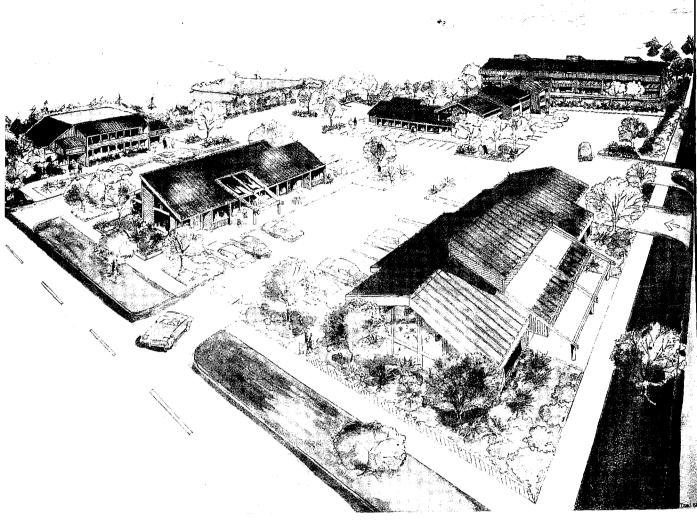
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Pierce County

JANUARY 1980 VOL. LII, No. 1, Tacoma, Washington



BULLETIN



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Outgoing President Ken Graham and 1980 MSPC President Charles Reberger exchange a plaque of appreciation and the ceremonial gavel of office as Dr. Reberger assumes his role as 87th President of the Medical Society of Pierce County

Bulletin of the Medical Society of Pierce County

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



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President's Page



$2 \times 2 \times 3 \times 3 \times 5 \times 11 = 1980$

Charles C. Reberger, M.D.

1980 is not a prime number but it does mark the beginning of a new decade. As we face the concerns about the cost of medical care, distribution of medical services, requirements for continuing education, regulatory constraints, unfulfilled patient expectations, invasion of patient privacy, paramedical identity problems and the flowering of other imposed factors generated by social programs, it is an appropriate time to reflect on the health status of our body social.

Depending upon our psychological constitutions and environmental adaptations, we may regard the health of Western Civilization with dismay or optimism. In the conservative view, the contraction of the West, the progressive authority of the masses and the substitution of rationalization for rationalism cast dark shadows upon the future. In the liberal view these gleam as signs of accomplishment. The dichotomy provokes awe.

Decreasingly academic are some classical propositions. We wonder about the logical consistency in asserting that all persons are created equal while investigating chromosome abnormalities and promoting genetic counseling; and, if everyone has equal rights to satisfaction of needs and wants, that it does not follow-- or does it? that there should be equal provision of bousing, home maintenance, food and even sexual gratification as well as equal provision of "health care." Following the popular concept of physicians' responsibility to control costs, should such programs require that builders. repairmen, grocers and madams control the costs of their services and supplies? And we wonder if the old idea that we can only have what we can afford to pay for is really eclipsed validly by the claim that we cannot afford not to have what we think we need. Distinguishing need from want is no longer a teaser for a philosophy class but emerges as a basic and profound concern.

Whatever our individual reactions to these

questions may be, it is clear that the growing confusion is affecting medical science and art. Voids in our ethics become noticeable when we try to square maintenance of life at all costs with abortion on demand or provision of care equal for people who won't care for themselves to that for those who do.

Even though the Medicare Program is restricted only to a portion of the population, leaving some taxpayers to support it, the problems of lack of definition of limits and bounds is causing severe cramps. We hear that relief is to be obtained by preventing over-utilization but "over-utilization" is not defined. Blaming installation of CA1 scanners is most popular but routine admission laboratory work, "unjustified" procedures and "excess" hospital stays are gaining popularity as explanations for the squeeze. But basically, there is no upper limit to the eventual availability of medical service and the demand for it. It may be argued quite reasonably that every symptomatic hyperplastic prostate should be reamed. Meanwhile newer techniques and technologies are proliferating rapidly and are praised while patient selfreliance is disappearing and often condemned.

Patient review standards are developing but depend upon statistical review of customary and usual practice as if this were stable and absolute. This, however, is increasingly influenced by the courts, the press, the manufacturers and the legislatures so that the standards are variable and removed progresively from physician control.

It is said often that doctors should do something about all this, or our Society should, or the WSMA or the AMA. Our opportunities do seem rather limited. Rather than to give up even a little, let us remember that what we are here for is to serve patients' real medical needs as well as humanly possible. Perhaps we have little influence on the tide of cultural destiny but we still have sufficient reason to do what we have been called to do with distinction and pride.

C.C.R.

A VISIT TO THE BOAT PEOPLE

EDITOR'S NOTE: Dr. Robert E. Lane was one of two local physicians who traveled to Southeast Asia in October as part of a local medical team providing care to Indochinese refugees. Dr. Lane has provided the following article to the BULLETIN to relate to his colleagues his impressions of that trip.

The drawings were of leg and arm stocks; a man in a deep pit too narrow for one to sit and about 20 feet deep with someone above lowering a small bucket of water to him: prisoners marching with their heads down and closely herded by guards.

"Yes, I was in the pit 18 hours," said the old man as he explained his pictures of a communist re-education

camp in Vietnam.

We had gone to see the Pagoda the refugees had built on the hillside behind KuKu Camp. It was a peaceful spot in contrast to the noisy congested mess below us where 15,000 refugees were crowded into about 60 acres of flat land between the beach and the hills.

Here, we met Tran Chin Hen and this is his story. His own writing tells it best.

"To whom it may be concern. After 20 years working in Air Vietnam Companie as Chief Steward and Air Hostess Instructor I resigned from my job December 1972.

"English-French-Japanese and 3 Chinese dialects spoken, 2 Europe tours, I Australia-New Zealand tour. Asian countries tour -- all had been Air Vietnam flights to foreign countries. Received by Pope Paul VI at Roma 1968 (photograph to show) Hobby: Language, gardening, and traveling. Jack of all trades.

"Reason why I leave Vietnam: threatend to be sending in long term labor brainwashing camp—properties seized—homeless—jobless—many time jailed and freed (total of over 18 months losing 15 kilo) 2 time escaped and arrested. I have my oldest son a C-130 Pilot missing in the Thieu's Gyt. withdrawl—the last time 1 drove my son to Tansonnhut C-130 Air Base: April 25, 1975, since I get no news from him a searching is needed.

"Not able to pay tax to uncommunist (non communist) and to boat owner, feeling lonely, left my wife and eight children in Vietnam helpless. (He hand only enough money for one person to leave and as he was being continually harassed and he expected to be imprisoned again his family thought that he should go.) You can guess how I feel?

Needless to describe any longer my story. My saving money during 20 years had gone to Communist tax collecting for such a trip.

"The organization and the trip of the boat 1G1096 fleeing to Indonesia......Chinese and SinoChinese wanted to leave Vietnam, they have to pay \$2500 | \$2000 in U.S. dollars, or gold, valuable things also accepted (jewel-building-houses furnished.)

"Vietnamese paid an extra charge for false identity paper. Chinese only are permitted to buy boat and organise the trip by collecting tax which they have to share profit with Communist cadres. The two boat owners cooperate with Communist secret police. The boat is an old wooden fishing boat transformed 2 stories—(extra deck added) 18M x 4.2M x 4.5M equiped, a Japan made Kubota 3 block 45 HP.

"On 9th June 1979 at midnight the boat left My Tho with 405 people (including 25 crew).

"The Trip During the first three days the weather was fine—refugees no food given, drinking water is scarce because the reserved drinking water containing in plastic can with poor fitting cap mixed with oil (2 ton wasted).

"The fourth night the boat met a strong windy rain and maybe sank at any moment.

"Refugees got seasickness and fear lay motionless in the 2 stories they are mostly Chinese.

"At dawn the fifth day the Captain let us know that the boat may be in a wrong way. Refugees pray God!

"Consulted by the boat owners, I suggested to point 250° (wind direction) and thus we sailed.

"After about 10 hours we saw a pillar not far away, I decided to intercept this point.

"It was a German ship exporting petroleum flying a Singapore flag. Refugees were saved in time—Capt. Ullrich Kudszus and his crew treated refugees very well, they took good care of them specially babies, women, children are given enough milk, hot water etc.

"I was the only one who contacted the Capt. during 4 days refugees stayed on board as English spoken man I owe my life to Capt. Ullrich Kudszus and his crew. (The TG1096 sank after 36 hours.)

"Capt. Kudszus used the German ship to transport refugees to Letune. On June 17 we reached KuKu Camp and lived here till now. Oct. 23, 1979.

"HOPE Do everything possible to merit the person who trust in me."

There is nothing to add but a bit of explanation. Mr. Tran Chin Hen lived in a shack with a family of 5; an area of about 10 x 20 feet. He is Vietnamese — many of the refugees are ethinic Chinese. He continues to live with hope be can immigrate to the United States. He needs a sponsor.

Robert E. Lane, M.D.

<u>WANTED</u> Donation of recent textbooks, journals, etc. I will ship them to Singapore and World Vision will get them to the Vietnamese doctors. There are 25 or 30 in the refugee camps who have had no new medical literature since 1975.

NEED Cecils Medicine, Williams OB & Gyn, Harrison Medicine, Goodman Pharmacology, Dorland Dictionary, Christopher Surgery, Nelson Pediatrics, Medical Reviews, SGO, English Dictionary, Call R. E. Lane, 383-2222.

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Society News Briefs .

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

COME RECORDS SUCCESSFUL FIRST QUARTER

The College of Medical Education, operating under the new medical society-hospital consortium arrangement, recorded a productive first quarter (October 1-December 31). <u>Approximately 100 physicians</u> attended the October Practical Office Medicine course held at Good Samaritan Hospital and the Infectious Disease course conducted at Mary Bridge Hospital. The November Orthopaedic Nursing course held at St. Joseph Hospital attracted over 145 nurses from Tacoma and surrounding counties.

The first meeting of the new COME Board of Directors was held in November. <u>Board members are:</u> Drs. Richard D. Baerg, Thomas A. Clark, Carl J. Gerber, Joseph H. Latona (CME Committee Chairman), Robert A. Thiessen, and Robert D. Whitney, representing the medical society; Chris Anderson, Scott Houston, Craig Hendrickson, E. K. Prentice, and Bruce Yeats, representing hospitals; COME Executive Director Maxine Bailey and MSPC Executive Director Thomas J. Curry. At the November meeting the board elected Dr. Baerg as COME president, Mr. Hendrickson as COME vice-president, and Dr. Whitney as COME treasurer. Mr. Curry serves as secretary to the new corporation.

MARCH MEETING TO FEATURE RISK MANAGEMENT PROGRAM.

The new risk management program approved at the October 1979 WSMA Annual Meeting will be presented at the March 11 medical society general membership meeting. WSMA President, Dr. Maurice Lawson, will attend the meeting to review this critical new program. Physician attendance is strongly urged as your understanding of the program and its very broad impact on physicians state-wide is essential. Please note Tuesday, March 11 on your calendar. Details of the meeting will be mailed to members later in January.

MEMBERSHIP OPINION SURVEY RESULTS

Results of the annual membership opinion survey will be published in the February issue of the BULLETIN. Physician response to the survey was strong with over 36% of the membership completing the questionnaire by January 4. The results were reviewed at the January Board of Trustees retreat and were utilized for 1980 program planning.

CREDIT AND COLLECTION SERVICE GROWTH CONTINUES

Over 150 physicians now use the medical society's MBI Credit and Collections Service. A high rate of return combined with lower commission have resulted in strong physician support. For information on how you can join your colleagues in using this important membership benefit, and the MBI Placement Service to meet your office staffing needs, call Susan Thorton, 572-3709.

GROWING PAINS: MEDICAL ASPECTS OF AGING

Mark February 6 on your calendar as the College of Medical Education offers its first (since 1973) geriatrics course entitled Growing Pains: Medical Aspects of Aging. This course will be held at Puget Sound Hospital and will last from 9:00 a.m. to 4:10 p.m. Also scheduled for February is the COME sponsored Peripheral Vascular Disease Update, February 15 at Tacoma General Hospital Medical Center Auditorium. For further information on these two courses call the College of Medical Education, Maxine Bailey, executive director, 627-7137.

SUPPORT WAMPAC

Your membership of \$40 in the Washington Political Action Committee (WAMPAC) is critically needed to help organized medicine make its political impact felt. Physicians are contributing approximately \$6 each to PAC activity in this state, compared to \$22 for dentists, \$50 for chiropractors and \$88 for opticians. In August, 1979 just 13 percent of the total WSMA membership (754 out of 5.626) were WAMPAC members, compared to nearly 50 percent membership in 1962. Your support of WAMPAC is needed!

A new 21 member WAMPAC board was appointed in November. Representing Pierce County is Dr. Jim Krueger, MSPC Legislative Committee chairman. WAMPAC's 1980 plans include developing voting records on incumbent legislators, implementing a candidate evaluation process, and improving liaison with the Democratic and Republican caucuses. In 1978, WAMPAC contributed a total of \$20,500 to the campaigns of 67 candidates. WAMPAC's batting average was 76 percent, with \$15,000 contributed to 51 winning candidates and \$5,500 contributed to 16 losing candidates. Support for winning Republicans was approximately 2 to 1 over Democrats, while dollar support for losers was about evenly divided.

WAMPAC's \$40.00 membership is included as an option on your 1980 county and state dues statement. Physicians who have already paid their 1980 MSPC dues can still forward their WAMPAC membership to the MSPC offices, 705 South 9th, Suite 203, Tacoma, 908405.

SOCIETY OFFICERS INSTALLED AT JOINT DECEMBER MEETING

Newly elected Medical Society of Pierce County officers and trustees were installed at the annual joint medical society-auxiliary. December meeting. Over 240 physicians and their spouses attended the affair held at the Tacoma Yacht Club. The meeting also featured special presentations to Dr. Marcel Malden for his long support of the College of Medical Education and locally controlled physician medical education, and to Jeanne Judd. Mrs. Judd received a certificate, and silver medal from the Joslin Foundation for successfully completing 50 years of treatment as a diabetic.

Outgoing president Dr. Kenneth D. Graham thanked members of the society for their support during the year. He reminded those present that "no small core of interested physicians can do the job for us." Greater involvement by more physicians in MSPC activities and local medical issues is needed, stated Dr. Graham. He also presented plaques of appreciation to outgoing officers and trustees.

I ollowing his installation as the 87th president of MSPC, Dr. Charles C. Reberger thanked Dr. Graham for his good work during 1979 and, looking ahead to 1980, expressed his belief that it would be a productive year for the medical society. Dr. Reberger reminded those present of the need to express their opinions to society committee chairmen, officers and trustees, and he reported that the annual membership survey would be conducted late in December with survey results to be used by the Board of Frustees in establishing programs and priorities in 1980.

Over 240 physicians and their spouses attended the December joint meeting at the Tacoma Yacht Club. Dinner was followed by a special performance of the Wilson High School Bell and Swing Choir.



Dr. Reberger also thanked the medical auxiliary, President Kit Larson and Past-President Jo Roller, for its good works on behalf of the medical community, and expressed his special appreciation to Dr. Hoyd C. Elmer who was concluding two years of service as the medical society's secretary-treasurer.

Kit Larson presented "Shape Up For Life" I-shirts to Drs. Graham and Reberger and made a special presentation on behalf of the auxiliary to Jeanne Judd (see Auxiliary Report, page 17).

Sixth District Congressman Norm Dicks who discussed a number of Washington State issues and national concerns. He then responded to questions from the audience.

The evening concluded with a performance by the Wilson High School Bell and Swing Choir.

Dr. Ken Graham models his "Shape Up For Life" T-shirt presented by Medical Auxiliary President Kit Larson.



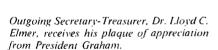
1980 MEDICAL SOCIETY OFFICERS AND TRUSTEES

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TRUSTEES

Richard G. Bowe, M.D. (81) Stanley A. Mueller, M.D. (81) Robert B. Whitney, M.D. (81) Lloyd C. Elmer, M.D. (81) Kit Larson (80) Bruce D. Buchanan, M.D. (82) James P. Duffy, M.D. (82) Robert A. O'Connell, M.D. (82)







Dr. Marcel Malden received a special presentation in recognition of his ten years of dedicated service to the College of Medical Education and local physician continuing medical education. He expressed his appreciation to his colleagues for their support of local physician sponsored continuing medical education.

Sixth District Congressman Norm Dicks attended the December meeting and discussed a variety of current national and local issues.



GROWING PAINS: MEDICAL ASPECTS OF AGING

Towards Effective Medical Management of Physical Problems
Associated with Growing Older

A continuing medical education course for physicians

CATEGORY I Credits: 8 hours

4:10

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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)

February 6, 1980 — PUGET SOUND HOSPITAL

9:00 PHYSIOLOGY OF AGING Robert E. Vestal, M.D.

9:30 GLUCOSE INTOLERANCE AND DIABETES Ronald J. Graf, M.D.
MELLITUS IN THE ELDERLY

10:15 PROSTATIC DISEASE OF THE ELDERLY Robert O. Modarelli, M.D.
11:00 BROWN BAG SYNDROME Robert E. Vestal, M.D.

Problems Of Drug Use In The Elderly

Metabolism/Drug Response

12:00 Lunch - Hosted by Puget Sound Hospital

1:00 ALCOHOL AND AGING Robert E. Vestal, M.D.
1:30 HYPERTENSION - DIAGNOSTIC CRITERION Robert C. Davidson, M.D.
What To Treat? - How to Treat?

2:10 CARDIOVASCULAR INTERVENTIONS - Cordell H. Bahn, M.D. SURGICAL OUTCOMES

2:40 GASTROINTESTINAL DISEASE - Richard D. Baerg, M.D.

3:20 EVALUATION FOR ANESTHESIA Mian H. Agwar, M.D.

3:20 EVALUATION FOR ANESTHESIA Mian H. Anwar, M.D.
3:40 DERMATOLOGIC PROBLEMS IN THE AGING SKIN Frederick J. Schwind M.D.

to 'Name That Skin Condition'

PLANNING COMMITTEE: Edwin J. Fairbourn, M.D., (chairman), Thomas H. Clark, M.D., George H. Krick, M.D., John H. Bargren, M.D., Frederick J. Schwind, M.D., Herbert Zimmermann, M.D., Mian H. Anwar, M.D., and Robert O. Modarelli, 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:

Puget Sound Hospital S. 36th and Pacific Avenue Tacoma, Washington



Registration fee: \$40.00 (Paid preregistration would be appreciated before February 1, 1980.)
This program is subject to cancellation if less than the minimum number of participants have registered by February 1, 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

PERIPHERAL VASCULAR DISEASE — UPDATE

A continuing medical education course for physicians

CATEGORY I

As an organization accredited for continuing medical education, the College of Medical Education. Credits: 8 hours 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.

Accredited by the American Academy of Family Physicians for eight credit hours—Category I (Prescribed)

February 15, 1980 — Tacoma General Hospital, Tacoma

9:00	INTRODUCTORY REMARKS	Edmund A. Kanar, M.D.
9:05	DIAGNOSTIC APPROACHES TO VENOUS DISEASE	Robert A. McAlexander, M.D.
9:20	CURRENT NON-INVASIVE STUDIES OF PERIPHERAL ARTERIAL DISEASE	Eugene Strandness, M.D.
10:10	Coffee Break	
10:30	SELECTIVE RADIOGRAPHY FOR PERIPHERAL VASCULAR DISEASE	G. James Kenney, M.D.
11:45 12:00	Question and Answer Lunch - No Host	
1:30	UPDATE: SURGICAL TREATMENT OF VENOUS DISEASE	C. Stevens Hammer, M.D.
2:00	SURGERY FOR LOWER EXTREMITY ARTERIAL DISEASE	William K. Ehrenfeld, M.D.
2:45	ROLE OF ADJUNCTIVE PROCEDURES IN PERIPHERAL VASCULAR SURGERY	Eugene Strandness, M.D.
3:15	Coffee Break	
3:30	COMPLICATIONS IN PERIPHERAL ARTERIAL SURGERY	Ron W. Knight, M.D.
4:00 to 4:30	Question and Answer - PANEL	William K. Ehrenfeld, M.D. Eugene Strandness, M.D. Robert A. McAlexander, M.D. William B. Jackson, M.D. C. Stevens Hammer, M.D.

Program Coordinator: Edmund A. Kanar, 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 Medical Center Auditorium 315 South K Tacoma, Washington



Registration fee: \$40.00 (Paid preregistration would be appreciated before February 13, 1980.) This program is subject to cancellation if less than the minimum number of participants have registered by February 13, 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

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



Deborah J. Pitt, M.D., Family Practice. Born in Blackwood, England, 8-18-49; St. George's Hospital Medical School, London, 1972; internship, Cuckfield West Sussex and Brighton General Hospital, Brighton, East Sussex, 1973-74; residency (family practice) Cuckfield Hospital, 1974-77; graduate training.

(psychiatry) West Sussex, 1977-78. State of Washington license, 1979. Has applied for medical staff membership at Mary Bridge Children's, St. Joseph, and Tacoma General. Dr. Pitt is practicing at 1112 S. Cushman Avenue, Tacoma.



Gregory A. Popich, M.D., Orthopaedic Surgery. Born in Seattle. 11-17-45; University of Washington, 1972; internship, Tripler Army Medical Center. Honolulu. 1972-73; residency. Tripler (orthopaedic surgery), 1973-76. State of Washington license, 1976. Has applied for medical staff membership at Allen-

more, Doctors, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General, Dr. Popich is practicing at 1624 S. I Street, Tacoma



Carl W. Wulfestieg, M.D., Otolaryngology. Born in Bell, CA. 6-7-43; UCLA, 1971; internship, University of Pennsylvania Hospital (straight surgery), 1971-72; residency, Philadelphia Jeanes Hospital (surgical). Thomas Jefferson University Hospital (otolaryngology), and University of California, San Diego

Hospital (otolaryngology), 1972-77. State of Washington license, 1979. Has applied for medical staff membership at Doctors, Mary Bridge Children's, St. Joseph, and Tacoma General, Dr. Wulfestieg is practicing at 721 Fawcett Avenue, Faconta.

SECOND NOTICE



Jonathan C. Bahmiller, M.D., Ophthalmology, Born in St. Petersburg, Florida, 8–20–42; University of Miami School of Medicine, 1975; internship, Medical College of Virginia (straight medical), 1975-76; residency, Tulane University School of Medicine (ophthalmology), 1976-79. State of Washington license, 1978. Has

applied for medical staff membership at Allenmore, Doctors, Mary Bridge Children's, St. Joseph, and Tacoma General. Dr. Bahmiller is practicing at 521 South K Street, Tacoma.



Wing L. Chan, M.D., Internal Medicine. Born in Hong Kong, 10–28–33; University of Hong Kong, 1959; internship, Tsan Yuk and Nethersole hospitals, Hong Kong, 1959-60; residency, Nethersole Hospital, Hong Kong, 1961-63; internal medicine residency, Camphill Hospital, Halifax, Canada, 1968-70. State of

Washington license, 1978. Has applied for medical staff membership at Puget Sound, St. Joseph, and Tacoma General. Dr. Chan is practicing at the Puget Sound Clinic, Tacoma.



Lee R. Dorey, M.D., Orthopaedic Surgery. Born in Richmond, Va. 3-26-37; University of California, 1-A, 1967; internship, USC Medical Center, 1967-68; residency, USC Medical Center, 1968-72. State of Washington license, 1978, Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan,

Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General, Dr. Dorey is practicing at Allenmore Medical Center, Tacoma.



Edward A. Drum, M.D., Family Practice. Born Oakland, CA 11 20 43; Loyola-Stritch Medical School, Illinois, 1970; internship, Milwaukee County General Hospital, 1970-71; residency, Milwaukee County General, Medical College of Wisconsin, 1973-74. State of Washington license, 1978. Has applied

for medical staff membership at Allenmore, Doetors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General, 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; University of Alabama. 1973; internship, Highline General Hospital. Oakland. Ca., 1973-74; residency, University of South Alabama Medical Center, Mobile, 1978-79. State of Washington license, 1977. Has applied for

medical stall membership at Lakewood General, and Iacoma General. Dr. Kendrick is practicing at Iacoma General Hospital, Iacoma.



Ronald W. Knight, M.D., Cardio-Thoracic Surgery. Born in Kansas City. Mo., 9-10-43; University of Southern California, 1970; internship, University of Oregon Medical Center, 1970-71; residency (general surgery) St. Vincent Hospital Medical Center, Portland, 1973-77; residency (cardio-thoracic sur-

gery). University of Oregon Health Sciences, Portland, 1977-79. State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General, Dr. Knight is practicing at Allenmore Medical Center, Tacoma.



Prasad M-S Reddy, M.D., Anaesthesiology, Born in Temali, India, 6–20–46; Guntur Medical College, India, 1973; internship, Niagara Falls Memorial Medical Center, New York, 1974-75; residency, University of Utah Medical Center, 1975-77. State of Washington license, 1978. Has applied for medical at St. Joseph. Dr. Reddy is practicing at

staff membership at St. Joseph. Dr. Reddy is practicing at 1718 I Street. Tacoma.



Henry F. Retailliau, M.D., Internal Medicine. Born in New York, N.Y., 1, 13/47; University of Washington, 1974; internship. MeGill University. Montreal General Hospital, 1974-75; residency, McGill, 1975-76; preventive medicine residency, Center of Disease Control, Atlanta, 1977-79. State of

Washington license, 1979. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Retailliau is practicing at 721 Fawcett Ave., Tacoma.



William R. Rinker, M.D., Anaesthesiology, Born in Chicago, Illinois, 4, 29, 49; Chicago Medical School, 1975; internship, Northwestern University (internal medicine), 1975-76; residency at Northwestern(anaesthesia), 1976-78; graduate training, Virginia Mason Hospital, Scattle (anaesthesia), 1978-79. State of

Washington license, 1979. Has applied for medical staff membership at Good Samaritan. Dr. Rinker is practicing at Good Samaritan Hospital, Puyallup.



Dennis G. Scholl, M.D., Diagnostic Radiology, Born in Madison, Wisconsm. 11-13-46; University of Wisconsm. 1973; internship. Swedish Hospital. Seattle. 1973-74; residency, University of Minesota. 1974-77. State of Washington license, 1976. Has applied for medical staff membership at Doctors. Puget

Sound, St. Joseph, and Tacoma General. 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; Stanford University, 1974; internship, USC Medical Center, L.A., 1974-75; residency, Waasworth VA Hospital, L.A., 1975-79. State of Washington license, 1979. Has applied for medical staff membership at Mary Bridge Chil-

dren's, St. Joseph, and Tacoma General, Dr. Van Wagenen is currently practicing at 1112 South Cushman, Tacoma.



Kurt R. Weis, M.D., Obstetrics/Gynecology, Born in Seattle, † 25–46; University of Washington, 1972; internship, Madigan Army Medical Center, Tacoma, 1972-73; residency at Madigan, 1973-76. State of Washington license, 1978. Has applied for medical staff membership at Allenmore, Doctors, Lakewood General,

Mary Bridge Children's, St. Joseph, and Tacoma General. Dr. Weis is practicing with Stork Associates. Lacoma.



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DECEMBER HIGHLIGHTED BY JOINT MEETING, FAMILY HOLIDAY PARTY, AND SUCCESSFUL AMA-ERF PROJECT

The joint medical auxiliary-medical society annual dinner meeting was held December 11 at the Tacoma Yacht Club with a record attendance of 238 members. It was a blustery evening outside but inside joviality prevailed. Dr. Ken Graham, outgoing MSPC president, welcomed 1980 President Dr. Charles C. Reberger, and he introduced newly elected President-Elect Dr. George Tanbara. Dr. Marcel Malden was presented a special award for his ten years of dedicated service to continuing medical education in Pierce County and the College of Medical Education.



Jeanne Judd, flanked by President Ken Graham and her husband, Dr. Judd, was awarded the 50 Year Joslin Diabetes Foundation Diabetic Medallion.

Jeanne Judd was awarded the 50 Year Joslin Diabetes Foundation Diabetic Medallion in recognition of her achievement in carrying on successfully for 50 years with well documented, insulin requiring diabetes. Jeanne is an active auxiliary member and a past president of auxiliary, and a charming lady. She's worked with the YWCA swimming program for 14 years. Auxiliary President Kit Larson presented Jeanne with a golden rose stickpin from auxiliary. Congratulations, Jeanne!

Ken Graham introduced our speaker for the evening. Sixth District Congressman Norm Dicks who stressed that our nation must become energy independent. Congressman Dicks stated the importance of listening to "your district" and he offered to meet with anyone with important problems. He stated he is supportive of medical education.

The second annual PCMSA Family Holiday Party was held December 15. Chairmen F. M. Stern and Phyllis Pierce reported that tun was had by all. A Christmas play was presented. Santa was there and pictures were taken of the children sitting on Santa's lap.

Cindy Anderson, AMA-LRF chairman, received great response to the holiday sharing card project. The total 1979 contribution was higher than last year's. Cindy designed the beautiful card hersell thus saving auxiliary many dollars. Kit Larson would like to thank you personally, Cindy, for a huge job very well done!

Did you know that for every dollar donated to AMA-ERF, \$12.50 may be loaned out under the guaranteed bank loan fund? This money may be used for emergency travel funds, grocery money, outside speakers, etc. Please remember: If you would like your donation to go to a specific medical school, specify the school on your donation check.

President-Elect Marny Weber informs us that there will be an "energy saving bake sale" at the February and March auxiliary luncheons. Donations of food created from recipes in the auxiliary cookbooks will be made to help raise money for Mary Ellen Vaughan's inaugural as national auxiliary president. Further details will be forthcoming.

Our next regular luncheon meeting will be held on Friday, February 8th at the home of Mrs. James Gillespie. Nominations for auxiliary officers will be presented. The program speaker will be Dr. Bob Thiessen who will discuss Hospice of Tacoma. See you there!

Joan L Sullivan

Classified ___

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

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DR. GOVNOR TEATS retired from General Practice as of 1 Nov. 79. Dr. Teats space available for lease on two physician one story building. All of his furniture, equipment, records remain on the premises. DR. BROKAW, long time associate, continues in practice with same employees. 2517. North. Washington. St.: 759-3586. North end Tacoma, five minutes from Tacoma. General. Hospital.

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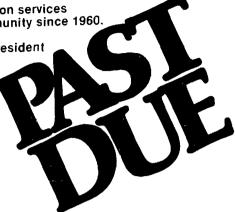
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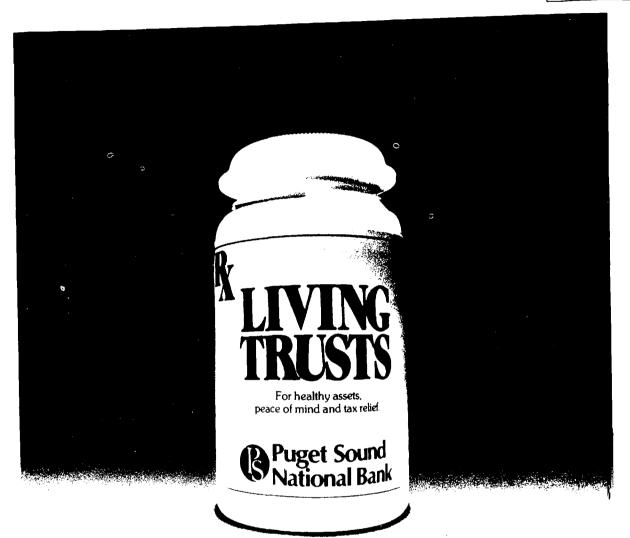
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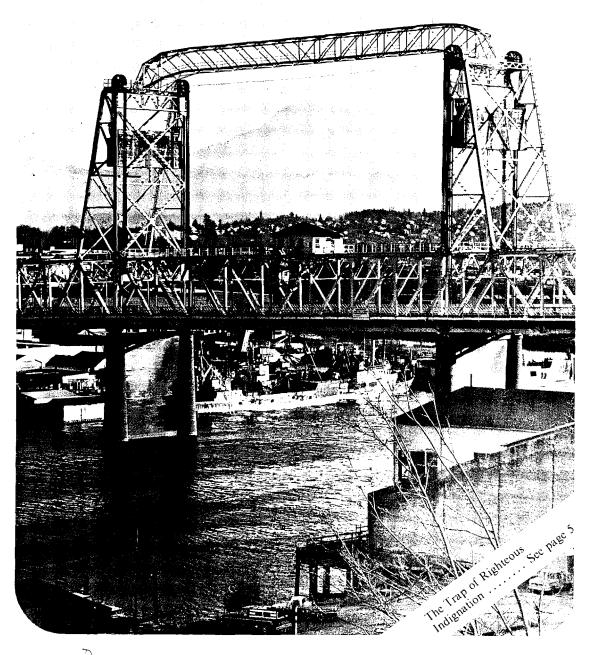
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Medical Society of Fierce County

FEBRUARY 1980 VOL. LII, No. 2, Tacoma, Washington



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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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 Lns. Angeles. CA. 1978.

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COVER

Photo by Marcel Malden, M.D.

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Society News Briefs

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

COST RECOMMENDATIONS APPROVED BY BOARD

Sixteen recommendations addressing the cost issue made by the Cost of Care Committee were reviewed and accepted by the Board of Trustees at its January meeting. Specific recommendations have been referred to the Medical Society-Hospital Liaison Council, MSPC-TACC Joint Health Issues Committee, and Cost of Care Committee for action or preparation of resolutions for MSPC and WSMA consideration. The committee's report will be published in the March issue of the BULLETIN.

SURVEY SHOWS INCREASED SENSE OF INVOLVEMENT

1980 membership opinion survey results indicate an increased sense of involvement on the part of the membership in local MSPC activities (39.3 percent stated they were "very" or "somewhat" involved compared to 33.0 percent in 1979), an increase in the combined "excellent" and "good" rating of how the Society is doing in involving the membership in solving problems (47.9 percent compared to 38.5 percent in 1979), and an increase in the "yes" response to the question of, "Do you feel you have adequate access to society committees and the Board of Trustees to express your view" (85.7 percent compared to 76.5 percent in 1979). The top five priorities defined by the membership in 1979 (public image, cost of care, health planning, social-political involvement, and local medical policy leadership) remain the same in 1980. Full statistical results of the survey will be published in the March BULLETIN.

RISK MANAGEMENT PROGRAM MARCH 11

The Iron Gate Restaurant, 8212 River Road E., Puyallup, will be the location of the <u>Tuesday</u>, <u>March 11</u>, general membership meeting. The WSMA Risk <u>Management Program</u> which will substantially impact on all Washington physicians will be explained. Your attendance and participation is strongly encouraged. WSMA President Dr. Maurice Lawson will describe the forthcoming program approved by the WSMA House of Delegates at the 1979 Annual Meeting.

EDUCATE YOUR LEGISLATOR

Use the toll free legislative message line, 1-800-562-6000, to inform your legislator on key issues of importance to medicine. Legislators need to be educated regarding the adverse impact of extending certificate of need review to private physicians' offices, inequities and inadequacies of the DSHS Medicaid fee schedule and the need for serious consideration of supplemental appropriations to improve the DSHS program, the attempt to broaden the lay midwifery act, and the need to end the state monpoly of workman's compensation to provide for small groups to self insure. Call your legislator today, or write to inform him or her on these key issues.

PHYSICIANS NEEDED

The 8th annual "TNT Sound to Narrows Race" will be held on Saturday, June 7, 1980. Physicians are urgently needed to volunteer their time for approximately three hours that morning. If interested, please contact Dr. Stan Mueller, 627-7157, chairman of the MSPC Sports Medicine Committee.

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President's Page



HEGEMONY, THE TRAP OF RIGHTEOUS INDIGNATION

Charles C. Reberger, M.D.

On January 11, your society and auxiliary officers attended the WSMA 1980 Leadership Conference at the Hyat House at Sea-Tac. In spite of slush, high winds and flooding rain, the turnout was good.

Al Dieffenbach, medical reporter of the SEATTLE TIMES, opened the morning session on press relations. He came to the microphone, stood silent, gazed thoughtfully at the crowd and finally said, "This is a leadership conference. I assume, then, that you are all leaders. Maybe that is what is wrong with your press relations. You obviously have just too many leaders." With this spotlight on the inappropriateness and maybe the dangers of the use of the word 'leadership,' the mood was set for us to be told what we needed to do.

In the afternoon, Ronn Robinson, governmental relations representative for the National Education Association, appeared on the panel for strategy in political action accompanied by Lois North of the King County Council and our own JoAnn Johnson. Mr. Robinson's comments were blunt. He warned us that support for candidates or parties doesn't do much good unless our act is together and there is something definite to support.

True. The previous evening, at the Hyatt House, there was a WSMA Inter-specialty Council meeting. The different directions and degrees of reckless to prudent responses to the DSHS fee schedule underlined the need to get the act together and to keep it together. The 13th century unity lesson of Jenghiz Khan is too often forgotten. Dying, he handed a bundle of arrows to his sons and told them to break them. Then, when they had failed, he handed each one of them an arrow that, singly, was easily broken.

The legislature regularly requires DSHS to distribute more benefits without increase in funds. DSHS is caught in the middle. While we may

sympathize with their position, we are appalled that the cutbacks in fees are so narrowly applied to physicians.

Unlike the contractors and power companies, we cannot refuse to work or cut off our service when the bill is not paid. It is particularly frustrating when we realize that DSHS seems so sure that physicians are chickens safe to pluck. They have been fairly confident that the doctors won't get the act together and that, whenever a special group raises a fuss, they can break them as easily as the Khan's boys broke the single arrow.

And it is no good to declare that DSHS patients will be handled in the offices without any fee at all. The benefits are presented by the legislature as a right. Demeaning, then, is the offer of old-time charity. Paperwork and documentation cannot be avoided because these cannot be denied the patient. It is all too easy to get carried away forgetting about the complications of referrals and hospital inter-dependence.

This is a serious problem. It will not permit passive acquiescence. But the solutions for the problem require cooperation of physicians, DSHS and the legislature and, ultimately, the genuine support of the voters. This is no time for silly jousts against windmills in the name of leadership.

Leadership is defined in the "Nouveau Petit Larousse" as follows: "leadership n.m. (mot angl.) commandement, hegemonic." That is all it says. Hegemony is a serious offense in Russia and was a capital crime in the great city-state of Athens when democracy was in flower. Armies have been known to defeat themselves with mis-directed leadership. We must keep our cool and keep our act together. Unity was and is the key word.

C.C.R.

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Public Health/School Health Committee ____

VARIETY OF ISSUES REVIEWED: REFUGEE RECOMMENDATIONS ISSUED

Several issues reviewed by the committee at its January meeting are of general interest to the membership.

Access to medical care. Obtaining a physician for continuing medical care is often difficult for families new to our area, particularly if they have problems of economics, language or culture. One of the services of the Medical Society of Pierce County is physician referral. The services of the Family Clinic and Eastside Clinic also are used when financial screening is needed. Those of us who want to make Pierce County a good place to live, and who were grateful when it was possible to eliminate the two class system which was implicit in care given at the old county hospital. recognize the value of these services and the need to have physicians in every specialty in each region of the county who will accept new patients regardless of reimbursement method. Be sure your listing in the 1979-80 Directory accurately reflects your current practice.

Asian Immigrants. The medical screening of recent Vietnamese, Cambodian and other Asian immigrants has been reviewed with representatives of sponsoring agencies and the Tacoma-Pierce County Health Department. The committee has recommended an initial limited health survey; screening for tuberculosis, syphilis, hepatitis; examination for ova and parasites when there is diarrhea; a total immunization update of all children; and, diphtheriatetanus immunization of adults. Health department facilities are available. Establishment of a relationship with the physician is important for all of these people. Remember the possibility that some may carry malaria. See page 11 for details.

Child-Find. Concerned physicians and educators are finding that only the most severely handicapped infants and children are being referred to child development and pre-school special education programs. The needs of the less handicapped are often not discovered until they are seven or eight years old. At last funds are available to begin helping these children and their families at an appropriately early age. An Early Childhood Conference held on February 8th discussed these children. Later this spring, personnel from the Tacoma School District and the health department, with the help of trained volunteers, plan a one day screening program to identify handicapped preschoolers currently not being

served by physicians and educators. Contact with the child's physician, or establishment of a medical care relationship, is important in the identification of educational needs for any apparently handicapped child.

Adolescent Radio Talk Show. I om Maschoff of the health department reported on a planned radio talk show for adolescents discussing problems of physical and mental health. Physicians who would like to contribute their expertise to this program should contact Tom Curry at the medical society office, 572-3666.

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



Medical Society of Pierce County

INFORMATIONAL PROGRAM

WSMA RISK MANAGEMENT PROGRAM

- Overview of Need -
- Review of Program Features -
 - Questions and Answers -

WSMA President Dr. W. Maurice Lawson will present the new WSMA Risk Management Program approved by the House of Delegates at the 1979 Annual Meeting.

DATE:

Tuesday, March 11, 1980

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, \$9.75 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 Wednesday, February 27.

REGISTRATION

Yes, I have set aside the evening of March 11 to meet with my colleagues to review the new WSMA Risk Management Program.

Please reserve _____ dinner(s) for me, at \$9.75 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.

Telephone Number: _____

RETURN TO THE MEDICAL SOCIETY BY NO LATER THAN WEDNESDAY, FEBRUARY 27. 705 South 9th • Suite 203 • Tacoma, WA 98405 • (206) 572-3666

State Industrial Insurance

IMPACT OF STATE PROGRAM TREMENDOUS

The recent joint committee meetings of the Medical Society of Pierce County and the Tacoma Chamber of Commerce, exploring areas of mutual interest, have indicated that the local business and industry community is uncertain about its role in the economical application of the Washington Industrial Insurance program, and in its relationship to physicians caring for its employees. Most local doctors care for workers. Many find it hard to understand the apparent shift of responsibility for insurance covered workers to the remote and apparently impersonal state agency and to the doctor. Doctors frequently view this shift as an abdication of responsibility by employers and often suspect they are unwittingly assuming responsibilities belonging to the employer. This feeling is compounded by the employers' failure to provide accurate job discriptions or environmental exposure data, failure to display concern for workers' recovery or reluctance to provide restricted work to assist in prompt rehabilitation to previous, or suitable, jobs. The frequency with which the "self-insured" employer does these things further confuses the doctor as it tends to make his or her decisions more objective and less personal in the patient relationship.

The Washington Insurance Act, passed in 1911, was one of the first in the nation to exercise the state's police power and to provide sure and certain relief for all injured workers and their families regardless of fault and without civil action. In 1971, this state insurance monopoly was changed to permit qualified employers to "self-insure." The dual system further complicated the doctors' role by establishing yet another system and set of forms without altering the designated benefits to the worker.

The basic 1911, law, as amended in 1971, specifies that the Department of Labor and Industry shall regulate the proof of accidents and extent thereof and shall "supervise the medical, surgical, and hospital treatment to the intent that it may be in all cases efficient and up to the recognized standards of modern surgery."

This point of concern for the doctors' designated role was the basis of development of the Washington State Medical Association Industrial Insurance and Fee Committee. This committee of eight or nine specialists meets monthly to review the Department of Labor and Industries' medical related problems, recommend policies and negotiate for fee schedule changes. It is responsible for the increase in 1980 unit payments.

The Insurance Act provided a broad base of coverage for on-the-job injury and occupational

diseases "arising out of and in the course of work." Accordingly it provided:

- Full payment of medical and hospital bills without stated maximum.
- 2. Payment of salary for time loss. Benefits vary with marital status and dependency up to a maximum of 75 percent of the average annual wage in Washington. Currently this is \$809.81 per month income tax exempt.
- Payment for permanent partial disability as a lump sum based on medical appraisal of disability as designated by the legislature.
- 4. Payment of permanent total disability monthly benefits to workers and family.
- 5. Death benefits to spouse and dependents.
- Multi-service rehabilitation center upon doctors' referral.

A few rounded figures from the 1979 program experience indicates the magnitude of this program.

Individual Employer Accounts State 105,900

Seli-Ins 245
Total Claims Received State 190,000
Self-Ins 49,000
Individual Medical Bills (state only) 802,700
State Program Expense
Time Loss Payments \$60,000,000
Permanent Partial Disability 21,500,000
Pensions
Physician Payments 39,000,000
Osteopath Payments
Chiropractor Payments 7.000,000
Hospital Payments
Pharmacy Payments 3,000,000
Appliance Payments 1,600,000
Administrative Costs
Total\$222,300,000

Self-Insured Program Expense (total) \$26,373,000

Premium Income (state) \$145,000,000

 Medical Aid Funds
 \$145,000,000

 Accident Fund
 \$261,000,000

These approximate figures demonstrate the impact of the state's program on our medical economy. How the money is raised and the responsibilities of employers and doctors will be discussed in subsequent reports.

Charles M. McGill, M.D., M.P.H. Member, WSMA Industrial Insurance Committee

PEDIATRIC EMERGENCIES AND CRITICAL CARE SEMINAR

SHARE IN THE 25TH BIRTHDAY CELEBRATION OF MARY BRIDGE CHILDREN'S HEALTH CARE CENTER 8TH ANNUAL—DAYS OF PEDIATRICS—MARY BRIDGE CHILDREN'S HOSPITAL TACOMA GENERAL MEDICAL EDUCATION CENTER

Friday, March 21, 1980

Management of Multiple Injuries Shock & Pediatric CPR Head Injuries & Cerebral Edema Urologic Emergencies Surgical Emergencies Gyn Emergencies Burn Management Radiology of Trauma Saturday, March 22,1980

The Comatose Patient
Life Threatening Problems
Hematologic Emergencies & Management
Status Asthmaticus
Update in Management of Ketoacidosis
Ocular Trauma
Dental & Oral Surgical Emergencies

Antimicrobial Management of Serious Infectious Disease

WORKSHOPS (Scheduled for both days):

Suture Techniques CAT Intubation Manikin CPR

Radiographic Signs in Trauma

13 hours credit applied for through: College of Medical Education — AMA — Category I American Academy of Family Practice — Category I (Prescribed) American College of Emergency Physicians

Mary Bridge Children's Health Center

Registration fee: \$50.00 (Includes lunch). Advance registration required. For more information or registration call or write: College of Medical Education (206) 627-7137 (coordinating agency)

INTERNAL MEDICINE POTPOURRI

TACOMA ACADEMY OF INTERNAL MEDICINE — ANNUAL MEETING March 13, 14, 1980

Tacoma General Medical Education Center

Thursd	lay, March 13, 1	980	Friday	, March 14, 198	30
8:30	(Neurology)	INTERCRANIAL PRESSURE MONITORING G. Michael Wiese, M.D.	8:30	(Oncology)	ENCOURAGING DRUG REGIMENS — A Review Robert H. Rudolph, M.D.
9:15	(Neurology)	CAROTID BRUIT James S. Griffith, M.D.	9:15	(Oncology)	THIRD GENERATION INSTRUMENTS & RADIATION THERAPY
10:15	(Psychiatry)	CHRONIC ILLNESS—			Howard H. Wong. M.D.
		Psychologically Speaking Donald Dudley, M.D	10:15	(Pathology)	NEWER LABORATORY TESTS Morrie C. Foutch, M.A., M.T.A.S.C.P.
11:00	(Psychiatry)	DEATH & DYING Norman Becker	11:00	(Opth.)	FUNDOSCOPE EXAMINATION George C. Pugsley, M.D.
12:00	Lunch		12:00	Lunch	_ to go or ragoloy, W.D.
2:00	(Pulmonary)	SLEEP APNEA Bruce H. Culver, M.D	2:00	(Cardio)	EXERCISE & AGING — THE STRAIGHT SCOOP
2:45	(Pulmonary)	ASBESTOSIS	1		John P. Nagle, M.D.
		David J. Pierson, M.D.	2:45	(Cardio)	NUCLEAR IMAGING
3 :45	(Inf Dis.)	CHLAMYDIA			Glen W. Hamilton, M.D.
4:30	(Inf Dis.)	John K. Podgore, D.O. IMMUNIZATION IN ADULTS	3:45	(Research)	LASER THERAPY FOR GIBLEEDING David A. Gilbert, M.D.
to		Alan D. Tice, M .D.	4:30	(Endocrine)	THYROID DISEASES
5-15			5:15		Paul N. Fredlund, M.D.

Program coordinator: Bruce Buchanan, M.D.

Category I - AMA - AAFP

Legistration fee. \$75.00 Non-Members. Advance registration required by all planning to attend. For more the figure for egistration call or write: College of Medical Education, (206) 627-7137 (coordinating agency)

PH/SH Committee Recommendations

TREATING ASIAN REFUGEES

Pierce County has absorbed approximately 2,000 Asian refugees since 1975 with a rapid influx recently which may reach 100 refugees a month. The medical problems these immigrants present include a variety of tropical diseases with which most physicians are unfamiliar. Some of these diseases are potentially a risk to the native population as well as the refugees.

The MSPC Public Health/School Health Committee has tried to provide some insight into these problems and help coordinate available community services, the city-county health department, and physicians to improve the treatment of the refugees' medical problems. The committee offers the following information to aid physicians in treating refugees:

Medical care costs will be covered by DSHS as soon as appropriate papers are completed and approved in Olympia.

