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Medical Society of Pierce County

January 1979

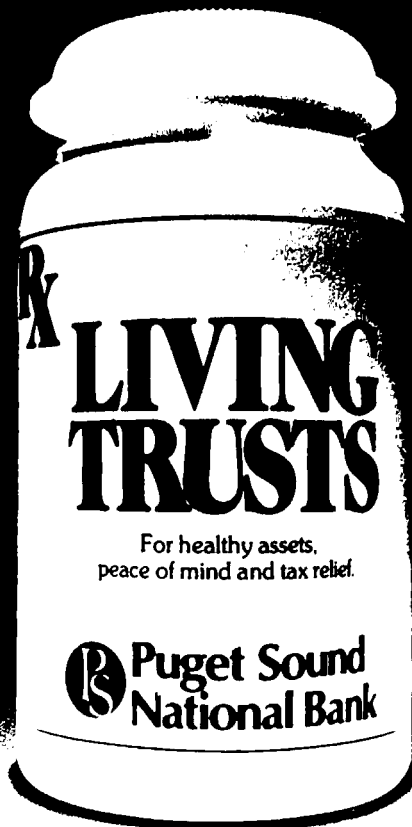
Vol. LI, No. 1

Tacoma, Washington



1979 Society officers and trustees
installed . . . see page 12

BULLETIN



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Bulletin of the Medical Society of Pierce County



Kenneth D. Graham, M.D., 1979 Medical Society president, receives his ceremonial gavel of office from Ralph A. Johnson, M.D., outgoing president.

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Accept no substitute for your professional judgment

As a physician, you have the right to prescribe the drug which you believe will most benefit your patients. Now, substitution laws make it more difficult to exercise that right. In many states, unless you specifically direct pharmacists to dispense your brand-name prescription as written, they may be required by law to substitute another drug for your brand-name prescription.

This means that the ultimate drug selection is no longer yours; its source is left to the pharmacist's discretion. You will have forfeited your right to prescribe as you see fit. Preserve your rights. Specify that you will accept no substitution.

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- You can support the kinds of research programs that are vital to new drug discovery and development
- You can help sustain important physician, pharmacist and patient education services supported by innovative, research-oriented firms

For complete information on the drug substitution law effective in your state, please consult your local Pfizer Representative.

President's Page



Kenneth D. Graham, M.D.

YOU ARE THE SOCIETY

1978 was a year of tremendous progress for our medical society. Dr. Ralph Johnson provided outstanding leadership and must be considered one of the finest presidents ever to have served us. The Board of Trustees served faithfully and diligently and accomplishments resulting from the long hours spent at monthly and other special meetings speak for themselves. Society committees demonstrated top performance—there have been no lame ducks—and chairman and members must be given our thanks with commendation. Mr. Tom Curry, our executive director, has proved himself to be an outstanding and tireless performer and I am extremely happy to note that he has just signed a new contract with the society.

We can be duly proud of our organization on the basis of its track record, as well as the friendliness and cohesiveness of our membership. Also, the close allegiance of our dedicated auxiliary continually strengthens us.

But we must push ahead. Since the society was established in 1888, membership has grown to over 450 physicians. There is always the danger of an organization's growth reaching a point where individuals or small groups within the organization lose their sense of identity or feel they lack input. I can assure you the welcome mat will always be out at our society office and I personally will be ready at all times for your suggestions and input. *You* are the society and *you* can and must control its direction.

One of the society's critical objectives must be to constantly structure itself to meet our changing professional environment. The influence of government, third party carriers, paramedical health care workers, and health care planners, to name a few, continues to grow and challenge our profession and, in some cases, usurp our goals. We must not let this happen. Organized medicine—local, state and national—is *the* major instrument

through which we can address those who seek to modify our goals and principles. Communication and organization of information are essential to effective interaction with these outside forces. Many of our colleagues, at all levels of organized medicine, spend countless hours in this capacity in our behalf. We must not let them down. We must be willing to serve. All of us—it will take togetherness—must plan ahead to address the issues of our rapidly changing professional environment.

There are some exciting things on the horizon locally. The medical society office will soon move to a larger and more appropriate setting. Additional membership benefits, such as the new Medical-Dental Credit and Collections Service, will compliment our already highly successful placement service. The society must constantly strive to meet your practice needs and the board will always be open to suggestions. As practice management continues to grow more complex and involved, the society should be ready with advice and assistance. Continuing Medical Education, library services, referral services, interaction with school and public health entities, and others, are but a few of the dynamic programs within the society that assist us at the local level.

I must admit that I look to the year ahead with some intrepidation. This will be a pre-election year and issues such as cost containment, second opinion, DSHS fraud and audit activities, professional liability and chiropractic will challenge us more than ever. I feel more at ease, however, when I realize the tremendous people we have within our organization who I know I can count on for assistance. Our collective impact can be tremendous, as past history has shown, and I can assure you that I will be counting on all of you for your assistance and support. I believe 1979 will be an exciting year for our society. Thank you for allowing me to serve you.

—K.D.G.

Society News Briefs

A summary of Medical Society, and local medical and health news

1979 OFFICER-TRUSTEE ELECTIONS CLOSE, FEATURE LARGE TURNOUT

Charles C. Reberger, M.D., has been elected president-elect of the medical society, in an election for 1979 officers and trustees marked by several very close races and a large voter turnout of over 65 percent of active and honorary society members. Also elected were Drs. John A. Kemman, vice-president; Lloyd C. Elmer, elected for a second term as secretary-treasurer; and Richard G. Bowe, Stanley A. Mueller and Robert B. Whitney as trustees. Two officer races were decided by margins of 50.7 to 49.3 percent. A tie vote for the third available Board of Trustees position was resolved (in accordance with society Bylaws) at the December annual meeting. Richard G. Bowe, M.D., was elected at that meeting to serve as a trustee in 1979 and 1980.

PLACEMENT SERVICE CONCLUDES HIGHLY SUCCESSFUL SECOND YEAR

During 1978, 185 permanent and 63 temporary employees were placed in physician and dentist offices through the efforts of the medical society's Medical-Dental Placement Service. Over 1,060 aspiring medical or dental office employees were screened by the service with only qualified applicants referred for actual job interviews. Physician use of the service exceeded projections and indicated the community-wide acceptance of the benefits of the service. For further information on how the Medical-Dental Placement Service can assist you in your practice, contact the placement service, 572-3709.

MEETINGS OF NOTE

"Prescription Drug Abuse," February monthly meeting of the American Academy of Family Practice. Tuesday, February 13, at Allenmore Hospital at 7:00 a.m.

The Child and The Law. To be held February 3, 1979, this program is designed to bring physicians up-to-date with developments and legislation relating to children and families, juvenile offenders, dependency, runaways, health rights and other aspects that impact on physicians' daily practice. The program will include speakers such as James McDermott, M.D., Seattle based psychiatrist and legislator, and Dr. Brouillet, Superintendent of Schools for the State of Washington. The meeting will include small group seminars. Registration fee is \$15 which includes the cost of luncheon, program and a detailed syllabus. AMA Continuing Education Credit included. For further information or to register, contact Roger J. Meyer, M.D., P.O. Box 1357, Tacoma, WA 98401.

Sports Medicine Institute. To be held February 23-24, at Pacific Lutheran University in conjunction with the President's council on physical fitness. Includes national experts to share programs that deal with many aspects of physical fitness and conditioning. A special program (Saturday morning) has been developed in cooperation with members of the medical society, the Sports Medicine Clinic, the Ambulatory Pediatric Association and others to focus on medical aspects of sports medicine. For further information contact Roger J. Meyer, M.D., P.O. Box 1357, Tacoma, WA 98401.

"Thyroid Masses-Diagnosis and Therapy." January 22, 1979, Educational Conference at Lakewood General Hospital. Presented by Michael J. Spiger, M.D., to be held from 8:00 a.m. to 9:00 a.m.

"Recent advances in diagnosis and treatment in Rectal Carcinoma." January 29, 1979 at Lakewood General Hospital. Presented by Gordon Klatt, M.D., to be held from 8:00 a.m. to 9:00 a.m.

WSMA TAKES "HARD LINE" ON DSHS AUDIT ACTIVITIES

The WSMA Executive Committee has authorized legal counsel to file an injunction against the Department of Social and Health Services to prohibit DSHS from reviewing Medicaid patient records without patient consent. The WSMA Fraud and Abuse Negotiating Team, comprised of Drs. Ralph A. Johnson, medical society past president, Rupert Brockman and Harvey Young, of Spokane, met in December with WSMA staff to formulate strategy regarding DSHS activities. WSMA has also approved the negotiating team's recommendation that WSMA file immediately an amicus brief, supporting the Memorial Clinic, Olympia, suit against DSHS prohibiting DSHS from reviewing Medicaid patient records without consent. WSMA's position regarding DSHS audits activity has been shaped in large part by a special resolution, sponsored by the Medical Society of Pierce County delegation, approved by the House of Delegates at the September state convention.

TRAGEDY IN RHODESIA

To The Editor:

It is well under 100 years since the genius for development and high principles shown by Cecil Rhodes gave rise to the industrial discovery that became known as "Rhodesia." This was the same imaginary whose will created the famous 66 scholarships to Oxford following his death in 1902, 34 annual 3-year scholarships being provided for British subjects and 32 for Americans.

Rhodesia not only became a leading exporter of gold, grain, meat and tobacco in addition to being fully represented in the field during both World Wars but society developed at a similar pace. By the second World War, Rhodesia's assets included 73 schools for Europeans and 1,470 schools for African children. Today the insistence on universal suffrage by England and America threatens with extinction the community of 230,000 white and, by hostility between the African factions, the survival of 7,000,000 blacks. The acceptance of minority status by having 28% of the total vote has left Prime Minister Ian Smith no closer to Western support.

A community little bigger than that of Tacoma and Lakewood combined spends \$1,000,000 a day on its young men who have to serve national defense for six months out of the year. With some reason this small and desperate band wonders why no assistance is forthcoming in their stand against their northern African neighbors who have been trained by Cuba and equipped by Russia. Mozambique has embraced communism and despite the absence of soap, tissue paper and the need to import wheat, trains its guerillas to impose the same system on Rhodesia. Zambia denies communism but welcomes communists. And after thirteen years of isolation by economic sanctions, Rhodesia still looks to the west for a glimmer of hope, if not help. "What I see," says Prime Minister Ian Smith, "is a toothless Lion and a clawless Eagle."

The University of Rhodesia does the best it can with a dwindling, resident faculty. In the past twelve months the Medical School in Salisbury had no less than twenty-eight visiting lecturers from overseas. The active center of both Medical and Surgical Departments is the fine Harari Hospital which, in Salisbury, caters particularly to African patients. The faculty are both black and white and the academic emphasis is strong. The immediate humanitarian problem concerns both the pitiful rural Africans displaced by war and the gallant urbanites who fight for order. The continuing problem is political.

It was said of Cecil Rhodes that he had "an idealistic temperament that refused to recognize as permanent the hostility either of men or circumstances." Perhaps this idealism sustains the effort of Rhodesia. Certainly a practical support for the medical services in Salisbury is something an outside sympathizer might be able to offer.

The writer has asked the State Department for an appraisal of the current situation in Salisbury with a view to accepting a lectureship in neurosurgery. If that state of affairs permits further tours of duty more information can be made available to any other Medical Society Member who may be interested.

Sincerely,

Stevens Dimant, M.D.

PHYSICIAN - EDUCATOR COLLABORATION

To The Editor:

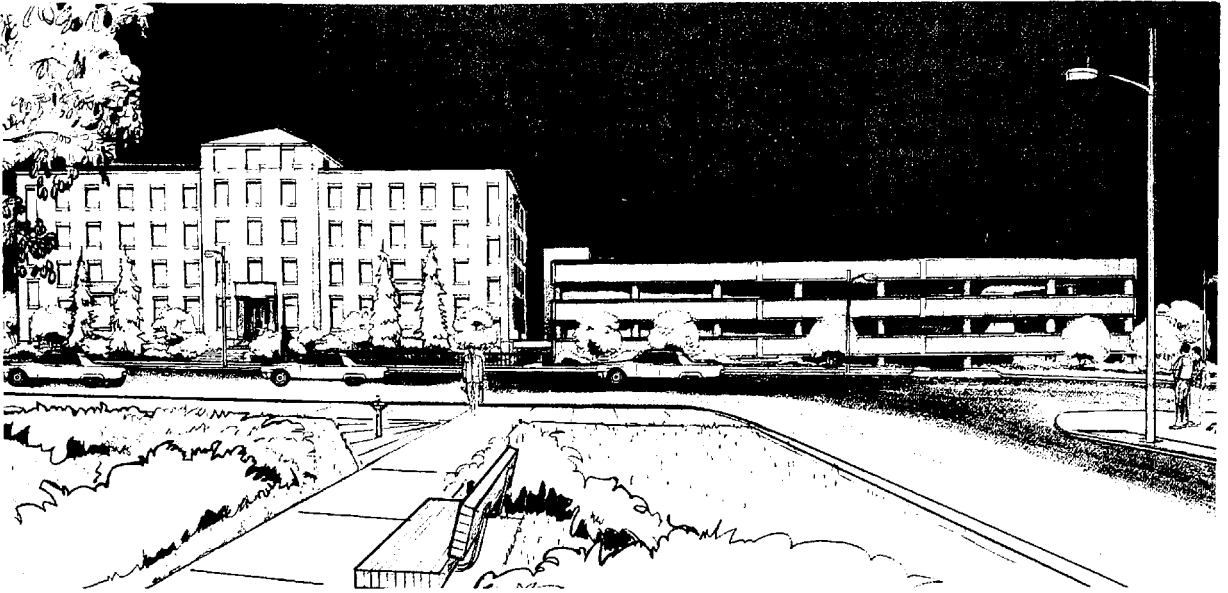
The increasing importance of physician-educator collaboration is illustrated by a new federal-state authorization providing extensive support for your patients of three to eighteen years of age. In Tacoma, the Individual Educational Plan (IEP) has made excellent progress thanks to your help and interest. More of this will be needed as categories of disorders are expanded to include cardiac, respiratory and other ailments that interfere with educational progress. Please let me know if there are any problems or areas where we can be of service. Your interest and involvement are most important to your patients and to those of us who work for you in the educational system. Communities other than Tacoma particularly need your input because of the program's demands upon often thinly spread educational resources.

IEPs result from Public Law 94-142, the Education For All Handicapped Children Act of 1975. This law is intended to "assure that all handicapped children have available to them free, appropriate public education designed to meet their unique needs, to insure that the rights of handicapped children and their parents or guardians are protected, to assist states and localities to provide for the education of all handicapped children and to assess and assure the effectiveness of efforts to educate handicapped children." PL 94-142 provides a time table to which states must adhere in their implementation of educational services for all handicapped children. Our office can provide additional information regarding this law, as can the American Academy of Pediatrics (I recommend the October 1978 issue of AAP's News and Comment for a thorough review of this subject).

For more direct contact with leading legislators, educators, lawyers and others concerned with many of these issues, plan to attend the February 3 institute on The Child and The Law. Registration is \$15.00 (payable to The Child and The Law, Box 1357, Tacoma, WA 98401) and includes luncheon, workshops and a detailed syllabus. Please plan to attend.

Roger Meyer, MD, MPH
Administrative Director
Tacoma Public Schools

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Orlando Ruggiero, Leasing Agent
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408 South K Street
Tacoma, Washington 98405

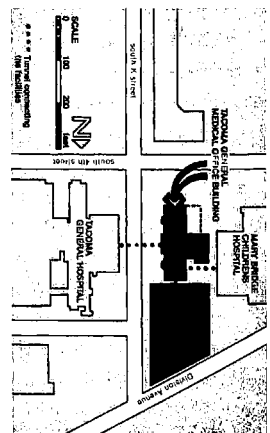
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City _____ State _____ Zip _____

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IN MEMORIAM

RICHARD INNIS RICH
1914-1978

One day in the spring of 1946 I was in the T.G. delivery room, when a young fellow I hadn't seen before asked if he could be of assistance. I said "sure," and asked him his name. He said he was Dick Rich. He had just returned from the service, and was putting a little time in T.G. as a refresher in OB. After watching him work, I asked him if he would like to come into my office and take over the OB part of the work, as well as whatever else he liked. So that was how I first met Dick Rich and how he came to practice in Lakewood.

We completed the Lakewood Clinic building that summer, and from then on he did an increasing OB and general practice. Shortly after that he built his own home on Gravelly Lake — and I mean he built it — the plumbing, the wiring, even a good part of the framing. He had built one or two homes previously — I believe one was on Spanaway Lake (Rich Road was named after the family). One of his hobbies was a greenhouse where he raised orchids. Every one of his new OB mothers received an orchid while in the hospital, and he would often bring an orchid plant to the office and leave it in the waiting room, and then would cut a flower or two for his office nurse if she was going on a date or for some special occasion.

Dick was a great one to show his appreciation, especially to those who worked with or for him. I recall several times he suggested to me that I should show more appreciation for things that the office girls did for me — I guess I took them for granted, but not Dick. He really showed that he cared, and the girls loved him for it.

We had a nice arrangement — I would get to the office early and leave early. Dick would get there much later, but he would stay until all hours if there were patients — which there usually were.

Then along about 1958 we began to dream of having our own hospital in Lakewood. Dick and I were the only ones who thought it practical, although even he thought it should not be over 30-35 beds. However, I held out for 100 beds, and that was what we built. Dick was instrumental in finding a group to raise the funds and build the hospital, even though for a couple of years nobody believed that the hospital was ever going to get built, and even we (Dick and I) were pretty discouraged for a time. But finally in 1961 we had our "Grand Opening," and were off and running. Dick still used the facilities of the downtown hospitals, but more and more the Lakewood patients wanted to go to the Lakewood Hospital.

Another of Dick's hobbies was owning rental units — I am not sure just how many he had, but it was quite a few, and he did all the repair work himself.

A few years before he retired, he built an office building for himself behind the Clinic building, in anticipation of the time when we would sell the Clinic to the other doctors practicing there. Then as his practice was gradually reduced he did not need a large office, and finally sold his building and moved into one of his rental units. During the past 10 years I did not have much contact with Dick. I had sold my interest in the Clinic, moved for a time to an office in the Professional Village, then retired and moved to Olympia. I would see Dick occasionally, but really I did not know what he was doing or where he was living. Since anything I might say about those last few years would be at least second or third hand, I prefer to remember him as he was during those many years we worked together, and how he would often bring an orchid to a favorite patient or to one of the girls in the office.

— Lawrence E. Skinner, M.D.



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Tom Fine
Aetna Life & Casualty
800 Washington Building
1325 Fourth Ave.
Seattle, Washington 98101

MEMBERSHIP: GAIN VERSUS LOSS

No, this is not another article patting ourselves on the back for our membership growth—rather, I felt it was time for a “pep talk” on retaining members as we gain new ones. This problem continues to be of great concern across the country and to National. Figures available each year indicate we lose about the same number of members as we gain, thus leaving us at a standstill in membership. Other organizations in our field are increasing in size and AAMA, the only one sponsored and sanctioned by AMA, seems to have struck a snag somewhere. How do we move forward?

Dorothy Sellars, CMA-A, Virginia, membership chairman in 1977 and 1978, suggests in a directive dated April 6, 1978: “**DELIVER WHAT YOU PROMISE!** You promised them good, educational programs. Be sure they get them. You promised them an opportunity to strengthen their profession—get them involved immediately. You promised them fellowship—see that all meetings are warm and friendly with no ‘cliques’ or ‘infighting.’ **KEEP YOUR PROMISES!**”

“Make every member want to remain a member of AAMA. The educational programs, involvement in chapter activities, and the fellowship should provide a wonderful and educational experience so that no member will ever think of becoming inactive or dropping out.”

The following is condensed from the award-winning paper by Debbie Williams of Alabama: “Now that you have your membership built up, how do you keep those members? This has been one of the biggest problems we have had in AAMA. In my home state in 1977 only 42 percent of the membership from the previous year renewed the following year. These figures are startling. Start by sending letters to all members on your roster, telling them you would really like for them to attend the next meeting. Follow up with a phone call. If people do not want to renew their dues, find out the reasons why and don’t just accept them. Investigate the problem, talk with the person, and try to persuade them to remain.”

To continue: “**MAINTAIN.** M stands for members—which ones are you losing, the old ones, the new ones, or even both? Try to find the reasons why.

“**A—a** is for assistance. Give assistance to your new members. They need lots of information, including a membership packet, roster, copy of C&B, history of

AAMA, a fact sheet, and other brochures on membership, certification, etc.

“**I—i** stands for ignore. Do you ignore the ideas and potentials of your new members? Do you put them on committees, keep them active in the programs sponsored by your group? Or, are you so busy talking about things that didn’t work in the past and how important experience is that you absolutely stifle any creativity that could come from these new members. Don’t ignore—involve!

“**N—n** equals needs. Look at the needs of your group, give them a good evaluation. Look at your programs—are they interesting, are they educational? Look at your meetings—are they long and drawn out business meetings, does your president have complete control or is everyone talking all at once? Remember, you are a professional organization and your meetings should be handled professionally.

“**T—t** is for thankful. Look at all segments of your membership. Are you thankful for the older members in your group, the founding members, the ones who have given so much in the formation of the chapter? Are you thankful for the students who have joined and grateful to their instructors who are training the medical assistants of the future? Give them recognition at some time during the year.

“**A—a** is for attitudes. Conflicts, resentment, jealousy—these are probably the most difficult types of problems to handle in a group. They require a joint effort on everyone’s part to solve. Be democratic. Controversy is inevitable; the majority rules but the minority has a right to be heard. If you are having a problem with someone, discuss it directly with that person. Don’t spend all your energies discussing what you don’t like with everyone else.

“**I—include** your physician-advisors. Your advisors are one of the most valuable assets you have: they are there to help you when you need them. Use them. Include them in your programs and your social functions and use their influence to persuade other physicians to help you.

“**N—n** stands for newsletter. They are the best way to keep your group informed. Newsletters may also give members a chance to speak their mind to the group and offer feedback.”

Debbie ended her paper with the following letter written by Jeane D. Green, CMA-A, immediate past president. AAMA:

SOCIETY INSTALLS OFFICERS, HOLDS ELECTION AT DECEMBER MEETING

Newly elected medical society officers and trustees were installed at the society's December general membership meeting. The meeting, held jointly with the auxiliary, also featured a special presentation to Dr. Gerald C. Kohl for his 50 years of active practice in our community, and a special run off election for a Board of Trustees position.

The run-off election was made necessary by a tie vote between trustee candidates Drs. Richard G. Bove and Richard T. Vimont. An ad hoc committee of past medical society presidents (Drs. Ted Baer, Jim Early, Herman Judd and John May) conducted the secret ballot and, in accordance with the society's Bylaws, Dick Bove was elected by the voting members present to serve a two year term on the board.

Outgoing society president Ralph A. Johnson, M.D. thanked members of the society for their support and involvement during his year as president and expressed his concern regarding the myriad of outside pressures organized medicine is currently facing. Dr. Johnson also presented plaques of appreciation to outgoing officers and trustees.

Following his installation as the society's president, Kenneth D. Graham, M.D., discussed the society's need to structure itself to meet physicians' changing professional environment and to provide services to the membership that meet changing practice needs. "You are the society and you can and must control its direction. I can assure you the 'welcome mat' is always out, and I personally will be ready at all times for your suggestions and input," said Dr. Graham. "Our collective impact can be tremendous," he added.



Former society president Duncan T. Baer, M.D., distributes special ballots used in the run-off election made necessary by a tie vote for two candidates for the Board of Trustees.

Ralph A. Johnson, M.D., presents outgoing trustee Richard T. Vimont, M.D., with a plaque of appreciation for his dedicated service to the Society and medical profession.

Gerald C. Kohl, M.D., and his wife, Shirley, receives the congratulations and appreciation of his colleagues for 50 years of service to the community.



Dr. Kohl received a commemorative plaque noting his practice in gynecology in the community since 1928. He was joined at the podium by his wife, Shirley, for the presentation and received the warm congratulations of his colleagues for a career of service to the community.

Following the business portion of the meeting, those present enjoyed a special performance by Ballet Tacoma. Over 180 people attended the gala evening.

1979 MEDICAL SOCIETY OFFICERS AND TRUSTEES

President Kenneth D. Graham, M.D.
 President-elect ... Charles C. Reberger, M.D.
 Vice President John F. Kemman, M.D.
 Secretary-Treasurer Lloyd C. Elmer, M.D.
 Past President Ralph A. Johnson, M.D.

TRUSTEES

Richard G. Bowe, M.D. (81)
 Melvin L. Henry, M.D. (80)
 William B. Jackson, M.D. (80)
 Stanley A. Mueller, M.D. (81)
 Richard K. Ohme, M.D. (80)
 Roy A. Virak, M.D. (80)
 Robert B. Whitney, M.D. (80)
 Jo Roller (79)



Ralph Johnson, addressing the membership for the final time, expresses his concerns regarding the pressures being applied to the practice of medicine.



Over 185 people attended the December General Membership meeting at the Tacoma Country and Golf Club. Dinner was followed by a special performance of Ballet Tacoma.

"You are the society. You can and must control its direction," 1979 President Ken Graham tells his colleagues.

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE



JAMES M. FOSS, M.D., Family Practice. Born in Port Townsend, 10/4/48; medical school at University of Washington, 1975; internship and residency, Madigan Army Medical Center, 1975-78. Licensed to practice medicine in the State of Washington, 1978. Dr. Foss is currently serving on the teaching staff of Madigan Army Medical Center.



RONALD J. GRAF, M.D., Internal Medicine/Endocrinology. Born in Glencove, New York, 12/24/45; medical school at Albany Medical College, N.Y., 1971; internship, University Hospital, Boston, Mass., 1971-72; residency, University Hospital, Boston, 1972-73; University of Colorado Medical Center, Denver, 1975-76; graduate training at University of Washington (endocrinology), 1976-78. Licensed to practice medicine in the State of Washington, 1973. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Graf is practicing at Allenmore Medical Center, Tacoma.



MICHAEL T. HAYNES, M.D., Family Practice. Born in Tacoma, 2/17/49; medical school at University of Washington, 1975; internship, Jackson Memorial Hospital, University of Miami, 1975-76; residency, University of Miami, 1976-78. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staff of Good Samaritan Hospital. Dr. Haynes is practicing at 800 South Meridian, Puyallup.



BRUCE KALER, M.D., Emergency Medicine. Born in Miami, Florida, 6/25/49; medical school at University of Miami, 1974; internship (family practice) University of Massachusetts, 1974-75; residency, Worcester City Hospital, Massachusetts, 1975-77. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Lakewood General, Puget Sound, Tacoma General. Dr. Kaler is practicing in Pierce County.



JOHN J. MCKELVEY, M.D., Cardiology. Born in Roanoke, Virginia, 7/21/42; medical school at Temple University, 1969; internship, Fitzsimons Army Medical Center, 1969-70; residency, Fitzsimons, 1970-73; graduate training in cardiology, Fitzsimons, 1973-75. Has served as staff cardiologist, Madigan Army Medical Center, 1976-present. Licensed to practice medicine in the State of Washington, 1977. Has applied for membership on the medical staffs of the following hospitals: Mary Bridge, St. Joseph, Tacoma General. Dr. McKelvey is practicing at 1715 South 324th Place, Federal Way.



OVIGIO M. PENALVER, M.D., Pediatrics. Born in Havana, Cuba, 11/13/39; medical school at USC, 1975; internship, Children's Orthopedic Hospital, Seattle, 1975-76; residency, University of Washington, 1976-78. Licensed to practice medicine in the State of Washington, 1976. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, Lakewood General, Mary Bridge, St. Joseph, Tacoma General. Dr. Penalver is practicing at 2709 East Main, Puyallup.



KATHRYN E. RICHERT-BOE, M.D., Hematology/Internal Medicine. Born in Wichita, Kansas, 6/28/48; medical school at University of Kansas, 1974; residency, Kansas City General Hospital (internal medicine), 1974-76; graduate training at the University of Oregon in hematology and oncology, 1976-78. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Puget Sound, St. Joseph, Tacoma General. Dr. Richert-Boe is practicing at 1624 South I Street, Tacoma.



GEORGE A. WEIS, M.D., Diagnostic Radiology. Born in Toledo, Ohio, 5/14/45; medical school at Indiana University School of Medicine, 1970; internship, University of Michigan (pediatrics), 1970-71; residency, University of Washington (diagnostic radiology), 1973-76. Licensed to practice medicine in the State of Washington, 1973. Has applied for membership on the medical staffs of the following hospitals: Doctors, Puget Sound, St. Joseph, Tacoma General. Dr. Weis is practicing with Tacoma Radiological Associates.

SECOND NOTICE



MICHAEL R. COLPITTS, M.D., Anesthesiology. Born in Spokane, 8/3/45; medical school at Duke University, 1971; internship, University of Washington, 1971-72; residency, University of Washington, 1974-76; graduate training, U of W, Pain Fellowship, 1976-77. Served on faculty of U of W, Department of Anesthesiology, 1977-78. Licensed to practice medicine in the State of Washington, 1972. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Puget Sound. Dr. Colpitts is practicing at St. Joseph Hospital.



ROBERT E. ETTLINGER, M.D., Rheumatology. Born in New York City, 8/14/47; medical school at Upstate Medical Center, State University of New York, 1972; internship, University of Oregon, 1972-73; residency, University of Oregon, 1973-75; graduate training, Mayo Graduate School (fellowship in rheumatology), 1975-77. Served as associate consultant, Mayo Clinic, 1977-78. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Ettlenger is practicing at 1624 South I Street, Tacoma.



RAYMOND D. DILWORTH, M.D., Family Practice. Born in Syracuse, N.Y., 2/16/39; medical school at Boston University, 1965; internship, U.S. Naval Hospital, Massachusetts, 1965-66; residency, Contra Costa County Hospital, Martinez, California, 1969-70. Previously maintained a solo practice in Alton, Massachusetts. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Mary Bridge, St. Joseph, Tacoma General. Dr. Dilworth is practicing at 721 Fawcett Avenue, Tacoma.



GORDON R. KLATT, M.D., General Surgery. Born in St. Paul, Minnesota, 12/1/42; medical school at University of Minnesota, 1968; internship, Fitzsimons Army Medical Center, Denver, 1968-69; residency, Madigan Army Medical Center, Tacoma, 1969-73; graduate training, University of Minnesota, Fellowship in Colon and Rectal Surgery, July 1977-78. Licensed to practice medicine in the State of Washington, 1977. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Klatt is practicing at 34616 11th Place South, Federal Way.



CLYDE H. KOONTZ, M.D., Pulmonary Disease. Born in Washington D.C., 1/23/45; medical school at University of Washington, 1971; internship, Tripler Army Medical Center, Honolulu, 1971-72; residency, Fitzsimons Army Medical Center, Denver, 1972-74; graduate training, Pulmonary Diseases Fellowship, Fitzsimons Army Medical Center, 1974-76. Licensed to practice medicine in the State of Washington, 1975. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Koontz is practicing at Allenmore Medical Center, Tacoma.



CHARLES W. RANCE, M.D., Ophthalmology. Born in Jamaica, N.Y., 5/6/45; medical school at Cornell University, 1971; internship, Roosevelt Hospital, New York, 1971-72; residency, Roosevelt Hospital, 1972-73, and Albany Medical Center, N.Y., 1975-78. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the staffs of the following hospitals: Doctors, St. Joseph, Tacoma General. Dr. Rance is practicing at 907 Medical Arts Building, Tacoma.



RONALD G. TAYLOR, M.D., General Surgery/Emergency Medicine. Born in Ft. Benning, Georgia, 3/24/43; medical school at Bowman Gray, 1968; internship, Tripler Army Medical Center, Honolulu, 1968-69; residency, Madigan Army Medical Center, Tacoma, 1969-73. Licensed to practice medicine in the State of Washington, 1970. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Lakewood General, St. Joseph, Tacoma General. Dr. Taylor is practicing at Allenmore Medical Center, Tacoma.

Continued →

Physician-Pharmacy Committee

CO-PAYMENT PLAN PROPOSED

Your Interprofessional Committee, composed of members of the Medical Society of Pierce County and the Professional Pharmacists of Pierce County, held its quarterly meeting on December 13th with a 7:00 a.m. breakfast at the Country Squire. Present were Del Lambing, Terry Torgenrud and myself, representing physicians, along with Tom Curry, our executive director, and Chuck Zwier of Green Firs Pay N Save, Andy Anderson of A and D Pharmacy, Don Herbert of Rankos, and Dick Driskell of the Tacoma General Pharmacy, representing the pharmacies. A new co-payment plan for welfare patients, supported by the pharmacists, was the subject of considerable discussion.

Our pharmacist friends report that a proposal to have the Department of Social and Health Services incorporate co-payment provisions into its prescription drug coverage for welfare recipients is being drafted. EPSDT (Early Periodic Screening Diagnostic Treatment), family planning, and possibly nursing home patients would be excepted from the plan. The co-payment would be a nominal amount paid by the patient each time a prescription is filled. An amount of 50 cents has been tentatively suggested. Fourteen states currently incorporate drug co-payment provisions in their Medicaid programs. For the most part, the provision has been favorably accepted by all vendors concerned and savings of up to two to three million dollars have been reported as a result of co-payment for prescription.

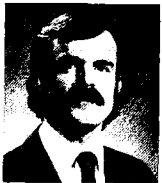
The majority of pharmacists in our state support co-payment as a means of controlling the tremendous waste

of tax payers' dollars currently being spent on needless prescriptions. One example of the beneficial impact of co-payment would be as follows: patient "A" sees his physician monthly and receives a prescription for maintenance medication of 100 pills, one of which to be taken daily. The patient has his prescription filled monthly and at the end of four months has accumulated enough medication to last one year. In the event the physician changes medication, the taxpayers—you and I—are stuck with the expense for those pills that must be discarded.

It is anticipated that co-payment will make that welfare recipient think twice about having prescriptions filled monthly as a matter of convenience. Such situations occur daily report the pharmacists on the committee. It is recognized that there will be some hardship cases. However, these can be handled on an individual basis and worked out between the pharmacist, physician and patient. Pharmacists report the prognosis for their proposed plan is good.

Finally, there are times when the professional pharmacist needs to call us and speak to us personally with as little delay as possible. Examples of this are requests for controlled substances which we may or may not have really prescribed, or when he spots an incompatibility between what we have prescribed and other drugs which the patient is taking, possibly without our knowledge. Working together with a quick response to each other's questions will solve many problems.

Herman S. Judd, M.D.



WILLIAM F. TAYLOR, M.D., Emergency Medicine. Born in Port Chester, N.Y., 11/15/47; medical school at Cornell University, 1973; internship, University of Washington, 1973-74; residency, University of Washington, 1974-78. Licensed to practice medicine in the State of Washington, 1974. Has applied for membership on the medical staffs of the following hospitals: Lakewood General, Puget Sound, Tacoma General. Dr. Taylor is practicing at Tacoma General and Lakewood General Hospital.



JAMES B. WAGONFELD, M.D., Gastroenterology. Born in New York, N.Y., 1/30/46; medical school at Chicago Medical School, 1970; internship, Duke University, 1970-71; residency, University of Chicago, 1971-73; graduate training, Gastroenterology, University of Chicago, 1973-75. Previously served as assistant professor and instructor, University of Oregon and University of Chicago. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Wagonfeld is practicing at Allenmore Medical Center, Tacoma.



NORMAN M. WOLK, M.D., Family Practice. Born in New York, N.Y., 9/26/50; medical school at University of Southern California, 1976; internship, University of Colorado, 1976-77. Licensed to practice medicine in the State of Washington, 1977. Has applied for membership on the medical staffs of the following hospitals: Doctors, Mary Bridge, St. Joseph, Tacoma General. Dr. Wolk is practicing at 1950 Pottery Avenue, Port Orchard.

AMA—ERF DONATIONS OVER THE TOP!

Congratulations to all who made our AMA-ERF holiday card project a triumphant success! The 1978 grand total was \$8,150—more than \$1500 over last year's contributions. Many thanks to all and a special "thank you" to co-chairmen Jan Thiessen and Cindy Hammer and their hard working committee of addressors: Sharon Lawson, Cathy Schneider and Em Stern. The card was lovely. Remember, you can say "thank you" to another doctor by contributing in his or her name to AMA-ERF throughout the year.

The Medical Society/Medical Auxiliary Joint Dinner, December 5th, held at the Tacoma Country and Golf Club was a most enjoyable evening. The installation of 1979 medical society officers took place before a full house. Unfortunately there wasn't room for all who wished to attend due to limited seating. The three numbers performed by the Ballet Tacoma were well received. Luckily the chandeliers remained intact. Thank you Marny Weber and Tom Curry for getting it all together.

The Holiday Children's party held at Jo Roller's home was fun for all. It was so popular it outgrew Jo's home with 71 children, 36 mothers, and Santa. Santa held 60 children on his lap (not all at once), plus a surprise visitor—his own Mama flew in and had her picture taken with him. Our Santa was Tom Miskovsky who did a great job. Many thanks, Tom! During the afternoon, Christmas carols were sung, pictures were taken with Santa, punch and holiday cookies were consumed. A pinata was broken strewing peanuts and candy wall to wall. Each child received a present, and all had a good time. Special thanks to Janice Winemiller and her committee and Jo Roller for offering her home. Jo may be finding stray peanut shells until next Christmas.

Auxiliary's next big event is the Talent Auction on St. Patrick's Day, Saturday, March 17th. It will be held in the Oppelt Student Center, Fort Steilacoom Community College. Previewing starts at 7:00 p.m. with the auction at 8:00 p.m. The cost is \$3.00 a person, and you may bring friends and relatives. Wine, beer and hors d'oeuvres will be served. The latest donations to be offered are: ten lessons in dog obedience; hand writing analysis; a photograph of Tacoma by a talented photographer; a peaceful weekend retreat at a mountain chalet in Packwood; a collage of photos of a child; and a geoduck expedition. Can you top this? Even if you can't—keep thinking—you'll come up with something. The deadline for donations is March 1st. We would appreciate reservations by that time also. The phone committee will be calling so please be prepared. Remember—the more the merrier and the more \$\$\$ accrued for auxiliary's projects. Nikki Crowley (phone 565-3767) is awaiting your talent donations.

Helen Whitney is looking for suggestions for new officers for next year. Any volunteers or recommendations please call Helen at 564-4345.

Almost last chance to pay your membership dues. If you have slipped up and have not paid you may send a \$20.00 check payable to Pierce County Medical Society Auxiliary and mail to Dottie Truckey, 634 Vista Drive, Tacoma, WA 98465. You will then receive the new 'sublime lime' (easy to find) 1978-79 membership booklet. Booklet changes are available through Jo Roller, phone 752-6825, or Dottie Truckey, phone 564-4886, however, they will be mailed with the January newsletter.

See you at the Talent Auction!

Joan L. Sullivan

MEMBERSHIP GAIN . . . continued from page 11

REMEMBER ME?

It amuses me to think that your organization spends so much time looking for new members—when I was there all the time.

I'm the medical assistant who was asked to join. I paid my dues and then I was asked to be a loyal and faithful member.

I'm the medical assistant who came to every meeting, but nobody paid any attention to me. I tried several times to be friendly, but everyone seemed to have his own friends to talk to and sit with. I sat down among some unfamiliar faces several times, but they didn't pay much attention to me. I hoped somebody would ask me to join one of the committees or to somehow participate and contribute—but no one did.

Finally, because of illness, I missed a meeting. The

next month no one asked me where I'd been. I guess it didn't matter much whether I was there or not. On the next meeting date, I decided to stay home and watch a good television program. When I attended the next meeting, no one asked me where I was the month before.

You might say that I'm an average medical assistant; that I hold a responsible position; and I love my community.

You know who else I am? I'm the member who never came back!

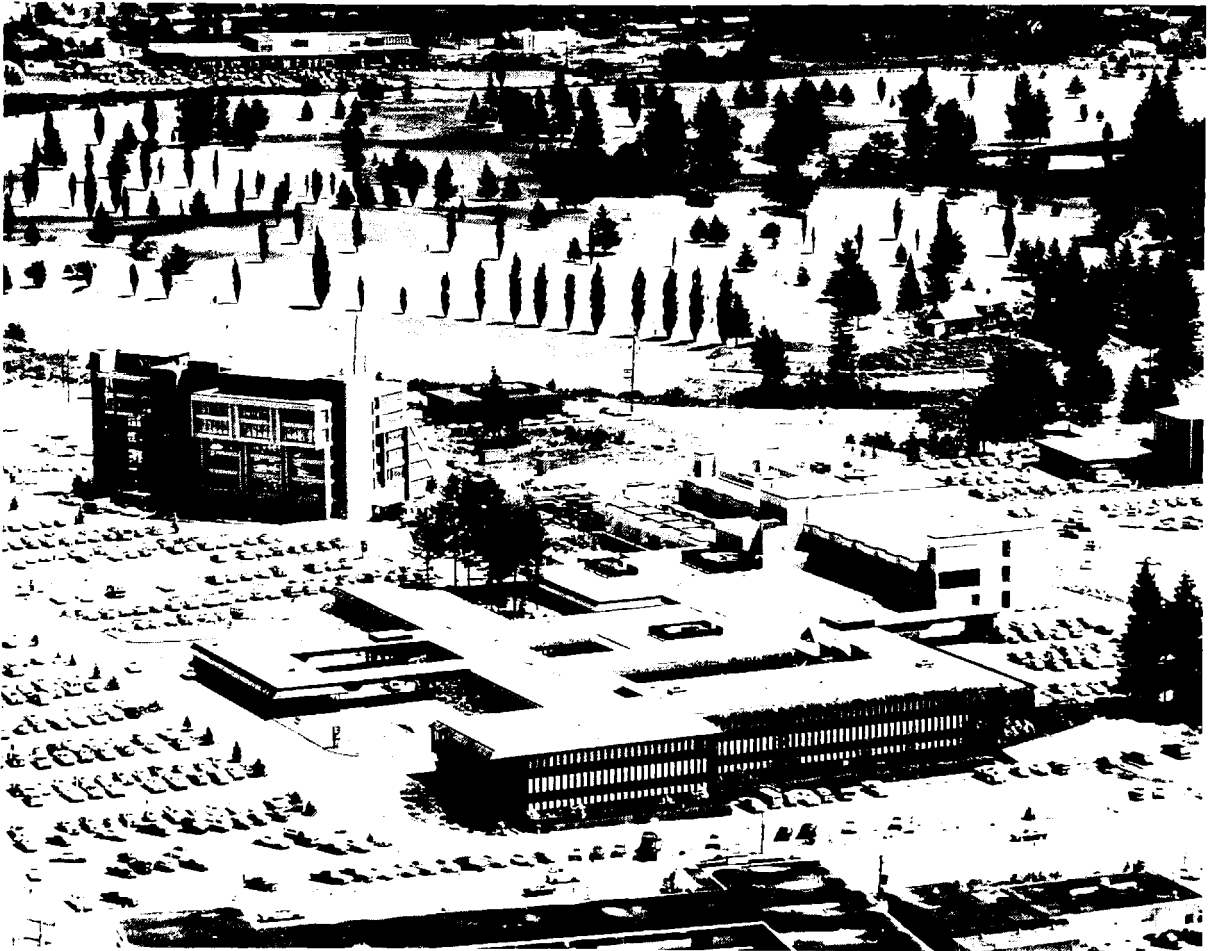
I would hope that Pierce County Chapter would never be guilty of any of the above. WE ARE A TEAM! Let's all cooperate and keep our membership.

Doris Stansell
Publicity Chairman



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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.

Internist/Gastroenterologist, available immediately. Board eligible in internal medicine and gastroenterology; graduate, B. J. Medical College, Ahmedabad, India, 1971. Passed ECFMG exam, 1973; Flex, 1974. Three years of post-graduate work, United Hospital Medical Center, Newark, New Jersey, 1974-77. Member, New Jersey Medical Society, American Medical Association. Listing No. 101.

Internal Medicine/Cardiology. Certified, American Board of Internal Medicine; eligible, American Board of Cardiovascular disease. Available, July 1979. Graduate, Taipei Medical College (Taiwan), 1972; graduate study in Pathology, University of Rochester, 1973-74; internship and residency at Brooklyn-Cumberland Medical Center, New York, 1974-77. Cardiology Fellowship, Good Samaritan Hospital, Phoenix, Arizona, 1977-79. Passed ECFMG exam, 1972. Listing No. 102.

Gastroenterologist, available, July, 1979. Seeking a gastroenterology private practice. Would prefer single or multi-specialty group. Board certified, graduate, Washington University School of Medicine, St. Louis, 1972; internal medicine internship and residency, University of Minnesota, 1972-75. Gastroenterology Fellowship, University of Minnesota, 1975-77. Currently on active naval duty. Listing 1203.

Internist, seeks emergency room or general practice. Available July, 1979. Graduate, University of South Alabama Medical School, 1978. Scheduled to complete internship at University of South Alabama, June 1979. Listing 1206.

Internist, scheduled to complete an Infectious Disease Fellowship at Baylor College of Medicine September, 1979. Training includes extensive clinic experience in adult and pediatric infectious diseases, clinical microbiology, hospital infection control, and clinical and laboratory research. Graduate, Baylor College of Medicine, 1971. Associate, American College of Physicians, American Board of Internal Medicine, June, 1977. Listing 1201.

Anesthesiologist, board eligible, member, American Society of Anesthesiologists. Graduate, China Medical College, June, 1968. ECFMG, 1969. Staff anesthesiologist, VA Hospital, Fort Wayne, Indiana, July, 1974 to present. Listing 1202.

General Surgeon, currently Chief Resident in General Surgery, The Bronx Lebanon Hospital Center, affiliate, Albert Einstein School of Medicine, New York. Graduate, Madras Medical College, India, 1973 (Master of Surgery). Flex, New York, 1978. Available immediately. Listing 1205.

Obstetrician/Gynecologist, staff member, Ob/Gyn Department, St. Mary's Hospital Catholic Medical Center, New York. Also, independent practice since 1977. Graduate, Madras Medical College, India, 1971; Flex, New York, 1975. Available January, 1979. Listing 1204.

Internist, currently completing pulmonary subspecialty in June, 1979. Interested in group practice. Board eligible, graduate, Kasturba Medical College, South India, 1968. Internship and residency at Columbus Hospital, New York, 1972-76. Flex, 1975. ECFMG, 1972. Listing 1207.

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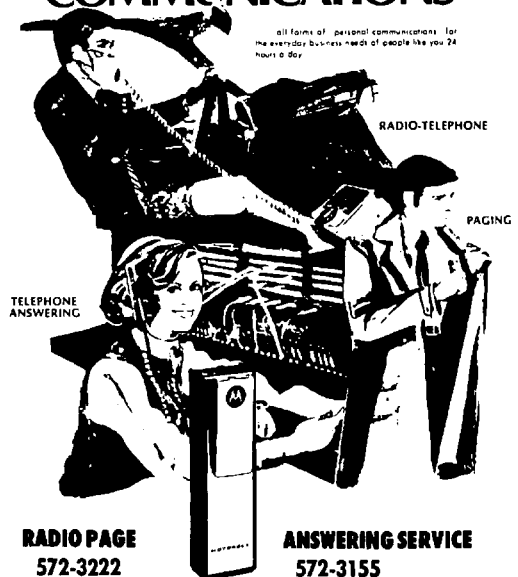
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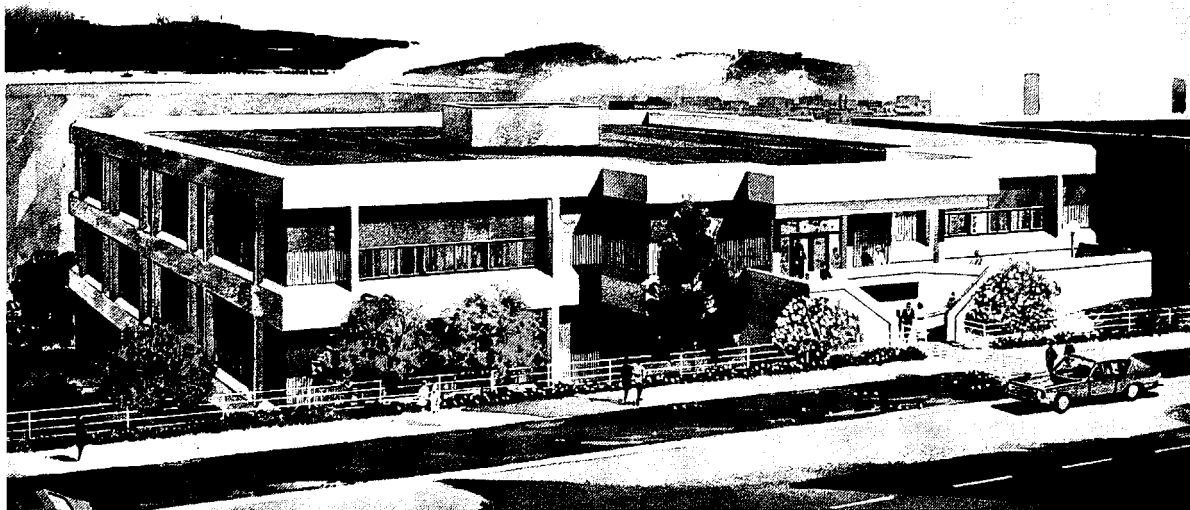
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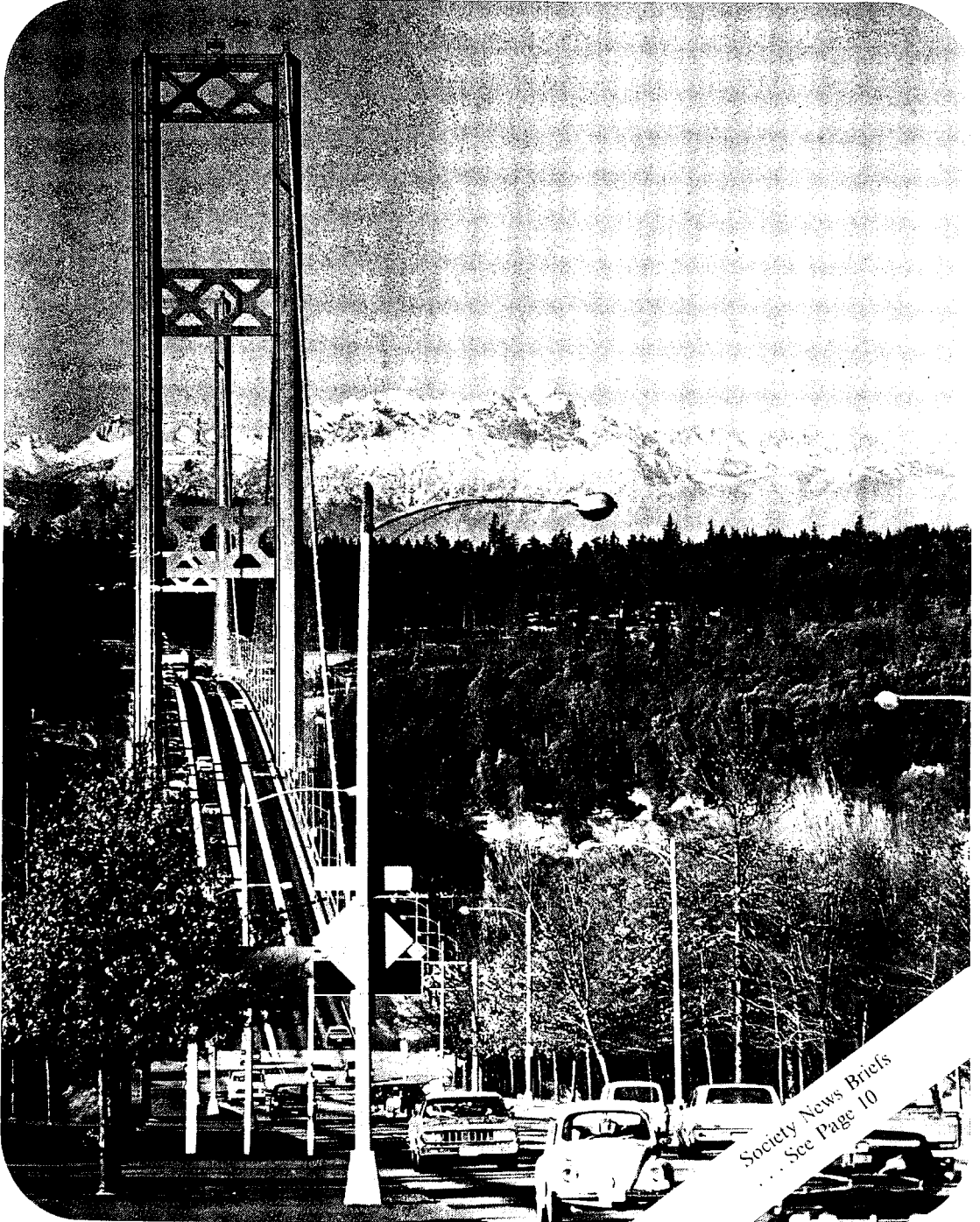
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Medical Society of Pierce County

February 1979 Vol. LI, No. 2 Tacoma, Washington



Society News Briefs
See Page 10

BULLETIN

Special Enrollment Period Announced For Disability Income Insurance Program

Certain features of the disability income insurance program offered to members of the medical society through Professional Groups Insurance Agency have been changed and the agency has announced an open enrollment period. The following information will be of interest as you evaluate your insurance needs.

*If you are under age 60 and not currently insured under the present program, you may now apply for up to \$300.00 a week of disability income insurance.

*If you are under age 45 and not currently insured under the present program, you may purchase \$100.00 a week of disability insurance under the 5/2 plan (5 year accident/2 year sickness) on a guaranteed issue basis. You may apply for higher limits; however, you must then complete the entire application.

This special enrollment period ends March 15, 1979

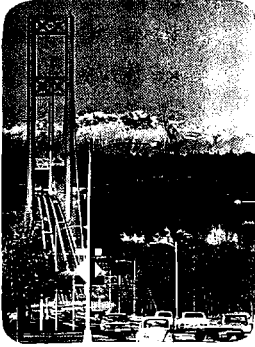
If you apply now, coverage will be effective immediately, subject to acceptance by the underwriter, the Continental Insurance Companies, or on the guaranteed basis and you will be billed for the pro-rata premium to March 15 when you receive your policy.

For additional information and an application contact the program's administrators, R. Merle Palmer, CLU, or Robert Van De Mark, CLU, at (206) 383-3466. Your inquiry will be handled promptly to insure commencement of coverage at the earliest possible date.

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A cold, clear winter day over the Narrows.
Photograph courtesy of Marcel Malden, M.D.

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UNIVERSITY OF PUGET SOUND, OFFICE OF CONTINUING EDUCATION
AND SCHOOL OF BUSINESS AND PUBLIC ADMINISTRATION

**PERSONAL AND FINANCIAL MANAGEMENT
FOR THE MEDICAL PROFESSIONAL**



SEMINAR LEADER – BRIAN HOWELL

Mr. Howell is a financial planner for individuals and organizations in the Pacific Northwest. He is a Business Administration graduate of the University of Washington. His background includes studies in international business and in finance, and he is currently completing further studies through the College of Financial Planning of Denver, Colorado. Mr. Howell holds licenses in various states in securities, real estate, and insurance. He is an associate of the firm Foster and Marshall, Inc. Mr. Howell believes the role of the financial planner and financial professional is of vital importance to individuals and organizations due to high rates of inflation and taxation.

Guest speakers will be included

SEMINAR OBJECTIVE

The purpose of this seminar is to aid medical professionals in determining wise use of money by weighing the relative needs of savings, life insurance, and investments so as to maximize the number of and retention of **after-tax** dollars in living and death estates.

WHO SHOULD ATTEND

Doctors, dentists and other medical professionals who have responsibilities for financial management in a medical or dental practice.

DATE: Tuesday, March 20, 1979
Nine sessions, ends May 8, 1979

PLACE: McIntyre Hall, Room 106
University of Puget Sound

TIME: 7:00-9:00 P.M. (Registration 6:30)

FEE: \$60.00. Fee includes textbook and course materials

SEMINAR OUTLINE (nine sessions)

1. Fundamentals of Financial Planning
The relationships of inflation, interest, time, and taxes, and their impact on the Buying Power of your dollars. The difference between Speculating and Investing.
2. Guaranteed Investments, Fixed Income, "Loanership vs Ownership"
3. Equities
Stocks and inflation. How to select stocks for income. Growth stocks.
4. Measuring Economic Returns, Money Managers
5. Tax Planning for the Independent Professional
6. Insurance
Life insurance use and mis-use
7. Limited Partnerships
Real Estate, Oil and Gas, Leasing, Cable Television, etc.
8. Tax, Estate, and Financial Planning
*Tax sheltered money accumulation methods leading to Financial Independence
Death taxes and probate. Guest Speaker*
9. Summary and Review

Registration Form for Personal and Financial Management for the Medical Professional

McIntyre Hall, Room 106, University of Puget Sound
Fee: \$60.00 (Includes textbooks and course materials)

Return Registration to:
UPS Continuing Education Office
1500 North Warner
Tacoma, WA 98416
(206) 756-3306

Enclosed is check payable to the
University of Puget Sound

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Please charge my Master Charge
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Expiration Date _____

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Firm _____

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City _____ State _____ Zip _____

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Signature _____



Kenneth D. Graham, M.D.

STAGE SET FOR ACTIVE YEAR

Future goals and activities for our medical society were discussed at the Board of Trustees' annual retreat held in January in Olympia. I would like to share with you a few thoughts and accomplishments that resulted from this productive meeting.

The society's committee structure was discussed at length and all committees were reviewed relative to their objectives and components. Out of this review came a formalized policy and procedure for each society committee which should improve communications and coordination between chairmen, the membership and Board of Trustees. We have new committee leadership in many areas in 1979 and it is the board's hope that the formalized committee policy statement will give committee chairmen a more specific focus within which they can channel their committee activities.

The board also determined that a Health Planning Liaison Committee be established. In a sense this is a reactivation of a previous society committee. The purpose of the committee is somewhat different, though, in that it is charged with monitoring the activities of, and communicating with, health planners and regulatory agencies at all government levels. Dr. Bill Ritchie will chair this new standing committee. He is extremely knowledgeable of health planning and has been involved in the planning process in our area for some time. The Public Health/School Health Committee which has shouldered much of this load under the very able direction of Dr. George Tanbara for the past few years can now deal more directly with school and public health issues, a major task in itself.

The College of Medical Education, local CME and the society's relationship to both were reviewed in depth. The trustees are very aware of the need for an optimum relationship with the college and the board favors continued strong support for continuing education at the local level. Improved communications and possible other assistance to the college also were discussed. An ad hoc study committee, comprised of three trustees, has been appointed to review the overall financial situation of the college, its articles of incorporation and other issues, and to make

recommendations to the board relative to future relationships between the college and medical society.

As you know, the \$30.00 per member CME prepaid course tuition credit approved unanimously at the September 1978 general membership meeting was approved on a one year basis only. Such an arrangement can be continued only following a board recommendation to the membership that this be done and following acceptance by the membership of such a recommendation. We will be working very diligently over the next few months to assess further the society's relationship with the college and the college's financial situation so as to make a studied recommendation regarding what, if any, future relationship, financial or otherwise, may be appropriate.

Another decision made by the board was to conduct a membership survey which you have already received and hopefully have responded to. The last membership survey was conducted early in 1977 and the information gained from that survey was extremely useful in helping prioritize society programs. We feel this is one way of maintaining close contact with the membership which is an ongoing concern of your board. The general subject of membership was discussed at length and we reviewed many areas such as future membership benefits, increased membership involvement, assistance to those harassed by government (such as DSHS), and numerous other timely topics.

External relations topics and programs which might assist us in projecting a more favorable image of the profession were brought forth at the meeting. As a result, reactivation of the Public Relations Committee with medical auxiliary participation is under active consideration. This committee could serve as a clearing house for information on projects and as a review mechanism for the establishment of activities in support of the society's external relations goals.

As I drove home following our retreat I had the good feeling of a day well spent. We have an exceedingly strong and representative Board of Trustees, and I believe we are off to a good start with a great deal of involvement in numerous activities. Let's all hope for a fun and productive 1979.

K. D. G.

DOCTORS: DO YOU HAVE A PROFESSIONAL MEDICAL ASSISTANT?

If your staff of medical assistants are members of the American Association of Medical Assistants (AAMA) then you already know what this article is about, but if they are not members, then you should read on.

The American Association of Medical Assistants is the only medical assistants organization to have merited official commendation by the American Medical Association. It was the first professional organization for medical assistants and has dedicated itself to continuing education since 1956.

Continuing education for the health care professional is a fact of life today. Professional training is not enough anymore. With the many new and advanced techniques used in today's health care field one must continually grow by continued education to maintain and improve professional competence.

The AAMA established a Certifying Board in 1961, which now collaborates with the National Board of Medical Examiners, to give certification exams to qualified medical assistants. In addition to the accreditation and certification programs, AAMA offers continuing education opportunities in the form of guided study courses, seminars and workshops, both on a state-wide and at a local chapter level.

The Pierce County Chapter of the AAMA has had many seminars and workshops for continued education, including several on correct billing procedures. This is an area in which many offices seem to have problems, and through the efforts of the combined membership, have come up with answers to many difficult questions in billing. Since billing is usually one of the primary duties of most medical assistants, this type of information is not just helpful, but essential for both the assistant and the doctor who employs her.

AAMA members have learned how an exchange of professional ideas can broaden the scope and effectiveness of medical assisting; beneficial not just to themselves but to their employees as well.

If your medical assistants have not yet attended a meeting of the AAMA, it will be to your advantage to encourage them to do so. Dinner meetings are held the second Monday of each month at the Yukon Mining Company (restaurant) in Lakewood, starting at 6:30 p.m. There is an open invitation for physician participation at our meetings as well.

Sharron K. Vigil, CMA-C

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A division of MSPC Membership
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LET'S AVOID THE FACTORS THAT HAVE DAMAGED LABOR'S POLITICAL CLOUT

Our AMA federation must shun the internal damage that has made organized labor much less effective in Washington, D.C., than the publicity accorded its leaders might suggest.

"Big labor isn't very big anymore," liberal syndicated columnist Nicholas von Hoffman wrote in the December issue of *Harper's*, adding, "the labor lobby has come down with pernicious anemia."

He further said:

"Without a kick in the pants of the kind unions can no longer deliver, labor must suffer increasing rejection from the national government. The last session of Congress saw organized labor lose almost everything it wanted, in particular the labor-law reform bill . . ." That bill would have eased the unions' organizing efforts.

As the primary reason for the loss of clout, von Hoffman cites the falloff in union membership to only about 20 per cent of the labor force. "Since 1974, unions have lost more than half a million members, while in the same period the economy added 6 million new jobs."

The lack of unity in the union movement could well be an additional reason, we believe. For example, the only three union with more than a million members (according to the 1978 *World Almanac*) — the Teamsters, United Auto Workers, and National Education Association — are unaffiliated with the AFL-CIO.

In contrast with organized labor, the AMA has been effective in Congress and has improved its relations with the White House. To remain effective, however,

our federation must grow in its proportion of the total number of physicians and in unified membership.

In the 1977-78 Congress, our federation was instrumental in the demise of such offensive bills as:

- A bill to extend Federal Trade Commission jurisdiction to non-profit organizations, which would include the AMA, its component societies, and medical-specialty societies. Along with eliminating Congressional sanction of the FTC's current anti-trust action against physician solicitation of patients, the bill's death is likely to help us if the FTC administrative judge's adverse ruling on the issue has to be carried as far as the federal courts.

- A Health Planning Act amendment that would have extended certificate-of-need provisions to purchase of new equipment by physicians' offices.

- Mandatory cost containment, as contrasted with the Voluntary Effort spearheaded by the AMA, the American Hospital Association, and the Federation of American Hospitals, with splendid support from their state bodies.

- The proposed Clinical Laboratory Improvement Act, which would have set national standards for the training of lab technicians and harassed lab procedures in many physicians' offices.

- The drug regulation reform bill, which would have further muddled the development, distribution, and use of beneficial drugs.

Let's sustain our impact. And let's all work for the membership growth and unity that are needed to sustain it.

—AMA

A NEW BENEFIT OF MEMBERSHIP

A New Rx for Past Due Accounts

- You control your accounts.
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- A greater return to you of each dollar collected compared to commercial collection agencies.

These are important considerations to weigh when you select a collections service to handle your office's past due accounts. The Medical-Dental Credit and Collection Service, a new benefit of membership in the Medical Society of Pierce County, provides these services and more, **with no advance charge** to set up accounts. Call 572-3709 today for further information and assistance in bringing this new benefit of membership to your office.

The Medical-Dental Credit and Collection Service. Think of us as an extension of your office.



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APPLYING YOUR CREDIT

The decision made in September by the membership of the medical society to support Continuing Medical Education with a \$30.00 per member tuition credit this year has been greatly encouraging to the many members of the Committee on Continuing Medical Education. Even though this committee has met monthly and even though the meetings often last an hour to two hours, most of the members of the committee have readily agreed to serve for another year.

As is so commonly the case with any change, the conditions of the resolution unanimously accepted at the September general membership meeting have led to the need for some fresh arrangements, clarifications, etc.

The recently formed liaison council between the Medical Society of Pierce County and the Pierce County Hospital Council presented a forum where some of these discussions could take place, as in the past the hospitals have also supported Continuing Medical Education and some fresh arrangements needed to be made.

As a result of the deliberations between the society representatives and the hospital representatives on the liaison council, certain agreements were reached and will be in effect until the whole issue is reconsidered again in September.

Up till now when a CME course was produced in a hospital and was sponsored by that hospital in conjunction with the College of Medical Education, the hospital undertook the responsibility for expenses up to a certain level and was then reimbursed from what fees the college collected. On a number of occasions the fees collected from course participants did not fully cover the hospital's expenses; on other occasions they did. The agreement reached at the

January Medical Society-Hospital Liaison Council meeting in relation to this point states that hospitals which contribute in this way to CME courses in association with the College of Medical Education will be reimbursed by the college in the amount of tuition income from the course, not to exceed the amount of funding provided by the hospital.

The above arrangement has been made for 1979 CME courses at Allenmore Hospital, St. Joseph Hospital, Tacoma General Hospital and Lakewood General Hospital. The hospital representatives will now discuss this situation with Mr. David Hamry, administrator of Good Samaritan Hospital, with the hope that Good Samaritan Hospital will join in the same arrangement. In these circumstances, members of the society will be able to apply their \$30.00 CME credit against tuition fees for College of Medical Education sponsored courses held at any of the above hospitals.

On the other hand, every now and again some courses are presented in Pierce County which although accredited for category I credit by the College of Medical Education are actually sponsored entirely by another entity. When tuition fees are charged for these courses, they are not affected by the agreement reached and described above, and the \$30.00 credit cannot be applied against such fees.

As in the past, the College of Medical Education welcomes your inquiries, suggestions and advice. In addition, we would be glad to help with any problems that may be related to the fulfillment of CME requirements as a prerequisite for relicensure.

*Marcel Malden, M.D., F.A.C.P.
Chairman, CME Committee*

Society News Briefs

A summary of Medical Society, and local medical and health news

SOCIETY ENDS 1978 IN THE BLACK

The Board of Trustees has accepted and ordered filed a 1978 financial statement prepared by society accountants, Allen, Nelson, Turner, and Co., reporting that the society operated within its income and recorded a 1.8 percent net gain on total revenues resulting in a modest contribution to contingent reserves. A strengthened budgetary process, continued strong membership growth, and non-dues income created by the successful Medical-Dental Placement Service contributed to the improved financial health of the society in 1978. Current membership dues of \$160.00 per physician remain unchanged from the 1976 level, while the consumer price index for all items in our area has increased approximately 30 percent over the same time period.

SOCIETY OFFICE TO MOVE

A move of the society's office from its current location at 813 South K Street to new facilities in the Professional Building, 705 South 9th Street, has been approved by the Board of Trustees. The new office will provide additional space needed for the society's growing membership benefits corporation and will provide meeting space for committee meetings. The move is expected to take place on March 1.

MEMBER ELECTED TO HEALTH COUNCIL NOMINATING COMMITTEE

Richard T. Vimont, M.D., past vice-president of the medical society, was elected at the Pierce County Health Council's annual meeting to serve on the council's Nominating Committee. Dr. Vimont joined a committee which previously was comprised of three consumer representatives, a registered nurse and a chiropractor as local provider representatives. Members of the committee serve two year terms. Physicians interested in participating in the health planning process are encouraged to contact the medical society office, 572-3667, for PCHC membership applications. PCHC is one of six component councils of the Puget Sound Health Systems Agency headquartered in Seattle.

REFERRAL SERVICE CALL VOLUME INCREASES

The public referral service provided by the society has experienced increased usage in recent months. An average of 110 telephone inquiries per week are currently handled by the society staff. Individuals new to Pierce County, or without a physician, can call the medical society office and they will receive assistance in securing a doctor. As a member of the society, your specialty or medical practice information will be included in the referral file unless you specifically notify the society you wish not to be used as a referral. If your specialty customarily receives referrals only from other physicians your name will not be included in the referral file. All individuals calling the society are provided the names and office phone numbers of three physicians of the requested specialty.

Society members will be receiving a questionnaire in the near future requesting practice information to be incorporated in the 1979-1980 Directory of Pierce County Surgeons and Physicians, and which will be used by the society office for the information and referral service. Your assistance in returning the questionnaire as quickly as possible to the medical society office will be greatly appreciated.

RESPONSE TO CREDIT AND COLLECTION SERVICE STRONG

Members of the society responded in force to a letter sent by President Ken Graham, M.D., just prior to Christmas announcing formation of the society's Credit and Collection Service, a division of MSPC Membership Benefits Inc. Over 100 physicians contacted by the initial mailing returned response cards indicating interest in the service. Susan Thornton, CMA-C, director of the Medical-Dental Placement Service and the new Credit and Collection Service, currently is meeting with physicians and their office staffs to explain in detail the benefits of this new service. For further information on how this service can return to you a greater portion of each dollar collected from past due accounts, protect your professional image, while at the same time allowing you to control your accounts, call the Credit and Collection Service, 572-3709. There is no advance charge to establish accounts with the service.

