



# The Bulletin

## MEDICAL SOCIETY OF PIERCE COUNTY

In This Issue . . .

New Officers and Trustees  
Introduced, page 6  
President's Page, page 5

*Thanks for a job well done! Outgoing MSPC President Lloyd C. Elmer, left, receives a plaque of appreciation from 1983 President Robert E. Lane at the annual Medical Society-Auxiliary Dinner Meeting. See page 6 for details.*

January, 1983

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**Editor:** David S. Hopkins

**Managing Editor:** Thomas J. Curry

**Editorial Committee:** David S. Hopkins (chairman), Stanley W. Tuell, W. Ben Blackett.

**MSPC Officers:** Robert E. Lane, President; Pat Duffy, President-elect; Richard Hawkins, Vice President; Juan F. Cordova, Secretary-Treasurer; Lloyd C. Elmer, Past President.

**MSPC Trustees:** Bruce D. Buchanan, Robert F. Kapela, Gordon R. Klatt, and Gilbert J. Roller, 1983; Richard E. Gilbert, Gregory A. Popich, and Alan D. Tice, 1984; Marlene Arthur.

**Board and Committee Chairmen:** *Budget/Finance*, Juan F. Cordova; *College of Medical Education*, Ronald J. Graf; *Credentials*, Ronald G. Taylor; *Emergency Medical Standards*, Mark E. Jergens; *Ethics/Standards of Practice*, Gilbert J. Roller; *Grievance*, Lloyd C. Elmer; *Interprofessional*, Herman S. Judd; *Jail Health Advisory Board*, Michael W. Priebe; *Legislative*, James D. Krueger; *Library*, Juan F. Cordova; *Medical Education*, K. David McCowan; *Medical-Legal*, W. Ben Blackett; *Membership Benefits, Inc.*, Dale L. Hirz; *Professional Relations*, William A. McPhee; *Program*, Richard Hawkins; *Public Health/School Health*, Terry W. Torgenrud; *Senior Citizen*, Edwin J. Fairbourn; *Sports Medicine*, Stanley A. Mueller.

Deadline for the submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**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, (206) 223-0861. 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.

# Society News Briefs

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

## Child, Family and Law Program To Be Held February 5

On Saturday, February 5 at the UPS Law School the Fifth Annual Child, Family and Law Symposium will be held. The one day program will focus on the family in court, family abuse, handicapped rights and services, environmental impact, and child placement issues.

A printed syllabus and other learning materials will be provided. Each registrant is given a choice of attending two of the five scheduled afternoon workshops. Lunch is included in the fee. After January 21 the fee is \$15.00 for students and \$40.00 for non-students.

For additional information, contact the Child, Family and Law, c/o 705 North Yakima Avenue, Tacoma, WA 98403.

## Be On Call (Politically, That Is)

Spend an enlightening day in Olympia during the 1983 legislative session. Meet the legislators from your home district. Drop by a committee meeting. Help make medicine's presence felt.

You can achieve this impact by simply calling the WSMA Seattle number, 1-800-552-0612, and volunteering to spend one day in the WSMA legislative clinic. The

clinic staff will handle the routine cases while you, on call, make your opinions known. A few hours of volunteer time can have a tremendous impact on your local representatives. Please call the WSMA and volunteer.

## Annual MAMC-MSPC Meeting Set for February 8

The annual joint meeting of the Medical Society of Pierce County and Madigan Army Medical Center will be held Tuesday, February 8.

Always entertaining, this year's program will feature three brief scientific presentations, an excellent meal, and a special sense of camaraderie for all who attend.

Registration forms were mailed to all members earlier in January. Please respond by January 31, or call the Medical Society office at your earliest convenience.

## Tacoma Emphysema Club Meeting Set For February 9

The next meeting of the Tacoma Emphysema Club is scheduled for Wednesday, February 9 from 1:00 - 3:00 p.m. Dr. John Rowlands, pulmonary specialist, will speak on the relationship of the heart to the respiratory system and symptoms lung patients should watch for.

The Emphysema Club is a support group for lung disease patients. It meets at South Park Community Center, 4851 South Tacoma Way. There is no charge for attending. For additional information, call the American Lung Association, 474-5947.

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## President's Page

# THE CHANGING PRACTICE ENVIRONMENT, THE MEDICAL SOCIETY, AND YOU



Year after year new medical accomplishments have resulted in an improved quality of care. These improvements have been willingly financed by the public as is evidenced by the increasing allocation to health care of an ever greater portion of our gross national product. Another result of the technological and treatment advances made in medicine has been the creation of many large and complex institutions along with the education of many well trained physicians, nurses and allied health professionals — all at great cost. All of this is now being challenged.

The national (actually international) economic crunch is just really beginning to be felt in the medical community. We can anticipate that the economic pressures will increase rapidly. Third party payers, government, and now business associations are demanding that health care costs be controlled and they are taking a variety of actions to accomplish this goal.

Their strategies include forcing less hospital inpatient care and reductions in procedures, greater cost sharing, outright limitation of benefits, and, finally, competitive contracting for services. New service oriented groups following a variety of competitive models are being formed at the same time that intense competition between all providers is increasing.

Hospitals appear particularly vulnerable. In order to survive or make a "profit" we will see more medical merchandising by hospitals under such catchwords as "better care." New programs such as satellite clinics, executive examinations, industrial medicine and favored disease clinics will be introduced. Special expertise and/or savings will be identified and aggressively marketed (with the additional note that contributions are appreciated and may be tax deductible!).

However, the biggest threat to our profession and medical community comes from within. Non-physician organizations, in order to obtain better control of our services, will attempt to further fragment the physician community. We must deal with this issue.

If third party payers can, directly or through intermediaries, promote contract type medicine to the point where physicians sufficiently fear for their own economic survival and become willing to sign away their standards of care so that quality becomes a secondary consideration

then we can expect to see one group pitched against another in destructive competition. The adverse effect will be felt by all of us.

It bears reminding that physicians by nature always have been very competitive — but in a different way. We compete continually to do as good, or better, a job as our peers. We constantly compete with ourselves for the satisfaction of feeling we have helped a patient. Usually, financial reward is secondary.

These are among the reasons why we must increase the strength and vitality of our Medical Society to provide services and to support members regardless of practice affiliation. No member should feel that he or she is in a compromised position by virtue of a contractual or employer-employee relationship. The Society must serve as the "spokesman" for physicians and their ethical and professional concerns regardless of affiliation.

We must maintain as much of the sense of unity that has characterized our county in recent years as possible. We must help individual members deal with their changing environment.

By the way, recent pronouncements that the solo practice of medicine will soon be extinct are nonsense — if for no other reason than the solo practitioner provides the most economical medical service in many respects. For example, take the "most" common cold. How much does it cost to diagnose and treat this condition at a satellite clinic? If a hospital emergency room is any guide, we can expect a clinic fee, a doctor's fee, lab fees, a chest x-ray fee, and perhaps a total bill for \$100 or so. Perhaps the satellite clinic fee will fall somewhat below the ER rate.

Contrast this with the family physician who, knowing the patient, talks to him by phone and offers a treatment that may not require an actual office visit. Some might decry that such a treatment is hazardous or a major problem might be missed; but, on the other hand, such care saves a tremendous amount of money. Such funds saved can be used for someone in greater need.

Our profession has many challenges ahead and we should use our Medical Society to help meet these challenges. Above all, this is *our* professional society and your personal interest and involvement is strongly encouraged and will be greatly appreciated.

*Robert E. Lane, MD*

## Dr. Tom Clark Recognized For Service

### NEW MEDICAL SOCIETY OFFICERS AND TRUSTEES INTRODUCED AT ANNUAL JOINT DINNER MEETING

Newly elected Medical Society officers and trustees were introduced at the annual joint Medical Society-Auxiliary dinner meeting in December. The festive evening also was highlighted by the recognition of Dr. Tom Clark, Puyallup family physician, for his many years of dedicated service to the community and medical profession.

Funds were raised for the Auxiliary's Student Recognition Award Program through a special raffle. Dr. John Doelle, Puyallup, won a case of wine donated by the Medical Society's Board of Trustees and Phyllis Pierce won a handmade afghan donated by Dr. and Mrs. James Crowley. The raffle raised \$401.00 for the program.

Outgoing Medical Society President Dr. Lloyd Elmer chaired the meeting attended by 244 physicians and spouses. Following his presentation of the president's gavel to incoming president Dr. Robert E. Lane, Dr. Elmer expressed his thanks for the efforts of those who served on the Society's committees and boards during 1982.

He discussed the many issues faced by the Society including the promotion of ethics and professionalism, modification of the Society's referral service to include greater numbers of physicians willing to treat low or no fee patients, strengthening of the Society's credentialing process, and the many efforts to improve emergency medical services in the county. Dr. Elmer noted the January 1982 Board Retreat at which Society leaders outlined many of the programs that reached fruition during the year.

Medicine is on the threshold of a revolution with the advent of competition, he said, adding, "If medicine must change, let physicians be in a position to affect the course of change. Above all, let us be colleagues in the truest sense," Dr. Elmer concluded.

Dr. Lane assumed office as the 90th president of the Medical Society following Dr. Elmer's comments. In his remarks, he also noted the impact of competition. He stressed his belief that the Society needs to provide ser-



*Thomas H. Clark (left) received a plaque of appreciation from MSPC President Lloyd Elmer and a standing ovation from his colleagues for his many years of dedicated service to the medical profession and community. Dr. Clark is currently president of the Washington State Academy of Family Practice. He is a past president of the Medical Society of Pierce County and has served on numerous committees and boards.*

vices and support to all members regardless of their practice affiliation. Physicians cannot leave the practice of medicine to lay people, Dr. Lane said.

"We must help shape the future of the delivery of health care services," he concluded. He asked all members to be involved in their Medical Society.



*Pat Knight (left), Student Recognition Award chairman, assisted Auxiliary President Marlene Arthur in drawing the two winners of the Student Recognition Award fundraising raffle. Over \$400.00 was raised through ticket sales.*



*Physicians must participate in the shaping of the future delivery of health care, Dr. Bob Lane told his colleagues at the December meeting.*

## 1983 MEDICAL SOCIETY OFFICERS AND TRUSTEES

- President* ..... Robert E. Lane, MD
- President-elect* ..... James P. (Pat) Duffy, MD
- Vice President* ..... Richard Hawkins, MD
- Secretary-Treasurer* ..... Juan F. Cordova, MD
- Trustees* ..... Richard E. Gilbert, MD (1984)  
 Gregory A. Popich, MD (1984)  
 Alan D. Tice, MD (1984)  
 Bruce D. Buchanan, MD (1983)  
 Robert F. Kapela, MD (1983)  
 Gordon R. Klatt, MD (1983)  
 Gilbert J. Roller, MD (1983)  
 Marlene Arthur

During the meeting Dr. Elmer presented plaques of appreciation to outgoing trustees and officers for their service on behalf of the Medical Society and community during 1982. Drs. Bruce D. Buchanan, vice president, Myra S. Vozenilek, secretary-treasurer, and Richard G. Bove, Walter M. Arthur, Juan F. Cordova and Dale Hirz, trustees, received plaques and the appreciation of their colleagues for their efforts.

Early in the program, there was a moment of silence for Society members who passed away in 1982: Drs. Charles C. Reberger, Robert W. Osborne, Sr., Sherman S. Pinto, Charles E. Cobb, and Norman Magnussen.

The evening concluded with entertainment provided by the brass ensemble of the Tacoma Youth Symphony.



*Outgoing Vice President Bruce Buchanan was among the officers and trustees thanked for their service in 1982. Special note was made of Dr. Buchanan's contributions as program chairman last year. Dr. Buchanan will serve as a trustee of the Medical Society in 1983.*



*The new 1983 officers were introduced at the dinner. From left to right: Juan Cordova, secretary-treasurer; James P. (Pat) Duffy, president-elect; and Richard Hawkins, vice president.*



*Alan Tice (left) and Richard Gilbert were elected to two-year terms as trustees in the November elections. Not pictured is Gregory Popich, also elected to a two-year term on the Board of Trustees.*



*1982 officers and trustees gathered for a photograph following the dinner. Front row: Juan Cordova, Myra Vozenilek, Lloyd Elmer, Marlene Arthur, George Tanbara. Back row: Gordon Klatt, Gil Roller, Bob Lane, Dick Bove, Walt Arthur and Dale Hirz. Not pictured: Bruce Buchanan and Bob Kapela.*

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# Auxiliary News

## The Children's Party

The rain and wind could not dampen the spirit of the Children's Holiday party held December 2 at the University Place United Presbyterian Church. In excess of 130 persons attended, with better than 85 young ones.

## Holiday Dinner

Candlelight and holly decked the tables for the Annual Holiday Medical Society-Auxiliary dinner held at the Bicentennial Pavilion on December 14. Soft music and good food contributed to a good time for all.

The benefit raffle for the student recognition award raised \$401. Phyllis Pierce received the afghan donated by the Crowleys and John Doelle won the case of wine donated by the Medical Society board members.

Thanks to all who participated. Special thanks go to the ticket sellers: Jo and Gil Roller, Marny and Don Weber, Pat and Ron Knight, Em Stern, Phyllis Pierce and Marilyn Bodily. Those responsible for name tags and decorations were LaVonne Campbell, Trudy Klatt, Debbie McAlexander, Dottie Truckey, Florie Dean, Gloria Virak, Marlene Arthur and Shirley Kemman.

Carol Hopkins, general chairman, conveys special appreciation to Nikki Crowley and Debbie McAlexander for the holly and to Bev Harrelson for transporting everything. Also, thanks go to Bob Truckey, Roy Virak and Dave Hopkins and last, but not least, Tom Curry.

