



# *Pierce County Medical Society*

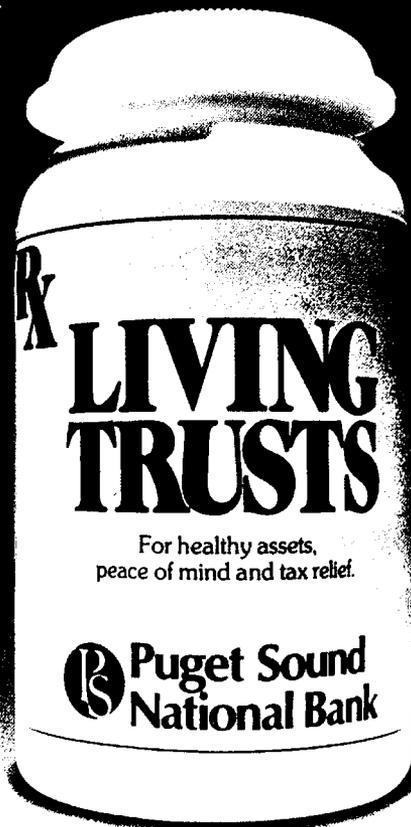
JANUARY 1977

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DUNCAN THEODORE BAER, M.D., President  
Pierce County Medical Society

## **BULLETIN**



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Pierce County Medical Society President for 1977, Duncan Theodore Baer, M.D. See related features on pages 4, 6 and 7.

Cover photo by Elson-Alexandre

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## MEET THE PRESIDENT . . . . .



Duncan Theodore Baer, M.D.

D. Ted Baer, M.D. was born March 13, 1931 in Port Angeles, Washington. He attended Queen of Angels Grade School and Roosevelt High School in Port Angeles. Following high school graduation in 1949, Dr. Baer's family moved to Seattle, but he went east and enrolled at Washington State University. Following completion of one semester, Ted transferred to the University of Washington.

Upon completion of his pre-med at the "U" he transferred across campus to the Medical School in 1953 where he earned his Doctor of Medicine degree four years later.

Married in 1955 to Marylan Helen Pattison, the Baers now have five children: Ted, age 19; Tim, 18; Pam, 15; Kim, 14; and Tom, age 10.

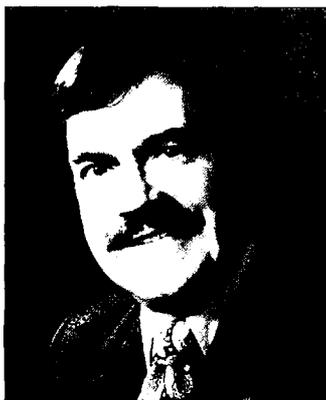
Having entered the Air Force during medical school, Ted went back on active duty following an internship at George Washington University Hospital in Washington, D.C. and was stationed

first in Montgomery, Alabama for orientation and then on to the school of Aviation Medicine for training at Randolph Air Force Base in San Antonio. In the fall of 1958, he was assigned as a flight surgeon to Nellis Air Force Base in Las Vegas, Nevada until 1961.

Following discharge from the Air Force, Ted entered ophthalmology residency at Highland Alameda Hospital in Oakland, California from 1961 through 1964, and directly following completion of the residency program moved to Tacoma, where he began practice in the Medical Arts Building in the summer of 1964. He moved to the Allenmore Medical Center in October 1966.

Certified by the American Board of Ophthalmology in May of 1966, Dr. Baer is also a member of the American Academy of Ophthalmology and Otolaryngology, Pierce County Medical Society, Washington State Medical Association and the American Medical Association.

## MEET THE PRESIDENT-ELECT . . . . .



Ralph A. Johnson, M.D.

1928 was a good year — it was the era of the flappers, the Great Depression would soon start, and I was welcomed to this earth amidst snow and freezing temperatures in Kane, Pa., the "Ice Box of the East." And I was destined to this Eastern heritage for many more years. College days were spent at Penn State, where there is as much rain as in the Northwest. Medical school at the University of Pennsylvania in the "City of Brotherly Love" instilled in me a deep appreciation of our nation's history, and internship at the Geisinger Memorial Hospital found me at the site of the flooding of the Susquehanna River in Danville, Pa. At this point I picked up another native Pennsylvanian, and JoAnn and I began our western migration with a brief sojourn in the mid-West at the Mayo Clinic, where the snow and freezing temperatures kept us captive for five years while I learned the art of surgery.

Our Northwest trek began in 1962, and we arrived in Lakewood soon after the opening of Lakewood General Hospital and found to our surprise and delight that January produced green grass and blooming camelias. During the following years, we welcomed our first son, Tague, in 1963 and our second son, Todd Eric, in 1966. We finally gave notice to the female movement with the addition of our daughter, Hadley, in 1972. In the meantime, I took my turn at

the helm as Chief of Staff at Lakewood General Hospital and Allenmore Hospital. Over the years I have maintained constant and interested membership in the AMA, WSMA, PCMS, Tacoma Surgical Club, and the American College of Surgeons. The Rotary Club of Lakewood and Vestry of St. Mary's Church received their share of attention also.

As the present, I commute between my offices at the Allenmore Medical Center and the Lakewood Professional Village and avidly listen to the weather reports — for skiing, fishing and golfing. The necessary conditions for golfing are heavy downpours to insure an absence of other people on the course so that I can play.

On a more serious note, I am looking forward to an ever-increasing effectiveness in our communications and operation of our professional organization. We continue to face the enlarging demands of the regulatory agencies and the developing criteria for Continuing Medical Education. We must continue to develop a unified posture in presenting our objectives and capabilities. Pierce County continues to grow medically, and with the able assistance of our Executive Director and present and past leadership, we should be able to meet the needs of our community and our profession.

R. A. J.

## CHANGING OF THE GUARD

*Thank you, Dave*



*Best wishes, Ted*



- 1 Outgoing President Dave Hopkins recounts Society's accomplishments, while Incoming President Ted Baer (*right*) and President-Elect Ralph Johnson look on.
- 2 It's been a very good year.
- 3 "Just a few more words, Ted!"
- 4 "Now let's see . . . my first duty as President . . . oh, yes."
- 5 The resolution of appreciation.
- 6 "Now for the good stuff!"
- 7 Dr. McDonnell has to leave the room.
- 8 New President lists objectives for '77.
- 9 "This is me on my first bike . . . Here's a shot of me on my first day of medical school . . . This one of me was taken . . . . ."



1



2



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# PRESIDENT'S PAGE



D. Ted Baer, M.D.

## Kudos & Brass Tacks

A favorite concept of mine, attributed to Carl Schurz, is expressed on a current Argus poster:

IDEALS ARE LIKE THE STARS:  
WE NEVER REACH THEM,  
BUT . . . WE CHART OUR COURSE  
BY THEM.

Like all generalizations, the concept suffers flaws, but I intend to apply it as best I can to ideas that are expressed during my term. The first idea is that so mastered by Dave Hopkins (a journalist cleverly disguised as a physician): BREVITY. This, my first "President's Page," will be mercifully brief. I would like to point out certain Society activities and personalities that I believe worthy of note. The listing is in a haphazard (i.e., none more important than the other) manner. The list is, of course, incomplete. I apologize.

1. Our past president, Dave Hopkins, was, and is, great. The degree in journalism has been alluded to. One should always have something to fall back on.

2. Our Board of Trustees (past and present) are all great and do most of the work.

3. Our Committee Chairmen and members also are great and do most of the work.

4. Our Past Presidents (3) who make up the Grievance Committee do a great job. Godspeed. I hope the few who give them all the grief shape up.

5. We are blessed with certain physicians (we all know or hear who they are) who give more than their share in medical community activities.

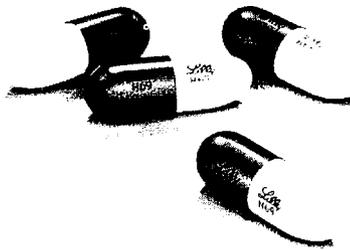
6. We have a fantastic Director in Dale Shirk. If you're not sure, look, for example, carefully from cover to cover at our monthly *Bulletin*. Or just run down page 3 where "CONTENTS" is located. Parkinson's Law has been broken. Belated thanks to the foresight of Les Baskin.

7. Our Auxiliary should perhaps be named Primary. They are second to none. Their president is heard from and has a vote. I recall when Anne Katterhagen suggested the auxiliary vote at Trustee meetings. No question. Marie Henry has been superlative. Helen Whitney will be a ball of fire. JoAnn Johnson is state president. Need I say more?

8. C.M.E. is flourishing, thanks to Marcel Malden.

9. And on and on and on . . . . . D. T. B.

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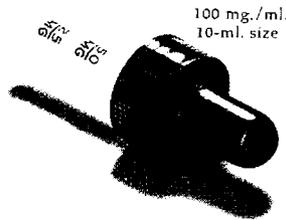


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# EDITORIALLY SPEAKING

GUEST EDITORIAL:

## "NO MAGIC WORDS"

by Maynard Heacox, Director  
Department of Practice Management, Division of Medical Practice  
American Medical Association

The Department of Practice Management occasionally gets requests from physicians saying, "Please send me some sample collection letters that will really produce results. I've got a lot of old accounts on my books and I want to clear them up."

Our answer is, "Doctor, there are no magic words." If you let accounts grow old on your books the chances for recovery are almost nil. The magic of a 95% collection ratio is prompt and consistent follow-up.

Slow pay and delinquent accounts are again becoming a problem in some medical offices. Action needs to be taken promptly to keep them from becoming hard "collection" accounts.

There are three ways to keep informed on the status of your billing recovery. First, "collection percentage" is an indicator. If your collection ratio has been in the upper or middle 90% and is now dropping to the lower nineties or high eighties This is a warning. Second, the amount outstanding on your books is a yardstick. If your credit outstanding has been averaging two and a half to three times the monthly billing and is now three and a half to four months, you can anticipate a collection problem. And finally, the best indicator is an age analysis of your accounts. If the age analysis report — hopefully you do one at least every three months — shows a marked increase in accounts that are 60, 90 and 120 days past due, it is time to take action.

This does not mean that you immediately rush out and purchase a lot of brightly colored statement stickers or a package of commercial collection letters that are "guaranteed" to "get the money!" They might help momentarily, but too often the "guarantee" is meaningless and the public relations impact is negative. Your best

step is to tighten the follow-up procedures in your office.

The best collection program today is still a good billing and follow-up system. You are competing for the consumer's dollar and a poor billing system is a handicap you do not need. Statements should be itemized and they must be sent out on time. Enclose an addressed, return envelope. Improved collection recovery will more than pay the cost. Return postage is not necessary.

A program for prompt and consistent follow-up is essential. It may vary according to your particular situation. You design it to fit the special needs of your office. More important than the specific time schedule selected is that the plan be followed rigorously. If your office is not consistent in following the plan — you really have no plan at all.

The days of sending out four, five and six statements, a number of them with colored stickers attached that ask or demand payment, are gone — along with the three-cent stamp. A fifth or sixth statement can be ignored as easy (in fact) as the first or second statement.

In the AMA brochure *The Business Side of Medical Practice* a collection timetable is listed as follows:

- 1st Month — Send Statement
- 2nd Month — Second Statement
- 3rd Month — Send a reminder note
- 4th Month — Send letter, or preferably telephone
- 5th Month — Write patient that since he has ignored all communication the account is being turned over to a collection service

—continued overleaf

This is now being revised for the next printing. First and second statements on accounts that have to be billed are certainly proper and in good business tradition. But if there is no response to the second statement 15 days after it has been received, a telephone call is in order.

This is not harassment. You want to find out if the patient has a financial problem. This is the time to help the patient with a payment plan, if necessary.

There is nothing embarrassing about asking for payment of an account. The medical assistant should understand that this is a standard business procedure. It can be done courteously and cordially. If the patient has a financial problem, the telephone call offers an opportunity to help make payment arrangements before the situation gets completely out of hand. If your medical assistant needs help in this area, buy her a copy of the AMA cassette/workbook Medical Collection Methods. The cassette program is designed

specifically to explain and to demonstrate telephone collection follow-up.

Your medical assistant is not a professional collector and probably does not have the time, training, or inclination to be one. However, she can do an effective job of follow-up on slow pay and delinquent accounts to increase your recovery and reduce the outstandings, by consistently adhering to a good follow-up plan.

The magic of good collection recovery — 95% or better — is in the system, not the words that are used. There are, of course, some words that are better than others to help motivate people, but they need to be used in a time-planned procedure. Typed words on a letter to an account that is hoary with age have little magic.

There will always be a few accounts that become hard "collection" items, but the method of handling these is another story. Your objective, and the best way to improve your billing recovery, is to keep as many accounts as possible from becoming "collector's items."

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## LEGISLATIVE NEWS



Robert W. Florence, M.D.

### P.L. Claims Arbitration

One of the more popular suggestions for relieving the professional liability problem has been arbitration. Arbitration has been used for the settling of labor disputes, claims against uninsured motorist coverage in automobile insurance, and for the resolving of many other disputes. Its appealing factors are its rapidity of settling claims, fairness, and its anonymity or lack of publicity.

A 1975 physicians survey by Washington Market Research Company rated the physician support on a one-through-seven degree of support, and found that 81% of the physicians surveyed expressed a support of arbitration at the five, six or seven level. This was in response to the question, "How fully do you support the solution of having malpractice claims handled exclusively by arbitration, rather than in the courts?"

There are two principal types of arbitration — voluntary or mandatory, and either of these may be binding or nonbinding, and the composition of the arbitration panel can vary considerably. It is the composition of the panel, the rules set forth under which the panel will function, and possibly the remuneration of the arbitrators, which could spell the success or failure of this system.

There are many voluntary arbitration plans for

settling medical injury claims functioning in this country at present (and there are several in this state), but there is no actual experience, or at least insufficient experience, with arbitration of malpractice claims to prove or disprove the value or arbitration at the present time. And there is a definite constitutional question attached to a fault system which takes away the claimant's right to a trial by jury.

The Washington State Medical Association plans to introduce a screening panel-arbitration bill in the coming session of the legislature which at the time of this writing provides for a three-member screening panel to review and investigate all malpractice claims. It would be composed of an attorney, a health care provider deemed appropriate by the presiding judge, and a third member, to be a health care provider insofar as possible to correspond to the specialty of one or more of the defendants. At the discretion of the presiding judge, the screening panel may be increased to five members.

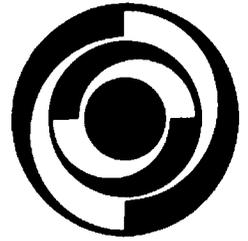
If no settlement of the claim results after review by the screening panel, it may then go to binding arbitration. The arbitration panel will consist of three arbitrators — an attorney, who will serve as chairman; a health care provider of the same general category as the defendant; and the third, who is neither an attorney nor health care provider, but who is a member of the American Arbitration Association.

One can think of many questions which arise with such a bill: Will such a plan result in an increased number of claims? Should panelists, arbitrators and witnesses be paid for their services, and if so, how much? Who will pay the costs? Will the bill be changed to the point that it would be completely unacceptable by the time it passes the legislature? Will it stand the test of constitutionality? And finally, will such a bill really reduce the high cost of professional liability insurance? The Task Force on Professional Liability is doing its best to come up with answers to these questions.

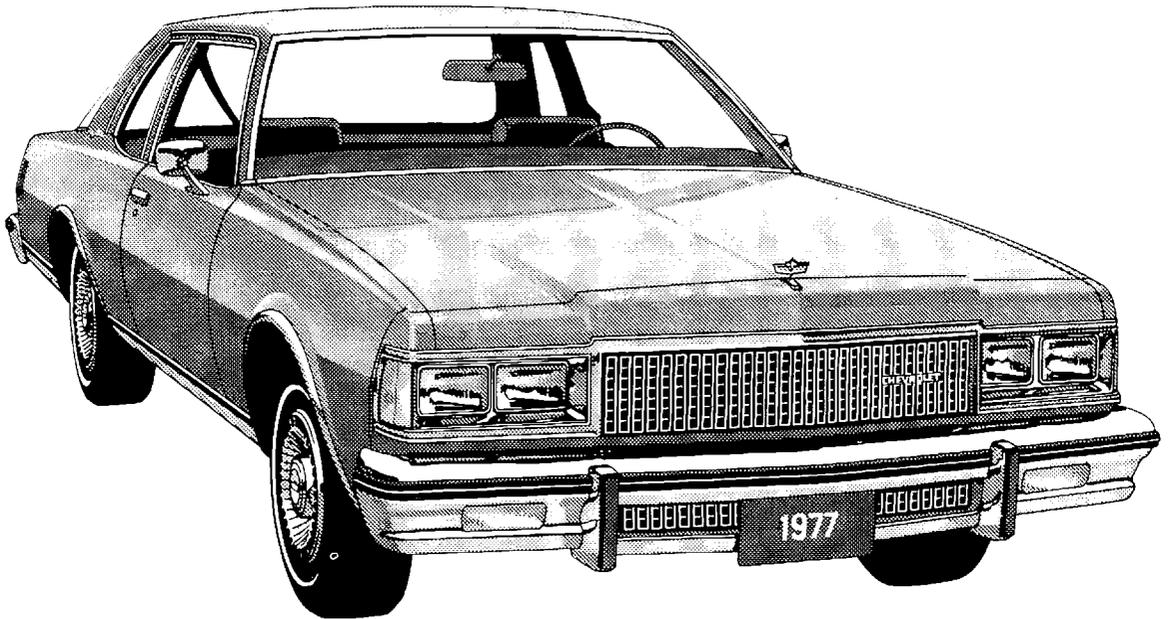
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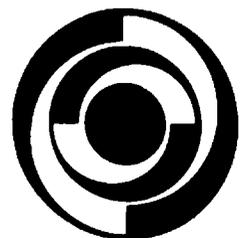
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# AUXILIARY PAGE

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## THE PRIVILEGE OF DOING

It's a great time to be alive.

The doctor's wife of 1976 – flocked with children and chores – had an expected life span of 35.5 years and little enough time for the work of her own family's survival. Today's spouse of 1976 – blooming with health and nobility – can expect to live 71.0 years with an open option on what she/he will do. We have this legacy of more than 36 years. What use will we make of them?

I offer to you for the coming year – this beginning of the third century of America – a theme which comes from a statement by Dr. Albert Schweitzer: "It is not enough merely to exist, you must give some time to your fellow man, even if it is a little thing. Do something

for those who need man's help – for which you get no other pay but the privilege of doing."

We do have the privilege of doing much to educate and inform ourselves so that we may make our own family's health better. There is much to be done in our communication to help our mates as they work for better health care. Let us be alert and be aware of the needs waiting to be met with our particular talents and energies. We are limited only by our own imaginations. It does not take a large group of volunteers to meet every need. Just one warm human being who cares for another is often the answer.

We can share ourselves – our compassion – our experience – and our time. Each one of us can find some activity which challenges us and makes the world a better place because of our participation. Let us hope that activity will be found in MEDICAL AUXILIARY.

– from Inaugural speech of Mrs. George Scofield  
President – Alabama

Here's what's cookin' MEMBERSHIP Serves all

Recipe from the kitchen of Membership Committee

Mix an inspired president

One active membership committee

A pinch of laughter

Blend one cup of friendliness

Sift old and new members

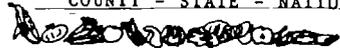
Beat with enthusiasm

Simmer with conversation

Garnish with service

And serve the whole Auxiliary

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PLEASE MARK YOUR CALENDARS. The February meeting date is changed from the 18th to the 25th. Place is the same.

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# A.A.M.A. PAGE

by Betty E. Moore, President Pierce County Chapter, 1977

Pierce County Chapter AAMA held its Annual Banquet for installation of new officers at the Lakewood Terrace on Friday, December 10, 1976. Installing officers were the Washington State Society President and Vice President, Pierce County's own Susan Thornton and Dee Lunstrom. We of the Pierce County Chapter feel very fortunate and proud that in our three years' existence we have attained the stature of recognition of the State Society to have had two of our hardest working members elected to these high positions.

Pierce County Chapter officers installed for 1977 were Betty E. Moore, President; Sharron Vigil, Vice President; Maggie Polwarth, President-elect; Kathy Carenbauer, Secretary; and Sue Smith, Treasurer. The evening began with a social hour at 6:30, dinner at 7:30, followed by the installation ceremony, which was quite impressive to those of us assuming our new offices. We have a candle-lighting ceremony, and as each new officer in turn takes her oath of office and lights her candle we each feel a sense of awe for our responsibility to our members for the year ahead. As a Chapter we have a lot of growing to do, and we are very fortunate to have had the strong leadership during this past three years that has brought us this far.

Sue Lind, vocalist from PLU, sang a group of Christmas carols during the social hour, then had to hurry away for a program at PLU with the Choir of the West. Bob Thornton, as Master of Ceremonies, did his usual outstanding job of introductions, giving recognition to our State Officers and making some predictions for his expectations of what we can expect from some of our newer members, and showed a great deal of insight for the abilities of these people.

AAMA is sponsored by the AMA. Our physician-advisors are Thomas J. Irish, M.D., George A. Tanbara, M.D., and Wayne W. Zimmerman, M.D., our newest advisor who has graciously accepted this responsibility. Our thanks to all of you.

As Professional Medical Assistants we strongly

feel that we have a definite role to play in our community. We are a part of the allied health field, we are an essential part of supplying medical service to our citizens, and medical assistants have come a long way from the time when some of us took our first jobs as such, just as the medical specialties have come a long way. When many of us started, a willingness to learn and a rudimentary knowledge of office procedure were the main requirements. Nowadays there are two-year medical assistant programs being taught in the community colleges and by private institutions, and these educational facilities are turning out well-trained students in the many facets of office procedures. Accounting procedures, billing procedures, medical terminology, Medicare, CPT, ICDA Coding, all of these things have come into being over the years. The new medical assistants are being well trained for these administrative office positions, as well as in clinical procedures. The basic knowledge is important, however each student quickly learns in her first job that each individual specialty presents different problems and new challenges, many things that must be learned on the job, and this is where AAMA can be of help to long-time employees as well as new. Through our monthly programs consisting of a variety of speakers, demonstrations by our members in the various specialties, self-education and the social contact with qualified medical assistants from all fields, we can be of great help to our physician-employers.

On this basis many doctors have offered to pay the dues for any of their staff who are willing to put the effort into furthering their medical knowledge. We appreciate this, and believe that it behooves more of the medical assistants in Pierce County to take advantage of this opportunity. And it is our hope that, as we grow in our Pierce County Chapter, and become better known by the Medical Society, more of our physician-employers will consider this as a means of helping their assistants become more professional and more knowledgeable. We enjoy our work, we are dedicated, and Doctor, our dues are deductible as a professional expense.

# Health Department To Promote High Blood Pressure Education

High blood pressure is a major public health concern. It is now recognized as one of the great contributory factors of diseases leading to disability and death. High blood pressure can be treated, therefore greatly reducing or eliminating the risk of heart attacks, strokes, kidney disease, and other serious complications relating to high blood pressure.

In Pierce County, it is estimated that 15% of the adult population has high blood pressure. Of those people having high blood pressure, approximately one-half are unaware of their condition, and of the half that are aware, only one-half are receiving treatment. Of those on therapy, only one-half are following their prescribed treatment program. \*

Since high blood pressure has no early, noticeable symptoms, its sufferers usually won't seek medical care until incidental diagnosis or a crisis occurs. Since high blood pressure is an asymptomatic disease, a broadly organized effort is required to detect and educate those having high blood pressure so they can be given the facts, as well as the option, for being under good medical management.

The Tacoma-Pierce County Health Department is now in the process of organizing a county-wide Community High Blood Pressure Control Program. We believe that an increase in public and professional awareness of the problem of high blood pressure will help control the disease. Through the use of education as a primary prevention tool, we can eliminate the problem of high blood pressure before the crises occur. With help of the physicians and other health services, we will be able to accomplish the following:

## A. Public Health Education

1. Educate the public on the causes/effects of high blood pressure, utilizing existing programs, as well as developing education programs when necessary.

\* *National High Blood Pressure Education Program statistics.*

2. Educate the public on the treatment of high blood pressure.
  3. Help people be better able to live with their disorder through:
    - a. Better management of food habits
    - b. Better management of weight
    - c. Maintenance of regular exercise program
    - d. Coping techniques
    - e. Relaxation techniques
    - f. Therapy management
  4. Inform physicians of existing educational programs for patient education.
  5. Better utilization of physicians for necessary treatment of:
    - a. Chronic hypertensives
    - b. High risk individuals
- ## B. Public Awareness
1. Alert people of this disease through:
    - a. Public Service Announcements
    - b. Utilization of media services
  2. Alert people of their condition through:
    - a. Early detection services
    - b. Counseling services
    - c. Referral services
  3. Alert the public of detection and education activities, such as:
    - a. Places
    - b. Times
    - c. Services available
  4. Establish clearing-house to disseminate public high blood pressure information.
- ## C. Coordination of Activities
1. Establish a Community Blood Pressure Advisory Group from various health services agencies in Pierce County, with the following committees involved:
    - a. Public Education Committee
    - b. Medical Standards Committee
    - c. Public Relations Committee
    - d. Program Committee

—continued overleaf

2. Establish High Blood Pressure Educational Clearing-house so as to complement rather than duplicate existing education and detection services.
3. Establish patient referral system from detection sites to physicians for diagnosis.
4. Establish patient education referral system from physicians' offices to various high blood pressure education programs.

In order to accomplish the stated objectives, the Tacoma-Pierce County Health Department recognizes the importance of having the medical community assist in developing parameters for detec-

tion and referral, as well as for a system of follow-up. These parameters can then be utilized consistently throughout Pierce County high blood pressure detection and education programs.

We would like to have a representative from the Pierce County Medical Society serve on our Medical Standards Committee, so that the Society will have immediate input in the initial planning process of this Community High Blood Pressure Control Program.

Your support and cooperation will be greatly appreciated. For more information, contact Deborah Fouts at 593-4507.

#### A.M.A. GIVES \$25,000 GRANT TO SUPPORT T.V. VIOLENCE MONITORING

The American Medical Association announced today a grant of \$25,000 to support the TV violence monitoring activities of the National Citizens Committee for Broadcasting.

A media reform group based in Washington, D.C., the NCCB is concerned with documenting the amount of television violence portrayed in prime time network television. Their goal is to encourage more thoughtful and informed choices on the part of the public, broadcasters, advertisers and producers.

"This action represents a strong commitment by AMA to endorse and finance activities that will encourage the industry to reduce the amount of violence in TV programming," according to James H. Sammons, M.D., AMA's executive vice president.

"Our grant will subsidize NCCB's study of the new fall programming. We believe NCCB is providing a valuable service by ranking TV programs and sponsors according to the extent with which they are identified with violence. The American public has a right to know which programs contain the most violence so that people can then

make responsible decisions about family viewing."

At its annual convention in June of this year, AMA's House of Delegates endorsed the position that TV violence is an environmental hazard affecting the health of American children.

NCCB's study, to be completed in early December, is designed to have direct impact on advertisers, ad agencies and networks. Incorporating some procedural refinements in the monitoring and ranking process, the new system will be based on monitoring reports tabulated by using either of two definitions of violence.

Developed by George Gerbner, Ph.D., of the U. of Pennsylvania, the first definition includes overt forms of violence, as well as natural disasters, car chases and comedic violence. The second definition is limited to aggressive violence against individuals — physical violence, use of weapons and capital crimes.

Both indexes will be released to the public unless the advertiser rankings differ by a serious margin. In that case, only the ranking based on the second definition will be published.

TACOMA PHYSICIAN INSTALLED AS  
PRESIDENT OF NATIONAL MEDICAL ORGANIZATION



John M. Shaw, M.D.

John M. Shaw, M.D., Tacoma dermatologist, has been installed as President of the American Academy of Dermatology, world's largest organization of physicians who specialize in skin diseases. He succeeds Harry L. Arnold, M.D., Honolulu, Hawaii, as head of the medical specialty society.

The 4,200-member American Academy of Dermatology concluded its 35th Annual Meeting recently at the Palmer House hotel in Chicago. More than 4,000 physicians and research scientists from throughout the world attended the six-day session.

Dr. Shaw, a native of Spokane, moved to Tacoma in 1955. In addition to his private practice, John is a Clinical Professor of Medicine at the University of Washington and a Clinical Professor of Dermatology at the University of Oregon School of Medicine. He has served as Assistant Secretary-Treasurer and as Secretary-Treasurer of the American Academy of Dermatology for seven years (1969-1973).

Dr. Shaw will serve as President of the medical specialty society until the conclusion of the 36th Annual Meeting to be held in Dallas, Texas, December 3-8, 1977.

Congratulations to John and his wife, Jean.

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**ELECTION RUNDOWN, MEDICAL DIVISION,**

showed return of Senator Jim McDermott, M.D., Seattle Democrat, who was not up for re-election; Rep. Ted Haley, M.D., Tacoma Republican, re-elected; and Rep. Phyllis Erickson, Parkland

Democrat, re-elected. Defeated in the primaries were Dr. William Champion, Seattle Republican, 7th Congressional District, and Dr. Henry S. Houghton, Sedro Woolley Republican, for State Senate. Mrs. Eddie McAninch, Camas Republican, lost in the final for the State House.

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**YOUR MEDICAL LIBRARY**

Your access to the world literature in medicine through the network of biomedical communication: Hospital Library — Pierce County Medical Library — Pacific Northwest Regional Health Sciences Library — National Library of Medicine — British Lending Library.

Comprehensive library services include: literature searches, bibliographies, interlibrary loans, and Medline searches (literature retrieval by computer).

**HOURS:** Monday - Friday 8:00 A.M. - 5:30 P.M.  
(Other times key is available by request)

M. Von Bruck, Librarian  
572-5340

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For an appointment or further information, please contact Doug DeForest at:  
Medical Arts Building, 740 St. Helens Avenue, Tacoma, Washington 98402, or phone (collect) 206 - 272-3161.

# MEMBERSHIP

## SECOND NOTICE



**ROBERT J. MARTIN, M.D., Dermatology.** Born in Williston, North Dakota, 2/1/43; medical school at University of Oregon in Portland, Oregon, 1968; internship at Tripler General Hospital in Honolulu, Hawaii, 1968-69; residency at Fitzsimons Army Medical Center in Denver, Colorado, 1969-73; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in Oregon and Colorado. Dr. Martin's office of Dermatology is located at 2607 Bridgeport Way West in Tacoma.



**HARVEY N. SALES, M.D., Neurology.** Born in Pittsburgh, Pennsylvania, 7/6/46; medical school at University of Pittsburgh, Pennsylvania, 1971; internship at Providence Hospital in Seattle, Washington, 1971-72; residency at University of Virginia, Charlottesville, Virginia, 1972-74, and also University of Kansas Hospital, Kansas City, Kansas, 1974-75; licensed to practice medicine in the State of Washington, 1975. Dr. Sales' office of Neurology is located at A305 Allenmore Medical Center in Tacoma.

\*\*\*\*\*

## FIRST NOTICE



**ROGER J. C. MEYER, M.D., Pediatrics and Community Health.** Born in Olympia, Washington, 5/14/28; medical school Washington University, St. Louis, Missouri, 1955; internship at St. Louis Childrens Hospital, 1955-56; residency at Strong Memorial Hospital, Rochester, New York, 1956-58; licensed to practice medicine in the State of Washington, 1958; also practiced medicine in Missouri, New York, Massachusetts, Vermont, Illinois. Dr. Meyer's office is located at Central School Office, Tacoma Public Schools, where he works as Medical Director.



**PAUL J. NUCCIO, M.D., Internal Medicine.** Born in Jamaica, New York, 7/29/44; medical school at the State University of New York, Downstate Medical Center, 1970; internship S.U.N.Y. Kings Co. Hospital Center, Brooklyn, New York, 1970-71; residence also at S.U.N.Y. Kings Co. Hospital Center, Brooklyn, New York, 1971-73; licensed to practice medicine in the State of Washington, 1973; also practiced medicine in California. Dr. Nuccio's office of Internal Medicine is located at 1112 South Cushman Avenue in Tacoma.



**E. GERHARD OPPEN, M.D., Administrative Medicine.** Born in Belgrade, Minnesota, 8/1/02; medical school at University of Minnesota, 1929; internship at Fairview Hospital, Minneapolis, Minnesota, 1929-30; licensed to practice medicine in the State of Washington, 1975; also practiced medicine in Minnesota. Dr. Oppen's office of Administrative Medicine is located at the Tacoma Lutheran Home, 3625 East B Street in Tacoma.



**MICHAEL D. SORONEN, M.D., Radiology.** Born in Detroit, Michigan, 6/4/43; University of Michigan Medical School in Ann Arbor, Michigan, 1976; internship at William Beaumont Hospital, Royal Oak, Michigan, 1969-70; residency at William Beaumont Hospital, Royal Oak, Michigan, 1970-73; licensed to practice medicine in the State of Washington 1973; also practiced medicine in Michigan. Dr. Soronen's office of Radiology is located at Tacoma General Hospital.

## FAMILY CLINIC — NOVEMBER 1976 (627-9182)

Monday through Friday — 10:00 to 5:30      1815 South J Street      Tacoma, Washington 98405  
 Coordinator: Aaron Miller

PATIENT SERVICES	November 1976	Total 1976	Total Since September 1973
Referred to Physicians	87	3,237	4,331
Laboratory Services	53	3,507	4,265
X-Ray Services	4	118	418
Prescription Services	76	1,706	2,689
Referred to Community Agencies	13	516	1,529
Seen by Physicians in Clinic	17	770	1,529

### ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black.....	30	730	1,248
Caucasian.....	203	4,169	6,792
Asian-American.....	10	97	185
Native-American.....	3	121	235
Mexican-American.....	5	93	163

### PARTICIPATING PHYSICIANS ON FRIDAY EVENING:

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North
Dr. G. Tanbara	Dr. G. Drucker	Dr. D. Wilhyde	Dr. G. Oh

## EAST SIDE HEALTH CLINIC (474-0604)

Progress Report for November, 1976

Director: John Erwin

	November	Total—1976	Total to Date (1972)
Seen by Physicians			
in Clinic: Adults	146	1,865	*7,182
Children	111	1,149	*5,405
Laboratory Services	93	840	1,808
Prescriptions Filled	164	1,492	2,932
Referred to Physicians	26	237	537
Phone Referrals	39	676	1,600
EPSDT	11	135	351
DPA	48	653	1,289

\*Until January, 1975, the number of patients actually seen by our clinic physicians was the only information available.

# LETTERS

RODGER SWAIN DILLE, Ph.C., M.S., M.D.  
Practice Limited to Diagnosis and Internal Medicine  
Medical Arts Building • Tacoma, Washington 98402

December 6, 1976

Pierce County Medical Bulletin  
ATTN: Editor

Dear Sir:

I think we are now all aware that the Federal Trade Commission is declaring that fee schedules in regard to arbitrary units or relative value units are considered to be price fixing. They have declared that minimal basal fees that attorneys and other professions have had in the past are declared illegal because of price fixing, and I understand that they are now concerned with the fee schedule of the Pierce County Medical Bureau as being a price fixing situation.

However, I think the Medical Society should look at the other side of the coin here. Certainly, if the preceding things are considered price fixing, I think that the fee schedules that Medicare is now adhering to are certainly as much price fixing as our schedules. I think that other schedules, such as Blue Cross, Travelers Insurance and supplemental insurance programs likewise could be considered as fee fixing, which I think is a term a little bit more preferable than price fixing and makes us sound a little bit more professional.

I would therefore urge that everyone consider this, and that our local society take it up with the state and national society and see if their counsel might feel that bringing some type of a court opinion is indicated. I, for one, am going to consider some type of hearing in regard to my Medicare Profile to see if this is not considered as a fee fixing situation because it certainly does not at all resemble what my fees actually are and is, as they admit, adjudicated arbitrarily by them.

At any rate, I think this gives us food for thought, and some of the attorneys I have consulted in this regard are interested in this as a legal question.

Sincerely yours,

Rodger S. Dille, M.D.

-- *LETTERS continued overleaf*

## TACOMA PUBLIC SCHOOLS

P. O. Box 1357 • Tacoma, Washington 98401 • 383-1811

December 2, 1976

Mr. Dale Shirk, Executive Director  
Pierce County Medical Society

Dear Dale:

Please include the following in the next issue of the Pierce County Medical Bulletin.

The planning committee of the program, "Exploring Health Services for Preschoolers," would like to thank the Pierce County Medical Society for its co-sponsorship of the program. The program was a resounding success: approximately 125 professionals from disciplines ranging from pediatrics to early childhood education heard a number of presentations about different available health, mental health, and educational services available for the preschool child, as well as having a chance, in small group discussion, to consider needs, gaps in programs, and recommendations for the future. Among the pressing needs which were identified for this age group included a central information and referral agency which might act as a data resource for parents or professionals who were interested in learning about the availability of services of a particular type in different parts of the country. Another need, which has special pertinence to Pierce County physicians, was a current literature file which would be readily available to Pierce County physicians, developed jointly by the Pierce County Medical Library and the Tacoma Public School Library Services. Plans to implement the latter suggestion are already underway with Dr. Roger J. Meyer accepting this task.

A number of physicians were involved in the presentations for the conference, including Dr. George Tanbara and Dr. David Sparling, practicing Tacoma pediatricians; Dr. Roger Meyer, of the Tacoma Public Schools; Dr. James Lurie, of the Pierce County Child Study and Guidance Clinic; Dr. Orvis Harrelson, former director of Health Services for Tacoma Schools; Dr. Carl Stracener, Chief of Pediatrics at Madigan; and Dr. Muriel Taylor, Director of Mental Health for the State of Washington. The program was coordinated by Mrs. Denise Bohanna of the Pierce County Child Study and Guidance Clinic, the Mental Health Division of the Department of Social and Health Services for the State; the Family Life Program of Bates Vocational-Technical Institute; the North Pacific District Branch of the American Psychiatric Association, and the Pierce County Medical Society.

H. James Lurie, M.D.

Roger Meyer, M.D.

George Tanbara, M.D.

Washington State  
PROFESSIONAL STANDARDS REVIEW ORGANIZATION

December 13, 1976

Editor, The Bulletin

Dear Sir:

Your December cover was great! Thought you might be interested to know we are planning a newsletter to be out late January called "WSPSRO Progress Note." Basically, it will keep our physician membership and others informed of our activities and hopefully our progress and success!

If your January issue has space, perhaps you could include a brief note to your physicians to watch for our first issue.

Have a nice holiday season!

Warm regards,

Susan Berkman  
Associate Director  
Program Administrator



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# Dr. Lapponi

Physician to the Late Pope Leo XIII., and Now Physician in Ordinary to Pope Pius X., Finds

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Following is an Exact Translation of Dr. Lapponi's Testimonial as Written by Himself:

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The same water is also to be recommended highly in the initial processes of Arterio-sclerosis and in obstinate forms of Bronchial Asthma.

May also be used as a good table water. So much I declare for the truth.

(Signed) PROF. GIUSEPPE LAPPONI.

Principal Physician of the Hospital of San Giovanni Calibrita (del Fatebene Fratelli) in Rome, Member of the Academy of Medicine of Rome, etc., etc.

**BUFFALO LITHIA WATER** is for sale by Grocers and Druggists, generally. Testimonials which defy all imputation or question sent to any address.

Hotel at Springs now Open

PROPRIETOR BUFFALO LITHIA SPRINGS, VIRGINIA

## IN BRIEF — A SUMMARY OF A.M.A., MEDICAL & HEALTH NEWS

HEW's Medical Services Administration, in a memo to the states, encouraged adoption of the AMA uniform health insurance claim form by all state Medicaid agencies. The agency said the AMA form would meet most Medicaid requirements. The form was developed by the Council on Medical Service in response to a House of Delegates action calling for a means of reducing paperwork and simplifying billing.

The AMA offered assistance and cooperation to the Medicaid Task Force of the National Governors Conference in its efforts to develop proposals to improve the program. The task force, headed by Gov. George Busbee of Georgia, included representatives from 11 other states. The group will present its recommendations to the National Governors Conference in February. Federal legislation aimed at abuses of the Medicaid program is expected to be introduced early in the 95th Congress.

"A Critical Difference," a 60-minute documentary film produced by the AMA for the general TV viewing audience, has been shown in eight cities on network-affiliated stations to approximately 400,000 viewers. The film explores various aspects of health care in America and contrasts federally run health care programs with physician control of patient care.

The AMA announced a grant of \$25,000 to the National Citizens Committee for Broadcasting, a media reform group based in Washington, D.C., concerned with documenting the amount of television violence portrayed in prime time network television. AMA EVP James H. Sammons, M.D., said the grant "represents a strong commitment by the AMA to endorse and finance activities that will encourage the industry to reduce the amount of violence in TV programming."

The AMA's Reinsurance Company — American Medical Assurance Co. — officially went into business with the signing of a service agreement with the Kemper Reinsurance Co. Kemper will handle AMACO's accounting, taxes and insurance commission statements, provide underwriting consultation, and manage investments. AMACO will provide reinsurance for qualifying physician-owned medical liability companies.

The National Council on Drugs, an independent panel of recognized drug experts, held its organizational meeting in Washington, D.C. Represented at the meeting were the AMA, American Society for Clinical Pharmacology and Therapeutics, American Society for Pharmacology and Experimental Therapeutics, American Dental Assn., American Osteopathic Assn., American Nurses Assn., National Medical Assn., Pharmaceutical Manufacturers Assn., and American Pharmaceutical Assn. The AMA helped organize the council when the National Academy of Sciences - National Research Council terminated its Drug Research Board. The council will act in an advisory capacity to the government, the scientific community, and the public on matters pertaining to the development and use of drugs.

The AMA's Staff Task Force on Professional Liability has developed a state-by-state report on the medical liability situation. The report covers such subjects within each state as insurance availability, legislative activities, public relations/public education, continuing medical education and society medical discipline. Information in the report is current as of Oct. 11.

The second National Conference on the Impaired Physician will be Feb. 4-6 in Atlanta, Ga. Successful programs and specific treatment techniques for the drug addicted, alcoholic or mentally ill physician will be featured in workshop sessions. The conference is co-sponsored by the AMA and the Medical Assn. of Georgia.

Available from AMA: *The American Medical Association — Working for a Healthier America*, formerly *The Little-known Story of How America's Physicians Work Together to Improve Your Health*. Copies of the pamphlet, Comp. 43, are complimentary . . . *Standard Nomenclature of Athletic Injuries*, OP 43, for physicians practicing internal medicine and surgery as well as for specialists involved in the study and care of athletes. Cost is \$2.00 ea. for 1-10 copies; \$1.80 ea. for 11-49 copies; and \$1.60 ea. for 50 or more . . . "To All My Patients," OP 33, physician's fee plaque for wall or desk. Cost is \$5.50 ea. for 1-10 plaques; \$4.95 ea. for 11-49; and \$4.40 ea. for 50 or more. Write Order Dept., AMA Headquarters.

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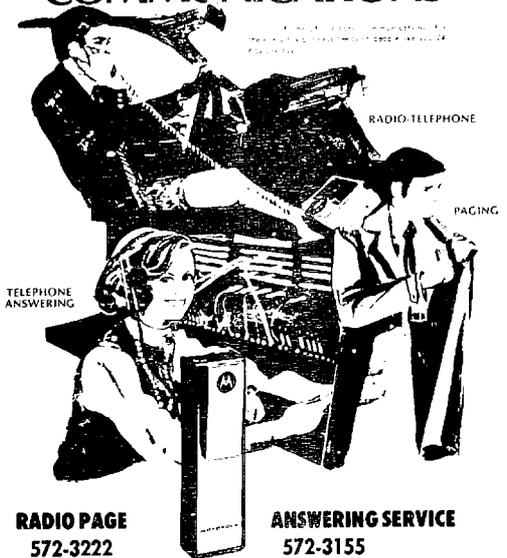
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FRANK ROSSITER, Owner-Manager

**CATEGORY I – CONTINUING MEDICAL EDUCATION – PIERCE COUNTY**

The following programs are in the planning process for the Winter and Spring of 1977 by the Committee for Continuing Medical Education of the Pierce County Medical Society and the local hospitals in conjunction with the College of Medical Education, Inc. The programs will host visiting and local experts. Notice for each program, including specific information regarding format and speakers, will be mailed to your office at least three weeks prior to the offering. THIS SCHEDULE IS SUBJECT TO CHANGE – please check schedule monthly.

		Category I Credit to be applied for
January 11, 12, 13, 14; 8:00 to 10:00 a.m. St. Joseph Hospital	<b>FLUID AND ELECTROLYTE BALANCE</b> Coordinator: John Kennedy, M.D.	8
January 19; 8:30 a.m. to 4:00 p.m. St. Joseph Hospital	<b>TRAUMA CONFERENCE</b> Coordinators: Andrew Tsoi, M.D., Lenord Allot, M.D.	7
February 15, 16, 17, 18; 8:00 to 10:00 a.m. St. Joseph Hospital	<b>GASTROINTESTINAL DISEASE</b> Coordinator: Richard Baerg, M.D.	8
February 24; 9:00 a.m. to 9:00 p.m. St. Joseph Hospital	<b>A POST-GRADUATE DAY IN PSYCHIATRY</b> Coordinator: William R. Conte, M.D.	8
March 11; 8:00 to 11:00 a.m. Tacoma General Hospital	<b>CARDIOVASCULAR ORIENTATION</b> Coordinator: Tacoma Surgical Club	3
March 17, 18; 2 full days, one evening St. Joseph Hospital and Tacoma Yacht Club	<b>WHAT'S NEW IN INTERNAL MEDICINE</b> Coordinator: Tacoma Academy of Internal Medicine Richard Baerg, M.D.	12
March 24; Tuesday Evening - Dinner Tacoma General Hospital	<b>CANCER OF THE BLADDER</b> Coordinator: J. G. Katterhagen, M.D.	
March 26; 8:00 a.m. to 4:00 p.m. Mary Bridge Children's Health Care Center	<b>DAY OF PEDIATRICS</b> Coordinator: Robert Scherz, M.D.	6
March 31, April 1, 7, 8 Good Samaritan Hospital	<b>ANTIBIOTICS</b> Coordinator: Theodore Apa, M.D.	?
April 6, 13, 20 7:30 to 9:30 a.m.	<b>TACOMA GENERAL TOPICS</b> Coordinator: Robert Kapelowitz, M.D.	6
May 6; All day Friday - Saturday a.m. Allenmore Hospital	<b>ASCVD - MEDICAL AND SURGICAL (TBA)</b> Coordinator: Richard Baerg, M.D.	6



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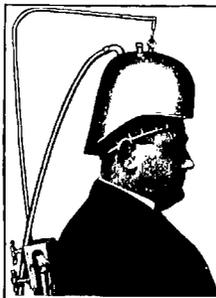
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**THE POLICE DISABILITY BOARD** is seeking available practitioners for use on special request for disability cases. Most of the evaluations and reviews involve back and limb injuries or psychiatric problems. If interested, contact the Society office.

**EXPERIENCED GENERAL SURGEON**, University trained and Board Certified, wanted for permanent position as assistant in private practice of Cardiac Surgery. Send curriculum vitae to Harry King, M.D., 1221 Madison, Suite 321, Seattle, WA 98104.

## PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

### Listing No. 1201:

General Internist seeking affiliation with any sized group or partnership. Medical school at Univ. of Pennsylvania School of Medicine. Internship and residency at Univ. of Chicago Hospitals and Clinics. Completes Nephrology Fellowship at Stanford July 1977. Board certified. Primary interests: General Internal Medicine, with emphasis on Nephrology, if possible (not mandatory). Available July 1, 1977.

### Listing No. 1202:

Board certified cardiologist available for practice July 1977. M.D. degree from Marquette School of Medicine, 1964. Interned Illinois Research and Educational Hospitals 1968-69. Residencies: Psychiatry 1969 through 1970 at Illinois Neuropsychiatric Institute; 3 year Internal Medicine at Univ. of Oregon, followed by 2 year Cardiology Fellowship also at Univ. of Oregon, terminating July 1975. Experienced in invasive and non-invasive cardiology.



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**HELP WANTED:** The Pierce County Chapter of the American Association of Medical Assistants needs medical advisors to assist them in their activities . . . and . . . to maintain their AMA and Pierce County Medical Society Charter and endorsement. If you are willing to help this worthy organization for your office assistants, please call the Society office for details.

PIERCE COUNTY MEDICAL SOCIETY

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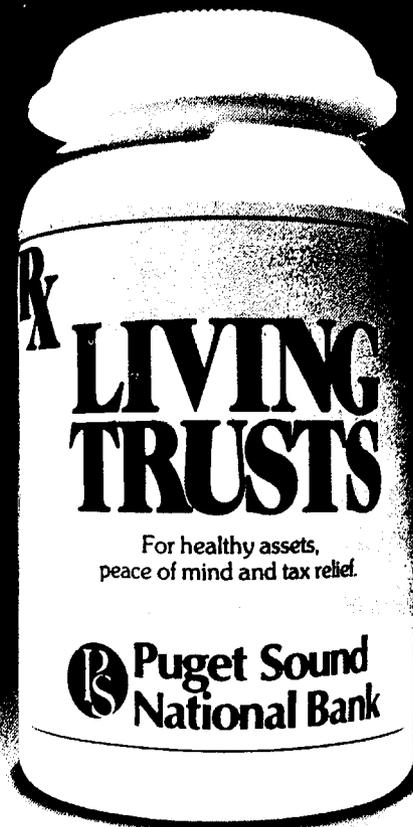


# *Pierce County Medical Society*

FEBRUARY 1977  
Vol. XLIV, No. 2 • Tacoma, Washington



**BULLETIN**



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Making money is one thing. Keeping it is another. And passing it on to your family is certainly something else again.

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## PRESIDENT'S PAGE



D. Ted Baer, M.D.

### Onward And Upward!

My first thought this month is what a great place we have to live and practice. "Mountain's Majesty" . . . "From sea to shining sea." We all love it. Others are discovering that this area offers the good life. Pierce County membership *net* increase over the past three years, for example, lays out like this:

1974	—	14
1975	—	20
1976	—	49

Dale Shirk tells me we're really cooking, with five to six new applicants per month over the past few months. There's no doubt our society

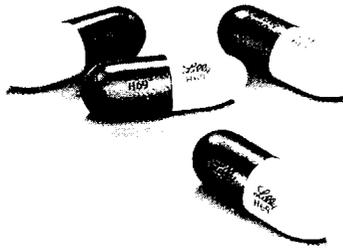
can be proud that we are offering good medical care to Pierce County. These new men are good men (according to the Credentials Committee).

An example of the calibre of men working in our community is John M. Shaw, M.D. John (as was noted in this bulletin last month) was recently installed as the President of the American Academy of Dermatology. We know John's middle name isn't Morrell, but we can still say, "Keep up the good work, John."

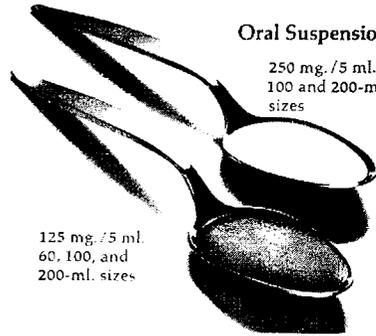
Our members should be aware that there is "on line" a full time Professional Employment Counselor in the person of Sondra Sakala. She is all ours and located at the Pierce County Medical Society (phone 572-3709). Sondra comes well qualified with a Bachelor and a Master's degree, and has had extensive experience in personnel. Her role will be to provide the members with qualified "front office" and "back room" type employee applicants ready for interview. She's a real "people person" with a feeling for her job. With the present increase in the size of the Pierce County Medical Society, I'm sure Sondra will be kept busy.

Speaking of the crews that make things happen, I hope all office personnel read, or have read page 18 of the January *Bulletin*. Betty Moore, President of the Pierce County Chapter of AAMA, has some really good material. Also, all office personnel should read page 11 and 12 of last month's (January) *Bulletin*. Achtung! D. T. B.

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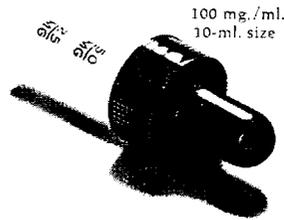


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## EDITORIALLY SPEAKING



W. Ben Blackett, M.D.

### A Deflationary Tax Proposal

The new Washington State Legislature is facing another deficit, and it seems that new tax money must be raised. There is renewed talk of an income tax (it seems impossible for us taxpayers to bury that for good), and of course increase in jobs and business taxes.

But what is needed is not just more of the same, but a unique, constructive, and imaginative solution, a solution which — who knows — might spread to other states, or even beyond.

Now, all physicians, and especially surgeons, both large and small, are aware of the injurious effect of obesity on your health. This becomes a particular problem when surgery or some other manipulative technical procedure becomes necessary on an obese patient. Great difficulties can be encountered, leading to prolonged anesthesia, and at times great risk to the patient, not to mention strains upon the physician.

So what could be of greater benefit to the State of Washington and the health of its citizenry than a tax on obesity. This would have great administrative simplicity, requiring only a scales, a weight-height chart and a calculator. If you recall, this type of tax was once very neatly administered (although in reverse form) by the Aga Khan, who was weighed annually in diamonds. I would propose that everyone in the State of Washington be weighed yearly, either in Olympia,

or perhaps by a local tax-weight assessor. More frequent weighings might be needed for persons inclined to go up or down by more than 10% of body weight several months at a time.

When the State budget is some day brought under better control, and sufficient excess funds are available, I would then propose transfer payments which could be made from those over ideal weight to those who are under their ideal weight. This proposal would save the Washington economy, improve the general health, and these are weighty arguments in its favor.

---

### A CONTEMPORARY FABLE

*With the new administration dedicated to a national health insurance program, a familiar old specter has arisen again. Of course norms mean little, and it is the details of the plan which will be significant.*

*Hopefully, the cost experiences of Medicare and Medicaid have not been lost on all but the most dreamy of liberals, and common sense will block the adoption of a total cradle-to-grave "English" type of program.*

*But we are certain over the next four years to hear again from our own ranks that siren song, "We had better join in and do it ourselves or they will do it for us." So, with this suggestion returning to tweak our temporal lobes, and with the déjà vu hard upon us, we are replaying an editorial from five years ago:*

Once upon a time in the far north woods there lived a community of beavers. Now these beavers worked hard and well. They built fine dams and sturdy dens. They always stocked well for the winter so they would not go hungry or be dependent upon each other. The many other forest creatures also profited from the beavers' industry. There were marshes for the birds and lakes full of grass for the moose.

One day a merchant came to these woods. He showed the beavers how he would build a store and how he would sell the beavers all the tender branches and roots and bark they might want for the winter. They, in turn, needed only to cut down enough trees to build the merchant a storehouse. The beavers thought hard and long and they held meetings. They finally decided that they liked the woods unspoiled (beavers only cut what they need) and they liked their independence and they liked helping all the other animals. But, they reasoned, the merchant is going to build a store anyway and will probably ruin the woods anyway so that they ought to go along with him in order to maintain some control over the situation.

So they put themselves busily to work, and in very little time had cut down many trees. The merchant built a store, and although the woods weren't as pretty anymore, the beavers did get some free branches, roots and bark through the winter.

The next spring the merchant decided to build a bigger store, and again the beavers discussed and thought and held meetings. They decided that since the merchant would build a bigger store anyway, they had better go along and help him in order to maintain some control over the situation.

This time they had to cut down many trees, and in the fall there were fewer trees to repair the dams and to build dens. But on the other

hand there was a big new store, and some of the less industrious beavers were even allowed to spend the winter for free in the back of the storehouse. Again there were roots and bark and other tasty beaver foods, and no need for anyone to lay in his own supply.

The following spring the dams were in disrepair and the lakes were only a third full. The other animals had a very hard time, and some even died. The woods were no longer pretty and some of the birds had gone elsewhere to nest. But the merchant had grown rich and ambitious. He now told the beavers that he was going to build a factory and needed them to cut all the trees far and wide.

And again the beavers thought hard and they argued and they held meetings. They saw that the woods were almost ruined and that the other animals who needed lakes and grass were starving, and they longed for their good dams and sturdy dens full of food. But, they reasoned, the merchant will certainly build his factory anyway and we had better go along and help in order to maintain some control over the situation.

So they cut down the trees far and wide, and they even took down what was left of the dams for roofing. That fall a big factory sat where once there had been a lake bottom. On the top of the factory stood a big sign. It said, "NORTH WOODS FURS AND TAXIDERMY — Specializing in beaver pelts." W. B. B.

### YOUR MEDICAL LIBRARY

Your access to the world literature in medicine through the network of biomedical communication: Hospital Library — Pierce County Medical Library — Pacific Northwest Regional Health Sciences Library — National Library of Medicine — British Lending Library.

Comprehensive library services include: literature searches, bibliographies, interlibrary loans, and Medline searches (literature retrieval by computer).

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**572-5340**

# LEGISLATIVE NEWS



Robert W. Florence, M.D.

## National Health Insurance?

The recent Congressional recess and the concentration of our politicians on getting elected or re-elected has created a relatively quiet period as far as medical legislation is concerned, but it could be the calm before the storm.

On the National scene, with the changes that have taken place in Washington, it seems certain that we are to have some type of national health insurance in the near future. The unanswered questions at this time are:

- 1) Will it be a radical bill such as the labor backed Kennedy-Corman bill?
- 2) Will it be based upon present pre-paid insurance programs?
- 3) Will it be a sudden switch to the National plan covering the entire population or will it be introduced piecemeal, progressively extending to cover everyone?

The next four years may very well see legislation passed which will have a greater impact on our

profession than has been previously experienced in the history of our country.

---

Bills have been prepared for presentation to the current session of the Washington State Legislature which will no doubt have made the newspapers by the time this is printed. The lack of a crisis atmosphere at this time concerning professional liability insurance premiums and availability of liability insurance may make it more difficult to get favorable action on our proposed bills. This will make it necessary for all physicians, Auxiliary members, office employees, and all others whom we can influence, to communicate with our legislators to request their support.

W.S.M.A. is proposing the following measures to help solve professional liability problems:

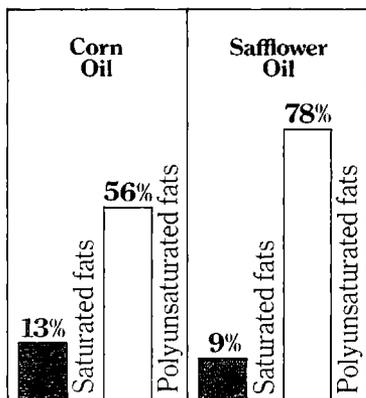
- 1) The Mandatory Binding Arbitration bill which was discussed last month.
- 2) Appointment of a Lay Member on the Medical Disciplinary Board.
- 3) Guarantee of Cure would require that any promise of results for medical cure must be in writing in order to be valid.
- 4) Notice of Intent would require advance notice 90 days prior to the filing of a suit.
- 5) Abuse of Process would permit a counter claim against persons who conspire to file action when they knew or should have known that the claim was false and unfounded.
- 6) Self-Insurance Enabling Legislation to allow physicians to form their own insurance company, if necessary, to assure the continued availability of professional liability insurance.

R. W. F.

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# AUXILIARY PAGE

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2nd V.P. & Membership.....	Stephanie Tuell
3rd V.P. & Historian & By-Laws.....	Evie Osborne
4th V.P. & Social.....	Marge Ritchie
Recording Secretary.....	Cheryl Crowell
Corresponding Secretary.....	Pat Kesling
Treasurer.....	Betty Johnson
Dues Treasurer.....	Glenna Blackett

## COMMITTEE CHAIRMEN

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AMA-ERF Merchandise.....	Sundy Porter
Communications.....	Lee Jackson
Bulletins.....	Martia Ohme
	Judy Baerg
Newspaper.....	Carol Hopkins
Telephone.....	Nicole Crowley
	Judy Sales
Finance.....	Julia Mueller
Service Project.....	Cindy Anderson
	Margaret Granquist
Cookbook.....	Donna Prewitt
Student Recognition.....	Carol Hazelrigg
	Barbara Wong
Project Bank.....	Shirley Murphy
Swine Flu Liaison.....	Donna Ferguson
Legislative.....	Betty Bahn
Sunshine.....	Jeanne Judd
Auxi-Quad Luncheon.....	Kit Larson
Mid-Year Conference.....	Dorothy Grenley
Nominating.....	Anne Katterhagen

## A.M.A. — E.R.F.

Congratulations! This was a winning year for AMA-ERF as contributions for this year's Christmas card totalled \$5,612.00.

## HELP! VOLUNTEERS NEEDED

Volunteers are still needed for Tel-Med, according to Margaret Granquist. If you have three hours one day a month, give her a call at 845-4745.

Since we are hosting the Med-Year Conference on March 14, 15 and 16, it will be necessary to

have some cars or vans for transporting guests. If you have either, and can donate a little time, please call Dorothy Grenley (584-4421).

A plea has come to us from the Family Planning Clinic, which needs volunteer receptionists at various hours on Monday afternoons, Tuesdays, and Wednesday mornings. Duties are varied, but training and supervision are provided. If interested, contact the Volunteer Coordinator at 593-4343.

## MEETINGS CHANGED

The February general meeting has been changed to February 25, but the time and place remain the same.

The next board meeting has been changed to February 28, at Allenmore.

## NEXT YEAR'S SLATE

The slate of officers for next year is as follows:

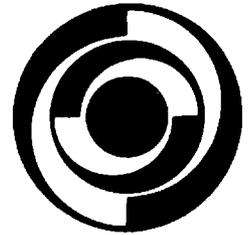
President .....	Helen Whitney
President-Elect.....	Jo Roller
1st Vice President	
and Programs.....	Kathy Miskovsky
2nd Vice President	
and Membership.....	Nicole Crowley
3rd Vice President,	
Historian,	
and Bylaws.....	Margaret Granquist
4th Vice President	
and Arrangement.....	Lee Jackson
Recording Secretary.....	Martia Ohme
Corresponding Secretary.....	Jan Thiessen
Treasurer.....	Shirley Murphy
Dues Treasurer.....	Dorothy Truckey

## BIRTHDAY PARTIES

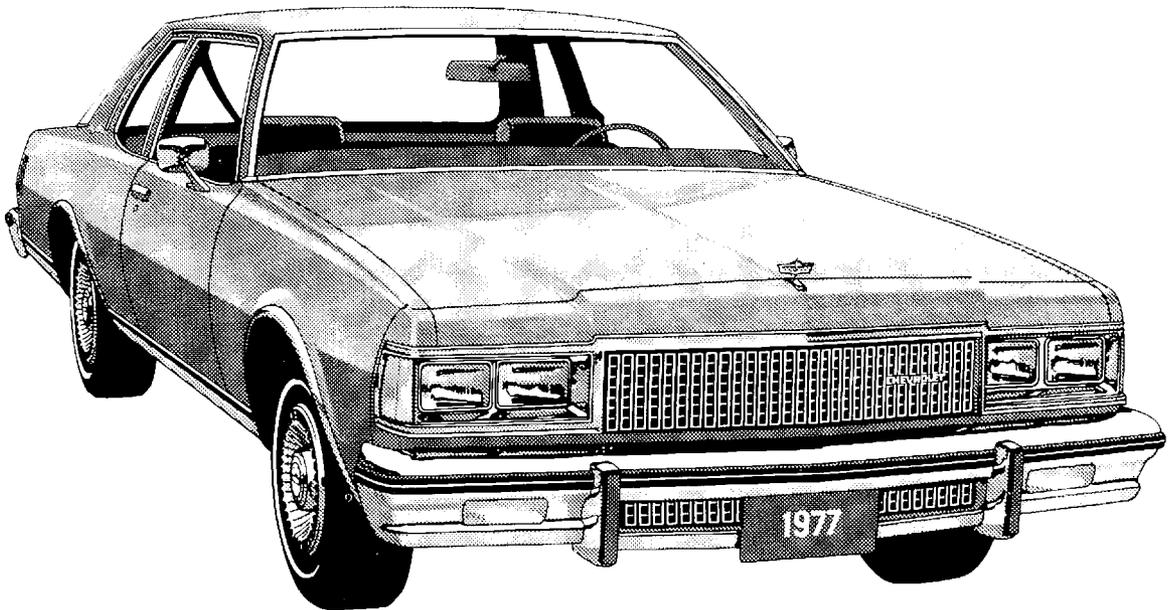
John Larson, a young magician, is anxious to display his talents for children's birthday parties. He can be reached at 537-8093.



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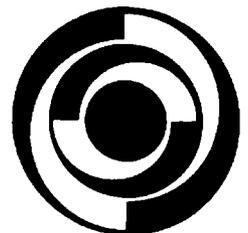
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*For Additional Information*

Contact **JIM OBENOUR**

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## The Menopausal Woman

The Auxiliary to the King County Medical Society is sponsoring a timely panel discussion on the "Menopausal Woman." Five prominent physicians will lead the discussion on Thursday evening, March 3rd, from 7 to 10 P.M. in the Grand Ballroom at the Olympic Hotel.

Present day concerns about the effects of estrogen have created controversy, confusion and doubt in the minds of many physicians and their patients. This discussion is designed to place the benefits and risks of treating these patients into proper perspective.

Topics to be presented by the panelists include:

1. Definition of the menopause
2. What patient needs treatment and why
3. Treatment options
4. Actual and potential hazards to treatment

Questions from the audience to the panelists will be encouraged. Tickets may be obtained by calling The King County Medical Society office. Cost is \$10.00 per person.

Panelists participating will be: (Moderator) Neil Elgee, M.D., Clinical Professor of Medicine at the University of Washington School of Medicine, and Regent of The American College of Physicians, Seattle, Washington.

William D. Odell, M.D., Professor of Medicine and Physiology, Chairman of the Department of Medicine at Harbor General Hospital, UCLA School of Medicine, Torrance, California.

Howard L. Judd, M.D., Associate Professor in the Department of Reproductive Medicine, University of California School of Medicine, San Diego, California.

Daniel R. Mishell, Jr., M.D., Professor of OB-GYN, Associate Chairman of the Department of OB-GYN, University of Southern California School of Medicine, Los Angeles, California.

Donald C. Smith, M.D., Clinical Associate Professor in the Department of OB-GYN, University of Washington School of Medicine and attending staff physician at Virginia Mason Clinic.



Neil Elgee, M.D.  
Moderator



Donald Smith, M.D.



Howard Judd, M.D.



William Odell, M.D.



Daniel Mishell, Jr., M.D.

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JOHN WOLFE, EXECUTIVE DIRECTOR

**ALLENMORE MEDICAL CENTER, INC.**

**383-2201**

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Tacoma, Washington 98405

# HOSPITAL NEWS

Dr. Hugo Van Dooren has been elected president of the Puget Sound Hospital medical staff. Other officers elected were Dr. William B. Jackson, president-elect, and Dr. Robert F. Glock, secretary-treasurer.

The new president, a psychiatrist, attended the medical school at the University of Leiden and the University of Amsterdam, both in The Netherlands. He received his M.D. degree in 1952 from the University of Amsterdam.

From 1952 to 1953 he served an internship at St. Canisius Hospital, Nijmegen, The Netherlands. From there he moved to Tacoma General Hospital for a one year internship.

Dr. Van Dooren served a residency at the Department of Psychiatry, University of Utah, from 1954 through 1957, working in Salt Lake General Hospital. Post graduate education was taken at the Seattle Psychoanalytic Institute from 1958 through 1972.

The new medical staff president has a teaching appointment at the University of Washington Department of Psychiatry, where he is an Associate clinical professor.

He is certified by the American Board of Psychiatry and Neurology as a specialist in psychiatry. The psychiatrist is a member of the Pierce County Medical Society, Washington State Medical Association, American Medical Association and the American Psychiatric Association.

President-elect Dr. Jackson, a radiologist, has served on the Puget Sound Hospital staff since 1973.

He received his pre-medical education at the University of Oklahoma and University of Tulsa, graduating in 1960. He received his M.D. degree from Bowman Gray School of Medicine in 1964.

Dr. Jackson interned at Portsmouth Naval Hospital, Virginia, from 1964 to 1966. He served

as a resident at San Diego Naval Hospital from 1966 to 1969. From August 1969 to September 1972 he was chief of radiology at the Bremerton Naval Hospital.

The radiologist is certified by the American Board of Radiology and is a member of the American College of Radiology and the American Medical Association.

Dr. Van Dooren and Dr. Jackson, as president and president-elect of the medical staff, are members of the Hospital's Board of Governors, where they present the medical staff's views on all issues arising for the board's consideration.

---

The new secretary-treasurer, a specialist in obstetrics-gynecology, has been on the hospital staff since 1971.

Dr. Glock received a B.S. in education from the University of Nebraska in 1942. He received his M.D. degree from the University of Nebraska College of Medicine in 1949. In 1966 he received a Master's degree in hospital administration from Baylor University.

He was an intern at Madigan Army Hospital from 1949 to 1950. The internship was followed by a three year residency in general practice at the same hospital. From 1956 to 1959 he served a residency in obstetrics-gynecology at Brooke General Hospital, Ft. Sam Houston, Texas. He was chief of obstetrics-gynecology at DeWitt Army Hospital, Ft. Belvoir, Virginia, from 1966 to 1969.

In addition to his Army medical service, Dr. Glock served in World War II from 1943-46, and in Vietnam from 1965-66.

Certified by the American Board of Obstetrics-Gynecology, Dr. Glock holds a Fellowship in the American College of Obstetrics-Gynecology, is a Diplomate in the American Board of Obstetrics-Gynecology, and a member of the American Medical Association.

# A.A.M.A. PAGE

by Karen T. Cardin  
Medical Assistant, AAMA

Last summer, sometime, I began picking up bits of information during lunch time. There are about twelve of us from different medical offices in the Tacoma Medical Center, who share our lunch time at a nearby coffee shop. Usually I am so busy stuffing myself that I miss out on half the conversation, but occasionally I heard, "AAMA," "Monday night," "interesting speaker," "we had a great time," etc., and eventually listened more closely and discovered that A.A.M.A. is the American Association of Medical Assistants, and that here in Tacoma-Pierce County, we have a chapter which is one of hundreds throughout the United States, with a few in Canada. In our local chapter we have the Washington State President, and the Washington State Vice-President. This is quite an accomplishment for a group of professionals who have been active as a Chapter only a little more than three years.

One of the girls said, "Come along to the meeting on Monday." I remember thinking, "O. K., what can it hurt; I haven't anything to do on Monday evening anyhow." And since I had made the decision to attend I felt that I should share this experience with my office buddy, and thus convinced her to attend, also. We showed up at the meeting, which is held at the Tacoma Humane Society Meeting Room. "Ick," you are thinking, "Humane Society!" Let me mention that you never realize you are in the Humane Society, as we meet in a very nice, large room, with only charming posters made by school kids to remind us that we are anywhere near an animal.

The meetings vary, but are usually twenty to thirty minutes long, and it is most interesting on occasions when the girls begin expressing their opinions. I sat through my first meeting with a little uneasiness. I didn't know anyone, of course, except the girl from my office and the two gals from the next office who had urged us to attend.

The business meeting is followed by a coffee

break and general talk-fest, then the program is presented. During the break I began to learn that the other girls worked for physicians in offices with which I had often had contact, and were girls with whom I had often spoken. This breaks down a lot of barriers, especially when you meet and get to know these girls in associated health fields. When I speak on the phone now I am speaking with someone I know, and someone with allied interests. The AAMA provides us in our local Chapter with a monthly meeting for those of us who are interested in continuing our education and staying fresh and enlightened in these times when we have to be a composite of many things just to answer the telephone in our various occupations.

I have now attended four meetings, and have found each of them to be interesting and educational. When I was asked to write this as a "new" member, I naturally panicked . . . ! And then I realized all I had to do was tell it like it is, and that is what I am doing. Our February meeting will bring us a speaker from the Kidney Foundation, Ms. Pat Johnson. For March we are planning a dinner meeting at the Forbidden City in Puyallup, with a self-education program and perhaps a short "fun time." In April we expect to have Dr. Stillwell present the program. We have plans for the next three months, which will be announced later. We expect all of these meetings to be super, and you are invited to attend.