ANNUAL PEDIATRICS DAY SET

"Childhood Nutrition and Health Care. Practical Pointers for Practitioners in Food and Health," has been set as the subject for the 7th annual Pediatrics Day, to be held Saturday, March 24, 1979 at Foss High School. Topics to be covered during the program range from "Early Childhood Nutrition; Progress and Problems, With Implications

for Learning and Development," "Iron Metabolism and Child Development," "Community Nutritional Resources and How to Use Them," and "Making Clinical Nutrition Come Alive in Your Practice."

Afternoon workshop sessions will be held from 1:00 p.m. to 4:30 p.m. The morning program begins at 8:00 with registration. The program's keynote speaker will be Philip White, M.D., American Medical Association, speaking on "The Future of Nutrition in Health Care." AMA category I and AAFP credit for six contract hours will be offered, in cooperation with the College of Medical Education Inc. Registration is \$15.00 per person, payable by check to "Food and Health," c/o Mary Bridge Children's Hospital.

SPACE APPLICATIONS AVAILABLE

Applications for scientific exhibit space at the 1979 Annual Meeting, October 4-7, Seattle, may be obtained by calling or writing the WSMA office in Seattle (statewide toll-free number, 1-800-552-0612; Seattle number, 623-4801). The deadline for the return of completed applications is May 15, 1979, as the Scientific Program/Exhibits Committee will meet shortly after that date to select the exhibits to be shown at the meeting.

MEDICAL LIBRARY PROVIDES ACCESS

Your access to the medical literature through the network of Biomedical communication hospital libraries, the Pierce County Medical Library, Pacific Northwest Regional Health Sciences Library, National Library of Medicine, and the British Lending Library — begins in Pierce County through your medical library. Comprehensive library services include literature searches, bibliographies, inter-library loans, and Med-line searches (literature retrieval by computer). The library is open Monday through Friday from 8:00 a.m. to 5:30 p.m. A key is available upon request for library use at other times. For additional information or assistance contact M. VonBruck, librarian, 572-5340.

OOPS!

We forgot to include Ernst W. Bauer, M.D., in the list of contributors to the Pierce County Medical Library published in the December issue of the BULLETIN. The library staff and Library Committee extend their sincerest appreciation to Dr. Bauer and all those physicians who have contributed to the library.

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KEEPING UP WITH NUTRITION

Although many articles and books about nutrition have been published, finding concise and reliable information is difficult. So Dairy Council is offering you some helpful desk references.

NUTRITION SOURCE BOOK is a forty-page booklet published in 1978 which includes a broad overview of the needs for particular nutrients and the foods which provide them. It addresses current consumer concerns such as health foods, additives in foods, and how to judge the reliability of nutrition information.

DAIRY COUNCIL DIGEST is published bi-monthly and is an interpretive review of current nutrition research. It is intended to facilitate the application of research findings in improving nutrition practices.

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NUTRITION NEWS

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Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE



JOHN C. DOELLE, M.D., Internal Medicine. Born in Detroit, Mich., 4/23/43; medical school at University of Michigan, 1979; internship, Madigan Army Medical Center, 1969-70; residency, in internal medicine, Madigan, 1970-73. Licensed to practice medicine in the State of Washington, 1977. Has applied for membership on the medical staffs of the following hospitals; Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Doelle is practicing at 1518 Main St., Sumner.



RICHARD S. HAWKINS, M.D., Family Practice. Born in Portland, Or., 8/25/47; medical school at University of Oregon, 1973; internship at St. Paul-Ramsey Hospital, St. Paul, Minn., 1973-74. USPHS commissioned officer, Yakima PHS Indian Health Center, 1974-78. Licensed to practice medicine in the State of Washington, 1974. Has applied for membership on the medical staffs of the following hospitals; Allenmore, Doctors, Mary Bridge, St. Joseph, Tacoma General. Dr. Hawkins is practicing at Allenmore Medical Center, Tacoma.



JEFFREY B. HAYES, M.D., Family Practice. Born in Cincinnati, Ohio, 7/2/50; medical school at Medical College of Ohio, 1975; residency at University of Wisconsin, Department of Family Medicine and Practice, 1975-78. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staff of Good Samaritan Hospital. Dr. Hayes is practicing at 1420 4th St. S.E., Puyallup, Wa.



DANIEL L. HUSKY, M.D. Family Practice. Born in Oklahoma City, Oklahoma, 12/4/49; medical school at Oklahoma University, 1977; internship, Madigan Army Medical Center, 1977-78; residency in family medicine, Madigan, 1978-current. Currently on active duty with the U.S. Army. Licensed to practice medicine in the State of Washington, pending. Dr. Husky has applied for associate membership in the Medical Society of Pierce County.



MATTHEW WHITE, M.D., Family Practice. Born in Philadelphia, Penn., 5/21/41; medical school at Jefferson Medical College, Philadelphia, 1967; internship, U.S. Naval Hospital, Newport, R.I., 1967-68; residency, U.S. Naval Hospital, Jacksonville, Florida, 1968-70. Licensed to practice medicine in the State of Washington, 1974. Has applied for membership on the medical staffs of the following hospitals; Allenmore, Lakewood General, Mary Bridge, St. Joseph, Tacoma General. Dr. White is practicing at 5900 100th St. S.W., Suite 14, Tacoma, Wa.



JOHN H. WHITMER, M.D., Psychiatry. Born in Spokane, Washington, 7/27/23; medical school at University of Oregon, 1950; internship, St. Paul-Ramsey County Hospital, St. Paul, Minn., 1950-51; residency, Stanford Medical Center, 1961-64. Has served as staff psychiatrist, Veterans Administration Medical Center, 1964-current. Licensed to practice medicine in the State of Washington, 1970. Dr. Whitmer is continuing his practice in psychiatry at Veteran's Administration Medical Center, Tacoma.

SECOND NOTICE



JAMES M. FOSS, M.D., Family Practice. Born in Port Townsend, 10/4/48; medical school at University of Washington, 1975; internship and residency, Madigan Army Medical Center, 1975-78. Licensed to practice medicine in the State of Washington, 1978. Dr. Foss is currently serving on the teaching staff of Madigan Army Medical Center.



RONALD J. GRAF, M.D., Internal Medicine/Endocrinology. Born in Glencove, New York, 12/24/45; medical school at Albany Medical College, N.Y., 1971; internship, University Hospital, Boston, Mass., 1971-72; residency, University Hospital, Boston, 1972-73; University of Colorado Medical Center, Denver, 1975-76; graduate training at University of Washington (endocrinology), 1976-78. Licensed to practice medicine in the State of Washington, 1973. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Graf is practicing at Allenmore Medical Center, Tacoma.



MICHAEL T. HAYNES, M.D., Family Practice. Born in Tacoma, 2/17/49; medical school at University of Washington, 1975; internship, Jackson Memorial Hospital, University of Miami, 1975-76; residency, University of Miami, 1976-78. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staff of Good Samaritan Hospital. Dr. Haynes is practicing at 800 South Meridian, Puyallup.



BRUCE KALER, M.D., Emergency Medicine. Born in Miami, Florida, 6/25/49; medical school at University of Miami, 1974; internship (family practice) University of Massachusetts, 1974-75; residency, Worcester City Hospital, Massachusetts, 1975-77. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Lakewood General, Puget Sound, Tacoma General. Dr. Kaler is practicing in Pierce County.



JOHN J. MCKELVEY, M.D., Cardiology. Born in Roanoke, Virginia, 7/21/42; medical school at Temple University, 1969; internship, Fitzsimons Army Medical Center, 1969-70; residency, Fitzsimons, 1970-73; graduate training in cardiology, Fitzsimons, 1973-75. Has served as staff cardiologist, Madigan Army Medical Center, 1976-present. Licensed to practice medicine in the State of Washington, 1977. Has applied for membership on the medical staffs of the following hospitals: Mary Bridge, St. Joseph, Tacoma General. Dr. McKelvey is practicing at 1715 South 324th Place, Federal Way.



OVIGIO M. PENALVER, M.D., Pediatrics. Born in Havana, Cuba, 11/13/39; medical school at USC, 1975; internship, Children's Orthopedic Hospital, Seattle, 1975-76; residency, University of Washington, 1976-78. Licensed to practice medicine in the State of Washington, 1976. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, Lakewood General, Mary Bridge, St. Joseph, Tacoma General. Dr. Penalver is practicing at 2709 East Main, Puyallup.



KATHRYN E. RICHERT-BOE, M.D., Hematology/Internal Medicine. Born in Wichita, Kansas, 6/28/48; medical school at University of Kansas, 1974; residency, Kansas City General Hospital (internal medicine), 1974-76; graduate training at the University of Oregon in hematology and oncology, 1976-78. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Puget Sound, St. Joseph, Tacoma General. Dr. Richert-Boe is practicing at 1624 South I Street, Tacoma.



GEORGE A. WEIS, M.D., Diagnostic Radiology. Born in Toledo, Ohio, 5/14/45; medical school at Indiana University School of Medicine, 1970; internship, University of Michigan (pediatrics), 1970-71; residency, University of Washington (diagnostic radiology), 1973-76. Licensed to practice medicine in the State of Washington, 1973. Has applied for membership on the medical staffs of the following hospitals: Doctors, Puget Sound, St. Joseph, Tacoma General. Dr. Weis is practicing with Tacoma Radiological Associates.



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AUXI-QUAD ENJOYS LARGE TURNOUT

The Auxi-Quad luncheon, held in January at the Sherwood Inn, was attended by 120 medical, dental, legal and pharmacy auxiliary members. It was a nice opportunity to get together and visit. Chairmen in charge were: Sybil Hunter, dental auxiliary president, assisted by Terri Cotant. Robin Larson did the neat table decorations. Joan Graves, legal auxiliary president, assisted by Sylvia Seinfeld procured door prizes. Pharmacy Auxiliary President Jan Anderson, assisted by Dian Gustin were general chairmen of the luncheon. Nancy Spangler arranged for the entertainment. Nice work ladies! The table centerpieces were cleverly done — a bit of the bubbly tied in a pretty bow, and one lucky lady at each table took a bottle of wine home. The Curtis High School Swing Choir was as welcome as a ray of sunshine on a gray day. Their presence and enthusiastic performance was great!

There were 30 paid lunches left which were sent to the Tacoma Rescue Mission. The Sherwood Inn delivered them gratis.

Legislative Day, February 8, sponsored by the Washington State Medical Auxiliary and Washington State Medical Association was held at the Tye Motor Inn, Olympia. A highlight of the meeting was a tour of the Governor's Mansion. Luncheon speakers were: Mrs. Marian Reid, member of the Medical Disciplinary Board; Martin Durkan, WSMA legal representative-professional liability; and, James Krinbring, WSMA lobbyist. Our Auxiliary was represented by Jo Roller, president, Donna Roper, legislative chairman, and JoAnn Johnson, past state auxiliary president.

The Nominating Board has met and presented the slate of officers to Auxiliary at the February 16 regular meeting held at Marg McGroarty's home.

President-elect Kit Larson is looking for volunteers to serve on her board. If you have a special interest in a particular area and would like to serve, give Kit a call at 584-3802.

The Mid-year Conference is scheduled for March 12-14 in Wenatchee, Chelan County. State President Carolyn Vaughan Smith will host this meeting. This includes state board directors; state committees; county presidents and president-elects; and, chairmen of AMA-ERF, legislation, communication, project

bank, and membership committees. Any interested member may attend the meetings and workshops. Jo Roller promises you will have fun. "You will go and you will enjoy!"

Handicapped Awareness Chairman Janet Fry reports one demonstration was given and two more are scheduled for "Project Julie."

Nikki Crowley states plans are rolling right along for Auxiliary's "Your Specialty Auction" to be held on St. Patrick's Day, March 17 (Saturday). It will be held in the Oppelt Student Center, Fort Steilacoom Community College. Previewing starts at 7:00 with the auction at 8:00. The cost is \$3.00 per person and you may bring guests. Wine, beer and hors d'oeuvres will be served. Two of the latest donations received are instruction on "how-to" cane a chair, and squash lessons. All handcraft items are welcome and needed.

Our Artists Resource Committee is busily designing posters to depict the "real thing" if it cannot be displayed. The Phone Committee will be calling the first of March. We would like reservations and final donations at that time. If you are planning to attend please send your check (\$3.00 per person) to Debbie McAlexander, 10230 Green Lane S.W., Tacoma, Wa. 98498. Any questions? Phone Debbie at 588-9779 or Nikki Crowley at 565-3767.

You all come and join us for a fun evening at the Auction!

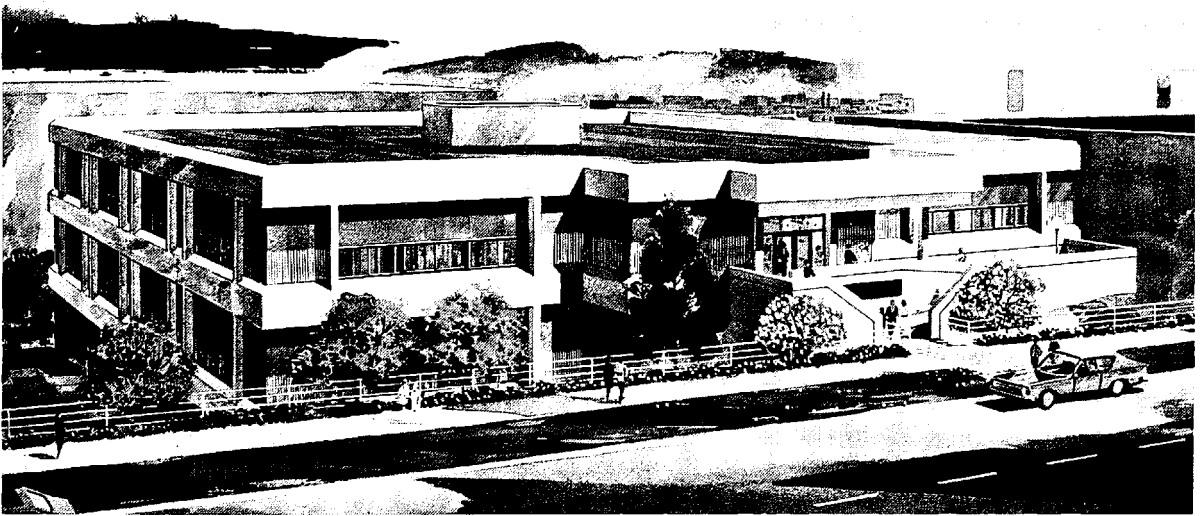
Joan L. Sullivan.

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President-elect	Kit Larson
1st V.P. & Program	Nicole Crowley
2nd V.P. & Membership	Alaire Sheimo
3rd V.P. & Historian & Bylaws	Marge Ritchie
4th V.P. & Arrangements	Sharon Lukens
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GENERAL MEMBERSHIP MEETING NOTICE

— THE PROGRAM —

"Town Hall" Business Meeting

The first general membership meeting of 1979 will be devoted to:

- A review of the findings of the attitudinal survey sent to all society members in February.
- A report on society goals for 1979 as seen by your officers and trustees.
- Other issues of concern and interest to members of the Medical Society of Pierce County.

Please come and share your thoughts and ideas with your colleagues. Society officers and trustees want to maximize individual physician input in society decision-making and take into consideration as many opinions as possible in shaping the activities of the society to meet your needs in 1979 and beyond.

- DATE:** Tuesday, March 13, 1979
- TIME:** 6:15 p.m., Attitude Adjustment Hour
7:00 p.m., Dinner
7:45 p.m., Business Meeting
- PLACE:** The Tacoma Yacht Club
Point Defiance Park
- COST:** \$10.00 per person for a complete prime rib dinner.

Register Now. Call the Medical Society, 572-3667, to confirm your attendance.

Registrations must be made no later than Friday, March 2.



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Letters

SAD, BUT TRUE

To The Editor:

The following was published in a recent issue of the Lakewood Area Chamber of Commerce Report. The point made for businessmen is just as valid for physicians, and I urge my colleagues to reflect on the following message:

"The U.S. Department of Agriculture has 80,000 employees, one for every 34 farmers. One employee works full time writing the standards for watermelon growers . . .

"Somebody is going to operate the politics of our country. If those people who are devoted to our

constitution and to our way of life, to our system of free enterprise and the preservation of the blessings of freedom are not involved in politics, somebody else will be. If businessmen shun politics, others who may not understand or agree with the businessman's view of government will be making the laws under which the business community will have to live." U.S. Senator Carl Curtis."

Sincerely,
Ralph A. Johnson, M.D.

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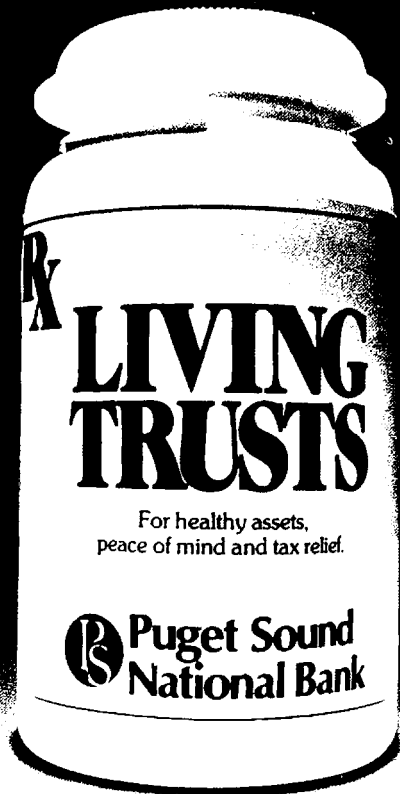
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Internist/Gastroenterologist, available immediately. Board eligible in internal medicine and gastroenterology; graduate, B. J. Medical College, Ahmedabad, India, 1971. Passed ECFMG exam, 1973; Flex, 1974. Three years of post-graduate work, United Hospital Medical Center, Newark, New Jersey, 1974-77. Member, New Jersey Medical Society, American Medical Association. Listing No. 101.

Internal Medicine/Cardiology. Certified, American Board of Internal Medicine; eligible, American Board of Cardiovascular disease. Available, July 1979. Graduate, Taipei Medical College (Taiwan), 1972; graduate study in Pathology, University of Rochester, 1973-74; internship and residency at Brooklyn-Cumberland Medical Center, New York, 1974-77. Cardiology Fellowship, Good Samaritan Hospital, Phoenix, Arizona, 1977-79. Passed ECFMG exam, 1972. Listing No. 102.

Urologist, now completing residency, available June, 1979. Graduate, Madurai Medical College, India, 1970; internship, Malden Hospital, Malden Mass., 1973-74; general surgery residency, Bronx Lebanon Hospital, Bronx, N.Y., 1974-76; urology residency, Akron City Hospital, Akron, Ohio, 1976-present. Passed ECFMG 1971; Flex, 1976. Listing #201.

Cardiologist, seeking to join group practice, available November, 1979. Currently completing a third year fellowship in clinical cardiology and research at the Institute for Cardio-vascular Diseases, Good Samaritan Hospital, Phoenix, Arizona. Graduate, Tel-Aviv University Medical School, 1971; residency, internal medicine, Beilinson Medical Center (affiliated with the Tel-Aviv University Medical School), 1974-76; fellowship in cardiology, 1977-present. Member, Board of Cardiology. Listing #202.



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Medical Society of Pierce County

March 1979 VOL. LI, No. 3 Tacoma, Washington



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Photograph courtesy of Glenn McBride, M.D.

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What's wrong with you?

(And what to do about it.)



Palpitations,
Heart Throbs & Chest Pains
see pages 200, 204

Stiff Joints
see page 174

Weak-In-The-Knees
see page 192

Itchy Toes
see page 136

Dizzy Spells
see page 194

Pain-In-The-Neck
see page 178

Rashes & Infections
see pages 100, 102

Stomach Aches & Pains
see pages 220, 222

Assorted Bumps & Bruises
see pages 94, 154

Let's face it. Going to the doctor for conditions that can be safely treated at home—or prevented altogether—just keeps pushing up the cost of health care.

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Kenneth D. Graham, M.D.

SURVEY RESULTS REVEALING

The just completed membership opinion survey provided considerable information which will assist us in charting the future course of the Medical Society of Pierce County. The survey encompassed much more material than previous membership surveys, and your response was excellent (See page 6 for a complete listing of the survey results).

Highlighting the results, in my opinion, were the attitudes expressed toward the society's priorities. Involvement in health planning was ranked as the highest priority, which correlates well with your board's recent establishment of the Health Planning Liaison Committee. The many facets of the planning issue certainly demonstrate the need for a "sounding board" where physicians of expertise and interest in planning can sort and interpret information so that medicine can respond more assertively and positively to the planning process. Each of us must assume a responsibility to "feed in" to this committee to provide the maximum information with which to monitor the many tentacles of the planning octopus.

Another priority that ranked high with respondents to the survey was improvement of our local image. A Communications Committee has been established by your board. The committee's objective is to establish an ongoing program of communicating the facts and viewpoints of physicians so that medicine can be fairly evaluated and a positive image of physicians will be communicated to medicine's various publics.

Officers of the society and Mr. Curry have been in contact with state and national association experts in the area of medical public information programs and we no doubt will be able to include in our program many of their ideas as well as those reflected in the survey. This issue of image is a most challenging one and the task we face is made all the more difficult by the fact that the attitudes of residents of our county are so affected by the Seattle based media.

The cost of care, probably the most pressing issue organized medicine faces today, ranked a surprising 5th in priorities. I personally wonder if some of us feel that by

putting our head in the sand this issue will go away or take care of itself. We only need to look at the recent attempt in our legislature to broaden certificate of need, the ever increasing expansion of HMO's and IPA's (along with their government subsidization) and the standby cost control legislation proposal made again this year at the national level, to mention only a few, to see how pervasively the cost issue affects our practice of medicine. Government, and increasingly the business sector, are trying to restrict increases in the cost of health care and we must be ready with our own programs and ideas which address the issue. A more realistic goal is cost effectiveness, which must begin with cost awareness. Your board is wrestling with the question of how to best approach this issue on a local basis.

Other items of note revealed in the survey were:

1. Almost 50% of the respondents expressed a desire to become more involved in the society. The recent committee questionnaire to all members will assist us in this effort. I personally feel that there is a place for each member in the society structure, and if you feel left out contact a board member or Mr. Curry.
2. Over 90% of the respondents read the BULLETIN regularly! Certainly this is a sincere vote of confidence to our editor, Dave Hopkins, the staff and contributors to the BULLETIN.

A final note relates to another subject—the initiation of our Medical-Dental Credit and Collection Service. Response to the new service has been strong. If you have not already done so, I strongly urge you to acquaint yourself with this new membership benefit. The society's successful Medical-Dental Placement Service has helped us hold the line on society dues and the credit and collection service holds similar promise. Call the medical society, 572-3667, or our new subsidiary, Membership Benefits Inc. (MBI), 572-3709, today for further information regarding this and the other benefits of membership in the medical society.

K.D.G.

Complete Survey Results

MEMBERSHIP RESPONDS TO OPINIONS REQUEST

1. How would you characterize your involvement in local society activities?
Very involved 6.1% Seldom involved 55.8%
Somewhat involved 26.9% Never involved 11.2%
2. If you have described yourself as being seldom or never involved, what is the reason for this?
Not interested 12.1% Don't feel activities are relevant 20.6%
Not enough time 53.3% Other 14.0%
Would you like to become more involved than you are? Yes 41.6% No 58.4%
In what way? Committee work 39.5% General membership meetings 50.0%
Other 10.5%
3. Where should the society's priorities be?
(Rated on a scale of 1 (least important) to 5 (most important)).
 1. Being involved with health planning 4.22
 2. Establishing local medical policy and providing leadership 4.18
 3. Working to improve the local public image of the medical profession 4.15
 4. Medical-political involvement (on state legislative level) 3.95
 5. Addressing the cost of care issue 3.88
 6. Working closely with hospital medical staff leadership 3.88
 7. Providing medical library services 3.84
 8. Providing local CME programs 3.67
 9. Providing membership services 3.47
 1. Patient referral services 3.38
 2. Placement services 3.12
 3. Credit and collection services 2.91
 4. Group insurance plans 2.88
 5. Addressing and mailing services 2.55
 6. Travel packages 2.19
 7. Other 3.67
 10. Providing a vehicle for peer contact 3.31
4. If you think working to improve the local public image of the medical profession is an important issue for the society to address, how do you feel this should be done? *Exhibit A*
5. If you think cost of care is an important issue for the society to address, how do you feel this should be done?
Exhibit B
6. How well is the society doing in involving the membership in resolving problems?
Excellent 3.1% Fair 46.0%
Good 35.4% Poor 15.5%
7. Do you feel you have adequate access to society committees and the Board of Trustees to express your views?
Yes 76.5% No 23.5%
8. How frequently do you attend society general membership meetings?
Regularly 31.1% Never 14.2%
Seldom 54.8%
9. If you don't regularly attend society general membership meetings, why not?
Conflicting activities 30.2% Do not find programs interesting 13.9%
Too busy in general 11.1% Too many other meetings 20.4%
Would rather spend time with my family 23.2% Other 1.2%
10. Society general membership meetings should be held:
Not at all 1.1% And: Always at the same place 44.1%
Monthly 14.1% At various places 55.9%
Every other month 21.4%
Quarterly 57.1%
Annually 6.3%

11. Which of the following general topics would you prefer to be covered at a general membership meeting?
 Social-political issues 29.0% Hospital related subjects 7.2%
 Medical related issues 21.0% Practice related topics 11.5%
 Society related business 19.4% Category I CME credit topics 11.9%
12. What are your suggestions for future programs
Exhibit C
13. What matters, if any, do you feel the society has been involved in that it should not be dealing with?
Exhibit D
14. Are there matters you feel the society should get involved in that it currently is not dealing with?
Exhibit E
15. How regularly do you read the society's BULLETIN?
 Regularly 90.5%
 Sometimes 9.5% Never 0%
16. What are your suggestions for improvements in the BULLETIN?
Exhibit F
17. What is your age? 46.9 years
18. Additional comments:
Exhibit G
19. Response rate: 37.6%

EXHIBIT A

Q. 4—If you think working to improve the local public image of the medical profession is an important issue for the society to address, how do you feel this should be done?

1. Assessing needed medical care to all people in Pierce County regardless of finances.
2. Revive 'Ask your Doctor' program
3. M.D.'s offering to speak at paramedical CME programs, PTA meetings, etc.
4. Use of news media—Newspaper, radio & television
5. Speakers Bureaus, etc.
6. Use of public forums to promote & advertise health care programs.
7. Responsibility of individual physicians and their relationship to individual patients.
8. Actively work toward quality care, especially in area of informing patients of pros and cons of treatment.
9. Public Education.
10. Answer charges levelled—the profession showing "the other side of issues".
11. Full time public relations director.
12. Quality care in Pierce County.
13. Decrease business image and return to professionalism.
14. *Consistent* Public relations.
15. Free BP checks, etc.—patient education programs.
16. Provide good service—e.g. referral; also credit for good efforts of M.D.'s publicly.
17. Periodic news releases regarding health hazards, preventive medicine, good health practices, etc. (stressing positiveness)
18. Consumers' physician directory giving hours, fee range, certification info., etc.
19. Exposure—participation in the community.
20. Constant and on-going input to all levels of political government—especially local.
21. Willingness to be self-critical (of individuals & the profession) in an objective way.
22. "Honesty"—need to remove the 'God' image.

23. Accept *ALL* patients and do more charity work.
24. Publicize the improved technology and greater basic knowledge.
25. Expose and publicize exposure of "problem physicians" i.e. valid grievances of patients, incompetence, malpractice, etc.
26. Furthering Tel-Med.
27. Consider 5% reduction in medical fees & surgical fees (as example to reduce inflation).
28. More benefits for the elderly.
29. Unimportant—If are proper physicians, public relations is superfluous.

EXHIBIT B

Q. 5—If you think cost of care is an important issue for the society to address, how do you feel this should be done?

1. Emphasize preventative medical care, anticipatory guidance, everyone to be able to present their own medical "Roots" and medical data.
2. Reduce administrative overhead in ALL health facilities (including offices).
Physicians to consider their fees in terms of time spent rather than what each specialty feels they are worth.
3. All-out program to encourage lower cost *but effective* out patient services.
4. Fee ceilings—equal cost for special services.
5. Publicizing medical costs to physicians.
6. Grievance committee work is *Very* important—patients must have outlet other than lawsuit.
7. Participation with WSMA.
8. Educating lay people as to why costs are so high/wage comparisons—cost of rent-salaries-equipment, etc.
9. Fight contingency law.
10. Assuage inequities within the profession before addressing the public.
11. Explore ways to lower cost of care!
12. Education—involving both the consumer and the provider, working to contain cost.

13. Leadership.
14. Pressure on insurance companies to provide more outpatient coverage.
15. Reduce the tremendous amount of wasted and unnecessary costs (ambulance-emergency rooms-unnecessary lab work-redoing tests, etc.)
16. Assemble cost data—for cost comparison and awareness.
17. Request from providers justification for high costs.
18. Physician exposure as to areas where costs are unreasonable or unjustified.
19. Consolidation of hospital services.
20. Seminars.
21. Work in close contact with Olympia, PCMB and state insurance commissioner.
22. Committees
23. Teach governmental agencies that there is no cheap cut-rate medicine.
24. Work with hospitals to avoid duplication of facilities.
25. Patients taking more responsibility in self-treating minor illnesses.
26. Working with labor to minimize over-use and educating gov't. to problems of over-use by demand rather than need.
27. News media.
28. Educate physicians, insurance (health) agents & companies on most economical methods and procedures.
29. Periodic review of hospitals, other paramedical and medical charges in community with relation to other u.S. trends.
30. Breakdown of administrative vs. professional costs for public dissemination.
31. Encourage P.C.M.B. to give patients a receipt of charges each visit.
32. Work with doctors, insurance companies and laymen to decrease liability and excess of care relating to protection from liability.
33. Establish financial review of sources of medical costs:
 - a. Physician review of hospital charges.
 - b. Physician review of cost of out-patient services.
 - c. Peer review of fees.
34. Monitor hospitals more closely.
35. Advice in mailings.
36. Follow AMA lead.
37. Educate surgeons to make do with "Regular" instruments, internists to use restraint in "heroic" lab and gadgetry and have hospitals review many "disposables".
38. Lobbying.
39. Organize a cost evaluation "good squad" to survey cost situation in local hospitals and report to society.
4. "On call coverage" policies of various solo and group M.D.'s.
5. Political talks by candidates about issues.
6. Discussion of new drugs.
7. Outside speakers—involve wife.
8. Why not reuse disposables?
9. Emergency medical care.
10. Rural health care programs.
11. The fringe practitioners in fat clinics, hair analysis, nutrition, prolotherapy, etc.
12. Continual emphasis on public relations.
13. Cost containment.
14. Service to community.
15. Fees—competition of hospital based emergency rooms with private practice.
16. Medical ethics in 20th century.
17. Rights of teen-agers.
18. Law and parents.
19. Address President Carter's planned health plans.
20. Prescription drug over-use.
21. Non-medical therapies and "counter culture" medicine in Pierce County.
22. Private practice vs. government.
23. Health systems agency.
24. Medical economics.
25. Long range planning for medical development and care in Pierce County.
26. Doctor's image in a changing world.
27. County with push for cadaver kidney harvesting.
28. How does one deal with HMO—group health programs.
29. Committee dealing with problems of women M.D.'s.
30. Discussion of how we and hospitals are causing unnecessary costs and what to do about it.
31. Holding meetings downtown.
32. Is the society obtaining adequate information as to what the general public wants.
33. Agenda including committee reports and presentation of individual trustees' ideas on controversial issues—who are the trustees and what do they have to say about policy.
34. Crown catching.
35. Knowledgeable speakers on changing medical practice trends.
36. Economics.
37. New controversial medical items.
38. Equitable reimbursement to all M.D.'s so that we can truly have a medical society.
39. A fair PCMB.
40. Survey of CME programs.
41. Parade of residents-F.P. and progress reports.
42. Retirement planning.
43. Practice management, investment advise, etc.
44. Monitor on lay medical articles—providing physicians with knowledge of what lay people are reading (Women's Home Journal, Readers Digest, etc.)

EXHIBIT C

Q. 12—What are your suggestions for future programs?

1. Attack on cost-effective control in our hospitals.
2. Intensive long-term planning for improving the physician/patient relationship.
3. Alerting membership to Wash. State current legal picture and methods preventing government take over control.

EXHIBIT D

Q. 13—What matters, if any, do you feel the society has been involved in that it should not be dealing with?

1. Travel and Insurance.

2. Taking a stand against controversial forms of diagnosis & treatment on which they have little or no understanding.
3. Liability insurance.
4. PSRO.
5. Peer review.
6. National health.
7. Tel-Med.
8. Collection and placement.
9. Too much concern on fiscal matters.
10. Continuing education programs.
11. Mailing service.
12. Major political issues.
13. Group insurance schemes.

EXHIBIT E

Q. 14—Are there matters you feel the society should get involved in that it currently is not dealing with?

1. Hospital quality of care.
2. Stressing to the public the adverse impact of escalating government involvement on the care of patients.
3. Medical Education.
4. Non-Professionals.
5. Stronger opposition to ridiculous programs like SRO, CME, etc.
6. Should publish directory regularly.
7. The increasing direct practice of medicine by the hospitals.
8. Accident prevention.
9. Alcoholism involving members.
10. Cost of medical care should be the responsibility of each specialty to see how it could limit costs rather than increase them, as well as control practice of peers—or gov't will.
11. Regional care and planning based on transportation, hospital and teaching facilities.
12. Local involvement.
13. Informing the public of cost of socialized medicine.
14. Moral issues.
15. Liaison with legal community should be increased.
16. Getting every physician personally involved in some aspect of medical society—even if it means meeting and getting to know fellow members.
17. Medical Unions (so that we can present a united front against third party payers).
18. Shape up the PCMB.
19. More positive news exposure.
20. Medical costs and the community.
21. Gross inequities between remuneration of procedure oriented physicians vs. people oriented physicians.
22. Get involved with 'HSA'—not just in a "token" effort as at present—we must know that is happening.
23. Practice placement.
24. Medical care for people without a sponsor of some sort. Matching what the receptionist tell callers with what the doctor thinks they are told.
25. Fee-committee.
26. County wide credentials and country wide registry for CME credits.
27. Answering service.

EXHIBIT F

Q. 16—What are your suggestions for improvements in the BULLETIN?

1. More information regarding society activities, i.e. what a given committee is doing, etc.
2. More reports of interesting cases by local physicians (excerpts from Med. related writings).
3. Editorial opinions from outside the medical community (politicians, labor leaders, social agency professionals, etc.—Let's hear from the opposition too).
4. Add "special interest" stories, i.e. articles on hobbies, outside interests, etc.
5. Less costly 'photo exposure' re. individuals.
6. More substantial articles, particularly by members.
7. More editorials by committee chairmen and members.
8. More complete listings for CME available in area.
9. Stop excesses! Don't send copy to office as well as home.
10. Stimulate topics to be debated by mail.
11. Discuss hospital activities.
12. Less out of county material and more original material.
13. More information from the community—health department, schools, clinics, etc.

EXHIBIT G

Q. 18—Additional comments.

1. Publish the results of the survey in the BULLETIN.
2. Learn from Assoc. American Physicians & Surgeons, Inc. what the real issues are and how to handle them. (I would then be an active member).
3. Believe reduction of meetings to quarterly was a mistake.
4. Desires to help with peer review or Rx drug abuse problems.
5. Don't need dinner meetings.
6. Psychiatrists never seem to be much a part of the county medical society.
7. Urges discontinuation of College of Continuing Medical Education.
8. Need a systematic plan to bring our view to the public (Our critics certainly appear to have one)
9. The society should dedicate itself to equal rights and cut out 'dual fee schedules'—'profiles', etc.
10. Every doctor in Pierce County should feel that he owes his loyalty to the society and that the society will respond to his needs.
11. Recent progress is encouraging.
12. The society is fine for those who enjoy such activities.
13. We are not efficient in the area of Malpractice insurance.
14. Instead of a positive attitude, we seem to be defending the profession against malpractice, government regulations, etc.
15. Private medicine cannot muster the manpower or cooperative effort to meet the needs of low income people—a medical society HMO can accomplish this.

Accept no substitute for your professional judgment

As a physician, you have the right to prescribe the drug which you believe will most benefit your patients. Now, substitution laws make it more difficult to exercise that right. In many states, unless you specifically direct pharmacists to dispense your brand-name prescription as written, they may be required by law to substitute another drug for your brand-name prescription.

This means that the ultimate drug selection is no longer yours; its source is left to the pharmacist's discretion. You will have forfeited your right to prescribe as you see fit. Preserve your rights. Specify that you will accept no substitution.

When you accept no substitutes...

- You ensure that your patient receives exactly that product you have specified on your prescription
- You choose the quality of the product dispensed to your patient
- You can exercise the right to select a product based upon its proven therapeutic performance and to select a manufacturer that stands behind its brand name or generic product
- You can support the kinds of research programs that are vital to new drug discovery and development
- You can help sustain important physician, pharmacist and patient education services supported by innovative, research-oriented firms

For complete information on the drug substitution law effective in your state, please consult your local Pfizer Representative.

CHAPTER NEWS AND INFORMATION

Pierce County Chapter, AAMA, held its regular monthly meeting on Monday, February 12, at the Yukon Mining Co. Restaurant. Following dinner and our educational program, chapter elections were held and the following officers will be installed at our April banquet.

Member	Physician(s) Employer	Position
Sharron Vigil, CMA-C	Drs. Allemin and Roscetta	President
Debra Still, CMA	Dr. Gerald Kohl	President-Elect
Kate Babinsky, CMA-C	Plastic Surgeons Northwest	Vice President
Jan Stacy	Dr. Dale Doherty	Recording Secretary
Kathy Carenbauer	Drs. Johnson and Burt	Treasurer
Nancy Sims	Dr. Randolph	Board of Trustees
Linda Reynolds	Dr. E. Baur	Annual Meeting Delegate
Diane Goracke	Drs. Allemin and Roscetta	Alternate Delegate

Congratulations to each of these members and a sincere wish for a very successful year.

We were all very much inspired by our speaker of the evening, Dr. Cora Lawrence, RN, who brought us a program on "The Human Side of Medicine." We were able to put ourselves in the role of patient and become aware of what a patient should expect. Her definition of illness, for instance, is anyone who is "suffering any discomfort; someone not at ease" and this discomfort can stem from many sources.

Following along this line, I would like to present the following from an article in the most recent issue of PMA, our bimonthly publication. It was written by Arlin V. Peterson, Ed.D, of Texas Tech University.

WANTED: Medical Assistant who has empathy with patients and patience with the telephone.

"The physician searching for an employee with the above qualifications is concerned about patients as people. He knows that effective interpersonal skills are just as important—if not more so—as technical, job-related, task accomplishing skills, he understands that his effectiveness as a physician depends on how effectively he and his assistants relate to patients; and he realizes that the medical assistant greatly influences the quality of these relationships.

"Unfortunately, not all physicians or health-care providers seem as concerned and caring as the physician mentioned above. Many are criticized for providing health care that is depersonalized, cold, mechanical and void of any warmth and concern. Many patients say they feel like a case on the chart or a number in the computer. Some physicians concentrate so heavily on the science of medicine that they no longer use any bedside manners.

"The medical assistant is often in a position to relate to the patient in a positive, meaningful way and should be prepared to cope with patients who have a variety of personal, social, emotional, and physical needs. The medical

assistant must also relate to many other members of the health-care team.

"Effective human relations skills, like other skills, must be studied and practiced before they become integrated into a way of being. AAMA recognized the need for material that would enable medical assistants to acquire effective skills and acted on that recognition by commissioning and publishing "The Humanistic Medical Assistant: A Book on Human Relations" and "The Humanistic Medical Assistant: A Workbook on Human Relations." These two books comprise AAMA's second Guided Study Course and its first on human relations.

"The material is designed to teach interpersonal skills to medical assistants and is based upon the premise that effective human relations require individuals to be aware of themselves—who they are, who they want to be, and how to make desired changes. The authors firmly believe that an individual can choose to react and respond to external conditions in either a positive or negative manner; that each individual can decide to behave in either responsible, rational, constructive ways, or in destructive, irrational, irresponsible ways; and that if people are helped to become aware and taught the skills to be aware, they will behave in a way advantageous to their own welfare and the welfare of mankind. Therefore, the goals of the material contained in these two works are to make the medical assistant aware of productive behaviors and to teach skills that will develop positive, healthy, humanistic relationships."

This latest Guided Study Course consists of a text and a workbook, written by Arlin V. Peterson, Ed. D., and Roy C. Allen, Ed. D, and self-examination sheets and tests. It is available through AAMA, Inc. The cost of the course to members is \$20.00 and to non-members, \$30.00. The examination sheet will serve as the basis for awarding 4.0 CEU's. Any non-members of AAMA who might be interested in this course are encouraged to call me for information at 383-2413.

Doris Stansell, Publicity Chairman

Society News Briefs

A summary of Medical Society, and local medical and health news

COMMUNICATIONS COMMITTEE ESTABLISHED

The Board of Trustees has established a MSPC communications committee charged with the objective of establishing an on-going program of communicating the facts and viewpoints of physicians so that local physicians can be fairly evaluated and a positive image of physicians will be communicated to medicine's various publics.

The board's action followed a review of external relations goals and communications activities by an ad hoc group of trustees and auxiliary representatives. Initial *composition of the committee will include* physicians, auxiliary members, and physician representatives of the Public Health/School Health, Legislative, and Health Planning committees. The Communications Committee has started its work with an initial three month plan encompassing several activities.

BOARD APPROVES GUIDELINES FOR COOPERATION WITH THE COMMUNICATIONS MEDIA

The Board of Trustees, at its March 6 meeting, *approved as official society policy* the following Guidelines For Physician Cooperation With The Communications Media. The board's action was taken following review of the guidelines by the Ethics Committee, chaired by James L. Vadheim, M.D.

"The executive office of the Medical Society of Pierce County is available to representatives of the news media to provide prompt responses to health and medically related inquiries. If the information sought is not readily available, the office will attempt to obtain the information promptly or assist the inquirer in finding another source.

"Members of the Executive Committee of the Medical Society, or their spokesmen, may be quoted by name in matters of public interest. In responding to inquiries or issuing statements which are in the public interest, the spokesmen are not to be considered to be seeking personal publicity.

"Physicians are encouraged to give information to the news media as long as this does not jeopardize the physician-patient relationship, or violate the confidence or privacy of the patient's medical records or legal rights. The physician may ask that his or her name not be used in direct quotation.

"Physicians are not authorized to participate in public controversial discussions as spokesmen for the Medical Society of Pierce County without the prior approval of the society. However, any physician has the right to express his or her opinions as an individual.

"It is desirable for members' names and photographs to appear in connection with official medical functions, medical offices, and scientific programs. Physicians who appear on the air or in other nonprofessional situations should be introduced by their title and credentials that relate to that appearance only. Appearance on a commercially sponsored program is ethical, but the physician should not endorse, directly or by implication, any service or product.

"It is permissible for a physician's name or photograph to be used in press articles or radio and television programs which deal with cases treated locally, medical progress, or research work achieved within the community. Such stories should be handled honestly and accurately. Superlatives, exaggerations, or misrepresentations, ("Dr. Smith, Tacoma's leading surgeon and one of the few able to perform this delicate operation"), are to be avoided. Physicians must always avoid raising hopes prematurely, ("Breakthrough in arthritis treatment", for example), or frightening the public unnecessarily, ("Aspirin is dangerous in pregnancy").

"Sound judgment, good common sense and adherence to the principles of medical ethics will assist any physician when dealing with a newspaper reporter or other media representative and will help prevent an over-stepping of the fine line that separates full, accurate reporting from undue publicity."

OFFICE COMPLETES MOVE

The medical society staff has completed its move to new offices in the Professional Building, 705 South 9th St. The society occupies Suite 203 and the society's new subsidiary, Membership Benefits, Inc. (MBI), occupies Suite 202. *Phone numbers for the society and MBI (Medical-Dental Placement Service and Medical-Dental Credit and Collection Service) remain unchanged.*

ADDITIONAL NEW COMMITTEES ESTABLISHED

The following committees have been established by the Board of Trustees: *Cost of Care; Impaired Physician; Practice Management; and, Senior Citizen.* Society members interested in serving on one of the new committees are asked to call the society office, 572-3667, for an explanation of committee objectives.

Officers and trustees of the society wish to thank the membership for its response to the February mailing regarding committees. Returned forms are being reviewed.

NOTARY SERVICES NOW AVAILABLE AT MEDICAL SOCIETY OFFICE

Notary public services are now available to member physicians at *no charge* through the MSPC offices. For further information, call Carolyn Cartwright, executive secretary, at 572-3666. Mrs. Cartwright is a licensed notary public.

WANTED: ONE CONFERENCE TABLE

One of the advantages of the medical society's new office is that it provides space for committee meetings. However, the conference room is currently without a conference table. Physicians who may have a conference table suitable for a 12x17 foot conference room are asked to call Tom Curry at 572-3667.

AMA CONFERENCE EXPLORES "Real World"

The interdependent nature of the AMA Federation in "The Real World" was explored in February at the 7th National Leadership Conference in Chicago. About 800 leaders of organized medicine heard the views of business, labor, the general public, and the government in an effort to achieve what AMA Board of Trustees Chairman Robert B. Hunter, M.D., of Sedro Wooley, Washington, called a "dynamic equilibrium—a balance of understanding and responsibility between those who give and manage care and those who receive and finance it."

"The Real World," a theme of the conference, came into focus with the release of findings from two continuing surveys conducted for the AMA by the Gallup Organization (sampling public opinion last September) and Market Opinion Research (sampling physician opinion last October). The surveys show:

- That 53% of the public feel strongly that there is a need for national health insurance. The figure was 49% in March 1977 and 47% in October 1977. Another 11% feel there is a need for NHI but do not feel strongly on the issue.
- That 40% of the nation's physicians feel strongly that there is a need for NHI and 13% feel there is some need—a total of 53%. (47% of AMA members and 59% of nonmembers feel there is a need for NHI.)
- That a majority of the nation's physicians, including those who feel strongly about the need for NHI, believe the quality of medical care will get worse if NHI is enacted.
- That 43% of the public support NHI even if it means an increase in taxes, indicating that the issue is withstanding the country's "Proposition 13 mood." In March 1977 this figure was 40%.
- That rising costs dominate the public consciousness with respect to health care issues. When asked on an unpromoted basis to name the most important problems facing health care, 66% of the first mentions were on costs. In 1976, 49% of the mentions were cost-related.
- That three-fourths of physicians think the cost of medical care will rise faster than the inflation rate if NHI is enacted. This perception drops to two-thirds among those who feel strongly that there is a need for NHI.

Speakers representing the polling organizations pointed out that, while there is an increasing demand for changes, there is no public consensus on what those changes should be. They stressed this opportunity for leadership by the profession.

Letters

STUDY SUPPORT ASKED

To The Editor:

The Child Study and Guidance Clinic, Tacoma-Pierce County Health Department, is interested in developing a research study related to the incidence of hyperactive children who have hypoglycemic mothers.

We see a number of hyperactive children at the clinic whose mothers have been earlier diagnosed as hypoglycemic. We would appreciate learning which of the community's physicians are interested in the diagnoses and treatment of hypoglycemia so that we can both refer to them and perhaps get some input from them for our study.

We would appreciate hearing from any interested physicians.

Very truly yours,

Helen M. Anderson, MSW
Social Worker
Child Study & Guidance Clinic

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For your total communication needs for your practice, contact Fred McPherson or Tom Brokaw — 24 hour service.

Avoid A Lawsuit

ARE YOU DISCRIMINATING AGAINST APPLICANTS?

Webster's dictionary defines "DISCRIMINATE" as "to make a distinction in favor of or against one person or thing as compared with others." To decide against hiring a particular person because of race, sex, age, creed, color, national origin, marital status or handicap is considered to be an unfair practice and is in direct conflict with Washington State law. In more clearly stated words, it's illegal.

The above are only a few of the many ways you can unknowingly discriminate against someone during a job interview. Here are a few examples of discrimination which have occurred in our area in recent weeks (the situations have been somewhat altered to protect the individuals involved).

- A physician finished his interview and through his conversation with the applicant learned that she is single. He stated to the applicant, "I'm sorry Miss Jones, but married women are more dependable, therefore I feel you are not qualified." DISCRIMINATION!
- A male applicant applied for a position that is usually held by either sex. He was informed following his interview that although he was certainly well qualified for the position, the physician would prefer to have another female in the office. DISCRIMINATION!
- A 44 year old female with excellent qualifications and 10 years of experience was interviewed for a position by a 26 year old office manager. At the end of the interview, the applicant was informed by the office manager that she was looking for someone younger because she may have difficulty supervising an older person. DISCRIMINATION!
- An applicant for a position as a medical receptionist was

told following her interview that she was qualified in all areas for the position except for her speech. She was then told that because she had a slight accent indicative of another area of the United States, she could not speak English and that there were other qualified applicants that could. DISCRIMINATION!

- The mother of five young children applied for a position in a physician's office. She was informed by the physician that because she had young children he felt that she may have to take a lot of time off work and he therefore would not consider her for the position. DISCRIMINATION!

When interviewing an applicant for a position in your office, *do not* ask questions that are not directly job related. Personal questions and responses *do not* indicate a person's capability or knowledge. Decisions should be based solely on that person's abilities and not on marital status, race, religious beliefs, age, sex or any other personal reason. Be sure when you inform an applicant why he or she is not being considered for a position, that you give a legitimate, non-discriminatory reason, otherwise you *may* find yourself facing court charges.

In summary, be careful. Discrimination is a serious offense. Use a little empathy; it goes a long way! If you are in doubt as to what you can and cannot ask during an interview or if you wish to discuss discrimination further, please feel free to call our office at 572-3709. Always remember, if in doubt about the legality of a question, don't ask it! If in doubt about the legality of a reason for not hiring, don't use it!

—Susan Thornton, CMA-C
Director, MBI

Personal Customized Service

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Medical-Dental Placement Service

We will advertise, screen, send resumes, and schedule a minimum of interviews for you. We specialize in matching the right employee and employer. Call 572-3709 today for assistance in your office staffing needs. One phone call can do it all!

The Medical-Dental Placement Service. Think of us as an extension of your office.



Medical-Dental Placement Service
A division of MSPC Membership
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LET YOUR CONTINUING MEDICAL EDUCATION COMMITTEE DEVELOP "WHAT THE DOCTOR ORDERED"...

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|----------|-----------|
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| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

My recommendations for expert speakers are:

1. _____
2. _____
3. _____

Please share with the committee any areas of personal expertise that you would like to share with others in a continuing education program: _____

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My Name: _____

Phone: _____

Specialty: _____

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Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE



MARTIN L. BASSET, M.D., Endocrinology. Born in Fairbanks, Alaska, 7/27/47; medical school at University of Oregon, 1975; internship at Fitzsimmons Army Medical Center, 1975-76; residency at Fitzsimmons, 1976-78; graduate training in endocrinology, Madigan Army Medical Center, 1978-present. Licensed to practice medicine in the state of Washington, 1978. Dr. Bassett is currently practicing while on active duty with the U. S. Army.



DOUGLAS W. GANT, M.D., Obstetrics and Gynecology. Born in Modesto, California, 2/23/42; medical school at University of Washington, 1974; internship at Valley Medical Center of Fresno (family practice, rotating), 1974-75; residency at Valley Medical Center, 1975-78. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, St. Joseph, Tacoma General. Dr. Gant is practicing at 1318 3rd St. S.E., Puyallup.



WILLIAM P. MILLER, M.D., Family Practice. Born in Concord, N. Carolina, 10/1/46; medical school at Harvard Medical School, 1973; internship at University of Washington, 1973-74; residency at University of Washington, 1974-75, and Group Health Cooperative, 1975-76. Licensed to practice medicine in the state of Washington, 1974. Has applied for membership on the medical staffs of the following hospitals: Doctors, Mary Bridge, St. Joseph, Tacoma General. Dr. Miller is currently practicing at Allenmore Medical Center, Tacoma.



ROBERT O. MODARELLI, M.D., Urology. Born in Jersey City, New Jersey, 9/12/41; medical school at New Jersey College of Medicine, 1968; internship at Madigan Army Medical Center, 1968-69; residency at Fort Bragg-Womack Army Hospital (general surgery) and Fitzsimmons Army Medical Center (urology), 1969-73. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Modarelli is currently on active duty with the U. S. Army.



RICHARD K. SPAULDING, M.D., Family Practice. Born in Philadelphia, Pa. 10/2/40; medical school at Temple University School of Medicine, 1971-72; residency in family practice at Madigan Army Medical Center, 1974-76. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staffs, of the following hospitals: Doctors, Mary Bridge, St. Joseph, Tacoma General. Dr. Spaulding is practicing at 521 South K Street, Tacoma.

SECOND NOTICE



JOHN C. DOELLE, M.D., Internal Medicine. Born in Detroit, Mich., 4/23/43; medical school at University of Michigan, 1979; internship, Madigan Army Medical Center, 1969-70; residency, in internal medicine, Madigan, 1970-73. Licensed to practice medicine in the State of Washington, 1977. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Doelle is practicing at 1518 Main St., Sumner.



RICHARD S. HAWKINS, M.D., Family Practice. Born in Portland, Or., 8/25/47; medical school at University of Oregon, 1973; internship at St. Paul-Ramsey Hospital, St. Paul, Minn., 1973-74. USPHS commissioned officer, Yakima PHS Indian Health Center, 1974-78. Licensed to practice medicine in the State of Washington, 1974. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Mary Bridge, St. Joseph, Tacoma General. Dr. Hawkins is practicing at Allenmore Medical Center, Tacoma.



JEFFREY B. HAYES, M.D., Family Practice. Born in Cincinnati, Ohio, 7/2/50; medical school at Medical College of Ohio, 1975; residency at University of Wisconsin, Department of Family Medicine and Practice, 1975-78. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staff of Good Samaritan Hospital. Dr. Hayes is practicing at 1420 4th St. S.E., Puyallup, Wa.



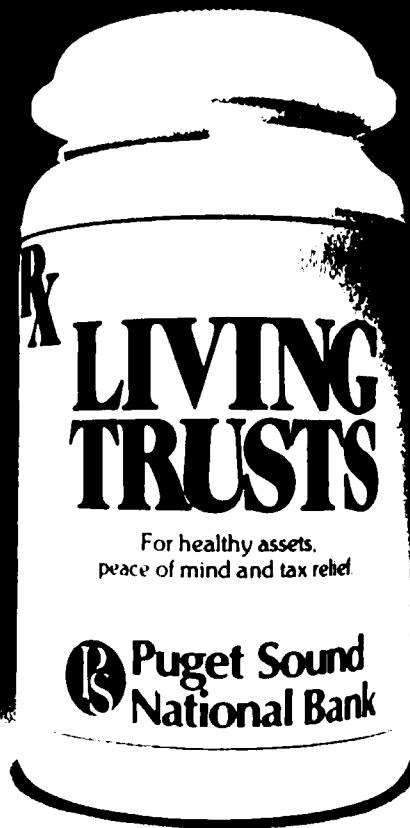
DANIEL L. HUSKY, M.D. Family Practice. Born in Oklahoma City, Oklahoma, 12/4/49; medical school at Oklahoma University, 1977; internship, Madigan Army Medical Center, 1977-78; residency in family medicine, Madigan, 1978-current. Currently on active duty with the U.S. Army. Licensed to practice medicine in the State of Washington, pending. Dr. Husky has applied for associate membership in the Medical Society of Pierce County.



MATTHEW WHITE, M.D., Family Practice. Born in Philadelphia, Penn., 5/21/41; medical school at Jefferson Medical College, Philadelphia, 1967; internship, U.S. Naval Hospital, Newport, R.I., 1967-68; residency, U.S. Naval Hospital, Jacksonville, Florida, 1968-70. Licensed to practice medicine in the State of Washington, 1974. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Lakewood General, Mary Bridge, St. Joseph, Tacoma General. Dr. White is practicing at 5900 100th St. S.W., Suite 14, Tacoma, Wa.



JOHN H. WHITMER, M.D., Psychiatry. Born in Spokane, Washington, 7/27/23; medical school at University of Oregon, 1950; internship, St. Paul-Ramsey County Hospital, St. Paul, Minn., 1950-51; residency, Stanford Medical Center, 1961-64. Has served as staff psychiatrist, Veterans Administration Medical Center, 1964-current. Licensed to practice medicine in the State of Washington, 1970. Dr. Whitmer is continuing his practice in psychiatry at Veteran's Administration Medical Center, Tacoma.



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NOMINATIONS PUBLISHED

Our February luncheon meeting was held at Marg McGroarty's home. A delicious luncheon was served by Marg and her hostesses: Kathy Miskovsky, Julia Muller, Eva Oravetz, Joyce Meyer and Jane Gallucci. Thank you, ladies. It was super!

Questionnaires for auxiliary members were passed around, and Jo would like them completed and returned to her.

Helen Whitney presented the following nominations for the coming year (to be elected in April):

PRESIDENT Kit Larson
PRESIDENT-ELECT Marney Weber
1st VICE-PRESIDENT,
PROGRAMS Carol Hopkins
2nd VICE-PRESIDENT,
MEMBERSHIP Alaire Sheimo
3rd VICE-PRESIDENT,
HISTORIAN, BY-LAWS Marge Ritchie
4th VICE-PRESIDENT,
ARRANGEMENTS Nikki Crowley
RECORDING SECRETARY Debbie
CORRESPONDING
SECRETARY Lee Jackson
TREASURER Shirley Murphy
DUES TREASURER Dottie Truckey

Dottie sent out reminder letters for membership dues and was very pleased to announce 236 paid members this year, which is a record number! Hurrah for all of us!

Jo Roller, our able President, informed us that a Long Range Planning Committee is being established in line with current policies of the medical society and auxiliary.

We heard two speakers at our meeting. Dr. William Jackson give us an update on the Certificate of Need situation. He explained the use of the Certificate of Need to control free business enterprise. Dr. Jackson testified before the House Social and Health Services Committee on the Certificate of Need Bill (HB 252) and presented the case of medicine. Copies of "Health Issues Before the 1979 Legislature" were passed around.

A list of Pierce County's representatives and senators (plus their phone numbers), and the toll-free Legislative

Hot line—1-800-562-6000, were distributed. If you would like a copy, call Jo Roller.

We do have a "Telephone Tree" for phoning legislators. For this information call Jo Roller (752-6825), Donna Roper (1-858-8450) or Lee Jackson (1-857-4390). It has been reported that legislators respond to phone calls more than letters.

Our second speaker was Susan McQuire from the Pierce County Rape Relief Program. They have a 24 hour crisis line. Their main purpose is educational. Half of the rapes committed occur in the victim's own home. Susan stressed the importance of being aware of our vulnerability at specific times of day. Do not open the door unless you're positive you know who it is. Do not go to your car alone after dark. Have a positive attitude. Believe you can win. Run, scream, use your fingernails, hit him where it hurts. You *are* stronger than you think!

Marilyn Mandeville, Student Recognition Awards Chairman, has sent applications for the award to 24 schools. The applications are available in the counselors' offices. To qualify for this award, a student must be a physician's child and a graduating senior. Parents, please encourage your children to pick up the applications.

Project Awareness orientation workshops are coming up soon at Fort Steilacoom Junior College.

Any membership booklet changes—new address, new phone? Please notify Alaire Sheimo, 588-0134.

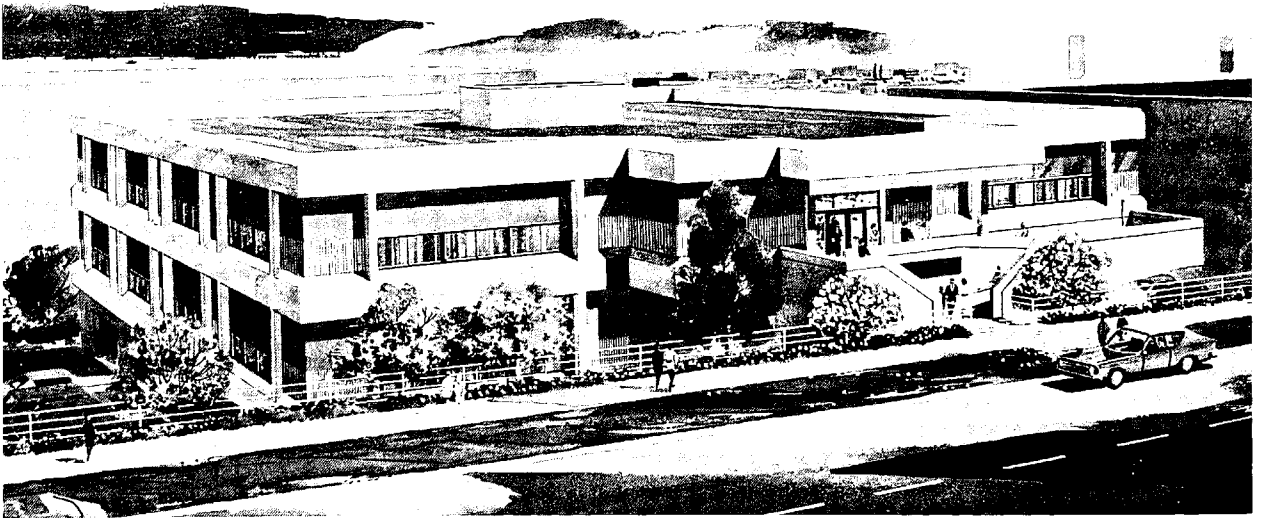
The Mid-year Conference was held March 12-14 in Wenatchee. Some of the very interesting events were: "Dress for Success"—commentary and fashion show; a leadership training seminar; personal growth courses—"A Better You"; new roles for volunteers including "Jail Care" and "Vision Problems in the Young Child"; time management and defensive financing; and personal enrichment—"Who Needs Music?" WSMA leaders Drs. John Moyer, Maurice Lawson and John Dawson also spoke at the meeting.

Our next regular luncheon meeting will be Friday, April 20th, at 11:30 a.m. It will be held at Mrs. James (Susie) Duffy's home in Sumner. Elections will be held and the program will be the Heimlich Maneuver demonstrated by the Sumner Fire Department.

Joan L. Sullivan

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PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

Cardiologist, seeking to join group practice, available November, 1979. Currently completing a third year fellowship in clinical cardiology and research at the Institute for Cardio-vascular Diseases, Good Samaritan Hospital, Phoenix, Arizona. Graduate, Tel-Aviv University Medical School, 1971; residency, internal medicine, Beilinson Medical Center (affiliated with the Tel-Aviv University Medical School), 1974-76; fellowship in cardiology, 1977-present. Member, Board of Cardiology. Listing #202.

Urologist, now completing residency, available June, 1979. Graduate, Madurai Medical College, India, 1970; internship, Malden Hospital, Malden Mass., 1973-74; general surgery residency, Bronx Lebanon Hospital, Bronx, N.Y., 1974-76; urology residency, Akron City Hospital, Akron, Ohio, 1976-present. Passed ECFMG 1971; Flex, 1976. Listing #201.

General surgeon, interested in affiliating with group or individual. Currently fulfilling last of a three year military obligation with the Air Force. Plans to complete commitment in July, 1979. Previously served as instructor in surgery, Yale Medical School. Graduate, University of Uruguay, 1970. Member, U.S.A. Society of Military Surgeons, American Society of Abdominal Surgeons, American College of Surgeons (candidate). Listing #302.

Internist, currently finishing second year fellowship in cardiology at Good Samaritan Hospital, Phoenix, Arizona. ABIM eligible and will take certified examination in September, 1979. Seeking to join a hospital based or group practice. Currently extending training in clinical cardiology and clinical research through third year fellowship at Good Samaritan. Listing #301.

Cardiologist, interested in hospital based practice. Trained in invasive and non-invasive cardiac procedures. Associate member, American College of Physicians; member, American Heart Association and American College of Cardiology. Graduate, Edinburgh University, UK, 1971. Naturalized Canadian citizen. Currently senior fellow in cardiology at St. Vincent's Medical Center, Bridgeport, Conn. Available July, 1979. Listing #303.

Urologist, available June, 1979. Currently chief resident, division of urology, Michael Reese Hospital and Medical Center, Chicago. Medical school at R. G. Kar Medical College and Hospital, University of Calcutta, 1972. FLEX exam passed December, 1978. Licensed state of Illinois. Internship in general surgery at Michael Reese Hospital, 1974-75. Residency at Michael Reese, 1975-present. Listing #304.

General internist, interested in a multi-specialty clinic or as an emergency room physician. Medical school at the Medical College of Wisconsin, 1976. Associate member, American College of Physicians. Board eligible in internal medicine as of July, 1979. Post graduate training at University of Texas, Parkland Memorial Hospital, Dallas, 1976-77 (internal medicine), and the Medical College of Wisconsin, 1977-present. Listing #305.

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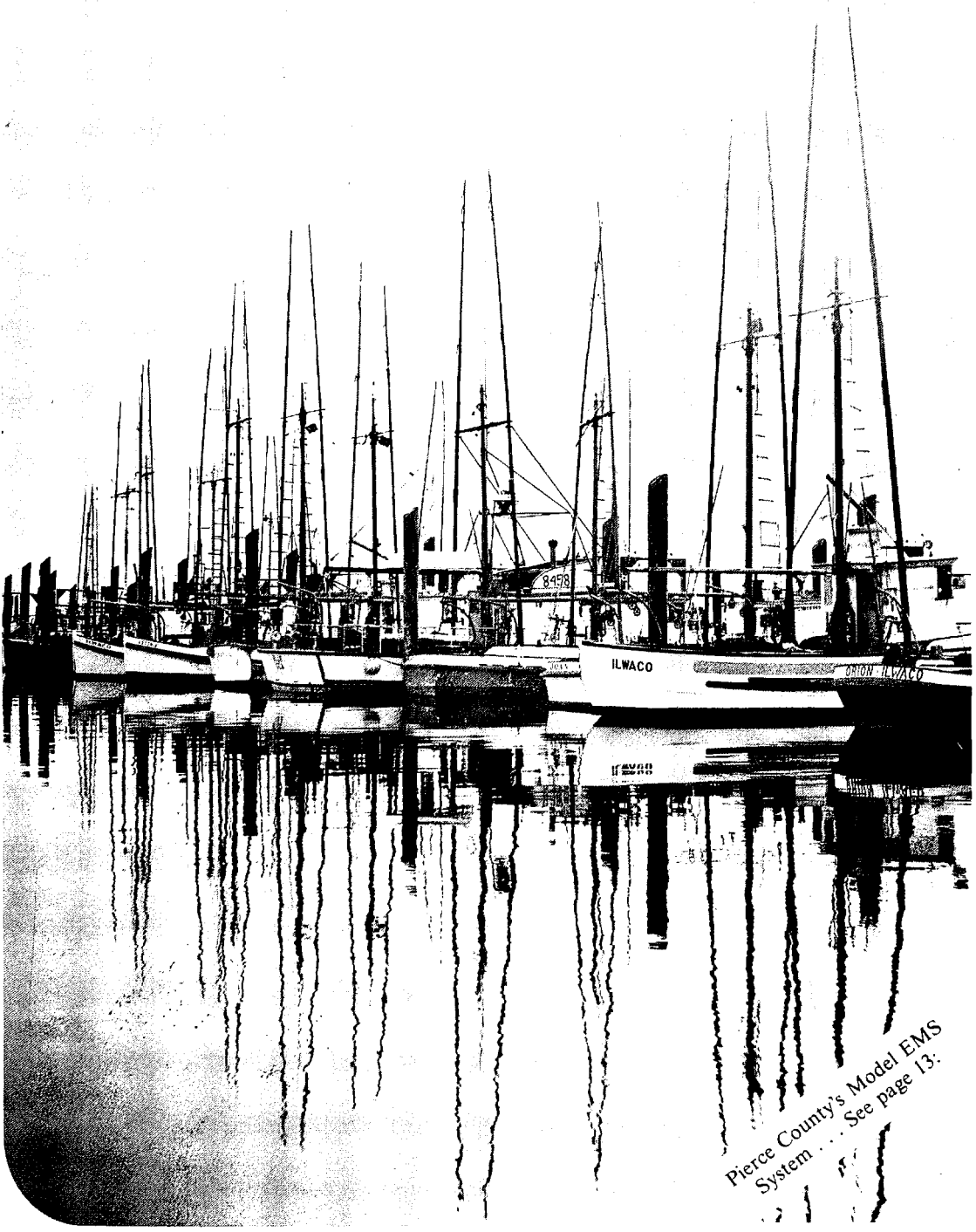
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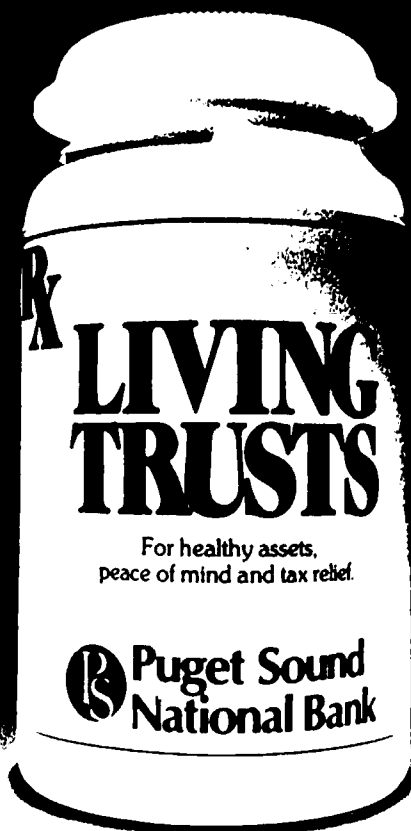
Medical Society of Pierce County

April 1979 VOL. 1.1. No. 4 Tacoma, Washington



Pierce County's Model EMS System . . . See page 13.

BULLETIN



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Bulletin of the Medical Society of Pierce County



Fishing boats in Ilwaco.
Photo by Marcel Malden, M.D.

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Kenneth D. Graham, M.D.