## AMA-ERF

Helen Whitney and her committee produced a beautiful holiday greeting card! Many thanks for all of the work — mailing and card addressing — which took a lot of effort and coordination.

## Attention Parents of Graduating Seniors

The Medical Auxiliary will again present the Student Recognition Award in 1983. All Pierce County high school seniors who are children of members of the Medical Society, past or present, are eligible.

Applications will be available in counselors' offices at public and private schools in Pierce County at the beginning of February. The Student Recognition Award Committee stresses that the applicants' names are not known to the committee during the selection process.

The award is based on scholarship, leadership, service to the school and the community.

*Pat Knight,*  
Student Recognition Chairman

## February General Meeting

On Friday February 18 Mrs. J. Lawrence Smith will host the luncheon meeting. The program is entitled "Women of Pierce County Are Employable." A representative from Washington Women's Employment and Education (WWEE) of Tacoma-Pierce County will describe the exciting advances made locally in employing women and will show us their segment from "60 Minutes."

## Health Fair

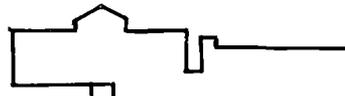
The 1983 Health Fair at the Tacoma Mall will be held February 18, 19 and 20. Barbara Wong is chairman and needs volunteers to staff our booth during the hours the mall is open. Our booth promotes our health projects of Organ Donation, Tel-Med, Car Seat Restraint, Operation ID, the Pierce County Women's Support Shelter and Handicapped Awareness.

Qualifications are: willingness to smile, to hand out materials, and to enjoy good company and an interesting two or three hours. Let Barbara know at 564-2727 what time is best for you and recruit a friend if you like.

## Dues and the Directory

Auxiliary membership dues should be paid by February 10, 1983. PLEASE NOTE: Because of a recent board decision, only the names of paid members will appear in the 1982-83 directory. Please send your dues to: Mary Whyte Lenard, Rt. 1, Box 1047, Buckley, WA 98321. Thank you.

*Judy Baerg*



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## A Report to the Medical Society

# ADMISSIONS OF THE MEDICALLY INDIGENT TO THE AMERICAN LAKE VA MEDICAL CENTER



Admission to the inpatient service of the American Lake Veterans Administration Medical Center is available to medically indigent, qualified veterans of United States armed services. This information may be of interest to physicians and hospitals faced with the increasing problem of providing care to patients without sufficient personal or third party resources.

The VA Medical Center has 57 acute beds on its medical service, including a 5-bed CCU/ICU and a 16-bed Respiratory Care Center. The following specialties are covered by board certified physicians: general internal medicine; pulmonary diseases; cardiology (comprehensive non-invasive capability); neurology; infectious diseases; oncology; endocrinology and metabolism; and geriatric medicine.

The psychiatry service has 94 acute beds, 135 long-term beds, and 62 beds for its alcohol and drug abuse programs.

Inpatient surgery is referred to Madigan Army Medical Center or the Seattle VA Medical Center. Consultations and clinics are conducted in these specialties: general surgery; vascular surgery; GU surgery; orthopedic surgery; and EENT.

Rehabilitation Medicine Services are provided in the following areas: physical therapy; occupational therapy; corrective therapy; speech therapy and audiology; blind rehabilitation; and vocational rehabilitation therapy.

The availability of beds for chronic, stable disease is unfortunately very limited.

How does one get a patient admitted to American Lake VA Medical Center? Call the admitting office, 582-8440, ext. 6567 (24 hours per day). After obtaining basic information, the call will be transferred to the on-call physician who will make the arrangements for admission, or arrange for evaluation in the clinic if the need for hospitalization is not clear.

Final determination as to eligibility will be made by medical center personnel during the application process.

Patients referred from a medical practice for admission will be returned promptly to the referring physician with a complete hospital summary.

*Leonard P. Elich, MD*  
Acting Chief of Staff,  
VA Medical Center,  
American Lake

*Gary Allyn R.E.*



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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 infor-

mation 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



**Lon S. Annest, MD, Cardiothoracic Surgery.** Born in Tacoma, WA 12/17/47; Medical College of Wisconsin, 1974; internship and residency, Virginia Mason Medical Center, Seattle, WA, 1974-1981. Washington State license, 1974. Dr. Annest has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General

hospitals. Dr. Annest is practicing at Allenmore Medical Center, Tacoma.



**M. Scott Magee, MD, Internal Medicine.** Born in Columbus, Ohio 1/27/53. Ohio State University College of Medicine, 1979; internship and residency, Hershey Medical Center, Hershey, PA, 1979-1982; Washington State license, 1982. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals.

Dr. Magee is practicing at the Puget Sound Clinic, Tacoma.



**Richard A. Black, MD, Ophthalmology.** Born in Dayton, Ohio 3/4/52. Bowman Gray School of Medicine, Winston-Salem, NC, 1978; internship and residency, University of Washington, Seattle, WA, 1978-1982. Washington State license, 1979. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma

General hospitals. Dr. Black is practicing at 9920 Meridian South, Puyallup.



**Jeffrey D. Patterson, MD, Orthopedics.** Born in Atlanta, GA 7/18/48; Emory University School of Medicine, Atlanta, GA, 1973; internship, Emory University School of Medicine, 1973-1974; residency, general surgery, 1974-1975 and orthopedics, 1975-1978. Washington State License, 1982. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Pat-

terson is practicing at 3582 Pacific Avenue, Tacoma, WA.



**Stephen M. Egge, MD, Family Practice.** Born Seattle, WA 4/14/53. University of Washington School of Medicine, 1979; internship and residency, Scottsdale Memorial Hospital, Scottsdale, AZ, 1979-1982. Washington State license, 1981. Has applied for hospital staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Egge is currently practicing at 11019 Canyon Road E., Puyallup.

Dr. Egge is currently practicing at 11019 Canyon Road E., Puyallup.



**Jerome P. Rao, MD, Urology.** Born in Brooklyn, NY 4/6/47. University of Rome School of Medicine, Rome, Italy, 1976; internship and residency, Lutheran Medical Center, Brooklyn, NY 1976-1982. Washington State license, 1981. Has applied for hospital staff privileges at Allenmore, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Rao is practicing at 34617 11th Place S., Federal Way.



**Jonathan J. Hurst, MD, Gastroenterology.** Born in Tacoma, WA 2/20/51. University of Washington School of Medicine, Seattle, WA, 1977; internship and residency, UCLA-San Fernando Valley Medical Program, 1977-1980; graduate training in gastroenterology at UCLA, 1980-1982. Washington State license, 1979. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Hurst is practicing at the Wildwood Medical Center in Puyallup.

Dr. Hurst is practicing at the Wildwood Medical Center in Puyallup.



**John A. Rochat, MD, Family Practice.** Born in Opportunity, WA 3/2/51; University of Oregon Medical School, 1978; internship and residency, Broadlawns Medical Center, Des Moines, Iowa, 1979-1982. Washington State license, 1982. Has applied for medical staff privileges at Allenmore, Doctors, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General hospitals. Dr. Rochat is practicing at 13410 Pacific Ave. S., and Allenmore Medical Center.

Dr. Rochat is practicing at 13410 Pacific Ave. S., and Allenmore Medical Center.



**John Phillip Lenihan, Jr., MD, Obstetrics/Gynecology.** Born in Detroit, MI 5/27/48. Baylor College of Medicine, 1973; internship, Malcolm Grow USAF Medical Center, Washington D.C. 1974-1975; residency, Madigan Army Medical Center, Tacoma, WA 1975-1977. Washington State license, 1975. Has applied for medical staff membership at Mary Bridge, St. Joseph, and Tacoma General hospitals. Dr. Lenihan is practicing at 521 South K Street, Tacoma.

Dr. Lenihan is practicing at 521 South K Street, Tacoma.



**Roger A. Stark, MD, Cardiothoracic Surgery.** Born in Nebraska 9/26/47. University of Nebraska Medical School, 1974; internship and residency, Virginia Mason Medical Center, Seattle, WA, 1974-1980. Graduate training in cardiovascular and thoracic surgery at University of Utah, 1980-1982. Washington State license, 1975. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Stark is practicing at Allenmore Medical Center, Tacoma.

Dr. Stark is practicing at Allenmore Medical Center, Tacoma.

## Membership



**James L. Waskey, MD, Radiology.** Born in San Diego, CA 8/14/42. University of Southern California School of Medicine, 1974; residency, Kaiser Foundation Hospital, San Francisco, CA, 1974-1975; residency, Mt. Zion Hospital, 1975-1978. Washington State license, 1982. Has applied for medical staff privileges at Allenmore, Good Samaritan, Lakewood General and Mary Bridge hospitals. Dr. Waskey is practicing at 7424 Bridgeport Way, W., Tacoma.



**John B. Winther, MD, Pediatrics.** Born Seattle, WA 1/2/51. San Diego School of Medicine, 1977; internship, Children's Hospital of San Francisco, 1977-1978; residency, Children's Hospital of San Francisco, 1978-1979; and University of Oregon Health Science Center 1979-1980. Washington State license, 1982. Has applied for medical staff membership at Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Winther is practicing at 3611 South "D" Street, Tacoma.

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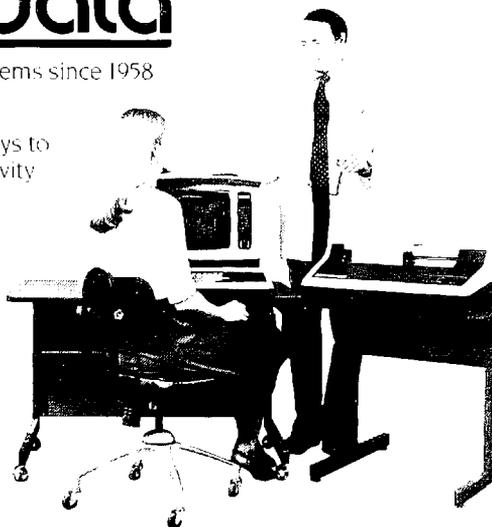
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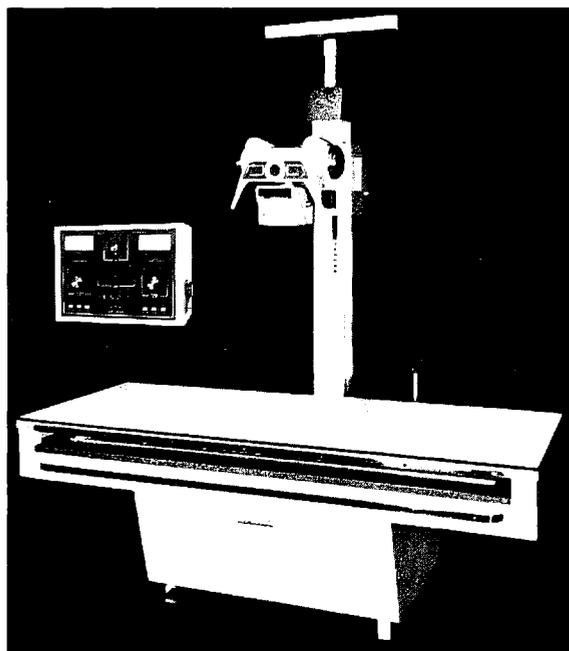
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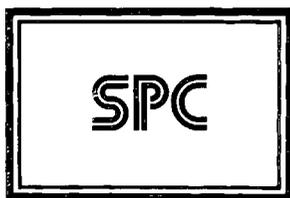
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### MARCH GENERAL MEMBERSHIP MEETING NOTICE

## THE NEW COMPETITIVE ERA—Part I The Preferred Provider Organization

PPO's offer an option for physicians in the new competitive era. However, they vary in ownership, method of control, and use of incentives. The March 8 membership meeting will discuss these issues.

### Information Center

### Calendar of Events

- **DIAGNOSING COMPETITION**
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- **PREFERRED PROVIDER ORGANIZATIONS**

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# The Bulletin

## MEDICAL SOCIETY OF PIERCE COUNTY

In This Issue . . .

The New Competitive Era  
See pages 5, 6, 13

February, 1983

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**Editor:** David S. Hopkins

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Deadline for the submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**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, (206) 223-0861. 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.

# Society News Briefs

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

## Specialty Society Presidents Made Ex Officio Board Members

In an effort to reduce fragmentation in the medical community and to enhance the Society's ability to serve as a representative and effective organization for all physicians, the Board of Trustees has designated local specialty society presidents as ex officio, non-voting board members. In a letter sent to specialty society presidents in January, MSPC President Robert E. Lane said, "Our objective is to make local specialty societies aware of the issues being dealt with at the Board level and to afford each specialty society a forum for expressing its concerns and/or to seek Medical Society support on an issue-by-issue basis."

Current specialty society presidents are:

- Thomas J. Miskovsky* . . . . . Tacoma Surgical Club
- Richard K. Spaulding* . . . . . Tacoma Chapter, American Academy of Family Physicians
- Sidney F. Whaley* . . . . . South Sound Dermatological Society

- James F. Fry* . . . . . Tacoma Academy of Internal Medicine
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*(continued on page 11)*

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## President's Page

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# LEARNING TO DEAL WITH THE NEW COMPETITIVE ERA



Competition and how each of us choose to respond to it will have a great impact on medicine in the 1980s. The changes ahead in medical economics will affect the delivery of services as well as individual doctor's practices and lives.

It is quite obvious that the health care system cannot continue to be funded as it has in the past. Cost-plus medicine and the inefficient delivery of services will not be allowed to continue unchallenged and many plans to control costs are being advanced. Some are very restrictive — for example, closed groups contracting to provide overall medical care at a fixed cost and then going to the marketplace and contracting for services. The bidding for services promises to be extremely competitive.