As a relatively new member I can say only that I have found the group to be enjoyable, interesting and willing to share with each other many of the difficulties and joys of their respective jobs. It was mentioned at the January meeting that in these days, when the Federal Government is becoming more and more involved in the Medical Field, it is to our best interest, and that of our employers, to be as well educated and as able as we can, because in the future we will have to provide evidence that we are competent,

*—continued overleaf*

and what better way to begin than through AAMA, which at the same time provides education, entertainment, social contact with our peers, and a National Organization Membership.

The contact has provided me, personally, with the challenge to take the examination to become a CMA, which means "Certified Medical Assistant." We are professionals, and this gives professional standing to a large group of competent, educated personnel who have often erred in

referring to ourselves as "Girls Friday," or flunkies. It has long been established that the opinion others hold of us is colored by our opinion and feeling we have about ourselves.

\*\*\*\*\*

**Note:** Dr. James W. Boudwin has volunteered his services as a physician-advisor to our group, so we now have four M.D.'s in Pierce County who have offered their assistance, and, again, we thank all of you.

**CATEGORY I – CONTINUING MEDICAL EDUCATION – PIERCE COUNTY**

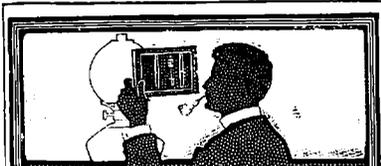
The following programs are in the planning process for the Winter and Spring of 1977 by the Committee for Continuing Medical Education of the Pierce County Medical Society and the local hospitals in conjunction with the College of Medical Education, Inc. The programs will host visiting and local experts. Notice for each program, including specific information regarding format and speakers, will be mailed to your office at least three weeks prior to the offering. THIS SCHEDULE IS SUBJECT TO CHANGE – please check schedule monthly.

		Category I Credit to be applied for
February 15, 16, 17, 18; 8:00 to 10:00 a.m. St. Joseph Hospital	<b>GASTROINTESTINAL DISEASE</b> Coordinator: Richard Baerg, M.D.	8
February 24; 9:00 a.m. to 9:00 p.m. St. Joseph Hospital	<b>A POST-GRADUATE DAY IN PSYCHIATRY</b> Coordinator: William R. Conte, M.D.	8
March 11; 8:00 to 11:00 a.m. Tacoma General Hospital	<b>CARDIOVASCULAR ORIENTATION</b> Coordinator: Tacoma Surgical Club	3
March 17, 18; 2 full days, one evening St. Joseph Hospital and Tacoma Yacht Club	<b>WHAT'S NEW IN INTERNAL MEDICINE</b> Coordinator: Tacoma Academy of Internal Medicine Richard Baerg, M.D.	12
March 24; Tuesday Evening - Dinner Tacoma General Hospital	<b>CANCER OF THE BLADDER</b> Coordinator: J. G. Katterhagen, M.D.	
March 26; 8:00 a.m. to 4:00 p.m. Mary Bridge Children's Health Care Center	<b>DAY OF PEDIATRICS</b> Coordinator: Robert Scherz, M.D.	6
March 31, April 1, 7, 8 Good Samaritan Hospital	<b>ANTIBIOTICS</b> Coordinator: Theodore Apa, M.D.	?
April 6, 13, 20 7:30 to 9:30 a.m.	<b>TACOMA GENERAL TOPICS</b> Coordinator: Robert Kapelowitz, M.D.	6
May 6; All day Friday - Saturday a.m. Allenmore Hospital	<b>ASCVD - MEDICAL AND SURGICAL (TBA)</b> Coordinator: Richard Baerg, M.D.	6



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1500 North Warner; Tacoma, Washington 98416

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Medical Arts Building, 740 St. Helens Avenue, Tacoma, Washington 98402, or phone (collect) 206 - 272-3161.

## IN BRIEF — A SUMMARY OF A.M.A., MEDICAL & HEALTH NEWS

**A Section on Medical Schools** was established by the House of Delegates at the AMA's 30th Clinical Convention in Philadelphia. Membership will consist of the dean of each approved medical school and three members of each administration or faculty who will be appointed by the dean. The Section on Medical Schools joins the Resident Physician Section and the Medical Student Business Session on special sections of the House closely allied to medical education.

**A research project** to identify the postgraduate education needs of physicians of various ages, specialties and practice settings and to determine how the AMA should respond to these needs was authorized by the Board of Trustees. Results of the study are expected for the 1977 Annual Convention. The Board also endorsed revised standards and criteria for the selection of convention sites.

**AMA members could save** as much as \$1,526 a year on their insurance plans, according to a recent study conducted by William M. Mercer, Inc., insurance consultant to the AMA. The study compared individual insurance plans with the membership insurance program available through the AMA. The firm sought coverage from outside companies for a "hypothetical" physician at age 46, then drew comparisons with AMA rates.

**Evidence of untreated illness** among inmates of the nation's jails surfaced from an AMA survey conducted as part of its jail medical project. The project is designed to develop medical care systems for use as models for the nation's jails.

**Resident physician sections** have been established by the House of Delegates of the Washington State Medical Assn., the Illinois State Medical Society and the Texas Medical Assn. Six other state societies have formal resident physician sections and about 20 societies have some type of informal arrangement.

**Counseling services** for state medical societies interested in establishing a resident physician section are now available through the AMA's Dept. of House Staff Affairs.

**The AMA Education and Research Foundation** was urged to promote more and better private loan and grant funds and to encourage greater participation in the AMA-ERF fund program. The AMA Council on Medical Education pointed out that the number of medical students seeking loans and scholarships had increased in the past few years while funds available had not. AMA-ERF has guaranteed about \$75 million in loans to medical students since the program began in 1962 and will guarantee about \$8 million more this year.

**Physicians rank number one** on the public scale of honesty and ethical standards according to a recent Gallup poll which asked a nationally representative sample of the public to rate the honesty and ethical standards of eleven occupations. Engineers and college professors ranked two and three, respectively.

**Medical group practice** has shown significant growth in the 1970's, according to the current edition of the AMA's Profile of Medical Practice. The information is compiled by the AMA's Center for Health Services Research and Development from the AMA's Physician Masterfile and the Periodic Survey of Physicians. The book shows there are 8,483 medical groups whose 66,842 physicians represent 23.5% of the active non-federal physician population.

**A computer consulting service** for physicians has been developed by the AMA. A computer specialist will travel to physicians' offices to assess practice needs and offer recommendations for office computer assistance. The consultant will act on a cost-plus-fixed-fee-basis. For information write Dept. of Computers in Medicine, AMA Headquarters.

**Available from AMA:** *Emergency Department — A Handbook for the Medical Staff*, OP 131, on problems confronting medical staff in the hospital emergency room. Cost is \$2.00 ea. for 1-10 copies; \$1.65 ea. for 11-49 copies; and \$1.25 ea. for 50 or more. Write Order Dept., AMA Headquarters.

# MEMBERSHIP

In accordance with Society Bylaws, Chapter 7, Section A, MEMBERSHIP, the following physicians have made application for membership, and notice of that application is herewith presented to the membership:

## SECOND NOTICE



**ROGER J. C. MEYER, M.D., Pediatrics and Community Health.** Born in Olympia, Washington, 5/14/28; medical school Washington University, St. Louis, Missouri, 1955; internship at St. Louis Childrens Hospital, 1955-56; residency at Strong Memorial Hospital, Rochester, New York, 1956-58; licensed to practice medicine in the State of Washington, 1958; also practiced medicine in Missouri, New York, Massachusetts, Vermont, Illinois. Dr. Meyer's office is located at Central School Office, Tacoma Public Schools, where he works as Medical Director.



**PAUL J. NUCCIO, M.D., Internal Medicine.** Born in Jamaica, New York, 7/29/44; medical school at the State University of New York, Downstate Medical Center, 1970; internship S.U.N.Y. Kings Co. Hospital Center, Brooklyn, New York, 1970-71; residence also at S.U.N.Y. Kings Co. Hospital Center, Brooklyn, New York, 1971-73; licensed to practice medicine in the State of Washington, 1973; also practiced medicine in California. Dr. Nuccio's office of Internal Medicine is located at 1112 South Cushman Avenue in Tacoma.



**E. GERHARD OPPEN, M.D., Administrative Medicine.** Born in Belgrade, Minnesota, 8/1/02; medical school at University of Minnesota, 1929; internship at Fairview Hospital, Minneapolis, Minnesota, 1929-30; licensed to practice medicine in the State of Washington, 1975; also practiced medicine in Minnesota. Dr. Oppen's office of Administrative Medicine is located at the Tacoma Lutheran Home, 3625 East B Street in Tacoma.



**MICHAEL D. SORONEN, M.D., Radiology.** Born in Detroit, Michigan, 6/4/43; University of Michigan Medical School in Ann Arbor, Michigan, 1976; internship at William Beaumont Hospital, Royal Oak, Michigan, 1969-70; residency also at William Beaumont Hospital, Royal Oak, Michigan, 1970-73; licensed to practice medicine in the State of Washington 1973; also practiced medicine in Michigan. Dr. Soronen's office of Radiology is located at Tacoma General Hospital.

\*\*\*\*\*

## FIRST NOTICE



**JOHN R. HERD, M.D., Family Practice.** Born in Columbus, Ohio, 7/15/39; medical school at Ohio State University, Columbus, Ohio, 1965; internship at USPHS, Boston, Massachusetts, 1965-66; licensed to practice medicine in the State of Washington, 1973; also practiced medicine in Ohio and Utah. Dr. Herd's office of Family Practice is located at 1112 South Cushman Avenue in Tacoma.



**RICHARD E. MARTINDALE, JR., M.D., Anesthesiology.** Born in Providence, Rhode Island, 6/10/29; medical school at the University of Texas, Medical Branch, Galveston, Texas, 1965; internship also at the University of Texas, Galveston, Texas, 1965-66; residency at Wilford Hall USAF Medical Center, Lackland AFB, Texas, 1966-69; licensed to practice medicine in the State of Washington, 1975; also practiced medicine in California. Dr. Martindale's office of Anesthesiology is located at Good Samaritan Hospital in Puyallup.



**ERIC W. LURIA, M.D., Family Practice.** Born in Detroit, Michigan, 2/1/47; medical school at University of Rochester, Rochester, New York, 1973; internship at University of Kentucky, Lexington, Kentucky, 1973-74; residency also at University of Kentucky, Lexington, Kentucky; licensed to practice medicine in the State of Washington 1976. Dr. Luria's office of Family Practice is located at 1112 South Cushman Avenue in Tacoma.

\*\*\*\*\*

### TONGUE IN JOWL

*Doctor, please, what should I do?  
They're giving shots against Swine Flu.*

For most folks shots will be no harm;  
Stand in some line and bare your arm.  
But, Mrs. Jones, I really doubt  
An epidemic will break out,  
And if one does we'll hear with glee  
Disease Control boast on T.V.

*But if I cough or if I sneeze  
Would I have caught the dread disease?*

Accept with grace those ills this season;  
If grace you've none, then use your reason.

*I still have fear there may be danger,  
So should I try to meet no stranger?  
That I'll be safe and really know  
To what limits should I go?*

Do not worry, do not whine,  
And never, never kiss a swine!

*Tell me where these beasts I'll find  
So I'll better shun their kind.*

The smaller ones pose no real threat  
And with their all our palates whet.  
We all know where the big swine went  
They're working for the government.

—Gene J. Morain

# LETTERS

## TACOMA - PIERCE COUNTY HEALTH DEPARTMENT

County-City Building • 930 South Tacoma Avenue  
Tacoma, Washington 98402 • Telephone 593-4100

Harlan P. McNutt, M.D., M.P.H.  
Director of Health

January 11, 1977

Dale Shirk/Executive Director  
Pierce County Medical Society  
813 South K Street  
Tacoma, Washington 98406

Dear Dale & Pierce County Medical Society Members:

Thank you for your favorable response to our proposed Community High Blood Pressure Control Program. As you know, blood pressure screening clinics have been conducted throughout the county in the past by us and others with some negative results. Using knowledge from past experience and input from groups like the Pierce County Medical Auxiliary and Washington State Heart Association, we hope to set up a program that will correct some of the negative aspects and deficiencies of previous clinics. Some of these were in the area of health education, counseling, referral, and follow-up. We are working to involve other groups who are currently doing some blood pressure screening, such as the Professional Pharmacists of Pierce County, and inform them of health education programs, referral, and follow-up procedures.

In the blood pressure clinics conducted by the Health Department, we plan to provide health education prior to screening, screening and immediate rescreening, if indicated, counseling, referral, and follow-up. The screening will be done by nurses or trained para-professionals who will use the following criteria for referral to immediate rescreening:

<u>Age Group</u>	<u>Blood Pressure</u>
20 and under	130/85
21 to 45	140/90
45 to 65	160/95
over 65	170/100

The professional nurse who will do the immediate rescreening will use the criteria suggested by the Washington State Heart Association for referral to physicians, which are:

Dale Shirk/Executive Director  
Page 2  
January 11, 1977

<u>Age Group</u>	<u>Blood Pressure</u>
20 and under	140/90
21 to 65	160/95
over 65	190/110

In addition to rescreening, the nurse will do an assessment to determine compliance to medical regimes on diagnosed hypertensives, other conditions or events that may cause elevation of blood pressure, and provide counseling, referral, and follow-up services.

We would like a committee from the Pierce County Medical Society to review our proposed methods and criteria and provide input to our program. We are requesting that a representative be designated to work with us, which will amount from one to two hours per month, in planning and continuation of the Community High Blood Pressure Control Program.

The main function of the Medical Society representative will be to accept or suggest changes for parameters of the program, such as:

- 1) Screening criteria
- 2) Referral criteria
- 3) Referral system to patient education programs
- 4) Program evaluation
- 5) Other parameters as seen necessary for adding to the effectiveness of our program.

We are planning to hold a Community High Blood Pressure Advisory Board meeting the last week of January. We will notify you as to the date, time and place of the meeting.

If you have any further questions, please call Ms. Deborah Fouts at 593-4507.

Thank you for your support and cooperation.

Sincerely,

(signed)

Harlan P. McNutt, M.D., M.P.H.  
Director of Health

## FAMILY CLINIC – DECEMBER 1976 (627-9182)

Monday through Friday – 10:00 to 5:30    1815 South J Street    Tacoma, Washington 98405  
 Coordinator: Aaron Miller

PATIENT SERVICES	December 1976	Total 1976	Total Since September 1973
Referred to Physicians	88	3,325	4,419
Laboratory Services	49	3,556	4,314
X-Ray Services	9	136	436
Prescription Services	76	1,782	2,765
Referred to Community Agencies	25	541	1,554
Seen by Physicians in Clinic	8	778	1,537

### ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black.....	33	763	1,281
Caucasian.....	189	4,358	6,981
Asian-American.....	5	102	190
Native-American.....	3	124	238
Mexican-American.....	10	103	173

### PARTICIPATING PHYSICIANS ON FRIDAY EVENING:

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North
Dr. G. Tanbara	Dr. G. Drucker	Dr. D. Wilhyde	Dr. R. Martin

## EAST SIDE HEALTH CLINIC (474-0604)

Progress Report for December, 1976

Director: John Erwin

	December	Total-1976	Total to Date (1972)
Seen by Physicians			
in Clinic: Adults	203	2,068	*7,385
Children	79	1,228	*5,484
Laboratory Services	52	892	1,860
Prescriptions Filled	206	1,698	3,138
Referred to Physicians	13	250	550
Phone Referrals	54	730	1,654
EPSDT	11	147	362
DPA	75	728	1,364

\*Until January, 1975, the number of patients actually seen by our clinic physicians was the only information available.

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## PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

### Listing No. 1201:

General Internist seeking affiliation with any sized group or partnership. Medical school at Univ. of Pennsylvania School of Medicine. Internship and residency at Univ. of Chicago Hospitals and Clinics. Completes Nephrology Fellowship at Stanford July 1977. Board certified. Primary interests: General Internal Medicine, with emphasis on Nephrology, if possible (not mandatory). Available July 1, 1977.

### Listing No. 1202:

Board certified cardiologist available for practice July 1977. M.D. degree from Marquette School of Medicine, 1964. Interned Illinois Research and Educational Hospitals 1968-69. Residencies: Psychiatry 1969 through 1970 at Illinois Neuropsychiatric Institute; 3 year Internal Medicine at Univ. of Oregon, followed by 2 year Cardiology Fellowship also at Univ. of Oregon, terminating July 1975. Experienced in invasive and non-invasive cardiology.

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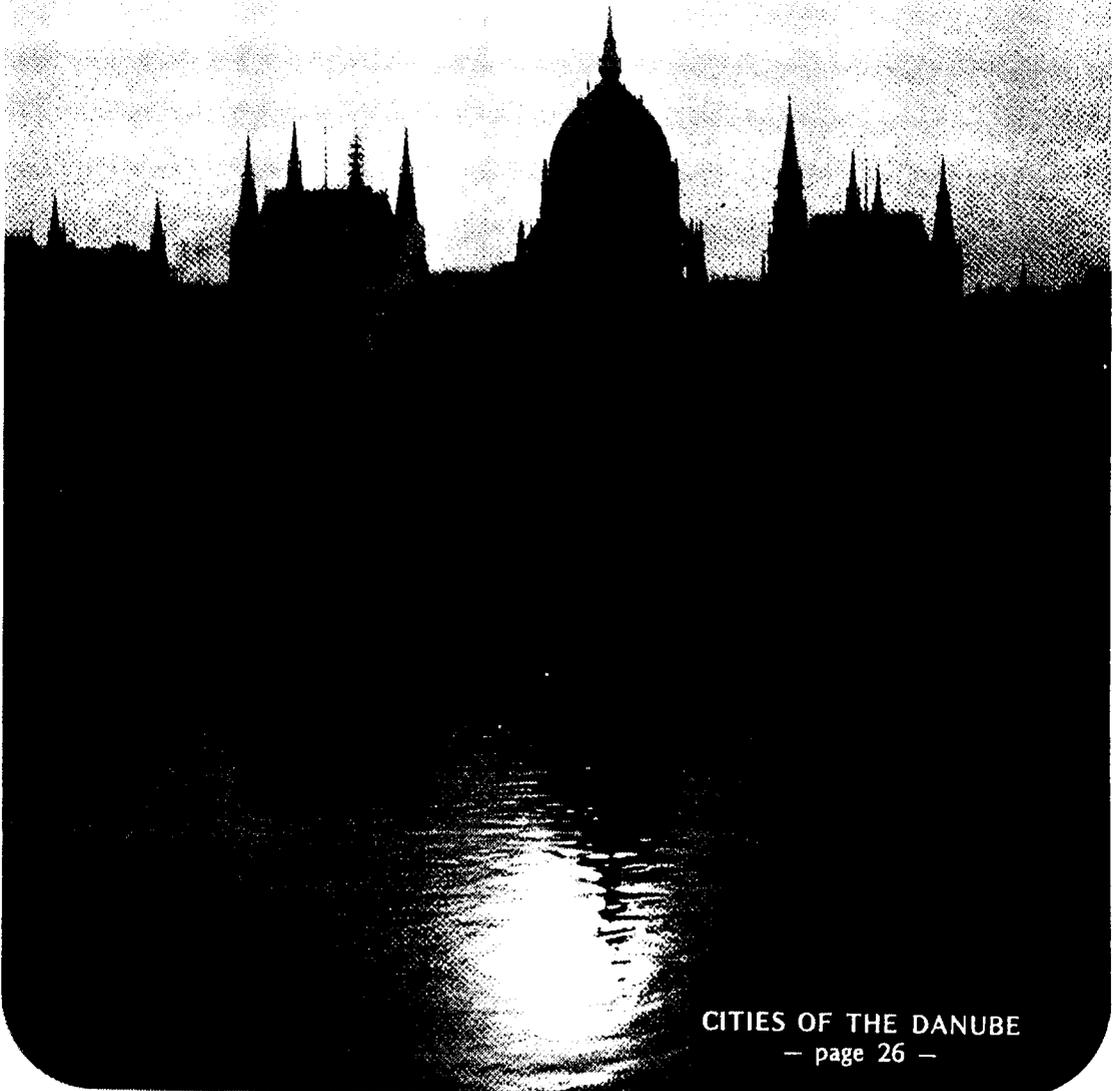
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419 SO L ST  
TACOMA WA 98405



# *Pierce County Medical Society*

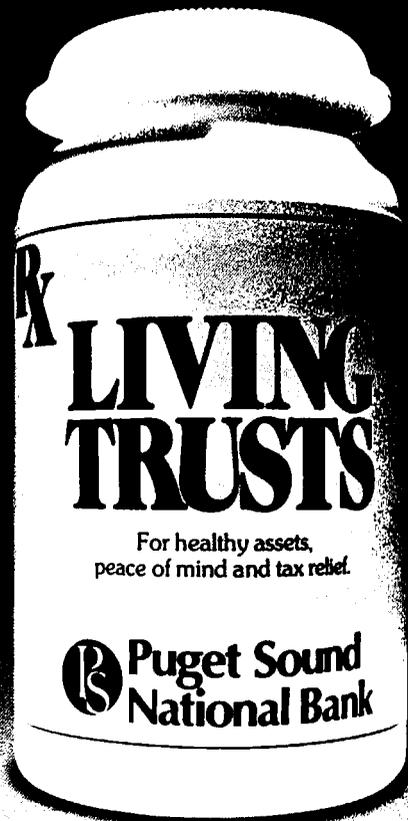
MARCH 1977

Vol. XLVIV, No. 3 • Tacoma, Washington



CITIES OF THE DANUBE  
— page 26 —

## **BULLETIN**



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So, if you haven't found out what a living trust can do for a busy physician, give us a call any time, morning or afternoon.

# Bulletin of the Pierce County Medical Society

## 1977 OFFICERS

President ..... D. Ted Baer, M.D.  
 President-Elect ..... Ralph A. Johnson, M.D.  
 Vice President ..... Herbert C. Kennedy, M.D.  
 Secretary-Treasurer ..... David L. BeMiller, M.D.  
 Past President ..... David S. Hopkins, M.D.  
 Executive Director ..... Dale C. Shirk

## TRUSTEES

George R. Barnes, M.D. (78)  
 James M. Blankenship, M.D. (79)  
 Lloyd Elmer, M.D. (78)  
 Marie Henry (77)  
 John F. Kemman, M.D. (78)  
 Donald F. McKay, M.D. (78)  
 Charles C. Reberger, M.D. (79)  
 Myra S. Vozenilek, M.D. (79)

## DELEGATES

Duncan T. Baer, M.D. David S. Hopkins, M.D.  
 George R. Barnes, M.D. Ralph A. Johnson, M.D.  
 David L. BeMiller, M.D. Herbert C. Kennedy, M.D.  
 Lloyd Elmer, M.D. Donald F. McKay, M.D.

## ALTERNATE DELEGATES

James M. Blankenship, M.D. Charles C. Reberger, M.D.  
 John F. Kemman, M.D. Myra S. Vozenilek, M.D.

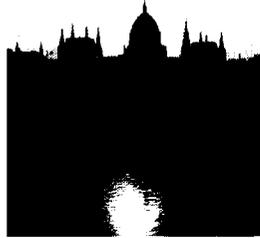
## COMMITTEE CHAIRMEN

Budget and Finance ..... David L. BeMiller, M.D.  
 Credentials ..... Richard G. Bowe, M.D.  
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## CITIES OF THE DANUBE

City View of Budapest, Hungary – House of Parliament on the Danube.



See pages 26-29 this issue.

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## PRESIDENT'S PAGE



D. Ted Baer, M.D.

### Spring Is Coming

or

"The Light at  
the End of the  
Tunnel"

President Carter; HEW Secretary-designate Joseph Califano; Senator Herman E. Talmadge (D-GA), Chairman, Subcommittee on Health, Finance Committee; and Senator Thomas F. Eagleton (D-MO), Member, Subcommittee on Health and Labor and Public Welfare Committee; the list is long. They all have publicly stated opposition to any National Health Insurance Legislation this year.

*U. S. News & World Report*, February 14, 1977, p. 35, headlines "Changes for Health Insurance — Bleak in '77." Howard Plieger speaks to the "High Cost of Health" on the last page (88) in

his editorial of the same issue. In the U. S. — 25.7 billion health bill in 1960 (2% of which was federally funded). 132 billion in 1976 (8% of which was federally funded).

Mr. L. F. Detwiller, administrator of the Health Sciences Centre, Univ. of B. C., Vancouver, B. C., is an internationally recognized consultant and lecturer on health economics. He wrote a guest editorial for the January 17th *AMA News*. He explains why there must be a distinction made between citizens having health care as a "right" or a "privilege." He speaks in favor of privilege. As a right, he says, countries tend to go bankrupt.

Our AMA is heard loud and clear, according to Talmadge and Eagleton. I heard them myself at the January 1977 AMA Leadership Conference in Chicago (Jan. 20-23). Instead of taking an "anti" stand on *any* National Health Plan (10 years ago), our AMA has backed an NHI plan for eight years. The AMA Plan seems to be picking up momentum. It's one which would avoid the birth of another Bureau. Hooray! As Representative John Duncan (R-Tenn) says, "it is not legislation that overpromises and underperforms."

My pitch this month is that we all should belong to, and pay our dues to the AMA. And, of course, our WSMA. It'll pay off many times over. If you've been overlooked, call Dale Shirk at 572-3667. And y'all come to the fun, fun PCMS meetings. Hear?

D. T. B.

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**"COULD THIS BE YOU?"** Shows a physician violating many principles in the handling of a patient...and flashbacks to proper technique. (Color)

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# EDITORIALLY SPEAKING

GUEST EDITORIAL

## PAYMENT AT THE TIME OF SERVICE, AND THE EXIT ENCOUNTER

by Maynard Heacox, Director  
Department of Practice Management, Division of Medical Practice  
American Medical Association

There is an increasing trend for medical offices to adopt a policy of payment at the time the service is rendered for small accounts such as office visits. This doesn't mean that you put up a large sign in the office saying, "All Work Cash." There is a more professional and better way of implementing such a policy.

Generally, all that is required is for the medical assistant at the exit counter to say, "The service today, Mrs. Smith, is \$12.00," or whatever the amount of the bill. The medical assistant then waits for a response from the patient.

Mrs. Smith may pay the \$12.00 — or ask if she can write a check — or say that she isn't prepared to pay today. The medical assistant then says, "We will be happy to bill you for this visit, Mrs. Smith, but we would appreciate it if you would plan to pay for your next office visit at the time you come to the office."

The medical assistant can, if you prefer, go one step further. She can make up a handwritten bill on the spot and hand it to Mrs. Smith and say, "Here is the bill for today's services. Please send us a check when you get home."

A policy of payment at the time service is performed can have rather dramatic results. A professional consultant recounts a story about a three-man group that was sending out 2,900 statements per month and had \$70,000 outstanding on the books. Within six months after establishing a policy of payment at the time of service, for charges of \$15.00 and under, the statement load dropped to 900 per month and the outstandings were reduced to approximately \$20,000.

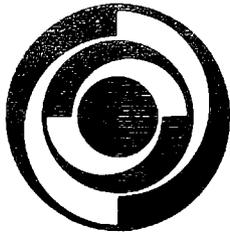
The medical assistant doesn't have to do this arbitrarily, without exception. If the patient has a problem that requires long and constant treatment the exit encounter can be used to find out if keeping up with the payments will be a problem and to offer to work out a payment plan if necessary.

When it is known in advance that the patient is going to incur a large medical bill, the cost should be frankly discussed with the patient by the doctor (or the medical assistant) to help the patient arrange a payment procedure. If insurance is involved, the medical assistant will probably have more information about the coverage than the physician.

Regular patients who sometimes pay and sometimes do not, and whose accounts continue to grow can also be a problem. These accounts should be "flagged" and when the patient next makes an appointment be sure that the account record is at the exit counter. The medical assistant should call the patient's attention to the balance due and suggest a payment arrangement to clear up the account before it gets so large that it becomes a real burden to the patient.

If your office has a *Patient Information Booklet*, and we find many more offices now using these little booklets, you can clearly state in it your policy of payment at the time of service and your willingness to discuss the cost of expensive medical procedures. (If you do not have a patient information booklet you can write to the AMA Department of Practice Management for a small folder on *How To Prepare A Patient Information booklet*.)

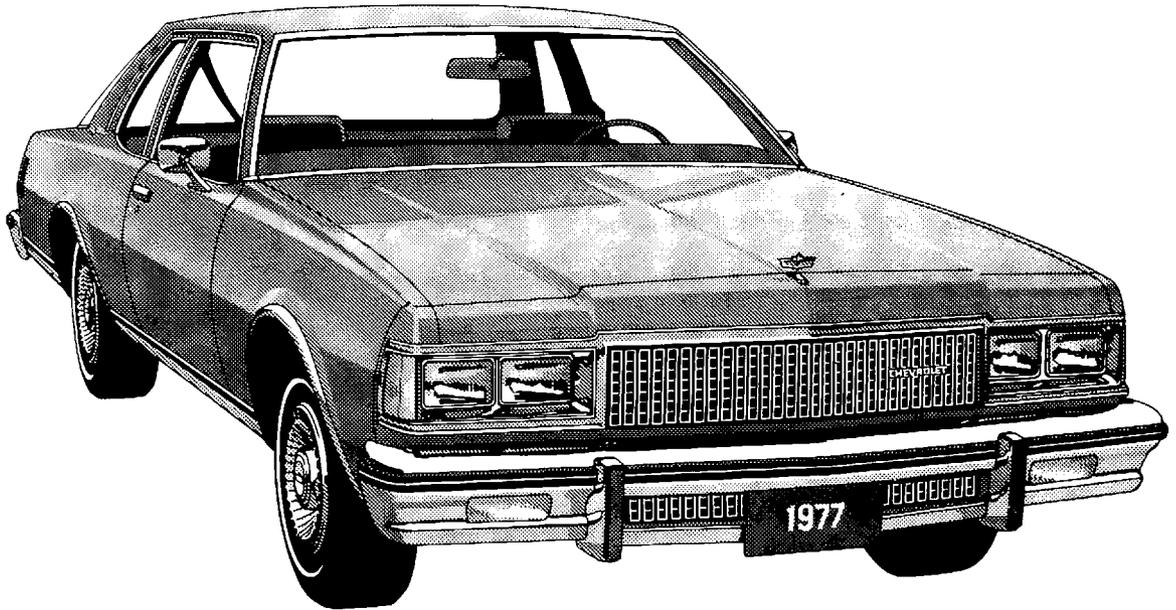
When a patient visits the doctor for medical attention he or she has at least two questions in mind. First, "What can the doctor do for me?" and second, "What is it going to cost?" Presumably there are some patients so affluent that cost is no factor, however even those patients are often very conscious of the cost of the goods and services they purchase. Your average patient — if he intends to pay — wants to know the cost so that he can include it in his economic planning. The patient who doesn't intend to pay is not, of course, concerned with the amount of the charge.



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## LEGISLATIVE NEWS



Robert W. Florence, M.D.

### Health Issues Seminar

The Washington State Medical Association sponsored a Health Issues Seminar in Olympia on January 28 and 29 and the two issues which received the most heated discussion were issues which had not yet been entered as bills in the current legislature. However, it was anticipated that both would soon be placed in the legislative hopper.

The first issue was the extension of the certificate of need to physicians' offices. It appears that computerized axialtomography is the principal reason for this, since it is feared that these expensive machines will begin to appear in radiologists' offices, and the proposal was reported to have the support of the Washington State Hospital Association. The reasons given for supporting this bill were that if it is good for hospitals, it should also be good for the doctors, and the planning agencies believe that it is not necessary to have expensive equipment outside of the hospitals. If this bill is finally passed by the legislature and signed into law, it is easy to see how it can slowly strangle the private practice of medicine and lend support to those who would see all health care delivered ultimately through the

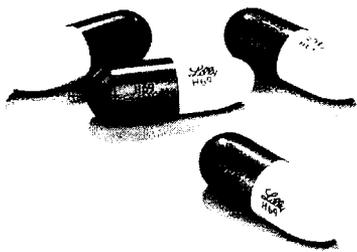
hospitals. The Washington State Medical Association opposes this measure, and it should be strongly opposed by all of us who believe that the best and least expensive medical care can be rendered by the private practitioner.

The other measure which received a considerable amount of discussion and which has yet to be entered as a bill at the time of this writing was the expected proposal by the optometrists to be able to administer eye drops. The stated reasons of the optometrists requesting passage of this measure was to enable them to recognize pathology in the eye during their examinations in order that they could refer patients to the ophthalmologists for treatment. Doctor Wayne Martin, an optometrist, who addressed the seminar, stated that they are requesting authorization for only eight to ten drugs to be used only for diagnosis. The ophthalmologists are strongly opposed to granting this authority to the optometrists, maintaining that optometrists are not trained in pharmacology and there is danger that the improper use of diagnostic drugs in the eye could lead to acute glaucoma, convulsions, mental disorders, etc. They are also concerned that this would be a foot in the door to extend the field of optometry to include and even monopolize primary eye care. This is reminiscent of the expansion of other peripheral medical fields into the practice of medicine, such as podiatry, psychology, clinical pathology, and others.

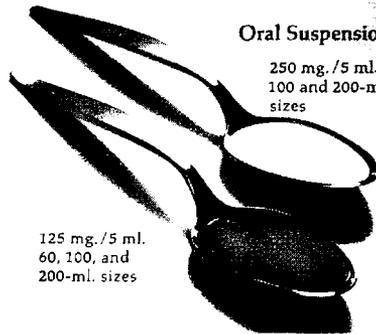
The legislature is considering a host of health issues as well as others that could have a very significant impact on the practice of medicine as we know it today, and it behooves all of us to follow closely the various bills as they progress through the legislative process and to contact our various representatives in the legislature by letter, or telephone, when a measure which we feel is detrimental to the care of our patients is being considered for passage.

R. W. F.

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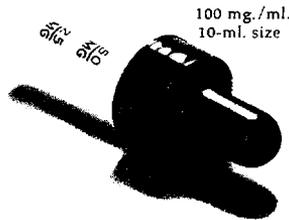


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# In Memoriam

JOHN HAVLINA, M.D.

*Although John Havlina was born in Nebraska, his family moved to Eastern Washington in his early childhood. It was there that he learned the fundamentals of wheat farming which he pursued as an avocation throughout his entire life. However, his ultimate goal for his life work was Medicine, and towards this end, he entered Cheney Teachers College after high school graduation. Upon completion of his credentials there, he taught school in Cheney, Washington for a few years and then went on to the University of Oregon Medical School. An internship at Tacoma General Hospital followed and in 1934 John opened a general practice in South Tacoma. In those early years of practice he also taught pharmacology in the Tacoma General School of Nursing.*

*When general practice no longer fulfilled him, John took graduate work at John Hopkins University and then on to the University of Graz in Austria for specialization in obstetrics and gynecology.*

*John was a kind, patient, and devoted man. His patients adored him and the high esteem they held for him was evidenced by the parties they gave for him on his 75th birthday. The parties were held on two separate days in order to accommodate the large number who attended. On that birthday he stopped doing obstetrics, having delivered over five thousand babies.*

*John had a high regard for human beings and was sincere in his efforts to help his fellow man. He was a happy person who never complained about his own illnesses. Few were aware of the numerous surgeries he had undergone and even fewer were aware that his last illness was to be fatal.*

*He leaves a living memorial of three daughters, one son, and sixteen grandchildren, plus a host of friends. Most of all he leaves his loving and devoted wife, Delores, who filled their days together with love and happiness at home, and excitement and adventure in their many extensive travels throughout the world.*

James L. Vadheim

# AUXILIARY PAGE

## AUXILIARY OFFICERS 1976-1977

President .....	Marie Henry
President-Elect .....	Helen Whitney
1st V.P. & Program .....	Em Stern
2nd V.P. & Membership .....	Stephanie Tuell
3rd V.P. & Historian & By-Laws .....	Evie Osborne
4th V.P. & Social .....	Marge Ritchie
Recording Secretary .....	Cheryl Crowell
Corresponding Secretary .....	Pat Kesling
Treasurer .....	Betty Johnson
Dues Treasurer .....	Glenna Blackett

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Communications .....	Lee Jackson
Bulletins .....	Martia Ohme Judy Baerg
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Telephone .....	Nicole Crowley Judy Sales
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Service Project .....	Cindy Anderson Margaret Granquist
Cookbook .....	Donna Prewitt
Student Recognition .....	Carol Hazelrigg Barbara Wong
Project Bank .....	Shirley Murphy
Swine Flu Liaison .....	Donna Ferguson
Legislative .....	Betty Bahn
Sunshine .....	Jeanne Judd
Auxi-Quad Luncheon .....	Kit Larson
Mid-Year Conference .....	Dorothy Grenley
Nominating .....	Anne Katterhagen

Thanks to chairperson Kit Larson, the Auxi-Quad Luncheon was a big success. Ninety Medical Auxiliary members attended, and Morgana Lett of *Prism Magazine* (Tacoma's astrological newspaper) provided some insight into personalities by birth-sign. Marie Henry and other presidents gave a rundown of the year's activities for their respective organizations; 15 volunteers for Tel-Med were gleaned from the ranks of the other clubs.

Tel-Med is in great financial need. Cindy Anderson is accepting your tax-free donation. Volunteers are still needed, and Margaret Granquist requests that anyone willing to occasionally donate the hours of 10:00 a.m. to 1:00 p.m. give

her a call. This volunteering consists simply of plugging in a tape recorded message for the telephone caller.

Individual County Awards are being given in April for the greatest increase in Auxiliary membership. Locally your dues are used for important projects such as Tel-Med. State and National are really assuming a leadership role. New and innovative Health Care Projects are being established. **YOUR MONEY AND SUPPORT ARE NEEDED!!!!** So, if you haven't, please mail your \$20 dues to Glenna Blackett. Why don't you do it right now, before you forget????!!!

Please note the following date changes: The next Board Meeting will be March 22 at the Allenmore Hospital Board Room. The annual Joint Dinner with husbands will be April 12, but at a new location: "The Huntsman" - Cocktails at 6:30, Dinner at 7:15 p.m.

The slate of officers for next year is as follows:

President - Helen Whitney  
 President-Elect - Jo Roller  
 1st V.P. and Membership - Nicole Crowley  
 3rd V.P. and Historian - Reta Bergstrom  
 4th V.P. and Arrangement - Lee Jackson  
 Recording Secretary - Martia Ohme  
 Corresponding Secretary - Jan Thiessen  
 Treasurer - Shirley Murphy  
 Dues Treasurer - Dorothy Truckey

*Martia Ohme*

## THE PRESIDENT'S CORNER

### MID-YEAR CONFERENCE

MARCH 14-15-16

RODEWAY INN

The planning stage is almost over and we (JoAnn Johnson, Dorothy Grenley, Dee Wickstrom and the Mid-Year Committee) are excited about the program.

There will be the necessary and important business meeting and sharing sessions, BUT we have also planned some activities for your participation!

Monday, a "Communication Seminar" will be held at the Rodeway from 3:00 to 5:30 p.m. Similar seminars are available all over the State for business executives, etc., but we're offering a condensed version absolutely free! If you've ever been confused by the roles people play, here's your chance to glean some real insight. We'll be examining: group dynamics and motivation, barriers to communication, and time management. These concepts are fun to learn and will increase your effectiveness in Auxiliary, with family and friends as well as in your other community activities. An informal supper at Nancy Spanger's will follow, but due to limited room we ask only the Mid-Year Committee attend.

Tuesday noon a complimentary luncheon will be hosted at St. Joseph's Hospital. A panel of hospital administrators will increase our understanding regarding factors influencing the delivery of health care. That evening you and your husbands are invited to the Tacoma Country and Golf Club for dinner (Cost \$8.00 per person). A complimentary cocktail hour at 6:30 p.m. will be provided by Allenmore Hospital. The dynamic William O. Rieke, M.D. will speak on "Encouraging Medical Leadership."

If you plan to attend any of the above, please fill out the Registration Form in your newsletter, and mail to Donna Prewitt as soon as possible!

Mid-Year is a fantastic time to meet wives from all over the State. We hope you will come and let them meet YOU! We're proud of our members!!!

*Marie Henry*

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## IN BRIEF: A summary of AMA, medical & health news

No organization rates higher than the AMA in public credibility, according to a recent Gallup poll. The poll tested the public's belief in communications of all types from government agencies, labor unions, and professional and trade associations. The AMA ranked 6.8 on a ten-point scale, while the average for professional associations was 6.5. The average rating for trade associations was 5.1, for government agencies 5.7, and for labor unions 5.4. In one portion of the poll the public demonstrated its belief that AMA actions are in the public interest by giving the Association a high 6.6 rating. This feeling of trust was supported in another Gallup poll in which 71% of the public said it had a great deal or a fair amount of confidence in physician organizations to propose fair and workable health programs.

**At latest count** the Federal Trade Commission has issued 48 subpoenas in its restraint of trade investigation of medical organizations. Included are 11 medical specialty boards and 37 specialty societies. The specialty boards subpoenaed are allergy and immunization, anesthesiology, family practice, internal medicine, nuclear medicine, otolaryngology, pathology, pediatrics, radiology, surgery and urology.

The FTC was asked to reconsider its complaint of restraint of trade against the AMA and two medical societies regarding advertising by physicians. In a brief filed with the commission, the AMA said its policy book on ethics, *Opinions and Reports of the Judicial Council*, was being revised before the FTC complaint was filed. As a result, the brief said, the AMA is being forced to defend statements that do not even reflect current policy. The FTC complaint was filed in December 1975, against the Association, the Connecticut State Medical Society and the New Haven Medical Assn.

The AMA Departments of Housestaff Affairs and Practice Management will co-sponsor "Starting Your Practice" workshops for young physicians planning to enter private practice. Each two-day program will be at AMA Headquarters. Dates are Feb. 21-22, March 15-16, March 29-30, May 3-4, May 23-24 and June 7-8. For details write Dept. of Practice Management, AMA Headquarters.

The AMA's national health insurance bill, titled "The Comprehensive Health Care Insurance Act of 1977," is number HR 1818 in the House and S 218 in the Senate. At a news conference following introduction of the bill in Congress recently, AMA President Richard E. Palmer, M.D. said the proposal "fairly represents the viewpoints of this country's private sector" and "is a viable solution to the problems of providing quality medical care to all Americans." Joseph Califano announced at hearings on his confirmation as secretary of HEW that no national health insurance proposal is planned by the Carter Administration this year.

The most violent TV network last fall was the National Broadcasting Company, according to the National Citizens Committee for Broadcasting which received a \$25,000 grant from the AMA to support its monitoring of violence on TV. The American Broadcasting Company was second and the Columbia Broadcasting Company was the least violent.

The 30th National Conference on Rural Health will be March 30 - April 1, at Washington Plaza, Seattle. The theme for the meeting will be "Directions for Rural Health Services."

The Publication, *Joint AMA-ABA Guidelines: Present Status of Serologic Testing in Problems of Disputed Parentage*, provides guidance to legislators, judges, attorneys and physicians. Reprints will be available soon from the AMA Dept. of Medical Terminology and Nomenclature, AMA Headquarters.

Available from AMA: *Mental Retardation*, OP-314, describes the role of the primary physician in diagnosis and family guidance. Cost is \$2.00 ea. for 1-10 copies; \$1.80 ea. for 11-49 copies; and \$1.60 ea. for 50 or more. Write Order Dept., AMA Headquarters . . . The film presented at the AMA National Leadership Conference, "Master Slave Manipulator," is available on a free loan basis. A written request, giving dates the film is needed, should be directed to Dept. of Radio, TV and Motion Pictures, AMA Headquarters.

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# A.A.M.A. PAGE

by Lynn Blanc and Sally Aarhaus

When asked if we would write on "The Student's View of AAMA" for this month's newsletter we, as recent students, agreed because it would give us the opportunity to ask *you*, the working professional, "*Who are you?*" and "*Where are you?*" We need your help! As students, we have found that AAMA enhances and strengthens the material that we are studying. The meetings, guest speakers, formal and informal discussions, the magazines and newsletters plus *your* input from personal experiences, offer a great variety of additional information we cannot get from the textbook. AAMA also offers the opportunity of widening our medical knowledge in a warm, friendly, yet professional atmosphere. It is a group of people intent upon keeping up with modern day medical technology, who do not look upon their goals or present positions as 'jobs', but rather as rewarding vocations. By meeting together, with perhaps a diversity of medical career goals, yet with the united goal of continuing education, the benefits to you and your present or prospective employer seem innumerable.

A person really interested in any or all phases of medicine derives a great deal of pleasure knowing that they belong to a nationwide organization

who shares the same interest. Everyone who joins AAMA is an important part of the association. By working and learning together we help ourselves, one another, and many others through our professional fields.

One of the best lines of communication with fellow medical assistants is AAMA's Professional Medical Assistant Magazine, which publishes pertinent articles in all areas, challenging quizzes, 'field jokes and cartoons', plus books and pamphlets available to you at very reasonable prices. We call that an extra benefit of your AAMA membership.

Not to be overlooked is the *fun* AAMA offers, both during the meetings and at banquets and all other social functions. To meet new friends and form long-lasting friendships, while furthering knowledge (thus self-esteem and efficiency), surely is a gratifying, ongoing experience.

We're grateful to AAMA and proud to be members. We would encourage anyone in the medical field to join and participate. Shelve your excuse this month and give us a try. *You can help us! Can we possibly help you?* Come and find out! Don't make us wonder, "*Who are you?*" "*Where are you?*"

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- ✓ Adjacent to the expanded services of Allenmore Hospital.
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Our facilities and services have been designed to provide the greatest degree of flexibility and value to meet your individual requirements.

We would appreciate the opportunity of discussing with you in confidence the potential for satisfying your practice needs at Allenmore Medical Center.

For an appointment or further information, please contact:

JOHN WOLFE, EXECUTIVE DIRECTOR

**ALLENMORE MEDICAL CENTER, INC.**

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Tacoma, Washington 98405

## 1977 LEGISLATIVE SESSION

This year, it is expected that about 4,000 bills will be introduced in the Washington State Legislature. Of those, approximately 10% — or 400 — will relate either directly or indirectly to health care. The Legislature is composed of 98 Representatives and 49 Senators who depend on a variety of sources for information about those bills. Legislative staff, agency staff, lobbyists and a massive amount of written material are part of the informational process, but final decisions are most often based on public pressure and what each legislator hears from his or her own constituents.

Participation and involvement by physicians and their spouses is noticed. Passage during the 1976 session of the malpractice bill sponsored by the WSMA proved how effective physicians as a group can be. There are many ways to become involved in the legislative process: writing to legislators or calling them, getting to know them personally, attending committee hearings on specific bills, or

visiting Olympia during the Legislative session.

To encourage participation, the WSMA is sponsoring "Olympia Wednesdays" during the session. Pictured on these pages are some of the activities which took place on a recent Wednesday. All WSMA members and their spouses are cordially invited to visit Olympia — to observe or to get involved. Any Wednesday at 10:00 a.m., meet Barbara Simmons of the WSMA Staff on the balcony of the Capitol Rotunda at the Pacific Northwest Bell Center. If you wish, you may make advance arrangements for points of special interest by calling Barbara in the WSMA Seattle office, 623-4801 or toll free 1-800-552-0612.

There are many items of interest on the legislative agenda this year: professional liability, Certificate of Need, patients' bill of rights, health planning, allied health professional licensing and certification, and many others. Whatever your interest, you can be sure that your voice is heard — and needed.



The Washington State Senate in session, with Lieutenant Governor John Cherberg presiding.



Testifying before the House Social and Health Services Committee, WSMA President Malcolm W. Bulmer explains the WSMA position on HB 254, Patients Bill of Rights. Listening are (left to right) Reps. Rolland Schmitt, Eleanor Fortson, and Audrey Gruger.



Members of the House Social and Health Services Committee consider most of the health-related legislation introduced during the session. Here, the committee listens to testimony on the Patients Bill of Rights. Tacoma physician and Representative Ted Haley is fourth from left.



Robert McLean, M.D., Auburn, presents his views as a physician on the proposed patients bill of rights. To his right are House Social and Health Services Committee members Cathy Pearsall, Rolland Schmitt and Eleanor Fortson.



The Legislative First Aid Clinic is staffed by volunteer physicians from around the state. Here, Dr. Edward McAninch, Camas, goes over a patient chart with Rose Tokarz, R.N., Fort Lewis.

### DOCTOR FEE INCREASES

Several times recently statements have appeared indicating "Doctors' fees have increased twice as fast as the cost of living." Adam Smith of *New York* magazine, no less, says just that in the January 17 issue. To get the statistical record straight, here is the Consumer Price Index:

	<u>All Items</u>	<u>All Services</u>	<u>MD Fees</u>	<u>Total Medical Care</u>
1967	100.0	100.0	100.0	100.0
1970	116.3	121.6	121.4	120.6
1976 (Sept.)	172.6	183.2	192.2	187.9

(Source: *Social Security Bulletin*)

In the same period, incidentally, the maximum social security tax went from \$290.40 per year to (1976) \$895.05, and to \$965.25 in 1977.

1967 = 100.0

1976 = 308.2

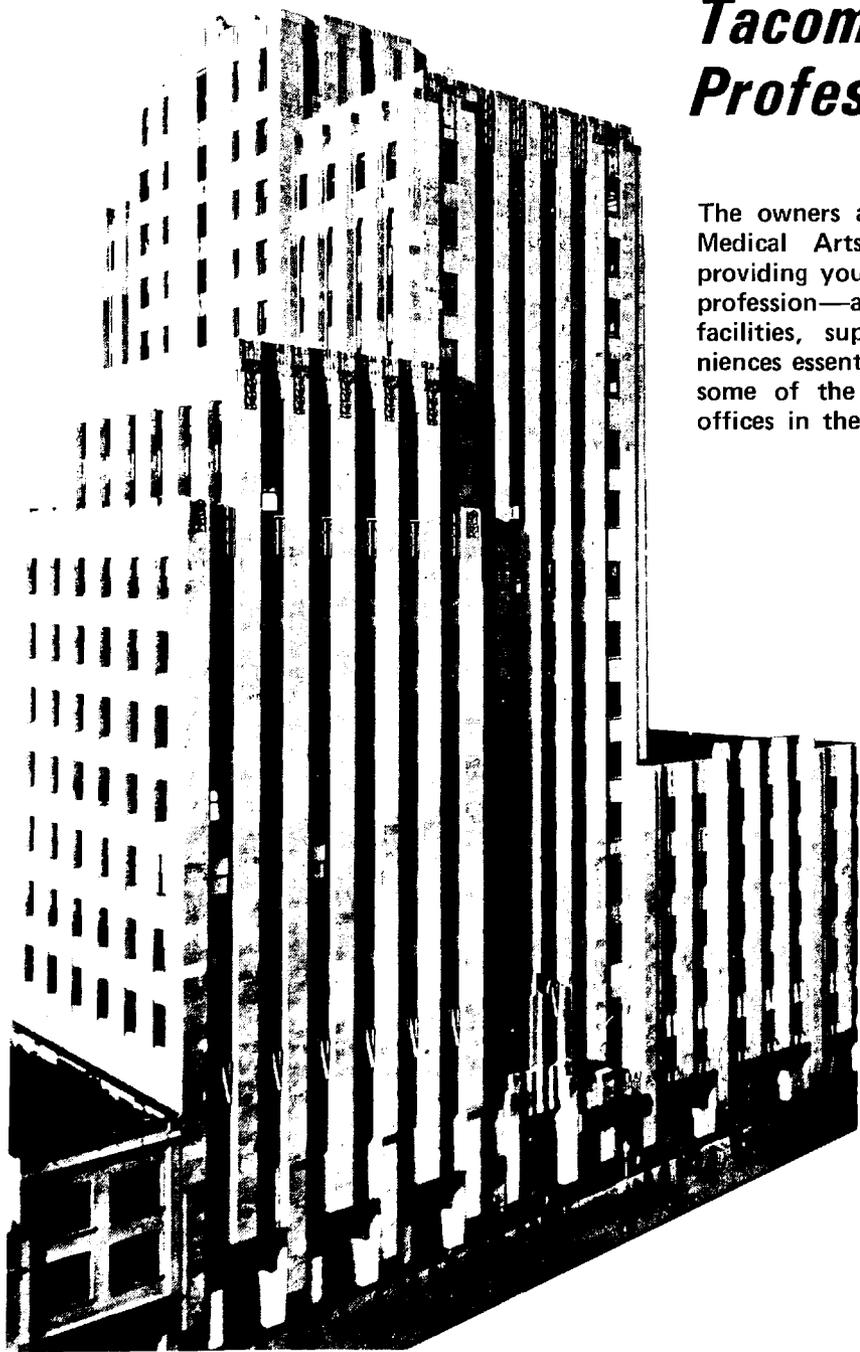
1977 = 332.4

# THE MEDICAL ARTS BUILDING . . . .

## *Tacoma's Finest Professional Center*

The owners and management of Tacoma's Medical Arts Building are dedicated to providing you as a member of the Medical profession—and your patients—with the facilities, supporting services and conveniences essential to your practice. Here are some of the advantages of locating your offices in the Medical Arts Building:

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- And, reasonable rental rates—an important consideration in these days of rising equipment, insurance, and other costs.



For an appointment or further information, please contact Doug DeForest at: Medical Arts Building, 740 St. Helens Avenue, Tacoma, Washington 98402, or phone (collect) 206 - 272-3161.

# MEMBERSHIP

In accordance with Society Bylaws, Chapter 7, Section A, MEMBERSHIP, the following physicians have made application for membership, and notice of that application is herewith presented to the membership:

## SECOND NOTICE



**JOHN R. HERD, M.D., Family Practice.** Born in Columbus, Ohio, 7/15/39; medical school at Ohio State University, Columbus, Ohio, 1965; internship at USPHS, Boston, Massachusetts, 1965-66; licensed to practice medicine in the State of Washington, 1973; also practiced medicine in Ohio and Utah. Dr. Herd's office of Family Practice is located at 1112 South Cushman Avenue in Tacoma.



**RICHARD E. MARTINDALE, JR., M.D., Anesthesiology.** Born in Providence, Rhode Island, 6/10/29; medical school at the University of Texas, Medical Branch, Galveston, Texas, 1965; internship also at the University of Texas, Galveston, Texas, 1965-66; residency at Wilford Hall USAF Medical Center, Lackland AFB, Texas, 1966-69; licensed to practice medicine in the State of Washington, 1975; also practiced medicine in California. Dr. Martindale's office of Anesthesiology is located at Good Samaritan Hospital in Puyallup.



**ERIC W. LURIA, M.D., Family Practice.** Born in Detroit, Michigan, 2/1/47; medical school at University of Rochester, Rochester, New York, 1973; internship at University of Kentucky, Lexington, Kentucky, 1973-74; residency also at University of Kentucky, Lexington, Kentucky; licensed to practice medicine in the State of Washington 1976. Dr. Luria's office of Family Practice is located at 1112 South Cushman Avenue in Tacoma.

## EAST SIDE HEALTH CLINIC (474-0604)

Progress Report for January, 1977

Director: John Erwin

	January	Total (1977)	Total to Date (1972)
Seen by Physicians			
in Clinic: Adults	181	181	7566
Children	56	56	5540
Laboratory Services	54	54	1914
Prescriptions Filled	170	170	3308
Referred to Physicians	9	9	559
Phone Information	89	89	1743
EPSDT	5	5	367
DPA	56	56	1420
Ethnic Distribution:			
Black	19	19	
Caucasian	139	139	
Asian-American	6	6	
Native American	4	4	
Mexican-American	3	3	

# LETTERS

W. S. M. A.

## WASHINGTON STATE MEDICAL ASSOCIATION

900 United Airlines Building, 2033 Sixth Avenue, Seattle, Washington 98121  
(206) 623-4801 1-800-552-0612

Malcolm W. Bulmer, M.D.  
President

Alvin J. Thompson, M.D.  
President-Elect

William O. Robertson, M.D.  
Immediate Past President

Harvey L. Young, M.D.  
Vice President

W. Maurice Lawson, M.D.  
Secretary-Treasurer

Harlan R. Knudson  
Executive Director

February 18, 1977

To the Editor:

In recent months a number of Pierce County physicians have expressed concerns about the financial future of their "Medical Library Services Consortium". This March you all will be considering comparable questions about the WSMA Library Service. As the Past President of WSMA who instigated this latter service — which has been providing only back-up services to your county's physicians (more than 167 different Pierce County physicians have benefited from such back-up service to date) — might I be permitted a few lines to focus on the issue?

After establishing your medical library a number of years ago, more recently physicians in Pierce County have taken the lead in "regionalizing" their resources by jointly employing a librarian on behalf of the Medical Society and several hospitals. She maintains the County Society's collection along with Tacoma General Hospital's collection in one location and oversees the other community hospitals' collections, assuring maximum access and efficiency to the members. Your local "network" links with the WSMA service located at the University of Washington Health Sciences Library assuring the MEDLINE and back-up capability mentioned above.

In somewhat comparable fashion physicians in King County — again by group action — have enjoyed the cost savings of relying on the University's book and periodical resources for the KCMS employed librarian to service physician-members needs. More than two thirds have used that service to date. In September, 1975 — admittedly after my making a nuisance of myself — WSMA initiated a trial program to provide similar services enjoyed in King County to physicians throughout the rest of the State. It has generated comparable use and user accolades. Aimed at physicians throughout Washington and particularly those without immediate access to any library facilities while simultaneously providing back-up services to all other counties save King, the program has already serviced more than 800 different physicians from among the 2300 potential users.

Now the day of reckoning is approaching; the WSMA Board of Trustees will seek your individual guidance as to where to go from here. The option to consider: suspension of Library support by County Society dues with replacement by a proportionate WSMA dues increase plus immediate rebate to all

February 18, 1977

county society libraries of the dollar amount expended by them for library support in 1976 plus an inflation factor. The purpose: To tax all WSMA members equitably and to extend the mechanism to county societies that has already brought some \$10,500 from outside support — voluntary health agencies, WAMI, The Hospital Association, and non-physician users — to the WSMA program. Please note that each county would still have its own library as a component of the statewide "Physician's Library Network".

Effective library services are the essential ingredient of any decentralized, individualized continuing education program now required for physicians; such services are also critical to the decentralization of medical student and house staff training programs and they can protect the profession — urban and rural alike — from allegations of obsolescence and incompetence.

Your WSMA took a beginning step in 1975; together with county societies it has the opportunity to take a final one in 1977. Personally, I can't help but feel that the alternative of eliminating the WSMA Library program would only further fragment the medical profession when such fragmentation promises problems for all — patients and physicians alike.

Sincerely,

William O. Robertson, M.D.  
Immediate Past President, WSMA

---

RODGER SWAIN DILLE, PH.C., M.S., M.D.  
Practice Limited to Diagnosis and Internal Medicine  
Medical Arts Building, Tacoma, Washington 98402

September 21, 1976

Dear Sir:

I thought we might introduce a bit of medical levity by the following limerick:

There was a young doctor from Kent,  
A genius with scientific scent.  
He developed the answer  
As to how to cure cancer,  
But couldn't get informed consent!

I understand he became so frustrated by this that he was last seen doing maintenance work in the offices at the Federal Drug Administration.

Sincerely,

Rodger S. Dille, M.D.

ANNUAL MEETING  
TACOMA ACADEMY OF INTERNAL MEDICINE  
**INTERNAL MEDICINE UPDATE - 1977**

MARCH 17, 18, 1977

*Accredited for 18 hours Category I*

MARCH 17 - THURSDAY		MARCH 18 - FRIDAY			
8:05	<b>Infectious Diseases Update</b> The Newer Antibiotics; Fungal Infections and Their Treatment	Marvin Turck, MD, FACP Internist, Physician-in- Chief, Harborview Medical Center Professor of Medicine, University of Washington Seattle	8:00	<b>Vascular Diseases &amp; The Kidney</b> Diuretic Use; Assessment and Treatment of Hypertension; interstitial Nephritis	John Kennedy, MD Cardiologist-Nephrologist Tacoma
9:30	Question - Answer		9:30	Question - Answer	
9:50	Break		9:50	Break	
10:00	<b>Gastroenterology Update</b> Chronic Hepatitis; Inflammatory Bowel Dis- ease; "Traveller's Diarrhea"; Pancreatitis; Gallstones; Viral Hepatitis	Wade Volwiler, MD Internist; Head, Division of Gastroenterology, Univ. of Washington School of Medicine, Seattle	10:00	<b>Neurology Update</b> Headache; Myasthenia Gravis; Epilepsy	Michael Copass, MD Neurologist; Director of Medical Emergency Ser- vices, Harborview Medical Center; Deputy Director Medic I Program, Seattle
10:40	Question - Answer		11:45	Question - Answer	
12:00	Lunch		12:00	Lunch	
2:00	<b>Rheumatology Update</b> The Rheumatic Syndromes	Kenneth R. Wilske, MD Head, Section of Immuno- logy, Allergy and Rheuma- tology, The Mason Clinic, Seattle	2:00	<b>Hematology Update</b> Inherited Coagulation Defects; Hemolytic Anemia; DIC	John Huff, MD Internist; Section of Hemo- tology, Virginia Mason Clinic
3:30	Question - Answer		3:30	Question - Answer	
3:30	Break		3:50	Break	
4:00	<b>Pulmonary Update</b> Asthma and the Immunology of Asthma	John Colen, MD Internist-Allergist, Tacoma Clinical Assistant Professor of Medicine Univ. of Washington School of Medicine, Seattle	4:00	<b>Immunology Update</b> Immunodeficiency Diseases and Dysprote- inemias; Clinical Immuno- logy Evaluation	Paul P. VanArsdel, Jr., MD Internist, Head, Section of Allergy, University of Washington School of Medicine, Seattle
	Acute Respiratory Failure in Obstructive Pulmonary Disease	W. Harry Lawson, MD Internist; Co-Director of Respiratory Care Center, St. Joseph Hospital, Tacoma	5:40 to 6:00	Question - Answer	
5:40 to 6:00	Question - Answer		8:00	<b>Endocrinology Update</b> Advances in Thyroid & Parathyroid Diseases; Metabolic Bone Diseases	Neil J. Elgee, MD Endocrinologist, Seattle
			10:00	Cocktails and Hors d'oeuvres	

*Sponsored by:* Tacoma Academy of Internal Medicine

*In Conjunction with:* College of Medical Education, Inc.

*Meeting Space Courtesy of:* St. Joseph Hospital - 6th floor - Quadrant B  
1718 South "I" (enter "J" Street Entrance), Tacoma

*Registration fee: Non-Members \$75.00*

*Enrollment Limited.*

Fee will not be refunded after March 17, 1977. No refunds can be made for partial attendance.

*PAID PREREGISTRATION WOULD BE APPRECIATED BEFORE MARCH 16, 1977*

(Please use Registration Blank on opposite page)

Address all correspondence to:  
Maxine Bailey, Executive Director  
College of Medical Education, Inc.  
1500 North Warner  
Tacoma, Washington 98416  
Phone: 756-3152

My check for \$ \_\_\_\_\_ is enclosed. *Please make check payable to C.O.M.E.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

(Internal Medicine)

### FAMILY PLANNING INSTITUTE TO BE HELD AT SEATTLE UNIVERSITY

The Washington State Family Planning Institute will be held March 18, 19, 20, 1977 at Campion Tower, Seattle University. It is open to anyone interested in family planning and will be of special value to doctors, nurses, clergy, counselors, educators, and parents, as well as future instructors of natural family planning.

This program is designed to provide training regarding the biological signs of fertility available for achieving oravoiding pregnancy, with special emphasis on the ovulation method of family planning. The institute also stresses human sexuality and creative loving.

On the faculty will be: Clayton Barbeau, marriage and family life educator and counselor, author and lecturer, San Francisco, California; Thomas Hilgers, M.D., assistant professor of obstetrics and gynecology of St. Louis University Medical School, St. Louis, Missouri; Bonnie Manion, R.N., executive director, Northwest

Natural Family Planning Center, St. Vincent's Hospital and Medical Center, Portland, Oregon; Paul Marx, O.S.B., Ph.D., professor of sociology, St. John's University, Collegeville, Minnesota, author and lecturer, executive director of the Human Life Center, Collegeville, Minnesota. Each is recognized as a national expert in his field.

Procedure of the workshop will include lectures, dialogue, panel discussions, films, examination and purchase of literature.

This workshop is presented by the Family Living Council and co-sponsored by the Human Life Center, St. John's University, Collegeville, Minnesota and the Office of Continuing Education, Seattle University, Seattle, Washington.

For registration or further information, call Mike or Rita Marker, co-chairmen, at (206) 568-4427; or write to Washington State Family Planning Institute, P. O. Box 515, Everett, Washington 98206.

### CANADIAN RADIOLOGISTS TO CONVENE IN MANITOBA

Winnipeg, Manitoba, will be the site of the 40th annual meeting of the Canadian Association of Radiologists, June 12-17, 1977, at the Holiday Inn / Convention Centre.

The meeting, which is approved for Category I credit, will feature many excellent scientific presentations, a series of refresher courses and film reading panels, several outstanding guest

lecturers, and scientific and technical exhibits covering all aspects of diagnostic and therapeutic radiology.

For registration information, contact: Mrs. Alva Pentecost, Canadian Association of Radiologists, 1440 St. Catherine Street West, Suite 806, Montreal, Quebec H3G 1R8, Canada.



Schoenbrunn Palace — Near Vienna, Austria

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DEPART SEATTLE / TACOMA JULY 9 —  
RETURN JULY 23, 1977

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### DISCOVER THE TREASURES OF THE BLUE DANUBE

Delve into tradition-rich pasts, make merry in the spirited present of Danube's capital cities. Cultural treasure houses of fine art, music, and great architecture. Romantic in their river settings. Mutually extraordinary, individually unique — Vienna, Prague, and Budapest are the warm heart of middle Europe.

Romantic Vienna, where the Austrian penchant for elaborate confections is found not only in the pastry shops, but also in Baroque architecture, and the vastness of its artistic splendor.

Poetic Prague, set in its dreamlike tapestry of ancient landmarks. A city of balanced beauty keynoting a country of unspoiled forests, snow-capped mountains, ancient towns and over 3,000 medieval castles and chateaux.

Ebullient Budapest, infinitely charged with Hungarian zest. Two cities in one. Buda, surveying the legendary Danube from its historic perch on the right bank. Pest, pushing its left bank flatland borders ever outward

in its energetic pursuit of the best in life.

The trip includes top quality arrangements throughout. Indulge yourself at the finest luxury hotels each city offers — Vienna, the Imperial, one of Europe's distinguished grand hotels usually not available to groups. In Prague, the Intercontinental, in Budapest, the new Hilton.

Rise and shine each morning with an American breakfast. Savor the irresistible cuisines of some of the finest restaurants selected for our "Dine Around Plan" which is included in the trip.

Begin the right way — flying scheduled flights of Swissair, enjoying the wide-body jet comforts of one of the world's most reputable airlines.

To spare you as much protocol as possible, our escorts will accompany you throughout. Our hospitality desk at each of the hotels will provide valuable information and assistance.

Come with us to the Cities of the Danube!

---

### OUR SPECIAL HIGHLIGHTS

*Round trip air transportation via regularly scheduled flights of Swissair flying comfortable wide-body jets  
Finest deluxe hotels in each city. The Imperial in Vienna. The Inter-Continental in Prague. The Hilton in Budapest  
American breakfast daily at hotels*

*Dine Around Program featuring some of the best restaurants in Vienna, Prague and Budapest*

*Round trip transfers between airports and hotels*

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*Welcome cocktail party*

## FIRST VIENNA — FIVE DAYS

A bountiful blend of 2,000 years of history and cosmopolitan culture. Vital center for the arts and sciences since she was the seat of the Holy Roman Empire. Tied to history's greatest names — Hapsburg, Maximilian, Marie Antoinette, Franz Joseph. And music's — Beethoven, Haydn, Mozart, Schubert and Strauss.

Operas, operettas, concerts and recitals abound all year round. As do monuments: medieval, Renaissance and Baroque. The Imperial Palace, Parliament, the University, St. Charles, St. Stephens Cathedral. Schoenbrunn Palace, with the world's largest collection of coaches and rooms that go back to the time of Empress Maria Theresa. Belvedere Palace, with panoramas over the city's center and the Vienna Woods. The Secular and Ecclesiastical Treasuries, Kapuzinergruft, crypt of the Hapsburg family.

Some of the world's finest art museums and collections are here. Beethoven's apartments, Mozart's long-time Vienna quarters, Franz Schubert's birthplace, the Collection of Historical Musical Instruments (with the pianos of Mozart and Beethoven) and the graves of honor in Vienna's Central Cemetery of Schubert, Beethoven, Brahms, von Suppe and Johann Strauss — all magnets for music lovers. Superb as well, the Vienna Boys' Choir, the unique Spanish Riding School, the fiacre rides around the old city. Shopping along Kaertner Strasse, the Graben, the Kohlmarkt, Mariahilfer Strasse and the small streets opening off them.

Stay in the distinguished Imperial Hotel. Its lavish confines (including private baths with heated floors) have never until now been opened to group travelers. Conveniently located near the Opera House and Museum, it features some of the finest cuisine in the city.

Take the optional excursion to "one of the world's three most beautiful cities," Salzburg. Mozart's birthplace is an unusual blend of intellectual, architectural, natural and nightlife stimulations.

## THEN PRAGUE — FOUR DAYS

A ballet of arched stone bridges vaulting the curving contours of the Vltava River — the Moldau of Smetana's immortal poem. The "Golden City of a Hundred Spires" — lyric exclamation points to seven flowering hills. An orchestration of architectural history from early Romanesque through Gothic, Baroque and Renaissance.

Magnificent Hradcany Castle, complex of 1000-year-old palaces and churches where Bohemian kings reigned, now concert halls and museums. A symphony of all these architectural eras. Gothic St. Vitus Cathedral and 14th century Charles Bridge. Baroque Church of St. Nicholas, first built in 1283, but only 200 years old in its present form — a veritable museum with over 200,000 square feet of frescoes covering vaulted ceilings. Renaissance Belvedere, the 16th century summer palace of Queen Anne.

The Czechoslovak National Museum spreads over several historic buildings. Zidovske, the Jewish Museum embraces the ancient Jewish cemetery. The 14th century Synagogue is Europe's oldest.

For-pedestrians-only Charles Bridge, an outdoor gallery of statues guarded by two ancient watchtowers. Gothic Tyn Church, Old Town Hall and famed Orloj — the 500-year-old astronomical clock — in the cobbled streets of Old Town.

Attesting to an infinitely artistic climate, Bertram Villa, where Mozart composed "Don Giovanni" and his spinet still stands. Opera, concert, drama and folklorica abound in this city where Berlioz, Liszt, Mozart and Wagner performed their great classic works. By way of contrasting uplift: U Fleku, the beerhouse and brewery dating to 1499, and U Tomáše, where Augustine monks mixed their brew in 1352. Bohemian beers are justly famed!

You will have no trouble reaching most of the sites from our hotel, the Intercontinental. Located on the Vltava River with views of the Hradcany Palace, it features 409 elegantly furnished air-conditioned rooms, rooftop restaurant and bar, brasserie and several cocktail lounges.

## FINALLY BUDAPEST — FOUR DAYS

More a dramatic stage than city, for performances composed and acted out by a virtuoso people! Possessed of an unsurpassed flair for living, the Hungarians themselves are this country's premiere attraction. Not to say there aren't impressive sights, but that the people are as fascinating as the landmarks.

They are as diametrically contrasting as the two faces of their city. Fiery as their gypsy music, sybaritic in their appetites, lightly romantic in Lehar operetta tradition. Irrepressibly gay and living for today, without forfeiting an iota of nostalgia for yesterday.

Buda is their yesterday, surveying Pest's boisterous present from its lofty semicircle of seven wooded hills on the west bank. See it all from Gellert Hill's 770-foot height. Reminisce on past eras at Castle Hill, the rebuilt Royal Residence, now a cultural center and museum; 13th century Mathias Church, the city's oldest structure, where kings were crowned; turreted Fisherman's Bastion, the site of one of man's oldest settlements of Celts and Romans.

Ride the Buda Hills on the Pioneer Railway. Take a break at Hungary's oldest pastry and tea shop in Buda, housed in a building already venerable in 1500, when it first became a bakery. In bustling Pest, the administrative, economic and entertainment hub of the capital, drop by the neo-Gothic House of Parliament, Renaissance-styled Opera House, St. Stephen's Basilica of the 300-foot-high dome. Also the shops, cafes, restaurants, theaters — all manner of establishments dedicated to the Hungarian live-it-up way of life. And what a spicy life!

