removing some engine valves from a car on the lift when he spotted the famous heart surgeon Dr. Michael DeBakey, who was standing off to the side, waiting for the service manager.

Morris, somewhat of a loud mouth, shouted across the garage, "Hey, DeBakey... is dat you? Come over here a minute." The famous surgeon, a bit surprised, walked over to where Morris was working on the car.

Morris in a loud voice all could hear, said argumentatively, "So, Mr. fancy doctor, look at this work. I also take valves out, grind 'em, put in new parts and when I finish this baby will purr like a kitten. So how come you get the big bucks, when you and me are doing basically the same work?"

DeBakey, very embarrassed, walked away and said softly to Morris... "Try doing your work with the engine running."

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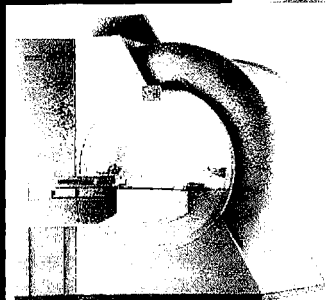
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**Penthouse office in Jackson Hall** will be available for lease November 1, 1999. Jackson Hall is conveniently located across the street from Tacoma General Hospital and Mary Bridge Children's Hospital. Suite 501 has 2466 sq. ft., with updated lease-hold improvements. Large front office space as well as very large exam rooms, two of which are wheel-chair accessible, make this suite special. The space is ideal for 1-3 practitioners. There are currently 4 exam rooms, and another room can easily be converted. The lab area is separate, and allows for clean and dirty areas. Your staff will love the lounge and the view of the water and Olympics. For information call **Dr. Sandra Reilly** at 383-1231.



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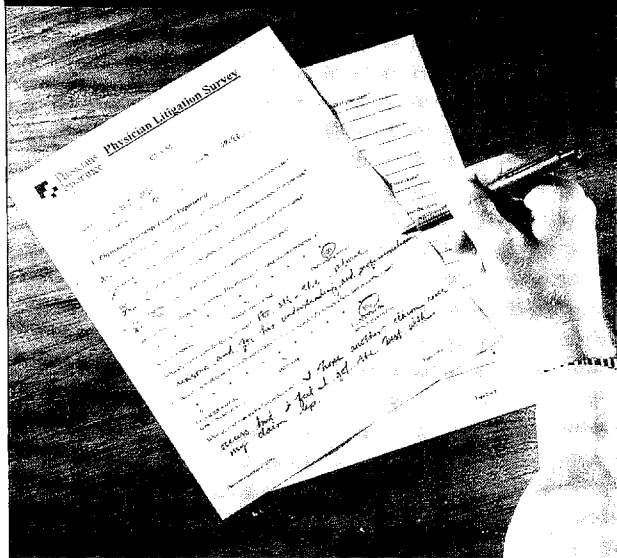
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