When initially seen by a physician, the following steps are recommended:

- Review all papers and reports from the refugee camp or health department.
- 2. Perform a thorough history and physical examination which should include a close check for lice, scabies and venereal disease. It should be remembered that many of these people have never received medical care before. It may also be worth realizing the tremendous psychological, cultural and social pressure these people have been and are under. An attempt will be made to offer a medical data base.
- 3. Laboratory tests should include:
 - Complete blood count (possibly a chemical profile as well).
 - B. Examination of feces for ova and parasite (several on a single patient or one on most members of a family).
 - C. *PPD by Mantoux method.
 - D. *Serum for syphilis serology.
 - E. *Serum for hepatitis B virus (HBsAg).
- * These are available at no charge through the Tacoma-Pierce County Health Department which also provides a limited history questionnaire. Physicians may send either the patient or serum to the department.
- 4. Initiation or continuation of immunizations* is very important:
 - A. Children:
 - 1. Under age 6: DTP-diphtheria, tetanus, pertussis, trivalent oral polio,

- rubeola, rubella and mumps vaccines.
- Age 6 or over: Td-tetanus, adult diphtheria, trivalent oral polio, rubeola, rubella and mumps vaccines.
- 3. Menstruating females: Rubella vaccine if not pregnant (a pregnancy test may be helpful) and assurance of a non pregnant state for 3 months.
- B. Adults: Same as steps 4A2 and 4A3 above. Some physicians may prefer injectable to oral polio vaccine.
- Referrals should be made to the health department for patients with apparent syphilis, tuberculosis, viral hepatitis or sexually transmitted diseases.

Additional resources available in the community include:

- Flavia Rodside at the Tacoma-Pierce County Health Department for public health problems or information on screening, 593-4060.
- Sylvia McKeen at the Tacoma Community
 House for assistance in obtaining translators
 or additional community information, 383-3951.
 If you need a translator, you may want to
 consider arranging a conference call using a
 second telephone extension for the patient.
- Dr. Tesfia Gabrekidan, VA Medical Center, American Lake, 582-8440, or Dr. Alan D. Tice, for questions about infectious or parasitic disease evaluation, 627-4123.
- Aaron Miller, Family and Eastside Clinics, for initiation of primary medical care and followup if physicians are unavailable, 627-9182 or 474-0604.

Some additional points to keep in mind about these people's medical problems:

- The priorities in therapy of intestinal parasites should include first Strongyloides, the Ascaris, and then all others.
- Clonorchis sinensis is probably not cured by any drug routinely available, but is suppressed by chloroquine.
- Malaria may mimic many other diseases and may be resistant to chloroquine.
- Emotional and psychological factors are important as reflected by the high suicide rate which has already been noted among these refugees.
- Sponsoring families are at risk for hepatitis B (immune serum globulin may be useful and is Continued on page 14

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



Sarah B. d'Autremont, M.D., Emergency Medicine. Born in Lecompte, La., 8:15, 50; Baylor College of Medicine, 1974; internship, Medical College of Virginia, 1974-75; residency, Medical College of Virginia, 1975-77. State of Washington license, 1980. Has applied for medical staff membership at Lakewood, St. Joseph, and Tacoma

General. Dr. d'Autremont is practicing at Tacoma General Hospital.



Robert W. Baird, M.D., Anesthesiology. Born in Anchorage, Alaska, 10/7/45; U. of W., 1972; internship, Brooke Army Medical Center, 1972-73; residency, Brooke, 1976. State of Washington license, 1976. Has applied for medical staff membership at Mary Bridge Children's and Tacoma General. Dr. Baird is practicing at Tacoma

General Hospital.



Street, Tacoma.

Stephen C. Bergmann, M.D., Pediatrics. Born in St. Paul, Minn., 10/15/46; University of Minnesota, 1972; internship at Kansas University, 1972-73; residency, Valley Medical Center, Fresno, 1973-75. State of Washington license, 1980. Has applied for medical staff membership at Mary Bridge Children's, St. Joseph, and Tacoma General, Dr. Bergmann is practicing at 1624 South 1



Timothy K. Chung, M.D., Cardiology. Born in Hong Kong, 5/30/39; University of Hong Kong, 1965; internship, Queen Mary Hospital, HK, and Charles T. Miller Hospital, St. Paul, Minn., 1965-70; residency, Western Hospital, Minneapolis, Minn., 1970-73; cardiology fellowship, University of Minnesota, 1973-75. State of

Washington license, 1979. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Puget Sound, St. Joseph, and Tacoma General. Dr. Chung is practicing at Allenmore Medical Center, Tacoma.



David G. Clark, M.D., Cardiology. Born in Pasadena, Ca., 8/9/46; University of Rochester, 1972; internship, University of Oregon, 1972-73; residency, U. of O., 1973-77; cardiology fellowship, U. of O., 1977-79. State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan,

Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Clark is practicing at 1624 South I Street, Tacoma.



Mark R. Gildenhar, M.D., Ophthamology, Born in Richmond, Ind., 5/2/49; University of Cincinnati, 1975; internship, Providence Medical Center, Portland, Ore., 1975-76; residency, Northwestern Memorial Hospital, Northwestern University, 1976-79. State of Washington license, 1979. Has applied for medical staff mem-

bership at Allenmore, Doctors, Mary Bridge Children's, St. Joseph, and Tacoma General. Dr. Gildenhar is practicing at Allenmore Medical Center.



Ronald S. Goldberg, M.D., Oncology. Born in Quincy, Mass. 5 23 43; Harvard Medical School, 1973; internship, L.A. County Harbor General Hospital, 1973-74; residency. University of Vt. Medical Center, 1974-75, graduate training (oncology). U of V. National Tumor Institute, and Mario Negri Formacologic Institute.

1975-78. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Goldberg is practicing at Allenmore Medical Center.



James S. Griffith, M.D., Neurology, Born in Tacoma, 5-10-45. University of Oregon, 1970; internship, Tripler Army Medical Center, 1970-71; residency, Letterman Army Medical Center, 1973-76. State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood

General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Griffith is practicing at 1624 South 1 Street, Tacoma.



Juan F. Juarez, M.D., General Practice. Born in Blackrock, N.M., 12:31/43; University of Hawaii, 1977; internship, Kauikeloani Children's Hospital, 1977-78; residency, University of Massachusetts, 1978-79. State of Washington license, 1979. Has applied for medical staff membership at Good Samaritan, Mary Bridge

Children's, and Tacoma General. Dr. Juarez is practicing at 2209 E. 32nd Street, Tacoma.



John V. Ligon, M.D., Family Practice. Born in Corvalis, Ore. 12/6/46; University of Oregon, 1973; internship, Providence Hospital, Portland, Orc. 1973-74. State of Washington license, 1974. Has applied for medical staff membership at Mary Bridge Children's, St. Joseph, and Tacoma General. Dr. Ligon is practicing at 301 South

320th St., Federal Way.



Lawrence L. Pelletier, M.D., Internal Medicine. Born in Bangor, Maine, 12, 26, 42; Columbia University, 1968; internship, University of Kansas Medical Center, 1968-69; residency, University of Kansas, 1969-73; infectious disease fellowship, U of W School of Medicine, 1973-75. State of Washington license, 1973. Dr. Pelletier is

practicing at American Lake Veterans Administration Medical Center.



Irwin C. Rosen, M.D., Anesthesiology. Born in New York, N.Y. 12/30/28; University of Geneva, 1956; internship, Kings County Hospital, N.Y., 1957-58; residency, Kings County Hospital, 1958-62. State of Washington license, 1972. Has applied for medical staff membership at Good Samaritan. Dr. Rosen is practicing at

Good Samaritan, Puyallup.



Jaroslaw R. Saikewicz, M.D., Radiology. Born in Czechoslovakia, 5/16/45; University of Munich, 1972; internship, University of Munich, County Hospital, Schrobenhausen, 1973-74; residency, Central Hospital, Skoude, and South Hospital, Stockholm, Sweden, and Swedish Hospital, Seattle, 1974-79. State of Washington

license, 1977. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood General, and Mary Bridge Children's. Dr. Saikewicz is practicing at Gross, Larsen, Whitney and Associates, Tacoma.



Maan Salloum, M.D., Anesthesiology. Born in Syria, 11: 13: 47; Cairo University, 1973; internship, Cairo University and Public Health Hospital, 1973-74.: residency, St. Clare's Hospital, N.Y, 1976-77, and U of W Department of Anesthesiology, 1977-79. State of Washington license, 1978. Has applied for medical staff mem-

bership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Salloum is practicing at Tacoma Anesthesia Associates.



Phillip S. Schulze, M.D., Family Practice. Born in Lufkin, Texas, 2, 25, 49; University of Texas Health Sciences Center, 1975; internship, Bexar County Teaching Hospitals, Texas, 1975-76; residency, Bexar, 1976-78. State of Washington license, 1980. Has applied for medical staff membership at Mary Bridge Children's, St.

Joseph, and Tacoma General. Dr. Schulze is practicing at 1112 South Cushman, Tacoma.



Ramesh M. Sharma, M.D., Cardio-Thoracic Surgery. Born in Mysore, India, 1/19/46; Mysore University, India, 1968; internship, Grace Hospital, Detroit, 1971-72; residency, Wayne State University, Michigan, 1972-76; cardio and thoracic surgery residency, University of California at Ervine and Children's Hospital, Seattle,

1976-79. State of Washington license, 1978. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Sharma is practicing at 1812 South 1 Street, Tacoma.

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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.

Internal Medicine/Rheumatology. Partnership of group practice opportunity sought by board certified internist. Currently completing fellowship, Division of Rheumatic and Genetic Diseases, Duke. Listing #101

Internist completing third year of general medicine residency. Available mid-1980, Member, AMA and American College of Physicians, Listing #102

Internist seeks practice opportunity. Associate member, American College of Physicians. Currently completing internal medicine residency at Creighton University Affiliated Hospitals. Available mid-1980. Listing #103

Urologist. Board certified by the American Urological Association, Canadian Fellowship in both general surgery and urology. Currently serves on part-time staff of University of Manitoba and as an associate professor, Department of Surgery. Currently maintains private practice in Canada. Increased government interference necessitates seeking of practice opportunity in United States. Listing #104

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Hsushi Yeh, M.D., Ophthamology, Born in Taipai, Taiwan, 3/5/48; Ohio State University, 1974; internship, Riverside Methodist Hospital, Columbus, Ohio, 1974-75; residency, Cleveland, 1975-78; vitreous and retina fellowship, Good Samaritan Hospital, Portland, Ore., 1978-79. State of Washington License, 1979.

Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General, Dr. Yeh is practicing at Allenmore Medical Center, Tacoma.

SECOND NOTICE



Deborah J. Pitt, M.D., Family Practice. Born in Blackwood, England, 8, 18, 49; St George's Hospital Medical School. London, 1972: internship, Cuckfield West Sussex and Brighton General Hospital, Brighton, East Sussex, 1973-74; residency (family practice) Cuckfield Hospital, 1974-77; graduate training,

(psychiatry) West Sussex, 1977-78. State of Washington license, 1979. Has applied for medical staff membership at Mary Bridge Children's, St. Joseph, and Tacoma General. Dr. Pitt is practicing at 1112 S. Cushman Avenue, Tacoma.



Gregory A. Popich, M.D., Orthopaedic Surgery. Born in Seattle, 11-17-45; University of Washington, 1972; internship, Tripler Army Medical Center, Honolulu, 1972-73; residency, Tripler (orthopaedic surgery), 1973-76. State of Washington license, 1976. Has applied for medical staff membership at Allen-

more, Doctors, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Popich is practicing at 1624 S. I Street, Tacoma.



Carl W. Wulfestieg, M.D., Otolaryngology. Born in Bell, CA, 6 7 43; UCLA, 1971; internship, University of Pennsylvania Hospital(straight surgery), 1971-72; residency, Philadelphia Jeanes Hospital (surgical), Thomas Jefferson University Hospital (otolaryngology), and University of California, San Diego

Hospital (otolaryngology), 1972-77. State of Washington license, 1979. Has applied for medical staff membership at Doctors, Mary Bridge Children's, St. Joseph, and Tacoma General. Dr. Wullestieg is practicing at 721 hawcett Avenue, Tacoma.

TREATING ASIAN REFUGEES continued

available at a charge of \$2.00 per ml through the health department), lice, scabies, and tuberculosis. If toilet facilities are used, there is little risk of transmission of intestinal parasites.

Many of these patients may be G6PD deficient and hence should be screened for this enzyme before therapy for malaria.

Your questions and suggestions are welcome. Contact Drs. David Sparling (chairman) or committee members Alan Tice or George Tanbara.

NOMINEES SELECTED

Marny Weber, our president-elect, informs us the "Energy Saving Bake Sale" will be held at the March 28th meeting at Betty Allott's home. The membership will be invited to rustle up something tasty from our Pierce County Medical Auxiliary Cookbooks. Cook one dish for your own family and one to contribute for the sale. Choose a favorite recipe and be prepared! Plans are for casseroles to sell at \$5.00 and cakes at \$2.50. The money earned will help finance our AMA Auxiliary's President-elect Mary Ellen Vaughan's inaugural.

The AMA Auxiliary's new nationwide "Shape Up for Life" campaign is aimed at keeping Americans healthy by making them aware that proper diet and exercise are vital to good health and fitness. It's based on the premise that it's never too soon or too late to begin exercising regularly and eating right.

The idea for the campaign, which will be directed by the national Health Projects Committee, springs from the organization's long-time interest in making people aware of what they can do to help keep themselves healthy. And it is the Auxiliary's contribution to the health care industry's Voluntary Effort for cost containment.

In keeping with this campaign, our Pierce County Medical Auxiliary secured Fort Steilacoom Park, Waughop Lake area, for our own "Medical Family Run." The run will be held on April 26th, a Saturday. This is a very pretty area and an ideal spot for our run. The committee is working on details. There will be something for everyone. Please mark your calendar now. We hope you're all getting in shape!

Our President Kit reports that the state auxiliary county presidents, president-elects and AMA-ERF chairmen were invited to spend a day with the dean of the University of Washington medical school on January 15th. Dean Van Citters explained how they use the money from AMA-ERF. A recipient of a student loan was introduced and expressed his appreciation for such a helpful program.

A tour of the University Hospital was given and the neonatal ward was particularly impressive. The director of the family practice section was most gracious and expressed his thanks for the help received from AMA-ERF. A delightful program and luncheon was enjoyed by all. President-elect Marny Weber, AMA-ERF chairman Cindy Anderson, and President Kit Larson represented Pierce County.

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The Auxiliary would like to congratulate Dr. Charles Reberger, the new MSPC president and his board. We look forward to working with them.

A special thanks also goes to immediate Past-President Dr. Ken Graham. It was a pleasure working with him and his Board of Trustees.

Kit Larson

In accordance with our auxiliary By-laws and the guidelines developed by our Long-Range Planning Committee, the following slate of nominees has been selected by the Nominating Board:

President-Elect......Nikki Crowley 1st Vice-President,

ProgramsShirley Kemman 2nd Vice-President,

Membership Lee Jackson 3rd Vice-President.

By-laws, Historian..... Barrie Mott 4th Vice-President,

The completed slate will be presented to the general membership and the election will be held March 28th.

The Mid-year Conference is scheduled for March 20-24 in Longview. This meeting includes state board directors; state committees; county presidents, and president-elects; AMA-ERF chairmen, and legislation, communication, project bank, and membership committees. Any interested member may attend the meetings and workshops.

Any change in address or phone? If so, please call Alaire Sheimo, 588-0134.

Joan L. Sullivan

PLEASE NOTE:

Sharon Lawson, student recognition chairman, would like to alert parents of graduating seniors that applications for the Student Recognition Award are now available in the seniors' counselors' offices. Please encourage your graduating senior to apply for the award!

Thank you, Sharon Ann Lawson 564-6605

Continuing Medical Education Update.

COLLEGE OF MEDICAL EDUCATION



1980 COURSE SCHEDULE Category I

Medical Society of Pierce County 627-7137

Date/Location	Course Topic	Coordinator(s)
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 23, 24	OB-GYN	Tom Brown, M.D.
May 7-10 Sea-Tac Red Lion	AAFP-STATE MEETING*	Robert Klein, M.D.
May 14 Allenmore General	ENDOCRINE	Ronald Graf, M.D.
May 16, 17 Tacoma General (Auditorium)	REGIONAL MEETING CARDIOLOGY	Gail Strait, M.D.
May 30 Tacoma General (Auditorium)	REGIONAL POISON SEMINAR	Robert Scherz, 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.

REGISTER NOW!!!!

CRITICAL CARE II — LAKE TAHOE — SAHARA TAHOE HOTEL

For further information call: College of Medical Education 627-7137

Not a College of Medical Education program

ANESTHESIOLOGISTS PROTEST

To the Editor:

For the information of vour readers, 24 Pierce County anesthesiologists signed the following letter to the Department of Social and Health Services expressing our dismay at the 1980 DSHS conversion factors for anesthetic services.

Sincerely, Thomas E. Bageant, M.D.

Office of Provider Services Mail Stop LG-11 DSHS Olympia, Wa. 98504

RE: DSHS conversion factors for anesthetic services.

Dear Sir:

For many years anesthesia services have been provided for Pierce County individuals without regard to the financial capabilities of patients. Government intervention into medicine has geometrically increased paperwork and decreased the physicians' compensation. Moreover, the physician has been protrayed as the rich, arrogant, greedy, exploiter of government programs and the indigent.

The January DSHS revised Schedule of Maximum Allowances has offered the Pierce County anesthesiologists less than 40% of their usual and customary fee. Anesthesiologists should recieve at least the percentage of their fee as given to their physician counterparts in the surgical suite. Inflation affects everyone. The Pierce County anesthesiologists cannot subsidize DSHS recipients for less than 40 cents of the dollar.

Many anesthesiologist are terminating their DSHS Physicians Agreement and may decrease services for DSHS recipients.

We are suggesting that all Pierce County physicians and hospitals, admitting DSHS recipients for surgery, inform their patients that they may be billed directly from their anesthesiologist and that they will be solely responsible for his compensation because the DSHS will not pay a just fee for anesthetic services.

Pierce County Anesthesiologists

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Classified ____

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EXCELLENT OPPORTUNITIES for general practitioners and family physicians, pediatricians, OB-Gyn, and a general surgeon in beautiful and rapidly growing Gig Harbor. Quality medical office space available in Harbor Park Professional Center, Building A, ready in fall 1979; Building B, in 1980. Radiology and lab already signed. Information: Jon H. Kvinsland, D.D.S., (206)858-9171.

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

LEITZ binocular microscope, \$1100. Call 383-4785.

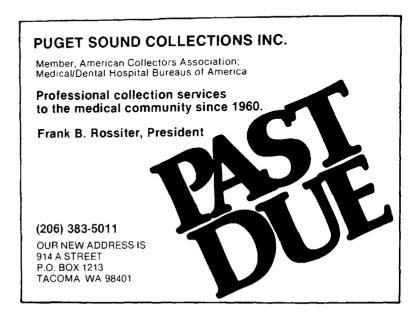
PRACTICE OPPORTUNITY - A multispecialty group practice in Tacoma seeks employment, with partnership opportunity, of FAMILY PRACTICE physician; excellent benefits and compensation guaranteed and incentive. For information call Don Reddington, (206) 627-9151.

DR. GOVNOR TEATS retired from General Practice as of 1 Nov. 79. Dr. Teats space available for lease in two physician, one story building. All of his furniture, equipment, records remain on the premises. DR. BROKAW, long time associate, continues in practice with same employees. 2517 North Washington St., 759-3586. North end Tacoma, five minutes from Tacoma General Hospital.

FOR RENT, 900 to 1100 sq. ft. of Medical Office Space. Ideal for pyschologist or psychiatrist. Includes conference room. Call 383-5811 or 272-2224.

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New—under construction (approximate May completion date). Second of three building professional complex; approximate 3,000 sq. ft. available (will divide). ½ block from Allenmore Hospital in Tacoma, Washington—one block from freeway access. Can custom design to suit needs, share lease-hold improvements. For full particulars, call 752-6336 or 475-4555.



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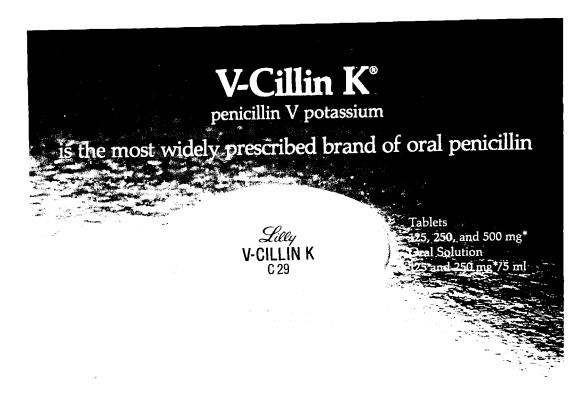
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Warnings: Serious, occasionally fatal, anaphylactoid reactions have been reported. Some patients with penicillin hypersensitivity have had severe reactions to a cephalosporin; inquire about penicillin, cephalosporin, or other allergies before treatment. If an allergic reaction occurs, discontinue the drug and treat with the usual agents (e.g., epinephrine or other pressor amines, antihistamines, or corticosteroids).

Precautions: Use with caution in individuals with histories of significant allergies and/or asthma. Do not rely on oral administration in patients with severe illness, nausea, vomiting.

gastric dilatation, cardiospasm, or intestinal hypermotility. Occasional patients will not absorb therapeutic amounts given orally. In streptococcal infections, treat until the organism is eliminated (minimum of ten days). With prolonged use, nonsusceptible organisms, including fungi, may overgrow; treat superinfection appropriately.

Adverse Reactions: Hypersensitivity, including fatal anaphylaxis. Nausea, vomiting, epigastric distress, diarrhea, and black, hairy tongue. Skin eruptions, urticaria, reactions resembling serum sickness (including chills, edema, arthralgia, prostration), laryngeal edema, fever, and eosinophilia. Infrequent hemolytic anemia, leukopenia, thrombocytopenia, neuropathy, and nephropathy, usually with high doses of parenteral penicillin.

*Equivalent to penicillin V.

Additional information available to the profession on request.



Eli Lilly and Company Indianapolis, Indiana 46206

Medical Society of Pierce County

MARCH 1980 VOL. LII, No. 3, Tacoma, Washington



-BULLETIN-



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"Tacoma's Old City Hall. Cover photograph courtesy of Frederick J. Schwind, M.D."

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Society News Briefs

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

CONGRESSIONAL ADVISORY COMMITTEE FORMED

The MSPC Board of Trustees approved at its February meeting the establishment of an advisory committee to Sixth District Congressman Norm Dicks. The purpose of the committee is to advise the district's incumbent on matters of importance to the local medical community, not to provide campaign assistance. Dr. David S. Hopkins, a past president of the MSPC and currently a WSMA AMA delegate, will chair the group. Also serving on the committee are Drs. James D. Krueger, currently MSPC Legislative Committee chairman and a WAMPAC trustee, Thomas W. Schubert, a WAMPAC trustee from Bremerton, Robert A. O'Connell, a MSPC trustee and MSPC President Charles C. Reberger. Additional physicians may be designated as committee members as circumstances and issues warrant.

LOCAL CHAPTER SPONSORS WAFP ANNUAL ASSEMBLY

The annual Washington Academy of Family Physicians Convention and Scientific Assembly, May 7-10, is being sponsored this year by the Pierce County chapter of the state academy. The meeting will be held at the SeaTac Red Lion Inn. The Friday, May 9 sessions are Neurology (morning) and Arthritis (afternoon). Saturday's sessions are Stress and Disease (morning) and Gynecology and Sexuality (afternoon). WAFP business will be conducted by the Academy House of Delegates on Wednesday and Thursday. Space does not permit a full listing of the numerous Pierce County physicians involved in presenting this program. All physicians are invited and may receive additional information from the Pierce County WAFP Chapter or WAFP office in Bellevue, 1-883-8852.

GRAPHICS EXPERT AVAILABLE

In response to an increasing number of physician requests for assistance with the development of professional slide presentations, the College of Medical Education has identified an individual who can provide 35 mm slide design service. For further information please call: Maxine Bailey, College of Medical Education, 627-7137.

SURGICAL CLUB MEETING APRIL 18-19

The Annual Tacoma Surgical Club meeting has been set for Friday and Saturday, April 18 and 19. Pierce County physicians are cordially invited to attend by Dr. J. Lawrence Smith, club president. On Friday, anatomical dissections for paramedical personnel will be offered and that evening a "Stag for Surgeons" will be held at the Tacoma Country and Golf Club. On Saturday morning, there will be additional anatomical dissections. A no-host luncheon will be provided at noon, followed by the presentation of papers. W. Albert Sullivan, M.D., associate professor of surgery and associate dean, University of Minnesota Medical School, will deliver a key-note address Saturday afternoon. A no-host dinner for members of the Surgical Club and spouses will be held at the Tacoma Country and Golf Club Saturday evening. For additional information, contact Dr. Smith, 572-8111.

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THE COST OF CARE

Charles C. Reberger, M.D.

One effective way to cut medical care costs is to practice such fine preventive medicine that no one gets sick until age 65 when Medicare will provide free service. This approach is no more bizarre than some others we have heard, like replacement of physicians with technicians and pharmaceuticals with natural foods.

Your Cost of Care Committee is not unaware of the hubris-nemesis effect of benevolently and effectively mischievous governmental programs that individually we cannot do much about. The committee has chosen not to philosophize and wail but to direct attention to some areas where our influence within our own community may be really effective. The committee's recommendations were received and accepted by the Board of Trustees at its January meeting. They are so timely that they replace the President's Page this month and are set out here for your consideration and comments.

CCR

The members of the MSPC Cost of Care Committee, consisting of Drs. James Crowley, Robert Florence, Ken Graham, Orvis Harrelson, John Kanda, Richard Hawkins, Richard Huish, Dennis Koukol, Charles Larson, Michael Lovezzola, William Miller, Dale Overfield, Eileen Toth, and Dumont Staatz (chairman), met several times in 1979 to evaluate and discuss possible steps that could be taken locally to help restrain increases in the cost of health care. Committee meetings included a meeting with hospital administrators in August, 1979.

Committee discussions have included contact with the MSPC Senior Citizens Committee and Interprofessional Committee. Numerous comments and suggestions have been made to members of the Cost of Care Committee by member physicians of the Medical Society of Pierce County.

The committee's report containing the following recommendations was presented to the MSPC Board of Trustees at the board's January meeting.

PROVIDERS

Recommendation #1: Physicians and all other allied health care professionals need further education about medical care costs.

- A. Hospitals should be encouraged to educate physicians on the cost of institutional care—including various laboratory tests, per diem rates, etc. The establishment and ongoing presentation of economic grand rounds is supported.
- B. When treatment modes of similar efficaciousness may be indicated, the physician is encouraged to keep in mind the potentially different economic impact which may result from his or her decision. Use of less expensive generic drugs should be encouraged whenever appropriate.
- C. Physicians should be encouraged to consider the use of more "tincture of time."
- D. Hospitals should be encouraged to develop an ongoing and changing display for presentation of various items and procedures, and their charges.
- E. The Society should work to increase physician awareness of the cost of procedures within their own offices.
- F. A cost survey should be conducted among physicians asking information regarding common tests and procedures.
- G. The WSMA should be encouraged to lobby for inclusion of further instruction of medical costs at the University of Washington medical school.

(Approved and referred by the Board of Trustees to the MSPC-Hospital Liaison Council.)

Recommendation #2: Programs of utilization review or peer review and audit now under way throughout hospitals in the state should examine utilization not only from the quality of care standpoint but also from a cost of care standpoint, ie: scrutiny of the practice of defensive medicine to avoid

malpractice; elimination of unnecessary hospital stays; or, shortage of unnecessarily lengthy stays. (Approved and referred to the Liaison Council)

Recommendation #3: Physicians in Pierce County should be encouraged to restrain fee increases to the rate of inflation or 1% below the rate of inflation for the economy as a whole for each of the next two years. (Approved)

Recommendation #4: The committee encourages maximum communication between the referring and consulting physicians. (Approved)

Recommendation #5: Physicians are encouraged to use allied health care personnel for the management of chronic illness at a substantially reduced fee as long as the use of such personnel falls within the appropriate constraints of their licensure. (Approved)

GOVERNMENT

Recommendation #6: The committee challenges government to develop ways of reimbursement that are less inflationary than the current medicare fee profiling system which in effect forces physicians and other allied health care providers to increase their fees to improve the profile for coming years. (Approved)

Recommendation #7 The MSPC has worked through the WSMA to revise Washington's existing workmens compensation program. The development of medical review panels for state, county and city disability programs should be also encouraged. (Approved and referred to the Cost of Care Committee for further recommendations for

consideration at the WSMA Annual Meeting.)

Recommendation #8: Excessive government regulation, often in the name of cost containment, contributes to costs, particularly in the hospital setting. The Society, through the WSMA, should work to challenge federal, state and local officials to reduce unnecessary regulation and to include physician input on necessary regulation in the future. (Approved and referred to the Cost of Care Committee for further recommendations for consideration at the WSMA Annual Meeting.)

Recommendation #9: Health education is an essential component of any effort to reduce increases in the cost of care. The Washington State Legislature should be urged to include health education in the basic education act.

(Approved and referred to committee for further action.)

Recommendation #10: Everyone should be encouraged to develop good health habits and there

should be incentives to reward good health habits in consumers

(Approved)

Recommendations #11: The public needs to be educated on how to use the health care delivery system most effectively.

(Approved)

Recommendation #12: Consumers should be encouraged to share in the cost of use of the system as first dollar coverage lessens awareness of the true expense of care. Some degree of incentive should be developed for wise use of the health care system. (Approved)

Recommendation #13: The MSPC should work to discourage unnecessary or inappropriate use of the hospital emergency room by patients.

(Approved and referred to committee for further action.)

Recommendation #14: Hospitals should be encouraged to expose the captive audience in the hospital with in-house patient education.

(Approved and referred to the MSPC-Hospital Liaison Council)

INSURANCE INDUSTRY

Recommendation #15: The insurance industry should reward good health habits and should cover more treatment in the doctor's office instead of the hospital or emergency room where the same treatment costs are much greater.

(Approved)

BUSINESS

Recommendation #16: The MSPC should work with the business community through the MSPC-TACC Joint Health Issues Committee to educate business as to how it can help moderate cost of care increases (benefit packages, support on legislative issues/government regulation, etc).

(Approved and referred to the Joint Health Issues Committee for action)

The committee's several month long evaluation confirmed its belief that in our area very high quality health care is being provided in a largely cost effective manner and that existing government regulations and regulatory agencies (such as the state hospital commission) serve to severely restrict the ability of hospitals and other providers to take further steps to aggressively attack costs. None the less, there are areas where further economies are possible and steps can be taken to reduce future increases in costs. Education is a critical element and a greater awareness on the part of the public and physicians (and other providers) as to the cost impact of their decisions can do a great deal to moderate future increases in the cost of care.

> Cost of Care Committee 12/28/79

1980 MEMBERSHIP OPINION SURVEY

The second annual MSPC Membership Opinion Survey was conducted in December, 1979 and January, 1980. Slightly more than 36 per cent of the physicians surveyed returned their questionnaires by the January 4 deadline. The results indicate an increased sense of involvement on the part of the membership in local MSPC activities and a reaffirmation of the top five priorities defined by the membership in the 1979 opinion survey. The full statistical results of the survey are as follows (1979 results are listed in parenthesis):

1. How would you characterize your involvement in local society activities?

Very involved 6.6% (6.1%)

Seldom involved 52.2% (55.8%)

Never involved 11.5% (11.2%) Somewhat involved 29.7% (26.9%)

2. If you have described yourself as being seldom or never involved, what is the reason for this?

Not interested 9.7% (12.1%)

Don't feel activities are relevant 12.1% (20.6%)

Not enough time 55.6% (53.3%) Other 22.6% (14.0%)

Would you like to become more involved than you are? Yes 40% (41.6%) No 60% (58.4%)

In what way? Committee work 46% (39.5%) General membership meetings 36.5% (50.0%) Other 17.5% (10.5%)

3. Where should the Society's priorities be?

(Rated on a scale of I (least important) to 5 (most important)).

- 1. (3) Working to improve the local public image of the medical profession 4.27 (4.15)
- 2. (2) Establishing local medical policy and providing leadership 4.13 (4.18)
- 3. (1) Being involved with health planning 4.12 (4.22)
- 4. (4) Medical-political involvement (on state legislative level) 4.04 (3.95)
- 5. (5) Addressing the cost of care issue 3.87 (3.88)
- 6. (7) Providing medical library services 3.74 (3.84)
- 7. (6) Working closely with hospital medical staff leadership 3.73 (3.88)
- 8. (10) Providing a vehicle for peer contact 3.63 (3.31)
- 9. (8) Providing local CME program 3.62 (3.67)
- 10. (9) Providing membership services 3.33 (3.47)
 - 1. (1) Patient referral services 3.41 (3.38)
 - 2. (2) Placement services 3.06 (3.12)
 - 3. (4) Group insurance plans 2.87 (2.88)
 - 4. (3) Credit and collection services 2.66 (2.91)
 - 5. (5) Addressing and mailing services 2.65 (2.55)
 - 6. (6) Travel packages 2.17 (2.19)
 - 7. (7) Other 3.09 (3.67)
- 4. How well is the Society doing in involving the membership in resolving problems?

Excellent 8.2% (3.1%) Good 39.7% (35.4%)

Fair 45.9% (46.0%)

Poor 6.2% (15.5%)

- 5. Do you feel you have adequate access to committees and the Board of Trustees to express your views? Yes 85.7% (76.5%) No 14.3% (23.5%)
- 6. How frequently do you attend general membership meetings?

Regularly 37.6% (31.1%)

Seldom 53.7% (54.8%)

Never 8.7% (14.2%)

7. If you don't regularly attend general membership meetings, why not?

Conflicting activities 28.8% (30.2%)
Too busy in general 17.5% (11.1%)
Would rather spend time with my family 21.9% (23.2%)

Do not find programs interesting 12.5% (13.9%) Too many other meetings 16.3% (20.4%) Other 3.1% (1.2%)

8. Society general membership meetings should be held:

Not at all 0% (1.1%) Monthly 14.6% (14.1%) Every other month 20.3% (21.4%) Quarterly 59.5% (57.1%) Annually 5.7% (6.3%) And: Always at the same place 69.1% (44.1%) At various places 30.9% (55.9%)

9. Which of the following general topics would you perfer to be covered at a general membership meeting:

Social-political issues 27.7% (29.0%) Medical related issues 20.4% (21.0%) Society related business 22.6% (19.4%) Hospital related business 8.6% (7.2%) Practice related topics 11.6% (11.5%) Category I CME credit topics 9.1% (11.9%)

10. How regularly do you read the BULLETIN?

Regularly 90.3% (90.5%) Sometimes 9.1% (9.5%) Never .6% (0%)

How would you rate the emergency transport component (ie ambulance services, etc.) of the current Pierce County Emergency Medical Services system?
 Excellent 24% (NA) Good 61.6% (NA) Fair 13.6% (NA) Poor .8% (NA)

12. What is your age? 44.2 average (46.9)

13. Percentage of response 36.1% (37.6%)

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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-

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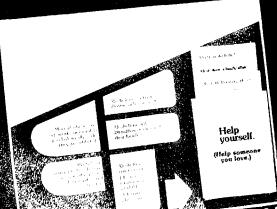
The first step toward treatment is information.

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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Accredited by Joint Commission on Accreditation of Hospitals

Interprofessional Committee.



DENTISTS JOIN COMMITTEE

To get out of a warm bed on a cold, dark winter morning to attend a seven o'clock meeting says something for the dedication of the members of your Interprofessional Committee (except that the restaurant serves a good breakfast and our discussions are timely and very interesting). Two dentists have joined the physicians and pharmacists on the committee so that we now have a group representative of all the professions involved in the prescribing and dispensing of pharmaceuticals.

HB 1511 (Drug ID) was passed by the legislature and signed into law in March. One provision of the bill requires a physician or dentist dispensing a sample of any medication to put on the sample container his name and the patient's name. The poison control people supported this legislation and if it will reduce the problems of poisoning and overdoses it will be commendable. In some instances, however, it will be a difficult task to comply with a small container such as a tube of opthalmic ointment. And, to say the least, it will mean more paperwork so that many of us may discontinue accepting or dispensing pharmaceutical company samples. As all can see, this bill has its good and its bad features, especially for the primary care physician and the dermatologist.

A number of drugs that used to be dispensed only on prescription have now become OTC (over the counter) and can be purchased by the consumer without a prescription. In some cases third party insurance carriers will only pay for such drugs if they are written on a prescription blank. To dispense them as a prescription, the pharmacist must charge more than he would for an over the counter sale as he must take the time to do all the paperwork, labeling and recording. As a result, many pharmacies will charge a reasonable fee. It is aptly pointed out that whenever a drug is handled as a prescription when it can be simply purchased off the shelf, the cost of that medication

increases and someone has to pay for it. In the final analysis it is the patient through higher premiums.

The problems previously discussed by your committee and reported in the BULLETIN are still with us to a certain extent: the fact that some physicians are still not using the required double signature blanks making it illegal for the pharmacist to fill the prescription; physicians not putting the refill instructions on their prescriptions so phone calls from the pharmacist are necessary; and, leaving prescription blanks out in the open where they can be stolen and subsequently forged. One answer to this last problem has been found by many physicians who have the phrase "void for any controlled substances" imprinted on their prescription blanks. They can then use unmarked blanks for prescribing controlled substances.

Recently there have been several local violent crimes allegedly associated with the traffic in drugs and it is interesting to note what the prices are for various drugs on the street today. Here are some:

Dilaudid, 4 mgm\$40 per tablet
Ritalin, 20 mgm\$15 per tablet
Percodan\$4 per tablet
Demerol, 100 mgm\$15 per tablet
Barbiturates \$5 per grain
Codiene \$5 per grain
Cough preparations
(Tussionex, Hycomine, Hycodan,
etc.)
Valium, 10 mgm\$3 per tablet
Talwin, 50 mgm\$8 per tablet
Darvon #65 \$2.50 per capsule
Barvon nos :::::: \$2.50 per capsule

And your prescription blank, just one page of it, now has a street value of \$15.00! (Inflation?)

Herman S. Judd, M.D. Chairman

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



Albert W. Edmonds, M.D., Anesthesiology. Born in New Jersey, 1/18/47; University of Virginia, 1973; internship, Virginia Mason Hospital, Seattle, 1973-74; residency and research fellowship, University of Washington, 1975-77; State of Washington license, 1974. Has applied for medical staff membership at St. Joseph

Hospital, Dr. Edmonds is practicing at St. Joseph Hospital, Tacoma.

SECOND NOTICE



Sarah B. d'Autremont, M.D., Emergency Medicine, Born in Lecompte, La., 8/15/50: Baylor College of Medicine, 1974; internship, Medical College of Virginia, 1974-75; residency, Medical College of Virginia, 1975-77. State of Washington license, 1980. Has applied for medical staff membership at Lakewood, St. Joseph, and Tacoma

General. Dr. d'Autremont is practicing at Tacoma General Hospital.



Robert W. Baird, M.D., Anesthesiology. Born in Anchorage, Alaska, 10/7/45; U. of W., 1972; internship, Brooke Army Medical Center, 1972-73; residency, Brooke, 1976. State of Washington license, 1976. Has applied for medical staff membership at Mary Bridge Children's and Tacoma General. Dr. Baird is practicing at Tacoma



Born in St. Paul, Minn., 10/15/46; University of Minnesota, 1972; internship at Kansas University, 1972-73; residency, Valley Medical Center, Fresno, 1973-75. State of Washington license, 1980. Has applied for medical staff membership at Mary Bridge Children's, St. Joseph, and Tacoma General. Dr. Bergmann is practicing at 1624 South I

Stephen C. Bergmann, M.D., Pediatrics.

Street, Tacoma.



Timothy K. Chung, M.D., Cardiology. Born in Hong Kong, 5, 30, 39; University of Hong Kong, 1965; internship, Queen Mary Hospital, HK, and Charles T. Miller Hospital, St. Paul, Minn., 1965-70; residency, Western Hospital, Minneapolis, Minn., 1970-73; cardiology fellowship, University of Minnesota, 1973-75. State of

Washington license, 1979. Has applied for medical staff

SECOND NOTICE

membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Puget Sound, St. Joseph, and Tacoma General. Dr. Chung is practicing at Allenmore Medical Center, Tacoma.



David G. Clark, M.D., Cardiology. Born in Pasadena, Ca., 8,9 46; University of Rochester, 1972; internship, University of Oregon, 1972-73; residency, U. of O., 1973-77; cardiology fellowship, U. of O., 1977-79. State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan,

Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Clark is practicing at 1624 South I Street, Tacoma.



Mark R. Gildenhar, M.D., Ophthamology. Born in Richmond, Ind., 5/2/49; University of Cincinnati, 1975; internship, Providence Medical Center, Portland, Ore., 1975-76; residency, Northwestern Memorial Hospital, Northwestern University, 1976-79. State of Washington license, 1979. Has applied for medical staff mem-

bership at Allenmore, Doctors, Mary Bridge Children's, St. Joseph, and Tacoma General. Dr. Gildenhar is practicing at Allenmore Medical Center.



Ronald S. Goldberg, M.D., Oncology. Born in Quincy, Mass. 5 23 43; Harvard Medical School, 1973; internship, L.A. County Harbor General Hospital, 1973-74; residency, University of Vt. Medical Center, 1974-75, graduate training (oncology), U of V. National Tumor Institute, and Mario Negri Formacologic Institute,

1975-78. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Goldberg is practicing at Allenmore Medical Center.



James S. Griffith, M.D., Neurology. Born in Tacoma, 5/10/45. University of Oregon, 1970; internship, Tripler Army Medical Center, 1970-71; residency, Letterman Army Medical Center, 1973-76. State of Washington license, 1979. Has applied for medical staff membership at Allenmore,

Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General, Dr. Griffith is practicing at 1624 South I Street, Tacoma.



Juan F. Juarez, M.D., General Practice. Born in Blackrock, N.M., 12/31/43; University of Hawaii, 1977; internship, Kauikeloani Children's Hospital, 1977-78; residency, University of Massachusetts, 1978-79. State of Washington license, 1979. Has applied for medical staff membership at Good Samaritan, Mary Bridge

Children's, and Tacoma General. Dr. Juarez is practicing at 2209 F. 32nd Street. Tacoma



John V. Ligon, M.D., Family Practice. Born in Corvalis, Ore. 12/6/46; University of Oregon. 1973; internship, Providence Hospital, Portland, Ore. 1973-74. State of Washington license, 1974. Has applied for medical staff membership at Mary Bridge Children's, St. Joseph, and Tacoma General. Dr. Ligon is practicing at 301 South

320th St., Federal Way.



Lawrence L. Pelletier, M.D., Internal Medicine. Born in Bangor, Maine, 12/26/42; Columbia University, 1968; internship, University of Kansas Medical Center, 1968-69; residency, University of Kansas, 1969-73; infectious disease fellowship, U of W School of Medicine, 1973-75. State of Washington license, 1973. Dr. Pelletier is

Mashington lectuse, 1973. DI. Fenetici is practicing at American Lake Veterans Administration Medical Center.



Irwin C. Rosen, M.D., Anesthesiology. Born in New York, N.Y. 12/30/28; University of Geneva, 1956; internship, Kings County Hospital, N.Y., 1957-58; residency, Kings County Hospital, 1958-62. State of Washington license, 1972. Has applied for medical staff membership at Good Samaritan. Dr. Rosen is practicing at

Good Samaritan, Puyallup.



Jaroslaw R. Saikewicz, M.D., Radiology. Born in Czechoslovakia, 5/16/45; University of Munich, 1972; internship, University of Munich, County Hospital, Schrobenhausen, 1973-74; residency, Central Hospital, Skoude, and South Hospital, Stockholm, Sweden, and Swedish Hospital, Seattle, 1974-79. State of Washington

license, 1977. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood General, and Mary Bridge Children's. Dr. Saikewicz is practicing at Gross, Larsen, Whitney and Associates, Tacoma.



Maan Salloum, M.D., Anesthesiology. Born in Syria, 11/13/47; Cairo University, 1973; internship, Cairo University and Public Health Hospital, 1973-74.; residency, St. Clare's Hospital, N.Y, 1976-77, and U of W Department of Anesthesiology, 1977-79. State of Washington license, 1978. Has applied for medical staff mem-

bership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Salloum is practicing at Tacoma Anesthesia Associates.

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Phillip S. Schulze, M.D., Family Practice. Born in Lufkin, Texas, 2/25/49; University of Texas Health Sciences Center, 1975; internship, Bexar County Teaching Hospitals, Texas, 1975-76; residency, Bexar, 1976-78. State of Washington license, 1980. Has applied for medical staff membership at Mary Bridge Children's, St.

Joseph, and Tacoma General. Dr. Schulze is practicing at 1112 South Cushman, Tacoma.



Ramesh M. Sharma, M.D., Cardio-Thoracic Surgery. Born in Mysore, India, 1/19/46: Mysore University, India, 1968; internship, Grace Hospital. Detroit, 1971-72; residency, Wayne State University, Michigan, 1972-76; cardio and thoracic surgery residency, University of California at Ervine and Children's Hospital, Seattle,

1976-79. State of Washington license, 1978. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Sharma is practicing at 1812 South I Street, Tacoma.



Hsushi Yeh, M.D., Ophthamology. Born in Taipai, Taiwan, 3/5/48; Ohio State University, 1974; internship, Riverside Methodist Hospital, Columbus, Ohio, 1974-75; residency, Cleveland, 1975-78; vitreous and retina fellowship, Good Samaritan Hospital, Portland, Ore., 1978-79. State of Washington License, 1979.

Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General. Dr. Yeh is practicing at Allenmore Medical Center, 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.

Internal Medicine/Rheumatology. Partnership of group practice opportunity sought by board certified internist. Currently completing fellowship, Division of Rheumatic and Genetic Diseases, Duke. Listing #101

Internist completing third year of general medicine residency. Available mid-1980. Member, AMA and American College of Physicians. Listing #102

Internist seeks practice opportunity. Associate member, American College of Physicians. Currently completing internal medicine residency at Creighton University Affiliated Hospitals. Available mid-1980. Listing #103

Urologist. Board certified by the American Urological Association, Canadian Fellowship in both general surgery and urology. Currently serves on part-time staff of University of Manitoba and as an associate professor, Department of Surgery. Currently maintains private practice in Canada. Increased government interference necessitates seeking of practice opportunity in United States. Listing #104

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Contraindication: Previous hypersensitivity to penicillin.

Warnings: Serious, occasionally fatal, anaphylactoid reactions have been reported. Some patients with penicillin hypersensitivity have had severe reactions to a cephalosporin; inquire about penicillin, cephalosporin, or other allergies before treatment. If an allergic reaction occurs, discontinue the drug and treat with the usual agents (e.g., epinephrine or other pressor amines, antihistamines, or corticosteroids).

Precautions: Use with caution in individuals with histories of significant allergies and/or asthma. Do not rely on oral administration in patients with severe illness, nausea, vomiting,

gastric dilatation, cardiospasm, or intestinal hypermotility. Occasional patients will not absorb therapeutic amounts given orally. In streptococcal infections, treat until the organism is eliminated (minimum of ten days). With prolonged use, nonsusceptible organisms, including lungi, may overgrow; treat superinfection appropriately.

Adverse Reactions: Hypersensitivity, including fatal anaphylaxis. Nausea, vomiting, epigastric distress, diarrhea, and black, hairy tongue. Skin eruptions, urticaria, reactions resembling serum sickness (including chills, edema, arthralgia, prostration), laryngeal edema, fever, and eosinophilia. Intrequent hemolytic anemia, leukopenia, thrombocytopenia, neuropathy, and nephropathy, usually with high doses of parenteral penicillin.

*Equivalent to penicillin V.

Additional information available to the profession on request.



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FEBRUARY POTPOURRI

Auxiliary past presidents were honored at the February meeting held at the beautiful home of Mrs. James Gillespie (Jessie). Jeanne Judd introduced 15 of these great ladies who were present: Anita Parrott, 1944-45; Merle Herrmann, 1948-49; Hilda Lantiere, 1953-54; Helen Kittredge, 1955-56; Margaret Harris 1959-60; Ruth Brooks, 1960-61; Jeanne herself, 1962-63; Ellen Pinto, 1964-65; Lorna Burt, 1967-68; Sherry Johnson, 1969-70; Nadine Kennedy, 1971-72; Norma Smith, 1972-73; Nancy Spangler, 1974-75; Helen Whitney, 1977-78; and, Jo Roller, 1978-79.

The Nominating Committee presented the slate of proposed officers for the coming year. Voting will take place at the March meeting.

Gail Alenick reported on the WSMA Legislative Conference attended by Marny Weber, Kit Larson and Gail.

Shirley Kemman contacted State Senator Casper with regard to the "Good Samaritan" law for our "Shape Up for Life Run." Senator Casper was very cooperative. Shirley stated how important it is to know our legislators and recommended a trip to Olympia for all of us.

Nikki Crowley reported that Te-Med has extended its service to the Peninsula area. The toll free number is Zenith 8103. Service has been extended on a trial basis for six months and so far reponse has been good.

Debbie McAlexander reported on Domestic Violence—Women's Support Shelter. The three main needs currently are: volunteers to care for the women and/or their children; financial help—printing brochures; and supplies—food, furnishings.

Auxiliary was treated to a presentation by Dr. Bob Thiessen concerning Hospice of Tacoma. Within the short time of one year since its founding, Dr. Thiessen, Dr. Katterhagen, our own Past-President Ann Katterhagen and others have not only bought the concept of Hospice to Tacoma, but have developed it into one of the largest such programs in the nation.