It is the position of the Board of Trustees of your Medical Society that every member should be given an opportunity to become knowledgeable of these developments so that he or she can make informed choices. Furthermore, we recognize that increased efforts must be made by the Medical Society to maintain, if not improve, the quality of medical care currently provided in our community. Past experience has shown that quality can suffer in an environment of competition.

In view of this, we will launch a series of educational programs on the new competitive era beginning with our March 8 general membership meeting. At that meeting there will be a presentation on the Preferred Provider Organization.

PPO's offer an option for physicians, but they vary greatly in ownership, method of control and use of incentives. The March membership meeting will provide an

overview of the PPO concept, how it is being implemented elsewhere, and how it may be applicable to our area. The presentation will be made by Mr. Martin G. Dale, president of Dale & Associates and an organizer of Health Force Medical Management Group, Los Angeles. Mr. Dale spoke at the January Washington State Medical Association leadership conference and was quite well received.

The meeting notice on this important program is included on page 13 of this issue of *The Bulletin* and additional information on the PPO concept and other options is included on page 6. Subsequent educational programs are being considered and we anticipate they will be offered to the membership later this spring.

At the same time, our Ethics/Standards of Practice Committee, under the very able leadership of Dr. Gil Roller, is wrestling with the difficult problem of maintaining our ethics and standards of care. This is a very sensitive area. The Medical Society has no intention of promoting any action that could be interpreted as restraint of trade.

Terms such as advertising, marketing, and market share have a decidedly foreign ring and negative connotation to many physicians. Addressing the new competitive era in a positive way will be a great challenge to us individually and to our organization.

Do not miss these meetings. It is only through an informed membership that intelligent and constructive responses to these problems can be devised.

*Robert E. Lane, MD*

---

# OPTIONS THAT MAY BE AVAILABLE TO THE MEDICAL PROFESSION IN THE NEW COMPETITIVE ERA

*The Medical Society of Pierce County is embarking on a program to provide its members with a basis of knowledge from which they can make informed decisions as to how they wish to participate in the new competitive era. General membership meetings and other forums will be used to present the various options open to physicians individually and as a professional group.*

*This program will begin with the March 8 general membership meeting at which an authority on Preferred Provider Organizations (PPO's) will make a presentation (see President's Page, page 5, and meeting notice, page 13).*

*The following information is offered for the benefit of all members and as the basis for constructive dialogue.— the editor)*

## Option A

Hospitals and physicians organize a consortium that proceeds to do some or all of the following: (1) Contract with self-insuring employers (or third parties) to provide medical, surgical and hospital care to employees; (2) Market the consortium plan direct to consumers; (3) Underwrite the plan; (4) Organize as a federally qualified health maintenance organization (HMO) or independent practice association (IPA) in order to avoid losing patients under the Medicare voucher system.

An interesting statement relative to Option A is attributed to John C. Bedrosian, a founder and executive vice president of National Medical Enterprises (NME) — the nation's fourth largest hospital management firm, who is quoted in AM News, January 7, 1983 as saying: "The government didn't want to take on the physicians, so instead they took on the hospitals, forcing us to take on the physicians to make changes in utilization."

## Option B

Preferred Provider Organizations (PPOs). How does a PPO work? The design is basically simple. Each PPO identified to date consists of a panel of providers — hospitals and physicians in various combinations. In instances where the hospitals are the focus of organization, they either enlist their own medical staffs or extend staff

privileges to other physicians in the community. When medical groups are the organizational focus, a panel of primary care physicians utilize a network of participating hospitals and refer patients to affiliated specialists.

## Option C

Reconstruct physician-sponsored plans to retain physician direction of medical care patterns while meeting competition's prices, advertising and marketing techniques. Form a federally qualified HMO and/or IPA to be ready for Medicare voucher system.

## Option D

Take Option C and blend it with Blue Cross.

## Option E

Organize a statewide Preferred Professionals Corporation (PPC) which provides peer and utilization review among members and contracts with employers to save them an agreed percentage of their previous year's costs (adjusted), with the PPC receiving a negotiated percentage of these savings.

This is a new concept. It is a for-profit corporation and, in one case, legal counsel has found it to be FTC-proof as compared with organized medicine doing this sort of thing. The profit accrues to the physician members, each of whom buys \$500 worth of stock to become a member, with options to purchase additional shares. Its purpose is to provide physicians with a definitive role in controlling their destiny within the competitive arena and to strongly strengthen the fee-for-service system.

## Option F

Some medical associations are considering fostering the organization of for-profit, physician-owned, indemnity insurance companies for the purpose of marketing to the still substantial segment of the population that is not locked in to employer, union, or government financed plans.

There may be other options, but these are presented to provide a beginning in discussing the important changes taking place.

— Source: WSMA 1983 Leadership Conference

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# PREFERRED PROVIDER ORGANIZATIONS (PPO'S)

## Definition

Groups of hospitals or physicians which contract on a fee-for-service basis with employers, insurance carriers or third party administrators to provide comprehensive medical care to subscribers. Because PPO's are generally formed in response to unique sets of circumstances, the organization of each varies widely. They do, however, share a number of common characteristics: (1) A "provider panel," which consists of a limited number of physicians and/or hospitals; (2) A negotiated fee schedule, frequently considered a "discount;" (3) Utilization and/or claims review; (4) Freedom of choice for consumers, who are not "locked in" but who pay deductibles and copayments if they choose a non-PPO provider; and (5) Quick turnaround on payments of provider claims.

## Background

Health care costs have become a major public policy issue. The \$287 billion spent on health care in 1982 compares to \$42 billion in 1966. National initiatives to control costs have recently focused more on encouraging competition than imposing additional regulations on the health care industry. PPO's are a response to the increasingly competitive nature of the health care market.

Market factors which have contributed to the creation of PPO's include the growth of HMO's and other Alternative Delivery Systems (ADS), declining hospital revenues, increased cost consciousness on behalf of the purchasers of health care (particularly employer) and urban area physician surpluses.

When PPO's first appeared in California and Colorado, they were dubbed "networks," "dual choice systems," and "swing plans." The term "Preferred Provider Organization" was coined by Interstudy, the Minnesota-based health policy research organization. Although the first PPO's were organized by hospitals, PPO's have been formed with physician provider bases as well, independent of hospitals.

## How Does a PPO Work?

The design is basically simple. Each PPO identified to date consists of a panel of providers — hospitals and physicians in various combinations. In instances where the hospitals are the focus or organization, they either enlist their own medical staffs or extend staff privileges to other physicians in the community. When medical groups are the organizational focus, a panel of primary care physicians utilize a network of participating hospitals and refer patients to affiliated specialists.

The only agreement that binds the participating consumers is that each time a designated service is provided by this panel, it is provided at a previously agreed-upon fee which is paid by the employer. There is no prepayment or capitation amount paid to the providers, unlike Health Maintenance Organizations. Each time a patient

seeks health services, he or she can decide whether to use a PPO or non-PPO provider. If the patient covered by a PPO plan chooses a non-PPO provider, the patient is obligated to pay out-of-pocket deductibles and copayments. Financial rewards, such as a waiver of copayments/deductibles or improved benefits are usually offered to attract the patient to the "preferred" provider.

The market for PPO's elsewhere has so far consisted primarily of large employee groups and has been arranged either through self-administered employee benefit plans or union trusts. A variety of "brokers" (consultants, insurance companies, corporations formed for this purpose) have involved themselves in the actual marketing and administration of PPO's.

## Analysis

Health policy experts are quick to point out that PPO's are a new phenomena whose effectiveness cannot yet be assessed. Initial response from most sectors has been one of cautious optimism. At a time when major changes in health care delivery systems are being proposed, the PPO might offer several advantages to the physician, who would be able to:

- ★ Maintain the integrity of individual practice patterns;
- ★ continue to be reimbursed on a fee-for-fee service basis;
- ★ avoid being placed at financial risk;
- ★ enlarge patient base; and finally,
- ★ compete more effectively in the health care marketplace.

Employers appear enthusiastic. Jan Peter Ozga, health specialist for the U.S. Chamber of Commerce, has said that "PPO's appear to be a nice compromise between fee-for-service models and HMO's." Buyers will be looking for "up front" savings that should materialize from the more appropriate use of hospitals.

There is no known PPO in the state of Washington at this time. However, on October 28, the Seattle Chamber of Commerce Health Care Policy Committee held a seminar to consider the question: "Should King County Employers Encourage the Development of Preferred Provider Organizations." Speakers included:

*"An Introduction to PPO's and Their Operation in the State,"* by Frank Baker, Executive Director, Washington State Hospital Commission, who on November 1, became Vice President of Planning and Finance of the Washington State Hospital Association.

*"How One Multi-Hospital System Views the PPO Movement,"* by William Dowling, Vice President, Planning and Policy Development, Sister of Providence Hospitals.

*"Industries' Responses to PPO's,"* by Donald Irwin, Chairman, Health Care Purchaser's Association of Puget Sound.

(continued on page 8)

(continued from page 7)

## Conclusions

Physicians should be aware that PPO's, especially those organized by hospitals, may have profound implications on medical staff membership and organization. Critics claim that because the payment to providers is fee-for-service, the financial incentives for physicians and hospitals will remain unchanged.

Interstudy researchers, quoted in *Federation of American Hospital Review*, state that "If a PPO is to be successful in reducing health care costs, it can choose one or both of two basic approaches: (1) the PPO can select physicians and hospitals known to be conservative and presumably cost-effective in delivering care; and/or (2) it can rely on control mechanisms designed to eliminate unnecessary services."

Finally, there are a host of legal questions that remain to be answered. What laws govern PPO's? How does the PPO protect itself from inappropriate laws, regulations or changes? How is the public protected and how are providers protected? What are the FTC implications or restricting provider participation?

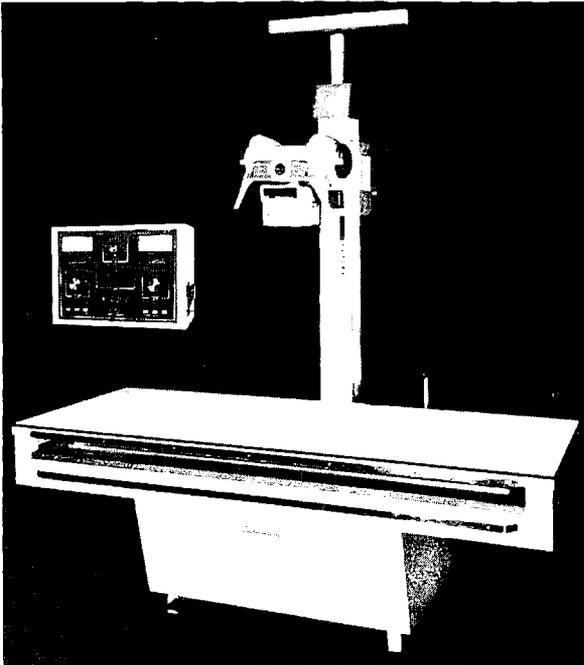
— Source: WSMA 1983 Leadership Conference

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# FOR THE GRIEVANCE COMMITTEE TO BE TRULY EFFECTIVE IT NEEDS YOUR UNDERSTANDING AND COOPERATION



Now that I have completed my year as chairman of the Medical Society's Grievance Committee, an honor annually bestowed on the past-president of the Medical Society (it is interesting to note that the nominating committee fails to mention this privilege when it contacts physicians to serve as prospective candidates), I would like to offer some thoughts regarding your Grievance Committee and how it functions.

Over the past several years, the committee has become increasingly organized as its formal caseload has increased. This has resulted in the standardization of much of our correspondence with physicians who may be involved in a grievance — either as the physician against whom a complaint is lodged or as a physician also involved in the care of a complainant. While we have admittedly lost some of the personal contact that characterized the handling of grievances in the past, the change has been necessary and has been felt to be appropriate.

In 1982, the committee was comprised of an obstetrician-gynecologist, a family physician, a surgeon, an ophthalmologist, and a pediatrician. The Medical Society executive director provides superlative staff support to the committee.

Our charge is to mediate in as positive a way possible complaints lodged against physicians. The committee handled 36 formal grievances last year compared to 30 the year before and 45 in 1980 (in 1980 we began screening telephoned complaints to resolve as many as possible before a formal complaint is submitted). This does not take into account the estimated 250 telephone complaints handled by the Medical Society staff during the year, which are either resolved over the phone or which never result in a formal written grievance being submitted to the Society for mediation.

The complaints actually reviewed by the committee range from the relatively minor and, on occasion, superfluous problems that find their way into the formal process to more serious complaints. Many of these are of such a nature that the potential for litigation is apparent to the members of the committee. It is the policy of the committee not to mediate a complaint when litigation has been initiated or a lawyer is retained by the patient.

Once a complaint is formally lodged with the Medical

Society office and the proper forms are submitted, information relative to the complaint is sought from the physician(s) against whom the complaint is lodged as well as all other involved physicians. Often the committee will seek parts of the hospital record relative to the case.

The chairman will write to the physicians and seek a personal response. A letter addressing the complaint is needed in addition to copies of pertinent office records and account records (if the complaint involves a fee dispute). Generally, physicians are quite cooperative with the committee. If a response has not been received after 30 days we again write the physician(s) for comment. This, of course, is time consuming and expensive, not to mention the fact that it considerably delays the committee's review of the matter.

The following thoughts are offered as suggestions for any physician who becomes involved in a grievance:

1) Your Grievance Committee is acting in the best interests of the patients, community and physicians.