TEAMING WITH BUSINESS

Medicine and business share the problem of growing federal intervention and regulation. I personally feel that we can and should share voluntary initiatives to cope with this and other problems. The current successful Voluntary Effort to contain health care costs at the hospital level is a good case in point.

Your Board of Trustees has approved the formation of a joint Medical Society—Chamber of Commerce Health Issues Committee, following an initial expression of interest by the chamber in such a venture. By the time this BULLETIN reaches your desk, Drs. Johnson, Reberger, myself and Mr. Curry plan to have met with the president of the chamber, Mr. Bill Baxter, and other chamber representatives to establish the foundation for this important committee. We're enthused about the possibilities such a joint venture has to offer and the membership present at the March general membership meeting, where I first announced the formation of the committee, shared our interest and hope that it will prove productive.

The following article from the AMA addresses itself to the need and basis for effective cooperation between medicine and business. I found it timely (even though it arrived after we began our conversations with the chamber) and appropriate, and I want to share it with you.

"Last November an important American said in a speech deploring federal over-regulation and 'Big Brother government:'

"Will our people . . . be tempted by 'quick cures' to major problems, through government action on symptoms . . . ?"

"The speaker continued, 'A majority of Americans believe the cost of regulation outweighs its benefits. A majority also believe government has become too paternal in trying to protect people from their own actions or inactions

...
"Our challenge then is to recognize this new public mood as an opportunity to rebuild

American faith in the free market principles that are the source of the strength and durability of the American way of life.'

"Who made these remarks to the Rotary Club of Chicago? A medical spokesman? One well could have, in view of such actions as the Federal Trade Commission attacks on physician-advertising principles and medical-school accreditation procedures. And in view of the clouded legislation that becomes stormy regulation — as in the case of the Health Planning Act of 1974.

"But no, the speaker was William B. Johnson, chairman and chief executive officer of a large conglomerate, IC Industries, Inc.

"What he said reflects the identity of interest — including public interest — between medicine and business.

"A startling example of government self-interest versus medicine, industry (specifically, the pharmaceutical), and the public was HEW's January firing of Norman Latker as its chief patent counsel after 22 years of federal service.

"Latker had testified to Congress that HEW was delaying the release of potentially life-saving drugs. The *Chicago Tribune* quoted him, 'The worst thing I could have done as HEW might see it was to tell the truth . . .'

"The AMA also has deplored the delays in the approval and distribution of potentially beneficial drugs.

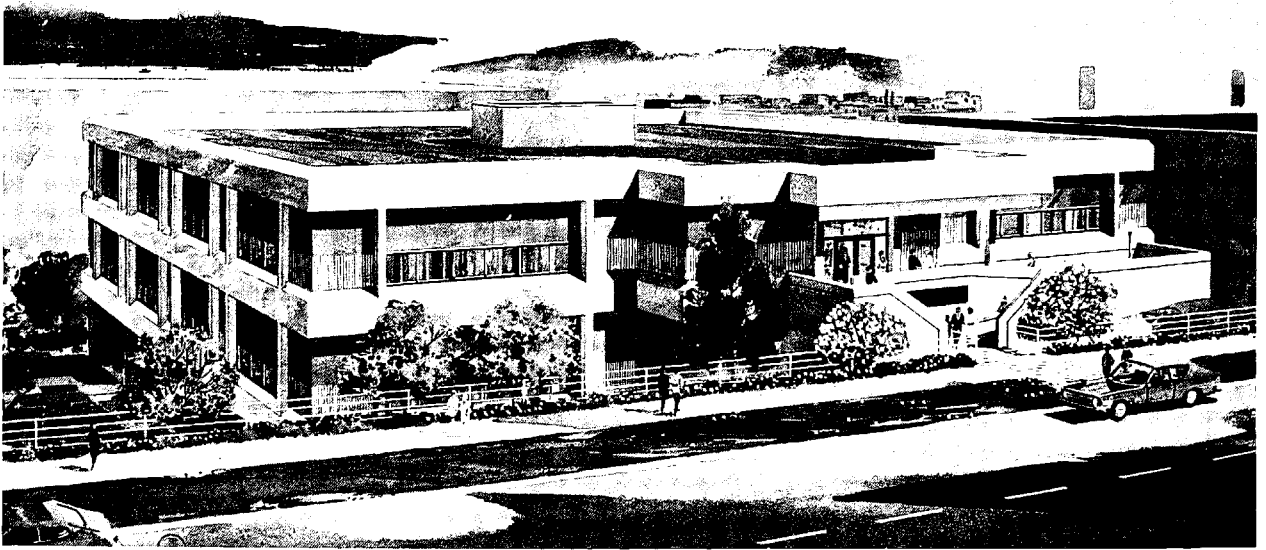
"Drug regulation is one of the key issues faced by the new Congress. Another that affects medicine, industry, and the public is health care cost containment — with the threat of federal controls that could ultimately result in rationing of care.

"Cost containment is an area in which medicine and industry have been cooperating and must

Continued on page 9

DOCTORS PROFESSIONAL BUILDING

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MEDICAL ASSISTING FROM A PHYSICIAN'S VIEWPOINT

What a great surprise it was to open up the latest issue of the PROFESSIONAL MEDICAL ASSISTANT, the official publication of the AAMA, and find an excellent article by Tacoma's own George A. Race, M.D. Dr. Race has granted us permission to reprint his article, as our space allows. His article was titled

Are You A- or X- Rated in Dr. Smith's Office?

"Medical office personnel can play a vital role in interpersonal relationships between physicians. Every patient, indeed everyone who has contact with the office, gains his first impression from what the receptionist says and does. Her words and attitude are crucial in formulating the image of the doctor and his organization.

"A sensitive approach to the feelings of a patient is essential. Medical problems are private to most people; therefore, an office employee who reveals the purpose of a patient's visit invades this privacy. (Are you here for another shot, Mrs. Rozen?, called the receptionist in a doctor's office.)

"I once heard a medical assistant call out, 'Do you still have that vaginal itch?' The same assistant asked another patient, 'Your account is past due, you know. When will you be paying it?' Such attention to business finance is good, but inquiries should be made on a private, personal basis.

"A sensitive medical assistant, rather than make her patients uncomfortable, as in the above situations, must try to put them at ease.

"Calling a patient by name and asking in an interested manner about his family, his job, his hobby or a recent trip, makes an apprehensive patient feel more comfortable. Friendliness is a 'must' quality in people who work in offices. Sincerity is often natural, but it can also be developed. A simple application of the Golden Rule, 'do unto others that which you would have them do unto you,' will evoke the kind of empathy that reflects genuine concern and consideration.

"Protecting a patient's privacy should include caution about discussing any details of his health problems. Any information obtained in the office should stay there. Simple remarks over coffee or mentioned in idle chatter to a friend or at home have a disconcerting way of getting back to the person involved. He will then, even though it is done in all innocence, interpret such talk as a break of confidence and, as a result, the reliability of the office and its staff is seriously questioned.

"It is also important for a doctor's staff to be proud of him and of the office as a whole. An employee has to be 'sold' on her employer's ability, the soundness of his diagnostic orders and of his acumen. Patients can sense approbation even when it isn't specifically expressed, as well as unexpressed disapproval.

"I've had the unpleasant experience of hearing office workers downgrading their employers while seated next to me at lunch. I have wondered how these women kept their jobs; indeed, why they **wanted** to keep their jobs. One would think such an attitude would be morally destructive and that greener pastures should be sought which would offer greater satisfaction for them and their employer as well.

"Personal cleanliness and good grooming are of prime importance. However, there are exceptions and the best medical assistant I ever had completely flaunted these precepts. Makeup was always missing, hair was a disaster, her dresses, while always clean, were frequently unironed; she even came to work one morning with no shoelaces, having lost them in the washing machine that morning. Yet, she worked non-stop, exuded personality and had the marvelous knack of putting every patient at ease. The patients came in primarily to see me, but I know they considered the opportunity to rap with Pam an extra bonus.

"Tidiness should extend to the office equipment and furniture which is largely the responsibility of the medical assistant. I remember sitting in a doctor's office once and watching with amazement as a big, black ant scurried up the leg of the examining table. Someone had obviously been careless!

"It is extremely important for the medical assistant to remember her role in the office set-up. She's there to help the doctor in every way she can; to be a sympathetic, active, alert helper. But she should never take over the duties traditionally reserved for the doctor and act like a surrogate MD, rather than like the RN, CMA, or LPN she is. It is an unfortunate fact, however, that the longer an employee works for a doctor, the more she becomes acquainted with his advice and with the medications he uses for certain disorders. If neither she nor the doctor is wary, this information-giving, and even the dispensing of prescriptions can slowly shift from him to her. The result is that eventually **she** is giving advice and **she** is prescribing.

"Her motives for doing this are beyond reproach.

COOPERATIVE EFFORT CREATES MODEL EMS SYSTEM

Before 1970, emergency medical care in Pierce County consisted of first aid generally taught by Red Cross or associates. Ambulances were staffed by licensed chauffeurs and by individuals who had such first aid training.

As in many areas of the country, the emergency units and special care units of hospitals had far outstripped the capability of the ambulance system. They could not deliver patients with serious, physiologic abnormalities quickly enough for them to be corrected. One newspaper article described this "Catastrophe in Emergency Services in the United States."

In Tacoma in 1969 and 1970 the ambulance companies and Medical Society of Pierce County set up a workshop to try and upgrade the skills of those working on the ambulances. First aid was still the level of care achieved.

In 1970, paramedic programs were being developed around the country to supply advanced life support level medical care on the scene. Basic first aid was being upgraded to an 80-hour course and final test which led to certification as an "Emergency Medical Technician" (EMT). The new EMT training was narrower than previously taught first aid, but was more intensive in life preservation and patient stabilization. The original paramedics in Tacoma were employees of St. Joseph Hospital, Lakewood General Hospital and Good Samaritan Hospital. All were "rented" to ambulance companies on a per hour basis and every ambulance company was offered the opportunity to participate. The level of care on the scene improved significantly at that point and has continued to improve in a system which is under constant modification.

Tacoma Community College assumed the formal training of the paramedics in Tacoma and several community colleges included more extensive emergency medical technician classes. Through this period the Emergency Medical Services Committee provided guidance for the loosely organized network providing care in Pierce County based on availability of transportation. The Emergency Medical Services Committee, consisting of representatives of government, hospitals, law enforcement, fire, communica-

tion, military, schools and the Medical Society of Pierce County, was established in the 1960s. In 1974, the Tacoma Fire Department established a paramedic response called **Rescue I**. They also trained each of the firemen on ladder and truck companies stationed around Tacoma and had them certified as EMTs.

At the same time, a basic change in response to emergency medical problems was underway in Pierce County. Many calls were routed to the fire department because of its growing role in emergency medicine around the country. Some television shows were undoubtedly responsible for this change. The fire department, often at the ambulance company's request, would respond with EMTs in their fire truck or fire company nearest the scene. Simultaneously they dispatched either the fire department's paramedic rescue vehicle or an ambulance with a paramedic aboard. These advanced life support specialists worked together on the scene. Transport back to the appropriate hospital is done by the private ambulance company. There is no charge for the fire department paramedic but their salaries are, of course, tax supported. The private transportation system charges the individual who uses this system so we have a split responsibility in Tacoma and in certain areas of the country.

A second rescue vehicle has been added and is stationed in South Tacoma to support the ambulance and emergency services.

Where Are Patients Transported?

The Emergency Medical Services Committee determined with representatives of hospitals from this community that the transport to institutions should remain at the discretion of the patient or physician or be directed by specific emergency requirements. The Emergency Medical Services Committee formalized this arrangement in 1975 and all ambulance companies now make this their policy. The companies all give primary credence to the request of the patient and, if there is not an overwhelming interfering factor, take him to the institution or emergency service of his

request. This may even be Madigan, Lakewood, Good Samaritan or Seattle or Auburn area hospitals if the indication of the patient's condition does not dictate to the contrary. All ambulance and paramedic companies utilize the HEAR Radio System to communicate with hospitals about the arrival time and the condition of the patient. Specific emergency orders are dictated to the paramedics by the same radio network. If the patient becomes critical during transport, additional orders for intravenous fluids, intubation or use of life saving drugs such as Lidocaine and Dopamine may be given by the Emergency Room physician. The Emergency Room physicians of all hospitals thus assume a day-to-day working responsibility for many patients even though the patient may be enroute to an institution other than the Emergency Room to which the call is made. If the patient's life is immediately threatened in the view of the paramedic team (i.e., ventricular fibrillation occurring in the ambulance), all companies have the understanding that they will stop at the first Emergency Room for stabilization and then continue the transfer to the hospital of the patient's choice.

Role of the Medical Society in Quality of Care

The Medical Society of Pierce County has supported a recommendation of the Emergency Medical Services Committee that every ambulance company using paramedics have a physician responsible for reviewing their medical care. Emergency Room physicians and receiving physicians obviously have a very important role in assessing quality care, but cannot give a longitudinal and more comprehensive review. Physicians have been appointed to guide paramedics of the fire department and private ambulance companies, each with the agreement of the medical society.

To complete paramedic training and receive certification in this county requires at least 1400 hours of classroom and on-the-job training supervised at a

state approved school. This is followed by an examination under the auspices of the Director of Health of Pierce County, Dr. Walt Herron, by a committee headed by Dr. Al North. The third committee of physicians and interested individuals who provide leadership and support to this system is that of the Emergency Medical Services, headed by Dr. Robert Scherz.

Two years ago money became available to hire a coordinator to move this informal program (developed with donated time of many physicians and other health care providers in Pierce County) and improve protocols, systems and organization. To date, this money has not been matched and so we must still rely on the willingness of many individuals to provide time, leadership and guidance.

No paramedic or EMT certification is permanent. They require continuing education, including review of skills such as intubation and IV's. Several hospitals provide support in seeing that this continued assessment is real and valid.

Today our emergency response system is the result of cooperative efforts between private ambulance companies, government agencies (fire department for EMT and paramedic support), hospitals and their staffs, and the guidance of the Medical Society of Pierce County. If any problems occur in your personal association with the emergency system, we ask that you identify the appropriate medical advisor for the company or call me and I will see that we have an opportunity to review and provide a satisfactory response to the family or physician. Pierce County is a model system for obtaining maximum on-scene medical support with a minimum of outside funding dollars. Here we combine the talents of our own people into a system to which our entire community is dedicated to continued improvement and refinement.

*James G. Billingsley, M.D., Chairman
EMS Committee*

TEAMING Continued

further cooperate. Industry was represented on the AMA-sponsored National Commission on the Cost of Medical Care, which (in the spirit of Mr. Johnson's 'free market principles') stressed marketplace choice in health coverage. Industry also has an important role in the Voluntary Effort to curb the cost rise. And, AMA representatives have been talking to corporate boards of trustees on the cost problem and the profession's approaches.

"Doctors in each state and locality should tell business (and the public) what our federation is doing about costs and other concerns — and

invite joint voluntary action as opposed to federal hyperactivity."

* * *

Don't forget to mark off Tuesday, May 8 on your calendars. That's the date of our annual joint meeting with Madigan Army Medical Center and the program this year promises to be a good one. We have met with Darryl H. Powell, M.D., deputy commander of the medical center, and Dr. Powell's staff is putting together a very interesting program that will include three short talks by members of the medical staff. There should be something to interest each one of us and I urge you to attend this meeting.

See you on the 8th of May.

K.D.G.

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Physician-Pharmacy Committee

DSHS PUSH FOR GENERICS CAUSES PROBLEMS



Herman S. Judd, M.D.
Chairman, Physician-Pharmacy
Committee

At its March meeting, your Interprofessional Committee of Physicians and Pharmacists discussed several problems common to both professions. The efforts on the part of the Department of Social and Health Services (DSHS) to reduce its costs by promoting use of generic drugs have revealed some interesting facts. We all know that the DSHS does not and cannot at the present time, at least, demand that physicians write prescriptions only for generic drugs. DSHS does, however, refuse to pay the pharmacist any amount over the price of the generic drug. This puts the pharmacist in the position of either losing money on the prescription or attempting to get the physician to agree to the substitution of a generic, so called, "equivalent."

By law, of course, the pharmacist cannot dispense the generic unless the physician so indicates by his or her signature on the left side of the prescription blank that a substitution is acceptable. An example was cited at our meeting: alkabutazolidin costs the pharmacist \$11.04 per hundred, the generic costs \$7.45 per hundred. If the DSHS only pays for the generic and the physician specifies the name drug, the pharmacist loses \$3.59 by filling the prescription, not to mention the loss of his time and cost of containers, labeling etc.

According to the pharmacists, this causes a real bookkeeping problem as the difference can not be carried as accounts receivable nor can much of this be written off if the pharmacist wishes to stay in business. One might suggest that all pharmacies band together and refuse to fill prescriptions of this type for DSHS

fees. Apparently such a move would be in violation of the United States anti-trust laws.

* * *

In the original organization of the Interprofessional Committee, an attempt was made to include in its membership physicians representative of each specialty who routinely prescribe drugs — general practitioners and family physicians, internists, pediatricians etc. Among the pharmacist members there were individuals selected who were employed by the chain store, the private business, the hospital pharmacies etc. An attempt is being made to continue this broad representation with the addition of perhaps some new representatives in the fields of dermatology, otolaryngology and the like.

* * *

The need for diabetics to carry some means of identifying themselves as diabetic was again stressed in the last meeting. (A letter written many months ago to the State Department of Motor Vehicles urging that the word "diabetic" be added to the driver's license of all diabetics seeking licensure has never been answered.) Such identification could alert a police officer that an individual might not be under the influence of alcohol but indeed might be having an insulin reaction, thus preventing an arrest without proper care.

* * *

Pharmacists increasingly face the problem of the person who comes in to buy insulin syringes stating that he is diabetic. If that person has no identifying evidence the pharmacist can only ask how many units of insulin he takes. Some addicts have replied in a manner which gives them away such as, "Oh! I only take two or three units a day." If such an inappropriate reply is not forthcoming the pharmacist is on the spot as to what to do.

* * *

And last, but not least, a plea from the committee that we keep our prescription blanks hidden from people in our office who might try to appropriate them — such as when you are called out of the examining room to answer the telephone. Keeping the blank out of sight in a drawer will help reduce the number of forgeries that appear from time to time. Did you know that one page of your prescription blank with your name and DEA number on it is worth \$5.00 on the street today? Just one page!

Community Response Strong

TEL-MED CELEBRATES SECOND BIRTHDAY

This month Tel-Med is two years old. Over 126,000 calls have been answered by volunteers and two part time paid operators, Esther Stratton and Debby Wendler. The average call volume has increased in the last year to 5,250 calls per month. Beginning in November our service was expanded to include all the people of Clark County as well as those in Pierce County.

New tape selections added to the library during the year were:

- #5030 Suicide
- #5031 Depression
- #5020 Weight Reduction
- #5021 Nutrition and the Athlete

Requests have been received for tapes on the following subjects: overactive thyroid, tumors of all kinds, dysmenorrhea, Parkinson's disease, herpes, blood clots, eczema, nose bleed, sciatica, tubal pregnancy, scabies, prostatitis, warts, neuralgia,

scoliosis, liver damage, colostomy, athletes' foot, bed wetting, constipation, and donor organs, among others. Dr. Michael Campbell, chairman of the Tel-Med Committee, welcomes your help in producing scripts for new tapes.

The 1978 expenses of \$16,800 were met by generous donations from individual physicians, the Medical Auxiliary, Allenmore Foundation, Pierce County Medical Bureau, Pierce County Hospital Council, Puget Sound National Bank, and service fees from Clark County. We are also most grateful for the medical society's provision of space for our switchboard and for administrative and secretarial help.

In addition to serving the general public, Tel-Med has become a very effective tool in health education in the schools. Many educators are using the tape lists in class assignments. The medical community can be proud of its role in providing this factual health information.

TEL-MED VOLUNTEERS

Kudos to all the volunteers from the pharmacy, dental, and medical auxiliaries who operate the Tel-Med phone lines and who deliver brochures to offices, libraries, pharmacies, and hospitals.

Betty Allott	Marian Doherty	Janice McIlroy	Alaire Sheimo
Cindy Anderson	Lila Early	Kathy Miskovsky	Susan Morrell
Pat Annest	Nancy Frederickson	Barrie Mott	Cathy Schneider
Judy Baerg	Margaret Harris	Liz Murphy	Em Stern
Nancy Bageant	Dolores Havlina	Georgia McPhee	Joan Sullivan
Martha Bargren	Marie Henry	Debby McAlexander	Judi Tuley
Eleanor Barnes	Julie Hoffmeister	Kay North	Gloria Virak
Anna Becker	Carol Hopkins	Martia Ohme	Marlene Waldron
Linda Bede	Lee Jackson	Aija Ozolin	Marny Weber
Glenna Blackett	Shirley Kemman	Nan Paris	Chris West
Sharri Boyd	Nadine Kennedy	Elsie Parrott	Dian White
Linda Brain	Marilyn Kokich	Donna Prewitt	Helen Whitney
Bonnie Cargol	Bernice Lazar	Marge Ritchie	Lynn Willey
Nikki Crowley	Sharon Lukens	Jo Roller	Bea Yasayko
Florence Dean	Marilyn Mandeville	Donna Roper	

We can always use more volunteers. Please call Glenna Blackett if you would like to answer the phone from 10 a.m. to 12:30 p.m. on a weekday.

FOR HEALTH INFORMATION CALL 627-6181!

MEDICAL CROSSWORD PUZZLE*

By Mr. Abe A. Brown

Across

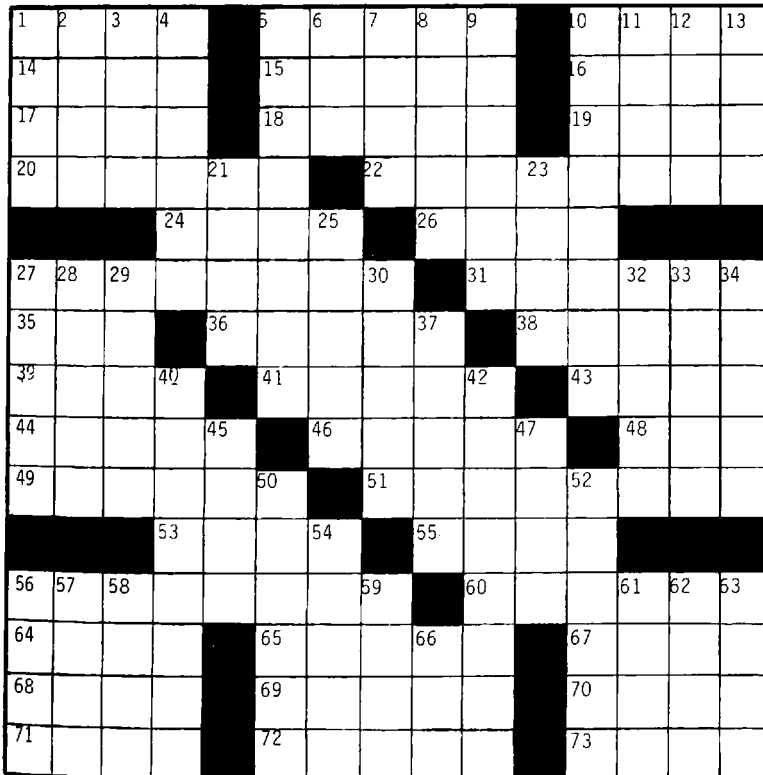
1. A lump
5. Threadlike
10. Gaunt
14. Nervous malady, marked by murderous frenzy
15. Irregular surface
16. City in Nevada
17. Calcium oxide
18. Small wire loops used in bacteriological technique
19. The spinal column
20. Vinegary
22. Amputate
24. Cathodal opening tetanus: abbr.
26. Obscenity
27. For bathing: pl.
31. Starch modified by heat
35. Chemical suffix indicating quinivalent nitrogen
36. Odor
38. Sustained

39. A number
41. Barium _____
43. Neon, oxygen, phosphorus: symbols
44. Choice
46. Chemical suffix denoting a bivalent hydrocarbon radical
48. Medical org.
49. Seek
51. Pertaining to amnesia
53. Taken by mouth
55. Radium, fluorine, iodine: symbols
56. Artificial teeth
60. Thickening of the skin
64. Oil: comb. form
65. 17th century Italian violin maker
67. Platinum loop used in seeding new cultures
68. Part of the hand
69. Begot
70. Passage from one anatomical part to another

71. Colleague
72. Marks left after wounds heal
73. Prescribed portion of a medicine

Down

1. Cheek bone
2. Derived from ammonia
3. Indefinite quantity
4. Preliminary drawing
5. Break in a bone
6. Electrified particle
7. Sensuous desire
8. Culture media
9. Any catarrhal discharge
10. Back sufferers sometimes require this
11. Six: prefix
12. Initial: abbr.
13. Nasus
21. Very small quantity
23. Deprived of feeling or movement
25. Black wood
27. Ossa
28. Like an old woman
29. Tapeworm
30. Olfaction
32. Sad
33. A fibroid tumor
34. Katmandu is its capital
37. Mohammedan prince
40. Suprapubic incision
42. Substances that counteract acidity
45. Pale brown
47. Elec. Home and Farm Authority: abbr.
50. Annoy
52. Having a coiled appearance
54. Pertaining to an epidemic disease
56. Intermediate product in biosynthesis of norepinephrine
57. Israel's airline
58. Girl's name
59. FDR's mother
61. Mother of Apollo
62. Employs
63. Withered
66. _____ in die



*For answers to this crossword puzzle, see page 20.

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

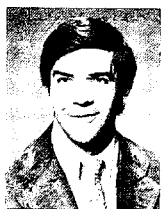
FIRST NOTICE



Sandra J. Frister, M.D., Family Practice. Born in England, 1/24/45; medical school at Welsh National School of Medicine, 1968; internship, general surgery, 1968-69; internal medicine, 1969; residency, pediatrics, England, 1969-72. Licensed to practice medicine in the state of Washington, 1976. Member, Royal College of Physicians, London. Has applied for membership on the medical staff of Good Samaritan Hospital. Dr. Frister is practicing at 1420 4th St. S.E., Puyallup.



Harvey M. Lashier, M.D., Ophthalmology. Born in Los Angeles, 2/25/38; medical school at Loma Linda University, Cal., 1963; internship, Porter Memorial Hospital, Denver, 1963-64; residency, White Memorial Medical Center, L.A., 1964-66. Licensed to practice medicine in the state of Washington, 1975. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Mary Bridge, St. Joseph. Dr. Lashier is practicing at 1624 South I Street, Tacoma.



Alan D. Tice, M.D., Infectious Disease and Internal Medicine. Born in Minnesota, 12/10/43; medical school at Columbia, N.Y., 1970; internship, Roosevelt Hospital, 1970-71; residency, Roosevelt Hospital, 1971-73; graduate training, infectious disease, Tufts, 1973-75. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Tice is practicing at 1624 South I Street, Tacoma.

SECOND NOTICE



MARTIN L. BASSETT, M.D., Endocrinology. Born in Fairbanks, Alaska, 7/27/47; medical school at University of Oregon, 1975; internship at Fitzsimmons Army Medical Center, 1975-76; residency at Fitzsimmons, 1976-78; graduate training in endocrinology, Madigan Army Medical Center, 1978-present. Licensed to practice medicine in the state of Washington, 1978. Dr. Bassett is currently practicing while on active duty with the U. S. Army.



DOUGLAS W. GANT, M.D., Obstetrics and Gynecology. Born in Modesto, California, 2/23/42; medical school at University of Washington, 1974; internship at Valley Medical Center of Fresno (family practice, rotating), 1974-75; residency at Valley Medical Center, 1975-78. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, St. Joseph, Tacoma General. Dr. Gant is practicing at 1318 3rd St. S.E., Puyallup.

Pierce County Medical Library

A PREVIEW OF MORE TO COME

The medical community in Pierce County is growing every year. Many new physicians have moved into the area and I feel it is appropriate at this time, repetitious as it may seem, to introduce our medical library to them and, in turn, encourage them to introduce themselves to the medical library.

The medical library is supported by a consortium of Pierce County hospitals in cooperation with the Medical Society of Pierce County. The support is both moral and financial. The hospitals involved include Good Samaritan, Lakewood General, Allenmore, Doctors, Mary Bridge, Puget Sound, Tacoma General and St. Joseph. The medical library is located at Tacoma General Hospital and is under the able direction of Ms. Marion von Bruck, our librarian. Each of the other hospitals maintains a small satellite library. Dues paid by each member of the society help offset some of the cost of running the library. In turn, the members have virtually unlimited use of the library and its resources.

Also available are other library facilities, including those of the King County Medical Society, the Pacific Northwest

Regional Health Science Library, and the National Library of Medicine. Library services, including computer literature searches through the King County Medical Society's librarian are paid for on an annual shares basis. The services they provide are a backup, not a substitute, for our local library. For more details contact the Pierce County Medical Library. Payments for these shares should be made through our local medical library, since it is less costly. The library is open Monday through Friday from 8 a.m. to 5:30 p.m. and Ms. von Bruck and her assistants are ready to serve you.

I was told that as a member of the medical society, I had to get involved in the business of the society. I, in turn, urge everyone, including the new members of the medical community, to also get involved and come forward with new ideas, and express their likes, dislikes and comments for best possible operation of the library. The library can then be of better service to the community.

The Library Committee will meet in the month of April.

Juan F. Cordova, M.D.

Chairman, Library Committee



WILLIAM P. MILLER, M.D., Family Practice. Born in Concord, N. Carolina, 10/1/46; medical school at Harvard Medical School, 1973; internship at University of Washington, 1973-74; residency at University of Washington, 1974-75, and Group Health Cooperative, 1975-76. Licensed to practice medicine in the state of Washington, 1974. Has applied for membership on the medical staffs of the following hospitals: Doctors, Mary Bridge, St. Joseph, Tacoma General. Dr. Miller is currently practicing at Allenmore Medical Center, Tacoma.



ROBERT O. MODARELLI, M.D., Urology. Born in Jersey City, New Jersey, 9/12/41; medical school at New Jersey College of Medicine, 1968; internship at Madigan Army Medical Center, 1968-69; residency at Fort Bragg-Womack Army Hospital (general surgery) and Fitzsimmons Army Medical Center (urology), 1969-73. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Modarelli is currently practicing at 419 South L, Tacoma.



RICHARD K. SPAULDING, M.D., Family Practice. Born in Philadelphia, Pa. 10/2/40; medical school at Temple University School of Medicine, 1971-72; residency in family practice at Madigan Army Medical Center, 1974-76. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staffs, of the following hospitals: Doctors, Mary Bridge, St. Joseph, Tacoma General. Dr. Spaulding is practicing at 521 South K Street, Tacoma.

Medical Society of Pierce County

Medical Society/Madigan Army Medical Center

JOINT SPRING MEMBERSHIP MEETING

Join your colleagues from the medical society and Madigan Army Medical Center for a prime rib dinner and informative program of three 12-15 minute presentations (one hour AMA Category I credit will be awarded).

PROGRAM:

- Education for All (Implementation of 94-142) — by Dr. Barbara Bascom, Staff physician, Department of Pediatrics, MAMC
- Antepartum Fetal Monitoring — by Dr. Joseph Sakakini, Chief, Department of Obstetrics and Gynecology, MAMC
- The Testicular Scan, Its Use in the Diagnosis and Management of Acute Epididymitis — by Dr. Jonathan Vordermark, Resident, Urology Service, Department of Surgery, MAMC

DATE: Tuesday, May 8, 1979

TIME: No host cocktails 6:15 p.m. Dinner 7:15 p.m. Program 8:00 p.m.

PLACE: Ft. Lewis Officer's Club

COST: \$8.00 per person (includes gratuity)

Register now. Space will be limited. Please complete the attached reservation form and mail it, with a check for the appropriate amount made payable to Ft. Lewis Officer's Club, to the Medical Society Office, 705 South 9th, Suite 203, Tacoma, WA 98405. Or, call the medical society, 572-3667, to confirm your attendance.

Due to the special arrangements necessary for this joint meeting, reservations must be made no later than Monday, April 30.

REGISTRATION

Yes, I (we) have set aside the evening of May 8 to join my fellow society members and physicians from Madigan Army Medical Center at the annual Spring Joint Meeting.

____ Please reserve ____ dinner(s) at \$8.00 per person (gratuity included). Enclosed is my check for \$_____.

____ I regret I am unable to attend the dinner portion of the meeting. I will attend the program only.

Dr: _____

Return to the medical society, 705 South 9th, Suite 203, Tacoma, WA 98405, by no later than Monday, April 30.

SPRING POTPOURRI

Jo Roller has announced that Student Recognition Awards were decided by committee on April 10th. Marilyn Mandeville chaired the committee which was co-chaired by Sharon Lawson, who will take charge next year. Student Recognition will be announced in the next BULLETIN.

Jo also was pleased to announce the appointment of three auxiliaries to the Communications Committee recently established by the medical society. Serving on the committee are Nancy Spangler, Jeanne Judd, and Susan Wiese.

Keeping in tune with Long Range Planning and Advisory Committee, the following members have been selected: From the board — Helen Whitney (chairman), Janet Fry, and Gloria Virak; from the general membership — Betty Johnson and Bernice Lazar. Past-Presidents Nadine Kennedy and Norma Smith have also agreed to serve.

Lee Jackson has reactivated the Legislative Telephone Tree so our response to legislation concerning the medical profession can be effectively communicated to our representatives and senators.

FINAL TERRIFIC AMA-ERF total — \$8,179.12!! Many thanks to all who so generously contributed. Special thanks to Chairman Jan Thiessen, and Cindy Hammer for a BIG JOB very well done!

Handicapped Awareness Chairman Sharon Lukens traveled to Yakima late in March to demonstrate and explain "Project Julie" which began in Pierce County.

"YOUR SPECIALTY" AUCTION Chairman Nikki Crowley has glowingly reported that the Auction netted \$1800. Nikki wishes to thank you very much for your donations and attendance. For those

who didn't make it — you really missed a good one!

Many thanks are due to all who gave of their time, talent and energy. The Artist Resource Committee did a beautiful job depicting the items that could not be displayed. This group included: Judy Brachvogel, Alice Hilger, Lee Jackson, Susie Flood, Kimi Tanbara, Barbara Wong, Debbie McAlexander and Dot Truckey. Janet Fry rustled up the food, Shirley Murphy and Stephanie Tuell cashiered, and Helen Whitney recorded the auction items. And last but not least, a great big thank you to Nikki and Debbie, Nikki's "Girl Friday" who made up the preview sheet, obtained the auctioneer, and picked up items. The hand written thank you notes received for items donated were specially appreciated.

Any address or telephone changes? Please call Alaire Sheimo (phone 588-0134).

LAST CALL FOR DUES: If you forgot, please mail your \$20 check payable to Pierce County Medical Society Auxiliary to Dot, 634 Vista Drive, Tacoma, 98465. We have 250 paid members so far this year.

Our final general luncheon meeting of the year, to be held on Friday, May 18, promises to be an exciting one. A panel discussion, "Survival of the Spouses," will be featured with Adele Durkin, past president of the Tacoma School Board, as moderator. Also, officers will be installed. Susie Wiese, 9148 Edgewater Drive, will graciously open her home for this meeting.

NOTICE TO ALL BOARD MEMBERS: Annual reports (in duplicate) are to be turned in on Thursday, May 10, 10 a.m. at the Tacoma Country and Golf Club.

Joan L. Sullivan

MEDICAL ASSISTING Continued

She simply wants to save the doctor time and effort; to relieve him of a few of the many pressures of his practice. Such altruism is not appreciated by the patient. He wonders, and probably rightly so, whether this is the advice and the medicine the doctor would have given him. 'After all,' he reflects, 'she isn't the one with an MD degree.'

"The job of a medical assistant in a physician's office, therefore, is not an easy one. She must be

pleasant and well-poised, while at the same time, a myriad of important details are running around her mind. Yet the assistant who can 'keep her cool' in trying situations and handle the many facets of a well-run office is an invaluable asset to any doctor."

Thanks, Dr. Race, for all the above words of wisdom and for allowing the Pierce County Chapter of AAMA to share them with other medical assistants and physicians in the area.

Doris Stansell, Publicity Chairman

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A summary of AMA, medical & health news

CME EXPANSION APPROVED

The AMA Board of Trustees approved major expansion of continuing medical education programming at its meeting at Headquarters Feb. 13-15. The AMA Council on Continuing Physician Education and staff of the Division of Continuing Medical Studies will work with an outside consultant to produce programs for physician instruction. Production will begin with four new videoclinic programs and build up to about 40 programs by early 1982, at which time production will be maintained at around 18 new programs each year. The board authorized an expenditure of \$500,000 in fiscal 1979, with the intention of spending an additional \$2.5 million over the next four years. In 1983, income from the project is expected to exceed expenditures, although recovery of the original outlays is not anticipated until 1987.

REIMBURSEMENT REVIEW SET

The Council on Medical Service will review AMA policy on physician reimbursement, giving special attention to the concept of usual and customary or reasonable fees vs. negotiated fee schedules. The council's recommendation for the study was approved by the Board of Trustees due to reports that the Administration's NHI proposal may call for fee schedules, reports that HEW staff is discussing reimbursement alternatives, and the possibility of proposed regulations on the subject in the near future.

MENTAL HEALTH WORKSHOP IN MAY

Representatives from mental health committees of state medical societies are encouraged to attend the AMA-sponsored workshop on "Physicians and Chronic Mental Patients: Potentials for Community-Based Care," slated for May 10-11 at the Palmer House in Chicago. The focus will be on identifying priorities in medical education as they relate to the physician's role in providing comprehensive care to patients with long-term or severe mental disabilities. For further information contact the Dept. of Mental Health, AMA Headquarters.

ALMOST HALF SEE NEED FOR NHI

Findings from two continuing surveys conducted for the AMA by the Gallup Organization and Market Opinion Research were released at the 7th AMA National Leadership Conference held in Chicago Feb. 15-18. Among the results shown by the surveys are that 47% of the AMA members and 59% of non members feel there is a need for national health insurance; that a majority of the nation's physicians, including those who feel strongly about the need for NHI, believe the quality of medical care will worsen if NHI is enacted; and that 43% of the public support NHI even if it means an increase in taxes, which indicates that the issue is withstanding the country's "Proposition 13 mood."

CHAMBER PUBLISHES HEALTH KIT

The AMA urges medical societies to become familiar with the "Health Action" kits recently published by the U.S. Chamber of Commerce. The kits contain strategies to improve health care and contain costs from a business perspective. The Association also encourages involvement with local Chambers of Commerce on a voluntary cost-containment program. Copies of the kits are available from the U.S. Chamber of Commerce, 1615 H St., N.W., Washington, D.C. 20062. The kits sell for \$15 each for 1-9 copies; \$13.50 each for 10-24 copies; and \$12 each for 25 copies or more. For further information contact Charles Macenski, Office of EVP, AMA Headquarters.

OSHA RULING CRITICIZED

A rule proposing access to employees' medical records should be substantially revised to protect employees' rights of privacy, the AMA testified at a hearing before the Occupational Safety and Health Administration. The proposed regulation would enable OSHA to inspect and copy records held by employers. "Neither law nor necessity confers on OSHA an unlimited right to intrude on the traditional privacy of the patient-physician relationship without the patient's consent," the AMA said. The AMA witness also pointed out that the proposal would give access to the medical files of many private physicians who practice occupational medicine.

REGIONAL SCIENTIFIC MEETINGS SCHEDULED

Twenty-one AMA regional scientific meetings will be held nationwide this year for physicians seeking continuing medical education. The programs are listed in the AMA's *1979 Continuing Medical Education Catalog*, available at no cost from the Division of Continuing Medical Studies, AMA Headquarters. The catalog also includes information on several new AMA programs— videoclinics for hospital or home study, Hospital Medical Staff Training Seminars, Risk Management Seminars, and Negotiations Institutes.

DISCIPLINARY BOARD'S ACTION CHALLENGED

To the Editor:

I think that we as doctors should pay a great deal of attention to the recent letter from the Medical Disciplinary Board in which they state "A physician shall be guilty of unprofessional conduct if he or she prescribes or orders etc., any amphetamines or other schedule two non-narcotic stimulant drugs except for the therapeutic treatment of," and then there is a list of a number of conditions.

It seems to me that the disciplinary board is attempting to regiment physicians in the way that they think medicine should be practiced. This is a principle that we should all fight to the utmost. I think that we are all aware that too many boards have been enacted which have judicial power far beyond that and what was originally intended and certainly this seems to be a case in point.

I fail to see that this kind of action has anything to do with reducing the black market traffic in amphetamines, and it will probably push the price up and make the so called drug culture much more alluring and certainly more profitable. I doubt seriously that anyone has addicted in using these anorexic preparations while under the supervision of a competent doctor. Certainly I think that those of us

who are using this for appetite suppression can attest to its effectiveness in a great number of cases.

I would like to know what recourse we would have to this seemingly discriminatory and unrealistic decision. Apparently the decision was made after an open hearing. I was not aware of this meeting and I doubt if the board would have been very influenced by those who appeared in as much as they had already made up their minds that they were going to be the whip-crackers in telling us what we can and cannot do.

I would presume that they have the legal right to do this, but I would like to hear it argued before a competent judge. I think it is up to all of us who feel the way I do to write the board and to rescind this regulation which I feel doesn't have anything to do with professional conduct of a competent physician.

In other words, and to put it more bluntly, I fail to see how someone can suddenly say that the prescribing of these medications for the purposes in which we deem them indicate and have been using over the past thirty years should suddenly be declared unethical. In my opinion ethics have nothing to do with this question.

Sincerely yours,
Rodger S. Dille, M.D.

ANSWERS



The crossword puzzle on page 13 is reprinted with permission, from the new book, *Medical Crossword Puzzles (and other literary diversions)*, created by A.A. Brown; 100 pages. Copies are available for \$2.95 (plus 19 cents CA sales tax) from Medical Crosswords, P.O. Box 99187, San Francisco, CA 94109.

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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.

General Practitioner seeks full time position in rural community. Also interested in full time ER position with locally owned and controlled ER group. Graduate, University of Iowa College of Medicine, 1977. Family practice residency, rotating internship, Community Hospital, Senoma County, CA, 1977-78. Co-director, emergency department, St. Elizabeth Hospital, Red Bluff, CA, 1978-79. Member, American Medical Association and Iowa Medical Association. Listing # 401.

Board eligible neurologist seeks practice opportunity effective July, 1979. Graduate, Government Medical College, Bellary City, South India, 1971; medical internship, St. Francis General Hospital, Pa., 1974-75, neurology residency, Cook County Hospital, Chicago, 1977. Licensed to practice medicine in the states of Pennsylvania and Illinois. Has passed both ECFMG and FLEX tests. Listing # 402.

Cardiologist, now completing two years fellowship at University of Utah, interested in joining group or establishing a solo practice. Fully trained invasive and non-invasive techniques, particularly interested in cardiac catheterization and echocardiology. Available June, 1979. Graduate, University of Utah College of Medicine, 1972. Member, American College of Physicians; diplomat, American Board of Internal Medicine; Affiliate, American College of Cardiology. Listing # 403.

General surgeon now completing obligation to U.S. Army Medical Corps. Prefers single or multi-specialty group. Graduate, Tulane University Medical School, 1971; internship at Barnes Hospital and Washington University, 1971-72; residency at Barnes Hospital and University of Tennessee Hospital, 1972-76. Clinical instructor of surgery, Washington University, 1971-73. Member, American Medical Association; diplomat, National Board of Medical Examiners. Has passed written qualifying examination for American Board of Surgery. Listing # 405.

Family practitioner seeks to join established practice. Licensed to practice medicine in the state of Washington. Member, American Academy of Physicians. 1969 graduate of Duke Medical School. Listing # 404.

General surgeon, interested in affiliating with group or individual. Currently fulfilling last of a three year military obligation with the Air Force. Plans to complete commitment in July, 1979. Previously served as instructor in surgery, Yale Medical School. Graduate, University of Uruguay, 1970. Member, U.S.A. Society of Military Surgeons, American Society of Abdominal Surgeons, American College of Surgeons (candidate). Listing #302.

Internist, currently finishing second year fellowship in cardiology at Good Samaritan Hospital, Phoenix, Arizona. ABIM eligible and will take certified examination in September, 1979. Seeking to join a hospital based or group practice. Currently extending training in clinical cardiology and clinical research through third year fellowship at Good Samaritan. Listing #301.

Cardiologist, interested in hospital based practice. Trained in invasive and non-invasive cardiac procedures. Associate member, American College of Physicians; member, American Heart Association and American College of Cardiology. Graduate, Edinburgh University, UK, 1971. Naturalized Canadian citizen. Currently senior fellow in cardiology at St. Vincent's Medical Center, Bridgeport, Conn. Available July, 1979. Listing #303.

Urologist, available June, 1979. Currently chief resident, division of urology, Michael Reese Hospital and Medical Center, Chicago. Medical school at R. G. Kar Medical College and Hospital, University of Calcutta, 1972. FLEX exam passed December, 1978. Licensed state of Illinois. Internship in general surgery at Michael Reese Hospital, 1974-75. Residency at Michael Reese, 1975-present. Listing #304.

General internist, interested in a multi-specialty clinic or as an emergency room physician. Medical school at the Medical College of Wisconsin, 1976. Associate member, American College of Physicians. Board eligible in internal medicine as of July, 1979. Post graduate training at University of Texas, Parkland Memorial Hospital, Dallas, 1976-77 (internal medicine), and the Medical College of Wisconsin, 1977-present. Listing #305.

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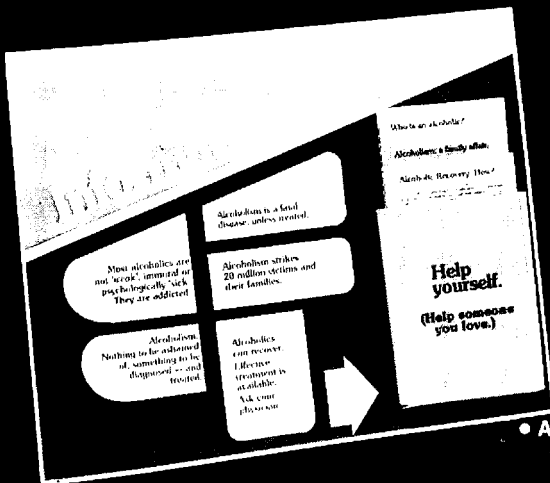
sands recover from alcoholism. The hospital's current recovery rates range up to 85% for patients who complete the multi-disciplinary program based on years of effective treatment.* Schick's Shadel treatment involves a shorter hospitalization than many less experienced facilities offer, and is covered by major health insurance plans.

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* Based on patient abstinence one year after treatment. Survey Source: Facts Consolidated, Los Angeles, CA, 1978



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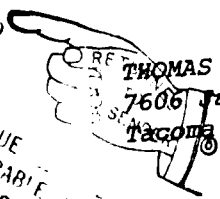
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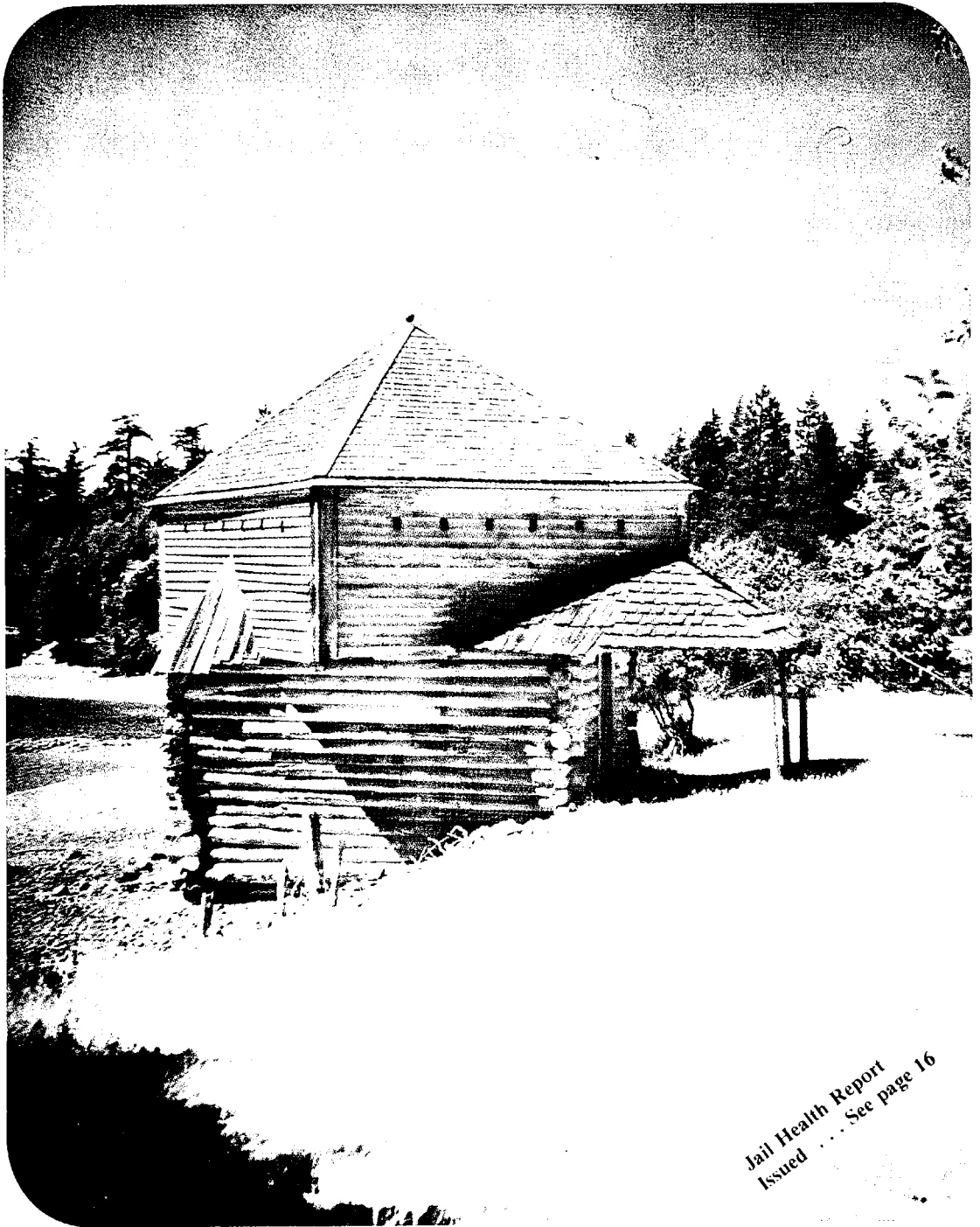
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Medical Society of Pierce County

May 1979 VOL. LI, No. 5 Tacoma, Washington



*Jail Health Report
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Photo by Fred J. Schwind, M.D.

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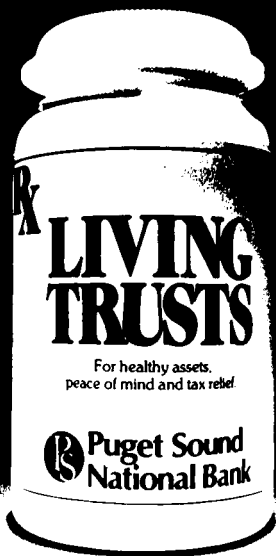
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NEW COMMITTEES PROVIDE OPPORTUNITIES

Kenneth D. Graham, M.D.

For many years we have heard the old refrain of personally getting involved in our medical society programs and issues — some of which seem quite remote from our daily practice of medicine. Then too, we realize the impact of other topics which very directly affect our style of health care delivery; more specifically, our privilege to practice, reimbursement, time away from practice and medical education, to name a few. Frankly, it's been quite comfortable for many of us — myself included — to sit back and let the traditional "old guard" of Pierce County medicine blaze the trail and carry the baton. We have smugly excused ourselves from active participation stating that "Joe likes that kind of stuff," or "I really would rather spend that time with my family."

Thus it has been a very pleasant surprise during my short tenure as president to see our newer physicians coming forth to willingly invest some of their free time in society issues. Certainly these physicians also have young children, outside interests, and the need to establish a practice. I, for one, congratulate those of you who have expressed your desire for participation in committee involvement. Our organization is growing by leaps and bounds and we certainly can use the enthusiasm and new ideas of our younger membership.

At the same time, our "regulars" continue to respond when called upon and maintain their track records for outstanding performance. This brings me to the subject of several new committees which have recently been organized within our society.

The Cost of Care Committee, chaired by dependable Dumont Staatz, meets a timely need in dealing in perhaps the most "popular" issue in today's health care arena. Its objective is, "evaluate meaningful local cost awareness and containment activities in which the medical society should become involved and make specific recommendations to the Board of Trustees for

society sponsored cost awareness or containment programs." Anyone having suggestions on such activities is strongly urged to contact Dumont, Tom Curry or myself. Business, third party payors, government and many others are looking to physicians to help with cost containment and we have an opportunity to act instead of react.

The Impaired Physician Committee has an able leader in Joe Kramer who has been helping some of our members in an unofficial capacity for several years. His group, of course, will interact with the state committee of similar name, but hopefully will provide a more personalized and local contact with the physician facing alcohol, drug or psychological problems. Close contact with hospital chiefs of staff, who usually are among the first to be aware of a problem physician, might provide earlier confrontation and assistance before the situation reaches a disciplinary point.

Jim Fairbourn has graciously accepted the leadership of the new Senior Citizens Committee. He is experienced in studying the needs of this growing segment of our population and in planning programs to meet these needs at the hospital level. Many of us feel that our senior patients and those dealing with their health needs, such as nursing homes, are looking to the medical society at times for direction. There are many programs outside the hospital which are attempting to address the problem and many of us are not aware of them all. I share the feeling of many that there is fragmentation and perhaps lack of coordination in this area. There is also the increasing problem of government regulation at the nursing home level — the push for generic drug use, for example — which goes on without much consult of the private physician. There are numerous activities the Senior Citizens Committee might participate in and we all know Jim and his group will do an outstanding job.

Continued on page 13



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CONVENTION NEWS AND MEDICAL ASSISTANT PROFILE

The American Association of Medical Assistants held its 12th annual State Convention at the Landmark Motor Inn in Lynnwood, May 18, 19 and 20. This year's convention was sponsored by the Snohomish County AAMA Chapter.

The convention began with a leadership training session featuring Charlein Pinkham, R.N. speaking on "Fitness, Can You Make That Commitment?" Friday evening Darrell L. Perkins spoke on "Are You Communicating?" On Saturday, Dr. Kevin E. Ware spoke on "Should You Have an Office Manual?" and Drs. Thomas P. Cooper and Gary M. Stack discussed "What is the Prostate?" Following the president's luncheon, Richard A. McGee, M.D., presented "Cancer Therapy — 1979" and Stephen D. Yarnell, M.D., asked "Do You Know Your ABC's?" The installation banquet and reception, hosted by the Pierce County Chapter, concluded a very busy day.

The medical assistants of Pierce County are very proud to announce the election of Dee Lunstrum, CMA, to the office of state president, AAMA. Dee will be the second president from Pierce County to attain that honor (Susan Thornton, CMA-C, served as state AAMA president in 1976-77).

I would like to share with you some insight into the life of a woman who is so intensely involved in a commitment to AAMA. Dee Lunstrum was born in Tacoma and raised in Seattle. She attended Seattle's Ballard High School and eventually entered a vocational school for a nine month course in medical assisting. Upon completion, she obtained employment with an internist in Seattle. During that time she met and married her present husband, Mel. Together they have raised four lovely daughters, Suzanne, Sheryl, Sandy and Stacy. Mel and Dee also spent four years in Germany on a military assignment. Upon returning to the States, Dee went to work for Ralph Johnson, M.D., a Tacoma surgeon who later became associated with Robert Burt, M.D. She has been their dedicated and loyal medical assistant for about 10 years and runs their office smoothly and efficiently. Dee does find time in her busy life for a little swimming, riding horses, singing, and playing the piano.

During my interview with Dee in front of a cozy fireplace, she recalled that in October or November, 1973 she discovered a card addressed to Dr. Ralph Johnson. It was an invitation to a meeting at Clover Park Vocational School, requesting his medical assistant to attend. Out of curiosity she decided to go.

It was an informative get-together, and even the few women who attended had no idea of what that first meeting was to ultimately accomplish — it was the beginning of Pierce County's medical assistant organization for education and socializing. The King County AAMA Chapter only had one thing to say, "You're all set up — go to it!" And go to it they did. In May, 1974, the small group attended the state convention at Alderbrook.

At that time there were no continuing educational units and so conflict grew between the educational and social aspects of the organization. Some physicians thought the AAMA was a union, and it was not until about two years ago that greater numbers of Pierce County physicians started supporting it.

As the chapter grew Dee Lunstrum grew with it. On the county level, she became president-elect, and then president. Dee has been chairman of both the membership and program committees, and employment service advisor to chapter members. On the state level, she was vice-president for two years, delegate to the national convention twice, and alternate delegate once. She helped start the state founder stat line about two years ago and presently is also liaison officer between AAMA and the Washington State Medical Association.

Dee as our new state president is vitally involved, interested in belonging, education, and personal growth in our medical assisting profession. She states, "We need to educate our leadership members, and help organize new chapter extensions such as in Grays Harbor and Longview Counties." "How to handle yourself comes with exposure," Dee adds. "We are all afraid to take that first unknown step into new surroundings, but by reaching out on a one-to-one basis and taking each other's hand we form a nucleus. From that nucleus arises a strong dedicated group who together bring leadership to our ever growing membership."

We also reach out to you, the physician and our employer, for your interest, support and guidance. Join us in our efforts and together we will have that needed bond for further education, communication, and cooperation which is the goal that Dee has set for the medical assistants of Washington State. To our new state president, congratulations and good luck. We're behind Dee all the way. Let's go get them!

Mary Ann Matherne
AAMA Publicity Chairman

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A summary of AMA, medical & health news

AMA BOARD APPROVES BYPASS REPORT

"Indications for Aorto-coronary Bypass Surgery," a report prepared by the Council on Scientific Affairs after study by a panel of consultants, was approved by the AMA Board of Trustees. The report will be submitted to the House of Delegates at the 1979 Annual Meeting with the recommendation that it be approved for publication as an AMA statement. The Board commended the council on its program to explore controversial subjects and on its use of panels of consultants in the study of the subjects.

COST BILL OPPOSITION CONTINUES

Testifying before two Senate health subcommittees, the AMA urged rejection of the Carter Administration's cost containment bill, which would impose controls on hospital expenditures if the rate of increase exceeds 9.7% this year. The proposal would "quickly result in a reduction in availability of care — a rationing of care according to the financial whims of the secretary of HEW." AMA witnesses said. They charged that attention should be focused on federal deficits and monetary policy, attributed generally as root cause of the current inflation problem, rather than on the hospital industry.

SURGICAL CRITERIA UNDER DEVELOPMENT

Sample sets of surgical criteria are being developed by the AMA, in conjunction with 14 national specialty societies, under a contract with HEW. The sets are to be designed for use in screening surgical cases to select those which should be subjected to peer review. They will be developed for procedures that account for about 75% of the surgical activity within each major area of surgical specialization. The AMA and the American Society of Internal Medicine will distribute the draft criteria to specialty societies for comment. HEW will distribute drafts to all PSROs, and will test draft sets at seven PSRO sites.

PRIVATE SECTOR CAN MEET NEEDS SAYS AMA

In comments submitted to HEW under Secretary Hale Champion, the AMA said that the Administration's tentative proposal for a national health plan would federalize the health care delivery system and "ultimately lead to a rationing of care and a general lowering of the quality of care available to all citizens of this country." The AMA said the private sector can meet the needs of providing insurance, with government support to finance coverage for poor and high-risk individuals.

VE 1979 GOAL IN DOUBT

The Voluntary Effort was successful in its 1978 goal of reducing the rate of increase in hospital expenditures, the Congressional Budget Office told the House Committee on the Budget. However, the CBO said that the VE's goal of a 2 percentage point reduction in 1979 probably won't be achieved. The CBO added: "The projected general inflation rate of 8.4% during 1979 and other cost-increasing factors will make the rate of increase in hospital costs too high for the VE to reach its goal." The VE was initiated in December 1977 by the American Hospital Assn., the Federation of American Hospitals, and the AMA.

MODEL PITUITARY GLAND BILL URGED

The introduction in state legislatures of a model bill that would allow a coroner's physician or medical examiner to remove the pituitary gland at the time of autopsy is urged by the AMA. The bill was developed following AMA House of Delegates action at the 1978 Interim Meeting to encourage increased collection of the human growth hormone. The model bill would apply only in cases where autopsies are required by law, unless the decedent or relatives have indicated disapproval. The hormone, supplied free to physicians, is in very limited supply, according to the National Pituitary Agency.

AMA BRIEFINGS OFFERED

Many state medical associations have expressed interest in scheduling AMA Official Family Briefings during their 1979 annual meetings. The briefings began this year as an extension of the Board of Trustees Visitation Program, which has been conducted for many years and under which AMA officers and trustees visit the annual meetings upon invitation from the state associations. The purpose of the Official Family Briefings is to promote a private, informal exchange of information on significant health care issues between AMA officials and state association leadership. For more information contact the Office of EVP, AMA Headquarters.

EPIDEMIC RUBEOLA AND OUR IMMUNIZATION PRACTICES

Epidemic Rubeola has now continued for over four months in this county with a total of more than 300 cases and a continuing average of 10 to 20 new cases per week. Mercifully, there have been no deaths so far and apparently no children or adults have been left with permanent sequelae. The epidemic has caused tremendous overwork for public health personnel and physicians. It has resulted in passage of a State Board of Health ruling permitting exclusion from school (as recommended by the Red Book of the American Academy of Pediatrics) of unimmunized children potentially exposed to epidemic measles in their schools, and it has contributed to the success of the Washington State Medical Association and others in securing passage of a law requiring full immunization, beginning in September 1979, of all children attending public or private schools.

Your Public Health/School Health Committee has consulted regularly with the County Health Officer and communicable disease authorities, met with the school superintendents of Pierce County, supported school exclusion of potentially exposed unimmunized children, and testified in support of the immunization law. Now is an appropriate time for us all to review our immunization practices against current recommendations of the AAP, PHS, and other national and local authorities.

1. Children should have an initial DPT series of three injections by six months of age, with two additional doses for school entrance and later tetanus-diphtheria boosters at 10 year intervals. Oral polio vaccine should be given at 2, 4, and 6 months, at 18 months and again between 4 and 6 years of age (5 doses are currently required by the Board of Health before school entrance in this state). Measles-mumps-rubeola vaccine is recommended at 15 months of age and required between 12 months and school entrance.

2. Parents bear primary responsibility for their

children's immunizations and should be given permanent pocket records of the immunization of each of their children and encouraged to have these records available whenever their children receive medical care. Adults are similarly responsible for themselves.

3. Physicians are urged to tabulate their primary care patients' immunizations in a visible location on each patient folder, review them at each office visit or when receiving emergency room records, and recommend needed immunizations to cover all deficiencies.

4. Patients new to the community, and those receiving care from multiple sources, are among those most likely to be deficient in immunizations or have incomplete records; therefore, review of immunizations is best carried out at the first office visit and is important even when immunizations are apparently being received elsewhere.

5. Tickler files, or other means of identifying or notifying active primary care patients not current in immunizations, are recommended and may be particularly useful when immunization recommendations change. (Their successful use is admittedly difficult when patients change name, phone, address or physician.)

6. Adults may be susceptible to preventable contagious diseases and should be included in immunization review.

Though perhaps none of our practices as yet completely follow each of these recommendations, and certain of them may conceivably be impossible or inappropriate for some of us, they all deserve our attention. Immunizing materials continue to be available from the Pierce County Health Department (telephone 593-4060) for those physicians choosing to charge only for the administration.

David Sparling, M.D., Chairman
Public Health School Health Committee

From the Health Department

VACCINES AVAILABLE

Vaccines to prevent childhood diseases may be obtained at the Tacoma-Pierce County Health Department at no charge to physicians for use in their offices.

To obtain the vaccines, DSHS Form 13-361 "Physicians Certification Form" must be signed by the physician. This allows you or your staff to pick up the vaccines for one year.

The patient must not be charged for the vaccine, but a nominal administration fee may be charged.

The vaccines available are:

DPT, 15 dose vial MMR . . . Single dose &
10 dose vial
DZ (Pedi), 10 dose vial . . . Mumps . . . Single dose
TD (Adult), 10 dose vial . . . Rubella . . . Single dose
Trivalent Oral Polio Measles . . . 10 dose vial

To obtain the "Physicians Certificate Form" and vaccines, you may call Jan Bigelow, R.N., at the Tacoma-Pierce County Health Department, 593-4807.

OTHER MATERIALS AVAILABLE

Thirty-nine local physicians have taken advantage of the immunization audit (Call Back) system offered by DSHS and the Tacoma-Pierce County Health Department since August, 1978.

Materials that still can be supplied to you are: wallet size individual records, audit cards, tabs and postage-paid reminder cards.

This system has been in use throughout the state with good success and can be easily instituted in your busy practice.

There is no charge for these supplies and they may be obtained by calling Jan Bigelow, R.N., at 593-4807 at the Tacoma-Pierce County Health Department.

PHYSICIAN CERTIFICATION FORM December 1, 1977

I certify that in administering the vaccine I received from the _____ Health Department for use in my private practice, (1) I will exercise individualized medical judgement, or (2) I will provide to each patient (parent or guardian) receiving such vaccine a copy of the appropriate "Important Information" form dated December 1, 1977 which I have obtained from the above Health Department. If I use the "Important Information" form, I will retain the signed portion until I receive written notice that retention is no longer required, and, upon request, furnish copies of the signed portion to the above Health Department or the Center for Disease Control, U.S. Department of Health, Education, and Welfare.

(Physician's Signature)

(Date)

Pierce County Medical Library

CHANGE IN PROCEDURES COMING

The Combined Hospital Library Committee of Pierce County met at Allenmore Community Hospital on April 25, 1979. The meeting was a success in attendance and participation. Mr. Bruce Yeats presented the financial report for the quarter ending March 31, 1979. We are within the budget and expect to get through the year without much difficulty.

Ms. Marion von Bruck, our librarian, informed us of many changes, some already in effect, and some expected in the near future. These changes will affect the interlibrary loan services and collection development.

Our local library fills at least 50 percent of incoming requests for articles and/or textbooks. For the other requests we currently follow the channels as outlined below:

Search Procedure

Hospital Library

Pierce County Medical Library (Entry to the regional and national biomedical communications network.)

Pacific Northwest Regional Health Sciences Library, U.W.

National Library of Medicine

British Lending Library Division

All local library sources as needed

As of July 1, 1979, however, the following changes in procedure will take place:

Search Procedure (revised)

Hospital Library

Pierce County Medical Library (Entry to state library network)

All local library sources

Washington State Library

Pacific Northwest Bibliographic Center, U.W. (Entry to the regional and national biomedical communications network.)

Pacific Northwest Regional Health Sciences Library, U.W.

National Library of Medicine

British Lending Library Division

As you can see, these changes establish a revised "chain of command" which specifically requires that requests be filled and resources exhausted at the local level before moving to the next steps of the ladder. For example, if the information requested cannot be obtained at the Pierce County Medical Library, the next step will be the Washington State Library, and so on. If any of the centers in the network outlined above are bypassed, the requests will not be honored and will be returned to the sender. This will mean that turnaround time will be of importance and will vary from 10 days to 14 days at a minimum.

These changes will also result in special charges on requests forwarded to the Pacific Northwest Bibliographic Center and the Pacific Northwest Regional Health Sciences Library. The charges at the Pacific Northwest Regional Health Sciences Library will be \$3.50 until December 31, 1979. Effective January 1, 1980 the charge will be \$4.00 or more per request, including books.

Health Sciences Library Funding

For your information, the funding for the different components of the Health Sciences Library at the University of Washington is outlined on the next page.

HEALTH SCIENCES LIBRARY
UNIVERSITY OF WASHINGTON, SEATTLE

Pacific Northwest Regional Health Library (PNRHSL)

The staff and services are under federal contract with the National Library of Medicine

Charges are made for all interlibrary loans and Medline searches

Turnaround time for reprints is at least seven days, or two weeks for text books. If an item is not available, the request is automatically forwarded to the National Library of Medicine, or the British Lending Library Division for completion, without further cost.

King County Medical Society Library Services (KCMS)

The staff and services are supported by Washington State physicians (WSMA funding), King County physicians, and other individual physicians who purchase shares.

Charges \$15.00 per share, which includes 75 pages of xerox copy and Medline searches. This fee applies if handled through the local library with a group of 15 physicians or more. Otherwise the initial share is \$30.00. Turnaround time is two to three days.

Remember also, that restrictions for reprints from journals not available at the Pierce County Medical Library are imposed by the new copyright law (which was implemented as of January, 1978). Out of five years of one journal title (e.g., 1975-1979) we are allowed five reprints for all users during one year (e.g., 1979). Any additional reprints which have to be provided by the publishers will incur charges.

— Juan F. Cordova, M.D., Chairman
— Ms. Marion von Bruck, Librarian

NEW COMMITTEES Continued

An organizational meeting has been held with the leadership of the Tacoma Chamber of Commerce. Our initial goal has been to establish organizational and objective statements of purpose for the committee which will be known as the Joint Health Issues Committee. The committee's purpose is to clarify health issues of concern to the public and private sectors, and to work to develop public and private policy consistent with the objectives of private enterprise relating to the organization, accessibility and financing of health care services to better serve the health care needs of the citizens of Pierce County. It will consist of chamber members representing the local business community and health industry, and physicians representing the medical community.

Obviously, there is some overlapping between many of our committees. We have been careful to outline specific purposes for each group, however, and we will continue to coordinate and monitor them in such a way that each committee's work is complimentary and not duplicative. With the membership's increasing interest in society activities, it is also hoped that the new committees will help further increase participation by all of us.

K.D.G.

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Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE



Lowell C. Finkelman, M.D., General Practice. Born in Winnipeg, Canada, 12/30/48; medical school at University of Manitoba, Winnipeg, 1976; internship at Toronto Western Hospital, Toronto, Canada, 1976-77. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Mary Bridge, St. Joseph, Tacoma General. Dr. Finkelman is practicing at 6718 144 St. N.W., Gig Harbor.