Hospice is designed to help persons with incurable illnesses, and their families, deal with the psychosocial, spiritual and emotional problems which accompany their disease.

The Hospice team consists of physicians, registered nurses, aides, social workers, clergy, volunteers and the patients' own physician and family

The goal of Hospice of Tacoma is to control the patients' pain, and to assist the patients to remain

needed and contributing members of their families throughout the illness. Team members help the family care for the patient by providing services usually found only in hospitals. Assistance with financial questions, referral to appropriate community resources, and support during the grieving process are available. Twenty-four hour emergency care is provided.

Hospice is recognized as a home health agency licensed to receive state aid and insurance company reimbursement. Patients pay on a fee-for-service basis. The continuing development of the Hospice program is contingent upon the support and contributions of the community. All donations are gratefully accepted and are tax-deductible.

Volunteers are an essential part of providing personal attention to the patient and family. Dr. Thiessen mentioned that the Auxiliary could be proud that many of our members have helped provide this needed and much appreciated service. (Hospice article submitted by Gail Alenick.)

I would like to add my own personal thank you to Hospice for providing invaluable assistance to my family at a time of great need. They all are marvelous!

Volunteers are needed! If any of you could give of your time and talent, I'm sure the reward would far surpass the time involved.

Kit thanked the hostesses for a lovely luncheon... Chairman Dagny Sollie and her hostesses Jessie Gillespie, Susan Wiese, Gail Howard and Nancy Kennedy.

Please note the date change for our March 28th meeting, and REMEMBER to rustle up some goodies from our Auxiliary Cookbook for the "Energy Saving Bake Sale." Bake two—one for home and one for sale. Proceeds from the sale will help fund Mary Ellen Vaughan's inaugural. The March 28th meeting will be held at the home of Mrs. Bruce Romig (Cheri), 11727 136th Avenue East, Puyallup.

SHAPE UP FOR LIFE SATURDAY, APRIL 26TH WAUGHOP LAKE- FT. STEILACOOM PARK STARTING TIME 11:00 A.M. RUN, JOG, OR WALK

Bring a picnic lunch for your family and let's all get better acquainted!

Joan L. Sullivan

SOCIETY NEWS BRIEFS Continued

PHYSICIANS NEEDED

The 8th annual "TNT Sound to Narrows Race" will be held on Saturday, June 7, 1980. Physicians are urgently needed to volunteer their time for approximately three hours that morning. If interested, please contact Dr. Stan Mueller, 627-7157, chairman of the MSPC Sports Medicine Committee.

LET YOUR COLLEAGUES KNOW

Letters to the editor of the BULLETIN are encouraged. Share your opinions with your colleagues. Letters will be printed as space permits. They should be typed and no 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.

PIERCE COUNTY WELL REPRESENTED AT NATIONAL TENNIS TOURNAMENT

MSPC President-elect Dr. George Tanbara and Dr. Vernon Larson participated in the recent Nationals Senior Indoor Tennis Tournament held in Salt Lake City, February 14-18. Singles and doubles were played and the BULLETIN has been informed that Dr. Tanbara was victorious in three singles matches before eventually losing in the quarter finals of the 55 age bracket. Congratulations to Dr. Tanbara and Dr. Larson both of whom are well known locally for their tennis skills.

SUPPORT WAMPAC

Your membership of \$40 in the Washington Political Action Committee (WAMPAC) is critically needed to help organized medicine make its political impact felt. Physicians are contributing approximately <u>\$6\$ each</u> to PAC activity in this state, compared to \$22 for dentists, \$50 for chiropractors and \$88 for opticians. In August, 1979 just 13 percent of the total WSMA membership were WAMPAC members, compared to nearly 50 percent membership in 1962.

WAMPAC's 1980 plans include developing voting records on incumbent legislators, implementing a candidate evaluation process, and improving liaison with the Democratic and Republican caucuses. In 1978, WAMPAC contributed a total of \$20,500 to the campaigns of 67 candidates. WAMPAC's batting average was 76 percent, with \$15,000 contributed to 51 winning candidates and \$5,500 contributed to 16 losing candidates. Support for winning Republicans was approximately 2 to 1 over Democrats, while dollar support for losers was about evenly divided.

WAMPAC's \$40.00 membership is included as an option on your 1980 county and state dues statement. Physicians who have already paid their 1980 MSPC dues can still forward their WAMPAC membership to the MSPC offices, 705 South 9th, Suite 203, Tacoma, 98405.



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Continuing Medical Education Update.

1980 COURSE SCHEDULE Category I

COLLEGE OF MEDICAL EDUCATION



Medical Society of Pierce County 627-7137

Date/Location	Course Topic	Coordinator(s)
April 23, 24	OB-GYN	Tom Brown, M.D.
May 7-10 Sea-Tac Red Lion	WAFP-STATE MEETING*	Robert Klein, M.D.
May 14 Allenmore General	ENDOCRINE	Ronald Graf, M.D.
May 16, 17 Tacoma General (Auditorium)	REGIONAL MEETING CARDIOLOGY	Gail Strait, M.D.
May 30 Tacoma General (Auditorium)	REGIONAL POISON SEMINAR	Robert Scherz, 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.

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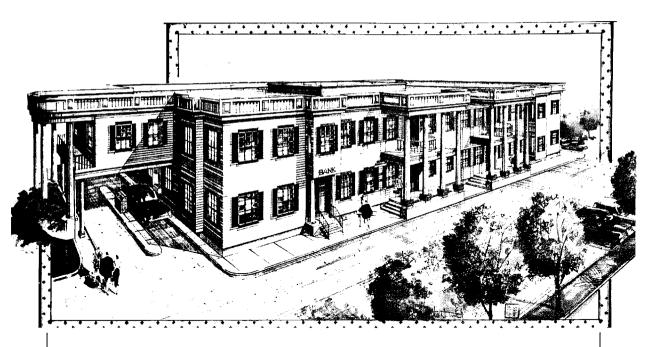
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Medical Society of Pierce County

APRIL 1980 VOL. LII, No. 4, Tacoma, Washington



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COVER

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Society News Briefs

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

MEDIA SURVEY SHOWS POSITIVE RESULTS

A Washington newspaper survey conducted last November by members of the State Auxiliary revealed that positive coverage outweighted negative coverage on health and medical topics by a 3 to 1 ratio. The auxiliary surveyors monitored 14 daily papers and determined that 6,411 column inches of space were devoted to health and medical topics. Of this total, 3,111 inches were considered to be positive, 1,049 inches were considered negative, and 2,251 inches were considered to be neutral in tone. Survey results will guide the WSMA Communications Committee in defining its program in 1980. For additional survey information turn to page 15 of this month's BULLETIN.

MEET WITH MADIGAN MAY 13

The annual joint spring Medical Society-Madigan Army Medical Center meeting will be held on <u>Tuesday</u>, <u>May 13</u>. This year's program will be based on the very successful format established last spring and will feature four succinct presentations by MAMC physicians. One hour of AMA category I credit will be awarded to attendees. See page 7 of this month's <u>BULLETIN</u> for additional details. Registration deadline is Monday, May 5.

ADVISORY COMMITTEE MEETS WITH CONGRESSMAN DICKS

Patient care problems resulting from current funding levels and the administration of the Medicaid program were the principal topics of discussion at the first meeting of the Society's Congressional Advisory Committee with Sixth District Congressman Norm Dicks in March. Also discussed was the military pay bill under consideration which would affect physicians stationed at MAMC, the politicalization of the nuclear waste issue, and likely courses of congressional action on a national catastrophic health insurance bill and "pro competition" proposals. The committee plans to meet with Congressman Dicks during the summer to pursue these and other issues. Physicians in attendance at the meeting included Drs. Dave Hopkins, James Krueger, Robert O'Connell, and Charles C. Reberger.

CREDIBILITY RATING HIGH

The AMA's credibility rating with the public continues high, according to a study completed last December by the Gallup Organization, although the rating has declined slightly since a similar study was conducted in 1976. Belief in AMA communications was rated 6.6 on a scale of one to ten, ahead of eight other professional and trade organizations and four social institutions. Only the American Dental Assn., with a 6.9 rating, led the AMA. In 1976 both the AMA and the ADA had 6.8 ratings. The AMA got high marks from 38% of those surveyed, medium marks from 41%, and low marks from 12%. Only 9% were unable to rate the AMA, compared to an average of 22% for other trade and professional groups, indicating high public awareness of the AMA.

Continued on page

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COST OF CARE QUIZ

Charles C. Reberger, M.D.

At the general membership meeting on March 11, those in attendance participated in a five-minute cost quiz. One could select one set of cost items for any of three hospitals and write in reasonable estimates. The forms were collected for compilation before the meeting continued and the actual costs were posted for review at the end of the meeting.

This effort was conjured by the Cost of Care Committee to encourage cost awareness. It was not easy to set up. Fortunately the hospitals were cooperative in providing cost figures but it was obvious early that straight-line comparisons were not always possible. For example, blood gas charges at one hospital include the arterial sample procurement and, at another, the charge is purely the laboratory component; ECG monitoring at one is per test and, at another, per hour. The object, however, is not comparison of hospital charges with each other but comparison of what we think the charge is with what it actually is.

Even so, there was some frustration shared by your Society snoopers and the hospital administrators in defining what "the whole thing" costs. Components contributing to "the whole thing" are not always fixed. Also, costs keep changing due to internal budgeting and external state rate control.

We have occasionally attended a conference where an enthusiast for a certain test or procedure has delivered a fine academic lecture full of indications, contraindications, statistics, documentation and utility only to be asked at the end "How much does this cost?" and to find himself or herself unprepared to answer the question. As we persist in asking the question the more we may expect the lecturer to provide a usefully close answer. The question is being asked more often.

So while it has been claimed that doctors haven't the slightest notion of what hospital costs are, the quiz results suggest that our membership is considerably more aware than even some members might think.

A few have suggested that this quiz is "sort of Mickey Mouse" and the comment is quite appropriate. It is undertaken with good sportsmanship with no intent to embarrass or harass anybody. It is really a lightweight enterprise with good potential for amusement and some practical benefits.

The results of the quiz for one of the three participating hospitals follows. For those who could not attend the meeting it might be interesting to see how closely you can come to the right answer before peeking. For those who did participate in the quiz, thanks and congratulations for demonstration of a good awareness level. And to the participating hospitals, Lakewood, Tacoma General and Good Samaritan, sincere thanks for providing the facts.

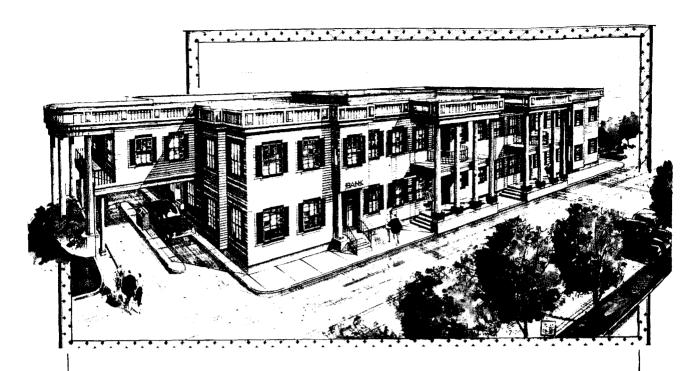
CCR

Pierce County Hospital #2

COST CONSCIOUSNESS QUIZ RESULTS

	ACTUAL	ES	TIMATES	
DAILY ROOM RATES		AVE.	HIGH	LOW
Private Room	\$136.50	\$138.72	\$300.00	\$72.00
Semi-Private Room	132.50	118.66	200.00	64.00
Intensive Care Unit	344.50	264.57	500.00	150.00
Emergency Room (15 min. or less, limited exam,				
hospital charge only)	31.60	44.04	80.00	15.00
Operating Room (min. charge, first ½ hour)	125.75	108.65	265.00	10.00
LABORATORY				
SMA-18-60	12.60	19.06	50.00	10.00
Electrolytes	14.10	14.44	30.00	6.00
Potassium only	7.65	7.53	20.00	3.00
CBC	8.50	9.23	25.00	5.00
Urinalysis	4.10	6.48	20.00	3.00
Arterial Blood Gas	10.55	23.37	50.00	7.50
Urine Culture and Sensitivity	19.35	21.87	45.00	10.00
IV FLUIDS				
D5W 1,000 cc	0.00	12.13	25.00	C 00
D344 1,000 CC	8.00	12.13	35.00	5.00
X-RAY				
Chest, One View	19.30	22.22	50.00	12.00
Chest Two Views	25.00	31.92	75.00	18.00
PHARMACY				
Keflex, 250 mg. tab	.50	1,22	5.00	.10
Ampicillin, 250 mg. tab	.25	.73	5.00	.08
Morphine, 15 mg. IM	1.00	1.74	15.00	.20
MISCELLANEOUS				
EKG (incl. physician interpretation fee)	12.30	31.83	60.00	12.50
Oxygen Therapy (1st hr., incl. set-up)	12.25	24.70	80.00	2.00
IPPB (one treatment, incl. set-up)	15.10	21.34	50.00	5.00
Ultrasonic Nebulization (one treatment,				
incl. set-up)	15.16	21.72	50.00	5.00

Number of Questionnaires Tabulated: 50



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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 four 12-15 minute presentations (one hour AMA Category I credit will be awarded).

PROGRAM

- Internal Fixation of the 5th Metatarsal Fracture by Dr. Brian Hayes, Resident, Orthopedic Surgery, MAMC
- Chlamydial Infection in Acute Epididymitis and Asyptomatic Males by Dr. Robert Finnerty, Resident, Urology, MAMC
- The Role of Prostatic Acid Phosphatase in the Diagnosis of Staging of Prostatic Cancer by Dr. William Belville, Staff Physician, Urology Service, MAMC
- Presentation of Favorable and Adverse Results Experienced at the Madigan Perinatal Unit
 During the Use of Terbutaline for the Control of Premature Labor and Steriods in the
 Induction of Lung Maturation
 by Dr. Alexander Smythe, Jr., MD, Fellow, Perinatal
 Medicine, MAMC

DATE: Tuesday, May 13, 1980

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

PLACE: Ft. Lewis Officers' Club

COST: \$9.00 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 the Ft. Lewis Officers' Club, to the Medical Society Office, 705 South 9th, Suite 203, Tacoma, WA 98405. Or, call the 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, May 5.

REGISTRATION
Yes, I(we) have set aside the evening of May 13 to join my fellow Society members and obysicians from Madigan Army Medical Center at the annual Spring Joint Meeting.
Please reservedinner(s) at \$9.00 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:

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Pierce County Medical Society Auxiliary Five Mile Run or One Mile Predicted Time Run Run, Jog or Walk ---- Rain or Shine

SATURDAY, APRIL 26, 1980

PLACE:

Fort Steilacoom Park

Waughop Lake Area

RACE DAY SCHEDULE:

9:30 A.M. - 10:30 A.M. Runners sign in and register

10:45 A.M. Runners to starting line

11:00 A.M. Start of race

12:00 Noon Race officially ends

12:30 P.M. Awards program and picnic

ENTRY FEE: \$5.00 for adults

\$3.00 for children under 18 years of age.

(Money raised from entries will go to health related projects)

Registration at race will be accepted.

Make Checks or Money Orders Payable to: PCMS AUXILIARY

RACE DIRECTOR & STARTER: Rex Gilman (Pres. of The Running Club)

SOCIETY NEWS BRIEFS Continued

REVIEW OF ALTERNATIVES TO WSMA/AETNA PROFESSIONAL LIABILITY PROGRAM UNDERWAY

The WSMA Professional Liability Committee met in April to prepare recommendations for the May WSMA Board of Trustees meeting regarding the WSMA; AETNA Professional Liability Program. The following options are being considered:

1. Continued exclusive sponsorship of the Aetna program.

2. A shift to exclusive sponsorship of another commercial insurer.

- 3. Abandonment of the exclusive sponsorship of Aetna, establishing basic criteria in endorsing any commercial meeting that criteria.
- 4. Encouragement of the formation of an independent physician controlled insurer.

5. Formation of a WSMA controlled insurer.

- 6. Continued WSMA endorsement of the current program, but creation on a stand-by basis of a WSMA controlled program.
- 7. Negotiations with domestic insurance companies for management of a WSMA controlled insurance ompany.

Considerations in this decision are outlined in a white paper available to members by calling the WSMA Seattle office, 1-800-552-0612.

GRAPHIC EXPERT AVAILABLE

In response to an increasing number of physician requests for assistance with the development of professional slide presentations, the College of Medical Education has identified an individual who can provide 35 mm slide design service. For further information please call: Maxine Bailey, College of Medical Education, 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



Bruce D. Brazina, M. D., Internal Medicine. Born in Trenton, N.J., 9/1/48; Hahnemann Medical College, Pennsylvania, 1974; internship, Geisinger Medical Center, 1974-75; residency, Geisinger Medical Center, 1975-77. State of Washington license, 1977. Has applied for medical staff membership at Allenmore,

Doctors, St. Joseph, and Tacoma General. Dr. Brazina is practicing at 5122 Olympic Dr. N.W., Gig Harbor.



Joseph D. Lloyd, M.D., Psychiatry. Born in Anderson, IN., 10/29/27; Indiana University School of Medicine, 1958; internship, Milwaukee County General Hospital, 1958-59; residency, Milwaukee County General Hospital, 1959, and Letterman Army Medical Center, California, 1962-65. State of Washington license, 1977. Has

applied for medical staff membership at Doctors, Puget Sound and Tacoma General. Dr. Lloyd is practicing at Western State Hospital.

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Douglas E. Newton, M.D., Emergency Medicine. Born in Stoneham, Mass., 7/28/50; Lomu Linda University, California, 1976; internship, Glendale Adventist Hospital, California, 1976-77. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Good Samaritan and Tacoma General, Dr.

Newton is practicing at Fort Lewis, Washington.



G. Bruce Smith, M.D., Family Practice. Born in Idaho Falls, Idaho, 5/16/45; University of Washington School of Medicine, Scattle, 1973; internship and residency, University of Utah, McKay-Dee Hospital, Ogden, 1973-76. State of Washington license, 1979. Has applied for medical staff membership at Mary Bridge Children's and

Tacoma General. Dr. Smith is practicing at 1112 S. Cushman, Tacoma.



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- TORQUAY MEDICAL CENTER 34616 11th Place So.
 Federal Way, Wash. 98003 Phone (206) 927-7655



Thomas H. Webster, M.D., Emergency Medicine. Born in Detroit, Mich., 1/7/49: Wayne State University, Michigan, 1975: internship. San Francisco General 1975-76; residency, Valley Medical Center. Fresno, 1976-78. State of Washington license, 1980. Has applied for medical staff membership at St. Joseph. Dr. Webster is practicing at 1718 So. I. Tacoma.

SECOND NOTICE



Albert W. Edmonds, M.D., Anesthesiology. Born in New Jersey, 1/18/47; University of Virginia, 1973; internship, Virginia Mason Hospital, Scattle, 1973-74; residency and research fellowship, University of Washington, 1975-77; State of Washington license, 1974. Has applied for medical staff membership at St. Joseph

Hospital, Dr. Edmonds is practicing at St. Joseph Hospital. 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.

Internal Medicine/Rheumatology. Partnership of group practice opportunity sought by board certified internist. Currently completing fellowship. Division of Rheumatic and Genetic Diseases. Duke. Listing #101

Internist completing third year of general medicine residency. Available mid-1980, Member, AMA and American College of Physicians. Listing #102

Internist seeks practice opportunity. Associate member, American College of Physicians. Currently completing internal medicine residency at Creighton University Affiliated Hospitals. Available mid-1980. Listing #103

Urologist. Board certified by the American Urological Association, Canadian Fellowship in both general surgery and urology. Currently serves on part-time staff of University of Manitoba and as an associate professor, Department of Surgery. Currently maintains private practice in Canada. Increased government interference necessitates seeking of practice opportunity in United States. Listing #104

Internist seeking small group or clinical practice in general and/or family medicine. Currently senior medical officer, Navy Amphibious Base Regional Clinic, Coronado, Cal. Graduate, Baylor College of Medicine, 1975. Flexible internal medicine internship, Providence, Portland, Ore., 1976-77. Listing #401

General surgeon seeking practice opportunity. Currently general surgeon on attending staff of the Ellis Fischel State Cancer Hospital, Columbia, Mo. Present practice includes head and neck surgery, thoracic surgery, and abdominal and pelvic surgery. Available, August, 1980. Listing #402.

Internist seeking emergency medicine position. Available in July, 1980. Also interested in either full-time or locum-tenes position in general primary care. Graduate, University of Kansas School of Medicine, 1979. Presently in training at Boston City Hospital. Listing #403.

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Another factor in the success of the system is the recent trend towards consolidation of hospitals; joint operation of hospitals; the addition of professional planners to the staffs of major hospitals and the increased importance given to the planning function; and the growing and easily recognizable relationship between hospitals, physicians and third party payors such as Blue Cross.

Blue Cross of Washington and Alaska applauds the success of voluntary planning in this area, and we're pleased to be a part of the process.



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State Industrial Insurance

THE DOCTORS' ROLE IN WORKMENS' COMPENSATION

Under the Washington Department of Labor and Industry, physicians play two roles: As employers, state law requires most of us to provide Industrial Insurance (alias "Workmens' Compensation" or "State Industrial") for our employees in the event of on-the-job injuries, illness or death; as purveyors of medical services, we care for others — employers and workers — and are concerned with their industrial safety and health as well as determining their capacity to work, to return to work, rehabilitation needs, or their residual impairments so the department can determine the extent of disability.

Industrial insurance should not be confused with unemployment compensation, social security, or public assistance, for which you pay premiums as employers, and it must be separated from non-occupational (PCMB, for example) coverage.

State industrial insurance for physicians, or "self-insured" coverage available to larger employers, pays all medical bills for job-related medical problems (we cannot legally bill the worker-patient), pays partial wages as legally determined while off work, pays awards or pensions for determined disabilities, and

pays death benefits. We must each open an account with the Department of Labor and Industries, pay three months' premium in advance and quarterly thereafter. All industry is classified with premiums based upon risk or injury cost experience.

Each employer pays three rates to three separate funds:

1. ACCIDENT FUND

Most premium rates are based on dollars per hour worked. This premium is paid quarterly by employers to the Accident Fund to cover time loss and compensation, permanent disabilities and dependent payments. This is adjusted annually based upon the safety experience of the employer and his industrial class, and the compensation rates set by the legislature.

2. MEDICAL AID FUND

This premium is shared equally by the employee, via payroll deduction, and the employer. This covers all accepted medical costs without time or dollar limit and is the same for all employers in each class.

Continued on page 17

A MESSAGE TO ALL DOCTORS

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FINAL LUNCHEON MAY 16

Our final general luncheon meeting of the year will be held Friday, May 16th at Oakbrook Golf Club at 11:30 a.m. Please note our change in location. Chairmen Marlyn Baer, Judy Brachvogel and Florence Dean are planning a delightful afternoon for us. We will be treated to a fashion show plus the installation of officers for the coming year.

Linda Stilwell, news media chairman, was among 14 Auxiliary members throughout the state who participated in surveying home town newspapers for health related articles during the month of November. Linda received a letter of appreciation for her work from WSMA President Dr. W. Maurice Lawson. An analysis of the articles was presented to those attending the 1980 WSMA Leadership Conference. In addition, a display of 12 posterboards using articles clipped showed the conferees the kinds of articles being published in our state.

This newspaper survey was conducted at the request of the WSMA Communications Committee to determine the extent and kind of medical/health articles generated in daily newspapers during a one-month period. Here are the results:

- Number of daily newspapers surveyed: 14
- Total number of column inches generated on health and medical topics: 6,411 inches
- Number of inches considered to be positive: 3,111 inches*
- Number of inches considered to be negative: 1,049 inches*
- Number of inches considered to be neutral: 2,251 inches*
- * Each auxilian surveyor was asked to evaluate the articles (positive, negative, neutral) from the physician's point of view.

Number of column inches by entegory

Numbe	r of column inches by category	/ :
(1)	Medical Information	2,385 inches
(2)	Local Programs on Health	951 inches
(3)	Health Columns	926 inches
(4)	Government and Health	598 inches
	(including Health Planning,	
	HSA & some environmental)	
(5)	Medical/Legal and Political	588 inches
	(including advertising and	
	lawsuits)	
(6)	Human Interest	548 inches
(7)	Editorials	415 inches

(including general social controversies)

Any address or telephone changes? Please call

Alaire Sheimo, 588-0134.

Medical Society Auxiliary. Dottie's address is 634 Vista Drive, Tacoma, 98465.

NOTICE TO ALL BOARD MEMBERS: Annual reports (in triplicate) are due Tuesday, May 6th, 10:30

reports (in triplicate) are due Tuesday, May 6th, 10:30 a.m., at our final board meeting -no host luncheon at the Tacoma Country and Golf Club.

If you haven't paid your dues yet, Dottie Truckey

will gladly accept a \$20 check payable to Pierce County

See you there.

Joan L. Sullivan

MID-YEAR CONFERENCE NEWS

Cowlitz-Wahkiakum Counties hosted the 1980 Washington State Medical Auxiliary Mid-Year Conference, March 19-21, in Kelso. Jo Roller, Nancy Spangler, Kit Larson, and Marny Weber represented Pierce County.

The mornings began by "Shaping Up For Life" with 30 minutes of stretching and toning exercises. It was an informal, sharing, learning, knowing meeting coordinating the new directions of the Auxiliary with the capable leadership of state and national officers.

National President-elect Mary Ellen Vaughan was honored at an informal reception. She will be inaugurated president of the American Medical Association Auxiliary at the annual meeting in Chicago, Wednesday, July 23, 1980. Anyone interested in attending this special event should call Jo Roller at 752-6825, chairman of MEI (Mary Ellen Inaugural).

Credits are due WSMA Auxiliary officers for their brilliant participation in the February 1980 AMA Cluster Meeting in Chicago.

WSMA leaders Drs. Charles Strong and John Moyer spoke about the active involvement of the Medical Association in the legislation, education and the many aspects of health from occurring before birth through death.

"Give Something of Yourself" was an informative program about organ donations. Are you aware of the organ donor cards which are mailed with driver license renewal applications?

LIFE PLANNING FOR PHYSICIANS & SPOUSES

On March I a day long seminar was held that actively delt with how to live vigorously, productively and joyously to the end of our greatly increased life span.

Watch for this valuable program when it again is presented by WSMA and Auxiliary.

Marny Weber



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The Doctors' Role Continued

3. SUPPLEMENTAL PENSION ASSESSMENT

This premium is also shared by workers and employers via payroll deduction. Everyone pays the same amount into this fund, which is used to raise the benefits to recipients whose benefit level was set in earlier years at the then lower statuatory schedules.

Under state industrial insurance, the claim is started by the doctor; under the self-insured insurance, by the employer. This causes some confusion when the patient or doctor does not know the difference, but the selfinsured method does avoid the potential delay arising when the doctor sends the specified two form copies back to the employer for completion and forwarding to the Department of Labor and Industries. Washington law requires the department and those who are selfinsured to make the first time-loss compensation payment within 14 days after receiving the claim. To avoid delay of the needed compensation payment to the worker and to judge the validity of the claim, the department must have the three parts of the form. It is thus urgent that we process and forward our reports promptly. The law requires physicians to initiate the compensation form upon the worker's request, regardless of our opinion of its validity, but also requires us to express our clinical judgement about the relationship of the condition being treated to the job. The legal responsibility of the doctor to the patient and the employer will be covered next.

Charles M. McGill, M.D. M.P.H.

Member, WSMA Industrial

Insurance Committee

Leffers_

BENEVOLENTLY DESIGNED

To the Editor:

Omitted from my introduction to the Cost of Care Committee Report in the March BULLETIN is one little word. The first sentence of the second paragraph should have read as follows:

"Your Cost of Care Committee is not unaware of the hubris-nemesis effect of the benevolently designed and effectively mischievous governmental programs that individually we cannot do much about"

Even well designed and well intended sentences can be modified to nonsense with simple omissions. I can overlook the statistically inevitable but I should appreciate your presenting the script as originally prepared.

Charles C. Reberger, M.D.



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EXCELLENT OPPORTUNITIES for general practitioners and family physicians, pediatricians. OB-Gyn, and a general surgeon in beautiful and rapidly growing Gig Harbor. Quality medical office space available in Harbor Park Professional Center, Building A, ready in fall 1979; Building B, in 1980. Radiology and lab already signed. Information: Jon H. Kvinsland, D.D.S., (206)858-9171.

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LAKEWOOD (Tacoma) - Medical Suites in established professional complex. One block to general hospital on entrance to Villa Plaza, 550 to 1300 sq. ft. Decorate to suit. Call E. G. Leimbacher, (206) 581-1313 morn, or 584-6856 eves.

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OFFICE AVAILABLE. Fully equipped office available - physician vacating June 1. Allenmore Medical Center, 272-1677.

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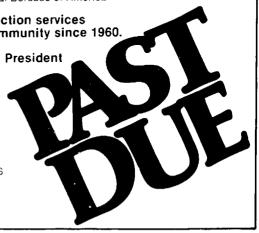
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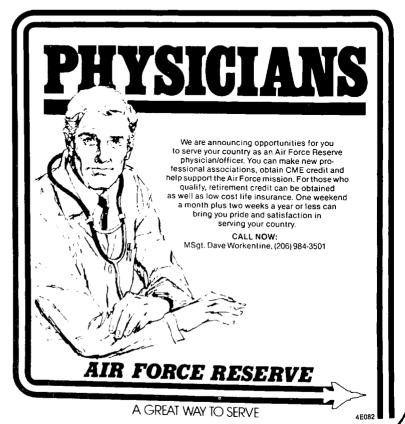
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Effective medical treatment achieves excellent recovery rates. Over the past 40 years, Schick's Shadel Hospital has used medically based treatment to help tens of thou-

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.

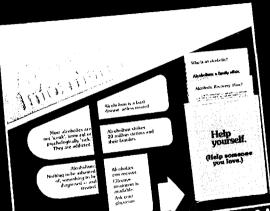
The first step toward treatment is information.

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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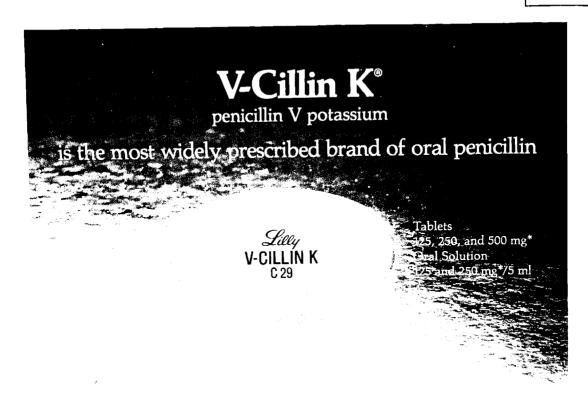
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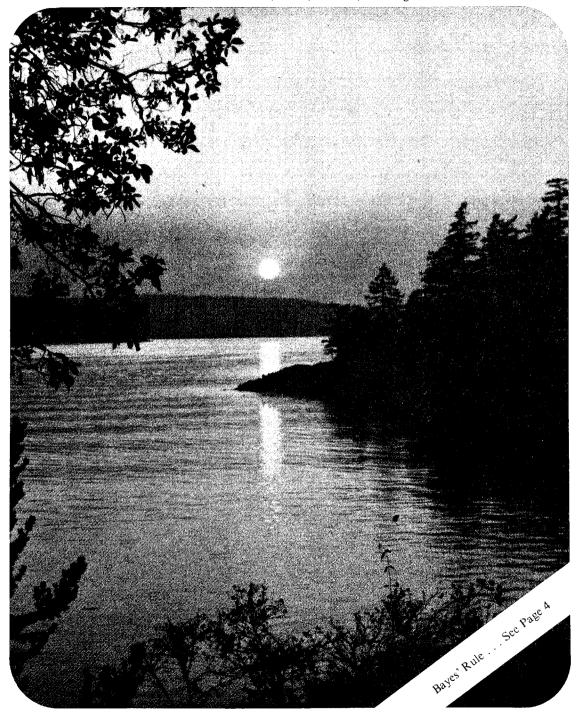
Additional information available to the profession on request.



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Medical Society of Pierce County

MAY 1980 VOL. LII, No. 5, Tacoma, Washington



BULLETIN

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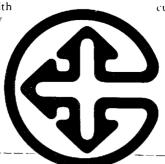
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COVER

Summer on Orcas Island. Photograph courtesy of Ralph H. Huff, M.D.

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Society News Briefs

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

OVERWHELMING PHYSICIAN RESPONSE FILLS ACLS COURSE

Physician response to the June 19-21 Advanced Cardiac Life Support course was immediate. All 48 available course openings were filled by physicians within 10 days of the announcement of the course. The resultant waiting list and continued strong physician response may result in additional courses being offered in the future, depending upon available funding and other considerations. Funds for the ACLS course are provided by the Washington State Department of Emergency Medical Services, DSHS. The course is sponsored by the College of Medical Education.

SPEAKERS BUREAU LAUNCHED

Following exhaustive preliminary work by the MSPC Communications Committee, the Society's Speakers Bureau is now being publically promoted to Tacoma/Pierce County clubs and organizations. Over 90 MSPC members have agreed to participate in the Bureau which is being coordinated by Communications Committee members Jo Roller, Nancy Spangler, Linda Stilwell, Elena Dorey and Jean Judd. Future issues of the BULLETIN will provide additional information regarding this important public service offered through the Society and Auxiliary.

1980-81 DIRECTORY PRODUCTION UNDERWAY

Production of the 1980-81 "Directory for Pierce County Physicians and Surgeons" has started. Please alert your office staff that Society members will receive a letter in June requesting necessary corrections and/or revisions to current listing information. Please note: the letter also will request information for MSPC office use only which will not be published. Ordering information will be included.

PIERCE COUNTY PHYSICIAN ELECTED WAMPAC OFFICER

Dr. James Krueger, WAMPAC board member, has been elected <u>assistant</u> <u>secretary-treasurer</u> of the state medical <u>association</u>'s political <u>action</u> committee. Dr. Krueger currently serves as chairman of the MSPC Legislative Committee. Legislative Committee activities relative to the 1980 elections are being defined and the membership will receive a full report in a future issue of the BULLETIN.

KAY HARMON JOINS MBI STAFF

Membership Benefits Inc. has a new general manager, Kay Harmon. Kay joined the MBI staff on April 15 and comes to the Society's Placement and Collection Services with a background as a successful small business manager in the Tacoma area. For pre-screened, high quality front and back office personnel at no charge to you, and effective collections with an agency commission well below that charged by commercial agencies, call Kay at 572-3709. There is no charge to you to establish your accounts and you retain control. Both services are sponsored by physicians and controlled by a physician Board of Directors.

PATIENT DISTRIBUTION GUIDE, DRUG LIST, AND ADVISOR CRITERIA APPROVED BY MSPC BOARD

Action taken at the May MSPC Board of Trustees meeting included approval of a Tacoma-Pierce County Patient Distribution Guide designed to assist physicians, paramedics, EMT's and others in charge of pre-hospital care and transportation of emergency patients. It is not intended to interfere with specific desires of a patient or the patient's physician. The guide is now being considered by the Pierce County EMS Council. Also approved were a revised Standardized Drug List for paramedic crews (copies of the list have been forwarded to local emergency room physicians for comment) and criteria physicians must meet in order to serve as medical advisors to Pierce County paramedic units. Information on these or other EMS Committee matters can be obtained by calling the Society office, 572-3666.

Continued on page 12

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BAYES' RULE AND MEDICAL DIAGNOSTIC PROBABILITIES

Charles C. Reberger, M.D.

Several weeks ago, I was puzzled by reading a request to one of the hospitals from a health planning group for the percent of CT head scans done locally that had positive findings. It is an easy exercise to divide positive interpretations by the total number of CT scans done but it is a meaningless fluff in terms of making a judgement. It is vaguely implied that a high percentage goes along with excellence of patient selection or something.

The "or something" was still sparking across my synapses when I listened to Glen Hamilton, M.D., (V.A., Seattle) describe, at the Vancouver, B.C. Spring meeting of the Society of Nuclear Medicine. a simplified approach to Bayesian probabilities that a physician can use practically to determine the utility of a test considered for inclusion in a workup. His key to success in presentation was the use of relevant clinical examples and the restriction of Bayes' rule to one test with only two results: positive or negative.

Since the membership has indicated a desire for something scientific in the BULLETIN, I took notes on Dr. Hamilton's two hypothetical but typical cases and here present his tictac-toe approach along with personal comments and my pocket calculator variation of Bayes' rule. For this discussion, S means Sick: W means Well; T means a positive test result; and t, a negative one. For our examples, sick means that the patient has stress-induced myocardial ischemia that is reversible with rest. Well means only that the patient does not have this condition. We limit ourselves to T and t, trusting that the test interpreter does not ride the fence with maybe.

Philosophically, doctors tend to "think the worst" in dealing with a patient's symptoms. The error of omission is generally frowned upon and the error of commission is excused as thoroughness. Often tests are ordered to substantiate our pessimism or to document our working diagnosis. On the other hand, some tests are avoided that might have a significant impact in excluding "the worst." In tests in the former category, we look for high sensitivity, such as a bone scan for suspect bone metastases; and in the latter category. for high specificity, such as the fluorescent treponemal antibody test for syphilis.

Our test, for our two examples, is the 201-Thallium stress test for reversible myocardial ischemia. This has a sensitivity of 90% and a specificity of 86%. This sensitivity means that impeccable investigators have demonstrated in a group of sick people, as defined above, that the test is positive in 90%. Symbolically, the sensitivity, the probability that the test will be positive, given that the patient is sick, is expressed, p(T|S) = 9. It follows that the probability of a negative test in a sick

patient is 100% minus 90% equals 10%, that is, the probability of a false negative, p(t|S) = (1 - sensitivity) = .1. The *specificity* means that in a group of well people, as defined, the test will be negative in 86%, or symbolically p(t|W) = .86, and the probability of a false positive test, p(T|W) = (1 - specificity) = .14.

EXAMPLE I: Joe is a vigorous 45 year old executive who runs one mile every morning. He has a stress ECG done as part of his executive physical. The S-T segment is 1.5mm down at peak stress. We know that about 10% of asymptomatic men with this finding will have ischemia but that 90% won't. In probability language we establish the a priori probability that the patient is sick at 10%, p(S) = .1, and the a priori probability that the patient is well, 90%, p(W) = .9.

Hamilton labels the probability grid as follows:

	t	T	
w	d	e	С
S	g	f	b
	h	i	a

Now with this as a reference, we only need to fill in the spaces.

	t	T	
W	774	126	900
S	10	90	100
	784	216	1000

- 1. Suppose a theoretical population, for convenience, of, say 1000. (Write this in space a.)
- 2. Using our *a priori* probabilities, partition the whole population into well and sick: $1000 \cdot p(S) = 1000 \cdot .1 = 100$ (into b); $1000 \cdot p(W) = 1000 \cdot .9 = 900$ (in c).
- 3. Using specificity, partition the well into negative and positive tests: $900 \cdot .86 = 774$ (in d); 900 774 = 126 (in e).
- 4. Using sensitivity, partition the sick into positive and negative tests: $100 \cdot .9 = 90$ (in f); 100 90 = 10 (in g).
- 5. Add columns for total t = 784 (in h) and total T = 216 (in i).
- 6. Now, $p(S \mid T) = 90/216$. The probability that Joe is sick, given a positive test is .42. This is not much better than a flip of a coin. Joe needs further investigation. We certainly would not encourage his running the daily mile.
- 7. But p(W|t) = 774/784. The probability that Joe is well, given a negative test, is .99. This is a reasonable probability

that Joe is well. The test and our a priori judgement lets us tell him to continue to run.

At first glance, Joe might seem to be a poor candidate for a Thallium stress test. However, a look at our grid says we have a 78.4% chance of being able to tell him that he is well.

EXAMPLE II: Porky is 56 years old. He started having exertional chest pain three years ago. The pain is crushing and extends to the left arm. With rest or nitroglycerin, it abates quickly. What are our odds that he has reversible myocardial ischemia? Let's say, to not appear dogmatic, that his p(S) is .9. And p(W) = .1. Having established our a priori hypothesis, that is, stated our clinical judgement, we set up our grid:

Now p(S|T) = 810/824. The probability that Porky is sick, given a positive test, is .983. The positive test suggests that we were correct before the test but really haven't helped ouselves in deciding whether to send him to the cath lab. And p(W|t) = 86/176. The probability that Porky is well, given a negative test, is .489. A coin flip again.

At first glance, Porky might seem to be an excellent candidate for a Thallium stress test. But, clearly, it is only an added step toward the cath lab whether it turns out positive or negative. Those of us who do Thallium stress tests appreciate patients like Porky. They provide excellent conference material.

For the purists who like formulas, we can abbreviate sensitivity to sen and specificity to sp and write:

$$p(S|T) = p(S) \cdot \text{sen} / [(p(S) \cdot \text{sen} + p(W) \cdot (1 - \text{sp})] \text{ and,}$$

$$p(W|t) = p(W) \cdot \text{sp} / [(p(W) \cdot \text{sp} + p(S) \cdot (1 - \text{sen})].$$

This works well on the pocket calculator but the old grid is easier to remember and apply.

Barnett¹ claimed that Bayes` "subjectivist... formula gives an apparent scientific-mathematical aura of respectability to an 'educated guess.' Its value is debatable and we will not discuss it further." But an "educated guess" is our a priori clinical judgement, and I don't see anything wrong with using medical judgement in formulas to clarify medical probabilities when we use such judgement daily in medical practice.

Reverend Thomas Bayes (1702-1761) was a Presbyterian minister whose work on inverse probability was published posthumously in Philosophical Transactions by his friend Rev. Richard Price, a popular revolutionary writer and friend of Ben Franklin. His rule is occasionally resurrected to fall again into oblivion. With better test data regarding sensitivity and specificity, it promises to have another birth. Glen makes many speeches and it is hoped that his tic-tac-toe approach will catch on and stimulate more critical attention to test sensitivity and specificity. Try working through the examples. They are extreme. But think up your own. The process can be entertaining as well as informative. Familiarity with Bayes' Rule may lead to puzzlement when health planners ask for the incidence of positive CT head scans in a mixed population, but it is a realistic way, even though it has a potentially deceptive scientific-mathematical aura, of challenging tests and putting clinical judgement right where it belongs -- up front. C.C.R.

Ref: (1) Barnett: Clinical Laboratory Statistics, Little, Brown & Co. (1971).





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 reasurance 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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To order the Alcoholism Information
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HOSPICE OF TACOMA -- AN UPDATE

Editor's Note: Hospice of Tacoma Executive Director Anne Katterhagen reported on the organization's current activities at the March MSPC general membership meeting. Her presentation resulted in a request for a more complete report which is presented below.

Hospice care is medically necessary, palliative and supportive care; its purpose is to encourage the care of dying patients in their homes, supported by family and friends. Hospice personnel assist the family in the provision of this care. The hospice team is directed by the referring physician and consists of nurses, nurses-aides, medical social workers, therapists, volunteers and chaplains.

The need to complete the continuum of care for patients and their families in an open atmosphere of active treatment of pain, nausea and other symptoms, is becoming well recognized in the United States. The National Hospice Organization (NHO) currently estimates there are over 300 established and developing hospice programs in this country; over 15 of them are in Washington State. Mindful of the need to assure that quality care is available to patients needing hospice care, the NHO has developed "Standards For Hospice Programs," and is now working with national accrediting bodies and third party carriers to develop an accreditation process for hospice programs.

Many times it is easier to point out what a program is not, rather than what it is, in order that its concepts be appropriately translated. A hospice program is not designed to:

- · provide custodial care;
- fill empty hospital or nursing home beds:
- · increase the case-load of home care agencies:
- fill the needs of well intentioned people wanting to counsel the dying.

Hospice of Tacoma, a private not-for-profit corporation, began in 1977 with a pilot project to assess the need for a hospice program in Pierce County. The results of the one and one-half year project pointed out the fact that no one within the county was providing a service of this type, nor was any current provider considering instituting such a program. The need for the service quickly became apparent as the volunteer staff received more requests for service than they could handle within their time constraints.

Consequently, the Board of Directors of Hospice of Tacoma hired an executive director to develop and implement a hospice program. The goal of this developmental process was to create a program that would be financially viable and would function within the existing health care system.

24 HOUR AVAILABILITY

The Standards of Hospice Programs define three components of hospice programs; home care, inpatient care, and bereavement care. With this in mind, the Hospice of Tacoma board chose to develop the home care program first and to use this component as the primary focus of care in our program. Our first priority was to hire and train an interdisciplinary team. This was accomplished by June 1, 1979 when we opened our doors as the first Medicare certified hospice program in Washington State. The nursing staff carries beepers, and is available to hospice patients 24 hours a day, 7 days a week, making home visits at any hour of the day or night on an emergency basis. Regular visits are scheduled weekly to monitor and assess the patients' condition; visits are made more often as the patients' condition warrants it. Communication with the primary physician is maintained through weekly written reports, in addition to phone calls when appropriate and necessary

A system of bereavement follow-up is integral to a hospice program. We are providing this continuity for a period of twelve months after the death, when needed and requested.

The third component of the program is institutional beds for those patients who are unable to stay home for various reasons, or for whom we are unable to control their pain at home. Hospice of Lacoma plans to be able to provide a unit within the established provider system that will be uniquely "hospice" in setting and philosophy. Patients and their physicians, however, will ultimately decide where the patient will be hospitalized.

Since opening this past June, we have seen and cared for over 190 patients and their families, over 50 per cent of these dying in their homes. The national average for non-hospice patient deaths is 30 per cent in homes, and 70 per cent in institutions after varying lengths of stays. We care for an average of 55 patients at home and an additional 8 to 10 patients in institutions. Referrals to Hospice come from a wide variety of physicians, both generalists and specialists, and patients are admitted on a basis of need for service, diagnosis of latter stages of disease and location of residence within our catchment area. Ten per cent of our patients have illnesses other than cancer, with conditions such as ALS and COPD.

The staff and administration of Hospice of Tacoma would like to assist physicians and others in the community in providing quality care to patients and their families needing this service. For additional information or suggestions, please feel free to call us at 383-1788.

Anne Kirchner Katterhagen Executive Director

PRIMARY CARE PHYSICIANS QUIZED

Last winter the MSPC Health Planning Liaison Committee prepared a survey of primary care physicians in order to get a better idea as to the accessability of care for the people in Pierce County. The results of this survey are published below, and some interesting observations can be made about the findings:

- The problem patients have in finding primary physicians appears to be a referral problem and not a lack of physicians. Many respondents commented they would like to see more patients.
- The responses to the questions on DPA patients are probably outdated already, due to the current problem with DSHS.
- The office location of the respondents Allenmore, North End, Puyallup, etc. – made little difference in average responses.
- 52% of the 222 primary care members surveyed responded to the questionaire. If a question was not answered it was not included in the calculations.

1.	RESPONSE	BY	TYPE	OF	PRACTICE:
----	----------	----	------	----	-----------

Pediatricians14
Ob-Gyn
Internal Medicine 15
Family or General Practice 75
TOTAL

2. AVERAGE NUMBER OF HOURS PER WEEK YOU SEE PATIENTS IN THE OFFICE?

(Responses ranged from 20 hours to 50 hours.)

Pediatricians	38	hour
Ob-Gyn	30	"
Internal Medicine	32.5	,,
FP: GP	32	,,
Overall average: 33 hou	rs	

3. IN AN AVERAGE WEEK, HOW MANY PATIENTS ARE SEEN FOR ROUTINE GENERAL PRIMARY CARE?

(Responses ranged from 25 to 500 patients. Of the Family Practitioners, 60% reported seeing less than the FP average of 134 patients per week and 23% reported seeing less than 100 patients per week.)

Ped 123	patients	рег	week
Ob-Gyn 105	9	~	"
Int-Med89	"	"	"
FP/GP 134	"	••	"
Overall average: 113	patients	s per	week

HOW MANY OF THESE PATIENTS ARE NEW?

			· • • • • • • • • • • • • • • • • • • •	· • ·
Ped	9	new	patients	
Ob-Gyn	7	"	"	
Int-Med	. 6	"	"	
FP/GP	13	.5 "	"	
Overall average:	9	new	patients per	week

4. HOW MANY DAYS MUST A NEW PATIENT WAIT TO BE SEEN FOR ROUTINE, NON-EMERGENT CARE?

(All respondents reported that a patient with an acute condition

(All respondents reported that a patient with an acute condition could be seen within 24 hours.)

rea	14	uays
Ob-Gyn	14	"
Int-Med	9	"
FP/GP	6.	5 "
Overall average:	11	days

5. IS THE NUMBER OF NEW PATIENTS SEEN IN YOUR PRACTICE LIMITED?

(Internists with established practices severely limit or do not see new patients; however, the limiting factor is not method of payment. Many respondents commented that they would like to see more patients.)

1.62
Ped 38%
Ob-Gyn 54%
Int-Med 78%
FP, GP 39%
Overall average: 52%

6. DO YOU LIMIT THE NUMBER OF NEW PATIENTS SEEN ON THE BASIS OF TYPE OF COVERAGE?

(More limit on basis of DPA (Medicaid) than on the basis of no insurance. Many practices are limited on other factors—military, age groups, trauma, etc.)