2) Members of the Medical Society are elected to membership because of their professional, ethical and social qualifications. These will be upheld and protected by the committee.

3) Every effort is made by the committee to resolve complaints in a mutually satisfactory fashion. Unfortunately, this is not always possible.

4) We acknowledge that personal and professional feelings are involved in grievances, but we try to remain objective in our review. Opinions may not be changed, but a better understanding might be reached. In any correspondence with the patient or family we urge physicians to try to be nonjudgemental and to avoid being overbearing to justify what has been done, or to try to reprove a point that will usually never be accepted anyway.

Time and time again, the committee becomes involved in a grievance that results from a breakdown of communication between the physician and patient or family. Usually, these complaints could have been

*(continued on page 10)*

# Grievance

(continued from page 9)

avoided in the first place had good communication skills been applied to the situation.

5) Patients with low or limited income should receive financial consideration. It needs to be individualized so as not to cause embarrassment. It is frustrating to the committee to become involved in complaints that might have been avoided had there been a bit more understanding and sensitivity on the part of the front office staff when a patient is encountering financial difficulties. It is the physician's responsibility to have a clear financial policy for his staff to follow, and to allow the patient to discuss with him (or her) personally if there is a misunderstanding with the office staff.

It is my hope that Dr. Lloyd Elmer, the 1983 Grievance Committee chairman, will benefit from the same degree of cooperation from the members who become involved in the grievance process as I enjoyed in 1982. I can't stress enough the intent of the committee to mediate in as equitable and conciliatory a fashion as possible the complaints that are referred to it.

*George A. Tanbara, MD, Past-Chairman  
Grievance Committee*

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## Society News Briefs

(continued from page 4)

### 1983 Committee Chairmen Appointed

The following members will serve as chairmen of Medical Society committees in 1983:

#### Committee/Chairman (Specialty)

Budget/Finance	Juan F. Cordova (pathology)
Credentials	Ronald G. Taylor (surgery)
Emergency Medical Standards	Mark E. Jergens (emergency medicine)
Ethics/Standards of Practice	Gilbert J. Roller (radiology)
Grievance	Lloyd C. Elmer (dermatology)
Inter-Professional	Herman S. Judd (general practice)
Jail Health Advisory Board	W. Michael Priebe (gastroenterology)
Legislative	James D. Krueger (internal medicine)
Medical Library	Juan F. Cordova (pathology)
Continuing Medical Education	K. David McCowen (endocrinology)
Medical-Legal	Robert A. O'Connell (family practice)
Professional Relations	William A. McPhee (general practice)
Program	Richard Hawkins (family practice)
Public Health/School Health	Terry W. Torgenrud (pediatrics)
Senior Citizens	Kenneth D. Graham (family practice)
Sports Medicine	Richard G. Bowe (ophthalmology)
UHI Quality Assurance	David Sparling (pediatrics)

### Program for Gifted Students Offered

The Council on Giftedness and Pacific Lutheran University have announced the creation of a Summer Scholar's Program, a three week, residential experience on the PLU campus for academically gifted high school students entering their junior or senior year.

The program will be held Monday thru Friday, July 18 - August 5, 1983. Participants will study and engage in scholarly subjects with a faculty in three areas of advanced mathematics, creative writing, computer science, art, history, philosophy and international issues, the school reports. Each student will spend a three hour period each morning working in a field of specialization. In the afternoon, students will work at two electives chosen from a series of one hour courses on topics ranging from Shakespeare to Einstein.

Charges assessed to students for the program will be limited to room and board and instructional costs. Funding is currently being sought for scholarships.

For additional information, contact Pacific Lutheran University, Judith Carr, Ph.D., director of Special Academic Programs, 535-7130, or Jayasri Ghosh, Ph.D., executive director, Tacoma Area Council on Giftedness, 756-3105.

(continued on page 12)

## Gary Allyn R.E.

### NORTH END CLASSICS

**BEAUTIFUL STADIUM WAY!** Privacy, Superior view, and fine detailing of functional innerspace identify this comfortable well-kept family home. \$215,000.

**INVEST IN OLD TOWN!** Immaculate 3 bedroom classic with 2 baths, family room, formal dining room, breakfast room and living room with marine view. Wonderful new kitchen with "antique" charm. Also new carpets, beautiful wall coverings, new roof, wiring, and electric furnace. Ask to see heating bills. \$95,900, conventional, VA.

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## Society News Briefs

(continued from page 11)

### Medical Society Representative Appointed to EMS Council

Dr. James K. Fulcher, emergency medicine, Tacoma, has been appointed to serve as the Medical Society's voting representative to the Pierce County Emergency Medical Services Council. The council is a non-profit organization which acts as the main emergency medical services advisory body in Pierce County.

Other organizations with a vote on the Council are the Pierce County Hospital Council, Pierce County Council of Governments, Ambulance Association, Pierce County Fire Chiefs, and the health department. Dr. Bud Nicola, health department director, currently serves as council chairman. The council meets on the fourth Thursday of the month, 9:00 a.m. at the health department auditorium.

At its January 27 meeting the council endorsed the trauma center criteria previously approved by the Medical Society which were drafted by the Society's EMS Committee.



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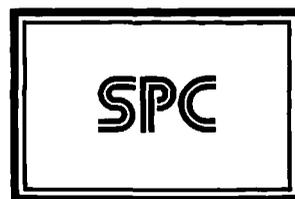
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# Medical Society of Pierce County

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## MARCH GENERAL MEMBERSHIP MEETING NOTICE

### THE NEW COMPETITIVE ERA—Part I The Preferred Provider Organization

*PPO's offer an option for physicians in the new competitive era. However, they vary greatly in ownership, method of control, and use of incentives. The March 8 membership meeting will provide an overview of the PPO concept, how it is being implemented elsewhere, and how it may be applicable to our area.*

*The objective is to provide physicians with necessary information to make informed choices regarding their medical practices and the delivery of services.*

*Ample time will be offered for questions and answers.*

**Presentation by:** Mr. Martin G. Dale, President, Dale & Associates, organizer of Healthforce Medical Management Group, Los Angeles. Presentor at January 1983 WSMA Leadership Conference.

**DATE:** Tuesday, March 8, 1983

**PLACE:** Executive Inn, Tacoma/Fife  
(5700 Pacific Highway East—just off I-5)

**TIME:** 6:15 pm—social hour  
7:00 pm—dinner  
8:00 pm—program

**COST:** Steak Dinner  
\$13.00 (Price includes tax and gratuity)

Register today. Mail response portion of this form, with a check for the appropriate amount to the Medical Society. Or call the office, 572-3667, to confirm your attendance. Make check payable to Medical Society of Pierce County.

---

#### REGISTRATION

Yes, I have set aside the evening of March 8 to learn more about PPO's.

Reserve \_\_\_ dinner(s) for me at \$13.00 each (price includes tax and gratuity).  
Enclosed is my check for \$\_\_\_ - \_\_\_ - \_\_\_.

I am unable to attend the dinner portion of the meeting. I will attend the program only at 8:00 pm.

Dr. \_\_\_\_\_ Telephone... \_\_\_\_\_

RETURN TO MEDICAL SOCIETY OF PIERCE COUNTY NO LATER THAN FRIDAY, MARCH 4

# 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



**Stanley A. Bloustine, MD, Plastic & Reconstructive Surgery.** Born in Louisville, KY, 3/18/43. University of Kentucky College of Medicine, 1967; internship and residency, San Diego Naval Hospital (rotating), Chelsea Naval Hospital (general surgery), and Kansas University Medical Center (plastic and reconstructive surgery), 1967-1982. Washington State license, 1979. Has applied for hospital privileges at

Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Bloustine is practicing at 1002 South 10th Street, Tacoma.



**Richard A. Black, MD, Ophthalmology.**

Born in Dayton, Ohio 3/4/52. Bowman Gray School of Medicine, Winston-Salem, NC, 1978; internship and residency, University of Washington, Seattle, WA, 1978-1982.

Washington State license, 1979. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma

General hospitals. Dr. Black is practicing at 9920 Meridian South, Puyallup.



**Mark F. Craddock, MD, Family Practice.** Born in Portland, Oregon 10/21/51. University of Washington School of Medicine, 1977; internship and residency, Middlesex Memorial Hospital, University of Connecticut, 1977-1980.

Washington State license, 1982. Has applied for hospital privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General

hospitals. Dr. Craddock is practicing at Western Clinic, Tacoma.



**Stephen M. Egge, MD, Family Practice.**

Born Seattle, WA 4/14/53. University of Washington School of Medicine, 1979; internship and residency, Scottsdale Memorial Hospital, Scottsdale, AZ, 1979-1982. Washington State license, 1981. Has applied for hospital staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and

Tacoma General hospitals. Dr. Egge is currently practicing at 11019 Canyon Road E., Puyallup.



**Jack D. Putman, MD, Internal Medicine/Family Practice.** Born in Honolulu, Hawaii 7/2/44; University of California (San Francisco) Medical School, 1970; internship and residency, Los Angeles County/University of Southern California Medical Center, 1971-1976. Washington State license, 1977. Has applied for hospital staff privileges at Allenmore, Doctors, St. Joseph and Tacoma General hospitals. Dr.

Putman is practicing at Group Health Cooperative, Federal Way.



**Jonathan J. Hurst, MD,**

**Gastroenterology.** Born in Tacoma, WA 2/20/51. University of Washington School of Medicine, Seattle, WA, 1977; internship and residency, UCLA-San Fernando Valley Medical Program, 1977-1980; graduate training in gastroenterology at UCLA, 1980-1982.

Washington State license, 1979. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary

Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Hurst is practicing at the Wildwood Medical Center in Puyallup.

## Second Notice



**Lon S. Annest, MD, Cardiothoracic Surgery.** Born in Tacoma, WA 12/17/47; Medical College of Wisconsin, 1974; internship and residency, Virginia Mason Medical Center, Seattle, WA, 1974-1981. Washington State license, 1974. Dr. Annest has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General

hospitals. Dr. Annest is practicing at Allenmore Medical Center, Tacoma.



**John Phillip Lenihan, Jr., MD, Obstetrics/Gynecology.** Born in Detroit, MI 5/27/48. Baylor College of Medicine, 1973; internship, Malcolm Grow USAF Medical Center, Washington D.C. 1974-1975; residency, Madigan Army Medical Center, Tacoma, WA 1975-1977. Washington State license, 1975. Has applied for medical staff membership at Mary Bridge, St.

Joseph, and Tacoma General hospitals. Dr. Lenihan is practicing at 521 South K Street, Tacoma.



**M. Scott Magee, MD, Internal Medicine.** Born in Columbus, Ohio 1/27/53. Ohio State University College of Medicine, 1979; internship and residency, Hershey Medical Center, Hershey, PA, 1979-1982; Washington State license, 1982. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Magee is practicing at the Puget Sound Clinic, Tacoma.



**Jeffrey D. Patterson, MD, Orthopedics.** Born in Atlanta, GA 7/18/48; Emory University School of Medicine, Atlanta, GA, 1973; internship, Emory University School of Medicine, 1973-1974; residency, general surgery, 1974-1975 and orthopedics, 1975-1978. Washington State License, 1982. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Patterson is practicing at 3582 Pacific Avenue, Tacoma, WA.



**Jerome P. Rao, MD, Urology.** Born in Brooklyn, NY 4/6/47. University of Rome School of Medicine, Rome, Italy, 1976; internship and residency, Lutheran Medical Center, Brooklyn, NY 1976-1982. Washington State license, 1981. Has applied for hospital staff privileges at Allenmore, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Rao is practicing at 34617 11th Place S., Federal Way.



**John A. Rochat, MD, Family Practice.** Born in Opportunity, WA 3/2/51; University of Oregon Medical School, 1978; internship and residency, Broadlawns Medical Center, Des Moines, Iowa, 1979-1982. Washington State license, 1982. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, Tacoma General hospitals. Dr. Rochat is practicing at 13410 Pacific Ave. S., and Allenmore Medical Center.



**Roger A. Stark, MD, Cardiothoracic Surgery.** Born in Nebraska 9/26/47. University of Nebraska Medical School, 1974; internship and residency, Virginia Mason Medical Center, Seattle, WA, 1974-1980. Graduate training in cardiovascular and thoracic surgery at University of Utah, 1980-1982. Washington State license, 1975. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Stark is practicing at Allenmore Medical Center, Tacoma.



**James L. Waskey, MD, Radiology.** Born in San Diego, CA 8/14/42. University of Southern California School of Medicine, 1974; residency, Kaiser Foundation Hospital, San Francisco, CA, 1974-1975; residency, Mt. Zion Hospital, 1975-1978. Washington State license, 1982. Has applied for medical staff privileges at Allenmore, Good Samaritan, Lakewood General and Mary Bridge hospitals. Dr. Waskey is practicing at 7424 Bridgeport Way. W., Tacoma.



**John B. Winther, MD, Pediatrics.** Born Seattle, WA 1/2/51. San Diego School of Medicine, 1977; internship, Children's Hospital of San Francisco, 1977-1978; residency, Children's Hospital of San Francisco, 1978-1979; and University of Oregon Health Science Center 1979-1980. Washington State license, 1982. Has applied for medical staff membership at Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Winther is practicing at 3611 South "D" Street, Tacoma.