Enjoy the splendid accommodations of the new Hilton situated on prestigious Castle Hill, next door to the 13th century Gothic Coronation Church and Fisherman's Bastion.

## GENERAL INFORMATION

**Flights:** Round trip via regularly scheduled Swissair flights flying transatlantic on comfortable Boeing 747 or DC-10 jets. All flights economy class.

**Hotels:** The finest deluxe hotels in each city. The Imperial in Vienna, Prague Inter-Continental, the Budapest Hilton. Price based on two persons sharing a twin-bedded room. Single room supplement: \$110.00.

**Meals:** American breakfast daily at all hotels. Dinners are included at selected restaurants on "dine around" program.

**Transfers:** You will be met at the airport and transferred to your hotel. Your luggage will be taken directly to your hotel room.

**Taxes:** All local taxes included as well as U. S. transportation tax.

**Gratuities:** All tips to porters and hotel personnel have been included.

**Tour Escort:** A special representative will travel with the group to assist you.

**Cocktail Party:** Welcome cocktail party in Vienna.

**Hospitality Desk:** At the hotel local personnel will assist you with arranging sightseeing, shopping, and other activities.

**Insurance:** Travel insurance is available if desired through Travel Dynamics.

**Baggage:** Free baggage allowance on scheduled flights is 44 lbs. in economy class per person.

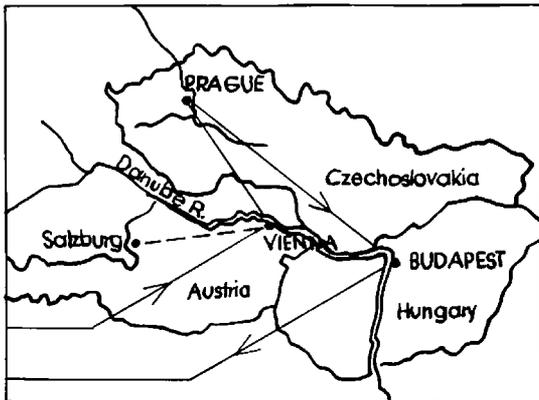
**Not Included:** Meals other than American breakfasts and dinners, passport, and visa fees, excess baggage charges, items of personal nature such as laundry, beverages, telephone calls, etc., and personal and baggage insurance fees.

**Cancellations and Refunds:** Refund of deposit is made if cancellation in writing is received more than 60 days prior to departure. For cancellations received 60 days or less before departure, Travel Dynamics, Inc. will charge \$50.00 per person, plus any cancellation fees assessed by land operators and/or providers of transportation.

**Responsibility:** Travel Dynamics, Inc., New York operator of the tours herein outlined, acts as agent only for all services and disclaims any and all liability for property loss or damage, and/or any and all damages resulting from death or personal injuries, including loss of service which may be sustained on account of, or rising out of, by reason of, or while engaged on any tour, whether due to the ownership, maintenance, use, operation or control of any aircraft, automobile, bicycle, boat, vehicle, inn, common carrier or otherwise or whether caused by failure or delay or by any transportation company due to any cause whatsoever occurring during a tour under its management, sponsorship, procurement or otherwise. All tickets, coupons and orders are furnished and issued subject in all respects to these terms and conditions and to any and all terms and conditions under which the means of transportation or other services provided thereby are offered or supplied by owners, operators or public carriers for whom Travel Dynamics, Inc. acts solely as agent. Travel Dynamics, Inc., New York, reserves the right in its discretion to alter or omit any part of the itinerary or change any space reservation, feature and/or means of conveyance without notice and for any reason whatsoever and without allowance of refund, but, the extra cost, if any, resulting therefrom must be paid by the passengers. The Transportation Companies concerned are not to be held responsible for any act, omission, or event during the time passengers are not on board their carriers or conveyances. The passage contract in use by the carriers concerned, when issued, shall constitute the sole contract between the Transportation Companies and the purchaser of these tours and/or passengers.

Travel Dynamics, Inc., New York, reserves the right to cancel or withdraw any tour prior to departure and decline to accept or retain any person as member of any tour at any time. In such case the refund will be based on the actual cost of the unfinished portion of the tour.

**Rates:** Prices quoted are based on May 31, 1976 tariffs and rates of exchange and are subject to change prior to departure. The services of any IATA/ATC member carriers may be used for the transportation of this trip.



SPACE IS LIMITED. RESERVE TODAY.

REGISTRATION

Make check payable and mail to:

Pierce County Medical Society  
813 South K Street  
Suite 200  
Tacoma, Washington 98405

Enclosed is my check for \$\_\_\_\_\_ (\$150 per person) as deposit. I (we) understand that final payment is due sixty (60) days prior to departure. Also the deposit will be refunded in full if I (we) cancel at least sixty (60) days before the departure date.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone: Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_

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## PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

### Listing No. 1201:

General Internist seeking affiliation with any sized group or partnership. Medical school at Univ. of Pennsylvania School of Medicine. Internship and residency at Univ. of Chicago Hospitals and Clinics. Completes Nephrology Fellowship at Stanford July 1977. Board certified. Primary interests: General Internal Medicine, with emphasis on Nephrology, if possible (not mandatory). Available July 1, 1977.

### Listing No. 1202:

Board certified cardiologist available for practice July 1977. M.D. degree from Marquette School of Medicine, 1964. Interned Illinois Research and Educational Hospitals 1968-69. Residencies: Psychiatry 1969 through 1970 at Illinois Neuropsychiatric Institute; 3 year Internal Medicine at Univ. of Oregon, followed by 2 year Cardiology Fellowship also at Univ. of Oregon, terminating July 1975. Experienced in invasive and non-invasive cardiology.

### Listing No. 101:

Board eligible OB/Gyn available Jan. '78. M.D. degree, Univ. of Tennessee, 1971. Rotating internship followed by three-year OB/Gyn residency at Madigan Army Medical Center. Currently completing military commitment as OB/Gyn staff physician, Ft. Campbell, Ky. Will consider most arrangements.

### Listing No. 301:

Military surgeon interested in night and weekend coverage for emergency work. Will consider emergency room work or "on call" status for general surgeon.

### Listing No. 302:

General practice - Young physician available July 1, 1977 seeks affiliation with group or individual practice. Graduate, Indiana Univ. School of Medicine, 1973. Internship Maricopa County General Hospital, Phoenix, Ariz. Currently U. S. Public Health Service Officer - commission expires June '77.

**PIERCE COUNTY MEDICAL SOCIETY**

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**CATEGORY I – CONTINUING MEDICAL EDUCATION – PIERCE COUNTY**

The following programs are in the planning process for the Winter and Spring of 1977 by the Committee for Continuing Medical Education of the Pierce County Medical Society and the local hospitals in conjunction with the College of Medical Education, Inc. The programs will host visiting and local experts. Notice for each program, including specific information regarding format and speakers, will be mailed to your office at least three weeks prior to the offering. **THIS SCHEDULE IS SUBJECT TO CHANGE – please check schedule monthly.**

		Category I Credit to be applied for
March 11; 8:00 to 11:00 a.m. Tacoma General Hospital	<b>CARDIOVASCULAR ORIENTATION</b> Coordinator: Tacoma Surgical Club	3
March 17, 18; 2 full days, one evening St. Joseph Hospital and Tacoma Yacht Club	<b>WHAT'S NEW IN INTERNAL MEDICINE</b> Coordinator: Tacoma Academy of Internal Medicine Richard Baerg, M.D.	12
March 24; Thursday Evening - Dinner Tacoma General Hospital	<b>CANCER OF THE BLADDER</b> Coordinator: J. G. Katterhagen, M.D.	
March 26; 8:00 a.m. to 4:00 p.m. Mary Bridge Children's Health Care Center	<b>DAY OF PEDIATRICS</b> Coordinator: Robert Scherz, M.D.	6
March 31, April 1, 7, 8 Good Samaritan Hospital	<b>ANTIBIOTICS</b> Coordinator: Theodore Apa, M.D.	?
April 6, 13, 20 7:30 to 9:30 a.m.	<b>TACOMA GENERAL TOPICS</b> Coordinator: Herbert C. Kennedy	6
May 6; All day Friday - Saturday a.m. Allenmore Hospital	<b>ASCVD - MEDICAL AND SURGICAL (TBA)</b> Coordinator: Richard Baerg, M.D.	6



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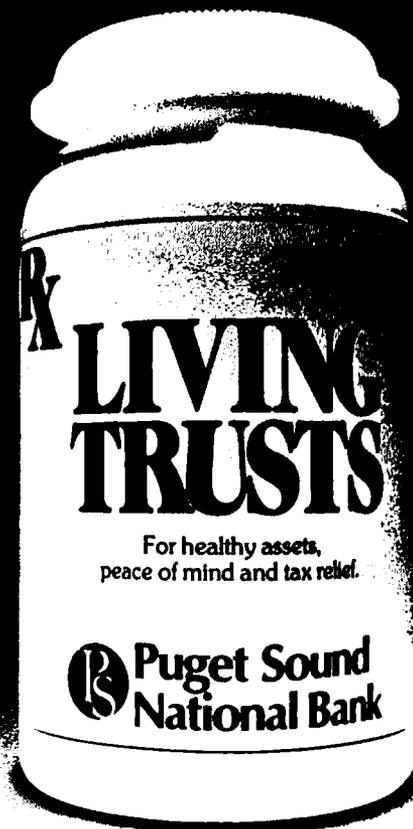
# Pierce County Medical Society

APRIL 1977

Vol. XLIV, No. 4 • Tacoma, Washington



## BULLETIN



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# Bulletin of the Pierce County Medical Society

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FIRST BLUSH OF SPRING

Cover photo  
courtesy Dale Shirk

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Marie Henry (77)
John F. Kemman, M.D. (78)
Donald F. McKay, M.D. (78)
Charles C. Reberger, M.D. (79)
Myra S. Vozenilek, M.D. (79)

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Duncan T. Baer, M.D.	David S. Hopkins, M.D.
George R. Barnes, M.D.	Ralph A. Johnson, M.D.
David L. BeMiller, M.D.	Herbert C. Kennedy, M.D.
Lloyd Elmer, M.D.	Donald F. McKay, M.D.

## ALTERNATE DELEGATES

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John F. Kemman, M.D.	Myra S. Vozenilek, M.D.

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## PRESIDENT'S PAGE



D. Ted Baer, M.D.

### The Rebirth Of The AMA

With trepidation I again beat the AMA membership drum for *all* physicians. AMA membership benefits:

1. Insurance Programs — broader coverage at lowest cost you can find anywhere.
  - a. Excess major medical.
  - b. Group term life.
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  - d. Disability income.
  - e. Hospital indemnity.
  - f. Office overhead expense.
2. AMA members retirement fund (10,000 participants. Fund's current value: in excess of \$140 million, as of August 31, 1975.)
3. Leading scientific journals — *JAMA* and *Specialty*.
4. Comprehensive scientific programs.
5. Legal guidelines on every aspect of practice.
6. AMA-Sponsored regional, national and international continuing education programs.
7. Physicians placement service — largest of its kind.
8. Daily representation in Washington, D.C.
9. Young physician "starting your practice" management workshops.

10. Valuable training programs for your medical office personnel — "YOU, The Telephone Manager" and "Medical Collection Management."

AMA membership benefits are the broadest of any professional organization, and more benefits regularly are being added.

*What did happen because of the AMA:*

1. Improvement of the Keogh law to permit increased annual contributions for retirement to 15% of earned income or \$7500, whichever is less. A savings worth many times the annual dues.
2. More than 4,000 continuing medical education programs accredited for benefit of the profession.
3. AMA developed guidelines for improving medical and health care in jails now being tested in 30 communities.
4. Financially hard-pressed medical and dental schools in District of Columbia receiving federal support.
5. Universal health insurance claim form — more than nine million already in use.
6. Enactment of the military medical practice act that makes the federal exclusively liable for malpractice damages in the military and uniformed services.
7. Detailed AMA policy on *hospital-physician* relations designed to protect the rights of medical staffs and individual physicians.
8. AHA acceptance of concept that medical staffs should be represented on hospital boards.
9. Rapid expansion of medical schools in past decade.
10. Extensive health manpower training support.

—continued

11. Development of legislation for emergency medical services systems.
12. Significantly increased pay for military, VA and other federal physicians.

*What did not happen because of the AMA:*

1. National re-licensure.
2. Regulation of residency assignments and rationing by specialty.
3. Cradle-to-grave, federally-run NHS.
4. Capricious utilization review regulations.

5. Precertification of hospital admissions.
6. Full "public utility" control of medicine.
7. Phase V controls on M.D. fees.
8. Federal (or state) licensure of physicians' office laboratory.
9. Legislation imposing additional restrictive Medicare reimbursement levels on physicians.

The complexion of the AMA has changed in the past ten years. It's your outfit, and I believe it deserves your active support. The AMA is in your direction. Join.

D.T.B.

\*\*\*\*\*



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## EDITORIALLY SPEAKING



David S. Hopkins, M.D.

### Viva the White Space!

Dale Shirk and I recently attended a publications workshop in Chicago, sponsored by the Sandoz Company. The seminar was staffed by journalism professors from the Universities of Wisconsin and Missouri, and was designed to help the participants improve the layout and writing quality of their medical publications.

I can hear many of you murmuring that we didn't have to go all the way to Chicago to find out what is wrong with the *Bulletin*. The dearth of material, on occasion, and the frequent lack of good feature articles are obvious problems that we hope to remedy. Many less obvious but significant changes which would greatly improve the *Bulletin* were suggested during the session.

All the news was not bad. Those attending were primarily representatives of state and county medical societies, and each presented a copy of its publication to be critiqued by the experts.

Our *Bulletin* received a number of favorable comments with regard to layout, type style and the use of white space. The rave reviews were reserved for Mavis Kallsen and her feature "The Ark Speaks." The literary critic from the University of Wisconsin was tremendously impressed with the content and style of her writing. He said my writing was adequate, and when I tried to corner him afterward he brushed past me and muttered something about having to catch a plane.

The seminar, which lasted just one day, was one of the most interesting, informative and well planned meetings I have ever attended. The discussions were fascinating even to one with no background in journalism at all. The expert on layout used *National Geographic*, *Fortune* and *The New Yorker* magazines to illustrate his points. These magazines are beautiful examples of the melding of prose style, type face and photography.

The afternoon session was devoted to writing style and was loaded with valuable hints for all of us, to wit:

Perfection is when there is nothing left to take away, not when there is nothing left to add.

Qualifiers are leeches on prose.

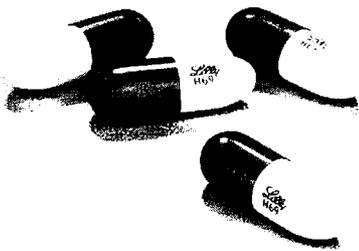
Any sentence that begins "in other words" follows a sentence that should be rewritten.

Less is always more.

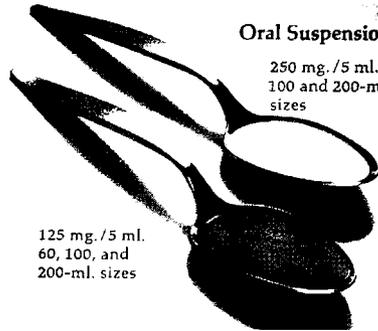
With that last thought I will close, hoping that some of what we learned will soon be reflected in these pages.

D. S. H.

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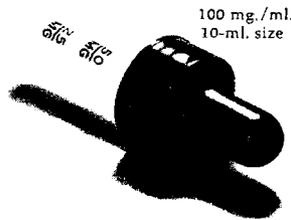


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# PREVENTING PREVENTABLE DEATHS

GUEST EDITORIAL

by Sanford P. Lehman, M.D., M.P.H., Interim Acting Director of Health  
Tacoma-Pierce County Health Department

When a physician signs a death certificate, chances are the cause of death was "preventable," according to recent statistics compiled by the Tacoma-Pierce County Health Department.

Heart disease, cancer, cerebrovascular diseases, accidents, suicides, cirrhosis and homicide -- the leading causes of death nationally have become the leading causes of death locally. And each of these top killers is preventable. In fact, a majority of the 15 leading causes of death in America are preventable.

Too little exercise and too much fatty food, too little personal care and consumption of too much alcohol and smoking can be directly related to these leading causes of death.

Unfortunately, the percentage rates of those deaths deemed preventable are rapidly increasing, depending on age and cause. For example, the death rates for heart disease, cerebrovascular diseases and accidents have been decreasing slightly over the years. For the first two causes, mortality rises sharply with advance in age. But rates for cancer, one of the top three killers in America and Pierce County, are increasing.

Our most current statistics show a dramatic rise in homicides, suicides and alcohol-related deaths in Pierce County since 1959. At that time, per 100,000 population, homicide rates were 1.3; alcohol-related deaths, 10.4; and suicides 10.7. In 1970, those rates per 100,000 population jumped to 6.3 homicides, 14.4 alcohol-related deaths, and 13.6 suicides. Last year, statistics show the rates to have increased even further. Per 100,000 population, homicides were 7.4; alcohol-related deaths, 17.8; and suicides, 16.6.

As these figures rise, the Health Department and other health-related organizations are diligently striving to prevent public health ignorance through various clinical and educational programs.

For example, the Health Department offers an alcoholism clinic for evaluation and care of resi-

dents concerned about their drinking. This includes counseling and a non-emergent medical out-patient program. The department also has recently developed a high blood pressure program designed to offer patients screening, referral and follow-up.

Other organizations and associations throughout the County are constantly developing programs in hopes of increasing public awareness and decreasing the high incidence of preventable disease and resulting deaths.

But, apparently, our activity might not be filling that enormous public void. When it comes to health, everyone is concerned and interested, as they well should be. I've never heard a word spoken against good health. But our balance, or lack of it, concerning preventive health problems and corresponding health care systems must not be overlooked.

Elements attributable to human biology, environmental influences and lifestyle habits are as important as the organized care we offer. The health field concept cited by Marc Lalonde in *A New Perspective on the Health of Canadians*, April, 1974, stresses this obvious imbalance.

Lalonde stated that society's efforts to improve health have been focused on health care provisions. Yet, when the primary causes of illness and death are identified, they are rooted in other areas which we have neglected to give adequate consideration: The basic biology of man and the organic make-up of the individual; matters related to health which are external to the human body; and collective decisions which affect individual health, and over which one, more or less, has control.

Lalonde maintained that vast sums are being spent treating diseases that could have been prevented in the first place, and with this, I strongly concur. Greater attention to these elements is needed if we attempt to reduce disability and early death.

—continued

In balancing these considerations, though, we cannot cry public apathy. I think the public is concerned. Instead, we must claim public unawareness of these health priorities.

Prevention is the key, and just as the Health Department and other organizations are making urgent attempts to educate the public about keeping itself in good health, so must all physicians start redistributing their concern and energy toward this new perspective of health priorities and good health maintenance.

If the public becomes aware that most causes of mortality are, indeed, unnecessary, the factors now influencing organization of public and private health systems can duly shift toward remedial solutions and care. The public must be kept informed, and we all must roll up our shirtsleeves to prevent the preventable.

**ILLUSTRATION:**

1. Diseases of heart.
2. Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues.

3. Cerebrovascular diseases.
4. Accidents.
5. Influenza and pneumonia.
6. Diabetes mellitus.
7. Cirrhosis of liver.
8. Arteriosclerosis.
9. Certain causes of mortality in early infancy.
10. Suicide.
11. Bronchitis, emphysema, and asthma.
12. Homicide.
13. Congenital anomalies.
14. Nephritis and nephrosis.
15. Peptic ulcer.

IN THE YEAR AHEAD LOOK AT THIS LIST OF THE LEADING CAUSES OF DEATH NATIONALLY\* THE NEXT TIME YOU ARE ASKED TO SIGN A DEATH CERTIFICATE, ASK YOURSELF, "WHAT COULD I HAVE DONE DIFFERENTLY?"

\* Listed from "Vital Statistics Report," U.S. Department of Health, Education and Welfare, Vol. 24, No. 13, June 30, 1976.

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	February 1977	Total 1977	Total Since Sept. 1973
Referred to Physicians	72	148	4,567
Laboratory Services	33	64	4,378
X-Ray Services	4	16	452
Prescriptions	78	139	2,904
Referred to Community Agencies	26	55	1,638
Seen by Physicians in Clinic	28	52	1,589

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Black.....	31	58	1,339
Caucasian.....	194	392	7,373
Asian-American.....	7	15	205
Native-American.....	2	4	242
Mexican-American.....	5	9	182

**PARTICIPATING PHYSICIANS ON FRIDAY EVENING**

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North
Dr. G. Tanbara	Dr. D. Wilhyde	Dr. G. Oh	Dr. R. Martin

# LEGISLATIVE NEWS



Robert W. Florence, M.D.

## Pending Health Bills

The good news for this month is that one of the WSMA professional liability bills has passed both houses, and at the time of this writing is on the Governor's desk awaiting signature. The bad news is that it is the only bill out of the group which will have no effect upon our liability rates. This is SB-2157, which places a Lay Member on the Medical Disciplinary Board. The other bills are languishing in committee and it is hoped that they can find their way out for action before the special session ends.

Another bill which has passed both Houses and awaits the Governor's signature is SB-2090, permitting prescriptions to be written by SRN's and ARN's.

HB-858 is the bill which will extend the Certificate of Need to physician's offices. This bill should have our unified opposition, and you are encouraged to write your legislators to voice your opposition.

It appears at this time that we are to receive another year's reprieve from National Health Insurance. This was stated by HEW Secretary Joseph Califano, but President Carter has indicated that he intends to propose the first phase of a NHI program before the end of the year, but to date there are no indications as to the type of plan that he will recommend. The Congressional Budget Office estimates the 1982 cost of the Kennedy-Corman, labor backed bill at \$168 billion to \$200 billion. It is difficult for most of us to realize just how large a "billion" is, and perhaps the following illustration may help to put this in perspective. A billion seconds ago we were involved with World War II; a billion minutes ago takes us back to the time of Christ; a billion hours ago man had not yet made his appearance upon the earth.

R. W. F.

---

## YOUR MEDICAL LIBRARY

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# A.A.M.A. PAGE

## FOR THE WANT OF A NAIL . . . . .

. . . . A shoe was lost; for want of a shoe a horse was lost; for want of a horse a war was lost. For the lack of \$35.00, a member was lost.

Pierce County has an active chapter of AAMA – American Association of Medical Assistants. Does your medical assistant belong? If not, why not? Does she want to continue her education in the medical field, or is she not interested in self improvement? Is she keeping up with the constant changes in billing procedures and regulations concerning DSHS and PCMB? Or perhaps she feels that something once learned is good forever.

At the March meeting of our Pierce County Chapter I learned something. I learned one new code number, one better way of billing for Welfare patients. For pre-surgical patients, Welfare will not pay the doctor a consultation fee, not even a

hospital visit if surgery is performed on the same day. But, if you use CPT code #90200, which is a brief history and physical examination, initiation of treatment programs and preparation of hospital records, this will be allowed. This code may be used for a new patient or an established patient requiring emergency surgery that was not scheduled prior to hospital admission. Code #90200 has a relative value of 3.0, which is a charge of \$20.31. For twenty surgical patients per year, this amounts to \$406.20.

One of our members is an auditor for DSHS in Olympia; she helps us learn. The meeting was worth attending.

Doctor, is your medical assistant possibly not joining AAMA because she can't afford the dues? Are you missing an opportunity?

If there are any further questions, call Dee Lunstrum, 383-5351.

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# AUXILIARY PAGE

## AUXILIARY OFFICERS 1976-1977

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Swine Flu Liaison.....	Donna Ferguson
Legislative.....	Betty Bahn
Sunshine.....	Jeanne Judd
Auxi-Quad Luncheon.....	Kit Larson
Mid-Year Conference.....	Dorothy Grenley
Nominating.....	Anne Katterhagen

## FEBRUARY MEETING

Forty-five members attended the February auxiliary meeting at Marnie Weber's home in Sumner. Janice Ludwig, guest speaker, gave some good pointers on "Active Listening."

It was announced that the Finance Committee voted to give an additional \$4800.00 to Tel-Med. This is still not enough to get it going and more financial help is needed, especially on a continuing basis, before it will be a reality. It will be well worth the cost and time in terms of favorable P. R. with the community, however, and we all hope the means will be located.

## STATE

The state-wide Mid-Year Conference which was held the second week in March at the Rodeway Inn attracted about 75 members from throughout the state. The committee did a great job in organizing the two and one-half day affair.

## JOINT DINNER

The annual Joint Pierce County Medical Society and Auxiliary dinner is scheduled for April 12 at the Huntsman Restaurant on 40th and Bridgeport Way. (This is a change in location.) There will be a no-host cocktail hour at 6:30. A buffet dinner featuring salmon and prime rib will begin at 7:30, and a short meeting will follow. Reservations can be made through your calling committee or by contacting Nicky Crowley or the Medical Society office. Cost is \$7.50 per person.

## MODELS NEEDED

Twelve women of all ages are needed for modeling at the May luncheon and style show at the Tacoma Yacht Club. Models must be at least 5'6" tall, and wear size 8, 10, or 12. This will require a one-hour fitting session the week before, but will entitle the wearer to a 20% discount. Call Em Stern (582-2432) if you're interested.

## ANNUAL JOINT MEETING

P.C.M.S. AUXILIARY

and

PIERCE COUNTY MEDICAL SOCIETY

Tuesday, April 12th

THE HUNTSMAN

Cocktails 6:30

Dinner 7:30

Call Society Office for Reservation.

## HOW TO HIRE RELIABLE, QUALIFIED PEOPLE WITHOUT BREAKING THE LAW

by Sondra Sakala, Director  
PCMS Placement Service

Employment regulations have become so numerous and detailed in recent years that they place a considerable burden upon the employer. It has become the employer's responsibility to inform himself as to the law and to re-educate himself as to how to abide by the law. It is not simply a matter of being a fair employer. It is a matter of self-protection! Employers must be aware of guidelines established by the Human Rights Commission in order to avoid charges and penalties for discriminatory practices. The employer has been put in the position of avoiding the appearance of discrimination and even defending one's innocence should charges be brought against him.

You are probably wondering what kinds of charges and penalties are involved. A prospective employee may file charges of discrimination if he/she feels that illegal questions were asked in a pre-employment interview. If such charges are proven to be true, an employer may be liable to payment of retroactive pay from the Date of Denial of Employment to the Date of Completion of the Finding. I was told that currently there is a twenty-two month backlog of cases. Such charges could conceivably result in a 22-month paycheck for services never rendered — sizeable compensation for an employee who never came to work! Equally disturbing is the fact that if an employee is terminated for reasons which he/she feels are discriminatory, and again, if such charges are proven, the employer can be required to reinstate that employee in his/her job at full wages. The employee is also entitled to receive full retroactive wages from Date of Termination to the Date of Finding, less deductions (unemployment compensation.)

As physicians, you are legally responsible for the actions, however unintentional or uninformed, of the employees in your office who handle the hiring process. The employer must be fully informed of the rights of the persons seeking employment and make certain that Office Mana-

gers and the like are equally knowledgeable about the law.

Another area which ought to be of vital concern is that of the legality of the application form used in your office. The same regulations which apply to interviews apply equally to application forms. Many of the "illegal" applications which are being used are not used with the intent of discrimination. More likely, they were designed prior to rulings by the Human Rights Commission and were never updated so as to be in conformity with the law. Secondly, the persons who design applications are probably not fully informed as to the law. If this is the case, there is a Compliance Review Office at the Human Rights Commission which will be happy to go over your forms with you and suggest revisions. The Human Rights Commission is located at 207 Hess Building, 901 Tacoma Avenue South, Tacoma 98402. Their phone is 593-2070. A free booklet, entitled *Pre-Employment Inquiries and Screening*, outlines the regulations, and can be obtained by request. This is a must for any office and should be available for those who interview potential employees.

Much of the personal information which is forbidden by law can be obtained by simply making such information on a voluntary basis. Your application form can state that "THE FOLLOWING REQUESTED INFORMATION IS OPTIONAL." Such a provision protects you, the employer, and allows the applicant the opportunity to volunteer information which may be helpful to you in evaluating their record. If an applicant purposefully leaves certain information blank, be certain to refrain from asking any specific questions. Be extremely legal and proper. The person who leaves "gaps" in his/her record is the very applicant who may file charges of discrimination.

The most important guideline to follow in an interview situation is to ASK JOB-RELATED QUESTIONS. Make a written description of the

job you have to fill. Then compare the interview questions with the specified qualifications. In most instances, the questions should correlate. When you find yourself asking a number of questions which are not strictly job-related, it may be well for you to re-evaluate your interview process. The main purpose of interviewing is to obtain good employees who can meet work requirements. That seems simple enough. In reality, sometimes it is not so clear. The Human Rights Commission has determined that a person's race, sex, marital status, handicaps, or religion will not tell an employer much about a person's potential to be a good, reliable worker. The Commission has also determined that other information, such as whether a person owns a home or rents, owns a car, or has small children, cannot be considered job-related inquiries. If an employer has doubts about a person's ability to work odd hours or travel on the job, the fair thing to do is ask a direct question, "Can you work odd

hours?" It is not fair to make assumptions or to make decisions based upon stereotypes, such as "working mothers are unreliable." Each individual must be judged upon his/her own merits.

There are a wide range of stipulations about pre-employment inquiries. These include questions about former convictions, age, employment of spouse, marital status, height and weight, military standing, pregnancy, race/color, religion, sex, handicaps, and type/length of residence. The *Pre-Employment Inquiries and Screening* booklet is your best resource for these matters. If you have any further questions, you may either call the Human Rights Commission or contact Sondra Sakala, Director of Placement at Pierce County Medical Society, who can be reached at 572-3709.

Protect yourself by informing yourself as to employment regulations. Ignorance of the law is no excuse.

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### ST. JOSEPH'S TO HOST INFECTIOUS DISEASES SEMINAR

Harold C. Neu, M.D., head of the Department of Infectious Diseases at Columbia-Presbyterian Medical Center, New York City, will lecture in Tacoma on Thursday, April 21, 1977, at St. Joseph Hospital.

Dr. Neu's topic is entitled "Difficult Cases of Infectious Diseases." He will speak from 8:15 to 10:00 a.m. in the Sixth Floor, B Quadrant.

The Category II Continuing Medical Education program is open to Pierce County physicians.

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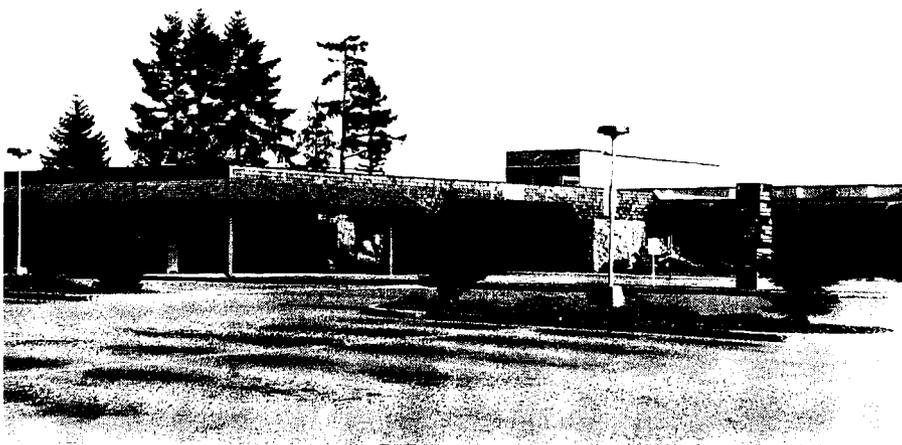
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# HOW WE STAND THE COLD

An AMA Editorial

Human beings are essentially semi-tropical animals. Our bodies at rest and unclothed are designed to maintain their internal temperature effortlessly with the thermometer at about 85 degrees Fahrenheit. But built into us are effective methods of coping with much lower temperatures.

We achieve cold-weather comfort in part by generating more heat in our internal furnaces, and in part by conserving that heat.

The most important source of internal heat are the muscles. They use about 70 percent of the food energy they consume, at work or at play, in heat generation. Under average conditions, says Dr. L. P. Herrington, director of research for the Pierce Laboratory of Hygiene at Yale University, body muscles produce enough heat to boil a quart of freezing-cold water every hour — and when you wave your arms or stomp your feet while waiting in the cold, you are stoking your muscles' furnaces to a still higher level of heat production.

The extent to which muscular activity enables you to ward off the cold has been strikingly illustrated by the experiments of Dr. Alan C. Burton and his associates for Canada's National Research Council, which show that the amount of clothing needed to keep you comfortably warm when you're sitting quietly at 70 degrees will also keep you warm at 40 degrees if you're walking briskly — or at *five degrees below zero* if you're running.

If you don't ward off the cold by exercising voluntarily, your muscles take over and warm themselves by shivering involuntarily. Under extreme conditions of exposure, intense shivering may even save you from freezing to death. "It's largely shivering which explains why many are cold but few are frozen," one physiologist has said.

Since your muscles need to produce more heat in winter, they use up more food energy; but nature makes allowance for this by turning up your appetite a few notches in cold weather. On the aver-

age, you eat about 15 calories more per day for every one-degree drop in the temperature. Soldiers allowed to eat as much as they please when stationed in the tropics at 92 degrees select a diet totaling about 3000 calories daily; in the Arctic or Antarctic at 25 below zero, their calorie intake rises spontaneously to nearly 5000.

Your tastes for particular foods also change during cold weather. Explorers report, for example, that men who carefully trim all fat off their meat back home crave and eat much of this prime source of heat on polar expeditions.

Instead of increasing your heat production in cold weather, you can achieve much the same result by conserving what heat there is. One simple method of heat conservation is familiar to everyone. When you're cold, you instinctively curl up into a ball, thus cutting much of the surface area through which your internal heat is dissipated.

Less familiar are your automatic blood and skin changes. Ordinarily, the blood and skin act as a cooling system like the water and radiator of your car. Hot blood emerging from the internal organs is cooled by flowing through the skin at the rate of 50 to 75 gallons an hour. When you're chilled, however, many small blood vessels in your skin close up, reducing the rate of flow to one fifth of normal, so that your body "turns pale with cold." The net effect of this bloodflow restriction is to convert your skin from a radiator for dissipating heat into a blanket for conserving it.

The efficiency of this skin blanket depends in part upon the thickness of the fat layer beneath it. In general, people with well-distributed fat deposits survive extreme cold better than their thinner fellows, which may explain why most successful channel swimmers have been generously upholstered. But fat people aren't necessarily more comfortable in the cold; for the nerve endings which complain "I'm cold" to the brain are themselves located near the surface of the skin; they may actually end up colder than the thin

—continued

man's — and sending out more insistent messages of complaint — if they are insulated from internal sources of heat by layers of fat.

These skin nerve endings, incidentally, appear to be superior in design to most similar devices developed by engineers and scientists. They are sensitive to sudden changes in temperature. When you step outdoors on a cold day they signal the change to your brain immediately, long before your skin has actually chilled to an uncomfortable level. And when you've been outdoors in the cold long enough so that heat production and heat loss are in balance, they send an "I'm comfortable" message to the brain even though their actual temperature has dropped off half a dozen degrees.

Conserving body heat depends in part on the materials with which your body or clothing makes contact. Thus the tile floor of your bathroom feels colder than the bathmat to your feet, even though both are the same temperature; heat flows more rapidly from your skin to a good heat conductor like tile.

Quiet air, fortunately, is a poor conductor of heat — much poorer than water, for example. The human body, which maintains its heat balance without effort in still air at 85 degrees, requires water at over 90 degrees for a similar balance. A man may die of exhaustion after 60 minutes in ice-cold water; he can live much longer in air at the same temperature. Wool socks and boots keep your feet warm at sub-zero temperatures while they're dry; but if water seeps in, your toes will soon start to numb. The mother who steps outside for a minute to determine how cold it is, then bundles five-year-old Billy up in layers of wool before sending him out to play, is not being a thoughtful, cautious mother. She has forgotten that outdoor air feels much colder than it is when you first step into it. And she has forgotten that Billy is going to run and jump, thus increasing his internal heat production many times over. As a result, Billy is soon perspiring in his heavy togs. He sits down to rest. His internal heat production falls while his heat loss increases due to the dampness of his clothing. Soon Billy comes home with teeth a-chatter, chilled to the bone. "I should have put an extra sweater on him," his mother tells herself.

A wiser mother sends a child out for strenuous

play in relatively light clothing, but with adequate protection for his hands and feet; and she'll remind him to come in for something warmer if he begins to feel cold.

Still air is an excellent insulating material, but moving air quickly carries heat away with it. Even a breeze blowing at five miles an hour carries away about eight times as much body heat as still air. The winter uniform of a soldier, for example, loses about a quarter of its insulating efficiency when he's walking briskly rather than standing, because breezes are generated within his clothing which carry off heat.

The loosely tailored sealskin and walrus-skin clothing of the Eskimos is nearly ideal for cold weather. When an Eskimo chases his quarry in a hunt, the chill Arctic air flows into and out of his flapping garments to prevent overheating. Later, when he sits down to rest, his clothing settles around him and achieves an insulating efficiency hard to surpass.

Most of us think of wool as ideal for heat conservation, and scientific studies have confirmed its excellence. The insulating effect is not achieved by the fibers themselves but by the air trapped among the fibers. Wool's superiority to cotton in this respect is due largely to its springiness. Damp or dry, it tends to regain its thickness more readily after compression, and to trap some more air. The suitability of some synthetic fibers for cold-weather use depends similarly on their ability to spring back into shape when compressed by bodily movements.

Fur also insulates by means of the dead air trapped among the hairs; and many animals are able to regulate their heat balance by expanding or compressing their fur. This effect they achieve by means of tiny muscles which erect the hairs and thus thicken the furry layer when the animal begins to chill. We human beings, though we lack fur, still have the same hair-erecting muscles in our skin; and these muscles still contract when we're suddenly chilled, producing goose pimples.

Understanding of the importance of thickness in clothing has enabled scientists to improve gloves for Arctic wear. Our fingers are partially curved most of the time, yet glove manufacturers tailor gloves to fit the fully extended hand. As a result,

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ordinary gloves are compressed to a fraction of their normal thickness at the joints and knuckles where our fingers bend — and heat leaks out. Military gloves, to minimize the compression, are now shaped to the natural curve of the relaxed fingers.

Keeping warm while asleep offers a particular challenge, for internal heat production falls during sleep. No doubt you have more than once had the experience of falling asleep in a comfortably heated room and awakening to find that you're cold and shivering. The room hasn't chilled while you slept; instead your heat production has dropped. It's therefore wise to cover yourself with something when you lie down to take a nap even though you're sure you won't need it.

Electric blankets may seem like an exception to the general rule that bedding and clothing are designed to conserve your own internally generated heat; an electric blanket feels as if it were actually sending heat to your skin. But this is an illusion; such a blanket rarely reaches the temperature of your skin. Like any ordinary blanket, what it really accomplishes is to slow down the loss of your internal heat. The chief advantages of the electric blanket are three. It warms itself, so that you don't have to curl up and shiver in order to warm it initially from your inner heat resources. It provides a maximum of heat conservation with a minimum of weight. And a good electric blanket adjusts itself automatically to changes in outer temperature, so that you don't have to add a blanket or take one off as the air around the bed chills or warms.

How much cold can the human body survive? Dorothy Mae Stevens was found unconscious, almost unclothed, in a Chicago alley one winter morning in 1951. She had apparently lain there all night and her internal temperature had fallen to 64.4 degrees — 34 degrees below normal. The hospital to which Miss Stevens was taken saved her life through good nursing care and the use of stimulants, blood plasma, oxygen, antibiotics, anti-blood-clotting drugs, pressure bandages and

other medical methods. Even more astounding was the 1955 case of two-year-old Vickie David, who survived after being found unconscious in her night clothes with an internal temperature of 60 degrees Fahrenheit.

Naturally the adverse effects of exposure to severe cold when the body and clothing are dry are less severe than when wet. It makes a big difference.

All water doesn't freeze at the same temperature. Ordinary fresh water freezes at 32 F. while ocean water, which is salty, freezes at 27.9 F. An article in the *British Medical Journal* stated that a sailor falling into the Arctic Ocean had no chance of survival.

If you're caught in sub-zero temperatures and reach shelter chilled to the bone with nipped fingers, toes, cheeks, nose or ears, what should you do about it? Don't follow the ancient suggestion to rub the frost-bitten parts with snow or ice. Recent research has shown that the immediate application of gentle warmth leaves you with less tissue damage and less likelihood of infection or gangrene. The victim should be brought into a warm room as soon as possible, given a warm drink, and either wrapped in warm blankets or else placed in a tub of warm — not hot — water. Water is faster, for just as you lose more heat from your body in cold water, so your body absorbs heat more rapidly from warm water. Too much heat should be avoided: don't use a heat lamp or hot-water bottle; don't expose frost-bitten areas to a hot stove. And don't rub or massage a frozen finger, toe or ear; but after the part is warmed, encourage the victim to exercise his fingers and toes.

The best approach to frostbite, however, is to prevent its occurrence in the first place. Dress warmly enough. Dress dryly enough. Exercise to keep warm, especially your toes and fingers. Don't drink alcoholic beverages or smoke during or immediately before severe exposure. And don't be one of those foolhardy heroes who haven't sense enough to come in out of the cold.

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**PHYSICIANS' BUSINESS COSTS OUTPACING THEIR FEES,  
A.M.A. SAYS**

Physicians' fees have been rising rapidly. But their fees have not been rising as rapidly as their business expenses. And physicians' incomes per patient visit have not risen as much as the cost of living.

Those conclusions are based on an analysis of physicians' fees for the years 1971-1975. (See attached table.)

During the first three years of that period, 1971-1974, physicians' fees rose substantially less rapidly than the overall cost of living, up about 5.1% a year for physicians' fees and 6.1% for the Consumer Price Index (all items). Then in 1975, physicians' fees went up by 12.3% while the CPI registered a 9.1% increase. In 1976, the annual average increases were: physicians' fees, 11.3%; CPI, 5.8%.

Why do physicians' fees rise as they do? To see why, it is helpful to divide physicians' fees (as measured by the CPI) into two main components—the portion that helps pay the wages of the doctor's staff, office rent, and other business expenses; and the portion the doctor pays himself.

During most of 1971-1974, increases in doctor fees were tightly curbed by government-imposed price controls. Doctors' business costs during that period went up about 18.5%, which was a faster climb than their fees, 16.3%.

Doctors' incomes per patient visit went up about 14.7% during that period, while the cost of living went up 21.8%. In effect, the purchasing power of physicians' earnings declined.

Price controls on physicians' fees were lifted in 1974. During the following year, 1975, physicians' business expenses (many of which could be anticipated at the beginning of the year) went up by 12.3%. The largest increase in doctors' business costs was malpractice insurance, which went up 84%.

It may be that many doctors simply increased their fees according to their business costs. Average increase in physicians' fees was the same as the increase in their business expenses, 12.3%. As a result, physicians' incomes per patient visit rose at nearly the same rate as their fees, 12.1%.

In effect, physicians in 1975 allowed themselves a partial cost of living increase.

While it is believed that a large portion of the 1976 increase in physicians' fees was attributable to increases in malpractice insurance rates, analysis will not be possible until the appropriate data become available.

(The foregoing analysis is summarized in the following table. It indicates that: 1) physician fees have not risen as much as their expenses; and 2) physician income has not risen as much as the cost of living.)

**INDICES OF PHYSICIANS' FEES  
AND THE COST OF LIVING  
(1971 = 100)**

	1974	1975
Physicians' Fees	116.3	130.5
• Business expenses component	118.5	133.1
• Physicians' income component	114.7	128.8
Cost of Living (CPI, all items)	121.8	132.9

**SOURCES:**

1. Physicians' fees and cost of living from the Consumer Price Index.
2. Business expense component from HEW data in *Federal Register*, June 16, 1975 (page 25502) and September 8, 1976 (page 37838)
3. Income component estimated from the above-listed CPI and *Federal Register* data.

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For an appointment or further information, please contact Doug DeForest at:

Medical Arts Building, 740 St. Helens Avenue, Tacoma, Washington 98402, or phone (collect) 206 - 272-3161.

# YOU, The Telephone Manager

by Karen Zupko, Program Director  
Department of Practice Management, Division of Medical Practice  
American Medical Association

Did you ever stop to realize that the receptionist who answers the telephone is your office "personality" to the dozens of patients who call each day? She is.

And, did you know that ninety percent of all new patients phone an office and talk to her before ever being seen by you? They do.

But, your receptionist is not only important from a public relations standpoint; she can greatly affect the efficiency of your practice as well. For example, you could see more patients with fewer interruptions if your receptionist effectively screens calls, takes complete messages and holds them for "call backs."

But to do this well, without offending patients, your receptionist needs to be trained. Answering the telephone in your office is not as simple as answering calls at a retail establishment. And, while few physicians delegate even the most minor of clinical tasks to untrained personnel, most physicians routinely assign telephone answering (which has the potential for an even greater impact on the practice) with little or no instruction, or follow-up.

Take emergency calls for example. It's important that your medical assistant-receptionist know what your concept of an emergency is; when such a call should be put through to you immediately and what to tell a patient if you're not in the office when the call comes in.

Your receptionist should know how to communicate to patients calling in with a minor problem that you are concerned and will call back. She shouldn't brush patients off with, "Well, he's awfully busy right now and I couldn't interrupt him with such a small problem. I'll try to have him call you." All patients consider their problems to be important, as you well know. Putting off patients hastily usually will mean repeated calls to ask if you're still busy — these calls only increase the already heavy telephone load and

tax the patience of your harried receptionist.

Handling emergency calls and "call backs" are only a few of the situations your receptionist should be able to handle. What about the "no-show" patient calling for another appointment? Should your receptionist mention the previously missed appointment, and if so, how should she bring up the topic? How about requests for medical information from insurance representatives and attorneys? Does she know who your real friends are and what business associates to put through immediately? More than her common sense is required to deal with these situations. She must know what YOUR common sense dictates and what the medico-legal implications of her decisions are.

The AMA realizes the importance of medical assistant and receptionist training in this area and has developed a course: "YOU, the Telephone Manager," which has been conducted for over 4,000 medical office personnel nationwide, in cooperation with 45 county medical societies. All of these situations and more are discussed in depth. One of the brochures used in the course is available to individual physicians: *Talking With Patients*, which outlines some of the conversational "dos" and "don'ts" for receptionists to follow. (See last paragraph for order information.)

There are a few things you can do, too, to "tame the office telephone:"

1. Don't just tell patients, "Call me anytime." Tell them to call, but explain that your office operates on a call-back system unless it is a real emergency and to cooperate by leaving a message.

2. Encourage your patients to communicate their medical problem to your assistant, so she can leave you a complete message and have their charts ready for you to consult when you return their call.

—continued

3. Return your calls! And try not to make call-backs at 5 P.M. If the patient does have a serious problem that you feel needs attention you'll have to attend that problem at an inconvenient time for you, and your patient may have been needlessly suffering all day with a problem they called about at 10 A.M. You can try a call-back system most consultants recommend: Set aside several 10- or 15-minute call-back periods throughout the day. Your receptionist can dial one patient and have them on the line while you're talking to another. Or, make a few calls after seeing patients in two or three exam rooms to break up the routine. And, your receptionist will be able to tell patients, "You can expect the doctor's call within the hour; will you still be at this number and will you please keep your line free?" The benefits here are obvious: you can eliminate some calls to endlessly ringing numbers with no one home, and calls to patients who are phoning friends and relatives about their aches and pains, resulting in busy signals ad infinitum.

4. Have an unlisted number in the office — for your use only. You can use this line to make outgoing calls to patients, physicians, the hospital, etc.

5. Be sure your telephone equipment is up-to-date. Patients may not tell you, but your receptionist likely receives repeated complaints of, "I have been trying to get through to you for the last hour . . ." Most telephone companies will do a free "busy signal" study to determine if your office has enough incoming lines. They'll be able to give you an exact count of how many busy signals come from your office number each day for a week-long period of time. This study can take the guesswork out of ordering expensive equipment you don't need. By trying some of these suggestions you will begin to manage and control the office telephone — which now may be managing and controlling you.

For further information on "YOU, the Telephone Manager" and other AMA training programs for medical office personnel and for physicians, write: AMA Department of Practice Management, 535 N. Dearborn Street, Chicago, Illinois 60610.

To order *Talking With Patients*, OP-450 (\$.30), send remittance to AMA Order and Handling Department, 533 N. Dearborn Street, Chicago, Illinois 60610.

### EAST SIDE HEALTH CLINIC (474-0604)

Progress Report for February 1977

Coordinator: Pam Charvenka

	February	Total(1977)	Total to Date (1972)
Seen by Physicians			
in Clinic: Adults	175	352	7,741
Children	95	151	5,635
Laboratory Services	87	141	2,001
Prescriptions Filled	199	369	3,507
Referred to Physicians	13	22	572
Phone Information & Referral	67	156	1,810
EPSDT	10	15	377
DPA	66	122	1,486
Ethnic Distribution:			
Black	33	52	
Caucasian	152	291	
Asian-American	5	11	
Native-American	8	12	
Mexican-American	5	8	

## IN BRIEF: A summary of AMA, medical & health news

American Medical Association / 535 North Dearborn Street / Chicago, Illinois 60610 / Phone (312) 751-6000 / TWX 910-221-0300

An administrative law judge has certified to the full Federal Trade Commission the AMA's motion for FTC reconsideration of its restraint of trade complaint. In addition, the FTC administrative law judge has changed the trial date from June 7 to Sept. 7. The FTC complaint, regarding advertising by physicians and medical ethics, was issued against the AMA, the Connecticut State Medical Society and the New Haven Medical Assn. in December, 1975.

Commenting on a report by Ralph Nader's Health Research Group proposing a national Medicare fee schedule for physicians, AMA Board of Trustees Chairman Raymond T. Holden, M.D., said: "The truth is that Medicare and Medicaid have not paid a fair reimbursement since 1971. While physicians must pay their office staffs at 1977 wage levels, and heat their offices at 1977 fuel prices, and buy professional liability insurance at 1977 premium rates, the government reimburses them at 1975 fee levels." He said the report's proposal to give HEW authority to withdraw hospital privileges of physicians who do not accept Medicare and Medicaid patients "constitutes a repugnant exercise in coercion, a clear abuse of federal power."

Public response to the AMA campaign against TV violence has been rapid and favorable. Letters and telephone calls to the Headquarters Office in support of the AMA's position have been received from concerned individuals and organizations; civic, educational and religious groups; law enforcement organizations; government agencies; congressional offices; medical societies; and the media.

A second health care forum, sponsored by the AMA, is scheduled for April 20 in Washington, D.C. The first such meeting was held last November. HEW Secretary Joseph Califano is expected to attend. Participating in the forum will be representatives from health organizations, the insurance industry and the business community. The forum will explore principles shared in common among the participants in approaching the topic of health insurance, especially national health insurance.

A study prepared for HEW by David S. Salkever of Johns Hopkins U. and Thomas W. Bice of Washington U. shows that certificate of need controls don't work as they are supposed to. The study, titled "Impact of State Certificate of Need Laws on Health Care Costs and Utilization," points to "the (perhaps) surprising conclusion that certificate of need controls have contributed to cost inflation . . ." The authors said, "our findings signal the needs for a much more thorough and detailed study of the effectiveness of certificate of need regulation as a cost-control device."

A move to permit public disclosure of the names of physicians who are accused by a carrier of providing excess Medicare services "does not meet minimal standards of due process nor is it statutorily founded," the AMA said in commenting on proposed regulations by the Social Security Administration. The AMA also objected to a provision that would permit disclosure of the name of a physician who has received "a written notice of a determination of exclusion or termination" from the Medicare program, pointing out that such a determination could be made without a prior hearing.

Four medical schools have stated publicly they will refuse federal capitation assistance rather than be forced to accept U.S. citizens from foreign medical schools. The four schools planning to oppose the forced-transfer provision of the new health manpower bill are Indiana U., Yale U., Stanford U., and Wright State U. in Dayton, Ohio.

Available from AMA: *Foodborne Illness: The Consumer's Role in its Prevention*, OP 48, covers the three most common foodborne illnesses reported in the U.S. Cost is 25¢ ea. for 1-99 copies; 11¢ ea. for 100-499 copies; 10¢ ea. for 500-999 copies; and 09¢ for 1,000 or more . . . *The Asthmatic Athletic*, OP 14, reports on the myths and fears surrounding the asthmatic child and his or her exclusion from physical activity. Cost is 60¢ ea. for 1-99 copies; 42¢ ea. for 100-499 copies; 41¢ ea. for 500-999 copies; and 40¢ ea. for 1,000 or more. Write Order Dept., AMA Headquarters.

## WSMA Receives Actuarial Study on Malpractice Insurance



Members of the House Judiciary, Insurance and Social and Health Services Committees review the actuarial study at a special joint meeting. *Front row, left to right:* Reps. Jeff Douthwaite, Ted Haley, Walt Knowles, A. A. Adams, Eleanor Fortson, Mike Kreidler. *Back row:* Reps. Scott Barr and Jim Whiteside.

The final report of an independent actuarial analysis of the malpractice insurance situation in Washington State was released on February 24. Performed by Booz, Allen Consulting Actuaries, the study was sponsored jointly by the Washington State Medical Association and the Washington State Bar Association.

The closed claims/actuarial study is the most detailed yet undertaken in this state. The actuarial firm spent several weeks at Aetna headquarters in Hartford, Connecticut, to obtain the data needed. The study findings provide an objective data base which can be used as physicians, the Legislature and others seek long-range solutions to the professional liability insurance program.

A unique aspect of the study was its supervision by a broad-based management team composed of representatives of the WSMA, the WSBA, both houses of the Legislature, the Governor's office and the Insurance Commissioner's office. Heading the team was Steven Krafchick, acting director of the University of Washington's Health Policy Analysis Program. The management team worked step-by-step with the actuarial firm to ensure that the final report contained the information needed.

Frederick W. Kilbourne, president of Booz, Allen Consulting Actuaries, presented the final report to the Legislature at a special joint meeting of the House Judiciary, Insurance, and Social & Health Services Committees in Olympia. Kilbourne told the legislators that Washington State may have more time than others to work on long-range solutions to the professional liability problem.

The study is composed of three main parts: an analysis of all malpractice claims closed in 1975; an experience study of open and closed claims during the past 15 years; and an analysis of six proposed options for solving the problem. Among the findings:

- 80% of the number and 50% of the dollars for claims closed during a given year were for incidents occurring less than four calendar years previously.
- Physicians performing major surgery averaged 18 claims per 100 doctors, while physicians performing minor or no surgery averaged 8 per 100.
- Per capita claim frequency is higher in urban than in rural areas.

- Reasonable, appropriate rates have been charged over the past 15 years on the average.
- Paid losses per insured doctor have increased from \$115 in 1961-1963 to over \$600 in 1972.
- Premium income alone is inadequate to meet the losses on claims and the general costs of doing business. Investment income contributes to meeting these costs and to profit.

As the WSMA continues to seek long-range solutions to the professional liability problem, the data accumulated for this study will be used to point out problem areas and to demonstrate the effectiveness of proposed solutions.

A summary of the study and further information is available on request from the WSMA, 900 United Airlines Building, 2033 Sixth Avenue, Seattle 98121.



Discussing the presentation to the Legislature are, *left to right*: Mr. Kilbourne, Dr. Robertson, Mr. Krinbring, and Tacoma Doctors Jack Kemp and Ted Haley. Dr. Haley is a member of the House Social and Health Services Committee.



The WSMA representative on the management team, William O. Robertson, M.D., offers additional comments on the study to the Legislature.

### CATEGORY I – CONTINUING MEDICAL EDUCATION – PIERCE COUNTY

The following programs are in the planning process for the Winter and Spring of 1977 by the Committee for Continuing Medical Education of the Pierce County Medical Society and the local hospitals in conjunction with the College of Medical Education, Inc. The programs will host visiting and local experts. Notice for each program, including specific information regarding format and speakers, will be mailed to your office at least three weeks prior to the offering. THIS SCHEDULE IS SUBJECT TO CHANGE – please check schedule monthly.

		Category I Credit to be applied for
April 6, 13, 20 7:30 to 9:30 a.m.	<b>TACOMA GENERAL TOPICS</b> Coordinator: Herbert C. Kennedy	6
May 6; All day Friday - Saturday a.m. Allenmore Hospital	<b>ASCVD - MEDICAL AND SURGICAL (TBA)</b> Coordinator: Richard Baerg, M.D.	6
	<b>COLLEGE OF MEDICAL EDUCATION</b> University of Puget Sound 1500 North Warner; Tacoma, Washington 98416	MRS. MAXINE BAILEY Executive Director 756-3152

# LETTERS

WESTERN  
CLINIC

521 South K St. / Tacoma, Washington 98405 / Code 206 MA 7-9151

March 2, 1977

David Hopkins, M.D.  
Editor, BULLETIN

Dear Dave:

As a member of the Pierce County Medical Society since 1935, and much more recently a member of the Pierce County Medical Bureau, I am concerned about escalating medical costs.

A striking example of this is the over-utilization of Emergency Rooms for non-emergency care. It is a sad commentary that the physician is often an unwitting party to this cost of usual office care being done in an expensive hospital setting. We are putting an undue financial burden on the patient and the Pierce County Medical Bureau and all other insurance plans by fostering this.

Federal interventions to control alleged high medical costs threatens us with National Health Insurance and other types of health care issues.

The purpose of my letter is to offer to physicians in this community the choice of utilizing the clinical services of the Western Clinic during those daytime hours that the physician closes his practice, rather than referring patient to the Emergency Rooms in the local hospitals. The Clinic is open daily from 9 a.m. to 6 p.m. and on Saturdays from 9 a.m. to 5 p.m. and on Sundays from 10 a.m. to 2 p.m. Our physicians would be very happy to see your patients for office care when you are not available during these times.

The objective of making these services available to the community is to reduce the cost to Pierce County Medical Bureau for over-utilization of Emergency Rooms, and reduce the cost to the patients for non-covered benefits. We have no intent to capture your patients, merely to provide a service to the community of medical care during non-covered hours and returning the patients to you once you are available to continue their care.

Yours very truly,

Lester S. Baskin, M. D.

*Woman's Auxiliary*  
to the  
**PIERCE COUNTY MEDICAL SOCIETY**

Tacoma, Washington

March 7, 1977

Pierce County Medical Society

Re: AMA-ERF Holiday Sharing Card

Dear Members and Friends,

The 1976-77 sharing card project was extremely successful, and, speaking for the Auxiliary, I thank you for your support of this cause.

Unlike contributions to many other charities, donations to the American Medical Association Education and Research Foundation are entirely for the benefit of the medical profession, without deduction of overhead expenses. The costs for this project were borne entirely by the Auxiliary. As you probably are aware, AMA-ERF provides financial aid to medical students through the loan guarantee fund; gives unrestricted grants to medical schools to solve financial problems for which budgeted funds are not available; and maintains funds for research grants, scholarships, and rural and community oriented health projects.

During this past holiday season, 174 contributors donated \$5612.00 to AMA-ERF via the sharing card. The average donation was \$32.25. Over 30% of monies contributed were given in honor of specific medical schools; the University of Washington, the University of Michigan, and Creighton University being designated most often. A total of \$3857.00 was credited to the loan guarantee fund. The cost of printing, postage and materials, paid by the Auxiliary, was \$408.91.

In past years Pierce County has led the state in contributions to AMA-ERF, and, although tabulations are not yet final, it appears that we have not relinquished our position.

Again, on behalf of the Pierce County Medical Society Auxiliary, I wish to express my sincere appreciation for your continued generosity.

Sincerely,

(Mrs.) Kathy Miskovsky  
AMA-ERF Chairman

—continued

RODGER SWAIN DILLE, Ph.C., M.S., M.D.  
Practice Limited to Diagnosis and Internal Medicine  
Medical Arts Building • Tacoma, Wash. 98402

February 28, 1977

Bulletin of the Pierce County Medical Society  
ATTN: Editor

Dear Sir:

Your recent letter regarding screening and referral criteria in reference to the blood pressure screening programs conducted by the Health Department requires some comment. Admittedly, just what is normal blood pressure for any age group is a difficult thing to obtain general agreement among the many groups and the many people who are interested in this subject.

I think however, we should all be aware of the data of the Framingham study which indicates that in every age group the probability of developing cardiovascular disease within eight years with no other so-called risk factors involved increases in all age groups from a systolic blood pressure of 105 upward and the older the patients the steeper the curve. As an example, at age 70 the probability is three times as great with a systolic of 180 as it is with a systolic of 105 and this is roughly the same in all age groups above the age of 45. This is equally true of men and women and the slope of the curve is essentially the same when diastolic pressures are plotted.

Hence, the findings are that the lower the blood pressure at all age groups the better the prognosis in regard to developing cardiovascular disease in their future years. It would seem that irregardless of the age group, except in the very young, a sustained blood pressure over 130 systolic or 80 diastolic should be followed by physicians interested in hypertension and treated on an individualized basis. Certainly, anyone with a blood pressure of 140/90, irregardless of age group, requires attention and treatment.

Yours truly,

Rodger S. Dille, M.D.

---

### Calendar Listing

Pacific Northwest Regional Meeting, American College of Physicians (Washington, Oregon, Alaska, Idaho, B.C.), Vancouver, B.C., May 6-7. INFO: W. B. Hurlburt, M.D., F.A.C.P., 1081 Burrard St., Vancouver, B.C., Canada V6Z1Y6.

# CLASSIFIED

**OVERCROWDED?** Parking problems? Or just want to move? Expand to larger offices. From 5,000 to 10,000 sq. ft. available to suit you. We have a prime location in a commercial area at 72nd and Portland, financed and ready to build to suit. (With or without purchase options) This free-standing building can be available soon after you contact Mr. Jacobson at Feige Design & Construction Co., 612 NW 65th Street, Seattle, Washington 98117 or phone 1-784-9229 between 8:00 a.m. and 12:00 noon.

**SITE AVAILABLE** for one to two physicians' offices adjacent to established medical office, near T. G. Contact Richard Huish, M.D., 572-4664.

**OFFICE FOR RENT** — Medical Center. \$6.50 per square foot per year. Phone 272-7892.

**PROFESSIONAL OFFICE SPACE** for rent. Central location. Moderate rental. If interested, call 383-1717 for information.

**BRAND NEW** Danish modern teak dining room set. Table with two leaves; sideboard, eight matching chairs. Moving — must sell. 582-7899 after 5 p.m.

**ESTABLISHED FAMILY PRACTICE FOR SALE** — Puyallup. Modern medical building suitable for three practitioners. Large child and adult waiting rooms. Ample parking. Fully equipped X-ray and lab/EKG and Diathermy. Located near Good Samaritan Hospital. Terms. L. F. Sulkosky, M.D. 845-0575 / 845-8264.

**FOR SALE:** Catalina 27 Sailboat, 1974. 3 Sails, compass, depth sounder, bilge pump, 10 H.P. electric starter O.B. Excellent condition, \$14,000. 584-5116 days and evenings.

**FAMILY PRACTICE - TACOMA, WASHINGTON** — Opportunity for qualified Family Practice Physicians to participate in the formation of a family medicine specialty group. The Doctors Hospital of Tacoma is building a new professional building and is looking for interested family practice specialists. Doctors Hospital is willing to provide any necessary assistance and cooperation. For more information write or call Bob Speicher, The Doctors Hospital of Tacoma, 737 Fawcett Ave., Tacoma, WA 98402. 206-627-8111.

**MEDICAL PRACTICE AND OFFICE SPACE** — Long established OB-Gyn with some family practice vacated. Office in central location, with or without furniture and equipment, available for lease. Excellent opportunity for starting physician. Call Mrs. Havlina, 252-3166.

**WE'RE OPEN FOR INSPECTION!** Yes, Doctor, on April 20th, 21st and 22nd you're invited to walk through the Physician's Medical Center at 1624 S. "I" Street, adjacent to St. Josephs Hospital. We know you'll like what you see.

**NEED TEMPORARY EMPLOYEES?** We have qualified medical personnel who are immediately available for temporary assignments. If there is emergency illness or anticipated vacation time, let us know. Call Sondra, Director of Placement, Pierce County Medical Society, 572-3709, for Temporary Help.

**WANTED** — Two examining tables at reasonable cost, 572-4255.

**LUXURY WATERFRONT APARTMENT**, completely furnished, on Kauai. Rent by week. 759-4332 evenings.

\*\*\*\*\*

## PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

### Listing No. 101:

Board eligible OB/Gyn available Jan. '78. M.D. degree, Univ. of Tennessee, 1971. Rotating internship followed by three-year OB/Gyn residency at Madigan Army Medical Center. Currently completing military commitment as OB/Gyn staff physician, Ft. Campbell, Ky. Will consider most arrangements.

### Listing No. 301:

Military surgeon interested in night and weekend coverage for emergency work. Will consider emergency room work or "on call" status for general surgeon.

### Listing No. 302:

General practice — Young physician available July 1, 1977 seeks affiliation with group or individual practice. Graduate, Indiana Univ. School of Medicine, 1973. Internship Maricopa County General Hospital, Phoenix, Ariz. Currently U. S. Public Health Service Officer - commission expires June '77.

PIERCE COUNTY MEDICAL SOCIETY

813 South K Street  
Suite 200  
Tacoma, Washington 98405

*ADDRESS CORRECTION REQUESTED*

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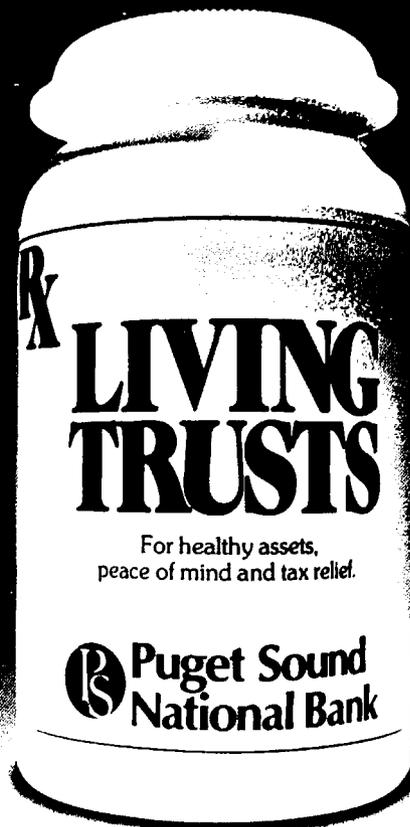
# *Pierce County Medical Society*

MAY 1977

Vol. XLVIV, No. 5 • Tacoma, Washington



## **BULLETIN**



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Making money is one thing. Keeping it is another.

And passing it on to your family is certainly something else again.

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# Bulletin of the Pierce County Medical Society

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## TIRELESS GUARDIAN

U. S. Lighthouse station at Westport, Washington, said to be the tallest lighthouse on the Pacific Coast.

Cover photo  
courtesy Dale Shirk

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Donald F. McKay, M.D. (78)
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# THE PIERCE COUNTY MEDICAL SOCIETY

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FULL OR PART TIME

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FOR INFORMATION OR TO SECURE A NEW EMPLOYEE  
CONTACT

**Sondra Sakala, Director**  
**Medical-Dental Placement Service**  
**Pierce County Medical Society**

813 South "K" Street • Tacoma, Washington 98405

**572-3709**

## PRESIDENT'S PAGE



D. Ted Baer, M.D.

### Our Golden Age?

11 p.m. 1964. Soundly asleep in the bowels of Eden Hospital, Castro Valley, California, moonlighting as an ER Dr. (moonlighting was necessary to make ends meet), when the phone awakened me. Another emergency, of course. No. An old pre-med buddy I hadn't seen since '56 or '57 was on the phone. Max Brachvogel said, "Hey, think about Tacoma — it's a great place to practice." I had been considering Port Angeles (my old home town), Seattle (Maryln and I both went to the U.W.) or the Bay Area (where "we" took my residency).

A simple and personal happening. But it leads into a theme: viz, OPPORTUNITIES, SPRING-TIME AND RENEWAL. *An awareness of change* is vital to us all. Mavis Kallsen has done, and will hopefully continue to marvelously document our local medical history. Which sage said that those

who don't know their history are doomed to repeat it? Recently, thank God, I think we have been moving ahead in the right direction.

Dale Shirk came to us in 1974. I still recall the Board meeting in '71 when President Les Baskin said his PCMS administrative duties demanded a full time Executive Director. Amen. Drs. Baskin, Early and Kanda sought and found Dale where he was working for the Orange County Medical Society. Dale wisely moved the PCMS from the Medical Arts Building to K Street in '75. Judy Gordon (God rest her soul) had held things together for years in the Medical Arts Building. She also held threads to a tattered "Medical Library" which was nursed to T. G. by Drs. Barronian, Kallsen and Clark. We are fortunate in having Miss Von Bruck administer our Pierce County Medical Library.

Some By-Laws revisions are being made. A physician need only be a PCMS member to serve on a committee. Two years tenure (instead of the old five) will be required to serve on the PCMS Board if a proposed By-Laws amendment is passed. Younger blood makes for more vitality.

In a previous issue I mentioned Sondra Sakala doing our placement service. Bob Whitney and his committee (PCMS Auxiliary persons such as Cindy Anderson, et al) brought Tel-Med to us in April 1977. Reminding me of our committee chairmen (page 3 of our PCMS *Bulletin*) — I glow with delight at all that talent.

I do believe the Pierce County Medical Society is in the midst of a "golden age."

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## LEGISLATIVE NEWS



Robert W. Florence, M.D.

### Report On Bills In Congress

The deadline for this legislative newsletter falls on April 15th, and this writer is afflicted with the usual blues that occur every year at this time after writing the check to the Internal Revenue Service — and then checking to see how much is left. The papers are full of articles which indicate higher cost of living — higher fuel bills, higher gasoline tax, higher food costs, higher electric bills, etc. At the same time our legislature is planning how they are to get more state taxes for more people at higher salaries. So, what else is new?

The State Legislature is bogged down with work on the budget and trying to define basic education, so let us have a look at what Congress is doing.

Hearings have been held on HR 2504 — legislation to authorize Medicare reimbursement for physician extenders in rural health clinics. Physician extenders include physician's assistants, Medex, nurse practitioners and any other practitioner who performs under the supervision of a physician and who meets training and education

requirements of the Secretary of H.E.W. The A.M.A. has objected to the limitation of payment for these services to only those serving the "rural health clinics" and has recommended that the matter be solved with a simple amendment to the Medicare law giving recognition to the true nature of the extender's service. One cannot help but wonder as the extender receives greater recognition if we haven't created what will eventually become another splinter off of the medical tree, becoming independent of our profession and practicing a limited but expanding part of medicine. These matters are decided by our legislators who respond to pressures applied by those attempting to expand their field of operation.

Every conscientious physician has to be opposed to fraud and abuse, so what about HR 3, the Medicare-Medicaid Anti-Fraud and Abuse Amendments. This law as written would require disclosure of a wide variety of financial and ownership information affecting all group practices because the definitions of "supplier" and "shared health facility" are so broad. Another objection is the fact that it would significantly amend the PSRO law, mandating a review of outpatient physician's services among other changes. This would permit the PSRO to abstract information from physicians' records and to expand disclosure obligations by requiring the PSRO to provide to State and Federal agencies such information as would assist enforcement agencies. The AMA has objected to this portion on the grounds that "the PSRO would be less of an educational and quality review mechanism and become more nearly an *investigative arm of law enforcement agencies.*"

Now to get that income tax in the mail before the deadline passes.

R. W. F.

PHYSICIAN - DENTIST - LAWYER  
ANNUAL  
GOLF AND TENNIS CLASSIC

JUNE 10, 1977

Tacoma Country and Golf Club

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Tennis - Vern Larson, M.D.