VEC

Limited by type of payment:

	LCO
Ped	54%
Ob-Gyn	45%
Int-Med	57%
FP/GP	57°6
Overall average:	53¢;

7. DOES YOUR OFFICE INQUIRE INTO THE TYPE OF INSURANCE COVERAGE OR PAYMENT METHODS BEFORE SCHEDULING A NEW PATIENT'S VISIT? (Older respondents tend to do this less.)

	1 EO
Ped	69%
Ob-Gyn	80%
Int-Med	73%
FP: GP	79%
Overall average:	750;

8. OF ALL YOUR PATIENTS, WHAT PERCENTAGE HAVE DPA (MEDICAID INSURANCE OR NO INSURANCE?

	DPA	NO INSURANCE
Ped	24%	
Ob-Gyn	20%	9%
Int-Med	. 8.5%	7.2%
FP/GP	12.6%	11%
Overall averag	e: 16%	11%

9. WHEN A PATIENT IS SEEN IN YOUR OFFICE, IS PAYMENT REQUIRED?

(Some respondents apply this to new patients only. Older physicians rarely require payment at time of visit.)

YES
Ped 62%
Ob-Gyn 100%
Int-Med 35%
FP/ GP 65%
Overall average: 65%

10. DO YOU MAKE ARRANGEMENTS TO REDUCE FEES BEFORE A PATIENT IS SEEN?

(Very few respondents reported doing so routinely; most commented making such arrangements only rarely.)

Ped	46%
Ob-Gyn	33%
Int-Med	21%
FP:GP	18%
Overall average:	30%

11. DO YOU WAIVE OR REDUCE FEES AFTER A PATIENT IS SEEN?

(Most respondents reported doing this a few times each week; only a few reported they never waive or reduce fees.)

	LES
Ped	549
Ob-Gyn	879
Int-Med	530
$FP/GP\dots\dots$	75%
Overall average:	679

12. DO YOU SEE PATIENTS ON REFERRAL FROM CLINICS SUCH AS THE FAMILY CLINIC, EASTSIDE CLINIC, ETC.?

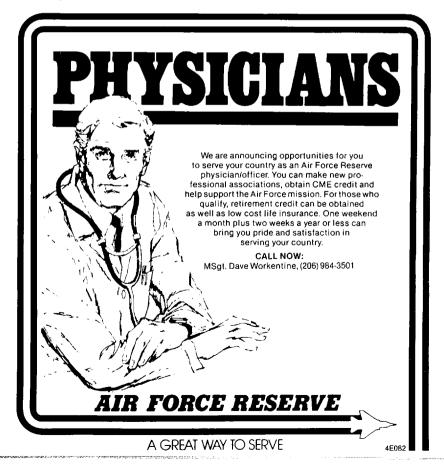
(Many respondents commented that they had never been asked.)

YES	;
Ped 859	ï
Ob-Gyn 809	7
Int-Med 339	7
FP/GP649	ć
Overall average: 669	ć

13. DO YOU SEE PATIENTS AT ANY OF THE COM-MUNITY CLINICS AT NO FEE?

(Several respondents said they had routinely done so in the past, but were not doing so at the present.)

,	YES
Ped	15%
Ob-Gyn	33%
Int-Med	20%
FP/GP	20%
Overall average:	22%



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



Bruce D. Brazina, M. D., Internal Medicine. Born in Trenton, N.J., 9, 1, 48; Hahnemann Medical College. Pennsylvania, 1974; internship, Geisinger Medical Center, 1974-75; residency. Geisinger Medical Center, 1975-77. State of Washington license, 1977. Has applied for medical stalf membership at Allenmore.

Doctors, St. Joseph, and Tacoma General. Dr. Brazina is practicing at 5122 Olympic Dr. N.W., Gig Harbor.



Joseph D. Lloyd, M.D., Psychiatry. Born in Anderson, 1N., 10/29/27; Indiana University School of Medicine, 1958; internship, Milwaukee County General Hospital, 1958-59; residency, Milwaukee County General Hospital, 1959, and Letterman Army Medical Center, California, 1962-65. State of Washington license, 1977. Has

applied for medical staff membership at Doctors, Puget Sound and Tacoma General. Dr. Lloyd is practicing at Western State Hospital.



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G. Bruce Smith, M.D., Family Practice. Born in Idaho Falls, Idaho. 5/16/45; University of Washington School of Medicine, Seattle, 1973; internship and residency, University of Utah, McKay-Dee Hospital, Ogden, 1973-76. State of Washington license, 1979. Has applied for medical staff membership at Mary Bridge Children's and

Tacoma General. Dr. Smith is practicing at 1112 S. Cushman, Tacoma.



Thomas H. Webster, M.D., Emergency Medicine. Born in Detroit, Mich., 1,7749; Wayne State University, Michigan, 1975; internship. San Francisco General, 1975-76; residency, Valley Medical Center, Fresno, 1976-78. State of Washington license, 1980. Has applied for medical staff membership at St. Joseph. Dr. Webster is

practicing at 1718 So. I. 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 small group or clinical practice in general and/or family medicine. Currently senior medical officer, Navy Amphibious Base Regional Clinic, Coronado, Cal. Graduate, Baylor College of Medicine, 1975. Flexible internal medicine internship, Providence, Portland, Ore., 1976-77. Listing #401

General surgeon seeking practice opportunity. Currently general surgeon on attending staff of the Ellis Fischel State Cancer Hospital, Columbia, Mo. Present practice includes head and neck surgery, thoracic surgery, and abdominal and pelvic surgery. Available, August, 1980. Listing #402.

Internist seeking emergency medicine position. Available in July, 1980. Also interested in either full-time or locum-tenes position in general primary care. Graduate, University of Kansas School of Medicine, 1979. Presently in training at Boston City Hospital. Listing #403.

Pierce County Medical Library_

INCREASED USE OF LIBRARY SERVICES CONTINUES

The influx of a great number of physicians to our area over the past several years has left its impact on the volume of services provided at the Pierce County Medical Library and rendered through the satellite libraries of the participating hospitals. The use of library services has continued to increase. The projected percentage increases in 1980 compared to 1979 of the various services listed below range from an increase of 24.8 per cent (for search and/or bibliography requests) to 52.7 per cent (for requests filled from the collection)

The following statistics show use of our services from January through April 15, 1980 (1980 total use projections are shown in parenthesis):

- On site use by physicians 806 (2,765)
- Requests for searches and/or bibliographies — 119 (408)
- References furnished by librarian 575 (1,986)
- Requests from patrons with known citations — 659 (2,267)
- Requests filled from this collection 747 (2.562)
- Interlibrary loan requests to other libraries (typed) — 209 (717)
- Interlibrary loan requests to other libraries (telephoned) 89 (305)
- Total loan requests 398 (1,022)
- Journals and textbooks loaned to satellite libraries and delivered by courier service — 198 (679)
- Subscription items purchased for, and delivered to, satellite libraries by courier service — 270 (926)

MEDLINE COMPUTER TERMINAL APPLICATION SUBMITTED

The foremost and best news from the Medical Library is that our application for a computer terminal for Medline searches has been forwarded to the National Library of Medicine in Bethesda, Maryland. Although the date for final approval remains uncertain, the chances for acceptance into the national network are excellent. We will brief our patrons on all aspects of using a computer terminal as soon as we become functional.

We thank the following physicians who have not only supported us financially, but have also encouraged the library to pursue the purchase of this most necessary and time-saving addition:

Drs.

Ronald G. Anderson Leonidas Annest Theodore Apa Richard D. Baerg Coredell H. Bahn George R. Barnes W. Ben Blackett Milton S. Bleiweiss Lee Bourdeau Bruce D. Buchanan M. S. Campbell Lawrence H. Cargol Juan F. Cordova Rodger S. Dille Stevens Dimant J. A. Flood Ronald S. Goldberg M. L. Graham Kenneth D. Graham Kenneth E. Gross Thomas J. Irish William B. Jackson Robert F. Kapelowitz J. Gale Katterhagen G. James Kenney Ronald W. Knight Richard P. Knudsen V. O. Larsen Anthony S. Lazar Jonathan A. Levant Michael M. Lovezzola William Mellroy John C. Mulligan R. J. Pliskow Thomas J. Raloth R. D. Rich William L. Rohner Gilbert J. Roller Harvey N. Sales Martin Schaeferle Dennis G. Scholl John M. Shaw James R. Stilwell George A. Tanbara Max S. Thomas A. Robert Thiessen Stanley W. Tuell Karl J. Vitikainen James B. Wagonfeld F. Dennis Waldron George A. Weis R. B. Whitney

Equal thanks also is extended to the member Pierce County hospitals and the Western Clinic for their contributions.

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SOCIETY NEWS BRIEFS Continued

MSPC LEADERSHIP DISCUSSES UHI PROGRAM WITH HEALTH DEPARTMENT

The current status and future direction of the Urban Health Initiative Program administered through the Tacoma/Pierce County Health Department was reviewed at an April meeting between MSPC leaders and health department officials. Drs. Stuart Farber, Robert Lane, Richard Hawkins, and George Tanbara have been nominated by the Society to serve on the UHI Community Advisory Board to be established. The Society has recommended establishment of a physician quality assurance panel to oversee the quality of care provided to UHI beneficiaries. The June issue of the BULLETIN will include a health department report on the UHI program.

MSPC ADDS 27 MEMBERS

Twenty seven physicians were voted into membership in the Medical Society of Pierce County from January I through May 6. They are: Drs. David G. Clark, Deborah J. Pitt, Robert W. Baird, Juan F. Juarez, Lawrence L. Pelletier, Sarah B. d'Autremont, Jaroslaw R. Saikewicz, Ronald S. Goldberg, Ramesh M. Sharma, Phillip S. Schulze, Stephen C. Bergmann, Mark R. Gildenhar, James S. Griffith, Carl W. Wulfestieg, Wing L. Chan, Gregory A. Popich, Lee R. Dorey, Prasad M-S Reddy, Henry F. Retailliau, William R. Rinker, Donald T. Kendrick, Ronald W. Knight, Edward A. Drum, Dennis G. Scholl, William H. Lenard, Jonathan C. Bahmiller, and Kurt R. Weis. Congratulations to these new MSPC members.

Society membership as of December 31, 1980 is projected to be 512 active members. The current per capita ratio of primary care physicians in Pierce County is between 1:1.999 and 1:2,109 (the \triangle AFP defines the optimal ratio as 1:2,000). As of December 1979, approximately 45% of the Society membership were primary care physicians. Approximately 44% of those joining the Society over the last twelve months have been in primary care fields.

MD, HOSPITAL CHARGES TRAIL INFLATION RATE

The rate of increase in physicians' fees and hospital charges was well below the overall rate of inflation in March, according to a recent article in the AMERICAN MEDICAL NEWS. Consumer price index data from the Bureau of labor Statistics show that the CPI's all items index rose 1.4% in March and the all services component climbed 1.8%. Physicians' services increased by .8% and the hospital room charge increased by .6%. The .8% increase in physicians' fees came after increases of 1.4% and 1.6% in the first two months of 1980. The hospital room charge inflation rate also showed a slow down following a 1.5% increase in January and 2.0% in February. Over the last twelve months, physicians' fees have registered a 10.4% increase with hospital room rates increasing 12.3%. In the same period, the CPI's all items category increased 14.7% and the all services component 16.1%.

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Auxiliary Page



MEET YOUR NEW PRESIDENT!

1980-81 President Marny Weber

Marny Weber, who resides in Sumner, is a native daughter. She attended Stadium High School where she met her future hubby, Don. Marny continued her education at the Tacoma General Hospital School of Nursing. She married Don Weber in 1957, and they went through Pre Med together; while Don went to the U of W Medical School, Marny worked in the maternity ward. Finding this occupation highly contagious they started their family. The Webers now have five children ages 22 to 12 - three boys and two girls. Two are married, one is a senior in high school, another is in the 9th grade and the youngest is a 6th grader. The Webers have one grand-daugther.

Marny is especially interested in family activities. She is active in her church. She enjoys singing and golf (just like Bing). And, she does a great job teaching beginners "Football Basics" - a short course to help wives understand the game a little better, and survive the football season.

Good luck - Marny!

The March 28th meeting was held at the home of Mrs. Bruce Romig (Cheri). The hostesses were: Barrie Mott (chairman), Joanne Iverson, Peggy Kornberg, and Glenna Blackett. Thank you for a delicious luncheon. The lasagne was excellent and the frozen daquiri ice cream dessert was delish!

The Energy Saving Bake Sale was very successful and netted \$115.00 for Mary Ellen Vaughan's inaugural. In fact, the delectables were sold so fast we could have used more.

We have 239 paid members. Dues are accepted until mid-May so if you have forgotten, please send a \$20.00 check payable to the Pierce County Medical Society Auxiliary to Dottie Truckey, 634 Vista Drive, Tacoma, 98465.

Auxiliary Cookbooks have been placed in two pottery shops; one in the North End and one in Lakewood. The bridal season in upon us, and our cookbooks make such nice gifts. An excellent feature is the special diet section, which is not easy to find elsewhere.

Teresa Willis of the James Boutique, in the James Center, gave a delightful presentation on flower arranging, "The European (Just Gathered) Look." She used predominately dried flowers. However, she also combined fresh flowers with the dried in several lovely arrangements. She passed along a little secret for arranging fresh flowers, and that is to use plenty of greens. Now we can all practice for our next dinner party.

Kay North could use more school nurses. If you are interested, call Kay, 759-8928.

Any address or telephone changes? If so, please notify Alaire Sheimo, 588-0134.

Stephanie Tuell reports Tel-Med calls are up due to good publicity. Ted-Med needs more volunteers (especially on

Mondays). Approximately 46 volunteers are currently offering their time and talent.

If it were possible to offer to work alternate days, Monday or Tuesday for example, scheduling would be easier. Another helpful practice is to call before you leave the office and remind the next Tel-Med volunteer scheduled to work. This really has curbed absenteeism. The Society office is located at 705 South 9th Street. It's a pleasant office with very friendly and helpful people. The volunteers' shift is 10:00 a.m. until noon. It isn't difficult — so if you are considering volunteering, call Stephanie Tuell, 927-1117, Glenna Blackett, 752-3970, or Pat Annest, 752-7964.

Joan L. Sullivan

OFFICERS

President Mrs. Donald C. Weber (Marny) President-Elect Mrs. James N. Crowley (Nikki) 1st Vice-President, Program Mrs. John F. Kemman (Shirley) 2nd Vice-President, Membership Mrs. William B. Jackson (Lee) 3rd Vice-President, Historian, By-laws Mrs. Donald Mott (Barrie) 4th Vice-President, Arrangements Mrs. John Nagle (Myrna) Recording Secretary Mrs. William S. Sullivan (Joan) Corresponding Secretary Mrs. Jack Kornberg (Peggy) Treasurer Mrs. Roy Virak (Gloria)

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Project Bank			
Tel-Med Coordinator Mrs. Stanley Tuell (Stephanie)			
Newcomers Mrs. Richard Baerg (Judy)			
Student Recognition Mrs. Clyde Koontz (Synda)			
Sunshine Mrs. Herman S. Judd (Jeanne)			
Telephone Mrs. Kari Vitikainen (Sybil)			
Children's Holiday Party Mrs. Stephen Bergman (Verna)			
Mrs. William Dean (Dianne)			
Auxi-Quad Luncheon			
Remembered Mrs. Herbert H. Meier (Ruth)			
Holiday Dinner with MSPC Mrs. Kenneth Graham (Bev)			
Cookbook Mrs. James Crowley (Nikki)			
MSPC Speakers Bureau Mrs. Gilbert Roller (Jo)			
Long Range Planning open			
Handicapped Awareness open			
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Classified ___

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LAKEWOOD (Tacoma) - Medical Suites in established professional complex. One block to general hospital on entrance to Villa Plaza, 550 to 1300 sq. ft. Decorate to suit. Call. E. G. Leimbacher, (206) 581-1313 morn, or 584-6856 eves.

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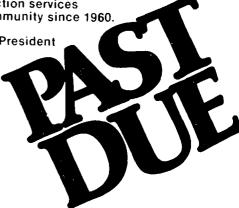
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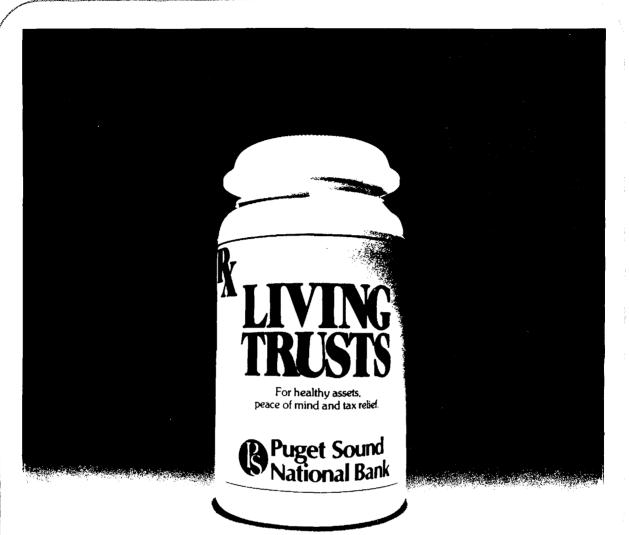
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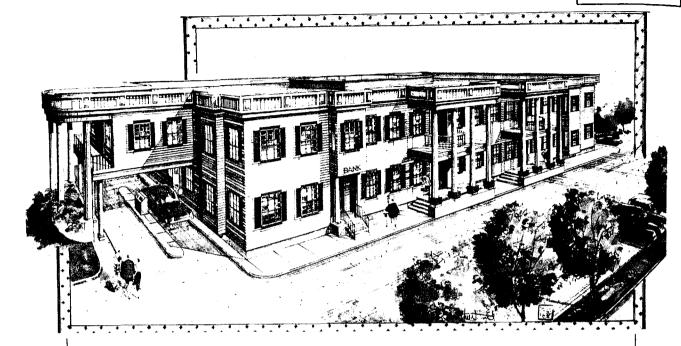
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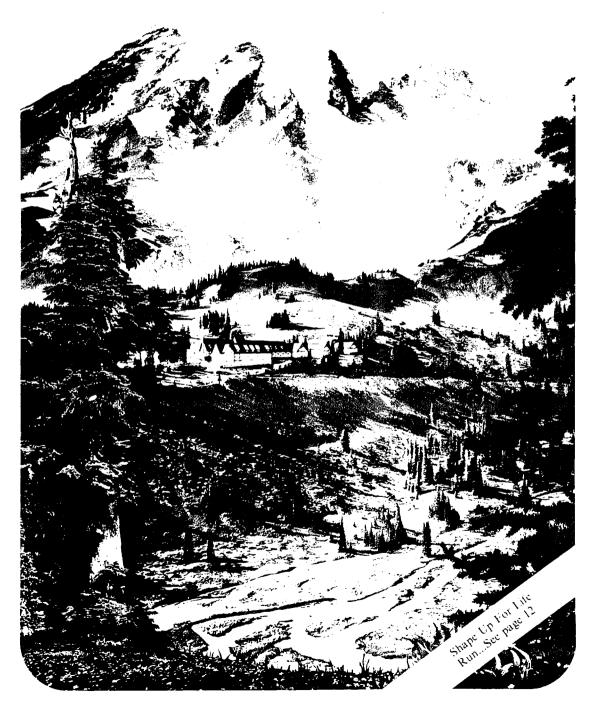
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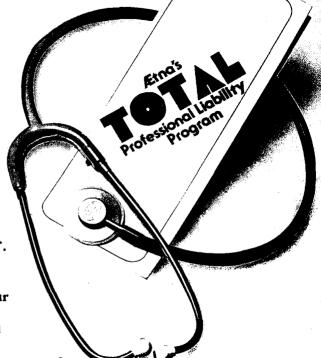


BULLETIN

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COVER

Pre-World War II view of Mt. Rainier with Paradise Lodge in foreground, Courtesy of Tacoma-Pierce County Chamber of Commerce.

Ctaff

Editor	David	S. Hopkins	, M.D.
Managing Editor		Thomas J.	Curry
Editorial			
Committee	1A/ D	on Blackett	MAD

Stanley W. Tuell, M.D.

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Elected MSPC officers and trustees serve as delegates to the WSMA House of Delegates.

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Tel-Med Michael S. Campbell, M.D.	

Society News Briefs.

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

MSPC WELL REPRESENTED ON WSMA NOMINATIONS

The WSMA Nominating Committee report to be presented at the October Annual Meeting includes the following MSPC members: Dr. Stanley W. Tuell, renominated for WSMA Speaker of the House: Dr. Ralph A. Johnson, nominated for WSMA vice-president; Drs. James F. Early and Lloyd C. Elmer, nominated for WSMA trustee positions.

Dr. John S. May is concluding his eighth year of service as a WSMA trustee. Dr. David S. Hopkins is currently serving a two year term as an AMA Alternate Delegate. The House of Delegates will act on the Nominating Committee's report, prepared in mid-May, at its concluding session Sunday,

STAY TUNED FOR 1980-81 CME PROGRAMS!

Hypertension, Infectious Disease, Gastrointerology, Anemia, and Pediatric Rehabilitation are among the topics being developed by the MSPC CME Committee as 1980-81 Category I physician course offerings through the College of Medical Education, Programs are scheduled to begin on September 17 (Hypertension) and run through May (Regional Cardiology). The July issue of the BULLETIN will contain a complete listing of physician course offerings for the coming academic year. Drs. Alan Tice and Robert Modarelli serve as co-chairman of the Society's CME Committee's Program Planning Subcommittee

TEL-MED ELECTS OFFICERS

Officers elected at the May board meeting of the Pierce County Tel-Med Society are: Bernice Lazar, president; Lila Early, vice-president; Dan Mallea. treasurer; and Tom Curry, secretary. Tel-Med, the joint public service project of the Auxiliary and Medical Society of Pierce County, has entered its fourth year of service to Tacoma-Pierce County residents. Since 1977, over 165,000 public inquiries have been handled by the volunteer and paid Tel-Med switchboard operators. Each of these callers has heard a physician approved. pre-recorded health message concluding with, "brought to you by the physicians of Pierce County." Dr. Michael Campbell is chairman of the MSPC Tel-Med Committee.

PHYSICIANS INVOLVED IN LOCAL HEALTH PLANNING

Eleven MSPC members currently serve on seven of the nine standing committees of the Pierce County Health Planning Council. The committees, their scope of responsibility, and the physician members are:

Facilities Review

(local review of all capital expenditure applications (CON) for hospitals and nursing homes)...... Drs. John Alger, Edward Bitseff

Health Education

(development of advocacy groups for health education, school health education programs) Dr. George Tanbara Hospital Advisory

(review of HSA developed hospital planning materials, liaison with local hospitals, encouragement of implementation of health system plan, review of acute care needs for psychiatry, drug abuse, and alcoholism)

..... Drs. Bruce Buchanan, Dudley Houtz

Long Term Care

(review of HSA developed long term care materials, liaison with local long term care service needs and providers, evaluation and recommendations for home care services) Drs. Tom Clark, David Lukens

Long Term Care Assessment and Admission

(determine a method to assess client needs in relation to community Continued on page 7

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THE PIERCE COUNTY MEDICAL LIBRARY CONSORTIUM

Charles C. Reherger, M.D.

Thirty years ago, the Medical Arts Building was "where it was at," so to speak, in Pierce County. For most physicians, the location of the Society offices, auditorium and medical library on the St. Helens Avenue level was handy. The library was used a little, but not very much, for reference or reading. It was a good place to meet people and to chat. The Society supported the library, but, in addition, each hospital charged us about \$10 or so as a "library fee" that was to keep individual hospital reading rooms stocked with a reasonable supply of texts and journals. There was no skilled medical librarian for reference, search, or even satisfactory control of the inventories. One could keep out a book for years. It was very relaxed but not very efficient.

Part of our Society dues were assigned for library support and, in addition, with staff membership at County, Tacoma General, St. Joseph, Medical Arts, Doctors and maybe Good Samaritan, we partitioned out about \$50 per year in "library fees" then. Considering an inflation factor of 5 as reasonable, and ignoring the obvious increase in the variety of publications that has occurred over this period, we should have been able to provide this equivalent level of service and availability now for about \$250 per year from each of us in addition to an increase in the library portion of our Society dues. This would have continued to provide us with a central conversation pit with books and keep the hospitals in stock. If we had any real reference work to do, we could, now as then, go to the University of Washington.

Everyone knows that we have things better than that but startling is the fact that our financial outlay, individually, is not changed much since 1950.

A NATIONAL MODEL

Our Pierce County Medical Library Consortium has provided us with an effective educational facility unconditionally vital to the high level of medical care in this community. It is regarded nationally as a model of efficiency and economy. Those who recall the availability of library services years ago in Pierce County recognize the vast difference between those collections of dusty books and a reliable medical reference center. The change has been felt in every hospital satellite library, as well as among those requiring literature searches and special reference material.

Even so, concern with the 1981 budget provokes critical reassessment of the present service. In 1978, the average cost of books jumped 23.3% (\$28.18 to \$34.76) over the year before, while journals averaged an increase of 14.6% (\$35.14).

to \$40.27 per year). These and every other cost only go upward, from payroll to typewriter ribbon. The current annual library dues of \$50, set basically to match in a general way, the average member's costs in the old hospital "library fee" setting were last increased in 1979.

In resistance to last year's increase, many of us asked whether we even get \$50 worth of service from the library consortium. This obviously is less than the cost of one book and one journal by about \$25, at last year's prices. Tacked on to the dues of the Society, the WSMA and AMA, the amount seemed formidable. Some of us observed that the confidence of knowing that the book we would have liked to have bought for our own library, but at a cost somewhere around \$75, was actually available to us, provided a rationalization that the library dues really were a good bargain. When your Library Committee meets to discuss the budget, however, there is no place for this kind of saving in the balance sheet and the analysis must be more brutally objective.

HOW MUCH IS IT USED?

How much do we really use the library? Some never walk into the main library, but those doctors who don't are often in attendance at a conference presented by a speaker who has. And some who don't utilize the hospital satellite service, incidentally provided voluntarily by the messenger service of Drs. A.K.E., find themselves benefitting by working with one who has. It may be argued honestly that all of us use the library when we consider the indirect utilization through county-wide education and patient care. The impact of greater participation in our College of Medical Education (COME) has strengthened its financial base sharply and has cut our Society's requirement for subsidy to COME. As COME flourishes, the support library services have been called upon increasingly. The article on page 11 of last month's BULLETIN underscores clearly the tremendous increase in the use of our library services. There is little doubt that the superior performance of the Pierce County Medical Library helped gain approval of our Family Practice Residency Program and that it contributes much to the success of that program. Our hospitals are aware of the importance of the library in meeting accreditation requirements.

But the cost is still there. To lessen the burden, some have suggested a tie-in with the King County Medical Library. This facility, however, has changed and is not really a library anymore. The library volumes were sold to the University of

Washington and to the University of Montana among others, and a linkage was made with the Health Services Library at the University of Washington. The latter facility is faced with costs too, and the handwriting on the wall suggests that eventually there will be a realistic evaluation of costs with fees to match. It would appear that the abandonment of our own facility, where there is control of our own budget, is unwise. Such a shift promises less effective service and higher costs than those that concern us at present.

A fresh survey of the utilization of the Pierce County Medical Library provides clear evidence that the requests are not concentrated, as was suspected, to those clustered about Tacoma General Hospital. The hospital-originated requests have followed the same pattern of broad usage, reflecting roughly the size of the staff.

THE PRUDENT COURSE

While some of us have urged greater financial participation by our hospitals, justifying this as a saving of the cost of maintaining individual libraries capable of accreditation, the most prudent present course is one of continued support and adjustment of dues and fees for special and unusual requests accordingly. The key operational criterion is whether we are getting a fair return on our investment. As we approach the 1981 budget, we may share the pride of the Library Committee in the assurance that this criterion has been met in full.

C.C.R.

STUDENT RECOGNITION AWARD WINNERS

Each year the Medical Society Auxiliary takes pleasure in recognizing the most outstanding son and daughter of a physician in Pierce County with an award that is based primarily on scholarship, but includes leadership and service to school and community. The Student Recognition Selection Committee congratulates Jane Ann Smith and Christopher Weber, recipients of this year's awards.



Jane Ann Smith, a graduate of Lakes High School, is the daughter of Dr. and Mrs. Robert K. Smith. Jane's major field of interest is medicine. She plans to attend UPS next fall.



Christopher Weber, a graduate of Sumner High School, is the son of Dr. and Mrs. Donald Weber. Chris' major field of interest is engineering. He plans to attend PLU next fall.

Honorable Mention Certificates were awarded to Janet Lyle, daughter of Dr. and Mrs. Ray Lyle, Kathleen Kennedy, daughter of Dr. and Mrs. John Kennedy, and Bryce McPhee, son of Dr. and Mrs. William McPhee.



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

Urban Health Initiative Explained

HEALTH DELIVERY SYSTEM PLANNED FOR TACOMA-PIERCE COUNTY

The Tacoma-Pierce County Health Department is expanding its scope of health care services to include primary care for the low income and poor in our area. Urban Health Initiative funding, from the HEW Bureau of Community Health Services, has been awarded to the department for an 18-month period to provide these services.

The UHI funding results from a federal designation of a manpower shortage area for no fee or reduced fee category patients in Tacoma-Pierce County. The target population (estimated at 35,034 people) consists of persons with an income below 200 per cent of the poverty level who are not eligible for Medicare or Medicaid benefits. Existing funding from MDC, United Way and Revenue Sharing are included in the scope of the grant. The grant's goal is to serve 10,000 patients the first year and 2,000 patients on a continuing basis

FULL RANGE OF SERVICES PLANNED

The full scope of family practice services will be offered. Current preventive health services provided by the department will be integrated into the program to provide a comprehensive wholistic care approach, accessible and acceptable to the needs of the community served. Creative efforts to improve appointment keeping behavior, and compliance to care regimes as well as effective long-term lifestyle and value system changes to support entry into the traditional health care delivery system are planned. Minor emergency care will be provided. Twenty four hour on-call coverage will be available. Hospital, pharmacy and x-ray linkages for each individual clinic are planned.

Five stationary clinics open 40 hours per week to include one evening (rotating each clinic) and four hours on Saturday are planned. The sites are located within 30 minutes travel to the target populations throughout the county. Locations

include the existing Family Clinic (Hilltop area), Eastside Health Clinic (Tacoma), South End Neighborhood Center, Sumner Community Center, and Lakewood Community Center. The Family Clinic and Eastside Clinic are scheduled to be operational the first week of June with all sites operational by the end of the year.

PHYSICIAN INVENTORY TO BE COMPILED

Recruitment of staff has begun. There will be one full-time physician (Family Practice or Internist) whose time will be distributed among the clinics. One mid-level practitioner, community health nurse, licensed practical nurse and clerk typist is planned for each clinic. The outreach worker's time will vary by clinic from .75 FTEs (full time equivalent) at four sites to .5 FTE at one site. At busy clinics, an additional data clerk/receptionist will be added. An inventory of primary care physicians with practices open to new clients will be compiled and maintained. Existing volunteer hours donated to reduced fee or no fee clients continue to be greatly needed and appreciated.

A sliding fee scale based on income and family size will be continued. Full fee will be charged to those able to cover the cost of their care. Quality assurance modalities are being considered, to include peer review among staffs and open and closed record audits.

An Advisory Board of 21 members to include consumers, providers, civic and social leaders representing each clinic site area and the community at-large is being formed. The majority of board membership will be consumers. The board's purposes will be to assist with policy formation, cost effective care systems, reduction of non-financial barriers, and generation and pooling of resources.

Florence Reeves Project Coordinator

SOCIETY NEWS BRIEFS Continued

Nominating 1 4 1

(develops the Pierce County component of the Puget Sound HSA work program,

Two PCHC committees, <u>Population Based Planning</u> and <u>Program/ Membership</u>, do not have physician members at the present time. Physicians can join the PCHC (and get on the council's mailing list) by calling 383-4587. All PCHC committee meetings are open to the public. Requested physician membership on a specified committee is often difficult to achieve, reports PCHC, due to the required majority consumer representation and relative lack of interested consumers. Currently, 11 of the 101 PCHC members are physicians.

GRAPHICS EXPERT AVAILABLE FOR CME PRESENTATIONS

The College of Medical Education has identified a local graphics expert who can assist with the development of professional 35mm slide presentations. For further information, call Maxine Bailey, COME, 627-7137.

TEL-MED BROCHURES ARE AVAILABLE!

Seventy five thousand Tel-Med brochures have been contributed by Blue Cross of Washington and Alaska and are now available for distribution to the public through physician offices and other locations. For a supply of free Tel-Med brochures listing the 292 taped messages available, call Tel-Med, 627-6181.

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The fact that the region served by Blue Cross of Washington and Alaska leads the nation in holding down health care costs is no accident. Voluntary involvement in health planning, rather than forced compliance, has produced a model health care system in the area.

Under this system, physicians, hospital and clinic administrators and managers, governmental representatives, the public at large and even health care providers not directly involved in health planning, all have a say.

Another factor in the success of the system is the recent trend towards consolidation of hospitals; joint operation of hospitals; the addition of professional planners to the staffs of major hospitals and the increased importance given to the planning function; and the growing and easily recognizable relationship between hospitals, physicians and third party payors such as Blue Cross.

Blue Cross of Washington and Alaska applauds the success of voluntary planning in this area, and we're pleased to be a part of the process.



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Interprofessional Committee_



MULTIPLE USE DRUGS CAN CAUSE DOUBT

There are times when the pharmacist is in the bind! A good example of this is the question asked of him by many patients as they pick up their prescriptions — "What is this medicine for, anyway?"

Let's suppose for this one example it is inderal and the pharmacist says, "It is for your heart." The patient might reply, "For my heart! God, he didn't tell me I had anything wrong with my heart! I haven't got heart trouble! What is going on here anyway! Sure you have got that prescription right?" and on and on.

One solution to this problem is for the pharmacist to say, "I don't know, this medicine is used for several different conditions. You must have one of those conditions that are best treated with this medication. If you are in doubt, why not ask your physician?"

Another solution is for the physician to write, after the "Sig," what the medication is for — such as for blood pressure" or "for heart" or "to prevent migraine." Granted, many medications have only one usage, such as digitalis orinase, insulin, percodan, etc., but when a drug has multiple uses, it can cause doubt in the patient's mind, and time and potential trouble for the pharmacist.

GENERICS: WHEN IN DOUBT ASK YOUR PHARMACIST

In these days of cost conciousness there has been much pressure exerted upon the professions to prescribe generic drugs. This worries a lot of us "old timers" who were brought up to be constantly aware of quality control in the manufacture of pharmaceuticals. We are really very reluctant to sign the side of our prescription blank which says "substitution permitted." We remember, so easily, how some twenty or more years ago the formula for Achromycin was stolen from the Lederle Laboratories and soon thereafter its production was begun by an Italian company. The Defense Department bought up scads of it because it only cost half as much as the Lederle product. Of course, it only had half as much tetracycline in the capsule coming from Italy. So naturally the urethritides, the respiratory diseases and even gonorrhea in the American Troops in the Far East weren't cured. They were rendered asymptomatic for a time, but not for long. One Madigan medical officer queried at that time remarked,"But the Italian tetracycline is so much cheaper!" Whereupon he was asked,"Okay, then why don't you hire

Italian generals. I am sure they would be cheaper than American!"

The APHA (American Pharmacists Association) has a list of "problem drugs" where the quality control could be in question. There are apparently about 15 such drugs and if this list is obtainable, it may be reported in the next Interprofessional Committee report. Suffice it to say, we should be wary of a generic, and yet there are many made by reputable firms, such as American Cynamide and Lederle, and stocked by wholesalers, such as McKesson, Northwest Drug and Amfac, who try to assure quality. I guess, if in doubt, ask your pharmacist.

REMEMBER THE HOT LINE

The "Hot Line" is working. If you have written a prescription for a controlled substance and suddenly have doubts about the recipient, call your pharmacist. Every pharmacy in Pierce County will have the alert within thirty minutes to stop the prescription from being filled.

WHEN DO YOU PHONE FOR AUTHORIZATION?

Remember: If you write a prescription for a drug not on the DSHS formulary, you must phone the DSHS screening physician for authorization, then write on the prescription, "screening physician called." Then the pharmacist will probably get paid, even if the screening physician disavows the drug.

Also, if there is a drug or drugs that you think should be on the formulary, write a note to that effect to the Formulary Committee of DSHS. You just might win your point.

YOU'RE STILL RESPONSIBLE

And lastly, when the pharmacist calls our offices for authority to refill a prescription, he will be encouraged to ask the office girl or nurse who answers, "Will you pull Mrs. Jone's chart and see if I may refill her prescription for (such and such a drug)?" Too many times the pharmacist hears the reply, "Oh! Sure, go ahead" and he doesn't really know if the doctor wants him to or not or, for that matter, is even aware that the patient is still taking the medication. But the doctor is still responsible if anything goes wrong as the result of such a refill so glibly authorized. This scares the pharmacist and it should scare us even worse.

Herman S. Judd, M.D. Chairman

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



Lawrence A. Larson, D.O., Pediatrics. Born in Tacoma, 4/17/50; COMS, Des Moines, Iowa, 1975; internship and residency, Mayo Clinic, 1975-79. State of Washington license, 1979. Has applied for medical staff membership at Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St.

Joseph, and Tacoma General. Dr. Larson is practicing at #30 Tacoma Medical Center, Tacoma.



Robert L. Sexton, M.D., Anesthesiology. Born in Spokane, Wa., 7/29/48; George Washington Medical School, 1974; internship, Methodist Hospital, Dallas, 1974-75; residency, Parkland Memorial, Dallas, 1975-78, and Virginia Mason, Seattle, 1977. State of Washington license, 1980. Has applied for medical staff

membership at St. Joseph Hospital. Dr. Sexton is practicing at 1718 South I Street, Tacoma.



Daisy S. Puracal, M.D., General Practice. Born in Malaysia, 7/7/45; University of Singapore, 1971; internship, Ministry of Health, Singapore, 1971-72; residency, Ministry of Health, and Ravenswood Hospital, Chicago, Ill., 1977-79. State of Washington License, 1979. Has applied for medical staff membership at Puget Sound.

St. Joseph and Tacoma General. Dr. Puracal is practicing at Puget Sound Clinic, Tacoma.

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

Available July 1, 1980, currently completing fellowship in infectious diseases. Graduate, Wayne State University School of Medicine, 1975. Diplomate, National Board of Medical Examiners, 1976. Licensed in Michigan, 1976. Listing #601.



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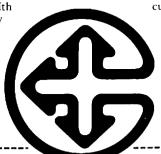
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P.O. Box 187, Olympia, WA 98507 624-7492 in Seattle or 943-7238 in Olympia

"SHAPE UP FOR LIFE MEDICAL RUN" RUNAWAY SUCCESS!

The race was held under "ideal" running conditions at Fort Steilacoom Park on April 26. The format included a five mile run for the hardier souls (soles?) and a one mile predicted time run for those with less stamina (or tender feet).

Race Winners

Oldest Runner

Dr. George Race (we won't say how old).

Youngest Runner

Paul Crowley (four years old).

Predicted Time Winners (closest to predicted time for one

mile around Waughop Lake)

Oliver Wills, Cliff Anderson, Steve Wagner, Mike Schawb, Dr. Don Weber, Sr., and Stephanie Wiegand.

Five Mile Run Winners

Men's Run

Winner, Dr. Steven Wynder (Madigan Pediatric Resident), 26:10 Runner-up, John McGriffin, 29:41

Women's Run

Winner, Karin Marx, 37:14 Runner-up, Clair Mercille, 38:29

Medical families participating in the run were -- Thiessen, Flood, Blankenship, Anderson (Chuck), Whitney, Galbraith, Nagle, Weber, Waldron, Ettlinger, Wight, Katterhagen, Anderson (Ron), Jackson, Graham (Ken), Millet, Race, Kramer, Marx, Kanda, Durkin, Mcllory, Roller, Crowley, Wynder, and Singh. If we missed anyone, we apologize.

The total number of runners for the "First Annual Shape Up For Life Medical Run" was 93.

In deference to certain sensitivities regarding age and fleetness of foot, we will forego further comments regarding age and finishing time in this report. (You know where you finished and how old you are!).

Sponsor of the affair was the Pierce County Medical Society Auxiliary assisted by husbands, children, idle bystanders and others.

Vern and Kit Larson were chairmen of the event with invaluable assistance from Race Director Rex Gilman, president of the Ft. Steilacoom Running Club. Committee members were: Chuck and Cindy Anderson, Bob and Helen Whitney, Don and Marny Weber, Bob and Debbie McAlexander, Gil and Jo Roller, Bill and Lee Jackson, Phil and Deanne Davis, Dottie Truckey, Shirley Murphy, and George Race.

Donations were made by PCMB, Shaw Supply, Dick Swope (Lilly), Joe Johnson (Pfizer), Paul Chaplik (Pepsi), Running Unlimited, various committee members and etc.

Start shaping up for next year!!

Kit Larson



Attentive race volunteers receive last minute instructions from Rex Gilman, race director.



Five Mile Run Winner Dr. Steven Wynder crosses the finish line with a time of 26:10.



The Youngest Runner Award went to Paul Crowley (four years old), son of Dr. and Mrs. James Crowley.

The "pack" heads off for the five mile race with Dr. Robert McAlexander pacing the field.



A healthful time was had by all (often running in step, yet!).



Dr. Vern Larson, race co-chairman, Cindy Anderson, and Marny Weber

SPRING WRAP-UP

The last Auxiliary board meeting of the year was held May 6th at the Tacoma Country and Golf Club. Chairmen gave their final reports and the new chairmen were introduced. Retiring President Kit Larson thanked her "Super Board" for its assistance this year, and turned the gavel over to President Marny Weber. Kit presented Marny with a beautiful Michelangelo print that traveled all the way from London via Kit with quite a history. (Ask Kit about Marny's tube.)

Marny thanked Kit for her year of service and awarded her with "Mrs. Goodwrench" (did you know Kit has a flair for auto mechanics?) for coaxing her often stubborn car to run her to meetings. Kit also received her golden gavel and a commemorative gold dise. The meeting adjourned for a delightful lunch and visit.

Our final luncheon meeting of the year was held at Oakbrook Country Club. May 16, chaired by Marlyn Baer, Judy Brachvogel and Florence Dean. Thank you ladies — it was very enjoyable. The champagne punch, pretty potted pansy centerpieces (that were later sold), delicious salad luncheon, fun fashion show by Lulu's, (I loved the hats and purses) plus our lovely guests made for a delightful afternoon. Marny introduced her incoming board members, and informed them of the first board meeting to be held June 3rd.

Hiked the Blue Ribbons for Tel-Med volunteers. Helt like a real VIP for the afternoon. That was a nice touch! Stephanie Tuell would like to thank all Tel-Med volunteers.

Interesting info - AMA - ERF received over \$8,000 from Pierce County. That's terrifie! Also, we are number one in selling the "Shape Up For Life" T-shirts. Jo Roller, MSPC Speakers Bureau representative, informs us the Bureau has 75 doctors who are willing to speak to various groups, or functions.

Your new Auxiliary Page Editor will be Mary Leonard. Good Luck, Mary! This is "30" for me, and I'm so happy. Joan L. Sullivan

FINANCE COMMITTEE REPORT

The Auxiliary Finance Committee met at the home of Chairman Carol Hazelrigg on April 28. Committee members Marian Doherty, Beverly Graham, Barrie Mott, Kit Larson, Marny Weber and Shirley Murphy, treasurer, attended.

Each application for funds was discussed at length. The committee's recommendations for contributions were: Tacoma Day Nursery

racolla Day Nuiscry
(help pay for washer/dryer)\$250
Tel-Med\$2000
YW Women's Support Shelter
(pay for 5000 brochures)\$330
Children's Industrial Home
(help pay for psychometrist)\$500
Good Samaritan Hospital
(Children's Therapy Unit)\$250

These recommendations were presented at the May board meeting and were passed by the joint boards. Checks for the specified amounts were mailed to the organizations along with a brief letter on May 20, 1980.

Carol Hazelrigg Chairman, Finance Committee

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.

PEDIATRICIANS and OB-G's. Excellent opportunity in beautiful rapidly growing Gig Harbor. Harbor Park, a professional community, has one suite available in Medical Building "A". Building "B" early 1981. X-ray lab, internist and FP's already in building. Call or write Jon H. Kvinsland, D.D.S., 5122 Olympic Drive N.W., Suite A-201, Gig Harbor, WA 98335, (206) 858-

LAKEWOOD (Tacoma) - Medical Suites in established professional complex. One block to general hospital on entrance to Villa Plaza, 550 to 1300 sq. ft. Decorate to suit. Call E. G. Leimbacher, (206) 581-1313 morn, or 584-6856 eves.

NEW PROFESSIONAL OFFICE SPACE

New—under construction (approximate May completion date). Second of three building professional complex; approximate 16,000 sq. ft. available (will divide). ½ block from Allenmore Hospital in Tacoma, Washington—one block from freeway access. Can custom design to suit needs, share lease-hold improvements. For full particulars, call 752-6336 or 475-4555.

FOR SALE: Two Harbor lateral file cabinets; light bamboo yellow, 5 pull-out shelves with locking doors, like new, only one year old. Will accept best offer (originally paid \$740 ea.). Please call 752-1111 M-F 9 a.m. to 5:30 p.m.

WAIKIKI ALTERNATIVE. The blue Pacific in your front yard, snorkeller's delight, swimming, sun and quiet. On the windward side of Oahu, a taste of old Hawaii. But if the country life palls, Waikiki is only 35 miles away. Bus at your door. Condominiums for two, \$150.00 per week, \$500 per month. Inquire about family size penthouse. Puyallup Travel 845-1704.

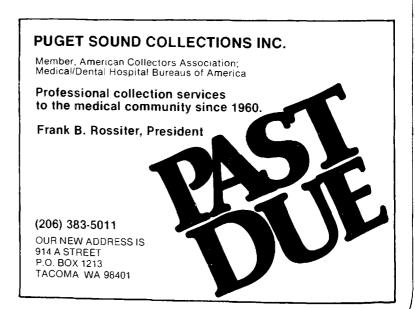
FOR RENT, 900 to 1100 sq. ft. of Medical Office Space. Ideal for pyschologist or psychiatrist. Includes conference room. Call 272-2224.

LEASE SPACE AVAILABLE. Approx. 2,200 sq. ft. of ground floor space available in November in medical building with four Family Practice Doctors between Puyallup and Tacoma. Private entrance, limited parking, length of lease is negotiable. Phone Clinic Manager, 537-0293.



FOR SALE - Used office furniture, good condition. Included - secretary's desk, consultation desk, 8 reception room chairs, assorted reception room accessories. Please call 582-6167 between 8 a.m. and 6 p.m.

UNIVERSITY PLACE PROFESSIONAL SQUARE. For rent or lease, University Place area. 900 sq.ft. suite, \$465/month; 1160 sq.ft. suite available August 1, \$560/month, Call 565-4444.



An added complication... in the treatment of bacterial bronchitis*



Brief Summary.
Consult the package literature for prescribing information.

Information.

Indications and Usage: Ceclor® (paracle), Unity) is indicated in the treatment of the following indicated in the treatment of the following indicated in the treatment of the following indications when caused by susceptible strains of the designated microorganisms. Lower respiratory indications, including pneumonia caused by Streptococcus pneumonia clubbococus pneumoniae). Heemophilus influenzae, and S. progenes (group A beta-hemolytic streptococci). Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cactor.

Contraindication: Cector is contraindicated in

Contraindication: Cector is contraindicated in ith known allergy to the cephalosporin group of antibiotics.

GOOD STATIONALS.

WAMINGS: IN PENICILIN-SENSITIVE PATIENTS,
CEPHALOSPORIN ANTIBIOTICS SHOULD BE
ADMINISTERED CAUTIOUSLY THERE IS CLINICAL
AND LABORATORY EVIDENCE OF PARTIAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGEMENT OF THE PRINCILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATHEMENT AND FAR DEATH CHOICES TO BOTH DRUG CLASSES (INCLUDING AMPHYLAXIS ATTER PARENTERAL USE).

Antibolics, including Cector, should be administered calolousily to any patient who has administered calolousily to any patient who has drugs.

summisted some form of allergy, particularly to drugs in a comparison of a comparison of the compariso

Usage in Intancy — Safety of this product for use in infants less than one month of age has not been

Some ampicillin-resistant strains of Haemophilus influenzae—a recognized complication of bacterial bronchitis*—are sensitive to treatment with Ceclor.1-6

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.7



Pulvules®, 250 and 500 mg

Adverse Reactions: In climical studies in 1493 patients, adverse effects considered related to celacior therapy were uncommon and are listed below.

Gastroptiestinal symptoms occurred in about 2, 5.

below
Gastromtestinal symptoms occurred in about 2.5
percent of patients and included diarrhap (1 in 70)
and nauses and woming (1 in 70)
Hypersensitudly reactions, were reported in about.
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Sisticated of patients, and includes morphilinorin
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Other effects considered related to the taply
included eosimophise (1 in 50 patients) and gental
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Causal Relationship functional—Transitory
abournabilities in clinical laboratory (rests results
where been period. Although they were of
sale time phosphatase values (1 in 40). Herpatical
Herpatic—Singlint elevations in SGOT SGPT or
all-aline phosphatase values (1 in 40). Hernatopiecte. Transient fluctuations in
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occurring in indants and young Jorden (1 in 40).
Renal—Slight clevations (pulse) proportional
urmalysis (less than 1 in 300).