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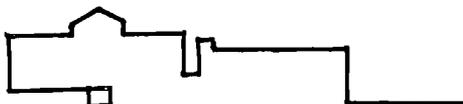
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# Auxiliary News

---

## 1982 - 1983 Officers

<i>President</i> . . . . .	Marlene Arthur . . . . .	845-1094
<i>President-elect</i> . . . . .	Gloria Virak . . . . .	564-7503
<i>1st VP, Programs</i> . . . . .	Susie Duffy . . . . .	863-4314
<i>2nd VP, Membership</i> . . . . .	Sharon Lawson . . . . .	564-6647
<i>3rd VP, Bylaws</i> . . . . .	Cindy Anderson . . . . .	581-1221
<i>4th VP, Arrangements</i> . . . . .	Bev Graham . . . . .	752-3457
<i>Recording Secretary</i> . . . . .	Martia Ohme . . . . .	1-858-3237
<i>Corresponding Secretary</i> . . . . .	Joan Sullivan . . . . .	588-8415
<i>Treasurer</i> . . . . .	Dottie Truckey . . . . .	564-4886
<i>Dues Treasurer</i> . . . . .	Mary Lenard . . . . .	1-829-0575
<i>Immediate Past President</i> . . . . .	Nikki Crowley . . . . .	922-7233

## Student Recognition

Pat Knight, student recognition chairman, reports that award applications are still available in counselors' offices of all Pierce County high schools. If your student is a graduating senior, please consider having him or her complete an application by Friday, March 26th.

The Student Recognition Committee stresses that the students' names are not known at the time of selection. The award is based on scholarship, leadership, and service to the school and community.

## March Meeting — Tour of Good Samaritan Hospital

Mark March 18th on your calendar for a tour of Good Samaritan's new wing including the ICU and Children's Therapy Unit. Lunch at noon will feature a seafood salad — price to be announced at a later date.

## Nominating Committee Presents 1983 - 1984 Slate

The Nominating Committee — Gloria Virak, Sharon Lawson, Shirley Murphy, Marilyn Mandeville, Ane Fulcher and Chairman Nikki Crowley — has submitted the following slate of officers in nomination for 1983-1984:

<i>President-elect</i> . . . . .	Sharon Lawson
<i>1st VP, Programs</i> . . . . .	Sharon Lukens
<i>2nd VP, Membership</i> . . . . .	Joan Sullivan
<i>3rd VP, Bylaws</i> . . . . .	Mary Schaeferle
<i>4th VP, Arrangements</i> . . . . .	Mary Lou Jones
<i>Recording Secretary</i> . . . . .	Ruby Ward
<i>Corresponding Secretary</i> . . . . .	Ane Fulcher
<i>Treasurer</i> . . . . .	Dottie Truckey
<i>Dues Treasurer</i> . . . . .	Shirley Murphy

The election of officers will be held at the April general meeting.

## March Board Meeting

The Board will meet on Monday, March 7th at 9:30 a.m. at Allenmore, Building B.

## What Some Members Have Been Doing . . .

On January 15th, Marlene Arthur and Gloria Virak attended the 1983 WSMA Leadership Conference in Seattle. Sally Larson and Debbie McAlexander attended the WSME Legislative Workshop on January 20th in Olympia. On January 21st, Gloria Virak and Alice Hilger, organ donor chairman, attended an Organ Donation Workshop in Olympia followed by a regional "rap" session.

*Judy Baerg*

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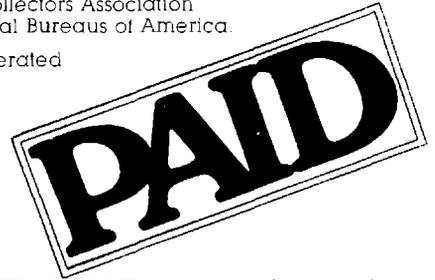
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Instruments, plus our own pre-planning, made for an excellent, cost-effective system, and a smooth conversion. The staff quickly learned how easy it is to operate, and we all appreciate the greater control. MED990 is a big success.”

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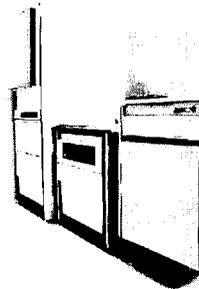
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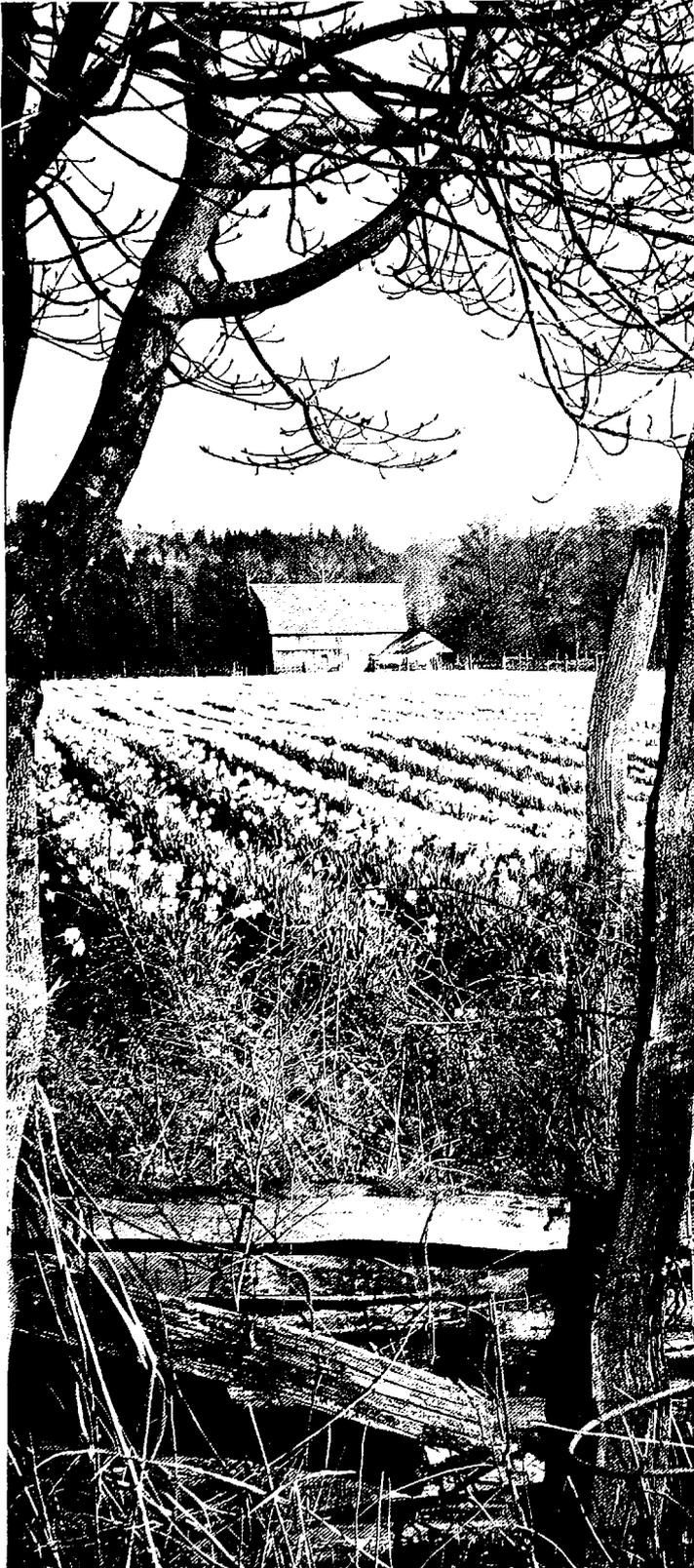
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# The Bulletin

## MEDICAL SOCIETY OF PIERCE COUNTY

In This Issue . . .

A Physician Owned IPA/HMO  
See page 11

March, 1983

# How much of your medical practice are you giving away?

Even the most competent and dedicated office staff can have a tough time controlling accounts receivable. That's where Poorman-Douglas can help. Our On-Line Medical Accounting System provides the tools your staff needs to improve collections and strengthen the business side of your practice.

## Think of it as a Time Machine.

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Beyond that, going On-Line with Poorman-Douglas provides access to a powerful, fast medical information system. So you get the valuable decision-making support of an in-house computer, without the investment of owning one.



## Here's the System.

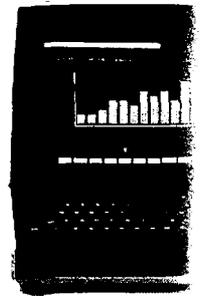
It consists of a computer terminal with telephone connection, giving you a "window" for entering data and making inquiries. Optional equipment, including a printer and a word processor with graphics, is available to augment the basic system. Software for the On-Line System has been exhaustively researched, and was approved only after thorough user-testing. The final product reflects Poorman-Douglas's long history in automated medical accounting, and incorporates refinements suggested by medical professionals.

The result is a versatile, cost-effective system that can improve your cash flow through more timely collections.

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# *The Bulletin* The official publication of the Medical Society of Pierce County

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**Editor:** David S. Hopkins

**Managing Editor:** Thomas J. Curry

**Editorial Committee:** David S. Hopkins (chairman), Stanley W. Tuell, W. Ben Blackett.

**MSPC Officers:** Robert E. Lane, President; Pat Duffy, President-elect; Richard Hawkins, Vice President; Juan F. Cordova, Secretary-Treasurer; Lloyd C. Elmer, Past President.

**MSPC Trustees:** Bruce D. Buchanan, Robert F. Kapela, Gordon R. Klatt, and Gilbert J. Roller, 1983; Richard E. Gilbert, Gregory A. Popich, and Alan D. Tice, 1984; Marlene Arthur.

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Deadline for the submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**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 Loyd Building, Seattle, WA 98101, (206) 223-0861. 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.

## Society News Briefs

### IPA Subject of April General Membership Meeting

The experience of another county medical society relative to an Independent Practice Association will be reviewed at a special general membership meeting scheduled for Thursday, April 14. The meeting will be held at the Executive Inn.

The featured speaker will be Dr. Robert D. Burnett, president-elect of the California Medical Association and founder of "Lifeguard," an IPA in Santa Clara County. Dr. Burnett will explain the circumstances leading to the establishment of the IPA, advantages and disadvantages seen from the local physician point of view, and the effectiveness of the organization to-date.

### Attention Photographers!

*The Bulletin* needs black and white photographs for consideration as possible covers. All amateur photographers willing to submit black and white, glossy prints (8"x10" size only) are encouraged to mail their prints to the Medical Society office, 705 South 9th, Suite 203, Tacoma 98405. *The Bulletin* is looking for typically Northwest, preferably Tacoma/Pierce County, scenes.

## Subpoena!

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to testify in court tomorrow?

If you are served with a subpoena today, you will undoubtedly devote the remainder of the morning and afternoon to meeting your busy schedule. Sometime this evening, you will start thinking about tomorrow's court appearance.



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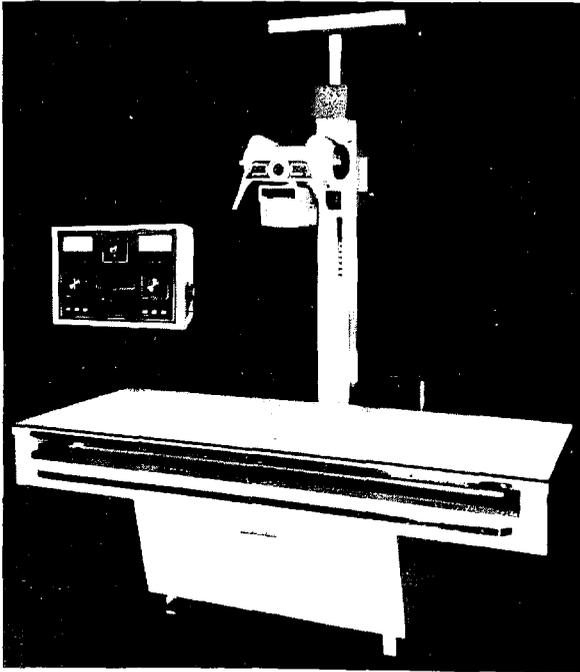
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## President's Page

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### WE HAVE A ROLE TO PLAY



Not so very long ago, during Lyndon Johnson's "Great Society," the big push was for a cradle to grave medical care program. The word went out that if private insurance didn't provide it the government would with socialization. At the same time, taking the cue of the Roosevelt administration and its success in promoting research to prevent polio, succeeding administrations adopted pet diseases that they thought could be eliminated by proclamation and large appropriations.

Great progress was made and we will probably never see again such a rapid improvement and extension of medical care in so short a period of time. And, it comes as no surprise that we are due for a period of austerity.

Cost containment, cost effectiveness, merchandising, marketing, prospective reimbursement, preferred provider organizations, advanced bidding, and set fees are today's buzz words. It will not be long before you will be approached by a hospital, a new type of provider organization, or an employer group.

The sudden avalanche of plans that would control our very livelihood is enough to cause panic. In such circumstances, a hasty decision as to which way I, as an individual, will go might be a mistake.

Physicians must take the lead and bring together all the various sectors of the so called health care industry to develop planning and methods of providing quality care at less cost. With this in mind, Dr. Richard Hawkins, your program chairman, has arranged for a series of outstan-

ding speakers at our general membership meetings, the first of which was held on March 8. The president-elect of the California Medical Association, Dr. Robert Burnett, founder of a county-wide IPA, will be the guest speaker at our April 14 meeting. (See page 11) To these meetings we are inviting other health professionals and leaders, such as chairmen and members of local hospitals' Boards of Trustees.

In the meantime, we all can do something to reduce costs such as providing more diagnostic work in the office. Also, when the patient needs to go to the hospital, call the ambulance yourself specifying no gimmicks such as IV's and monitoring that are not indicated. Explain to the dispatcher that if these are done when they are not indicated, you will so notify the third party payer. Try to prevent unnecessary emergency room time by direct admission and avoid duplication of x-rays and lab work.