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# AUXILIARY PAGE

## AUXILIARY OFFICERS 1976-1977 <sup>58 Oct 3 20</sup>

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President-Elect.....	Helen Whitney
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2nd V.P. & Membership.....	Stephanie Tuel
3rd V.P. & Historian & By-Laws.....	Evie Osborne
4th V.P. & Social.....	Marge Ritchie
Recording Secretary.....	Cheryl Crowell
Corresponding Secretary.....	Pat Kesling
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Dues Treasurer.....	Glenna Blackett

### COMMITTEE CHAIRMEN

AMA-ERF.....	Kathy Miskovsky
AMA-ERF Merchandise.....	Sundy Porter
Communications.....	Lee Jackson
Bulletins.....	Martia Ohme
	Judy Baerg
Newspaper.....	Carol Hopkins
Telephone.....	Nicole Crowley
	Judy Sales
Finance.....	Julia Mueller
Service Project.....	Cindy Anderson
	Margaret Granquist
Cookbook.....	Donna Prewitt
Student Recognition.....	Carol Hazelrigg
	Barbara Wong
Project Bank.....	Shirley Murphy
Swine Flu Liaison.....	Donna Ferguson
Legislative.....	Betty Bahn
Sunshine.....	Jeanne Judd
Auxi-Quad Luncheon.....	Kit Larson
Mid-Year Conference.....	Dorothy Grenley
Nominating.....	Anne Katterhagen

Nicole Crowley, Helen Whitney and Janet Fry — worked above and beyond the call of duty to insure that Tel-Med was funded and incorporated. (A badge should be given to their long-suffering husbands!)

The project is now entitled "Pierce County Tel-Med Society" and is financially *independent* of Society and Auxiliary. The Tel-Med Executive Board consists of: Anne Katterhagen, President; Marie Henry, Vice President; Dale Shirk, Secretary; and Bob Whitney, Treasurer.

This copy is written a month in advance, to statistics on the number of incoming calls are not yet available. However, after press releases, the Tel-Med phone began ringing before our April 18th opening, so we know there is public interest.

We are grateful to Volunteer Chairman Margaret Grandquist, and to all the Auxiliary members who volunteered to staff the phones daily from 10-1 p.m. If you haven't volunteered yet, Margaret will happily add your name to the roster!! A paid operator will work from 1-8 p.m.

We believe Tel-Med is an important public education tool and hope you will continue to give it your support. This project was successful because of the joint efforts of Society and Auxiliary. Thanks to you all!!!!

— Marie Henry

\*\*\*\*\*

186 members attended the Joint Dinner Meeting April 12 at the Huntsman. Jim Smith, from King County Medical Society, spoke on the overwhelming success of their Tel-Med Project.

May 10 at 10 a.m. the Combined Board for 1976-77 and 1977-78 will meet at the Tacoma Country and Golf Club. A no host luncheon will follow.

May 20 at 11:30 a.m. the final meeting of the year will be held at the Tacoma Yacht Club. A luncheon fashion show is planned. Come see the newest in Spring Fashions with our own members modeling.

—continued

Tel-Med is a reality!! Last September, Dave Hopkins and the Society Board officially "bequeathed" the Auxiliary with the total responsibility for instituting Tel-Med in Pierce County. Ted Baer, Ralph Johnson and this year's Board have continued to support us. Our "right hand man" Dale Shirk has prepared budgets, written by-laws, and shared his business expertise. Bob Whitney headed the Script Review Committee and assumed a myriad of preparatory duties. A special thanks to all the above, and to the physicians who took time to review the tapes!!!

Cindy Anderson has been an extremely capable Project Chairman. She and her committee —

Chairman Carol Hazelrigg and her Student Recognition Award Committee have met, and chosen this year's recipients. Watch for the winners in next month's *Bulletin*.

— Martia Ohme

\*\*\*\*\*

The WSMA Professional Liability bills are still in committee during the special session of the 1977 Legislature, and, hopefully, will come to a vote before the session ends. One bill has progressed through both houses and been signed by the Governor.

The status of each bill, as of April 14, is as follows:

**SB 2153 — Notice of Intent** (90 day notice of intent to file suit.)  
*In Senate Judiciary Committee.*

**SB 2155 — "Mary Carter" Agreement** (Affects agreements made prior to trial between a plaintiff and one or more defendants in a suit . . . that no more than a certain portion of an award will be collected from that defendant.)  
*In Senate Judiciary Committee.*

**SB 2156 — Self-Insurance Enabling Legislation** (Permits physicians to form a company in event insurance from present sources becomes unavailable.)

*Passed the Senate, then went to the House, where it was passed with amendments . . . must now go back to Senate for a vote to concur with House amendments.*

**SB 2157 — Lay-Member, Medical Disciplinary Board** (Add a public member to Board to enhance public accountability and creditability of Board proceedings.)

*Passed by Senate and House and signed by Governor on March 25. Will take effect on June 9.*

**SB 2158 — Guarantee of Cure** (Provides that a promise to achieve certain results from medical care must be in writing in order to be valid.)  
*Passed the Senate . . . is now being considered by House Judiciary Committee.*

**SB 2159 — Abuse of Process (Counterclaim.)**  
*Passed by Senate and is now in House Rules Committee . . . has had some amendments made to WSMA proposals.*

**SB 2247 — Mandatory Binding Arbitration**  
*Has had one hearing in Senate Social and Health Sciences Committee and will probably have one more hearing. At this time, WSMA is seeking further study of arbitration as a more efficient, fair, and less costly system than the court system.*

Lee Jackson  
Professional Liability  
Public Education Program Team

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### CATEGORY I — CONTINUING MEDICAL EDUCATION — PIERCE COUNTY

The following programs are in the planning process for the Winter and Spring of 1977 by the Committee for Continuing Medical Education of the Pierce County Medical Society and the local hospitals in conjunction with the College of Medical Education, Inc. The programs will host visiting and local experts. Notice for each program, including specific information regarding format and speakers, will be mailed to your office at least three weeks prior to the offering. THIS SCHEDULE IS SUBJECT TO CHANGE — please check schedule monthly.

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# A.A.M.A. PAGE

by Maggie Polwarth, President-Elect  
Pierce County Chapter

It is time for fun and learning, and that means AAMA State Convention! This year it will be held in the Tri-Cities area, sponsored by the Benton-Franklin Chapter, Washington State Society AAMA, at the Red Lion Motor Inn, Pasco. Mark your calendars, Friday, Saturday and Sunday, May 20, 21 and 22, 1977. Registration will begin Friday and continue through noon on Saturday.

Friday will start with a "Greet & Meet" luncheon at noon. At 2:00 p.m. an educational session, "The Medical Assistant and the Law," will be given by Craig Bergdahl, Attorney, and following that John Intravartolo, M.D. will present a workshop on "Nuclear Medicine and You." What better place to learn about these things than in the center of the Nuclear-Physics Research area.

Most of the rest of Friday afternoon and evening will be taken up with routine State Chapter business sessions for officers and delegates, free time for shopping and looking around for most members, or you are welcome to attend the House of Delegates Session if you wish. Hospitality Room will be open from 10:00 to 11:00.

After the General Session of Convention Saturday morning Byron Grendon will present "Holography—What is it?" The speaker for Saturday luncheon will be Ms. Jean Hill, speaking on "The New You." The afternoon educational session will be presented by Bryce Breitenstein, M.D., "Nuclear Medicine Emergencies." At 7:30 p.m. the installation and banquet will take place until about 10:00, and this is when we all let our hair down and relax and have fun, after a full diet of most interesting educational formats. The reception for new officers will follow the banquet in the hospitality room. For further information contact Betty or Maggie at 383-1524.

The Tri-Cities is a beautiful area this time of year, come prepared to swim and enjoy the sun-

shine. Non-members as well as members are welcome, and many fun things are planned for us. There is a golf course right next door to the Red Lion Inn. Motel reservations are supposed to be in by May 7th, however there may be extra rooms available, either there or at a nearby motel, and registrations are open to May 15th. For those who may wish to attend for Saturday only there will still be time to register.

\*\*\*\*\*

## OBJECTIVES OF A.A.M.A.

To inspire its members to give honest, loyal and efficient service to the profession and to the public which they serve. To inspire at all times to cooperate with the medical profession in improving public relations.

To provide educational services to increase the knowledge and professionalism of its members and to stimulate a feeling of fellowship and cooperation among its state societies and local chapters.

AAMA is a non-profit organization. It is not, nor shall it ever become a trade union or collective bargaining agency.

\*\*\*\*\*

The May meeting for Pierce County Chapter will be held at the Holiday Inn at Fife on Monday, May 9th, dinner at 6:30, business meeting at 7:30, followed by a most interesting film of the Batari-tari area, presented and narrated by Dr. Herman Judd. This is a film which he put together on a trip some years ago, and which he visited again more recently. The June meeting on Monday, June 13th will be presented by four medical assistants from the Family Practice field, and should prove to be fascinating and

## A.M.A. ANNUAL CONVENTION SET JUNE 18 IN SAN FRANCISCO

The 126th annual convention of the American Medical Association will be held June 18-23 in San Francisco.

Complete program for the convention is published in the April 18 issue of the Journal of the American Medical Association.

The convention will include special lectures, postgraduate courses, scientific exhibits, medical motion pictures and other activities designed to further the continuing education of physicians.

In addition to the scientific programs at the San Francisco Civic Center and the San Francisco Hilton, the AMA's policy-making body, the House of Delegates, will convene in the Fairmont Hotel for its semi-annual session.

Seventy post-graduate courses will be offered, covering the complete range of medical practice. Subjects will include clinical laboratory tests, echocardiography, surgery for the dermatologist, surgical suturing, office gynecology, new developments in treatment of stroke, ear and throat emergencies for the primary care physician, eye problems for the non-specialist, writing for scientific journals, update on antibiotic therapy, techniques in cardiovascular medicine, cosmetics in skin health, cardiopulmonary resuscitation, interpretation of chest X-rays, management of heart irregularities, antibiotic usage in children, injuries of the hand, endocrinology, prevention and treat-

ment of heart disease, sexual dysfunctions, neurology, liver disease, fractures, emergency care, respiratory emergencies in children, spinal cord injuries, mind-altering drugs, convulsive disorders, biofeedback, kidney diseases, and orthopedics.

General lecture sessions will include such topics as diuretics, digitalis and other drugs in heart disorders; the Swine Flu program; impact of malpractice suits on medical practice; the federal thrust in primary medical care, and treatment of the adolescent.

Special topic sessions will include the 19th National Conference on Medical Aspects of Sports; facts, fads and fancies about plastic surgery; a physician's guide to retirement; and immunizations.

The 54th annual convention of the AMA auxiliary will be held simultaneous with the general convention. The program will be a combination of business sessions, educational programs and social events for physicians' spouses.

Some 200 scientific exhibits will be offered, covering all aspects of medical research and medical practice.

The American Physicians' Art Association will sponsor an exhibition of paintings, sculpture and other art works by physicians during the convention.

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### YOUR MEDICAL LIBRARY

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## IN MEMORIAM

### DR. ARCHIBALD HOWE

*"Arch," as I called him, began practice in Tacoma in 1923. I called him "Arch" rather than Archie because it suited him better – a symbol of support or strength. He was a real "old timer." Yet, come to think of it, it was not too many years later that I became an intern at Tacoma General Hospital, along with Phil Kyle, Woody Neithammer and Cy Ritchie. I owe him a debt of gratitude for two reasons. He did a tonsillectomy on me when I was an intern – on a Saturday afternoon, so that I could get back to duty at the hospital the following Monday – which I did, with a lot of embarrassing bloody sputum and reddened teeth. We sat face to face in straight back chairs, and Arch had my tonsils out painlessly before I hardly knew it. He was an extremely adept surgeon. My second debt was for a mastoidectomy which he did on my two-year-old daughter a few years later. Bill Bowe, whom more of you will remember, himself an unusually fine ophthalmologist, told me that Arch was one of the best eye men he had ever known. Even though blind in one eye, Arch was a gifted eye surgeon and diagnostician. He and Walt Cameron were the first to draw our attention to the cause of retrolental fibroplasia in the premature infants delivered at Tacoma General and St. Joe's. His training and experience in E.E.N.T. was complete and extensive when he came to Tacoma in 1923. After his residency and training at the University of Minnesota, he spent five years with the Drs. Wright and Belson E.E.N.T. clinic in Minneapolis. After five years of practical experience at that clinic he further augmented his training at the University of Vienna before starting practice in Tacoma. He was a Diplomate of the American Board of Otolaryngology and a life member of the American College of Surgeons. He held membership in many other medical associations and was a past president of the Pierce County Medical Society, 1936-37. From that Society he received a "Certificate of Appreciation" in recognition of 35 years of service in Tacoma and Pierce County. He was Consultant to the Indian Hospital for 17 years and on retirement received a citation and a "Commendable Service Medal" from the U. S. Department of the Interior. Arch was a Mason. A life member of the State Lodge, 32 degree Scottish Rite. A life member of the Shrine Hospitals and Past Potentate of Afifi Temple, Royal Order of Jesters.*

*Arch to the end had a military bearing, erect and forceful. His voice, mind and personal presence were commanding right up to the time I last saw him. He told me then he missed active practice, yet kept some interest by seeing a few old patients from time to time at his house. Vigorous until the last, he left us at the ripe old age of 90. He had done much for the profession, humanity and the community. His survivors can well be proud of his heritage. They include his wife, Gudnie; two sons, Roger and Douglas of Tacoma; a daughter, Betty (Mrs. Peter Wanger of Hillsborough, California); a sister, Mrs. Coe, of Miami, Florida; and ten grandchildren.*

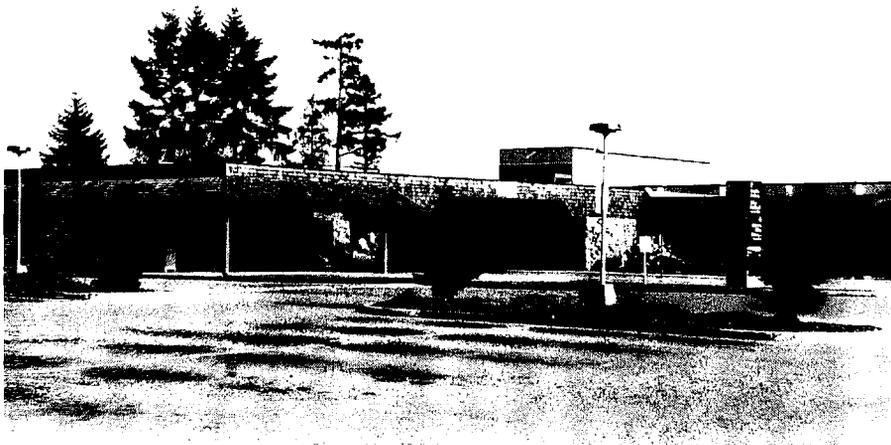
*For his accomplishments over the many, many years may he rest in peace. Those who knew him will feel his loss and cherish his memory.*

– Gerald C. Kohl, M.D.

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# W. S. M. A.

## MEDICAL DISCIPLINE REPORT

The Medical Disciplinary Board released on March 31 the preliminary results of an independent study of the Board performed by Organizational Consultants of the Northwest. Funding for the study was provided by the 1976 State Legislature with the support of the Washington State Medical Association. The study's purpose is to assess the medical disciplinary process, the relationship of disciplinary action to medical malpractice, and to develop alternatives for improving the adequacy and effectiveness of Washington's medical disciplinary process.

In 1975, the Legislature passed amendments to the Medical Disciplinary Act dealing with the impaired physician; unsafe practices and conditions; gross, willful and continued overcharging; and gross incompetence. While these amendments gave the Board needed powers and responsibilities, they also substantially increased the Board's workload without increasing support services for the Board.

The preliminary study report praises the "extremely able, concerned and dedicated physicians" who serve on the Board and calls for increased staff and legal support to assist them in keeping up with the increased workload. In addition, the report calls for improved documentation and record-keeping; increased case referrals to the Board from medical societies, hospitals, insurance carriers, courts, and third-party payors; and greater public and professional awareness of the Board.

The WSMA Executive Committee, after reviewing the report, pledged full support to put the recommendations into effect immediately. To the question of how much an improved Disciplinary Board would cost, the Executive Committee responded, "How much is it worth to the public to have their state government assure that no incompetent physician will be permitted to practice? If the people want this kind of assurance — and we believe they do — the Legislature doubtless will be willing to appropriate the

necessary public funds . . . Peer review can function very well within the profession . . . but it doesn't function well in those situations where an erring physician can ignore it or challenge peer review actions in court. In some of these situations the erring physician could be a danger."

The WSMA Executive Committee also called for a complete information system to prevent dangerous or unqualified physicians from practicing, and said, "We have no fear at all that such a system might unjustly accuse a physician as we are assured due process will be followed."

The final report, expected at the end of May, will contain specific recommendations regarding management systems, information exchange, investigative and legal procedures, public response, types of professional personnel needed and budget.

## RURAL HEALTH CONFERENCE

At the 30th National Conference on Rural Health in Seattle, Governor Dixy Lee Ray proclaimed the week of April 3-10 "Rural Health Week" in the State of Washington. Governor Ray was greeted by WSMA President Dr. Malcolm W. Bulmer and AMA Trustee Dr. Robert B. Hunter and over 500 guests as she addressed the conference at a luncheon on Thursday, March 31. In her address, Governor Ray noted that Washington is a predominantly rural state and called for improving the quality and delivery of health care services to rural areas.

At the AMA-sponsored conference, participants attended sessions on financing rural health care systems; preparing family practitioners for rural practice; developing a new practice; urban and rural hospitals; continuing education in the rural hospital; decentralized medical education; regional developments in rural health; health planning for rural areas; integration of rural health services; and physician assistants and nurse practitioners. Special closed-circuit TV satellite hookups permitted two-way dialogue between conference sessions and Federal rural health specialists in Washington, D. C.

Dr. Hunter welcomed conference participants on March 30, noting the accomplishments of the AMA and state associations in improving rural health, including AMA/ERF, the Indian Health Care Improvement Act, and Washington State's MEDEX program.

At the Thursday luncheon, Dr. Bulmer reaffirmed the WSMA's commitment to rural health and thanked the physicians who have served as Chairmen of the Rural Health Committee, Drs. Amos P. Bratrude, Arnold Tate, and Louis Dewey.

#### A.M.A. MEETING

The WSMA delegation to the American Medical Association will be attending the 1977 AMA Annual Meeting, June 19 to 23, in San Francisco.

AMA members are encouraged to contact Dr. David S. Hopkins of Tacoma, who will attend the meeting, if you have actions you would like to see pursued by the WSMA Delegation to the AMA.

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#### PHYSICIAN / PHARMACISTS COMMITTEE REPORT

At the most recent meeting of the combined committee of the Pharmaceutical Association and Pierce County Medical Society, some items were discussed which we, as a committee, feel should be brought to the attention of our membership through the Pierce County Medical Bulletin and I would hope that this letter could be printed for that purpose.

The problem of pre-printed prescription blanks was discussed, and it was unanimously felt that such blanks were in some instances quite dangerous. For example, a prescription blank which had been printed for Empirin Compound #3, tablets #6, if the ink used by a patient were the same, that six could be made into 36 or it could be changed, crossed out and made into 100. The pharmacist would have no way of knowing without checking with the physician if this alteration had indeed been done by the physician, or his nurse at the physician's direction, or surreptitiously by the patient. For these reasons it was felt that the use of pre-printed prescription blanks for any medication should be discouraged.

There have been numerous complaints by members of the medical profession concerning patient's wanting to change their prescriptions from one

pharmacy to another for any particular reason, and that the pharmacies would not give them a copy of the prescription or inform the new pharmacy of what the medication was, so that the patient would have to contact the doctor and take his time to write new prescriptions or telephone new prescriptions to the new pharmacy. It was pointed out by the Pharmaceutical Society members of the committee that if the patient would simply take the bottles of his medications to the new pharmacy, then that new pharmacy can call the previous pharmacy and get the necessary information without bothering the doctor.

The pharmaceutical members also pointed out that there is a chart put out by Roche Laboratories which is a quick way of discerning incompatibilities between various drugs, and that this should be available from the Roche Laboratories.

I trust this information can be supplied in the *Bulletin* for all of us to read, as it is information that concerns us all. We would invite suggestions, criticisms and presentation of problems which involve the two professions represented by this committee at any time. Physicians can do so by phoning either Herman Judd or Del Lambing. Our next joint meeting will be held June 1, 1977.

\*\*\*\*\*

**MOUNTAINEERING MEDICINE**  
**A Virginia Mason Medical Center Continuing Medical Education**  
**Postgraduate Course – June 17, 1977**

This CMA course is designed for physicians with a special interest in mountaineering medicine. The emphasis will be placed on illnesses caused by exposure to cold and high altitude. Many of the faculty members are experienced climbers or have contributed significantly to basic advances in treatment of diseases unique to mountaineering.

**GUEST FACULTY:** Fred T. Darvill, Jr., M.D. Author: *Mountaineering Medicine*. Past President Skagit Mountain Rescue Unit. Founder Skagit Alpine Club.  
 William J. Mills, M.D. Consultant in Cold Injury to The Army Surgeon General.  
 Robert T. Schaller, M.D. Expedition physician, 1975 American K-2 Expedition.  
 Allen Steinman, M.D. Co-developer of heated oxygen therapy for hypothermia.

**COURSE CURRICULUM:** *Frost Bite* – William J. Mills, M.D.  
*Hypothermia* – Allen M. Steinman, M.D.  
 Question Period: *Cold Injury*  
*Mountain Miseries* – Fred T. Darvill, Jr., M.D.  
*Acclimatization to Altitude* – M. Leo Hughes, Jr., M.D.  
*Acute Mountain Sickness, High Altitude Pulmonary Edema* – Robert T. Schaller, M.D.  
*High Altitude Cerebral Edema* – Richard I. Birchfield, M.D.  
*Ophthalmologic Disease Associated with High Altitudes* – George C. Pugsley, M.D.  
 Panel Discussion and Question Period: *Altitude Illness*

**TUITION:** \$75.      **INQUIRIES:** Robert S. Mecklenburg, M.D. – Program Chairman  
 Kenneth R. Wilske, M.D. – Director of CME

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## AMA Says "Yes" To NHI

If we in organized medicine say "no" to any form of National Health Insurance, we're going to be outshouted, outdone — and perhaps undone — by the labor-liberal crowd that has a strong "yes."

Certainly the Carter Administration will have a "yes," once three preconditions are met. These preconditions are reorganization of the Department of Health, Education and Welfare (already initiated), welfare reform (for which a task force has been named), and cost controls (as embodied in the proposed ceiling, or "cap," on hospital-cost increases).

Proof of the Administration's commitment to NHI is furnished by HEW's appointment of an Advisory Committee on National Health Insurance Issues. The 29 public members include Edgar T. Beddingfield, M.D., chairman of the AMA Council of Legislation, but also two outspoken labor leaders — President Leonard Woodcock of the United Auto Workers and Bert Seidman of the AFL-CIO — plus other liberals.

In announcing the appointments, HEW Secretary Joseph A. Califano, Jr. said NHI "is a cornerstone in the structure of the President's domestic policy."

So we can be on the lookout for the Administration to offer an NHI proposal next year — and strive to get it enacted before the 1980 elections.

This proposal, if not basically a facsimile of the Kennedy-Corman-labor NHI bill, is likely to defer to its principal elements — the way the 1976 Democratic platform did.

What is the best way — really the only way — to head off this danger?

Well, no less conservative a U. S. Senator than John G. Tower of Texas has stated, "The most viable means of avoiding the Kennedy-Corman version of socialized medicine is to oppose it with more reasonable alternatives."

And as Congressman Paul G. Rogers of Florida — an influential figure in health care legislation — has said, "It is my view that to simply oppose legislation without offering alternatives rarely is an effective approach on Capitol Hill."

The American Medical Association's comprehensive health insurance measure is the reasonable alternative.

The AMA recognizes that most of the general public (the ultimate arbiter on the issue) wants an NHI bill. The majority, according to a recent Gallup Poll, want a form of it that is largely free of federal involvement and funding. A plurality — 39 percent of the people polled — want a version that tallies pretty much with the AMA bill.

The AMA measure would preserve the private thrust of care and its financing. It would depend principally on employer-employee contributions and apply federal funds only to the poor and jobless. These funds, mind you, would come from general revenue — not from any special levy, like the already runaway Social Security tax.

In short, here's a bill that would preserve our professional freedom while honoring the public's wants and needs. We can't let the labor-liberal forces have the NHI ball to themselves. We have to be on the field fighting for it — and fighting as a great, strategic team.

\*\*\*\*\*

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# GENERAL MEMBERSHIP MEETING NOTICE

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TUESDAY, MAY 17, 1977

Fort Lewis Officers' Club

NO HOST COCKTAILS 6:00 P.M. • DINNER 7:00 P.M.

---

PROGRAM: DISEASE PATTERNS IN AN AMBULATORY FAMILY  
PRACTICE SETTING – A SYSTEMATIC APPROACH  
..... Robert Hollison, M.D.

---

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Progress Report for March 1977:

	March	Total (1977)	Total to Date (1972)
<b>Seen by Physicians</b>			
in Clinic:  Adults	233	601	7,974
Children	110	271	5,745
Laboratory Services	84	225	2,085
Prescriptions Filled	222	591	3,729
Referred to Physicians	30	52	602
Phone Information & Referral	43	199	1,853
EPSDT	5	20	382
DPA	66	188	1,674
 <b>Ethnic Distribution:</b>			
Black	30	63	
Caucasian	180	332	
Asian-American	1	6	
Native-American	4	12	
Mexican-American	2	7	

## PHYSICIAN

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Staffed by Auxiliary volunteers from 10:00 a.m. to 1:00 p.m., and then from 1:00 p.m. to 8:00 p.m. by Tel-Med's paid operator, Rob Helm, the panel lights are constantly flashing. Actually, scores more calls have been received than the number of tapes played indicate, since many requests are for tapes not yet in the library.

Though still financially weak, Tel-Med is boldly responding to the public's need to know information concerning its health and safety. In the past three days alone, calls soared from 378 to 551 to 631, respectively; the latter over two hundred more than received in Seattle in a comparable time frame.

It's gratifying to witness the public response to this education awareness program, but equally reassuring to see the support of our medical community, as attested to by the donations arriving in each day's mail. At this writing over \$1,400 in cash contributions had come from individual doctors and dentists. We are grateful for this monetary support to meet our financial needs.

We thank each of you who have given to this program, and urge the remainder to follow suit with your tax deductible gift.

We have a pledge from the Weyerhaeuser Foundation for \$5,000, just as soon as we raise that additional amount as well.

If you haven't yet ordered Tel-Med brochures, please call the Society office. Volunteers will deliver them to you as soon as possible.

## IN BRIEF: A summary of AMA, medical & health news

American Medical Association / 535 North Dearborn Street / Chicago, Illinois 60610 / Phone: (312) 551-6000 / TWX 910-221-0300

The AMA told a joint hearing of the House Commerce and Ways and Means Subcommittees on Health that legislation aimed at "Medicaid Mills" would over-shoot the mark and stigmatize practically all group practices. Edgar T. Beddingfield, Jr., M.D., chairman of the AMA Council on Legislation said the Medicare-Medicaid Antifraud and Abuse Amendments (HR3) proposal is "not simply an attempt to control 'Medicaid Mills' but rather authorization to investigate the actions of almost every practicing physician in the country." Under the bill all practicing physicians who render Medicare and Medicaid services would be subject to PSRO review of outpatient services. Dr. Beddingfield said, "We urge legislative action, on both the state and federal levels, to develop proper mechanisms to deal with fraud."

In response to a U. S. District Court ruling recently that dismissed the AMA's lawsuit challenging HEW's Maximum Allowable Cost drug program, AMA Board of Trustees Chairman Raymond T. Holden, M.D., said "this can only have an adverse effect on patient care. We cannot say what courses of action we may pursue in the future until we have had an opportunity to study the decision in depth." Other plaintiffs in the suit, filed in 1975, were the Pharmaceutical Manufacturers Assn. and five physicians.

A questionnaire was mailed to all AMA members in an effort to assess the most critical issues facing the medical profession. The results will be published in the book *Opinions of AMA Members*.

Two model bills, one on acupuncture and one on clinical laboratory billing information, were approved by the Board of Trustees for distribution to state medical societies for possible consideration by state legislatures.

The date and location have been changed for the Health Care Forum to be sponsored by the AMA in Washington, D.C. The forum will be May 5 at the L'Enfant Hotel.

AMA EVP James H. Sammons, M.D., in a letter to HEW Secretary Joseph Califano, outlined the difference between "fraud" and "abuse" in federal health care programs. Califano had asked for a distinction between the two terms. Dr. Sammons said, in part, that "fraud" is a "well-defined legal concept—misrepresentation with the intent to obtain money or other goods to which one is not entitled—and has always been clearly subject to legal penalties." The word "abuse" is ambiguous, he said, but "should apply to that grey area where *appropriateness* of the services provided comes into question. It deals with questions of professional judgment as to the type and amount of service provided, not with services not provided or not covered."

**The \$10,000** Dr. Rodman E. Sheen and Thomas G. Sheen award for scientific accomplishment will be presented to Robert M. Zollinger, M.D., Columbus, Ohio, at the AMA Annual Convention, June 19, in San Francisco. Dr. Zollinger was cited for his research in gastrointestinal physiology, pancreatic pathology and endocrinology, and for his leadership in graduate surgical education at Ohio State U. College of Medicine.

The speaker of the AMA House of Delegates, Tom E. Nesbitt, M.D., has been named to a new Graduate Medical Education National Advisory Committee. The 21-member committee will analyze the distribution among specialties of physicians and medical students and will advise the secretary of HEW on the present and future supply and requirements of physicians by specialty and geographic location.

**Available from AMA:** *Physicians' Guide to Negotiations: An Introduction*, OP 111, offers insights for the individual physician and the medical society into the skills of bargaining. Cost is \$5 ea. for 1-10 copies; \$4.50 ea. for 11-49 copies; and \$4 ea. for 50 or more. Write Order Dept., AMA Headquarters.

\*\*\*\*\*

# LETTERS

RODGER SWAIN DILLE, PH.C., M.S., M.D.

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Editor  
Pierce County Medical Society Bulletin  
813 South K Street  
Tacoma, Washington 98405

Dear Sir:

I think the following quotation from W. C. Rappleye in the Allan Gregg lecture some years ago bears repeating. He stated:

"Most of us are fully aware of the vast system of health services of the country of which we are individually a part. In the broadening of these services, it is possible to achieve breadth at the expense of depth. In view of the rapid growth of medical knowledge and the widespread publicity in health matters, the public is demanding maximum efforts to improve and conserve its greatest asset, the health of the people. Securing a proper balance between breadth and depth has been a continuing problem. Any plan which lessens the responsibility of the trained physician or denies him the rewards of superior ability and character will, in the long run, be detrimental to the public health welfare. Nevertheless, several levels of medical competence, education and licensure are now recognized in this country for a variety of reasons".

Sincerely yours,



Rodger S. Dille, M.D.

RSD:bdm

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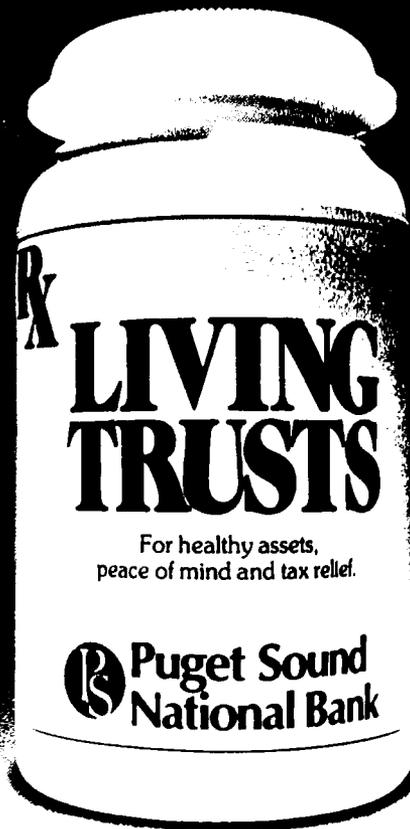
# *Pierce County Medical Society*

JUNE 1977

Vol. XLVIV, No. 6 • Tacoma, Washington



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# Bulletin of the Pierce County Medical Society

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Cover photo  
courtesy Dale Shirk

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## American Academy Issues PUVA Therapy Warning

In view of numerous questions that have been asked to Society members concerning the recent publicity being distributed on the PUVA treatment of psoriasis, the following statement from the American Academy of Dermatology is presented in full:

### P.U.V.A. STATEMENT

The Psoriasis and Photobiology Task Forces of the American Academy of Dermatology make the following statement concerning PUVA therapy for Psoriasis. Because of initial success of PUVA therapy, its use may become widespread before completion of investigative evaluation. The following items are unanswered:

1. Determination of the lowest effective irradiation dose to minimize potential long-term damage.
2. Determination of maintenance irradiation requirements, with consideration of potential for chronic cutaneous changes.
3. Evaluation of histopathological data which may be of prognostic importance.
4. Determination of necessary protective measures to prevent ocular as well as cutaneous injury.
5. Further observation to determine if the treatment may produce serious threats relating to carcinogenesis, including melanoma formation and malignancies of circulating blood elements.

Therefore, this form of photochemotherapy cannot be recommended until the above questions have been evaluated by controlled analytical procedures.

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## PRESIDENT'S PAGE



D. Ted Baer, M.D.

### Input And Open Doors

A questionnaire from Dr. Reberger's ad hoc committee on communications within the Society was answered by about 63% of the PCMS membership. That's not a bad response rate for a questionnaire of this sort. There is, and always will be, a number of us who choose to be low profile and active, or inactive, or very active. M.D.'s are obviously human, and therefore obviously varied.

Some of the standouts that come from the questionnaire (which is printed in toto elsewhere in this edition) are obvious. More participation is asked for. More representation. More of a

voice. More responsiveness to membership needs and wishes.

In response, several points can be made:

- 1) The bylaws (hopefully) will be changed by September (democratically), to allow members of two-year tenure to hold office.
- 2) More than one person per slot will be offered to the membership come election (again, a democratic bylaws change needed).
- 3) Any member of the Society is urged to write articles for the *Bulletin*, expressing views and opinions. The *Bulletin* should be a forum. Please send any correspondence to Dale Shirk, PCMS, 813 South "K" Street.
- 4) Any member or group of members are urged to appear before the Board of Trustees to present views, opinions, ideas, etc. Just call Dale Shirk at 572-3666 and you'll be on the agenda like "zap." The board meetings are *not* meant to be a closed "*inner sanctum*." Please feel free to be on the agenda and join us for a fun evening. Stay for dinner and the whole meeting. The board feels the "more the merrier." All it takes is a call to Dale.

D. T. B.

---

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## LEGISLATIVE NEWS



Robert W. Florence, M.D.

### Time To Get Involved

We all have a tendency to underestimate the power of the pen when it comes to influencing legislation. Many bills, both state and federal, are passed or defeated as the result of a strong letter writing campaign. There appear to be an ever increasing number of proposed federal bills which need our attention, mostly to discourage their passage.

One government agency which has been of little concern to the medical profession has suddenly become of great concern to us as well as all non-profit or charitable organizations. This is the Federal Trade Commission. This agency has challenged the ethical standards of most of the professions relative to advertising, and it has been successful in abolishing relative value schedules for medical and surgical services by obtaining consent decrees. To date the American College of Radiology, American College of Obstetrics and Gynecology, the American Academy of Orthopaedic Surgeons, and the Minnesota State

Medical Association have all signed consent decrees rather than undertake a court battle that would cost each organization many thousands of dollars even if it won. California will probably be next.

Despite the tremendous power of the FTC over all organizations — business, non-profit and charitable — the FTC is attempting to increase its power through HR 3816 (The Federal Trade Commission Amendments of 1977) and S 1288 (The Federal Trade Commission Improvements Act of 1977). Business, as well as the professions, is opposing these bills, but the growth of the bureaucracy is hard to stop. One of the provisions of these bills would be to allow the FTC to seize control of the assets of a company pending the filing and final disposition of an FTC complaint and to impose a \$5000.00 per day penalty for failure of anyone to comply with an FTC subpoena seeking records or information. The bill would also prohibit a court from enjoining the penalty imposed on a party for failing to heed a subpoena of the FTC for information.

There are other bad features to these bills, but the above should be enough to get you upset enough to fire off a letter of opposition to your congressmen.

At the time of this writing, the fate of SB 2159 (Countersuit bill) has still not been determined. It is scheduled for vote on May 16. The only other bill in our professional liability package with a chance appears to be SB 2156 (Self-Insurance Enabling), which is in Conference Committee.

Have a nice summer.

R. W. F.

# AUXILIARY PAGE

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Nominating.....	Anne Katterhagen

## THE PRESIDENT'S CORNER

The time has come for me to turn the "President's Book" over to an intelligent, well-organized lady - Helen Whitney!

Lyndon Johnson once stated that he wished the gift of prophecy came with the office of president. While I'm not equating the two presidencies, I have also wished for that gift. It certainly would be advantageous to predict the end result of one's programs and goals for the year. But, it's a handy excuse in the event some members were upset by this year's direction. So, I'll blame any possible discontent on my lack of prophecy.

For those of you who may have been on an extended vacation, it really hasn't been an idle year. Internally, we now have a "Newcomer's Packet" (the first in our State), a Board "Job Description Booklet," and completely revised by-laws. Tel-Med is a reality, and a dynamic "Handicap Acceptance Program" for pre-schoolers is under way. Our dance profits added dollars to the Student Recognition account, while the Auxi-Quad luncheon increased our rapport with allied auxiliaries. Med-Year afforded us the opportunity to work together and provide an education base for State Leadership. Last, but not least, the Society Joint Dinner allowed me to eat dinner with my husband on a *Tuesday* night (a rare opportunity!). Speaking of Mel, a special word of thanks to him for letting ME be ME this year and for all his support!!!

Now, I don't want to ramble but must, in good conscience, say a special word of THANKS to all the women on my board! Every President probably thinks she had *the* best board, but I *know* I did!! The above accomplishments reflect long and concerted effort on their part. To all the members who opened their homes for meetings, worked on committees, and offered words of encouragement . . . my heartfelt "Thanks!"

Sitting on the Medical Society Board made me appreciate the high caliber of medical leadership available in Pierce County. Both Presidents - Dave Hopkins and Ted Baer - in my opinion, are men concerned with Society improvement and growth. Thanks to both of them and their respective boards for allowing a verbal, moderate liberal to sit in their midst and making me feel welcome. I'll miss your meetings.

Dale Shirk, your assistance in all Auxiliary matters was "par excellence!!" Your expertise is a real asset to Society and Pierce County.

Anne Katterhagen, past president and confidante, your assistance was invaluable!

Helen Whitney . . . "YOU'RE ON \*\*\* FRONT STAGE CENTER!!!!!"

Good luck,  
Marie

-continued

The last board meeting of the year was held on May 10, at the Tacoma Golf and Country Club. After reports from all the officers and chairmen, a special report on a pilot project in two of Tacoma's pre-schools was given by Sharon Lukens. The project involves the showing of two film strips to parents and pre-school age children in an attempt to develop positive feelings toward those children who are considered handicapped. The project was accepted as one which the auxiliary would like to continue and won overwhelming support for the coming year.

The establishing and incorporating of Tel-Med was probably the most important achievement of the year and Marie Henry gave a plant to Cindy Anderson in appreciation of her efforts on its behalf. From all indications, it is being well-used

by the community since it is averaging 400 calls per day. If you would like some brochures to distribute, contact Margaret Granquist (845-4745). Lila Early is in charge of coordinating volunteer hours for the summer and the coming year, and is always happy to have new helpers. Give her a call at 584-0482 if you can contribute a couple of hours a month.

The Luncheon and Fashion Show, final event of the year, was held at the Tacoma Yacht Club on May 20. It was the usual well-attended event, with the auxiliary's members modeling fashion fashions from the Off-Broadway shop. The president's gavel was formally "handed over" from Marie Henry to Helen Whitney as everyone looks forward to another successful year.

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# If the AMA didn't speak for the profession, who would?

Who would speak for the profession on the 2,500 health bills introduced in every Congress? Or the regulations issued by federal agencies?

Who would state the profession's views on national health insurance? Utilization Review Regulations? The Health Planning Act of 1974? Maximum Allowable Cost Regulations? Health Manpower?

Who would provide the scientific input and the practitioner's experience and knowledge so essential to legislation on drugs, cancer, heart disease, communicable diseases? Can you think of anyone?

The fact is, there is only one organization that can — and does — speak for the profession as a whole. The AMA.

It does so to protect the basic freedoms of medical practice in any federal health program that might be enacted, and even more important, to promote legislation for better health care for the entire public.

The AMA's voice can only be as strong as the members of the profession choose to make it. With your support, the AMA can be even more effective spokesman.



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American Medical Association  
535 N. Dearborn St./Chicago, IL 60610

Please send me more information on the AMA  
and AMA membership.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## HEW Apologizes (\$100,000 Medicare List)

THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE  
WASHINGTON, D. C. 20201

May 3, 1977

James H. Sammons, M.D.  
Executive Vice President  
American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

Dear Dr. Sammons:

This is in response to your letter of April 6 concerning errors in the Social Security Administration's March 12 listing of physicians who received public funds in excess of \$100,000 from the Medicare program in calendar 1975.

On behalf of the Department of Health, Education, and Welfare and the Social Security Administration, let me express our deep regret at the significant number of errors contained in the March 12 listing. As I personally indicated to you at our meeting, I am deeply distressed at the number of errors, and I regret any embarrassment that may have been caused to any of your individual members.

I have asked Robert Derzon, the Administrator-Designate of the new Health Care Financing Administration, to review the entire matter with the view toward taking whatever actions are necessary to prevent a situation like this from arising again. He will discuss these corrective actions with you. In this connection, the results of your survey of 208 of the physicians listed as solo practitioners have been particularly helpful. He will verify and correct our original listing and put out a new one for 1975.

I am committed to making more information public about the costs of health in our nation. In the future, we will make significantly more information available to the public. There will be no arbitrary cut-off on care at \$100,000 for the fees of doctors, and information about other health care providers will also be available to the public. We will do everything in our power in the future to make certain that, when we publish the amounts of money that institutions and individuals receive from the Medicare program, they have been carefully checked and are as accurate as possible, given the enormous scope of the program.

It is imperative that the American public have all the facts about the costs, utilization, and practices of health care providers as they consider the method by which to provide a national health insurance program for all citizens. Our responsibility is to make as much information public as we can, without invading any individual's privacy, and to make certain that information is accurate. With respect to the 1975 list, the Department did not adequately fulfill its responsibility. I intend to see that it does in the future.

Sincerely,  
(signed)

Joseph A. Califano, Jr.

## SOCIETY ON COURSE, BUT SOME CHANGES NEEDED, SAY MEMBERS

*Because changes in medicine, legislation and the economy are occurring so rapidly these days, the Pierce County Medical Society, in order to continue its success, must maintain flexibility and be ready to adapt to the ever-changing wishes of the membership. No association can hold its members' interests unless its services and activities are constantly geared to the changing needs of its members. To achieve its stated goal of fairly representing Pierce County physicians, the Board of Trustees formed an ad hoc Committee on Communications, chaired by Charles C. Reberger, M.D. Dr. Reberger's committee mailed the first of several proposed questionnaires to*

*the membership in early April. The 63% response to the questionnaire indicates a strong interest on the part of the membership in the Society. Also, with such a large return, the Board of Trustees has been able to evaluate the current Society activities and develop proposals for change in certain areas where needs for such changes have been expressed.*

*The comments at the conclusion of the questionnaire are not printed here in their entirety, but do, we feel, adequately represent the general feelings conveyed with all comments noted.*

—Ed.

**MAILED: 430**

**RETURNED: 271**

**RESPONDING: 63%**

1. Each member's dues should be increased \$100 per year to provide a public relations expert:  

Yes - 2%	No - 95%	No Answer - 3%
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2. Society meetings should be held:  

Monthly - 7%	Bimonthly - 17%	Quarterly - 65%	Annually - 8%	Other - 1%
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3. Meetings should be:  

Dinner - 38%	Dry Dinner - 2%	Without Food or Beverage - 13%
Always same place - 18%	Different places - 29%	

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4. Meeting programs should be:  

Primarily social with no speaker - 2%			
With speaker or panel to be primarily entertaining - 10%			
Sociopolitical - 30%	Medical - 30%	Category I CME Credit - 26%	No CME - 1%

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5. The Board of Directors should involve the membership in resolving problems:  

More - 69%	Less - 14%
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6. Attempts at involving the Society activities with hospitals, medical service bureaus and the like should be:  

Encouraged 82%	Discouraged - 15%	No Answer - 3%
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7. Without disturbing nominations from the floor, the Nominating Committees should provide for voting:  

One nominee per office - 20%	Two nominees per office - 79%	No Answer - 1%
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8. Voting for officers should be by:  

Mail ballot - 91%	Election meeting - 9%
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9. New members, to complete membership requirements, should be required to attend their introduction meeting unless excused for valid reason:

Yes - 84%                      No - 16%

10. What do you think of the present Society activities?

As good as they should be expected - 18%      All right - 58%      Not so hot - 24%

11. The PCMS is a service organization for its members?

Yes - 81%                      No - 13%                      No Answer - 6%

12. The PCMS should be a service organization for its members:

Yes - 91%                      No - 9%                      No Answer - 3%

13. Are you aware of these services:

	<u>Yes</u>	<u>No</u>	<u>No Answer</u>
Secretarial/Mailing services for specialty groups . . . . .	56%	43%	1%
Office personnel placement services . . . . .	88%	12%	—
Group travel - Medical education - Seminars . . . . .	84%	16%	—
Income protection / Survivor Benefit insurance . . . . .	55%	43%	2%
Addressing and mailing service . . . . .	48%	49%	3%

### COMMENTS

- PCMS should provide more disciplinary and peer review activities.
- Since Continuing Medical Education is being so stressed, what better place for it than a Society meeting.
- Would like to see an Annual Report.
- Provide financial advice to new M.D.'s in area.
- The growing size and cost of the Society versus the return to the individual member is concerning.
- I fear if the Society continues as it is, with meaningless meetings and entertainment programs, as well as holding the decision-making process by a small group of men, the Society will fold up at a time when it should be a very strong voice to the people of this community. We need more criticism of ourselves and medicine in general.
- Basically not interested in committees, meetings, etc., especially at night. My feelings toward the Bureau color my attitude toward the Society.
- Health planning from the practitioner's point of view of a quality to match that supported by the HSA.
- I feel this kind of poll is an effective way of two-way communication. How about some more?
- More medico-political advocacy.
- Disseminate more information and encourage wider involvement in family practice residency programs.
- Cooperate with other medical societies in the state to form our own professional liability insurance company.

- Make this a true medical society using a multi-disciplinary approach. Try to curb run-away hospital and surgical costs that reflect on all of us.
- We should get out of the insurance business.
- One good substantial medical article in the *Bulletin* with each issue (from the membership maybe). There is too much worthless politics in the *Bulletin*.
- The PCMS has grown over the past ten years. It has been a good growth.
- Judging by the current needs, more socio-political involvement. Hopefully some day when the heat is off we should perhaps concentrate on more educational programs.
- Consider an answering service including Radio Page.
- Concentrate on malpractice, legislative action, community education and help fight the Pierce County Medical Bureau.
- Need more involvement in community with the PCMS label attached.
- Guarantee access to medical care for all residents. More services for office personnel (continuing education in appointment making, scheduling, office procedure, bookkeeping, etc.)
- Official liaison with all government and voluntary health agencies and organizations.
- Return to the '75 directory format.
- I think we should get out of the travel business. We are supposed to be doctors. We should get out of the insurance too.
- Hospital department meetings, specialty meetings and CME meetings have largely supplanted PCMS function.
- Services and cost of operation should be reduced and library service eliminated in order to reduce annual fees.
- Should be actively involved in CME and include library services (I mean in an expanded way and not in criticism of the present setup).
- This questionnaire is a good idea. We have made good progress, especially with getting an Executive Director. Try to make the society homogenous and not a group of clinics, specialists, etc.
- Perhaps the PCMS should take on some characteristics of a union.
- Don't mail questionnaires on Friday and expect them back on Monday.
- Each doctor should take care of himself and PCMS should be a socio-political group only. Eliminate all other services.
- Discontinue library service and all salaried personnel to reduce or eliminate dues.
- Attempt better liaison with our own TNT newspaper. Try to keep anti-physician articles and innuendos to a minimum.
- Need more continuing education coordination.
- Educational (not travel) and financial.
- I hope we have no further dues increase. Many of us are not doing as well financially as you seem to think.
- Why not cut this expense of the *Bulletin* in half and only send it to the homes.

- The political emphasis of general membership meetings should be occasionally be broken up by a professional or social program.
- Does Tacoma General provide free space for library? If not, should consideration be given to library space in PCMS office.
- Revise membership process.
- Improve Directory – back to old format.
- Take more political stands, for a starter I'd like to see a resolution that all nursing homes should have a director or attending physician and that all admitted patients will be followed by the director or attending unless the admitting MD specifically desires to follow.
- More leadership in opposing the takeover of medicine by socialists.
- Unity of membership to stand against the lay interference, such as peer-review, etc.
- I think the Tel-Med program will cause more problems than answer questions.
- I think we have enough socio-political issues of common interest to all members that the meetings could be confined to these issues. I think this would stimulate attendance rather than bore the audience and discourage attendance. Our meetings are not attended by a concerned cross-section of members and issues tend to be decided frivolously or by lobbies.
- More involvement with the community.
- Community assistance.
- Work to improve bill processing and payments by PCMB. They are worse by far than private patient accounts.
- Give up the travel business portion of the services.
- More involvement in community health problems.
- Pierce County Medical Society should be meaningful in the socio-economic arena where at all possible. This organization is necessary in today's medical practice climate. Insurances, travel programs, etc., are matters which can be acquired without difficulty from multiple other organizations or independent enterprises and should be "0" in effort and expense for the PCMS.
- Meeting times are very poor. Meetings should be catered at the Tennis Club or Country Club and paid for from dues so that members who do not attend will have a motivation to come.
- Bylaws should be changed to any increase in dues requires 60% of membership approval by written mail ballot. All members should be required to make 50% of the general membership meetings to maintain eligibility for membership.
- Should the PCMS be more active in educating physicians regarding legislative activity.
- Better medical information on current Pierce County health problems.
- More medical education
- Compilation of Category I Continuing credits.

*For comments on Board of Trustees response to this questionnaire, see page 21. –Ed.*

\*\*\*\*\*

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ANNUAL

## GOLF AND TENNIS CLASSIC

JUNE 10, 1977

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Tennis - Vern Larson, M.D.

RESERVE THE DATE - BROCHURES AND ENTRY BLANKS WILL BE MAILED SOON.

### M. S. SEMINAR SET

The Southwestern Chapter of the Multiple Sclerosis Society has scheduled a seminar on the disease for Saturday, June 11, 1977 from 8:00 A.M. to 4:00 P.M. at the Sheraton-Renton Hotel in Seattle.

Speaker and conference leader for the event will be Barry G. W. Arnason, M.D., Chairman, Department of Neurology at the University of Chicago.

Category I CME credit will be awarded. Call M. S. Society, 531-0994, for further information.

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# MEMBERSHIP

In accordance with Society Bylaws, Chapter 7, Section A, MEMBERSHIP, the following physicians have made application for membership, and notice of that application is herewith presented to the membership:

## FIRST NOTICE



**GERALD W. ANDERSON, M.D., General Surgery.** Born in Valentine, Nebraska, 5/13/45; medical school at University of Wisconsin Medical School, Madison, Wisconsin, 1971; internship at Good Samaritan Hospital, Portland, Oregon, 1971-72; residency also at Good Samaritan Hospital, Portland, 1972-76; licensed to practice medicine in the State of Washington, 1976. Dr. Anderson's office of General Surgery is located at 408 South "K" Street in Tacoma.



*(Associate Membership)* **BRUCE D. BUCHANAN, M.D., Pulmonary Disease/Internal Medicine.** Born in Bakersfield, California, 9/22/38; medical school at Marquette School of Medicine, Milwaukee, Wisconsin, 1969; internship at University of Washington, Seattle, 1969-70; residency at Brooke Army Medical Center, San Antonio, Texas, 1970-72; graduate training in Pulmonary Disease, Fellowship, Fitzsimons AMC, Denver, Colorado, 1972-74; licensed to practice medicine in the State of Washington 1970; also practiced medicine in the Medical Corps. Dr. Buchanan's practice of Pulmonary Disease/Internal Medicine is located at Madigan Army Medical Center.



**LAWRENCE H. CARGOL, JR., M.D., Pathology.** Born in Youngsville, Louisiana, 10/18/47; medical school at University of Washington, Seattle, 1972; internship at Gorgas Hospital, Ancon, Canal Zone, 1972-73; residency also at Gorgas Hospital, 1973-75 and Tacoma General Hospital, 1975-76; licensed to practice medicine in the State of Washington, 1973. Dr. Cargol's office of Pathology is located at Tacoma General Hospital.



**LYNDA L. KILBURN, D.O., Anesthesiology.** Born in Detroit, Michigan, 2/7/47; medical school at College of Osteopathic Medicine and Surgery, Des Moines, Iowa, 1972; internship at Huron Road Hospital, Cleveland, Ohio, 1972-73; residency in anesthesia also at Huron Road Hospital, 1972-74; graduate training, Cleveland Clinic, Fellowship in Anesthesia, Cleveland, Ohio, 1974-75; licensed to practice medicine in the State of Washington, 1977. Dr. Kilburn's office of anesthesiology is located at St. Joseph Hospital in Tacoma.



**GEORGE H. KRICK, M.D., Rheumatology.** Born in Detroit, Michigan, 5/11/47; medical school at University of Michigan Medical School, Ann Arbor, Michigan, 1971; internship at Kaiser Foundation Hospital, Oakland, California, 1971-72; residency also at Kaiser Foundation Hospital in Oakland, 1972-73; graduate training fellowship in Rheumatology, Brown University, Providence, Rhode Island, 1974-76; licensed to practice medicine in the State of Washington, 1976. Dr. Krick's office of Rheumatology is located at 1106 South 4th Street in Tacoma.

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Check the list below and order the ones you want. There's no charge, and you may even earn credit hours for viewing them! (Available in color where indicated).

**"THE RIGHT WAY"** For nurses and hospitals. Shows medication errors and reviews the proper technique for administering medication. (Color)

**"DO NO HARM"** For physicians and hospitals. Involves the four most vulnerable areas in the hospital for malpractice claims. (Color)

**"NURSES, RELATED PROFESSIONS, MALPRACTICE"** Primarily pertains to nurses' responsibilities and the problems nurses encounter in their practice.

**"CAUSES AND PREVENTION OF MEDICAL MALPRACTICE"** Comprehensive analyses of studies made in various specialty fields. Goes into many causes of malpractice and some suggestions on how malpractice may be avoided.

**"ELECTRICAL HAZARDS IN HOSPITALS"** Gives physicians, nurses and technical personnel basic knowledge of electrical equipment in the hospital and the injuries that electricity can cause.

**"COULD THIS BE YOU?"** Shows a physician violating many principles in the handling of a patient...and flashbacks to proper technique. (Color)

If any of these tapes are of interest to you or your associations, please contact:

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Seattle, Washington 98101



## SOCIETY CHANGES PLANNED

The Pierce County Medical Society Board of Trustees spent a recent Saturday afternoon evaluating the membership information questionnaires returned in April of this year. The questionnaire and comments are published in toto beginning on page 12 of this publication.

In response to areas of interest revealed by the comments and general awareness reflected by the questionnaire results, the Board has taken some initial actions which will begin to provide the groundwork necessary to perform in areas of specific concern to the membership.

First, the Board commended the Communications Committee for its effort in making this contact with the members and asked the Committee Chairman, Charles Reberger, M.D., to consider future questionnaires of a more specific nature. The first of these future surveys may deal with questions pertaining to Pierce County Medical Bureau. Several comments were received indicating that the Society should take a more active role in matters concerning the Bureau and Pierce County physicians.

A Public Relations Committee, chaired by William Jackson, M.D., will be investigating the possibility of resurrecting the old television program "Ask Your Doctor," with one or more of our local television stations. In addition, Dr. Jackson's committee will attempt to establish closer working relationships with our local news media. These attempts may include a medical opinion column as well as more frequent periodic press releases.

In an attempt to involve newer physicians in the business activities of the Society, the Board has proposed a bylaws amendment which will allow physicians to hold elected offices after two years of continued active membership. The President has also extended his personal invitation to any Society member to bring a matter of business before the Board for discussion.

While Society Board meetings have never been "closed" to the membership, individual participation has seldom prevailed. Dr. Baer hopes to see a show of greater interest by individual members

through his open invitation to Board functions.

Of primary concern for several years has been the confusion on the part of the general public as well as physicians between the Pierce County Medical Society and Pierce County Medical Bureau. Because most people refer to the Bureau as Pierce County Medical, it was agreed that perhaps a change in the Society's official name might be in order. In this regard, the Board has suggested an additional bylaws amendment to change the name of the organization to "Medical Society of Pierce County."

Also in response to questionnaire opinion, a bylaws amendment is being prepared to establish a new form of nominations and elections which will encompass the two-or-more candidate concept utilizing the mailed, written ballot.

All bylaws changes will be presented to the general membership this summer for discussion and voting.

The Board is investigating the possibility of incorporating approved Continuing Medical Education Credits for Society meetings and is also experimenting with different methods of compiling and reporting earned physician credits for Pierce County doctors.

The Board of Trustees is committed to continue the services presently available to physician members and to represent their interests to other organizations including local and state government. An increased monitoring of local health planning efforts and reporting to the membership will also receive greater attention during the coming months.

The Society desires to maintain open lines of communication within the membership and encourages individual participation. The Board feels that these initial steps are in response to the expressed feeling of the majority of the membership and will help strengthen unity and purpose.

Additional comments or suggestions should be communicated to one of the Society officers or the Executive Director at the Society office.

## Tel-Med Continues Success Story

Averaging about four hundred calls each day, Monday through Friday, 10:00 A.M. to 8:00 P.M., the Tel-Med operators continue to respond to the keen public interest in this health information system.

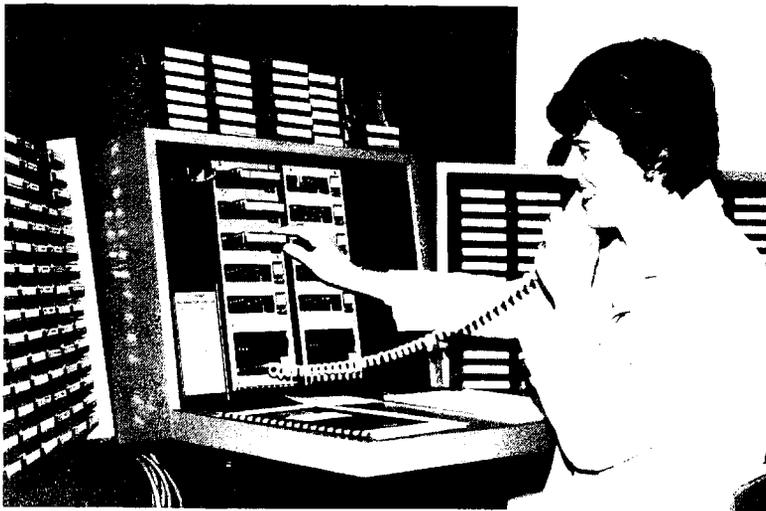
Many calls and letters of support have been received at the Society office – most from adult men and women, some from children and teenagers. All of the comments have been laudatory.

The Pierce County Medical Society Auxiliary has done a splendid job in bringing this public service program to fruition. Literally hundreds of volunteer hours have gone into the effort

behind the scenes in programming, promotional and publicity activities. The Society membership as well, in both reviewing scripts and providing financial support, have assisted immeasurably in moving Tel-Med from concept to reality.

The Board and committees of Tel-Med thank each of the Society and Auxiliary members who have pitched in with their time, talents and money to assure Tel-Med's continuation.

Free brochures containing the tapes listed on the opposing page are available from the Society office. To order, call 627-6181 or 572-3667. An Auxiliary volunteer will deliver the quantity desired to your office.



AUXILIARY VOLUNTEERS, such as Anne Katterhagen (*above*) and Cindy Anderson, help respond to more than 400 calls daily. Staff operator Rob Helm (*not pictured*) takes over from the volunteers for the 1:00 to 8:00 P.M. shift.

# TEL-MED TAPE LIBRARY (206) 627-6181

PLEASE REQUEST EACH TAPE BY NUMBER

429 What Is Tel-Med?

### ALCOHOL PROBLEMS

942 Alcoholism — The Scope Of The Problem  
943 Is Drinking A Problem?  
944 To Drink Or Not To Drink  
945 So You Love An Alcoholic  
946 How A A Can Help The Problem Drinker

### ARTHRITIS - RHEUMATISM

125 Gout  
127 Arthritis — Rheumatism  
128 Rheumatoid Arthritis  
129 Bursitis  
131 Arthritis And Quackery

### BIRTH CONTROL

1 Vasectomy  
14 Family Planning  
53 Tubal Ligation  
54 Birth Control  
55 The Pill  
56 Intrauterine Devices  
57 The Rhythm Method  
58 Diaphragm, Foam And Condom

### CANCER

6 Breast Cancer  
178 Rehabilitation Of The Breast Cancer Patient  
179 Lung Cancer  
180 Cancer Of The Colon And Rectum  
181 Cancer — The Curable Disease  
183 Cancer — Seven Warning Signals  
184 Hodgkin's Disease  
185 Cancer Of The Skin

### CARE OF THE PATIENT IN THE HOME

164 Your Family Health  
165 Home Care For The Bedridden Patient  
166 Medical Supplies For The Home  
167 Exercise For The Bedridden Patient  
168 How To Take Temperature, Pulse And Respiration

### CHILDREN

3 Can Medicines In The Home Poison Your Child?  
10 Poisons In The Home  
17 Lockjaw  
18 Tonsillotomy  
20 Rheumatic Fever  
43 Stuttering And Other Speech Defects  
48 Thumb Sucking  
49 No-No — What Does It Mean To The Toddler?  
71 Aspirin For Children  
73 Earache In Children  
75 Pinworms  
80 Ringworm  
81 Tics - A Child's Outlet For Anxiety  
83 Impetigo  
85 Pesky Pinkeye  
200 Normal Feet In Children  
220 Limping In Children  
224 Mumps  
225 Croup  
227 Measles  
229 Chickenpox  
230 Cleft Lip And Palate  
232 Speech Problems In Children  
235 Large And Protruding Ears  
236 Cystic Fibrosis  
237 Whooping Cough  
238 Meningitis  
239 Necessary Immunizations For Your Children  
260 Supplies For The Newborn

261 Care Of The Newborn  
262 Sudden Infant Death  
263 Teething  
381 Muscular Dystrophy In Children  
400 Tommy Gets His Tonsils Out  
401 Personal Hygiene For A Child  
402 Where Did I Come From, Mama?

### DENTAL HEALTH

301 Flossing Your Teeth  
302 Effective Toothbrushing  
303 Dental Plaque  
304 Diet Tips For Dental Health  
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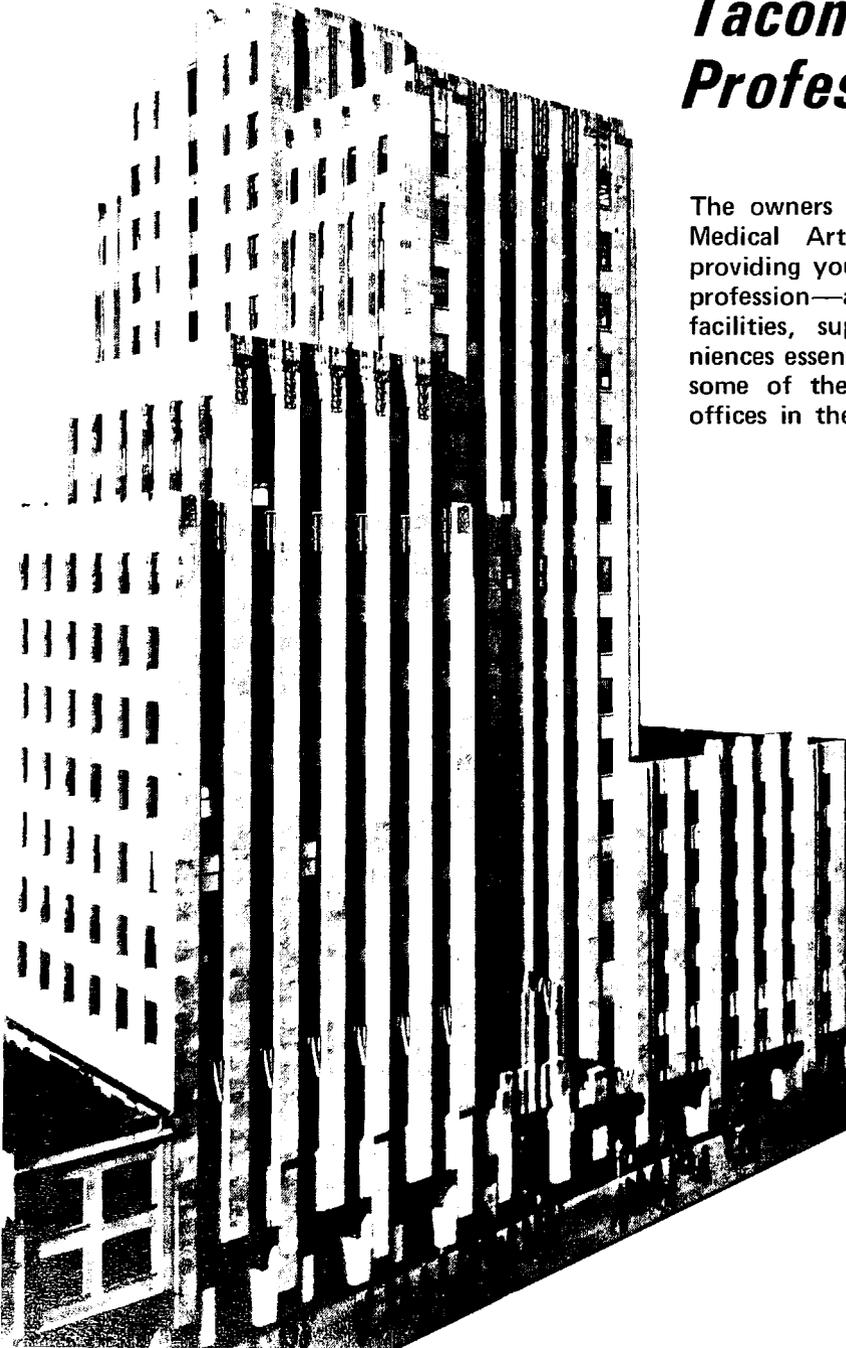
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# Medical Collection Management Workshop

## June 28, 1977 - Tuesday

An effective collector must be an individual that has the ability to communicate in a human, tactful, businesslike way. Collecting can be an interesting and challenging facet of your job. It is not easy, but it can be made less difficult by learned technique and skills.

A.M.	P.M.	MORNING OR AFTERNOON SESSIONS	
8:00	1:00	Medical Collection Management	Diane Palmer, Assistant Program Director Department of Practice Management, A.M.A.
9:00	2:00	Break	
9:10	2:10	Medical Collections (cont'd)	
10:00	3:00	Truth in Lending - Fair Credit Billing Act	Jon P. Ferguson, Asst. Attorney General State of Washington
11:10 to 12:00	4:00 to 5:00	How to Help Your Boss Avoid A Lawsuit	Barbara Hanson, R.N., B.S.N. Puyallup

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 In conjunction with: College of Medical Education, Inc.  
 Meeting space courtesy of: St. Joseph's Hospital, 1718 South "I" Street, Tacoma, Washington

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**TUESDAY, JUNE 28 - ST. JOSEPH HOSPITAL, 6TH FLOOR QUAD B**

Registration fee: \$13.00. Paid registration would be appreciated before June 26, 1977. Enrollment limited.

Participants will be divided into two groups. The group, morning or afternoon, will be left to the registrant's choice. Classes must be equal in size. We will try to accommodate everyone on a first come first serve basis. Please indicate your preference at the time of registration.

For further information call: Maxine Bailey, Executive Director  
 College of Medical Education, Tacoma, Washington  
 Tacoma - 756-3152

I will attend the morning - afternoon session (please circle one).

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# LETTERS

## TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

County-City Building • 930 South Tacoma Avenue  
Tacoma, Washington 98402 • Telephone 593-4100

Harlan P. McNutt, M.D., M.P.H.  
Director of Health

May 12, 1977

Pierce County Medical Society  
813 South K  
Tacoma, Washington 98405  
Attention: Dale Shirk

Dear Sir:

I would like to take this opportunity to extend to you my sincere appreciation for your support by indorsing our high blood pressure program, and for your representative, Dr. Tom Clark, who has proven to be an invaluable asset in assisting us in developing policy and procedure regarding our high blood pressure program.

In addition to extending my appreciation for your support, I would also like to provide you with information that will better explain what services are available to physicians and their patients through our high blood pressure program. Also, how we, as Public Health Educators, feel our role contributes to the total health care of patients, with our preventive health program. Some examples of services available through our high blood pressure program are as follows:

1. Weight Control Clinic
2. Smoking Cessation Clinic
3. Nutrition Counseling/Education
4. Stress Management

Some questions most commonly asked of us by physicians are: "What services are available through your program", "Who is eligible"?

### Weight Control Clinic:

Patients are accepted either individually or in groups, referral by their physician as to specific health problems is a prerequisite for this clinic.

### Smoking Cessation Clinics:

The services of this clinic are offered to those who feel they require assistance in their effort to stop smoking whether by their own choice or at the request of their physician.

—continued

May 12, 1977

Nutrition Counseling/Education:

We are prepared to offer education and counseling on how to avoid "fad" and/or "junk food" diets and the advantages of maintaining a nutritional diet relating to weight control and overall health care.

Stress Management:

We advise how to avoid stressful situations and offer information on the relationship of stress and hypertension.

These services are available to all members of the public without charge.

We feel it is very important that we explain our program in this manner so that a more accurate and active referral system can occur. To better illustrate the advantages of such a program between physicians and health educators, a case in point was a patient being treated for hypertension by her physician, who was extremely overwhelmed when he advised her that he could do nothing further for her until she lost some weight. To assist her in this endeavor and at the same time enhance patient compliance she was referred to our weight control program by her physician with instructions, purpose and goals. One other case in point was a patient of another physician suffering from a respiratory disorder, who was instructed to quit smoking, again, in order to assist the patient, the doctor contacted our office to inquire about our smoking cessation program regarding eligibility and to determine whether or not this program would meet the needs of his patient. In essence, once an appointment with his patient was made, the patient stopped smoking as a result of this participation.

We are in the process of developing a follow-up system which will include a method of notifying the physicians of their client's participation in our program. In order that this system may meet the needs of the physicians as well as health educators, we would appreciate any suggestions you may offer.

In closing, I hope this will provide you with the necessary information in order to better understand the facilities and services we offer. Again, thank you for the support and we welcome any comments regarding preventive health educational programs. If at any time we may be able to provide you with further information regarding any of our programs please feel free to call at 593-4507.

Sincerely yours,

(signed)

John L. Castele, Jr., Supervisor  
Public Health Educator  
Health Education Division

WOUTER J. BOSCH, M.D., Ph.D., F.A.C.S.

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May 11, 1977

Allenmore Medical Center  
Suite B-2010, South 19th and Union  
Tacoma, Washington 98405

D. Ted Baer, M.D.  
President,  
Pierce County Medical Society  
813 South K Street - Suite 200  
Tacoma, Washington 98405

Dear Dr. Baer:

Please express again our thanks to the officers and Board of Trustees of the Pierce County Medical Society for their recent donation to the first annual Seminars in Sports Medicine.

Lectures and workshops that were held a few weeks ago with your financial support were very well received. About two-hundred-thirty people were involved in each days activities, and represented a very broad representation of the medical and sports community.

Your support was not only practical but also very symbolic.

Thank you again.

Sincerely,  
(signed)

Wouter J. Bosch, M.D.

---

#### PATIENT MAY CHOOSE NUMBER OF REFILLS FOR YOUR PRESCRIPTION

During the last meeting of the Interprofessional Committee of Physicians and Pharmacists, the Pharmacists' Patients' Information Regulation was discussed.

This regulation makes it mandatory for pharmacists to verbally explain the directions for taking the medication written by the physician. Pharmacists are also required to warn patients of minor side effects that may occur; for example, drowsiness.

The pharmacist is asked many times what the medication is for. All pharmacists in Pierce

County have again been notified to be careful when answering this question and explain its general use to as not to interfere with the physician's diagnosis of the patient.