Michael E. Nishitani, M.D., Surgery. Born in Caldwell, Idaho, 6/9/39; medical school at University of Oregon, 1967; internship at Good Samaritan Hospital, Portland, 1967-68; residency in general surgery at Good Samaritan Hospital, 1968-72. Licensed to practice medicine in the state of Washington, 1971. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, Mary Bridge, St. Joseph, Tacoma General. Dr. Nishitani is practicing at 302 14th Avenue S.E., Puyallup.



Douglas E. Robson, M.D., Family Practice. Born in Los Angeles, California, 6/23/41; medical school at UCLA School of Medicine, 1967; internship at Cincinnati General Hospital, 1967-68; residency in pediatrics at LA County Harbor General Hospital, 1970-72. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staff of Good Samaritan Hospital. Dr. Robson is currently practicing at 331 South Meridian, Puyallup.



Robert D. Smith, Jr., M.D., Emergency Medicine. Born in Norton, Virginia, 6/24/47; medical school at University of Virginia, 1973; internship at Cincinnati General Hospital, 1973-74; residency at Georgetown University County Hospital (emergency medicine), 1976-78. Licensed to practice medicine in the state of Washington, 1978. Dr. Smith is currently practicing while on active duty with the U.S. Army.

SECOND NOTICE



Sandra J. Frister, M.D., Family Practice. Born in England, 1/24/45; medical school at Welsh National School of Medicine, 1968; internship, general surgery, 1968-69; internal medicine, 1969; residency, pediatrics, England, 1969-72. Licensed to practice medicine in the state of Washington, 1976. Member, Royal College of Physicians, London. Has applied for membership on the medical staff of Good Samaritan Hospital. Dr. Frister is practicing at 1420 4th St. S.E., Puyallup.



Harvey M. Lashier, M.D., Ophthalmology. Born in Los Angeles, 2/25/38; medical school at Loma Linda University, Cal., 1963; internship, Porter Memorial Hospital, Denver, 1963-64; residency, White Memorial Medical Center, L.A., 1964-66. Licensed to practice medicine in the state of Washington, 1975. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Mary Bridge, St. Joseph. Dr. Lashier is practicing at 1624 South I Street, Tacoma.



Alan D. Tice, M.D., Infectious Disease and Internal Medicine. Born in Minnesota, 12/10/43; medical school at Columbia, N.Y., 1970; internship, Roosevelt Hospital, 1970-71; residency, Roosevelt Hospital, 1971-73; graduate training, infectious disease, Tufts, 1973-75. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Tice is practicing at 1624 South I Street, Tacoma.

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

Urologist interested in group or partnership. Available immediately. Has served as an instructor in Urology at Wayne State University, 1973-75. Solo practice, 1975-present. Listing #501.

Internist seeks opportunity in greater Tacoma area. Currently medical director at South West area utility. Member, American College of Physicians and American Occupational Medical Association. Diplomate, National Board of Medical Examiners and American Board of Internal Medicine. Can relocate immediately. Has applied for Washington State medical license. Listing #502.

Surgeon seeks practice associate or emergency room position. Fellow, American College of Surgeons; Diplomate, American Board of Surgery. Previously chief of surgery and assistant medical director, Miami Inspiration Hospital, Arizona, 1971-76; presently staff surgeon at smaller community hospital in Washington state. Listing #503.

Physician interested in primary care or ER position effective July 1. Currently completing internship in general surgery at the University of Washington. Plans to take several years leave from training. Listing #504.

Physician specializing in pediatric pulmonary and allergy/immunology, seeks practice opportunity effective June 1980. Currently finishing fellowship at Duke University. Graduate, University of Washington School of Medicine, 1976; internship (pediatrics), University of New Mexico, 1976-77; residency (pediatrics), University of New Mexico, 1977-78. Board eligible, American Board of Pediatrics, June 1979. Listing #505.

Family practitioner seeks to join established practice. Licensed to practice medicine in the state of Washington. Member, American Academy of Physicians. 1969 graduate of Duke Medical School. Listing # 404.

General Practitioner seeks full time position in rural community. Also interested in full time ER position with locally owned and controlled ER group. Graduate, University of Iowa College of Medicine, 1977. Family practice residency, rotating internship, Community Hospital, Senoma County, CA, 1977-78. Co-director, emergency department, St. Elizabeth Hospital, Red Bluff, CA, 1978-79. Member, American Medical Association and Iowa Medical Association. Listing # 401.

Board eligible neurologist seeks practice opportunity effective July, 1979. Graduate, Government Medical College, Bellary City, South India, 1971; medical internship, St. Francis General Hospital, Pa., 1974-75; neurology residency, Cook County Hospital, Chicago, 1977. Licensed to practice medicine in the states of Pennsylvania and Illinois. Has passed both ECFMG and FLEX tests. Listing # 402.

Cardiologist, now completing two years fellowship at University of Utah, interested in joining group or establishing a solo practice. Fully trained invasive and non-invasive techniques, particularly interested in cardiac catheterization and echocardiology. Available June, 1979. Graduate, University of Utah College of Medicine, 1972. Member, American College of Physicians; diplomat, American Board of Internal Medicine; Affiliate, American College of Cardiology. Listing # 403.

General surgeon now completing obligation to U.S. Army Medical Corps. Prefers single or multi-specialty group. Graduate, Tulane University Medical School, 1971; internship at Barnes Hospital and Washington University, 1971-72; residency at Barnes Hospital and University of Tennessee Hospital, 1972-76. Clinical instructor of surgery, Washington University, 1971-73. Member, American Medical Association; diplomat, National Board of Medical Examiners. Has passed written qualifying examination for American Board of Surgery. Listing # 405.

Society News Briefs

A summary of Medical Society, and local medical and health news

JAIL HEALTH REPORT ISSUED

A comprehensive report reviewing health services currently provided to inmates of the consolidated Tacoma-Pierce County Jail and outlining a series of recommendations to improve the jail's health services has been issued by the medical society. The report, prepared by the Jail Health Committee, was sent to city council members and county commissioners in April following endorsement of the report by the society's Board of Trustees.

The report includes two key recommendations: Establishment of a Jail Health Authority to provide all health services within the institution and of a Jail Health Review Board to review and suggest necessary health policies for the jail. The Jail Health Review Board would act as an impartial arbitrator of issues and questions related to jail health services. Establishment of a review board and health authority would create a badly needed check and balance mechanism, reported the committee.

The Board of Trustees accepted the committee's recommendations that the Tacoma-Pierce County Health Department be designated as the Jail Health Authority and that the Medical Society of Pierce County act as sponsor of the Jail Health Review Board. The Review Board would include, in addition to MSPC members, representatives from the Pierce County Nurses Association, Tacoma-Pierce County Bar Association, Pierce County Dental Association, members or staff from the County Commissioners and City Council, public defenders or other patient advocates, and interested citizens from the community.

The Jail Health Committee, chaired by Dr. Herbert C. Kennedy, held its first meeting in August, 1978. The committee was established following acceptance by the sheriff's office of a society offer to evaluate jail medical services and to develop a plan to deliver medical services meeting AMA national standards. The physician members of the committee, in addition to Dr. Kennedy, were: Drs. Robert Ferguson, Walt Herron, Paul Nuccio, Ada Van Dooren, and Brian Archer (ex-officio). Future committee composition and activities will be determined following local government response to the society's report. The report, in addition to its endorsement by the MSPC Board of Trustees, received the endorsement of the Pierce County Nurses Association and Tacoma-Pierce County Bar Association.

COST OF CARE COMMITTEE ORGANIZED

The society's new Cost of Care Committee, chaired by Dr. Dumont Staatz, has held its initial organizational meetings, and the following physicians have agreed to serve on the committee: Drs. Florence, Koukol, Huish, Kanda, Miller (Chris), Hawkins, Harrelson, Toth, Larson (Charles), Crowley, Graham (Ken), and Reberger. The committee's objective is to evaluate meaningful local cost awareness and containment activities in which the society should become involved, and to make specific recommendations to the Board of Trustees for a society sponsored cost awareness or cost containment program. Initially, the committee is meeting on an every-other-week basis. Members concerned with the issue of cost are urged to contact Dr. Staatz or other members of the Cost of Care Committee.

PLACEMENT SERVICE EXTENDS HOURS FOR GREATER PHYSICIAN CONVENIENCE

Effective May 15, the hours of operation of the society's Medical-Dental Placement Service have been expanded. Physicians or their office staff may contact the placement service between the hours of 7:30 a.m. and 5:30 p.m., Monday through Friday. The expansion of hours has been undertaken to improve placement service to physicians and dentists, particularly in light of the increased need for temporary help during the summer months. If you need a temporary vacation fill-in or permanent office personnel contact Rose Centeno or Susan Thronton, CMA-C, at the Medical-Dental Placement Service, 572-3709.

NATURAL DEATH ACT PROGRAM SCHEDULED

An evening program exploring the impact of House Bill 264 — "Life Sustaining Medical Procedures," — signed in to law in March, has been scheduled for Thursday, June 7, 7:30 p.m. at the Health Department auditorium. The program will cover such issues as: "What Does the Act Allow?"; "What Are the New Responsibilities of the Health Care Team?"; "How Does an Individual Sign a Living Will?"; and "Problems the Act Does Not Address." Ted Haley, M.D., will be a participant in the program. The program is being sponsored by the Northwest Institute of Ethics and Associated Ministries of Tacoma in cooperation with the Medical Society of Pierce County. An admission fee of \$3 will be charged which will be used to help defray the cost of conducting the program. For additional information, contact the medical society office, 572-3667.

APPOINTED TO PIERCE COUNTY HEALTH COUNCIL BOARD

Bruce Buchanan, M.D., has been appointed to serve on the Pierce County Health Council Board, assuming the position previously held by Dr. Orvis Harrelson. Dr. Buchanan joins society members Drs. Tom Clark and David Lukens on the board, and Nadine Kennedy who also serves as a provider representative. The recently established Health Planning Liaison Committee, chaired by Dr. Bill Ritchie, has held two organizational meetings and invites your comments and suggestions concerning the planning process locally and at the Puget Sound HSA level. The committee strongly urges all physicians to become members of the local planning council and to improve their awareness of its activities. Applications for council membership are available through the medical society office. Call 572-3667 today regarding an application to the Pierce County Health Council.

OFFICE OFFERS NOTARY SERVICE

In need of notarization? Notary Public services are now available to member physicians at no charge through the medical society office. For assistance, call Carolyn Cartwright, executive secretary, at 572-3666. Mts. Cartwright is a licensed Notary Public.

DOCTORS' FEE INCREASES LAG BEHIND RISING CPI

American physicians have succeeded in their effort to hold down the rate of increase in physician's fees, reports the American Medical Association. Statistics released earlier this year by the U.S. Bureau of Labor Statistics, report that while the all-items component of the consumer price index rose 8.6% December, 1977 through December, 1978, medical care rose 8.5% in the same period. And, physicians fees rose just 7.8%. Thus, inflation in the general economy exceeded the rise in medical cost over the past year, according to the federal government figures, and the physician's fee component was well behind the overall rise in the cost of living. The CPI index increased 1.2% in February, the largest increase (at that time) since September, 1974. The medical care component of the CPI rose .8%, compared to 1.3% in January. Physician services increased .8% and dental services increased .7%. Both had risen 1.6% in January. Hospital and room charges increased 1% in February compared with 1.5% a month earlier.

HEW REPORT ADMITS AMERICANS ARE "AMONG THE HEALTHIEST PEOPLE"

The annual report on the nation's health, released in March by HEW, points out that Americans are among the healthiest people in the world. The report covers 1976 and was compiled by the National Center for Health Statistics and the National Center for Health Services Research. It shows that: the death rate for coronary heart disease fell nearly 28% between 1968 and 1976; life expectancy for a person born in 1976 is 72.8 years compared with 72.5 years a year earlier; infant mortality in 1976 was 15.2 per 1000 live births, compared with 16.1 a year earlier; and, the cancer death rate for people under age 45 dropped from 21.8 per 100,000 in 1950 to 14.7 in 1976. These were all record achievements in 1976. Later figures are even better. Estimates for 1977 show infant mortality at 14 per 1000 live births and life expectancy at 73.2 years. Of the 13 leading causes of death, 8 have lower rates in 1977. Death rates increased for 5, including cancer (though lower for people under 45) and septicemia — and accidents, suicide and homicide.

RESERVE TUESDAY SEPTEMBER 11 ON YOUR CALENDAR

The September General Membership meeting of the Medical Society of Pierce County will be held on Tuesday, September 11, 1979. Have your secretary note that date on your calendar today.

PHYSICIANS ELECTED TO SOCIETY MEMBERSHIP

Thirty-four physicians have been elected to membership in the Medical Society of Pierce County since January, 1979 (through May 1). The society's newest members are: Drs. Martin Bassett, William W. Brand, Robert Keltie Burt, Michael R. Colpitts, David I. Cramer, Raymond D. Dilworth, John D. Doelle, Robert E. Ettlinger, Stuart J. Farber, James M. Foss, Douglas W. Gant, Ronald J. Graf, Richard W. Hawkins, Jeffrey B. Hayes, Gordon R. Klatt, Wayne E. Larson, Philip K. Lind, John J. McKelvey, William P. Miller, Robert O. Modarelli, Charles W. Rance, Kathryn E. Richert-Boe, Richard J. Robinson, Susan J. Salo, Jon Rodney Schmidt, Ronald G. Taylor, William F. Taylor, Claire E. Trescott, James B. Wagonfeld, Daniel J. Wanwig, Gloria A. Weinstein, George A. Weis, Matthew White, and John H. Whitmer.

NEW OFFICERS, COMMITTEE CHAIRMEN SELECTED

The April 20th luncheon meeting was held at Susie Duffy's home in Sumner. It was a beautiful day for a drive to the valley, and some even took longer scenic routes. The luncheon was as beautiful as it was delicious: crab salad, blueberry muffins, and "valley" rhubarb cream dessert. Each luncheon tray was decorated with a tiny spring bouquet fancifully folded in a bright yellow napkin. Many thanks to the hostesses: Susie Duffy, Grace Kanda, Patti Leitz, Shirley Kemman, Marny Weber, and Linda Doele.

The slate of new officers were unanimously elected. They are:

PRESIDENT	Kit Larson
PRESIDENT-ELECT	Marney Weber
1st VICE-PRESIDENT, PROGRAMS	Carol Hopkins
2nd VICE-PRESIDENT, MEMBERSHIP	Alaire Sheimo
3rd VICE-PRESIDENT, HISTORIAN, BY-LAWS	Marge Ritchie
4th VICE-PRESIDENT, ARRANGEMENTS	Nikki Crowley
RECORDING SECRETARY	Debbie McAlexander
CORRESPONDING SECRETARY	Lee Jackson
TREASURER	Shirley Murphy
DUES TREASURER	Dottie Truckey

1979-1980 Committee Chairmen are:

AMA-ERF	Cindy Anderson
Communications: Bulletins	Joan Sullivan
Mailing	Gloria Virak
Newsletters, News Media ..	Kathy Miskovsky
Telephone	Janet Fry
Community Health	Julia Mueller
Finance	Carol Hazelrigg
Handicapped Awareness	Janet Fry
Legislative	Donna Roper Shirley Kemman
Big Sister	Karen BenVeniste
Nominating	Jo Roller
Pierce County Health Council	Nadine Kennedy
Project Bank	Marny Weber
Student Recognition	Sharon Lawson
Tel Med Coordinator	Stephanie Tuell

Continuing with the meeting, Jane Gallucci, finance chairman, reported to the Board and general membership that the proceeds from the year were allocated as follows: Tel Med, \$3,950.00 (previously committed); Tacoma Day Nursery, \$200.00; Childrens Therapy Unit at Good Samaritan Hospital, \$250.00; Childrens Industrial Home, \$400.00; Rape Relief Program, \$250.00. The proceeds from "Your Specialty" Auction have not as yet been dispersed.

Nikki Crowley introduced Mr. Dave Schomake of the Sumner Fire Department, who showed us an excellent film on CPR, the Heimlich Hug, and ABC's of life saving. The film showed symptoms of choking victims versus a coronary or stroke victim. The different positions of patients were emphasized. After the film we practiced the Heimlich Hug on each other to be sure we knew how to do it correctly. We all should learn these life saving procedures and be ready to use them in an emergency.

Slides taken by Kathy Miskovsky and Sharon Lukens of the Auction and Children's Holiday Party will be shown at the State Convention in Seattle at the Washington Athletic Club, October 4-7.

Sharon Lukens, handicapped awareness chairman, flew to Yakima to demonstrate and explain "Project Julie." As a result, the Yakima Public Schools are instituting that program in their kindergarten classes. Sharon was happy to inform us that our own Pierce County Auxiliary is well remembered as the originator of "Project Julie."

BAD NEWS:

Tel Med has been plagued with missing board operators and/or late arrivals. Could you help solve this problem? Please write down the dates you volunteer to work and post them where you will see them. If you are unavoidably detained please call the office immediately — phone 572-3666.

GOOD NEWS:

Mrs. John F. Vaughan (Mary Ellen) from Vancouver, Washington is the National Nominating Committee's selection for President-elect of the AMA Auxiliary at the National Convention to be held July 22-25 in Chicago at the Drake Hotel. Isn't that something! WSMA Auxiliary President-elect Jan MacLean has 10 delegates ready to attend the National Convention and the alternate delegate positions are also filled.

Joan L. Sullivan

LAST CHANCE

As I was speaking to your very witty, charming auxiliary page editor, I suddenly realized this was my last opportunity to speak out to you auxiliarians as a whole group. Never being one to keep my mouth shut, I followed my intuition . . . right straight to "hoof in mouth" disease, tar and feathering, etc.

I must insist this has been a rewarding experience, despite my moaning and groaning about the work load of the president, schedules to keep, and cauliflower ear with a bonding to the telephone receiver. This organization is, indeed, a viable, valuable asset to our medical community! Do you hear me gals, guys? All we need is increased involvement with each other and the community at large! We have talent! We have power! We have brains! Let's use what we have available to the advantage of OUR MEDICAL COMMUNITY!!

I'd like to thank all my loyal board members for their help and guidance through this auxiliary year and the

accomplishment of the goals I'd hoped to achieve for the auxiliary. WE DID IT! Welcome aboard to the new officers and committee chairmen . . . you, too, will accomplish your goals, I'm certain. Each of you members is an auxilian representing the medical world to your friends, your contacts at church, school, clubs. I urge you, no, challenge you to be well informed of the concerns of your spouse, the profession and your community in which you live and work. Your awareness will be my compensation for the hours devoted to serving the auxiliary as president this year.

As I, once again, have time to take my patient husband's hand and go for an evening walk, I appreciate the opportunity to have served you, realize the personal gain and growth attained, and hope to use the experience for the benefit of OUR COMMUNITY! THANKS!

Jo Roller

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Letters

THE INTERNATIONAL YEAR OF THE CHILD — 1979

To the Editor:

Many thanks to Drs. Bowe, Graham (Ken), Hopkins, Jackson, Larson (Vern), Modarelli, Nagle, Pim, Pruitt, Roller and Sack for playing as true professionals (I suspect they even ended up making a donation for the privilege) against the Lincoln High School girls' basketball champions in a benefit game for the Eastside and Family Clinics (for low income Pierce County residents). Funds created as a result of the game will allow the clinics to provide prescription medications at cost, which would otherwise not be available.

A good time was had by all. We thank the girls for taking it easy on the physicians and look forward to a replay next year.

Please feel free to inquire, participate or recommend added means of serving all residents of Pierce County medically.

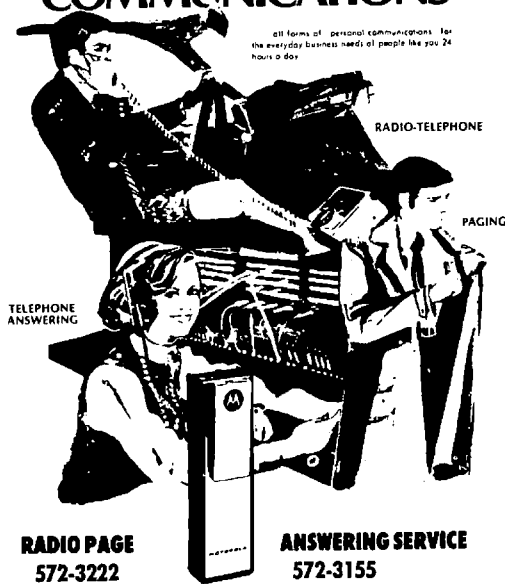
Sincerely,

George Tanbara, M.D.

Eastside Clinic
Family Clinic
Tacoma Buddhist Church

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Effective medical treatment achieves excellent recovery rates.

Over the past 40 years, Schick's Shadel Hospital has used medically based treatment to help tens of thou-

sands recover from alcoholism. The hospital's current recovery rates range up to 85% for patients who complete the multi-disciplinary program based on years of effective treatment.* Schick's Shadel treatment involves a shorter hospitalization than many less experienced facilities offer, and is covered by major health insurance plans.

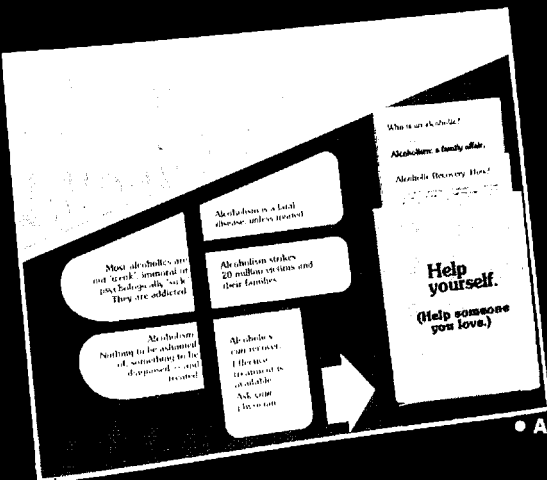
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Write or call today.

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* Based on patient abstinence one year after treatment. Survey Source: Facts Consolidated Los Angeles, CA, 1978.

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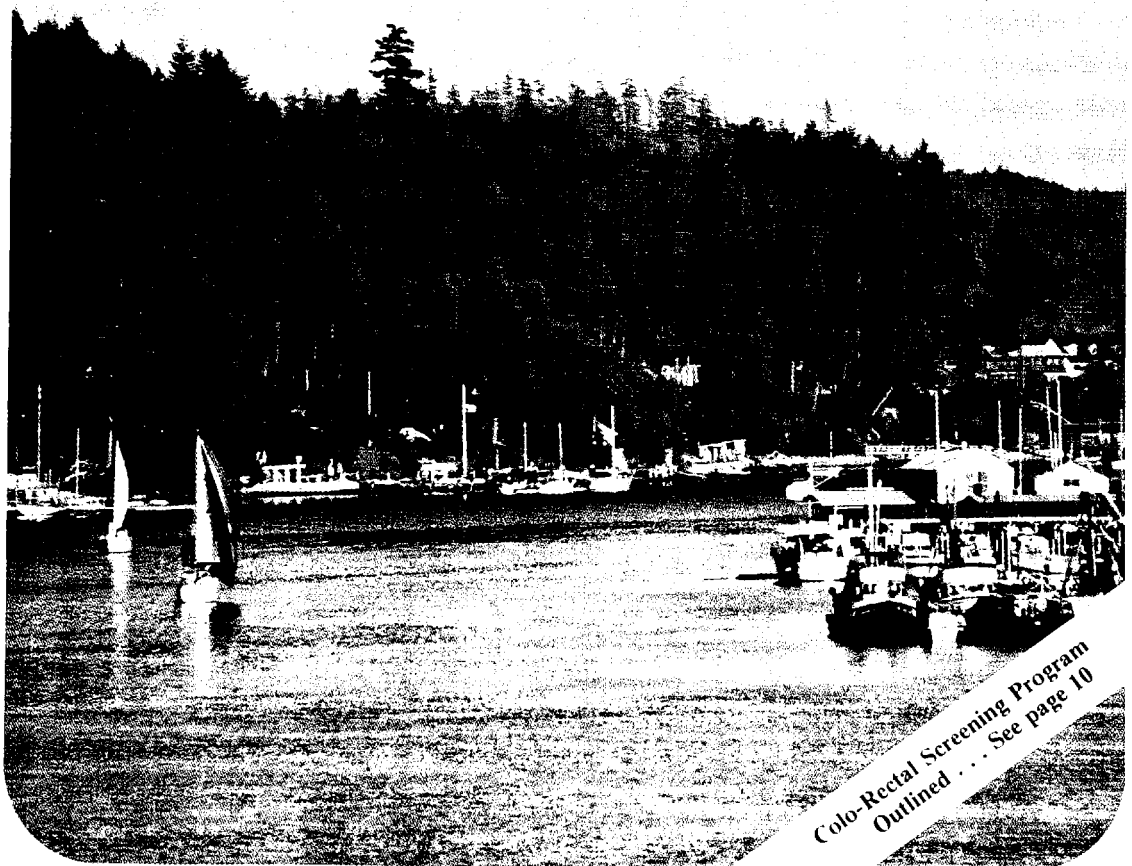


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Medical Society of Pierce County

June 1979 VOL. LI, No. 6, Tacoma, Washington



*Colo-Rectal Screening Program
Outlined . . . See page 10*

BULLETIN

A lot of these patients come to you for help.



But few for the disease of Alcoholism.

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Based on patient abstinence one year after treatment. Survey Source: Facts Consolidated, Los Angeles, CA 1978

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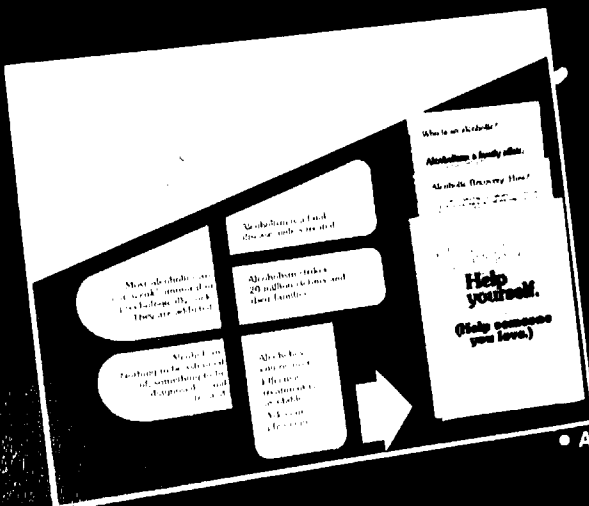
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Gig Harbor view of Mt. Rainier. Photo courtesy Cliff Johnson.

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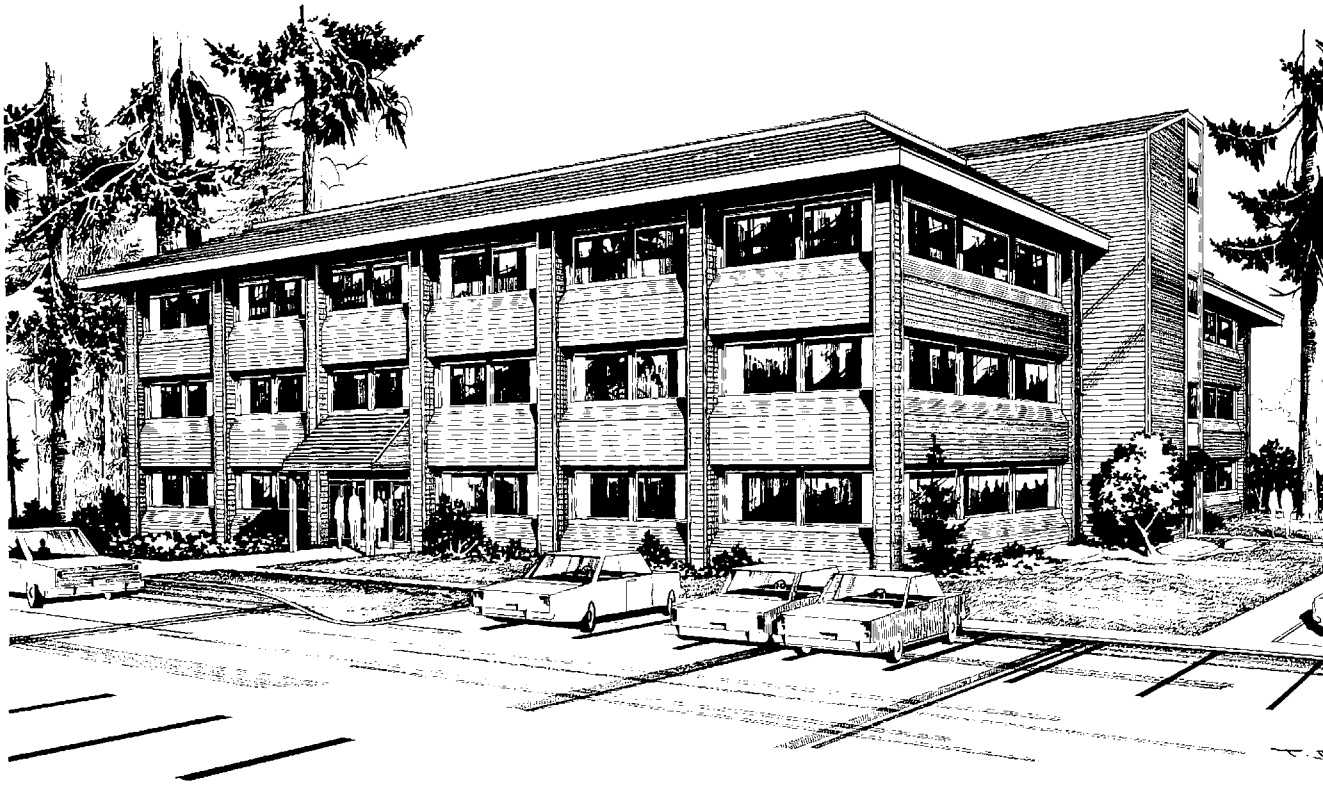
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Kenneth D. Graham, M.D.

MEDICAL SOCIETY TO PARTICIPATE IN COLO-RECTAL SCREENING PROGRAM

The Medical Society of Pierce County and Pierce County Unit of the American Cancer Society are about to embark on a voluntary colo-rectal screening program directed at a variety of employee groups in the greater Tacoma area. The decision to participate was made at the May meeting of our Board of Trustees following a thorough discussion of the program, its operational aspects and general implications for the society and medical community.

Briefly, the program's objective is to screen for colo-rectal cancer using the hemocult method of detecting occult blood in the stool. Hemocult test kits will be provided by the cancer society to employees of various employee groups. The hemocult test slides will be processed through the courtesy of Porro Biological Laboratories Inc. Test results will be communicated to the Pierce County Unit of the American Cancer Society and the medical society office. A letter will be sent to the test participants and their personal physicians informing them that either the test results were negative or positive. In the event of a positive result, the participant will be encouraged to contact his or her individual physician. For those participating in the screening program who do not have a personal physician, the medical society will offer its normal patient referral service and provide the names of three primary care physicians who are accepting new patients. Overall, our participation in the program will have no appreciable budgetary impact on the society. A more detailed explanation of how the program will operate is provided on page 10 of this issue of the BULLETIN.

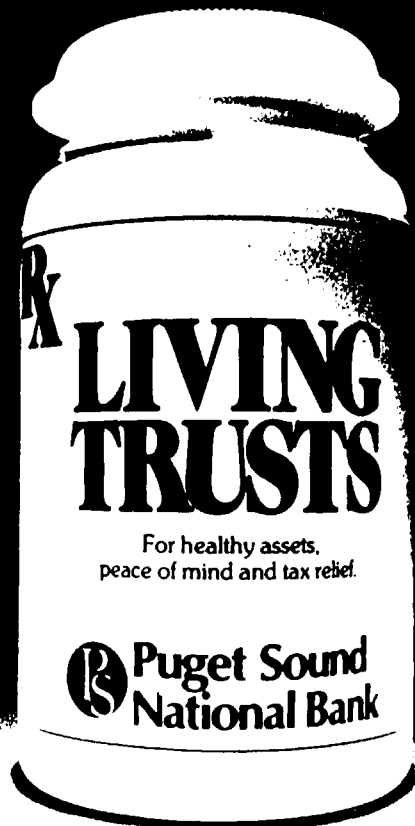
The trustees of the society, in reviewing the proposed screening program, took great pains to insure that the

program, and our participation, would adhere to the strictest ethical codes of the society and medical profession. To this end, the Cancer Society has agreed that any public statement regarding the program will be issued jointly with the society and that where a program participant does not have a personal physician a referral will be provided by the society in our usual manner. All letters from the society to participants and/or their physicians will be signed by our Executive Director, Mr. Curry, by direction of the board.

During our discussion, the concern was expressed that this program could possibly result in an inappropriate appearance of solicitation of patients by one or a number of physicians. Our review of the "mechanics" of the program indicates that this will not be the case and the board, prior to its unanimous passage of the motion to endorse the program, was suitably reassured that this would not result. I would like to point out that the Cancer Society is actively seeking physician volunteers to participate in the program and to speak on colo-rectal cancer to the various groups that will take part in the program.

One year from now, the program's results will be tabulated. The number of kits distributed, the number of kits returned by employees, the number of positive tests documented, and the findings and results of treatment in the event of positive tests and subsequent care provided to the individuals by their personal physicians will be documented. We look forward to these results to see if the Colo-rectal Screening Program does indeed alter the current percentages of stage 1, stage 2, and stage 3 colo-rectal carcinomas being treated in our community.

KDG



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PAST, PRESENT & FUTURE

Was it just four years ago that I timidly attended my first AAMA meeting, fresh out of Bates Vocational School and doing my internship in Doctor Zimmerman's office? I even remember the speaker, a man from Olympia, instructing us on how to handle "on the job" injury claims, and the proper reporting forms necessary to correctly establish that individual's claim. Gad, I didn't even know there was such a thing as Industrial Insurance!

Now that medical assistants programs have been established and those in this area are working toward accreditation with the AMA and AAMA, their graduates have a far broader range of knowledge. Students in these programs at Tacoma Community College, Fort Steilacoom Community College, Clover Park and L.H. Bates Vocational, and Careers are encouraged to join AAMA as student members and learn along with those of us who are working in the field as medical assistants through Pierce County AAMA.

These four years of membership have been rewarding in many ways; new friends with the same interests and problems, some with solutions, some with alternatives; and, opportunities for continuing education through seminars, speakers at our meetings and

our state conventions. These four years have meant growth in professionalism as a medical assistant, awareness of medical specialties outside of those involved in my own employment, and an opportunity for communication of ideas. STAT, through the knowledge of other members and the help of our physician advisors.

This past year as president of the Pierce County Chapter has been special for me in watching the growth of interest, the growth of membership and the growth of opportunities that membership provides. With the installation of the new officers on April 28th, a new year starts for our Pierce County Chapter, and from all indications it will be an active and progressive one. May I ask each physician who happens to read this page to encourage his medical assistant to visit one of our meetings. These meetings are held the second Monday of each month, at the Yukon Mining Company in Lakewood. Buffet dinner is served at 6:30 p.m., followed by the speaker and the meeting. Reservations may be made with Diane Goracke, hospitality chairman, 759-1976, or by contacting President Sharron Vigil, 475-1308. We need you, and it could just be that you need us. Here's to the FUTURE.

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A summary of AMA, medical & health news

HEW REPORTS HEALTH GAINS

An annual report on the nation's health, released by HEW, shows record achievements in 1976. The death rate for coronary heart disease fell nearly 28% between 1968 and 1976. Life expectancy for a person born in 1976 is 72.8 years, compared to 72.5 a year earlier. Infant mortality in 1976 was 15.2 per 1,000 live births, compared to 16.1 a year earlier. The cancer death rate for people under age 45 dropped from 21.8 per 100,000 in 1950 to 14.7 in 1976. The report was compiled by the National Center for Health Statistics and the National Center for Health Services Research.

"THEME MEETINGS" PLANNED

In addition to 13 regional scientific meetings to be held throughout the country during 1980, the AMA will begin a program of special "Theme Meetings." The first of these meetings, on cardiovascular disease, will be in Los Angeles on April 10-13, 1980. The second, on the theme of therapeutics, will be in Kansas City, Mo., on Sept. 27-30, 1980. The Theme Meetings will include a variety of other postgraduate courses.

OCCUPATIONAL HEALTH CONFERENCE SET

The 39th annual AMA Congress on Occupational Health will be held in Chapel Hill, N.C., Oct. 24-26. The conference, co-sponsored by the National Institute for Occupational Safety and Health and hosted by the U. of North Carolina, is open to all health professionals and will be of particular interest to part-time occupational physicians. The conference provides up to 12 hours of Category I credit toward the AMA Physician's Recognition Award in Continuing Medical Education. Registration fee is \$60 for physicians, \$40 for allied health professionals. For more information contact the Dept. of Environmental, Public and Occupational Health, AMA Headquarters.

FORUM FOR FOREIGN TRAINED DOCTORS SCHEDULED

A series of open forums designed to help physicians trained in other countries learn more about regulations governing their permission to practice in the U.S. is being sponsored by the AMA's Ad Hoc Committee on Foreign Medical Graduate Affairs. The forums have been held in St. Louis, New York City, Miami and Los Angeles, and a fifth session is scheduled for Chicago at the time of the AMA's Annual Meeting in July. For more information contact Henry Mason, AMA Headquarters.

PLANNING PROPOSAL OPPOSED

A proposed rule to make state medical facilities plans "consistent with" National Guidelines for Health Planning should be withdrawn, the AMA told HEW. The law requires that an SMFP be consistent with the state health plan, the AMA pointed out, but does not require consistency with the national guidelines. Noting that the national standards "can only lead to 'cookbook' health planning," the AMA said the SMFP rule "seems to be another effort to concentrate control over health care in HEW and to impose top-down planning, contrary to the intent of Congress when it passed PL 93-641 to develop a local planning process responsive to the needs of local communities."

UTILIZATION CRITICAL SAYS AMA/AHA

In a mailgram to state Voluntary Effort committees, state hospital associations and state medical associations, the AMA and the AHA called attention to the January 1979 increase in hospital expenses resulting from inflation in goods and services hospitals must buy and the increase in patient days, admissions, births, and surgical procedures. "On state level, it's crucial to attack issue of utilization," the mailgram said. "Increase in births and surgical procedures were the highest for any January since 1963. Doctors and hospital chief executive officers must focus immediately on assuring future utilization figures reflect only essential hospitalizations."

COURT RULING GIVES HOUSESTAFF MDs RIGHT TO ORGANIZE

Housestaff physicians won a court decision which, in effect, gives them the right under federal law to organize formally and engage in collective bargaining. The U.S. Court of Appeals in Washington, D.C., ruled that the National Labor Relations Board was wrong in 1976 when it decided that interns and residents are students, not employees, and therefore not entitled to form unions under protection of the federal law.

TIGHTEN PSRO CONFIDENTIALITY RULES SAYS AMA

Proposed rules on the confidentiality and disclosure of PSRO information need to be tightened, and AMA told HEW's Health Care Financing Administration. In its comments the Association stressed that procedures must not conflict with state laws protecting the rights of patients and that due process must be satisfied before disclosures are made. Under the proposal, a variety of information collected by PSROs could be made available to agencies and individuals.

COLO-RECTAL SCREENING PROGRAM OUTLINED

The American Cancer Society, in cooperation with the medical society, will begin a program of screening for colo-rectal cancer this summer. Using the hemocult method of detecting occult blood in the stool, participants will be able to conduct the test in the privacy of their own home and send the hemocult cards to Porro Biological Laboratories for interpretation.

The program will be run over a period of a year and at the end of the year the results will be tabulated. Patients will be referred to their own private physicians for further evaluation if positive hemocult tests are found on their stools. It is hoped that through this program earlier cases of cancer of the colon and rectum will be found in Pierce County, thereby increasing the survival rate for this potentially curable cancer. Currently, a review of the cases of colo-rectal cancer at Tacoma General Hospital's Tumor Board reveals that only 10 percent of the cancers of the colon and rectum that are reported here are in an early stage. Most have already spread to lymph nodes or distant internal organs. The national average of early cancers of the colon and rectum is in the range of 30 percent.

The program will consist of a presentation to various employee and perhaps other groups. These presentations will consist of a lay movie produced by the American Cancer Society on cancer of the colon and rectum entitled "The Cancer No One Talks About." Following the film a physician will present a short discussion of colon and rectal cancer and how the hemocult test works. The mechanics of the screening program will then be described to the participants. Anyone over age 40 will be invited to participate.

Each participant will fill out a short information and history card as well as sign a release form to allow the medical information to be passed on to the American Cancer Society and to their private physicians. The participant will then take a hemocult card home as well as an envelope so that it can be mailed to the processing laboratory. An instruction sheet will be given to the participants to reinforce the instructions that were given during the discussion. The participants will be asked to try and refrain from eating meat while they are collecting their specimens and also to try and

eat a high residue diet during this time. They will also be asked not to take vitamin C tablets during the test period.

After the hemocult cards have been mailed in, they will be evaluated by the laboratory and letters will be sent to all participants whether the test is positive or negative. If the test is positive, a letter will be sent to the primary care physician as well as to the patient informing both of them of the positive test. The patient will be instructed to see his physician for further evaluation of the positive test stressing the fact that there may be some problem in his gastrointestinal tract and that a positive test does not necessarily mean cancer.

After one month all those participants receiving a letter of a positive hemocult test will be sent a question sheet asking them whether they have seen their physician and what kind of a work-up was performed and what was found. A questionnaire will also be sent to the patient's physician asking what the results of further testing showed.

Those participants who do not return their hemocult card after a period of one month will be called by American Cancer Society volunteers who will ask the participant to either send in the specimens or return the unused cards to the American Cancer Society for further distribution.

In cases where participants do not list a primary physician, they will be instructed to call the medical society where they will be given the names of several primary care physicians, one of whom they may elect to see in the event that their hemocult test is positive.

It will be stressed during the discussions as well as in letters that if any gross bleeding occurs the patient should see his private physician without bothering to send in a hemocult test. The hemocult test will basically be run on participants who claim to have no symptoms from their lower bowel.

The adjacent chart illustrates how the screening program will work.

*Ann Marie Victor
ACS Program Director*

EMPLOYEE EDUCATIONAL MEETING

A physician volunteer speaks on Colo-Rectal Cancer.

EMPLOYEES OVER 40 YEARS OF AGE

May register for the program and pick up a test kit and sign a release form.

IF THERE IS A HISTORY OF RECTAL BLEEDING WITHIN THE PAST SIX MONTHS

THE EMPLOYEE IS INSTRUCTED TO SEE HIS PERSONAL PHYSICIAN

No test kit given. If there is no personal physician, the employee is asked to contact the medical society for referral.

AFTER ONE MONTH

FOLLOW-UP LETTERS WILL BE SENT

Reminding employee of the need to see his personal physician.

IF THERE IS NO HISTORY OF RECTAL BLEEDING WITHIN THE PAST SIX MONTHS

HEMOCCULT TEST KITS DISTRIBUTED

Employee takes test and sends kit to Porro Labs for analysis.

NEGATIVE TEST RESULTS

A LETTER IS SENT TO THE EMPLOYEE

Informing him of negative test results.

POSITIVE TEST RESULTS

LETTERS ARE SENT TO THE EMPLOYEE AND HIS PHYSICIAN
If there is no personal physician, the employee is asked to contact the medical society for referral.

AFTER ONE MONTH

FOLLOW-UP LETTERS ARE SENT
Reminding the employee of the need to see his physician.

"AN ESSAY ABOUT SOME CURRENT EVENTS"



J.F. Early, M.D.

At the request of the Board of Trustees of the medical society, I recently had the opportunity to participate in the program at Pacific Lutheran University entitled "What Should Be Done," which was the concluding session of a series entitled "Health Care — What Care? What Cost? For Whom?" The keynote speaker of that evening was Walter McClure, Ph.D., of Interstudy, a nonprofit consultant group in Minnesota. Thomas Anderson of Concrete Technology as well was a respondent to Dr. McClure's remarks representing the industrial viewpoint in such matters. Dr. McClure's specific title of his address was, "Alternative Futures for Medical Care."

I am writing presently because I think the membership of the Medical Society of Pierce County should give concerned thought to Dr. McClure's message. I detected some similarity of the content to another message delivered to the Washington State Medical Association membership by Alain Enthoven, Ph.D., of the Graduate School of Business of Stanford University, at the WSMA annual meeting in Spokane last fall. Dr. McClure does not appear to be isolated in his intellectual position. He is an engaging, dynamic, evangelistic, well-informed speaker. After his address it would appear that "there was little left to be said." Over the ensuing days, however, the content of his address undoubtedly fell into some perspective for each individual who listened.

At the risk of misquoting Dr. McClure's intended thoughts, I will attempt to summarize them, and reinforce his concepts by having referred to his publications.¹

Change Is Inevitable

Basic is a concept that, in aggregate, medical care costs in the nation have reached a level where society does not desire to allocate greater percentages of the Gross National Product to such care and its providers. If one accepts this premise then society will attempt to

control these costs with or without physician involvement. Dr. McClure believes that if physicians do not "come forward with credible proposals" then Congress will go ahead without physician input. He believes that this would not only be a disaster for American medicine, but also for the American people and their medical care. He believes that the battle between "change and no change" has been lost. Change per se is inevitable, good or bad.

In his concept of current problems, he believes that the absence of "free market forces," in the true business sense, is the basic deficiency. He is committed to the concept that the major solutions to the current problems involve either the placement of step-by-step regulatory forces, or the installation of "free market forces," or possibly a mixture of the two.

He is apparently absolutely opposed to placement of "further governmental regulatory forces." He apparently lacks faith in any bureaucratic system and its ability to resolve such problems. To me, his remarks in this area were reminiscent of the locally seen bumper sticker, "If you like your postal service, you will really love National Health Insurance."

Dr. McClure believes that the industrial base and complex of our country in the long run is the major payor of medical care costs, but that these costs are as well transmitted to the purchaser of the industrial products or services. He believes that because of this, the industrial community, consumer and provider of care must all be involved in decisions of any health care system. He adds that, because of costs, priorities will have to be established. It is his hope that the medical community would help establish such priorities. He abandons the "Everything for Everybody Philosophy" and speaks affirmatively to the philosophy of "that which will do the most good, to those whom it will benefit the most" within the means society is willing and able to give to health care.

Return to "Market Forces"

The economic structure of such a system is based on a "return to market forces": "I mean strong private sector incentives that reward not only the provider but the consumer — both consumer and provider — for making wise choices among costly resources." He believes that any delivery system behaves the way it does because of its basic structure and the system of rewards built into that structure." "Medical care is infinitely expandable." "We can always do more." "Why do \$50.00 worth of tests to be 90 percent sure of your diagnosis if you can do \$250.00 worth of tests and be 93 percent sure of your diagnosis?" "Standards and styles of practice will escalate to absorb the dollars available." The reward system both financially and with regards to reputation is skewed so that prestige accrues from dealing with high cost care in central hospitals, as opposed to "treating 5 or 6000 clamoring general practice patients in North Waterpump, Minnesota."

He spoke of "Strategy Options" which included: 1) Strong Cost Sharing Plans by Consumers, 2) Competing Health Delivery Plans, 3) Regulatory Models inclusive of public utility concepts of various types. He favors "Competing Health Delivery Plans." He adds that if some action is not initiated, simply because in his opinion all the models seem to be imperfect, then the "final imperfection will be piecemeal regulation."

His concept of "Competing Health Delivery Plans" would include rewards to both consumers and providers for demonstrated economic efficiency. The providers would remain in their traditional roles and consumers would have choice of plans. Although the HMO concept could be one type of such plan, it would only be one of many types.

Health Care Alliance

He speaks of solo, conservative fee-for-service physicians joining together in "health care alliances" which "alliance" must provide care by contract to a specific set of enrolled consumers. My initial perception of his approach was that it is similar to our present bureau structure of medical care. However, there are many differences. I then thought he was proposing a set of competing "mini-bureaus," but there were still many differences. Essentially, there could be much variation within these "alliances" as compared to each other; however, of essential importance is the fact that

they must be directly competitive with each other to restore "market forces."

Obviously, there are many ramifications and questions relative to Dr. McClure's remarks. He has answers, and he has multiple operational models which he can demonstrate. In conversation subsequent to his presentation, I was reminded of the fact that medical care in the Northwest, both by subjective impression and objective analysis, has been superior to most of the country. Other areas of our nation have very serious health care problems. Should we in the Northwest of necessity in a "National Plan" be compelled to change our practice style because of problems elsewhere?

Another question raised was that if one wants to restore "market forces," is deregulation of already existing regulation an answer? Are so many lives entwined in current regulation that deregulation would be unacceptable? I have no answers.

Dr. McClure is dedicated to his concepts, and certainly he has an ability to stimulate his listeners. In this limited space I am unable to delve into the intricacies of his concepts. He is anti-bureaucracy.

At the Washington State Medical Association Board of Trustees quarterly meeting in May, 1979, the considered consensus of the Trustees was that the major problem confronting us soon and in the 1980's is and will be "National Health Insurance."

With the background of the comments made by Dr. McClure, I believe all physicians should be well informed as to various options. The fact of the matter may be that we may have to make the less acceptable choice of multiple undesirable choices because of a political expediency. Realistically, politics are an ever present modifier of lifestyle.

If you, as an individual, are at all concerned about such matters, I urge you to become well informed. I also remind you that, although we tend to conveniently forget, there are areas in this great nation where health care is less available and of lower quality than the "Great Northwest."

J.F.E.

1. Ref.: "Choices for Medical Care," Walter McClure, Ph.D., *Minnesota Medicine* 6 1:4, April 1978-261-271.

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE



William M. Dean, M.D., Urology. Born in Des Moines, Iowa, 7/6/46; medical school at University of Nebraska, 1972; internship at Oakland County Hospital, Ca., 1972-73; surgical residency at Oakland County Hospital, 1973-74; urology residency at University of New Mexico Medical Center, 1975-78; Nephrology Fellow at University of Washington, 1974-75. Licensed to practice medicine in the State of Washington, 1974. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Dean is practicing at 408 South K Street, Tacoma.



Charles R. Ray, M.D., Orthopedic Surgery. Born in Santa Rosa, California, 7/4/45; medical school at Creighton University Medical School, 1971; internship, straight surgery, Madigan Army Medical Center 1971-72; residency, orthopedics, St. Mary's Hospital-Medical Center, San Francisco, 1975-78; graduate training, Scoliosis and Spinal Fellowship, Duchess of Kent Children's Hospital, Hong Kong, 1978. Licensed to practice medicine in the State of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Doctors, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Ray is practicing at 212 South J Street, Tacoma.

SECOND NOTICE



Lowell C. Finkelman, M.D., General Practice. Born in Winnipeg, Canada, 12/30/48; medical school at University of Manitoba, Winnipeg, 1976; internship at Toronto Western Hospital, Toronto, Canada, 1976-77. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Mary Bridge, St. Joseph, Tacoma General. Dr. Finkelman is practicing at 6718 144 St. N.W., Gig Harbor.



Michael E. Nishitani, M.D., Surgery. Born in Caldwell, Idaho, 6/9/39; medical school at University of Oregon, 1967; internship at Good Samaritan Hospital, Portland, 1967-68; residency in general surgery at Good Samaritan Hospital, 1968-72. Licensed to practice medicine in the state of Washington, 1971. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, Mary Bridge, St. Joseph, Tacoma General. Dr. Nishitani is practicing at 302 14th Avenue S.E., Puyallup.



Douglas E. Robson, M.D., Family Practice. Born in Los Angeles, California, 6/23/41; medical school at UCLA School of Medicine, 1967; internship at Cincinnati General Hospital, 1967-68; residency in pediatrics at LA County Harbor General Hospital, 1970-72. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staff of Good Samaritan Hospital. Dr. Robson is currently practicing at 331 South Meridian, Puyallup.



Robert D. Smith, Jr., M.D., Emergency Medicine. Born in Norton, Virginia, 6/24/47; medical school at University of Virginia, 1973; internship at Cincinnati General Hospital, 1973-74; residency at Georgetown University County Hospital (emergency medicine), 1976-78. Licensed to practice medicine in the state of Washington, 1978. Dr. Smith is currently practicing while on active duty with the U.S. Army.

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.

Internist seeks opportunity in greater Tacoma area. Currently medical director at South West area utility. Member, American College of Physicians and American Occupational Medical Association. Diplomate, National Board of Medical Examiners and American Board of Internal Medicine. Can relocate immediately. Has applied for Washington State medical license. Listing #502.

Surgeon seeks practice associate or emergency room position. Fellow, American College of Surgeons; Diplomate, American Board of Surgery. Previously chief of surgery and assistant medical director, Miami Inspiration Hospital, Arizona, 1971-76; presently staff surgeon at smaller community hospital in Washington state. Listing #503.

Physician specializing in pediatric pulmonary and allergy/immunology, seeks practice opportunity effective June 1980. Currently finishing fellowship at Duke University. Graduate, University of Washington School of Medicine, 1976; internship (pediatrics), University of New Mexico, 1976-77; residency (pediatrics), University of New Mexico, 1977-78. Board eligible, American Board of Pediatrics, June 1979. Listing #505.

Physician interested in primary care or ER position effective July 1. Currently completing internship in general surgery at the University of Washington. Plans to take several years leave from training. Listing #504.

Urologist interested in group or partnership. Available immediately. Has served as an instructor in Urology at Wayne State University, 1973-75. Solo practice, 1975-present. Listing #501.

Ophthalmologist interested in sub-specialty of retinal and vitreous diseases. Graduated from Stanford Graduate School of Engineering with Master of Science Degree in Mechanical Engineering, 1969. Graduate University of Minnesota Medical School, 1973. Internship at Hennepin County General Hospital, 1973-74; residency at Stanford University Medical Center 1974-77. Received Weseley Award for outstanding Stanford resident in ophthalmology in 1977. Retinal and Vitreous Fellow at Massachusetts Eye and Ear Infirmary and Harvard Medical School Department of Ophthalmology, 1978. Received teaching appointment, Harvard Medical School, 1978. Vitreous Fellowship at Duke University Eye Center, January, 1979-present. Available after June 30, 1979. Listing #601.



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Society News Briefs

A summary of Medical Society, and local medical and health news

1979-80 MEDICAL SOCIETY DIRECTORY PRODUCTION UNDER WAY

Production of the 1979-80 Medical Society Directory for Pierce County Physicians and Surgeons has begun with an initial mailing to all society members requesting practice information to be included in the directory. Actual publication is scheduled for late August to include the maximum number of physicians new to the community. Please return your questionnaire to the medical society office as quickly as possible.

SALARY SURVEY RESULTS AVAILABLE

Results of the salary survey of physician office personnel are now available from Membership Benefits Inc. The survey, conducted by the medical society's Placement Service, provides salary and fringe benefits information gathered from local offices. Physicians may obtain a copy of the survey results by calling the Placement Service at 572-3709 or by writing 705 South 9th, Suite 202, Tacoma, WA 98405. Survey results will be sent to the physician's home to ensure confidentiality.

SPEAKERS BUREAU BEING FORMED

A medical society Speakers Bureau is being formed, the members of which will be asked individually to present current information on medical subjects to lay organizations and civic groups upon request. The bureau is being established under the direction of the society's Communications Committee and will be chaired by Jeanne Judd, an auxiliary representative to the committee. If you would like to participate or know a colleague who would like to participate please phone the society office at 572-3667 or Jeanne Judd at 588-2686. Your help would be greatly appreciated.

MEDICAL LIBRARY PROVIDES ACCESS

Your access to the medical literature through the network of Biomedical communication hospital libraries, the Pierce County Medical Library, Pacific Northwest Regional Health Sciences Library, National Library of Medicine, and the British Lending Library — begins in Pierce County through your medical library. Comprehensive library services include literature searches, bibliographies, inter-library loans, and Med-line searches (literature retrieval by computer). The library is open Monday through Friday from 8:00 a.m. to 5:30 p.m. A key is available upon request for library use at other times. For additional information or assistance contact M. VonBruck, librarian, 572-5340.

PLACEMENT SERVICE EXTENDS HOURS

The hours of operation of the society's Medical-Dental Placement Service have been expanded. Physicians or their office staff may contact the placement service between the hours of 7:30 a.m. and 5:30 p.m., Monday through Friday. The expansion of hours has been undertaken to improve placement service to physicians and dentists, particularly in light of the increased need for temporary help during the summer months. If you need a temporary vacation fill-in or permanent office personnel contact Rose Centeno or Susan Thornton, CMA-C, at the Medical-Dental Placement Service, 572-3709.

RESERVE TUESDAY SEPTEMBER 11

The September General Membership meeting of the Medical Society of Pierce County will be held on Tuesday, September 11, 1979. Please note that date on your calendar today.

TEL-MED SOCIETY ELECTS OFFICERS

New officers of the Pierce County Tel-Med Society were elected in May at the Tel-Med Society's Board of Trustees meeting. Tel-Med officers for 1979-80 are: Nicki Crowley, president; Judy Baerg, vice-president; Tom Curry, secretary; and Dan Mallea, PCMB representative to the Tel-Med board, treasurer. Dr. Mike Campbell is chairman of the society's Tel-Med Committee.

SURVIVAL OF THE SPOUSES

The last luncheon meeting of the year was held at Susie Wiese's lovely home on May 18th. Co-chairmen were Margaret Lapin and Kit Larson. Hostesses Susie Wiese, Mary Johnston, Nancy Kennedy, and Ruth Meier served a delicious luncheon to about 67 guests. Thank you, ladies. How about sharing the recipes?

A very special thank you to all our gracious hostesses for lending their beautiful homes for our meetings this year. Everyone could easily be featured in Better Homes & Gardens.

The May program was a panel discussion, Survival of the Spouses. Nikki Crowley, program chairman, introduced the panel: Aija Ozolin, Helen Whitney, Dr. Norman Heimgarten, Dr. Herman Judd, and Adele Durkin, moderator. The panelists had been asked to list three Do's and three Don'ts for a successful marriage as a doctor's spouse. The lively discussion that ensued never slowed pace nor lacked enthusiasm for all participants as thoughts and feelings were shared. It was really a HIT - Hilarious, Inspiring, and Taped! It was so good I'd love to hear it again. A few of the Do's: call the pediatrician, not your husband, when the children are sick; be a household executive; do keep your sense of humor; to be a better human being growing is a necessity for **both** spouses; and **do** be in charge of your own attitude of what you make of life. On the negative side: don't jump on him as soon as he comes home... with daily problems; don't plan meals around him -- go out and get a microwave!; don't be unfaithful; don't be selfish. Very many good suggestions to keep us on our toes. Thank you, panelists -- you were great!

President Jo Roller called the meeting to order with a little help from Cindy Anderson. After the minutes were read and treasurer's report given, Jo read a letter from Tel-Med thanking us for our support. Jo also read a letter from State President Carolyn V. Smith, asking us to take charge of the Past Presidents luncheon for the state convention in Seattle October 5th. The board decided we would be happy to do this as it is an honor to be asked.

Under new business, it was decided to have an orientation meeting for new Tel-Med volunteers, and also to treat same volunteers to a luncheon. A county dues raise of \$5.00 was voted in so perhaps we can run in the black next year.

Jo thanked all her board members and chairmen for a super job. Jo introduced Kit Larson, our new president, and Kit introduced her new officers.

Speaking of super -- that describes Jo Roller herself! Jo was a terrific president in a most time-

consuming job. Among her many remarkable attributes is her ability to laugh when the pressure is really on, and she always manages to find the time to be helpful. Congratulations, Jo, on a job extremely well done!

Continued on page 21

1979-80 OFFICERS

PRESIDENT	Kit Larson
PRESIDENT-ELECT	Marny Weber
1st VICE-PRESIDENT, PROGRAMS	Carol Hopkins
2nd VICE-PRESIDENT, MEMBERSHIP	Alaire Sheimo
3rd VICE-PRESIDENT, HISTORIAN, BY-LAWS	Marge Ritchie
4th VICE-PRESIDENT, ARRANGEMENTS	Nikki Crowley
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TREASURER	Shirley Murphy
DUES TREASURER	Dottie Truckey

1979-1980 Committee Chairmen

AMA-ERF	Cindy Anderson Jan Thiessen
---------------	--------------------------------

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Mailing	Gloria Virak
Newsletter	Kathy Miskovsky
News Media	Linda Stilwell
Community Health	Julia Mueller Barrie Mott
Cookbook	Betty Bahn
Finance	Carol Hazelrigg
Handicapped Awareness	Janet Fry
Legislative	Shirley Kemman
Membership Assistant	Diana Dean
Newcomers	Janice Winemiller
Big Sister	Karen BenVeniste
Nominating	Jo Roller
Pierce County Health Council ..	Nadine Kennedy
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Telephone	Helen Whitney Karen Graham
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Letters

Letters to the Editor are welcome and will be printed as space permits. Letters should be typed and not more than one page long. If necessary, they will be edited or shortened. Letters which appear in the BULLETIN do not reflect Medical Society of Pierce County policy.

CLINICS MEET COMMUNITY NEED

To the Editor:

It has been several months since any information about Tacoma's two community health clinics, Family Clinic and Eastside Health Clinic, has been seen in the BULLETIN. We felt it might be beneficial to give a brief up-date on the two clinics' activities.

In the year 1978 the clinics saw a total of 8,500 clients. From January 1, 1979 through April 30, 1979, 2300 people were served by the clinics. Approximately 75% of these clients came from within Tacoma, 20% from Pierce County, and 5% were transient.

The clients that the two clinics serve are either low or no income, and without any medical insurance. We do not provide on-going care, rather, we're here to help with one time or episodic care. Both clinics function as referral agencies to physicians in the community willing to see our clients on a no or low fee basis. We also serve those people in need of health care, and who have either insurance or private funds, by referring them to physicians within their general area.

We owe a great debt to both those physicians who volunteer in the clinics one evening a week and those willing to see our referrals on a no or low fee basis. Help is needed in both of these areas from any physicians wishing to volunteer their services.

Sincerely,
Thomas G. Cannon
Administrative Assistant
Family Clinic/Eastside Health
Clinic

BUREAU NEEDS REVIEW

To the Editor:

The Ad Hoc Committee For A Better Pierce County Medical Bureau was formed in September of 1978 because there were many physicians in the community who were unhappy with their relationship with PCMB. Four hundred twenty-five questionnaires were sent to the members of the Pierce County Medical Bureau. Of the 194 questionnaires returned, 153 expressed unhappiness with either the fees or the Bureau's administrative policies or both. The Ad Hoc Committee was then enlarged to include representatives from all the specialties within Pierce County. After

much discussion, a resolution was generated with the request that a management review be performed of the Pierce County Medical Bureau. The resolution reads as follows:

"Whereas it is the opinion of a group of members of the Pierce County Medical Bureau that a deficiency exists in the management, marketing and physician relationships with the Bureau,

"And whereas this group is desirous of an improvement in the function of the Bureau in its delivery of health care,

"Be it resolved that an independent qualified group of management consultants be retained at the expense of the Bureau to evaluate the present organization and its functions, identify deficiencies, and report recommendations.

"Be it further resolved that this management group be selected and retained within 120 days of the passage of this resolution.

"Be it further resolved that the sponsors of this resolution participate with the Board in the selection and supervision of this management review team with the results being presented to a special meeting of the membership within 30 days upon completion of this review."

To date, 116 members of the Pierce County Medical Bureau have signed this resolution. If you support this resolution and have not had an opportunity to sign, please contact one of the members of the Ad Hoc Committee or sign the line provided in this letter and tear it out and send it to one of the committee members. When we have obtained enough signatures, we will present this resolution to the Board.

Sincerely,
AD HOC COMMITTEE
FOR A BETTER PCMB

Thomas Bageant, M.D. Theodore Crowell, M.D.
James Stilwell, M.D. Terry Torgrenrud, M.D.
John Hilger, M.D. Ralph Marx, M.D.
David Bemiller, M.D. Bruce Buchanan, M.D.
Hugo Van Dooren, M.D.
TC:sm/sgm

I support the resolution:

_____ M.D.

NAME: _____
(please print)

ADDRESS: _____

1979 STUDENT RECOGNITION WINNERS

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. The Student Recognition Committee of the Medical Society Auxiliary has selected Stacie Marlatt and Tassilo Baur to receive the 1979 recognition awards.



Stacie Marlatt, a graduate of Lakes High School, is the daughter of Dr. and Mrs. D.A. Marlatt. Her major field of interest is science and Stacie plans to pursue veterinarian or marine studies.



Tassilo Baur, a graduate of Washington High School, is the son of Dr. and Mrs. Ernst W. Baur. He plans to attend USC or the U of W. His major field of interest is science.

Joan L. Sullivan

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Classified

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QUALITY MEDICAL OFFICE space available in rapidly growing Gig Harbor. HARBOR PARK Bldg. "A" ready in August. Radiology and lab already signed. Excellent opportunities for G.P.s, Internists, Pediatricians, OB-GYNs and General Surgeons. Information: 858-9172.

WOLLACHETT BAY, low bank waterfront. Small older home, 2.7 miles from Narrows Bridge. Bulkhead, garage, well. \$157,500. Call 584-7111.

OFFICE SPACE: 800 sq. ft. Tacoma Medical Center; Bldgs. 11 and 17. \$300 month. See pharmacist at Tacoma Medical Pharmacy, 1206 S. 11th.

WELL QUALIFIED R.N. with B.S. degree wishes permanent part-time (2 - 2½ days a week) work in office or clinic. Good local references. Call 927-1682.

PHYSICIANS ASSISTANT desires family practice position in Seattle/Tacoma area. Recent graduate of AMA-approved program. AAPA Board eligible. Six years health care experience. Contact Bruce C. Stintzcum, P.A., 3503 W. 65th, Fircrest, Tacoma 98466, 206/565-2736.

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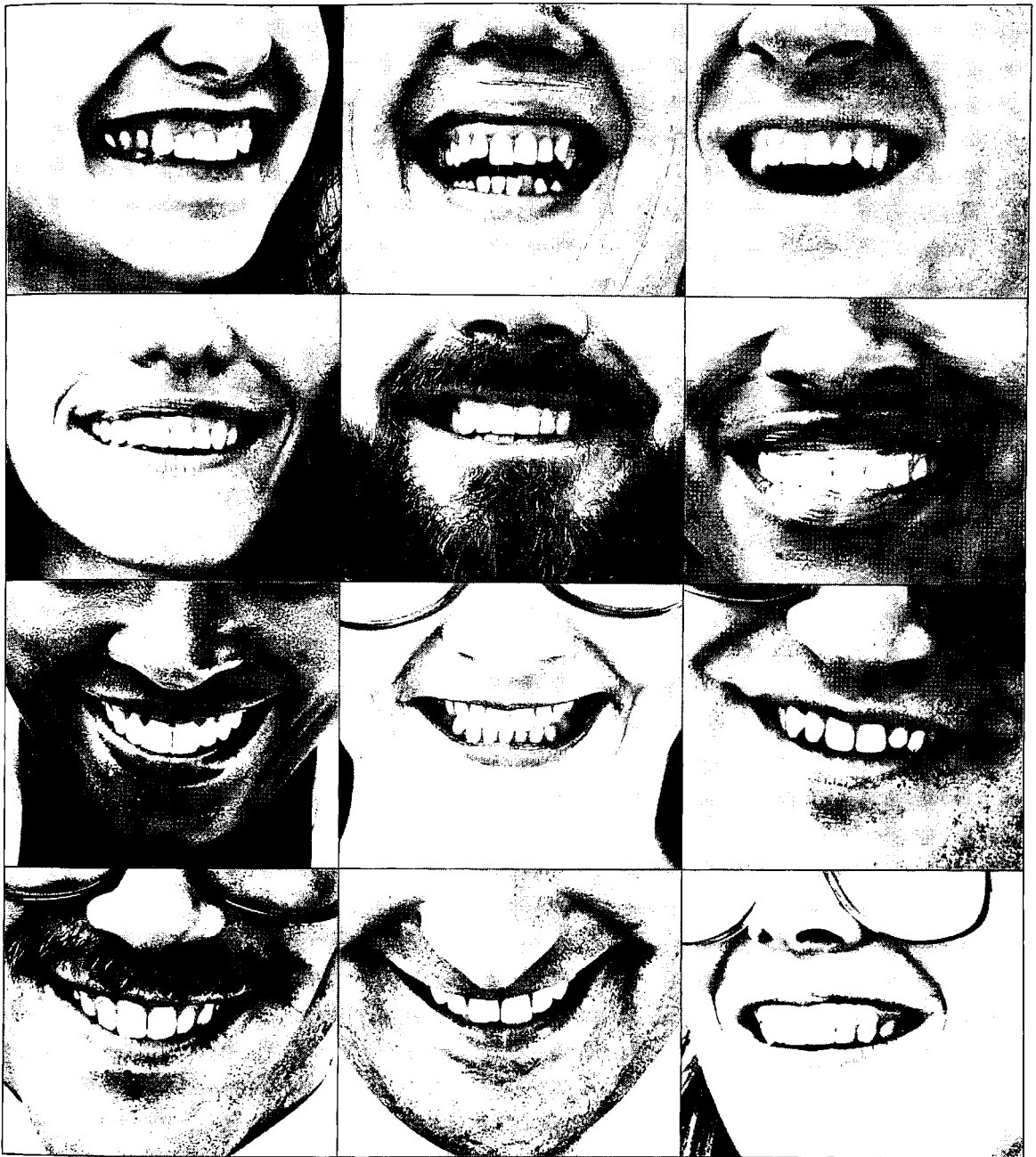
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Medical Society of Pierce County

JULY 1979 VOL. LI, No. 7, Tacoma, Washington



*Life-Support:
Are you Ready? . . . See page 5*

BULLETIN

A lot of these patients come to you for help.



But few for the disease of Alcoholism.

Even today, many patients don't know that alcoholism is a disease, not a disgrace. Denial is a dangerous symptom that can prevent effective medical treatment. Accurate information about alcoholism, and reassurance about the prognosis for recovery is needed to motivate patients to seek help. You are their best source for that information.