It's time as well to reevaluate standing orders and protocol medicine. Excessive EKGs, x-rays, and laboratory work often are hardly noted by the physician and are just thoughtless habits carried over from our training days when, perhaps, there was some justification.

Protocol medicine under the pretext of a research project also should be reevaluated. Really, our time is not of such great value that we can't give a bit to prevent waste. Today, waste means that someone in need will have to do without. There is only so much to go around.

*Robert E. Lane, MD*

# MSPC Bylaws Amendments

## ESTABLISHING ETHICAL GUIDELINES FOR PIERCE COUNTY

Early in Dr. Lloyd Elmer's term as president of the Medical Society of Pierce County a membership survey revealed that strengthening the Society's efforts to maintain high professional standards in Pierce County is a high priority. The issue was discussed at length at last year's Board of Trustees retreat and, as a result, an ethics working group was established.

The group consisted of myself and Drs. George Tanbara, Bruce Buchanan, and Jim Early. We reviewed a considerable amount of material gleaned from our Board Retreat and other sources and made a number of recommendations to the Board of Trustees. The Board discussed these recommendations at length and subsequently approved them. They were:

- 1) Establish formal liaison with local hospital medical staffs.
- 2) Educate physicians on ethical issues.
- 3) Change the composition and statement of purpose of the Ethics Committee.
- 4) Have the committee meet more frequently.
- 5) Change the name of the committee to Ethics/Standards of Practice Committee to more accurately reflect its new function.

The new committee was charged with defining local ethical standards of medical practice, and to review and make determinations when appropriate regarding allegations of unethical behavior. It was agreed that the committee should be chaired by a physician appointed by the Medical Society president and that the committee would consist of hospital medical staff presidents (or their designees) and additional members appointed by the chairman and approved by the Board of Trustees.

I currently serve as chairman and my fellow committee members are Drs. Robert Florence, Arthur Smith, Paul Schneider, Robert Martin, Pat Duffy and James Vadheim. The addition of hospital medical staff presidents will follow the hoped-for approval of several amendments to our Bylaws (see related item). I might note that medical staff presidents who attended the June 1982 Board of Trustees meeting expressed support for the concept in general and for the proposed arrangement specifically.

Over the past few months this group has spent considerable time preparing written committee procedures and proposed amendments to the Bylaws to reflect the committee's function and our recommendations as to how specific charges of unethical behavior should be handled.

Under its new format, the maximum number of committee members will be fifteen. Eight of these physicians will represent the local hospital medical staffs and the remainder will be appointed by the Society.

A thrust of the Ethics/Standards of Practice Committee will be to prevent or resolve conflicts to the extent possible *before* written communications are necessary. It is our hope that the due process provisions defined in the proposed amendments will not be needed except on very rare occasions. The committee feels deeply that improved communication and education among our membership will

provide a means of resolving most conflicts — whether they involve physician/physician relationships, physician/patient relationships, or physician/institution relationships.

Our Medical Society was founded and has prospered on mutual respect, trust, and an awareness of fellowship. We hope to maintain these ideals and yet provide a basis for meaningful self-appraisal, effective self-regulation and evaluation of our place in the Pierce County community. The ways and means of practicing medicine are changing but, hopefully, we can preserve our Medical Society relationships as we have known them.

The following amendments to the Medical Society's Bylaws have been thoroughly reviewed by the committee and the Board of Trustees and are recommended for your adoption. In accordance with the Bylaws, a formal ballot will be conducted and two thirds of the ballots returned to the Secretary Treasurer must favor the amendments for them to be adopted.

The ballot will be sent to you within the next few weeks. We urge your favorable vote.

*Gilbert J. Roller, MD, Chairman*  
Ethics/Standards of Practice Committee

### Proposed Bylaws Amendments Re. Ethics/Standards of Practice

Proposed deletions are underlined like this; (ADDITIONS ARE CAPITALIZED AND ARE IN PARENTHESES).

*Section B. Standing Committee:* The standing committees of the Society shall be: Budget and Finance, Credentials, Editorial, Ethics (ETHICS/STANDARDS OF PRACTICE), Executive, Grievance, Program and such others as the President or Board of Trustees may, from time to time, deem essential to conducting the business of the Society.

*Section D. Composition:* Composition for the standing committees is as follows: 4) Ethics: (ETHICS/STANDARDS OF PRACTICE): shall consist of a Chairman, appointed by the President, and at least two additional members appointed by the President or Chairman. (A PHYSICIAN APPOINTED FROM EACH ACTIVE HOSPITAL MEDICAL STAFF IN PIERCE COUNTY AND UP TO SIX ADDITIONAL PHYSICIANS TO BE APPOINTED BY THE PRESIDENT. THE NUMBER OF COMMITTEE MEMBERS IS NOT TO EXCEED A MAXIMUM OF FIFTEEN).

### CHAPTER IX — DISCIPLINING OF MEMBERS

For such cause and under such procedure as is provided in these Bylaws, a member may be expelled, suspended, admonished, or otherwise disciplined in the following manner: Charges of misconduct (OR UNETHICAL BEHAVIOR) against a member may be submitted, in writing, to the Ethics (/STANDARDS OF PRACTICE)

(continued on page 8)

# MSPC Bylaws Amendments

## CHANGES IN MEMBERSHIP CLASSIFICATIONS AND ELECTION PROCESS PROPOSED

The following amendments to the Medical Society's Bylaws were reviewed by the Credentials Committee late in 1982 and were recommended to the Board of Trustees. The Board unanimously approved the committee's recommendations and authorized their presentation to the membership for a formal vote in accordance with Bylaws procedures.

The amendments are intended to streamline the credentialing process, and reflect a number of other changes recommended by the Committee based on situations or issues recently encountered by the Society.

In accordance with the Bylaws, a formal ballot of the membership will be conducted. Two-thirds of the ballots returned must favor the proposed amendments for them to be adopted. The Credentials Committee and Board of Trustees urge their adoption. The following amendments are offered as official notice of the proposed changes as is required by the Bylaws. — the editor.

### Proposed Amendments Re: Membership and Credentialing

Proposed deletions are underlined like this; (ADDITIONS ARE CAPITALIZED AND ARE IN PARENTHESES).

#### CHAPTER I — DEFINITION OF TERMS

*Section A. Physician:* One who holds an acceptable degree of Doctor of Medicine or Doctor of Osteopathy

*Section B. Practice:* For the purposes of these Bylaws the term "practice" shall not be limited to the practice of medicine as defined by law, but shall be interpreted broadly to include physicians in medical residency or in such means of livelihood as Industrial Medicine, Public Health, Medical Teaching or Research, Medical Administration or medical duties in a public institution.

#### CHAPTER II — MEMBERSHIP

Membership in the Medical Society of Pierce County shall consist of physicians and be composed of the following categories: active, provisional, associate, honorary, and inactive, all of which have been defined in the Articles of Incorporation.

*Section A. Active Membership:* A physician, to be eligible for or continue in the category of active membership, must:

1. Be a citizen of the United States or have filed a declaration of intent;
2. Possess the degree of Doctor of Medicine or Doctor of Osteopathic Medicine from a teaching institution approved by the American Medical Association;
3. Be of good moral character and abide by the Principles of Ethics of the American Medical Association;
4. Maintain membership in the Washington State Medical Association;

5. Hold a current valid license to practice medicine and surgery or osteopathic medicine and surgery issued by the State of Washington;
6. Maintain a practice in Pierce County or in a contiguous or neighboring county if it be more convenient to attend the meetings of the Medical Society of Pierce County and if the Society in whose jurisdiction he may be consents to an affiliation with the Medical Society of Pierce County, or be an accredited transfer from another component county medical society of the Washington State Medical Association;
7. Not support, practice or claim to practice sectarian medicine;
8. MEET THE MORAL, ETHICAL AND PROFESSIONAL QUALIFICATIONS OF MEMBERSHIP AS CONSIDERED APPROPRIATE BY THE MEDICAL SOCIETY OF PIERCE COUNTY.)

*Section B. Associate Membership:* An associate member is a physician who possesses all qualifications for active membership except for 4, 5, and 6 above, as stated under active membership. Associate membership is intended primarily for those physicians in the community in the Armed Forces, Veterans Administration, teaching institutions, administration, or otherwise not engaged in private practice. Associate members shall not have the right to vote or hold office but shall be entitled to all other benefits of active or provisional membership. The dues for associate members shall be established annually by the Board of Trustees.

*Section C. (B) Honorary Membership:* To be eligible as an honorary member one must have been an active member of one or more constituent societies of the American Medical Association for five (5) or more years, and has retired from active practice for cause approved by the Medical Society of Pierce County. For the purposes of this section, active practice means any medical practice for which financial remuneration is received. Honorary status under this section shall revert to active status if such member thereafter returns to active practice.

*Section D.(C) Provisional Membership:* An applicant who fulfills the criteria for active or associate (AFFILIATE) membership as detailed in C. II, Section A and B above and who has completed the (FILED A COMPLETED) application process (AS) required by the credentials Committee of the Society shall be constituted a Provisional Member. Provisional membership must be maintained, uninterrupted, for a period of not less than six months prior to eligibility for election to one of the membership categories described in these bylaws. (PROVISIONAL MEMBERSHIP WILL NOT

(continued on page 9)

(continued from page 6)

Committee by any member or committee of the Society. The Committee shall investigate the matters alleged and shall use kindly efforts in the interest of conciliation and reformation, so far as is possible and expedient. (THE COMMITTEE SHALL REVIEW MATTERS ALLEGED AGAINST THE PREVAILING STANDARDS OF PRACTICE IN THE COMMUNITY, THE AMA AND WSMA PRINCIPLES OF MEDICAL ETHICS AS WELL AS JUDICIAL COUNCIL REPORTS, AND LOCAL ETHICAL STANDARDS DEFINED AND USED AS STANDARDS AS FEASIBLE AND APPROPRIATE.) (THE COMMITTEE SHALL ADOPT POLICIES AND PROCEDURES, TO BE APPROVED BY THE BOARD OF TRUSTEES, WHICH PROVIDE FOR DUE PROCESS.) If, after investigation and a hearing at which the member is entitled to attend and give evidence on his (OR HER) behalf, the Committee, if they (IT) believe(S) the charges warrant proceedings, (ADMONISHMENT, DISCIPLINARY OR OTHER ACTION), shall report the matter to the Board of Trustees, which shall cause a written copy of the charges to be served on the accused member by Certified Mail personally or at least two weeks prior to the date the Board of Trustees proposes to hold a hearing on the charges, which hearing may be adjourned from time to time as necessary. At the hearing, the Ethics Committee shall present evidence it has pertaining to the charges, and a full opportunity shall be afforded the accused member to present witnesses and other evidence in his defense, to cross-examine witnesses and to rebut evidence against him.

(UPON ITS RECEIPT OF A REPORT FROM THE COMMITTEE, THE BOARD OF TRUSTEES SHALL SCHEDULE A SPECIAL HEARING, OR INCLUDE SUCH HEARING AS PART OF A REGULARLY SCHEDULED BOARD MEETING, WITHIN THIRTY DAYS, AT WHICH THE CHAIRMAN OF THE ETHICS/STANDARDS OF PRACTICE COMMITTEE SHALL PRESENT THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF THE COMMITTEE CONCERNING THE MEMBER AND HIS OR HER MEMBERSHIP IN THE MEDICAL SOCIETY. THE MEMBER SHALL HAVE AN OPPORTUNITY TO BE PRESENT AND TO PRESENT EVIDENCE AND ARGUMENT TO THE BOARD ON HIS OR HER BEHALF. THE BOARD MAY FOLLOW DUE PROCESS PROCEDURES AS APPROVED FOR THE ETHICS/STANDARDS OF PRACTICE COMMITTEE AS APPROPRIATE SHOULD A MEMBER WISH TO PRESENT EVIDENCE AND ARGUMENT TO THE BOARD.)

Should the Trustees determine the charges to be justified, then as soon after the conclusion of the hearing as is practicable, the Board of Trustees shall present a comprehensive summary of its findings and recommendations to a regular meeting of the Society, giving due notice to the accused physician as to the particular meeting of the Society it proposes to do so, and advising him or the findings and recommendations. The Society shall hear such further evidence or arguments as it deems necessary to be

equitable, and shall then vote on the question as to whether or not the charges preferred have been sustained. If the charges are voted as having been sustained, the Society shall then proceed to vote on the disciplinary action to be taken, provided, however, that a member may not be expelled unless three-fourths of the members present and voting vote for such action, nor suspended except by a two-thirds vote. If on any ballot the majority of votes is for admonition, the balloting shall cease and the accused member shall be censured in open meeting by the President. A suspended member automatically becomes a member in good standing upon the expiration of the term of suspension.

A member against whom disciplinary action has been voted by the Society (BOARD OF TRUSTEES) shall have the right to appeal to the Board of Trustees (APPROPRIATE COMMITTEE OR COUNCIL) of the Washington State Medical Association and to the Judicial Council of the American Medical Association under such rules as those two bodies may adopt. However, the action voted by the Society (BOARD OF TRUSTEES) shall be suspended during the pendency of such appeal or appeals.

A member in arrears to dues shall be automatically suspended or expelled under the provisions of these Bylaws (IN A MANNER TO BE DETERMINED BY THE BOARD OF TRUSTEES). A member shall be considered in arrears with respect to dues if full payment has not been received by the first day in April in each fiscal year.