It was also brought out at the meeting that some patients, using the same colored ink as the prescribing doctor, are marking for themselves the blank area designated for refills. This has been found to happen more often in DSHS patients than private patients. To remedy this, it was suggested that the physician write out, for example, "two refills."

## FAMILY CLINIC – APRIL 1977 (627-9182)

Monday through Friday – 10:00 to 5:30      1815 South J Street      Tacoma, Washington 98405

PATIENT SERVICES	April 1977	Total 1977	Total Since September 1973
Referred to Physicians	98	353	4,772
Laboratory Services	40	129	4,443
X-Ray Services	3	31	467
Prescriptions	79	315	3,080
Referred to Community Agencies	27	101	1,684
Seen by Physicians in Clinic	37	104	1,641

### ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black.....	40	133	1,414
Caucasian.....	207	848	7,829
Asian-American.....	10	31	221
Native-American.....	7	11	249
Mexican-American.....	8	31	204

### PARTICIPATING PHYSICIANS ON FRIDAY EVENING

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North
Dr. G. Tanbara	Dr. D. Wilhyde	Dr. G. Oh	Dr. R. Martin

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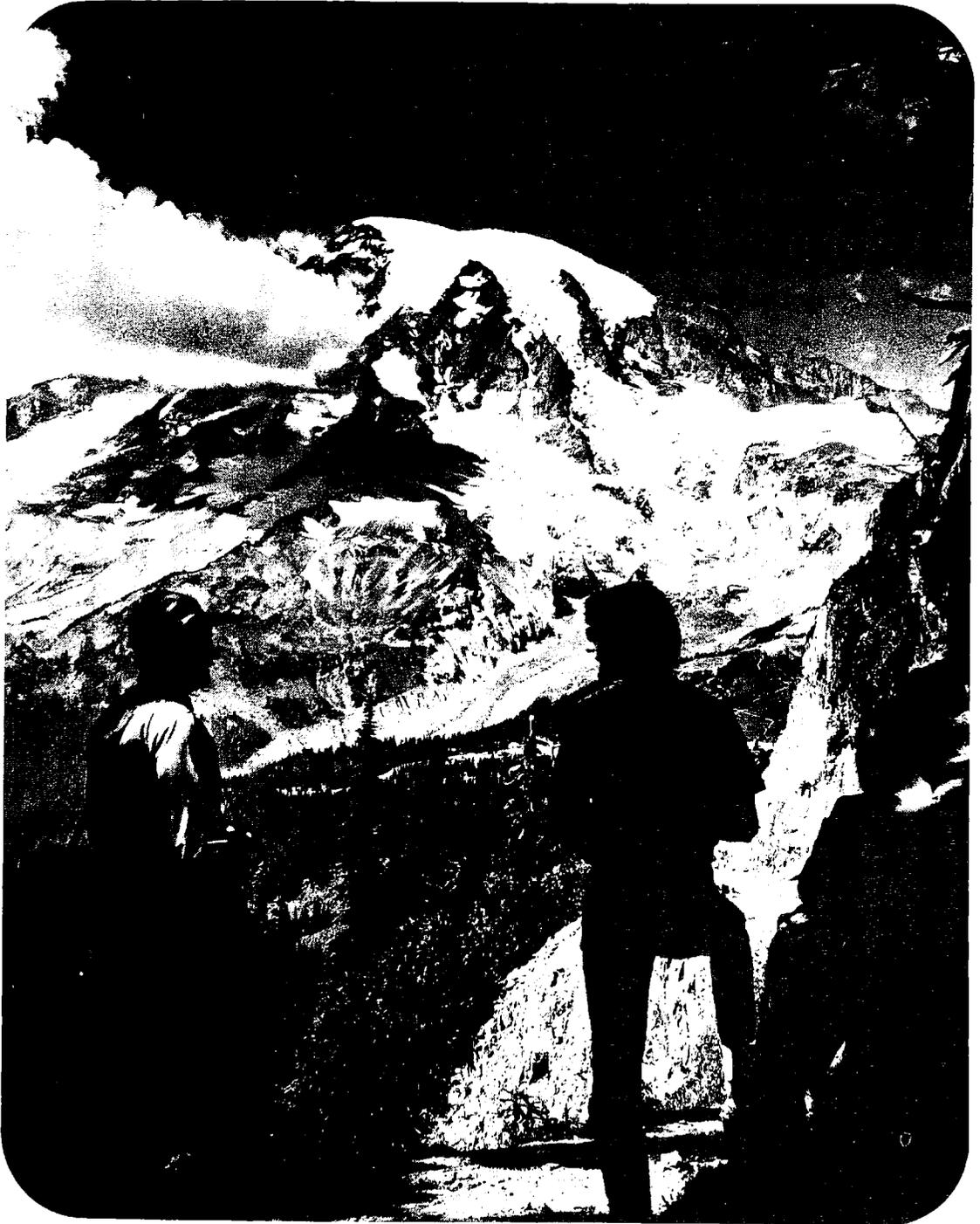
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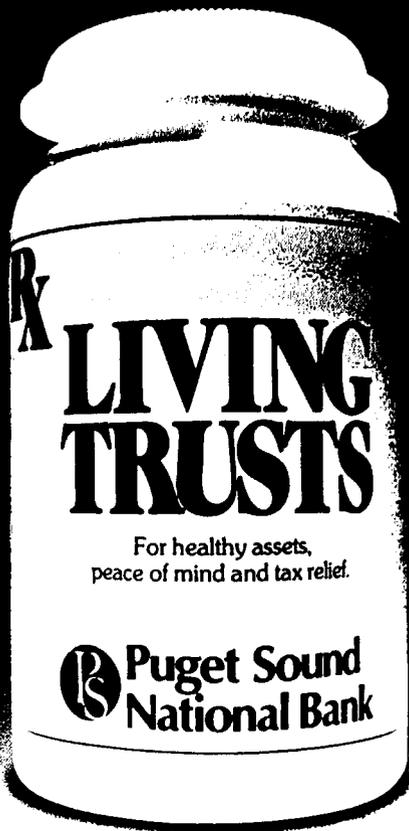
# *Pierce County Medical Society*

JULY 1977

Vol. XLVIV, No. 7 • Tacoma, Washington



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# Bulletin of the Pierce County Medical Society

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- David S. Hopkins, M.D.
- Ralph A. Johnson, M.D.
- Herbert C. Kennedy, M.D.
- Donald F. McKay, M.D.

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- Charles C. Reberger, M.D.
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## PRESIDENT'S PAGE



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Have a good one. D.T.B.

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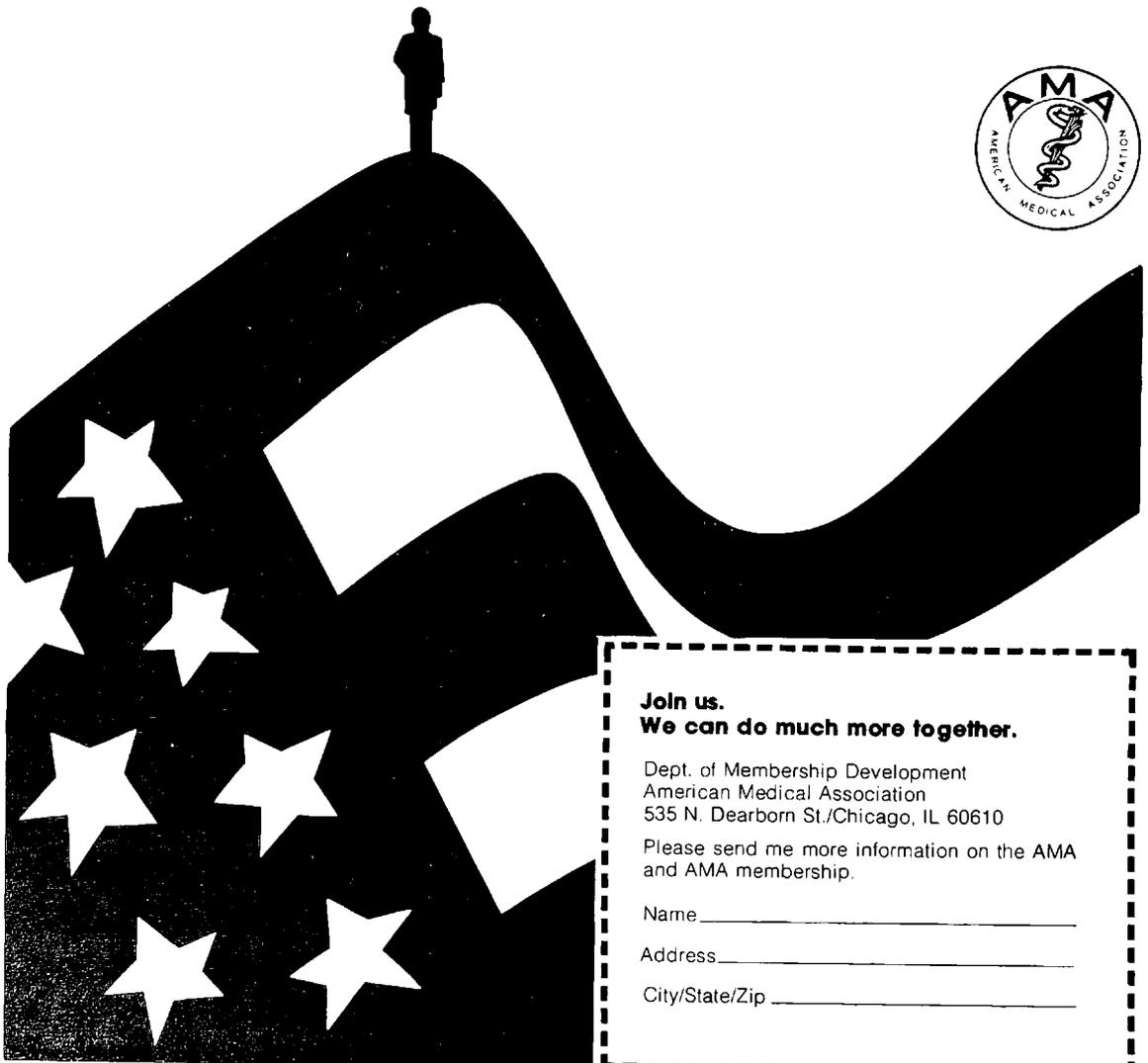
# Medicine's men on the Hill

Just who are they? They're the AMA's permanent representatives to the Congress of the United States from the AMA's Washington office.

In every Congress about 10% of all legislation introduced is health related — some 2,500 bills and the number is increasing every year. The AMA lobbyists serve as the profession's eyes, ears, and voice on the Hill. Keeping in day-to-day contact with the members of Congress and their staffs. Explaining and promoting the profession's views. Reporting on legislation. And providing legislators with resource material and information on medical and health subjects.

They're on the Hill to protect your interests, lobbying to retain the basic freedoms of medical practice in any government health program that might be enacted. Equally important, they lobby to insure the passage of constructive and workable health legislation for the public.

Sure, the AMA lobbies. It lobbies for the rights and interests of our profession and for quality medical care for every American. With your support, the AMA can be even more effective.



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# INVOLUNTARY PRACTICE CLOSING

by Gerald Farley, Assistant Director  
Department of Practice Management, Division of Medical Practice  
American Medical Association

"How to Start to Stop" dwelt on aspects involved in "winding down" a medical practice with retirement as the ultimate goal. But what happens when the doctor dies — suddenly, through illness or an accident?

Generally the spouse has to assume the brunt of dismantling and closing the medical practice. Many of the tasks have to be done when the wife or husband is under great emotional strain and there is a lack of time for making sound decisions.

However, advance planning can alleviate this situation. Planning for an emergency that may never happen is no more gruesome than purchasing life or accident insurance. And there is no cost for most of the things you can do that can be of real help to your spouse if a tragic situation does occur. Planning in advance will give you assurance that matters will be attended to in the way you prefer.

The first and easiest — but most important — is to prepare a list of "know abouts." These are the simple things that the surviving spouse should know. (You will find a list with this article.) Some are so obvious as to not seem worth writing down — but many physicians have not provided this simple help for their spouses.

For example, recently when a doctor died nobody could find the will. The wife knew that her husband had prepared a will. The lawyer remembered writing one, but the document itself couldn't be found. The lawyer thought the doctor had filed it at his office. The medical assistants at the office thought the doctor had taken it home. And the wife thought her husband had left it in the possession of the attorney. Eventually it was found, but for about ten days the wife, with all of her other

problems, was faced with the uncertainty of how the estate would be settled.

In another instance the doctor had a small strongbox in his office-den at home. His wife knew about it and knew that he kept insurance policies and similar valuable papers in it. What she didn't know was the combination. Not that this was any secret; he had simply never thought to tell her where it was written down. It was a steel box, about a foot and a half square, with double walls about an inch thick for fire protection. When the doctor died suddenly, his wife knew where to look for some of the papers she needed — but didn't know how to get into the box. One of her boys wanted to take a sledge hammer and knock the combination off and then try to pry it open with a crowbar. Another suggestion was having a welder come and cut it open with an acetylene torch. A professional locksmith finally got it open for her, but it was an experience she could have done without.

Of course your spouse knows where you keep the key to your safe deposit box — or does she? We know of an instance where the wife of the doctor knew he had a lockbox. He kept a few things in it for her along with other valuable papers. He just forgot to tell her where he kept the key. At his death, arrangements finally had to be made with the bank to drill it open.

Any advance planning assumes an up-to-date will. This is a must. It should be reviewed every few years to provide for changes in your family, your financial situation, and for any geographical changes you might have made — moving from one state to another.

It is not macabre for a husband and wife to talk about funeral arrangements. It is probably not a subject that you would care to dwell on, but

the purchase of a cemetery plot, simply as a business transaction, is a lot easier and better than for a surviving spouse to have to secure one in an emergency situation. If one or the other has some very definite ideas about burial, cremation, or providing body parts for transplant or medical research, the wishes of each should be written down and filed with the will. (Four items are listed below under the heading, "Sudden Death of the Doctor.")

Some things should be done quickly at the sudden death of a physician. Collection action on outstanding accounts receivable should be started at once. Any delay in collecting these accounts will radically reduce their value. Arrangements have to be made to pay the office bills, to check on taxes owed, to discontinue services of employees and to find out about the office lease or rental contract. Patients have to be notified, arrangements made for disposition of medical records and many of the other things that are included in the orderly preparation of a voluntary practice closing.

A medical practice may of course be (1) abandoned, (2) given away, or (3) sold. There is nothing wrong with any of the three approaches, but the third choice would seem preferable. This assumes a solo practice rather than an ongoing partnership or corporation. With either a partnership or multi-doctor corporation arrangements for both voluntary and involuntary withdrawal from practice is (or should be) a part of the partnership or corporation regulations.

Selling a practice outright is much more difficult. A future article will be devoted to this subject.

#### KNOW ABOUT

1. Know location of last executed will, trust agreements, codicils, etc.
2. Know location of lockbox keys and any safe combinations.
3. Know location of personal and business bank accounts, savings accounts and check-

ing account bank ID numbers.

4. Know location of birth certificates, marriage certificate, citizenship papers (if applicable), military discharge papers, adoption papers, Veterans Administration claim number and social security number.
5. Know name, address and telephone number of attorney, medical management consultant, accountant, insurance agent, stock broker and real estate agent with whom business has been transacted.
6. Know location of titles and mortgage of home and any other applicable real estate contracts, leases, or rental agreements.
7. Know location of all insurance policies and numbers.
8. Know location of stock and bond securities with cost information, including pension program information.
9. List credit card names, numbers and addresses.
10. List associations, specialty societies and professional, fraternal and social organizations in which membership is maintained.
11. Location of unpaid personal bills and other outstanding obligations.

#### SUDDEN DEATH OF THE DOCTOR

1. Notify office manager or receptionist and answering service with information to provide callers.
2. Notify attorney, medical management consultant or accountant who has been serving the practice.
3. Notify funeral director and clergy.
4. Have the location of the cemetery lot, plot number and deed available when talking with the funeral director. In case of cremation, the disposition of ashes.

# DRUG ABUSE IN PIERCE COUNTY

by James C. Stewart, Coordinator for Drug Abuse  
Pierce County Department of Social Services

The following represents tabulations of all substance overdose situations not resulting in death for the years 1975 and 1976 (1972 and 1974 figures have been added for comparison purposes). This project was recently completed by the County Office of Social Services, and it is an actual count taken from emergency room records of the participating hospitals. Trained personnel gathered the statistics from intake books in all hospitals except Mary Bridge, where information was gathered by hospital staff.

There are eleven hospitals in Pierce County, of which four have no emergency room facilities, and thus see very few overdose cases. Furthermore, as almost every overdose case in the county comes to the attention of one of the seven hospitals which do handle such situations, there was no reason to compile those cases which may have first come to the attention of some other treatment center or "hot line." Such tabulations would be a statistical duplication. Those hospitals not handling any significant number of overdose cases are:

- (1) Allenmore Hospital
- (2) Doctor's Hospital
- (3) Western State Hospital
- (4) American Lake Veterans Hospital

There were six hospitals which supplied a complete case overdose record for 1975 and 1976, totaling 1,822 individual situations in 1975 and 1,700 individual situations in 1976. These hospitals were:

- (1) Good Samaritan Hospital
- (2) Lakewood General Hospital
- (3) Puget Sound General Hospital

- (4) St. Joseph's Hospital
- (5) Tacoma General Hospital
- (6) Mary Bridge Hospital

All the above hospitals gave an overdose case readout containing the type or types of chemical substances involved, the sex of the patient and a breakdown by age in three categories: Under 14, 14 through 25, and over 25. The only hospital that was unable to give a case-by-case accounting was Madigan General Hospital, which is reluctant to release such statistical data.

Substances which were heavily abused in 1975—not including "volatile substances" (which were heavily abused by small children), and alcohol—were:

Valium	34	Benadryl	8
Salicylates	52	Thorazine	8
Meprobamate	36	Darvon	7
Librium	24	Nytol	7
Phenobarbital	21	Seconal	7
Quaalude	19	Dilantin	7
Dalmane	18	Sinequan	7
Elavil	16	Placydil	6
Tranxene	13	Sinequan	6
Nembutal	12	Chloral Hydrate	6
Tylenol	11		

The most heavily abused substances in 1976 were:

Valium	66	Dilantin	13
Salicylates	32	Sominex	11
Meprobamate	21	Chloral Hydrate	9
Dalmane	18	Tylenol	7
Phenobarbital	15	Tranxene	7
Sinequan	15	Mellaril	6
Librium	15	Nembutal	4

No. of Overdoses by Hospital	1972	1974	1975	1976
Good Samaritan . . . . .	146	193	227	244
Lakewood General . . . . .	128	256	168	172
Puget Sound General . . . . .	236	211	439	363
St. Joseph's . . . . .	323	182	753	636
Tacoma General . . . . .	237	209	208	248
Mary Bridge . . . . .	100 (est.)	82 (actual)	28	37
<b>TOTALS</b>	<b>1,170</b>	<b>1,133</b>	<b>1,822</b>	<b>1,700</b>

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Medical Arts Building, 740 St. Helens Avenue, Tacoma, Washington 98402, or phone (collect) 206 - 272-3161.

Type of Substance	1972	1974	1975	1976
Heroin . . . . .	24	9	67	46
Methadone . . . . .	1	0	4	0
Other Opiates . . . . .	23	22	15	15
Barbituate or Other Depressant, Excluding Alcohol (and in 1972 and 1974 only, PCP) . . . . .	339	308	256	221
Amphetamines and Other Stimu- lants, Excluding Cocaine . . . . .	31	14	28	37
Cocaine . . . . .	0	0	1	0
Alcohol . . . . .	110	73	642	633
Hallucinogens . . . . .	34	37	28	22
Cannabis . . . . .	0	5	0	0
P.C.P. . . . .	0	0	12	33
Mushrooms (Psilocybe) . . . . .	0	0	5	26
Volatile Substances . . . . .	84	120	104	62
Combinations (poly drug) . . . . .	0	97	198	166
Unknown . . . . .	0	288	373	311
Others . . . . .	0	159	89	128
(Combinations, Unknown and Others were combined in 1972) . . . . .	424	0	0	0
<b>TOTALS</b>	<b>1,170</b>	<b>1,133</b>	<b>1,822</b>	<b>1,700</b>

Overdose by Sex:	1972	1974	1975	1976
Male . . . . .	473	512	1,021	924
Female . . . . .	596	621	801	776

Overdose by Age (Excluding Alcohol):	1972	1974	1975	1976
Under 14 . . . . .	—	—	176	177
14 - 25 . . . . .	—	—	485	447
Over 25 . . . . .	—	—	519	443

Overdose by Age — Alcohol Only:	1972	1974	1975	1976
Under 14 . . . . .	—	—	6	22
14 - 25 . . . . .	—	—	78	77
Over 25 . . . . .	—	—	558	534

Overdose by Age — Total for Drug and Alcohol Combined:	1972	1974	1975	1976
Under 14 . . . . .	212	210	182	199
14 - 25 . . . . .	341	348	563	524
Over 25 . . . . .	516	366	1,077	977

NOTE: The Sex and Age categories do not give a clear comparison because in 1972 the figures from Mary Bridge were estimates without any real concrete sex or age figures so these were left out of the 1972 tabulations; and in 1974 there were no figures on age available from Tacoma General Hospital so those items have been left out of the totals on age categories. There is also a breakdown in the age categories separating Alcohol and Other Substances from each other besides giving the combined totals. However, this was only done in 1975 and 1976.

# AUXILIARY PAGE

## AUXILIARY OFFICERS 1977-1978

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President-Elect .....	Jo Roller
1st V.P. & Program .....	Kathy Miskovsky
2nd V.P. & Membership.....	Nicole Crowley
3rd V.P. & Historian & Bylaws.....	Reta Bergstrom
4th V.P. & Arrangements .....	Lee Jackson
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Dance .....	Carol Hopkins
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Joint Dinner .....	Genny Hansen
Legislation .....	Cindy Anderson
Newcomers .....	Janet Fry
Nominating.....	Marie Henry
Pierce County Health Council.....	Nadine Kennedy
PCMS Directory.....	Kit Larson
Sunshine .....	Lorna Burt
Superintendent's Advisory Health Council and Handicapped Acceptance Program.....	Sharon Lukens
Student Recognition Awards.....	Barbara Wong
	Marilyn Mandeville
Tel-Med Volunteers .....	Lila Early

The final event of the year was a Fashion Show held at the Tacoma Yacht Club, May 20. The models did a great job. They were: Dolores Havlina, Anne Katterhagen, Cindy Hammer, Aija Ozolin, Sharon Anderson, Jan Thiessen, Martia Ohme, Jo Roller, Genny Hansen, Judy Baerg and Cindy Anderson. It was such a fun day, with a delicious lunch also.

Bylaws changes were voted on, mainly replacing the word 'wife' with 'spouse.' We encourage husbands of doctors to join us also.

Please remember your Tel-Med volunteer day,

## PRESIDENT'S CORNER

KUDOS to our retiring president Marie Henry, gifted owner of all these talents necessary for a successful president:

the education of a professor  
the executive ability of a financier  
the humility of a deacon  
the adaptability of a chameleon  
the hope of an optimist  
the courage of a hero  
the wisdom of a serpent  
the gentleness of a dove  
the patient of Job  
the grace of God  
and  
the persistence of the devil.

Our many achievements during your tenure reflect the quality of the leadership we enjoyed. Now, put your feet up and bask in contentment as you reflect on a job well done.

— Helen Whitney

and arrange your own substitute if unable to be there on the scheduled day. Everything has been running smooth so far.

Our cookbooks make good hostess gifts. Remember to buy them this summer. You may contact the following members for them: Judy Baerg - 1-858-9360, Kit Larson - 584-3802, Glenna Blackett - 752-3970, Kathleen Skrinar - 272-0486, Nicole Crowley - 575-3767, Bev Harrelson - 927-6144, Deva Vaught - 845-6215, Lorraine Sulkosky - 845-8264. They are also at all Allenmore, Tacoma General and St. Joseph Hospital Gift Shops.

**Legislative News:** The following is an excerpt from a letter received from State Representative Phyllis K. Erickson: "In its final form as signed

by the Governor, SB 2159 would permit a defendant in any civil suit for damages to file a counter-claim for malicious prosecution, and have that action tried as a part of the original lawsuit. If an attorney knowingly filed a malicious lawsuit, he/she could be named as a co-conspirator."

The St. Joseph Hospital Dance Committee has

asked that we circle November 5th on our calendar, and ask our friends to join us at the Bicentennial Pavilion for the St. Joseph's Ball. Tickets are \$85.00 per couple for dinner and dancing (to TWO bands) — \$25 for dancing only. Proceeds will be used to purchase emergency equipment. The Committee promises a memorable evening!!

— Georgia McPhee

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## Three-Way Tie For Student Recognition

Each year, an award based on scholarship and leadership is given to the most outstanding graduating son and daughter of a physician in private practice in Pierce County. This year the Student Recognition Committee picked three students to receive awards because of a tie among these outstanding students.

**Nancy Hori**, a graduate of Woodrow Wilson High School, is the daughter of Dr. and Mrs. Kiyooki Hori. She plans on attending the UW or Western Washington State College, and her major fields of interest are photography and communications.

**Kenneth Robert Whitney**, a graduate of Charles Wright Academy, is the son of Dr. and Mrs. Robert Whitney, Jr. Kenneth plans to attend Stanford University, and his major field of interest is mathematics.

**Keith Wood**, a graduate of Peninsula High School, is the son of Dr. and Mrs. Edward M. Wood. He plans to attend Washington State University, and his major fields of interest are medicine and mathematics.



Nancy Hori



Kenneth Whitney

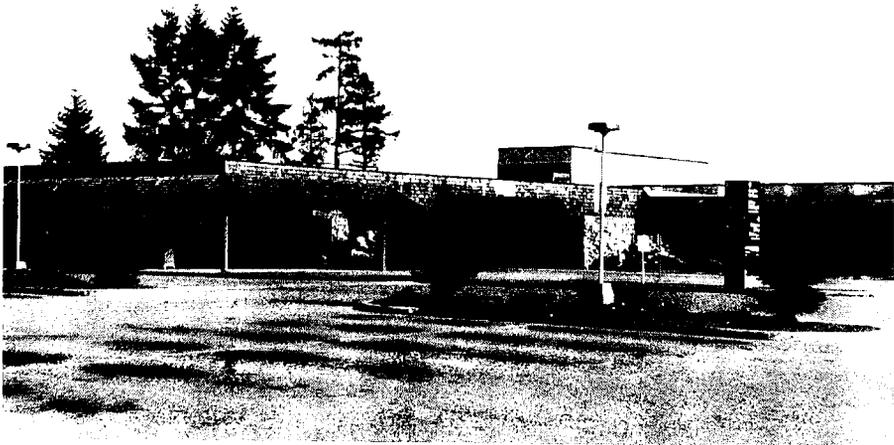


Keith Wood

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# A.A.M.A. PAGE

## 1977 Convention Fun for All

Being a new member in AAMA, this was my first convention — hosted by the Benton-Franklin Chapter in Pasco. There were twelve girls from the Pierce County Chapter who attended, many of whom got up in the wee hours Friday morning and drove together in groups to Pasco.

A "Meet and Greet" luncheon Friday afternoon got the convention off the ground. It was followed by several informative and interesting educational sessions. "Nuclear Medicine and You" was presented by John Intravartolo, M.D., where he discussed the ever increasing role of radio-nuclear scans in medicine.

Various aspects of law and medicine were discussed and clarified by attorney Crane Bergdahl. For instance, do you know that it is best to use a "patient informed consent form" that was printed since the summer of 1976 and follows the format as set down by our own state legislature?

Model Jean Hill gave us tips on hair styles, makeup, and dressing for work and relaxation to help us look and feel our best. For medical assistants often create the first impression to the patient and set the tempo for the office.

But probably the most fascinating educational session was "Holography — What Is It?" as presented by Mr. Byron Grendon, an award winning inventor and co-inventor of the holography system he presented that day. Holography is a combination of ultra-sound, laser beams, and reflective mirrors that produce three-dimensional

pictures. It was exciting to see arms, elbows, legs, and just about every part of the body as a transparent, three-dimensional image. We could see tendons and muscles flexing, arteries and veins moving as the limbs moved, and organs pulsating with the rhythms within the internal body, and also a three-dimensional figure "floating in space," turning around to present every side of the figure.

As well as the educational sessions, there were business meetings, board meetings, a CMA mini-test, and banquets. Sue Thornton, State AAMA President, from our own chapter, presided over the installation banquet for the 1977-78 officers.

Attending the convention were AAMA members from Virginia as national representatives; Anne Stelle, M.D. from Bremerton, who is one of our advisors; and about one hundred AAMA members from Washington State.

Olympia will host the 1978 convention next May. AAMA is a wonderful opportunity for those associated with the medical field to further their education, make lasting friendships, and take part in legislation that affects their jobs. It is the wish of the members of the Pierce County chapter to reach more girls interested in joining AAMA, in order that we may have a stronger chapter and a stronger national organization. The outcome of this can only benefit everyone in the medical field through broadened horizons, fuller awareness, and greater cooperation. AAMA conventions are great, and fun, too!

## The Medical Students Are Coming

On July 5th will begin a new program for medical students in Pierce County — a community clinical clerkship in pediatrics for third year medical students from the University of Washington. There will be a cycle of three students each six weeks for the next twelve months. They will be easily recognized by their name tags, and that "they-are-too-young-to-be-doctors" look. This program will be based at Mary Bridge Children's Health Center, with excursions by the students into the surrounding community, from Eatonville to Longbranch. They will have valuable and varied clinical experiences in clinics, physicians' offices, school health programs, and special activities that are concerned with the education and rehabilitation of the handicapped child.

This clinical jigsaw puzzle will be put together by Robert Scherz, Medical Director at Mary

Bridge, and David Hellyer, who has been quite active as a teacher in the pediatric outpatient clinic at the University Hospital for years. Many of our Pierce County physicians will be in direct contact with the students during the 1977-1978 school year, to ensure that they will have a rewarding experience. They include Drs. Malden, Sparling, Ellis, Vallarta, Torgrenrud, Tanbara, Bader, Walkley, Pearson, Jolley, Starr, Berman, Padgett, Ritchie, Schneller, Wearn, Staatz, Gilman, Miskovsky, Florence, Mueller, Meyer, Nagle, C. Anderson, Gross, Whitney, Becker and Mulligan. In addition to those who have direct teaching responsibilities, others will be in contact with them less formally.

We welcome them, and expect that their clinical experiences in pediatrics in Pierce County will be second to none.

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# Harbottle-Johnson Swing Top Golf Money Docs Net Tennis Honors

During the Annual Physician-Dentist-Lawyer Field Day, held June 10, more than 100 duffers and racketeers turned out to meet the challenge on the greens and courts or in the locker room.

The golf competition was, as usual, tough! Top money winners John Harbottle and Ted Johnson turned in respectable cards of 67 (John) and 64 (Ted) to capture low gross field and low net field, respectively. Other winners are listed below.

For the tennis buffs, twenty-two contestants turned to outdoor courts under fair skies and recorded a new world record for the event . . . it was the first known time the participants were not rained on.

In an extremely complicated round robin format, under particularly arbitrary rules, the docs were named tournament champs.

For the Physicians: Dave Wilhyde, Bob Thiessen, Vern Larsen, Max Thomas, C. C. Chan, John Bargren, James Stilwell and Gerhart Drucker; Attorneys: Pat Healy, Henry Haas, Tom Baker, Jr., Joe Gordon, Jr., Jim Morton, Keith McGoffin, John Maxwell, Frederick Fleming and Jack Turner. The Dentists fielded Ralph O'Connor, Rich Baker and Russ Perkins.

A good time was reported by contestants and spectators alike, and a goodly portion of beer, pop and peanuts was consumed by all.

### Low Gross Field:

John Harbottle	67	30.00
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### Low Net Field:

Ted Johnson	64	30.00
-------------	----	-------

### 0-11 Handicap:

1st	Bob O'Connell	68	25.00
2nd	Tom Fishburne	69	20.00
3rd	Bill Bergsten	70	15.00
4th	Jack Gould	71	5.00
	Herm Dahl	71	5.00
	Bob Lordahl	71	5.00
	Bill McPhee	71	5.00

### 12-17 Handicap:

1st	Ray Graves	68	20.00
	Ran Comvis	68	20.00
	Jim Halstead	68	20.00
4th	Andy Anderson	69	7.50
5th	Grant Overbee	70	3.50
	Tom Tommervik	70	3.50
	Wayne Bergstrom	70	3.50

### 18-Up Handicap:

1st	Tony Lazar	68	25.00
2nd	Leo McGavick	70	20.00
3rd	Carl Conrad	73	10.00
	Otis Bridgeford	73	10.00
	Veron Pearson	73	10.00

### Callaway:

1st	Dudley Houtz	70½	25.00
2nd	Bob Backer	71	20.00
3rd	Hal Winther	73	15.00
4th	El VanDerBerg	74	8.50
	Henry Heim	74	8.50

### Long Drive No. 9:

0-11 Handicap	John Harbottle	3 balls
12-17 Handicap	Bill Rohner	"
18-Up Handicap	Curt Hilton	"
Callaway	Bill Beecher	"

### Long Drive No. 14:

0-11 Handicap	Bob Lordahl	3 balls
12-17 Handicap	Bill Rohner	"
18-Up Handicap	Tim O'Conner	"
Callaway	Bill Beecher	"

### Closest to Pin No. 6:

0-11 Handicap	John Harbottle	3 balls
12-17 Handicap	Tom Tommervik	"
18-Up Handicap	Vern Pearson	"
Callaway	Hal Winther	"

### Closest to Pin No. 11:

0-11 Handicap	Stan King	3 balls
12-17 Handicap	Jon Kvinsland	"
18-Up Handicap	Leo McGavick	"
Callaway	Henry Heim	"

# MEMBERSHIP

In accordance with Society Bylaws, Chapter 7, Section A, MEMBERSHIP, the following physicians have made application for membership, and notice of that application is herewith presented to the membership:

## FIRST NOTICE



**HENRY W. GRONSKY, M.D., Otolaryngology.** Born in Fort Knox, Ky., 4/23/41; medical school at University of Washington, Seattle, 1967; internship at Brooke Army Hospital, San Antonio, Texas, 1967-68; residency in Otolaryngology also at Brooke Army Hospital, 1971-75; American Board Certified in Otolaryngology; licensed to practice medicine in the State of Washington 1969; also practiced medicine in Richland, Washington (U.S. Army). Dr. Gronski's office of otolaryngology is located at 10116 - 116th St. East in Puyallup.



**ROBERT A. PADGETT, M.D., Pediatrics.** Born in Hardin County, Ky., 6/17/37; medical school at University of Louisville, Louisville, Ky., 1964; internship at Grady Memorial Hospital, Atlanta, Georgia, 1964-65; residency in pediatrics at Walter Reed General Hospital, 1966-68; certified by the American Academy of Pediatrics; licensed to practice medicine in the State of Washington 1976; also practiced medicine in Elizabethtown, Ky. Dr. Padgett's office of pediatrics is located at Allenmore Medical Center in Tacoma.



**JAY G. SACKS, M.D., General Practice.** Born in Houston, Texas, 3/24/48; medical school at University of Texas, San Antonio, Texas, 1974; internship at Methodist Hospital, Dallas, Texas, 1974-75; licensed to practice medicine in the State of Washington 1975. Dr. Sacks' practice of Emergency Medicine is in Pierce County Hospitals.



**HAROLD M. YASAYKO, M.D., Family Practice.** Born in Edmonton, Alberta, 4/25/42; medical school at University of Alberta, Edmonton, Canada, 1966; internship at Vancouver General Hospital, Vancouver, B.C., 1966-67; licensed to practice medicine in the State of Washington 1977; also practiced medicine in Orange County, California in 1976-77, and Vancouver, B.C. 1967-76. Dr. Yasayko's family practice is located at Western Clinic in Tacoma.

## SECOND NOTICE



**GERALD W. ANDERSON, M.D., General Surgery.** Born in Valentine, Nebraska, 5/13/45; medical school at University of Wisconsin Medical School, Madison, Wisconsin, 1971; internship at Good Samaritan Hospital, Portland, Oregon, 1971-72; residency also at Good Samaritan Hospital, Portland, 1972-76; licensed to practice medicine in the State of Washington, 1976. Dr. Anderson's office of General Surgery is located at 408 South "K" Street in Tacoma.



*(Associate Membership)* **BRUCE D. BUCHANAN, M.D., Pulmonary Disease/Internal Medicine.** Born in Bakersfield, California, 9/22/38; medical school at Marquette School of Medicine, Milwaukee, Wisconsin, 1969; internship at University of Washington, Seattle, 1969-70; residency at Brooke Army Medical Center, San Antonio, Texas, 1970-72; graduate training in Pulmonary Disease, Fellowship, Fitzsimons AMC, Denver, Colorado, 1972-74; licensed to practice medicine in the State of Washington 1970; also practiced medicine in the Medical Corps. Dr. Buchanan's practice of Pulmonary Disease/Internal Medicine is located at Madigan Army Medical Center.



**LAWRENCE H. CARGOL, JR., M.D., Pathology.** Born in Youngsville, Louisiana, 10/18/47; medical school at University of Washington, Seattle, 1972; internship at Gorgas Hospital, Ancon, Canal Zone, 1972-73; residency also at Gorgas Hospital, 1973-75 and Tacoma General Hospital, 1975-76; licensed to practice medicine in the State of Washington, 1973. Dr. Cargol's office of Pathology is located at Tacoma General Hospital.



**LYNDA L. KILBURN, D.O., Anesthesiology.** Born in Detroit, Michigan, 2/7/47; medical school at College of Osteopathic Medicine and Surgery, Des Moines, Iowa, 1972; internship at Huron Road Hospital, Cleveland, Ohio, 1972-73; residency in anesthesia also at Huron Road Hospital, 1972-74; graduate training, Cleveland Clinic, Fellowship in Anesthesia, Cleveland, Ohio, 1974-75; licensed to practice medicine in the State of Washington, 1977. Dr. Kilburn's office of anesthesiology is located at St. Joseph Hospital in Tacoma.



**GEORGE H. KRICK, M.D., Rheumatology.** Born in Detroit, Michigan, 5/11/47; medical school at University of Michigan Medical School, Ann Arbor, Michigan, 1971; internship at Kaiser Foundation Hospital, Oakland, California, 1971-72; residency also at Kaiser Foundation Hospital in Oakland, 1972-73; graduate training fellowship in Rheumatology, Brown University, Providence, Rhode Island, 1974-76; licensed to practice medicine in the State of Washington, 1976. Dr. Krick's office of Rheumatology is located at 408 South K, Suite 400, in Tacoma.

## **IN BRIEF: A summary of AMA, medical & health news**

American Medical Association / 535 North Dearborn Street / Chicago, Illinois 60610 / Phone (312) 751-6000 / TWX 910-221-0300

**AMA dues-paying** membership totaled 172,830 last year, exceeding expectations in the first year of a major dues increase. Because of the new dues structure, the AMA based its 1976 budget on a paid membership of 144,500 (excluding residents and students). This full-dues membership figure reached 152,160 last year. Resident membership was 10,506: medical students numbered 10,164. Total AMA membership, including dues-exempt physicians and affiliate members, was 203,584 in 1976.

**The average age** of AMA dues-paying physician members last year was 48.9, according to the AMA's Center for Health Services Research and Development. The average age of all U. S. physicians was 46.3.

**An AMA survey** shows a 64.9% error rate in the HEW list released two months ago of physicians supposedly receiving \$100,000 or more from Medicare in 1975. The AMA sent HEW a copy of the survey, together with a letter calling on the agency to apologize to the physicians who were wrongly cited and to the public. The AMA survey covered 208 of the 409 physicians listed by HEW. Of those, 102 were incorrectly listed as solo practitioners, nine had incorrect amounts attributed to them and another 24 reported both errors. Only 73 said the information was correct. The AMA said it would do what it can to set the record straight, "but it truly is incumbent on HEW to clear the names of these physicians."

**The AMA urged** Congressional leaders to increase appropriations for several health programs. The Association said it was recommending increases in President Carter's budget proposals for only "those programs that have the greatest promise for prevention and cost effectiveness to patients . . ." The AMA recommended increases for: National Institutes of Health, health professions education, maternal and child health, family planning, National Health Service Corps, emergency medical service, immunization, venereal disease, lead based paint poisoning prevention, occupational health, mental health, alcoholism, Programs for Older Americans, Food and Drug Administration, and Indian Health Service.

**In a bulletin** to all physicians and hospital administrators the Food and Drug Administration said, "No worthless drug is without harm." The agency, referring to the so-called cancer drug laetrile, termed the evidence of the drug's efficacy entirely hearsay and said both the FDA and the National Cancer Institute have "failed to find evidence of therapeutic effect." The AMA had previously submitted a statement to the FDA noting that "it is clear that laetrile is not generally recognized by experts . . . as safe and effective."

**The AMA is offering**, as a public service, a new health education service to weekly newspapers throughout the country. A packet of four or five short articles is sent to weekly editors each month. The subject matter will be basic health information.

**Every dollar** contributed to the American Medical Association Education and Research Foundation medical student loan guarantee program provides \$12.50 in loans from a participating bank to medical students and physicians-in-training. Last year AMA-ERF supported \$7.8 million in loans. Since 1962 it has supported loans of \$77 million. The program depends upon the generosity of the medical profession for funding.

**Available from AMA:** *Allied Medical Education Directory*, OP 392, lists more than 2,700 educational programs accredited by the AMA. Cost is \$8 per copy . . . *Defined-Formula Diets for Medical Purposes*, OP 137, is a compilation of papers given during a conference of the same name. Cost is \$7 ea. for 1-10 copies; \$6.30 ea. for 11-49 copies; and \$5.60 ea. for 50 or more. Cost is \$7.50 per book in foreign countries . . . *Directory of Self-Assessment Programs for Physicians*, OP 424, third edition, covers 24 programs sponsored and distributed by medical organizations. Cost is \$1.25 ea. for 1-10 copies; \$1 ea. for 11-49 copies; and 50¢ ea. for 50 or more. Cost in foreign countries is \$1.50 per copy. For all of the above write Order Dept., AMA Headquarters . . . *The AMA Book of Skin and Hair Care* is a revision and expansion of the earlier volume, *The Look You Like*. Cost is \$4.95 per paperback copy. Write the publisher, J. B. Lippincott Co., 521 Fifth Ave., New York, N. Y. 10017.

HEW Secretary Joseph Califano, in a letter to the AMA, expressed "deep regret" at the errors in the well-publicized, March 12 list of physicians who supposedly received \$100,000 or more from Medicare in 1975. An AMA study of the HEW list revealed a 65% error rate. Califano wrote: "I am deeply distressed at the number of errors, and I regret any embarrassment that may have been caused to any of your individual members." He said HEW "will verify and correct our original listing and put out a new one for 1975." The AMA said, "We believe that the issuance of any such lists is an inherent violation of privacy and inevitably results in instances of gross injustice."

AMA finances continued an upward trend in 1976, according to auditor's financial statements. Both dues revenue and advertising revenue exceeded estimates. Operating revenues (excluding non-recurring items) were \$56.3 million, and expenses were \$38.9 million, producing an operating gain of \$17.4 million. As directed by the House of Delegates, a sizeable surplus was placed in reserves, and at the end of the year AMA equity was \$40.8 million. Equity at the end of 1975 was \$20 million. Total assets in 1976 were \$49,243,007; 1975 assets totaled \$28,847,711.

An extension of the campaign against television violence was approved by the AMA Board of Trustees. The Board approved \$107,438 in funds and services over a three-year period for the Violence Index and Profile conducted by George Gerbner of the U. of Pennsylvania; granted \$7,775 for a six-week TV violence rating this spring by the National Citizens Committee for Broadcasting; and authorized \$32,116 to develop a public report on the Parent-Teachers Assn. campaign against TV violence.

Congress rejected a bill to extend the power of the Federal Trade Commission over non-profit associations. The House Commerce Committee voted to continue the exemption of non-profit groups from the formal jurisdiction of the FTC and the Senate Commerce Committee deleted the provision from its version of the bill. The AMA testified against the bill after a House subcommittee had approved the measure.

The AMA told the House Commerce Subcommittee on Oversight and Investigations that a second opinion on surgery "is just that and nothing more — an opinion which is, by definition, subjective." The subcommittee issued a report last year implying there are many thousands of deaths due to unnecessary surgery and has solicited comments on the establishment of criteria for surgical procedures. The AMA said second opinions may be embraced by insurance companies and the government "as an arbitrary device to ration medical care." but "they are not of themselves a scientifically sound or medically valid method of determining the medical necessity of any procedure."

A model bill to prohibit age discrimination in employment will be distributed by the AMA to state medical societies and other organizations as possible state legislation. The model bill does not contain a maximum age limitation and is consistent with House of Delegates policy.

A new health education service for radio stations is being prepared and distributed by the AMA as a public service. Four or five radio spots, each in two lengths — 60 seconds and 20 seconds — will be mailed to the stations each month. The subject matter will be basic health information. The Association is offering a similar service to weekly newspapers.

Available from AMA: *Your Blood Pressure*, OP 44, describes hypertension's causes and effects and outlines measures for detection and treatment of the disease. Cost is 45¢ ea. for 1-99 copies; 25¢ ea. for 100-499 copies; and 24¢ ea. for 500 or more . . . *Professional Corporations in Perspective*, OP 102, outlines opportunities and limitations which accompany corporate practice. Cost is \$3.25 ea. for 1-10 copies; \$2.90 ea. for 11-49 copies; and \$2.60 ea. for 50 or more. The booklet is \$3.60 per copy in foreign countries. For both publications write Order Dept., AMA Headquarters . . . *AMA Drug Evaluations*, evaluates more than 2,300 compounds and drugs and includes more than 50 listings of new drugs. Cost for members of the AMA and ASCPT, and for interns, residents and medical students is \$20 plus .65 postage per book. Price for nonmembers is \$29.50 plus postage. Write Publishing Sciences Group, 545 Great Rd., Littleton, Mass. 01460.

## METAL POISONING POSSIBLE CAUSE OF AMYOTROPHIC LATERAL SCLEROSIS

Long-term environmental exposure to selenium may be a cause of amyotrophic lateral sclerosis, says a report in the June 27 *Journal* of the American Medical Association.

Four male farmer-ranchers in a sparsely populated county in west central South Dakota contracted ALS within a ten-year period. The men, between 57 and 66 years of age, lived within a few miles of each other. All had spent virtually their entire lives in the area. All four died of the fatal degenerative disease.

ALS occurs with an incidence of 1.4 cases per 100,000 population, so the record of four cases in a population of 4,000 indicated to researchers that some environmental factor was present.

Arther W. Kilness, M.D., of the South Dakota Health Department, and Fred H. Hochberg, M.D., of Harvard Medical School, found that the area was very high in selenium in the environment. Selenium is a natural trace metal.

There was sufficient selenium in the soil to produce illness in livestock, including an illness of cattle known to ranchers as the "blind staggers." The animal becomes disoriented, weak, and unable to walk without stumbling against objects in its path. Paralysis is seen, the animal is unable to swallow, and death ensues from respiratory failure.

The course of the human disease of amyotrophic lateral sclerosis is similar to the "blind staggers" in cattle.

The chronic intoxication of selenium poisoning had been noted in animals in the South Dakota area as far back as 40 years ago.

"The occurrence of a cluster of cases of ALS implies that an environmental factor may be present. The presence of selenium in toxic amounts in the soils of this area warrants examination of selenium as a possible environmental factor," the doctors conclude.

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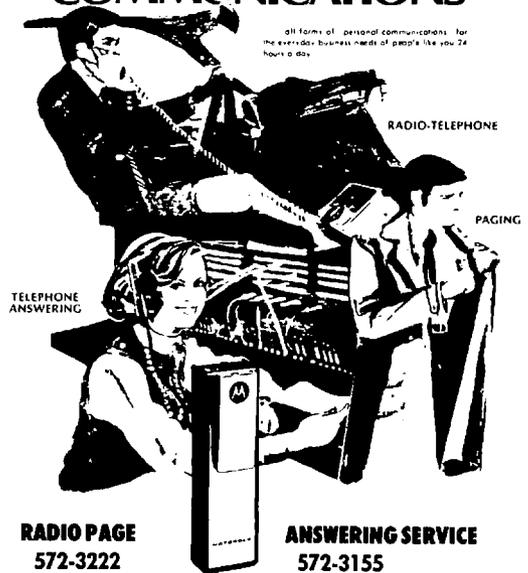
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# LETTERS

RODGER SWAIN DILLE, Ph.C., M.S., M.D.  
Practice Limited to Diagnosis and Internal Medicine  
Medical Arts Bldg. • Tacoma, Wash. 98402

FU 3-5333

May 9, 1977

Editor  
Pierce County Medical Society  
813 South K Street  
Tacoma, Washington 98405

Dear Editor:

With doctors, of course, continually advocating to the public and to our patients to examine their own breasts at monthly intervals, I thought it would be interesting to report the survey results among nurses and female hospital personnel in this regard.

In 69 replies to the survey, 46 stated they regularly examined their breasts for masses or lumps; 23 said they did not. Of those that did, 34 said they did at monthly intervals, three stated they examined their breasts weekly and of those not on a monthly schedule, two stated they examined their breasts every four months, and one every three months.

It is therefore illuminating that even medical personnel, though they probably realize the importance, a fair amount of them do not regularly examine their breasts for lumps or tumors, hence, we are apparently not getting our message across as well as we had presumed.

I think it would be of interest, of course, to have a local general survey of this nature, perhaps by the First Aid booths at the Western Washington State Fair, or at similar large gatherings, and get the appropriate answers of a thousand or two women in this regard.

Actually I would advocate a survey at the Western Washington Fair in regard to a number of other medical problems. I think it would be of great interest to get the general public's opinion regarding a number of problems. For instance, I think we would be surprised if we got a general medical opinion regarding whether leukemia can be cured by medications, whether cancer is ever cured by chemotherapy, whether coronary bypass surgery actually cures, or prevents, further problems and a number of other things of this nature would give us, I think, a surprising number of answers indicating how many medical things have been oversold to the public via well meaning news articles, TV and so forth.

I think the reason that this is important is because so many people, particularly in

--continued

Rodger S. Dille, M.D.  
Page 2

May 9, 1977

malpractice suits, are instituted because of the assumption that we seem to have an answer for everything. As an example of this, I might quote a note that I received quite some time ago from a daughter of a patient who was at that time age 82 and whom I had stated had had several small strokes and that this was due to hardening of the arteries of the brain. The note stated that she was taking her mother to an institution that specialized in curing hardening of the arteries. She did not mention, of course, the institution.

It would seem to me that knowledge regarding the prevention and what should be expected by way of treatment in a general way of chronic diseases should be a part of the elementary physiology that is offered in public schools. Possibly this is being done at present, I really have no knowledge of this.

Sincerely yours,

(signed)

Rodger S. Dille, M.D.

---

### FAMILY CLINIC — MAY 1977 (627-9182)

Monday through Friday — 10:00 to 5:30 1815 South J Street Tacoma, Washington 98405

PATIENT SERVICES	May 1977	Total 1977	Total Since September 1973
Referred to Physicians	109	462	5,234
Laboratory Services	34	163	4,606
X-Ray Services	15	46	511
Prescriptions	63	378	3,143
Referred to Community Agencies	31	132	1,453
Seen by Physicians in Clinic	20	124	1,661

#### ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black.....	39	172	1,453
Caucasian.....	186	1,034	8,015
Asian-American.....	6	37	227
Native-American.....	0	11	249
Mexican-American.....	0	34	207

#### PARTICIPATING PHYSICIANS ON FRIDAY EVENING

Dr. H. Boyd                      Dr. T. Smith                      Dr. S. Whaley                      Dr. A. North  
Dr. G. Tanbara                      Dr. G. Oh                      Dr. R. Martin

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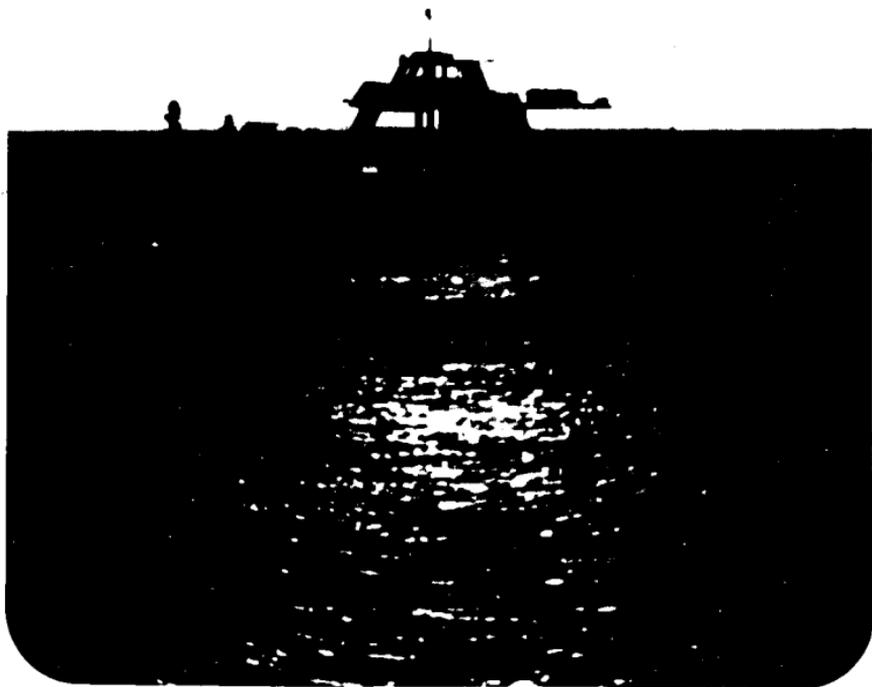
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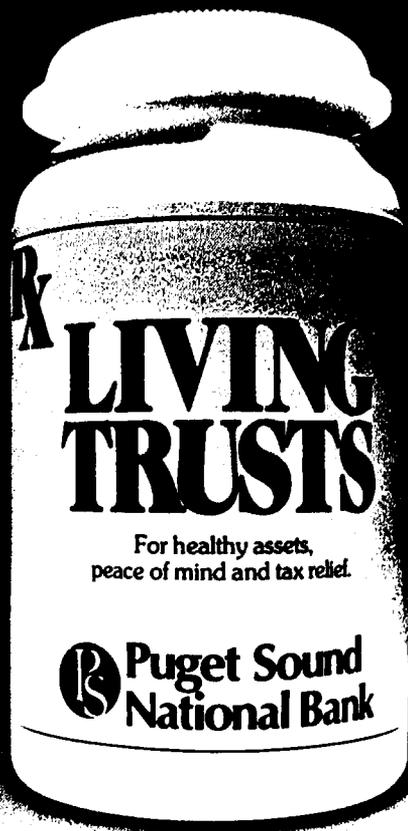
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AUGUST 1977

Vol. XLIV, No. 8 • Tacoma, Washington



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- Charles C. Reberger, M.D. (79)
- Myra S. Vozenilek, M.D. (79)

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- |                         |                          |
|-------------------------|--------------------------|
| Duncan T. Baer, M.D.    | David S. Hopkins, M.D.   |
| George R. Barnes, M.D.  | Ralph A. Johnson, M.D.   |
| David L. BeMiller, M.D. | Herbert C. Kennedy, M.D. |
| Lloyd Elmer, M.D.       | Donald F. McKay, M.D.    |

### ALTERNATE DELEGATES

- |                            |                           |
|----------------------------|---------------------------|
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572-3709

## PRESIDENT'S PAGE



D. Ted Baer, M.D.

### Get Ready For September

First, we must all remember the September meeting of the Pierce County Medical Society. On September 13, we'll get together to pass on the old minutes, discuss old business and bring up new business. There'll be a brief program, too — it'll be great if this September meeting takes on the air of a good old-fashioned "Town Hall" atmosphere. (With well over 400 members, we might numerically qualify as a "Town.") I would hope members will feel free to be recognized by the Chair to discuss, question, gripe, give peace offerings, make announcements, make motions or whatever. It's *our* meeting. Participation, if only by attendance, is important. Besides, there'll be the social hour and dinner.

Up and coming are two items that will be handled, most likely, by mail vote. Both are

Bylaws changes, passed by your Board of Trustees. First, we'll be voting to change our name to Medical Society of Pierce County. Such a change would avoid confusion with the Bureau. "PCMB" rolls off the tongue so easily that it's often confused with "PCMS." Perhaps not so, if we were "MSPC." The other Bylaw change is in Chapter III, Section E of our constitution. An affirmative vote would change membership tenure from five years to two years, as a prerequisite to being on the Board, holding office, and chairing committees. The Board of Trustees feels that the five year requirement is stifling to young and eager talent within the Society.

Ken Gross has accepted the chairmanship of the Library Committee. Ken feels, as does the Board, that a strong Central Pierce County Medical Library, located at Tacoma General Hospital and administered by Marion Von Bruck, is a must. We feel strongly that it needs the full support of every physician and hospital in Pierce County. If you have any doubts about this, take some time to call or stop in and see Marion and see what our Central Library can do for you. It may amaze you. With the mass of medical information — a la "Future Shock" — spewing forth upon us, Marion can help unboggle you, de-hassle you, and cut through the maze of 1977 to provide you with the medical information you need. From specific articles to complete bibliographies, Marion is there.

See you in September. Exact location to be announced.

D. T. B.

# Just what do you get for your AMA dues?

You get a package of personal and professional benefits and services that are the most extensive of any professional organization.

You get group insurance programs that provide coverage at far lower costs than individual coverage. They include: Group Life Insurance, Excess Major Medical, Disability Income Insurance, Supplemental "In Hospital" Insurance, Accidental Death and Dismemberment Plan, and Office Overhead Insurance.

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There's the AMA Members Retirement Plan. Professional practice management information and guides. Authoritative legal information. Continuing medical education. The nation's largest physician placement service. The research resources of one of the nation's greatest medical libraries.

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American Medical Association  
535 N. Dearborn St./Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## EDITORIALLY SPEAKING



David S. Hopkins, M.D.

### A Plea For Participation

The only thing worse than writing an editorial on a warm summer evening is having to read one during the summer, so if this is somewhat rambling it probably won't matter since most of you are out on your boats.

I recently attended the AMA annual meeting in San Francisco as a member of the Washington State delegation. I went as a substitute alternate delegate, which is about as close as you can come to not making the traveling squad; but, since this was a first experience with the AMA in an active political sense, any observations would have to be considered fairly objective.

I went expecting to see the stereotyped old, reactionary, AMA politician, but there were very few. For the most part these men were articulate, intelligent, hard working and genuinely concerned about the future of American medicine. This was particularly true of the Washington delegation which labored long hours during a very fatiguing week.

This brings us to the point of the editorial, which is a plea for each physician in Pierce County to

join the AMA. It was saddening and frustrating to watch so much energy expended and realize that only a little more than half the Society is backing you at home. Time and again I kept thinking if only there were some way each Society member could experience this and realize that the AMA has revamped itself financially and politically — but I'm afraid it's a case of "you had to be there."

It is totally incongruous, to me, for a physician to belong to the County and State organizations and not support the National parent organization. I firmly believe that the AMA is ultimately our strength and our salvation if we all participate in it, and if we don't, we deserve what we get. It's ironic that the lay public continues to refer to the AMA as "the greatest union in the world." Perhaps they know more than we do. The meeting was certainly well covered by the media in San Francisco, with daily bulletins and headlines on each newscast.

A few remarks about San Fran and I'm done. We found a great little restaurant called Sears which is a little hole in the wall next to the Chancellor hotel on Union Square. It's great for breakfast and lunch, with all kinds of fresh fruits and truly homemade pies and very economical prices.

The second most impressive thing was the uneasy feeling, in the sense of things to come, that the water shortage produces. The uneasy feeling became quite acute when I had urgent need of a rest room, only to find that, in all of the Fisherman's Wharf area, there is but one public rest room left, and it was closed. Employing a combination of Zen and Yoga techniques, I made it back to the hotel. On the bright side, it could have been worse. I could have been in Mexico with "la turista."

D.S.H.

# New tablet size announcement

## Septra®

Each tablet contains:  
80 mg trimethoprim and  
400 mg sulfamethoxazole

OLD SIZE:      NEW SIZE:



## Septra® DS

Each tablet contains:  
160 mg trimethoprim and  
800 mg sulfamethoxazole

OLD SIZE:      NEW SIZE:

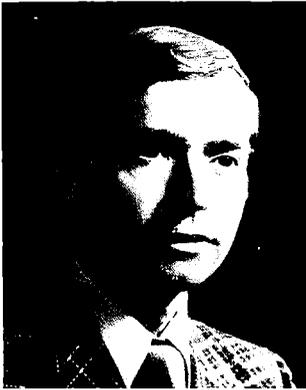


# B.W. Co.® has made Septra and Septra DS easier to swallow



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## LEGISLATIVE NEWS



William B. Jackson, M.D.

### Your Voices Are Heard

Dr. Bob Florence has completed his sentence as legislative reporter for the Medical Society. He had the fortune of performing this job during the most active legislative period, medically, in state history. We owe him our thanks for his two years of sifting through the legislative morass and presenting us with a condensed view of the high points.

I made the mistake of becoming acquainted with Ted Baer and Dale Shirk, who are in a position to delegate tasks — a sign of true leadership.

My qualifications are only those of an interest in the legislative process as it affects medicine, and a strong conviction that we can collectively have a positive influence on that process.

An excellent example is the recent bill for counter claim for malicious prosecution. This short bill, known as SB-2159, is as follows:

“In any action for damages, whether based on tort or contract or otherwise, a claim or counterclaim for damages may be litigated in the principal action for malicious prosecution on the ground that the action was instituted with knowledge that the same was false and unfounded, malicious and without probable cause in the filling of such action, or that the same was filed as a part of a conspiracy to misuse judicial process by filing an action known to be false and unfounded.”

In the past it was necessary for termination of an original suit to occur prior to instituting counterclaim proceedings.

The proceedings quickly became a struggle between the forces of medicine and the state trial lawyers. Lawyers against physicians! Is there any doubt of outcome? The lawyers would automatically be the victors, right? Wrong!

What follows equals a James Bond mystery plot.

Senator Pete Francis, a lawyer and the Chairman of the Judiciary Committee of the Senate, was in Seattle trying a case. At Senator Day's request, the bill was introduced through the Senate Social and Health Services Committee, where it had clear sailing to the floor of the Senate. It was then passed by the Senate, 42 to 2. Senator Day was instrumental in passage, as well as moving the bill against the opposition to come in the House.

Contrary to common belief, only five of the 100 State Representatives are lawyers. Four of these are in the House Judiciary Committee where the Senate version was first considered. Defeat of this bill was the major goal of the trial lawyers this session, and Senator Knowles, Chairman of the House Judiciary Committee, was leading the attack.

The bill was sent to the floor of the House with two recommended amendments which would have removed the ability to bring suit against the plaintiff's attorney (the conspiracy section) and would have made it more difficult to bring a counterclaim action. An impassioned plea was made by Senator Knowles for the amendments. This was followed by an equally eloquent plea for their rejection by the only lawyer-Representative not in the Judiciary Committee, Representative Charette from Aberdeen. In an unusual move, the House rejected the amendments recommended by the Judiciary Committee.

At least 50 votes are required to pass a bill, amendment or motion. Rep. Knowles moved that the bill be returned to Judiciary Committees of the House and Senate, which would have

—continued

effectively buried the bill. The vote was 45 to 45, resulting in defeat of the motion.

Then the moment of truth came as the bill was presented to the House for the final vote. The majority leader, Rep. King, opposed the bill and brought it to vote on the floor when several of the proponents were absent. The vote was 47 yes - 43 no. Since the 50 required votes were not obtained, it appeared the bill was lost.

But wait a minute! One of the "no" votes was sandbagging. Rep. Pardini from Spokane, who was a supporter of the bill, had intentionally voted "no" so that he could ask for reconsideration. The vote for reconsideration was a hair over the top, with a vote of 50 to 41. Reps. Dunlap and Winsley hurried back to vote, and Rep. Pardini's vote added the three votes needed.

The House recessed, and would vote on final passage later in the day. When the House reconvened, two of the Representatives who had voted "yes" were absent. Certain defeat! But House Speaker Bagnariol, a supporter, had convinced Representatives Baines and Balle to switch their "no" votes to "yes." Rep. Pardini's switch now resulted in a final vote of 51 yes - 41 no.

SB-2159 was passed after an incredible series of see-saw votes.

Jim Krinbring, able legislative lobbyist for WSMA, said the bill passed only because of the efforts of physicians and their spouses in the form of letters and phone calls. He told me that the physicians of Pierce County were instrumental in encouraging our Representatives' support, which resulted in the switch of at least two crucial votes. Strong support by the physicians of Pierce County was particularly helpful in the Governor's office, where heavy lobbying for veto was waged by the lawyers.

The moral of this story is that we can constructively influence government action in the area of medicine, of "health care" as it is known in the chambers of bureaucracy. When the vote is close a single acquaintance may make the difference. If there is an issue you feel strongly about, let your government representatives know your opinion. Your only chance to influence these decisions is when they're being considered. Once passed, we are all going to live with the results for a long time.

W.B.J.

FORTY-FIFTH SESSION			WASHINGTON HOUSE OF REPRESENTATIVES			1977-1978 LEGISLATURE		
ROLL CALL								
YEAS	N-Y	NAYS	YEAS	N-Y	NAYS	YEAS	N-Y	NAYS
<input type="checkbox"/> ADAMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BRAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> KNEDLIK	<input type="checkbox"/>	<input type="checkbox"/> PRUITT
<input type="checkbox"/> AMEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BRICKSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> KNOWLES	<input type="checkbox"/>	<input type="checkbox"/> SALATINO
<input type="checkbox"/> BARNES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CANNON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> KRIDLER	<input type="checkbox"/>	<input type="checkbox"/> SANDERS
<input type="checkbox"/> BARR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FISCHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LECKENBY	<input type="checkbox"/>	<input type="checkbox"/> SCHMITTEN
<input type="checkbox"/> BAUER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FLANAGAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LEE	<input type="checkbox"/>	<input type="checkbox"/> SHERMAN
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<input type="checkbox"/> BENDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FULLER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LYSAN	<input type="checkbox"/>	<input type="checkbox"/> SHINPOCH
<input type="checkbox"/> BERENTSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GAINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MARTINIS	<input type="checkbox"/>	<input type="checkbox"/> SMITH
<input type="checkbox"/> BLAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GALLAGHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MAXIE	<input type="checkbox"/>	<input type="checkbox"/> SOMMERS
<input type="checkbox"/> BOLDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GILLELAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MAY	<input type="checkbox"/>	<input type="checkbox"/> STRUTHERS
<input type="checkbox"/> BOND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREENGO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MCCORMICK	<input type="checkbox"/>	<input type="checkbox"/> TALLER
<input type="checkbox"/> BURNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GRER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> McKIBBIN	<input type="checkbox"/>	<input type="checkbox"/> THOMPSON
<input type="checkbox"/> CHANDLER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GRIMM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MOREAU	<input type="checkbox"/>	<input type="checkbox"/> TILLY
<input type="checkbox"/> CHARETTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GRUGER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NELSON, D.	<input type="checkbox"/>	<input type="checkbox"/> VALLE
<input type="checkbox"/> CHARNLEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HALEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NELSON, G.	<input type="checkbox"/>	<input type="checkbox"/> VROOMAN
<input type="checkbox"/> CLAYTON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HANNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NEWHOUSE	<input type="checkbox"/>	<input type="checkbox"/> WALK
<input type="checkbox"/> CLEMENTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HANSEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NORTH	<input type="checkbox"/>	<input type="checkbox"/> WARNER
<input type="checkbox"/> CONNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HAWKINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> O'BRIEN	<input type="checkbox"/>	<input type="checkbox"/> WHITESIDE
<input type="checkbox"/> CRASWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HECK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OLIVER	<input type="checkbox"/>	<input type="checkbox"/> WILLIAMS
<input type="checkbox"/> DECCIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HUGHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OWEN	<input type="checkbox"/>	<input type="checkbox"/> WILSON
<input type="checkbox"/> DOUTHWAITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HURLEY, C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PARDINI	<input type="checkbox"/>	<input type="checkbox"/> WINSLEY
<input type="checkbox"/> DUNLAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HURLEY, M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PARIS	<input type="checkbox"/>	<input type="checkbox"/> ZIMMERMAN
<input type="checkbox"/> EHlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> KELLER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PATTERSON	<input type="checkbox"/>	<input type="checkbox"/> Mr. SPEAKER
<input type="checkbox"/> ENDODY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> KILBURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PEARSELL	<input type="checkbox"/>	<input type="checkbox"/> BAGNARIOL
<input type="checkbox"/> ENG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> KING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> POLK	<input type="checkbox"/>	

*EBB 2159 - Action by Speaker to B. on January 5*

# AUXILIARY PAGE

## AUXILIARY OFFICERS 1977-1978

President .....	Helen Whitney
President-Elect .....	Jo Roller
1st V.P. & Program .....	Kathy Miskovsky
2nd V.P. & Membership.....	Nicole Crowley
3rd V.P. & Historian & Bylaws.....	Reta Bergstrom
4th V.P. & Arrangements .....	Lee Jackson
Recording Secretary .....	Martia Ohme
Corresponding Secretary.....	Jan Thiessen
Treasurer .....	Shirley Murphy
Dues Treasurer .....	Dorothy Truckey

## COMMITTEE CHAIRMEN

AMA-ERF.....	Marge Ritchie
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Bulletins .....	Georgia McPhee
Newspaper .....	Norma Smith
Mailing .....	Donna Prewitt
Telephone .....	Barrie Mott
	Joanne Iverson
	Arlene Hopp
Cookbooks .....	Judy Baerg
Tasting Luncheon .....	Stephanie Tuell
Dance .....	Carol Hopkins
Finance.....	Kimi Tanbara
Joint Dinner .....	Genny Hansen
Legislation .....	Cindy Anderson
Newcomers .....	Janet Fry
Nominating.....	Marie Henry
Pierce County Health Council.....	Nadine Kennedy
PCMS Directory.....	Kit Larson
Sunshine .....	Lorna Burt
Superintendent's Advisory Health Council and Handicapped Acceptance Program.....	Sharon Lukens
Student Recognition Awards.....	Barbara Wong
	Marilyn Mandeville
Tel-Med Volunteers .....	Lila Early

will be available at that meeting to all who have paid their \$20 dues to Dorothy Truckey, 634 Vista Drive, 98465.

Dr. Malcolm Bulmer, president of WAMA, and Dr. Rick Johnson, legislative committee chairman, express their thanks to all who demonstrated concern about legislative issues by contacting their legislators during this session.

## MEET THE PRESIDENT



Helen Whitney

Wife of a radiologist and mother of three school-age children, Helen is an avid sports enthusiast. She teaches swimming and sailing, skis, plays tennis, and enjoys watching all the children's teams. Other than managing a household, various volunteer work in schools and the health field keep her busy. She has just completed her third year as director of the Tacoma Handicapped Swim Program for school children.

Helen and Bob grew up in Massachusetts, took medical training at Yale and the University of Minnesota, and have lived in Tacoma since Uncle Sam sent them to Madigan in 1963. If you ever find Helen with time on her hands she will most likely be doing a crossword puzzle. Her message to you:

"Don't forget to smell the roses, listen to the birds sing, watch the sun set, and gaze at the stars as you recharge your batteries this summer in the great Northwest (or elsewhere)."

Our membership book goes to press this month. Please call Nicole Crowley with changes of address or phone numbers, names of all new spouses (Yes, we welcome participation by husbands of physicians!), and offers to type or proofread.

Mark your calendar for a get-acquainted coffee September 16th at 10 a.m. at Carol Hopkins' home. We will greet all Pierce County physicians' spouses who are interested in auxiliary and explain some of our projects. Membership books

# W.S.M.A. PAGE

## A. M. A. ANNUAL MEETING, JUNE 18-23

At the annual American Medical Association convention in San Francisco, June 18-23, the WSMA Delegation was successful in having two resolutions adopted by the policy-setting AMA House of Delegates. The first resolution establishes AMA policy that accreditation of continuing medical education programs will not be granted to any organization, except medical schools, without prior approval of the state medical association. The second resolution directs the AMA Board of Trustees to prepare policies and strategies to deal with strikes, lockouts, job actions and other work stoppages that affect the quality and availability of medical care.