'Many authorities attribute acute infectious exacerbation of chronic bronchitis to either 5 premiumous of it influences to either Water Ceclor' (celaboritis contraindicated in patients with innoval allergy to the cephalospierus and should be given cautiously to pencifin-aftergionalisms.

and should be patients. Penculin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheomatic laver. See prescribing information.

- References

 I Anismicrob Agents Chemather 8 91 1975

 Antimicrob Adents Chemother 17 470 1977

 3 Antimicrob Agents Chemother 13 584 1978

 3 Antimicrob Agents Chemother 13 584 1978

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 5 Current Chemotherapy (edited by W. Seigenhaler and R. Luhy, 11 886

 Washington D. Manetican Society 11 886

 Antimicrob Agents Chemother 13 861, 1978

 Data on Ne. Eli Lilly and Company

 Principles and Practice of Intectious Dispasses (edited by 6 t. Mandell, R. G. Douglas, Jr. and J. E. Bennetti, p. 487. New York: John Wiley & Sons. 1979



Additional information available to the profession on request from Eli Lilly and Company indianapolis Indiana 46285 Eli Lilly Industries, Inc. Carolina Puerto Rico 00630

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- Dental Receptionist (two)
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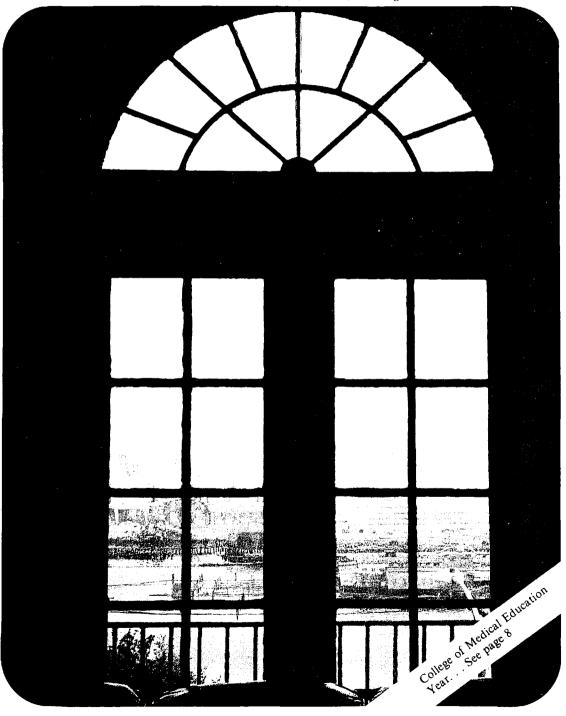


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Medical Society of Pierce County

JULY 1980 VOL. LII, No. 7, Tacoma, Washington



BULLETIN

Cooperation... the key to successful cost containment in the Northwest.

The fact that the region served by Blue Cross of Washington and Alaska leads the nation in holding down health care costs is no accident. Voluntary involvement in health planning, rather than forced compliance, has produced a model health care system in the area.

Under this system, physicians, hospital and clinic administrators and managers, governmental representatives, the public at large and even health care providers not directly involved in health planning, all have a say.

Another factor in the success of the system is the recent trend towards consolidation of hospitals; joint operation of hospitals; the addition of professional planners to the staffs of major hospitals and the increased importance given to the planning function; and the growing and easily recognizable relationship between hospitals, physicians and third party payors such as Blue Cross.

Blue Cross of Washington and Alaska applauds the success of voluntary planning in this area, and we're pleased to be a part of the process.



Blue Cross

of Washington and Alaska Seattle, Spokane, Tacoma, Yakima, Richland, Wenatchee, Anchorage.

> Good health coverage is up to us. Good health is up to you.

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- 8 COME Kicks Off Academic Year
- 11 Membership
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- 14 Classified

COVER

Port of Tacoma from the YWCA. Photograph courtesy of Karen Benveniste.

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Managing Editor .		Thomas J.	Curry
Editorial			

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Elected MSPC officers and trustees serve as delegates to the WSMA House of Delegates.

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Credentials		
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Program and Entertainment .		
Public Health/School Health		
Senior Citizen		
Sports Medicine		
Tel-Med		

Society News Briefs

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

LEGISLATIVE COMMITTEE ORGANIZES FOR FALL ELECTIONS

The MSPC Legislative Committee, chaired by Dr. James Krueger, will be working with the Auxiliary's Legislative Committee to interview 1980 Pierce County candidates for state (and 6th Congressional District) office. As in the past, subcommittees will be organized based on legislative districts. Physicians and Auxiliary members interested in working with the Legislative Committee are urged to call the Society office, 572-3667.

HELP WANTED

MSPC members to serve as team physicians for Tacoma high schools are badly needed. Primarily football. Need is immediate. Reward is personal and long lasting. Time commitment nominal — games only (seven or eight per season). Load per physician eases with increased physician participation. For additional information and encouragement please contact Dr. Stan Mueller, chairman, MSPC Sports Medicine Committee, 627-7157, or Dan Inveen, Tacoma School District Athletic Director, 593-6896.

TNT RACE COVERAGE "BEST YET"

Kudos to the following physicians (and RN and EMT) who assisted the MSPC Sports Medicine Committee in its coverage of the annual Tacoma News Tribune Sound To Narrows Race: Drs. Stan Mueller, Glenn McBride, John Nagle, Roger Meyer, and David Pomeroy, Sandra Riley, RN, and "Shorty" (Lorence Williams), the hard working EMT from Puget Sound Hospital. "These volunteers' efforts were much appreciated by the race participants and were a real asset to the Society," reports Dr. Stan Mueller, MSPC Sports Medicine Committee chairman.

1980-81 DIRECTORY DEADLINE APPROACHES

Production of the 1980-81 "Directory For Pierce County Physicians and Surgeons" is underway and thanks are extended to the 411 physicians who returned their questionnaires by the June 25 deadline. Please note: the deadline for providing the information requested and ordering your additional copies of the directory (all MSPC members receive a copy free of charge) has been extended to July 31.

WSMA BOARD VOTES TO CONTINUE WITH AETNA

Continued sponsorship of the WSMA/Aetna Professional Liability Program for 1981 was approved by the WSMA Board of Trustees at its May meeting. The approval is contingent upon satisfactory conclusion of the current negotiations between the WSMA and Aetna. Still under negotiation are the Aetna's method of calculating and sharing of investment income, and the Aetna's calculation of future rates. The WSMA Board has also authorized work to begin immediately on the planning process for development of a physician owned professional liability company, as an alternative to future sponsorship of the Aetna program.

PHOTOGRAPHERS, SHOW YOUR STUFF!

The BULLETIN would like to publish your photographs. If you are an accomplished photographer, or an aspiring "lensman" (or lenswoman), please submit your photographs for consideration. We need black and white prints on glossy paper. If you have a photograph you feel may be suitable for reproduction in the BULLETIN, call the Society office, 572-3667.

MARK SEPTEMBER 9 ON YOUR CALENDAR

The September MSPC general membership meeting will be held on Tuesday, September 9 at the Lakewood Terrace Restaurant. The Tuesday night meeting will begin with the social hour at 6:15 p.m. followed by dinner at 7:00 p.m. and the program/business meeting at 7:45 p.m.

Continued on page 5

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President's Page



ON WEIGHTS AND MEASURES

Charles C. Reberger, M.D.

Some men are as fond of playing with their minds as captive monkeys with their genitals. Hans Zinsser

The recent Advance Cardiac Life support course held June 19-21, sponsored by your College of Medical Education and the office of Emergency Medical Services, DSHS, was a great success. The nomenclature was up to date. Levarterenol replaced norepinephrine and noradrenalin wasn't even mentioned. Likewise, doses were given in milliequivalents per kilogram for ions and milligrams per kilogram for larger molecules. There was a peculiar note, however, that suggests troubles ahead. Blood gases were consistently referred to in torr rather than millimeters of mercury. Since the numerical values are the same, it really doesn't make much difference except to the laboratory that must change to this transitional unit on the report forms. On the other hand, blood pressures were consistently referred to in millimeters of mercury. To top things off, both units are outmoded and, according to the "Systeme International," should be replaced by the pascal.

Reminding me of this new unit was the drivers' manual that came with my new GM automobile. Tire pressures are given in kilopascal as well as in pounds per square inch. So, perhaps, blood gases should be talked about in kilopascal rather than introducing temporarily the torr.

A few years ago some of us were intrigued by the "metric conversion" and took delight in converting pounds to kilograms, feet to centimeters, and temperatures from Fahrenheit to Celsius. We did not worry much about the eventual requirement to convert from grams per cent to moles per liter, or millimeters of water or millimeters of mercury to pascal. We worried even less about the horrors of years of see-sawing between old units and new units.

It is now obvious that strict compliance with "Systeme International," accepted by nations adhering to the Treaty of the Meter and developed by the Conference Generale des Poids et Mesures (CGPM), promises to confuse thinking by effecting the need, as we waffle between unit systems, for carrying conversion factors in our heads. Some clinical problems are confusing enough without adding conversion loops to our thought processes. A blood pressure of 18.7/9.3 is an example of accepted units, namely, kilopascal. We must sit, not yet familiar with the new normals, multiplying each by 7.5 to get back to millimeters of mercury. Or, we just learn that the old 150/75 millimeters of mercury is now about 20/10 kilopascal and fuss with the need to add one decimal place instead of using round numbers. So far, blood pressure cuffs are not calibrated in kilopascal. But if our tire-makers

are required to do this, we should expect dual calibration as an intermediate step to calibration of sphygmometers in kilopascal exclusively.

We are reminded by educator types that pressure conversion factors are easy to remember if one recalls that one atmosphere is 760 millimeters of mercury and that this is equivalent to 101.3 kilopascal or 14.7 pounds per square foot. The neurologist would also have to remember that this is equivalent to 1033 centimeters of water. See how easy it is to figure the factors!

A few new diet charts are appearing listing kilojoule alongside the Calories. Practically this really ought to be coordinated with conversion of pounds and ounces to kilograms. A joule "as any high school student knows" is equivalent to 0.239 calories (note the lower case C) or 0.9478 BTU. Expect kilojoules for reporting food energy. Your diet beverage with 17 Calories supplies four kilojoule or four kilowatt-seconds of energy.

As a consequence of the troubles already brewing with the disorderly unit conversions, it was recommended to the state last month not to convert right away to the new radiation units. For your reference, the new absorbed dose unit is the gray (Gy) which is equal to one joule per kilogram. One rad is equal to 0.01 gray. The new dose equivalent unit is the sievert (Sv) which is equal to one joule per kilogram. One rem is equal to 0.01 sievert. The new exposure unit is coulomb per kg (C/kg). One roentgen is equal to 25,800 coulomb per kilogram. And the new unit of radioactivity is the becquerel (Bq) which is equal to one transformation per second. One curie is equal to 37,000,000,000 becauerel. This last one does gall a little. Instead of reporting that the patient has a trace dose for a liver scan of 3 milliCuries, which sounds smooth and adds the flavor of respecting a great lady, the new way will be 111,000,000 becquerel or 111 megabecquerel or about one-tenth of a gigabecquerel.

It's not only confusing. It's sort of ugly. One might think it would be good at this point to lean back with a cocktail of 80 proof bourbon. That incidentally, becomes 8.7 mole per liter. And figuring this out is simple. All we need to know is the molecular weight of alcohol, and, as everyone knows, that's about 46 grams. And, oh yes, that the percent concentration is one-half the proof.

It may be easy. But it is very confusing. All of the mucking around with terms, which may promote new editions of textbooks, does nothing to improve knowledge. And the piecemeal conversion is stupid. We should either convert fully or forget the whole mess.

Continued on next page

On the lighter side, some are suggesting a change in time units. A day divisible by 24 doesn't really make much sense, does it? We may thank the Lord that He divided the year into 365.24 days and made it variable. Now if we could speed up the slowing down of the earth's spin to 360 days per year......

Some men are as fond of playing with units......

CCR

WSMA ANNUAL MEETING OCTOBER 2-5, 1980

Thunderbird at Jantzen Beach

Portland

- * Scientific Sessions, October 3 & 4
- ★ Socio-Economic Talks, October 3 & 4
- ★ Golf and Tennis Tournaments, October 2
- * Physician Fun Run, October 4

Watch for convention registration packet in the mail in August. Contains hotel reservation information, complete meeting program and good transportation deals

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SOCIETY NEWS BRIEFS Continued

THE MSPC SPEAKERS BUREAU NEEDS YOU

Promotion of the MSPC Speakers Bureau — "Your Doctor Speaks for You" — is underway and requests for speakers are being received at the Society office. If you have an interest in speaking and representing the medical profession before the public, please call the Society office, 572-3667. The Speakers Bureau is coordinated as a function of the MSPC Communications Committee.

ANNUAL FIELD DAY SET FOR FRIDAY, SEPTEMBER 12

The Annual Doctor-Dentist-Lawyer Field Day, hosted this year by the Medical Society, is scheduled for <u>Friday</u>, <u>September 12</u>. Golf will be played at the Tacoma Country and Golf Club, tennis competition is scheduled for the <u>Lakewood Racquet Club</u>. Program material (including reservation forms) is being mailed to all MSPC members.

SECOND OPINIONS VERIFY SURGERY

A new study states the "belief that millions of people in the United States are talked into unnecessary surgery by their doctor is apparently unfounded," reports the AMA in its "Legislative Roundup." A survey of 1,591 patients in the Massachusetts Medicaid program, which mandates second opinions for elective surgery, found that "only 11% were told they did not need the operation when they asked for a second opinion," and where a third opinion was sought, "the doctor sided with the initial recommendation 70% of the time." The study by a group of Boston doctors, published in the New England Journal of Medicine, "contradicts a 1974 report that found more than 30% of those who voluntarily sought a second opinion were told they didn't need the surgery."

1980 "WSMA MEDICAL/LEGAL HANDBOOK" AVAILABLE

The 1980 "WSMA Medical/Legal Handbook", containing information on Washington laws which affect the practice of medicine, is available to all WSMA members. If you desire a copy, call the WSMA Seattle office, 1-800-552-0612.

AMA DUES WILL NOT BE INCREASED IN 1981

The AMA Board of Trustees has voted not to seek a dues increase at the annual meeting of the AMA House of Delegates. "The fiscal and performance controls developed by the board and senior management over the last five years, together with efforts to increase revenues from sources other than dues, have been successful," said AMA Board Chairman Lowell H. Steen, M.D. Since January 1, 1976, AMA dues have been \$250 annually for regular members, \$35 for interns and residents, and \$15 for students. Annual AMA dues for physicians in their first year of practice are \$125.

EMS UPDATE

PATIENT DISTRIBUTION GUIDE APPROVED

The "Tacoma-Pierce County Patient Distribution Guide," previously approved by the Medical Society's EMS Committee and Board of Trustees, received unanimous approval by the Pierce County EMS Council late in May.

The Patient Distribution Guide is intended to assist physicians, paramedics, EMT's, and others in charge of prehospital care and transportation of emergency patients in the Tacoma-Pierce County area. It is also intended to summarize some of the special capabilities of hospitals in the Tacoma-Pierce County area; however, it is *not* intended to interfere with the specific desires of the patient or the patient's physician.

The 24 ambulances and 72 first aid cars in Pierce County made more than 26,000 runs in 1979, reports Dr. Robert G. Scherz, chairman of the EMS Council's Medical Control Committee and a member of the Society's EMS Committee. "The guidelines should be particularly helpful to those who provide this service," states Dr. Scherz. The guidelines will be reviewed annually by the EMS Council.

HOSPITAL GROUPINGS

Group A: A Group A hospital is a hospital with major categorical capabilities that include a 24-hour emergency room physician trained in resuscitative measures, intensive care, and/or emergency room units that are staffed and operating at all times. A laboratory and X-ray service are available on a 24-hour basis. The technicians may or may not be in the hospital. The major subspecialty services are available on call within one hour of notification. They include categories of emergency department coverage at levels 1 and 2 (See State of Washington Profile on Critical Care Hospital Facilities, February, 1978).

At times during a 24-hour period, any Group A hospital may have staff resources sufficient to provide the surgical care to treat the critically injured and should be utilized. Patient acceptance may be made by discussion with the emergency room physician and the paramedic in the field.

Group B: Group B hospitals are those hospitals which have the same categorization as Group A; however, in addition, a neurosurgeon is actively involved with the hospital and will examine and operate on the patients in that hospital if it becomes necessary. The decision for a hospital to receive a neurotrauma patient will be based on the decision that facilities are available to treat a given patient at that time. Patient acceptance will be by the physician in the emergency room and discussion with the paramedic in the field.

Group C: Group C hospitals have the same major categorization as identified in Group A, but in addition have operating room staff in the hospital 24-hours a day and the surgical team available to do the operative procedures as soon as necessary.

Group D — "Burn Center": The facility provides very intensive burn patient care, long term support, and rehabilitative care.

Group E: Group E hospitals are those with special diagnostic or treatment capabilities for such conditions as alcohol, psychiatric, neonatal, and cardiac bypass.

General Comment Regarding Hospital Groupings: The hospital groupings include both military and civilian

hospitals in Pierce County. Since hospital capabilities are subject to change, this Patient Distribution Guide will be subject to annual review.

ONSITE MEDICAL CARE AND TRANSPORTATION

The first paramedic unit on scene is in charge until the patient is assigned to a transporting unit. Transport of noncritical Group 1 and 2 patients is primarily the responsibility of private units. Patients of Group 1 status are those that are ambulatory, and include minor trauma or minor medical problems. They may be transported by private units to hospitals in the Group A listing, or another hospital not categorized as appropriate (i.e. Doctors Hospital, Allenmore Medical Center, other general hospitals).

Group 2 patients are those with urgent but non-life threatening problems with stable vital signs. They also may be transported to a Hospital A of the choice of the patient or physician. If they express no choice, an appropriate hospital based on proximity should be used. Depending on the problem, Group 2 patients may also be directed to other hospitals. Patients who are critical should be transported by units that have the capability of maintaining life support during the transport period. The critical or non-critical decision is the responsibility of the unit in charge. The transporting unit for critical patients relies on frequent interactions by radio telephone between the physician at a base hospital providing backup for the paramedic or EMT and the observing paramedic/EMT in the field.

Critical patients are in a Group 3 category; that is, they have immediate life threatening medical conditions, single or multiple system trauma, severe burns, suspicion of myocardial infarction, or special problems. Capability of the care of the patient should be determined by direct radio contact with the appropriate hospital.

PATIENT DISTRIBUTION FOR SPECIFIC PROBLEMS

1. Uncontrolled bleeding and/or hypovolemic shock

If there is evidence that the patient is either undergoing or has undergone massive hemorrage which cannot be controlled by the usual direct pressure method, is inaccessible to control by direct pressure, or has hypotension not corrected by intravenous fluid replacement, the patient should go to a Group C hospital or a Group A hospital if it has the appropriate staff and facilities to treat the patient at that time.

2. Neurotrauma

If there is evidence of neurotrauma, sequential questions should be asked and the appropriate pathway taken. In all of the four questions about neurologic problems, that is: 1. abnormal neurovital signs; 2. circulatory changes; 3. seizures; or, 4. spinal cord injury, if the answer is yes, the question of lateralizing signs needs to be asked before the final decision regarding where to take the patient. The patient should be transferred to a B or C hospital; however, if an A hospital has an appropriate staff and facilities available to treat at that time, an A hospital may be used.

3. Burns greater than 20%, second, and third degree burns, and airway problems

If the patient has burns greater than 20% or second and third degree burns or burns with airway problems, he should be taken to a hospital identified as Group D where specific burn facilities are available. If the burn extent is less than 20%, the patient should go to a Group A hospital.

4. Chest pain or myocardial infarction

If the patient has chest pain that results in a paramedic or EMT being suspicious of a myocardial infarction, the patient should go to a Group A hospital with a coronary care unit that is open and has beds available. The capability to care for the patient should be confirmed by the transporting service prior to arrival at the hospital.

5. Alcohol, Neonatal, Psychiatric, Cardiac Bypass

A. Severe Alcohol Problems

They should be medically screened at a Group A facility and then transferred as appropriate with a copy of the medical evaluation to a detoxification center. Associated medical problems needing hospital admission should be cared for in the usual manner in the Group A hospital. In general, pediatric patients with acute alcoholism will be retained at a facility with pediatric capabilities, ie., Mary Bridge Children's Health Center, Good Samaritan Hospital.

B. Neonatal Difficulties

Patients of less than 30 days of age where there is no physician choice involved should be sent to the Tacoma General Hospital Neonatal Intensive Care Nursery or to Madigan Army Medical Center Neonatal Nursery if the infant is a military dependent. Transportation and admission of the infant to the Tacoma General Hospital facility can be arranged by calling 597-7971. Similar arrangements can be made for admission to Madigan Army Medical Center by calling 967-6878.

C. Psychiatric Problems

Patients that are combative or have obvious psychosis with which it appears that detention may be necessary may be screened at any Group A hospital; however, it is advisable that a mental health professional screen the patient for possible hold at an involuntary treatment center. The wishes of the patient's physician, family members and those of the patient should be considered prior to transport.

D. Cardiac Bypass

Patients who have known or suspected penetrating or trauma which involves the heart with physical signs suspecting cardiac involvement should be seen at a facility with a heart-lung bypass capability. The emergency room physician and the cardiac bypass team should be consulted early to confirm the availability of the team to receive the patient.

HOSPITAL NOTIFICATION AND ACCEPTANCE

Once the patient's clinical problems and injuries are determined, the proposed receiving hospital emergency department physician should confirm prior to patient transport that appropriate staff and facilities suitable to the patient's need are available for that patient at that time. This notification, acceptance, and confirmation is the responsibility of the transporting service. When the patient's injuries and clinical problems are not critical, the emergency room nurse coordinator rather than the physician may confirm.

GENERAL COMMENTS

In general, pediatric patients will receive the best pediatric care from the pediatric hospital; however, if a pediatric patient requires immediate surgical intervention or resuscitative measures, then a 20 to 40 minute trip to a pediatric institution may not be in the best interest of the

patient. A stop at the nearest Group A hospital is appropriate to initiate resuscitation and then make the decision as to where the patient can best be cared for.

At all times, the patient's well-being must be of primary importance; however, every consideration must be given to the patient's and family's request for a specific facility. However, it is the paramedic and EMT's responsibility to take the patient to a facility where the patient can be treated most effectively. At times, this judgment may be in conflict to the wishes of the patient and the patient's physician.

The EMT or paramedic should be in frequent communication by radio or telephone with the physician providing backup for the services and with the facilities which are to receive the patient.

There should be an annual evaluation of the use of the Patient Distribution Guide by the Medical Society of Pierce County, Pierce County Area Hospital Council and Pierce County Emergency Medical Services Council.

Group A — Self Category I and 2, 24-hour ER physicians

I. Good Samaritan Hospital

- 2. Lakewood General Hospital and Convalescent Center
- 3. Madigan Army Medical Center
- 4. Mary Bridge Children's Health Center
- 5. Puget Sound General Hospital
- 6. St. Joseph Hospital and Health Care Center
- 7. Tacoma General Hospital

Group B - Neurosurgeons Available

- 1. Madigan Army Medical Center
- 2. Mary Bridge Children's Health Center
- 3. St. Joseph Hospital and Health Care Center
- 4. Tacoma General Hospital

Continued on page 12



allenmore medical center

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COLLEGE OF MEDICAL EDUCATION



COME KICKS OFF ACADEMIC YEAR

Pierce County's unique non-profit College of Medical Education (COME), funded by the physicians of Pierce County and local hospitals, begins its 11th year of Category I CME program sponsorship with a September 17 seven hour course on hypertension. The course will be held at Allenmore Hospital. It is the first of nine COME sponsored physician Category I programs scheduled for the 1980-81 academic year. A variety of other local programs are accredited and/or in part administered by the College each year.

The program, "Hypertension: Practical Issues — The Now of How and When?", includes such segments as "One Good Practical Approach to the Management of Hypertension," "Who Should Get the Ivory Tower Work-up?" and "Side Effects of the Common Anti-hypertension Agents." Visiting speakers will include: Dr. Ralph E. Cutler, chief, Division of Nephrology, and professor of medicine, University of Washington School of Medicine; Dr. Robert C. Davidson, associate professor of medicine and coordinator of the Renal and Hypertension Clinics at the University of Washington Hospitals; and, Dr. Mort Maxwell of Cedars Lebanan Hospital, Los Angeles.

Dr. Robert L. Reeves is coordinating the program with

LET YOUR CME COMMITTEE DEVELOP "WHAT THE DOCTOR ORDERED"

Physician input is critical to the effectiveness of the Society's CME Committee. If you have any suggestions regarding CME course topics, expert speakers, or areas of personal expertise you can share with you colleagues in Pierce County please take a moment to complete the form below. Return it to COME Executive Director Maxine Bailey, 705 South 9th, Suite 203, Tacoma, WA 98405 or call 627-7137.

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Program Committee members Drs. John Kennedy, Garth McBride and Kenneth Graham. A complete course outline, including registration information, is contained on page 13 of this month's BULLETIN.

The College was established in 1970 to provide an opportunity for professional enrichment through a variety of continuing education programs for health care personnel, close to home, at a minimal cost. COME is guided by a Board of Directors consisting of six physicians and five hospital administrators. The Medical Society and Pierce County hospitals fund the basic operating expense of the College proportionately to their respective representation on the COME Board.

Courses for both physicians and allied health personnel are offered. They are priced on a basis intended to cover the cost of the course as well as reducing the contributions required by the Society and local hospitals. Physician Category I course tuition for the 1980-81 academic year has been set by the Board not to exceed \$7.50 per Category I hour, much less than the per hour fee commonly charged by other for-profit or non-profit continuing medical education organizations. To reflect the MSPC members' support of the College, the Board of Directors, at its June meeting, also established a tuition surcharge for non-MSPC members enrolling in COME sponsored course.

The funding arrangement for the College was established late in 1979 following several months of negotiations between the Society and local hospitals and was approved by the MSPC membership at its September 1979 general membership meeting. The College also utilizes the financial resources available through pharmaceutical laboratories for education.

Physician Category I courses are designed and implemented by the Continuing Medical Education Committee, chaired by Dr. Joseph LaTona. A subcommittee, chaired by Drs. Alan Tice and Robert Modarelli, is charged with specific program planning. Sixteen Society members serve on the committee. A variety of 1980-81 allied health professional courses are being planned through an allied health professional committee.

Other 1980-81 courses planned for physicians include "Infectious Disease" (October 9, 10, 16, 17, at Good Samaritan Hospital), "New Approaches to Gastro-intestinal Bleeding" (January 24, St. Joseph Hospital), "Orthopedic/Rheumatology" (April, Lakewood General Hospital). Dates, times and topics noted in this issue of the BULLETIN are tentative and subject to change. All Pierce County physicians will receive written information regarding each program approximately three weeks in advance of the course.

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VITH SEPTEMBER HYPERTENSION COURSE

1980-81 Category I Course Schedule

Date/Location	Course Topic	Coordinator(s)
September 17	HYPERTENSION: PRACTICAL	Robert L. Reeves, M.D.
Allenmore	ISSUES — The Now of How & When?	
September 27	CURRENT CONCEPTS IN GYN	J. G. Katterhagen, M.D.
Tacoma General	MALIGNANCIES	
October 9, 10, 16, 17	INFECTIOUS DISEASE	Alan D. Tice, M.D.
Good Samaritan	Use of Newer Antibiotics, Outpatient	
	Therapy of Infectious Diseases, What	
	Your Microbiology Lab Can Do For	
	You, Unusual & Newly Recognized	
November 14	Infections YOEDER LECTURE — RADIOLOGY	Inner O Billiand M.B.
St. Joseph	Some Fundamentals in	James G. Billingsley, M.D.
31. 003epi1	Roentgenology, The Pneumonias	
November 15	TEACHING DOCTORS TO TEACH	Marcel Malden, M.D.
St. Joseph	TENOTING BOOTONS TO TEACH	Walter Walden, W.D.
November 17, 18, 19, 20	IMMUNOLOGY — ALLERGY	Bruce D. Buchanan, M.D.
(8:00 to 10:00 a.m.)	Practical Facts & New Information	
Tacoma General		
January 24	NEW APPROACHES TO GASTRO-	Johnathan A. Levant, M.D.
St. Joseph	INTESTINAL BLEEDING —	
	Diagnostic & Therapeutic Techniques,	
	Angiographic Evaluation & Therapy	
February Puget Sound	NUTRITION/ANEMIA	Roger J. Meyer, M.D.
March 12, 13	TACOMA ACADEMY OF	Paul D. Schnieder, M.D.
	INTERNAL MEDICINE	
March	PEDIATRIC*REHABILITATION	Robert G. Scherz, M.D.
Mary Bridge		
April	ORTHOPEDICS/RHEUMATOLOGY	Richard A. Hoffmeister, M.D.
Lakewood General		Robert E. Ettlinger, M.D.
April	TACOMA SURGICAL CLUB	
University of Puget Sound	ANNUAL MEETING	
May Tacoma General	REGIONAL CARDIOLOGY MEETING	
Spring	RECENT ADVANCES	D. Terry Kendrick, M.D.
	IN THE MANAGMENT	
	OF TO ALIAMA	

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.

OF TRAUMA

MSPC COMMITTEE FOR CONTINUING MEDICAL EDUCATION

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James G. Billingsley, M.D.
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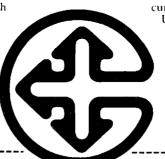
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Membership,

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



Karl D. McCowen, M.D., Endocrinology/ Internal Medicine. Born in ElPaso, Texas. 10/9/45; Baylor College of Medicine, Houston, 1971; internship, Letterman Army Medical Center, San Francisco, 1971-72; residency. Fitzsimons Army Medical Center, Denver, 1975-77. State of Washington license, 1979. Has applied for

medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General Hospital. Dr. McCowen is practicing at 314 South K Street, Suite #201, Tacoma.

SECOND NOTICE



Lawrence A. Larson, D.O., Pediatric, Allergy and Immunology. Born in Tacoma, 4/17/50; COMS, Des Moines, Iowa, 1975; internship and residency. Mayo Clinic, 1975-79. State of Washington license, 1979. Has applied for medical staff membership at Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St.

Joseph, and Tacoma General. Dr. Larson is practicing at #30 Tacoma Medical Center. Tacoma.



Robert L. Sexton, M.D., Anesthesiology. Born in Spokane, Wa., 7/29/48; George Washington Medical School, 1974; internship, Methodist Hospital, Dallas, 1974-75; residency, Parkland Memorial, Dallas, 1975-78, and Virginia Mason, Seattle, 1977. State of Washington license, 1980. Has applied for medical staff

membership at St. Joseph Hospital. Dr. Sexton is practicing at 1718 South 1 Street, Tacoma.



Daisy S. Puracal, M.D., General Practice. Born in Malaysia, 7/7/45; University of Singapore, 1971; internship, Ministry of Health, Singapore, 1971-72; residency, Ministry of Health, and Ravenswood Hospital, Chicago, Ill., 1977-79. State of Washington License, 1979. Has applied for medical staff membership at Puget Sound,

St. Joseph and Tacoma General. Dr. Puracal is practicing at Puget Sound Clinic, Tacoma.

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

Older physician seeks family practice opportunity preferably between Tacoma and Olympia, full or part-time association. Will consider institutional practice. Licensed in the State of Washington, Listing #701.

Anesthesiologist seeks local affiliation; graduate, UCLA, 1964; fellow, American College of Anesthesiologists. Practical experience includes live years service, Naval Medical Corps; past chief of Anesthesia Service, Paradise Valley Hospital, National City, California (1969-75); chief of anesthesia, member of Executive Committee, member of governing board, past chief of staff, Arroyo Grande Community Hospital, Arroyo Grande, Cal., 1975 present. Listing #702.



PATIENT DISTRIBUTION GUIDE Continued

Group C - 24-hour OR Staff

- L. Madigan Army Medical Center
- 2. St. Joseph Hospital
- 3. Tacoma General Hospital

Group D -- Burn Center

1. St. Joseph Hospital and Health Care Center

Group E — <u>Alcohol</u> (screen medically in Group A hospital, transfer to detoxification center at The Doctors Hospital of Tacoma.)
Lakewood General Hospital and

- 1. Puget Sound General Hospital
- 2. Western State Hospital

Psychiatric-Voluntary Treatment Centers

- 1 Veterans Administration Hospital
- 2 Mary Bridge Children's Health Center
- 3. Puget Sound General Hospital
- 4. St. Joseph Hospital and Health Care Center
- 5. Western State Hospital

Neonatal Services

1. Madigan Army Medical Center Chief, Dr. Ortiz, 967-6521/Nursery 967-6878 or 967-6812 2. Tacoma General Hospital
Neonatal Services Transport and/or consultation service available by calling 597-7971.

Cardiac Bypass

- 1. Madigan Army Medical Center
- 2. St. Joseph Hospital and Health Care Center
- 3. Tacoma General Hospital

Pediatric Services

- 1. Good Samaritan Hospital
- 2. Madigan Army Medical Center
- 3. Mary Bridge Children's Health Center

Obstetrical Services

- 1. Good Samaritan Hospital
- Lakewood General Hospital and Convalescent Center
- 3. Madigan Army Medical Center
- 4. St. Joseph Hospital and Health Care Center
- 5. Tacoma General Hospital

Renal Dialysis

- 1. Madigan Army Medical Center
- 2. St. Joseph Hospital and Health Care Center

CORRECTION AND AMPLIFICATION

Several photographs published in the "Shape Up For Life Medical Run" report in the June BULLETIN were not attributed to Karen Benveniste. Our thanks to Mrs. Benveniste

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HYPERTENSION: PRACTICAL ISSUES — THE NOW OF HOW & WHEN?

for Primary Care Physicians

CATEGORY I

As an organization accredited for continuing medical education, the College of Medical Education, Inc., Credits: 7 hours 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.

Accredited by the American Academy of Family Physicians for seven credit hours-Category I (Prescribed)

September 17, 1980 — Allenmore Hospital

8:00 WHAT IS HYPERTENSION?

Ralph E. Cutler, M.D., Chief, Division of Nephrology Harborview Medical Center Professor of Medicine University of Washington School of Medicine

9:00 ONE GOOD PRACTICAL APPROACH TO THE

MANAGEMENT OF HYPERTENSION

Robert C. Davidson, M.D., Associate Professor of Med.

Coordinator of Renal & Hypertension Clinics University of Washington Hospital

9:30 HOW BIG A PROBLEM IS CHILDHOOD HYPERTENSION?

10:00 Break

10:15 WHY TREAT MILD HYPERTENSION?

Mort Maxwell M.D. Cedars Lebanan Hospital Los Angeles, CA.,

Nephrologist, Tacoma

John Kennedy, M.D.,

TBA

10:45 WHO SHOULD GET THE IVORY TOWER WORKUP?

11:15 Question/Answer

11:45 Lunch

1:00 WHY DON'T PATIENTS RESPOND TO TREATMENT?

2:00 Break

2:15 SIDE EFFECTS OF THE COMMON ANTI-HYPERTENSION AGENTS

Richard R. Paton, M.D., Chief, Section of Nephrology Virginia Mason Hospital

Lawrence M. Halpern, Pharm.D., Associate Professor of Medicine. University of Washington, School of Medicine

3:15 Question/Answer

Program Coordinator: Robert L. Reeves, M.D. Program Committee: Drs. John Kennedy, Garth McBride and Kenneth D. Graham

SPONSORED BY:

The Committee for Continuing Medical Education of the Medical Society of Pierce County College of Medical Education, Inc.

To be held at

Allenmore Hospital South 19th St. and Union Ave. Tacoma, Washington



Registration fee: \$55.00 (\$65.00 for non-MSPC members). Paid preregistration would be appreciated before September 15, 1980. This program is subject to cancellation if less than the minimum number of participants have registered by September 15, 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

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.

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LAKEWOOD (Tacoma) - Medical Suites in established professional complex. One block to general hospital on entrance to Villa Plaza, 550 to 1300 sq. ft. Decorate to suit. Call E. G. Leimbacher, (206) 581-1313 morn, or 584-6856 eves

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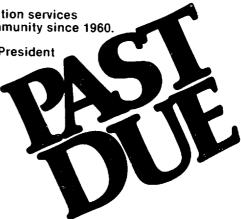
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- Dental Assistant
- Transcriptionist

- X-Ray Technician
- Dental Receptionist (two)
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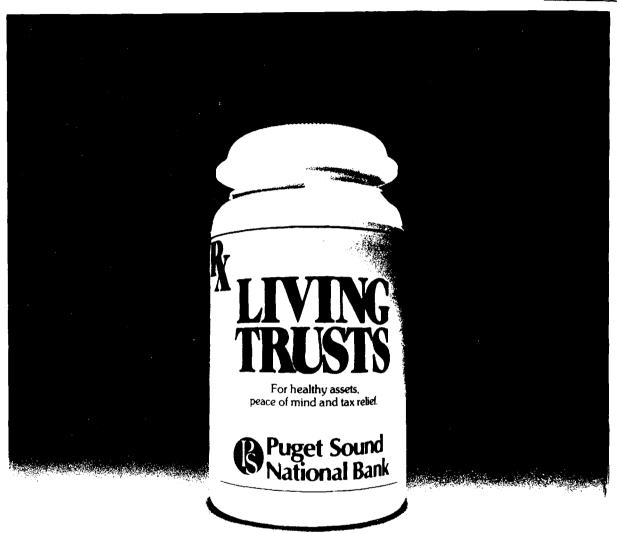
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Medical Society of Pierce County

AUGUST 1980 VOL. LII, No. 8, Tacoma, Washington



BULLETIN

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COVER

Photograph courtesy of Glenn G. McBride, M.D.

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Society News Briefs

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

BUILDING PROFESSIONAL INFLUENCE ON SOCIAL-POLITICAL ISSUES

Maximizing organized medicine's impact on such issues as Medicaid will be discussed at the <u>Tuesday</u>, <u>September 9</u> general membership meeting at the <u>Lakewood Terrace Restaurant</u>. Medical Society business, including election of members to serve on the Nominating Committee, also will be conducted. Social hour begins at 6:15 p.m., followed by dinner at 7:00 p.m. and the program/ business meeting at 7:45 p.m. Reservations deadline is Tuesday, September 2, See page 6 for details.

GOLF, TENNIS, BRIDGE, 10 KILOMETER RUN!

Share with your fellow Pierce County professionals the thrill of victory, the agony of defeat, the subtle pleasures of good fellowship and a day away from the grind of the office! All of this and more can be yours if you register now for the Annual Physician-Lawyer-Dentist Field Day to be held on Friday, September 12. This year's Field Day is organized by the MSPC and Drs. Bill Rhoner (golf), George Tanbara (tennis), Louis Hoyer (bridge), and Gale Katterhagen (10 kilometer fun run) are coordinating the program for the Society.

PLEASE NOTE: You need not be a professional level competitor to enjoy Field Day! A no host lunch precedes the competition and the day will conclude with a dinner (for participants only) and awards ceremony.

ENRICH, EXPLORE, EXPAND

Consider a membership in the Tacoma Art Museum. Changing exhibitions, art lecturers and fine films, a children's gallery, art library, are all offered by the Musuem. Also featured are the Sarah Little Center For Design Research and the Early American Room. <u>Fall programs include</u> lectures on understanding and collecting art and a lecture on antiques, reports Mrs. Lester S. Baskin, membership chairman.

Membership includes free admission to the museum, subscription to the museum's newsletter, previews of major exhibitions, discounts on museum lectures, film series, and numerous other benefits. For additional information call the museum, 272-4258, or Mrs. Baskin, 627-2333.

TEAM PHYSICIANS ARE NEEDED!

MSPC members to serve as team physicians for Tacoma high schools, primarily football, are badly needed. The time commitment will be nominal and <u>involves games only</u> (seven or eight games per season). For additional information call Dr. Stan Mueller, MSPC Sports Medicine Committee chairman, 627-7157, or Mr. Dan Inveen, Tacoma School District Athletic Director, 593-6896.

WSMA ANNUAL MEETING SET FOR OCTOBER

Mark October 2-5 on your calendar for the annual WSMA House of Delegates Meeting held this year at the Thunderbird at Jantzen Beach. Scientific sessions are set for October 3 and 4 as are socio-economic presentations. Complete information packets are being mailed to all MSPC. WSMA members in August and will contain hotel reservation information, a complete meeting program and other details.

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405. Telephone: (206) 572-3666. Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is \$10.00, which is included in the dues. Non-member subscription, \$15.00 per year. Single copy \$2.00.

An added complication... in the treatment of bacterial bronchitis*



Linear of performer to determine susceptibility of the causative organism to Ceclor of contramidicated in patients with known altery to the cephalosporin group of antibiotics.

PREVIOLENT STATES OF THE PROJECT OF THE

demonstrated some form of allergy particularly to drugs.

Precautions: If an allergy exaction to celacion occurs, the drug should be discontineed and, if recovery the drug should be discontinued and, if recovery the drug should be discontinued and the page of the page of the drug should be the leader with page of the page of the drug should be allered with page of the drug should be drug the drug should be drug the drug should be drug the drug the drug should be taken. Positive direct Coombis tests have been reported during treatment with the explanation of the drug should be taken. Positive direct Coombis tests have been reported during treatment with the explanation of the drug of the drug the drug the drug treatment with the explanation of the drug of the drug drug the dru

recommended Usage in Pragnancy—Although no teratogenic or antiderhildy effects were seen in reproduction studies in mice and rals receiving up to 12 times the maximum human dose or in ferrets given three bears the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the lettic.

to the letus

Usage in Infancy — Safely of this product for use
In infants less than one month of age has not been

Some ampicillin-resistant strains of Haemophilus influenzae—a recognized complication of bacterial bronchitis*-are sensitive to treatment with Ceclor.16

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Cector.7



Pulvules®, 250 and 500 ma

Adverse Reactions: In clinical studies in 1493 patients, adverse effects considered related to cetaclor therapy were uncommon and are listed

cetation therapy were uncommon and are listed below Gastromtestinal symptoms occurred in about 2.5 percent of patients and included disarrhea (1 in 70) and nausea and vomiting (1 in 90). The process of the patients and included morbillions of the patients of the patients and included morbillions upon the patients of the patients of

positive Coombs tests each occurred in less than in 200 patients.

Other effects considered related to therapy included oosinophila (1 in 50 patients) and gentlat pruntus or vaginitis (less than 1 in 100 patients) and pruntus or vaginitis (less than 1 in 100 patients) abnormatines in clinical liboratory tests results have been reported. Although they were of the seven as letting information for the physician who serves a letting information for the physician in repair. —Shipht develations in SGDT, SGPT, or alkaline phosphatase values (1 in 40). Hematipoperform—Transmel fluctuations in leukacyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40). Renal—Shipht televations in BUN or serum creatinine (less than 1 in 500) or abnormal urnalysis (less than 1 in 200).

Many authorities attribute acute intentious exacerbation of chronic bronchitis to either S pneumomiae or H influenzae *

S pneumonae or H influenzae ''.
Note Ceclor' (calcalor) is contraindicated in patients with known altergy to the cephalospoins and should be given cautiously to pencifilm-altergoatents.
Pencifilm is the usual drug of choce in the treatment and prevention of straptococcal infections including the prophylaxis of rheumatic fever. See prescribing information

- Rever Sec prescribing information
 References

 1 Antimicrob Agents Chemother 8-91, 1975.

 2 Antimicrob Agents Chemother 11 470, 1977.

 3 Antimicrob Agents Chemother 1, 15-84, 1978.

 4 Antimicrob Agents Chemother 1, 15-84, 1978.

 5 Current Chemotherapy (edited by W. Siegenthaler and R. Luthy). II-880.

 Washington D. C. American Society for Microbiology, 1976.

 6 Antimicrob Agents Chemother 1, 13-861, 1978.

 7 Data on tile, Et Lilly and Company.

 Principles and Practice of Intectious Diseases (edited by G. L. Mandell, R. G. Douglas, Jr., and J. E. Benetty, p. 487. New York. John Wiley & Sons, 1979.



Additional information available to the profession on request from Eti Eilly and Company, Indianapolis, Indiana 46285. Eli Lilly Industries, Inc. Carolina, Puorto Rico 00630

President's Page



GLEANINGS FROM THE DOCTORS' LOUNGE

Charles C. Reberger, M.D.

"If wishes were horses the whole world would ride." Certainly the doctors' lounges are a source of an endless supply of if's, ought's, and should have's, and are fountains of garbled information. "Did you hear that Humana is selling Allenmore?" "Who's buying? TG?" And the next day — "Say, I heard TG is buying Allenmore!"

On the heavier side, "What's this business of a \$50,000,000 construction program for Consolidated Hospitals? I heard the staffs of all the hospitals are pushing for the program." Now the question comes up about staffing, "Where are the nurses to support the beds?"

Then someone turns to me and asks, "What is the Medical Society doing about all this?" My question is, what should the Medical Society be doing about all this, if we consider all this to be those issues that will impact upon the vitality, efficiency and cost of medical care in Pierce County.

Clearly the doctors' lounges are not the places to thrash out these issues. One wonders now where the right place is. One still hears that doctors have too many meetings but, quite possibly, in making things easier for ourselves, we have yielded our right of franchise.

Time was when the Medical Society met once a month except in the summer and likewise each hospital staff had a general meeting once a month. Not only did this provide an opportunity to meet, mingle and fraternize with our colleagues, but also there was full opportunity to discuss, challenge or approve policies and programs with considerably more thought, reflection and unity than that which we now experience.

The trend has been for increasing reliance in our hospitals on non-representative committees, biased surveys and questionnaires, variably closed special meetings and outside consultants.

Meanwhile such organizations as the Pierce County Health Council provide stations of approval or disapproval on purchases and buildings, the State Hospital Rate Commission meddles in fees, costs and accounting practices, and various alphabetical agencies whittle from all sides on our patterns of practice.

My pet regret is the way our nursing schools were permitted to pass into oblivion. The diploma program became a thing of the past but conversion to degree programs, in cooperation with our local universities, was not so complicated as to be impractical. It is reported that the closure of the schools represented a saving of about \$6 per patient bed per day. The programs just cost too much, it was claimed.

If we assume that this estimate was correct, it raises the question of what is the cost of the present problems of rapid turnover and shortage of personnel. Pierce County used to be self-sufficient in training nurses of a very high degree of competence. Now it is nowhere except for a few programs for specialty technical personnel.

This raises the question of costs and staffing for the multimillion dollar re-renovation and new construction dreams. Even if we have all of the brand-spanking new outpatient and inpatient facilities, what will we do for adequate staffing? And what about basic cost? Roughly, \$50,000,000 divided by 500 beds is about about \$100,000 per bed. Considering the enthusiasm rampant for repeatedly replacing fairly new facilities, a bed-life may be limited in the future to about five years. That is \$20,000 per bed per year, or \$54.75 per bed per day without interest. The figures may be a little wide of the truth. But perhaps the construction dreams are a bit removed from reality too. Obviously the analysis is about as shallow as an oil slick, not considering the advantages of outpatient facilities, laboratories of pathology, radiology, cardiology and such, or offices and equipment for in-house physicians, administrators and financial staff. The current directions do not promise to provide lower medical care costs! And this is something that the membership of the Society is seriously worrying about.

What can we do about it? It is so comfortable not to feel compelled to go to our hospital staff meetings once a month or to the Medical Society meetings except as we feel inclined. But governmental regulatory types, administrators and even hospital-based physicians have cause to be relieved by not suffering our interference. Once, our involvement was regarded as a valuable source of medical *leadership*; then it became *input*; now it is *interference*.

Is it too late to pick up the ball again to encourage restoration of the monthly staff meeting and even to meet more often as a Society? Comments in the doctors' lounges suggest that concern is mounting. Possibly the concern is being expressed only by those who frequent the doctors' lounges.

The BULLETIN is not a restricted forum. Your suggestions and comments are solicited.

CCR

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GENERAL MEMBERSHIP MEETING NOTICE

— THE PROGRAM —

"BUILDING PROFESSIONAL INFLUENCE ON CURRENT SOCIAL-POLITICAL ISSUES"

• Organized medicine can maximize its persuasive impact. Presentation by Gary D'Angelo, Ph.D., WSMA Consultant.

MEDICAL SOCIETY BUSINESS MEETING

- · Election of members to the Nominating Committee which will meet in October to select a slate of candidates for 1981 MSPC officer and trustee positions.
- Issues of concern to be discussed at the WSMA Annual Meeting.
- Other items of Medical Society Business.

Tuesday, September 9, 1980 DATE:

6:15 P.M. Social Hour TIME:

> 7:00 P.M. Dinner 7:45 P.M. -Program

PLACE: Lakewood Terrace Restaurant

6114 Motor Avenue Southwest

COST: Dinner, \$9.50 (price includes tax and gratuity)

Register now. 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 Tuesday, September 2, 1980.

_	
	REGISTRATION
	Yes, I have set aside the evening of September 9 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 \$9.50 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 Nbr:
	RETURN TO THE MEDICAL SOCIETY BY NO LATER THAN TUESDAY, SEPTEMBER 2. 705 South 9th St., Suite 203, Tacoma, WA 98405

State Industrial Insurance

CONFIDENTIALITY AND YOUR STATE INDUSTRIAL PATIENTS

A substantial portion of physicians' confusion and, on the part of many, dismay in handling "state industrial" cases is based on our uncertainty about confidentiality. The recent publicity about right of access to records and freedom of information has further complicated our professional relationships and concerns.