## Position Available

The Emergency Medical Services Division of the Tacoma/Pierce County Health Department is seeking a physician to serve as medical advisor to the EMS Division. Applicants may anticipate working approximately 32 hours a month in a paid consultant capacity providing medical direction and guidance to the EMS community. Resumes must be submitted to the EMS Division by April 18, 1983. Interviews will be held.

Position Prerequisites:

- ★ Minimum three years emergency medical experience.
- ★ Active in the Pierce County EMS system.
- ★ Administrative experience.
- ★ American College of Emergency Physicians member (preferred)
- ★ American Board of Emergency Medicine Certified (preferred)
- ★ Resident of Pierce County (preferred)

**Division of Emergency Medical Services**  
Tacoma Pierce County Health Department  
705 South 9th, Suite 202  
Tacoma, Washington 98406  
272-7581

(continued from page 7)

BE EXTENDED TO AN APPLICANT BEYOND TEN (10) MONTHS FROM THE DATE OF THE RECEIPT OF THE APPLICATION.)

The provisional membership requirement applies to both new applicants and bonafide transfers from other component societies of the Washington State Medical Association or other state association/society chartered by the American Medical Association.

In the event that a provisional member fails to receive the number of votes required to elect him (OR HER) to the membership, as set forth in Chapter VII, Section A, of these Bylaws and, unless the Board of Trustees of this Society grants an extension, the applicant's provisional membership status shall be automatically terminated.

A provisional member shall enjoy all of the rights and privileges, and be subject to all the duties of Active or Associate membership except the right to vote or hold office.

*Section E. (D) Inactive Membership:* A previously active member in good standing in the Society who leaves the community temporarily for reasons of military service, bonafide residency training of at least six (6) months or more, practice in a remote locality, or for any other reason approved by the Society, may be granted inactive membership. (UNDER CERTAIN CIRCUMSTANCES, THE BOARD OF TRUSTEES, AT ITS DISCRETION, MAY GRANT INACTIVE MEMBERSHIP STATUS TO MEMBERS IN PREVIOUSLY GOOD STANDING WHO MAY BE EXPERIENCING PERSONAL OR PRACTICE RELATED DIFFICULTIES. INACTIVE MEMBERSHIP STATUS GRANTED UNDER SUCH CIRCUMSTANCES SHALL BE REVIEWED EVERY SIX MONTHS.) No dues shall be required of inactive members nor shall they have the right to vote or hold office. Reinstatement of an inactive member to active status shall be accomplished by written petition to the Board of Trustees of the Society and shall be granted provided that the member still fulfills all criteria for active membership.

**(SECTION E. AFFILIATE MEMBERSHIP: MEDICAL STUDENTS WHO ARE FULL TIME STUDENTS OF AN ACCREDITED MEDICAL SCHOOL IN THE STATE OF WASHINGTON AND WHO ARE MAKING SATISFACTORY PROGRESS TOWARD THE ATTAINMENT OF THE DEGREE OF DOCTOR OF MEDICINE, INTERNS, RESIDENTS, AND OTHER PHYSICIANS WHO ARE IN TRAINING AND EMPLOYED BY A MEDICAL INSTITUTION WHICH IS QUALIFIED FOR CERTIFICATION OR WHICH MEETS LICENSING REQUIREMENTS BY THE STATE OF WASHINGTON, MAY BE ELECTED TO AFFILIATE MEMBERSHIP STATUS IN THE MEDICAL SOCIETY. TO BE AN AFFILIATE MEMBER, AN INDIVIDUAL MUST BE A CITIZEN OF THE UNITED STATES OR HAVE FILED A DECLARATION OF INTENT, BE OF GOOD MORAL CHARACTER AND ABIDE BY**

**THE PRINCIPLES AND ETHICS OF THE AMERICAN MEDICAL ASSOCIATION, NOT SUPPORT PRACTICE OR CLAIM TO PRACTICE SEC-TARIAN MEDICINE, AND MEET THE MORAL, ETHICAL, AND PROFESSIONAL QUALIFICATIONS AS HELD APPROPRIATE BY THE MEDICAL SOCIETY.)**

*Section F. Duties and Rights of Members:* It is mandatory that members of the Medical Society of Pierce County, other than associate members, maintain membership in the Washington State Medical Association. The right to vote or hold office shall be limited to Active and Honorary members.

*Section G. Standards of Qualifications:* The Society shall be the sole judge of the moral, ethical and professional qualifications requisite to, or continuation in, any class of membership in the Society.

## CHAPTER VII — ELECTIONS

*Section A. Membership:* Only those applicants who are provisional members and who have fulfilled the criteria for provisional membership as set forth in Chapter II, Section D of these Bylaws and who have maintained an uninterrupted provisional membership status for a period of not less than six (6) months shall be eligible for election to active or associate (AFFILIATE) membership. The procedure for election shall be:

Following at least four (4) months of provisional membership status, the applicant's photograph and resume shall be published in the Medical Society of Pierce County Bulletin. Such publication shall be deemed "first ("OFFICIAL) notice" to the general membership of the applicant's intent.

After publication of "first ("OFFICIAL) notice," the applicant's file shall be reviewed by the Society Credentials Committee. The Committee may, if it deems it necessary or advisable, require the applicant's presence during its review of his (OR HER) personal qualifications for the membership classification sought.

Following review by the Credentials Committee, the applicant's picture and resume shall again be published, and such publication shall be deemed "second notice" to the membership.

Following the "second notice" (REVIEW), the chairman of the Credentials Committee shall file a written report of its review of the applicant with the secretary of the Board of Trustees. The report shall contain a recommendation to the Board concerning the applicant's election.

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, as described in Chapters I and II of these Bylaws, shall assume the responsibility of conveying that information to the Credentials Committee (.) or Board of Trustees of the Society.

Further, any member may appear before the Board of Trustees (COMMITTEE) during the meeting at which the applicant's name is to be considered for

(continued on page 10)

(continued from page 9)

election to membership and shall have the opportunity to provide information to the Board at that time.

In the event that the Committee does not favorably recommend the applicant, the chairman shall make known to the Board, either orally or in writing, the details or circumstances which have influenced the Committee's decision.

Having heard the committee report, the Board shall vote on the recommendations. A quorum must be present and at least three-fourths of the members present and voting must cast an "aye" ballot for membership to be effected. If the applicant is elected, notice shall be given by publication in *The Bulletin* and by an announcement at an ensuing Society general membership meeting.

Should an applicant fail to receive the required number of votes for election, he (OR SHE) shall be given notice in writing, sent by Certified Mail or delivered personally, of the action taken. He (OR SHE) shall be given ten (10) days to appeal the decision, following which, if no appeal is made, his (OR HER) provisional membership status shall automatically terminate. If an appeal is made, the Board shall extend his (THE APPLICANT'S) provisional membership status for a specified period during which time a hearing by the (AN APPEALS) Board of the appeal will be conducted. (THE APPEALS BOARD SHALL BE CONSTITUTED BY A PANEL CONSISTING OF THE THREE IMMEDIATE PAST PRESIDENTS OF THE MEDICAL SOCIETY AND THE TWO IMMEDIATE PAST CHAIRMEN OF THE SOCIETY'S CREDENTIALS COMMITTEE. THE CHAIRMAN SHALL BE THE IMMEDIATE PAST PRESIDENT. IT WILL CONDUCT ITS APPEAL HEARING IN ACCORDANCE WITH PROCEDURES EMBODYING DUE PROCESS.) The applicant shall be given reasonable notice of the details of the hearing and shall be afforded full opportunity to present his (OR HER) appeal, if he (OR SHE) so desires.

Following the hearing, the (APPEALS) Board shall undertake a decision. The Board (IT) shall either

1. Uphold the previous decision. (A QUORUM MUST BE PRESENT AND A MAJORITY OF THOSE PRESENT MUST VOTE IN FAVOR OF UPHOLDING THE PREVIOUS DECISION OF THE BOARD OF TRUSTEES FOR SUCH ACTION TO BE EFFECTED.)
2. Reverse the previous decision (in which case the applicant stands elected), or
3. Continue the applicant's provisional membership status for a specified time; at the end of which time, another hearing will be held. If the previous decision is upheld, the applicant's provisional status shall automatically terminate.



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# Medical Society of Pierce County

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## APRIL 14 GENERAL MEMBERSHIP MEETING NOTICE

### THE NEW COMPETITIVE ERA—Part II The Independent Practice Association

*Independent Practice Associations represent another option for physicians in the new competitive era. The establishment of Lifeguard, a physician-owned IPA in Santa Clara County, California, will be reviewed at an April 14 general membership meeting by Robert D. Burnett, MD, its founder and president. Dr. Burnett, who is president-elect of the California State Medical Association, will speak on the accomplishments of the county-wide IPA, how it is organized, and how he feels it compares with existing or proposed plans in Washington.*

*The objective of this series of programs is to provide physicians with necessary information to make informed choices regarding medical practice and the delivery of services.*

*Ample time will be offered for questions and answers.*

**Presentation by:** Robert D. Burnett, MD, President of Lifeguard, a county-wide IPA. Dr. Burnett is president-elect of the California State Medical Association.

**DATE:** Thursday, April 14, 1983

**PLACE:** Executive Inn, Tacoma/Fife  
(5700 Pacific Highway East—just off I-5)

**TIME:** 6:15 pm—social hour  
7:00 pm—dinner  
8:00 pm—program

**COST:** Dinner, \$13.00 per person.  
(price includes tax and gratuity)

Register today. Mail response portion of this form, with a check for the appropriate amount to the Medical Society. Or call the office, 572-3667, to confirm your attendance. Make check payable to Medical Society of Pierce County.

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#### REGISTRATION

Yes, I have set aside the evening of April 14 to learn more about the IPA option.

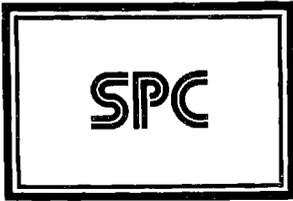
Reserve \_\_\_ dinner(s) for me at \$13.00 each (price includes tax and gratuity).  
Enclosed is my check for \$\_\_\_\_\_ .

I am unable to attend the dinner portion of the meeting. I will attend the program only at 8:00 pm.

Dr. \_\_\_\_\_ Telephone \_\_\_\_\_

RETURN TO MEDICAL SOCIETY OF PIERCE COUNTY NO LATER THAN MONDAY, APRIL 11

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MANAGEMENT RESOURCES

## Auxiliary News

### Nominating Committee Presents 1983-84 Slate

*President-Elect* ..... Sharon Ann Lawson  
*1st V-P, Programs* ..... Sharon Lukens  
*2nd V-P, Membership* ..... Jeena Singh  
*3rd V-P, By-laws* ..... Mary Schaeferle  
*4th V-P, Arrangements* ..... Mary Lou Jones  
*Recording Secretary* ..... Rubye Ward  
*Corresponding Secretary* ..... Ane Fulcher  
*Treasurer* ..... Dottie Truckey  
*Dues Treasurer* ..... Shirley Murphy

The slate will be presented to the general membership for voting, with nominations to be accepted from the floor, at the April general meeting.

### February General Meeting

The February luncheon meeting was held at the home of Dr. and Mrs. James Gillespie. Ms. Rose Stidham from Washington Women's Employment and Education (WWEE) of Tacoma showed the film segment about their innovative program that appeared on CBS's 60 Minutes. Ms. Stidham gave us a very informative talk on their very successful program in Pierce County which enables welfare mothers to get off of welfare and back into the job market. Their success rate is around 86 percent — Congratulations!

Sixteen past presidents of our own Auxiliary attended and one past president of the State Auxiliary. It was great to be able to honor all of these lovely ladies who have helped make our Auxiliary what it is today!

"Thank you" to Gail Howard and her committee which provided a delicious luncheon. "Thank you" to Jessie Gillespie for providing her home.

### April General Meeting

On April 15th, Mrs. J. Lawrence Smith will host the luncheon meeting. The program is titled, "Children: Alcohol and Drugs." Mr. Clay Roberts of Roberts and Associates, Seattle, will address this issue as it pertains to Pierce County.

### Health Fair A Success!

A Great big "thank you" to Barbara Wong, who organized, recruited and planned our booth at the February 18, 19, and 20, Health Fair.

We were able to provide the public with much information about Tel-Med, The Women's Support Shelter, Organ Donor Cards and Information, Operation ID, (Solo Sports Identification), Car Safety Restraints, Speakers Bureau and much more. "Thank you" again Barbara for the eye-catching posters you made for all of our brochures!

### State Convention

The WSMA Auxiliary House of Delegates Convention will be held in Spokane, April 19 - 21. The Spokane Auxiliary promises good weather, super programs, and lots and lots of good old western hospitality. Our Auxiliary will have eight delegates and two alternates in attendance. Please contact Marlene Arthur (845-1094) or Gloria Virak (564-7503) if you would like to be a voting delegate. We are ALL invited to attend!

*Judy Baerg*

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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 Notices



**William A. Bulley, Jr., MD, Orthopedic Surgery.** Born in Spokane, WA 2/25/49. University of Washington School of Medicine, Seattle, 1975; internship, Madigan Army Medical Center 1975-1976; residency, Madigan Army Medical Center, 1977-1980. Washington State License, 1976. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Bulley is practicing at 1420 Fourth Street, S.E., Puyallup.



**Patrick J. Donley, MD, Psychiatry.** Born in Columbus, OH 3/3/41; Ohio State University, Columbus, OH, 1969; residency, Ohio State University, 1969-1970; Mt. Carmel Hospital, Columbus, OH (internal medicine) 1970-1971 and Walter Reed Army Medical Center, Washington, D.C. (psychiatry) 1972-1974. Washington State license, 1982. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Donley is practicing at 7615 91st Ave. S.W., Tacoma.