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sands recover from alcoholism. The hospital's current recovery rates range up to 85% for patients who complete the multi-disciplinary program based on years of effective treatment.* Schick's Shadel treatment involves a shorter hospitalization than many less experienced facilities offer, and is covered by major health insurance plans.

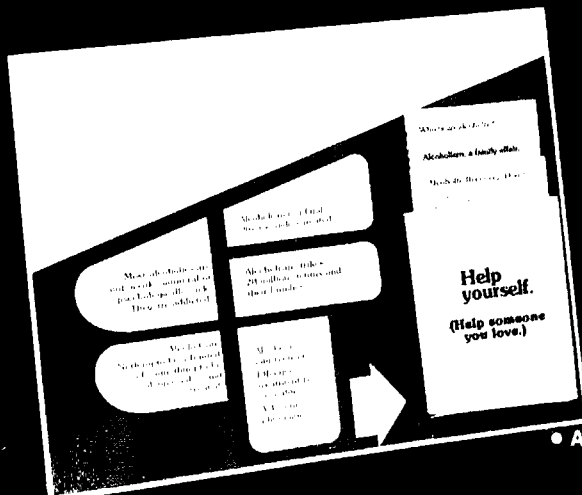
The first step toward treatment is information.

Schick's Shadel Hospital's Alcoholism Information Center is available to you, free of charge, for

your reception area. It contains leaflets written in laymen's terms describing the disease itself, its effects on the alcoholic's family, medical treatment methods, and facts about recovery. Also included is an informative brochure containing a physician's discussion of techniques to reach the patient in need.

Write or call today.

Many of your patients need the facts about alcoholism, for themselves or someone they love. The Alcohol Information Center can help them to come to you for help.



* Based on patient abstinence one year after treatment. Survey Source: Facts Consolidated, Los Angeles, CA, 1978.

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Fisherman's home on Degnan Bay.
Photo by Fred Schwind, M.D.

Bulletin of the Medical Society of Pierce County

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Kenneth D. Graham, M.D.

LIFE-SUPPORT: ARE YOU READY?

I recently attended a medical meeting in Spokane and while there experienced an unfortunate event in which a fellow physician suffered a cardiac arrest on the tennis court. The immediate circumstances surrounding the situation and potentials for satisfactory management of similar events have been topics of discussion for many of us who were there. I would like to share these thoughts with you.

An increasing number of medical meetings sponsor sporting events. Golf tournaments and fishing derbys have never seemed to stress cardiac reserve to any great extent, but now the more vigorous activities of jogging, tennis, and racketball have been added to many programs. Those responsible for planning these activities must look indepth into the activity itself and how it will be structured. In the case I witnessed, a tennis tournament had been arranged and, whereas many physicians had signed up expecting a comfortable afternoon of doubles play, we arrived at the courts to find the event had been structured as a long singles competition with no consideration given to age or competence.

Physical facilities where the sporting events are held should be thoroughly evaluated beforehand for satisfactory emergency supplies and the availability of transportation to an appropriate medical facility. When our colleague collapsed we called for an airway. Although we were playing in a beautiful, expansive indoor pavilion with four courts, the only items supplied to us after ten minutes were three soup spoons. No "Ambu" bag, oxygen or other items of emergency treatment were available, we found out later. In checking at our local tennis club, where I and many of you play, I find a similar situation exists.

The availability of persons competent in basic CPR is, however, the most important factor in emergency situations such as the one I witnessed. When the physician collapsed there was immediate response by approximately twenty physicians. I found it interesting to reflect back and realize the

varied levels of competency on the part of those who applied CPR on the scene. I for one felt "rusty," not having performed CPR for quite some time. When the ambulance finally arrived — and I understand the driver became lost enroute due to road repairs and detours — the crew's emergency kit contained various drugs for advanced life support. At this point there seemed to be "twenty chiefs" and no indians as every physician began suggesting or doing things without coordination. Several instructors in advanced life-support were present and perhaps at that point a "leader" could have been designated.

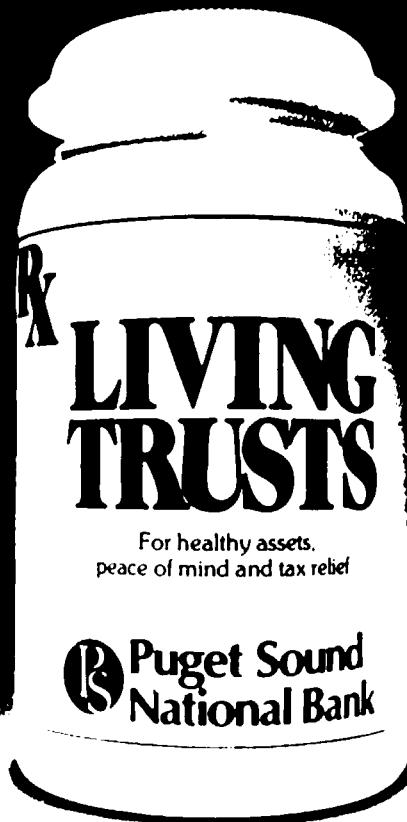
Obviously, similar situations might occur to any of us at any time where our presence mandates the need for competent CPR and management of emergent situations. I wonder how many of us really feel comfortable that we can perform "under fire." Most of us have performed resuscitation from time to time, but are we really up on the newest methods? For instance, can you satisfactorily prescribe the Heimlich maneuver.

Basic CPR courses are ongoing throughout the county. I believe the Joint Commission now mandates that the hospital staff be proficient in CPR, but I wonder how that is monitored? The only presentation I recall was one given by St. Joseph Hospital last year.

Dr. Stu Farber, assistant medical director for the Family Practice Residency Program, is an instructor in advanced life-support and Stu recently coordinated a course for the residents and several others. This course was sponsored and designed by the American Heart Association — complete with text — and was taught by several local physicians representing other specialties. From personal experience, I can assure you it is an extremely worthwhile course.

The course's goal is to have all of us proficient in at least basic and hopefully advanced life-support. How might we best approach this? Should we try to coordinate such training through our College of Medical Education? I would appreciate your suggestions.

KDG



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DOES YOUR OFFICE HAVE AND USE A PROCEDURE MANUAL?

Have you ever been confronted by two medical assistants both wanting their vacations in mid-July? You probably looked from one to the other with puzzlement and then stated, "you girls decide which one is to go." This could cause conflict between these two employees and their job performance could be affected. It is difficult for your medical assistants to work at top efficiency if conflicts arise in the office over matters such as vacation time, job responsibilities or authority. Ideally, every office should have a written office policy manual. This manual will not only help prevent such conflicts, but will be invaluable during vacation periods or unexpected absences, as well as an orientation aide to new employees. With an office policy manual in use, your medical assistants will not need to come to you. They can refer to the manual for answers. Guidelines for your employees in a formally stated office policy manual should be one of your priorities this year if you have not already incorporated one into your practice.

Job descriptions should be detailed and listed by area. A simple way of doing this is to divide your job descriptions into three categories: administrative, clinical and general duties. After the "what" section of the job description has been outlined, the "how" of each duty needs to be written. Be sure to explain where and how supplies are ordered and where they are stored. The names, addresses and telephone numbers of suppliers should be included. List the major pieces of equipment with serial numbers, where purchased and names and phone numbers of servicing agents. Explain your billing and collection procedures fully. Keep a check list for daily, weekly, monthly, quarterly and yearly duties you expect of your medical assistants.

Pay raises, both merit and cost of living, salaries, medical benefits, life insurance and retirement programs, paid holidays, sick leave, maternity leave, emergency leave, hours of employment, length of time for lunch and breaks (if any) and jury duty

need to be clearly stated. Vacations are usually taken by seniority, but this also needs to be stated in your office policy manual with the hiring dates of each employee listed.

Another area, very important today, is continuing education for your employees. You may wish to encourage this in your employees so they will not stagnate on their jobs. Perhaps you should consider two or three days per year for educational seminars or workshops. Many physicians now recognize this need for continuing education and are stipulating a stated amount each year to be used for this purpose.

Staff responsibilities such as relationships between staff, between physician and office manager, who does what and when, who makes necessary decisions when doctor is not in — all need to be defined in your manual. Don't forget to state your telephone policies, how to handle telephone emergencies, personal phone calls, patients using the office phone.

How do you want your patients' charts prepared — do you have an adequate filing system? How do you want your patients prepared for physical examinations? These procedures could be listed in steps to be followed by your medical assistants. Have you considered regular staff meetings with open discussion? What is your attitude about future job references when an employee leaves or is terminated? What is your "notice upon quitting or firing" policy?

This list of items to be included in your policy manual goes on and on. Your manual should be tailored to your practice and your staff. Having a policy manual in your office can state your policies without a single word spoken from you and can help maintain a cooperative working relationship among your employees at all times. **DOES AN OFFICE POLICY MANUAL NOT DESERVE A PLACE IN YOUR OFFICE?**

Mary Ann Matherne
Publicity Chairman



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A summary of AMA, medical & health news

CONTROLS NO IMPACT SAYS STUDY

The hospital controls bill cannot be considered an "anti-inflationary tool" because it would have no significant stabilizing impact on the economy, according to a study by Data Resources, Inc. The study, commissioned by Hospital Affiliates International, projects that at most the Administration's proposal would reduce the annual rate of inflation by one-tenth of one percent over the next five-year period. The Administration terms the bill its main weapon in fighting inflation in the general economy.

VE CHARTBOOK AVAILABLE

A "Voluntary Effort Chartbook" was distributed by the AMA to state, metropolitan county and national specialty society executive directors. The book was prepared by the American Hospital Assn. Office of Research Affairs and is intended to serve as a source document on the economic environment surrounding hospitals. It identifies factors accounting for increases in hospital expenses and reports on trends in hospital finances. Copies of the *Chartbook* are available for \$4 each from the AHA, Order Dept., 840 N. Lake Shore Drive, Chicago, Ill. 60611. Refer to Item 1118.

JCAH OPPOSED TO ROUTINE TESTS

Responding to widespread misunderstanding, the Board of Commissioners of the Joint Commission on Accreditation of Hospitals said the JCAH is opposed to routine clinical lab tests or x-rays as part of normal hospital admissions requirements. The board noted that "Hospital Accreditation Program standards do not mandate routine clinical laboratory tests or x-ray examinations for hospital admission. . . JCAH would expect any blanket testing requirement to be appropriate under only the most extraordinary circumstances, clearly justified by a demonstrable benefit to patient health and safety, by statute, or by risk management consideration."

FEE/COST BOOKLET FOR PHYSICIANS

"Physician Fee and Cost Indicators," a booklet presenting a step-by-step method to help individual physicians manage their practices more efficiently and restrain fee increases, is available free of charge from the AMA. The booklet offers a dual system — the Physician's Fee Index and the Physician's Cost Index — for measuring the rate of a physician's fee increases against other economic gauges, such as the Consumer Price Index, and for measuring the physician's rate of increase in direct and overhead expenses. To order write P.O. Box 821, Monroe, Wis. 53566.

AMA COMMENDS HEW PROGRAM

The AMA commended an HEW program to broaden efforts to reduce alcohol abuse. HEW Secretary Califano said the program will focus special attention on alcohol problems of teenagers and women and calls for increased efforts by physicians to educate their patients on alcoholism. The AMA said it has long recognized alcoholism as a disease and supported efforts to improve communication about and treatment of alcohol-related problems. The House of Delegates has approved numerous policy statements supportive of the goals of the HEW program. The AMA has produced guidelines for assessing alcoholism and has published a *Manual on Alcoholism* for use by physicians.

NLRB APPEALS HOUSESTAFF RULING

A federal court ruling that the National Labor Relations Board was wrong in 1976 when it decided that interns and residents are students and therefore not covered by the National Labor Relations Act has been appealed by the NLRB. In 1977 the AMA testified before Congress that housestaff physicians are both employees and students. The AMA witness said, "Recognition of the need for educating the physician beyond medical school does not detract from the resident's employee status, but only acknowledges the dual role of the physician during this period."

AMA TO OPERATE EXHIBITS

The AMA will operate two mobile exhibits this fall as a pilot project to further increase communications and direct contact with physicians throughout the country. One van will feature AMA services, benefits, and activities and will promote membership in cooperation with local medical societies. The second van, operating in a different geographical area, will display information from health-related fields. The two vans will visit hospitals, clinics, medical centers, and similar institutions. The activity is expected to be self-supporting. For more information contact the Marketing Services Division, AMA Headquarters.

BOEING REVIEW PROJECT BRINGS WSPRO INTO PRIVATE SECTOR

Reprinted by permission of the WESTERN JOURNAL OF MEDICINE, Washington State Edition. Article by Jean Knights, WSMA communications director.

The Boeing Company has watched with growing concern over the past several years as annual premiums for its employees' health care coverage have become a major cost of production. In 1979 the company expects its health premium bill to exceed \$90,000,000 for its 70,000 employees in the Puget Sound area.

To find out if all that money is well spent, Boeing more than a year ago asked the Washington State Professional Standards Review Organization (WSPSRO) to review the quality and necessity of care in the approximately 12,000 annual hospitalizations of Boeing employees and dependents.

WSPSRO members earlier this year agreed by an 89 percent affirmative vote to undertake such a review. There are several other PSROs around the country involved in reviews for private companies, but the agreement with Boeing marks WSPSRO's first entry into the private sector.

The board of directors of WSPSRO has created a separate non-profit organization called "Professional Review Organization (PRO) for Washington" to carry out the review, according to Dr. Donald J. Hesch, WSPSRO president. PRO's board will have many of the same directors as WSPSRO, but PRO will additionally have the support of an advisory group of physicians, and representatives of Boeing, insurance (Aetna and King County Blue Shield policies cover most Boeing employees) and hospitals to assess the development of the program.

Dr. Hesch said that a primary reason to form a separate corporation was to safeguard the confidentiality of Boeing patients' review data. "We are setting up a separate computer system so that data generated from Boeing employees cannot be mingled with our data on Medicare, Medicaid and Title V patients," he declared. "We are entering this venture on the basic premise that all Boeing data is privileged information and that the federal government will not have access to it."

While Boeing requested the review because of its concern over costs and WSPSRO reviews for quality/necessity of care, Dr. Hesch acknowledged that the two areas are now overlapping. "WSPSRO can't control costs, but we do recognize that efficient use of health care resources is part of quality of care. Unnecessary utilization can certainly translate to unnecessary costs. However, when utilization is cut we may be getting to the fine line of rationing, and we are opposed to that kind of cost control."

Recently, WSPSRO completed an admissions validation study in which 5,000 charts in 113 hospitals around the state were examined to determine if they met WSPRO's criteria for admissions. The hospitals themselves had already reviewed and certified that the admissions were appropriate. After review, WSPSRO found itself in agreement with the hospitals in 98 percent of the cases. "When we start with such good figures, it's hard to improve further," Dr. Hesch said. Furthermore, the majority of the charts were on Medicare patients, a group in which inappropriate admission might be more likely than in other segments of the population, he said. He explained, "There is sometimes a tendency with some physicians to respond to a family's desire to hospitalize an elderly patient for other than purely medical reasons; for example putting a patient in the hospital until a nursing home can be found."

"In Boeing's case, we could expect that workers would only want to be hospitalized when absolutely necessary and would want to be discharged as soon as possible," Dr. Hesch commented. Given that probable scenario, he expects that the Boeing Company will find the benefits of a traditional utilization review system aren't worth the expense. Therefore, a move forward to a focused review system seems inevitable.

The Boeing review is slated to begin in late May or early June and will involve 22 hospitals in the area between Tacoma and Everett. The actual review process will be a mirror image of the usual WSPSRO criteria. The Boeing review will involve

WSPSRO physicians and hospital utilization review and medical audit committees. A chart by chart review will be conducted on all Boeing patients and there will also be reviews of aggregate data collected by the PRO.

In contrast to WSPSRO's findings on federal patients, findings on Boeing patients will be advisory only to the fiscal intermediary. If a WSPSRO review says that care was inappropriate or unnecessary, the fiscal intermediary is required by law to refuse to pay the bill. If such cases are found in the Boeing review, it will be left to Aetna and Blue Shield to decide whether or not to pay.

Although the Boeing review will be small in comparison to the more than 220,000 federal charts reviewed by WSPSRO annually, Dr. Hesch believes it is significant for a couple of reasons. "Boeing is now treating health care services like any other

product they buy; they've awakened to the fact they were paying out a lot of money without really knowing what they are getting," he said. "But the fact that they have chosen WSPSRO to find out about the quality and necessity of care for their employees indicates a vote of confidence in the PSRO program as administered in the state of Washington. They see it as a reasonable alternative to implementing their own review system."

He does not believe that the findings will diffuse the furor over health care costs, however. "I think what we'll show is that we're doing a high quality job for the amount of money we're spending, he said. "In discussions about costs, doctors are really finding themselves in a dilemma: we have pledged to do everything possible for the patient, but we are now faced with the unpleasant reality of society saying it can't afford all that we can do."

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Public Health/School Committee

SCHOOL MEDICAL REPORT FORM BEING REVISED

The Public Health/School Health Committee has been working with the Tacoma School District, Health Department and other groups to revise the School Medical Report form in use in our community for several years. Reproduced below is a copy of the current draft of the revised form. Physicians who wish to comment on the revised

format of the form are asked to respond in writing to the medical society office, attn. "Medical Report," prior to Friday, July 27. The Public Health/School Health Committee will meet on Monday, July 30 at 7:00 a.m. at Tacoma General Hospital to finalize the form.

HEALTH REPORT

For the specified activities, any examination within previous 12 months should suffice. Any new variation or condition since the date of last examination must be brought to the attention of the physician. Complete all sections of form.

THIS SECTION IS TO BE COMPLETED BY THE PARENT OR GUARDIAN BEFORE EXAMINATION BY THE PHYSICIAN. PLEASE PRINT.

Last Name _____ First _____ Middle _____ Birthdate: Month/Day/Year _____ Sex: F or M _____ Name of School or Camp _____

Name of Parent or Guardian _____ Address _____ Zip _____ Home Phone _____ Work Phone _____

Usual Physician or Source of Health Care _____ Phone _____ Dentist _____ Phone _____

CIRCLE PURPOSE(S) OF REPORT: SCHOOL: Preschool, Kindergarten, Elementary School, Jr. High, High School. To enter grade _____ September 19 _____

ATHLETICS: baseball, basketball, cross country, football, gymnastics, soccer, swimming, tennis, track, volleyball, wrestling.

OTHER: day care, developmental center, child study, park board recreation, boys club, camp, lifesaving, other (specify) _____

IS THERE ANY ILLNESS OR HANDICAP, or other situation which might affect performance? (Please explain)

CHILD HAS OR HAD THE FOLLOWING: Circle the appropriate item(s), and explain on the right. Name other doctors important in child's care.

SKIN: acne, eczema

VISION: glasses, contacts

HEARING: aids

NOSE: bleeding

MOUTH: dental decay, orthodontia

LUNGS: asthma, bronchitis

HEART: congenital, rheumatic

GASTROINTESTINAL: ulcer, colitis, hepatitis

GENITOURINARY: kidney or bladder

Menstruating, if female: Yes () Not ()

Has child had: rubella (), mumps (), chicken pox (), whooping cough ()

ORTHOPEDIC: fracture or sprain, scoliosis, congenital hip

NEUROLOGICAL: convulsions, meningitis, cerebral palsy

METABOLIC: diabetes

BLOOD: anemia, sickle cell disease

ALLERGIES: food, insect, pollen, contact, drugs, other, (specify) _____

HOSPITALIZATION(S): (Year & Reason) _____

OPERATION(S): (Year & Reason) _____

HANDICAP: physical, mental, behavioral, social, learning, hearing, vision, speech, hyperkinesia

(), chicken pox (), whooping cough ()

Diphtheria, Tetanus, Pertussis (DTP) or adult diphtheria Tetanus (dT)	1	2	3	4 or more	Last Immunization	DTP, DT, Td* (circle dose given)
Oral Polio Vaccine (OPV)						OPV
Rubella (7 day or hard measles)					Immunization report need not be completed if a separate immunization certificate is being submitted at the same time.	Rubella
Rubella (3 day, mild or German measles)						Rubella
Mumps						Mumps

I certify that to the best of my knowledge the information given above is accurate and the immunizations checked have been received.

Date _____ Signature: Parent or Guardian

THIS SECTION TO BE COMPLETED BY THE PHYSICIAN. PARENTS SHOULD BE PRESENT.

Date of examination _____ Height _____ Weight _____ Blood pressure _____ Hearing: Right/Left _____ Hematocrit _____ Hemoglobin _____ Urinalysis _____

Vision: Right 20/____ Left 20/____ Vision corrected: Right 20/____ Left 20/____
 glasses, contacts (circle which)

CIRCLE ABNORMAL AREAS. DISCUSS AT RIGHT

Appearance: Scalp _____ Throat _____ Genitalia _____
 Development: Head _____ Chest _____ Back _____
 Nutrition _____ Lungs _____ Extremities _____
 Acne _____ Nose _____ Heart _____ Neurological _____
 Rashes _____ Eyes _____ Abdomen _____ Dental _____
 An additional narrative report is attached or will be forwarded. Yes () No ()

INTERVAL NOTE: SIGNIFICANT HEALTH FACTORS SINCE DATE OF EXAMINATION.

REFERRAL(S): (Circle) Eye, Ear, Dental, Orthopedic, Other (describe) _____
 Please name other doctors: _____ Parents need help to obtain _____

ASSESSMENTS NEEDED IN SCHOOL OR OTHER FACILITY: Learning, Speech, Psychology, Occupational therapy, Physical therapy, Speech therapy, Guidance. If child should be considered for treatment, please request appropriate referral form. If child should be considered for special education, please indicate. (A summary of special education eligibility categories is provided on the reverse of the second copy of form.)

MEDICATIONS REQUIRED TO BE GIVEN IN SCHOOL OR OTHER FACILITY. Diagnosis _____
 Name of medication _____ Form _____ Dose _____ Time _____ Duration of prescription _____ Possible effects _____

RECOMMENDED PHYSICAL ACTIVITY: Full day care, preschool, school, physical education, sports or camp activity.
 Interscholastic athletics. If wrestling, not to go below what weight? _____ lb.
 Modified or restricted activity (describe): _____

Date signed _____ Next recommended date of examination _____ Signature and Title _____

Prepared by the Medical Society of Pierce County in cooperation with Tacoma and Pierce County preschools and schools, Tacoma-Pierce County Health Department, Department of Social and Health Services, child care, youth and camping organizations. Printed through courtesy of Tacoma School District.

Original - parent or guardian; Copy - physician or health source

PHARMACISTS SHARE CONCERNS



Herman S. Judd, M.D.
Chairman, Physician-Pharmacy
Committee

At the June meeting of your Physician-Pharmacy Committee a number of problems were aired and discussed. Apparently a number of physicians do not realize that when they sign their prescriptions "substitution allowed" the pharmacist can only dispense the identical chemical equivalent. For example, a prescription for V-Cillin-K would require, if a substitution is made, penicillin V-K. Similarly, APC #3 could be substituted for Empirin Compound #3. In no way could Tylenol #3 be substituted as it is chemically different. We physicians should not write for a generic drug and then say "may substitute" because the pharmacist then has no substitution choice. Either write for the generic and sign "no substitution" or, preferably, write the brand name and then "substitution allowed."

Some problems have arisen for the pharmacists where the nurse signs the physician's name and then her name after it. This is likely to take up both signature spaces on the prescription blank and the pharmacist won't know whether a substitution is allowed or not. By the same token, the writing of more than one prescription on a single prescription blank can cause confusion. It takes a little more time to write individual prescriptions for each drug but it is safer, easier for the pharmacist (particularly if refills are permitted), and in the case of controlled substances, more than one prescription on a single blank is probably illegal.

It may seem that this meeting was heavily dominated by the gripes of the pharmacists but if you review some previous reports of our meetings, we physicians have had our suggestions to the pharmacists too. I think it is wise for us to remember that generic drugs may or may not be of proper quality. Certainly the FDA cannot exercise quality control on every manufacturer of every batch of drug produced. The name companies such as Squibb, Lilly, Lederle, Roehrig, Mead Johnson, etc. constantly exercise quality control. In my mind it just doesn't stand to reason that you can buy from a mail order firm a drug for \$3.00 that costs \$22.00 from an established pharmaceutical house. Somewhere some corners had to be cut and you can bet that much difference in cost can't be due to advertising or detailing. It has to be quality and, probably, content amount.

Other suggestions coming out of our long meeting: If you use preprinted prescription pads remember that the patient can change the number of pills or capsules ordered — particularly with controlled substances. It is best to write out the number. Otherwise, in an order of 12 percolan, for example, a patient can add a zero to the 12 and it looks like 120! In the case of samples left by detail men, a good idea is to write down for the patient how to take the sample. People forget and unless they have it in writing, they can make a mistake which can be serious.

Watch out for your DPA prescription blanks. They are being stolen and forged every day. And when you phone a prescription for a DPA patient, please tell the pharmacist so he will use the right blanks and not have to redo his prescriptions at the time of dispensing.

And finally, please remember that your committee wants your input — questions, problems, and/or suggestions. This is the meat that we thrive on and try to digest in order to improve our interprofessional relations and, at the same time, our patient care. Communications have come from the Ethics Committee and the Grievance Committee and we respect these and do our best to help, if we can, solve the problems brought to our attention.

Impaired Physician Committee

HELPING THE IMPAIRED PHYSICIAN

The Medical Society of Pierce County, under the leadership of Dr. Ken Graham, has established a Committee for the Impaired Physician. Like other members of the human race, doctors are subject to the usual problems. So-called "impaired physicians" usually fall into three categories:

- Approximately 70 percent are involved with the abuse of alcohol and/or drugs.
- There is a smaller group of individuals whose primary problem is that of mental illness or senility.
- The third group consists of those unscrupulous individuals who, because of lack of a conscience, insist on flaunting the legal and ethical canons of our society and profession. This last category I will simply dismiss by saying that legal authorities should be left to take care of these individuals rather than the Impaired Physicians Committee.

The committee's main concern is the first and second categories of individuals. The committee's main purpose is to see that those individuals obtain appropriate treatment for their illness. One of our local psychiatrist members has graciously volunteered his services when necessary to help evaluate and obtain appropriate therapy for those who are mentally ill.

For the larger group, those who have problems with alcohol and/or drugs, there are a number of physicians on the committee who are quite well

informed about such illnesses and available resources for treatment. The committee also is in contact with a local Alcohol Anonymous group just for physicians which has recently been formed in Pierce County. The success rate in recovery for physicians is quite high. There are a number of excellent in-patient and out-patient programs available.

It is our hope that the individual with an alcohol and/or drug abuse problem will seek advice on his own. However, considering the natural history of this problem, this is not very realistic. Because of this, the committee has asked the chiefs of staff, chiefs of medicine, chiefs of surgery and administrators of the hospitals throughout the county to use this committee as a resource to help solve their administrative problems and help the impaired physician overcome his own personal problems.

The over-riding concern of this committee is that of helping fellow human beings who are also professional colleagues and who are about to lose their career, family and probably their life. However, there is an added bonus that with the malpractice and political realities being what they are, this should be of some benefit to the medical profession as a whole.

*Joseph F. Kramer, M.D.
Chairman, Impaired
Physicians Committee*

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WSMA ANNUAL MEETING SET FOR OCTOBER 4-7 IN SEATTLE

Risk management, certificate of need, right to privacy and new laws passed by the recent state legislature will be discussed at the WSMA annual meeting, October 4 through 7. The four-day meeting, open to all WSMA members, will be held at the Washington Plaza Hotel in Seattle.

Scientific sessions are scheduled for Friday, October 5, and Saturday, October 6. Specialty scientific sessions on October 5 will include emergency medicine, internal medicine, pediatrics, psychiatry, radiology and surgery.

On October 6 specialty sessions will be held on allergy, anesthesiology, internal medicine, ophthalmology and psychiatry. Ten to twelve out-of-state guest speakers will participate in the programs.

The Year Of The Child will be highlighted by six specialities devoting a portion of their programs to the care of the child. Scheduling will be staggered to allow attendance at each specialty society session devoted to this subject.

Spanning both October 5 and 6 will be four

two-hour seminars on "Improving the Skills of the Family Practitioner in Interviewing, Diagnosis and Management of Psychiatric Patients." Dr. Burton Reifler and Dr. John Brinkley of Seattle will moderate the sessions in cooperation with Dr. Stephan Billstein, associated director, Health Information and Services, Roche Laboratories, San Francisco. Pre-registration forms will be mailed to WSMA members later this summer.

An outstanding selection of scientific exhibits will be shown during all four days of the WSMA annual meeting. No commercial exhibits will be included in the meeting this year.

The deadline for county delegations to submit memorials, resolutions and amendments to the WSMA Constitution and Bylaws is August 15 for publication in advance copies of the House of Delegates book. Such material should be sent to the WSMA Central Office. Final deadline is September 12 for consideration by the House during the annual meeting without unanimous consent by the House.

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TEL-MED VOLUNTEERS THANKED

Tel-Med volunteers were treated to a delicious luncheon at Nikki Crowley's home in June, hosted by the auxiliary. This is another 'first' for us this year. Helen Whitney thanked all the volunteers for giving their time, and reminded us to please remember our scheduled days during the summer. Helen introduced our special guest, Phyllis Kaser, from the Medical Society office, and thanked her for her patience in teaching the new volunteers how to run the switchboard, and 'saving' us upon occasion. Thank you, Phyllis, and thank you auxiliary. It is nice to be appreciated! It was a lovely afternoon!

Kit Larson reports auxiliary is planning a "Medical - Run for Fun" project which is tentatively scheduled for April. This promises to be a good fund raiser as well as fun. So get out the old track shoes and get in shape. (To those of you who are already in "good shape," please ignore previous sentence!) More information will be forthcoming.

Any address or phone changes? Please contact Alaire Sheimo (phone 588-0134) before August 15 when the new membership booklet goes to press.

At the May auxiliary meeting Jo Roller, President, turned the gavel over to our new President Kit Larson. Kit was raised in "Palouse Country," Washington. She attended Washington State University at Pullman, where she met her husband, Vern. They arrived in Tacoma in 1962. Their family includes four children, ages 19-25. Kit has been active in our Pierce County Medical Society Auxiliary for quite some time, starting with the Telephone Committee. One of her special interests has been working with retarded and handicapped children in the school district. She also has worked for the Heart and Cancer Societies. Kit lists tennis as her "number 1 favorite" sport, and she's a great Sonics fan. She also enjoys interior decorating, and sewing. Good luck, Kit! We are with you 100 percent.

Joan L. Sullivan

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AD HOC COMMITTEE QUESTIONED

To the Editor:

The following statements are in response to a letter in the June 1979 BULLETIN written by the Ad Hoc Committee For A Better Pierce County Medical Bureau.

1. The Ad Hoc Committee For A Better Pierce County Medical Bureau was self appointed and not appointed by the President of the Board of Trustees of Pierce County Medical Bureau.
2. The questionnaire upon which their conclusions are based certainly was not presented objectively.
3. A Special Pierce County Medical Bureau Board Meeting was held in March 1979 with the Ad Hoc Committee For A Better Pierce County Medical Bureau and anyone else the committee wished to invite. The committee voiced various complaints pertaining to the Bureau. Subsequently, appropriate action has been taken by the Board of Trustees of Pierce County Medical Bureau concerning these complaints.

I oppose the resolution for a Total Plan Review as proposed by the Ad Hoc Committee For A Better Pierce County Medical Bureau for the following reasons:

1. As a responsible Board member and responsible Board member and responsible participating member of Pierce County Medical Bureau, I feel we should know why a Plan Review is being asked, and if there are inefficiencies we should have specific documentation of this.
2. Pierce County Medical Bureau had a Total Plan Review in November 1973 which lasted until April 1974.
3. Pierce County Medical Bureau is audited regularly by Blue Shield, Washington Physicians Service, the government, and the accountants, Peat, Marwick, Mitchell & Co. in Seattle.
4. A Total Plan Review would cost in the neighborhood of \$25,000.

Sincerely,

Wayne A. Bergstrom, M.D.

Member, Board of Trustees of
Pierce County Medical Bureau

NO RESPONSE

To the Editor:

It is almost inconceivable that about all of the

medical care ultimately given in the United States pivots about the physicians and yet financially we are such a little part of the entire care cost. Yet, as pointed out in the following excerpt of a "Memo To The Membership" of the American College of Radiology (by Harold N. Schwinger, chairman of the Board of Chancellors of that body), we are blamed for most of the financial woes of medical care in this county.

"I attended a recent meeting called by the Health Care Financing Administration to deal with a proposed survey of office and hospital-based physicians, practice costs, incomes, and related practice characteristics. There were representatives of 17 other specialty societies at this meeting, which was chaired by an economist of HCFA's research office. The atmosphere was not particularly congenial. Aside from general comments made by the other participants regarding the inaccuracy of prior survey data, the problems of confidentiality of the material requested, the potential hazard of FTC action notwithstanding the fact that these data are being requested by another governmental agency, serious questions were raised by me and others regarding the methodology utilized for obtaining what is considered to be 'hard' data but really turns out to be extremely 'soft' data.

"This becomes a serious matter since other agencies within the HEW use these data as a basis for policy and decision making. I noted that the questions in the proposed survey questionnaire relating to radiology would give inadequate data and probably misleading information since the questions were not at all properly focused. I also indicated that the formula of the physicians economic index, which is used as a basis for updating annually Medicare reimbursement allowances, was totally inaccurate in regard to radiology since the initial weighted item in the formula assumes a 40 percent overhead for radiology. Obviously, if the initial factor is incorrect, the end result, barring a most fortuitous counterbalancing of the other factors which would have to be incorrect in the opposite direction, must be finally incorrect.

"In chatting with a representative of HEW, we discussed the cost of health care. I posed the question as to what percentage physicians fees were of the total health care budget. The reply was about 2% or a little less. I then questioned whether eliminating physicians fees totally or doubling them would have any significant impact on the total health care budget and their reply was 'probably not.' So, I asked: Why then are we the whipping boys?" There was no response."

Sincerely

Kenneth E. Gross, M.D.

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE



Robert C. Winegar, M.D., Orthopedics. Born in Detroit, Mich. 2/3/47; medical school at Loyola University Stritch School of Medicine, 1970; internship at Tampa General Hospital, Tampa, Fla., 1970-71; residency at Madigan Army Medical Center, 1974-78. Licensed to practice medicine in the State of Washington, 1972. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, Lakewood General, Puget Sound, St. Joseph, Tacoma General. Dr. Winegar is practicing at 1420 4th S.E., Puyallup.



John J. Crossen, M.D., Nutrition. Born in Chicago, Ill. 3/28/32; medical school at Loyola University Stritch School of Medicine, 1957; internship at Mercy Hospital, Buffalo, N.Y., 1957-58; residency at Cook County Hospital, Chicago, Ill. 1960-63. Dr. Crossen is practicing at 11202 Bridgeport Way S.W., Lakewood.

SECOND NOTICE



William M. Dean, M.D., Urology. Born in Des Moines, Iowa, 7/6/46; medical school at University of Nebraska, 1972; internship at Oakland County Hospital, Ca., 1972-73; surgical residency at Oakland County Hospital, 1973-74; urology residency at University of New Mexico Medical Center, 1975-78; Nephrology Fellow at University of Washington, 1974-75. Licensed to practice medicine in the State of Washington, 1974. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Dean is practicing at 408 South K Street, Tacoma.



Charles R. Ray, M.D., Orthopedic Surgery. Born in Santa Rosa, California, 7/4/45; medical school at Creighton University Medical School, 1971; internship, straight surgery, Madigan Army Medical Center 1971-72; residency, orthopedics, St. Mary's Hospital-Medical Center, San Francisco, 1975-78; graduate training, Scoliosis and Spinal Fellowship, Duchess of Kent Children's Hospital, Hong Kong, 1978. Licensed to practice medicine in the State of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Doctors, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Ray is practicing at 212 South J Street, Tacoma.

**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.

Internist seeking Tacoma based practice opportunity. Graduate of University of Minnesota, 1965; internship at Cook County Hospital, 1965-66; residency at Mayo Graduate School of Medicine, 1974-77. Instructor in internal medicine, Mayo Medical School, and consultant in internal medicine at Mayo Clinic, 1977. List #701.

Ophthalmologist interested in sub-specialty of retinal and vitreous diseases. Graduated from Stanford Graduate School of Engineering with Master of Science Degree in Mechanical Engineering, 1969. Graduate University of Minnesota Medical School, 1973. Internship at Hennepin County General Hospital, 1973-74; residency at Stanford University Medical Center 1974-77. Received Weseley Award for outstanding Stanford resident in ophthalmology in 1977. Retinal and Vitreous Fellow at Massachusetts Eye and Ear Infirmary and Harvard Medical School Department of Ophthalmology, 1978. Received teaching appointment, Harvard Medical School, 1978. Vitreous Fellowship at Duke University Eye Center, January, 1979-present. Available after June 30, 1979. Listing #601.

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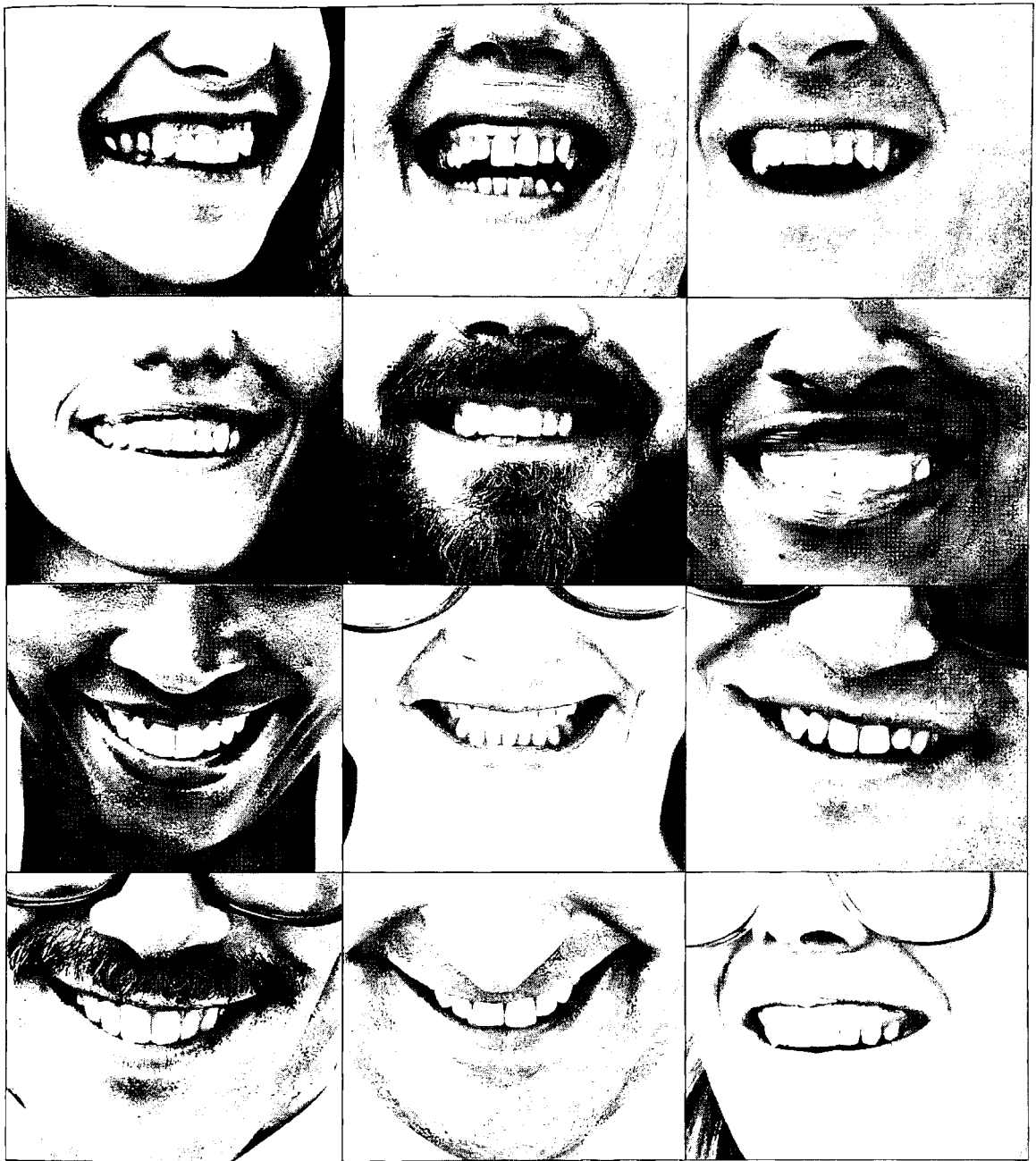
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*Equivalent to penicillin V.

Additional information available to the profession on request.



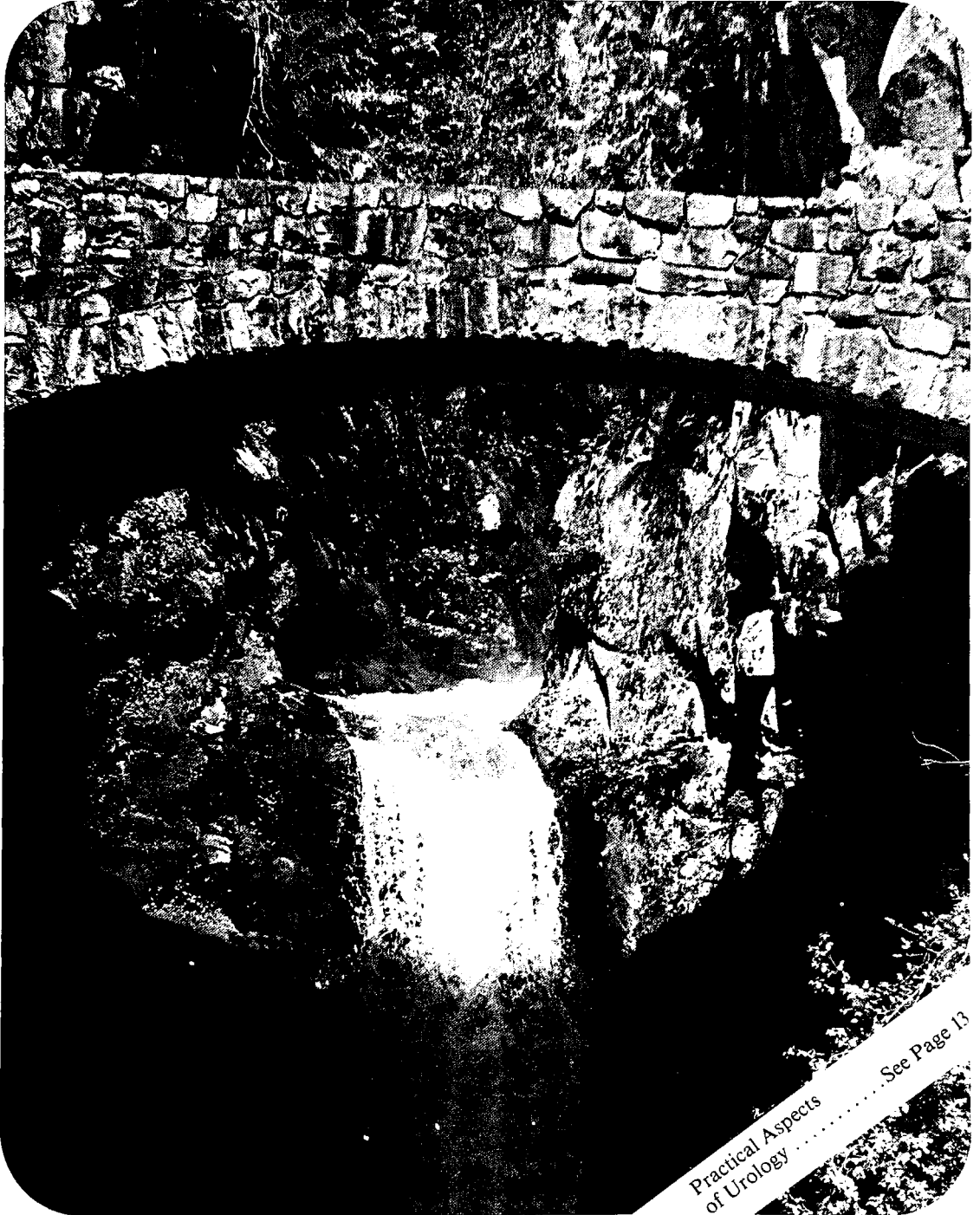
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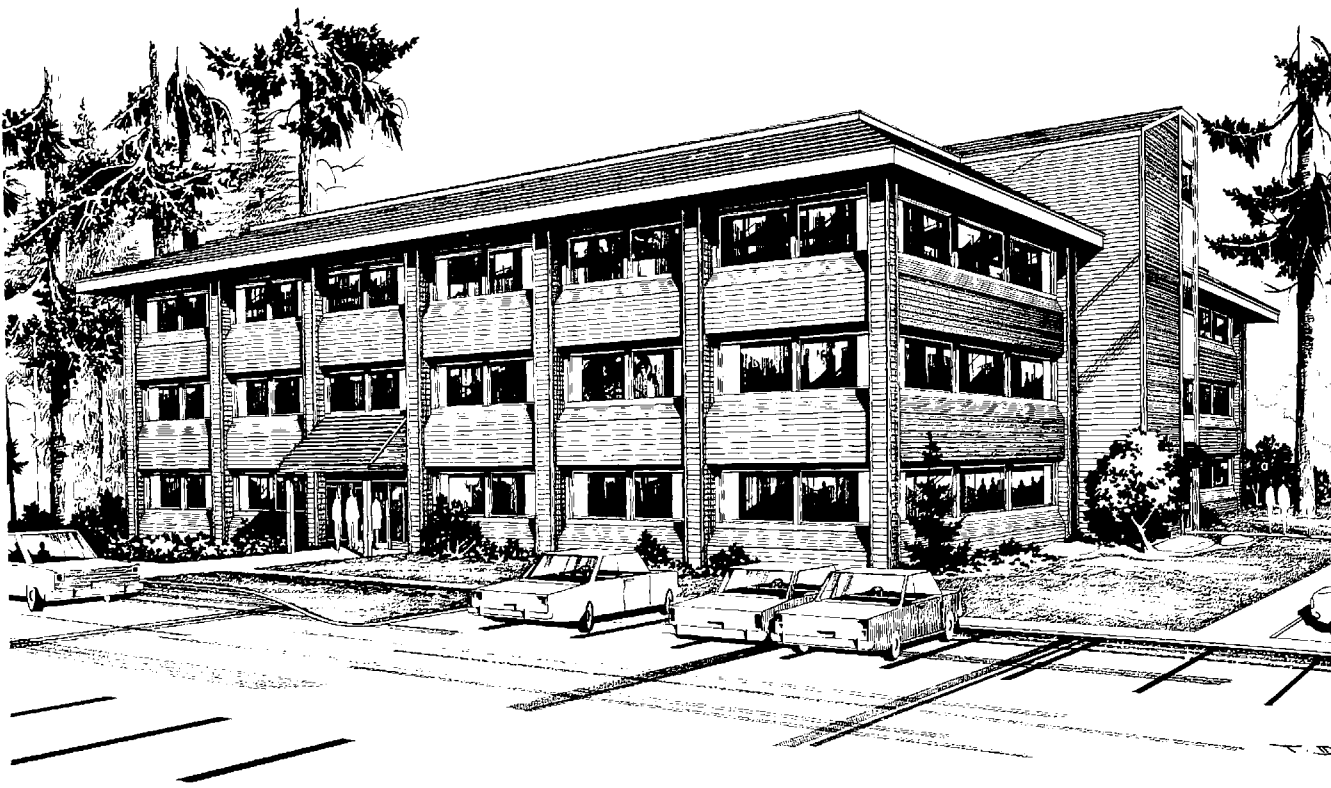
Medical Society of Pierce County

AUGUST 1979 VOL. LI. No. 8, Tacoma, Washington



Practical Aspects
of Urology See Page 13

BULLETIN



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Based on patient abstinence one year after treatment. Survey Source: Facts Consolidated, Los Angeles, CA 1978.

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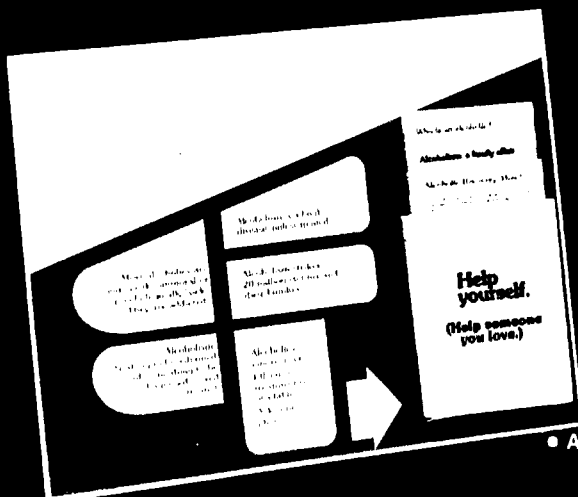
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UNDERSTANDING THE ROLE OF THE PATIENT

A person under medical or surgical treatment is a patient. There are different kinds of people with many different kinds of problems. A patient is still an individual, different from all other patients, but they all have common emotional reactions to illness, fear, anxiety, and stress. Medical assistants have to allay their uneasiness caused by apprehension of danger or misfortune. Any factor that disturbs the physical, psychologic, or physiologic equilibrium of a person's body may be stressful. It is a highly individualized experience. How we perceive and meet the situation is important. A patient expects the medical assistant to be:

- Professionally competent.
- Serious about her work.
- Understanding and accepting.
- Supportive in meeting their hygienic needs.
- Communicative with an interchange of information.

The duties and responsibilities of the medical assistant are critical and often result in the success or failure of her employer's practice. Our concern as medical assistants is to build a good, working system in our offices with the biggest "C" being COMMUNICATION among all who have a role to play in the welfare and health of the individuals involved. People relate to people and to you. The tone of public relations is set through you as a medical assistant. You carry in your hand the power to develop and promote a better understanding of the medical profession. A friendly smile, honesty, consideration, human kindness, sympathy, and a sensitivity to special needs and special purposes are a part of your make-up as a medical assistant.

We are all persons. A patient is out of his element; you are in yours. Correct treatment of the patient is vital to your office and good diplomacy. Strive to put your best foot forward, portray your professionalism. Without this you are nothing but a clerk. Always be calm and understanding. Adjust to the situation at hand. And, always remember the patient has the right to a clear and precise explanation if questions are asked (as long as you don't overstep the bounds of your knowledge and capabilities).

Take time to be clear, concise, and courteous. Help to educate. Don't use abbreviations. Listen to the patients, look at them! Your actions and your manners communicate a measure of your

professionalism in your work. Whenever possible, on the job or off the job, read, listen, and study. Learn as much as you can. We are all in the people business, how you as an individual conduct yourself determines your success and also your employer's continued success.

We must work together and respect each other. It is our philosophy that determines whether we can be a good member of a team and work towards a common goal — that of the welfare of our patients. Coming together is a beginning. Keeping together is progress. Thinking together is unity, and working together is success. Do not assume, but share with patients to find their immediate needs and always remember that "a smile is a curved line that sets a lot of things straight."

Mary Ann Matherne
Publicity Chairman

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MBI: GROWING TO SERVE YOU

Kenneth D. Graham, M.D.

There is no column from your president in this issue of the *BULLETIN* (I am sure all readers will heave a collective sigh of relief). Instead, I have asked Dr. Dick Bowe, a member of our society's Board of Trustees and current president of our subsidiary corporation, Membership Benefits, Inc. (MBI), to provide you with a report on the latest developments of MBI.

I hope you all have experienced a pleasant summer with fun vacations and are ready to enter into the flurry of activities that begin in the fall . . .

KDG

I am pleased to report that Membership Benefits, Inc. — comprising our Placement Service and Credit & Collection Service — has completed its first six months of operation and is growing to provide services to additional physicians. As Dr. Graham reported to the members of the society before the first of the year, the Board of Trustees, following consideration of the benefits to be derived from such a program, agreed to establish a Credit & Collection Service to complement the Placement Service established by board action in 1977. Upon advice of legal counsel and our accountant the existing and new services were established under a new corporation, Membership Benefits, Inc. In addition to its immediate tax related benefits, this allows the society to have a mechanism for future services that may be established for members.

We have had good initial physician response to the new Credit & Collection Service. Today over 90 physicians are participating in the service and we are providing services to a local medical laboratory, dentists and others.

The Service's first collector was hired in late April and we made our first collections payments to participating physicians in June. The MBI Board of Directors, comprised of myself and Drs. Graham, Charles Reberger, Lloyd Elmer, and Dick Ohme, anticipate that the Collection Service will continue to increase its collections to participating physicians and others.

As Ken pointed out in his letter to the membership introducing the service, a society

sponsored Collection Service is able to return to you more of each dollar collected — 71 cents per dollar collected as opposed to the usual 50 cents per dollar collected on accounts of \$10.00 or more — than is the case with commercial collection agencies. In addition, the service provides you with good control of your accounts and is directed by your colleagues thus insuring preservation of our professional image in the community.

Susan Thornton, CMA-C, director of MBI, has visited many of your offices to explain the varied benefits of this service. These activities are continuing and we hope that if your office has not already done so you will contact Susan for a presentation.

The medical society's Placement Service was established early in 1977. It has proved to be a popular and dependable source of qualified candidates for job openings in our offices. Dentists, as well, have used the service. As you know, the Placement Service will work with you on full time, part time or temporary assignments for front or back office personnel.

The Board of Trustees, in establishing the subsidiary corporation, approached the issue on two points: Would the new Credit & Collection Service provide a service of value to the membership, and did the service have the potential for generating non-dues income that would help reduce the need for future dues increased to support medical society programs?

In 1978, its second year of operation, the Placement Service made a modest contribution to medical society reserves. While we anticipate a first year deficit for MBI, taking into account the expenses normally associated with establishing a new enterprise, we are hopeful that in the future MBI will show a good return on our investment.

I strongly urge you to use the services of Membership Benefits, Inc. MBI's success is our success both in respect to the collection and employment services provided to our offices and in respect to broadening the society's financial base to further our other programs.

Please do not hesitate to contact me or the other members of the MBI Board of Directors should you have any comments, questions or concerns regarding Membership Benefits, Inc.

RGB

Society News Briefs

A summary of Medical Society, and local medical and health news

COME MOVES TO MEDICAL SOCIETY

The College of Medical Education has moved into the Medical Society of Pierce County offices at 705 South 9th, Suite 203. The move was made late in July. The office relocation was undertaken as part of a program to provide closer coordination between physicians and the physician and hospital sponsored college. COME Executive Director Maxine Bailey and the society's CME Committee are finalizing 1979-80 COME course offerings. A preliminary schedule is listed on page 12 of this issue of the BULLETIN. COME hours of operation are from 8:30 a.m. to 4:30 p.m., Monday through Friday. The college's new telephone number is 627-7137.

The following physicians are members of the Society's CME Committee: Drs. Marcel Malden (chairman), Toshio Akamatsu, Theodore Apa, Robert Scherz, Edmund Kanar, Robert Ettlinger, Alan Tice (co-chairman, Program Planning), Robert Modarelli (co-chairman, Program Planning), Thomas Clark (chairman, Category I Program Review), Donald Mott, Roger Meyer, Herbert Zimmermann, Jr., Robert Scherz, Carl Gerber, Joseph LaTona, Ronald Anderson, John Flood, and Dudley Houtz.

Those interested in specific aspects of the society's continuing education program are urged to contact the members of the CME Committee or the office of the College of Medical Education, 627-7137.

SEPTEMBER GENERAL MEMBERSHIP MEETING OUTLINED

Members of the society who will attend the September 11, 1979 general membership meeting will hear a presentation by Stevens Dimant, M.D., on "Doctor in Africa," elect members at-large to the society's Nominating Committee, and be provided with a report from the Board of Trustees on the status of the College of Medical Education. The meeting will be held at the Iron Gate Restaurant and will begin with a social hour at 6:15 p.m. Please return your meeting reservation form to the medical society office as quickly as possible.

COMMUNICATIONS SURVEY RESPONSE GOOD

Over 130 physicians have returned their Communications Committee survey questionnaires. Tabulation of the questionnaires and preparation of the Speakers Bureau is underway. If you would like to participate and you did not return your questionnaire, please contact Jeanne Judd at 588-2186. The Speakers Bureau is being established under the direction of the Communications Committee. Your help will be greatly appreciated.

SOCIETY MEMBERS TO SHARE IN DIVIDENDS

Members of the society and WSMA insured under the Aetna Professional Liability Insurance Program in 1978 will share in dividends approximating \$901,000 this year. This return is a result of the agreement between WSMA and Aetna which limits the Aetna underwriting profit to 5 percent and which speeds up the return of any excess premium to physicians. Dividend checks will be distributed through each physician's local Aetna agent in August. The dividends, by premium classification, are expected to be as follows: Class I (\$56.00), Class II (\$99.00), Class III (\$110.00), Class IV (\$273.00), Class V (\$341.00), Class VI (\$409.00), Class VIII (\$545.00).

It is anticipated, reports the WSMA, that the Aetna Board of Directors may also approve a resolution which will result in members receiving approximately \$960,000 as a share of Aetna investment income. The amount may be increased by the return of some 1979 lost savings, but this has not been determined actuarially. If these funds become available, they likely will be distributed in December, 1979.

HEALTH CARE REPORT FORM FINALIZED

The revised Health Report Form, produced with the assistance of the Tacoma School District, was finalized at a July 30 meeting of the Public Health/School Health Committee. The form is now in production at the Tacoma School District and supplies may be obtained by contacting the district.

SALARY SURVEY RESULTS AVAILABLE

Results of the salary survey of physician office personnel are now available from Membership Benefits Inc. The survey, conducted by the medical society's Placement Service, provides salary and fringe benefits information gathered from local offices. Physicians may obtain a copy of the survey results by calling the Placement Service at 572-3709 or by writing 705 South 9th, Suite 202, Tacoma, WA 98405. Survey results will be sent to the physician's home to ensure confidentiality.

TACOMA GENERAL MEDICAL OFFICE BUILDING



408 South K Street
Tacoma, Washington 98405
June 28, 1979

Howard H. Wonb, M.D.
Michael Soronen, M.D.
315 South K Street
Tacoma, Washington 98405

Gentlemen:

It is with sincere pleasure that I welcome you to the Tacoma General Medical Office Building.
Tacoma General Hospital, serving the community in high quality primary, secondary and tertiary care, and Mary Bridge Children's Health Center, providing health care for all children, are but two of the immediate facilities.

As you know, there are all-weather tunnels to both hospitals. Services and regional programs in cardiology, obstetrics, gynecology, oncology, perinatology and neonatal care are offered in the immediate area. Covered parking and neonatal care are offered in the immediate consideration of your patients.

I believe all things considered, Tacoma General Medical Office Building offers more!

Sincerely yours,

Orlando Ruggiero
Orlando Ruggiero

OR:RER

... all
things
considered

For further information on the Tacoma General Medical Office Building, call Orlando Ruggiero collect, **206/272-7055**, or write:

Orlando Ruggiero, Leasing Agent
c/o Puget Sound Medical Office Building
408 South K Street
Tacoma, Washington 98405

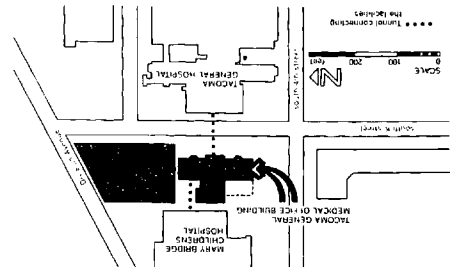
- Leasing Conditions
- Purchase information
- Other

Name _____

Address _____

City _____ State _____ Zip _____

Signature _____



COUNTY-WIDE BLOOD PRESSURE PROGRAM TO BE EXPANDED BY DEPARTMENT

The Tacoma-Pierce County Health Department has had a Community High Blood Pressure Control Program since October 1976 which has attempted to coordinate the activities of all those agencies and individuals in the community offering blood pressure screening and follow-up into a more cohesive group.

At this time the health department sees a need for expanding its efforts to provide a much more comprehensive service to the people of Pierce County.

There are several excellent groups in the community which are doing blood pressure screenings. Through the EMS Council of Pierce County, many of the fire departments are volunteering to do this screening. We propose to continue supporting these and other efforts by providing publicity, educational materials and programs, a source for re-screening, and referrals to private physicians. We plan to develop a county-wide screening form that can be used by all cooperating screening programs. With such a form we would be better able to evaluate the effectiveness of our efforts. Along with other screening programs in the community, the Tacoma Pierce County Health Department will continue to have a Blood Pressure Clinic where screening, education, and referral to private physicians is stressed. We also plan on placing a greater emphasis on providing blood pressure screening and education in private industry.

Referral to private physicians is and will continue to be an important goal of our program.

The major problem in hypertension management is patient compliance. National statistics state that 50 percent of newly diagnosed hypertensives stop therapy within one year. As a result, we are interested in starting a comprehensive education program, set up either at the health department or at one of the local hospitals. It would be set up similar to the diabetic classes that are already offered. Perhaps three or four two-hour classes would be given covering the following topics:

1. Definition of hypertension
2. Effects of untreated hypertension

3. In-depth diet education
4. Treatment modes and importance of compliance

With the combined efforts from physicians and other community health sources, the most important aspect of the program, patient understanding and compliance, can be accomplished. We are interested in your comments and input into establishing this hypertension control program. Please direct your comments to Sharon Reinsvold, 593-4186.

Sharon Reinsvold, R.N.
Community Health Nurse

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Mark Hanks

Program Outlined

MEDICAL MARIJUANA PROGRAM EXPECTED TO BEGIN IN SEPTEMBER

Use of marijuana for certain medical purposes was approved by the 1979 Washington State Legislature with the passage of House Bill 259. The bill allows cancer patients suffering from nausea and other ill effects of chemotherapy to receive marijuana under a controlled substances therapeutic research program. While glaucoma patients and cancer patients receiving only radiation therapy may also be included, at this time research will be limited to those undergoing chemotherapy.

HB 259 calls for a research program because marijuana is classified as a Schedule I substance by the federal Food and Drug Administration, and therefore can be used only for approved research purposes. Since legislators passed HB 259, a state research protocol has been written; Drs. Fred Applebaum and Philip Greenberg, assistant professors in the University of Washington Division of Oncology, wrote much of the medical section of the protocol. Dr. David L. Dunner, chief of psychiatry at Harborview Medical Center and professor in the U.W. Department of Psychiatry and Behavioral Sciences, also helped write the protocol and agreed to be principal investigator for the program.

Dr. Dunner says the protocol has been reviewed and approved by the U.W. Human Subjects Review Committee, and he expects final approval by the FDA soon. As a result, the state program will receive pure supplies of the drug from the National Institute on Drug Abuse.

The principal active ingredient in marijuana is delta-9-tetrahydrocannabinol (THC). The research program is designed to determine the antiemetic properties of delta-9-THC when used with a placebo or with Compazine (prochlorperazine), a commonly used antiemetic drug. Patients will voluntarily agree to take the delta-9-THC, but they will not know whether they are taking it with a placebo or with Compazine.

Delta-9-THC will be administered in capsules to most patients, although cigarettes will also be available. Patients with a known sensitivity to Compazine will be able to receive Delta-9-THC alone.

Who May Participate

Any physician in the state who is caring for cancer patients undergoing chemotherapy is eligible to participate in the program. The program is expected to begin in September.

Dr. Dunner said that physicians wishing their patients to be included in the program should call him (206-223-3404) or write to him (ZA-31, Harborview Medical Center, 325 Ninth Avenue, Seattle 98104). Forms will be sent to the physician which will include questions to be answered by the physician on the patient's past and present medical condition. The patient will fill out a personal medical history and answer questions regarding his psychiatric status. The patient will also be required to sign an informed consent form before he enters the program.

Once the forms have been returned, they will be reviewed by the patient qualification review committee composed of an ophthalmologist, oncologist, psychiatrist and radiologist. Dr. Dunner will be the psychiatrist member of the committee. "We have tried to devise the program so there is a minimum of paperwork for both physician and patient," he said. "We expect to process the forms quickly and have an answer to the physician within a week of receipt of completed forms. If there are no contraindications, the patient will be included in the program, and I will notify the state board of pharmacy to ship the drug to the physician."

Contraindications include pregnancy, cardiovascular disease and high bilirubin. Patients with a history of schizophrenia may also be excluded. Children under the age of five are excluded, and minors below the age of 18 must have parental approval.

Although there is a minimum of paperwork involved in participating in the program, Dr. Dunner said a condition of continuing in the study will be to keep proper medical records. Both physician and patient will be required to answer questions on the effects of the drug; the patient will be asked to keep a record of his own clinical response including the drug's effects on nausea and appetite and the "high" effect.

Since many cancer patients are middle-aged or older and probably have not tried marijuana before, Dr. Dunner recommends that the first trial of delta-9-THC be taken in the physician's office under his or her supervision. He noted that some studies have shown that patients get "high" or become confused when given an amount sufficient to have an antiemetic effect.

After an initial trial under physician supervision, patients may take the drug at home. They should be advised, Dr. Dunner said, to take the drug in the company of a family member or friend and they should not drive until 24 hours following the last dose of delta-9-THC.

Patients are to take the drug at the beginning of a course of chemotherapy and continue it at specified intervals throughout the course. Dosages, determined from other research studies, will be based on body surface. If there is no effect, the dosage may be increased, and if there is a deleterious effect, the dosage will be decreased.

Patients Needed To Answer Research Questions

One group of approximately 40 patient-volunteers hospitalized in one location will be studied to determine changes in blood level of the drug compared to clinical response.

Dr. Dunner anticipates that about 500 patients will be needed to statistically answer the program's research question on delta-9-THC's antiemetic effectiveness. He said, "We need that relatively large number because of the number of variables present: different kinds of cancers, different kinds of chemotherapies and different ages.

"The success of the program will depend very directly on the number of physicians and patients willing to participate."

Prime sponsor of HB 259 was Rep. Ted Haley of Tacoma, a physician. He said he introduced the bill "for humanitarian reasons and because of popular demand." He explained, "I heard from many cancer patients who told me of marijuana's antiemetic effects and who were distressed at having to obtain it illegally." Testimony by cancer chemotherapists and others convinced legislators that marijuana is a useful drug, he added.

Roger Roffman, University of Washington associate professor in the School of Social Work, was among those who testified for the bill. Roffman teaches UW graduate courses in alcohol and drug abuse and has been studying marijuana use for more than a decade. He said he lobbied for the bill "because I have seen so much suffering connected with chemotherapy that could be alleviated by this drug. I talked with many people who were undergoing chemotherapy who had used marijuana, and I began to realize it was indeed effective in combating nausea. I expect a lot of patients to be helped by legalized medical use of the drug. It definitely works, although not for everybody. But no drug

helps everybody." He has been named special advisor to the board of pharmacy for implementation of the new law.

Roffman recently wrote a pamphlet for patients entitled "Using Marijuana in the Reduction of Nausea Associated with Chemotherapy" that contains a detailed explanation of what patients can expect in using the drug. (The pamphlet can be ordered from Murray Publishing Company, 2312 Third Avenue, Seattle 98121.) He is now producing a flyer to brief physicians on the project; it and patient application forms will be available by early September.

He noted that the major known side effect of using delta-9-THC is intoxication. He said that the possibility of having a dysphoric experience ("bad trip") seems to depend on the "psychological atmosphere surrounding the patient. Patients who are fearful or ignorant about the drug have an increased likelihood of having a dysphoric experience; those who are well-informed about the drug and are relaxed are more likely to have a good experience."

Roffman said he hopes "the medical profession will recognize the unique nature of the drug and its usefulness to patient." He noted that 15 states will soon have medical marijuana programs, most of them involving research protocols. "Further research is needed," he acknowledged, "but marijuana's use as a folk medicine goes back more than 5,000 years."

At the end of 24 months, a report on the program will be submitted to the state legislature for its evaluation. Dr. Dunner said the report by this state program, along with other research reports, should answer questions about delta-9-THC's efficacy and could lead ultimately to the FDA changing its classification to a prescription drug.

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Continuing Medical Education Update

1979-80 COURSE SCHEDULE

**COLLEGE OF
MEDICAL
EDUCATION**



Category I

Date/Location	Course Topic	Coordinator(s)
September 21, 22 St. Joseph	PRACTICAL ASPECTS OF UROLOGY — NEPHROLOGY WITH EMPHASIS ON STONES	Robert Modarelli, M.D. Paul Schneider, M.D. (7 hours)
September 29 Tacoma General	CURRENT CONCEPTS IN THE MANAGEMENT OF COLO- RECTAL CANCER*	J. G. Katterhagen, M.D.
October 11, 12, 18, 19 Good Samaritan	PRACTICAL OFFICE MEDICINE FOR ALL PRACTITIONERS	Donald C. Weber, M.D. (8 hours)
November 3 Tacoma General	INFECTIOUS DISEASES	Alan Tice, M.D.
Date to be announced Puget Sound	THE GERIATRIC PATIENT	To be announced.
January 26 St. Joseph	RHEUMATOLOGY	Robert Ettlinger, M.D.
January 23 thru Feb. 1 Europe via Pacific Northwest Northwest Ski Assn.	CRITICAL CARE I	Toshio Akamatsu, M.D.
January (TBA) Lakewood General	OB-GYN	Tom Brown, M.D.
February 15 Tacoma General	PERIPHERAL VASCULAR DISEASE	Edmund Kanar, M.D.
March 9 thru 15 Lake Tahoe	CRITICAL CARE II	Toshio Akamatsu, M.D.
March 13, 14 Tacoma General (Auditorium)	TACOMA ACADEMY OF INTERNAL MEDICINE	Bruce Buchanan, M.D.
March 21, 22 Mary Bridge	A DAY OF PEDIATRICS	Robert Scherz, M.D.
April (TBA)	REGIONAL MEETING	Alan Tice, M.D. Robert Modarelli, M.D.
April 18, 19 (TBA)	TACOMA SURGICAL CLUB*	Lawrence Smith, M.D.
May (2nd wk) Sea-Tac Red Lion	AAFP — State Meeting*	Robert Klein, M.D.
May (TBA) Allenmore General	ENDOCRINE DISEASES	Ronald Graf, M.D.