Existing Washington State statute RCW 51.36.060 (1971-1975) clearly states our duties and release from legal liability in fulfilling them (emphasis added), and RCW 51.28.070 (1957-61-77) defines the accessibility of these records and our role in protecting our patients.

RCW 51.36.060 Duties of attending physician -Medical information. Physicians examining or attending injured workmen under this title shall comply with rules and regulations adopted by the director, and shall make such reports as may be requested by the department or self-insurer upon the condition or treatment of any such workman, or upon any other matters concerning such workmen in their care. All medical information in the possession or control of any person and relevant to the particular injury in the opinion of the department pertaining to any workman whose injury or occupational disease is the basis of a claim under this title shall be made available at any stage of the proceedings to the employer, the claimant's representative and the department upon request, and no person shall incur any legal liability by reason of releasing such information. [1975 1st ex.s. c 224 § 15; 1971 ex.s. c 289

Effective date — 1975 1st ex.s. c 224: Sec note following RCW 51,04,110.

Effective dates — Severability - 1971 ex.s. c 289: See RCW 51.98.060 and 51.98.070.

RCW 51.28.070 Claim files and records confidential. Information contained in the claim files and records of injured workers, under the provisions of this title, shall be deemed confidential and shall not be open to public inspection (other than to public employees in the performance of their official duties), but representatives of a claimant, be it an individual or an organization, may review a claim file or receive specific information therefrom upon the presentation of the signed authorization of the claimant. Employers or their duly authorized representatives may review any files of their own injured workers in connection with any pending claims. Physicians treating or examining workers claiming benefits under this title, or physicians giving medical advice to the department regarding any claim may, at the discretion of the department, inspect the claim files and records of injured workers, and other persons may make such inspection, at the department's discretion, when such persons are rendering assistance to the department at any stage of the proceedings on any matter pertaining to the administration of this title. [1977 ex.s. c 350 § 36; 1975 1st ex.s. c 224 § 6; 1961 c 23 § 51.28.070. Prior: 1957 c 70 § 51.]

Effective date — 1975 1st ex.s. c 224: See note following RCW 51.04.110.

A. Dean Johnson, M.D., Department of Labor and Industries medical consultant, has kindly agreed to explain the State's authority and responsibility in the following statement, referring also to the above statutes. He invites your personal discussion at any time you may wish specific points clarified.

Charles M. McGill, M.D., M.P.H. Member, WSMA Industrial Insurance Committee

THE NEED FOR COMPLETE INFORMATION

The Department of Labor and Industries' Industrial Insurance Division and the writer have received multiple requests for an explanation of the statutory basis and need for "full disclosure" in Workmen's Compensation claims. In this age of negligence and malpractice litigation, and in view of the profusion of articles and editorial comment about the subject, the frequency of these requests is understandable.

On the other hand, the agency's need for complete information also must be understood. The delays, failures, and inequities in the management of claims for which the agency is criticized, frequently stem from the lack of information or insufficient information to properly manage claims. The National Commission on Workmen's Compensation reported that less than 18 percent of medical reports are submitted on time. This places the agency on the horns of a dilemma because it must face one of two decisions: either risk overpayment of time loss to the worker with little chance of recovery if the claim is rejected, or late payment to the worker for which the Department is censored or penalized. Many physicians fail to recognize that their obligation to the injured worker extends beyond medical treatment, and do not understand the impact that delayed or poor medical reporting has on the injured worker's financial plight in not receiving compensation payments on time.

In the overt and mutilating injuries, burns, and poisonings, where disability is apparent even to the layman, there is usually no problem. The claim is usually managed to the satisfaction of the worker, employer and governmental agency. However, in many of the claims causing absence from work, the subjective nature of the complaint combined with the inability to obtain accurate past histories, job and accident descriptions, can lead to confusion and delay in the allowance and adjudication of claims or, in the payment of medical bills.

No completely satisfactory solution to the medical reporting problem is apparent at the present time. Better solutions may emerge from the combined efforts of the department, educational institutions, the news media, and the legislature; but until they appear, all involved agencies will have to focus their attention upon efforts to obtain legible, prompt, accurate and adequate medical reports. In the meantime, the Department of Labor and Industries in this state must continue to employ the existing statutes printed above.

A. Dean Johnson, M.D Medical Consultant, Department of Labor and Industries

FALL BEGINS - AT SUMMER'S END

NEWCOMERS COFFEE SCHEDULED

Newcomers will be welcomed to the Auxiliary in September. Auxiliary members, please note on your calendar the location and date of your area coffee. Plan to attend and meet the new and potential members. Judy Baerg, chairman of the Newcomers Committee, is in the process of identifying all newcomers to whom invitations will be sent followed by a phone call. If you are a newcomer and do not receive an invitation, please call Judy Baerg, 1-858-6550, and let her know.

The area coffees are:

Gig Harbor: Wednesday, September 17th, 10:30 a.m.; Hostess, Sara Bowe, 7012 Ford Dr. S.W., Gig Harbor, 1-265-2175.

Puyallup: Thursday, September 18th, 10:30 a.m.; Hostess, Marlene Arthur, 1205 21st, S.W., Puyallup, 845-5542.

Tacoma: Friday, September 19th, 10:30 a.m.; Hostess, Dorothy Grenley, 40 Loch Lane S.W., Tacoma, 584-4421.

ANNUAL DUES INCREASE

Dottie Truckey, dues treasurer, reports that there will be an increase in auxiliary members' annual dues, from \$25.00 to \$34.50. The increases are reflected in the national (\$9.50 to \$13.50) and state (\$4.50 to \$10.00) dues. Local dues of \$11.00

have not increased. The rationale for the state and national increases will be explained in the president's newsletter.

LEGISLATIVE ACTIVITIES

Marlene Arthur, legislative committee chairman, participated in the organizational meeting of the Medical Society's Legislative Committee chaired by Dr. James Krueger. In the near future society and auxiliary members will be meeting with state legislative candidates in each of Pierce County's six districts to share with the candidates our concerns pertinent to current and pending health care issues and to learn how the candidates view the issues. From these meetings, recommendations on the individual candidates will be given to WAMPAC (Washington Medical Association Political Action Committee). If you are interested in the grass roots political process and would like to participate as a member of the six legislative district subcommittees, call Marlene Arthur, 845-5542.

SEPTEMBER BOARD MEETING

The board will convene on Tuesday, September 9th, 9:30 a.m. at the Allenmore Medical Center office building. The purpose of the meeting will be to complete the task of planning for the coming year which began at the first meeting of the new board in June.

DIAPER RASH is not a way of life

You can recommend with confidence professional diaper service

- Laboratory Controlled. Each month a random sample of our diapers is subjected to exhaustive studies in a biochemical laboratory.
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- Economical. All this service, all this protection against diaper rash costs far less than paper diapers —only pennies more a day than home-washed diapers.

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STATE CONVENTION

The WSMA and Auxiliary State Convention will be held October 1-4 in Vancouver, Washington. Members, please be thinking ahead about attending. The Pierce County Auxiliary needs a minimum of eleven members to vote and all members have voting privileges.

NATIONAL CONVENTION

The American Medical Auxiliary convened in Chicago in July for the 1980 convention. The President's Inaugural Reception in honor of the new president, Mary Ellen Vaughn, was hosted by Washington. Jo Roller, chairman of the committee for the inaugural, took with her two products representative of our state — 400 Washington apples and our newest product, ash from our infamous volcano Mt. St.

FOR THE PHYSICIAN

Helens. Highlights of the convention will be reported in the September issue.

"SHAPE UP FOR LIFE"

"Shape Up For Life" is this year's theme of the Medical Auxiliary. How physicians and their families actually practice what they preach is not known. So, here are some questions directed to the physicians and their spouses that may give us some indication of how well we are doing.

Please take a moment to fill out the questionnaire and either mail it to the Medical Society of Pierce County, 705 South 9th Street, Suite 203, Tacoma, Washington 98405, or bring it to the October Auxiliary general meeting. Auxiliary members may answer their spouse's part if they wish. You do not need to sign your name. Tabulation of the responses will appear in a future BULLETIN.

"SHAPE UP FOR LIFE"

1.	How often do you suggest that your female patients have a physical?
2.	How often do you suggest that your male patients have a physical?
3.	When was the last time you had a physical?
4.	What type of exercise do you do?
5.	What is the frequency of the exercise?
	(number of hours per week)
FOR	THE PHYSICIAN'S SPOUSE———
1.	When was your last physical exam?
2.	Do you have difficulty choosing a regular personal physician?
3.	Do you think your spouse physician would notice if something was wrong with you without you telling
	him; her?
4.	What type of exercise do you do?
5.	What is the frequency of the exercise?
	(number of hours)

MORE ABOUT THE STUDENT RECOGNITION PROGRAM

The June BULLETIN announced the winners of the 1980 Recognition Award and you may have wondered how these winners were selected. The Student Recognition Award Committee, composed of two physicians, two school principals, and two auxiliary members, is to be complimented on its conscientious approach to the task of selecting the award winners. The committee's work began last fall as it developed criteria for the selection process based on review of literature pertinent to award and scholarship criteria. Applications were received from 14 students from 3 high schools throughout the county. It is important to stress that the names of the students were not known to the

committee as it scored the applications. A total of 100 points were allocated 70 scholarship, 10 leadership, 10 service to school, and 10 service to the community. Each winner received \$100.00 and an engraved plaque. The monies allocated to the student recognition program are raised specifically for the project and do not come from the general fund.

OTHER TIDBITS

Are you wondering what to fix for that late summer luncheon or as an appetizer? Try the "Fisherman's Salad" (page B67 of the Auxiliary Cookbook). To entertain the children on a rainy day the "Finger Paint Recipe" (page B47) may be just the thing to keep them entertained.

Mary Whyte Lenard

CHECK IT OUT!

Dear Doctors:

The Board of Trustees of the Medical Society of Pierce County has approved a recommendation made by the Society's Public Health/School Health Committee to endorse the health department's forthcoming "Check It Out" health awareness promotion. This campaign employs a clever logo-type and colloquial slogan that is easily adopted as a peer group expression among youth. A poster asks the question "How is Your Health?" and quickly answers with the exclamation "Check It Out!" Because of our mutual interest in the health of the children and youth in Pierce County, we welcome the opportunity to share this program with you. To succeed, it will need your cooperation. Consequently, I'm sure your question will be — "What is it and how much of my time will be involved?"

First, it is a campaign to encourage young people to be concerned about their health and it will be promoted from August 15th through October 31, 1980 by posters on buses, on supermarket shopping bags and at the Pierce County and

Western Washington Fairs.

Second, it will take virtually none of your time. Simply give each child who has a health checkup a "Check It Out" button (these will be kept at the Health Department Building and can be picked up at the same time you pick up your free vaccine in our immunization area; ask for Jan Bigelow, R.N., 593-4060).

The buttons should be available to any child or young person who visits you for a checkup, immunization, or other preventive encounter. We want to convince children, youth and their parents that it is good to get an annual checkup and to talk about health and styles of living. We want people to obtain a "Check It Out" button and then wear it. In this way we are attempting to identify the "Check It Out" logo as synonymous with good health practices.

Publicity concerning the compaign emphasizes that young people should ask for a button when they check out their health. The program will be publicized by the distribution of posters, Seahawks TV tapes, radio public service announce-

ments, and newspaper articles.

Again, in order to make it successful, "Check It Out" requires your personal participation. We hope you will participate. We have lots of buttons and posters available for your offices.

Sincerely.

Peggy Zurfluh, R.N., C.P.N.P. Coordinator, Maternal Child Health Walter R. Herron, M.D., M.P.H. Director, Tacoma-Pierce County Health Department

Leffers

"WALKERS" vs. "RUNNERS"

To the Editor:

As one who has never felt positively about the expense and sometimes additional emotional problems which ensue from so-called formal exercise training after myocardial infarction, it was somewhat pleasing to note, and I wish to call our reader's attention to this, the conclusions of DeBrusk, R.F., in an article entitled "Exercise Training Soon After Myocardial Infarction," appearing in the "American Journal of Cardiology," 44, December, 1979.

Briefly, a studied response of early exercise training in 40 men, three to eleven weeks after myocardial infarction, compared that to the results of a control group of 30 acute myocardial infarction patients who underwent no formal exercise training. They concluded that during the 8-week interval between the commencement of exercise training, that is formal training, so-called gym training and so forth, and completion of the study at seven weeks, that the functional capacity of these patients increased to approximately that of sedentary men of similar age without coronary heart disease, in both the exercise group, and in the non-exercise group. There was a sub-group who were undergoing gymnasium training, which was only statistically significant. The authors concluded that whereas formal exercise training even relatively soon after uncomplicated early infarction, is safe; they also concluded that formal exercise training may not be required to restore functional capacity in such patients.

In other words, instructing the patient to get out and do

some graduated walking is ultimately just as effective as the more formal, and incidentally more expensive, exercise programs that are becoming popular not only to the press, but unfortunately to the more scientific medium. However, I think we are all aware that some patients get a certain psychological benefit from the more formal exercise program, and this, too, must be considered.

I am sure, however, this will not end the controversy between the "walkers" and "runners,"

Sincerely,

Rodger S. Dille, M.D.

1980-81 Directory for Pierce County Physicians & Surgeons

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HYPERTENSION: PRACTICAL ISSUES — THE NOW OF HOW & WHEN?

for Primary Care Physicians

CATEGORY I

As an organization accredited for continuing medical education, the College of Medical Education, Inc., Credits: 7 hours 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.

Accredited by the American Academy of Family Physicians for seven credit hours-Category I (Prescribed)

September 17, 1980 - Allenmore Hospital

8:00 WHAT IS HYPERTENSION?

Chief. Nephrology

9:00 ONE GOOD PRACTICAL APPROACH TO THE

MANAGEMENT OF HYPERTENSION

9:30 HOW BIG A PROBLEM IS CHILDHOOD HYPERTENSION?

10:00 Break

10:15 WHY TREAT MILD HYPERTENSION?

10:45 WHO SHOULD GET THE IVORY TOWER WORKLIP?

11:15 Question/Answer

11:45 Lunch

1:00 WHY DON'T PATIENTS RESPOND TO TREATMENT?

2:00 Break

2:15 SIDE EFFECTS OF THE COMMON ANTI-HYPERTENSION AGENTS

3:15 Question/Answer

Robert Sherrard, M.D., Veterans Administration Hospital, Seattle

Robert C. Davidson, M.D., Associate Professor of Medicine

Coordinator of Renal & Hypertension Clinics University of Washington Hospital

Robert Hickman, M.D., Children's Orthopedic Hospital, Seattle

McFate Smith, M.D., Chief, Cardiology, Public Health Hospital Professor, University of California at San Francisco

John Kennedv, M.D., Nephrologist, Tacoma

Richard R. Paton, M.D., Chief, Section of Nephrology Virginia Mason Hospital

George N. Aagaard, M.D., Professor of Medicine and Pharmacology Division of Clinical Pharmacology University of Washington School of Medicine

Program Committee:

Robert L. Reeves, M.D. John Kennedy, M.D.

Garth McBride, M.D. Kenneth Graham, M.D.

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The Committee for Continuing Medical Education of the Medical Society of Pierce County College of Medical Education, Inc.

To be held at:

Allenmore Hospital South 19th St. and Union Ave. Tacoma, Washington

Registration fee: \$55.00 (\$65.00 for non-MSPC members). Paid preregistration would be appreciated before September 15, 1980. This program is subject to cancellation if less than the minimum number of participants have registered by September 15, 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



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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



Colbert Browne, M.D., Family Practice. Born in Florida, 4/17/23; University of Miami, School of Medicine, Miami, 1958; internship, Sacred Heart General Hospital. Eugene, 1958-59. State of Washington license, 1976. Has applied for medical staff membership at Mary Bridge, St. Joseph,

and Tacoma General Hospital. Dr. Browne is practicing at 2517 North Washington Street, Tacoma.



John D. Ehrhart, III, M.D., Anesthesia. Born in Aberdeen, Washington, 11/1/42; University of Oregon Medical School, Portland, 1967; internship, Santa Clara Valley, San Jose, 1967-68; residency, Los Angeles County Hospital, Los Angeles, 1971-73. State of Washington license, 1980.

Has applied for medical staff membership at Allenmore, Doctors, and Puget Sound Hospital.



Alma C. Braun Kelly, M.D., Pathologist. Born in Milford, Ohio, 5/15/17; Western Reserve University School of Medicine, Cleveland, 1943; internship, St. Joseph Hospital, Cleveland, 1943; residency, University Hospital, Baltimore, 1944-46. State of Washington license, 1979. Has applied

for medical staff membership at Doctors, and Tacoma General Hospital.



Raphael F. Kilcoyne, M.D., Diagnostic Radiology. Born in Springfield, Ohio, 5/14/37; Marquette University School of Medicine, Milwaukee, 1964; internship, Milwaukee Hospital, Milwaukee, 1964-65; residency, St. Mary's Hospital, San Francisco, 1967-69, Armed Forces Inst. Path.,

Washington, D.C., 1969, Milwaukee County Hospital, Milwaukee, 1970. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood General, and Mary Bridge Hospital. Dr. Kilcoyne is practicing at 7424 Bridgeport Way West, Suite 103, Tacoma.

SECOND NOTICE



Karl D. McCowen, M.D., Endocrinology/ Internal Medicine. Born in ElPaso, Texas, 10/9/45; Baylor College of Medicine, Houston, 1971; internship, Letterman Army Medical Center, San Francisco, 1971-72; residency, Fitzsimons Army Medical Center, Denver, 1975-77. State of Washington license, 1979. Has applied for

medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General Hospital. Dr. McCowen is practicing at 314 South K Street, Suite #201, Tacoma.

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

Older physician seeks family practice opportunity preferably between Tacoma and Olympia, full or part-time association. Will consider institutional practice. Licensed in the State of Washington, Listing #701.

Anesthesiologist seeks local affiliation; graduate, UCLA, 1964; fellow, American College of Anesthesiologists. Practical experience includes five years service, Naval Medical Corps; past chief of Anesthesia Service, Paradise Valley Hospital, National City, California (1969-75); chief of anesthesia, member of Executive Committee, member of governing board, past chief of staff, Arroyo Grande Community Hospital, Arroyo Grande, Cal., 1975 — present, Listing #702.

Internist seeks group practice or clinic opportunity. Available mid-October. M.D. degree from New York Medical College, June, 1975; internal medicine residency at New Jersey College of Medicine, 1975-1978; hematology fellowship, University of Rochester, 1978-June, 1980. Listing #801.



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.

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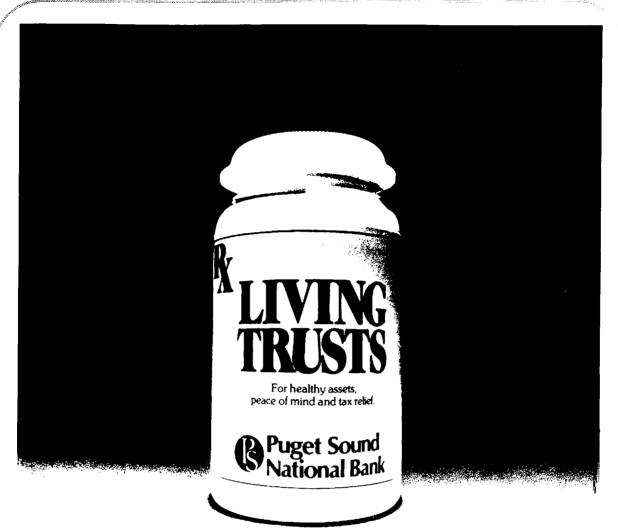
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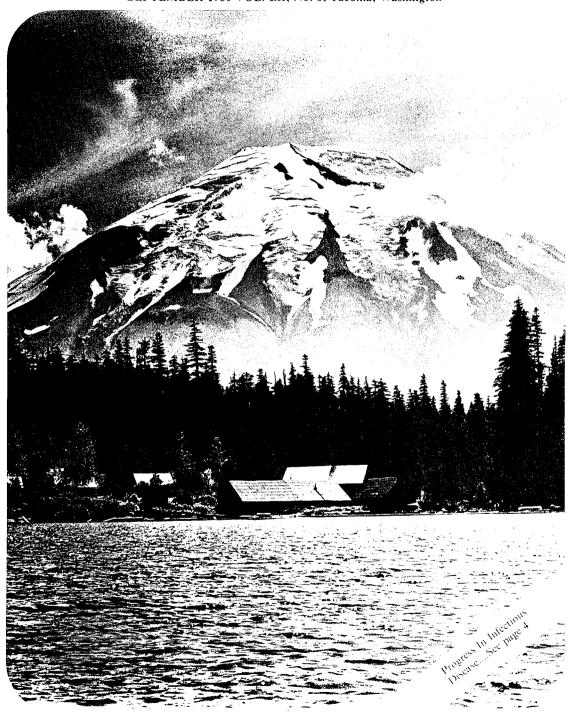


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Medical Society of Pierce County

SEPTEMBER 1980 VOL. LIL No. 8, Tacoma, Washington



BULLETIN

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- Receptionist
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COVER

Mt. St. Helens and Harry Truman's Spirit Lake Resort, Photo by Marcel Malden, M.D.

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Society News Briefs.

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

SOCIETY APPOINTS ADVISORY COMMITTEE FOR HEALTH DEPARTMENT DIRECTOR SEARCH

At the request of Mayor Mike Parker the Society has appointed an Advisory Committee to assist in the search for a permanent director of the Tacoma-Pierce County Health Department. Serving on the committee are: Drs. Dave Sparling (chairman), George Tanbara, Orvis Harrelson, Robert Lane, Richard Hawkins, and Martin Graham. A document outlining essential responsibilities and obligations of the director was completed in August and forwarded to the mayor's office. Mayor Parker has requested that the committee review the medical credentials of the applicants for the departmental director position. He has stated that he hopes to fill the position on a permanent basis by January 1, 1981.

DR. RALPH JOHNSON TO SERVE ANOTHER TERM ON STATE DISCIPLINARY BOARD

Dr. Ralph Johnson, 1978 MSPC president and a member of the Washington State Medical Disciplinary Board since 1978, has been re-named to the board for another two year term as sixth district representative.

The Medical Disciplinary Board was created as part of the Medical Disciplinary Act of 1955 with cooperation of the WSMA. The eight-member board has broad authority, including the power to suspend or revoke a physician's license. The seven physicians serving on the board are elected from congressional districts by their peers and one public member is appointed by the governor. The board receives complaints from the public, other physicians, and government entities, such as the State Board of Pharmacy. Current board chairman is Dr. Carrold Iverson, Seattle,

PHYSICIANS MEET WITH MEDIA TO DISCUSS MEDICAID

As part of its campaign to improve administration of the Medicaid program, WSMA and county society representatives are meeting with print and broadcast media representatives throughout the state to discuss the many problems of the program and to outline the recommendations for improving the program put forth by the WSMA.

WSMA Trustee Dr. James Early and MSPC President-Elect Dr. George Tanbara met with the editorial board of the TNT late in August to review the situation. Senate and House select committees on DSHS have begun their hearings and WSMA representatives are testifying at those sessions. For a copy of "A program For Improvement", prepared by the WSMA, call the Seattle central office. 1-800-552-0612.

PIERCE COUNTY DELEGATION SPONSORS WSMA RESOLUTIONS

Four of the 11 resolutions included in the WSMA Annual Meeting House of Delegates Book have been sponsored by Pierce County delegates. The resolutions: Seek WSMA's declaration of support for the current state code pertaining to qualifications of health department directors; urge the WSMA to support reductions in state and federal regulation of the health care delivery system; urge WSMA's strong support of the continuation of reimbursement modes which recognize various levels of training, geographical factors, competitive forces and concurrent support of state-wide physician participation in effective negotiations programs; and, urges the WSMA to work to include a comprehensive health education curriculum in the state's basic education act.

Copies of these resolutions and all other resolutions to be considered at the WSMA Annual Meeting (October 2-4) are available at the Society office. Physician comment is invited.

(continued on page 7)

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405. Telephone (206) 572-3666. Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is \$10.00, which is included in the dues. Non-member subscription, \$15.00 per year.

PROGRESS IN INFECTIOUS DISEASE

8.00 - 10.00 a.m. October 9, 10, 16 and 17, 1980 Good Samaritan Hospital

CATEGORY I

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PROGRAM:

October 9, 1980 - Thursday

NEWLY RECOGNIZED INFECTIONS

8:00 LEGIONNAIRE'S & RELATED DISEASES

8:40 CHLAMYDIA

9.10 ANTIBIOTIC INDUCED COLITIS

9.40 CAMPYLOBACTER

to

10:00

October 10, 1980 — Friday

NEWER ANTIBIOTICS

8:00 **NEWER CEPHALOSPORINS**

9:00 OTHER: AMINOCLYCOSIDES

to

PENICILLINS.

10:00 MICONAZOLE October 16, 1980 - Thursday

NEWER DEVELOPMENTS IN OLD INFECTIONS

ANTIBIOTIC RESISTANCE:

STAPHLOCOCCUS, GONOCOCCUS

PNEUMOCOCCUS

DISEASES OF ASIAN REFUGEES 9:00

to

10:00

October 17, 1980 - Friday

CASE DISCUSSIONS

8:00 CASE DISCUSSIONS TO BE PREPARED

BY ATTENDEES to

10:00

FACULTY:

Hugh Clark, M.D. Chief, Ambulatory Care, Harborview Medical Center, Seattle

George W. Counts, M.D., F.A.C.P. Chief, Division of Infectious Diseases, Harborview Medical Center, Seattle

John A. Dilworth, M.D. Internist, Everett

Barbara D. Kirby, M.D. Assistant Professor of Medicine. University of Washington School of Medicine, Seattle

J. Bruce McLean, M.D. Chief, Infectious Disease Service. Madigan Army Medical Center, Tacoma

Lawrence Pellitier, Jr., M.D. Chief, Medical Serivce. Veterans Administration Hospital, Tacoma John K. Podgore, M.D.

Chief, Pediatric Infectious Disease Service, Madigan Army Medical Center, Tacoma

James J. Plorde, M.D., F.A.C.P. Chief, Infectious Diseases and Clinical Microbiology. Veterans Administration Hospital, Seattle

Alan D. Tice, M.D. (Program Coordinator) Infectious Disease Specialist,

Tacoma

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Registration fee: \$60.00 (\$75.00 for non-MSPC members). Paid preregistration would be appreciated before October 6, 1980. This program is subject to cancellation if less than the minimum number of participants have registered by October 6, 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

President's Page



Charles C. Reberger, M.D.

QUO VADIS — 1980

It is required of a man that he share the passion and action of his time — at peril of being judged not to have lived.

Oliver Wendell Holmes.

A few days ago, one of my confreres declared that my writing in the BULLETIN reflected an antiquated and ultraconservative mentality. I was not sure whether I should have been flattered or insulted. Upon reflection, however, I must admit a gentle nostalgia for the days when most doctors could practice independently and competitively — even slug each other once in awhile — and when more than three-fourths of American physicians belonged to the AMA instead of less than half.

Paul Fussell, writing in *The New Republic*, July 19, 1980, has divided anew the social structure of the United States. He emphasizes, in social class stacking, the factor of freedom from bosses. He asserts that working for a boss lowers one's social standing no matter what income level is involved. Private practitioners need not feel smug. Bosses include all of those who tell us what to do — insurers, hospitals, bureaus.....

Ivan Illich, in Medical Nemesis, describes the replacement of traditional theology by the new religion of Health. His novel view of the medicalization of society explains how the paramedical support enthusiasts, from social workers to politicians, must now vie with the doctor in establishing his or her place in the new priesthood. One can reasonably conclude that Illich is not misled in insisting that social dreamers would welcome the physicians' being replaced with those who are pretended to be more caring, more compassionate, more holistic, more whatever-it-is that supports their aggressive postion.

Pierce County saw recently a result of this vying in the declaration by the Mayor of Tacoma that the Director of the Tacoma-Pierce County Health Department should be a

non-physician. This, of course, could be sloughed off as a situation in the bureaucratic domain. But the claim that a non-physician is more capable than a physician in providing leadership and administrative ability is not out of keeping with the calumnious verbiage associated with jockeying for position among non-physicians for traditional physician roles.

The social transitions move inexorably. The changing patterns of medical practice may be our form of adaption. It is not necessary to welcome or tolerate subjugation merely because it is progress.

The day may not be far off when all physicians become ultraspecialized and ultraorganized with non-physicians, so-called health providers, directing the whole show. The true health providers, as we all know, are our genes, not the phenotypes who claim this function.

As Illich says, "If the (human) species is to survive... it must learn to cope rationally and politically with its envious, greedy and lazy dreams." He claims that our whole populace is sick. Doctors may not be entirely prepared to take on the vast treatment of the overwhelming malaise. Who else can do it without messing up society totally?

Through our own organizations, but mainly through the American Medical Association, we may be able to moderate this pile before it melts down. We must not rely on a few hardworking activists identified with the AMA. Specialty societies are not enough. Even their focal point for effective political action is still the AMA. Holdouts should pay their dues and get involved — and in so doing, share the passion and action of our time.

C.C.R.

POWER OF LEADERSHIP IN PRESENT AND FUTURE

National medical leadership looks to the state of Washington as one of a select and small number of bellwether states— where trends are set, creative solutions are tried, and organized medicine is progressive and enlightened in its outlook.

Washington medical leaders have rarely accepted a problem as insoluble, but instead have set about searching for solutions. As an example, a few years ago we saw the malpractice crisis developing and premiums escalating almost out of sight. The solution—still being implemented—is the risk management program developed by the WSMA to get control of costs and at the same time improve the quality of medical carc. As another example, our impaired physician program has been so effective in rehabilitating our colleagues and returning them to practice that it is used as a model in many parts of the country. Right now, we are in the midst of finding both short and long range solutions to the DSHS crisis, in order to improve medical care for our needy patients and achieve a reasonable monetary return for our efforts.

Solutions to these almost intractable problems come about because of the kind of medical leadership Washington has developed. However, to continue this tradition current county society leaders and WSMA leaders have an obligation to bring new leaders into the ranks.

Medical leaders, like uncut gems, are waiting to be discovered in all parts of the state. Beyond discovery, they need polishing. They need to be encouraged by seeking their participation on projects that will capture their imagination and hence their participation.

As new leaders grow in ability and effectiveness, they find new areas of interest and move on to state leadership posts for the benefit of our patients and the public in better programs and higher quality patient oriented medical care.

Developing medical leadership is a task we cannot neglect if we want a strong association that continues to make medical progress into the 80s.

W. Maurice Lawson, M.D. WSMA President

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Public Health/School Health Committee_

PHYSICIANS MEET WITH SCHOOL DISTRICT REPRESENTATIVES

Members of the MSPC Public Health/School Health Committee met with Pierce County school district representatives late in August to review a number of issues of mutual concern. It was the second such summer meeting hosted by the Society and it proved very productive in reviewing such issues as athletic clearance and safety, immunizations, handling of medical emergencies, care provided to pregnant teenagers, scoliosis screening, handicapped children, school physicals, and Asian immigrants.

Issues of particular importance to practicing physicians were:

Immunizations: Immunization requirements for high school students were reviewed. The committee agreed that October 22 should be established as the cut-off date for all school districts for completion of immunizations of new students and high school students coming under the state requirements effective this school year.

The Society will work with the health department, Tacoma School District and the news media to make the public aware of the requirements and cut-off date. The American Academy of Pediatrics has an immunization film available. "An Opportunity and Obligation," and this film is available from the Department of Social and Health Services (contact Jean Roy at the Tacoma office). Under the new regulations, parents may sign a temporary waiver for "philosophical reasons" in cases when they are unable to obtain transfer of appropriate immunization records before the deadline. In such cases, the school should follow-up within a month to be sure that immunizations are made current. Where immunization records cannot be obtained, parents may search their memories; however, schools should not in any way contribute to such a "search" since state regulations require the best information available to parents.

Handling of Medical Emergencies During the School Day: Methods of handling emergencies were discussed at length. WSMA policy recommends that each school district have a physician or physicians who can be called to provide back-up guidance to the school nurse in unusual situations. Part of this recommendation is that an actual contract be developed between the district and a physician(s). The care of a child whose parent is not immediately available was discussed and school district nurses are aware of the current legal

requirements for referral of such a child for appropriate treatment. A routine of information regarding first aid and another routine regarding infectious diseases is being made available to all schools by the Tacoma-Pierce County Health Department.

School Physicals and Health Report Form: The current health report form was reviewed. As it has done in the past, the Tacoma School District will graciously reprint the form this fall. The committee agreed to two modifications. "Sickle Screen" will be added to the section to be completed by the physician, and "back-scoliosis" will replace "back "as one of the abnormal areas to be screened for by the attending physician.

Copies of the form have been distributed to other schools and child organizations with the request for comment by September 25. If any physicians feel the existing form should be further modified, copies are available at the Society office and the committee requests your comments by no later than October 1.

Southeast Asian Immigrants: The medical evaluation program established through the Society, health department and the Family Clinic for all Southeast Asian immigrants arriving in our community was discussed. Some of those in attendance expressed concern regarding the unavailability of obtaining medical care for certain adult patients in spite of the Society's efforts to alleviate this problem. It was noted that approximately one percent of such immigrants are considered to have active tuberculosis. The cooperation of physicians to address this community health need is particularly stressed and appreciated.

Sixteen guests attended the meeting representing the various school districts, health department, medical auxiliary, and DSHS. Five physicians representing the committee also attended. Another meeting will be held in January to review progress of issues discussed at our August meeting and to address new issues that may come to the attention of the schools and/or physicians prior to January.

If physicians have comments regarding the meeting, please contact me, c. o Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma WA., 98405.

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

SOCIETY NEWS BRIEFS Continued

LOCAL PHYSICIAN SPEAKS AT ASIAN MEDICAL MEETINGS

Dr. Mian H. Anwar attended the 13th Semi-Annual Meeting of the Thai Society of Anesthesiologists held late in August in Bangkok to present a talk on "Anesthetic Considerations in a Geriatric Patient." He also presented his talk as a special guest of the 1980 Annual Meeting of the Society of Anesthesiologists of the Republic of China later in September.

ANNUAL JOINT MEETING DECEMBER 9

The Annual Joint Medical Society-Auxiliary Dinner Meeting will be held Tucsday, December 9 at the Tacoma Yacht Club. Inauguration of 1981 MSPC officers, trustees and a special performance by Ballet Tacoma are features of the December meeting. Reservation information will be mailed in November. Mark December 9 on your calendar today to reserve this evening for special medical society-auxiliary joint meeting.

EMS UPDATE

PARAMEDIC CREW PHYSICIAN CONTROLLER CRITERIA ESTABLISHED

Following discussion by the MSPC EMS Committee of the need to establish criteria for authorizing physicians to serve as physician controllers of paramedic units operating within Pierce County, the committee recommended to the Board of Trustees the following criteria. The criteria were approved at the May, 1980 board meeting.

For a physician to serve as a Medical Society of Pierce County approved physician controller to a paramedic unit operating in Pierce County he or she must meet the following

criteria:

1. The physician must abide by all applicable state regulations regarding the delivery of emergency medical services (the physician must be advance life support qualified as specified by state regulation, for example).

2. The physician must review the day-by-day run reports of each paramedic team under his or her authority, and have the ability to control the quality of

care provided by the team.

3. The physician must be active in the delivery of emergency medical services and/or serve in a teaching capacity during the duration of service as physician controller.

- 4. The physician must be a member of the Emergency Medical Services Council of Pierce County and, hopefully, be involved in developing necessary changes to improve the quality of the local EMS system.
- 5. The physician must be located in close geographical proximity to the area covered by the paramedics under

his or her review authority in order to provide continuity and ongoing observation. As such, the physician must be available for consultation at all times by some means of direct call system — either radio or telephone — so that paramedics may receive assistance on a timely basis.

6. The physician controller must be an active member of the Medical Society of Pierce County, or a contiguous county medical society, and the Washington State Medical Association.

7. Physician controllers must be reviewed annually as to the status of their credentials as they relate to serving in their capacity, and are subject to reappointment by the EMS Committee and MSPC Board of Trustees based on their fulfillment of the above criteria.

Current physician controllers are:

James G. Billingsley, M.D. Yellow Ambulance Tacoma Fire Department

James D. Krueger, M.D. AA Superior Ambulance

Eugene Hensler, M.D. Powers Ambulance

Albert G. North, M.D. Hill Ambulance

William F. Taylor, M.D.
University Place Fire Department
Steilacoom Fire Department



OMISSION IN REFERRAL GUIDE

To the Editor:

As with all endeavors, there is an occasional slip, but I do think that the Patient Distribution Guide, which was approved by the Society's EMS Committee and Board of Trustees and was approved by the Pierce County EMS Council late in May, may not be entirely accurate. I would assume, with this publication in the BULLETIN, that some of these matters will be brought to your attention. One glaring omission that I believe is real is the omission of Good Samaritan Hospital under the list of Psychiatric Voluntary Treatment Centers. I believe that they have a considerable staff well qualified in this regard with 24 hour crisis coverage and so forth.

I believe there are some other omissions, for other institutions, but these might depend upon the interpretation of what is termed "a service."

Sincerely, Kenneth E. Gross, M.D.

EMERGENCY DENTAL SERVICE AVAILABLE

To the Editor:

On August 1, 1980, Mary Bridge Children's Health Center/Consolidated Hospitals, Tacoma, Washington, and the Pierce County Dental Society began providing 24 hour Emergency Dental Services for pediatric and adult dental emergencies. All pediatric dental emergencies and ambulatory or single trauma adult dental emergencies will be seen at Mary Bridge Children's Health Center. Multi-trauma adult cases will be seen at Tacoma General Hospital on a consultation basis.

The contracted dentists who are members of the Pierce County Dental Society will be on call and able to respond within 30 minutes of being called or paged. The dentists are on call Monday through Thursday from 4 p.m. to 6 a.m. and Friday from 4 p.m. to 6 a.m. Monday. This will provide evening, night and weekend coverage. Daytime coverage will be handled through a referral system based on information provided by Pierce County Dental Society members.

Emergency services provided will include extractions, treatment of infections, treatment of avulsion, pulpectomies, pulpotomy, open and drain teeth, stabilization of loose teeth, minor fractures, localized alveolar osteitis (dry socket), minor oral and lip trauma, consultation on extensive trauma, and minor denture repairs. Patients who require dental emergency care may be referred directly to Mary Bridge Children's Health Center for services.

For further information or clarification, contact Mary Bridge Children's Health Center, 272-1281, ext. 245.

Sincerely,

Robert G. Scherz, M.D.

Medical Director

Medical Library Update

LIBRARY ADDS COMPUTER ASSIST FOR BETTER SERVICE

The Pierce County Medical Library now offers physicians the advantages of both manual and/or computer literature searches. The library has added a T1745 terminal.

"With TI745's assistance, the biomedical literature is virtually at our fingertips and available by request at moderate charges," reports Librarian Marion Von Bruck.

All it takes is a phone call and, of course, a coded password to initiate T1745 service. Information requests are relayed to the State University of New York and the National Library of Medicine of Bethesda, Maryland. The computer terminal allows an intellegent dialogue to be carried on; questions can be asked and answered, and corrective suggestions and explanations to keep the search on the right track are now nossible.

Following the appropriate input, the computer terminal will print out up to 30 references on the desired subject. In the event a physician needs additional references, a special command can supply up to 300 references, printed out over night in Bethesda and mailed the following day.

The following is a list of currently accessable data bases and the respective costs:

MEDLINE (The two most recent years)

- 1. \$5.00 per online search (non-prime time) with up to 30 citations including author title and source. (\$7.00 prime time if imperative).
- 2. \$7.00 per online search with offline printout of up to 300 citations, without abstracts.
- 3. \$10.00 per online search with offline printout of up to 300 citations, with abstracts.
- 4. Backfiles: 66/68; 69/71; 72/74; 75/76; 77; \$2.00 per backfile without abstracts; \$4.00 per backfile with abstracts (from 75/76 and 77 only).

CANCERLIT......\$3.00 per search plus 15¢ per page offline.

CANCERPROJ....\$3.00 per search plus 15¢ per page offline.

CLINPROT\$3.00 per search plus 15¢ per page offline.

SDILINE.....monthly update of references in your

area of interest just added to the data base—per year \$24.00 without abstracts; per year \$36.00 with abstracts.

EPILEPSY Free online, 15¢ per page offline.

HEALTH FILE ... Same as MEDLINE.
HISTLINE ... Same as MEDLINE.
RTECS ... Straight time charge.

TOXLINE and TOXBACK Same as MEDLINE.

1980-81 Directory for Pierce County Physicians & Surgeons

Orders now being taken.

Copies are \$5.00 each. Send order, with check, to:
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Librarian Marion Von Bruck demonstrates the new TI745 terminal recently acquired by the Pierce County Medical Library.

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OUR NATIONAL INAUGURATION AND LOCAL HAPPENINGS

AMA AUXILIARY CONVENTION AND MARY ELLEN VAUGHAN'S INAUGURATION

Members of the Mary Ellen Vaughan Inauguration Committee left for Chicago and the July AMA Auxiliary convention secure in the knowledge that we had our plans well in hand. Thanks to the committee and county auxiliaries are in order for the contributions to the \$3,200 in our MEI fund for the gifts, reception, and programs which were our responsibilities at the national meeting. The committee's ideas, work and contributions to Mary Ellen's inauguration as 1980-81 AMA Auxiliary president made this memorable event a real success.

Upon our arrival in Chicago, we immediately confirmed the plans and arrangements previously made with the AMA Auxiliary executive secretary and we prayed for a miracle a day to keep us on target. Some important items had not arrived when expected.

Our singing telegram required rehearsals whenever possible since we had not had a chance to try out our seven voices together. Jo Roller, Renee Pavey, Sandy Cleveland, Mary Randolph, Char Apgood, Vicki McNeill and Barb Olson (Mary Ellen's daughter) met with Selma Johnson who accompanied us on an accordian and rehearsed several times. Our first performance was scheduled for the WSMA reception and the straw hats arrived with smashed brims just an hour before curtain time. The brims were simply cut off and we went on "brimless." Miracle #I was welcomed and so was the singing telegram and the numerous gifts presented to Dr. Robert Hunter and his wife, Gretchen, and to Mary Ellen and her husband, John.

The following gifts were presented at the inauguration:

Two dozen yellow roses in an arm bouquet from WSMA were presented by Dr. Robert Hunter, 1980-81 AMA president.

A crystal decanter with etched initials, date and office was given to Mary Ellen from the WSMA and the WSMA Auxiliary. It was presented by Dr. Maurice Lawson, WSMA president. A duplicate decanter was also presented to Dr. Hunter by Dr. Lawson.

Mary Ellen was overwhelmed as the Northwest design, quilted wallhanging was unfurled before her, bearing the best wishes of all the counties in Washington. President Jan McLean explained that each county had completed a square and returned it to the designer, an auxilian, and her committee for completion.

The singing telegram, appropriate words to Mary Ellen's favorite song, "Sentimental Journey," was presented by the aforementioned seven wearing white shirts, blue "Shape Up For Life" T-shirts and straw hats with a felt Washington apple on top!

The WSMA Auxiliary Board presented Mary Ellen with a gold apple silhouette with a diamond stud pendant on a gold chain.

A letter of congratulations from Governor Dixy Lee Ray was presented by Dr. Charles Strong, WSMA president-elect and a good family friend of the Vaughan's.

His wife, Betsy Strong, presented a needle point

covered foot stool from Clark County with the caduceus and appropriate insignia incorporated in the design.

Mary Ellen was also presented with an auxiliary membership in the Oregon Medical Society Auxiliary by one of its members.

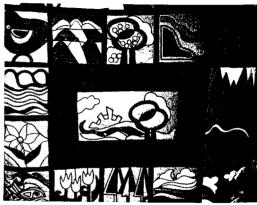
As favor exchanges, the Washington delegation gave away sample bags of volcanic ash which were eagerly received by the other delegates.

The inaugural reception was planned around a health theme in keeping with Mary Ellen's interest in the "Shape Up For Life" program. The centerpiece, a magnificent ice sculpture of the "Shape Up For Life" figure decorated with yellow and white daisies, dominated the reception room and provided a back drop for many souvenir photographs. Champaign punch, fruit punch, Washington State Cougar Gold Cheese, crackers, Washington applets and cotlets, Brown and Haley Almond Roca and nuts were served. As our guests departed, they were presented with a large, red delicious apple from Washington.

At the last minute it seemed as though everything fell easily into place, and we Washington hostesses relaxed, shared the quilt story and gave away apples. We were proud of our efforts when it was over. The Washington delegation, composed of Jan McLean, Sandy Cleveland, Char Apgood, Wanda Paulsen, Renee Pavey, Caroline Smith, Barb Olson, Vicki McNeill, Mary Randolph and Jo Roller was acclaimed for its talent and ability; actually we worked hard and had a wonderful time doing it! We accept these accolades on behalf of the Washington State Medical Association Auxiliary and we feel you made it possible for us to properly inaugurate Mary Ellen in her presidency.

Many thanks to Dr. Gladys Underwood, Vancouver, who installed Mary Ellen so beautifully. Thank you again for you work, good wishes and invaluable help on this project for a lady who is a fine representative of our state in her national office.

Affectionately, Jo Roller, Chairman, Inaugural Committee Vicki McNeill, Co-chairman



Each Washington county was represented on the quilt presented to Mary Ellen Vaughan.

LEGISLATIVE COMMITTEE

Marlene Arthur, legislative committee chairman, reports that all six Pierce County legislative districts have had medical society and auxiliary members participating in interview meetings with the candidates. The candidates were asked to respond to a questionnaire which focused on current health care issues. Members were to receive information on the candidates' responses by mid-September. This was an excellent opportunity for our membership to gain knowledge about the candidates prior to the election and to educate candidates about issues of importance to medicine.

Auxiliary committee members are: Mary Whyte Lenard (25th district), Jan Thiessen (26th), Adele Durkin (27th), Kit Larsen (28th), Marny Weber (29th), Colleen Nikkelson (2nd), and Marlene Arthur (6th Congressional District).

MEMBERSHIP DUES

The 1980-81 Auxiliary dues are (pardon the pun) due. (If any pun needs pardoning, that one does — the typist). If you have not yet paid your dues, consider using the handy envelope enclosed with the President's Letter which was mailed Sept. 2.

Upon receipt of your dues you will receive the 1980-81 Membership Booklet, which has some new features.

WSMA REFERRAL RESOURCE HOTLINE

Are you aware that a confidential referral source is available to physicians and their families? The service is prevention oriented generally dealing with common mental health problems as well as professional problems and concerns.

Here's how it works. The caller hears a taped message and is asked to state his or her name, telephone number and the nature of the problem as well as the degree of urgency. Within the next working day, one of the physician members of the WSMA Physicians' Problems Committee listens to the tape and contacts the caller with a recommendation as to the appropriate referral resource. Confidentiality is stressed. The tape is erased after it is heard, and there is no message log kept.

MARK YOUR CALENDAR FOR OCTOBER EVENTS!

OCTOBER 1-4: WSMA and Auxiliary State Convention, Vancouver/Portland. Activities include a Harvest Reception and Dinner-Dance honoring AMA President Dr. Robert Hunter and AMA Auxiliary President Mary Ellen Vaughan. Pauline Fredrick and Charles Robins will present a Socioeconomic Workshop. John Nesbitt will also speak on economics. There will be workshops on "Life Planning" and the "Organ Donor Program." On Saturday, a family fun run is scheduled for the early birds (7:00 a.m.).

OCTOBER 17 (Fri): Luncheon Meeting at the home of Mrs. John Kennedy (Nancy) at 11:30.

Phyllis Erickson, second district state representative and wife of Jack Erickson, M.D., will speak on legislation and the coming elections. Mrs. Erickson has been a state representative since 1972. She has chaired the Higher Education Committee and has been a member of the Constitution, Elections and Government Ethics committees. She is currently chairing the House Select Committee to study the Department of Social and Health Services' Medicaid reimbursement policies and procedures.

OCTOBER 25 (Sat): Mark your calendar now for the western style dinner dance to be held in the James Crowley's

Square Dance Barn in Puyallup, from 7:30 p.m. to midnight. The occasion will be limited to 50 couples, so call your RSVP to Marge Ritchie or Karen Benveniste as soon as possible.

OCTOBER 29 (Wed): Combined Pierce, Thurston, Mason Auxiliary Board Meeting and Luncheon. Visit by State President Sandy Cleveland and President-Elect Mary Randal. The purpose of the meeting with our state people is to share ideas, concerns, and successes.

OTHER CALENDAR MARKERS FOR 1980 - 1981

NOVEMBER 11 (Fri): Auxiliary visit to University of Washington Health Sciences facility.

DECEMBER 4 (Thurs): Holiday Children's Party for auxilians and their children. Gig Harbor Peninsula Lutheran Church, 4:00 - 6:00 p.m.

Mary Wyte Lenard

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

Internist, board eligible, seeks internal medicine/pulmonary practice opportunity. Presently working at National Institute of Health and Medical Research in Nancy, France. Graduate, University of Iowa, 1972. Associate member, American Thoracic Society. U. S. Army Medical Corps. 1973-75. Available 1981. Listing #901.

Physician seeks internal medicine practice opportunity. Recently completed second year hemotology fellowship at University of Rochester following three year internal medicine residency at the New Jersey College of Medicine, Listing #902.