Washington State was also honored by the election of Dr. Robert S. Hunter as Chairman of the AMA Board of Trustees. Dr. Hunter, from Sedro Woolley, is a past president of the WSMA and has been active in the AMA for many years as a Delegate and Trustee. The strength of the WSMA delegation to the AMA depends on an active, concerned membership. The WSMA delegation urges all physicians both to join the AMA and to make your views known. If you have comments or questions about the AMA, contact delegation member Dr. David Hopkins, Federal Way, or delegation chairman, Dr. John Dawson, Seattle.



WSMA representatives at the AMA meeting met to discuss policies and strategies. Left to right are Dr. David S. Hopkins, Federal Way, and Drs. Alvin J. Thompson, W. Maurice Lawson, Arthur S. Biddle and Clarence C. Pearson, all of Seattle.



Dr. Robert S. Hunter, Sedro Woolley (seated, left) was elected Chairman of the AMA Board of Trustees. Members of the WSMA Delegation to the AMA pictured here are (left to right): Drs. J. Thomas Rulon, Spokane; Paul R. Lauer, Everett; and John M. Kennelly, Jr., Seattle.



At the breakfast meeting were (left to right) Drs. Donald A. Fuesler, Longview; Amos P. Bratrude, Omak; David S. Hopkins, Federal Way; and W. Maurice Lawson, Seattle.

### W. S. M. A. ANNUAL MEETING, SEPTEMBER 22-25, SEATTLE

This year's WSMA Annual Meeting offers an exciting combination of business, scientific and social events headquartered in a new location -- the Washington Plaza Hotel, Seattle. The Plaza is conveniently located for access from I-5 and for enjoying the special events scheduled for Seattle during the meeting.

How to deal with the many issues and institutions impacting physicians and the delivery of care is the subject of a Special Session on Friday, September 23, 10:00 a.m. to 4:30 p.m. Moderated by WSMA President Dr. Malcolm W. Bulmer, the morning session will feature the following speakers:

Mr. Rick J. Carlson, Senior Research Associate  
National Institute of Medicine  
Mill Valley, California  
– *“What May or May Not Happen in the Regulation of Medicine”*

Theodore Cooper, M.D., Former Assistant Secretary for Health  
U.S. Dept. of Health, Education and Welfare  
– *“The Good and the Bad About the Government's Impact on Medical Care”*

Jack D. Myers, M.D., President  
The American College of Physicians  
Pittsburgh, Pennsylvania  
– *“The Regulation of Cost and Quality Care – Are the Results Less Cost, More Quality?”*

Tom E. Nesbitt, M.D., President Elect  
American Medical Association  
Nashville, Tennessee  
– *“The State of the Nation's Health”*

A Special Reference Committee will consider the issues raised in the morning session and formulate the WSMA's response. All WSMA members are encouraged to attend these important sessions.

The WSMA House of Delegates opening session on Thursday, September 22, will be followed by the President's Luncheon and regular Reference Committees in the afternoon. Again, WSMA members are invited to attend and “speak out” at Reference Committee sessions.

Scientific programs are scheduled for Saturday and Sunday, with scientific and technical exhibits open on the Mezzanine all days of the meeting. Final Session of the House of Delegates will be Sunday, September 25.

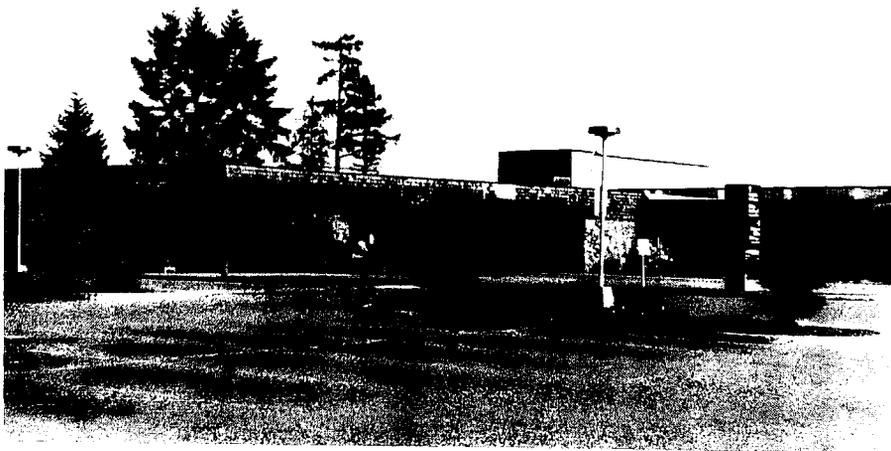
It will also be a good time to take advantage of the entertainment, sports and cultural events in Seattle. Among the highlights: Benny Goodman, Symphony Pops concert, “Madama Butterfly” in English, Cesar Romero at the Cirque Dinner Theatre, Mariners Baseball, Ringling Bros. circus and a recreational vehicle show.

More information on Annual Meeting activities – both business and pleasure – will be coming soon from the WSMA, so mark your calendar and watch your mail!

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JOHN WOLFE, EXECUTIVE DIRECTOR

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## The Busy Signal Survey, STARSET, And A Problem Solving Suggestion

At almost every workshop we have conducted on the use of the telephone in medical practice, the question has been asked, "How many telephone lines should I have?"

It is a good question and can be answered quite specifically, regardless of the specialty of the physician or whether the doctor is in a solo or group practice. The answer, however, requires an explanation of the "busy signal survey."

The "busy signal" is a measure of the number of times that calls to your office get a busy signal and do not get through. The survey is made by the telephone company, in most areas at no charge, by attaching a device to your incoming lines which automatically counts the number of calls that met with a busy signal. At the end of a week, two weeks, or a time period that appropriately represents your practice, the telephone company will give you a report detailing the results.

If more than 20% of your callers are getting a busy signal you probably need a combination of more incoming and/or outgoing lines. And remember, adding more incoming lines may also mean having more personnel to answer the phone or a reorganizing of present staff duties to assist the main receptionist.

One reason for busy lines is that staff members may be using incoming lines to make necessary business calls — to schedule surgery, admit patients, call about overdue accounts, or return patient calls. In this case you may solve the problem by simply adding a line for *outgoing calls only*.

Also, when you expand your practice by adding physicians or allied health personnel you'll need more lines, not just extensions, to accommodate the additional call load.

If you hear comments from your patients, such as, "I've been trying all morning to reach Dr. Jones, but your lines are always busy," or "What's

wrong over there, your number is busy every time I dial," you should plan to schedule a busy signal survey soon. If your practice is growing or changing, repeat the survey on an annual basis.

Along with the busy signal survey you may want to consider a *peak load survey*. This, too, is made by the telephone company with a device that automatically counts the incoming and outgoing calls, and records the days, and the time of day, when your calls are heaviest. Using this data you can reschedule certain jobs that can be performed at non-peak load times. For example, on Monday mornings when the phone literally rings off the hook, perhaps an additional staff member could be assigned to help with telephone answering. Some offices have hired part-time personnel to assist the receptionist during these especially hectic times.

In most areas you contact the telephone company marketing department to arrange for the surveys.

You can further help the telephone assistant responsible for most of the telephone work by investigating the use of a STARSET. This is an extremely light weight headset originally developed for the astronauts. Weighing only a few ounces, it does not have to be held by a band over the top of the head — which many medical assistants find objectionable. A tiny receiver hooks on the ear and the operator talks into a very slender, plastic tube, about half the diameter of a pencil, that curves down from the ear piece to within a couple inches of the mouth.

Using the STARSET (this is a trade name and similar equipment may also be referred to as simply a feather weight headset), the telephone assistant has both hands free during the telephone conversation. It can also be secured with a coiled extension cord that hangs back of the operator so that she can move about, perhaps get up and go over to the file, while still carrying on a conversation with the patient. This is considerably more advantageous for both the caller and the

telephone assistant than having to put the caller on "hold," lay the receiver on the desk, go to the file for the information required, then return to her desk, pick up the receiver and connect with the caller again.

In investigating a STARSET for your office be sure to have your telephone assistant in on the investigation — or assign this job to her exclusively. If she makes, or shares in, the decision to get this equipment she will be happier with it than if you simply have one delivered to her telephone station.

The STARSET plugs into a standard desk phone that is equipped with a special jack. The phone can be used in the regular manner when the telephone load is light. The headset does not have to be used all of the time, but is available immediately when needed.

Your telephone company can give you a demonstration. There is a monthly charge for the unit, which varies in different localities, and a one-time installation charge for the plug-in jack.

When reviewing your telephone equipment consider the possibility of providing a phone in the reception room for your patients. Patients at times need to make a quick call — *most often because they have had to wait longer than anticipated*. Providing a phone for patients' use is a service to them and a help to you. A wall-mounted phone, *no chair nearby*, in view of the front office staff will do the trick. The telephone company can install a single line telephone with local prefixes only, so that long distance calls cannot be made. No number is shown on the phone, thus preventing patients from calling in and your medical assistant having to answer it. A small card at the phone, listing the telephone numbers for taxi and bus service, is a real help to patients who must depend on public transportation. It also saves the receptionist's time in looking up this information for patients.

The alternative of letting patients use the receptionist's telephone for outgoing calls has a number of serious disadvantages. Here are just a few:

First, it can tie up a line and result in a busy signal for someone calling in.

Second, your work area has many records that are *confidential*, such as medical charts, financial card, hospital and laboratory reports, etc. These should not be seen by any but *authorized* personnel. People are curious by nature and the opportunity to look is too much for some to pass by.

Third, prescription pads are often on desk tops and in various work areas. These might be picked up by some patients while using the telephone in a work area. This is a very real and current problem. One way of obtaining drugs is by forgery, and stolen prescription pads play a part in this scheme.

Fourth, cash received from patients for office services is usually kept in a drawer easily accessible to anyone using the phone behind the desk. It could be a temptation for some patients and should be avoided.

And finally, your medical assistant's time is valuable. When patients use her phone she may have to run to another phone to answer an incoming call or to make a necessary outgoing call. This can happen when she hands the phone over the counter. And the situation is even more damaging if the caller has to usurp her work space.

The additional alternative of simply sending the patient out of the office to make a phone call also has some serious shortcomings. The patient who has to make a call because he or she has been kept waiting too long is not in the best of moods. Then if he or she has to go to a nearby pay phone, perhaps in the corner drugstore, make the call and then return to the reception office to continue to wait — the irritation is greatly compounded.

Whether or not you need a telephone for patients to call out depends, of course, on your particular situation, but if this is a problem, a wall-mounted phone in the reception room is a simple and inexpensive solution.

\*\*\*\*\*

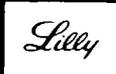
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## Washington Physician Named AMA Board Chairman

Robert B. Hunter, M.D., of Sedro Woolley, Washington, has been named chairman of the board of trustees of the American Medical Association.

Bob's selection by his fellow board members came recently at a board meeting held in conjunction with the AMA's annual convention in San Francisco. He succeeds Raymond T. Holden, M.D., of Washington, D.C., whose term expired.

Dr. Hunter was first elected to the AMA board in 1971. Previously he had been a member of both the House of Delegates and the Council on Constitution and Bylaws.

The 57-year-old Dr. Hunter is a member of a three-man partnership in general practice and surgery. He belongs to the active staff of United General Hospital in Sedro Woolley, and is part of the Courtesy staff of both Skagit Valley Hospital in Mt. Vernon and Island Hospital in Anacortes.

A native of Fort McDowell, California, Dr. Hunter earned his B.S. degree at the University of Washington in 1939 and graduated from the University of Pennsylvania Medical School in 1943. He interned at Buffalo General Hospital, Buffalo, New York.

In 1944 Dr. Hunter joined the Army Medical Corps. He served in the Pacific Theater and had attained the rank of captain when discharged in 1946.

Having served as president of the Skagit County Medical Society and the Washington State Medical Association, Dr. Hunter was elected a delegate to the AMA in 1964.

Dr. Hunter is one of the 11 physicians appointed to the National Professional Standards Review Organization Council that is advising the Department of Health, Education and Welfare on implementing mandatory peer review programs required by a federal law enacted in 1972.

A member of the clinical faculty of the University of Washington School of Medicine, Dr. Hunter is a charter member of the American Board of Family Practice, and has held other positions of leadership in American medicine.

As chairman, Dr. Hunter will preside over the 17-member Board of Trustees that determines policy questions of the American Medical Association between semi-annual sessions of the House of Delegates, the organization's 250-member policy-making body. The Board meets ten times per year to review AMA policy matters and oversee the month-to-month operations of the organization.

---

## NEED TEMPORARY EMPLOYEES?

We have qualified medical personnel who are immediately available for temporary assignments. If there is emergency illness or anticipated vacation time, let us know. Call Sondra, Director of Placement, Pierce County Medical Society, 572-3709, for Temporary Help.

## EDWIN YODER LECTURE

Friday, November 18, 1977

A DAY OF EXPERTS DISCUSSING MEDICAL AND SURGICAL ASPECTS  
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## A CAUSE FOR CELEBRATION

The Medical Society's Medical-Dental Placement Service celebrated its six-month birthday at the end of June! We have been most grateful for the splendid response from the physicians who have used our services, and we urge you to give us an opportunity to serve you if you have not yet done so. Newspaper advertising, speaking engagements, and satisfied employers and employees have spread the word. May was a phenomenal month with a record number of placements, and we anticipate that August through October will be our peak time of activity. Income has already exceeded expectations.

What can the Placement Service do for you? We can save you the time and expense involved in advertising, interviewing, and hiring by screening applicants for qualifications, skills, experience and reliability. You can specify, in detail, what kind of employee you are seeking and we will refer only those persons who meet your specifications. Instead of reading thirty-five resumes or answering countless phone inquiries or conducting fifteen interviews, you can interview three or four very qualified individuals and fill that position with a minimum of time expended. There is absolutely no expense to you, the employer, for this service.

We will set up a block of interviews for you at your convenience, or provide resumes in advance. We will notify prospective candidates when you have filled your position, saving your receptionist the time of calling back applicants. We can find persons for part-time and full-time permanent employment. We can provide help for temporary relief during emergencies or vacation time. We have large files of trained personnel seeking work as office nurses, receptionists, medical secretaries, transcriptionists, bookkeepers, office managers, medical assistants, X-ray technicians, lab technicians, and insurance billers.

Many of you have inquired about our fees. We are proud to say that our fees are the lowest of any employment agency in town. For part-time placement, we charge 30% of the first month's

salary. Full-time placement fees are 35% of the first month's salary. These are flat fees, not on a sliding scale as is true of other agencies. The employee is given the option of spreading out payment on the one sum over a period of three months. Applicants are charged a fee only if they are actually placed in a job to which we refer them. They do not pay any monies until they have been on the job for a month. Under extenuating circumstances, a six month pay schedule can be arranged.

Employers are encouraged to take note of the fact that when a placement fee is paid by the employer, we guarantee satisfaction for 30 days or we will provide a replacement at no cost to the employer. Several of our physicians have already been so pleased with the employees they have found through our Placement Service that they have gladly paid the placement fee.

Many of the physicians coming into our community have been requesting assistance in finding office personnel and inquiring as to prevailing salary ranges and standard fringe benefits. In order to have a more accurate picture of salaries and vacation/sick leave policies, we will soon be mailing out a survey to the physicians which we hope will provide us with some comprehensive information which can be of benefit to all prospective employers. We would be most appreciative if your staff would take the time to respond to this survey and return it to the Placement Service as promptly as possible.

The Placement Service is housed in the same building as the Medical Society, at 813 South "K" Street. Sondra Sakala, Director of Placement, is available from 9 to 5, Monday through Friday at 572-3709. If this number is busy, you may call the Society's physician number, 572-3667. Please feel free to call Sondra with any questions you may have or drop by to discuss possible employee needs. Your continued use and support of the Placement Service will ensure many more birthdays to come!

# MEMBERSHIP

In accordance with Society Bylaws, Chapter 7, Section A, MEMBERSHIP, the following physicians have made application for membership, and notice of that application is herewith presented to the membership:

## SECOND NOTICE



**HENRY W. GRONSKI, M.D., Otolaryngology.** Born in Fort Knox, Ky., 4/23/41; medical school at University of Washington, Seattle, 1967; internship at Brooke Army Hospital, San Antonio, Texas, 1967-68; residency in Otolaryngology also at Brooke Army Hospital, 1971-75; American Board Certified in Otolaryngology; licensed to practice medicine in the State of Washington 1969; also practiced medicine in Richland, Washington (U.S. Army). Dr. Gronski's office of otolaryngology is located at 10116 - 116th St. East in Puyallup.



**ROBERT A. PADGETT, M.D., Pediatrics.** Born in Hardin County, Ky., 6/17/37; medical school at University of Louisville, Louisville, Ky., 1964; internship at Grady Memorial Hospital, Atlanta, Georgia, 1964-65; residency in pediatrics at Walter Reed General Hospital, 1966-68; certified by the American Academy of Pediatrics; licensed to practice medicine in the State of Washington 1976; also practiced medicine in Elizabethtown, Ky. Dr. Padgett's office of pediatrics is located at Allenmore Medical Center in Tacoma.



**JAY G. SACKS, M.D., General Practice.** Born in Houston, Texas, 3/24/48; medical school at University of Texas, San Antonio, Texas, 1974; internship at Methodist Hospital, Dallas, Texas, 1974-75; licensed to practice medicine in the State of Washington 1975. Dr. Sacks' practice of Emergency Medicine is in Pierce County Hospitals.



**HAROLD M. YASAYKO, M.D., Family Practice.** Born in Edmonton, Alberta, 4/25/42; medical school at University of Alberta, Edmonton, Canada, 1966; internship at Vancouver General Hospital, Vancouver, B.C., 1966-67; licensed to practice medicine in the State of Washington 1977; also practiced medicine in Orange County, California in 1976-77, and Vancouver, B.C. 1967-76. Dr. Yasayko's family practice is located at Western Clinic in Tacoma.

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## YOUR MEDICAL LIBRARY

Your access to the world literature in medicine through the network of biomedical communication: Hospital Library — Pierce County Medical Library — Pacific Northwest Regional Health Sciences Library — National Library of Medicine — British Lending Library.

Comprehensive library services include: literature searches, bibliographies, interlibrary loans, and Medline searches (Literature retrieval by computer).

HOURS: Monday - Friday 8:00 A.M. - 5:30 P.M.  
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Here are the courses that will be offered:

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- Human Sexuality & Marital Enrichment

#### Sunday (5 hours: \$55)

- Clinical Electrocardiography
- Dermatology for Nondermatologists

For detailed information, return the coupon below:

AMA Dept. of Meeting Services  
535 North Dearborn Street  
Chicago, Illinois 60610

Please send me complete information on the AMA Regional CME Meeting at Glacier National Park, Montana, on the  
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## FAMILY CLINIC – JUNE 1977 (627-9182)

Monday through Friday – 10:00 to 5:30    1815 South J Street    Tacoma, Washington 98405

PATIENT SERVICES	June 1977	Total 1977	Total Since September 1973
Referred to Physicians	106	568	5,340
Laboratory Services	26	189	4,632
X-Ray Services	21	52	517
Prescriptions	60	438	3,203
Referred to Community Agencies	20	152	1,473
Seen by Physicians in Clinic	15	139	1,676

### ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black.....	29	201	1,482
Caucasian.....	161	1,195	8,176
Asian-American.....	7	44	234
Native-American.....	1	12	250
Mexican-American.....	6	40	213

### PARTICIPATING PHYSICIANS ON FRIDAY EVENING

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North
Dr. G. Tanbara	Dr. G. Oh	Dr. R. Martin	Dr. A. Tsoi

### ATTENDING PHYSICIAN'S REPORT FORMS

Please be advised that the Attending Physician's Report Forms, which previously were available through the Pierce County Medical Society, can now be obtained through North Point Press. They are located at 2302 Pacific Avenue. Call 627-4147 for further information.



## WE GOOFED !!!

LAST MONTH'S COVER PHOTO WAS  
INCORRECTLY CREDITED TO GLENN G.  
McBRIDE, M.D.

IT SHOULD HAVE READ W.R. HEPWORTH.  
WE REGRET THE OVERSIGHT AND SIN-  
CERELY APOLOGIZE TO MR. HEPWORTH.

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## PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

**Listing 701:** General Internist seeks position in group or partnership situation. M.D. degree from U. of Illinois College of Medicine, 1973; internship U. of Oregon Health Science Center 1973-74; Internal Medicine residency 1974-1977, also at U. of Oregon. Chief Resident in Medicine 1976-77. Currently Assistant Professor of Medicine U. of Oregon; attending physician, Portland V.A. Hospital. Available immediately.

**Listing 702:** Board eligible General Internist seeks consultative and/or hospital based group or solo practice opportunity. M.D. degree at U. W., 1971. Internship at U. W., 1971-72. Psychiatry residency at U. of Vermont from 1972-1975, followed by three year Internal Medicine residency at San Joaquin General Hospital at Stockton, California. Available June, 1978.

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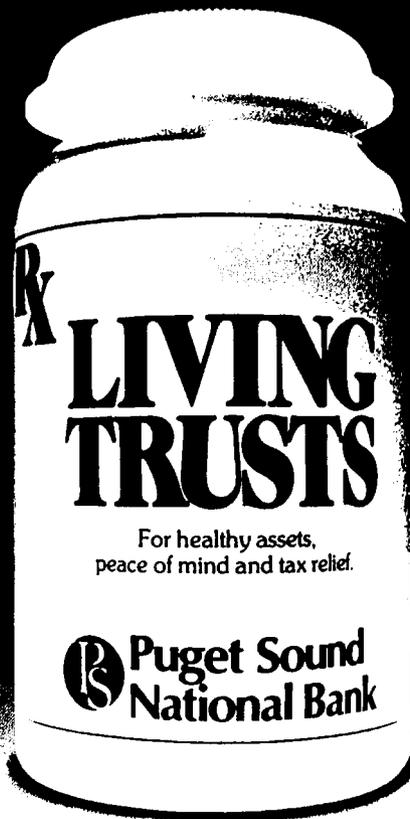
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SEPTEMBER 1977

Vol. XLVIV, No. 9 • Tacoma, Washington



## BULLETIN



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# Bulletin of the Pierce County Medical Society

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Waterfowl, Stanley Park, Vancouver, B. C.

*Photo courtesy  
Cliff Johnson*

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Charles C. Reberger, M.D. (79)
Myra S. Vozenilek, M.D. (79)

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David L. BeMiller, M.D.	Herbert C. Kennedy, M.D.
Lloyd Elmer, M.D.	Donald F. McKay, M.D.

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John F. Kemman, M.D.	Myra S. Vozenilek, M.D.

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**Medical-Dental Placement Service**  
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**572-3709**

## PRESIDENT'S PAGE



D. Ted Baer, M.D.

### A.M.A. On N.H.I.

"Amen!" to Dave Hopkins' article in August's article in August's issue of this *Bulletin*. You've all read it. I think we should all join in Dave's feelings.

Along these lines, I'm going to lift some comments from a recent article by Richard E. Palmer, M.D., President of AMA. He addresses five major questions and documents their answers:

**1) Will national health insurance improve health?**

No. He quotes Aaron Wildeavasky, dean of the Graduate School for Public Policy in Berkeley: "According to the Great Equation Medical Care Equals Health. But the Great Equation is wrong. More available medical care does not equal health. The best estimates are that the medical system affects about 10% of the usual indices for measuring health. The remaining 90% are determined by factors over which doctors have little or no control." Multiple environmental "personal health decisions" are then mentioned.

**2) Are patients dissatisfied?** Dr. Palmer quotes poll after poll that indicate 80 to 85% of Amer-

ican citizens are satisfied with the present care given in 1977.

**3) Do the poor have access to the present medical system?** Dr. Palmer says HEW figures that people with incomes below \$3,000 per year see physicians with greater frequency than any other income group (their average: 6 visits per year). The U. S. has more physicians per capita than Canada, England, Sweden. Only West Germany has more.

**4) If the Public clamoring for national health insurance?** So says Senator Kennedy. It seems to depend on semantics. An NBC survey recently asked: "Do you favor or oppose a national program of health insurance paid by the government through increased taxation?" 48% said "No." 36% said "Yes." 16% "Don't know."

**5) Will national health insurance control costs?**

Dr. Palmer mentions the February issue of *Fortune* magazine as stating that already the present private insurance and government supplements that "cover 92% of the population has itself been a major inflationary force." Government bureaucracy would only aggravate this inflation. A "free" Kennedy-type bill could be like spraying a tank of fire with more (inflationary) oil.

Having answered these questions, Dr. Palmer discusses the AMA proposal H.R. 1818 (S. 218), which will cover those Americans not now covered. He elaborates on full-service benefits involving employer-employee payments through private carriers. There would be a "sliding-scale" to discourage overuse.

In brief, the AMA is extremely active in presenting and supporting a type of National Health Insurance, which minimizes Federal intervention. Again, I say "Amen!" The AMA is ours. Join. Our Country cannot stand another unneeded Bureau.

D. T. B.

# Where do you stand on these issues?

Pro    Con

- Maternal and child care programs
- Federal aid to medical students
- Extending private health insurance to everyone
- Nationwide program of community emergency medical services
- Reform of the tort system of malpractice adjudication
- Maximum Allowable Cost (Drug) Regulations
- Health Planning Act of 1974
- Federal control of the number and location of residences
- Federal standards for licensure and relicensure
- Federal national health service

If you're for the first five but against the second five, you stand where the AMA stands.

The AMA has vigorously supported virtually all recent legislation to provide more and better health care for the public. The AMA has just as staunchly opposed any plan that would infringe on your right to practice the way you choose.

On such vital issues, the AMA is the most effective and influential spokesman the profession has. With your support, it can be even more effective.



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# DANGER AHEAD: Rationing of Care

AN A.M.A. EDITORIAL COMMENT

In medicine as in other purchases, the buyer gets what he pays for. There is no steak-house medicine at hash-house prices. Prices of care cannot be harshly cut without cutbacks in the quality or quantity of care.

Those hard-boiled truths are obvious to us physicians, who deal with costs as a day-to-day reality rather than a pliable abstraction. And in its somewhat devious way, the federal government seems to perceive those truths, too.

The government's cluster of programs and proposals for containing costs is made to look like pure benefit for the patient, without any actual loss on his part. What they generally boil down to upon analysis, however, is rationing of care.

This was a central point — and a central danger — posed by Richard E. Palmer, M.D. in addressing the AMA's annual convention last June as its outgoing president. Doctor Palmer identified rationing of care as a common denominator of proposed restraints in so-called unnecessary surgery covered by public funds, HMOs, the Health Planning Act of 1974, the push for generic drugs, and the proposed "cap" on hospital charges as a prelude to the Administration's National Health Insurance proposal.

On the proposed ceiling of hospital charges, he asked: "Is it not predictable that the most creative, resourceful, and conscientious hospitals would suffer from such economic artifice? Or that in treating all hospitals alike, the cap would

penalize those that are already efficient, as a Senate health expert was quoted?"

Apropos hospitals, it also must be recognized that some lack efficiency; that some communities are over-bedded; and that costs — the Number One health-care concern of the public — can be restrained without disastrous results to quality. The medical field — through such means as the AMA's Commission on the Cost of Medical Care — must do its practical best against the economics that encourage federal rationing of health services.

In the matter of HMOs, Doctor Palmer noted that these have been hailed on Capitol Hill as "a great piece of ammunition" against rising medical costs. But what about the amount of care? he wondered. Recent studies indicate that HMO physicians see their patients less often and give less service — including preventive care — than do fee-for-service physicians.

Shrinkage of service also could be the upshot of any NHI program that would ape Britain's National Health Service, said Doctor Palmer. For it has happened there.

As he summed up: "No individual — and ours is a nation of individuals — wants his care to fall victim to cost-effective common denominators. No individual wants his own care to be rationed."

Physicians at the local level should get this point across — as the government sharpens its axe against necessary costs.

\*\*\*\*\*

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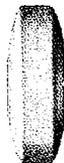
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# PREPARING A PATIENT INFORMATION BOOKLET

by Karen Zupko, Program Director  
Department of Practice Management, Division of Medical Practice  
American Medical Association

Right now you probably have a patient who's wondering:

- why your medical assistant asked for his symptoms on the phone when all he wanted was a simple appointment.
- *exactly* what a physician in your specialty does.
- why her "other doctor" doesn't schedule appointments six months in advance.
- if your assistant is going to ask him to pay now for today's visit.
- if she should call you at home if the baby is sick at 8 p.m.

Whether you're a solo family practitioner or a specialist in a group practice, you'll find that a patient information booklet is a good way to answer these and other questions your patients have. It's an effective way to communicate and consider the benefits:

(1) You can let patients know what to expect from you and your office staff *before* questions and/or problems arise. This can only improve patient relations.

(2) Patient information booklets have been shown to be effective in reducing unnecessary telephone calls. In some practices booklets have cut incoming phone calls by as much as 20 percent. Think of the saved staff time!

## Where To Begin

First decide what areas your booklet will cover. Topics most often discussed are: specialty and philosophy of care; what to expect on a first

visit if you're a specialist; appointments; telephone call backs; billing; insurance; hospital privileges; the reception room; and staff services. Some physicians also include a section on general clinical information and recommended first aid procedures. Others have added a map showing the office location. What you decide to include depends on you, your specialty, and your style of practice.

Your medical assistant and office staff may be asked questions repeatedly that you never hear, so be sure to ask them for their ideas. Also keep in mind that the most effective patient information booklets are written using "I" or "We" and are conversational in tone. As for style, it's always a good idea to show the patient how following a policy or office routine benefits him or her. For example, it's better to say, "We ask that you call and cancel an appointment as far in advance as possible so we can give this time to another patient," than "Please call and cancel an appointment if you can't make it so the doctor's valuable time isn't wasted." Booklets taking a "Thou shalt not . . ." approach are rarely effective and are most often offensive to patient-readers.

## What Will It Cost?

The cost of developing a patient information booklet is small. Your "first edition" can simply be typed on a standard sheet of 8-1/2 by 11 inch paper, which is folded in half, booklet style. You can take it to a duplicating service which can mimeo the sheets for a low cost on colored paper. Later you may decide to have the booklet set in type at a local printer. We'd advise checking with several print shops for cost estimates, and choosing a type face that elderly patients can easily read.

—continued

### Booklet Distribution

This is the last step in implementing a patient information booklet, but it may be the most important. It's best if you or a member of your staff gives the booklet out and says: "We're sure as a new patient you have some questions about our practice that you may not have asked today. We may have answered your questions in this booklet; please read it, keep it, and refer to it." This is much more effective than simply having copies available in the reception room. Some patients may decide *National Geographic* or *McCall's* looks more interesting and they may

never read it. Some specialists mail their booklets in advance of a first appointment, which is an especially good idea if the patient has a one-time problem. And, it is advisable to distribute the booklet to established patients when they come in for an office visit. To sum up, your patients will think the booklet is important — if *you* do.

For more details write for "Preparing a Patient Information Booklet," OP-441, and include 30¢: c/o American Medical Association, Order Handling Department, 535 North Dearborn Street, Chicago, Illinois 60610.

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# AUXILIARY PAGE

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Sunshine .....	Lorna Burt
Superintendent's Advisory Health Council and Handicapped Acceptance Program.....	Sharon Lukens
Student Recognition Awards.....	Barbara Wong
	Marilyn Mandeville
Tel-Med Volunteers .....	Lila Early

Please remember the get-acquainted coffee September 16th at 10 a.m. at Carol Hopkins' home. If you pay your \$20 dues to Dorothy Truckey, 634 Vista Drive, 98465, your membership book will be available at that meeting. Check map in President's letter for directions to Carol's home. If you haven't received the President's letter call Donna Prewitt.

Keep in mind the State Convention. We are promised a good program, including advice to widows and information concerning closing practice.

Credit goes to Marie Henry, our new Tel-Med president, who succeeded Anne Katterhagen in June. Margaret Granquist has been in charge of distributing brochures. Cindy Anderson and Nicole Crowley are working on Publicity. Lila Early is keeping all the volunteers coordinated. If you can give a day please speak up . . . Lila has had to go in extra days, and was wonderful to cover for me during a recent illness. She had very short notice, and when no one could be found to substitute she came through. Our present volunteers are:

Cindy Anderson	Donna Prewitt
Margaret Granquist	Sharon Lukens
Barrie Mott	Marilyn Mandeville
Deva Vaught	Nan Paris
Marion Doherty	Helen Whitney
Mel Cowgill	Edith Lawrence
Jo Roller	Marlene Waldron
Chris West	Liz Murphy
Pat Annett	Janet McIlroy
Ellie Barnes	Sharri Boyd
Lee Jackson	Marny Weber
Kathy Miskovsky	Georgia McPhee
Florence Dean	Anne Katterhagen
Bev Harrelson	Marie Henry
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Nadine Kennedy	Judi Tuley
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Shirley Kemman	Marge Ritchie
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# A.A.M.A. PAGE

In keeping with the American Association of Medical Assistants' emphasis on continuing education, the Pierce County Chapter of AAMA is sponsoring an educational seminar on Saturday, September 10.

"Ethical and Legal Aspects of Medical Practice" will be the topic under discussion when a panel of three physicians and two attorneys join us at the Oppelt Student Center at Fort Steilacoom Community College. Contributing their expertise in this field will be Dr. Ted Haley, who will act as moderator; Dr. W. Ben Blackett, neurosurgeon; and Dr. Stanley Tuell, general surgeon. Also participating will be Neil Hoff and Brad Gierke, Attorneys at Law. Mr. Gierke is the attorney for Tacoma General Hospital and the Pierce County Medical Bureau.

As employees in a medical office we are well aware of our need to have a good understanding of the legal problems which might arise in our office, from the possibility of a patient being injured by malfunctioning equipment to the importance of accurate record keeping. Such things as unthinking conversations with patients, a heavily waxed floor, or an improper informed consent form are areas which might bring us trouble. Sometimes our personal attitude and physical contacts with the patient may make a difference in their overall satisfaction in the medical care they are receiving.

Legally, our physician employers are responsible for our actions in the medical office. We owe it to them and ourselves to be well informed as to

ways we might cause problems, as well as the best way to handle situations to prevent a legal problem. One topic which is sure to be discussed is the new regulations concerning the patients' access to their medical records and the question of who owns them, the doctor or the patient. Do you know who has the right to see a patient's records? The spouse? The parent? The adult child? When a patient signs an informed consent form for surgery, who must be informed: Is the patient enough or does the husband or wife have a right to know also?

We do invite you to join us on September 10. Check-in time begins at 8 a.m., with the program getting under way at 9 a.m. in Building L-5 on the Fort Steilacoom Community College campus. The cost is \$15.00, which includes lunch served in the college's new dining room overlooking Waughop Lake and Mt. Rainier. Bring your written questions with you and we will provide paper for the ones that pop into your head while you are there. We plan to keep Dr. Haley busy moderating and hope that we may spark some differing opinions between the legal and medical professions. All in all, it should be a stimulating session.

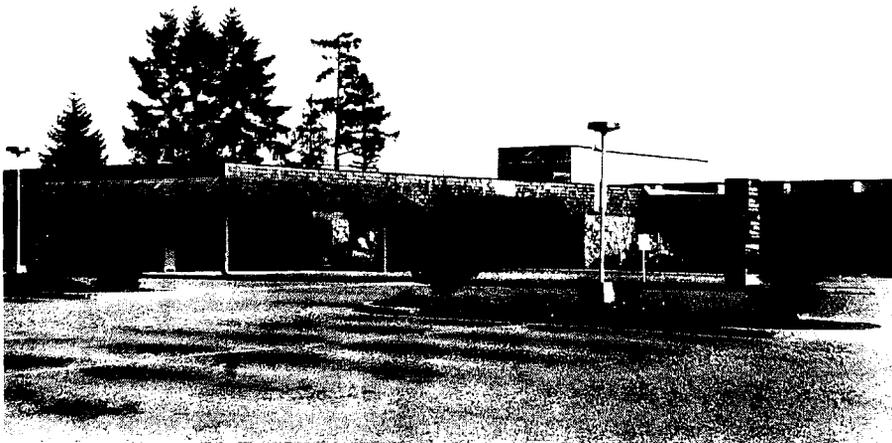
For information and registration forms contact Doris Stansell, AAMA Pierce County Chapter, Allenmore Medical Center A-115, or call her at 383-2413. Pre-registration is required by September 6, and attendance is limited to 200, so get your name in early. By the way . . . bosses are welcome too!

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# AN OFFICE VISIT

## . . . in which a Doctor fails to identify himself & suffers the consequences

by S. Spence Meighan, M.D.

*This story appeared in the August issue of Portland Physician and is reprinted here for our readers through the courtesy of the author and the Multnomah County Medical Society.*

I've known Shiela for a long time. She was an outstanding resident in dermatology, and was subsequently invited to join one of the established groups in private practice. A few days before Christmas, I went to her office to deliver a present. I pushed open the door and entered a truly enormous waiting room. On the far wall were three quite separate glass windows, and behind each was a white-coated woman. In the room itself, there were three large "U" shaped couches, each facing one of the glass windows. Each window showed the name of a dermatologist, and Shiela's name and that of her senior associate were displayed in this manner. The gold lettering of Shiela's name looked conspicuously new and a little gaudy.

Bearing my gifts — one for Shiela and one for her daughter, Helen — I stood before the closed glass window and waited for the white-coated woman to finish whatever it was she was typing . . . but then the phone rang. The call took considerable time. Eventually the receiver was replaced and she slid open the glass panel. I began, "I'm here to see Doctor Anderson . . ." But before I got even that far, she snapped, "Do you have an appointment?"

"No, you see . . ." But as I tried to explain why I was there and the nature of my mission, she ever so gently relieved me of the two boxes I had balanced on the window's edge, saying, "Are these for Doctor Jones or Doctor Anderson?"

I replied that they were for Dr. Anderson, but that I'd prefer to give them to her myself. The white-coated woman replied, "It's all right — I can't bother Dr. Anderson just now. I'll make sure that she gets them," and started to disappear through the door to the office beyond, taking my gifts with her.

At this point I said, "Lady, bring my presents here and put them down. I didn't give them to you."

She complied immediately, adding, with an angry look, "Dr. Anderson is with a patient, you know. I can't disturb her." Then the phone rang. She picked up the receiver and slid the glass panel shut. After a short conversation, she wrote a name in an appointment book and then slid open the panel.

I decided to take the initiative. "My name is Meighan, Spence Meighan. (I felt that telling her I was Doctor Meighan would make her uncomfortable.) When Doctor Anderson is between patients, tell her I'm here please. I won't take more than a minute of her time.

"Oh, all right!" and looking anything but pleased, the woman again slid the panel closed. It struck me that she felt far more comfortable with that window closed.

I crossed the waiting room and sat on the couch facing the window. All three windows were closed. The three women, each in her enclosed cubicle, could be observed to type, answer the telephone, write, and do a variety of things; they could be seen but not heard.

In the waiting room, "Musak" droned and patients sat silently on the "U" shaped couches. The waiting room was beautiful. The walls were papered with expensive "feely" wallpaper, the furniture was expensive, and everything was color coordinated.

As I sat in that beautifully appointed room, I began to feel estranged and lonely. I riffled, without much interest, through an ancient Newsweek. I looked around, and although there were several individuals within conversational

distance, I found nothing to say. No one else was talking. The "Musak" droned on.

I began to wonder if there was something wrong with me; but a moment's reflection reminded me that I had entered in an unusually cheerful frame of mind. I looked around the room, "My heavens! The place must have cost a fortune to decorate and furnish." I guessed that very few of the patients sitting here could afford this kind of decoration and furniture in their own homes.

The "Musak" droned. All three of the glass panels remained closed. And suddenly I understood why I felt lonely and uncomfortable. I had been given a soft seat in a gorgeous room, but great care had been taken to limit my contact with the staff to the absolute minimum. In this luxurious setting, I found myself feeling like a second-class citizen.

The door beside the glass window burst open. "Hey, Spence — great to see you!" All heads in the waiting room turned and, just a trifle embarrassed, I jumped from my seat and moved quickly to the door Shiela was holding, and so into her office.

It was great to see Shiela again. We exchanged some bits of particularly interesting news, reminisced briefly, and in what seemed like no time at all, I took my leave and departed.

As I was leaving, the glass panel slid open and the same white-coated woman spoke with obvious discomfort, "Oh, Doctor, could I speak to you for a moment?" I approached the window and she continued, "I'm terribly sorry . . . I didn't realize that you were a Doctor. I suppose I should have recognized you . . . I'm terribly sorry."

I did what I could to make her feel better, indica-

ting that I should have told her I was a physician. We parted on what seemed to be good terms.

On the way down the corridor and in the elevator, I reflected upon my experience. If I had told the woman I was a physician, I would have received special treatment. Because I did not tell her, presumably I received the same treatment as Shiela's patients receive. It also occurred to me that on most occasions I do tell receptionists that my name is "Doctor Meighan" and I'm aware that I get special treatment. I suppose it would not matter if I were a Doctor of Philosophy or of Divinity, the fact that I say that I'm a doctor guarantees my special reception.

We physicians are particularly sheltered from knowing how people feel when they seek our services. We often hear that medical services are much less personal than they used to be. Most of us respond that that is not so; but how many of us have sought care as Mr. Smith or Mr. Jones? Patients rarely share adverse feelings with their physicians and most physicians therefore are seldom exposed to negative feedback. As a consequence, the physician not only is in the dark about how his patients feel about him, indeed he is in the dark about the fact that he is in the dark — a complex double bind from which it is difficult to escape.

Having been raised as a Scottish Presbyterian I feel a moral responsibility to delineate a "Message" for a tale such as this. Although each reader obviously is free to develop his or her own, I believe that if we spent half as much money on developing good personal relations between patients and staff as we spend on decorating the waiting room, we would get a far better return on our dollar.

*Certain facts have been changed to protect the anonymity of the participants.*

\*\*\*\*\*

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## National Board To Test Medical Assistants

The American Association of Medical Assistants (AAMA) has named the National Board of Medical Examiners (NBME), 3920 Chestnut Street, Philadelphia, Pennsylvania 19104, as educational test consultant. Effective immediately, the National Board of Medical Examiners will begin to work with AAMA in the preparation of the 1978 certification examinations to be offered in the spring and fall at more than 100 test centers nationwide.

The American Association of Medical Assistants is a national, nonprofit organization of 18,500 members located in 525 local chapters and 46 state societies, plus the District of Columbia. It is dedicated to the professional advancement of medical assistants who handle both administrative and clinical duties in physicians' offices and other medical facilities.

As the first professional organization for medical assistants (founded 1956), AAMA pioneered in

developing the only certification program in this field. More than 7,500 certificates have been earned since the first examination was given in 1963.

A medical assistant who successfully completes the basic examination is identified as a Certified Medical Assistant (CMA). Specialty categories include administrative (CMA-A), clinical (CMA-C) and pediatric (CMA-Ped). Formal education programs for medical assistants are accredited by the AMA, in collaboration with the AAMA.

The National Board of Medical Examiners is a nonprofit voluntary testing organization which prepares and administers medical and specialty board examinations. In 1976 the NBME expanded its services to include allied health groups. AAMA is the third allied health association to work with the NBME, the others being physicians' assistants and pediatric nurse practitioners.

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For an appointment or further information, please contact Doug DeForest at:

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# LETTERS

July 20, 1977

Dale C. Shirk  
Executive Director  
Pierce County Medical Society  
813 S. 'K' Street, Suite 200  
Tacoma, Washington 98405

Dear Mr. Shirk:

As a constituent society of the American Medical Association, one of the principal sponsors of our activity, we felt that you would be interested in knowing that the long term care facility listed below has recently been accredited by us.

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Sincerely yours,

(signed)

Elaine Nelson  
Program Director,  
Joint Commission on  
Accreditation of Hospitals

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## Mental Health Seminars Set

The Older Adults Services of Tacoma Comprehensive Mental Health is sponsoring a series of four workshops during the month of October on Working With the Older Person. The workshops are designed for service providers in Pierce County who are working with older adults.

Topics to be covered include the impact of psychoactive medications on aged populations, effects of physical disorders on mental health, sexuality,

diagnosis and treatment of depression, remotivation, alcoholism, conscious living and dying, and holistic health. Presentations will be made by professionals in the areas of psychology, medicine and health who have special expertise in the field of aging. There is no fee for the conference.

For further information, brochure, and registration material, please contact Debbie Roy, M.S.W. or David Fall, M.S.W. at 597-8236.

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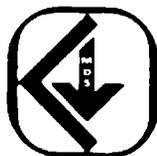
### *Here's How It Works —*

Each patient comes to our convenient office in Tacoma (we also have service hours weekly in Seattle, Bellevue, Lynnwood and Olympia) for weekly "weigh-in" and counseling. In the weight control program, emphasis is on behavior modification rather than just loss of pounds. The counselor motivates and encourages the individual, but never scolds or is negative if the patient has deviated from the recommended program. By undergirding a positive mental attitude, the counselor helps develop the patient's confidence — the assurance he can get by the normal and common "plateaus" on the weight-loss graph, the journey to a healthy body weight. Periodic reports will be made to the patient's doctor at his request.

### Benefits The Patient Can Afford

\$25 Initial Fee. Covers an evaluation of the patient's needs and motivation; an explanation of the pathology of metabolism in lay terms; and an introduction to behavior modification as it relates to weight control.

\$30 Weekly Fee. Includes the weekly individual counseling session and the cost of the complete 7-day diet food supply — often less than overweight patients have been spending at the supermarket for food alone.



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THE WEIGHT CONTROL PROGRAM

For more information, call the Seattle office collect:  
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1113 Boylston Avenue, Seattle, WA 98101

## Tacoma Pre-Schoolers Health Conference

A conference on Preventive Health for Pre-Schoolers is planned for September 21st and 22nd, at the Rodeway Inn, Tacoma. On September 21st a banquet will be held, with Dr. Irving Emanuel speaking on Preventive Health in Early Childhood. Dr. Emanuel is the Director at CDMRC and Professor of Epidemiology and International Health and Pediatrics, University of Washington in Seattle.

Dr. Roger Meyer, Administrative Director of Health Services for Tacoma School District, will moderate the September 21st evening program, which begins with a no-host cocktail party at 6:00 p.m.

On Wednesday, September 22nd, again at the Rodeway Inn, the program will consist of two panels regarding Preventive Health Care and discussion groups oriented toward not only information exchange, but strategies for action to initiate programs for Preventive Health Care for Pre-Schoolers.

The conference is being sponsored by the Tacoma/Pierce County Health Department (Child Study and Guidance Clinic), L. H. Bates Vocational-Technical Institute (Tacoma/Pierce County Cooperative Council of Cooperative Nursery Schools), and the Pierce County Board of County Commissioners (Office of Social Services).

### FAMILY CLINIC — JULY 1977

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PATIENT SERVICES	July 1977	Total 1977	Total Since September 1973
Referred to Physicians	104	672	5,444
Laboratory Services	5	194	4,637
X-Ray Services	4	56	521
Prescriptions	60	498	3,263
Referred to Community Agencies	29	181	1,502
Seen by Physician in Clinic	7	146	1,683

### ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black.....	32	233	1,514
Caucasian.....	181	1,376	8,357
Asian-American.....	4	48	238
Native-American.....	0	12	250
Mexican-American.....	8	48	221

### PARTICIPATING PHYSICIANS ON FRIDAY EVENING

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North
Dr. G. Tanbara	Dr. G. Oh	Dr. R. Martin	Dr. A. Tsoi

## Washington Internists To Meet

Specialists in internal medicine and related medical fields from Washington will take part in a one-day scientific meeting at the Washington Plaza Hotel, Seattle, Washington, September 24.

Physicians who attend the regional meeting are eligible for credit toward the American Medical Association Physician's Recognition Award in Category No. 1.

In charge of planning for the ACP's Washington Regional Meeting is Alvin J. Thompson, M.D., who serves as the medical specialty society's representative in Washington.

Info: Alvin J. Thompson, M.D.  
900 United Airlines Building  
2033 - 6th Avenue  
Seattle, Washington 98121

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## IN BRIEF: A summary of AMA, medical & health news

American Medical Association / 535 North Dearborn Street / Chicago, Illinois 60610 / Phone (312) 751-6000 / TWX 910-221-0300

AMA's new section on medical schools elected its first chairman and first delegate during the 1977 Annual Convention. Steven C. Beering, M.D., dean, U. of Indiana School of Medicine, was named chairman, and Robert Stone, M.D., dean, U. of Oregon School of Medicine, was elected delegate to the AMA's House of Delegates.

Physicians in undesignated PSRO areas were urged by the AMA House of Delegates recently to review decisions on establishing physician-controlled PSROs. After Jan. 1, the HEW secretary will be authorized to name qualified alternate organizations as PSROs in areas where one is not sponsored by physicians. Such areas exist in eight states. The House also approved criteria for alternate PSROs and called on the AMA to urge their adoption by HEW. AMA-developed legislation has been introduced in Congress to extend the alternate PSRO deadline by one year.

The AMA had submitted 56 testimonies, statements or letters, as of July 1, to Congress and federal administrative agencies on various topics.

The right of housestaff to conduct collective bargaining at the U. of Nebraska Medical Center was upheld last month in a 6-1 decision by the Nebraska Supreme Court. The court rejected the decision of the National Labor Relations Board last year that housestaff are students and should not have contract bargaining privileges. At the request of the House Officers Assn. of the medical center, the AMA submitted a "friend of the court" brief in the case. AMA policy states that housestaff are considered both students and employees, and should have the same right to collective bargaining as other employees.

A nationwide print advertising campaign, utilizing state, county and specialty medical society journals and bulletins, has been launched by the AMA Dept. of Membership Development. The campaign's purpose is to promote membership and to publicize AMA services and benefits available to the physician member. The ad slogan is "Join Us. We Can Do Much More Together."

The average net income of physicians was \$51,997 in 1974, the AMA told Congress in a letter listing fees by specialty from 1970-74. Sen. Herman Talmadge (D-Ga.) had asked for the information when the AMA testified on the Medicare-Medicaid Administrative and Reimbursement Reform Act. The average net income was \$41,789 in 1970, \$45,278 in 1971, \$47,240 in 1972, and \$48,574 in 1973. The AMA pointed out in its letter that "variations in net income and expenses among specialties and geographical regions cannot be explained on the basis of simple generalizations . . . the demand for varying services and additional independent factors must be considered." Figures were taken from the 1977 edition of **Profile of Medical Practice**. "Profile" and its companion book, **Reference Data on the Socioeconomic Issues of Health** are prepared by the AMA's Center for Health Services Research and Development. Both books are available from the Order Dept., AMA Headquarters. The cost for each book is \$4.50.

The U. S. Office of Education granted the Liaison Committee on Medical Education recognition as the accrediting agency for medical schools for a two-year period. LCME's eligibility had been challenged in March by the Federal Trade Commission's Bureau of Competition on grounds of "potential" conflict of interest.

A check for \$1,512,566 was presented by the AMA Auxiliary to the AMA Education and Research Foundation during this year's Annual Convention. The Auxiliary's gift set a record for contributions to AMA-ERF.

First fellow in the AMA's Dr. Morris Fishbein Fellowship in Medical Journalism is Jeffrey R. M. Kunz, M.D., a recent graduate of the U. of Wisconsin Medical School and former editor of the medical school newspaper. Dr. Kunz will spend ten months at AMA Headquarters, working in all aspects of professional publishing. The fellowship was established last year by the Board of Trustees in memory of the late Morris Fishbein, M.D., former editor of **JAMA**.

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American Medical Association

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## PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

**Listing 701:** General Internist seeks position in group or partnership situation. M.D. degree from U. of Illinois College of Medicine, 1973; internship U. of Oregon Health Science Center 1973-74; Internal Medicine residency 1974-1977, also at U. of Oregon. Chief Resident in Medicine 1976-77. Currently Assistant Professor of Medicine U. of Oregon; attending physician, Portland V.A. Hospital. Available immediately.

**Listing 702:** Board eligible General Internist seeks consultative and/or hospital based group or solo practice opportunity. M.D. degree at U. W., 1971. Internship at U. W., 1971-72. Psychiatry residency at U. of Vermont from 1972-1975, followed by three year Internal Medicine residency at San Joaquin General Hospital at Stockton, California. Available June, 1978.

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## ATTENDING PHYSICIAN'S REPORT FORMS

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PIERCE COUNTY MEDICAL SOCIETY

813 South K Street  
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Tacoma, Washington 98405

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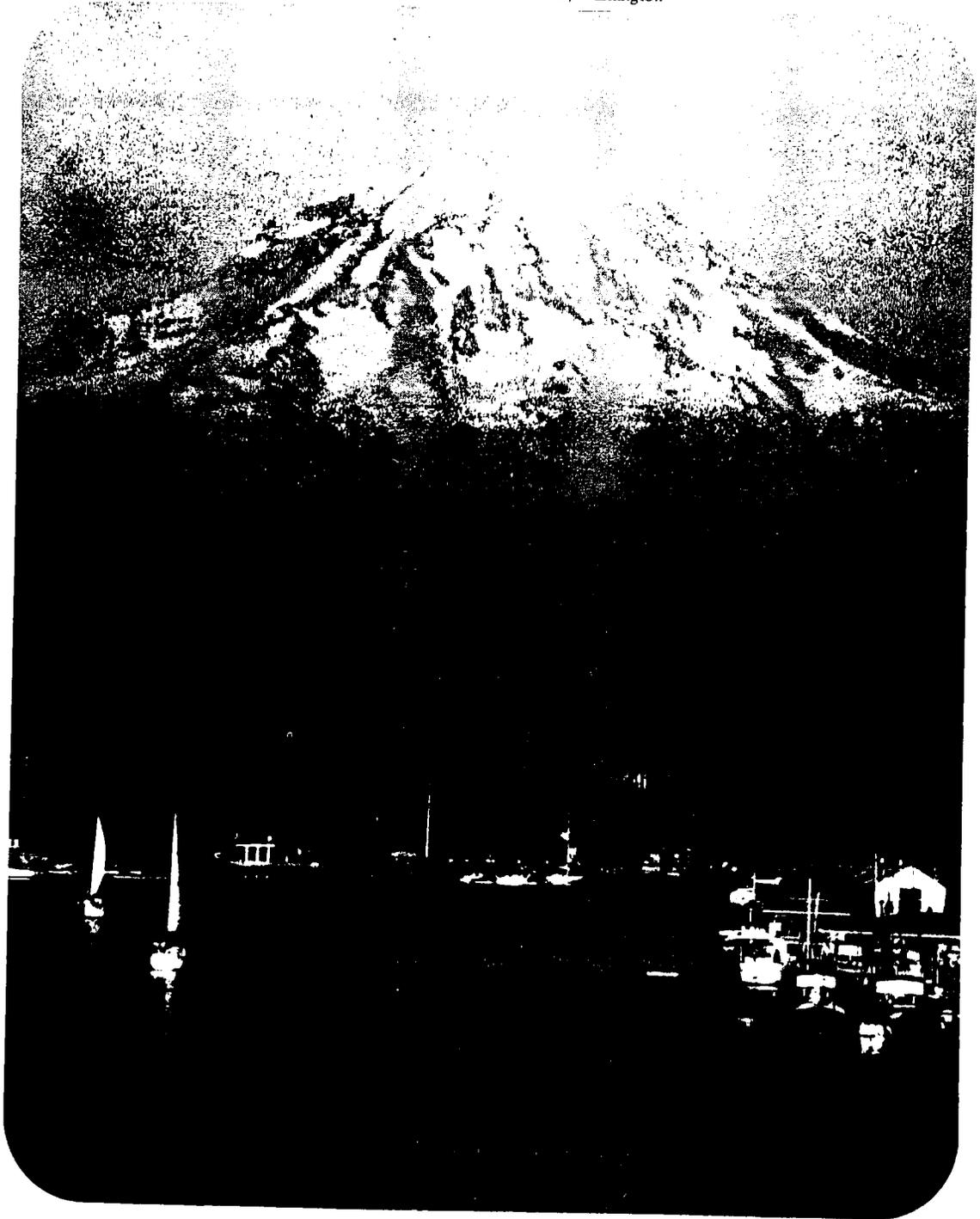
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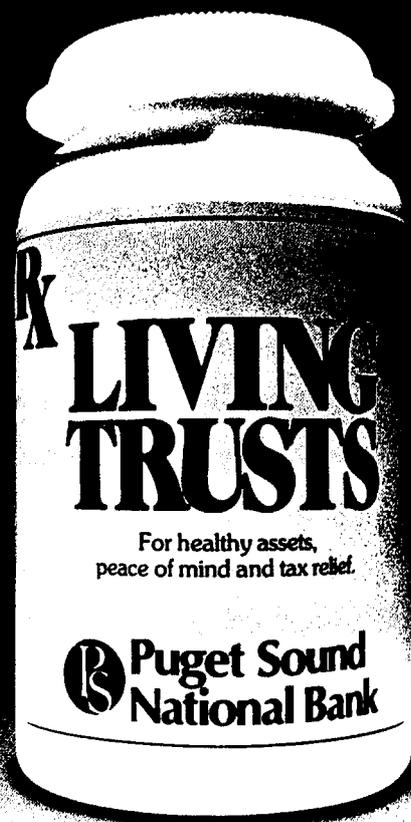
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OCTOBER 1977

Vol. XLVIV, No. 10 • Tacoma, Washington



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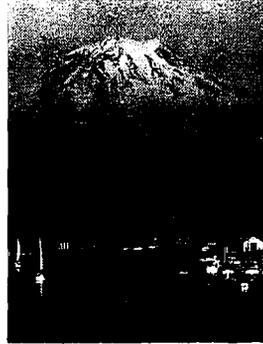
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# Bulletin of the Pierce County Medical Society

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Gig Harbor view of Mt. Rainier.

*Photo courtesy  
Cliff Johnson*

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## PRESIDENT'S PAGE



Dale Shirk

D. Ted Baer, M.D.

August 1, 1977. Dale Shirk's first day back from vacation. He called and asked if we could meet and talk that evening. We did. I was prepared to begin probing his thoughts on his 1978 employment contract. Instead, he confided that after weeks of consideration and prayer shared with his lovely wife Gail, he had come to a decision: He wasn't "re-upping" for 1978. That meant 90 days notice to find a replacement. Your Board of Trustees has been acting as a Search Committee and we've had several meetings and two promising interviews.

Dale Shirk almost seems irreplaceable. He has

been our *first* Administrative Director, and with us for three years. Old-fashioned words like "integrity," "honesty," "humor," "consistency," "hard-working" and "know-how" come to mind when I think of Dale. As of this writing, Dale has no job waiting for November 1. I guess this points out one of his outstanding attributes: Faith. His faith in Divine Providence indeed goes beyond words. He's *doing* it. Not even he knows "why," but when you talk to him about leaving, he simply points to his heart and says, "I feel it right here — it's something I must do." He finds only good things about medicine, physicians, Pierce County and the Northwest. Which points to another aspect of his personality: He's positive. I doubt that he has a negative bone in his body. Despite my pleas to stay on, his leaving is (I'm convinced) *not* a negative gesture. He comes on very positive about the subject. He *knows* all will be well.

The list of things the Society and its Board will miss about Dale Shirk is too long to enumerate here. His ability to move people to action is phenomenal. All of us who know him appreciate his broad-based positive approach to life. His "can-do" attitude reminds me of the WW II Seabees.

I'm sure the whole Society joins me in wishing Dale and Gail the very best. We'll miss you. Godspeed.

D.T.B.

# AMA Challenges in the Courts

One of the professions's major concerns today is government's mounting pressure for increasing regulation of medicine. In response to these challenges, the AMA has taken a new position of advocacy for physicians and the public which has resulted in the AMA's very first lawsuits against the government.

In March 1975, the AMA took HEW to court over its Utilization Review Regulations which required review of all Medicare and Medicaid hospitalizations within 24 hours. The AMA contended the regulations constituted unlawful interference with the rights of physicians and patients. The AMA won its case and HEW withdrew the regulations.

The AMA also initiated legal action against

HEW's Maximum Allowable Cost Rule, charging that the rule, which would govern the prescription of drugs for Medicare and Medicaid patients, intrudes on clinical decisions made by physicians. The case is now pending.

The AMA has also joined with co-plaintiffs, the state of North Carolina, the state of Nebraska and the North Carolina Medical Society, in a suit against the Health Planning Act of 1974 which gives the Secretary of HEW sweeping powers over nearly every aspect of health care.

These are just some of the many actions the AMA has taken to protect your rights and interests and the rights and interests of your patients. With your support, it can be even more effective.



**Join us.  
We can do much more together.**

Dept. of Membership Development  
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535 N. Dearborn St./Chicago, IL 60610

Please send me more information on the AMA  
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# LEGISLATIVE NEWS



William B. Jackson, M.D.

## Legislative Directions

As another leisurely Puget Sound summer ends and our suntans fade, most of us have been able to avoid any thought of matters as seemingly mundane as medical legislation.

Fortunately for us there is a small group of unsung heroes who have shouldered the masochistic task of deciding what recommendations concerning professional liability will be made to the next legislature.

The WSMA Task Force on Professional Liability consists of a few physicians who have spent long hours hammering out the recommendations with the help of Martin Durkin, who continues as the legislative representative and advisor to WSMA. Doctors Ben Blackett, Stan Tuell, and previously Bob Florence have spent long hours on this committee. Can you imagine traveling to Seattle after working all day and sitting in committee from 6:00 p.m. to 11:00 p.m. — not once, but several times this summer? That takes character!

The nine legislative recommendations fill several pages, but I will make an effort at summary.

1) Medical Disciplinary Board — continue peer nomination, develop data base, confidentiality and due process in proceedings, improve funding for increased staff through use of general tax revenue, and legal immunity for people in-

involved in proceedings.

2) Require a ninety day notice of intent to file a health professional negligence suit. This may result in an out of court settlement prior to formal proceedings.

3) Require court disclosure of covenants between plaintiffs and a co-defendant which may be adverse to another co-defendant.

4) Require disclosure of private collateral source of compensation. If a plaintiff has been compensated by a private source, for example insurance, he will not be doubly compensated by the defendant.

5) Limitation of the lawyer's contingency fees. 50% of \$1,000, 40% of next \$2,000, 33% of next \$47,000, 20% of next \$50,000, and 10% over \$100,000.

6) Allow physicians to form mutual corporations to provide professional liability insurance.

7) Continue legislative study of pre-arbitration and arbitration in professional medical liability.

8) Recommend decrease of statute of limitations to two years over the age of six years. Exceptions in suits regarding foreign objects, fraud, or concealment.

9) Provide adequate protection for members of peer review committees from pre-trial discovery or subpoena.

You will recognize many of these proposals as bills previously introduced. In some cases they have been wrapped in a hopefully more acceptable package.

Professional liability legislation is one area in which there is fairly uniform support among the medical community. Our task is simple: become knowledgeable enough to form opinions about these proposals and communicate those opinions to our representatives when WSMA thinks it appropriate.

W. B. J.

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OLD SIZE:      NEW SIZE:



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# HEALTH CARE COSTS

AN A.M.A. EDITORIAL

We physicians have three basic options in facing the problem of rising medical and hospital costs—which (according to a generally sympathetic study by the Robert Wood Johnson Foundation) may “prove to be the Achilles’ heel” of the present system of care.

One option is simply to justify the costs — by validly citing such reasons as longevity-related chronic illness, new technology and techniques, broader insurance as a stimulus to broader services, and general inflation. But doing so is effective *only up to a point*.

A second option is to let the federal government make political hay out of rising medical practices.

The third alternative — and ultimately the pragmatic one — is to develop and pursue our own initiatives against climbing costs.

We have to be aware that the government — while it often exploits public issues — does not pull them out of the blue. It is responding to widespread public concern about health-care costs, evidenced by the AMA-sponsored research recently reported.

It’s significant that we physicians, too, are tending to see the cost problem as overwhelming, as the AMA report shows. And it’s stimulating to read what the Medical Association of Georgia (MAG) has urged.

A report acted upon by the MAG House of Delegates — at its last annual session — declared, “Physicians must look at the cost of health care.” The delegates adopted such recommendations as these:

- “Establishment of community meetings on health care costs to be composed of representa-

tives from labor, management, local county medical societies, hospitals, the media and consumer interest groups, to be selected by the county medical societies.” (The first such Georgia meeting is targeted for January.)

- Urging insurance companies to eliminate first-dollar coverage, use deductible and co-insurance, and expand out-patient benefits.

- Upgrading of medical audit procedures in hospitals. Restrictions on costly additional services, such as private room and private nurse services, by insurance carriers. Encouraging hospital medical staffs to inform themselves about costs.

- Encouraging local physicians to be active on task forces, committees, and boards of directors of the Health Systems Agencies called for by the Health Planning Act of 1974, “to assure that the best interests of patients are considered in all HSA decisions.”

- Requesting assistance from medical schools in presenting the cost problem to their students.

Other parts of the nation will have their own approaches, as circumstances warrant. But the cost problem in general recognizes no state or county lines. Its universality is exemplified by the ardor of the AMA National Commission on the Cost of Medical Care and by the AMA Board of Trustees recommendation that physicians volunteer fee information to their patients.

Forces in Washington, D.C. have a big chip on their shoulder concerning the price of medical and hospital services. Let’s think beyond the chip — and about the future of our professional freedom. Let’s put our own shoulders to the cost-control wheel.

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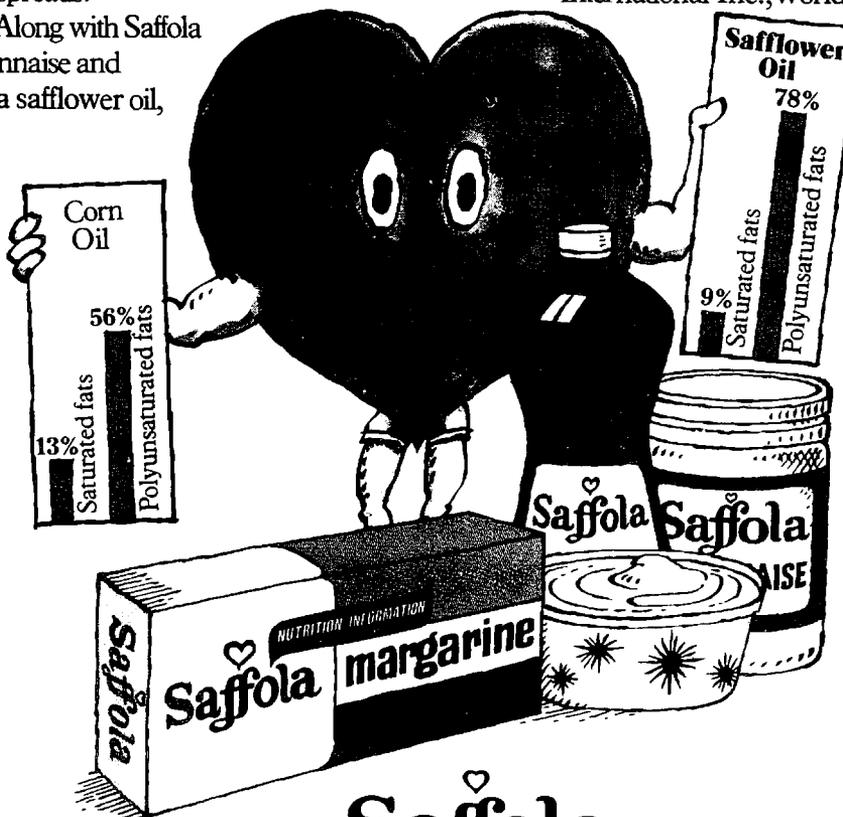
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# W.S.M.A. PAGE

## Annual Session Highlights

Over 1,000 physicians participated in continuing education courses at the 88th annual meeting of the Washington State Medical Association September 21-25 in Seattle. Postgraduate courses in family medicine, psychiatry, pediatrics, toxicology, ophthalmology, anesthesiology, allergy and internal medicine were presented by national as well as state guest speakers.

Dr. Edward A. Rittenhouse, Seattle, won the prestigious Aesculapius Award for a scientific exhibit entitled "Surgical Repair of Annulo-Aortic Ectasia."

Taking office as 88th president of the 4,500-member association was Seattle internist Dr. Alvin J. Thompson. Dr. John A. Moyer, Spokane, was named president-elect and will become WSMA president at the association's 1978 annual meeting. Dr. Harvey L. Young, Spokane, was re-elected vice president. Outgoing president Dr. Malcolm W. Bulmer, Wenatchee, will serve as chairman of the association's Executive Committee for 1978.

After a day-long session on issues and institutions impacting patient care earlier in the week, the association's policy-setting House of Delegates on Sunday directed the WSMA to engage in programs that will (1) improve communication between patients and physicians; (2) assure the integrity and credibility of the profession; and (3) increase emphasis on postgraduate education.

The cost of health care was a major topic during the four-day business and scientific session. Doctors were told they must know how much medical care costs and that they should review these costs with their patients. The WSMA will move ahead to develop programs to include preventive medicine coverage in prepaid health insurance; improve fee adjudication methods; encourage home health care and shorter hospital stays; and investigate care for the elderly from the standpoint of cost-effective, quality care.

Delegates from Okanogan, Whatcom and Whitman counties received certificates of accreditation recognizing their county jails for "providing

acceptable medical care and health services which meet the standards developed by the American Medical Association." The three jails are among 16 in the nation to receive this first-ever accreditation from the AMA.

In other actions, the WSMA House of Delegates:

- urged physicians to be active participants in the health planning process;
- called for "informed consent" and due process prior to the release of confidential information from patient records;
- endorsed continued interaction and study on the complex issue of the extension of the certificate of need process to physician purchase of expensive medical equipment such as the CAT scanner.

Officers re-elected by the WSMA were:

- Dr. Donald M. Keith, Seattle  
Assistant Secretary-Treasurer
- Dr. Stanley W. Tuell, Tacoma  
Speaker, House of Delegates
- Dr. J. Thomas Rulon, Spokane  
Delegate to the AMA
- Dr. Blackburn S. Joslin, Seattle  
Chairman, Finance Committee

Drs. Thomas D. Mahony, Richland; Edward W. Nash, Cashmere; Maynard L. Johnson, Mount Vernon; J. William Devney, Ellensburg; James F. Early, Tacoma; Robert P. Gibb, Bellingham; Nola Mae Moore, Seattle; and Gerald G. Randolph, Olympia, as Trustees.

New officers elected were:

- Dr. David S. Hopkins, Tacoma  
Alternate Delegate to the AMA
- Drs. Richard M. Ambur, Bremerton; Philip D. Cleveland, Omak; Edmund W. Gray, Colville; Louis A. Healey, Seattle; and Richard L. Pokorny, Spokane, as Trustees.

The WSMA will hold its 1978 annual meeting in Spokane, September 21-24.

**EDITORIAL NOTE:** Our printing deadline precluded a comprehensive report of all actions that should be of interest to our members. The November issue will include a more detailed account.

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## **AMA Law Department Provides Information and Assistance on Request...**

The Health Law Department of the Office of the General Counsel reviews, complies and evaluates legal information on topics which affect the physician in his medical practice. It provides information and assistance to physicians and their attorneys on request.

Examples of areas within the scope of this Department's activities include medical malpractice, hospital-physician relations (including medical staff bylaws review and staff privileges concerns), allied medical professionals, legal aspects of medical office practice, and government regulations.

Attorneys in this department provide legal support for a number of AMA activities, such as the AMA's practice management workshops, medical and allied health education programs, professional liability task force and the project on health care in jails. This department also provides legal support for various state and local medical society programs.

AMA Department of Health Law  
535 North Dearborn Street  
Chicago, Illinois 60610

For additional information, write to Donald P. Wilcox, J.D., Director, at the above address or telephone: (312) 751-6178.



## Munchausen Patient Bilks Hospitals With Fancied Ailments

The Munchausen Syndrome has surfaced again, this time in Wilmington, Delaware. And it was the same man who faked various physical ills to gain hospital admission two years ago in Colorado.

Physicians from the Wilmington Medical Center published an alert to the medical profession in the September 19 *Journal* of the American Medical Association to be aware that this individual is still at large.