Dates, times and topics are tentative and subject to change. Pierce County physicians will receive written information relative to each program approximately three weeks in advance.

* Not a College of Medical Education program

MEDICAL SOCIETY OF PIERCE COUNTY — SPEAKERS INVITED!!!!

CRITICAL CARE I — Europe via Pacific Northwest Ski Assn. (As scheduled above)

**For further information contact:
Toshio Akamatsu, M.D., 627-4101**

PRACTICAL ASPECTS OF UROLOGY-NEPHROLOGY WITH EMPHASIS ON STONES

CATEGORY I
Credits: 7 hours

As an organization accredited for continuing medical education, the College of Medical Education, Inc., certifies that this offering meets the criteria for seven credit hours in Category I for the Physicians Recognition Award of the American Medical Association and for the relicensure requirements of the Board of Medical Examiners of the State of Washington.

ALSO

*Accredited by the American Academy of Family Physicians for seven credit hours —
Category I (Prescribed)*

FOR PHYSICIANS

September 21 (Friday Afternoon) — September 22 (Saturday Morning)

Friday Afternoon

1:00 p.m. STONES IN THE TACOMA AREA
HISTORICAL & INCIDENTAL

Philip Grenley, M.D. Urologist, Tacoma

1:20 p.m. RADIOLOGIC NUANCES TO DIAGNOSING STONES

George A. Weis, M.D. Radiologist, Tacoma

1:50 p.m. CLASSIFICATION OF RENAL CALCULI

Jay H. Winemiller, M.D. Urologist, Tacoma

2:00 p.m. ENZYMATIC STONES

Paul D. Schneider, M.D. Nephrologist, Tacoma

2:30 p.m. IDIOPATHIC CALCAREOUS STONES

Robert O. Modarelli, M.D. Urologist, Tacoma

3:00 p.m. BREAK

3:15 p.m. STONES — URINARY TRACT INFECTION

Stan Kandzari, M.D.
West Virginia Medical Center

4:00 p.m. PANEL DISCUSSION: SURGICAL MANAGEMENT
OF STONE DISEASE

Robert O. Modarelli, M.D.
Moderator

USE OF STONE BASKET
NEPHRO-LITHOTOMY
URETHRO-LITHOTOMY

Ralph V. Stagner, M.D.
Robert W. Osborne, M.D.
Stan Kandzari, M.D.

Saturday Morning

9:00 a.m. MICROHEMATURIA

9:30 a.m. INTERSTITIAL NEPHRITIS

Paul D. Schneider, M.D. Nephrologist, Tacoma
Richard R. Paton, M.D. F.A.C.P.,
Chief, Nephrology Section
Virginia Mason Clinic

10:15 a.m. PROTEINURIA

John A. Kennedy, M.D. Nephrologist, Tacoma

11:00 a.m. QUESTION/ANSWER

Paul D. Schneider, M.D.
Richard R. Paton, M.D., F.A.C.P.
Robert O. Modarelli, M.D.
John A. Kennedy, M.D.

Program Coordinators:

Robert O. Modarelli, M.D., Thomas Clark, M.D., Paul D. Schneider, M.D.

SPONSORED BY:

The Committee for Continuing Medical Education of the Medical Society of Pierce County
College of Medical Education, Inc.

To be held at:

St. Joseph Hospital
1718 South 'I' Street
Tacoma, Washington

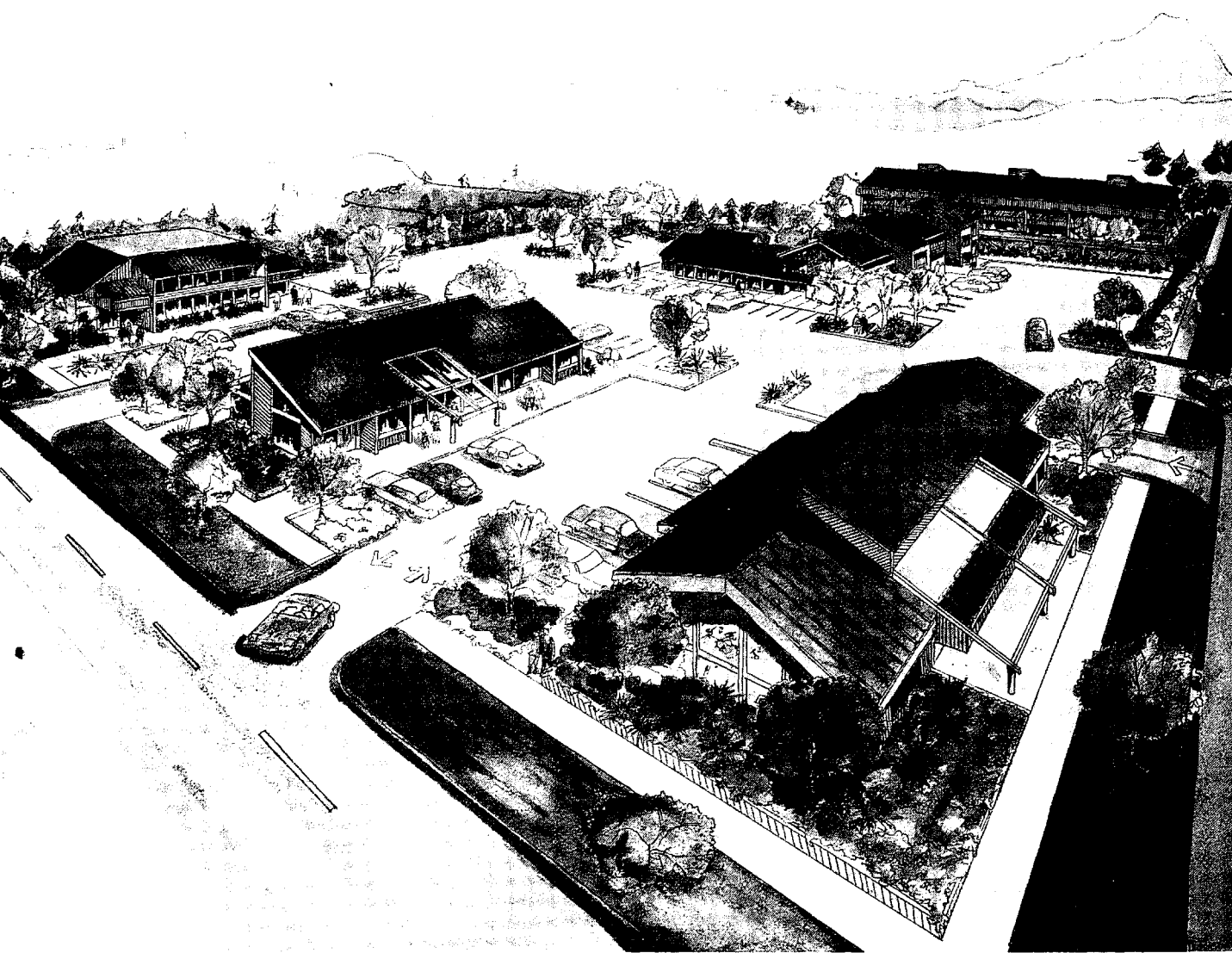


Registration fee: \$40.00. (Paid preregistration would be appreciated before September 18, 1979.) The 1979 CME assessment will apply.

This program is subject to cancellation if less than the minimum number of participants have registered by September 19, 1979.

Please address all registrations and correspondence to:

Maxine Bailey, Executive Director
College of Medical Education, Inc.
Medical Society of Pierce County
705 South 9th, #203
Tacoma, Washington 98405
Phone: 627-7137



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Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE



Peter J. Bertozzi, Jr., M.D., Pathology. Born in Groton, Mass, 7/2/45; medical school at University of Pennsylvania, 1971; internship at Peter Bent Brigham Hospital, Boston, 1971-72; residency at University of Washington (pathology), 1977-79. Licensed to practice medicine in the State of Washington, 1975. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Puget Sound. Dr. Bertozzi is practicing at 407 North Yakima, Tacoma.



Edward E. Tredget, M.D., General Practice. Born in Lacome, Canada, 5/1/52; medical school at University of Alberta, 1976; internship at Royal Columbian Hospital, New Westminster, B.C., 1976-77; residency (general surgery) at University of Alberta, Edmonton, 1977-78. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Puget Sound, St. Joseph, Tacoma General. Dr. Tredget is practicing at 3611 South D, Tacoma.



Vicente Lopez, M.D., Pediatrics. Born in Spain, 10/29/32; medical school at University of Barcelona, 1961, University of Burn, 1968; internship at Children's Hospital, University of Burn, 1962-63; research fellowship (pediatric immunology) University of Washington, 1969-71; residency at University of Washington (pediatrics), 1971-72. Licensed to practice medicine in the State of Washington, 1974. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Good Samaritan, Lakewood General, St. Joseph. Dr. Lopez is practicing at 23rd Avenue S.E. and Meridian Avenue, Puyallup.

SECOND NOTICE



Robert C. Winegar, M.D., Orthopedics. Born in Detroit, Mich. 2/3/47; medical school at Loyola University Stritch School of Medicine, 1970; internship at Tampa General Hospital, Tampa, Fla., 1970-71; residency at Madigan Army Medical Center, 1974-78. Licensed to practice medicine in the State of Washington, 1972. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, Lakewood General, Puget Sound, St. Joseph, Tacoma General. Dr. Winegar is practicing at 1420 4th S.E., Puyallup.



John J. Crossen, M.D., Nutrition. Born in Chicago, Ill. 3/28/32; medical school at Loyola University Stritch School of Medicine, 1957; internship at Mercy Hospital, Buffalo, N.Y., 1957-58; residency at Cook County Hospital, Chicago, Ill. 1960-63. Dr. Crossen is practicing at 11202 Bridgeport Way S.W., Lakewood.

Medical Society of Pierce County

705 South 9th Street • Suite 203 • Tacoma, Washington 98405 • (206) 572-3666

SEPTEMBER GENERAL MEMBERSHIP MEETING NOTICE

— THE PROGRAM —

"DOCTOR IN RHODESIA"

- Presentation by Stevens Dimant, M.D. (Illustrated)

SOCIETY BUSINESS MEETING

- College of Medical Education Status/Review of Board Action
- Selected Committee Reports
- Colo-Rectal Screening Program
- Election of Nominating Committee. The Nominating Committee will meet in October to select a slate of candidates for 1980 officer and trustee positions.
- WSMA report. State medical association issues of concern to Pierce County on the eve of the 1979 WSMA Annual Meeting.

DATE: Tuesday, September 11, 1979

TIME: 6:15 P.M. — Social Hour
7:00 P.M. — Dinner
7:45 P.M. — Program

PLACE: The Iron Gate Inn
8212 River Road, Puyallup

COST: Dinner (Chicken Breast Cordon Bleu)
\$7.75 per person

Register now. Space will be limited. Please complete the attached reservation form and mail it, with a check for the appropriate amount, to the Medical Society office. Or, call the office, 572-3667, to confirm your attendance.

Reservations must be returned to the Medical Society by no later than Friday, August 31.

REGISTRATION

Yes, I have set aside the evening of September 11 to meet with my colleagues to review issues vital to medicine and the Medical Society of Pierce County.

_____ Please reserve _____ dinner(s) for me at \$7.75 each (price includes tax and gratuity).

Enclosed is my check for \$_____.

_____ I regret I am unable to attend the dinner portion of the meeting. I will attend the program only at 7:45 P.M.

DR: _____

Telephone Number: _____

RETURN TO THE MEDICAL SOCIETY BY NO LATER THAN FRIDAY, AUGUST 31.

705 South 9th, Suite 203, Tacoma, WA 98405

Letters

LIFE SUPPORT BADLY NEEDED

To the Editor:

Kenneth Graham's excellent editorial "LIFE SUPPORT: ARE YOU READY?" in the July Bulletin points out a dangerous and embarrassing deficiency in medical education; most physicians do not receive adequate training in Life Support. While my son attended the University of Washington Medical School (class of '72), he begged in vain to receive this training, yet, at the same time, his instructors practically fought for the privilege to teach Life Support to policemen and firemen. I hope that today's medical students fare better in this respect.

I feel strongly that every person holding an M.D. degree, regardless of his or her specialty, should become and remain proficient in, at least, basic Life Support. Medical Schools should teach Life Support as a subject required of all students. Hospital staffs, or the College of Medical Education, or both, should hold annual one- or two-day courses, for physicians, in Life Support. These courses should be **practical**: exercises, not lectures! Unless we actually perform cardiac massage, intubation, mouth-to-

mouth breathing, the Heimlich maneuver, etc., we won't know how to do it "under fire", as Ken says, no matter how many lectures on the subject we attend. It's embarrassing for the medical profession when the fireman, arriving at the scene of a cardiac arrest, knows better how to handle this emergency than the physician.

Sincerely,
Gerhart A. Drucker, M.D.

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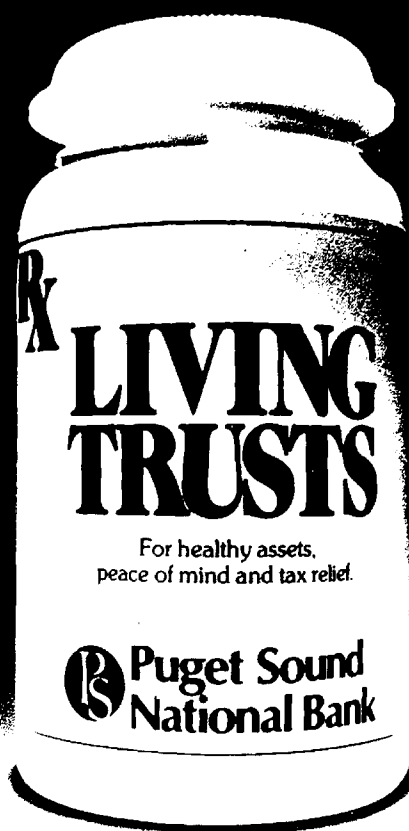
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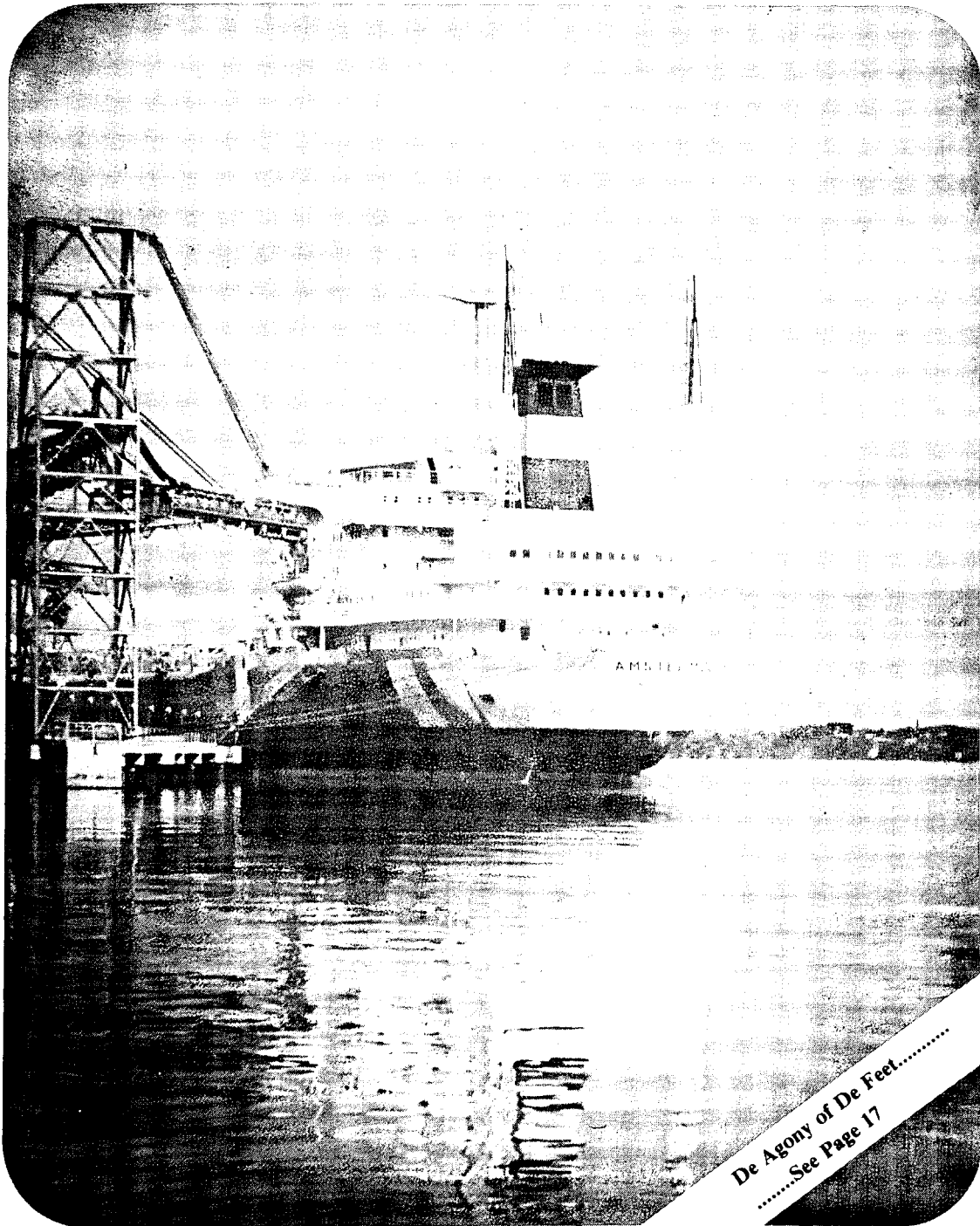
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SEPTEMBER 1979 VOL. LII, No. 9, Tacoma, Washington



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.....See Page 17

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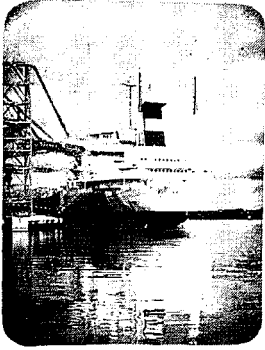
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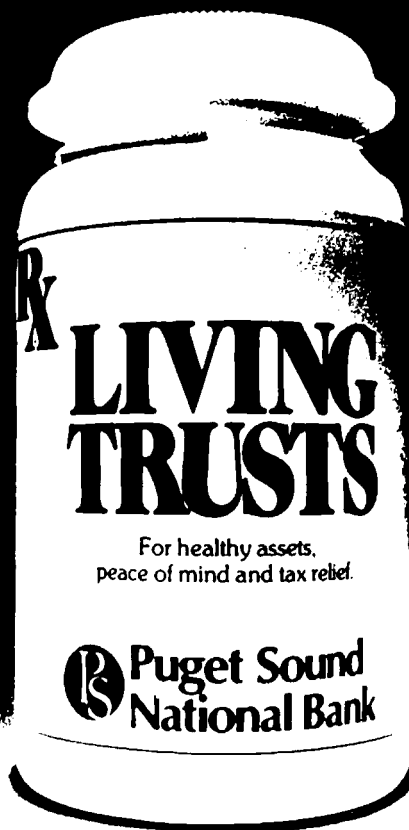
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WHERE DOES HEALTH FIT IN YOUR LIFE?

Today health has various meanings to different people. This is because health is not easily or wholly measurable, and it is comprised of different components. The modern concept of health reflects the total unity of man: the physical, mental, and social dimensions of living. My concept of health is in terms of an optimum state of living effectiveness. Health is construed to be a vital process that involves the whole person and his or her unique pattern of living.

Many closely interrelated factors play a vital part in the development and maintenance of sound health. Some of these influences are readily apparent: heredity, nutrition, rest, sleep, exercise, disease, fatigue, and accidents. Other factors are less obvious but nevertheless significant. These include the effect on well-being of aging, excesses of certain noxious substances, abnormal growth and development patterns, family instability, noise and vibration, and various glandular deficiencies. Current research in the biological and behavioral sciences is beginning to provide answers regarding how some of these factors relate to well-being.

Severe emotional shock, traumatic experiences, or situations involving persistent stress and conflict may produce serious and permanent effects. They may cause mental illness as well as a variety of physical symptoms. Since serious repercussions may occur years after the actual emotional experience, the patient and the physician may not recognize the connection between a disease and its psychological cause. According to reliable authorities, a great many individuals who seek medical advice and care do so because of emotional problems, some of which are long-standing.

Just as the emotions affect the physical state, the condition of the body likewise greatly determines the state of the mind. Exhausting work, especially performed under stress or tension, does much to influence social behavior.

It is more difficult to make the distinctions among the levels of good-to-optimal health than among levels of illness. Beginning at the lower end of the scale, however, the following characteristics identify each level: *critical illness* implies grave sickness approaching death; *major illness* is an incipient, subclinical, or manifest disease or disability of a serious, incapacitating nature; *minor illness* indicates a milder sickness or ailment. *Wellness* suggests degrees or levels of health, a state of being well that ranges from a suboptimal level of barely being well to high-level wellness or optimal health, which is the

realization of the full potentialities of the individual.

The emotionally or psychologically healthy individual is one who has learned to cope effectively with himself and his environment. Since the environment is in a constant state of flux and the individual is continuously developing and changing, psychological effectiveness or good mental health is an ongoing process and not a static achievement. The term "mental health" is really a description of behavior. If a person's social and personal behavior appears to be reasonably well integrated, he appears to be reasonably happy and society generally approves of his behavior. His means of coping with himself and his environment are looked upon as effective and he is said to be psychologically healthy or well adjusted.

Keeping your "head together," then, is a complex process involving ways of thinking, feeling, and behaving. It has a personal as well as a social dimension. The attitudes, ideals, values, and self-concept of the individual are involved along with the values, ideals, and customs of society. The congruence or reconciliation of personal attributes with cultural values involves learning. Learning to cope with oneself, relate effectively to others, and deal effectively with one's environment are lifelong processes.

Behaviors of importance to psychological or emotional health are learned and ineffective behavior can be modified by learning to behave in more satisfactory ways.

Optimal health is seldom attained and rarely maintained. Look about you. Observe yourself and others regarding health practices. How healthy are you? Do you consider yourself healthy when you only catch two colds a year instead of six? To what limits do you push yourself trying to keep up with job requirements or a social life?

Some of us already know our own limits, just how much pressure, both physical and mental, we can take before we reach the point of collapse. Do you recognize when you must stop before you can no longer maintain sound health? Do you ignore other symptoms of poor health until they can no longer be suppressed? Just because you may be a busy physician or medical assistant does not exclude you from the same penalties that others face when they ignore those warning signals. The management of your life can and will affect your mental as well as your physical health. Think about it. What kind of shape are you in?

Mary Ann Matherne
Publicity Chairman, AAMA



INVOLVEMENT MAKES THE DIFFERENCE

Kenneth D. Graham, M.D.

The past several months have been hectic and productive for the Medical Society of Pierce County. Gone are those halcyon days when the pace of our medical community noticeably slackened over the summer. This prompted the Board of Trustees to hold a retreat late in August to review our society's growth and other concerns as well. I've asked our Executive Director Tom Curry to recap for you some of the highlights of our meeting.

KDG

As the society enters what is traditionally its busiest period of the year, the board spent an evening in August to assess what has been accomplished thus far and to project a bit as to what may lie ahead. A variety of issues were addressed.

First, society activities have increased a great deal over the past several years. This growth has created additional responsibilities for many physicians; at the same time, it has created many opportunities for physicians to become further involved with the workings of organized medicine and to "market" the private practice of medicine.

A Joint Health Issues Committee with the Tacoma Area Chamber of Commerce has been established and is currently investigating how medicine and business can address the mutually burdensome issue of government regulation and such other issues as Workers' Compensation. This joint committee, under the chairmanship of Dr. Max Thomas, is off to a good start. By the way, I strongly urge all of you to join the local Chamber of Commerce where you practice. Physicians, after all, epitomize private enterprise and your investment in the business community as an active participant can reap considerable benefit in the future.

The Health Planning Liaison Committee has been monitoring health planning issues in our community and has been instrumental in helping to place several members of the society on local planning bodies. The Medical Society-Hospital Liaison Council has met numerous times over the past twelve months to explore how the society and local hospitals can work together. The establishment of the Medical Society-Hospital COME Consortium is a case in point and, as reported to the membership at the September

general membership meeting, this arrangement bodes well for the future of local, physician controlled Continuing Medical Education that's inexpensive, convenient, and pertinent.

The Senior Citizens Committee has met with senior citizen representatives and plans to meet with nursing home administrators to assess how the society can address issues in this area. The Jail Health Committee, Medical-Legal Committee and Physician-Pharmacy Committee have all opened avenues to other organizations with which the profession shares mutual problems.

As Dr. Dick Bowe reported in the BULLETIN last month, the Placement Service and Credit & Collection Service are providing tangible benefits of membership that will assist your practice. The Patient Referral Service responds to an average of 25 telephone calls per day from people seeking medical care in the community. The consolidated medical society-hospital credentials process, administered from the society office, eases new physicians' access to the medical community. In this regard, the Credentials Committee is meeting regularly with applicants to explain the society and answer questions.

The Grievance Committee continues to mediate patient complaints. The Ethics Committee provides a useful mechanism to protect the integrity of the profession. Tel-Med is responding to over 4,500 telephone calls per month from patients and neighbors who want to know more about medical or health matters. This is excellent public relations for the profession.

The Communications Committee is establishing the Speakers Bureau (over 135 physicians responded to the recent survey regarding their interest in serving on such a bureau). Committee Chairman Jack Kornberg is also a member of the newly established WSMA Communications Committee which is working to improve county-state coordination in public relations activities and which is actively pursuing the challenge of "putting medicine's best foot forward." The WSMA committee is modeled after our own committee of the same name.

Earlier this spring the society's staff moved into new quarters which provide additional and badly needed space to house the Tel-Med Society, Membership Benefits, Inc., and the College of Medical Education. It also provides a convenient conference room for small committee or other meetings, including auxiliary. In addition, a number of procedural and administrative refinements have been made to increase the effectiveness of the office. We have a fine office, one which reflects the professionalism of the medical community and staff.

An important issue addressed at the board's retreat dealt with current and future fiscal obligations the society faces. We must strike a balance between our budget and the programs and services the society can offer. The society's level of reserves, various commitments, and current dues structure are being evaluated carefully by the Budget Committee. The committee will report to the Board of Trustees on these matters as it prepares its recommendations for the 1980 budget.

Additional time was spent reviewing other topics including the society's increasing influence through the state medical association and our representation on the WSMA level by Drs. Early, Hopkins, May and Tuell and the 15 other local physicians* who serve on numerous WSMA councils and committees.

If you think all of this represents a thinly veiled pitch for your support of and involvement in the Medical Society of Pierce County, you're absolutely right! Your county medical society-and the WSMA

and AMA-uniquely embraces all physicians. Only organized medicine can represent the profession efficiently and effectively, and the county, state and national associations remain an excellent value. Your continued and increasing involvement will ensure greater effectiveness.



Tom Curry

One additional thought: the College of Medical Education is off to a productive year. The September Practical Aspects of Urology program, coordinated by Dr. Bob Modarelli, was successful, and Dr. Don Weber and his colleagues in the valley have worked with COME to put together a fine program to be held at Good Samaritan Hospital, October 11-12 and 18-19. This will be a needed and informative program. Tacoma physicians are especially invited by their valley colleagues to attend. I hope to see you there.

TJC

*The following physicians currently represent Pierce County on WSMA councils and committees: Drs. Bryan Archer, Ben Blackett, Tom Clark, Ted Haley, Bill Jackson, John Kanda, Marcel Malden, Roger Meyer, Ray Miller, Don Mott, Stan Mueller, (chairman, Medical Aspects of Sports Subcommittee), Robert Scherz, Robert K. Smith, David Sparling (chairman, Medical Advisory Subcommittee on Developmental Disabilities and Special Education), and George Tanbera.

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As of September 21, 1977, the state legislature dramatically changed the lawful way of prescribing drugs and of writing a prescription. Until then, writing the brand name of a drug on the prescription was enough to ensure that the brand-name drug

would indeed be dispensed. Now the state legislature has changed the law again so that, unless the physician takes the necessary extra steps, for many drugs the pharmacist **must** substitute a lower-cost "equivalent" generic drug if he has it in stock.

Key points for the physician in writing prescriptions

- "If a written prescription is involved, the form shall have two signature lines at opposite ends on the bottom of the form."
- "Under the line at the right side shall be clearly printed the words 'DISPENSE AS WRITTEN'. Under the line at the left side shall be clearly printed the words 'SUBSTITUTION PERMITTED'."
- "The practitioner shall communicate the instructions to the pharmacist by signing the appropriate line. No prescription shall be valid without the signature of the practitioner on one of these lines."

NOTE:

- "If an oral prescription is involved, the practitioner or the practitioner's agent shall instruct the pharmacist as to whether or not a therapeutically equivalent generic drug may be substituted in its place."

The diagram shows a rectangular box representing a prescription form. At the top, there is a horizontal line. Below this line, the word "Rx" is printed. At the bottom of the box, there are two horizontal lines. The line on the left is labeled "substitution permitted" and the line on the right is labeled "dispense as written".

The decisions the physician must make

The physician must acquaint himself with the mandated prescription form illustrated on the preceding page.

There are *two* lines for the prescriber's signature. The prescription will be filled generically unless the physician signs on the line stating "dispense as written." Only by signing on the right

side can the physician ensure that the brand-name drug will be dispensed.

If the physician elects to permit substitution, he must indicate this by signing on the line marked "substitution permitted." Sixty percent of the wholesale cost savings must be passed on to the consumer by the pharmacist.

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SPECIAL MEETING WITH SCHOOL OFFICIALS COVERS HEALTH RECORDS, IMMUNIZATION AND OTHER ISSUES

The Public Health/School Health Committee met with representatives of the school districts of Pierce County on August 15 to discuss concerns of the schools and to provide an opportunity to review positions which have been taken by the medical society. The conclusions of our meeting should be of interest to physicians and others caring for children. Here are the highlights of the meeting:

Health Record. A revised Health Report form has been approved by the society and is currently being printed, courtesy of Tacoma School District. This form may be used for pre-school, kindergarten, elementary school junior and senior high school, camping and athletic organizations and others requiring health reports on infants and children. We believe the revised form will be more generally acceptable. If modified or restricted activity is recommended on the form, please indicate the duration of restriction. One examination in any 12 month period should suffice. Copies of the form are available by contacting the district at 593-6960.

Immunizations. An immunization information booklet has been mailed to all physicians by DSHS. All health providers are required to give their patients records of immunizations administered. The individual immunization form is prescribed and available from the Tacoma-Pierce County Health Department. Immunization requirements are less than those recommended in the AAP Redbook; however, physicians are encouraged to assure that all of their patients have all recommended immunizations. Though we will necessarily be inconvenienced when our patients do not have or have lost their personal immunization records required for completion of school reports, physicians in Pierce County strongly support the full immunization program.

School and Sports Physicals. Physical examination requirements for school and sports were reviewed. In general, the schools recommend examinations at school entrance and at the fourth, seventh and tenth grades. Some districts have slightly different recommended schedules or have not enforced recommendations. One examination per year is appropriate at this time for all sports. In cases where families do not have a personal physician for their children, school representatives were again encouraged to use the Physician Referral Service of the Medical Society of Pierce County to obtain the names of physicians accepting children for care, and to use the Family Clinic, Eastside Clinic or Mary Bridge Children's Hospital if socio-economic screening is needed prior to referral for part-pay or non-pay medical care. The society has previously pointed out the disadvantages to patient and schools of "round-up"

examinations carried on without knowledge of the student's prior medical history and without parents present.

Handicapped Children. Evaluation of children suspected of handicapping conditions and being considered for special education must be completed within a reasonable time as prescribed by law and regulation. Referral, by physicians, of children probably in need of special education will be helpful, particularly if pertinent information is provided, and if parents are involved at the outset in transfer of information. When information is requested by the school, in order to develop a student's individualized educational plan for special education, replies should be prompt and pertinent in order that they may be included in the discussion. The presence of the physician at the ITT Conference may be helpful but necessarily will consume several hours of time. School nurses or other individuals identified in correspondence from the schools will in many cases transmit and interpret information provided by the physician. The schools are encouraged to always identify the school contact person when requesting information. The society encourages the schools to obtain relevant medical information, with appropriate consent of parents, on children being considered for special education. Physicians should be aware that current educational plans for handicapped children encourage their placement in the least restrictive environment, with special classrooms being utilized only when the resources of the child's regular classroom, plus resource room, are inadequate.

Back Screening. Pierce County has had a school back screening program which has been effective in most districts for longer than other areas of the state. This has resulted in a substantial reduction in the number of adolescents with scoliosis requiring surgery. Screening in parochial schools is voluntary while it is now mandated by state law in public schools. The society encourages those participating in the screening program to use the instructional course which is available through Dr. Robert Florence. Dr. Florence indicated at our meeting that under the new law more relevant statistics regarding the back screening program will be obtained and the program should be available more generally in all schools. Screening in elementary schools, in the fifth and sixth grades, still needs to be carried out more comprehensively.

Any questions regarding this discussion, or requests for more detailed information, will be welcomed by the committee.

David S. Sparling, M.D.
Chairman, Public Health/School Health Committee

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✓ **WITH PROFESSIONAL MANAGEMENT WHICH IS COMMITTED TO HELPING YOU IDENTIFY AND SATISFY YOUR INDIVIDUAL PRACTICE NEEDS AND GOALS**

- * Our emphasis is on providing personal service of lasting value to you
- * We are prepared to provide you free of charge personal consultation and complete information necessary for establishing your practice

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

(206) 383-2201

South 19th Street & Union Avenue
Tacoma, Washington 98405



**allenmore
medical
center**

A New RX for Past Due Accounts

CONSIDER THESE BENEFITS OF YOUR MEDICAL-DENTAL CREDIT AND COLLECTION SERVICE

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- Protection of your professional image.
- Trained, professional personnel working locally on your behalf.

These are important considerations to weigh when you select a collections service to handle your office's past due accounts. The Medical-Dental Credit and Collection Service, a new benefit of membership in the Medical Society of Pierce County, provides these services and more, **with no advance charge** to set up accounts. Call 572-3709 today for further information and assistance in bringing this new benefit of membership to your office.

The Medical-Dental Credit and Collection Service. Think of us as an extension of your office.



Medical-Dental Credit and
Collection Service/A Division of
MSPC Membership Benefits Inc.

Society News Briefs

A summary of Medical Society, and local medical and health news

PRACTICAL OFFICE MEDICINE CME PROGRAM SET FOR GOOD "SAM"

A continuing medical education program sponsored by the College of Medical Education offering a potential 13 hours of Category I CME credit will be held in October at Good Samaritan Hospital, Puyallup. The course, "Practical Office Medicine for all Practitioners," will be held on Thursday and Friday mornings, October 11, 12, 18 and 19, from 8 a.m. to noon. Topics to be covered include "Evaluation of Chest Pain: Office Work-up," "Arrhythmias and Their Etiologies," and "The Games Addicts Play." Dr. Don Weber, of Sumner, is program coordinator. Registration for the four-part course is just \$30.00. Paid pre-registration would be appreciated by the college before October 7. All Pierce County physicians are invited to attend. See page 17 for a complete outline of the course.

WSMA MEETING FEATURES RISK MANAGEMENT, OTHER KEY ISSUES

Risk management, public relations/communications, professional liability, and privacy are among key issues to be addressed at the October 4-7 WSMA annual meeting. MSPC President Dr. Ken Graham and Trustee Dr. Bill Jackson, will serve on WSMA Reference Committees A & D., respectively. Dr. Jackson will chair Reference Committee D. Concerned member physicians are encouraged to attend Reference Committee meetings to express their views regarding important issues facing medicine or to contact one of the MSPC delegates to the annual meeting. Reference committees will conduct hearings on Thursday, October 4, starting at 2 p.m.

PHYSICIANS INCREASE USE OF MEDICAL LIBRARY

Physician visits to the Pierce County Medical Library from January through June of 1979 totaled 1,245, an approximate 35% increase in visits over the comparable period of 1978. The library performed 194 literature searches (bibliographies only) over the first six months of 1979, a 44% increase over one-half of the 1978 total of 271 literature searches. For the first six months of 1979, 625 deliveries of library packages containing one or more items were made by the library's courier service to consortium hospitals in Pierce County.

PHYSICIAN USE OF COLLECTION SERVICE INCREASES

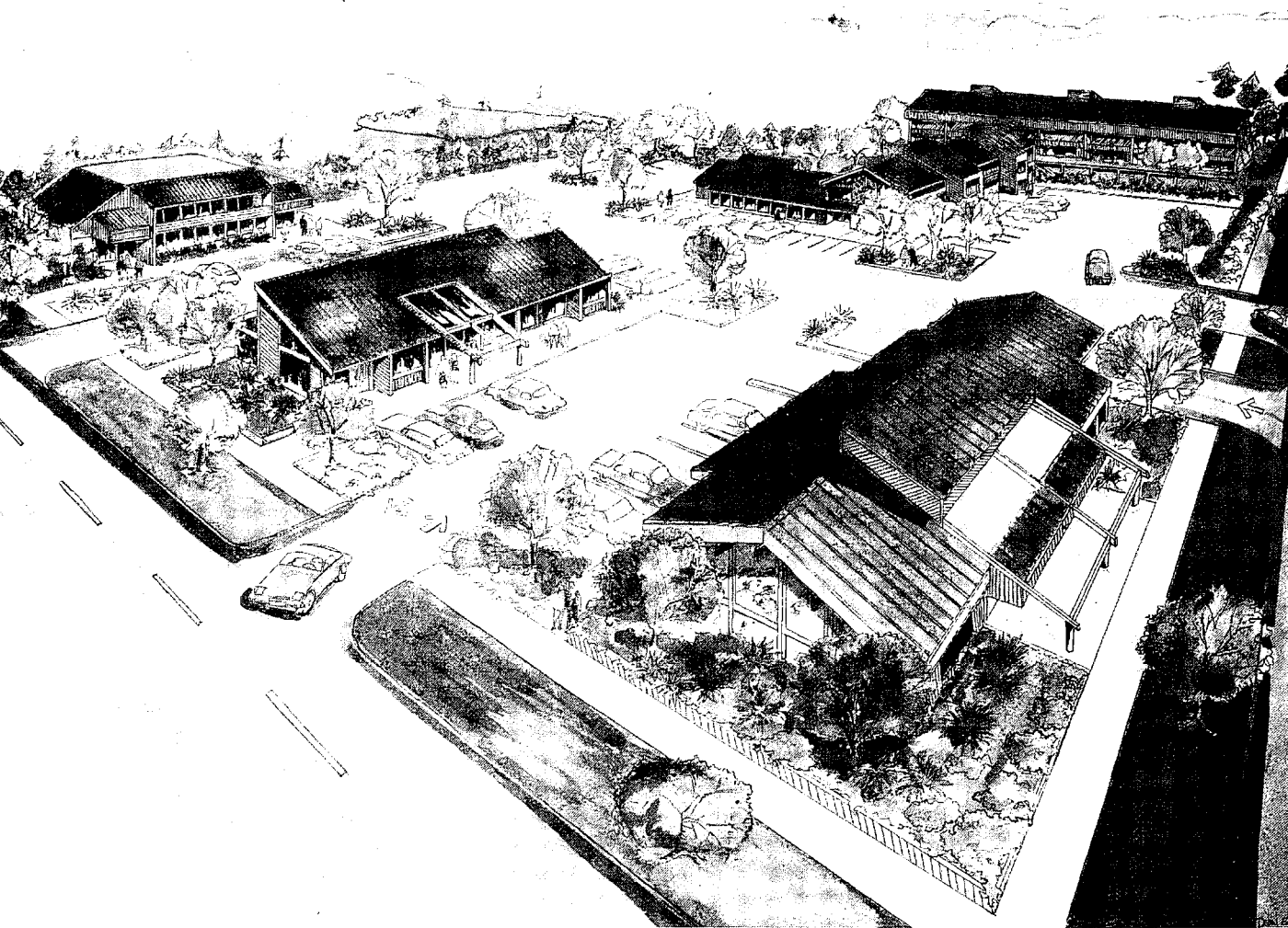
Physician response to the medical society's Credit & Collection Service continues to be strong. The number of physicians using this service and the value of accounts assigned for collection reached new highs in August. Susan Thornton, CMA-C, director of the Credit & Collection and Placement Services, is anxious to visit physician offices to explain the services' benefits and how participating physicians can improve their office collections procedures and reduce past due accounts receivables. For further information, call Susan at 572-3709. For qualified applicants for office staff positions, contact Rose Centeno, Placement Service counselor, at 572-3709.

LIBRARY LIAISON GROUP FORMED

The Pacific Northwest Regional Group of the Medical Library Association reports that initial steps have been taken toward establishing a Regional Group Liaison Committee to work with the Regional Medical Library in Seattle (Pacific Northwest Regional Health Sciences Library at the University of Washington). Marion Von Bruck, librarian of the Pierce County Medical Library, is serving as chairman of the new committee. The committee will be exploring ways in which cooperation and coordination can be improved between local medical libraries and the Regional Medical Library.

SENIOR CITIZEN GUIDE AVAILABLE FOR PHYSICIAN OFFICES

"Where To Turn," a handy guide to services and activities for senior citizens, is available in quantity without charge through the medical society office (call 572-3667). The easy-to-read brochure includes a listing of emergency numbers including a space for the physician's office and other telephone numbers. Also included are addresses and telephone numbers for general health care, home services, home health services, housing, case management, legal/consumer aid, meal programs for the elderly, social services and others. "Where To Turn" was produced by the Council on Aging.



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Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE



Steven S. Goluboff, M.D., Family Medicine. Born in Saskatoon, Canada, 9/7/48; medical school at University of Saskatchewan, 1973; internship at University Hospital, Saskatoon, 1972-73; residency at University of Toronto, 1973-75. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Goluboff is practicing at Tacoma Family Medicine, Allenmore Medical Center.



Richard T. Knudson, M.D., Pediatrics/Neonatology. Born in Libby, Mont., 11/17/46; medical school at University of Oregon of Medical School, 1972; internship at Tripler Army Medical Center, 1972-73; residency at Tripler, 1973-74; Fellowship in Neonatology, Tripler, 1974-76. Licensed to practice medicine in the state of Washington, 1975. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, Lakewood General, Mary Bridge, St. Joseph, Tacoma General. Dr. Knudson is practicing at Mary Bridge Children's Hospital, Tacoma.



Martin Schaeferle, M.D., Plastic Surgery. Born in Junction City, Ka., 1/10/43; medical school at University of Iowa College of Medicine, 1968; internship at Emanuel Hospital, Portland, Ore., 1968-69; residency at University of Utah College of Medicine, 1971-75, and Kansas University Medical Center, 1975-77. Licensed to practice medicine in the state of Washington, 1977. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Schaeferle is practicing at 1002 South 10th St., Tacoma.

SECOND NOTICE



Peter E. Bertozzi, Jr., M.D., Pathology. Born in Groton, Mass., 7/2/45; Medical school at University of Pennsylvania, 1971; internship at Peter Bent Brigham Hospital, Boston, 1971-72; residency at University of Washington (pathology), 1975-79. Licensed to practice medicine in the State of Washington, 1975. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Puget Sound. Dr. Bertozzi is practicing at 215 South 36th, Puget Sound Hospital, Tacoma.



Edward E. Tredget, M.D., General Practice. Born in Lacome, Canada, 5/1/72; medical school at University of Alberta, 1976; internship at Royal Columbian Hospital, New Westminster, B.C., 1976-77; residency (general surgery) at University of Alberta, Edmonton, 1977-78. Licensed to practice medicine in the State of Washington, 1978. Has applied for membership on the medical staffs of the following hospitals: Puget Sound, St. Joseph, Tacoma General. Dr. Tredget is practicing at 3611 South D, Tacoma.



Vicente Lopez, M.D., Pediatrics. Born in Spain, 10/29/32; medical school at University of Barcelona, 1961, University Burn, 1968; internship at Children's Hospital, University of Burn, 1962-63; research fellowship (pediatric immunology) University of Washington, 1969-71; residency at University of Washington (pediatrics), 1971-72. Licensed to practice medicine in the State of Washington, 1974. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Good Samaritan, Lakewood General, St. Joseph. Dr. Lopez is practicing at 23rd Avenue S.E. and Meridian Avenue, Puyallup.

Continuing Medical Education Update

1979-80 COURSE SCHEDULE

Category I

**COLLEGE OF
MEDICAL
EDUCATION**



Date/Location	Course Topic	Coordinator(s)
September 29 Tacoma General	CURRENT CONCEPTS IN THE MANAGEMENT OF COLO- RECTAL CANCER*	J. G. Katterhagen, M.D.
October 11, 12, 18, 19 Good Samaritan	PRACTICAL OFFICE MEDICINE FOR ALL PRACTITIONERS	Donald C. Weber, M.D. (8 hours)
November 3 Tacoma General	INFECTIOUS DISEASES	Alan Tice, M.D. (8 hours)
Jan. 12, 13, 14, 15 Puget Sound	THE GERIATRIC PATIENT	Edwin J Fairbourn (8 hours)
January 26 St. Joseph	RHEUMATOLOGY	Robert Ettlinger, M.D.
January 23 thru Feb. 1 Europe via Pacific Northwest Northwest Ski Assn.	CRITICAL CARE I	Toshio Akamatsu, M.D.
January (TBA) Lakewood General	OB-GYN	Tom Brown, M.D.
February 15 Tacoma General	PERIPHERAL VASCULAR DISEASE	Edmund Kanar, M.D.
March 9 thru 15 Lake Tahoe	CRITICAL CARE II	Toshio Akamatsu, M.D.
March 13, 14 Tacoma General (Auditorium)	TACOMA ACADEMY OF INTERNAL MEDICINE	Bruce Buchanan, M.D.
March 21, 22 Mary Bridge	A DAY OF PEDIATRICS	Robert Scherz, M.D.
April (TBA)	REGIONAL MEETING	Alan Tice, M.D. Robert Modarelli, M.D.
April 18, 19 (TBA)	TACOMA SURGICAL CLUB*	Lawrence Smith, M.D.
May (2nd wk) Sea-Tac Red Lion	AAFP — State Meeting*	Robert Klein, M.D.
May (TBA) Allenmore General	ENDOCRINE DISEASES	Ronald Graf, M.D.

Dates, times and topics are tentative and subject to change. Pierce County physicians will receive written information relative to each program approximately three weeks in advance.

* Not a College of Medical Education program

MEDICAL SOCIETY OF PIERCE COUNTY — SPEAKERS INVITED!!!!

CRITICAL CARE I — Europe via Pacific Northwest Ski Assn. (As scheduled above)

**For further information contact:
Toshio Akamatsu, M.D., 627-4101**

PRACTICAL OFFICE MEDICINE FOR ALL PRACTITIONERS

October 11, 12, 18, 19, 1979
Good Samaritan Hospital - Puyallup



CATEGORY I Credits: (Potential) 13 hours

As an organization accredited for continuing medical education, the College of Medical Education, Inc., certifies that this offering meets the criteria for thirteen hours in Category 1 for the Physician Recognition Award of the American Medical Association and for the State of Washington.

ALSO

Accredited by the American Academy of Family Physicians for thirteen hours Category 1 (Prescribed)

Thursday, October 11

8:00 a.m.	EVALUATION OF CHEST PAIN: OFFICE WORKUP	Eugene S. Lapin, M.D., Cardiologist, Tacoma
9:00 a.m.	TOTAL CARE OF THE BACK	John A. Blosser, M.D., Orthopedist, Portland
10:00 a.m. to 12:00 p.m.	OPTIONAL WORKSHOP: BACKSIDED MANEUVERS	John A. Blosser, M.D.

Friday, October 12

8:00 a.m.	THE GAMES ADDICTS PLAY	Billy Davis, Donald C. Weber, M.D., Family Practice Physician, Sumner.
9:00 a.m.	DE AGONY OF DE FEET	John A. Blosser, M.D.
10:00 a.m. to 12:00 p.m.	OPTIONAL WORKSHOP	

Thursday, October 18

8:00 a.m.	ARRHYTHMIAS & THEIR ETIOLOGIES	Gail B. Strait, M.D., Cardiologist, Tacoma
9:00 a.m.	OFFICE ANESTHESIA & REGIONAL BLOCKS	William R. Rinker, M.D., Anesthesiologist, Puyallup
10:00 a.m. to 11:00 a.m.	OPTIONAL: REGIONAL ANESTHESIA WORKSHOP	

Friday, October 19

8:00 a.m.	OFFICE DERMATOLOGY	David English, M.D., Dermatologist, Auburn — Puyallup
9:00 a.m. to 10:00 a.m.	CLINICAL TOPICS IN ARTHRITIS	John C. Doelle, M.D., Internist, Sumner

Program Coordinator: Donald Weber, M.D.

SPONSORED BY:

The Committee for Continuing Medical Education of the Medical Society of Pierce County
College of Medical Education, Inc.

To be held at:

Good Samaritan Hospital
Lutheran Home (adjacent to hospital)
Puyallup, Washington

Registration Fee: \$30.00

Paid preregistration would be appreciated before October 7, 1979.

The 1979 CME assessment will apply.

This program is subject to cancellation if less than the minimum number of participants have registered by October 7, 1979.

Please address all registrations and correspondence to:

Maxine Bailey, Executive Director
College of Medical Education, Inc.
Medical Society of Pierce County
705 South 9th, #203
Tacoma, Washington 98405
Phone: 627-7137

A lot of these patients come to you for help.



But few for the disease of Alcoholism.

Even today, many patients don't know that alcoholism is a disease, not a disgrace. Denial is a dangerous symptom that can prevent effective medical treatment. Accurate information about alcoholism, and reassurance about the prognosis for recovery is needed to motivate patients to seek help. You are their best source for that information.

Effective medical treatment achieves excellent recovery rates. Over the past 40 years, Schick's Shadel Hospital has used medically based treatment to help tens of thou-

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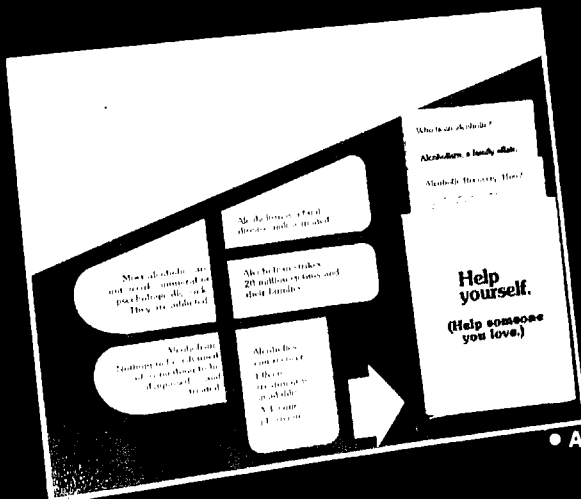
The first step toward treatment is information.

Schick's Shadel Hospital's Alcoholism Information Center is available to you, free of charge, for

your reception area. It contains leaflets written in laymen's terms describing the disease itself, its effects on the alcoholic's family, medical treatment methods, and facts about recovery. Also included is an informative brochure containing a physician's discussion of techniques to reach the patient in need.

Write or call today.

Many of your patients need the facts about alcoholism, for themselves or someone they love. The Alcohol Information Center can help them to come to you for help.



* Based on patient abstinence one year after treatment. Survey Source: Facts Consolidated, Los Angeles, CA, 1978.

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PHYSICIAN REGULATION EFFORTS

Efforts to regulate physician supply are underway in several states and similar proposals are likely to develop in other states, the AMA warned in a memorandum to constituent associations and specialty societies. In Hawaii and Rhode Island, state health planning agencies are seeking to impose certificate-of-need licensure based on predetermined estimates of the number of physicians required. In California and New York, health planners are working to limit the number of physicians by regulating residency training. The AMA memo points out that proposals to manipulate the types of physicians being trained were defeated at the federal level in 1976 during consideration of the Health Professions Education Assistance Act. Attempts by states to use the National Health Planning and Resources Development Act for this purpose are outside the scope of the law, the AMA said.

WOMEN PHYSICIAN AD HOC COMMITTEE FORMED

An Ad Hoc Committee on the involvement of Women Physicians in Organized Medicine will be established by the AMA Board of Trustees. The committee will explore methods of encouraging the participation of women physicians at all levels of the Federation, develop methods to increase involvement over the next one to three years, and recommend mechanisms to ensure continued involvement in activities throughout organized medicine. The committee is expected to complete its work in one year.

AMA ASKS FOR GOVERNMENT DATA

The AMA asked HEW for copies of all materials showing how the Administration's proposed hospital cost containment bill would save \$53,370,000,000 during the years 1980-84. The figure was contained in HEW's March 5 "Hospital Cost Containment Legislation Summary Fact Sheet." Under the Freedom of Information Act, the AMA requested documentation of the methodology, assumptions, models, and formulas used as the basis for the figure. If any portion of the request is denied, the AMA said in a letter to HEW, the Association wants a detailed statement telling why.

AMA TO UPGRADE WASHINGTON OFFICE

The AMA will construct a 12-story building in Washington, D.C., just south of Thomas Circle at Vermont, L and 14th Streets. The AMA Washington Office will occupy one floor. The other floors will be rented. In announcing the building plans, AMA EVP James H. Sammons, MD, invited other medically oriented organizations to share the facility with the expectation that the building would become a focal point for organized medicine in the capital. The headquarters of the AMA will remain in Chicago.

CPT FILM AVAILABLE

A 17-minute orientation film to acquaint physicians and third-party payors and carriers with the AMA's *Current Procedural Terminology* (CPT-4) has been prepared through a grant from the Control Data Corp. The film is intended for showing to physician members and interested audiences by state, county, and specialty medical societies. The CPT-4 film is available at no charge on a loan basis. Brochures describing the book are provided with the film for distribution to the viewing audience. For information on obtaining the film, write Dept. of Applied Medical Systems, AMA Headquarters.

PHYSICIAN PLANNING GUIDE PUBLISHED

The third edition of the *Planning Guide for Physicians' Medical Facilities* has been published by the AMA Dept. of Practice Management. The book features eight pages of floor plans for the practitioner planning to build or remodel an office, as well as several construction suggestions. The *Planning Guide* is \$3 a copy. To order write AMA, P.O. Box 821, Monroe, Wis. 53566.

AMA URGES REGULATORY REVIEW PROGRAM

A program to oversee the activities of regulatory agencies is long overdue, the AMA told Congress in a letter supporting the Sunset Act of 1979. The bill would make federal programs and funding subject to mandatory review by Congress at least once every ten years. In a letter to the chairman of the House Subcommittee on the Legislative Process, the AMA said the "sunset" concept is a needed step toward stemming the "tremendous proliferation of regulatory activities in the Executive Branch of the federal government." The AMA urged that the inflationary impact of regulations be evaluated and that the least inflationary alternative be selected whenever possible.

EXCITING YEAR PLANNED FOR AUXILIARY

The 1979 Washington State Medical Association Auxiliary state convention will be held in Seattle from October 3-6 at the Washington Athletic Club. Because of our record membership total this past year, Pierce County is entitled to send 10 delegates in addition to the county president to the convention. Our auxiliary is sponsoring the annual Past President's Luncheon to be held on Friday noon, October 5, following the last session of the House of Delegates.

Debby McAlexander, Nicole Crowley, Cindy Anderson, Lee Jackson, Kit Larson, Marny Weber, Helen Whitney, Gloria Virak, and Stephanie Tuell have volunteered to be part of this year's delegation. Many changes and improvements have been made in the arrangements for the convention, so it should be a very interesting and productive session. State President-elect Jan McLean is planning new directions for 1979-80 in which Pierce County plays an integral part. Let's really support our delegation!

Here are some of the convention highlights:

Design Tour and Luncheon-members of the Washington Chapter of the American Society of Interior Designers will give auxiliaries an exclusive tour and panel presentation on Wednesday, October 3, starting at 11:30 a.m. Lunch will be provided at the Butcher Restaurant in the Seattle Design Center Atrium. It will be followed by the panel discussion and a tour of the center's workshops. Pre-registration is required.

President-Elect and County Presidents Introduction-This is a first. Incoming President Jan McLean will establish a new tradition with her address before the WSMA House of Delegates. Her speech will be given on Thursday, October 4, at 10:00 a.m. County presidents serving during the 1979-80 year will be individually introduced to the House of Delegates. The House of Delegates meet at the Washington Plaza Hotel.

Cost Containment Workshop-A workshop on the ABC's of auxiliary's role in cost containment will be held. This program is suited to auxiliaries of all sizes and may be used in partnership with county medical societies. We have a real opportunity to be effective in helping hold down increases in the cost of care. This workshop will be held at the Washington Athletic Club, main auditorium, on Thursday, October 4. It starts at 11:00 a.m.

Annual Meeting and Election of Officers-the election of the 1979-80 Nominating Committee, officers, Bylaws amendments and consideration of a dues increase, plus a slide presentation entitled

"County Profiles" will be held in two sessions. First session starts on Thursday, October 4, at 2:00 p.m. and the second session begins Friday morning, October 5, at 9:00 a.m. Both sessions will be held at the Washington Athletic Club, main auditorium.

Past Presidents and Inaugural Luncheon-the inaugural ceremony, complete with entertainment by the Northwest All Girls Choir, will be held on Friday, October 5, starting at noon. It will be held at the Washington Athletic Club in the Crystal Room (our very own Pierce County auxiliaries are in charge of this luncheon).

Dixie Jo Porter-The "Erma Bombeck of Finance" will entertain and enlighten us with a presentation of how a woman can make her money work even in a recession. This program will be conducted at 2:30 p.m. on Friday, October 5, at the Washington Athletic Club, main auditorium.

Aiding the Domestically Abused-domestic abuse is a problem of growing concern. Its causes, what can be done and what our role is as caring individuals will be explored in an outstanding presentation by the WSMA and the auxiliary on Saturday, October 6, at the Washington Plaza Hotel, Arlington Room.

Local Programs Promise Vitality And Variety

Program Chairman Carol Hopkins has put together a great line-up of interesting speakers for this year's auxiliary meetings.

Our October 19th meeting will feature Joan Firey, an artist and physical therapist from Seattle, who was a member of the American Women's Himalayan Expedition which climbed Annapurna in 1978. Joan will speak and show slides of the climb.

The November program, on the 16th, will be a presentation by the Tacoma Actors Guild (TAG). This Tacoma organization of professional actors (formed by Dr. Rick Tutor and Dr. William Beckvar, professors of drama at UPS and PLU, respectively) is managed by Steve Caffrey, formerly of Buffalo, New York. The Tacoma Actors Guild's first presentation was "Guys and Dolls" presented at the Temple Theater in August, 1978. That production was sold out for each performance and was extremely well received by the Tacoma community. TAG was encouraged by this reception and has worked this year to refurbish the old St. Leo's High School. TAG will start its 1979-80 season in October with "One Flew Over the Cuckoo's Nest." Season tickets (October-March) are on sale at the full-time box office at St. Leo's or by calling 272-0932.

On December 11 we will have our annual

combined medical society-auxiliary dinner with Congressman Norm Dicks as featured speaker. This year's annual dinner promises to be an informative and entertaining evening.

On February 8th, Dr. Bob Thiessen will speak to auxiliary on "Hospice of Tacoma." Dr. Thiessen will explain what Hospice is, how it began and how it operates. The executive director of Hospice is Ann Katterhagen, one of Pierce County Auxiliary's past presidents. The Hospice team is composed of physicians, registered nurses, therapists, social workers, aides, clergy and volunteers concerned with individuals who have advanced illnesses and their families.

On March 21, auxiliary will meet in the valley during the annual flower festival and harvest. The program, fittingly enough, will be "The European (Just Gathered) Look" and will be presented by Teresa Willis, a designer from the Flower Works at James Center in Tacoma. Teresa has traveled widely as a representative for a wholesale distributor and has trained other designers. You will find her presentation innovative and humorous.

Our year will end with a Run-For-Fun in April followed by May's final luncheon and style show.

We are very enthused over the caliber of speakers and programs this year and hope you will concur. See you at the meetings!

If you have an address or phone change, please contact Alaire Sheimo.588-0134.

Joan Sullivan

National Convention Report

Once again I was privileged to attend a national convention of the AMA auxiliary. The convention was held at Chicago's Drake Hotel which provided elegant surroundings in which the election of Mrs. John Vaughan (Mary Ellen) from Vancouver, Washington, as president-elect took place.

Washington State is in the forefront on the national scene. In addition to Mrs. Vaughan's election, Dr. Robert Hunter, Sedro Wooley, was elected AMA president-elect and Dr. John Dawson, Seattle, was elected to the National Council on Medical Services. We have fine representatives of our state working for the good of the national medical community. Please take an opportunity to communicate to them your support of their efforts.

Jo Roller

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Classified

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OFFICE SPACE: 800 sq. ft. Tacoma Medical Center; Bldgs. 11 and 17. \$300 month. See pharmacist at Tacoma Medical Pharmacy, 1206 S. 11th.

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Like new \$10,000 (or will trade for motor home or land). Dr. Morrison 848-4564

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PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

General and Peripheral Vascular Surgeon, available in July, 1980. Board certified American Medical Examiners and American Board of Surgery (diplomate, 1978). Clinical Fellow in Vascular Surgery, 1979-1980, Baylor University Hospital. Licensed in the state of Washington. Listing #901.

Family Practice Physician currently serving in the USAF, available after October, 1980. Board certified, residency trained. Primarily interested in group practice in medium to small sized community. 1975 graduate, of George Washington University Medical School. Listing #902.

Obstetrician Gynecologist, board certified, seeks position in OB-GYN group. Recently released from military service. Available immediately. Listing #903.

Orthopedic Surgeon seeks practice opportunity in small group. Primarily interested in pediatric orthopedics and hand surgery. Currently serving with U.S. Army. Available in 1980. Listing #905.

Board Certified General Internist scheduled to complete training in oncology at Mayo Clinic in June, 1980. Interested in private practice group or partnership. Member, AMA; associate member, American College of Physicians; diplomate, National Board of Medical Examiners and American Board of Internal Medicine; member, Mayo Medical School Admissions Committee. Listing #904.

General Surgeon, available July, 1980. Graduate, University of Kansas Medical School, 1974. Internship, residency, chief residency in general surgery, University of Utah Medical Center, 1975-present. Research Fellow, U.S. Public Health; Research Associate, University of Kansas Medical Center, 1974. Research Fellow, NIH Burn-Trauma Study Grant, University of Utah, 1977-78. Diplomate — National Board of Medical Examiners, 1976. Listing #801

General practitioner seeks full- or part-time position. Industrial, institutional or light clinical practice. Available immediately. Locum tenens also accepted. Listing #802



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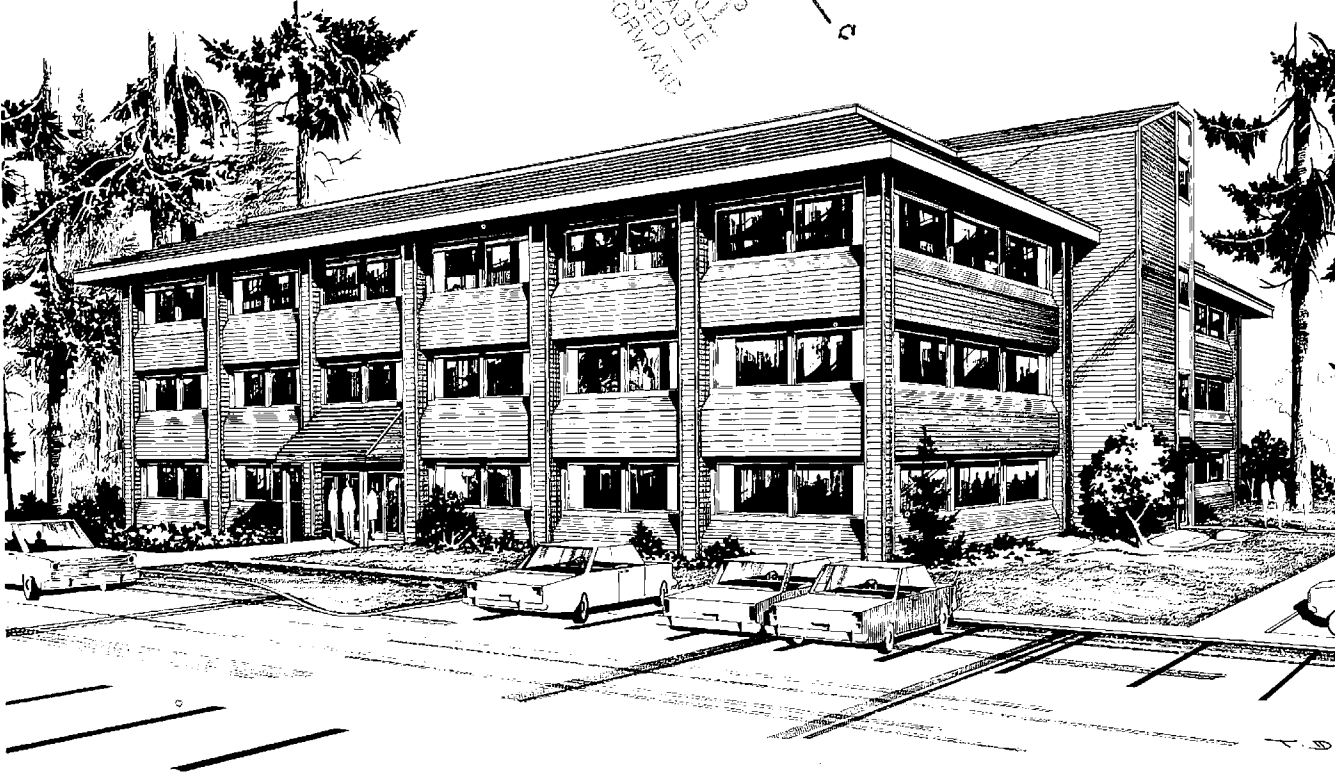


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Medical Society of Pierce County

OCTOBER 1979 VOL. LIII No. 9, Tacoma, Washington



Medical/Legal Guidelines See page 11.
Approved by Trustees

BULLETIN

Now there's a \$250,000 Major Medical Program for the self-employed.



If you're in business for yourself, or if you don't have group medical coverage where you work, we have a Blue Cross program designed for you.

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Mt. Edith Cavall
Photo by D.G. Kohler, M.D.

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THE ASSISTANT'S POSITION

The patient who visits the doctor rarely meets him upon first entering the office. Most doctors are busy with other patients and do not act as their own receptionists. It is the doctor's medical assistant whom the patient sees first. It is she who greets him, who makes him feel welcome and at home. He may be ill, in pain, handicapped by an injury, or apprehensive about his health because of disquieting symptoms. The medical assistant's job begins with her first contact with the patient. Her friendly but professional attitude creates the atmosphere to which the patient reponds.

As a rule, the assistant spends some time with the patient before the doctor is ready to see him. She obtains certain information from the patient; she may help to prepare him for the doctor's examination or treatment; she may make various tests or administer certain treatments. When the doctor examines or treats the patient, she is at his side, assisting in such a way that the process is completed quickly and smoothly, saving the doctor many motions and the patient unnecessary delay.

Before the patient arrives, the assistant has been busy behind the scene. The consultation, treatment, and examination rooms have been put into perfect order; all necessary instruments have been laid out, ready to use; solutions and medications are on hand, fresh linens (or disposables) are within reach. Nothing is missing. Everything is as the doctor needs and expects to find it.

Training and experience are necessary to achieve such perfection. Carelessness in the doctor's office may lead to catastrophe. Without a medical assistant the doctor is seriously handicapped in attempting to care for the many patients who expect to see him each day. Many doctors are still accustomed to the registered nurse whom they formerly employed and may expect the same services from their assistant. Yet there is a difference between the two professions, and the medical assistant is well advised to realize this. One of the differences, for instance, is the fact that a nurse can administer medication, but the medical assistant cannot. It follows, therefore, that the latter must make sure of what the medical practice act prescribes and prohibits in the particular state in which she is employed.

As the career of the medical assistant has expanded, her role has acquired professional recognition. A nationwide organization, the American Association of Medical Assistants, offers membership to persons working directly under the supervision of a physician. The purpose of the organization, which is endorsed by

the American Medical Association, is to promote the interests of medical assistants within the framework of the medical profession, to provide educational opportunities, and to raise the standards of their training.

The AAMA is organized along the pattern of medical societies, that is, local county societies are members of the state society, which in turn is a member of the national association. Each county society has full autonomy and the bylaws vary from state to state, but they must conform to the principles and policies of the national association. Membership is open to both men and women. Most chapters hold monthly meetings at which lectures or discussions on medical or administrative subjects are presented. The national organization holds an annual convention attended by members from all over the country. The program consists of scientific lectures, practical seminars, commercial exhibits, and social affairs. In a state where there is no local society, residents may join the national association directly.

The AAMA offers its members the possibility of becoming certified medical assistants, either clinical or administrative. Examinations are given annually (in

Continued on page 25

ATTENTION!!!

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For further information call:

College of Medical Education
Medical Society of Pierce County
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MEMBERSHIP APPROVES NEW COLLEGE OF MEDICAL EDUCATION ARRANGEMENT

Kenneth D. Graham, M.D.

The September meeting of our medical society culminated 15 months of intense study and negotiation regarding the College of Medical Education (COME). Prior to the September 1978 membership meeting it had become evident that new methods of funding for the college were going to be necessary if it was going to survive. A temporary underwriting commitment was extended by the Board of Trustees and a special CME assessment was proposed and unanimously approved at that general membership meeting.

It was understood that the assessment could only be continued with the approval of the membership and following a Board of Trustees recommendation that it be done. The unanimous passage of the 1978 proposal set the stage for the many hours spent by your officers, various committee members, and others reviewing the college, its financial status, and how we could help it continue to provide local physician controlled CME programs of value and at reasonable cost.

Early in our review several principles were established by the Board of Trustees. The board agreed that:

- 1) The major purpose of the college should be to accredit and produce continuing medical education programs for physicians and allied health personnel.
- 2) There was a need for greater medical society involvement in the college.
- 3) Relocation of the college to the medical society office should be supported.
- 4) The society should assist the college and, in addition, elicit the support of hospitals which also face the problems of educating their allied health personnel as well as sponsoring physician conferences for accreditation.