Internist seeks group practice or clinic opportunity. Available mid-October. M.D. degree from New York Medical College, June, 1975; internal medicine residency at New Jersey College of Medicine, 1975-1978; hematology fellowship, University of Rochester, 1978-June, 1980. Listing #801.

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FIRSTCHY INVESTMENTS, INC.

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



Gerard W. Ames, M.D., Nephrology. Born in Joplin, Missouri, 8/13/47; The Chicago Medical School, 1975; internship and residency. University of Minnesota Hospitals, Minneapolis, 1975-76; Washington State license, 1978. Has applied for medical staff membership at Allenmore, Doctors,

Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Ames is practicing at 1624 South I Street, Suite 303 Tacoma



Rosemary A. Crawford, M.D., Family Practice. Born in Walsall, Staffs, United Kingdom. 5, 3, 45; University of St. Andrews, Fife, Scotland, 1968; internship, Ronkswood Hospital, U.K., 1968-69; residency, Essex County Hospital, Colchester, U.K., 1971-72, and St. George's

Hospital, London, 1972. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Crawford is currently practicing at Parkland Clinic, 11225 Pacific Avenue, Tacoma.



Bernard I. Fouke, M.D., Emergency Medicine. Born in Texarkana, Arkansas, 10/24/48; University of Arkansas Medical Center, Little Rock, 1974; internship and residency, Richland Memorial Hospital, Columbia, S.C., 1974-75. State of Washington license, 1980. Has applied for

medical staff membership at Lakewood General and Tacoma General hospitals. Dr. Fouke is practicing at Tacoma General Hospital, Tacoma.



James K. Fulcher, M.D., Emergency Medicine. Born in Florida, 1/25/44; UCLA School of Medicine, Los Angeles, 1972; internship and residency, Harbor General Hospital, Torrance, CA, 1972-75. State of Washington license, 1980. Has applied for medical staff membership at Lakewood

General and Tacoma General Hospitals. Dr. Fulcher is practicing at Tacoma General Hospital, Tacoma.



James D. Leitzell, M.D., General Practice. Born in Chicago, Illinois, 1/30/39; University of Utah, Salt Lake City, 1973; internship and residency, University of Alabama hospitals, Birmingham, 1973-75. State of Washington license, 1975. Has applied for medical staff membership at Lakewood

General and Tacoma General hospitals.



Surinderjit Singh, M.D., Physical Medicine and Rehabilitation. Born in Klang, Malaysia. 1/2/44; Christian Medical College, Ludhiana (Pb) India, 1967; internship, Christian Medical College and Hospital, India, 1968; residency, University of Wisconsin Hospital, Madison, 1970-71, and

University of Washington Hospital, Seattle, 1972-75. State of Washington license, 1978. Has applied for medical staff membership at Lakewood General, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Singh is practicing at 1624 South I Street, Tacoma.

SECOND NOTICE



Colbert Browne, M.D., Family Practice. Born in Florida. 4/17/23; University of Miami, School of Medicine, Miami, 1958; internship, Sacred Heart General Hospital, Eugene. 1958-59. State of Washington license, 1976. Has applied for medical staff membership at Mary Bridge, St. Joseph,

and Tacoma General Hospital. Dr. Browne is practicing at 2517 North Washington Street, Tacoma.



John D. Ehrhart, III, M.D., Anesthesia. Born in Aberdeen, Washington, 11/1/42; University of Oregon Medical School, Portland, 1967; internship, Santa Clara Valley, San Jose, 1967-68; residency, Los Angeles County Hospital, Los Angeles, 1971-73. State of Washington license, 1980.

Has applied for medical staff membership at Allenmore, Doctors, and Puget Sound Hospital.



Alma C. Braun Kelly, M.D., Pathologist. Born in Milford, Ohio, 5/15/17; Western Reserve University School of Medicine, Cleveland, 1943; internship, St. Joseph Hospital, Cleveland, 1943; residency, University Hospital, Baltimore, 1944-46. State of Washington license, 1979. Has applied

for medical staff membership at Doctors, and Tacoma General Hospital.



Raphael F. Kilcoyne, M.D., Diagnostic Radiology. Born in Springfield, Ohio, 5/14/37; Marquette University School of Medicine. Milwaukee, 1964; internship, Milwaukee Hospital, Milwaukee, 1964-65; residency, St. Mary's Hospital, San Francisco, 1967-69, Armed Forces Inst. Path.,

Washington, D.C., 1969, Milwaukee County Hospital, Milwaukee, 1970. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood General, and Mary Bridge Hospital. Dr. Kilcoyne is practicing at 7424 Bridgeport Way West, Suite 103, Tacoma.



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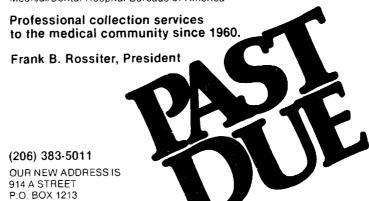
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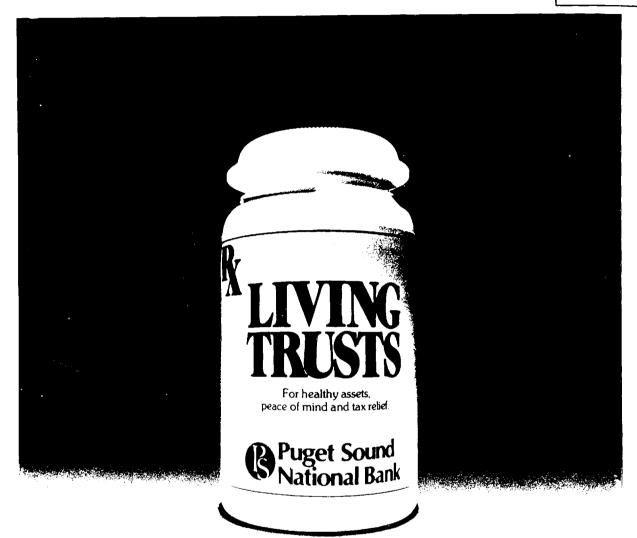
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BULLETIN

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COVER

N Bar N square dance barn at the home of Dr. and Mrs. James Crowley, Puyallup, will be the site of the October 25th Auxiliary Square Dance. Photo by Karen Benyeniste.

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Society News Briefs.

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

LEGISLATIVE COMMITTEE COMPLETES CANDIDATE INTERVIEWS PLANS POST-ELECTION ACTIVITIES

The MSPC Legislative Committee distributed information on 37 Pierce County senate and house candidates to physicians and their spouses prior to the September 16 primary election. Committee recommendations for candidate support were carried to the August and October WAMPAC board meetings by chairman James Krueger (also WAMPAC assistant secretary-treasurer).

Legislative district subcommittee chairmen Drs. Donald C. Weber, William B. Jackson, David W. Millett, Richard A. Hoffmeister, and James D. Lambing, and their hard working sub-committees with strong medical auxiliary partnership made the 1980 candidate interview process successful. The committee now gears up for post-election "issues management." This will include:

- Meetings with senators and representatives to establish new, or reaffirm
 existing, medical community relationships. These meetings will include
 discussion of key issues Medicaid administration, for example —
 which will be legislative issues in 1981.
- Dissemination of key state house and senate committee rosters and local
 office addresses and phone numbers of Pierce County legislators to
 physicians.
- Compilation of a roster of <u>MSPC</u> members willing to serve as information resources to legislators.
- Ongoing publication of information to assist physicians and auxilians and their impact on the legislative process.

Pierce County was a leader in state medical involvement in the 1980 primaries and general elections. Your support and participation in the ongoing process of issues management is essential. Please contact the Society office, 572-3667, to invest a small amount of your time in the process to better medicine's impact in Olympia.

ONE MAN'S PATIENT IS ANOTHER MAN'S CLIENT

How much more like a true beginning year is Fall than bleak January with its misdated checks and obligatory new calendar.

So for a beginning, a Beginning.

With some regularity (perhaps predictable, perhaps fitfull) the BULLETIN will carry a contribution from a member of the Medical - Legal Liaison Committee of the Society and Tacoma — Pierce County Bar Association. The topics will vary, but they will each attempt to present in a succinct fashion a subject of common interest to both physician and lawyer and will seek to identify, if not resolve, areas of mutual concern, confusion, miscommunication and old fashioned distrust. It should be interesting. It might even be useful. It will merit your attention for it will concern a resolution of problems borne by people who are dependent upon both professional groups. Remember: one man's patient is another man's client.

Don C. Pearson, M.D., J.D., Committee Member

THE SOCIETY'S PLACEMENT SERVICE WANTS TO SERVE YOU

A very productive third quarter has resulted in the placement of many job applicants in local physician and dental offices resulting in a reduced number of job orders for the Society's Placement Service. Many qualified applicants for medical/dental jobs are <u>waiting for interviews</u> and "the right opportunity." Call Kay Harmon, 572-3709, today and place your job order if you have a current or anticipated opening in your front or back office. The Placement Service will <u>advertise</u>, <u>screen</u> for job skills <u>and check references</u> at no cost to you. The service charges greatly reduced rates to applicants compared to rates charged by commercial agencies locally.

(continued on page 16)

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Charles C. Reberger, M.D.

DECISION TO DIE

"Turn up the lights; I don't want to go home in the dark."

— O. Henry (last words)

Recently the newspapers described an old fellow of 82 who had lovingly visited his wife, age 80, incapacitated in a nursing home for three years. He was nearing death himself with cancer. Both were found dead after he had shot her in the head and then shot himself. The article compared this to Romeo and Juliet — an inappropriate analogy if there ever was one. But it was a sympathetic note that blunted, ever so slightly, the shock of the incident.

As the population ages and we find so many often meddlesome life support techniques, the question of how and when life should be terminated continues to grow. Although the press tends to treat planned suicides sympathetically, it is a problem that has not been openly addressed by medical organizations and for obvious reasons. Possibly the most ominous is related to birth control which softened the way to abortion for a reasonable cause, and eventually to abortion for whim. Dreaded is condonment of suicide which might soften the way termination of life for reasonable cause and eventually to euthanasia for whim — even political whim.

Social and economic pressure necessitates elucidation of this subject by those who, aside from the terminally ill themselves, are closest to it, namely, physicians. To complain that our objective is to heal — not to kill — will be countered by accusations: physicians prolong life to encourage their income; they employ elaborate life support facilities to make the hospitals rich. These and other barbs are just as plausible as the old saw that doctors try to keep people sick in order to keep their offices full.

Whether approval of suicide might lead to mass slaughter is, in our society, an open question. Looking back, however, at Ancient Greece, it is clear that no such transition occurred. Magistrates were available, even in Marseilles and Ceos, to which any citizen who felt that the burdens of life were too much to bear could go to explain his misfortunes before the

magistrate and obtain a cup of hemlock. The magistrate squared away the legal matters, recorded for the census the transaction, notified the relatives and took care of the disposition of the body with the solemnity appropriate to a Greek citizen. There were no fees, no fuss, and no counseling. At least no such modern day technicalities are recorded. The function was matter-of-fact and deliberate. There was no rush for the service. It did not decimate the population. It was simply an honorable way out.

Later the early Church had cause to object to suicide. In those early days a Christian was assured a free ride to heaven if he or she could be a martyr. The gold rush enthusiasm to get to heaven may appear inspirational to us but the clergy thought it more beneficial to the viability and longevity of the Church to emphasize the good works and damn suicide.

The trail of theological, political and legal twistings and turnings that moved people from the desire to be eaten by lions to building cathedrals is fascinating. From the old free cup of Greek hemlock to the counsel of Toledo with damnation of the suicide, confiscation of all their properties and goods, profanation of the body and abuse of the remaining family, is a trail of bald cruelty and greed only thinly gilded by claims of justice and holiness.

No matter what the motives are, the veil of sinfulness still hangs heavy over suicide, even letting someone die if one wants to. It is not always true that the patient who asks to be let die really means it. One of our colleagues tells of prescribing a large bottle of analgesic for such people with strict warnings that taking the medication in excess of the prescribed dose schedule would be fatal. They almost always reappeared for the next scheduled visit. Only rarely did they not.

But, if a way were available to pass from this world legally and respectably, the dramatizers, the complainers and the narcissists would be required to be serious. Some people are insincere simply because they know that our hands are tied. But some people really are at the end of their rope and are extremely desperate. It seems savage that thinking, sincere people are forced, in finding no better way, to shoot their loved one or blow their own brains out.

Following opportunistic and profiteering tradition, there have been some suggestions that such cases be presented to the court for permission to die. And of course there would be legal fees and court costs, perhaps even a licensure fee. On the other hand, some have suggested the hospital is the place for this — short stay accommodations and an IV with a reasonable service charge, and of course with physician fees for supervision.

Although meddling for profit is still very popular, could it not be possible in this particular situation, to let the individual decide? All one really needs is a set of directions, a list of readily available and inexpensive toxic agents that will do the job at home, and freedom from fear of condemnation of one's soul and one's family. It is not unthinkable that one should go directly to the mortuary, take one's potion and climinate the necessity of picking up one's cadaver. This discussion is not aimed at such bravura suicide but at providing the terminally ill a way to die nobly and honorably.

Let us see if we can find a way to turn up the lights. No one should be forced to go home in the dark.

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Case Presentations:

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to 10:00 Pulmonary Disease

Richard H. Winterbauer, M.D. Pulmonary Specialist, Virginia Mason Medical

Center, Seattle

Samuel P. Hammar, M.D.

Pathologist, Virginia Mason Medical Center

November 18

8:00 BIOLOGICAL EFFECTS OF MT.

ST. HELEN ASH

Thomas R. Martin, M.D.

Instructor of Medicine, Division of Resporatory Disease, University of Washington School of

Medicine, Seattle

OCCUPATIONAL LUNG DISEASE

Jonathan H. Ostrow, M.D. Pulmonary Specialist F.A.C.P.

IMMUNOLOGY

November 19

8:00 9.00

9:00

NUTS & BOLTS OF THE IMMUNE SYSTEM

"Mechanics for the Non-Immunologist"

PATHOPHYSIOLOGY

"Autoimmunity & Where It Goes Wrong"

Robert E. Ettlinger, M.D.

Rheumatologist, Tacoma

George H. Krick, M.D. Rheumatologist, Tacoma

ALLERGY

November 20

8:00

PHARMACOPHYSIOLOGY

W. Gary Becker, M.D. Allergist, Tacoma

9:00

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BRONCHIAL ASTHMA & STATUS ASTHMATICUS

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Program Chairman: Bruce D. Buchanan, M.D.

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> Maxine Bailey, Executive Director College of Medical Education, Inc. Medical Society of Pierce County 705 South 9th, #203 Tacoma, Washington 98405 Phone: 627-7137

"TUBERCULOSIS — AN OLD THREAT REVISITED"

Until a few years ago tuberculosis was decreasing in the Northwest as it was throughout most of our country. Since 1900 the death rate had fallen and fewer active cases had been reported in almost every year. As tuberculosis data improved, the potential for exposure was reduced and more and more of our citizens reached senior years without infection (and thus had a negative tuberculin skin test). Active chemoprophlylaxis programs in skin test positive children and selected adults had reduced the risk of future disease to almost zero.

In the past 10 years our cases fell into three categories of nearly equal numbers: 1) Alcoholics with a "down and out living pattern"; 2) Senior citizens with chronic disease or infirmity often residing in nursing homes; 3) Widely scattered patients with the disease from young children to otherwise healthy appearing middle agers with no specific contributing factors evident.

AN ALARMING CHANGE

An alarming change is occurring with reversal of the case rate and deaths. Newly identified tuberculosis is up as much as 50 per cent in Pierce County as well as other Northwest counties. Not only has the number of identified active cases risen but the population pattern has changed. The senior citizen with compromised health is still important but we now see fewer "skid road" residents. Two sources have added more complicated patients and some with more difficult disease necessitating exacting management. The first of these is represented by the new immigrants from Southeast Asia.

Though we found few active cases in the Vietnamese five years ago, this no longer holds true. New arrivals are now screened with the tuberculin skin test and perhaps x-ray. Some have active and potentially drug resistant tuberculosis. We have been reporting the skin test in negative reactors in 90 days or later if they move into Pierce County from other areas of the country. It has not rare to find young children who have a positive tuberculin skin test the second time it is repeated, though the initial intermediate PPD challenge was negative.

OUR APPROACH

We have identified some children whose parents or grandparents developed active disease after arrival in the United States and were not picked up in the initial screening process. Thus some of our new patients are exposed again after the initial skin testing and x-ray. For this reason our approach is: 1) Skin test new arrivals; 2) X-ray positive reactors; 3) Re-skin test negative reactors in three months to identify boosted or converted cases. Still under consideration is a skin test of the negative for the third time at one year before dropping them from follow-up.

All of the above does not speak to the BCG question. We follow the logic proposed by the Center for Disease Control in Atlanta. BCG vaccination is not given to all Southeast Asians and it is not routinely subject to pre-test or post-test with tuberculin material. For that reason we are not sure that patients who receive BCG did not already have an infection with tuberculosis. We are also not sure that the BCG caused

the positive skin test or whether tuberculosis was actually contracted after the BCG immunization failed.

Parenthetically, we often note that skin test reactions are significantly higher than we would expect with remote BCG innoculation. When all of this is considered we believe it reasonable to treat the 10mm or greater PPD reactor as though this is evidence of infection with tubercul bacillus. When the tuberculin skin test is negative we recheck it as with other new arrivals in three and in twelve months for confirmation.

TWENTY FOUR CASES TRACED TO COMMON SOURCE

Another occurrence of importance is recent discovery of 24 cases which can be traced to a common social source. Though several were children who were in contact with a very communicable adult, most of the others were middle class, active, productive citizens with seemingly different backgrounds and only this single common contact point. Meticulous epidemiology linked the very ill and the extensively diseased individuals to a chronic situation. The adults spent many hours on a regular basis talking with each other in some intimacy, thus sharing the infected water droplets in their breathing or coughing. The high concentrations of infections were so great that it often lead to immediate disease instead of the usual primary type which may be delayed for decades before causing actual illness.

Some very extensive cases of pulmonary tuberculosis have resulted. Two of the adults have recently progressed directly and slowly into a non-reversible state and died with chronic progressive tuberculosis. One child died rapidly before the central nervous system tuberculosis could be expected to respond to therapy. Our usual study of contacts was too slow to prevent these cases and to identify the common source early in this mini epidemic.

PEDIATRICIAN IDENTIFIED POSITIVE TEST

It is noteworthly that a community pediatrician discovered a positive skin test in a routine surveillance program in his own pediatric population. He reported the case and within a period of weeks we had found three children with disease, the index adult, and with the next few months, the twenty others. The most wide-ranging threat of this mini epidemic is the occupation of one of the contagious patients who was widely exposed to many of the school age children of Pierce County one or more times. Careful analysis of the potential spread from that patient to the large population of students is such that we feel that surveillance should be carried on in the office of the private practitioners who provide primary care in the community. The problem has been reviewed with the Pediatric Department of Pierce County, with the MSPC Public Health/School Health Committee and will soon be discussed with the Pierce County Chapter of the Washington Academy of Family Physicians.

ROUTINE TESTING URGED

We urge that routine tuberculin skin testing be continued in preschool children and considered on a regular basis when children present for their school physicals in the office of their physicians. It is advisable for the test to be a PPD and health department nurses stand ready to either perform the test or re-instruct and refresh your own personnel in the performance and interpretation in your office. Positive reactors need attention as they are potential cases of sickness and most easily managed prior to illness. Any questions concerning individual patients can be refered to the Tuberculosis Clinic or to the Tuberculosis Control Officer of Pierce County. Our major concern is that a decreasing number of problems with tuberculosis through the last two decades has removed the disease from consideration at a time when we are seeing and can expect further increase and hazard.

> James G. Billingsley, M.D. Tuberculosis Control Officer, Pierce County

Charles McGill, M.D.
Acting Director, Tacoma-Pierce County
Health Department

Flavia Rodside, R.N. Supervisor, Community Health Services, Tacoma-Pierce County Health Department

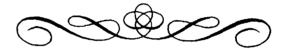
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TACOMA FAMILY MEDICINE

AN OPEN LETTER TO THE MEDICAL COMMUNITY



Roy H. Virak, M.D.

Dear Colleagues:

It has been a very big year for the Tacoma Family Medicine residency program. Foremost, we graduated our first class of family practice residents in June. I remember when we were recruiting these young men and women. We were looking for competence and experience, as well as a dedication to the principles of family medicine. We knew that they would play an important role in the development of our program. I think we chose well. Their professional growth and development progressed well. All felt quite comfortable going out into private practice.

Dr. Jeff Boggess joined a family physician in Prineville, Oregon. Dr. Jack Dutzar returned to his group in Needles, California. Heading north, Dr. Rod Vaught went into practice with two other doctors in Sitka, Alaska. Dr. Chris Miller stayed right here in Tacoma, joining Dr. Richard Hawkins in family practice.

We have been very fortunate in attracting high caliber, talented applicants from all over the country. Each class has an uniqueness about it and brings its own contribution to the program. Our present first-year class follows that pattern. Gene Sine comes to us from Rush Medical College. Richard Dickson and Kerry Watrin join us from the University of Washington. Cynthia Wilson, a graduate of Tacoma's Lincoln-high school, attended medical school at Washington University in St. Louis.

The cyclic nature of our activities is ever present, and once again we are interviewing applicants for next year's first-year class. We interview up to six applicants each Friday from September to mid-December, and already many of the days are filled. Again it appears we have the opportunity to match with a class of outstanding medical students who are also warm and caring individuals.

Dr. Stuart J. Farber joined us as assistant director in the summer of 1978 and has made tremendous contributions to our program, as well as being very helpful and supportive to me personally. He has decided to leave Tacoma Family Medicine and go into private family practice in the north end of Tacoma. We wish him success in his new endeavor. We are actively seeking a replacement for Dr. Farber and hope to fill the position by the year's end.

I cannot mention the success of our program without again acknowledging the support and tremendous contribution of our volunteer faculty. A community program such as ours succeeds or fails on the strength of the volunteer faculty. We are dependent upon it for teaching and guidance, and hope for a continued supportive and productive relationship.

The new year brings with it a new array of problems as well as opportunities. We realize we have not met everyone's needs or expectations. Our program is very thinly spread over the community and so we are pursuing various possibilities of

modest expansion to better accommodate the community and regional needs.

We are once again entering our foundation membership drive prior to the November annual meeting. In addition to the usual membership contribution for the 1980-81 academic year, we would like to request a pledge for the coming year as well from those who feel they are able. One-half of the Board of Trustees will begin serving two year terms this year to provide for continuity. We also hope this will help us in our financial forecasts.

Your financial support in the past has been most helpful, (and, of course, is tax deductible). We hope to warrant your continued support. A community-based program is only as successful as the community wills it to be. I am proud to acknowledge that the success of this program is largely due to your understanding, participation, and support. Thank you.

Sincerely,

Roy H. Virak, M.D., Director, Tacoma Family Medicine



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MEMBERS WELCOME NEWCOMERS AND HALLOWEEN HOEDOWN

NEWCOMERS COFFEES

For the first time newcomers coffees were held at three locations on three consecutive days. Members and newcomers gathered on September 17 at the home of Sara Bowe. Martia Ohme was the chairman. The Puyallup coffee took place on September 18 at the home of Marlene Arthur. Deva Vaught chaired the coffee. Dorothy Grenley hosted the September 19 Tacoma area coffee and Lorna Burt was the chairman.

Approximately 71 members met 16 newcomers in a relaxed, friendly and informal atmosphere which was attributed to the hostesses and the Newcomers Committee chaired by Judy Baerg. At each of the coffees, President Marny Weber welcomed the newcomers and the members introduced themselves. The newcomers received information packets about the Auxiliary, its purpose and programs. Also in the packets were hard to find local maps, the Tel-Med brochure and as a gift, the cookbook. The Auxiliary wishes to welcome the newcomers and to thank the members who helped make the coffees a success.



Newcomers Coffees held in September were great successes. Mrs. Phillip Grenley (Dorothy) hosted the Tacoma area coffee at her Lakewood home. Above, Marny Weber pours for auxilian Susie Duffy.

HALLOWEEN HOEDOWN

October 25 is the evening for dinner and square dancing at the James Crowley's authentic square dance barn. The blue jean event is \$25.00 per couple; \$10.00 is tax deductible. The proceeds are to benefit the Medical Society of Pierce County Auxiliary scholarship fund.

Chuck Pliske will be the caller and teachers will be on hand to help those of us who need some assistance dancing the "square jig." Paid reservations were to be received by Marge Ritchie by October 15. If you haven't made your reservation,



(Left to right) Shirley Kemman, Alice Yeh and Nikki Crowley share a lighthearted moment at the September 19 Newcomers Coffee.

Photos by Karen Benyeniste

call Marge — there may still be some tickets available. Because of space constraints the hoedown is limited to 60 couples. HELP IS NEEDED to decorate the square dance barn. Call Marge, 564-4112, if you would like to use your decorating talents.

AMA-ERF HOLIDAY GREETING CARD

The annual AMA—ERF Holiday Greeting Card project is underway. If you haven't received your letter which explains the card idea as well as the request for your support, you will shortly. You can also assist your AMA—ERF through the purchase of your personal Christmas cards from either the Virginia Lyons Collections or the Françoise Company.

AMA — ERF receives 40% on all Christmas card sales. Sharon Ann Lawson has samples available. If you are interested, please call her on Tuesday, Wednesday, or Thursday between 10:30 and 2:00 to set a time to browse through the sample books.

1980-1981 MEMBERSHIP

Membership dues are still being accepted by Dottie Truckey, dues chairman. The fee is \$34.50 — \$11.00 national, \$10.00 state and \$13.50 for our local dues which includes the cost of the luncheon at the general meetings.

TEL-MED

Stephanie Tuell, Tel-Med volunteer coordinator, is asking for six additional volunteers to complete the schedule. There are now 42 individuals volunteering to cover the telephone and tape system from 10 a.m. to 12:30 p.m., Monday through Friday. The volunteer needs only to serve two and one half hours every three months — and more often if the volunteer wishes.

On June 12 the Tel-Med Board hosted a salad luncheon for the volunteers at the home of Bernice Lazar. This was a special time to say "thank you" to all of those who gave so generously of their time and talents.

TELEPHONE COMMITTEE

Alice Yeh has accepted the chairmanship of the Telephone Committee. Judy Robinette is the co-chairman. The committee wishes to thank those members who have volunteered to serve on the committee (some were recruited at the newcomers coffees!). The committee is responsible for calling members to remind us of the meetings, take reservations, and assist with car pooling if desired.

SEPTEMBER BOARD MEETING

The board met on Tuesday, September 9th to complete the task of planning for the coming year. Members reported on the progress of their various activities (and there was progress). The board is looking forward to the October 29th combined Pierce, Thurston, Mason Auxiliary meeting and the visit by the state president and president-elect. The meeting will be held at St. Joseph Hospital.

UNIVERSITY OF WASHINGTON HEALTH SCIENCES FACILITY VISIT

On November 21 at 10:00 a.m. auxiliary members and their guests in various car pools will travel to Seattle to visit the University of Washington Health Science Facility. This facility houses the schools of medicine, nursing, dentistry, pharmacy and other health related educational endeavors. It also is the site of the university's medical research projects, some of which are funded by our own AMA—ERF. Parking will be free and lunch will be served. This promises to be a



(Left to right) Joan Sullivan, Laurie Sternberg (wife of Dr. Harvey J. Sternberg, a TFM resident) and Myrna Nagle hear a presentation at the September Tacoma area coffee.

very interesting trip. See you all there. Plan to return by 2:30 p.m.

AUXILIARY WELL REPRESENTED AT STATE CONVENTION

The Pierce County Medical Auxiliary was ably represented at the 1981 Annual Auxiliary State Convention. The following auxilians represented Pierce County: Marlene Arthur, Shirley Kemman, Jeannie Judd, Stephanie Tuell, Helen Whitney, Sharon Lawson, Nicole Crowley, Gloria Virak, Florence Krueger, Marny Weber, Carol Hopkins, Jo Roller and Kit Larson. Watch this space in November for a report of annual meeting activities.

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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



Robert L. Reeves, M.D., Clinical Pharmacology. Born in New York, NY, 9/22/21; University of Virginia, 1946; internship and residency, St. Lukes Hospital, New York City, 1946-51; USPHS Research Fellow in Metabolic Disease, University of Virginia School of Medicine, 1951-52. State of

Washington license, 1952. Has applied for medical staff membership at Allenmore Hospital. Dr. Reeves is practicing at Allenmore Medical Center, Tacoma.



Clarence M. Virtue, M.D., Allergy-Immunology. Born in Scofield, Hawaii, 4 15:31; University of Rochester School of Medicine, Rochester, N.Y., 1956; internship, Tripler Army Hospital, Honolulu, 1956-57; residency, Duke Medical Center, Durham, N.C., 1959-61.

Washington State license, 1978. Has applied for medical staff membership at Good Samaritan, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Virtue is currently practicing at 1624 S. I Street, Suite 402 and at the Puyallup Valley Medical Clinic.



Barry J. Weled, M.D., Pulmonary Disease. Born in Bakersfield, CA, 9/12/42; University of Washington 1972; internship, Walter Reed Army Medical Center, 1972-73; residency, Fitzsimons Army Medical Center, 1973-75; pulmonary fellowship, Fitzsimons Army Medical Center, 1975-77.

State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Weled is practicing at Allenmore Medical Center, Tacoma.



Dan A. Wiklund, M.D., Dermatology.
Born in Tacoma, 10/23/47; University of
Washington, 1974; internship and residency, I.A County — USC Medical Center, 1974-77. Graduate work, University of
Colorado Medical Center, 1977-80. State of
Washington license, 1980. Has applied for

medical staff membership at Good Samaritan Hospital. Dr. Wiklund is practicing at 1420 So. Meridian, Suite D, Puyallup.

SECOND NOTICE



Gerard W. Ames, M.D., Nephrology. Born in Joplin, Missouri, 8/13/47; The Chicago Medical School, 1975; internship and residency, University of Minnesota Hospitals, Minneapolis, 1975-76; Washington State license, 1978. Has applied for medical staff membership at Allenmore, Doctors,

Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Ames is practicing at 1624 South I Street, Suite 303, Tacoma.



Rosemary A. Crawford, M.D., Family Practice. Born in Walsall, Staffs, United Kingdom, 5/3/45; University of St. Andrews, Fife, Scotland, 1968; internship, Ronkswood Hospital, U.K., 1968-69; residency, Essex County Hospital, Colchester, U.K., 1971-72, and St. George's

Hospital, London, 1972. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Crawford is currently practicing at Parkland Clinic, 11225 Pacific Avenue, Tacoma.



Bernard I. Fouke, M.D., Emergency Medicine. Born in Texarkana, Arkansas, 10/24/48; University of Arkansas Medical Center, Little Rock, 1974; internship and residency, Richland Memorial Hospital, Columbia, S.C., 1974-75. State of Washington license, 1980. Has applied for

medical staff membership at Lakewood General and Tacoma General hospitals. Dr. Fouke is practicing at Tacoma General Hospital, Tacoma.



James K. Fulcher, M.D., Emergency Medicine. Born in Florida, 1/25/44; UCLA School of Medicine, Los Angeles, 1972; internship and residency, Harbor General Hospital, Torrance, CA, 1972-75. State of Washington license, 1980. Has applied for medical staff membership at Lakewood

General and Tacoma General Hospitals. Dr. Fulcher is practicing at Tacoma General Hospital, Tacoma.



James D. Leitzell, M.D., Emergency Medicine. Born in Chicago, Illinois, 1/30/39; University of Utah, Salt Lake City, 1973; internship and residency, University of Alabama hospitals, Birmingham, 1973-75. State of Washington license, 1975. Has applied for medical staff membership at

Lakewood General and Tacoma General hospitals.



Surinderjit Singh, M.D., Physical Medicine and Rehabilitation. Born in Klang, Malaysia, 1/2/44; Christian Medical College, Ludhiana (Pb) India, 1967; internship, Christian Medical College and Hospital, India, 1968; residency, University of Wisconsin Hospital, Madison, 1970-71, and

University of Washington Hospital. Scattle, 1972-75. State of Washington license, 1978. Has applied for medical staff membership at Lakewood General, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Singh is practicing at 1624 South 1 Street, Tacoma.

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SOCIETY NEWS BRIEFS Continued









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PIERCE COUNTY PHYSICIANS ELECTED TO WSMA LEADERSHIP

The WSMA House of Delegates elected the following Pierce County physicians to leadership positions at the October Annual Meeting:

- Dr. Stanley W. Tuell, re-elected to serve his 12th term as WSMA Speaker of the House.
- Dr. Ralph A. Johnson, elected WSMA Vice President.
- Dr. James F. Early, elected to serve a one year term as WSMA Trustee.
- Dr. Llovd C. Elmer, elected to serve a one year term as WSMA Trustee.

ANNUAL JOINT MEETING DECEMBER 9.

Inauguration of 1981 MSPC officers and trustees and a special performance by Ballet Tacoma highlight the annual joint Medical Society — Auxiliary meeting, Tuesday, December 9, 6:30 p.m., Tacoma Yacht Club. Mark your calendar today.

JAIL HEALTH ADVISORY BOARD BEING FORMED

A MSPC sponsored Jail Health Advisory Board is being established at the request of the Pierce County sheriff's office. The Board will be chaired by Dr. Herbert Kennedy, past chairman of the Society's Jail Health Committee. In 1979 the committee issued a comprehensive report to the city council, county commissioners and sheriff's department recommending steps to be considered in improving jail health services provided in the Tacoma-Pierce County Jail.

Establishment of the Tacoma-Pierce County Health Department as the jail health authority with powers to contract for services provided within the jail and establishment of a broadly based Jail Health Advisory Board sponsored by the Society to provide oversight and review of jail health policies were the two major committee recommendations. Both steps are now being taken

Letters of invitation have been sent to the Tacoma-Pierce County Bar Association, Pierce County Dental Society. Pierce County Nurses Association and Pierce County Pharmacists Association requesting those groups to designate representatives to serve on the advisory board. If you have an interest in health services within a jail environment please contact Dr. Kennedy or Tom Curry, 572-3667.

STUDENTS MUST HAVE IMMUNIZATION SHOTS BY OCTOBER 22

All Pierce County school districts will use October 22, 1980 as the <u>deadline for final immunization</u> information on students. Junior and senior high school students, as well as kindergarten and students new to the area, must be in compliance with the state's immunization law by October 22. After that, students who have not been immunized or excused from immunization will have their names turned over to the Tacoma-Pierce County Health Department. The department has the responsibility of notifying parents when records of students indicate they are not in compliance with the law.

This is round two of the state immunization law. The law's first phase required that children, kindergarten through grade six, have adequate immunization levels as a condition of attending school. The Department of Social and Health Services reports that 90 per cent of children in those grade levels in public and private schools now are immunized. Physician cooperation was a key in reaching that high level. Full immunization includes:

- At least three (3) doses of either DTP, DT or Td vaccine provided that the last dose was administered at or after age four.
- At least three (3) doses of trivalent poliomyelitis vaccine provided that the last dose was administered at or after age four.
- One dose of live virus measles vaccine administered at or after one year of age. A student meets the measles immunization requirement as a result of having had measles (rubeola) disease. In such instances, a physician must document and certify the month and year of disease occurrence.
- One dose of live virus rubella vaccine administered at or after one year of age, except for females twelve years of age or older. Note: One or more doses of tetanus toxoid (without diphtheria toxoid) administered for wound management will not fulfill the DPT/DT/Td requirements.

If you have questions regarding the immunization program, please contact Dr. Vivian K. Harlin, the Office of the State Superintendent of Public Instruction, (206) 753-6759, or Gene Roy, DSHS, (206) 753-3495. Additional information is available from the Tacoma-Pierce County Health Department or Donna Ferguson, coordinator of health, Tacoma Public School District, 593-6960.

INTERNATIONALLY RECOGNIZED RADIOLOGIST TO SPEAK AT 1980 YODER LECTURE

Dr. Benjamin Felson, Chairman of the Division of Radiology, College of Medicine, University of Cincinnati Medical Center, will give three lectures at the 1980 Yoder Lecture series. His first presentation, "Some Fundamentals in Chest Roentgenology," will be 10:00 a.m., November 14, St. Joseph Hospital. Following a noon luncheon, he will speak on "The Pneumonias." See page 10 for more complete details.

The Edwin C. Yoder memorial lectures are named in honor of the late surgeon who practiced 46 years at Tacoma's Western Clinic. Dr. Yoder had served as president of the Medical Society of Pierce County and was a member of many surgical associations. The lectures, established in 1972, are a cooperative effort of the Tacoma Surgical Club, St. Joseph Hospital, and the Medical Society.

DR. STEVENS DIMANT ON WESTERN NEUROSURGICAL SOCIETY PROGRAM

Dr. Stevens Dimant attended the 26th annual meeting of the Western Neurosurgical Society in Hawaii last month at the invitation of Dr. Ralph Cloward of Honolulu. He presented a paper entitled "A System for Surgical Exposure of the Orbit" derived from his own series of cases.

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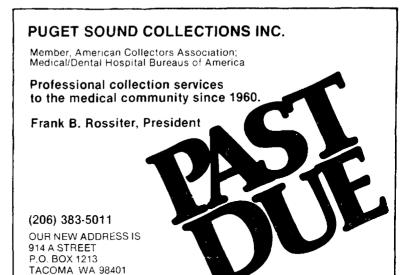
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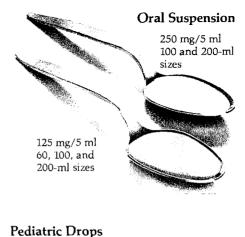
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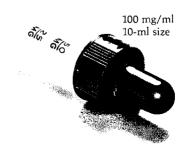
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Medical Society of Pierce County

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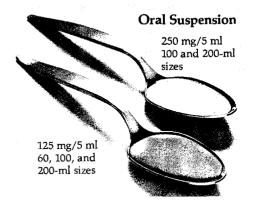
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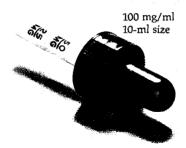
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Society News Briefs.

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

LEGAL-MEDICAL SYMPOSIUM PLANNED AT LAW SCHOOL

Members of the Medical-Legal Committee are preparing a legal-medical symposium scheduled for January 17, 1981 at the UPS Law School. Tentatively planned as a one-half day program, the seminar will include sessions on, "So you're being called as an expert witness," "What does 'informed consent' mean?." "Whatever happened to the Medical Practices Act?," and "Current tax developments which every physician should be aware

The program was being finalized as the November issue of the BULLETIN went to press. All members of the Medical Society will receive a specific mailing on the course later in the year. The College of Medical Education is assisting the committee in producing this first legal-medical seminar.

LIMITED SUPPLY OF VACCINE AVAILABLE AT HEALTH DEPARTMENT

Tacoma-Pierce County Health Department has received approximately 200 doses of the Wyeth split virus influenza vaccine for children with special needs at the Immunization Unit, health department building. The department asks pediatricians and family physicians referring children to the department to send with the child your prescription for this injection.

DECEMBER MEETING FEATURES INAUGURATION AND ENTERTAINMENT

The annual joint Medical Society-Auxiliary dinner meeting will feature inauguration of 1981 MSPC officers and trustees and entertainment provided by Ballet Tacoma. Mark your calendar today to reserve the evening of December 9, 1980 to share with your colleagues and spouses at the Tacoma Yacht Club. Registration deadline is Wednesday, December 3.

CALIFORNIA REFERRAL SERVICE NOT OPERATIONAL: MAY BE RE-ESTABLISHED IN NEW FORM

Distribution of the 1980 Tacoma telephone directory resulted in numerous complaints being received at the Society office due to an advertisement for a "24-hour physicians' and dentists' appointment service." The service, called Patient Referral Services, was not operational at the time and its local answering service referred all medical calls to the Society office for the Society's existing Physician Referral Service.

The resulting complaints, an average of three each day, from those who had expected to be referred to a physician's office the previous night or weekend, and the potential for liability prompted the Society to protest to Patient Referral Services. MSPC President, Dr. Charles Reberger wrote PRS late in September to remind PRS that it had not been granted permission to use the Society's referral telephone number, that the advertisement was generating considerable negative reaction on the part of physicians and the public, and that the Society would take appropriate legal steps if necessary to protect it from liability resulting from the operation.

PRS responded by citing the time constraints associated with advertising any new business through the yellow pages, its perceived need for patient access to the medical system through means other than non-emergent visits to the emergency room and the Society's free referral service, and an apology for the inconvenience caused. (The Society's Physician Referral Service continues to respond to an average of 30 calls each day, providing the names and telephone numbers of physicians who have indicated to the Society office that they are accepting new patients.)

(continued on page 7)

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ANNUAL JOINT DINNER MEETING

Tacoma Yacht Club Tuesday, December 9, 1980

Installation of 1981 Medical Society Officers and Trustees

Special Entertainment by Ballet Tacoma

Cocktails (no host) 6:30 p.m.

Dinner, prime rib buffet 7:15 p.m.

Program 8:30 p.m.

\$16.00 per person, \$32.00 per couple (Price includes wine, tax, gratuities)

Please complete the attached reservation and mail it, with a check for the appropriate amount, to Medical Society office. Or, call the Society, 572-3667, to confirm your reservation.

Reservations are requested by Wednesday, December 3, 1980.

Medical	Society/Medical Auxiliary Annual Joint Dinner Meeting
I (we) have se Pierce County	t aside the evening of December 9, 1980 to join members of the Medical Society of Pierce County and Medical Auxiliary at their Annual Joint Dinner Meeting and Installation of Officers.
	Please reserve dinner(s) at \$16.00 per person / \$32.00 per couple. Wine, tax and gratuity included. Enclosed is my check for \$
	Dr(please print)

Return to the Society by Wednesday, December 3, 1980

President's Page



WSMA ANNUAL MEETING HAPPENINGS

Charles C. Reberger, M.D.

The Annual Meeting of the Washington State Medical Association, October 2-5, at the Thunderbird Inn at Jantzen Beach, was action packed. Our delegate attendance and participation was, as expected, outstanding. There were no empty seats in the Pierce County delegates' section. This contrasted sharply with the sparse representation from King County, and, while a source of embarassment to the King County delegates who came, provided us from Pierce County, the boondocks, with a comfortable sense of conceit.

So, a note of appreciation is due our delegates; Drs. Bowe, Buchanan, Mueller, O'Connell, Whitney, Tanbara, Virak, Ohme, and Elmer. A special thanks is due Dr. Charles Anderson who served as an alternate delegate. Lloyd Elmer was called upon at the last minute to chair Reference Committee D, which he did with competence and thoroughness.

THE PHYSICIAN-OWNED INSURANCE COMPANY

The hot potato this year, and perhaps one of the more critical in the history of our association, is the proposed physician-owned professional liability insurance company. Funding for the full development of the company was approved by the House of Delegates, along with the necessary increase in WSMA dues to cover the expense of getting the program ready to roll. The delegates did balk at leaving the final decision of whether or not to proceed with the program in the hands of the WSMA Board of Trustees. A request for a special meeting of the House of Delegates, in May of 1981, for final deliberation on whether to stay with Aetna, or to activate the physician-owned company was approved by the House.

Dr. Loren C. Winterscheid, chairman of the WSMA Council on Member Services, is such a convincing and influential proponent that a good many who were opposed to the physician-owned program as a highly chancy path to bankruptcy came away from his presentation convinced—at least temporarily—that this is the only way to proceed. And additional impetus is supplied by Aetna. The projected increases in premium rates raises Class I premiums from \$1,597 to \$2,073 for 1981, and Class VII from \$12,814 in 1980 to \$16,624 in 1981. The average increase for all classes in 1981 is 29.7 per cent.

This is a complex issue. Such unpredictable considerations as tail-end litigation years hence, basic funding, and level of and performance of physician participation produce some

discomfort. Your delegates are committed to face this issue next Spring. We need your advice. There will be a flow of information from WSMA to your offices. Do study the material carefully and let your representatives in on your thinking.

LIBRARY SUPPORT

Dr. William O. Robertson again made his pitch for the centralized King County-U of W Medical Library. With his acceptance of an amendment, encouraging coordination and recognition of existing medical libraries, the funding for the "Robertson Library" was extended.

Spokane County Medical Society members' 1981 dues include \$80.00 for the support of their medical library. This is a 100 per cent increase over their 1980 support level. Chelan County dues include about \$90.00 for their library. We, in Pierce County, have a bargain; our 1981 dues will include about \$50.00 per member for our medical library.

Just as we are protective of our excellent library service, so are others with good functioning libraries. There is little enthusiasm for forsaking these for the King County-U of W program. If Dr. Robertson were not so sincere, personable and persistent, his program would probably not have been supported at all in spite of the low financial requirements.

MEDICAL DISCIPLINE

The Medical Disciplinary Board concerns occupied about as much time as the insurance issue. This is so locked to law that there is not much room for modification. We are fortunate to have Dr. Ralph Johnson on the disciplinary board. If you have questions about the issues, he is the most informed. Presently we are blessed with a conservative, fair and honest board. But, changes will be made and the opportunity for real mischief is not a pointless worry.

WSMA ELECTIONS AND OTHER ISSUES

The elections were gratifying. Elected to WSMA office were: Drs. Ralph Johnson, vice president; Stanley Tuell, speaker of the house for the twelfth year; and, James Early and Lloyd Elmer, trustees. Dr. David Hopkins continues to serve as an AMA alternate delegate. These are not simply honorary titles. Each of these offices requires diligence, dedication, and real sacrifice to serve our profession. Remember to thank them once in awhile. We often take too much for granted.

Other business included our relationship with DSHS. Rapport is improving, but both physicians and DSHS are (continued on page 6)

beginning to realize that we have mutual problems, that we should be cooperative rather than adversarial, and that we must work toward a unified involvement with the legislature to provide proper funding to fulfill the legislators' promises to the public.

There is much concern about WSMA and AMA membership and misgivings about the possible effect on membership of the dues increase for the WSMA, particularly bloated this year by the costs of preparation of the physicianowned insurance program.

As these pages have said before, the WSMA and the AMA are our only significant avenues for action at the state and national levels. Impatience was expressed with the contented souls who do not pay dues, but do not resist enjoying the benefits of those who do — who even have the gall to criticize the activities of our organizations while contributing nothing.

When the bill comes for the dues for the county society, WSMA, AMA and WAMPAC, don't be surprised at the increase. But do be irritated. Select a non-participating colleague and vent your spleen on him or her. If all practicing Washington physicians participated in the WSMA, our dues would be cut in half for the same services. If all physicians in the United States belonged to the AMA, the dues could be cut to one-third the present level with no cut-back in services. So don't gripe about or to the men and women who are supporting our organizations with time, energy, and money.

The observations expressed here are more personal than the official summary of the WSMA annual meeting. An overview will appear in the Western Journal of Medicine and copies of the formal WSMA summary are available at the Society office.



MSPC delegates meet twice for breakfast caucuses during the annual meeting to review reference committee reports prior to sessions of the House of Delegates. (Left to right) Drs. Robert O'Connell, Charles Reberger, Ralph Johnson, Jim Early, Robert Whitney, Charles Anderson, and Stan Tuell review a reference committee report at one of the Pierce County delegation's breakfast meetings.



WSMA President W. Maurice Lawson (right) presents Dr. John May, Tacoma, with a special plague of appreciation at the WSMA Board of Trustees meeting prior to the Annual Meeting. The plaque was in recognition of Dr. May's completion of eight years of service as a WSMA Trustee from the Western District.





Dr. Charles Reberger, MSPC president, and WSMA President-elect Dr. Charles Strong (right), Vancouver, share a light hearted moment before a House of Delegates session.

CCR

SOCIETY NEWS BRIEFS Continued

Late in October, the local answering service blocked the telephone line used by PRS. PRS then established a foreign exchange telephone line connecting Pierce County callers with an operator in California who gives the callers the Society's telephone number. Physicians, dentists, optometrists, podiatrists, and perhaps other are being solicited by PRS to subscribe to this service which will make appointments for them should the enterprise become fully operational. There will be a charge to the physician, and others who sign up for the service, for each office appointment made through PRS.

PHYSICIAN SUPPORT URGED IN PROVIDING CARE TO ASIAN REFUGEES

Difficulties continue to be experienced by the health department and other agencies in referring Asian refugees into the private medical care system for ongoing primary care. Two health department nurses are currently handling refugee screening with about a 1,000 person caseload, and approximately 75 refugees per month are being received and processed at the department.

Members of the MSPC Executive Committee reviewed the problem at the November meeting of the Pierce County Chapter of the Washington Academy of Family Physicians. Letters requesting an opportunity for similar presentations have been sent to the Pierce County Academy of Internal Medicine, and Pierce County Obstetrical Society. A variety of support services are available from the health department and other local agencies — public and private — to assist the assimilation of the refugees into the private health care system. Physicians are urged to accept the maximum number of refugees possible into their practice. If you can accept additional refugees into your practice please contact the Society office, 572-3667, today.

PHYSICIAN CONTROLLER APPOINTED

Dr. Terry Kendrick has been appointed by the MSPC Emergency Medical Services Committee as physician controller of Peninsula Ambulance Service and Pierce County Fire District #5. The action, taken at the committee's October 30 meeting, brings to six the number of current MSPC approved physician controllers in Pierce County. In addition to Dr. Kendrick, they are: Dr. James Billingsley (Yellow Ambulance, Tacoma Fire Department); Dr. James Krueger (AA Superior Ambulance); Dr. Eugene Hensler (Powers Ambulance); Dr. Albert North (Hill Ambulance); and Dr. William Taylor (University Place Fire Department, Steilacoom Fire Department).