The patient claimed to be a Moroccan oceanographic physicist working with Jacques Cousteau. An intellectual 48-year-old black man speaking with an impressive French accent, he said he was on his way to an oceanographic symposium at Duke University. At the Wilmington Medical Center he complained of pains in the leg and chest and other symptoms, giving a story of having sustained abdominal wounds in the Indo-China War, necessitating extensive surgery and removal of internal organs. He also claimed a heart attack and heart surgery in Paris.

Doctors in Wilmington became suspicious when the man continued to complain of chest pain and to demand narcotics.

As suspicions were raised, he attempted to call his "personal physician in Casablanca" for advice, and finally left after five days without notifying anyone. A wallet inadvertently left behind contained identification cards from a blood bank in Arizona and a clinic in Massachusetts. Calls to these centers revealed he had also been a patient in them, with similar complaints.

Other cards identified him as "Major F," a SAC Fighter Pilot and former POW."

On the same day he left the Wilmington Medical Center, he turned up at a local physician's office complaining of narcolepsy and asking pep pills. And the next day he was admitted to the Wilmington Veterans Administration Hospital, where the procedures started over again. He next tried to gain admission to nearby Chester-Crozier Hospital, but officials there already had been alerted that he was in the neighborhood.

A review of similar cases of patients who fake all sorts of ailments to gain admission to hospitals and doctor's practices revealed that this same individual had been described in a communication in the *Journal* of the AMA more than two years ago from a hospital in Fort Collins, Colorado, where he had gained treatment for his imaginary pains as "Major F, a SAC Pilot and counter-intelligence agent." He also had showed up at hospitals in Kansas and Missouri.

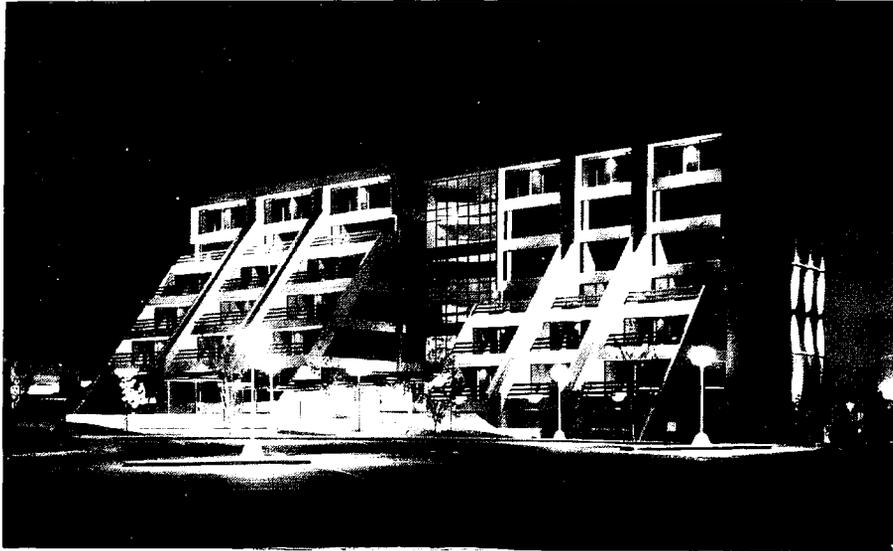
The Delaware doctors concluded:

"There is no doubt that this man fits the description for the Munchausen syndrome. Why he seeks a limited supply of amphetamines, what he gains by his dramatic impersonations, and how he obtained so much surgery remain a mystery.

"Although this case was very fascinating to those involved, the continued abuse of medical facilities must not be condoned. We must develop some practical solution for handling these cases which, so far, remain only a medical curiosity."

Reporting on the case are Drs. Herbert H. Heym, Anna W. Sasaki and Dean L. Winslow, of the Wilmington Medical Center."

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# AUXILIARY PAGE

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Newcomers.....	Janet Fry
Nominating.....	Marie Henry
Pierce County Health Council.....	Nadine Kennedy
PCMS Directory.....	Kit Larson
Sunshine .....	Lorna Burt
Superintendent's Advisory Health Council and Handicapped Acceptance Program.....	Sharon Lukens
Student Recognition Awards.....	Barbara Wong
	Marilyn Mandeville
Tel-Med Volunteers .....	Lila Early

We had a lovely get-acquainted coffee September 16th and welcomed a large group of new members. Thanks to Carol Hopkins for opening her home, and to Bev Harrelson, Carol Hazelrigg, Stephanie Tuell, and Marge Glock for providing refreshments. Special welcome to our first male member, Norman Heimgartner. He is a teacher at UPS. His field is Early Childhood and Special Education.

At the State Auxiliary Convention in Seattle, presided over by our own JoAnn Johnson, we were presented with a special recognition award

by the March of Dimes. This award was for the preschool Handicapped Acceptance Program being developed by Sharon Lukens. Sharon has been to some nursery schools and presented two March of Dimes film strips featuring a physically handicapped child, with the idea of conditioning children to accept the handicapped. Teachers and parents were also involved in the project and reacted favorably. Sharon will be continuing this program and will welcome help.

We received a request for help from the Family Planning Clinic in the Pierce County Health Department and also from the YMCA handicapped swim program.

Friday, October 21st, our first luncheon meeting will be at Marlene Waldron's, at 11:30 a.m. The speaker will be James Krinbring. He is the WSMA lobbyist and will inform us how to help medical legislation in Olympia. All current members and prospective members will be called for reservations. If you'd like to be added to the telephone list, call Barrie Mott, Telephone Chairman.

October 25th the Board will meet with the State Officers at Nancy Spangler's home.

The cookbook tasting luncheon will be in November. Be thinking about what recipe you'd like to make from our cookbook. Each member will be able to bring one guest.

Membership books are available from Dot Truckey upon payment of \$20 dues.

The upcoming AMA Immunization Campaign is going straight to the children with a "Media Blitz" to make them aware of the need for immunizations. The auxiliary will play a crucial role in the campaign, which is timed to coincide with the start of the fall semester. To capture children's interest, the campaign uses a hopscotch theme. Central to the strategy are a series of commercials to be distributed directly by AMA headquarters to TV stations around the country. The spots are directed at both parents and children and feature children playing on a colorful hopscotch court emblazoned with the names of

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—continued from previous page

such diseases as rubella, polio and diphtheria. The message . . . "Get Immunized!" Chairman Kay North is seeking volunteers to paint hopscotch courts on local playgrounds. In addition, hundreds of TV stations will be supplied with cartoon-like, evil-looking cardboard germs for use on local children's shows.

At the State Auxiliary Convention, Pierce County received an award for the highest dollar contribution to AMA-ERF for 1976-77. Our total contribution for last year was over \$6000.00, of which \$5600.00 came from our Christmas sharing card. You will be receiving a letter soon

explaining the Christmas card and how you can contribute to AMA-ERF in lieu of sending cards to the other physicians in the County. Another way you may contribute is by buying Christmas cards and personalized stationery through the AMA-ERF Chairman. 40% of all these sales are returned to AMA-ERF. There is a large selection of Christmas cards, and samples will be available at all meetings; or call Marge Ritchie at 564-4112. Your contribution to AMA-ERF may go to the Medical School of your choice or the Student Loan Guarantee Fund. For each dollar that we put in the Loan Guarantee Fund, commercial banks will loan \$12.50 to medical students.

## MEMBERSHIP

In accordance with Society Bylaws, Chapter 7, Section A, MEMBERSHIP, the following physicians have made application for membership, and notice of that application is herewith presented to the membership:

### FIRST NOTICE



**STEVEN C. BERMAN, M.D., Pediatrics.** Born in Chicago, Illinois, 12/5/41; medical school at Loyola University Medical Center, Maywood, Illinois, 1965; internship at Cook County Hospital, Chicago, 1965-66; residency in Pediatrics at the Mayo Clinic, Rochester, Minn., 1969-71; fellowship in Internal Medicine, Mayo Clinic, 1968-69; licensed to practice medicine in the State of Washington, 1977; also practiced medicine in Madison, Wisconsin, 1971-77. Dr. Berman's office of Pediatrics is located at Sound Health Association in Tacoma.



**THOMAS W. BROCK, M.D., Internal Medicine.** Born in Watseka, Illinois, 2/11/47; medical school at Rush Medical School, Chicago, 1973; internship at Presbyterian St. Luke's, Chicago, 1973-74; residency in Internal Medicine at Presbyterian St. Luke's, 1974-76; Board Certified in Internal Medicine, 1976; licensed to practice medicine in the State of Washington, 1977. Dr. Brock's office of Internal Medicine is located at 707 Medical Arts Building in Tacoma.



*(Associate Membership)* **DAVID A. EKLAND, M.D., Plastic Surgery.** Born in Aruba, N.A., 2/26/40; medical school at University of Michigan Medical School, Ann Arbor, 1966; internship at Virginia Mason, Seattle, 1966-67; residency in General Surgery at Brook General Hospital, Ft. Sam Houston, Texas, 1969-73; graduate training in Plastic Surgery, Walter Reed Army Medical Center, Washington, D.C., 1973-75; Board Certified general surgery, 1974; plastic surgery, 1976; licensed to practice medicine in the State of Washington, 1971. Dr. Ekland is practicing medicine while on active duty at Madigan Army Medical Center.



**ROY E. FREDERICKSEN, M.D., Emergency Medicine.** Born in Omaha, Nebraska, 3/10/27; medical school at University of Nebraska, 1953; internship at St. Joseph Hospital, Tacoma, 1953-54; licensed to practice medicine in the State of Washington, 1954; also practiced medicine in Grays Harbor County, 1954-75. Dr. Fredericksen's practice of Emergency Medicine is located in Tacoma area hospitals.



**RALPH T. POTKIN, M.D., Emergency Medicine.** Born in Chicago, Illinois, 1/30/48; medical school at Chicago Medical School, 1975; internship at University of Washington, Seattle, 1976; residency in medicine at University of Washington, 1976-77; licensed to practice medicine in the State of Washington, 1976. Dr. Potkin's practice of Emergency Medicine is located at Puget Sound Hospital in Tacoma.



**BRUCE D. ROMIG, M.D., Obstetrics-Gynecology.** Born in Washington, D.C., 6/11/45; medical school at George Washington University, Washington, D.C., 1971; internship at Duke University, Durham, North Carolina, 1971-72; residency in Ob-Gyn at Duke University, 1972-75; Board Eligible in Ob-Gyn; licensed to practice medicine in the State of Washington, 1975; also practiced medicine in the USAF, 1975-77. Dr. Romig's office of Obstetrics and Gynecology is located at 1318 - 3rd S.E. in Puyallup.

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# LETTERS

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Alex Sergienko, Superintendent  
Del Cross, Associate Superintendent  
Fred Warner, Associate Superintendent  
Toney Shelton,  
Business Manager and Deputy Secretary

September 7, 1977

Mr. Dale Shirk  
Executive Director  
Pierce County Medical Society  
813 South K Street, Suite 200  
Tacoma, Washington 98405

Dr. Norman R. Anderson, President  
David R. Tuell, Jr., Vice-President  
J. L. Boze  
Adele C. Durkin  
Frank J. Gillihan

Dear Dale:

The Pierce County area physicians who serve as volunteer team physicians for the local high school football teams deserve a round of applause. Their assistance provides an added safeguard for our young people and is a vital service to the community.

Those serving in this capacity include:

John H. Bargren, M.D., Mt. Tahoma High School  
Wayne A. Bergstrom, M.D., Wilson High School  
Kenneth D. Graham, M.D., Wilson High School  
Hugh A. Larkin, M.D., Bellarmine High School  
John S. May, M.D., Wilson High School  
Thomas J. Miskovsky, M.D., Lincoln High School  
Stanley A. Mueller, M.D., Foss High School  
John P. Nagle, M.D., Foss High School  
Robert A. O'Connell, M.D., Stadium High School  
George A. Race, M.D., Stadium High School  
Walt L. Sobba, M.D., Lincoln High School  
Daniel J. Thomas, M.D., Mt. Tahoma High School

Perhaps their service could be acknowledged in the next issue of the Pierce County Medical Society Bulletin.

Sincerely,

(signed)

Roger J. Meyer, M.D., M.P.H.  
Administrative Director, Division of Health

-continued

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OFFICE OF THE REGIONAL DIRECTOR

September 6, 1977

Dear Doctor:

During the month of October you and your organization will have the opportunity to comment on one of the most critical issues of our time — National Health Insurance. I invite you to participate in that important national discussion.

Secretary Joseph Califano has directed the Department of Health, Education, and Welfare to obtain maximum citizen participation and public comment on the subject of National Health Insurance for inclusion in a report which he will be sending to the President in the near future.

To assure a full-range of citizen input, all HEW Regional Offices have been directed by the Secretary to conduct an outreach program so that all segments of our society may be heard. To accomplish this, the HEW Region X Office will begin a series of hearings on NHI in October. These public-comment meetings will be held in Anchorage, Boise, Portland, Spokane, and Seattle. A listing of hearing dates, times, and locations is enclosed, as well as those persons to be contacted for agenda time.

A hearing panel of senior HEW Regional Officials at each of the locations headed by Bernard E. Kelly, Principal Regional Official, will receive comments and testimony, and prepare a full report for the Secretary, who, in turn, will forward his recommendations to President Carter.

Included among the issues you may wish to address are:

1. Eligibility and benefits.
2. How the program should be financed and administered, including reimbursement procedures.
3. What impact an NHI Program will have on existing health programs.
4. How services should be delivered and what kinds of services should be included.

We urge you or your personal representative to attend whichever of the five regional hearings is most convenient. If you wish to present formal comments, I ask that you contact the representative named in the attached, for the hearing you wish to attend, to schedule a time and date. Time allotments of 15 minutes or less will be governed by the number of requests received. To assure that your views are accurately recorded, we ask that you provide a written transcript of your testimony for insertion into the final report.

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Medical Arts Building, 740 St. Helens Avenue, Tacoma, Washington 98402, or phone (collect) 206 - 272-3161.

"LETTERS" continued—

If you are unable to personally participate in any of the hearings, we strongly encourage you to send us your written comments, all of which will be considered when preparing our report. Please address your comments to Harvey Chester, Region X NHI Coordinator, HEW, M/S 607, Arcade Plaza Building, 1321 Second Avenue, Seattle, WA 98101.

I would also appreciate your assistance in spreading the word about these public hearings and our request for comments among your membership, associates, and other concerned citizens.

We look forward to your participation in this significant undertaking.

Sincerely,

(signed)

Bernard E. Kelly  
Principal Regional Official

#### HEARING SCHEDULE:

Seattle — October 26, 1977 9:00 a.m. to 9:00 p.m. Pigott Auditorium  
(if needed) October 27, 1977 9:00 a.m. to 9:00 p.m. Seattle University

To arrange a time for your testimony, please contact Barney Hantunen or Sandy Lambert in Seattle at 442-7170.

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## Tacoman Gets Lead Article in National Journal

Congratulations to James M. Komorous, M.D., whose paper, "Intra-uterine Herpes Simplex Infections," was published as a lead article in the July edition of *Archives of Dermatology*. The article was co-authored by Drs. Clayton Wheeler, Robert Briggaman and Ivor Caro.

Dr. Komorous, a new Society applicant, recently began practice with Lloyd Elmer, M.D. at Allenmore.

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## IN BRIEF: A summary of AMA, medical & health news

American Medical Association / 535 North Dearborn Street / Chicago, Illinois 60610 / Phone (312) 751-6000 / TWX 910-221-0300

The emotion-laden laetrile campaign shows signs of losing some of its steam. The editor of *JAMA* recently termed the campaign a return to the old-time medicine show "with a performance applauded by no less than state legislators . . . If one nostrum can be slipped by the Food and Drug Administration, then so can others." So far, 12 states have authorized use and/or manufacture of what the AMA House of Delegates calls "a substance which has no proven value as a drug." But the total of states rejecting laetrile has now risen to eight, and what is probably the first malpractice suit involving laetrile has been filed in California against an active proponent of the substance.

Former HEW Secretary Wilbur J. Cohen told the AMA's National Commission on the Cost of Medical Care that as health care costs rise, the public likes NHI better because people believe it will reduce their expenses. National health insurance "will only redistribute the cost," Cohen said. He pointed out that the administrators of any NHI plan will face criticism because of the public's high expectations, adding that health costs will continue to rise, just as they are in other countries. The CCMC was established two years ago by the AMA to appraise all factors leading to rising costs and review options for public and AMA policy. The Commission is scheduled to make its report in January.

Physician victims of the Johnstown flood last July are receiving help in reopening their offices through a cooperative effort of the AMA and the Pennsylvania Medical Society. The AMA and PMS provided \$150,000 each for noninterest, guaranteed loans of up to \$7,000 for individuals and \$21,000 for groups containing three or more physicians. Twenty-seven physicians were affected by the flood. The program is being conducted by the PMS Educational and Scientific Trust.

The formation of a national trade association has been tentatively approved by the 15 physician-owned medical liability insurance companies now operating in the U.S. The association would be coordinated through the American Medical Assurance Co. At a meeting in June, representatives of the companies also agreed to move ahead with the development of a risk management educational program.

Outpatient visits to community hospitals rose 5.5% from 1975 to 1976, according to the American Hospital Assn. Annual Survey. In the past four years, outpatient visits have increased nearly 24%.

In testimony before a Senate subcommittee, the AMA criticized a proposed warning label for prescription drug packages as being too alarming and as intruding into the practice of medicine. The bill (S 1831) would require the following label on all drug packages: "Warning to physicians and patients — the federal Food, Drug, and Cosmetic and Devices Administration approves this drug or device for the following purposes and no other purpose." The AMA said the statement "raises a spectre that a drug as prescribed is dangerous" and amounts to an attempt to limit the use of a drug by physicians.

A nationwide immunization campaign has been put together by the AMA with the help of the AMA Auxiliary. The campaign is built around a "hopscotch" theme — drawing on a previous AMA public service announcement showing children jumping on a colorful hopscotch court on which the names of contagious diseases are painted. Auxiliary members plan to paint hopscotch courts on playgrounds across the country to emphasize the AMA's immunization efforts. Radio and TV public service announcements have been prepared to alert children and young parents to the need for immunization. Government estimates show that almost 40% of the nation's 52 million youngsters under age 15 are not immunized against contagious diseases.

Available from AMA: *Tetanus . . . One of the Deadliest Poisons*, OP 18, describes the nature of the disease and its prevention. Cost is 30 cents each for 1-99 copies; 12 cents each for 100-499 copies; and 11 cents each for 500 or more. Write Order Dept., AMA Headquarters . . . Together: *A Casebook of Joint Practice in Primary Care*, contains case histories about physicians and nurses who have established joint practices. The book is published by the National Joint Practice Commission, an interprofessional organization established by the AMA and the American Nurses' Assn. Cost of the publication is \$5.95. Write NJPC/EPIC, 7383 Lincoln Ave., Chicago, Ill. 60646.

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Referred to Physicians	82	754	5,526
Laboratory Services	32	226	4,669
X-ray Services	7	63	528
Prescriptions	94	592	3,355
Referred to Community Ageicies	43	224	1,545
Seen by Physician in Clinic	32	178	1,715

### ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black.....	50	283	1,564
Caucasian.....	246	1,622	8,603
Asian-American.....	4	52	242
Native-American.....	2	14	252
Mexican-American.....	4	52	225

### PARTICIPATING PHYSICIANS ON FRIDAY EVENING

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The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

**Listing 701:** General Internist seeks position in group or partnership situation. M.D. degree from U. of Illinois College of Medicine, 1973; internship U. of Oregon Health Science Center 1973-74; Internal Medicine residency 1974-1977, also at U. of Oregon. Chief Resident in Medicine 1976-77. Currently Assistant Professor of Medicine U. of Oregon; attending physician, Portland V.A. Hospital. Available immediately.

**Listing 702:** Board eligible General Internist seeks consultative and/or hospital based group or solo practice opportunity. M.D. degree at U. W., 1971. Internship at U. W., 1971-72. Psychiatry residency at U. of Vermont from 1972-1975, followed by three year Internal Medicine residency at San Joaquin General Hospital at Stockton, California. Available June, 1978.

**Listing 901:** Board eligible Family Practitioner available June '78. Presently completing third year residency in Family Practice at St. Vincent Hospital in Indianapolis. Medical degree from Indiana University School of Medicine, May 1975. Preference is for group practice but will consider other options. Desires some pediatrics and obstetrics.

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## ATTENDING PHYSICIAN'S REPORT FORMS

Please be advised that the Attending Physician's Report Forms, which previously were available through the Pierce County Medical Society, can now be obtained through North Point Press. They are located at 2302 Pacific Avenue. Call 627-4147 for further information.

PIERCE COUNTY MEDICAL SOCIETY

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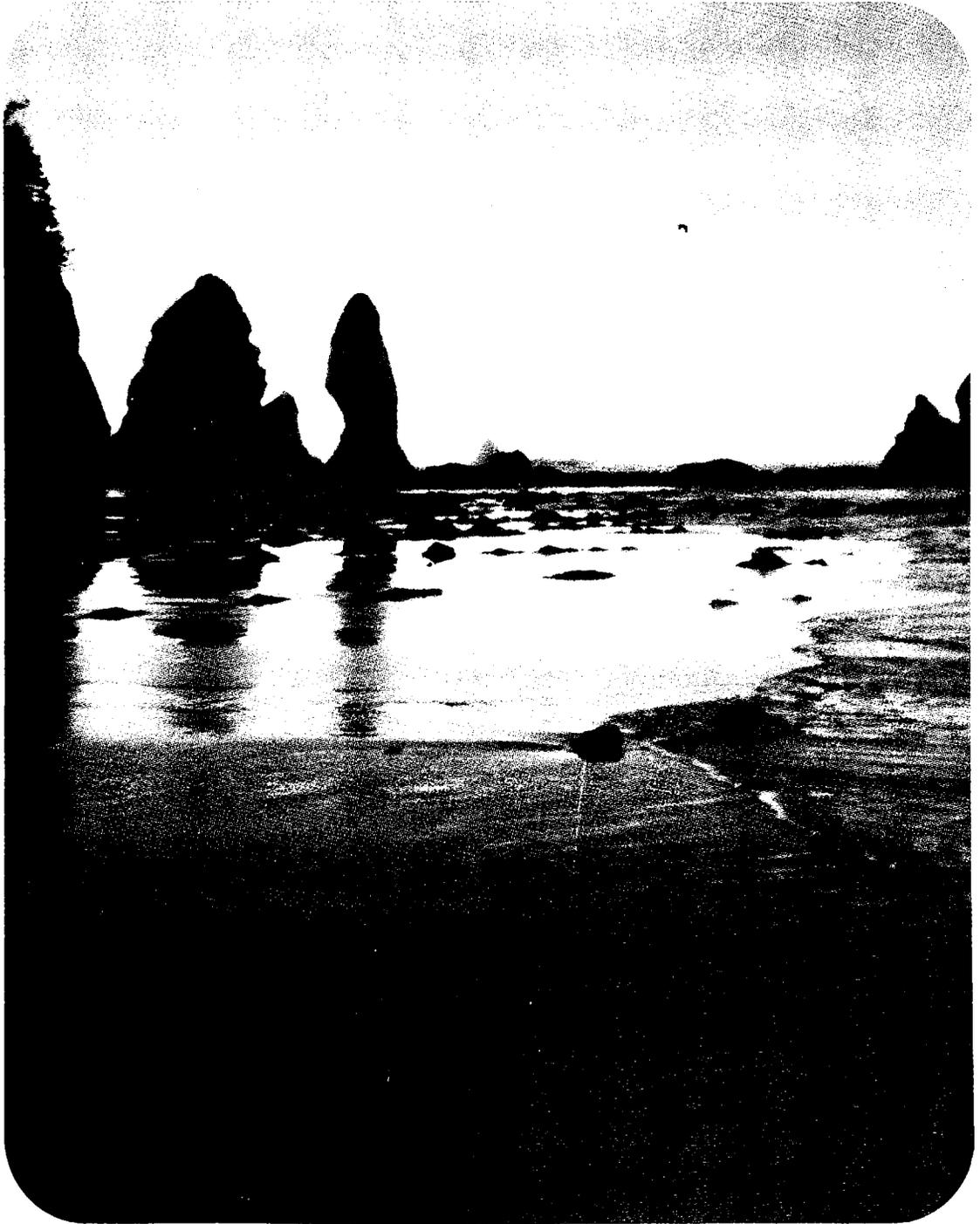
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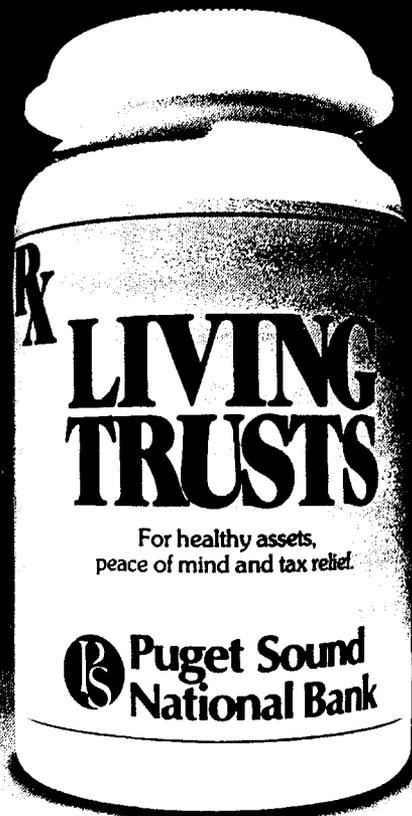
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NOVEMBER 1977

Vol. XLVIV, No. 11 • Tacoma, Washington



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# Bulletin of the Pierce County Medical Society

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Cape of the Arches,  
Olympic Peninsula

Photo courtesy  
Rob Helm

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## PRESIDENT'S PAGE



D. Ted Baer, M.D.

### Our New YMCA and Physical Fitness

Some time ago, Gary Chase, who teaches at Pacific Lutheran University (Exercise Physiology and Kinesiology), called me about getting together with some physicians of the Pierce County Medical Society to discuss the new YMCA Physical Fitness Program. It would be much larger in scope with the opening of the new YMCA. By this time, the new building is open and the Physical Fitness Program is in operation.

Gary's background gives him excellent qualifications. He has a Bachelor's and a Master's Degree in Physical Education, specializing in Physiology with emphasis on human performance from Washington State University. He was eager to receive input from local physicians interested in physical fitness. On the evening of 12 October 1977, a very generous group of physicians gave of their time, to come forth and meet with Gary, Mr. John Morgan and the YMCA staff in the YMCA Board Room. These physicians included Drs. Jack Nagle, John Atkinson, Bob Detje, Dennis Koukal, Gene Lapin, John McDonough, Stan Mueller, and yours truly. There was an excellent

explanation by Gary Chase of the screening questionnaires that the YMCA incorporates to screen people who desire to enter the physical fitness program at the Y and also an explanation of their physical examination form and the report, which may be requested from local physicians.

The physicians present had some very pertinent, and, I believe, important suggestions to give Gary regarding screening procedures and the physical exam form with suggestions about the levels of activity that participants might indulge in. None of the physicians had any question about the thoroughness with which these potential participants in physical fitness at the Y are screened, and they all agreed that the screening program as described by Gary was very thorough and extremely applicable. They had further suggestions regarding the physical examination format and these, I am sure, will be taken into consideration by the YMCA staff.

As a result of the meeting, a committee was formed. The committee will be known as the Pierce County Medical Society Committee on Physical Fitness-Liaison, Advisory to the YMCA. Jack Nagle very kindly and with great humility accepted the Chairmanship of the Committee. The Committee will only be called for advice and input on rare occasions, prn.

Such activities by the Pierce County Medical Society, it seems to me, represent the kinds of things that the Society should be involved with at the local level. Physical fitness is here to stay, and we as physicians must be involved in giving our expertise in this area. It is understood that any interested physician can become a member of this committee, by simply showing interest, and I am sure that Jack Nagle would appreciate your input and would welcome any Society member's activity on the committee.

D.T.B.

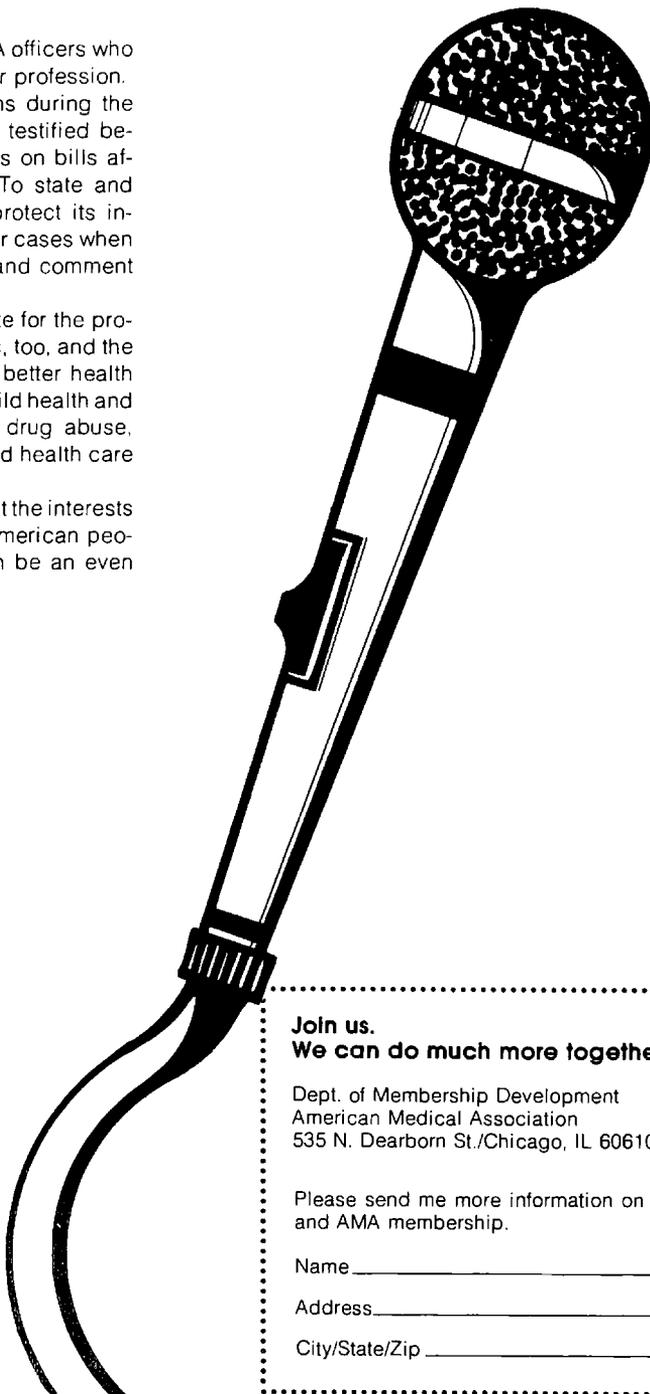
# "Mr. Chairman, Members of the Committee, I am Dr. Holden ... Dr. Palmer ... Dr. Beddingfield ... Dr...."

These were but a few of the many AMA officers who have gone to the Hill to represent our profession.

On more than two dozen occasions during the 94th Congress, AMA representatives testified before Congressional health committees on bills affecting the delivery of health care. To state and explain our profession's views. To protect its interests. In addition, there were 72 other cases when the AMA submitted written analysis and comment on legislation.

But the AMA isn't solely an advocate for the profession. It's an advocate for the public, too, and the passage of legislation for more and better health care. Legislation such as maternal, child health and crippled children services. Alcohol, drug abuse, and mental health programs. Improved health care for American Indians.

The AMA goes to the Hill to represent the interests of the American physician and the American people. With your support, the AMA can be an even more effective spokesman.



**Join us.  
We can do much more together.**

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Please send me more information on the AMA  
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# W.S.M.A. PAGE

## The 1977 Annual Meeting: Looking to the Future

At the 1977 Annual Meeting, WSMA members participated in discussions on a broad range of issues, from professional liability to certificate of need, confidentiality of medical records to medical discipline, and the cost of medical care to the future of the profession and the association. Reference Committee sessions gave individual members the opportunity to testify on these — and many other — issues, prior to the final action of the WSMA House of Delegates.

The common thread running through the various Reference Committee and Special sessions was concern with the future of the medical profession and organized medicine in the face of mounting pressures from institutions and issues impacting medicine. At an all-day special session on "The Profession / The Association — Crisis Response," guest speakers stressed that the profession must examine its status and make a concerted effort to meet the challenges of the future. Among the suggestions made by the guest speakers: Emphasize the positive accomplishments of the profession to the public, work to aggressively assure performance, work on the problems of society as a whole, increase physician sensitivity to the cost of health care, and update the direction of organized medicine.

Special Reference Committee E heard comments from WSMA members and a reactor panel composed of representatives of business, labor, government and law, on several special reports and guest speakers' remarks. The Committee then formulated a six-point program for the WSMA to engage in to deal with the issues and institutions identified by the special session and reports. These include:

1. Improve communications with the public, and between patients and physicians.
2. Assure the integrity and credibility of the profession and quality of care.
3. Emphasize continuing education.
4. Know and influence governmental policy decision makers by initiating communication with representatives, approaching the bureaucracy and undertaking positive action programs.

5. Address the issue of cost of health care through such activities as showing patients the cost advantage of accepting some level of self-insurance, encouraging the development of innovative, cost-effective methods of quality care, and encouraging shorter hospital stays.
6. Involve physicians — particularly younger physicians — in society and association activities.

Specific programs designed to carry out Reference Committee E's recommendations will be reviewed and discussed at upcoming Board of Trustees meetings.

Other actions of the House of Delegates also reflect the concern with meeting the challenges of the future. Amendments to the Medical Disciplinary Act were endorsed that would provide for adequate staffing and funding of the Medical Disciplinary Board; require reporting to the Board of adverse decisions against physicians by peer review committees and malpractice insurers; assure prompt response to complaints; assure due process, confidentiality, and immunity; and call for general fund support of the Board in addition to license renewal fees.

Discussion at Reference Committee D reflected concern about the need for informed consent prior to the release of medical information, clarification of ownership of medical records and X-rays, and whether current third-party practices represent coercion of patient and physician. The House of Delegates adopted the recommendation that confidentiality be given the highest priority in the coming year.

After considering the issue of extension of Certificate of Need, the House adopted the recommendation calling for further study of this issue while reaffirming its opposition to extension of the Certificate of Need requirement beyond its present scope. Legislation mandating such extension is expected to be introduced in the next session of the State Legislature.

These are but a few of the many complex issues considered at the 1977 Annual Meeting. A sum-

continued

mary of House of Delegates Actions is available to all WSMA members upon request from the WSMA Central Office. All physicians will be affected by the issues discussed in the summary, and are encouraged to offer suggestions and com-

ments to their delegates to the WSMA, to WSMA Trustees and Committee Chairmen, and to WSMA officers. An effective state association depends on an informed and active membership.



WSMA officers for 1977-78 (left to right): Drs. W. Maurice Lawson, Seattle, Secretary-Treasurer; Alvin J. Thompson, Seattle, President; John A. Moyer, Spokane, President-Elect; Malcolm W. Bulmer, Wenatchee, Immediate Past President; Harvey L. Young, Spokane, Vice President.



Speaking at the special session "The Profession/The Association—Crisis Response" were (left to right) Drs. Tom E. Nesbitt, AMA President-Elect; Malcolm W. Bulmer, WSMA President; Jack D. Myers, past president, American College of Physicians; and Theodore S. Cooper, former assistant secretary for health, HEW.



A special feature of Reference Committee E was a reactor panel which responded to suggestions offered by Committee and WSMA members. Panelists were Mr. Bruce McPhaden, Kaiser Aluminum & Chemical Corp., Spokane; Dr. Theodore S. Cooper, former assistant secretary for health, HEW; Mr. Dave Stipek, legislative representative, Joint Council of Teamsters No. 28, Seattle; and Mr. Rick J. Carlson, research associate, Institute of Medicine, National Academy of Sciences.



Dr. David S. Hopkins, Federal Way (left), served on Reference Committee "B" with Dr. David R. Davis, Bellevue, chairman, and Dr. Douglas Corpron, Yakima.



Reference Committee hearings give every WSMA member a chance to be heard on the issues. Here, Reference Committee "D" discusses podiatry. Left to right are Drs. Rick L. Johnson, Seattle; James F. Early, chairman, Tacoma; Ben H. Knecht, Wenatchee; and Mrs. Norma Brooks, WSMA Staff.



Speaker of the House Dr. Stanley Tuell, Tacoma, administers the oath of office to incoming WSMA President Dr. Alvin J. Thompson, Seattle.

PCMS President, Dr. Ted Baer (*head table*) chaired Pierce County Delegation Breakfast Meeting. Others pictured are Drs. Bud Judd, Stan Tuell, Jim Early and Ralph Johnson.



From left, Drs. Jim Blankenship, Lloyd Elmer, Don McKay, Dave Hopkins and Herb Kennedy.



Tacoma's Dr. Stan Tuell (*left*), WSMA Speaker of the House, joined John Kemman, M.D. and other Pierce County Delegates for a breakfast caucus session.



From left, Drs. Dave Hopkins, Herb Kennedy and Dave BeMiller discuss reference committee reports.



Members of the Pierce County delegation at the opening session of the WSMA House of Delegates.

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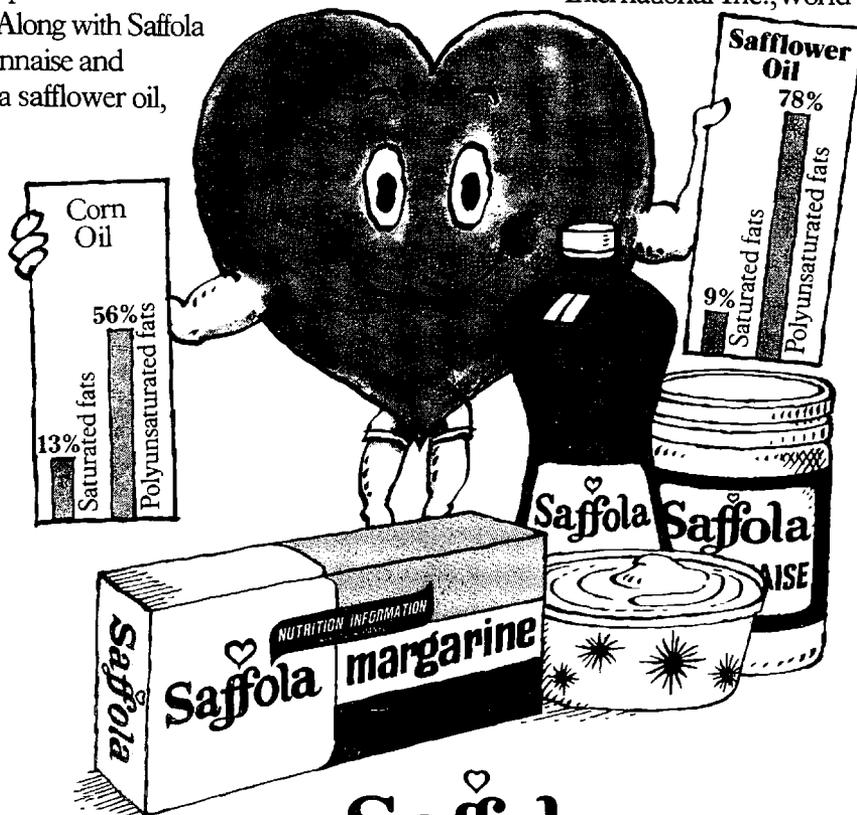
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# Washington Physicians – Not Doing Their Share

## SUMMARY REMARKS

Tom E. Nesbitt, M.D.

President-Elect – American Medical Association

In addressing the WSMA House of Delegates on Thursday morning, AMA President-Elect, Dr. Tom E. Nesbitt of Nashville, Tennessee, commented candidly on the activities of the American Medical Association, and the lack of support of those activities from Washington State physicians.

Dr. Nesbitt said he was "quite distressed to see that you have a membership of about 4,500 in WSMA, and of these about 2,600 are members of the American Medical Association." He further pointed out that there are about 9,000 licensed physicians in this State, with about 6,000 involved in patient care. "Ladies and gentlemen," he said, "That's really not a very good record."

Dr. Nesbitt indicated that this was not dissimilar from participation in some other states, but that he continues to be appalled at the lack of understanding by physicians of the "magnitude and the depth and the scope of activities of this national organization (AMA)." He indicated that "very few physicians really understand (the AMA) that has an annual budget in excess of \$50 million and which has over 900 employees working for it full time." The AMA is "primarily a scientific, educational and an informational organization," Dr. Nesbitt said.

Dr. Nesbitt said that the only way we can assess the effectiveness of the AMA is to see how it spends physicians' dues dollars in support of their objectives. Dr. Nesbitt pointed out the high readership of the *Journal of the American Medical Association* and the nine specialty journals, that the AMA was instrumental in expanding medical education, increasing the number of medical schools from 86 to 116 in little more

than a decade, in doubling the output of physicians from 7,000 to almost 15,000 in 15 years. That the AMA, along with the AAMC, are jointly responsible for the accreditation of all medical schools. Considerable amount of AMA dues goes to that accreditation process. The AMA accredits all programs of continuing medical education, over 7,000 in this country. Who pays for that? "You and I with our AMA dues," Dr. Nesbitt pointed out, "and those of you who don't belong, are shirking your responsibility and fair share of what it takes to keep the AMA running."

"We may not all agree totally," Dr. Nesbitt said, specifically on many of the issues that are addressed by society such as National Health Insurance, PSRO, and the cost of medical care. But, he said, "there are good, sound, solid reasons why the (AMA) House of Delegates, of this body of medicine, choose to direct the Board of Trustees to set policies in this direction." Dr. Nesbitt urged physicians to find out why these policies have been set and urged members of the WSMA House of Delegates to inform physicians.

In closing his remarks, Dr. Nesbitt said that Delegates to the WSMA have an ongoing responsibility to let non-AMA members know what their responsibilities are to support 90% of the activities of the American Medical Association which they agree with. If they don't like the policy positions of the remaining 10%, the non-joiner should be urged to be on and participate in the policy-making decisions so that they will better understand what the AMA is all about.

\*\*\*\*\*

## W.S.P.S.R.O. SCHEDULES ANNUAL MEETING

The annual meeting of the Washington State Professional Standards Review Organization will be held Sunday, November 20, from 8 a.m. to 9 a.m. in the Pacific Evergreen Room at the Olympia Hotel. Our meeting is being held in conjunction with the WSMA Trustees meeting, which begins at 9 a.m. that day. Elections will be held and any other matters of business to be discussed by the organization.

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of the  
**PIERCE COUNTY DEPARTMENT OF MEDICINE**

Submitted by Richard D. Baerg, M.D., W. H. Lawson, Jr., M.D. and Jack P. Nagle, M.D.

- I. Application has been made to the Board of Trustees of the Pierce County Medical Society and to the Executive Committees of St. Joseph Hospital, Tacoma General Hospital, and Allenmore Community Hospital for recognition of the Pierce County Department of Medicine. It will consist of a majority of the physicians practicing in the Divisions of Medicine at these hospitals. Medical Staffs from further hospitals will be added as applications are made and approved.
  - A. Chairmanship will be on a monthly rotating basis with the acting chairman being the chairman of the Division of Medicine from each of the participating hospitals.
  - B. Secretarial staff will be supplied from the administrative staff of each of the participating hospitals.
  - C. Agenda — It is expected that internal divisional problems will be resolved by each hospital's committee on internal medicine and summarized at these meetings.
    1. Selected deaths
    2. Unimproved patients
    3. Patients with complications of therapy or hospitalization
    4. Errors in diagnosis and/or treatment
    5. Unresolved problem patients
    6. Results of retrospective audit as submitted by the individual hospital divisions or committees
    7. Educational programs resulting from hospital-related audit results
  - D. Meetings shall be ten a year with an obligatory 50 percent attendance by each member. The meetings will be held monthly.
  - E. The membership shall be composed of physicians assigned to the Division of Medicine at the participating hospitals.
  - F. Duties of the Chairman
    1. Chairmanship shall be on a monthly rotating basis between the various hospitals with the acting chairman being the chairman, Division of Medicine, at the hospitals at which the meeting is to be held.
    2. The Chairman will be responsible to see that all functions such as agenda, educational programs, the roll, and minutes are properly executed.
    3. In the absence of the Chairman, the meeting will be chaired by a representative from the Division of Medicine at the hospital where the meeting is to be held.
  - G. Duties of the Secretarial Staff
    1. The secretarial staff will be supplied from the individual hospital's administrative staff. The secretary will be responsible for attendance records and for the taking of accurate and complete minutes of all the meetings. These will be forwarded to the staff secretaries of the participating hospitals.
  - H. Duties of the Participating Hospitals
    1. It shall be the duty of the participating hospitals to review the departmental minutes

and to notify the Pierce County Medical Society secretary and the divisional chairman of each hospital if the minutes are not satisfactory for hospital purposes.

2. To supply necessary administrative and secretarial staff to insure the smooth operation of the department.

I. Duties of the Pierce County Medical Society

1. To work with the Pierce County Department of Medicine such that eventual combination of this meeting with the meeting of the Pierce County Medical Society may become a reality.

2. To review the functioning of the Pierce County Department of Medicine such that the above-mentioned standards are adhered to. Should deficiencies occur, the Medical Society Board of Trustees will make recommendations for correction of these deficiencies and, should this prove unsatisfactory, the Board of Trustees shall withdraw recognition from the delinquent department and its members will be reassigned to other appropriate departments.

J. These guidelines may be amended as implementation shows necessity through application to the Pierce County Medical Society Board of Trustees.

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ATTENDING PHYSICIAN'S REPORT FORMS

Please be advised that the Attending Physician's Report Forms, which previously were available through the Pierce County Medical Society, can now be obtained through North Point Press. They are located at 2302 Pacific Avenue. Call 627-4147 for further information.

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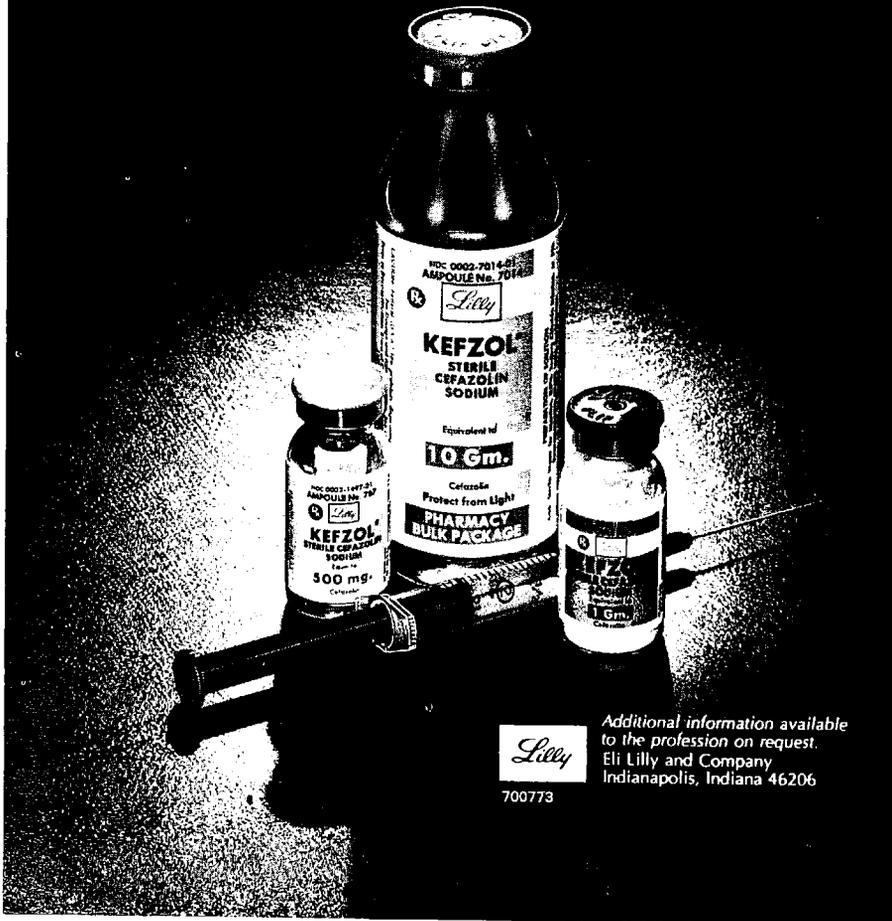
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## Tacoma General Oncology Center Opens

Tacoma General Hospital dedicated its new Marian Cheney Olrogg Regional Oncology Center in hospital ribbon-cutting ceremonies on Friday, September 30.

Governor Dixy Lee Ray joined TG's Board Chairman James W. Petersen; Ben B. Cheney Foundation director Elgin E. Olrogg; The Fred Hutchinson Cancer Research Center president, Dr. William B. Hutchinson; and a crowd of 350 persons in observing the opening of the new \$190,500 cancer care center. Paid for by donations from the Ben B. Cheney Foundation, the new community-owned facility is designed to provide totally comprehensive services to the cancer patient and family that meet spiritual and emotional, as well as physical needs.

According to J. G. Katterhagen, the center's director, the concept of the community hospital oncology unit marks a significant step forward in upgrading the quality of cancer care for citizens of greater Pierce County.

"This facility has already received national atten-

tion as an outstanding example of a combined oncology treatment center offering high quality patient care," said hospital president Eugene K. Prentice. "Services will be provided through a cooperative arrangement with The Fred Hutchinson Cancer Research Center in Seattle and other hospitals in Pierce County and the surrounding area."

Prentice emphasized the significance of the centralized cancer care concept, which permits the patient to become more familiar with personnel and surroundings and allows the various components of the system to function in harmony. "Hand-in-glove with centralization," said Prentice, "is our *team approach*, which is a key ingredient to successful treatment. The team approach provides close communication among family, physicians, surgeons, radiotherapists, chemotherapists, nurses, chaplain, social service counselors — and develops a vehicle for making long-term care more comprehensive and consistent."

Governor Ray praised the planners of the center for their farsightedness in foreseeing the need for a regional cancer treatment center.



Board Chairman James W. Petersen and Governor Dixy Lee Ray cutting the ribbon.

# **The 1977 Edwin C. Yoder Memorial Lecture**



**Friday, November 18**

**St. Joseph Hospital  
& Health Care Center**

— Sponsored by —  
The Edwin C. Yoder Memorial Trust  
in cooperation with  
The Tacoma Surgical Club  
The Pierce County Medical Society  
St. Joseph Hospital

# **PROGRAM**

## **Friday, November 18**

**9:00 A.M.  
to 10:00 A.M.**

**THE SURGICAL MANAGEMENT  
OF THE ARTHRITIC JOINT**  
**LOUIS H. PARADIES, M.D.**  
Professor, Dept. of Surgery  
Southwestern Medical School,  
Dallas, Texas



**10:00 A.M.  
to 11:00 A.M.**

**THE MEDICAL MANAGEMENT  
OF ARTHRITIS**  
**RODNEY BLUESTONE, M.D.**  
Professor of Medicine  
University of California at  
Los Angeles Medical School



**11:00 A.M. to  
11:30 A.M.**

**DISCUSSION**

**11:30 - Noon**

**BREAK**

**12 Noon**

**EDWIN C. YODER  
MEMORIAL LUNCHEON\***

**All Sessions in B Quadrant, Sixth Floor**

\*Luncheon Reservations may be made through the  
Medical Directors Office at St. Joseph Hospital 597-6767

# EARLY SIGNS OF ALCOHOLISM

by C. Nelson Davis, M.D.

"WHAT IS an alcoholic? I'll tell you: anyone who drinks more than I do."

It is almost as difficult to define alcoholism as it is to treat it. Joking aside, it is most difficult to identify the early alcoholic, the person whose drinking is destructive of health, emotion, competence, and his human relationships. If alcoholism is identified early, much destruction can be prevented. Alcoholism is insidious. An alcohol user gradually becomes an alcohol misuser who gradually becomes an alcoholic. The speed of progression varies. There are teenage alcoholics, and there are alcoholics who do not land on the rocks until they are 80 years old. In most cases, however, the alcoholic is in difficulty ten years before he seeks or is forced to seek help because of severe illness.

This illness does not develop abruptly. Even early alcohol abuse is destructive. During the prodromal years, the signs and symptoms of alcoholism shine like neon lights. Recognizing them for what they are leads to early diagnosis and the opportunity for preventive medicine. Alcoholism is a hidden disease. The alcohol abuser does not often proclaim himself to his physician. He hides his disease, even from himself. The alcohol abuser seeks his physician's help, not because his drinking is going out of control, but because of problems that he does not associate with his drinking. The physician may find signs of alcohol abuse when he complains of insomnia, gets the flu, or breaks his nose.

## Hints to Follow Up

Here are some of the indications that should arouse suspicion.

Heartburn is probably the most common symp-

---

If you wish to suggest a topic or write an answer for this feature, write to William H. Crosby, M.D., Scripps Clinic and Research Foundation, La Jolla, CA 92037.

From Malvern Institute, Malvern, Pa.

Reprint requests to Malvern Institute, PO Box 297, Malvern, PA 19355 (Dr. Davis).

tom. The alcohol abuser is frequently a user of over-the-counter antacids.

Morning cough may occur with paroxysms so intense as to cause retching and vomiting. The patient suspects cigarette cough, sinuses, or allergy. The physician should suspect alcohol. I have observed for many years that the alcoholic's morning-cough syndrome subsides after four to five days in a detoxification program without his stopping smoking.

Tachycardia (pulse rate above 100 beats per minute at rest) is a most common sign of the toxic state of alcohol abuse. The patient's palpitation may be his presenting complaint.

Hypertension frequently occurs with tachycardia. I have often observed the systolic pressure drop 10 to 30 mm Hg with abstinence alone. Both diastolic and systolic pressure decrease when the hypertension is a reaction to alcohol toxicity.

Tremor in middle age, especially tremor on effort with a flushed face, may be signs of alcohol abuse.

Purpura, or ecchymoses caused by falling or lurching against door jambs, may evoke some wonderful explanations when the physician abruptly asks how they occurred.

Anxiety, tension, and stress are a part of the alcoholic pattern. Anxiety may increase the use of alcohol. Many alcoholics add tranquilizers.

Insomnia is a common complaint and requires a nightcap or two or more. In time, even an out-size nightcap results only in startled wakefulness and jitters. Early morning waking brings a time of lonely jitters and terror.

Hyperglycemia even with glycosuria is a common finding in alcoholic patients. Some call this alcoholic pseudodiabetes. I prefer the term alcoholic hyperglycemia. In my experience hyperglycemia occurs twice as frequently in alcoholic patients as in the general hospital population. With ab-

stinence, alcoholic hyperglycemia corrects itself.

Hepatic enlargement and dysfunction often point to alcohol abuse. A large liver is found on physical examination. The biochemical screening profile should arouse suspicion when it demonstrates elevated levels of glucose, lactic dehydrogenase, SGPT, SGOT, and alkaline phosphatase.

Macrocytosis has become a credible phenomenon with the advent of automated RBC counters. Some alcohol abusers for some reason have larger-than-normal RBC counts even without evidence of anemia or megaloblastic anemia.

Sensitivity regarding the topic of alcohol may be reflected by unwillingness to discuss the subject, hesitation, irritation, or inappropriate amusement.

Not all of these signs are present in every case of early or incipient alcoholism. They are "straws in the wind" that may alert us to the existence of a problem that the patient wishes to conceal or that he may not consciously realize.

#### Questions to Ask

A suspicion of alcohol abuse requires a careful effort to obtain an adequate history. It is axiomatic that alcoholics understate the amount they drink, but they are often willing to discuss their habits. It is sometimes more rewarding to ask a patient when he drinks rather than how much. The following questions may provide insight into the patient's attitude toward drinking:

1. Do you drink before meals?
2. When you go to restaurants, do you stop at the bar before going to the dining room?
3. Is the cocktail hour the best hour of the day?

4. During the day do you think about the first drink to come?

5. When entertaining, do you take a private sip while fixing drinks for your guests?

6. Do you like to pour the drinks for your guests?

7. How much alcohol do you keep in your home? How much do you keep in your office?

8. Is alcohol a topic of conversation at home? Has it caused any arguments? Do you and your spouse agree on the definition of "social drinking"?

9. Have you ever been drunk? Have you ever gotten drunk because of anger or frustration?

In the early phases of alcoholism, a large gray area exists. The social drinker who never becomes an alcoholic and the alcoholic who is passing through the early phase may answer many questions in the same way. However, the symptoms, signs, and history will in many cases provide an identifiable pattern.

The early diagnosis of alcoholism requires a sympathetic physician who wants to understand the disease and wants to help the alcoholic. When his interest becomes evident to the patient, rapport becomes possible. Identifying the disease enables the physician to help the alcoholic before he is seriously damaged. Remember that the alcoholic is usually in difficulty ten years before he is forced to seek help.

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*Submitted by Ted Knightlinger, Coordinator for Pierce County Alcoholism Programs, with permission of C. Nelson Davis, M.D., Malvern Institute, and the JAMA (7/77, vol. 237).*

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#### SALARY-FRINGE BENEFIT SURVEY

The Salary-Fringe Benefit Survey is being tabulated and will be available by mid-November to those who requested copies. If a doctor wishes to have a copy, please call 572-3667 and we will mail one to your office or residence. The actual survey responses, with detailed comments, can be seen at the Medical Society. You may stop by any time if you wish more information. Thank you for your response to this survey. We hope it will be helpful to you.

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Medical Arts Building, 740 St. Helens Avenue, Tacoma, Washington 98402, or phone (collect) 206 - 272-3161.



# AUXILIARY PAGE

## AUXILIARY OFFICERS 1977-1978

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President-Elect .....	Jo Roller
1st V.P. & Program .....	Kathy Miskovsky
2nd V.P. & Membership.....	Nicole Crowley
3rd V.P. & Historian & Bylaws.....	Reta Bergstrom
4th V.P. & Arrangements .....	Lee Jackson
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Cookbooks .....	Judy Baerg
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Dance .....	Carol Hopkins
Finance.....	Kimi Tanbara
Joint Dinner .....	Genny Hansen
Legislation .....	Cindy Anderson
Newcomers .....	Janet Fry
Nominating.....	Marie Henry
Pierce County Health Council.....	Nadine Kennedy
PCMS Directory.....	Kit Larson
Sunshine .....	Lorna Burt
Superintendent's Advisory Health Council and Handicapped Acceptance Program.....	Sharon Lukens
Student Recognition Awards.....	Barbara Wong
	Marilyn Mandeville
Tel-Med Volunteers.....	Lila Early

## ANNUAL STATE CONVENTION REPORT

The 46th Annual Convention of the Washington State Medical Auxiliary was very special to Pierce County in that our own JoAnn Johnson presided over the meeting after a year of very admirable effort on behalf of the Washington State Auxiliary.

Thursday's program, "ABC'S OF LIFE IN SOLITARY - ARE YOU A WOMAN UNAWARE?" was a timely guide for medical families planning their estate. The panel consisted of Ned Shera, W. Roger Johnson and Dorothy Connor, representing the personal, legal and financial picture

to us. A booklet, *Physician's Survivor Information*, was made available to us.

Highlights of the session on Friday for Pierce County were when Sharon Lukens (Mrs. David Lukens) presented her special report of the pilot project "Julie," which is the Handicapped Acceptance Program now established by the Auxiliary in Pierce County. After Sharon had finished, Mrs. Cynthia Shurtleff of the March of Dimes presented her with an award for Pierce County for their work with the handicapped.

Pierce County also earned an AMA-ERF award for the highest dollar contribution in the State of Washington, which was \$6,213.03! This was done primarily with the Christmas Sharing Card, and we have high hopes again this year with Marge Ritchie being the chairman.

At the close of the session, when Mrs. Waverly Ellsworth (Dodie) was presenting JoAnn Johnson with her past president's pin, Marie Henry, on behalf of the Pierce County Medical Auxiliary, presented JoAnn with a gift of Waterford crystal to add to her collection.

We are all proud of JoAnn Johnson as State President of Washington State Medical Association Auxiliary, and we are very grateful for her year of dedication, hard work and expert guidance. Thank you, JoAnn.

Jo Roller, President-Elect  
PCMS Auxiliary

Don't forget about the cookbook Tasting Luncheon coming up. It will be held at the University Place Presbyterian Church on November 18. You may bring a guest.

Thanks are in order for the tasty luncheon served at Marlene Waldron's, where our last meeting was held. The girls to be thanked are:

Judy Baerg	Nancy Anderson
Florence Dean	Donna Roper
Gail Martin	Edith McGill

-continued

Jo Roller has been traveling with State officers, promoting donations to AMA-ERF. Please support our holiday sharing card. It's a nice way to help medical students.

The board met at Nancy Spangler's lovely home October 23rd. Anne Katterhagen, Jan Thiessen, Jo Roller and Marie Henry planned the nice luncheon. The State officers were at the meeting.

Gail Martin and Kay North have been promoting the AMA Immunization Awareness Campaign by contacting newspapers, school health officials and the County Health Department.

Don't forget to pay your dues to Dot Truckey if you haven't done so.

Georgia McPhee

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## Family Practice Residency Program Gains Accreditation

After a long period of hard work and some frustrating moments, the Family Practice Residency Foundation has received full accreditation for its Residency Program. Last July the Residency Program was approved by the Liaison Committee of Graduate Medical Education and the Residency Review Committee of the American Medical Association. To the credit of those involved, the Residency Program received accreditation on its very first application. And it has just become a member of the University of Washington Affiliated Family Practice Residency Network.

It was not a simple process. After the initial feasibility study to establish the need for the program in this area, the University of Washington offered little encouragement. Then there was the problem of initial funding and gaining support from Family Physicians and other specialists in the Pierce County area. But those obstacles were met and next July, eight first- and second-year residents will begin their rounds at participating area hospitals.

Dr. Roy Virak, Medical Director for the program, states the response for available residencies has been very encouraging. He has received applications from highly qualified individuals from throughout the nation and he is encouraged by their enthusiasm. However, he said the program

is still seeking an assistant Medical Director. He encourages anyone interested in the position, or with a referral, to contact him.

Although the Family Practice Clinic will open in July, work continues. A substantial portion of the operating budget for the Residency Program comes from direct support provided by Foundation Memberships. The memberships, renewed annually, are available to anyone wishing to support the foundation and its goals. At present, 65 medical professionals from Pierce County contribute to the total membership. Even when all memberships are renewed it will leave the foundation short of its monetary needs. Therefore it continues to seek support from local business, industry and the general public as well as the medical community. You may contact Bob Speicher, Administrative Assistant, or Craig Goebbel, acting Public Affairs Coordinator, at 627-8111 for more information about membership.

It has been a lot of planning at early morning meetings and midnight sessions. Many hours of arduous paperwork had to be completed. But this time and effort will soon bear fruit. The clinic and Residency Program, when started, will provide additional primary health care to our community as well as encouraging the Residents to continue their work in the Pierce County area.

---

## TEMPORARY HELP

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Call 572-3709, MEDICAL-DENTAL PLACEMENT SERVICE.

## Medical Library Regional Group Meets Here

The Pacific Northwest Regional Group of the Medical Library Association (PNG/MLA) met at the Colonial Room of the Lakewood Terrace on September 29, for a three-day meeting aimed at developing a high degree of sophistication in bio-medical literature retrieval in medical libraries throughout the Pacific Northwest.

The PNG/MLA's annual regional meeting was the first to be held in Tacoma. Representation from Alaska, Idaho, Montana, Oregon, Washington, British Columbia, and Alberta, Canada, makes up region X of eleven regions across the United States.

Official welcome was given by Dr. D. Theodore Baer, president of the Pierce County Medical Society; Mr. James O. Helland, president of the Pierce County Hospital Council; and Dr. Robert A. Kallsen, past president of the Combined Hospital Library Committee. Highlights of the

meeting were a full day of clinical lectures by Tacoma physicians; a panel on outreach services in current awareness, and tours of St. Joseph Hospital, Tacoma General Hospital's new Cancer Center, and Weyerhaeuser Company Headquarters.

PNG/MLA is chaired this year by Ms. Marion von Bruck, who manages the Pierce County Medical Library Consortium and who arranged this year's meeting. Co-host was Dennis L. Levi, Chief of Library Services at American Lake Veterans Administration Hospital and co-chairman of the group.

According to Ms. von Bruck, medical librarians must be able to respond to questions on direct patient care and must be in support of continuing medical education by keeping physicians and allied health care personnel informed. "Our group meets that need," she said.



*Seated left to right:* Dennis L. Levi, Hermione Anderson, Justina Costales, Gilbert J. Clausman, Marion von Bruck. *Left to right, standing:* Dr. Robert A. Kallsen, James O. Helland, Dr. D. Theodore Baer.

# LETTERS

PUYALLUP TRIBE OF INDIANS  
MEDICINE CREEK TREATY NATION  
Indian Community Clinic

October 7, 1977

Duncan T. Baer, M.D., President  
Pierce County Medical Society  
813 South K Street  
Tacoma, Washington 98405

Dear Dr. Baer,

I am writing to clarify some misconceptions concerning the Indian Community Clinic of the Puyallup Tribe. I hope it will be an aid to the Pierce County Medical Community, and provide some appreciation for what is going on in the Indian Community Clinic.

The Indian Community Clinic is federally funded under the Indian Self-Determination Act, Public Law 93-638. The Indian Community Clinic is not the Indian Health Service! But it has a close relationship with the Indian Health Service in that the P.L. 93-638 monies are funneled through the Portland Area Office of the Indian Health Service. This relationship, as far as I can see, has not been adequately defined. P.L. 93-638 is meant to facilitate tribal and area Indian Organizations to take over the management and provision of health services to Indian people. It is an attempt to have the Indians run their own programs. The Indian Community Clinic is the first such tribally run clinic in the country, and is one of the few that has been actually providing health care. The clinic has been around for greater than two years, but has been providing quantitative health care for only 9 months. There are medical, dental, mental health, nutrition, alcoholism, outreach and social services, and some pharmaceutical services.

It is important to realize that the Indian Community Clinic is not the Indian Health Service, especially in light of recent Indian Health Service rulings concerning contract health care. Decisions about payment for patient care are made at the Portland Area Office, (the Portland Area Office controls all Indian Health Service activities in Washington, Oregon and Idaho) of the Indian Health Service depending on budgets and fundings. The Indian Community Clinic has no say in these decisions and is adversely affected by the recent rulings.

The Indian Health Service has denied payment for primary care for patients since it is available at this clinic. They have also denied local specialty referrals if similar services are available at the Public Health Service Hospital in Seattle. There is a good chance that this policy will become permanent. The Indian Health Service has been functioning in the Puget Sound area as a third party payment source for eligible Indians under their guidelines. The Indian Health Service has functioned in this way for the Indian Community Clinic also, in that it has paid for some local referrals from this clinic. I personally feel this is a poor policy change, in that it does not allow patient choice in health care facilities. The ultimate question here goes back to the original intention of the Indian Health Service legislation in the 1950's. Did it allow for freedom of choice for the patients for whom they had decided to provide health care? At the present time I do not have the answer for that question. I am sure many people in the medical community are upset about these recent rulings. For those who want to have some input to the Indian Health Service, appropriate names and places to send letters can be obtained by calling me.

Finally, I would like to explain eligibility and billing for Indian Health Services. The Indian Health Service provides care for those patients they call priority one patients. Priority one patients are those that are Puyallup or Muckleshoot Indians or those that live within those reservation boundaries as defined by the Indian Health Service. (The Puyallup and Muckleshoot stipulation is only for this immediate area. In other areas it would be the tribes that are originally residents in those areas.) This represents a relatively small sector of our patient population. They will not aid other

Indian patients and now will only aid priority one patients with more stringent regulations. If patients are covered by Indian Health Service for surgery, prior authorization is required. Indian Health Service problems or questions can be directed to the Indian Health Service in Seattle (phone number 442-5770). Bills for patients approved for payment should be sent to the Indian Health Service itself (address: 1212 South Judkins, Seattle, Washington 98144). Our clinic occasionally aids patients with bills. If that is the case, notification will be sent along with the referral letter. Our clinic has staff to help the patients work through Indian Health Service or DSHS bureaucracy. They can also help local medical providers in their offices work through their Indian Health Service problems. Please do not hesitate to call our staff if we can help.

I hope this brief note helps explain the Indian Community Clinic. Please direct any questions to myself or our staff.

Sincerely,

(signed)

Rick Schoen, M.D.  
Indian Community Clinic  
2209 East 32nd Street  
Tacoma, Washington 98404  
(206) 572-3733

---

Duncan T. Baer, M. D.  
A203 Allenmore Medical Center  
Tacoma, WA 98405  
627-1882

David S. Hopkins, M.D., Editor  
Pierce County Medical Society Bulletin  
813 South K Street  
Tacoma, WA 98405

Dear Dave:

There are two items that I believe the Society Membership should show interest:

1) Dr. Jim Vadheim brought my attention to articles printed on page 1 of the Oct. 3 issue of the AMA News and the last page of the Oct. 3 issue of the AMA Newsletter. Both deal with the Bureau of Census sending questionnaires (for the first time since 1905) to physicians employing two or more workers. Asked will be questions dealing with gross receipts, capital expenditures and gross value of fixed assets. About 100,000 physicians will be surveyed. Other health care providers will also be surveyed. The Bureau of Census insists all will be confidential. Their reasoning is that they need the information to assay our GNP. Reporting will be mandatory with penalties for non-compliance. I'm no economist, but I feel as Jim: This is a gross invasion of privacy, and it's a grand demonstration of how a Bureau from D.C. justifies its existence by foolishly and absurdly spending more of the taxpayer's money. Words like "mandatory" and "penalties" upset me a tad. Wasn't there a King named George who used similar language?

2) Page 7 of the Oct. 3 issue of the AMA News reports that NBC-TV is now working on a 3-1/2 hour look at medicine in America. It's planned for prime evening showing on Wed., Jan. 4, 1978. I'm sure we'll all enjoy it . . . . .

Sincerely,

(signed)

Duncan T. Baer, M.D.

## MADIGAN ARMY MEDICAL CENTER

Tacoma, Washington 98431  
Office of the Commander

10 October 1977

Duncan T. Baer, M.D.  
President, Pierce County Medical Society  
813 South K Street, Suite 200  
Tacoma, Washington 98405

Dear Doctor Baer:

Thank you for your nice letter of congratulations. We are happy about the promotion but sad we are having to leave Madigan and the beautiful Pacific Northwest.

I have enjoyed knowing and working with the members of your fine group and shall always have fond memories of my tour at Madigan Army Medical Center and my associations with the local medical community.

Thank you again for your kind words. I know that the excellent relations which existed during my tenure will continue with the new Commander.

Sincerely,

(signed)

SPENCER B. REID, M.D.  
Major General, MC  
Commanding

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## MEMBERSHIP

In accordance with Society Bylaws, Chapter 7, Section A, MEMBERSHIP, the following physicians have made application for membership, and notice of that application is herewith presented to the membership:

### FIRST NOTICE



**ROBERT M. ALSTON, M.D., Family Practice.** Born in Seattle, Washington, 6/4/49; medical school at University of Washington, Seattle, 1970; internship and residency in family practice also at the University of Washington, 1974-77; licensed to practice medicine in the State of Washington, 1975. Dr. Alston's family practice is located at Summit View Clinic in Puyallup.



**LOWELL M. ANDERSON, M.D., Flight Surgeon and Emergency Medicine.** Born in Hibbing, Minnesota, 7/25/49; medical school at University of Portland, Portland, Oregon, 1975; internship at Dwight David Eisenhower Army Medical Center, 1975-76; graduate training in flight surgery, 1976; licensed to practice medicine in the State of Washington, 1976. Dr. Anderson is currently a flight surgeon at Madigan Army Medical Center and also practices emergency medicine in Pierce County Hospitals.



**EDWARD L. BITSEFF, M.D., Plastic Surgery.** Born in Bellingham, Washington, 12/20/30; medical school at University of Washington, 1962; internship at USAF Hospital, Scott Air Force Base, Illinois, 1966-67; residency in general surgery, Keesler USAF Medical Center, Mississippi, 1967-70; additional residency in plastic surgery at Tulane University, New Orleans, Louisiana, 1970-72; licensed to practice medicine in the State of Washington, 1970; also practiced medicine in the United States Air Force, 1972-77. Dr. Bitseff's office of plastic surgery is located at Allenmore Medical Center in Tacoma.