Drs. Lloyd Elmer, John Kemman and Bob Whitney were appointed by the board to review the college's financial situation, articles of incorporation and bylaws. They met with CME Committee Chairman Dr. Marcel Malden, the committee, and COME

Executive Director Maxine Bailey. At the same time, Drs. Ralph Johnson, Charlie Reberger and I met with administrators Dan Russell, Dave Hamry and Fred Pritchard, all representing the Pierce County Hospital Council. Our meeting of the Medical Society-Hospital Liaison Council continued throughout 1979.

Out of the many hours spent by the above individuals has come the joint medical society-hospital agreement to assume the financial risk of operating the college starting with its 1979-80 fiscal year (October 1). We have agreed to cover any excess of expenses over income that may occur. The degree of risk will be proportionate to our representation on the college's new Board of Directors. This will be an 11 person board comprised of 6 physicians and 5 hospital administrators (or their designees). The college's bylaws have been revised to reflect these changes and to better spell out responsibilities. Its "fixed" operational expense has been defined and COME courses will be priced on a "pay as you go basis" with a tuition cost reflecting the cost of offering that specific program as well as a small contribution to the fixed expense.

Our potential obligation could equal slightly more than \$16,000; but actual funding ultimately will be determined by the degree of individual physician and allied health personnel participation in college courses.

Course variety and the audiences for which they are intended will be increased. Hospitals have promised to actively promote the attendance of their allied health personnel at appropriate COME courses.

The college is now located in the medical society office and the CME Committee has expanded to 18 physicians. We are anxious for your comments and suggestions.

The Board of Trustees therefore made the following recommendations at our September 1979 general membership meeting which were unanimously accepted by the membership.

- 1) That the 1979 assessment not be continued.

2) That we continue to support the college under the new bylaws which reflect majority physician representation and joint funding.

3) That the medical society meet its potential fiscal commitment from general revenues.

Obviously, this means the 1980 society budget must reflect our potential commitment to the college. As I stated, actual funding will ultimately depend on physician and allied health care personnel participation in COME courses.

There will be a financial impact on the society's dues structure. Our budget committee met in September and again in October to review the society's overall financial obligations. The committee's report will be made to the Board of Trustees as part of the 1980 budget.

I assure you that this is not an open ended program and that the college's progress will be closely monitored by the CME Committee and Board of Trustees. If there is not adequate support for the college and/or performance suffers, the board will reassess its position.

Dr. Marcel Malden's investment of time and effort on behalf of the college has been tremendous over the past years. He was one of the founders of the college and he has guided its course and has been extremely helpful in the reorganization. We all owe Dr. Malden a debt of gratitude and he will continue in a leadership role at least through year's end.

On another subject, the medical society is having a special general membership meeting on Tuesday, October 30 which will feature a panel presentation on health care delivery systems in Pierce County. Representatives of Group Health Cooperative, Pierce County Medical Bureau, and Northwest Healthcare will participate. The Board of Trustees felt the topic to be so timely that a special meeting would be in order. As you know, alternate health care delivery systems are springing up across the country and we hear and read a great deal about HMO's, IPA's and group cooperatives, etc.

Northwest Healthcare is an entirely new approach to financing medical care and the organization plans to begin subscriber marketing in Pierce County in the near future. Group Health, having taken over Sound Health, has been actively operating in our area for some time. Our dependable Pierce County Medical Bureau will share in the panel discussion with representatives of the two above organizations.

The panel discussion will be moderated by Dr. Bill Robertson, former WSMA president. Dr. Robertson has many credentials in this subject and great knowledge of alternate modes of health care delivery. Please make every effort to attend the special general membership meeting on Tuesday, October 30. (See page 12 for details).

KDG

Still a few suites available



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Indications and Usage: For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis*, *Proteus vulgaris*, *Proteus morganii*. It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination. *Note:* The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

For acute otitis media in children due to susceptible strains of *Haemophilus influenzae* or *Streptococcus pneumoniae* when in physician's judgment it offers an advantage over other antimicrobials. Limited clinical information presently available on effectiveness of treatment of otitis media with Bactrim when infection is due to ampicillin-resistant *Haemophilus influenzae*. To date, there are limited data on the safety of repeated use of Bactrim in children under two years of age. Bactrim is not indicated for prophylactic or prolonged administration in otitis media at any age.

Also for the treatment of documented *Pneumocystis carinii* pneumonitis. To date, this drug has been tested only in patients 9 months to 16 years of age who were immunosuppressed by cancer therapy.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

Warnings: BACTRIM SHOULD NOT BE USED TO TREAT STREPTOCOCCAL PHARYNGITIS. Clinical studies show that patients with group A β -hemolytic streptococcal tonsillopharyngitis have higher incidence of bacteriologic failure when treated with Bactrim than do those treated with penicillin. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura; hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum

sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for infants less than two months of age.

URINARY TRACT INFECTIONS IN ADULTS AND CHILDREN AND ACUTE OTITIS MEDIA IN CHILDREN:

Adults: Usual adult dosage for urinary tract infections—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Children: Recommended dosage for children with urinary tract infections or acute otitis media—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

Children two months of age or older:

lbs	Weight kgs	Dose—every 12 hours	
		Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

PNEUMOCYSTIS CARINII PNEUMONITIS: Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

Supplied: *Double Strength (DS) tablets*, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Prescription Paks of 20, *Tablets*, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; *Tel-E-Dose®* packages of 40, available singly and in trays of 10. *Oral suspension*, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

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Just one tablet b.i.d. for 10 to 14 days

*Due to susceptible organisms

90 PER CENT OFF ON YOUR LIABILITY INSURANCE



Stanley W. Tuell, M.D.

WHAT A BARGAIN!

At least, that's what it sounds like when you read the paid advertisement now displayed in numerous high class medical publications (like *Medical Economics* and this *Bulletin*).

Before I headed for the bank with the more than \$7,000 I would save if I decide to buy my insurance from the company in the British West Indies, I talked with the office of the State Insurance Commissioner in Olympia, chatted with one of the new company's shareholders, reviewed the present state situation with Dr. Dave Heaps (who succeeded me three years ago as chairman of the WSMA Professional Liability Committee), and checked my own files for some data. Consider the following before you buy.

1. The Professional Liability Insurance Co. (It's hard to argue with an original name like that!) is owned by "30 or 40 stockholders," most of whom are doctors in Oregon, and offers insurance to cover attorneys' fees and other defense expenses, but *not* the award, in malpractice claims against doctors.

2. Why is it based in the British West Indies? Because it doesn't have the one million dollars of capital surplus required by the Washington State Insurance Commissioner.

Comment: Such requirements are established by the state legislature for the protection of the consumer—and in this situation, we are the consumers. Our state has a Guarantee Fund, from which awards and expenses are paid in case an *approved* insurance company goes broke. Even if a big company like Aetna goes broke, bankrupt, etc., the Guarantee Fund will take over and still cover you. If a *non-approved* company—like the one from B.W.I.—goes out of business five years from now, and you are sued six years from now for a 1979 incident----**CAREFUL!**

3. The ad says that of the numerous suits filed "only a few ever get before a jury." It further states that of those "...only a microscopic percentage ever get a judgment...."

Consider: Of the 309 claims outstanding in this state on Aetna's records (as of 6/30/79), 228 are already lawsuits! Since 1972, of the many malpractice claims, Washington physician panels have reviewed

216 claims for Aetna. Of these, 14 have gone to trial. Of that 14, 6 were verdicts for the plaintiff. 43 percent isn't exactly the "microscopic percentage" indicated in the ad.

4. Don't worry about eligibility problems. The company doesn't seem too selective. The ad asks you, "Now doctor, do you do good work?" Sorry, all you fellows who say "No" are not eligible. It further asks, "Are you CRIPPLING OR INJURING people...?" Sorry again. If you say "Yes" you can't apply to the West Indies office. Well, it looks like most of us are eligible, by our own modest admission.

5. What do we fear most—the defense expenses, or the judgment itself? The ad says it's really the defense expenses, like even as much as "10 to 15,000 dollars." Most doctors could probably scrape that up. The ad says not to worry about the judgment—after all, you're not likely to be in that "microscopic" percentage.

Consider: As of June 30, 1978, in Aetna's State of Washington files, there were 31 cases, open and closed, for claims in excess of \$100,000. By June 30, 1979, this number had increased to 53 such cases, an increase of 22 cases in just a 12-month period!

6. Consider stability. Aetna has covered Washington physicians for about 16 consecutive years. Sure they're in it for a profit, just as the West Indies people are trying to make a profit, too. Within the past two years, the WSMA entertained competitive bids from two other large companies—Hartford and CNA. (I sat in on the negotiations.) The field has become competitive again, and by a close margin, with some dickering, WSMA is still endorsing Aetna. The premiums have stabilized markedly in the past few years, despite a still increasing number of claims, and an even more marked increase in premiums for this coming year.

7. I have NO information to suggest that either Aetna or the British West Indies firm is dishonest or illegal in any way.

I just think the folks in the West Indies need a new microscope.

A lot of these patients come to you for help.



But few for the disease of Alcoholism.

Even today, many patients don't know that alcoholism is a disease, not a disgrace. Denial is a dangerous symptom that can prevent effective medical treatment. Accurate information about alcoholism, and reassurance about the prognosis for recovery is needed to motivate patients to seek help. You are their best source for that information.

Effective medical treatment achieves excellent recovery rates. Over the past 40 years, Schick's Shadel Hospital has used medically based treatment to help tens of thou-

sands recover from alcoholism. The hospital's current recovery rates range up to 85% for patients who complete the multi-disciplinary program based on years of effective treatment.* Schick's Shadel treatment involves a shorter hospitalization than many less experienced facilities offer, and is covered by major health insurance plans.

The first step toward treatment is information.

Schick's Shadel Hospital's **Alcoholism Information Center** is available to you, free of charge, for

your reception area. It contains leaflets written in laymen's terms describing the disease itself, its effects on the alcoholic's family, medical treatment methods, and facts about recovery. Also included is an informative brochure containing a physician's discussion of techniques to reach the patient in need.

Write or call today.

Many of your patients need the facts about alcoholism, for themselves or someone they love. The Alcohol Information Center can help them to come to you for help.

* Based on patient abstinence one year after treatment. Survey Source: Facts Consolidated, Los Angeles, CA, 1978.

To order the Alcoholism Information
Center for your office call . . .

(206) 244-8100

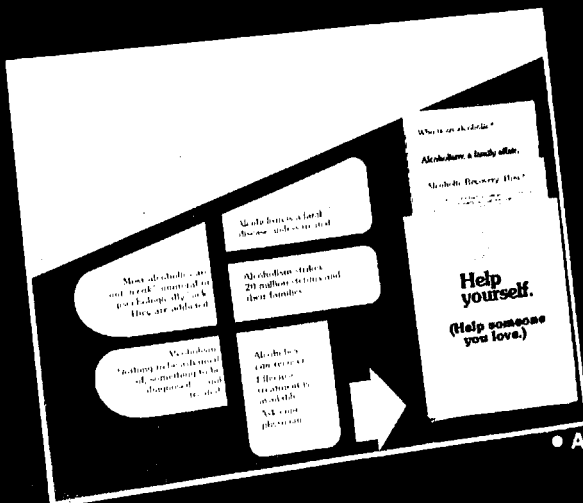
Schick's Shadel Hospital

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LOCAL MEDICAL/LEGAL GUIDELINES ESTABLISHED

Guidelines to assist physicians in medical/legal matters have been approved by the MSPC Board of Trustees. The board's action was taken at its September 4 meeting following a recommendation for adoption from the Medical/Legal Committee.

The committee was established to provide communication between physicians and lawyers on medical/legal issues, issue medical/legal opinions, and mediate disputes upon written request. The guidelines have been approved by the Tacoma-Pierce County Bar Association and have been disseminated to bar association members.

The physician chairman of the committee is Dr. W. Ben Blackett. Other physicians serving on the committee are Drs. Bruce Buchanan, Dick Huish, James Kenny, and Stan Tuell.

The guidelines are:

A. FOR PHYSICIANS

1. Availability:

Patients have a legal right to court procedures and attorney representation in resolving disputes. In instances where medical information is necessary to the fair resolution of a dispute, the physician should make himself available for attorney conferences, depositions, or court testimony at reasonable times and with reasonable notice.

2. Nature of Testimony:

A physician's role is as an independent expert witness. While his testimony may be more helpful or harmful for one side, he should not be an advocate. He should state the truth as he sees it.

3. Fees:

a. A physician should charge a reasonable fee for his time which may be calculated upon a time basis or as a flat rate.

b. Stand-by charges may be made for time reserved but should not be made if the reserved time is cancelled on three full working days' notice by the attorney reserving time or if the reserved time was actually utilized for chargeable medical services.

c. A physician should furnish to the attorney upon request, his usual time basis fee or flat rate charge.

B. FOR ATTORNEYS

1. Notice to Physicians:

Physicians should be given at least 30 days' notice of the need for trial testimony, 15 days' notice for deposition, and 7 or more days' notice for office conferences. Every effort should be made to schedule testimony so as to interfere as little as possible with the physician's scheduled time.

Pierce County Local Court Rule No. 45 requires the issuance of a subpoena to physician:

"Where an expert witness will, with reasonable probability, be called as a witness at the trial of any case, the party planning to call such witness shall cause a subpoena to be issued and served upon such witness not later than thirty (30) days subsequent to the date the case is assigned for trial or, in case such a witness becomes a necessary witness in the trial of said case subsequent to the date of assignment for trial, not less than twenty (20) days prior to the trial date. A continuance may be denied should such a witness be unavailable for trial unless a subpoena has been issued and served within the time above specified. For the purpose of this Rule, service of a subpoena may be made by mail.

This Rule may be endorsed upon any subpoena issued."

2. Payment of Physician's Fees:

Physician charges for medical reports, conferences, depositions, and trial testimony arranged for by an attorney for his client are payable by the attorney to the physician within 30 days after billing for services rendered and these charges do not await final resolution of the case.

3. Payment of Client's Medical Bills:

Attorneys should not advise clients to withhold payment of medical bills pending conclusion of a lawsuit. The physician's bills are not contingent upon the success of litigation and are payable when billed. If funds are simply not available, the physician should be so notified.

Continued on page 29

Medical Society of Pierce County

705 South 9th Street • Suite 203 • Tacoma, Washington 98405 • (206) 572-3666

SPECIAL GENERAL MEMBERSHIP MEETING

— THE PROGRAM —

HEALTH CARE DELIVERY SYSTEMS IN PIERCE COUNTY

A panel discussion by representatives of Pierce County Medical Bureau, Group Health Cooperative, and Northwest Healthcare.

Program participants:

- Mr. Laurence Evoy, executive vice-president, PCMB.
- Dr. Ward Miles, associate chief of staff, Tacoma operations, Group Health.
- Dr. Steve Moore, medical director, Northwest Healthcare.
- Program moderator: Dr. William O. Robertson, past president, WSMA.

DATE: Tuesday, October 30, 1979

TIME: 6:15 P.M. — Social Hour
7:00 P.M. — Dinner
7:45 P.M. — Program

PLACE: The Lakewood Terrace Restaurant
6114 Motor Avenue S.W., Lakewood

COST: Dinner \$9.75 per person

Register now. Space will be limited. Call the Medical Society office, 572-3667, to confirm your attendance.

MEDICAID FRAUD/ABUSE AUDIT QUESTIONS ANSWERED

The Washington State Medical Association legal counsel has prepared the following information regarding the new DSHS fraud and abuse law, SB 2337. All physicians are urged to read the information carefully.

How does SB 2337 affect physicians?

The new legislation does essentially three things:

- (1) Creates criminal and civil penalties for intentionally obtaining or attempting to obtain payments from DSHS for medical services in a greater amount than a physician is entitled to;
- (2) Creates civil penalties for unintentionally obtaining payments in a greater amount than that to one is entitled;
- (3) Permits DSHS representatives to conduct audits and investigations of physicians who provide medical care to recipients of public assistance and medically indigent persons.

When does the legislation become effective?

The effective date is September 1, 1979.

Which Washington physicians are affected?

Physicians who have signed agreements with DSHS to provide services to recipients of public assistance and medically indigent persons.

What criminal and civil penalties can be imposed for intentionally violating the new legislation?

Criminal penalties up to \$25,000. Civil penalties up to three times the amount of excess payments received plus interest at one percent per month.

What civil penalties can be imposed for unintentionally violating the new legislation?

Repayment of excess payments received plus interest at one percent per month.

What records can be examined by DSHS?

Only those records, including patient records, for which services were rendered by a physician and reimbursement was made by DSHS. It is the position of WSMA that only those records compiled after September 1, 1979 are subject to the legislation.

Does the physician-patient privilege apply to prevent access to patient records?

No. Statutes which purport to make records privileged or confidential are superseded. Acceptance by a patient of medical services paid for by the State of Wash-

ington, constitutes an implied waiver and authorizes the inspection and auditing of all records regarding those services.

Can a physician avoid the inspection and auditing procedures?

Yes, but only if the physician chooses not to participate in the program or does not seek reimbursement for his medical services.

Can original patient records be removed from a physician's office?

No.

Can the contents of any records or information be divulged to anyone?

Yes, but only for an official purpose for which the records were obtained.

Can a physician be sued by a patient for disclosure of patient records pursuant to an authorized DSHS inspection and audit?

No.

What will be done with the records after the inspection and audit has been completed?

DSHS is required to destroy all copies of records in its possession upon completion of the audit and investigation.

Can a physician refuse to produce any information?

Yes, with a reasonable cause or legal excuse.

What constitutes a reasonable cause or legal excuse?

There will be many potential reasonable causes or legal excuses. At present, the following are suggested as potential reasonable causes or legal excuses:

- (1) The medical records or information are not relevant to the investigation being conducted by DSHS;
- (2) DSHS representatives fail to conduct the audit in a non-disruptive manner;
- (3) DSHS representatives fail to meet the statutory restrictions (i.e., threaten to remove the original records);
- (4) The persons seeking to examine the records and information fail to demonstrate a proper authorization.

What can DSHS do if a physician refuses to produce records and information?

Continued on page 15

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These are important considerations to weigh when you select a collections service to handle your office's past due accounts. The Medical-Dental Credit and Collection Service, a new benefit of membership in the Medical Society of Pierce County, provides these services and more, **with no advance charge** to set up accounts. Call 572-3709 today for further information and assistance in bringing this new benefit of membership to your office.

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Medical-Dental Credit and
Collection Service/A Division of
MSPC Membership Benefits Inc.

Physician-Pharmacy Committee

DRUG COSTS: PHYSICIAN EDUCATION ESSENTIAL



Herman S. Judd, M.D.
Chairman, Physician-Pharmacy
Committee

Your Physician-Pharmacy Committee held its regular quarterly meeting on September 26th and most of the meeting was devoted to a discussion of recommendations to reduce hospital pharmacy drug expense. The recommendations were originally discussed by the medical society's Cost of Care Committee and were presented by Dr. Dennis Koukol, a member of the cost committee. Some of the points reviewed were the establishment of a city-county drug formulary to reduce the number of drugs expiring on hospital shelves and to allow for group purchasing of drugs on competitive bids, limitation of the total inventory stock at the major hospitals, and the promotion of routine "house preparations" such as laxatives, anti-acids, etc.

Interesting bits of information were forthcoming from members of the committee present and it was pointed out that the total cost of medications for the hospitalized patient represented only 6 to 8 percent of his hospital bill. It was estimated that even with adoption of more control measures this percentage might be reduced only by 1 percent. However, it was unanimously agreed that any reasonable measure to reduce the cost to the patient was worth discussing and striving for as long as the patient's welfare remained the top priority.

Concerning the group purchasing of drugs by competitive bidding it was a surprise to most of us present that this procedure had been followed by all the hospital pharmacies in Pierce County for some years. In addition, it was pointed out that drugs bearing an expiration date were readily taken back by

the manufacturer at full credit to the pharmacy.

It was also pointed out that the cost of drugs between 1967 and 1977 increased an average of only one percent per year. Many new and more costly drugs have arrived on the scene, but at the same time many older and established drugs have dropped in price reflecting an honest effort on the part of the pharmaceutical industry to keep costs down.

Agreement was general between the pharmacists and physicians on the committee that physician education in the use and cost of drugs was paramount. The importance of physician education was reiterated several times during our discussion. Also, it was felt that the efforts of this committee were equally beneficial to both professions.

Many other items of business had to be postponed until a special meeting planned for early October. The cost of care, however, will continue to be studied at our future meetings, particularly in regards to drug costs and usage.

DSHS Continued

The legislation provides that DSHS may apply to a superior court for an order requiring a physician to show cause why he should not produce the records and information. A hearing is then held and a ruling made by a judge.

What if a court determines that the physician withheld the records or information without reasonable cause or legal excuse?

A physician may be punished for contempt of court.

What should a physician do if contacted by DSHS representatives for purposes of an audit or investigation?

The physician should contact his attorney in order to ascertain that the statutory requirements have been met by DSHS. WSMA should also be provided notice of the proposed audit and investigation.



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Society News Briefs

A summary of Medical Society, and local medical and health news

SPECIAL MEMBERSHIP MEETING SET FOR OCTOBER 30

A special general membership meeting will be held Tuesday, October 30. The program will be a panel presentation of representatives of Pierce County Medical Bureau, Group Health Cooperative of Puget Sound, and Northwest Healthcare, a new prepaid health program being marketed in Pierce County by Safeco Insurance Company. The program will be moderated by Dr. William O. Robertson, a past president of WSMA. Panel participants will be Mr. Laurence Evoy, PCMB executive vice-president, Dr. Ward Miles, Group Health Cooperative, and Dr. Steve Moore, medical director of Northwest Healthcare.

All physicians interested in the impact of these programs on the practice of medicine in Pierce County and in the subject of free market competition generally are urged to attend the special membership meeting. The meeting will be held at the Lakewood Terrace Restaurant (York Room) and will begin with a 6:15 p.m. social hour followed by dinner and the program at 7:45 p.m. Meeting notices have been mailed. If you have not received a meeting notice, please see page 12 of this issue of the BULLETIN. Call the medical society office, 572-3667, today to confirm your attendance.

NOVEMBER BALLOT INCLUDES TWO SOCIETY MEMBERS

Drs. Jack Erickson and Ted Haley will be on the November 6 general election ballot. Representative Haley is running for the 28th District Senate seat which was vacated by former GOP senator Charles Newschwander upon his appointment by governor Ray to the State Board of Tax Appeals earlier this year. The 28th District senate seat has been held by republicans for many years. Dr. Jack Erickson is a candidate for Freeholder Position 2 in the second district. Dr. Erickson's wife, Phyllis, is a state representative from the same district.

INFECTIOUS DISEASE COURSE SET FOR EARLY NOVEMBER

The College of Medical Education will produce an infectious disease course on Saturday, November 3 at Tacoma General Hospital. This course will offer 8 hours of Category I CME credit and is outlined in greater detail on page 23 of this month's BULLETIN. Advance registration is encouraged and physicians may register by contacting Maxine Bailey, COME executive director, at the medical society office, 627-7137.

MEDICAL SOCIETY MEMBERS HONORED

Society members Dr. Eugene W. Hanson and Dr. Gerald Chandler Kohl were among seven Washington physicians honored during the annual meeting of the Washington State Medical Association, October 4 through 7 in Seattle. They became members of the WSMA 50 Year Club in recognition of having begun their medical practices 50 years ago.

Dr. Hanson, a general practitioner now retired, was graduated from the University of Illinois School of Medicine in 1927, did his internship at Tacoma General Hospital and residency at Pierce County Hospital. In 1928-29 he began practicing part time while still a resident. Dr. Hanson has been active in professional organizations and has served on the board of directors of the Pierce County Blood Bank since its inception.

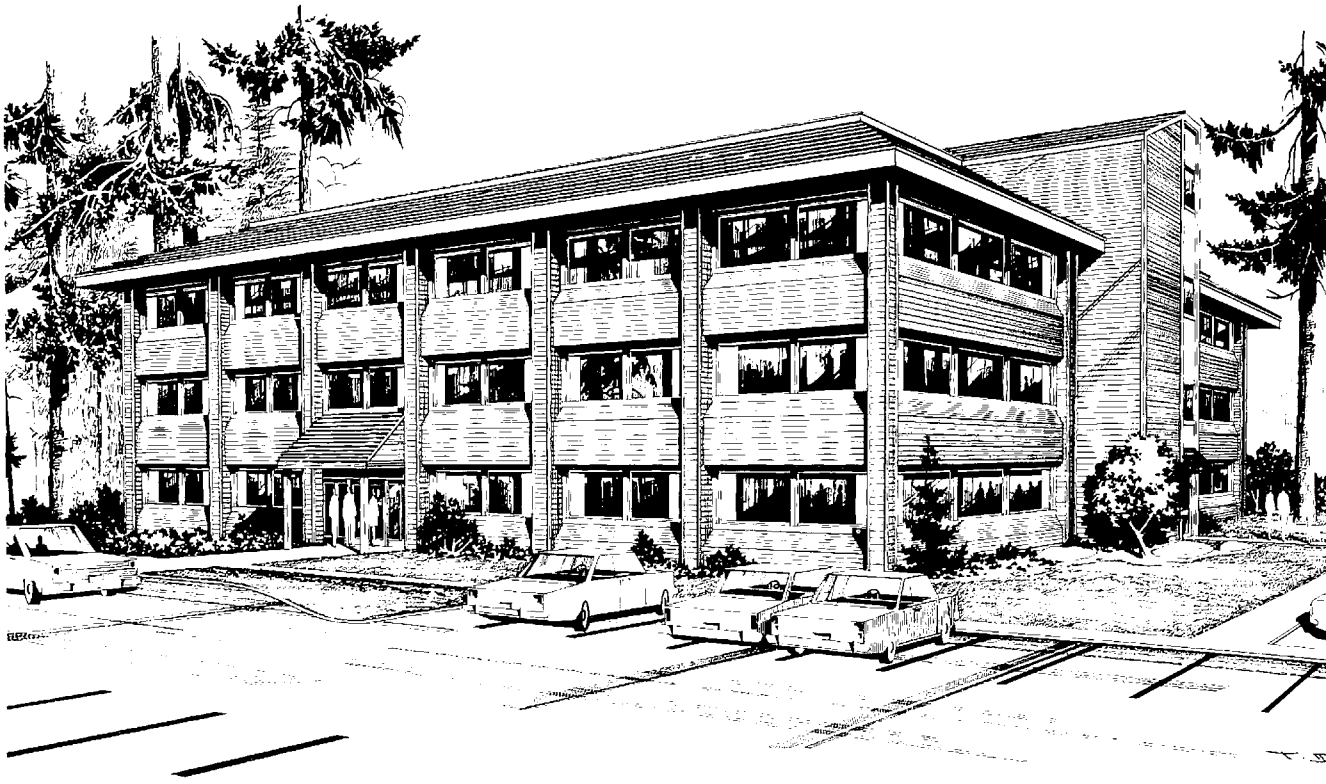
Dr. Kohl began practicing in 1929 in Sumner after graduating from the University of Iowa Medical School and interning at Tacoma General Hospital. A specialist in gynecology, he continues to practice. He is a past president of the Medical Society of Pierce County, the Tacoma Surgical Club and the Tacoma General Hospital medical staff. He is a member of numerous professional organizations including the American College of Surgeons and the Northwest Society of Obstetricians-Gynecologists.

PHYSICIANS ELECTED TO SOCIETY MEMBERSHIP

The following physicians have been elected into membership in the Medical Society of Pierce County since May 1, 1979 (thru October 1): Drs. William M. Dean, Lowell C. Finkleman, Sandra J. Frister, Daniel L. Husky, Bruce Kaler, Clyde H. Koontz, Harvey M. Lasher, Michael E. Nishitani, Ovigio M. Penalver, Charles R. Ray, Douglas E. Robson, Richard K. Spaulding, Alan D. Tice, and Robert C. Winegar.

PHYSICIANS TAKE ON ADDED RESPONSIBILITIES

Dr. Duncan T. (Ted) Baer has been appointed by the state medical association to serve on the WSMA Council on Professional Affairs. The council includes the WSMA committees on grievance and personal problems of physicians, and judicial council. Dr. Baer is a past president of the MSPC. Dr. Thomas H. Skrinar has been named president of the Washington Lung Association, it has been announced. Dr. Skrinar is a past president of the Pierce County Tuberculosis Association which later became a part of the Lung Association. WLA membership exceeds 25,000 individuals state-wide. Dr. Howard H. Wong, long active in cancer society affairs, has been elected president of the Pierce Unit of the American Cancer Society. Dr. Wong will serve a one year term as president.



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IN MEMORIAM

DR. FRANK MADDISON

1902—1979

For many years I was fortunate in sharing office space with Dr. Frank Maddison and I came to know him quite well.

He came to the St. Helen's Clinic in 1927 from Northwestern University Medical School. When the Medical Arts Building was completed he moved there and maintained the same office until his retirement a few years ago.

Dr. Maddison pioneered many special treatments in Internal Medicine in this community. He set up a diabetic school and special diabetic training for nurses and staff, and also did the early electrocardiographic work in hospitals in this community. He continued to have a special interest in cardiology and did much of the early exercise testing.

He was an organizer and active member of a number of his specialty groups in the Pacific Northwest, such as the Pacific Northwest Chapter of American College of Physicians. The North Pacific Society of Internal Medicine and the Tacoma Academy of Internal Medicine. In those days Tacoma had a hotel fit for conventions and these regional meetings were often put on here to draw in doctors from the entire area. Frank was very active in this and presented some excellent papers.

At one time or another, he was on about every committee board for elective physician in this medical community and his participation was frequently sought out because he always made a very definite contribution. His direct, clear manner and astute evaluations, and his ability to speak his mind made his contribution most valuable. What he had to say was always respected. His approach was the same with his patients and colleagues and would of course always be a bit controversial.

Frank contributed much to the community not only in medicine but in a variety of other fields and he lead an very full life. He was the son of a physician and father of two doctors (a radiologist and a nuclear physicist). With his lovely wife, Betty, he had a wonderful family. One of the last things I heard him say before his surgery was that he had had a good life and he could go without any regrets.

His terminal illness was also unusual — dissection of the ascending aorta; probably related to a preceding giant cell arteritis; emergency resection and replacement by a graft was successful except for the tragic consequence of embolization to the right carotid artery and terminal stroke. Frank died on August 24th at Doctors Hospital at the age of 77.

It was a privilege to have known Frank and in sharing his loss with his fine family. Perhaps we can give them some comfort.

Robert E. Lane, M.D.

COOKBOOKS ARE AVAILABLE

The Newcomers Coffee was held September 7th at Linda Stilwell's home and was attended by 17 new people. Some newcomers renewed acquaintances with old friends. It was a beautiful day and all enjoyed Linda's lovely garden. Delicious refreshments were served by the Coffee Committee: Sharon Lukens (Chairman) and Dianna Dean, Janet Fry, Em Stern and Betty Bahn. Thank you, ladies.

President Kit Larson presided. Board members were introduced and Committee Chairmen reported on their duties. The newcomer packets were made available by Janice Winemiller and Martha Bargren. The Resource Committee for new people is: Karen Benveniste and Janice Winemiller (Chairman), Nikki Crowley, Kathleen Bitseff, Em Stern, Debbie McAlexander, Marge Ritchie, Jo Roller, Jan Thiessen, Sharon Lukens, Judy Baerg and Marlene Waldron.

Dottie Truckey, dues treasurer, is delighted with the excellent response to the Newsletter. Dues have been pouring in! The very first dues payer was our Past-President Jo Roller. Such speedy response should merit some kind of award. (We will save you a front seat at the meetings, Jo.) For those of you who may have misplaced the envelope, Dot Truckey's address is 634 Vista Drive, Tacoma, 98465. She will gladly accept your \$25.00 check payable to PCMS Auxiliary and you will receive the new membership booklet for 1979-1980.

Any address or phone changes? If so, please notify Alaire Sheimo, 588-0134.

Betty Bahn, cookbook chairman, reports cookbooks are available. They are a two part set - \$4.00 per set - and they make terrific gifts. Area depot chairman willing to exchange sets for cash or checks are:

- Stadium: Jan McDonough - 572-6840
- Lakewood: Kit Larson - 584-3802
- Gig Harbor: Lee Jackson - 857-4390
- Browns Point: Bev Harrelson - 927-6144
- Puyallup Area: Deva Vaught - 845-6215
- Nikki Crowley - 922-8283
- North End: Glenna Blackett - 752-3970
- West End: Betty Bahn - 565-0527

Sharon Lawson, student recognition chairman, would like to call Attention to Parents of graduating seniors of the fact that an award is available for your children through the auxiliary. Please encourage them to apply. Applications will be available in the seniors counselor's offices in February.

The November 16th luncheon meeting will be at

Glenna Blackett's home, 4366 North Lexington. The program will feature a "Vignette" by the Tacoma Actors Guild. This is a Tacoma based organization of professional actors formed by Dr. Rich Tutor and Dr. William Beckvar, professors of drama at UPS and

Continued on next page

1979-80 OFFICERS

PRESIDENT	Kit Larson
PRESIDENT-ELECT	Marney Weber
1st VICE-PRESIDENT,	
PROGRAMS	Carol Hopkins
2nd VICE-PRESIDENT,	
MEMBERSHIP	Alaire Sheimo
3rd VICE-PRESIDENT,	
HISTORIAN, BY-LAWS	Marge Ritchie
4th VICE-PRESIDENT,	
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RECORDING SECRETARY	Debbie
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1979-1980 Committee Chairmen

AMA-ERF	Cindy Anderson
	Jan Thiessen
Communications:	
Bulletins	Joan Sullivan
Mailing	Gloria Virak
Newsletter	Kathy Miskovsky
News Media	Linda Stilwell
Community Health	Julia Mueller
	Barrie Mott
Cookbook	Betty Bahn
Finance	Carol Hazelrigg
Handicapped Awareness	Janet Fry
Legislative	Shirley Kemman
Membership Assistant	Diana Dean
Newcomers	Janice Winemiller
Big Sister	Karen BenVeniste
Nominating	Jo Roller
Pierce County Health Council ..	Nadine Kennedy
Project Bank	Marny Weber
Student Recognition	Sharon Lawson
Sunshine	Nancy Kennedy
Telephone	Helen Whitney
	Karen Graham
Tel Med Coordinator	Stephanie Tuell
	Glenna Blackett

Auxiliary page continued

PLU respectively, and managed by Steve Caffrey formerly of Buffalo, New York. Tacoma Actors Guild's first presentation was "Guys and Dolls" at the Temple Theatre which was sold out. TAG has worked this year refurbishing and remodeling the old St. Leo's High School and will start its season in October with "One Flew Over the Cuckoo's Nest". Season tickets (October-March) are now on sale at the full time box office at St. Leo's or by calling 272-0932 for any auxiliary members who are interested in supporting this Tacoma theatre endeavor.

See you at the meeting.

Joan L. Sullivan

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- **MANAGEMENT** — How to manage rental property for profit
- **TAX ASPECTS** — How to use "tax dollars" to invest
- **SELLING** — How to maximize your return and minimize the tax on YOUR profit

SPEAKERS:

DICK HALES, partner Ward & Company, an accounting firm experienced in real estate accounting. He has a large clientele of investors in Income Properties and his firm is frequently selected by investors as a competent real estate accounting firm.

GARY N. ACKERMAN, attorney at law with the law firm of Roberts, Shefelman, Lawrence, Gay & Moch. Mr. Ackerman is a leading Seattle attorney, specializing in real estate law.

M. LEON MOORE, president, Invest Associates, Inc., a commercial real estate investment firm. He is the managing partner of over \$12,000,000 worth of income real estate in King, Pierce and Snohomish Counties.

WHERE & WHEN:

Bellevue Athletic Club
11200 SE 6th, Bellevue, WA
7:00-10:00 p.m. — NOVEMBER 12, 1979

RESERVATIONS:

Limited Seating Available
Call 625-9400

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Continuing Medical Education Update _____

1979-80 COURSE SCHEDULE

**COLLEGE OF
MEDICAL
EDUCATION**



Category I

Date/Location	Course Topic	Coordinator(s)
November 3 Tacoma General	INFECTIOUS DISEASES	Alan Tice, M.D. (8 hours)
Jan. 12, 13, 14, 15 Puget Sound	THE GERIATRIC PATIENT	Edwin J Fairbourn, M.D. (8 hours)
January 26 St. Joseph	RHEUMATOLOGY	Robert Ettlinger, M.D.
January 23 thru Feb. 1 Europe via Pacific Northwest Northwest Ski Assn.	CRITICAL CARE I	Toshio Akamatsu, M.D.
January (TBA) Lakewood General	OB-GYN	Tom Brown, M.D.
February 15 Tacoma General	PERIPHERAL VASCULAR DISEASE	Edmund Kanar, M.D.
March 9 thru 15 Lake Tahoe	CRITICAL CARE II	Toshio Akamatsu, M.D.
March 13, 14 Tacoma General (Auditorium)	TACOMA ACADEMY OF INTERNAL MEDICINE	Bruce Buchanan, M.D.
March 21, 22 Mary Bridge	A DAY OF PEDIATRICS	Robert Scherz, M.D.
April (TBA)	REGIONAL MEETING	Alan Tice, M.D. Robert Modarelli, M.D.
April 18, 19 (TBA)	TACOMA SURGICAL CLUB*	Lawrence Smith, M.D.
May (2nd wk) Sea-Tac Red Lion	AAFP — State Meeting*	Robert Klein, M.D.
May (TBA) Allenmore General	ENDOCRINE DISEASES	Ronald Graf, M.D.

Dates, times and topics are tentative and subject to change. Pierce County physicians will receive written information relative to each program approximately three weeks in advance.

* Not a College of Medical Education program

MEDICAL SOCIETY OF PIERCE COUNTY — SPEAKERS INVITED!!!!

CRITICAL CARE I — Europe via Pacific Northwest Ski Assn. (As scheduled above)

**For further information contact:
Toshio Akamatsu, M.D., 627-4101**

INFECTIOUS DISEASE FOR PHYSICIANS

CATEGORY I

Credits: 8 hours

As an organization accredited for continuing medical education, the College of Medical Education, Inc., certifies that this offering meets the criteria for eight credit hours in Category I for the Physicians Recognition Award of the American Medical Association and for the relicensure requirements of the Board of Medical Examiners of the State of Washington.

ALSO

Accredited by the American Academy of Family Physicians for eight credit hours—Category I (Prescribed)

November 3, 1979 - Tacoma General Hospital

8:00	UPDATE ON ESTABLISHED ANTIBIOTICS	<i>Michael J. Miller, M.D.</i> Professor of Pediatrics, Assistant Dean, University of Oregon School of Medicine; Pediatric Consultant, Infectious Disease, University of Oregon Health Science Center, Portland
8:40	Discussion - Question/Answer	
9:00	THE NEWER ANTIBIOTICS	<i>John A. Dilworth, M.D.</i> Internist, Infectious Disease, Everett
9:40	Discussion - Question/Answer	
10:00	ANTIBIOTICS-SENSITIVITY TESTING & PHARMACOLOGY	<i>Alan D. Tice, M.D.</i> Infectious Disease Specialist, Tacoma
10:40	Discussion - Question/Answer	
11:00	PROPHYLACTIC ANTIBIOTICS	<i>E. Patchen Dellinger, M.D.</i> Assistant Professor of Surgery University of Washington Harborview Medical Center Seattle
11:40	Discussion - Question/Answer	
12:00	LUNCH	
1:00	RECENT DEVELOPMENTS IN SEXUALLY TRANSMITTED DISEASES	<i>John A. Dilworth, M.D.</i>
1:40	Discussion - Question/Answer	
2:00	ADVANCES IN URINARY TRACT INFECTIONS	<i>Alan D. Tice, M.D.</i>
2:40	Discussion - Question/Answer	
3:00	INFECTIONS IN THE IMMUNO SUPPRESSED HOST	<i>Michael J. Miller, M.D.</i>
3:40	Discussion - Question/Answer	
4:00	DEVELOPMENTS IN VIROLOGY AND RAPID IMMUNOLOGIC DIAGNOSTIC TECHNIQUES	<i>Lawrence Corey, M.D.</i> Assistant Professor and Head, Virology Division, Children's Orthopedic Hospital Seattle
4:40	Discussion - Question/Answer	

Program Coordinator: Alan D. Tice, M.D.

SPONSORED BY:

The Committee for Continuing Medical Education of the Medical Society of Pierce County
College of Medical Education, Inc.

To be held at:
Tacoma General Hospital
315 South K Street
Tacoma, Washington



Registration fee: \$50.00 (Paid preregistration would be appreciated before November 1, 1979.) The 1979 CME assessment will apply.

This program is subject to cancellation if less than the minimum number of participants have registered by November 1, 1979.

Please address all registrations and correspondence to:

Maxine Bailey, Executive Director
College of Medical Education, Inc.
Medical Society of Pierce County
705 South 9th, #203
Tacoma, Washington 98405
Phone: 627-7137

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, **MEMBERSHIP**, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE



Johann H. Duenhoelter, M.D., Obstetrics and Gynecology. Born in Germany, 7/11/37; medical school at University of Kiel, 1964; internship at Providence Hospital, Seattle, 1965-66; residency at Parkland Memorial Hospital, Dallas (obstetrics and gynecology), 1967-70; fellowship in reproductive physiology, U of W, 1966-67. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, Tacoma General. Dr. Duenhoelter is practicing at 331 South Meridian, Puyallup.



William H. Lenard, M.D., gastroenterology/internal medicine. Born in New York City, 11/8/45; medical school at State University, New York, 1971; internship at Montefiore Hospital, Bronx, 1971-72; residency at Montefiore Hospital, 1972-74; gastroenterology fellowship, Seattle VA Hospital and U of W, 1974-76. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, St. Joseph, Tacoma General. Dr. Lenard is practicing at 34616 11th Place South, Federal Way.



Warren E. Miller, M.D., Family Practice. Born in Indianapolis, Ind., 6/16/50; medical school at Indiana University School of Medicine, 1976; residency at St. Vincent Family Practice, Indianapolis, 1976-79. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Mary Bridge, St. Joseph, Tacoma General. Dr. Miller is practicing at 11019 Canyon Road, Puyallup.



Irving H. Pierce, M.D., Hematology/Oncology. Born in Portland, Ore. 6/25/38; medical school at University of Oregon, 1965; internship at Fitzsimmons, Denver, 1965-66; residency at Madigan General Hospital (internal medicine), Fort Lewis, 1966-69; graduate training in hematology, University of Washington 1969-71. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Pierce is practicing at 1624 South I Street, Tacoma.

SECOND NOTICE



Steven S. Goluboff, M.D., Family Medicine. Born in Saskatoon, Canada, 9/7/48; medical school at University of Saskatchewan, 1973; internship at University Hospital, Saskatoon, 1972-73; residency at University of Toronto, 1973-75. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Goluboff is practicing at Tacoma Family Medicine, Allenmore Medical Center.



Richard T. Knudson, M.D., Pediatrics/Neonatology. Born in Libby, Mont., 11/17/46; medical school at University of Oregon of Medical School, 1972; internship at Tripler Army Medical Center, 1972-73; residency at Tripler, 1973-74; Fellowship in Neonatology, Tripler, 1974-76. Licensed to practice medicine in the state of Washington, 1975. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, Lakewood General, Mary Bridge, St. Joseph, Tacoma General. Dr. Knudson is practicing at Mary Bridge Children's Hospital, Tacoma.



Martin Schaeferle, M.D., Plastic Surgery. Born in Junction City, Ka., 1/10/43; medical school at University of Iowa College of Medicine, 1968; internship at Emanuel Hospital, Portland, Ore., 1968-69; residency at University of Utah College of Medicine, 1971-75, and Kansas University Medical Center, 1975-77. Licensed to practice medicine in the state of Washington, 1977. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Schaeferle is practicing at 1002 South 10th St., Tacoma.

AAMA Page Continued

some states twice a year). Subjects covered are anatomy, physiology, medical terminology, examination room techniques, sterilization, injections, laboratory, and x-ray techniques, office skills, record keeping, medical law, medical ethics and economics. The standing of a certified medical assistant is a high one and she is entitled to wear a special pin.

Information regarding membership to our local Pierce County Chapter may be obtained from Linda Reynolds, 572-7474, or from Sharron Vigil, 383-1073.

Doctors, may I ask each one of you after reading this article to pass it on to your medical assistants in

the hopes of calling to their attention the many benefits that AAMA may offer to them. It is very important and necessary to their jobs that continuing education be part of their goal for the future. We can offer this and more. We can give your medical assistants a challenge to become more professional, more aware of new ideas and techniques, better educated with a chance for certification, and a new prestige. Please feel free to call me at 272-3133 days, or 564-5279 nights. I will be glad to give any interested person whatever information I can.

Mary Ann Matherne
Publicity Chairman, AAMA

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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.

General and Peripheral Vascular Surgeon. available in July, 1980. Board certified American Medical Examiners and American Board of Surgery (diplomate, 1978). Clinical Fellow in Vascular Surgery, 1979-1980, Baylor University Hospital. Licensed in the state of Washington. Listing #901.

Family Practice Physician currently serving in the USAF, available after October, 1980. Board certified, residency trained. Primarily interested in group practice in medium to small sized community. 1975 graduate of George Washington University Medical School. Listing #902.

Obstetrician Gynecologist, board certified, seeks position in OB-GYN group. Recently released from military service. Available immediately. Listing #903.

Board Certified General Internist scheduled to complete training in oncology at Mayo Clinic in June, 1980. Interested in private practice group or partnership. Member, AMA; associate member, American College of Physicians; diplomate, National Board of Medical Examiners and American Board of Internal Medicine; member, Mayo Medical School Admissions Committee. Listing #904.

Orthopedic Surgeon seeks practice opportunity in small group. Primarily interested in pediatric orthopedics and hand surgery. Currently serving with U.S Army. Available in 1980. Listing #905.

General internist interested in group, multi-specialty group, or institutional practice. Trained in flight medicine. Presently assigned to USAF School of Aerospace Medicine. Graduate, George Washington University Medical School, 1975. Available September, 1980. Listing #1001.

Family practitioner seeks group or association affiliation. Available July, 1980. Currently practicing in U.S. Army Medical Corps. Board certified, family practice. Member, American Academy of Family Physicians. Listing #1002.

General internist. University of California School of Medicine graduate, 1975. Diplomate, American Board of Internal Medicine. Listing #1003.

Internist. Graduate of University of Maryland School of Medicine, 1976. Completed family practice residency at U of M, and internal medicine residency at Union Memorial Hospital, Baltimore. Available June, 1980. Listing #1006.

Internist seeks associate/partnership or group practice in primary care internal medicine. Currently completing residency at University of California, Davis. Associate member, American College of Physicians. Available July, 1980. Listing #1009.

Neurologist/neurosurgeon interested in solo, group or partnership opportunity. Presently professor of surgery, Division of Neurosurgery, Loyola University Medical Center. Listing #1005.

Thoracic and cardiovascular surgeon available June, 1980. Currently chief resident in cardio-thoracic surgery, University of Cincinnati. Certified by American Board of Surgeons. Listing #1007.

Gastroenterologist, available June, 1980. Diplomate, American Board of Internal Medicine. Training resident in gastroenterology, Queen's University, Kingston, Ontario. Listing #1008.

Gastroenterologist completing second year gastroenterology fellowship. Available June, 1980. Completing fellowship at Yale University School of Medicine. Listing #1004.

General surgeon with interest in vascular surgery. Available July, 1980. Currently chief resident, general surgery residency, Good Samaritan Hospital, Cincinnati. Listing #1010.

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ATTENTION

A NEW APPROACH TO MALPRACTICE DEFENSE

The Professional Liability Insurance Company is a new company over 60 percent owned by practicing physicians, mostly in Oregon. We believe that a malpractice premium of 10-to 12,000 dollars is not justified by actuarial experience and this was recently proven by the large premium return you received last year. Numerous suits are filed but only a few ever get before a jury. Of these only a microscopic percentage ever get a judgment and we all have to pay for it!

Now doctor, do you do good work? Are your results reasonably satisfactory? Are you **CRIPPLING OR INJURING** people as the lawyers and the press like to claim? If you are then this policy is not for you. It will not pay the judgment but it pays **EVERYTHING ELSE**: Attorney's fees, court costs, depositions, witnesses, transcriptions. In short everything **EXCEPT THE JUDGMENT**. All of these are paid if you go for an appeal as well.

You have already noticed the large percentage of California and Nevada physicians who are "going bare". If you go bare, you will have to defend your own lawsuits and this is very hazardous indeed. The lawyers in this area charge \$100 per hour and up and you could be wiped-out quite easily by defending a frivolous suit which you were sure to win. How would you like to get an attorney's bill for 10 to 15,000 dollars for defending a completely frivolous lawsuit? This is the thing which can happen and has an excellent probability of happening. A judgment, on the other hand is a remote thing and only a tiny percentage of the suits ever get before a jury and of

these even less get a judgment. Therefore, what are we worried about? The costs of defending a suit, of course and you cannot do this by yourself. You have a legal right to go into court by yourself but this is a frivolous thing and not practical. This policy protects you against all expenses by attorneys and you will get to select your own attorney.

What does the policy cost? About one-tenth of what you are now paying for malpractice insurance. For example, category 5, orthopaedic and plastic surgeons with a good record, pay about \$950 not per month but this is for **ONE YEAR**.

NOTICE: This policy is not for sale in Oregon or Washington and can be purchased only from the home office of the Professional Liability Insurance Company, Box 1567, Grand Cayman, Cayman Islands, British West Indies.

Our overseas address was caused by the fact that we were unable to raise the million dollars required by the insurance commissioner to sell policies in this state. If you are interested and would like to get more information, please send a note to the home office of the company Box 1567, Grand Cayman, Cayman Islands, British West Indies and an information packet will be sent to you. If you are contemplating going bare, you cannot afford to ignore this protection as you can easily be wiped-out by attorneys' fees in defending a completely frivolous suit.

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FOR LEASE: Office suite available for private practice in Des Moines. WA medical clinic, \$750 per month. For brochure with floor plans and a description of amenities, contact: Loren Woodward, Woodward Real Estate, (206)824-6890.

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MEDICAL; LEGAL Continued

C. HANDLING DISPUTES, ISSUING OPINIONS AND MEDIATION

It is hoped that the above recommendations will prevent problems, but the following mechanism is suggested for the resolution of any attorney-physician conflicts which do arise.

1. Physician submits opinion request to medical chairman. Medical chairman reviews request and sends request to legal chairman with his opinion. Legal chairman responds.
2. Lawyer submits opinion request to legal chairman. Legal chairman reviews request and sends request to medical chairman with his opinion. Medical chairman responds.
3. If both medical and legal chairmen agree, opinion given to person requesting the same with copy to all members of the committee.
4. If medical and legal chairmen do not agree, problem submitted to members of medical/ legal committee for further consideration.

5. Majority and minority opinion issued after consideration by committee.
6. If mediation demanded, then medical chairman selects two medical members of the committee and legal chairman selects two legal members of the committee and obtain an agreed date, time and place to mediate dispute. A memorandum together with affidavits and exhibits shall be presented to the chairmen by each party to the dispute and copies shall be disseminated to the members of the mediation board one month prior to the mediation date.

D. MEETINGS

There shall be at least one annual meeting open to all members of the committee. The date, time and place, of said meeting shall be determined by the chairmen. All committee members will be given at least two week's notice of the meeting.

Special meetings of the committee may be had upon agreement by the chairmen with two weeks' notice to the committee members of the date, time, place, and reason for the meeting.



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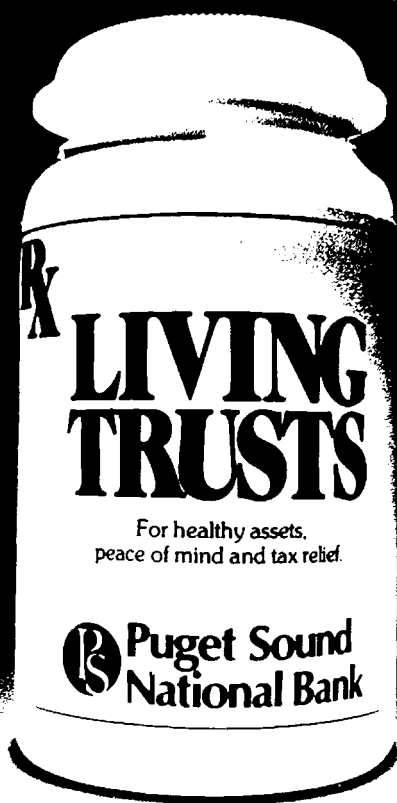
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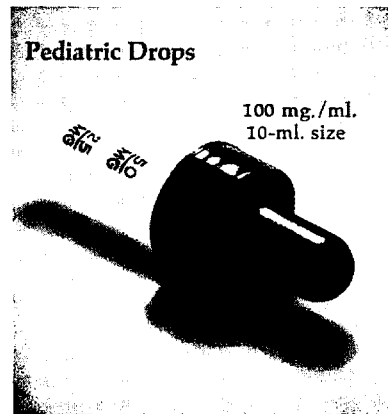
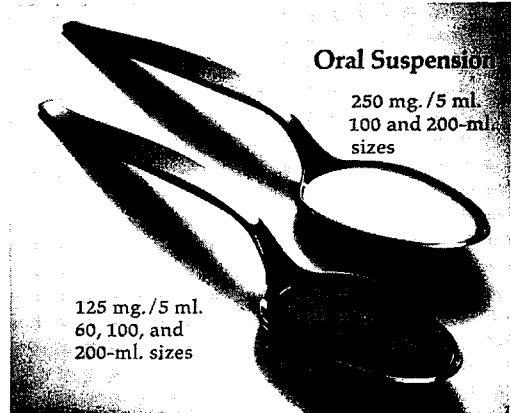
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Medical Society of Pierce County

NOVEMBER 1979 VOL. LI, No. 11, Tacoma, Washington



1980 Medical Society
Budget & Dues...See page 6.

BULLETIN



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Bulletin of the Medical Society of Pierce County



Cover photo by R. Helm

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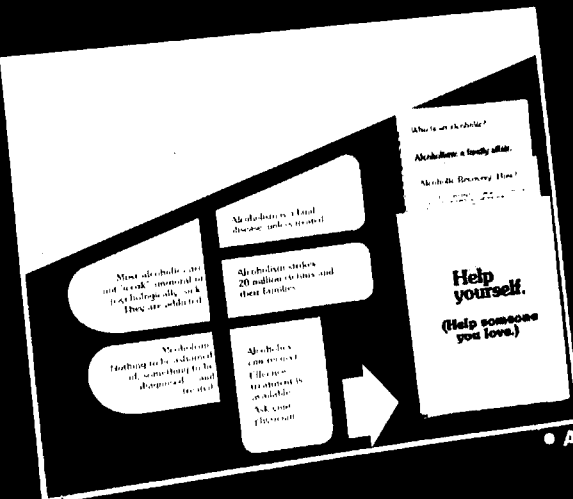
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Write or call today.

Many of your patients need the facts about alcoholism, for themselves or someone they love. The Alcohol Information Center can help them to come to you for help.

* Based on patient abstinence one year after treatment. Survey Source: Facts Consolidated, Los Angeles, CA, 1978.



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Be cheerful. Let your patients visualize the fulfillment you get as a medical assistant. Let them experience your patience and understanding by the tone of your voice and with that beautiful smile. Take that little extra time to show that you care.

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*Corinne Mesoyedz, AAMA
Librarian*

EDUCATION & REQUIRED SKILLS

There are a number of ways to become a Medical Assistant/Administrative or a Medical Assistant, Clinical. Most medical assistants acquire their training on the job rather than by way of formal degree or certification programs. This may change in the future as more and more people seek formal education and training, especially in the two-year college medical assisting and business practices programs. However, with three or more years of experience and a high school diploma or a high school equivalency certificate, practicing medical assistants can take the AAMA certification examination at a number of locations throughout the United States.

Another way to become a medical assistant is to go to school. Many junior and community colleges offer an associate of arts degree in medical assisting at the successful completion of two years of study. One-year courses also are available in vocational, technical, or privately owned schools which award certificates upon

the successful completion of two years of study. One-year courses are also available in vocational, technical, or privately owned schools which award certificates upon the successful completion of studies.

The basic content of both types of courses must include the following classroom and clinical areas of study: (1) anatomy and physiology; (2) medical terminology; (3) medical law and ethics; (4) psychology; (5) communications; (6) administrative practices such as office procedures, correspondence and typing; (7) medical transcription and dictation; (8) bookkeeping and insurance; (9) clinical procedures including sterilization and examination room techniques, laboratory procedures, principles of pharmacology and drug administration, and diagnostic machine orientation; and, (10) externship. Candidates for medical assisting programs must submit to the schools evidence of their good health including the results of a tuberculin-screening test or a chest x-ray.

At the present time, no legal licensing, mandatory certification, or continuing education requirements apply to medical assistants. However, certification and/or registration is offered by two organizations upon the successful completion of examinations given to those who qualify. American Medical Technologists offer the RMA (Registered Medical Assistant) credential as well as opportunities for continuing education. The AAMA offers certification (Certified Medical Assistant) and, effective in 1980, a revalidation program for CMA's as well as continuing education for all medical assistants. People who successfully pass the AAMA certification examination are entitled to use the CMA designation after their names. In addition to general certification, candidates may earn specialty certification in administrative (CMA-A) and clinical (CMA-C) categories. Those who hold both administrative and clinical certification may use the designation CMA-AC after their names. In addition, the AAMA has made available two types of special certification to those who have completed training or have acquired knowledge in pediatrics and ophthalmology. Although certification has been offered to Pediatric Medical Assistants (CMP-P), this examination has been discontinued for the time being. Mechanisms for certifying other specialty medical assistants, as well as in pediatrics, are under study.

Information taken from the National Certification Board.

*Mary Ann Matherne, AAMA
Publicity Chairman*



THE MEDICAL SOCIETY'S 1980 BUDGET AND DUES

Kenneth D. Graham, M.D.

It was a dark and blustery evening as six solemn faced, serious minded physicians and one equally intent executive director ascended the steps to the Medical Society's office and disappeared inside. This small group was your Budget Committee. Its mission: formulate a 1980 budget for recommendation to the Board of Trustees. Many hours later, and still without dinner, they emerged, their demeanor now one of satisfaction and relief. A number of problem issues had been addressed and satisfactorily resolved in preparing a 1980 budget that reflects realistically our many commitments to improving the quality and delivery of medical care in Pierce County and in providing practice oriented benefits to the membership.

Here are some of the hard financial facts of life and problems confronted by the Budget Committee and your Board of Trustees.

Society expenses fall into five categories. The first, Membership Benefits, encompasses the society's funding of the Pierce County Medical Library, the College of Medical Education (COME) and support of Membership Benefits, Inc. (MBI), our placement and collection services. Society funding of the college through the new COME consortium was approved unanimously at the September general membership meeting as was reported in last month's issue of the BULLETIN. While our actual funding will ultimately be determined by the amount of physician and allied health professional attendance at COME sponsored courses, the 1980 budget projects a maximum contribution of about \$17,000. No other county medical society of our size supports such an endeavor, to our knowledge.

The Pierce County Medical Library has been the subject of some debate among physicians recently and some have expressed the concern that they do not receive benefits that reflect the \$50.00 per member cost of the facility. Physician use of the library continues to be strong, however, and Chairman Dr. Juan Cordova, Librarian Marion von Bruck and the Library Committee were able to review a variety of statistics on

physician use of the facility at its October meeting. The Library Committee concluded its review of the proposed 1980 library budget with the recommendation that the society continue its 40 percent share of the library's funding. This will amount to just over \$25,000 in 1980. This formula was established several years ago after protracted negotiations with Pierce County hospitals which contribute the remaining 60 percent of the annual funding.

Many of us recall the days when hospital libraries were non-unified and each hospital assessed its staff members \$10.00 each toward that hospital's library. For those of us on multiple staffs, the overall figure was significant and we could now assume that figure could double if the current library consortium did not exist. The costs and benefits of the library will be carefully assessed by the Library Committee and board in 1980.

The Budget Committee thoroughly reviewed MBI's progress to date. The Placement Service has been in operation for three years and concluded 1978 in the black and by contributing to society reserves. This year, however, the Placement Service has required subsidization. Local economic factors affecting hiring, a reduced level of membership support of the service, and other factors have resulted in its reduced earnings. A number of changes have been made in the Placement Service operation over the past few months and the MBI Board of Directors will continue to monitor the service closely in 1980. It is a service of value and is deserving of your support.

The Credit Collection Service continues to increase its operation at a healthy rate. Over 135 physicians and dentists now use the service, including several quite large accounts, and a substantial amount of accounts have been assigned since last spring to the service for collection. If current income trends continue, we project that the service will be self-sustaining later in 1980.

Our second major expense category is Internal Support which includes the expense of maintaining the

society office, staff and necessary support for our many committees and activities. The size of the society's staff has remained constant over the past four years while membership has increased by approximately 33 percent and the level of society activities and workload have increased tremendously. The super job of our executive director is applauded by all. All of this was taken into account by your committee while, at the same time, analyzing each expenditure appropriately. The resulting increase in this expense category is projected at less than 8 percent, very commendable in light of inflation and, as I pointed out, our increased activities. The staff has been very diligent in introducing cost reducing and more efficient procedures to the society's operation.

We plan to continue the policy of having officers and trustees pay for their own expenses for board meetings, the WSMA annual meeting and other regularly scheduled society activities. Those who contribute so much of their time and effort to committees and the board without personal gain deserve our thanks.

Other expense categories are Policy and Program Development, and Promotion and Goodwill (a nominal \$600 has been budgeted to be expended as circumstances warrant).

In addition, we have added another expense category, Contributions to Reserves. The Budget Committee, at its September meeting, recommended that the society establish a goal of maintaining cash reserves equal to 15-20 percent of our basic operating expense to better position the society for any future contingencies that may arise.

As a result, we have started budgeting a specific amount to be assigned to reserves each year. In 1980 that amount will be a minimum of \$2,000.00. 1980 presents so many variables that it is difficult to state with precision what our reserves will be in December, 1980, but we project that they will be at least 15 percent of operating expense.

In summary, our 1980 medical society budget of \$147,000.00 provides for increased funding of the Pierce County Medical Library and College of Medical Education, and decreased funding of Membership Benefits Inc. as MBI moves into a more self-sustaining position and our first year startup expenses are not repeated. Our program development and support services will increase but at a rate well below the increase of inflation in 1979 and what we can expect in 1980.

Over five years ago we established our basic Medical Society of Pierce County dues at \$160.00 per member. Since that time, society activities and programs have increased significantly. While membership has increased over the past five years, inflation has increased more rapidly. The government's own CPI figures for our area reflect more than a 47 percent increase over the same period of time. In light of this and to provide the sound financial basis necessary for

Continued on page 22

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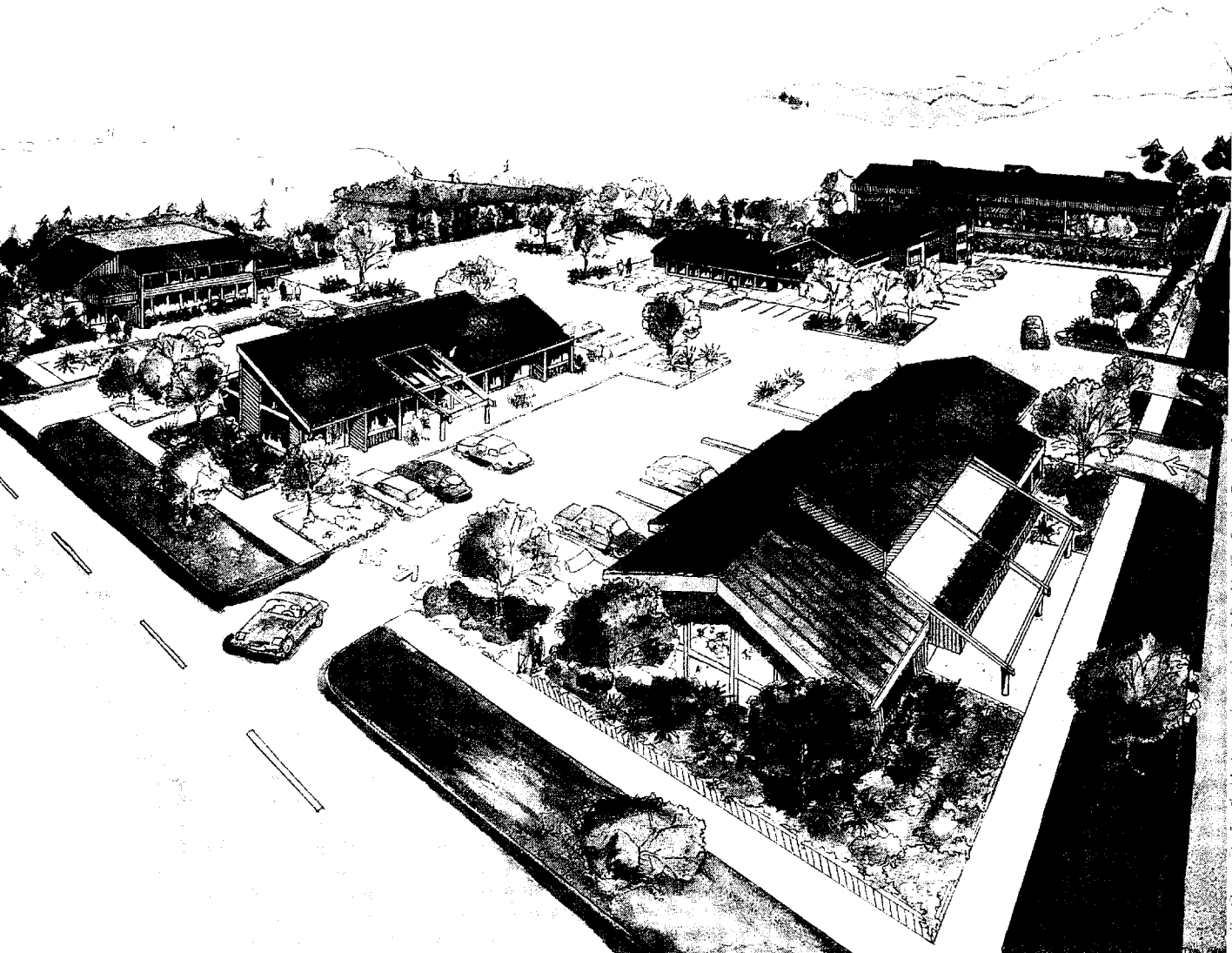


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CASE SUMMARY — 1989

Arnold Sartorius was a 56-year-old consumer who first came to the attention of the health care industry when he noted a lump in his abdomen. Seeking primary care, he attended his local federally funded and staffed health maintenance organization which operated out of a large Winebago camper parked by his neighborhood fire house every Tuesday afternoon. Here he was classified by a health interventionist as one of the worried well and underwent multiphasic screening. Deeply gratified when informed that 27 tests showed that the functions of his liver, kidneys, cochleas, thyroid, lungs, ciliary body and heart were all normal, he nonetheless remained concerned about the lump in his abdomen which by now had begun to ache a bit. By pressing his demands politely but firmly—and aided by a telephone call from his congressman's office—he at length was examined by a licensed provider of health services, who found the lump in his abdomen. Although mindful of the HMO motto, "To hospitalize is to have failed," this provider nevertheless surreptitiously furnished Mr. Sartorius with a shopper's list of hospitals published by the Insurance Commissioner.

The Consumer thereupon selected a health facility rated AAA on the basis of an outstanding Utilization and Peer Review Service and low room rates. Unfortunately, he found that this institution had closed. Still determined and indeed stimulated by the now persistent pain in his abdomen—Mr. Sartorius saw another provider of health services in a formerly large but now withering metropolitan hospital rated C by the Commissioner but having substantial, although clandestine, reputation as a medical center. Here the diagnosis of relapsing nucinosus was established and immediate laparotomy advised. After consultation with the consumer's health insurance carrier, however, it was determined that his hospitalization would not be covered since current medical opinion indicated that a brief ambulatory course of treatment with oral Ethampicin was invariably curative. (The hospital bill to date was thereupon charged to his admitting provider.) Ethampicin, however, although widely used in Europe, Micronesia and the Congo for 10 years, had not yet been approved for American consumers by the FDA.

By now profoundly uncomfortable and unable to walk without flashes of excruciating pain, Mr. Sartorius staggered from the hospital to a methadone

clinic in a nearby ghetto. Here, at last, he found relief and lived a comfortable, if not happy, life until his death three weeks later.

The demise of Arnold Sartorius was duly reported to the competent health authorities who found it yet another tragic example of the well known failure of the health care industry in its current inefficient, profit-oriented, provider-dominated state. But then, one official commented privately, who can get too upset over a junkie?

Frederick L. Jones, Jr., M.D.

Chairman, Division of Medical Services, Geisinger Medical Center, Danville Pennsylvania. Reprinted with permission from the Spring, 1979 issue of the GMC Bulletin

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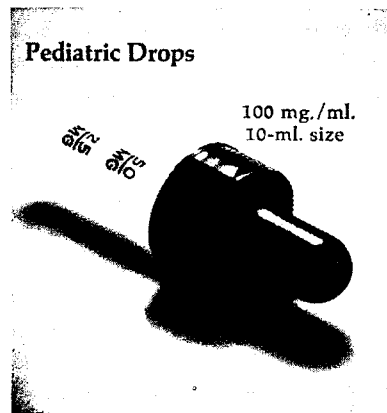
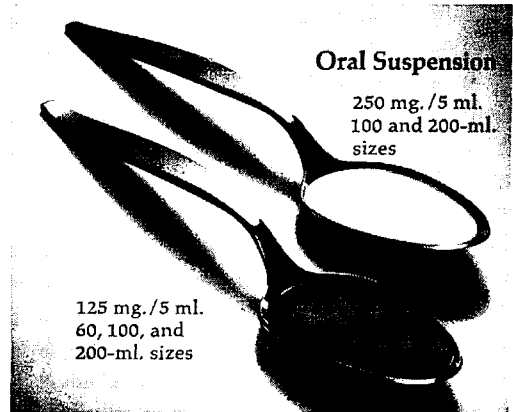
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UNDERSTANDING WORKERS' COMPENSATION

During the past few months the Medical Society-Tacoma Area Chamber of Commerce Joint Health Issues Committee has held several meetings with the chief topic being State Labor and Industries, Workers' Compensation and related subjects. There seem to be areas where vast improvements could be made. These areas have been under study by the Washington State Medical Association and most recently at the WSMA Annual Meeting early in October. The WSMA House of Delegates unanimously approved a resolution calling for the WSMA to work with other professional associations or organizations to enact legislation to allow professional employers the option to self-insure their employees on a co-op basis or to obtain such insurance through the private underwriting market. This resolution was sponsored by Dr. Lloyd Elmer and his fellow Pierce County delegates, Mr. William Garvin of the Association of Washington Business staff provided supportive testimony for this resolution at the state medical meeting.