Also approved at the committee's meeting was a request by Clover Park Vocational Technical Institute for Society approval of the Clover Park Paramedic program. The committee recommended approval of the Clover Park Paramedic Training Program with the understanding that the Clover Park and Tacoma Community College programs will be reviewed on an annual basis by the committee and with the further understanding that the issue of testing Clover Park and TCC Program graduates is a separate issue. That issue is currently under review by the EMS Committee. The committee's recommendation was approved by the Board of Trustees at its November 6 meeting.



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MSPC SPEAKERS' BUREAU TAKES MEDICINE'S MESSAGE TO THE COMMUNITY

The willingness of local physicians to invest their time and effort in the Medical Society's Speakers' Bureau is beginning to reap tangible benefits for the entire Pierce County medical community. "The response from the public has been overwhelmingly positive. People appear to be astounded that a physician will take time from his or her busy schedule and speak to a group for no fee," reports Jo Roller, bureau coordinator.

The Speakers' Bureau was established last spring following a recommendation from the Communications Committee to the Board of Trustees. Auxiliary members of the Communications Committee — Jo Roller, Jeanne Judd, Linda Stilwell, Elena Dorey, and Nancy Spangler — volunteered their time as bureau coordinators.

All requests for a physician speaker are directed to the Society office. The request is routed to one of the coordinators who contacts a physician on the bureau roster, explaining the specifics of the proposed speaking engagement. Coordinators confirm the arrangements and provide necessary follow-up. Speakers are provided with a copy of the Society's Guideline For Cooperation With The Media and bureau guidelines.

Bureau coordinators meet monthly at the Society office to review bureau operations and to discuss problems which may have arisen. Other county medical societies have expressed interest in the MSPC Speakers' Bureau and materials have been provided to assist other counties which may wish to establish their own bureau.

Currently, about 20 per cent of the 500 members of the Medical Society have agreed to participate in the bureau. More will be needed as requests for speakers continue to increase, says Mrs. Roller.

One of the bureau's 1981 objectives is to increase physician participation. Other 1981 goals include increasing contact with senior citizens groups, schools and the business community. A mailing to local service clubs was completed last summer, timed with their fall program selection.

The bureau is currently working with the Tacoma School District nurse administrator, who plans to hold workshops in January, February, and March to familiarize district health teachers with the Speakers' Bureau. Possible incorporation of the bureau into their curriculum is an objective of the meeting, and physicians will speak at the workshops. In addition, local libraries have begun using the bureau for their lecture series.

"The public relations value of the Speakers' Bureau has exceeded our expectations. Our main concern in the future, as I see it, will be having enough physician speakers to cover our requests," states Mrs. Roller.

Physicians wishing to invest in positive community relations for the medical profession through the Speakers' Bureau are requested to call the Society office, 572-3667.

THE PAYBACK

The following letter is an example of the type of public response created by the MSPC Speakers' Bureau.

"Dear Dr. Jackson:

"Just a note to say "thank you" again for coming and speaking to us on Wednesday.

"It was kind of you to take time from a busy schedule to speak to our small group, but we appreciated it.

"It is a matter of great concern to us, and many of us are finding a lot of frustration as we grow older and our health deteriorates. I think that a lot of what you said gave us a better leeling about the present medical services available to us.

"Again, thank you."

Sincerely,

For United Methodist Women, Myrtle C. Mount

Interprofessional Committee_

LEGIBILITY (OR THE LACK OF IT)

The legibility (or lack of it) of our prescriptions took up most of the last meeting of the Interprofessional Committee. The pharmacist members of our committee pointed out that they are still receiving prescriptions with only a single line for signature, not a double line as required by state law so that the physician can elect to permit the substitution of a generic drug if he or she so chooses.

The single-lined blanks are no longer legal, and the pharmacists cannot legally fill prescriptions ordered on such forms. The legibility of the signature also is occasionally a problem, particularly with the new physicians who have come to Pierce County in the past year or two. Some of our local emergency room physicians have the worst handwriting and it was suggested that these individuals use a stamp, provided by them or the hospital they serve, so the pharmacist will know for sure that the prescription is legal. I can remember Dr. Chris Reynold's handwriting — it took me almost three years to be able to read it. Mine was so legible that I almost didn't graduate from medical school because you could read it!

On November 1, DSHS introduced a new category of prescription drug assistance for certain of its beneficiaries. It is called a "medical service limited" category and is supposed to include patients who have some income but who need

minor or limited medical assistance. They are supposed to have a different coupon, too. I suppose they will have a separate formulary also. Lord help us if we make a mistake!

But, back to the legibility problem: your pharmacist friends feel, and rightfully so, that unless they can confirm a prescription with the physician writing it, especially for a controlled substance, they cannot fill that prescription. There are so many new doctors in Pierce County, as well as new pharmacists, that we all do not know each other that well.

Most of our voices are recognized on the phone, but not all, and many of our signatures are not that easy to decipher. So, if a pharmacist calls you to confirm a prescription, don't be unhappy with him (or her). The pharmacist is only protecting the both of you. After all, we have mutual problems — our three professions of pharmacy, medicine and dentistry — and that is why we have this committee, to discuss these problems and to try to arrive at mutually helpful suggestions which will make life for all of us a little easier, and a whole lot safer.

Thanks for reading my committee reports, they are, like our meetings, intended to help us all.

Herman S. Judd, M.D., Chairman, Interprofessional Committee

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ETHICAL CONSIDERATIONS REGARDING PROVISION OF CERTAIN SERVICES TO PATIENTS IN NURSING HOMES

The MSPC Senior Citizens Committee met on Wednesday, October 15. Present were Drs. George Krick, John Bargren, Fred Schwind, George Hess, and Kenneth Graham; Mr. Tom Curry, MSPC Executive Director. One of the items of business reviewed at our meeting was the Executive Committee's July request for comment on the provision of certain services in nursing homes. The committee thoroughly reviewed this issue and agreed that guidelines need to be communicated to the membership as follows:

In recent months, concern has been expressed about the provision of certain routine services to patients confined to local nursing homes. The Ethics Committee and Senior Citizens Committee have reviewed this issue and we offer the following points as a guide for physicians in their dealing with, and consideration of, routine care provided patients in the nursing home:

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- 1. While we realize that nursing homes have certain legal obligations regarding the level of services provided to patients confined in nursing homes, we are fully aware of the fact that many visits made to nursing home patients are not medically indicated even though they may be mandated by federal and/or state regulations.
- 2. The increasing tendency to provide an ever wider variety and greater number of routine tests (serum blood sugar, for example) to nursing home patients often is not medically indicated and evidences a lack of insight into the individual patient's medical condition.
- 3. Nursing homes, even those with "house" physicians, have an obligation to contact the patient's attending physician or his/her designated covering physician in the event of a medical problem. Physicians should be fully aware that the attending physician can specify on the patient's orders that the nursing home's "house" physician should not see the patient except in the case of a medical emergency when the primary physician or designated covering physician is not available.
- 4. Physicians should be aware that the patient likely will be seen on a routine basis by the nursing home "house" physician if they do not include specific instructions regarding coverage and call provisions on the patient's orders. This quite naturally results in an erosion of the physician-patient relationship. In addition, it fosters a situation in which routine visits and other procedures are often provided without regard to their medical necessity.

These points are offered to all physicians for their individual reference and we hope they will be useful in assisting members of the Society in defining some of the key issues at stake in the provision of appropriate medical services to patients confined in the nursing home setting.

Members of the Society are urged to contact the Senior Citizens Committee, c/o the Society office, in the event they encounter problems with medical services provided in nursing homes.

These findings of the Senior Citizens Committee are presented with the full concurrence of Dr. James Vadheim, chairman, Ethics Committee.

Edwin J. Fairbourn, M.D., Chairman Senior Citizens Committee

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HOLIDAY PARTIES, STATE CONVENTION NEWS AND MORE

CHILDREN'S ANNUAL HOLIDAY PARTY

The Auxiliary's Annual Children's Holiday Party is scheduled for Thursday, December 4, from 4:00 - 6:00 p.m., at the Peninsula Lutheran Church, Gig Harbor. This is a family event and dads are particularly welcome. Each child, or family, is to bring a wrapped and marked gift, which will be donated to the Christmas House of Tacoma. Santa will pay a visit. Pinatas will decorate the room. Gingerbread men will be decorated by the children, and there will be a special magic show. Watch for additional information and a map in the president's newsletter.

ANNUAL JOINT HOLIDAY DINNER

The Medical Society of Pierce County and Pierce County Medical Auxiliary will hold their Annual Joint Holiday Dinner on Tuesday, December 9, at the Tacoma Yacht Club. No-host cocktails will begin at 6:30 p.m. Dinner (prime-rib buffet) will be at 7:15 p.m. Following inauguration of 1981 Society officers and trustees, entertainment will be provided by Ballet Tacoma. Invitations have been mailed. Please make your reservations with the Society office no later than Wednesday. December 3.

OCTOBER GENERAL MEETING

The October 17 Auxiliary luncheon meeting was held at the American Lake home of Dr. and Mrs. John Kennedy. Members were greeted at the door by hostesses Jan Thiesson, Sandra Griffith, and Linda Stilwell, who were garbed in imaginative Halloween costumes. The following new Auxiliary members were welcomed and introduced: Nancy Sharma, Norma Floyd, Diana Ames, Virginia Merrill, Nancy Rose, Barbara Patterson, Anne Fulcher, Betty Virtue, Pat Schaaf, Jane Nowagroski, Alberta Burrows, and Marsha Robson. Welcome to each of you!!

Committee chairmen informed the members of the activities of their respective committees. Kate Rich has accepted the chairmanship of the "Shape Up For Life" program; Glenna Blackett will serve as co-chairman. The membership accepted a change in the By-laws which may make Auxiliary eligible for a reduced bulk mailing permit. Phyllis Erickson, second district state representative, and an Auxiliary member, was the guest speaker. Phyllis stressed the power of the individual in the political process — not only by voting, but by becoming fully informed, and most importantly, involved at the local and state level. You can run for office or establish personal communication with your elected officials. A tip - as much as the legislative "hot line" is touted, it is not that effective. The single best way to communicate with your state representative or senator about your concerns is to write a personal letter or post card.

WASHINGTON PACKS A WHAMMY

The WSMA and state auxiliary annual conventions, October 1-5, at the Thunderbird, Jantzen Beach, were most effective. Delegates from Pierce County were: Marny Weber, Shirley Kemman, Marlene Arthur, Nikki Crowley, Cindy Anderson, Sharon Lawson, Jeanne Judd, Florence Krueger, JoAnn Johnson, Kit Larson, Jo Roller, Stephanie Tuell, Gloria Virak, and Helen Whitney. Cindy Anderson, Jo Roller and JoAnn Johnson represented us on the state auxiliary board.

The Thursday, October 2, voting and business meeting was highlighted by the presentation of American Medical Auxiliary President Mary Ellen Vaughan to the delegates. The special "Shape Up For Life" luncheon, with guest speaker Marilyn Peterson, nutritionist for the Sports Medicine Clinic, Seattle, was another plus. We learned how important it is to be aware of special dietary needs required for any exercise plan. We were reassured that 30 minutes of exercise three to four days a week would help us "shape up." So let's do it!

The double whammy struck at the evening reception and dinner. National auxiliary president Mary Ellen Vaughan and AMA President Dr. Robert Hunter were introduced to the delegates. Both come from Washington. The tributes and presentations were terrific. Our state has some fine talent, comically and musically.

Friday meetings included the organ donor program, socioeconomic sessions, and the inaugural luncheon. The convention concluded on Saturday with a wham-packed luncheon featuring gubernatorial candidates Jim McDermott and John Spellman, and an appearance by Vice-President Mondale.

Mary Ellen Vaughan's 1981 theme summed it up well—"We are a special breed of spouses, but we are not limited in our scope. We can involve ourselves in any health care program. Our goal is good health and wellness."

HALLOWEEN HOEDOWN BIG SUCCESS

If the old square dance barn could have talked, we're sure it would have told us how joyous it was the evening of October 25. After 15 years of silence, the old barn again was filled with music, happy people and good food. Forty-five couples got together at the James Crowley's square dance barn, to do the "do-se-do," and prominade to the music of the fiddle, guitar, banjo, and squeeze box, led by Chuck Pliske.

After a dinner of fried chicken, spaghetti and salad, the dancing began with the help of the callers, and couples learned how to dance the "Texas Star," the "Virginia Reel," and many more (after they learned right from left). The historic barn was decorated with corn stalks and pumpkins. On the walls were large pictures of the various square dance clubs that had danced each night for 30 years.

Guests sat on nail kegs and at old school desks. At midnight the music once again came to an end, but what a night. "Thank you" to the Crowleys, and their sons Rob and Paul, who directed parking and answered the telephone for those on ball. "Thank you" to the committee of Marge Ritchie and Karen Benveniste, (co-chairmen), and Phyllis Pierce, Debby McAlexander, Sydna Koontz, Barrie Mott, and Marny Weber.

Mary Whyte-Lenard

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



Daniel R. Bailey, M.D., Anesthesiology.
Born in Alameda, CA, 6/12 45; Creighton
University, 1971; internship, Madigan
Army Medical Center, 1971-72; residency,
Brooke Army Medical Center, Texas, 197275; State of Washington license, 1980. Has
applied for medical staff membership at

Mary Bridge and Tacoma General hospitals. Dr. Bailey is practicing at Mary Bridge and Tacoma General hospitals, Tacoma



Donald J. Bernhardt, M.D., Anesthesiology. Born in Wisconsin, 10/25/45; Medical College of Wisconsin, Milwaukee, 1976; internship and residency, University of Washington, 1976-1979. State of Washington license, 1979. Has applied for medical staff membership at Mary Bridge

and Tacoma General hospitals. Dr. Bernhardt is practicing at Mary Bridge and Tacoma General hospitals, Tacoma.



Jean Kay Gortner, M.D., Pediatrics. Born in Minneapolis, MN, 6/27/42; University of Washington, Seattle, 1977; internship and residency at Children's Orthopedic Hospital, 1977-80. State of Washington license, 1978. Has applied for medical staff membership at Lakewood General, Mary

Bridge, St. Joseph, and Tacoma General hospitals. Dr. Gortner is practicing at Group Health Cooperative, Tacoma.



Richard H. Johnson, M.D., Orthopedic Surgery. Born in Tacoma, WA, 12/23/43; Creighton University, Omaha, NE; internship and residency, Minneapolis V.A. Medical Center, Minneapolis, MN, 1974-78. State of Washington license, 1980. Has applied for medical staff membership at

Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Johnson is practicing at 215 So. 36th, Tacoma.



Jeffrey L. Nacht, M.D., Orthopedic Surgery. Born in Vancouver, Canada, 4/21/49; University of British Columbia, 1974; internship and residency, Mount Zion Hospital and Medical Center, San Francisco, 1974-76; residency, University of Pennsylvania, Philadelphia, PA, 1976-

80. State of Washington license, 1980. Has applied for medical staff membership at Mary Bridge, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Nacht is practicing at 919 So. 9th, Tacoma.



Daniel Neilson, M.D., Anesthesiology. Born in California, 7/11/50; University of Washington, 1977; internship and residency, University of Washington, 1977-80. State of Washington license, 1978. Has applied for medical staff membership at Mary Bridge and Tacoma General hos-

pitals. Dr. Neilson is practicing at 1106 So. 4th Street, Tacoma, WA.



David P. Pomeroy, M.D., Family Practice.
Born in New York City, NY, 2/1/50;
University of Cincinnati College of
Medicine, 1976; internship, The Doctors
Hospital, Seattle, WA, 1977-79. State of
Washington license, 1977. Has applied for
medical staff membership at Good Samar-

itan, Lakewood General, and Tacoma General hospitals. Dr. Pomeroy is practicing at 11019 Canyon Rd. E., Puyallup, WA.



Roger D. Robinett, M.D., Anesthesiology. Born in Casper, WY, 7/6/51; Loma Linda University, Loma Linda, CA, 1976; internship and residency, University of Washington Hospitals, Seattle, 1977-80. State of Washington license, 1978. Has applied for medical staff membership at

Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Robinett is practicing at St. Joseph Hospital, Tacoma.



Donald R. Rose, M.D., Radiology, Nuclear Medicine. Born in Joplin, MO, 11/17/45. University of Colorado School of Medicine. Denver, 1974; internship, Tucson Hospitals Medical Education Program, Tucson, Arizona, 1974-75; residency, Dept. of Diagnostic Radiology,

UCLA Center for the Health Sciences, 1975-78; residency, Dept. of Nuclear Medicine, UCLA Center for the Health Sciences, 1978-80. State of Washington license, 1980. Has applied for medical staff membership at Doctors, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Rose is practicing at Doctors, Puget Sound, St. Joseph and Tacoma General hospitals.



Alan N. Schwartz, M.D., Nuclear Medicine Pediatrics. Born in New York City, NY; Mt. Sinai School of Medicine, NY, 1977; internship and residency at Children's Orthopedic Hospital, Seattle, WA, 1977-80. State of Washington license, 1981. Has applied for medical staff membership at

Mary Bridge and Tacoma General hospitals. Dr. Schwartz is practicing at Mary Bridge and Tacoma General hospitals.



Anita D. Silverman, M.D., Pathology. Born in New York City, 5/5/47; S.U.N.Y. at Buffalo, School of Medicine, NY, 1972; internship, Millard Fillmore Hospital, Buffalo, NY, 1972-73; residency, University of Chicago Hospital, 1976-77 and Good Samaritan Hospital, Portland, OR, 1977-

80. State of Washington license, 1980. Has applied for medical staff membership at Doctors, Mary Bridge and Tacoma General hospitals. Dr. Silverman is practicing at

Tacoma General Hospital, Tacoma.



Stirling H. Smith, M.D., ENT. Born in Detroit, M1, 12/16/41; University of Michigan, Ann Arbor, 1975; internship, University of California, Irvine, 1975-76; residency, California Hospital Medical Center, Los Angeles, 1976-77; Drew School of Medicine, Los Angeles, 1977-80. State of

Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Smith is practicing at 1322 - 3rd S.E., Puyallup.

SECOND NOTICE



Robert L. Reeves, M.D., Clinical Pharmacology. Born in New York, NY, 9-22-21; University of Virginia, 1946; internship and residency, St. Lukes Hospital, New York City, 1946-51; USPHS Research Fellow in Metabolic Disease, University of Virginia

School of Medicine, 1951-52. State of Washington license, 1952. Has applied for medical staff membership at Allenmore Hospital, Dr. Reeves is practicing at Allenmore Medical Center, Tacoma.



Clarence M. Virtue, M.D., Allergy-Immunology. Born in Scofield, Hawaii, 4:15:31; University of Rochester School of Medicine, Rochester, N.Y., 1956; internship, Tripler Army Hospital, Honolulu, 1956-57; residency, Duke Medical Center, Durham, N.C., 1959-61;

Allergy Fellowship, University of Florida Medical Center, 1969-71. Washington State license, 1978. Has applied for medical staff membership at Good Samaritan, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Virtue is currently chief, Allergy Service, MAMC, and is practicing at 1624 S. I Street, Suite 402 and at the Puvallup Valley Medical Clinic.



Barry J. Weled, M.D., Pulmonary Disease. Born in Bakersfield, CA, 9/12/42; University of Washington 1972; internship, Walter Reed Army Medical Center, 1972-73; residency, Fitzsimons Army Medical Center, 1973-75; pulmonary fellowship, Fitzsimons Army Medical Center, 1975-77.

State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Weled is practicing at Allenmore Medical Center, Tacoma.



Dan A. Wiklund, M.D., Dermatology. Born in Tacoma, 10/23/47; University of Washington, 1974; internship and residency, LA County - USC Medical Center, 1974-77. Graduate work, University of Colorado Medical Center, 1977-80. State of Washington license, 1980. Has applied for

medical staff membership at Good Samaritan Hospital. Dr. Wiklund is practicing at 1420 So. Meridian, Suite D, Puvallup.



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Another factor in the success of the system is the recent trend towards consolidation of hospitals; joint operation of hospitals; the addition of professional planners to the staffs of major hospitals and the increased importance given to the planning function; and the growing and easily recognizable relationship between hospitals, physicians and third party payors such as Blue Cross.

Blue Cross of Washington and Alaska applauds the success of voluntary planning in this area, and we're pleased to be a part of the process.



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Medical Society of Pierce County

DECEMBER 1980 Vol. LII, No. 12, Tacoma, Washington



RILLET

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Society News Briefs

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

HEALTH ISSUES COMMITTEE ACTS ON MEDICAID, DISCIPLINARY BOARD CONCERNS

The Medical Society-Tacoma/Pierce County Chamber of Commerce Joint Health Issues Committee met in late November to review two issues raised by the Society: the state's administration of the Medicard program; and, the need for specified funding to allow the State Medical Disciplinary Board to fulfill its objectives.

The committee agreed to recommend support of medicine's positions on these issues to the Chamber's Board of Directors and to carry that recommendation to a special December meeting of the Scattle, Spokane, and Tacoma/Pierce chambers of commerce and Association of Washington Business. Those groups met early in December to plan strategy and define priorities for the forthcoming legislative session.

JANUARY MEETING WITH SCHOOL REPRESENTATIVES SCHEDULED

The Public Health/School Health Committee has set Thursday, January 22, 1981 as the date of its next meeting with Pierce County school district representatives. A variety of agenda items — adolescent pregnancy, handicapped children, health education, for example — will be discussed at the meeting. For further information, contact the Society office, 572-3667.

BE ON CALL (POLITICALLY, THAT IS)

Spend an enlightening day in Olympia during the 1981 Legislative Session. Meet a legislator (or three) from your home district. Drop by a committee meeting. In short, help make medicine's presence felt. You can achieve all of this impact by simply calling the WSMA Seattle number, 1-800-552-0612, and volunteering to serve one day in the WSMA Legislative Clinic. Clinic staff will handle the routine cases while you, on call, make your opinions known, effectively, to your local representatives. Watch for additional information from the WSMA.

SOCIETY CO-SPONSORS TALK SHOW

The Society has agreed to co-sponsor with radio station KLAY (1480-AM on your dial) a weekly medical talk show entitled "Let's Talk About Your Health." The 30 minute show is tentatively scheduled to be broadcast on Sundays at 2:30 p.m. Physician speakers for the programs are being arranged for through the MSPC Speakers' Bureau.

The program is being taped on weekdays at times designed to best fit the schedules of physicians who agree to appear on the program. The first broadcast featured a discussion by <u>Dr. James Early</u>, Lakewood internist, on how to use the health system most effectively. Other physicians scheduled to appear on the program as of the time the December issue of the BULLETIN went to press were <u>Drs. Marcel Malden</u> (holiday depression). <u>Eugene Lapin</u> (prevention of heart attacks), and Bruce Buchanan (smoking).

PHYSICIANS MEET WITH LOCAL LEGISLATORS

Pierce County legislators met with Medical Society members at a series of meetings held in Tacoma, Lakewood, and Puyallup in mid-December. Reform of the state's administration of the Medicaid program to make it more cost effective and equitable in its reimbursements, funding of the medical disciplinary board, and various other health issues such as midwifery, and revisions to the Mental Health Act were discussed. Another objective of the meetings was to establish the Medical Society and local physicians as reliable resources for legislators on health related issues considered in Olympia.

(continued on page 7)

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President's Page



SWAN SONG

Charles C. Reberger, M.D.

With the coming of the winter solstice and the beginning of a new year, it could be considered time to review the happenings of the waning year in this, my last, contribution to the President's Page. Impressive as this year has been. I am more aroused to look back over thirty years of medical society involvement. Even the President's Page itself brings back memories of how things used to be.

Back in the year of the presidency of Chris C. Reynolds, the BULLETIN had only one editor who signed the editorials with C.C.R. He was an irascible, truculent sort and managed to be sued for his writing by the operator of a laboratory school in Cleveland. To confuse matters, the wrong C.C.R., namely, the president, was named in the suit. By the time the affair was untangled, Chris was not exactly pleased; and editor C.C.R. was ready for an editorial board and substitution of the editorial page with a page from the president. The first presidential victim was Frank Rigos who came through with copy on a regular schedule and set the precedent of reporting the activities of the Society and the presidential views monthly. Thus ended the stormy interval between the tranquil guidance of the BULLETIN by Lewis Hopkins and the present stabilized editorial board organization.

The entire Society structure is now well organized but some of the old flavor and camaraderie are absent. Those were the days of monthly Society meetings where, coupled with the monthly hospital staff meetings, we got to know each other well enough to develop a sense of communahty. The Society meetings served to tie us all together, binding, as well, hospital, bureau and private affairs. Back in the 50's there was still a strong hold-over of bureau allegiance with most of the Society membership remembering that the bureau had rescued many a member from despair and bankruptcy. It was only a few years earlier that the Pierce County Medical-Industrial Bureau had been born in the Society with many an argument about this "Commie," socialistic undertaking being concluded with fisticuffs. Some of these amateur bouts resulted in warm friendships. By my

time, the Society was still a place for open verbal battles of intensity. But we could lambast each other on a first-name basis and still could greet each other similarly and confidently, whether on rounds or on the street.

Continuing medical education in those days was highlighted by the weekly grand rounds of high quality at the County Hospital. We had nurses and interns to teach besides. There was no compulsion to aftend and participate in such conferences except as dictated by one's own conscience and professional drive. The involvement, however, was strong and active. Even the Joint Commission on Hospital Accreditation was compatible, still being interested primarily in adequacy of records to insure good documentation for board certification, rather than the attempt to regulate practice patterns. And DSHS did not exist.

Looking back, it is clear that much of the change has involved adaptation to social progress. We have been fortunate in our medical society leadership in consistently adapting and anticipating potential problems. We have a sound and efficient organization with industrious committees. We have such an effective office staff that your officers have a much easier tour of service than in the older days with greater capacity for productivity. We have a superb executive director to provide coordination and continuity. We enjoy auxiliary participation that is at an all-time high. And we have a continuing medical education program and medical library that are models for the whole country.

Still, I miss the immediate fellowship and the free-for-all exchanges of our old time conclaves that made so many of us friends as well as colleagues. So, please forgive the wistful musings about things past, Perhaps it's a sign of advancing age. Now, at last, *mein lieber Schwan* is waiting for the dove to pull my boat backstage in the style of Lohengrin. It has been a good year and I have savored every moment of it. Thanks to you all for your support, good will and trust.

C.C.R.

GASTROENTEROLOGY UPDATE

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As an organization accredited for continuing medical education, the College of Medical Education, Inc., Credits: 6 hours certifies that this offering meets the criteria for six credit hours in Category I for the Physicians Recognition Award of the American Medical Assoication and for the relicensure requirements of the Board of Medical Examiners of the State of Washington.

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St. Joseph Hospital, Tacoma January 24, 1981 — Saturday — 8:00 a.m. to 3:15 p.m.

8:00	EMERGENCY EVALUATION OF GASTROINTESTINAL BLEEDING	James B. Wagonfeld, M.D. Tacoma
9:00	THE RADIOLOGIST'S ROLE IN GASTROINTESTINAL BLEEDING	Patrick Freeny, M.D., Virginia Mason Clinic, Seattle
10:00	Break	
10:15	THE RADIOLOGIST'S ROLE IN THERAPY OF GASTROLINTESTINAL BLEEDING	Patrick Freeny, M.D.
11:15	GASTROINTESTINAL BLEEDING IN PEDIATRIC PATIENTS	Ross S. Kendall, M.D., Tacoma
12:15	Lunch	
1:15	THERAPEUTIC ENDOSCOPY IN GASTROINTESTINAL BLEEDING	Robert Protell, M.D., Group Health Coorperative, Seattle
2:15 to 3:15	UPPER GASTROINTESTINAL BLEEDING IN THE INTENSIVE CARE ENVIRONMENT	Robert Protell, M.D.

Program Coordinator: Johnathan A. Levant, M.D. Gastroenterologist, Tacoma

Sponsored by:

College of Medical Education, Inc. The Committee for Continuing Medical Education of the Medical Society of Pierce County The Pierce County Hospital Council

> To be held at: St. Joseph Hospital — 6th floor

Registration fee: \$45.00 (\$60.00 for non-MSPC members). Paid preregistration would be appreciated before January 22, 1981. This program is subject to concellation if less than the minimum number of participants have registered by January 22, 1981. 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

SOCIETY NEWS BRIEFS continued

MSPC MEMBER PARTICIPATE IN RISK MANAGEMENT PROGRAM

Drs. John Kanda, Ben Blackett, Henry Retailliau and Albert North took part in the WSMA November 22 continuing medical education course on risk management. The purpose was to educate some 40 physicians from around the state about ways to improve the quality of medical care delivery, and thereby, reduce the incidence of medical malpractice.

The physicians attending the course were chosen because they have agreed to serve as teachers for similar courses to be

presented in their own hospitals or at their county medical society meetings.

During the day the physicians received information about the major causes of malpractice, took part in discussions of actual Washington State cases and were told what courses of action are available to individual physicians and hospitals to reduce the risk of a medical malpractice suit.

During 1981, <u>Dr. Leonard Alenick</u> will conduct a similar program for physicians at Lakewood General Hospital. Dr. Ben Blackett will arrange a program at Mary Bridge Children's Health Center, Dr. Retailliau at Doctor's Hospital, Dr. Kanda at Good Samaritan, and Dr. North at Puget Sound Hospital. Doctors in the state insured by the WSMA-endorsed carrier, AETNA,

must attend at least one Risk Management program annually.

The WSMA Risk Management program has been developed over the past two years. Besides the educational program, it has two other important components: Claims Review Panels and a Professional Review Committee. The panels review malpractice cases which have been, or are expected to become, suits and recommend that they be settled or defended. The Professional Review Committee reviews physicians and recommends to the WSMA-sponsored insurance company whether or not the physician's insurance should be renewed, or a surcharge imposed, or the physician's practice be limited or whether the physician should be referred to the Washington State Medical Disciplinary Board.

LAW AND MEDICINE PROGRAM SET FOR JANUARY 17

"The Law and Medicine," a one-half day program, has been scheduled for January 17, 1981 at the University of Puget Sound Law School, 950 Broadway Plaza. The program will begin with an 8:00 a.m. breakfast followed by presentations on serving as an expert witness, informed consent, the Medical Practices Act, and current tax developments. It is sponsored by the Medical Society of Pierce County, College of Medical Education, Tacoma-Pierce County Bar Association and the University of Puget Sound Law School. Program coordinator is Don C. Pearson, M.D., J.D. For complete program details, including registration information, please see page 9.

ANNUAL MEMBERSHIP OPINION SURVEY COMING

All members of the Medical Society will receive the Annual Membership Opinion Survey late in December. Your assistance in completing the questionnaire and returning it to the Society is encouraged and appreciated. Survey results are used by the Board of Trustees in establishing Society programs and priorities for the coming year. The Board will hold its annual goal-setting retreat in mid-January.

(continued on page 10)

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STATE VISIT: COMBINED BOARDS MEET

On October 29, the boards of the medical auxiliaries of Pierce and Thurston-Mason counties met jointly at St. Joseph Hospital, Tacoma, to welcome State Auxiliary President Sandy Cleveland and State President-elect Mary Randolph. Our state guests and Maureen Schroder, Thurston-Mason president, were welcomed with a rememberance of spring; daffodil bulbs from the valley and our famous cookbooks.

Members of both boards (17 members from the guest board) introduced themselves and shared ideas about our various projects and responsibilities — we found so many similarities; no wonder we are part of the same.

During the meeting we viewed a film developed by the national auxiliary for membership development entitled, "It Pays To Belong." The film focuses on the goals and purposes of our organization as they relate to the national, state, and local perspective, and to the individual member. The following excerpt summarizes why "It Pays To Belong": "Invest youself in the AMA Auxiliary, and thru it in the health of the nation, in sound legislation, in the future of medical practice, in your own personal growth. Do it for yourself and for the community."

Harry Wappler, meterologist from KIRO-TV, provided members and guests with an informative talk on the weather. We found out some of the whys related to our unpredictable weather. There is a reason for more rain in Olympia than in Tacoma, and for the frequent cloud cover stretching from Northgate to Southcenter. Mr. Wappler requested that his honorarium be contributed to the Northwest Kidney Fund.

TEL-MED SAYS "THANK YOU"

Stephanic Tuell, Tel-Med volunteers coordinator, wishes to thank the following individuals who responded to the recent request for volunteers: Virginia Merrill, Alberta Burrows, Marjorie Glock, Deva Vaught, Nancy Rose, Sharron Gilbert, Susie Duffy, Anne Fulcher, Merriam Kemp, and Jessie Gillespie.

INTERESTED IN DOING SOMETHING DIFFERENT?

Mary Schaeferle would like to hear from you if you are interested in doing something different — being part of an interest group. Possibilities are gourmet cooking (couples or women), book reviews, crafts, or you name it. Please call Mary, 627-2716, with your interests and ideas. This may be one way to beat the winter blahs.

ANOTHER "THANK YOU"

Cindy Anderson, newsletter chairman, and Helen Whitney, mailing chairman, wish to thank Debbie McAlexander, Alaire Sheimo, Nikki Crowley, and Marny Weber for their help in the production and mailing of 350 newsletters that went out in November.

GET READY FOR THE HEALTH FAIR!

The Auxiliary will have a booth at the Health Fair to be held at the Tacoma Mall, February 6, 7, and 8. Volunteers are needed to staff our booth during mall hours. Please consider volunteering for an hour or so, and call Margaret Granquist, community health chairman, 845-4745, and let her know of your interest.

HOLIDAY SHARING CARD

Sharon Lawson, AMA-ERF chairman, reports that as of November 21 \$9,100 had been donated for the holiday card. Additional checks are still coming in. Special thanks go to Cindy Anderson for creating our holiday card and to Helen Whitney for updating the mailing list. "Thank you" to Nikki Crowley, Jo Roller, Debbie McAlexander, Barrie Mott, Gloria Virak, Marny Weber, and Lee Jackson for their help in addressing the envelopes and with the initial letter.

This project is a big one, requiring a lot of people, effort and time. The auxiliary says a super "thank you" to SHARON LAWSON, whose perserverance and hard work coordinated the accomplishment of this tremendous task! The Auxiliary wishes to thank those who so generously donated and those who made Christmas card purchases to benefit AMA-ERF.

MEMBERSHIP

Dorothy Truckey, dues treasurer, reports that for 1980-1981 we have approximately 167 members who have paid their dues. If you haven't yet sent in your check, now is the time. If the dues increase (reflected in state and national increases) is causing you to hesitate this year, please call Dorothy, 564-4886, and she will send you a copy of the letter written by the AMA Auxiliary which explains in detail inflation's impact on the cost.

THE DAY IT RAINED AND RAINED

The weather report said we would have a deluge and we did. Friday, November 21, members of the Auxiliary met in rained-soaked parking lots in Puyallup, Tacoma and Gig Harbor to car pool to Seattle for a visit to the University of Washington Health Sciences Center. At 10:00 a.m. we met our tour guides and in three separate groups took off for our mini-tour of the facility.

Services visited were, Neonatal Intensive Care, the Rehabilitation Center, the Eye Bank, and the Family Practice Clinic, an integral part of the Family Practice Residency Program. At lunch, hosted by the University, we learned about the Pain Clinic from Director Terrance Murphy, M.D.

Zen Camacho, M.D., assistant dean of students affairs, talked to us about the medical student program, particulary as it relates to financial aid for students. For example, the average student needs \$22,000 in financial aid (loans) for the four year program. Financial aid is becoming more and more difficult to obtain, as interest rates rise. Dr. Camacho said AMA-ERF funds are used primarily for emergency loans

(continued on page 10)

THE LAW & MEDICINE

CATEGORY I
Credits: 3 hours

As an organization accredited for continuing medical education, the College of Medical Education, Inc., certifies that this offering meets the criteria for three-credit hours in Category Hor the Physicians

Recognition Award of the American Medical Association and for the relicensure requirements of the

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Bruce F. Meyers, J.D., LL.M.

Elvin J. Vandeberg, J.D.

Plaintiff's Attorney:

Defense Attorney: F. Ross Burgess, J.D.

H. Frank Stubbs, J.D.

Don C. Pearson, M.D., J.D., F.A.C.S.

W. Ben Blackett, M.D., J.D., F.S.C.S.

Board of Medical Examiners of the State of Washington.

ALSO: Accredited by the American Academy of Family Physicians for three credit hours—Category I

(Prescribed)

January 17, 1981 - Saturday

University of Puget Sound Law School 950 Broadway Plaza, Tacoma

8:00 BREAKFAST

Chaplin's Judicial Annex

9:00 WELCOME

9:05 INTRODUCTIONS

9:15 SO YOU ARE BEIN

SO YOU ARE BEING CALLED AS AN EXPERT WITNESS?

What a trial attorney expects

from the physician witness.

10:15 WHAT DOES 'INFORMED CONSENT' MEAN?
What 'land mines' do these two words

imply to medical practice?

10:15 Break

11:00 WHATEVER HAPPENED TO THE MEDICAL

PRACTICES ACT?
Did this law accomplish the intent?

11:30 CURRENT TAX DEVELOPMENTS WHICH to EVERY PHYSICIAN SHOULD BE AWARE OF

12:00 What changes in the corporate tax law will impact on the incorporated physician?

Don C. Pearson, M.D., J.D., F.A.C.S Symposium Coordinator

SPONSORED BY:

The Tacoma-Pierce County Bar Association The Medical Society of Pierce County The University of Puget Sound Law School The College of Medical Education



Registration fee: \$35.00 (includes breakfast). Paid preregistration would be appreciated before January 15, 1981. This program is subject to concellation if less than the minimum number of participants have registered by January 15, 1981. 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

PATIENT REFERRAL SERVICES (CONTINUED)

Members of the Society are reminded that the Medical Society of Pierce County does not endorse Patient Referral Services, a for-profit California based service soliciting physician subscriptions (see "News Briefs," November issue). The Society's physician referral service, operating without charge to the public or physicians, continues to respond to an average of 35 calls per day. The Society's referral list is based on information received from the members as part of the July directory mailing. If physicians wish to check on the status of their referral listing, please call the Society office, 572-3667.

MARK YOUR CALENDARS. . .

For the March general membership meeting set for <u>Tuesday</u>, <u>March 9, 1981</u>. The tentative program is a presentation of the proposed WSMA physician-owned insurance company.

PARAMEDIC PROTOCOLS BEING REVISED

Revised paramedic protocols are being reviewed by the Emergency Medical Service Committee. The draft "Emergency Patient Care Guidelines" were prepared by a sub-committee headed by Dr. Thomas Webster. The document includes guidelines on treatment of alcoholism and drug abuse, burns, head and spinal injury, poison, trauma, pediatric, and pre-hospital care of cardiovascular emergencies. Copies of the protocol are available at the Society office. Following final approval by the committee, they will be distributed to all emergency rooms in the county.

1981 DUES BILLED

All current Society members have been sent their statement for MSPC, WSMA, AMA and WAMPAC 1981 dues. Also included is a cover letter from Secretary-Treasurer Dr. Richard K. Ohme explaining the 1981 dues statement. The letter notes that \$48.00 of the WSMA dues increase is allocated to the one-time expense of establishing a physician-owned professional liability insurance company, the remaining \$30.00 reflects two years of inflation. MSPC dues are unchanged for 1981. Members are reminded that the deadline for payment of county, state and national dues is April 1, 1981.

HEALTH DEPARTMENT DIRECTOR SEARCH CONTINUES

The process of selecting a new permanent director of the Tacoma-Pierce County Health Department has met with delays in recent weeks, reports the department. The original goal to have a new director designated by January 1 will not be met. Dr. Charles McGill, interim health department director, has agreed to stay on in that post past January 1.

OFFICE PERSONNEL SALARY AND FRINGE BENEFITS SURVEY UNDERWAY

In response to numerous requests from member physicians for current local salary and fringe benefit information for medical office personnel, the Medical Society's Placement Service is conducting its periodic survey of salary and fringe benefits. All survey results are kept confidential and will be released only upon the request of a member physician. Survey results are mailed to the physician's home address. All member physicians are asked to respond to the survey. Additional questionnaires are available at the Placement Service office, 572-3709.



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AUXILIARY PAGE continued

such as air-fare for a student who has a death in the family, or a student with a broken-down car in the field.

Pablo Proano, a fourth-year medical student from Vancouver, Washington, and the son of a physician, is a recipient of the Rock Sleyster Memorial Scholarship Fund. This fund is from AMA-ERF and is used specifically for children of physicians. Pablo told us that it is impossible for physician's children to get financial aid without this source. His parents have four children in college and some type of aid is necessary.

We wish to thank John Chase, M.D., associate dean of clinical affairs, who acted as our host and Sharon Rockwood, health services tour coordinator, for a very informative and enlightening day.

ATTENTION BOARD MEMBERS!

The Board will meet Tuesday, January 6 at 9:30 a.m., at Good Samaritan Hospital, Puyallup, in the Conference Room (old building). This is an important meeting. Agenda items include election of a nominating committee, finalizing of the plans for the Auxi-Quad Luncheon, and planning for the Health Fair.

Mary Whyte Lenard

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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



Ross S. Kendall, M.D., Pediatrics and Pediatric Gastroenterology. Born in New York City, N.Y., 7/8/46; State University of New York, Buffalo, 1972; internship, St. Christopher's Hospital of Children, Temple University School of Medicine, Philadelphia, Pennsylvania,

1972-1973; residency, pediatrics at St. Christopher's Hospital for Children, 1973-75; graduate training (pediatric gastroenterology), UCLA Center for the Health Sciences, Los Angeles, CA, 1978-1980. State of Washington license, 1980. Has applied for staff membership at Allenmore, Lakewood General, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Kendall is practicing at 818 S. Yakima St., Tacoma.



Anthony J. Lemanski, M.D., Ob-Gyn.
Born in Pontiac, Michigan, 8/1/47; Kansas
University Medical School, 1973;
internship, Madigan Army Medical Center,
1973-1974; residency, Madigan Army
Medical Center, 1974-1977. State of
Washington license, 1976, Has applied for

medical staff membership at Allenmore, Lakewood General. Good Samaritan, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Lemanski is practicing at 34616 11th Place South, Federal Way.



Christopher R. Miller, M.D., Family Practice. Born in St. Louis, Mo., 5/1/45; University of Iowa, Iowa City, 1971; internship, Valley Medical Center, Fresno, CA, 1971-72; residency, Tacoma Family Medicine, 1978-1980. State of Washington license, 1973. Has applied for medical staff

membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Miller is currently practicing at B-7005, Allenmore Medical Center, Tacoma.



William M. Priebe, M.D., Internal Medicine/Gastroenterology. Born in Muskegon, Michigan, 6/6/48; Wayne State University, Detroit, 1974; internship, St. Joseph Mercy Hospital, Ann Arbor, Michigan, 1974-1975; residency (internal medicine), St. Joseph Mercy Hospital, Ann Arbor, Michigan, 1975-1977; gastroenter-

ology Fellowship, Queen's University, Kingston, Ontario, 1978-1980. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Priebe is practicing at 721 South Fawcett Street, Tacoma.



Roger S. Simms, M.D., Emergency and General Practice. Born in Washington, D.C., 5/20/48; University of New Mexico, 1979; internship, Tacoma Family Medicine, 1979-1980. State of Washington license, 1980. Has applied for medical staff membership at Puget Sound

Hospital. Dr. Simms is currently practicing at Puget Sound Hospital, Tacoma.



Stephen E. Steinberg, M.D., Internal Medicine. Born in Brooklyn, N.Y., 7/8/48; Johns Hopkins Medical School, 1974; internship and residency, Johns Hopkins, 1974-1976; fellowship in hematology/onology, University of Washington, 1976-79. State of Washington License, 1976. Has

applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Steinberg is practicing at 1624 South I street, Tacoma.

SECOND NOTICE



Daniel R. Bailey, M.D., Anesthesiology. Born in Alameda, CA, 6/12 45; Creighton University, 1971; internship, Madigan Army Medical Center, 1971-72; residency, Brooke Army Medical Center, Texas, 1972-75; State of Washington license, 1980. Has applied for medical staff membership at

Mary Bridge and Tacoma General hospitals. Dr. Bailey is practicing at Mary Bridge and Tacoma General hospitals, Tacoma.



Donald J. Bernhardt, M.D., Anesthesiology. Born in Wisconsin, 10/25/45; Medical College of Wisconsin, Milwaukee, 1976; internship and residency, University of Washington, 1976-1979. State of Washington license, 1979. Has applied for medical staff membership at Mary Bridge

and Tacoma General hospitals. Dr. Bernhardt is practicing at Mary Bridge and Tacoma General hospitals, Tacoma.



Jean Kay Gortner, M.D., Pediatrics. Born in Minneapolis, MN, 6/27/42; University of Washington, Seattle, 1977; internship and residency at Children's Orthopedic Hospital, 1977-80. State of Washington license, 1978. Has applied for medical staff membership at Lakewood General, Mary

Bridge, St. Joseph, and Tacoma General hospitals. Dr. Gortner is practicing at Group Health Cooperative, Tacoma.



Richard H. Johnson, M.D., Orthopedic Surgery. Born in Tacoma, WA, 12/23/43; Creighton University, Omaha, NE; internship and residency, Minneapolis V.A. Medical Center, Minneapolis, MN, 1974-78. State of Washington license, 1980. Has applied for medical staff membership at

Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Johnson is practicing at 215 So. 36th, Tacoma.



Jeffrey L. Nacht, M.D., Orthopedic Surgery. Born in Vancouver, Canada, 4,21,49; University of British Columbia, 1974; internship and residency, Mount Zion Hospital and Medical Center. San Francisco, 1974-76; residency, University of Pennsylvania, Philadelphia, PA, 1976-

80. State of Washington license, 1980. Has applied for medical staff membership at Mary Bridge, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Nacht is practicing at 919 So. 9th, Tacoma.



Daniel Neilson, M.D., Anesthesiology. Born in California, 7/11/50; University of Washington, 1977; internship and residency, University of Washington, 1977-80. State of Washington license, 1978. Has applied for medical staff membership at Mary Bridge and Tacoma General hos-

pitals. Dr. Neilson is practicing at 1106 So. 4th Street. Tacoma, WA.



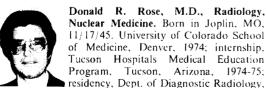
David P. Pomeroy, M.D., Family Practice.
Born in New York City, NY, 2/1.50;
University of Cincinnati College of Medicine, 1976; internship, The Doctors Hospital. Seattle, WA, 1977-79. State of Washington license, 1977. Has applied for medical staff membership at Good Samar-

itan, Lakewood General, and Tacoma General hospitals. Dr. Pomeroy is practicing at 11019 Canyon Rd. E., Puyallup, WA.



Roger D. Robinett, M.D., Anesthesiology. Born in Casper, WY, 7/6/51; Loma Linda University, Loma Linda, CA, 1976; internship and residency, University of Washington Hospitals, Seattle, 1977-80. State of Washington license, 1978. Has applied for medical staff membership at

Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Robinett is practicing at St. Joseph Hospital, Tacoma.



UCLA Center for the Health Sciences, 1975-78; residency, Dept. of Nuclear Medicine, UCLA Center for the Health Sciences, 1978-80. State of Washington license, 1980. Has applied for medical staff membership at Doctors, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Rose is practicing at Doctors, Puget Sound, St. Joseph and Tacoma General hospitals.



Alan N. Schwartz, M.D., Nuclear Medicine Pediatrics. Born in New York City, NY; Mt. Sinai School of Medicine, NY, 1977; internship and residency at Children's Orthopedic Hospital, Seattle, WA, 1977-80. State of Washington license, 1981. Has applied for medical staff membership at

Mary Bridge and Tacoma General hospitals. Dr. Schwartz is practicing at Mary Bridge and Tacoma General hospitals.



Anita D. Silverman, M.D., Pathology. Born in New York City, 5-5-47; S.U.N.Y. at Buffalo, School of Medicine, NY, 1972; internship. Millard Fillmore Hospital. Buffalo, NY, 1972-73; residency, University of Chicago Hospital, 1976-77 and Good Samaritan Hospital, Portland, OR, 1977-

80. State of Washington license, 1980. Has applied for medical staff membership at Doctors, Mary Bridge and Tacoma General hospitals. Dr. Silverman is practicing at Tacoma General Hospital, Tacoma.



Stirling H. Smith, M.D., ENT. Born in Detroit. M1, 12/16/41; University of Michigan. Ann Arbor, 1975; internship, University of California, Irvine, 1975-76; residency. California Hospital Medical Center, Los Angeles, 1976-77; Drew School of Medicine, Los Angeles, 1977-80. State of

Washington license, 1980. Has applied for medical staff membership at Allenmore. Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Smith is practicing at 1322 - 3rd S.E., Puvallup.

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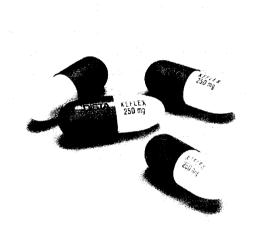


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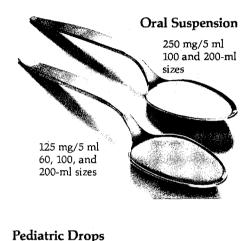
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