**JAMES D. HOWARD, M.D., Psychiatry.** Born in Lubbock, Texas, 3/27/42; medical school at University of Texas S.W. Medical School, 1968; internship at Children's Orthopedic Hospital, Seattle, 1968-69; residency in psychiatry at University of Texas, 1969-72; graduate training in psychiatry at Temple University, 1970; licensed to practice medicine in the State of Washington, 1975; also practiced medicine in the U. S. Army, 1972-75. Dr. Howard's office of psychiatry is located at 2607 Bridgeport Way West, in Tacoma.



**JAMES M. KOMOROUS, M.D., Dermatology.** Born in Chicago, Illinois, 2/7/47; medical school at University of Washington, Seattle, 1973; internship at North Carolina Memorial Hospital, Chapel Hill, N.C., 1974-77; residency in dermatology also at North Carolina Memorial Hospital, 1974-77; licensed to practice medicine in the State of Washington, 1977. Dr. Komorous' office of dermatology is located at Allenmore Medical Center in Tacoma.



**JOHN C. MULLIGAN, M.D., Pediatrics.** Born in Hornell, New York, 11/3/44; medical school at University of Pittsburgh, Pittsburgh, Pennsylvania, 1970; internship at New England Medical Center, Boston, Massachusetts, 1970-71; residency in pediatrics also at New England Medical Center, 1973-74; graduate training in neonatology, U. of Pittsburgh, 1974-76; licensed to practice medicine in the State of Washington, 1971; also practiced medicine as staff neonatologist at the U. of Pittsburgh, 1976-77. Dr. Mulligan is a staff neonatologist at Tacoma General Hospital in Tacoma.



**ROBERT H. WILSON, M.D., Family Practice.** Born in Oakland, California, 4/17/48; medical school at U.C. Medical School, Davis, California, 1974; internship and residency in approved family practice at Providence Family Medical Center, Seattle, Washington, 1974-77; licensed to practice medicine in the State of Washington, 1975. Dr. Wilson's family practice is located at Sound Health Association in Tacoma.

—Membership continued on page 28.

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# MEMBERSHIP

## SECOND NOTICE



**STEVEN C. BERMAN, M.D., Pediatrics.** Born in Chicago, Illinois, 12/5/41; medical school at Loyola University Medical Center, Maywood, Illinois, 1965; internship at Cook County Hospital, Chicago, 1965-66; residency in Pediatrics at the Mayo Clinic, Rochester, Minn., 1969-71; fellowship in Internal Medicine, Mayo Clinic, 1968-69; licensed to practice medicine in the State of Washington, 1977; also practiced medicine in Madison, Wisconsin, 1971-77. Dr. Berman's office of Pediatrics is located at Sound Health Association in Tacoma.



**THOMAS W. BROCK, M.D., Internal Medicine.** Born in Watseka, Illinois, 2/11/47; medical school at Rush Medical School, Chicago, 1973; internship at Presbyterian St. Luke's, Chicago, 1973-74; residency in Internal Medicine at Presbyterian St. Luke's, 1974-76; Board Certified in Internal Medicine, 1976; licensed to practice medicine in the State of Washington, 1977. Dr. Brock's office of Internal Medicine is located at 707 Medical Arts Building in Tacoma.



*(Associate Membership)* **DAVID A. EKLAND, M.D., Plastic Surgery.** Born in Aruba, N.A., 2/26/40; medical school at University of Michigan Medical School, Ann Arbor, 1966; internship at Virginia Mason, Seattle, 1966-67; residency in General Surgery at Brook General Hospital, Ft. Sam Houston, Texas, 1969-73; graduate training in Plastic Surgery, Walter Reed Army Medical Center, Washington, D.C., 1973-75; Board Certified general surgery, 1974; plastic surgery, 1976; licensed to practice medicine in the State of Washington, 1971. Dr. Ekland is practicing medicine while on active duty at Madigan Army Medical Center.



**ROY E. FREDERICKSEN, M.D., Emergency Medicine.** Born in Omaha, Nebraska, 3/10/27; medical school at University of Nebraska, 1953; internship at St. Joseph Hospital, Tacoma, 1953-54; licensed to practice medicine in the State of Washington, 1954; also practiced medicine in Grays Harbor County, 1954-75. Dr. Fredericksen's practice of Emergency Medicine is located in Tacoma area hospitals.



**RALPH T. POTKIN, M.D., Emergency Medicine.** Born in Chicago, Illinois, 1/30/48; medical school at Chicago Medical School, 1975; internship at University of Washington, Seattle, 1976; residency in medicine at University of Washington, 1976-77; licensed to practice medicine in the State of Washington, 1976. Dr. Potkin's practice of Emergency Medicine is located at Puget Sound Hospital in Tacoma.



**BRUCE D. ROMIG, M.D., Obstetrics-Gynecology.** Born in Washington, D.C., 6/11/45; medical school at George Washington University, Washington, D.C., 1971; internship at Duke University, Durham, North Carolina, 1971-72; residency in Ob-Gyn at Duke University, 1972-75; Board Eligible in Ob-Gyn; licensed to practice medicine in the State of Washington, 1975; also practiced medicine in the USAF, 1975-77. Dr. Romig's office of Obstetrics and Gynecology is located at 1318 - 3rd S.E. in Puyallup.



*Summer Fishing Fleet at LaPush, Washington.*

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X-ray Services	11	74	539
Prescriptions	58	650	3,413
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Asian-American.....	7	59	249
Native-American.....	4	18	256
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## PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

**Listing 901:** Board eligible Family Practitioner available June '78. Presently completing third year residency in Family Practice at St. Vincent Hospital in Indianapolis. Medical degree from Indiana University School of Medicine, May 1975. Preference is for group practice but will consider other options. Desires some pediatrics and obstetrics.

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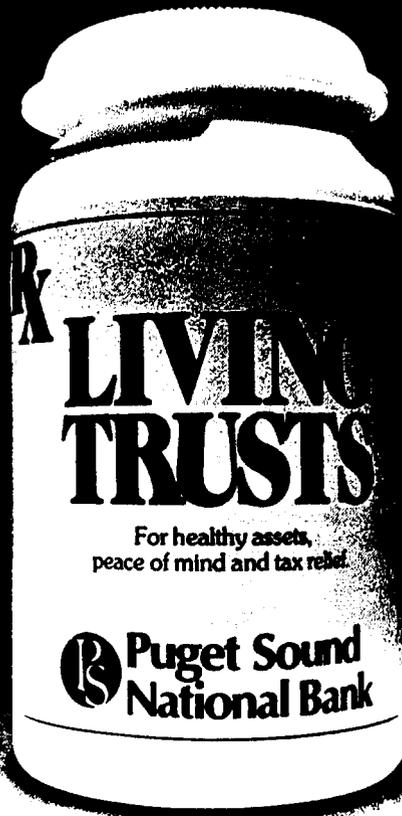


# *Medical Society of Pierce County*

DECEMBER 1977 • Vol. XLVIV, No. 12 • Tacoma, Washington



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# Bulletin of the Medical Society of Pierce County

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## STAFF

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Legislative Editor	William B. Jackson, M.D.
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## Broadcast Executive To Speak At February Joint Meeting

Lloyd E. Cooney, President and General Manager of KIRO-TV, Seattle, will be the guest speaker at the joint Society-Auxiliary dinner meeting in February. The meeting will be held Tuesday, February 14, at the Tacoma Country and Golf Club. A large number of requests for reservations are anticipated, and a reservation request form will appear in the January Society Bulletin (on the Auxiliary Page). Reservations will be limited to 200. The cost of the meal, including gratuities, will be \$20.70 per couple.

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# PRESIDENT'S PAGE



D. Ted Baer, M.D.

## Welcome Tom Curry

Tom Curry is a very seasoned, well-cured 30 years old. After several interviews with well-qualified applicants, your Medical Society Board of Trustees chose Tom as the new Executive Director. We feel our choice an excellent one. We feel fortunate to have such a highly qualified person want to work with us.

After graduating from Bellevue High School in 1965, Tom went on to one of those great Eastern Universities. At Washington State University (right there in the Palouse, in Pullman — Jack Nagle's home town), Tom earned a Bachelor of Arts degree in Communications. He was a member of the Sigma Delta Chi professional journalism society and was selected by them as the "Outstanding Male Journalism Graduate, WSU, 1969."

He then returned West to do graduate work at the University of Washington in his field.

In 1970, Tom worked as an advertising sales representative for the *Bellevue American* newspaper. Late 1970 to spring of 1971 found Tom as editor of *Seattle Business Magazine* (Chamber of Commerce). Your Board found his public relations work there of particular value.

Beginning in April 1971, until now, Tom worked at Blue Cross of Washington and Alaska, where he was Manager of Corporate Relations. Again, your Board found his experience in public relations valuable. His background and experience led to a growth in his ability and know-how in working with all news media. Not to mention his growth in learning the "American health delivery system." He's a man of imagination and a real doer.

Tom is experienced in budget planning and fiscal matters. His organizational skills are finely honed. To use a cliché, his "head is on straight." He's affable and very easy to talk with.

Supporting Tom is the Medical Society, the Society staff, and his lovely wife, Virginia, and two small children, Ian and Jennifer.

The entire Medical Society of Pierce County has a good reason to heartily welcome Tom to our community. As the song goes, "A good man is hard to find."

D.T.B.

# If the AMA didn't speak for the profession, who would?

Who would speak for the profession on the 2,500 health bills introduced in every Congress? Or the regulations issued by federal agencies?

Who would state the profession's views on national health insurance? Utilization Review Regulations? The Health Planning Act of 1974? Maximum Allowable Cost Regulations? Health Manpower?

Who would provide the scientific input and the practitioner's experience and knowledge so essential to legislation on drugs, cancer, heart disease, communicable diseases? Can you think of anyone?

The fact is, there is only one organization that can — and does — speak for the profession as a whole. The AMA.

It does so to protect the basic freedoms of medical practice in any federal health program that might be enacted, and even more important, to promote legislation for better health care for the entire public.

The AMA's voice can only be as strong as the members of the profession choose to make it. With your support, the AMA can be even more effective spokesman.



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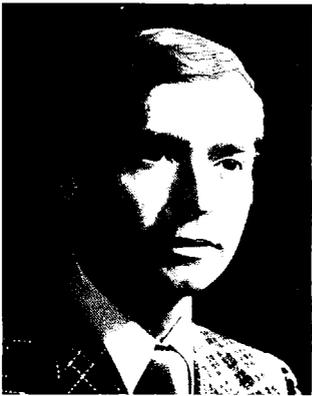
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## LEGISLATIVE NEWS



William B. Jackson, M.D.

### The ABC's of CON

As anyone who has picked up a magazine or paper recently can tell you, there is a "crisis" in medicine. The main reason we have been adjudged to be in "crisis" is that health care expenditures have increased from 4-1/2% of the Gross National Product (GNP) in the 1950 era, to the present level of 8-1/2% of the GNP. Third party payers, private and governmental, are understandably struggling with methods to control excess costs. HSA's, PSRO's, HMO's, and Certificate of Need (CON) are mechanisms primarily directed at this goal.

The Certificate of Need was instituted in this state in August of 1971. Initially, all hospital capital expenditures in excess of \$100,000 required a CON. In 1974, Sec. 1122(a) of the Social Security Act added two additional categories for CON review: 1) a new service, or 2) a change in number of beds.

The overall goal of CON is admirable, a cooperative planning among hospitals and health facilities. The mechanism involves the usual bureaucratic maze, however. Approval of a CON requires only the endorsement of the Department of Social and Health Services, but prior to that endorsement, the CON must be presented to the local Health Systems Agency, the regional HSA, and the state hospital commission for their recommendations. The total process costs the applicant from \$10,000 to \$200,000 depending on the complexity of the application.

Since the establishment of CON in Washington there has been a total of 154 hospital applications for capital expenditures in excess of \$100,000, and an additional 30 of the "1122" applications which resulted in new services or change in beds. It is generally agreed that CON results in greater inter-hospital cooperation, but studies indicate it is not cost effective.

A sophisticated study of the cost effectiveness of CON was funded by the Department of Health, Education and Welfare. The research, titled "Impact of State CON Laws on Health Care Costs and Utilization," yielded surprising results. Portions of its conclusion are as follows:

"An analytical study of impacts on CON controls on hospital investment patterns, utilization, and costs showed that CON programs did not dampen hospital cost inflation from 1968 to 1972, and may actually have exacerbated it. These results are clearly not consistent with the widely held view that CON regulation serves the public interest and suggest that the desirability of encouraging its adoption should be critically examined. Without further research on the structure and processes of CON regulation and the incentive it creates, however, we may once again accept the compelling logic of simple solutions to complex problems and miss an opportunity to implement reforms that can be demonstrated to serve the public interest."

Recent studies in progress of CON in Washington suggest that the process is not cost effective, particularly in regard to equipment and capital expenditures under \$1,000,000.

Those that approve a regulatory approach to problems are now supporting extension of CON to private medical practice. Office installations of capital equipment that would require a CON if installed in a hospital, would require running the CON gauntlet, if supporters of regulatory extension succeed in their efforts.

This incursion into the private practice of medicine was recently defeated in Washington, D.C. It was initially included in the controversial Hospital Cost Containment Act.

continued

At the state level, a bill, HB 858, is being studied by a sub-committee of the House Social and Health Services Committee. This bill would extend CON to office practice and you will be hearing more about it as we approach the next legislative year.

Opposition to HB 858 by WSMA is warranted on the basis that CON is not cost effective, would lead to a decrease of medical innovation, and would result in a decrease of available medical

services to the citizens of our state, particularly those in small communities.

Both proponents and opponents are interested in providing the best possible medical care in the most economically efficient manner. It is the responsibility of the medical community to prevent any deterioration in quality or availability of health services to our state in the name of economy.

W.B.J.

\*\*\*\*\*

## AMA to Transmit CME Program by Satellite

On Monday, December 12, 1977, from 12 noon to 2:00 p.m., the American Medical Association will transmit a live Continuing Medical Education program from Miami Beach, Florida to Tacoma's Veterans Administration Hospital, American Lake. The subject of the CME program will be "Back Ache," and the transmission will deal specifically with the physical examination.

The AMA will provide a Syllabus containing pre and post tests, physical examination outline and recording form as well as bibliography to support

the CME video transmission. They will be available at the hospital.

The transmission will be received in VA hospitals from Alaska to the Mexican border, and Cheyenne, Wyoming to the Pacific Coast. Each of these (35) hospitals are equipped with a Communications Technology Satellite earth terminal, including a complete talk-back system.

Mr. Robert D. Rynearson of the VA hospital is the local contact for the program.

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# Health Department Offers Immunization Information

The new immunization recommendations and immunization record cards of the State of Washington, DSHS, are available to private physicians through the Tacoma-Pierce County Health Department. Also, federally funded vaccine for DTP, pediatric DT, adult Td, OPV, MMR and single mumps are available free for use on your patients. No reporting is necessary. The only thing the State Health Department requires is that no charge be made for the vaccine itself. We also ask that you please take into consideration the expiration date on the vaccine and not take more than you can use during that time. Most of our vaccines have at least a six month

expiration date. The immunization regulation (WAC 248-100-162) asked that parents or guardians of children entering or presently attending any public, private, or parochial nursery school, or a licensed day care center, or mini day care center, or in a public, private or parochial school in the State of Washington shall submit to the facility director or school administrator a certificate of immunization status. The new recommendations, which went into effect August 1, 1977, have been approved by the American Academy of Pediatrics and the Washington State Society of Pediatrics and are as follows:

## PRIMARY IMMUNIZATIONS

AGE	VACCINES	COMMENTS
2 Months	DTP & POLIO <sup>1</sup>	DTP – 0.5ml of Diphtheria & Tetanus Toxoid and Pertussis Vaccine (Adsorbed Type) administered intramuscularly.
4 Months	DTP & POLIO	
6 Months	DTP & POLIO <sup>2</sup>	POLIO – Trivalent, Oral Polio Vaccine, Live (TOPV)
15 Months	MEASLES <sup>3</sup> MUMPS RUBELLA	MMR – 0.5ml of Combined Measles/Mumps/Rubella Vaccine, Live, administered subcutaneously.
18 Months	DTP & POLIO	These doses of vaccine are extremely important components of the vaccine schedule. They induce the greatest antibody response.

<sup>1</sup>Inactivated Poliovirus Vaccine (IPV) is recommended for infants and children with immune deficiency diseases and also for their siblings.

<sup>2</sup>This dose of Trivalent, Oral Polio Vaccine, Live (TOPV) is optional in the U.S.

<sup>3</sup>Whenever exposure to natural measles at an earlier age is likely, infants as young as six (6) months should be vaccinated. *Seroconversion does decline with diminishing age. Therefore such children should be revaccinated at 15 months of age.*

## BOOSTER IMMUNIZATIONS

4 - 5 Years	DTP & POLIO	Substitute 0.5ml of Tetanus/Diphtheria (Td, Adult) for children age 6 years and over.
14 - 15 Years	Td (Adult)	0.5ml Td (Adult) administered intramuscularly. Should be repeated every 10 years thereafter.

Charts for your office, immunization record cards, and the vaccine may be picked up at the new Health Department Building, 3632 Pacific

Avenue. For further information regarding immunizations in Pierce County, call 593-4060.

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**"NURSES, RELATED PROFESSIONS, MALPRACTICE"** Primarily pertains to nurses' responsibilities and the problems nurses encounter in their practice.

**"CAUSES AND PREVENTION OF MEDICAL MALPRACTICE"** Comprehensive analyses of studies made in various specialty fields. Goes into many causes of malpractice and some suggestions on how malpractice may be avoided.

**"ELECTRICAL HAZARDS IN HOSPITALS"** Gives physicians, nurses and technical personnel basic knowledge of electrical equipment in the hospital and the injuries that electricity can cause.

**"COULD THIS BE YOU?"** Shows a physician violating many principles in the handling of a patient...and flashbacks to proper technique. (Color)

If any of these tapes are of interest to you or your associations, please contact:

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# Tacoma Newspaper Reports On County Residency Program

*Efforts to establish a Family Practice Residency Program in Pierce County were reported as follows in the Sunday, November 13, issue of The Tacoma News Tribune:*

## DOCTOR SHORTAGE

### **RESIDENCY PROGRAM SOUGHT**

by John Bailey  
TNT Staff Writer

**Pierce County doesn't have enough doctors, and the problem will grow worse if something isn't done to attract new physicians into the area.**

The Family Practice Residency Foundation hopes to ease the dilemma.

The foundation plans to establish a program to train doctors in the specialty of family practice with the anticipation that most of them will stay in the area.

The plan is to have 12 doctors in residency training with four graduating each year in the family practice specialty.

BASED ON NATIONAL averages, two of the graduates can be expected to stay in the area to establish a practice and a third stay within a 150-mile area. The foundation expects to do better than that — retaining perhaps as many as three graduates a year.

Initial response has been enthusiastic, a spokesman for the foundation reported. About 100 applications from all over the country have been received for the first eight positions here.

Those who are accepted for residency will be graduates of a medical school who have served internships and are entitled to practice medicine.

A RESIDENCY provides postgraduate training in a specialized field, and family practice — recognized as a specialty by the American Medical Association — involves several fields of medicine and surgery.

There presently are about 115 doctors in family practice, including general practitioners, in Pierce County, representing about 25 per cent of the physicians serving the area. The AMA

and the American Academy of Family Practice have determined that about 50 percent of all physicians should be in family practice.

THAT CONCEPT IS a departure from past years when the number of physicians entering general practice declined because of specialization in other fields.

Although the need for more doctors in family practice was recognized in the late 1940s and early 1950s, the solution did not become a national effort until 1966, a spokesman for the family practice foundation explained.

The first family practice residency program in the Northwest was established only five years ago, and the foundation here has been working toward a program for Pierce County since 1974. Most recently, the program planned here has been accredited by the AMA and affiliated with the family practice network at the University of Washington.

Object of a local program is to train doctors in Pierce County for Pierce County practice.

THE RATIO OF doctors to patients in Pierce County presently is 1:3887, while a ratio of 1:2000 recommended as ideal by the American Academy of Family Practice.

It has been estimated that Pierce County will need 28 new physicians in the next 10 years to maintain the present ratio because of doctors retiring and population growth. The residency program is expected to at least maintain the present ratio, and without the program the ratio could be expected to reach 1:5309 in the next 10 years. During that time it would take 61 new physicians in the area to attain the ideal ratio.

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# AUXILIARY PAGE

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Nominating.....	Marie Henry
Pierce County Health Council.....	Nadine Kennedy
PCMS Directory.....	Kit Larson
Sunshine .....	Lorna Burt
Superintendent's Advisory Health Council and Handicapped Acceptance Program.....	Sharon Lukens
Student Recognition Awards.....	Barbara Wong
.....	Marilyn Mandeville
Tel-Med Volunteers.....	Lila Early

Guests at our last board meeting were the new State Auxiliary President, Bev Downing; President-Elect Carolyn Smith; and Regional Vice-President June Grant. Bev told us how important it is to stand up and speak out for medicine, supporting legislation, and health care projects. "Be proud that you are a physician's spouse." The State officers were very pleased to see how active our Auxiliary is. As Bev said, "if all counties were as solid as yours, I guess I wouldn't have a job."

Over 34,000 calls have been received by Tel-Med since its opening in April. Scripts for new tapes are being reviewed. Please call Marie Henry if you have ideas for new subjects. We have at last at-

tained our goal of \$33,000 for the first year's budget. Now we must work on finding another \$18,000 for next year. The cost is kept at this low level thanks to all the volunteers who answer the ten phone lines three hours each day. Well done, ladies!

One hundred and fifty people attended the lovely Tasting Luncheon November 18th. Compliments go to Stephanie Tuell and her able assistants: Nancy Spangler, Nicole Crowley, Jane Curl, Judy Brachvogel, Roberta Millett, Gayle Martin, Edith Lawrence, Jo Roller, Carol Hopkins, Kay North, Judy Baerg and Shirley Murphy, plus countless others who prepared and donated the food. All recipes were from our cookbook. In the event you missed it, there are still cookbooks available.

Mr. Lloyd Cooney will be our guest speaker for the Joint Dinner, February 14, 1978, at the Tacoma Country and Golf Club. We anticipate a large number of requests for reservations. The reservation form will appear on the Auxiliary Page of the January Bulletin. Reservations must be limited to 200 people. No-Host Bar — Prime Rib Buffet — \$20.70 per couple.

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## PRESIDENT'S CORNER

We are delighted with the invitation to attend the Medical Society's installation dinner December 13th, and to meet the Society's new Executive Director, Tom Curry! The Society has been most helpful to the Auxiliary in supporting our programs and providing secretarial services. Sitting on the Board of Trustees has been one of the highlights of my job. The doctors are genuinely interested in the Auxiliary's point of view, and we can be much more helpful to them with this sort of communication available. Thanks, Ted, and all the board members, for the great cooperation during your term of office. We look forward to an equally gratifying coalition with Ralph Johnson and his board.

Helen Whitney

# A.A.M.A. PAGE

## A CONVENTION CHRONICLE

by Doris Stansell, Pierce County Chapter

During the week of October 17-22, 1977, I had the pleasure of attending my first National Convention of AAMA, hosted by the California State Society and held in the fantastic convention city of San Francisco. This was our 21st Annual meeting and carried the theme of "AAMA: Golden Gate of Achievement."

Even though the convention did not officially open until Monday morning, the days of Saturday and Sunday were filled with special sessions for educators/instructors. We were welcomed on Sunday evening with a party in the Grand Ballroom of the St. Francis Hotel, convention headquarters. We had been encouraged to come in costume, as "someone in show biz," and numerous costumes were enjoyed by all, as well as an excellent vaudeville show.

Monday morning brought us a very inspiring workshop conducted by Georgette McGregor, Ph.D., on "Confident Leadership Through Effective Communications." In the afternoon I chose to attend the session on "Membership and Public Relations," arranged and conducted by National Committee Chairmen Dot Sellars of Virginia and Luella Mitchell of Illinois. Since Dot had been National representative at our state convention in 1977, and Luella in 1976, I felt quite comfortable in the two-hour workshop with them, and picked up many interesting ideas which were shared within the group.

The House of Delegates convened Monday evening. Washington State was represented by State President Pat Gardner, CMA-AC; Cathy Luchino, CMA-A, State President Elect; and Betty J. Moore, 1977 Pierce County Chapter President. During this session of the House I had quite a pleasant surprise when I ran into the girl I had introduced to the medical field and trained to take my job in Oklahoma when I left eleven years ago to return to Washington. It was very gratifying to me to see her there, representing her state as President of the Oklahoma State Society.

Tuesday morning we attended the Reference Committee meeting. Our State delegation was especially interested in seeing how our proposed C&B change regarding membership would be received. We had proposed that anyone who had earned their CMA should be entitled to active membership even though they might not still be working in the field. There was not really too much "flak," and this later passed in the House on Wednesday morning.

Dee Lunstrum and I "bugged out" for the afternoon for a cable car ride to Fisherman's Wharf, where we enjoyed lunch and shopping at The Cannery and Ghirardelli Square — a fascinating place — if only my feet hadn't hurt so much!! Tuesday night was our "Nite on the Town Tour," where it was back to the Wharf for dinner, then the show at Lehr's Cabaret, followed by a visit and performance at Finocchio's — unbelievable, and certainly a San Francisco landmark and tourist must. The evening ended with an hour at the new Hilton Hotel 42nd floor lounge and a terrific night view of the Bay area.

Wednesday morning was devoted to the House of Delegates, a couple of hours of shopping time, and then "the big night" for all of us from Washington, as Dee was among the over 100 members present to receive their CMA certificates and pins. (The Pierce County Chapter had another member who passed the CMA-C in the spring — Kate Babinsky, who was not able to attend.) I am sure Dr. Peary B. Berger of Inglewood, California has no fear of "mono," as he was on the stage to kiss each and every one of them. He certainly set some sort of a record — I wonder if this could be part of the reason for his retiring this year as Chairman of the AAMA Physician Advisory Board.

Thursday there was the Awards Luncheon and repeat workshops in the afternoon on "Your Collection IQ" and "The Doctor's Time and How to Schedule It." Thursday evening we enjoyed a three-hour Sunset Cruise of San Francisco Bay.

Two Education Sessions were held on Friday morning. The first, "Beyond the Window," was a most inspiring presentation by Jakichi Takamine, M.D. The second was presented by Don Harper Mills, Ph.D., Clinical Professor of Pathology, USC School of Medicine, Los Angeles. Three afternoon workshops dealt with "How to Work with the State Medical Society on Allied Health Legislation," "Publications," and "Guided Study Courses."

On Friday evening the Inaugural Banquet was held, with Joan C. Michaels, CMA-A, North Carolina, handing over the Association reins for 1977-78 to Jeanne D. Green, CMA-A, of Iowa. Each State Society President was presented, and Washington members were very proud of Pat Gardner, CMA-AC, Seattle. All of Washington should be extremely proud of Nancy Fortin, CMA-AC, of Seattle, past president of WSS, a longtime very active member at all levels, who was appointed Vice Chairman of the National Board of Certification.

The Saturday Farewell Breakfast was followed by the usual hassle to check out of the hotel and find transportation to the airport. I still don't know how seven of us from Washington managed to squeeze into that limousine with all our luggage.

I have only touched on the highlights from my own personal viewpoint. There were many more workshops, reel reviews, exhibits, etc. — something happening all the time. It was amazing to see the number of personnel and necessary equipment that had to be brought from National Headquarters to make such a convention function. And, California's State Society is certainly to be congratulated on a fine job. I had neglected to note that Governor Brown gave us a most gracious personal welcome at the General Session, and at the Inaugural Banquet there was a quite lengthy telegram of congratulations and best wishes from President Carter. Our organization appreciates this sort of recognition tremendously.

On to Boston in 1978???

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## CLINICAL ENDOCRINOLOGY COURSE PLANNED

The American College of Physicians (ACP) will sponsor a three-day postgraduate course, "Problems in Clinical Endocrinology," January 18-20, 1978, in Seattle.

The postgraduate session is one of approximately 45 to be sponsored by the ACP in the United States and Canada during the 1977-78 academic year. Their purpose is to give specialists in internal medicine and related fields an opportunity to review basic information, and to find out what is new in medical diagnosis and therapy.

The American College of Physicians postgraduate

courses have been approved by the American Medical Association Advisory Committee on Continuing Medical Education. The Seattle course may be used to fulfill 20 hours of Category 1 requirements for the AMA's Physician Recognition Award.

The Seattle course, entitled "Problems in Clinical Endocrinology," is being planned by Robert L. Nielsen, M.D., F.A.C.P., of the Mason Clinic. For information and registration contact the Registrar, Postgraduate Courses, ACP, 4200 Pine Street, Philadelphia, Pennsylvania 19104.

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## "PHYSICIANS CAN AND MUST PLAY A MAJOR ROLE IN REDUCING OR AT LEAST STABILIZING HEALTH-CARE COSTS"

AN A.M.A. EDITORIAL

Those challenging words come from a leader in organized medicine at the state level — Richard J. Frey, M.D., chairman of the Council (or Board of Trustees) of the Minnesota State Medical Association.

He is also chairman of the Health Care Cost Commission sponsored by MSMA, and this is the group to which he directed those remarks.

The commission, which held its first meeting in May, is conducting an 18-month study of rising health-care costs (with the help of a professor at the University of Minnesota's School of Public Health). It will issue "independent" recommendations that will go straight to the people without alteration.

Thus, MSMA is among the growing number of state medical societies that are eager to zero in on the cost problem, regardless of the complexities and possible outcome.

The commission's members include representatives from civic affairs, industry, banking, insurance, state government, labor, and hospitals as well as from medicine. A state senator member was appointed by Gov. Rudy Perpich, who strongly supports the commission's efforts.

In diversity of makeup as well as purpose, it thus resembles the AMA medical-cost commission.

Dr. Frey, an internist, told the initial meeting in St. Paul:

"As an association, we could approach this situation in a variety of ways. We could, for example, say that the problem doesn't exist. Then again, we could, as physicians, blame it on the hospitals, or government, or the health planners, the insurance industry, the public, or some other entity than ourselves.

"Then again, we could say that physicians as a group are a very significant contributing factor to the question of costs. Although physician fees are a small part of the health-care dollar, as a group physicians serve as purchasers of medical and health care for their patients and as such are indeed a major factor in determining the extent of total health-care expenditures in this nation."

The commission's final report will include:

- A definition of the health-care delivery systems in the state.
- An identification of Minnesota and national forces creating increases in health-care costs.
- A review and evaluation of existing research on the causes of such increases.
- A review of Minnesota health-care systems outside the traditional fee-for-service system.
- Detailed recommendations for future programs that would contain costs while providing high-quality care.

The findings should be awaited with eagerness. And with a spirit of faith in what we in organized medicine can generate on our own.

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### YOUR MEDICAL LIBRARY

Your access to the world literature in medicine through the network of biomedical communication: Hospital Library — Pierce County Medical Library — Pacific Northwest Regional Health Sciences Library — National Library of Medicine — British Lending Library.

Comprehensive library services include: literature searches, bibliographies, interlibrary loans, and Medline searches (Literature retrieval by computer).

HOURS: Monday - Friday 8:00 A.M. - 5:30 P.M.  
(Other times key is available by request)

M. Von Bruck, Librarian  
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## IN BRIEF: A summary of AMA, medical & health news

American Medical Association / 535 North Dearborn Street / Chicago, Illinois 60610 / Phone (312) 751-6000 / TWX 910-221-0300

A fiscal budget for 1978 was approved by the Board of Trustees. The budget is based on expected revenue of \$62,292,000 and expected expenses of \$51,302,000. The anticipated favorable balance will enable the AMA to place \$10,990,000 in reserve, in accordance with a policy set by the House of Delegates at the 1975 Annual Convention. As in 1977, the 1978 budget will emphasize scientific programs. The AMA plan missions titled "Scientific Policy and Information" and "Assure and Continue to Improve the Quality of Medical Care" account for 54.4% of the budget expenditures. Last year this expenditure was 51.2%. High priority during the year will be given to continuing medical education, membership, relations with the public, and scientific policy development.

Legal counsel advised the AMA not to testify on "the regulatory and competitive aspects of the health care industry" at hearings before the Subcommittees on Health and Scientific Research and on Antitrust and Monopoly, both headed by Sen. Edward Kennedy (D-Mass.). Sen. Kennedy subsequently cancelled the hearings. In a letter to the senator, the AMA said it was advised not to testify since "the issues to be addressed at the joint hearings are essentially the same as the issues now in trial before an administrative law judge of the Federal Trade Commission." The AMA, the Connecticut State Medical Society and the New Haven County Medical Assn. are fighting FTC antitrust allegations.

A weekly radio show — 15 minutes in length — is being produced by the AMA. The programs will be aired on Tuesdays by the Physicians Radio Network in New York City. Discussion topics will include legislation, medical liability, and AMA activities and policies.

The theme for the AMA's 6th National Leadership Conference is "Synergy in leadership." The conference will be held Jan. 26-29 at the O'Hare Marriott Motor Hotel, Chicago. Programming for the meeting will focus on health care costs. Seven optional seminars will be held on Thursday, January 26.

A pilot seminar on the television phenomenon — its effects, processes and role in society — was sponsored recently by the AMA and the Television Awareness Training Program. About 65 psychiatrists, pediatricians and family physicians attended the AMA/T-A-T meeting in Chicago. The program emphasized constructive means of using television programming as an outlet for parent-child discussions on modern social values.

The date for the Quality of Life Congress IV, sponsored by the AMA with the cooperation of about 100 national organizations, will be April 17-19 at the Conrad Hilton Hotel, Chicago. The theme for the meeting will be "The Family."

The Chairman of the Select Committee on Aging, Rep. Claude Pepper (D-Fla.) wrote AMA President John H. Budd, M.D., saying that the AMA's position on retirement was "instrumental" to passage of a bill ending mandatory retirement for most federal workers and raising the minimum age to 70 for nonfederal workers. He said passage of the bill was "a magnificent victory for the elderly of this nation." In a letter to the committee, the AMA said forced retirement at age 65 is detrimental to health.

The AMA's Ad Hoc Committee on PSRO has been enlarged from five to eight members.

Available from AMA: Guidelines for the medical director are covered in *The Medical Director in the Long-Term Care Facility*. Cost is \$3.50 ea. for 1 - 10 copies; \$3 ea. for 11 - 49 copies; and \$2.75 ea. for 50 or more . . . *Constitution and Bylaws of the AMA*, includes the AMA's Principles of Medical Ethics. Cost is \$3.50 ea. for 1 - 10 copies; \$3.35 ea. for 11 - 49 copies; and \$3.10 ea. for 50 or more . . . *The Path to Good Health is Lined with AMA Publications*, a booklet for consumers, and *Sound Health Leadership Begins With You and AMA Publications*, a pamphlet for physicians, are available free of charge. Write Order Dept., AMA Headquarters.

# GENERAL MEMBERSHIP MEETING NOTICE

TUESDAY, DECEMBER 13, 1977

## PROGRAM

- Installation of Officers and Trustees for 1978 -
- Introduction of New Executive Director -

The Board of Trustees extends a special invitation to spouses to attend this meeting.

The Huntsman Restaurant, 3902 Bridgeport Way West,  
in the Green Firs Shopping Center near University Place.

6:15 Cocktails • 7:00 Dinner • 8:00 Program  
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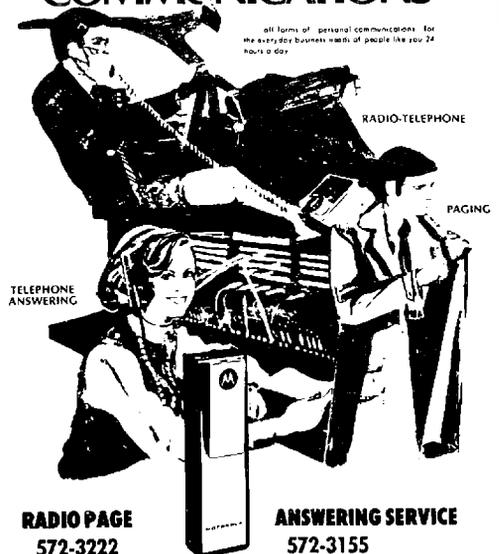
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## MEMBERSHIP FIRST NOTICE

In accordance with Society Bylaws, Chapter 7, Section A, MEMBERSHIP, the following physicians have made application for membership, and notice of that application is herewith presented to the membership:



**THOMAS K. BROWN, M.D., Obstetrics-Gynecology.** Born in Milwaukee, Wisconsin, 2/17/40; medical school at University of Illinois, 1965; internship at Denver General Hospital, Denver, Colorado, 1965-66; residency in obstetrics and gynecology at University of New Mexico, 1966-69; graduate training in endocrinology, University of Washington, 1973-75; Board certified in Ob-Gyn, 1971; licensed to practice medicine in the State of Washington, 1973; also practiced medicine in the U. S. Army Medical Corps, 1969-77. Dr. Brown's office of obstetrics and gynecology is located at 7206 Meadow Park Road W. in Lakewood.



**ROBERT C. HARVEY, M.D., General Practice.** Born in Pasadena, California, 1/12/49; medical school at Duke University, Durham, North Carolina, 1975; internship at Madigan Army Medical Center, 1975-76; licensed to practice medicine in the State of Washington, 1976; Dr. Harvey is practicing medicine at Ft. Lewis and in emergency rooms of local hospitals.



**DENNIS C. KOUKOL, M.D., Internal Medicine (Cardiology).** Born in Chicago, Illinois, 12/6/42; medical school at Marquette, 1968; internship at University of Illinois, Chicago, 1968-69; residency in psychiatry also at the University of Illinois, 1969-70; residency in medicine, University of Oregon, Portland, 1972-74; chief medical resident and instructor in medicine, University of Oregon, 1974-75; cardiology fellowship, University of Oregon, 1975-77; Board certified in internal medicine, 1975; licensed to practice medicine in the State of Washington, 1977. Dr. Koukol's office of internal medicine and cardiology is located at Allenmore Medical Center in Tacoma.



**FRED J. LEITZ, III, M.D., Family Practice.** Born in Oak Ridge, Tennessee, 5/28/47; medical school at University of Washington, 1974; family practice internship and residency at Weld County General Hospital, Greeley, Colorado, 1974-77; licensed to practice medicine in the State of Washington, 1976. Dr. Leitz's office of family medicine is located at 913 Kincaid in Sumner.



**ROBERT A. McALEXANDER, M.D., Surgery.** Born in Colville, Washington, 6/1/32; medical school at University of Washington, 1954; internship at Johns Hopkins Hospital, 1958-59; residency in surgery at University of Washington, 1959-63, and Virginia Mason Hospital, Mason Clinic, 1964-65; cardiovascular fellowship at Stanford University Hospital, 1976-77; Board certified in surgery; licensed to practice medicine in the State of Washington, 1959; also practiced medicine in the State of California, 1965-76. Dr. McAlexander's office is located at 1422 Medical Arts Building in Tacoma.

### - DOCTORS -

*There is an important need for proper physician identification should care be provided in an emergency situation. Your best means of identification is your license renewal tab. Please carry this identification in case of an emergency.*



**JAMES A. McHUGH, Family Practice.** Born in Tacoma, Washington, 8/16/46; medical school at University of Washington, 1974; family practice and residency at University of Kansas Medical Center, 1974-77; licensed to practice medicine in the State of Washington, 1977. Dr. McHugh practices family medicine at the Puyallup Indian Clinic.



**MARSE L. McNAUGHTON, M.D., General Practice.** Born in Cardston, Alberta, 7/8/48; medical school at University of Alberta, Edmonton, Alberta, 1976; internship at Edmonton General Hospital, 1976-77; licensed to practice medicine in the State of Washington, 1977. Dr. McNaughton's office of general practice is located at 3733 South Thompson in Tacoma.



**SHARON E. O'CONNOR, M.D., Emergency Medicine.** Born in New York, 1/19/50; medical school at Albany Medical College and George Washington University, Washington, D.C., graduated 1975; internship and residency in family practice at University of Colorado Medical Center, 1975-77; licensed to practice medicine in the State of Washington, 1977. Dr. O'Connor practices emergency medicine in King and Pierce County hospitals.



**ROGER M. ROPER, D.O., Family Practice.** Born in Eagle Grove, Iowa, 6/16/37; medical school at Kirksville College of Osteopathic Medicine, Kirksville, Missouri, 1976; internship at Suncoast Hospital, Largo, Florida, 1976-77; licensed to practice medicine in the State of Washington, 1977. Dr. Roper's office of family practice is located at Allenmore Medical Center in Tacoma.



**ROBERT A. TEITGE, M.D., Orthopedic Surgery.** Born in Los Angeles, California, 10/18/42; medical school at University of Southern California, Los Angeles, California, 1969; internship at Rhode Island Hospital, Providence, Rhode Island, 1969-70; residency in orthopedic surgery at Los Angeles County-USC Medical Center, 1970-74; fellowship in Sports Medicine, National Athletic Health Institute, 1976-77; Board certified in orthopedic surgery; licensed to practice medicine in the State of Washington, 1970; also practiced medicine in the U. S. Air Force, 1974-76. Dr. Teitge's office of orthopedic surgery is located at 919 South 9th Street, in Tacoma.



**HOBART J. WHITE, M.D., Plastic Surgery.** Born in Tremonton, Utah, 8/6/33; medical school at Jefferson Medical College, Philadelphia, Pennsylvania, 1962; internship at San Diego County Hospital, 1962-63; residency in general surgery at San Diego County University Hospital, 1963-67, and a residency in plastic surgery at Wilford Hall USAF Medical Center, Lackland AFB, 1971-73; Board certified in general surgery, 1968, plastic surgery, 1974; also practiced medicine in the U. S. Army, most recently as Chief of Plastic Surgery at Madigan Army Medical Center. Dr. White's office of plastic surgery is located at Allenmore Medical Center in Tacoma.

### SALARY-FRINGE BENEFIT SURVEY

The Salary-Fringe Benefit Survey has been tabulated and is available to those who requested copies. If a doctor wishes to have a copy, please call 572-3667 and we will mail one to your office or residence. The actual survey responses, with detailed comments, can be seen at the Medical Society. You may stop by any time if you wish more information. Thank you for your response to this survey. We hope it will be helpful to you.

# MEMBERSHIP SECOND NOTICE



**ROBERT M. ALSTON, M.D., Family Practice.** Born in Seattle, Washington, 6/4/49; medical school at University of Washington, Seattle, 1970; internship and residency in family practice also at the University of Washington, 1974-77; licensed to practice medicine in the State of Washington, 1975. Dr. Alston's family practice is located at Summit View Clinic in Puyallup.



**LOWELL M. ANDERSON, M.D., Flight Surgeon and Emergency Medicine.** Born in Hibbing, Minnesota, 7/25/49; medical school at University of Portland, Portland, Oregon, 1975; internship at Dwight David Eisenhower Army Medical Center, 1975-76; graduate training in flight surgery, 1976; licensed to practice medicine in the State of Washington, 1976. Dr. Anderson is currently a flight surgeon at Madigan Army Medical Center and also practices emergency medicine in Pierce County Hospitals.



**EDWARD L. BITSEFF, M.D., Plastic Surgery.** Born in Bellingham, Washington, 12/20/30; medical school at University of Washington, 1962; internship at USAF Hospital, Scott Air Force Base, Illinois, 1966-67; residency in general surgery, Keesler USAF Medical Center, Mississippi, 1967-70; additional residency in plastic surgery at Tulane University, New Orleans, Louisiana, 1970-72; licensed to practice medicine in the State of Washington, 1970; also practiced medicine in the United States Air Force, 1972-77. Dr. Bitseff's office of plastic surgery is located at Allenmore Medical Center in Tacoma.



**JAMES D. HOWARD, M.D., Psychiatry.** Born in Lubbock, Texas, 3/27/42; medical school at University of Texas S.W. Medical School, 1968; internship at Children's Orthopedic Hospital, Seattle, 1968-69; residency in psychiatry at University of Texas, 1969-72; graduate training in psychiatry at Temple University, 1970; licensed to practice medicine in the State of Washington, 1975; also practiced medicine in the U. S. Army, 1972-75. Dr. Howard's office of psychiatry is located at 2607 Bridgeport Way West, in Tacoma.



**JAMES M. KOMOROUS, M.D., Dermatology.** Born in Chicago, Illinois, 2/7/47; medical school at University of Washington, Seattle, 1973; internship at North Carolina Memorial Hospital, Chapel Hill, N.C., 1974-77; residency in dermatology also at North Carolina Memorial Hospital, 1974-77; licensed to practice medicine in the State of Washington, 1977. Dr. Komorous' office of dermatology is located at Allenmore Medical Center in Tacoma.



**JOHN C. MULLIGAN, M.D., Pediatrics.** Born in Hornell, New York, 11/3/44; medical school at University of Pittsburgh, Pittsburgh, Pennsylvania, 1970; internship at New England Medical Center, Boston, Massachusetts, 1970-71; residency in pediatrics also at New England Medical Center, 1973-74; graduate training in neonatology, U. of Pittsburgh, 1974-76; licensed to practice medicine in the State of Washington, 1971; also practiced medicine as staff neonatologist at the U. of Pittsburgh, 1976-77. Dr. Mulligan is a staff neonatologist at Tacoma General Hospital in Tacoma.



**ROBERT H. WILSON, M.D., Family Practice.** Born in Oakland, California, 4/17/48; medical school at U.C. Medical School, Davis, California, 1974; internship and residency in approved family practice at Providence Family Medical Center, Seattle, Washington, 1974-77; licensed to practice medicine in the State of Washington, 1975. Dr. Wilson's family practice is located at Sound Health Association in Tacoma.

# LETTERS

## ALLENMORE COMMUNITY HOSPITAL

South 19th and Union • P.O. Box 1513 • Tacoma, Washington 98405 • Phone: 572-2323

October 20, 1977

Ted D. Baer, M.D.  
President Pierce County Medical Society  
15 Allenmore Medical Center  
Tacoma, WN 98405

Dear Dr. Baer:

The ophthalmologists in Pierce County wish to apply for status as a Clinical Department of Pierce County Medical Society.

The following are members of the Pierce County Ophthalmology Society who would be members of the Pierce County Department:

Richard G. Bowe, M.D.  
D. Ted Baer, M.D.  
Harry W. Camp, M.D.  
Clark W. Deem, M.D.  
Don C. Pearson, M.D.  
Randolph M. Lindblad, M.D.  
Leonard B. Alenick, M.D.  
Donald A. Graham, M.D.  
James F. Ward, M.D.

Max W. Brachvogel, M.D.  
Douglas A. MacLeod, M.D.  
Russell Q. Colley, M.D.  
Kenneth S. Kilborn, M.D.  
Byron M. Dodge, M.D.  
Haskel L. Maier, M.D.  
Ronald J. Beck, M.D.  
Paul B. Smith, M.D.

The Pierce County Department of Ophthalmology will meet monthly. They will follow the guidelines established in accordance with Tacoma General, St. Joseph's and Allenmore Community Hospitals Medical Staff Bylaws so as to be accepted as a department.

I appreciate your efforts in recognizing us as the Department of Ophthalmology.

Respectfully submitted,

(signed)

Richard G. Bowe, M.D.  
Acting Chairman of Pierce County  
Ophthalmology Society

**(EDITOR'S NOTE: The Society's Board of Trustees, at its November 1 meeting, approved the above application and an application from the Pierce County Department of Medicine for departmental status.)**

continued

## TACOMA PUBLIC SCHOOLS

November 15, 1977

Mr. Thomas J. Curry, Executive Director  
Medical Society of Pierce County  
813 South K  
Tacoma, WA 98405

Dear Mr. Curry:

In a recent letter to the Society, we acknowledged the contribution of our members who volunteer as team physicians for the local high school football teams. Thanks is also due to Maurice Origenes, M.D., whose name was inadvertently omitted from the previous letter.

Sincerely,  
(signed)

Roger J. Meyer, M.D., M.P.H.  
Administrative Director, Division of Health

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## Occupational Therapy Services Available Through Health Department

Occupational therapy services are available through the Tacoma-Pierce County Health Department to increase rehabilitation for patients referred for community health services in the home.

As a member of the community health team, the occupational therapist's role is:

- to evaluate the safety of the home environment and recommend practical measures to adapt to the surroundings,
- to teach the patient activities of daily living,
- to teach patient and family to use proper body mechanics and energy-conserving techniques in their newly-altered activities of daily living,

- to advise on adaptive equipment to increase their level of independence in their daily activities, e.g., hygiene and cooking activities.

Because the Department is a certified home health agency and reimbursed by Medicare, occupational therapy services may only be utilized when there is a community health nurse or physical therapist on the case.

If your patients might benefit from this service, please feel free to contact the Tacoma-Pierce County Health Department for a patient and home evaluation and/or follow-up. Treatment services are performed only under physician's orders. The Department will be pleased to assist you in the patient's rehabilitation.

If you have questions regarding services, call Jantine J. Bom, O.T.R., at 593-4160.

## Backup Library Services Outlined

The WSMA House of Delegates, in September, 1977, determined that the WSMA Library Service Study be discontinued effective December 13, 1977.

However, alternatives for obtaining full library services do exist, and can be used as back-up services to those provided by the Pierce County Medical Library. The King County Medical Society will offer its library services to physicians outside King County on a subscription basis, on either an individual or group basis. Or, you may use the services of the Pacific Northwest Regional Health Sciences Library as backup to your local medical library.

The services offered through the King County

plan are essentially the same as those provided by the WSMA Library Service, and include 75 photocopy pages per "share" purchased, as well as manual or computer literature searches and brief reference answers. You may subscribe on an individual basis, which will give you direct access to the service through the MEDCON toll-free line, or you may join a group of 25 or more physicians to obtain backup services through your local medical librarian.

Registration forms for the King County service, and details of these alternative back-up services, are available from Marion Von Brock, Librarian, Pierce County Medical Library, 572-5340. No subscriptions will be taken after January 31, 1978.

\*\*\*\*\*



medical  
diet  
service

### THE WEIGHT CONTROL PROGRAM

- *Nutritional Guidance*
- *Food Provided - Calorie-Controlled*
- *Weekly Counseling for Support*

The Medical Diet Service program works, where other weight loss schemes fail, because its objective is to achieve permanent change in the eating patterns of your patients. That's weight control!

No pills. No liquid protein. The program is nutritionally sound.

medical diet  
service

TACOMA OFFICE  
115 South 38th  
Phone: 474-0683

Offices also in Olympia  
and the Seattle area.



### OFFICE SPACE FOR LEASE

Lakewood Medical Center Building  
6345 Motor Avenue S.W. • Lakewood

Two available areas, one currently being re-modeled to include waiting and reception areas, 3 exam rooms, office and restrooms. 700 total square feet.

The second area is 2800 square feet consisting of waiting and reception areas, 15+ exam rooms, offices, restrooms, lab and storage.

Full-service leases, ample parking, attractive brick construction.

Interested parties please call:

Herb Dick, 564-0256

or

Mike Hazel, 759-4474

THE MEDICAL SOCIETY OF PIERCE COUNTY  
PRESENTS A TRAVEL-MEDICAL SEMINAR WORKSHOP  
FOR WASHINGTON PHYSICIANS AND THEIR FAMILIES  
Depart Seattle/Tacoma March 17, 1978 – Return April 1, 1978

## MEDITERRANEAN JOURNEY AIR/SEA CRUISE

### CRUISE BACK TO THE BEGINNINGS . . .

This is your opportunity to discover the blue Mediterranean and, in particular, the Eastern part of this enchanting Sea. Slip away on a gleaming white cruise-ship in search of the past. Sail to distinctive ports of call, each with its own history, to explore the ancient sites that have attracted visitors since the beginnings of civilization.

Tunis and nearby Carthage . . . Alexandria, gateway to Cairo and the Pyramids of Giza . . . Haifa, for the Biblical sites of Israel . . . Piraeus, port of classical Athens . . . Catania, for nearby Taormina and Syracuse. The cruise originates and terminates in Nice.

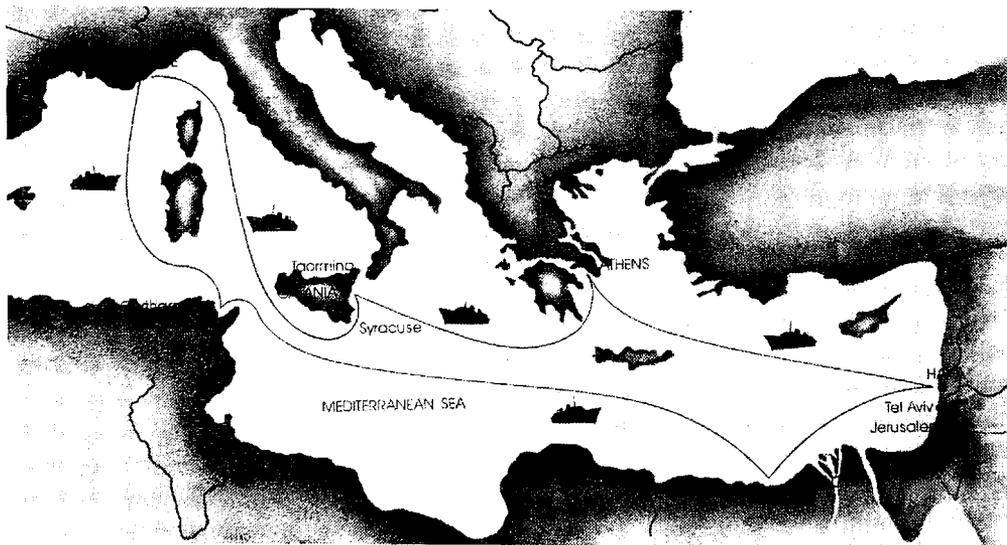
You will sail in the spring, the most exuberant

season of the year. The sea is calm, the temperature just right for perfect relaxation and touring. And the sites will not be trampled down by crowds.

Cruising is on the NAVARINO, the ex-Gripsholm, one of the most elegant ships afloat. Under her new name, she continues the reputation she established for excellence in the high seas. A style of cruising you would approve of. Unhurried. Unherded.

Transatlantic round trip flights are on scheduled, comfortable Air France Boeing 747's. Experienced escorts travel with you throughout to expedite procedures.

Don't miss this opportunity to cruise back in time . . . back to the beginnings.



### PROFESSIONAL SEMINAR PROGRAM . . .

Accompanying the group will be two lecturers who will offer a workshop through Seminars and Symposia, Inc. This program will include several lectures which will be scheduled so that they will not conflict with any of the sightseeing tours.

There is a registration fee of \$200 for the series. The physician's program has been approved by the American Medical Association for credit towards the Continuing Education certificate.

## THE PORTS . . .

**Nice.** Jetport for the French Riviera. A short motorcoach ride from the airport is Villefranche, originating and terminating port of our cruise. Nice, ancient Nicea, has many attractions — museums, gardens, flower markets and Roman antiquities.

**Tunis.** The capital of Tunisia has its skyscrapers and modern hotels. But it also has the picturesque Medina, mosques to marvel at, and souks, the heavy-gated markets, to stop in. Ancient Carthage, which played such an important role in antiquity, is a commuter suburb now.

**Alexandria.** The "Navarino" stays for two days in this port, founded by Alexander the Great. Once the cultural capital of the Mediterranean, it contains a wealth of monuments such as the Greco-Roman Theater, Pompey's Pillar and the catacombs. But above all, here is your opportunity to visit Cairo and the famed Pyramids and Sphinx. Cairo boasts some of the most beautiful architectural achievements of the Islamic world as well as the Egyptian Museum with treasures of the Pharaonic civilization. The Pyramids and Sphinx at Giza have been standing for 5,000 years.

**Haifa.** Biblical Mount Carmel marks beautiful Haifa in its sheltered Mediterranean setting. The marble and gold-domed Bahai Temple with its gardens, the Carmel Monastery housing the traditional Cave of Elijah, as well as the school where this prophet is said to have taught, are here. From Haifa, you will be able to travel to Jerusalem and Galilee, to visit the holiest of Jewish and Christian shrines. The "Navarino" stays in port overnight.

**Athens.** The "Navarino" will dock in Piraeus, an attraction in itself for bayside seafood restaurants, and only a short ride away from Athens. What can you do in Athens? It takes awhile to get used to the Acropolis above the city and in view everywhere, or passing the Temple of Zeus, right in the center of town, or the



antiquities you'll encounter near the old section. Of course, you can shop for jewelry, oriental carpets. There are small basement antique shops around Monastiraki Square where you can dig up very unusual antiques. In the Archaeological Museum, do not miss the new Santorini rooms with the incredible frescoes.

**Catania.** The island of Sicily figures prominently in ancient Greek history. Some of the best preserved and most beautiful monuments dating from this era are found here. From the port of Catania, you may visit Taormina and Syracuse, the most prominent ancient sites. Taormina is situated on a cliff, 600 feet above the sea, with Mt. Etna towering in the background. The Greek Theater affords panoramic views. The temples of Hercules, Concord, Juno and other remains, remind us that old Siracusa once rivaled Athens and Carthage.

## THE SHIP . . .

It's rather special. The NAVARINO is a beautiful ship designed in the grand style of the last great liners. Formerly known as the Gripsholm of Swedish American Line, she's a one class ship — first class. All passengers travel in spacious outside staterooms with lower beds, private toilet, bathtub and/or shower, elegant furnishings and more than generous closet space. The ship is fully stabilized and air-conditioned.

At 23,000 tons she could carry more than 1,000 passengers. But there are only accommodations for about half this number adding to the feeling of space and comfort on her sun decks, promenades and around her pools. An air of elegance prevails in the restaurant, lounges and bars. The saunas and gymnasium are perfect spots for relaxation.

The Navarino is far more than the Gripsholm by another name. She was refitted and refurbished to suit the sunny climate of the Mediterranean.

The Navarino, quiet, stable, serene. The kind of ship they don't build anymore.

## THE DAILY ITINERARY . . .

Day 1. Depart U.S.A. Transatlantic flights on Air France scheduled Boeing 747's.

Day 2. Morning arrival in Nice. Transfer to the NAVARINO.

Day 3. Cruising.

Day 4. In Tunis, Tunisia. Optional tour of the city and Carthage.

Days 5 & 6. Cruising in the Eastern Mediterranean.

Days 7 & 8. Two days in Alexandria, Egypt. Optional excursions to Cairo, Pyramids and Sphinx of Giza and tour of Alexandria.

Day 9. Afternoon arrival in Haifa.

Day 10. All day in Haifa. Optional side trips to Jerusalem and Galilee.

Day 11. At Sea.

Day 12. In Piraeus, port of Athens.

Day 13. Cruising around the Peloponnese and the Ionian Sea.

Day 14. All day in Catania, Sicily for optional excursions to Taormina and Syracuse.

Day 15. At Sea.

Day 16. Morning arrival in Nice. Transfer to the airport for return flight to the U.S. on Air France.

## GENERAL INFORMATION . . .

**Air Transportation:** Round trip transportation via Air France scheduled flights flying transatlantic on wide-bodied Boeing 747 jets economy class.

**Cruise:** Fourteen days aboard the NAVARINO, a single class ship with the finest accommodations in outside state-rooms at rates indicated.

**Meals:** Aboard the NAVARINO all meals are included. American breakfast, luncheon and dinner as well as afternoon tea and midnight buffet.

**Transfers:** Transfers from the airport to the ship and vice versa are included. Luggage will be taken directly to your cabin.

**Baggage:** The international allowance for luggage when flying scheduled flights is 106" per person with a maximum of two suitcases. One suitcase is not to exceed 62". This measurement is a total of the height, width and length of each suitcase. One piece of carry-on luggage (not to exceed 45") is permitted. Excess baggage charges are the responsibility of each passenger.

**Taxes:** All taxes such as U.S. transportation tax and embarkation taxes are included.

**Tour Escort:** An experienced representative will travel with you throughout the entire trip.

**Cruise Staff:** A cruise director and a full complement of staff will be aboard ship to assist you with every facet of the cruise - optional shore excursions, shopping and other local arrangements.

**Insurance:** Travel insurance is available if desired through Travel Dynamics.

**Shore Excursions:** A full program of optional shore excursions will be offered, and is not included in the rates.

**Shipboard Program:** Parties, gala evening events. Special "theme" nights. Dancing until the morning hours. Participate in our enrichment program with special shipboard lectures.

**Registry:** The "Navarino" of Karageorgis Cruises is registered in Greece.

**Not Included:** Passport and visa expenses, accident and baggage insurance, shore excursions during cruise, personal services such as laundry, telephone calls, cables and beverages, wines and extras ordered at table for meals taken during the cruise, and gratuities to ship's personnel.

**Payment Schedule:** A deposit of \$150.00 is required to book on the tour. Balance of payment is due sixty (60)

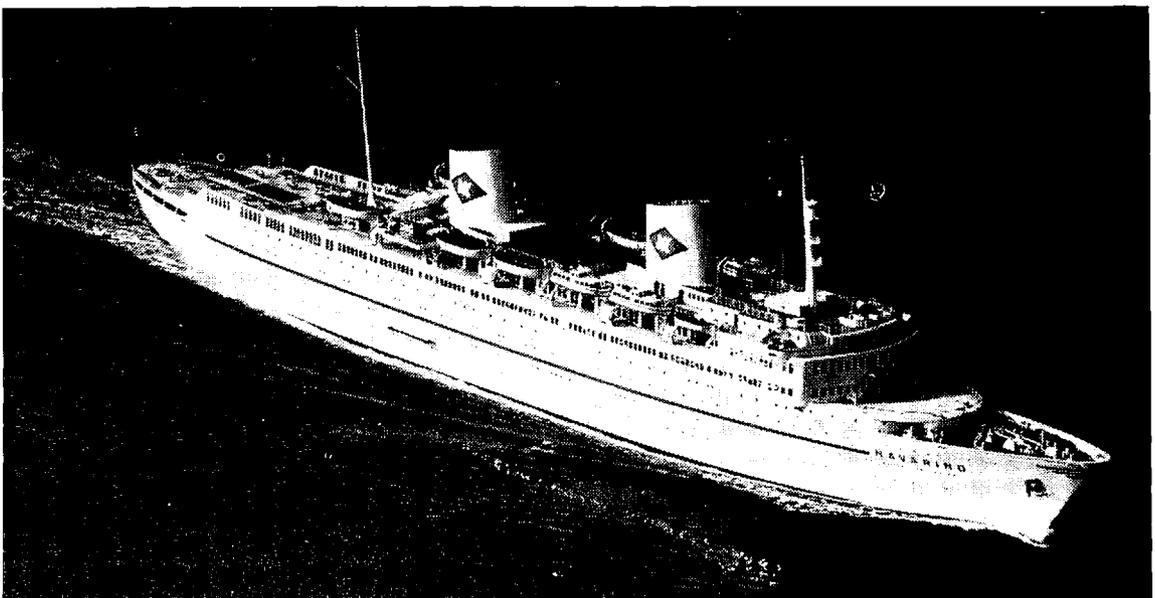
days before departure.

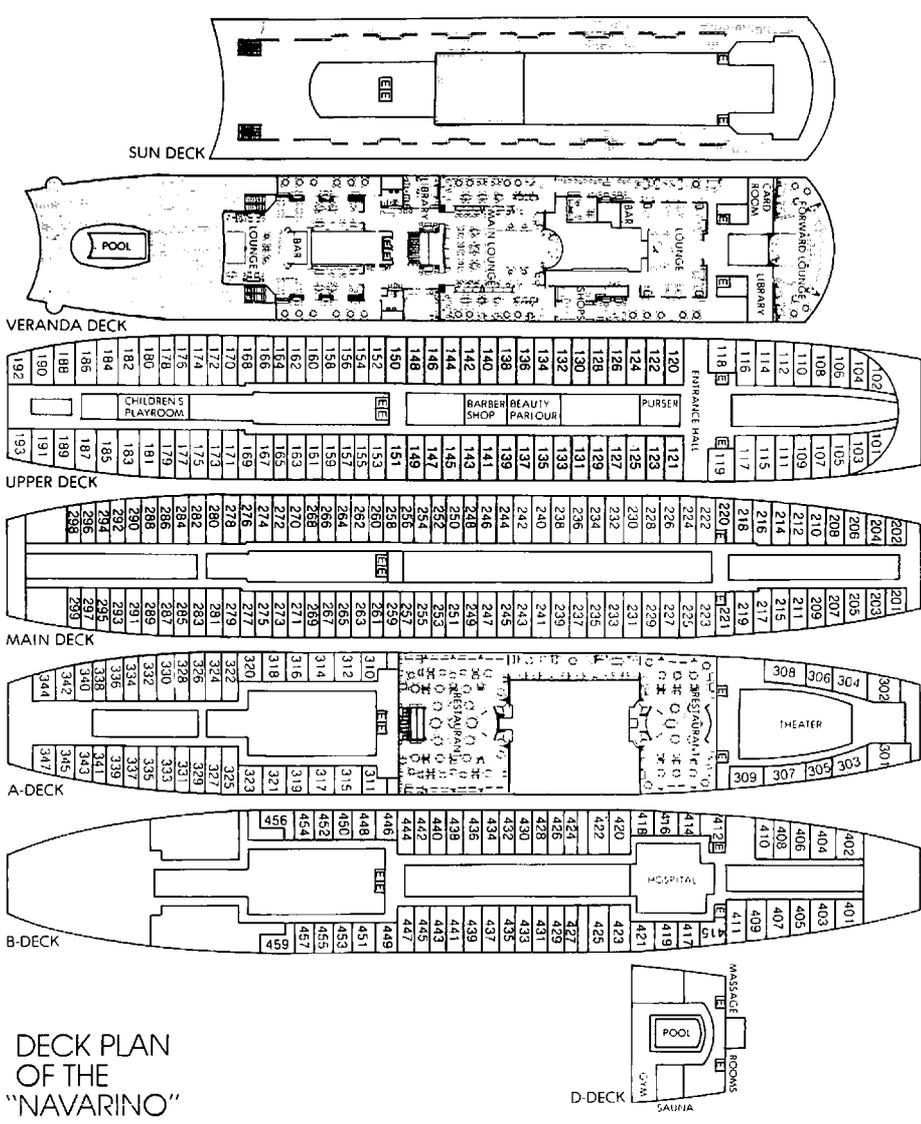
**Cancellations and Refunds:** Refund of deposit, if cancellation in writing is received more than 60 days prior to departure. Thereafter Travel Dynamics, Inc. will have to charge \$50.00 per person, plus any cancellation fees assessed by land operators, the steamship company and/or providers of transportation.

**Responsibility:** Travel Dynamics, Inc., New York, operator of the tours herein outlined, and the sponsoring organization act as agents only for all services and disclaim any and all liability for property loss or damage and/or any and all damages resulting from death or personal injuries, including loss of service which may be sustained on account of, or rising out of, by reason of, or while engaged on any tour, whether due to the ownership, maintenance, use, operation or control of any aircraft, automobile, bicycle, boat, vehicle, inn, common carrier or otherwise or whether caused by failure or delay or by any transportation company due to any cause whatsoever occurring during a tour under their management, sponsoring, procurement or otherwise. All tickets, coupons and orders are furnished and issued subject in all respects to these terms and conditions and to any and all terms and conditions under which the means of transportation or other services provided thereby are offered or supplied by owners, operators or public carriers for whom Travel Dynamics, Inc. and the sponsoring organization act solely as agents. Travel Dynamics, Inc., New York and the sponsoring organization reserve the right in their discretion to alter or omit any part of the itinerary or change any space reservation, feature and/or means of conveyance without notice for any reason whatsoever and without allowance of refund, but the extra cost, if any, resulting therefrom must be paid by the passengers. The Transportation Companies concerned are not to be held responsible for any act, omission, or event during the time passengers are not on board their carriers or conveyances. The passage contract in use by the carriers concerned, when issued, shall constitute the sole contract between the Transportation Companies and the purchaser of these tours and/or passengers.

Travel Dynamics, Inc., New York, and the sponsoring organization reserve the right to cancel or withdraw any tour prior to departure and decline to accept or retain any person as member of any tour at any time. In such case the refund will be based on the actual cost of the unfinished portion of the tour.

**Rates:** Prices quoted are based on October 1, 1977 tariffs and rates of exchange and are subject to change prior to departure. The services of only IATA/ATC member carriers may be used for the transportation of this trip.



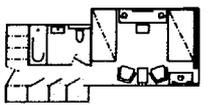


DECK PLAN OF THE "NAVARINO"

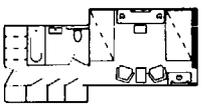
## RATES

All inclusive per person:

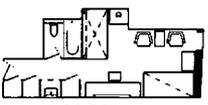
All staterooms are outside affording sea views and equipped with lower beds, private facilities including bathtub or shower, individually controlled air-conditioning, wall-to-wall carpeting, telephone, multi-channel selection of music and ample closet space.



**Deluxe \$2,995**  
Outside staterooms with two lower beds, bathtub, shower and toilet.



**Type A \$2,750**  
Outside staterooms with two lower beds, bathtub, shower and toilet.



**Type B \$2,550**  
Outside staterooms with two lower beds, bathtub, shower and toilet.



**Type C \$2,395**  
Outside staterooms with two lower beds, shower and toilet.



**Type D \$2,250**  
Outside staterooms with two lower beds, shower and toilet.



**Type E \$2,060**  
Outside staterooms with two lower beds, shower and toilet.

Third person sharing stateroom: **\$2,060**  
Supplement for single stateroom (Types A to D): **\$400**

Stateroom diagrams are given as a guide. Minor variations of layout occur between one stateroom and another.

Make check payable and mail to:  
Pierce County Medical Society  
813 South K Street  
Suite 200  
Tacoma, Washington 98405

## REGISTRATION

Please indicate your first, second or third choice of stateroom:

- Deluxe \$2,995
- Type A \$2,750
- Type B \$2,550
- Type C \$2,395
- Type D \$2,250
- Type E \$2,060
- I wish a single stateroom.

Enclosed is my check for \$\_\_\_\_\_ (\$150 per person) as deposit. I (we) understand that final payment is due sixty (60) days prior to departure. Also the deposit will be refunded in full if I (we) cancel at least sixty (60) days before the departure date.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone: Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_

802A

# CLASSIFIED

**IMMEDIATE OFFICE SPACE AVAILABLE.** Contact Gerald Kohl, M.D., 722 South "K," 272-4251.

**1976 PORSCHE 914**, fully loaded, \$7,700. 1-858-2897, 383-5521.

**MICROSCOPE WANTED – USED –** Binocular with optics to oil immersion. Prefer sub-state lighting. M. L. Bourne, M.D., 752-1111.

**NOW LEASING**, modern attractive new professional office building at 8818 Pacific Ave. Covered landscaped mall, ample off-street parking. For details contact Mr. Don Pickett, John T. Steward, Inc., 472-9677.

**RECEPTION AREA** white plastic scoop chairs in groups of two and three, \$20 per chair. 383-5437.

**RITTER POWER TABLE –** Like new, \$2500. 7 white waiting room chairs in groups of 2 and 3, \$140. 3x5 walnut desk, \$100. Fiberglass canoe, 18 ft., \$150. Call 383-5437.

## ATTENDING PHYSICIAN'S REPORT FORMS

Please be advised that the Attending Physician's Report Forms, which previously were available through the Pierce County Medical Society, can now be obtained through North Point Press. They are located at 2302 Pacific Avenue. Call 627-4147 for further information.

## FAMILY CLINIC – OCTOBER 1977

Open Monday through Friday – 10:00 to 5:30 1815 South J Street, Tacoma 98401 Phone 627-9182

PATIENT SERVICES	October 1977	Total 1977	Total Since September 1973
Referred to Physicians	75	916	5,688
Laboratory Services	36	318	4,761
X-Ray Services	12	86	551
Prescriptions	68	718	3,481
Referred to Community Agencies	21	277	1,434
Seen by Physicians in Clinic	36	250	1,787

## ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black.....	31	352	1,633
Caucasian.....	204	2,068	9,049
Asian-American.....	5	64	254
Native-American.....	1	19	257
Mexican-American.....	5	60	233

## PARTICIPATING PHYSICIANS ON FRIDAY EVENINGS

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North
Dr. G. Tanbara	Dr. G. Oh	Dr. R. Martin	Dr. A. Tsoi

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PIERCE COUNTY MEDICAL SOCIETY

813 South K Street  
Suite 200  
Tacoma, Washington 98405

*ADDRESS CORRECTION REQUESTED*

**BULK RATE**

U. S. POSTAGE

**P A I D**

TACOMA, WASH.

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