On October 30, 1979, our committee, through the efforts of Dick Spitznass, manager of employee benefits, Weyerhaeuser Corporation, heard an address give by Mr. William Jacobs, a consultant to the AWB, discussing ways we can be of help in obtaining this goal. Basically, he suggested becoming familiar with the current system, its benefits, ways it can be improved, and to make these facts and our opinions known to the general public, especially labor, employers and to legislators.

Our committee believes that many physicians, as well as employers, do not fully understand the present system, the procedures that can help expedite a worker's benefits and his return to useful employment. Therefore, in line with Bill Jacobs' recommendations and so that we will be better able to serve our injured patients now, Dr. Charles McGill willingly has accepted the responsibility of writing a series of brief articles explaining these and other associated topics.

As most of you know Dr. McGill is a specialist in Occupational Medicine. He is also now serving on the WSMA Advisory Committee to the Department of Labor and Industries, a position he has held for many years. He is eminently qualified. The following are his introductory remarks and his first article will appear in next month's BULLETIN and at regular intervals thereafter.

Max S. Thomas, M.D., Chairman

Recognizing the demands of your practice, the complexities of the industrial insurance statutes, and the reporting requirements of the Department of Labor and Industries, I will try to relate your responsibilities as a physician to those of the Department, the employer and the employee in a way that will simplify the procedures as much as possible.

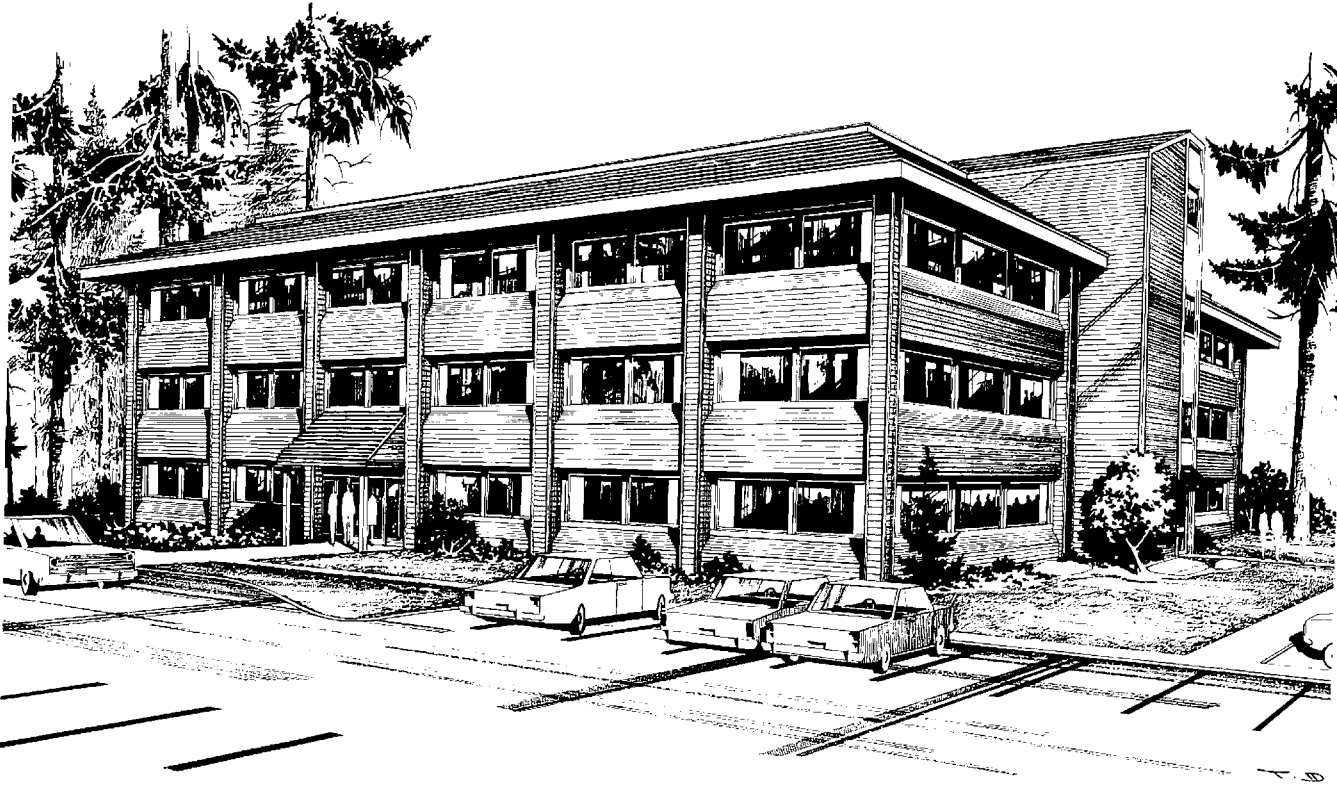
The first article will deal with the employer and employee responsibilities. Subsequent articles will deal with department responsibilities, reporting requirements, authorization of diagnostic and treatment procedures, consultations, rehabilitation, evaluation of impairment of work limitations, billing procedures, and final determinations. If time and space permit, another article will deal with the historical, ethical, and legal bases for the statutes and regulations governing the care and compensation of workers with occupational injuries or diseases.

Each article will be preceded with the caveat that it does not constitute a substitute for knowledge of the industrial insurance statutes, the continuing flow of appellate decisions, and the Medical Aid Rules of the department. The reader must acknowledge that it is impossible to reduce these things to a summary and have the resultant product be so accurate, useful and comprehensive that it will equip the physician with the information necessary for the successful management of patients with industrial injuries and diseases.

It is hoped the articles will dispell the widespread impression that doctors become claims managers and judges as well as physicians when the care of an injured or diseased worker is undertaken. Your comments and suggestions for the ensuing articles are welcome and invited.

Charles McGill, M.D.

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IN MEMORIAM
DR. SOMERS R. SLEEP
1900-1979

I first became acquainted with Dr. Somers Sleep when he applied for an internship with Dr. Burton Brown at the Pierce County Hospital, now the Puget Sound Hospital. That was in 1933 and I was a resident at the time. The thing I remember most vividly was discussing with him many years later how we did tonsillectomies in those days. I had the job of teaching new interns the art of the T&A, this was during the depression and our source of supply was never ending.

We always scheduled 12 tonsillectomies every Wednesday morning. Under ether anesthesia the T&A was done, major bleeders, if any, were ligated, an occasional gauze sponge was left in a fossa, the patient was flipped over on his abdomen and carted away. That had to occur every 15 to 20 minutes in order to be done by noon. Dr. Sleep and I marvelled in later years how few accidents happened. In the 5 years that I was there we never lost a patient, though on rare occasions one had to be transfused. Dr. Sleep stayed on for a second year residency.

Dr. Sleep was born in New Brunswick, Canada, where he obtained his early education. He earned his Bachelors Degree from the University of Puget Sound in 1928 and his M.D. Degree from the University of Oregon school of medicine in 1931. He started practice in Tacoma with Dr. Trimble in 1935. He soon became one of the well liked and busiest doctors in Tacoma, attested to by the fact that he was usually second to Dr. Tom Murphy in the amount of work done for the Pierce County Medical Bureau.

Dr. Sleep taught biology for awhile at the University of Puget Sound. He was an elder in the Presbyterian Church and was a past member of the Board of Trustees of the University of Puget Sound. He was president of the Pierce County Medical Bureau. He was a member of the downtown Kiwanis Club and the Tacoma Executive Club. His main hobby was gardening on the one and one-half acres surrounding his home.

Dr. Sleep is remembered with fondness by his numerous loyal patients and by the doctors who were associated with him during his 35 years of practice in Tacoma.

Eugene W. Hanson, M.D.



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POTPOURRI OF PROBLEMS REVIEWED



Herman S. Judd, M.D.
Chairman

A special meeting of the Interprofessional Committee composed of representatives of the pharmacy and medical societies was held on October 10th and turned out to be a potpourri of interrelated medical and pharmaceutical problems. The most simple was the prescription blank containing several different drugs written on one blank. The pharmacists feel confusion can exist in such a prescription and ask that we physicians write each prescription of each drug on a separate blank. They also ask that we give specific refill instructions to obviate their having to call our office for authorization for a refill. Along this same line, some medical offices are authorizing refills of prescriptions on the phone without a careful enough check by the office personnel to justify the refill order. The physician should be asked by his office staff (the front office girl not educated in the drug prescribed should not) and a note should be made on the patient's chart indicating the refill, the date and the substance and amount ordered. The pharmacist or the physician or both are exposed to a potential malpractice suit by not doing this.

Some physicians are having their prescription blanks printed to include, "This prescription not valid for any controlled substances." This quickly obviates the problem of the forged prescription for only those for controlled substances will be forged. (Remember that we told you some time ago that one sheet of your prescription blank pad was worth five dollars on the street today.) To have your blanks printed this way would, of course, require some blanks printed without the "not valid" notation in case you do have to write for controlled substances from time to time.

Some of the pharmacists have been considering posting a notice in their pharmacies that they do not stock amphetamines. This way they can tell a patient

seeking dexedrine, for example, that his prescription will be filled but it will take a couple of days to get the drug from the wholesaler. This discourages the pep-pill addict from trying to fill a forged prescription or from holding up the pharmacist at the point of a gun.

Physicians who dispense their own medications and charge the patient for them are not acting illegally, unnecessarily. They should be warned that if they dispense medications in this manner, they must keep records of the patient, the medication, the date, the amount prescribed and the directions for taking the drug. This must also be on the container that the patient receives. Failure to do so is a violation of state law and the State Board of Pharmacy has the legal right to inspect the physician's records for this purpose. This is not a common problem in our medical community but it does exist, believe it or not.



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HISTORY — THE BEGINNING

On May 26, 1922, 26 doctors' wives from 11 states met in the Statler Hotel in St. Louis. They felt that a national organization was needed "to extend the aims of the medical profession through the wives of doctors to the various women's organizations which look to the advancement in health and education, to assist in entertainment at all medical conventions and to promote acquaintanceship among doctors' families so that closer fellowship may exist."

The organization which came into being that day was a logical outgrowth of state and county auxiliaries already in existence in Minnesota, Oklahoma, South Dakota, Texas, Maine, and Montana. It was through the efforts of Mrs. Samuel Clark Red, president of the Texas auxiliary, and the cooperation of Edward H. Cary, M.D., of Dallas, Texas, that a resolution advocating a Woman's Auxiliary to the American Medical Association was adopted by the AMA House of Delegates at its meeting in St. Louis on May 21, 1922.

From a small group of dedicated women, the AMA Auxiliary (its name was changed by recommendation of the House of Delegates in June, 1975) has grown into a large volunteer health organization, whose activities are concentrated upon promoting and conducting programs to ensure good health and health care for the American people.

LADIES YOUR 1979-80 WASHINGTON STATE PRESIDENT MRS. JAN MCLEAN

As your president Jan McLean hopes to:

- Increase the value of the state auxiliary to the county components, enlarging your effectiveness;
- Insure public awareness of the worth to the community of the medical auxiliary, becoming better advocates of health education programs,
- While continuing and strengthening the positive actions of the past officers and boards.



"VOLUNTEERS ARE THE MORTAR OF OUR SOCIETY!! And why do they do it? Hopefully it's not because a friend "hit-them-up" in the produce section at Safeway, but because of their commitment to a cause or concern." (Medaux News Editor: Mrs. Albert Bryan)

WASHINGTON STATE CONVENTION NEWS

Nikki Crowley reported on the Seattle Design

Center tour. The luncheon at the Butcher Restaurant in the Atrium of the Design Center was gorgeous! A slide presentation and panel discussion followed. Members broke into small groups for a two hour tour of 12-20 show rooms. It was a unique "inside glimpse" at designer creations — beautiful furniture and fabrics, gorgeous accessories and lamps.

Debby McAlexander reported on the Domestic Violence panel. Dr. Lenore Walker, Ph.D., Psychologist from Denver and recent author of a book on the battered woman, opened the panel with quotes from a recent sociological study, including: 1) 28 percent of couples admit at least one episode of violence during the year; 2) one million children use knives or guns against their siblings; 3) one out of two women will be battered at least twice during a specific cycle. This includes physical and/or psychological abuse; 4) crime in the home is more dangerous than in the streets; and, 5) more police are injured on calls for domestic violence than on calls for street crimes.

In a study of 400 battered women in Denver the following appeared: 1) The woman uses a high level of denial to cover up the battering; 2) there has been some abuse either physical or emotional, in the batterer's childhood home; 3) battering always gets worse; 4) physical abuse almost always has psychological abuse also; 5) children in these homes have psychological problems; and, 6) serious problems must be expected at the time of separation. If separation does not occur, things will get much worse anyway.

The most important item is how to maximize a victim's likeliness to report the crime of battering. Hand her a written document, small enough to hide, telling her how to report the crime (step by step).

Let her know you know she has been battered. Be very clear about this, for she thinks she can fool people. Take an instamatic type picture of the injury. This is most important. Take two pictures, one for her and one for the files. This helps her remember and makes the event harder for her to deny.

All physicians, hospital admissions and emergency room people should have this information. Physicians have a clear mandate to report these crimes, although confidentiality comes in here.

On a pleasanter note, the Inaugural luncheon, Chaired by Jo Roller and Nancy Kennedy was hugely enjoyed. They received compliments on the "fun party!" In fact, they had difficulty persuading some drop-in guests the luncheon was by reservation only.

Continued on page 21

FAMILY NURTURE SERVICE OFFERED

To the Editor:

The Christian Counseling Service is now offering a new method of strengthening the relationship of couples and families called Family Nurture. This involves helping couples, who have basically sound relationships, to develop a unified style of living together that tends to improve their ability of providing an optimal environment for the growth of themselves and their children. A loving relationship between parents is the foundation of a nurturing home ambiance. Family Nurture is particularly designed to aid couples in establishing and maintaining a viable relationship beyond the introduction of children into their family.

Many couples do not anticipate the emotional impact of introducing an infant into their relationship, no matter how welcome the child. This energy drain on the new mother due to her physical recovery from the birth process and the demands of the baby dramatically interfere with her regular routine. Mother's depleted condition coupled with the emotional needs of the new parents cry out for anticipation of the post-partum situation and a concerted effort on the part of both parents to maintain meaningful contact with one another. Although these issues may be mentioned in passing during pre-natal groups, the emphasis is more on the

mechanics of birth rather than the emotional challenges to the couple's relationship.

Family Nurture has developed a seminar: What Can Expecting Parents Expect? as a response to this need for couple participation in addressing their emotional and spiritual life together early in their relationship. Life circumstances demand vigilant cooperation and effective problem-solving abilities if the family is to prosper. An essential aspect of this is each couple's need to develop a natural style of relating that is uniquely suited to their needs, values and situation.

What Can Expecting Parents Expect?, one of several events Family Nurture offers to aid families in leading more rewarding lives, includes exploration of these basic areas of concern to couples who are expecting the birth of a child:

1. Parent's needs and feelings about having a child now (fantasies about child and themselves as parents, fear and apprehensions, promoting facilitating environments for the pregnant mother, anticipated joys, relating to friends and extended family, sexual adjustments, spiritual issues).
2. Practical planning for birth of child and immediate post partum period. (Preferences for delivery method, breast feeding or not, household help

Continued on next page

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Mark Hanks

AUXILIARY PAGE Continued

BACK TO OUR OWN COUNTY BUSINESS

Dot Trucky, dues treasurer, reports that 156 members have paid their dues. C'mon girls, keep those checks rolling in - \$25.00 payable to PCMSA, mail to Dot, 634 Vista Drive, Tacoma, 98465, and receive the new blue Membership Booklet so you'll know where you're going this year.

Any additions, changes or corrections in the membership booklet? Please alert Alaire Sheimo at 588-0134.

Members not being reached by the telephone committee due to unlisted numbers or other reasons, but who desire to be called, are asked to notify Helen Whitney at 564-4345.

December Doings: Plan on dinner out with your spouse. The annual combined Medical Society - Auxiliary dinner will be Tuesday, December 11th, at the Tacoma Yacht Club. This promises to be an entertaining evening.

Holiday Family Party - Saturday, December 15th, 3:00 to 5:00 p.m. at Mary Bridge. Chairmen Em Stern and Susan Weise. Further information will be mailed around the end of November.

Joan L. Sullivan

LETTERS Continued

needed after birth of child, ways to maintain their relationship through pregnancy and the first year or two of child's life.)

3. Child's needs and family development for first two years.

For further information about What Can Expecting Parents Expect? and other Family Nurture events, you are invited to call me at 272-2279. I look forward to talking with you.

Sincerely,

Gene Harvey, MSW

Coordinator, Family Nurture Program
Christian Counseling Service

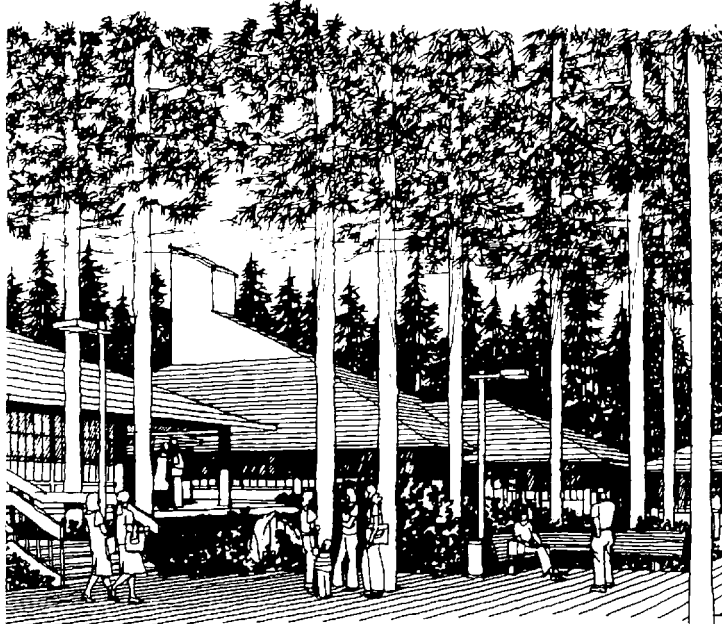
To the Editor:

The Washington Lung Association is sponsoring a program on asthma and allergies to be presented from 9 to 10 p.m., Thursday, Nov. 29, on Channel 13. Questions phoned in by the audience will be answered by Drs. John Colen, Jacqueline Jorgensen and W. Gary Becker. If you have patients who might be interested, please let them know.

Sincerely Yours,

Jacqueline Jorgensen, M.D.

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Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, **MEMBERSHIP**, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

SECOND NOTICE



Johann H. Duenhoelter, M.D., Obstetrics and Gynecology. Born in Germany, 7/11/37; medical school at University of Kiel, 1964; internship at Providence Hospital, Seattle, 1965-66; residency at Parkland Memorial Hospital, Dallas (obstetrics and gynecology), 1967-70; fellowship in reproductive physiology, U of W, 1966-67. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, Tacoma General. Dr. Duenhoelter is practicing at 331 South Meridian, Puyallup.



William H. Lenard, M.D., gastroenterology/internal medicine. Born in New York City, 11/8/45; medical school at State University, New York, 1971; internship at Montefiore Hospital, Bronx, 1971-72; residency at Montefiore Hospital, 1972-74; gastroenterology fellowship, Seattle VA Hospital and U of W, 1974-76. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Good Samaritan, St. Joseph, Tacoma General. Dr. Lenard is practicing at 34616 11th Place South, Federal Way.



Warren E. Miller, M.D., Family Practice. Born in Indianapolis, Ind., 6/16/50; medical school at Indiana University School of Medicine, 1976; residency at St. Vincent Family Practice, Indianapolis, 1976-79. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Mary Bridge, St. Joseph, Tacoma General. Dr. Miller is practicing at 11019 Canyon Road, Puyallup.



Irving H. Pierce, M.D., Hematology/Oncology. Born in Portland, Ore., 6/25/38; medical school at University of Oregon, 1965; internship at Fitzsimmons, Denver, 1965-66; residency at Madigan General Hospital (internal medicine), Fort Lewis, 1966-69; graduate training in hematology, University of Washington 1969-71. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of the following hospitals: Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General. Dr. Pierce is practicing at 1624 South I Street, Tacoma.

PRESIDENT'S PAGE Continued

the society, the Board of Trustees has accepted the Budget Committee's recommendation that the basic society dues be increased by \$15.00. This increase, taking into account our Library and 1979 COME funding, represents a 6.5 percent increase in overall dues in 1980 which will total \$255.00.

We are justifiably proud of our medical society as it presently exists - both in its many services to the membership and its status as a force in our

community. Your board will continue to exercise its responsibilities regarding programs and expenditures and prudent stewardship of our funds in the future.

Finally, we must thank Secretary-Treasurer **Dr. Lloyd C. Elmer** for his many, many hours of work throughout the year and in 1978. It is not an easy task, and often a thankless one, and Lloyd has worked diligently on our behalf.

K.D.G.

Classified

Classified and announcement copy may be mailed to: Grawin Publications, 1020 Lloyd Building, 603 Stewart Street, Seattle 98101, or phoned to Seattle (206) 624-4070. Deadline 25th of month prior to month of issue.

OFFICE SPACE: 800 sq. ft. Tacoma Medical Center; Bldg. 17. \$300/month. See pharmacist at Tacoma Medical Pharmacy, 1206 S. 11th.

FOR SALE: Newly upholstered, mahogany executive desk chair. \$100.00 (or offer). Hugo Van Dooren, M.D., 627-8448.

FOR LEASE: Office suite available for private practice in Des Moines. WA medical clinic, \$750 per month. For brochure with floor plans and a description of amenities, contact: Loren Woodward, Woodward Real Estate. (206)824-6890.

PRESTIGE and PRIVACY are what this beautiful Lakewood home offers. Located on one of Gravelly Lake's private drives, it sits on a tastefully landscaped 1/2-acre and provides easy access to Pierce County freeways and shopping areas. Designed for entertaining and family living, it features the benefits of a large family room and separate rec room with wet bar. Call David Dickinson at 475-8100 or 472-0020 for information on the convenient contract terms with low interest and a personal tour.

CUSTOM BUILT 5 bedroom, 3 bath, 4800 sq. ft. home. 2 acres with own deep well. Gas and electric heat. Located 2 miles west of Gig Harbor, 20 minutes from downtown Tacoma. Call Dr. Mike Doel, anesthesiologist, Tacoma General Hospital, or 1-858-2575.

DOCTORS OR DENTIST OFFICE: Allenmore Medical Center, 2 yrs. old, 1500 sq. ft., 4 exam rooms, 2 Consultation Rooms, receptionist and bookkeeping office, large waiting room, bathroom. Lots of parking. Mrs. Hedlund, 383-5521.

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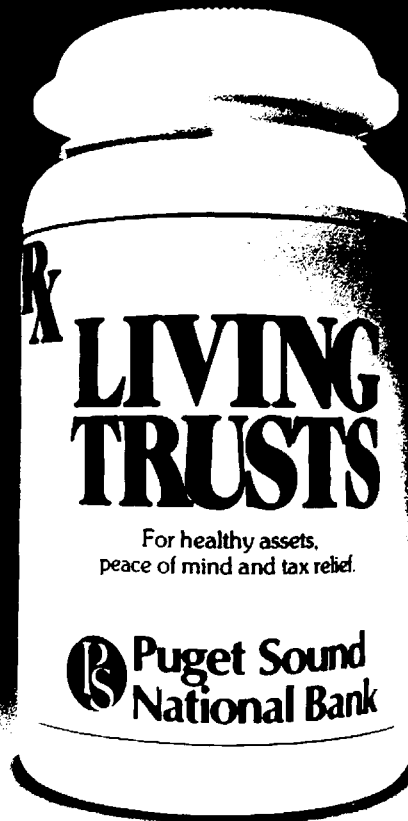
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After all, a living trust keeps living. Always. Repeat: always.

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Medical Society of Pierce County

DECEMBER 1979 VOL. LI, No. 12, Tacoma, Washington



Practical Therapy...
see page 11

BULLETIN

A lot of these patients come to you for help.



But few for the disease of Alcoholism.

Even today, many patients don't know that alcoholism is a disease, not a disgrace. Denial is a dangerous symptom that can prevent effective medical treatment. Accurate information about alcoholism, and reassurance about the prognosis for recovery is needed to motivate patients to seek help. You are their best source for that information.

Effective medical treatment achieves excellent recovery rates. Over the past 40 years, Schick's Shadel Hospital has used medically based treatment to help tens of thou-

sands recover from alcoholism. The hospital's current recovery rates range up to 85% for patients who complete the multi-disciplinary program based on years of effective treatment.* Schick's Shadel treatment involves a shorter hospitalization than many less experienced facilities offer, and is covered by major health insurance plans.

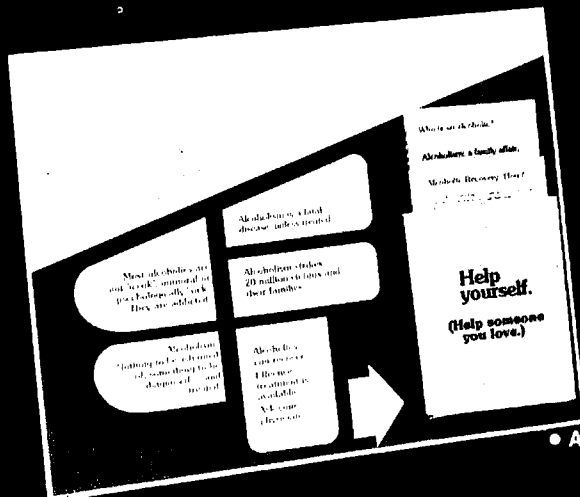
The first step toward treatment is information.

Schick's Shadel Hospital's Alcoholism Information Center is available to you, free of charge, for

your reception area. It contains leaflets written in laymen's terms describing the disease itself, its effects on the alcoholic's family, medical treatment methods, and facts about recovery. Also included is an informative brochure containing a physician's discussion of techniques to reach the patient in need.

Write or call today.

Many of your patients need the facts about alcoholism, for themselves or someone they love. The Alcohol Information Center can help them to come to you for help.



* Based on patient abstinence one year after treatment. Survey Source: Facts Consolidated, Los Angeles, CA, 1978.

To order the Alcoholism Information
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Cover by
Glenn G. McBride, M.D.

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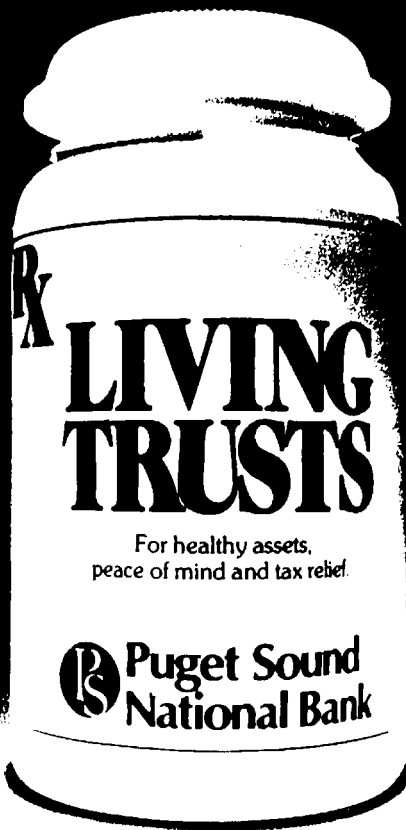
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REFLECTING BACK ON 1979

Kenneth D. Graham, M.D.

December is that magical month of remembrance and resolution. In addition to being the holiday season and a time of homecomings, family activities and church events, December is a month when we reflect back over the year. We survey our accomplishments, personal associations, outstanding events and perhaps some situations where we have performed below par. We hopefully learn from our experience and set a course for the coming year that will equal or outdo our successes of the past year.

December also brings the changing of the guard for the Medical Society of Pierce County. We have been extremely fortunate to have had a very strong and enthusiastic Board of Trustees during the past year. Equally as outstanding were most of our committees and their chairmen. Through this team effort your medical society continued to make progress on many fronts and we served as an active force in our community's health care affairs. I would like to share with you some of the society's major activities during 1979.

The membership opinion survey conducted early in 1979 benefited from an excellent response and the information gained was very helpful to the Board of Trustees as it established priorities and direction for the year. General membership meetings were planned with the results of the opinion survey in mind and we experienced interesting programs and greatly improved attendance. A special effort was made to "beef-up" our annual spring joint meeting with Madigan Army Medical Center. An additional special meeting was held in October at which the health care underwriting programs represented in Pierce County were presented to the membership. The society will continue to monitor local as well as state and national health issues and keep the membership informed on these developments.

The move of the MSPC office from our old quarters on "K" Street to the Professional Building at 705 South 9th Street represented a major step forward. The move was made after considerable time had been spent evaluating numerous alternatives. Now our medical society enjoys more professional

surroundings and adequate visitor parking. The new office allows us to centralize several society activities and provides convenient space for committee meetings. These activities include the placement and collection services (Membership Benefits Inc.), the Pierce County Tel-Med Society, and the College of Medical Education.

The project probably requiring the most time invested by the greatest number of members was the year long effort to reorganize and financially stabilize our College of Medical Education. This effort first began in 1978, and culminated on November 7 with the first meeting of the new COME Board of Directors. At that meeting Dr. Dick Baerg was elected president of the college; Mr. Craig Hendrickson, Allenmore Hospital's administrator, was elected COME vice president; and, Dr. Bob Whitney was elected treasurer. Through the new COME corporation we can continue to offer a wide variety of continuing medical education programs for physicians and allied health professionals at reasonable expense while maintaining physician control with regard to course development and presentation.

Our relationship with, and strength within, the Washington State Medical Association continued to improve last year. The Pierce County delegation to the WSMA Annual Meeting is viewed as strong and cohesive and we are well represented at all reference committees. Today approximately 20 of our MSPC members represent Pierce County on the WSMA's Board of Trustees, councils and committees. There is strong talk at the state level of a Pierce County physician serving as WSMA president in the future and I personally feel we have several members who are more than qualified to hold that position.

In 1979 the Credit and Collection Service was started under the MBI corporate umbrella. To date, it has done exceedingly well and our hopes for its future are high. We must remember that the purpose of Membership Benefits Inc. is two-fold: MBI must provide services of value to participating members of the society; and, the services provided through MBI are intended to be a source of funding that will help

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support other society programs and activities. Your Board of Trustees, and the MBI Board of Directors, will continue to monitor MBI activities closely to insure that we stay "on-target" with our objectives.

Quite pleasing, in my opinion, has been our improving relationship with the news media locally. Our executive director has made media relations one of his top priorities in 1979 and these efforts have been very successful. With just a few exceptions, the media has been more receptive and open in presenting medicine's views and opinions. In one case, a newspaper even checked back with us for accuracy and further input before publishing an article based on an interview with your officers (an article generated as a result of our expressions of concern regarding publication of a wire service article dealing with a national story that had little bearing on the situation in Washington State).

One of the highlights of 1979, regarding media relations, was the visit of Dr. Robert Hunter, president-elect of American Medical Association, to Tacoma to participate on our behalf in one of a series of health care forums held at Pacific Lutheran University. KSTW was responsive to our request for an interview with Dr. Hunter and the station presented a half hour program involving Dr. Hunter and our AMA Delegate Dr. Dave Hopkins on national health insurance and related issues. Doctors Jim Early and Orv Harrelson and other society members helped carry the flag for organized medicine at these forums so that we did not "lose the day" to certain health care planners and their supporters.

I must comment on Tel-Med, which celebrated its second anniversary in April. Our great medical auxiliary has really made this project a success and Tel-Med continues to provide a valuable public service which also works to our "image benefit." Tel-Med receives an average of over 4,000 telephone calls each month and in November answered its 150,000th call. In addition to benefiting the general public, Tel-Med has become an effective tool in health education in our public schools.

Several activities at the committee level merit special comment. Your Public Health/School Health Committee has worked closely with the schools and the health department in implementing the new state immunization requirements and on other health issues. The committee met with representatives of the county's various school districts in August to further explore activities of mutual need and benefit. The society reacted strongly to the Tacoma School Board's decision in May to abolish the position of school physician, and several physicians testified effectively at a number of hearings and meetings on this subject over the spring and summer months.

The Health Planning Liaison Committee has been effective in monitoring the various issues raised by local health planners. It will continue to be our local "sounding board" for health planning related issues. The committee is also finalizing a primary care survey to be conducted in Pierce County in the near future.

Continued on page 16

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TEL-MED—A SUCCESS STORY

EDITOR'S NOTE: In April, 1977 the Pierce County Medical Auxiliary and Medical Society of Pierce County joined together to bring the Tel-Med taped health information service to the residents of Tacoma and Pierce County. Since that time, Pierce County Tel-Med, guided by the non-profit Pierce County Tel-Med Society, has responded to over 150,000 telephone inquiries.

Pierce County Tel-Med has been generously supported by contributions from the auxiliary, individual physicians and their spouses, the Pierce County Medical Bureau, Puget Sound National Bank, Allenmore Foundation, Pierce County Hospital Council, and other local organizations and individuals. The success of Pierce County Tel-Med is not unique and the following article which recently appeared in the Western Journal of Medicine provides a historical background of the Tel-Med service, how Tel-Med operates, and information regarding Tel-Med's cost effectiveness. Supplies of the Pierce County Tel-Med brochure are available free of charge for distribution through physician offices. If you desire a supply of brochures, please call Tel-Med at 627-6181.

Current Tel—Med Society officers are: Nikki Crowley, president; Judy Baerg, vice-president; Dan Mallae, treasurer; and, Tom Curry, secretary.

TEL-MED—a program to make taped health information available by telephone—was begun by the San Bernardino County (California) Medical Society in March 1972.¹ Started as a local experiment to improve public access to accurate medical information, the concept has been expanded into a major resource available to more than 65,000,000 people through sponsoring agencies in 180 cities.

Tel-Med is now a nonprofit, tax exempt educational corporation which administers the program nationally. All tapes in every city must have the approval of the local county medical society. This insures conformance with local standards and assures acceptance. The multiple levels of review also assure that information is accurate, up-to-date and clearly presented.

The tape library now addresses more than 300 subjects in English, with 200 of those also available idiomatic Spanish. The length of the recordings varies from three to six minutes. Members of the San Bernardino County Medical Society have written most of the scripts, but many have also come from physicians in other Tel-Med cities. The scripts are edited and revised by Tel-Med staff into simple language for comprehension at the level of an eighth grade education. A panel of physicians reviews the revisions for accuracy and quality of presentation. The final is professionally narrated and recorded on the

type of tape cartridges used by the radio broadcasting industry.

People desiring access to information dial the local Tel-Med telephone number and request the tape by name or number. The local Tel-Med operator selects the proper cartridge from a bank of tapes and plugs it into a slot in a sophisticated playback device. At the conclusion of the message, an electronic signal automatically disconnects the line and ejects the cartridge, which is loaded with the tape in a continuous loop so that it is immediately ready to play again.

In a recent nationwide survey,² practicing physicians indicated by a two-to-one margin that they felt "medicine has already done about all it can to reduce mortality and that henceforth attention should shift to prevention..." When asked which single preventive program could promote health the most, and therefore should receive top government priority, 53 percent said public education.

Because Tel-Med programs meet these needs by emphasizing maintenance of health and prevention or early detection of disease, public response throughout the nation is consistently enthusiastic and supportive. As a bonus, the sponsoring agencies have reaped a harvest of good will and favorable publicity—a rarity in these times when physicians, hospitals and medical organizations are often on the defensive. By properly informing the public, Tel-Med guides them to proper utilization of available facilities. The taped messages effectively supplement physician and staff counseling for patients and their families. An easily accessible link of communication between providers and consumers has resulted. Any suggestion of propaganda or commercialism is scrupulously avoided.

Because callers remain anonymous, they can request vital information on sensitive subjects such as venereal disease or birth control without fear. Accurate information is presented on drug abuse and locations where help is available. A frightened, insecure or unsophisticated listener can seek assistance with confidence and without embarrassment about his ignorance or the nature of his concern.

Tel-Med is definitely cost effective. A careful analysis has been conducted of the Tel-Med program in Pittsburgh (the study has not yet been published). From inception in June 1976 through February 1978, total expenditures were \$113,996. In this period there were more than 500,000 calls for Tel-Med tapes by about 125,000 consumers. This amounts to less than 23 cents per call. There is no less expensive means to provide specific requested health information.

A survey was also conducted of 522 Pittsburgh

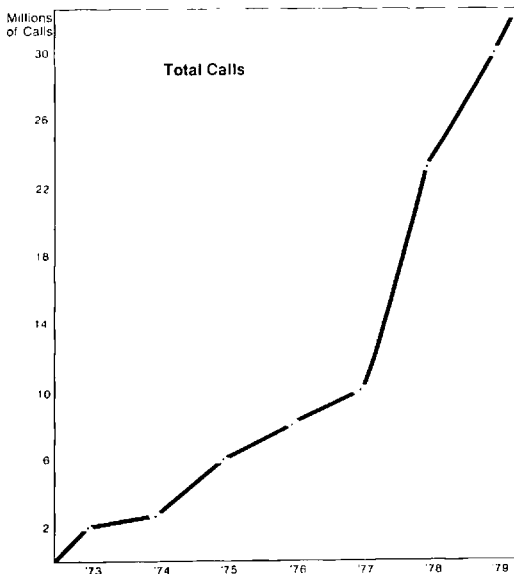
TABLE 1 — Most Requested Tapes, (Consistent with most requested tapes locally)

1. Marijuana
2. Masturbation
3. Am I Really Pregnant?
4. Vasectomy
5. Gonorrhea
6. Tommy Gets His Tonsils Out
7. Syphilis
8. Venereal Disease
9. Breast Cancer
10. LSD
11. Teen Years — The Age of Rebellion
12. I'm Just Tired, Doctor
13. Vaginitis
14. The Rhythm Method
15. You May Have Diabetes And Not Know It

telephone subscribers. It showed that 41 percent has heard of the Tel-Med program and about 15 percent had used it. Those who had used the program reported 92 percent satisfaction with the information provided. They also reported positive changes in behavior and more appropriate physician referral for problems. Of course, the effectiveness of achieving the latter goals is difficult to assess quantitatively; however, it has been the consistent experience of sponsoring agencies from feedback in their communities that tapes do successfully transmit desired information.

While the range of subjects covered is very broad, the subjects which were originally identified as being in most demand have consistently ranked among those most requested nationwide. These subjects reflect major social concerns—venereal disease, birth control and drug abuse (Table 1).

Figure 2.—Graph showing total number of calls for Tel-Med health information tape-recorded messages nationwide since the program's inception in 1972.



The pilot program was funded by grants of \$24,500 from Regional Medical Programs Area VI, \$10,500 from the California Medical Education and Research Foundation (CMERF) and \$11,000 from the San Bernardino County Medical Society. With termination of the Regional Medical Programs in 1974, a one-year grant of \$150,000 was provided by the Department of Health, Education, and Welfare to permit transition to a self-sustaining basis capable of propagation across the country. An additional grant of \$45,000 from the American Medical Association Education and Research Foundation made it possible to develop a companion program, Tel-Hospital, that provides specific information for hospital patients about tests and procedures. This latter program is now in operation in two cities.

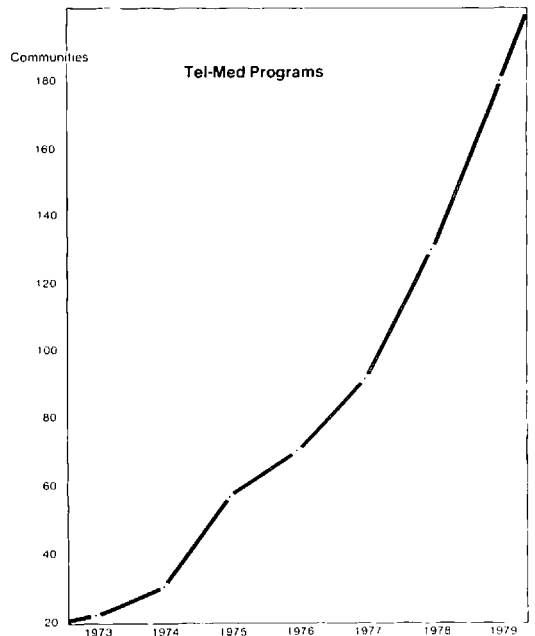
Tel-Med is now financially solvent and self-supporting through the modest charges made for the library and its maintenance in licensed agencies throughout the nation.

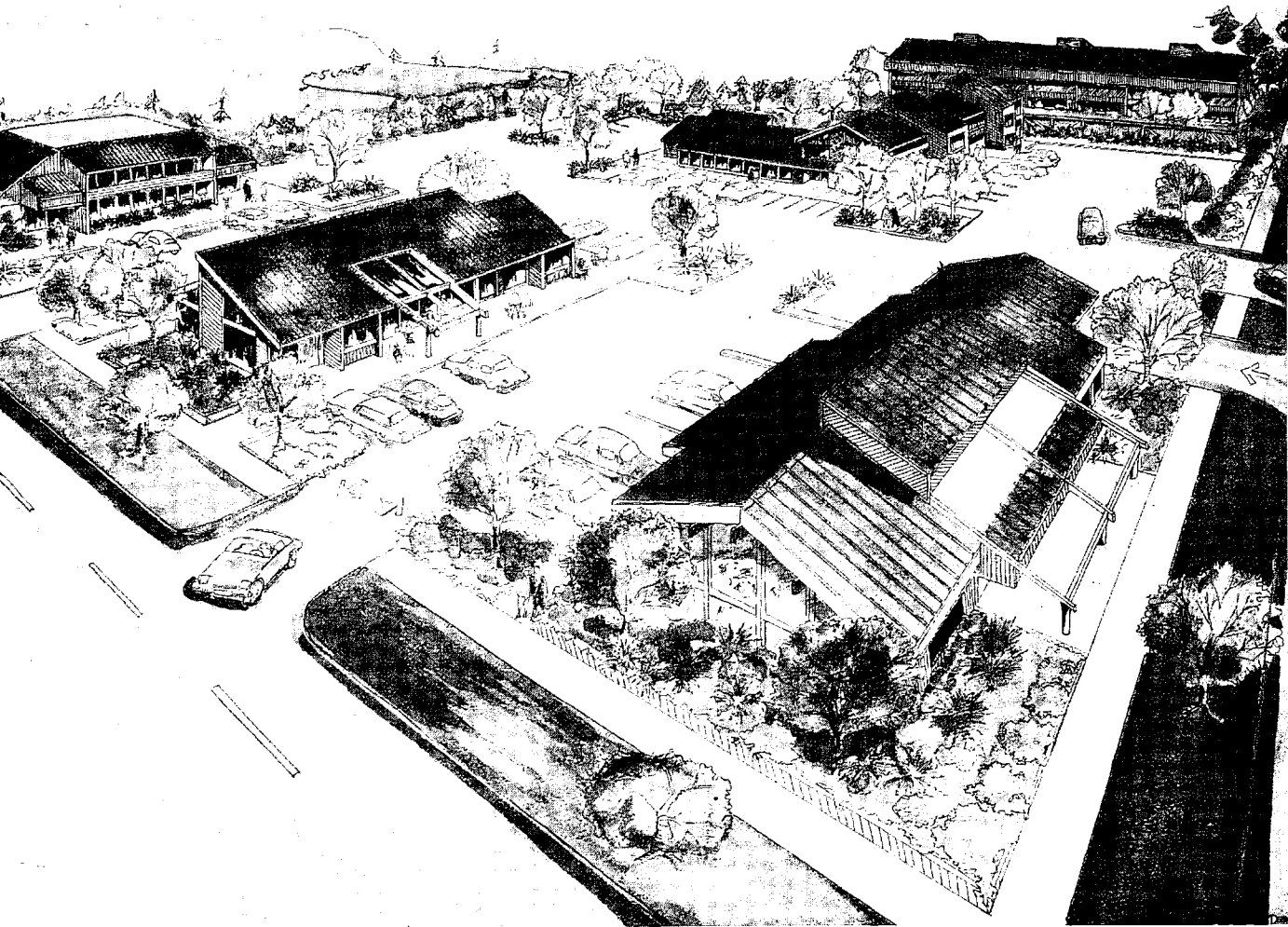
Tel-Med, Inc. is paid \$20 per tape to develop the initial library. The total library of tapes is then maintained at a cost of \$30 per month regardless of the number of tapes. Newly revised, updated tapes are provided at a cost of \$9.75.

Growth has been steady since the program first spread to San Diego and then across the country. The Indiana State Medical Association established a WATS line service to provide access to everyone in the state. In February 1978, Tel-Med was made available to 85 percent of the population of New Jersey through the simultaneous opening of 17 centers in that state.

Continued on page 15

Figure 3.—Graph showing number of communities that have established Tel-Med services since the initial project was started by the San Bernardino County Medical Society in 1972.





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ALSO

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January 26, 1980 - St. Joseph Hospital, Tacoma

- | | | |
|-------|---|---|
| 8:00 | Registration & Continental Breakfast | |
| 8:30 | "WHAT MAN KNOWS, MAN SEES",
Physical Signs in Rheumatology | George H. Krick, M.D.
Rheumatologist, Tacoma |
| 9:00 | WHAT TO ORDER NEXT
Is the Laboratory Helpful in the Diagnosis
of Rheumatic Disease? | Patrick M. Campbell, M.D.
Rheumatologist, Seattle |
| 9:30 | ACHES & PAINS WITH A NORMAL SED. RATE | Robert E. Ettlinger, M.D.
Rheumatologist, Tacoma |
| 10:00 | Coffee Break - PANEL - Question/Answer | Robert E. Ettlinger, M.D.
George H. Krick, M.D.
Patrick M. Campbell, M.D. |
| <hr/> | | |
| 10:30 | ACHES & PAINS WITH AN ABNORMAL SED. RATE
Polymyalgia rheumatica | Patrick M. Campbell, M.D. |
| 11:00 | CAN YOU HELP THE PATIENT WITH OSTEOPOROSIS
AND COMPRESSION FRACTURES? | David J. Baylink, M.D.
Internist - Endocrinology
Mineral Metabolism |
| 11:30 | NON-STEROIDAL ANTI-INFLAMMATORY DRUG
THERAPY FOR RHEUMATOID ARTHRITIS | To Be Announced |
| 12:00 | Lunch - PANEL - Question/Answer | David J. Baylink, M.D.
Andrei Calin, M.D. |
| <hr/> | | |
| 1:30 | WHEN BASIC THERAPY FAILS IN
RHEUMATOID ARTHRITIS
Second Line Drugs | Andrei Calin, M.D.
Assistant Professor of Medicine
Division of Immunology
Stanford University School of
Medicine, Palo Alto, CA |
| 2:00 | HYPERURICEMIA IN A PATIENT WITH
RHEUMATIC COMPLAINTS
When do you treat and how? | Andrei Calin, M.D. |
| 2:30 | PRACTICAL PHYSICAL THERAPEUTIC TECHNIQUES
WHICH ARE OF VALUE IN RHEUMATOID ARTHRITIS | Donald R. Silverman, M.D.
Physiatrist, Providence Hospital, Seattle |
| 3:30 | Coffee Break - PANEL - Question/Answer | Donald R. Silverman, M.D.
Andrei Calin, M.D. |
| to | | |
| 4:00 | | |

Program Coordinator: Robert E. Ettlinger, M.D.
George H. Krick, M.D.

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The Committee for Continuing Medical Education of the Medical Society of Pierce County
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St. Joseph Hospital
1718 South 'I' Street
Tacoma, Washington



Registration fee: \$40.00 (Paid preregistration would be appreciated before January 24, 1980.)

This program is subject to cancellation if less than the minimum number of participants have registered by January 24, 1980. Please address all registrations and correspondence to:

Maxine Bailey, Executive Director
College of Medical Education, Inc.
Medical Society of Pierce County
705 South 9th, #203
Tacoma, Washington 98405
Phone: 627-7137

LEADERSHIP CONFLUENCE — OCTOBER, 1979

Up we flew out of the fog shrowded Sea-Tac Airport into the glowing warm sunshine and headed eastward to the National Confluence in Chicago sponsored by the AMA Auxiliary. Five county presidents-elect plus our two state leaders, current President Jan McLean from Auburn, and Sandy Cleveland our president-elect, represented our state at the centrally located and very stately Drake Hotel on "the loop" beside the shore of Lake Michigan.

Three hundred and fifty physician's wives from all over the country met to enhance the cause of promoting good health! Among the multitudes of interesting persons was Mary Ellen Vaughan, national president-elect from Vancouver, Washington.

During our brief but intense confluence, we shared different ideas with auxiliaries from every state regarding significant programs, fund raising events and methods to increase membership, as well as member participation in a concerted effort to increase the effectiveness of our organization. The leadership seminars covered several significant points, approaching such subjects as People Persuasion, Time Management, The Articulate Woman, and Physical Arrangements and Program Planning. In addition to the leadership seminars, we had options to attend four of eight classes: Spouse Abuse, Mid-Life Stress, Marijuana and Children, Youth Suicide, Health Maintenance, Hospice, Safety on the Streets and Foods for Fitness. All gave us greater insight into some of the really big problems faced by the medical community and ways in which we may assist in working within our society towards better understanding and hopefully reduction and resolution of same.

All of these topics served to sharpen my thinking processes and broadened my awareness of the vast scope of the national auxiliary. Hopefully, the idea can be employed at our local level to increase our effectiveness and give rise to additional thoughts among our membership towards the goals of promoting better health in our community.

Thank you, Pierce County Auxiliary for this opportunity to broaden my horizons and awareness of the wide range of services that the national auxiliary offers to all of its members!

Marny Weber
President-elect

Nikki Crowley helpfully reported on our October 19th luncheon meeting held at Margaret Lapin's

home. The scheduled program was changed due to illness of the speaker. Helen Webster Rollins presented "The Webster Color Dictionary." Willing models were Kit Larson, Margaret Lapin, Florence Dean, Kathleen Bitseff, and Karen Benveniste. Helen did color analysis of the models with hair, skin, color and eyes all considered. Members were shown how colors have the ability to bring forth color complimentary to the face. We were shown what colors were compatible with each of the models. The members had a few laughs deciding who should trade their newest dresses to those whose color combinations were compatible with the clothing colors.

Many thanks to the Hostess Committee for a delicious luncheon - Chairman Lila Early, Margaret Lapin, Sharon Hirz, Janice McIlroy, Bonnie Stagner, and Betty Robinson.

The November board - state officer's meeting was held at Kit Larson's home. President Kit introduced our very important visitors: Jan McLean, state president; Sandy Cleveland, state president-elect; and, JoAnn Johnson, our past state president. The various committee chairmen gave reports on their jobs. Jan McLean commented on Washington State being so well represented at National: JoAnn Johnson and Jo Roller on State Board. Jan invited us to the mid-year conference and thanked Pierce County for doing the Inaugural Luncheon at the state convention. Following adjournment of the meeting delicious chicken crepes and melon slices were enjoyed by all. Thanks to Alaire Sheimo and hard working crew — Kit, Dottie Truckey, Marge Ritchie (and yours truly).

The November 16th luncheon meeting was held at Glenna Blackett's home and was hosted by Jo Roller and her committee: Kathleen Bitseff (chairman), Martha Brigham, Bev Graham and Kay North. Thank you ladies for a delectable luncheon.

President Kit Larson conducted a brief meeting. Program Chairman Carol Hopkins introduced Dr. Tudor of Tacoma Actors' Guild who gave a little background on TAG. Dr. Tudor introduced the visiting actors and they presented a delightful vignette from "Rookery - Nook" which was a "sell-out". Anyone interested in great entertainment may call the Tacoma Actors Guild box office for ticket information, 272-2145.

Play It Safe: The Tacoma Public School District has been awarded a Playground Safety Grant from the Consumer Product Safety Commission. Its purpose is

to educate children about safe play behavior and to help adults select and maintain safe areas and equipment. So far the district has developed a: 1) display board; 2) a preschool playground safety handbook (which has been distributed to 45 Tacoma area day cares, preschools and Latch Keys); 3) a school-age (K-3) playground safety handbook which is being tested at McCarver and DeLong Elementary Schools); 4) a *Play It Safe* brochure; and 5) slide show. These materials are available for PTSA or other use. Scheduling can be arranged by calling Judy Wagonfeld, our auxiliary member, or Helen Harstad at 593-6880.

Now is the time to shape up for our Medical Run in April. Concerning exercise and weight control, don't underestimate the importance of regular exercise in your reducing plan. Even a moderate amount of daily exercise can do as much for your waistline as a strict diet; together, they're a great combination to improve your weight and your fitness.

If you take a brisk 30-minute walk every evening after dinner, you'll burn up 150 calories a day more than you normally would. In a year's time, that amounts to the equivalent of 15 pounds of fat that might have settled somewhere unpleasant. Any regular, slightly strenuous exercise can help you;

calisthenics, walking, jogging, bike riding, tennis, golf, and other sports are all good. A weight reduction plan that includes exercise and moderate dieting is much better for your health, and much more pleasant, than a plan that includes no exercise and stringent dieting.

Keep in mind that regular exercise is important. If you haven't moved from your easy chair in five years, it isn't a good idea to jump up and run a mile. It can put a dangerous strain on your heart, particularly if you have excess fat. Start with modest exercise and stop when you reach the point of breathlessness. Gradually, you will be able to do more each day before you begin to feel fatigued. (This information is from a *Shape Up For Life* pamphlet put out by the AMA Auxiliary.)

Any address or telephone changes? If so, please notify Alaire Sheimo at 588-0134.

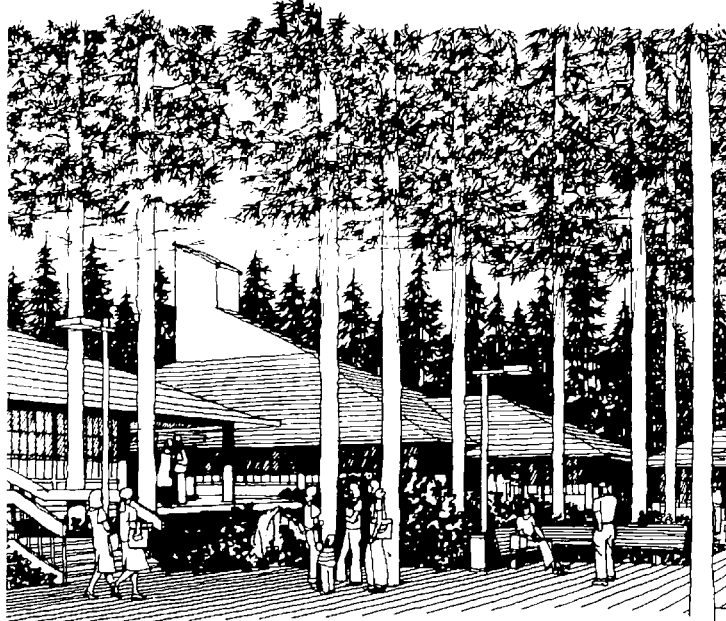
I hope all of you had a beautiful holiday season.

Joan L. Sullivan

OOPS!

We erred in reporting credits for the Inaugural Luncheon in the November issue. This successful event was chaired by *Kathleen Bitseff*, who did a super job. Jo Roller and Nancy Kennedy were the committee who helped in the success.

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Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE



Jonathan C. Bahmiller, M.D., Ophthalmology. Born in St. Petersburg, Florida, 8/20/42; medical school at University of Miami School of Medicine, 1975; internship at Medical College of Virginia (straight medical), 1975-76; residency at Tulane University School of Medicine (ophthalmology), 1976-79. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staffs of Allenmore Hospital, Doctors Hospital, Mary Bridge Children's Hospital, St. Joseph Hospital, and Tacoma General Hospital. Dr. Bahmiller is practicing at 521 South K Street, Tacoma.



Wing L. Chan, M.D., Internal Medicine. Born in Hong Kong, 10/28/33; medical school at University of Hong Kong, 1959; internship at Tsan Yuk and Nethersole hospitals, Hong Kg, 1959-60; residency at Nethersole Hospital, Hong Kong, 1961-63; internal medicine residency at Camphill Hospital, Halifax, Canada, 1968-70. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staffs of Puget Sound Hospital, St. Joseph Hospital, and Tacoma General Hospital. Dr. Chan is practicing at the Puget Sound Clinic, Tacoma.



Lee R. Dorey, M.D., Orthopedic Surgery. Born in Richmond, Va, 3/26/37; medical school at University of California, LA, 1967; internship at USC Medical Center, 1967-68; residency at USC Medical Center, 1968-72. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staffs of Allenmore Hospital, Doctors Hospital, Good Samaritan Hospital, Lakewood General Hospital, Mary Bridge Children's Hospital, Puget Sound Hospital, St. Joseph Hospital, and Tacoma General Hospital. Dr. Dorey is practicing at Allenmore Medical Center, Tacoma.



Edward A. Drum, M.D., Family Practice. Born in Oakland, CA 11/20/43; medical school at Loyola -Stritch Medical School, Illinois, 1970; internship at Milwaukee County General Hospital, 1970-71; residency at Milwaukee County General, Medical College of Wisconsin, 1973-74. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staffs of Allenmore Hospital, Doctors Hospital, Good Samaritan Hospital, Lakewood General Hospital, Mary Bridge Children's Hospital, Puget Sound Hospital, St. Joseph Hospital, and Tacoma General Hospital. Dr. Drum is practicing at Gig Harbor Medical Center, Gig Harbor.



Donald T. Kendrick, M.D., Emergency Medicine. Born in Mobile, Alabama, 1/26/48; medical school at University of Alabama, 1973; internship at Highline General Hospital, Oakland, Ca., 1973-74; residency at University of South Alabama Medical Center, Mobile, 1978-79. Licensed to practice medicine in the state of Washington 1977. Has applied for membership on the medical staffs of Lakewood General Hospital, and Tacoma General Hospital. Dr. Kendrick is practicing at Tacoma General Hospital, Tacoma.



Ronald W. Knight, M.D., Cardio-Thoracic Surgery. Born in Kansas City, Mo., 9/10/43; medical school at University of Southern California, 1970; internship at University of Oregon Medical Center, 1970-71; residency (general surgery) St. Vincent Hospital Medical Center, Portland, 1973-77; residency (cardio-thoracic surgery), University of Oregon Health Sciences, Portland, 1977-79. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of Allenmore Hospital, Doctors Hospital, Good Samaritan Hospital, Lakewood General Hospital, Mary Bridge Children's Hospital, Puget Sound Hospital, St. Joseph Hospital, and Tacoma General Hospital. Dr. Knight is practicing at Allenmore Medical Center, Tacoma.



Prasad M-S Reddy, M.D., Anaesthesiology. Born in Temali, India, 6/20/46; medical school at Guntur Medical College, India, 1973; internship at Niagara Falls Memorial Medical Center, New York, 1974-75; residency at University of Utah Medical Center, 1975-7. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staff of St. Joseph Hospital. Dr. Reddy is practicing at 1718 I Street, Tacoma.



Henry C. Retailiau, M.D., Internal Medicine. Born in New York, N.Y., 1/13/47; medical school at University of Washington, 1974; internship at McGill University, Montreal General Hospital, 1974-75; residency at McGill University, Montreal General Hospital, 1975-76; preventive medicine residency, Center of Disease Control, at Atlanta, 1977-79. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of Allenmore Hospital, Doctors Hospital, Good Samaritan Hospital, Lakewood General Hospital, Mary Bridge Children's Hospital, Puget Sound Hospital, St. Joseph Hospital, and Tacoma General Hospital. Dr. Retailiau is practicing at 721 Fawcett Ave., Tacoma.



William R. Rinker, M.D., Anaesthesiology. Born in Chicago, Illinois, 4/29/49; medical school at Chicago Medical School, 1975; internship at Northwestern University (internal medicine), 1975-76; residency at Northwestern University (anaesthesia), 1976-78; graduate training at Virginia Mason Hospital, Seattle (anaesthesia), 1978-79. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staff of Good Samaritan Hospital. Dr. Rinker is practicing at Good Samaritan Hospital, Puyallup.



Dennis G. Scholl, M.D., Diagnostic Radiology. Born in Madison, Wisconsin, 11/13/46; medical school at University of Wisconsin, 1973; internship, Swedish Hospital, Seattle, 1973-74; residency at University of Minnesota, 1974-77. Licensed to practice medicine in the state of Washington, 1976. Has applied for membership on the medical staffs of Doctors Hospital, Puget Sound Hospital, St. Joseph Hospital, and Tacoma General Hospital. Dr. Scholl is practicing with Tacoma Radiological Associates, Tacoma.



Peter D. Van Wagenen, M.D., General Surgery. Born in Durham, North Carolina, 4/20/48; medical school at Stanford University, 1974; internship at USC Medical Center, L.A., 1974-75; residency at Waasworth VA Hospital, I.A., 1975-79. Licensed to practice medicine in the state of Washington, 1979. Has applied for membership on the medical staffs of Mary Bridge Children's Hospital, St. Joseph Hospital, and Tacoma General Hospital. Dr. Van Wagenen is currently practicing at 1112 South Cushman, Tacoma.



Kurt R. Weis, M.D., Obstetrics/Gynecology. Born in Seattle, 1/25/46; medical school at University of Washington, 1972; internship at Madigan Army Medical Center, Tacoma, 1972-73; residency at Madigan Army Medical Center, 1973-76. Licensed to practice medicine in the state of Washington, 1978. Has applied for membership on the medical staffs of Allenmore Hospital, Doctors Hospital, Lakewood General Hospital, Mary Bridge Children's Hospital, St. Joseph Hospital and Tacoma General Hospital. Dr. Weis is practicing with Stork Associates, Tacoma.

TEL-MED Continued

A noteworthy by-product in this time of strained relations between the medical and legal professions has been the development of the companion Tel-Law program by the San Bernardino County Bar Association. They share the use and expense of the San Bernardino Tel-Med switchboard, and attorneys' wives alternate with those of physicians in staffing it.

The progress of Tel-Med validates the concept and the effort it has taken to implement it. Nationwide requests exceed 800,000 a month, with a total of 30 million since April 1972 (Figure 2). It seems clear that

Tel-Med is in a phase of geometric expansion (Figure 3) and, obviously, a saturation point will be reached eventually. It does not seem unrealistic, however, to hope that within the next six years Tel-Med tapes will be available toll free to most Americans.

W. BENSON HARER, JR., M.D., San Bernardino, California, President, Tel-Med Inc.

1. Harer WB Jr: Tel-Med—A public medical information service by phone (In the Forefront). *Calif Med* 117:68-70, Aug 1972

2. Physicians favor shift to prevention—especially through education. *Med World News* 62, May 1978

President's Page Continued

The Interprofessional (Physician-Pharmacy) Committee has continued its very important liaison with local pharmacists. The results of its meetings have been well documented in the monthly *Bulletin* and I must stress the effectiveness and enthusiasm of this group.

Several new committees were organized in 1979 and have performed effectively. These are the Communications Committee, Senior Citizens Committee, Cost of Care Committee, and Medical Society-Tacoma Area Chamber of Commerce Joint Issues Committee. All have strong leadership and I'm sure we will hear more about their activities in the coming year.

Finally, I would like to single out the Sunshine Committee which has recently changed its name to the Physician-Family Committee. The committee's single

member, Dr. Glenn Brokow, has done an outstanding job of keeping abreast of fellow physicians' health problems and in corresponding with them and their spouses and families when appropriate.

There are many other areas I could mention but space just does not permit my doing so. I would summarize by saying our medical society remains a strong force both in our personal and medical relationships and within the surrounding community. There is much more that can be done and we will need constant "shoring-up." The Medical Society of Pierce County now numbers almost 500 physicians and we will continue to look to our members for their involvement and input.

I must say that I have enjoyed my year as your president. The opportunity to relate to so many fine people within our profession has been my true reward. Thank you for allowing me to serve.

K. D. G.

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FOR LEASE: Office suite available for private practice in Des Moines, WA medical clinic, \$750 per month. For brochure with floor plans and a description of amenities, contact: Loren Woodward, Woodward Real Estate, (206)824-6890.

PROFESSIONAL SPACE FOR LEASE — LAKEWOOD. Lakewood Professional Village, 5900 - 100th St. S.W., approximately 715 sq. ft., \$375 a month. Contact Patrick McGoldrick at Swanson-McGoldrick, Inc., - 272-4138; weekends or eves. - 564-6649.

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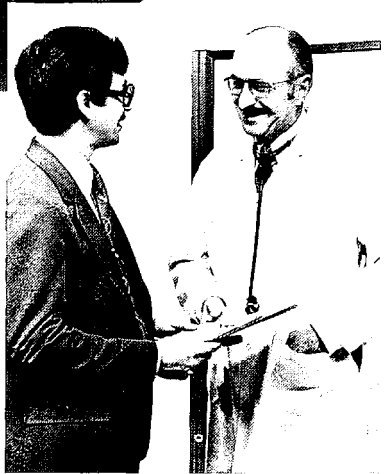


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Working together is the best medicine.

Avoiding malpractice is often a matter of knowing ahead of time where the pitfalls are. Aetna Life & Casualty wants to help alert physicians and their employees to malpractice traps. So we offer a variety of services and materials at no charge.

For instance, we offer a free videotape service demonstrating some of the frequent causes of malpractice. Our constantly updated selection of brochures offers common sense tips. We also conduct seminars for doctors to benefit from their collective experience.

Aetna employs the know-how of physicians, medical malpractice lawyers and health and safety experts to prepare these services.

This Loss Control and Education Program has been instrumental in allowing Aetna to provide professional liability coverage to physicians on a continuing basis.

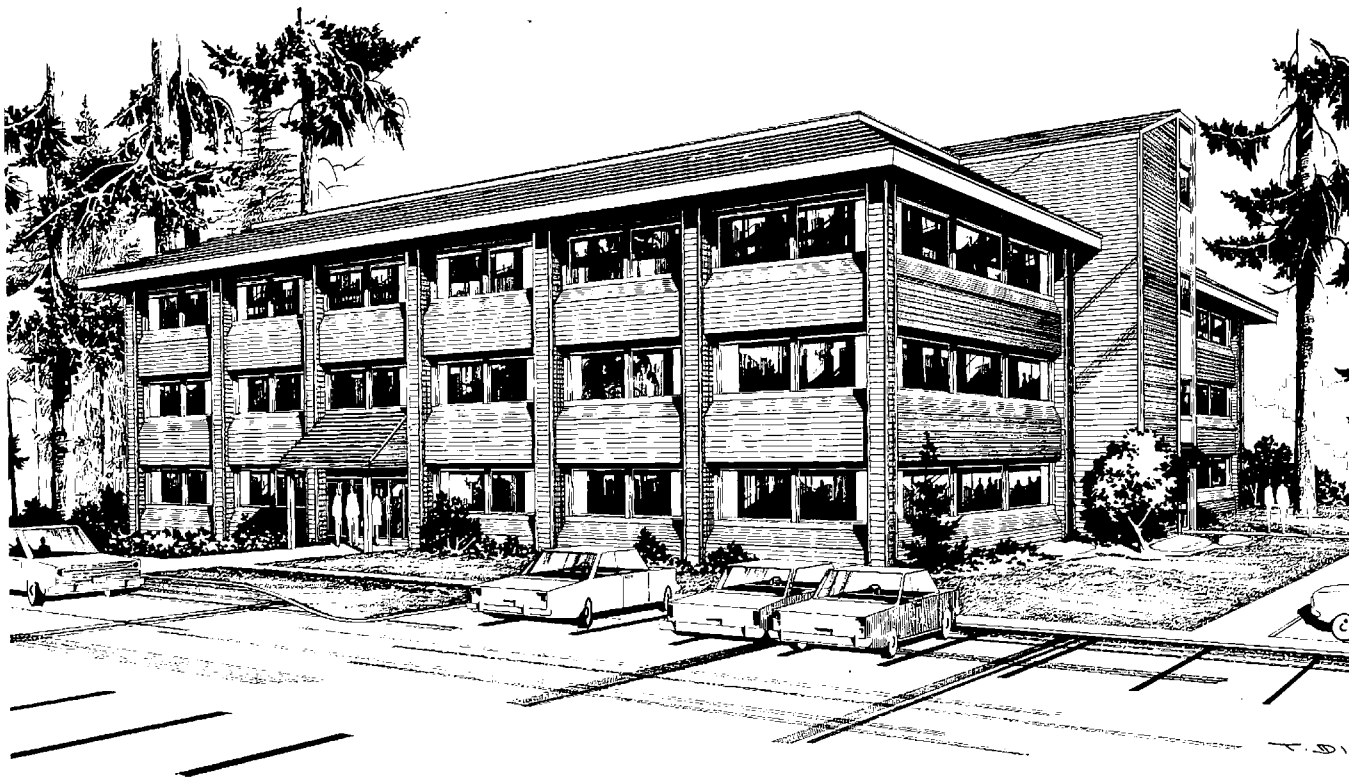
We believe covering you against malpractice is not enough. We want to work with you to help you prevent it. Your Aetna Account Supervisor is there to help. Contact:



Tom Fine
Aetna Life & Casualty
800 Washington Building
1325 Fourth Ave.
Seattle, Washington 98101

MEDICAL SOCIETY OF PIERCE COUNTY
705 South 9th, Suite 203
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