## Classified

Classified and announcement copy may be mailed to: Grawin Publications, 1020 Lloyd Building, 603 Stewart Street, Seattle 98101, or phoned to Seattle (206) 223-0861. 50¢ per word; \$10 minimum charge. Check must accompany copy.

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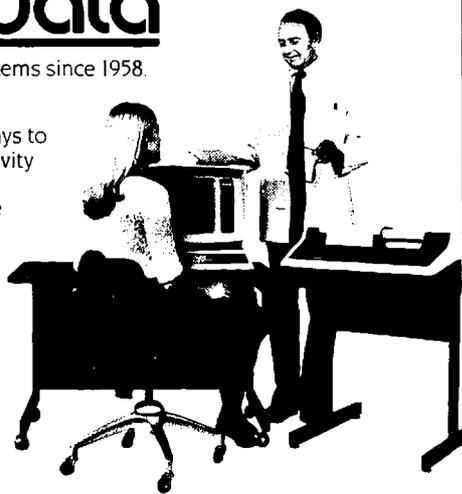
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Instruments, plus our own pre-planning, made for an excellent, cost-effective system, and a smooth conversion. The staff quickly learned how easy it is to operate, and we all appreciate the greater control. MED990 is a big success.”

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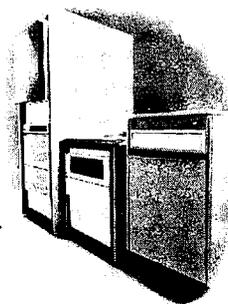
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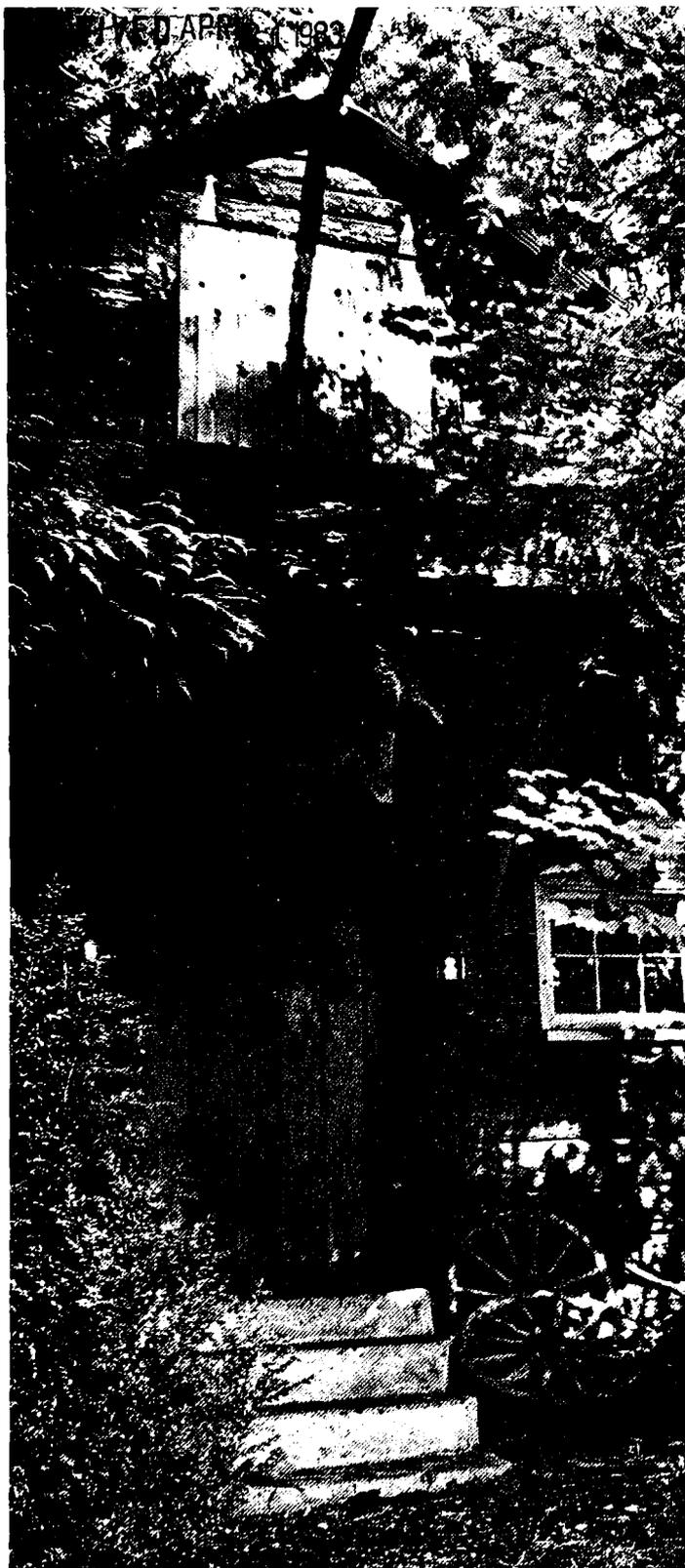
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# The Bulletin

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OF PIERCE  
COUNTY

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Residency Rounds . . .  
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A Look At The Options . . .  
See page 17

April, 1983

# “After a year-long search, we chose Poorman-Douglas. Again.”

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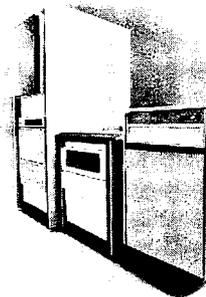
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# *The Bulletin* The official publication of the Medical Society of Pierce County

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**Managing Editor:** Thomas J. Curry

**Editorial Committee:** David S. Hopkins (chairman), Stanley W. Tuell, W. Ben Blackett.

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Deadline for the submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**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 Gravin Publications, 1020 Lloyd Building, Seattle, WA 98101, (206) 223-0861. 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.

# Society News Briefs

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

## "A Look at the Options" Headlines May Meeting

The Spring series of educational general membership meetings offered by the Medical Society will conclude on Tuesday, May 10 with a presentation by Walter McClure, Ph.D., President, Center for Policy Studies, who will speak on "A Look at the Options." McClure is a nationally recognized speaker from the Minneapolis based health think tank and has spoken and written extensively on health economics issues. The program promises to be a thought provoking analysis provided by an outspoken observer of the health care industry.

The meeting will be held at the Executive Inn. Reservations may be made by returning the RSVP portion of the notice, or by calling the Medical Society office, 572-3667. 572-3667.

## Physician Positions Available

The health department is seeking a primary care physician willing to work five hours per week in the Pierce County Jail. In addition to direct patient contact the physician will supervise physician assistants in the delivery of services in accordance with the Jail Health Program. For additional information, contact Ray M. Nicola, M.D., director of the health department, 593-4534.

The Washington State Department of Veterans Affairs is anticipating two vacant positions at the Washington Veterans Home in Retsil (Kitsap County) effective July 1. The medical practice is geriatric in nature. Both current physicians at Retsil are retiring effective June 30. Further information may be obtained through the State Department of Personnel, 1-753-5368, or the Office of Veteran Affairs, David Halverstadt, personnel manager, 1-753-4529.

## Physicians Elected to Medical Society Membership

Congratulations are extended to the following provisional members who were elected to membership in the Medical Society of Pierce County at the February and April Board of Trustees meetings:

Drs. Lon S. Annest  
Stanley A. Bloustine  
Mark F. Craddock  
Stephen M. Egge  
Jonathan Hurst  
David R. Kennel  
John P. Lenihan  
Scott M. Magee  
Jeffrey D. Patterson  
John D. Putnam  
Jerome P. Rao  
John A. Roachat  
Regert A. Stark  
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John B. Winther

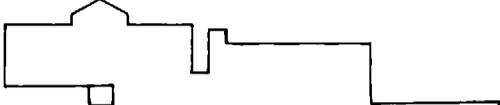
## Fourth Annual Mary Bridge Fun Run May 1

The Fourth Annual Mary Bridge Fun Run will be held Sunday, May 1. Proceeds from the race will be given to the Mary Bridge Children's Health Center. The race is organized by the Margaret Udall Orthopedic Guild.

Registration is tax deductible. Early registration deadline is April 29. Entrants may register the day of the race (8:00 am - 9:00 am). The 10,000 meter run will begin and finish at Curtis High School, 8425 40th West. Prizes will be awarded and there will be a special drawing. For additional information, contact Luanna Welch, 564-1498.

## Local Physicians Seeded

It has been brought to the attention of *The Bulletin* editor that two local physicians — Drs. Max Thomas and George Tanbara — are both nationally ranked by the U.S. Tennis Association. In its February publication, *Tennis USA*, the USTA listed tentative 1982 national rankings with George Tanbara ranked 15th nationally in his age category for singles and 16th in his age category for doubles (with Fritz Dumpel). Max Thomas is ranked 53rd in his age category for men's singles and 22nd, same age, doubles category (with Earl Brooks). Congratulations to Drs. Tanbara and Thomas.



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## President's Page

“IF YOU DON'T KNOW  
WHERE YOU'RE GOING,  
ANY ROAD WILL GET YOU THERE”



One of the primary responsibilities faced by your elected officers and trustees is that of charting a course for our Medical Society to ensure that it is effective and responsive to the needs of physicians and our patients. It is important to set broad objectives and priorities in support of which programs can be developed.

For this reason, the Board of Trustees held what has become an annual retreat on Saturday, March 5 when we met to set goals for 1983 and 1984. We met with the objective of establishing five primary goals for the Medical Society to strive for between now and year's end 1984. To follow will be the formation of strategies and programs to support the goals in the most appropriate fashion.

Following their definition, the goals were prioritized as follows:

1) Establish the Medical Society of Pierce County as the spokesman and leader for all segments of medicine in Pierce County; take definitive stands on local health issues including environmental health issues.

2) Educate physicians and give them the tools to compete in the new competitive era; help them become more politically, socially and economically astute.

3) Establish a strong public relations program; identify the public's needs, address them, and communicate to the public the good things medicine has done; participate in consumer education and serve as an advocate for consumer health needs.

4) Establish and maintain high standards of ethics and professionalism and of medical care in Pierce County; protect patients.

5) Help shape the future medical care delivery system in Pierce County. Define what is best for Pierce County residents; outline options; educate and help implement a system.

A number of other, related goals were defined. During our prioritization they were not granted status in the top

five; however, they are very important and will receive our attention. The goals include:

6) Define tangible reasons to belong to the Medical Society; offer benefits and services to physicians that help them build ethical and successful medical practices; help them compete; build a strong membership base.

7) Enhance relations and cooperation between physicians and hospitals — their administrations and boards — and between physicians and hospital medical staffs; build bridges to assist in the delivery of quality and appropriate medical care services in the community.

8) Directly support quality medical care through the operations of the Pierce County Medical Library and the College of Medical Education.

9) Provide a community-wide referral service to assist people in receiving medical care from physicians without regard to the individuals' ability to pay.

10) Build further cooperation with local county medical specialty societies.

The above goals present a challenge to your Medical Society. Our strategies and programs in their support will have to take into account all of our resources — revenue from dues and other sources; you, the members; your elected and appointed leadership; the Auxiliary; and our staff. Hard decisions regarding priorities and programs will have to be made.

Our meeting benefited from the active participation of WSMA Speaker of the House Stan Tuell, WSMA Vice President Ralph Johnson, former MSPC president George Tanbara, former secretary-treasurer Myra Vozenilek, Health Department Director Bud Nicola, Tacoma Orthopedic Society President Dick Hoffmeister, and past board member Dick Bowe. Their involvement and that of the officers and trustees who attended was appreciated.

*Robert E. Lane, MD*

## In Memorium

---



### ROBERT W. OSBORNE, SR., MD 1920 - 1982

When Dr. Robert W. Osborne died late in 1982 he left behind an illustrious career in the practice of urology. He also left a charming wife, Evelyn, and five sons, all of whom are established in careers of their own.

Bob was always proud of his connection with the Indiana farm and his beginnings in the Hoosier State where he graduated from medical school in 1944. His internship was in St. Louis, at the city hospital, from 1944 to 1945. He served in the United States Army Medical Corps from 1945 to 1947, then started his surgical training — first as a resident in general surgery at St. Mary's Hospital in Pierre, South Dakota, and later as a urologic resident at Henry Ford Hospital in Detroit. He trained in Detroit from 1949 to 1952.

He moved to Tacoma following his residency and immediately went to work serving the community as one of its most competent surgeons, serving the medical community in many areas. Dr. Osborne brought to Tacoma many urologic advances. He was probably most well known for his aggressive approach to urologic malignancies. He showed great willingness to approach these previously reluctantly operated upon malignancies, especially prostatic carcinoma. He was respected throughout the Pacific Northwest because of this approach and his management of patients and surgical results, even with close scrutiny, surpassed those in many reported series. His concern for maintaining a contemporary approach to all urologic problems was shown by his constant attendance at medical meetings and application of all the therapeutic modalities that could be applied to aggressive patient management.

The many activities which Dr. Osborne threw himself into, both in the community and the local hospital staffs, brought him in contact with the lives of many of the people in Tacoma. All those whom he encountered would always comment on the vim and vigor with which he undertook these multidisciplinary endeavors.

Bob served on the tissue committees at St. Joseph Hospital, and surgical committees at the old Pierce County Hospital and Mary Bridge Hospital. He was chairman of the Credentials Committee at Tacoma General Hospital and he was also president of the Tacoma General Hospital medical staff (1971). He served as president of the Pierce County Medical Bureau (1964-65) and as president of the Tacoma Surgical Club (1963-64), as well as many other positions in these and other organizations.

His professional society memberships included membership in the Medical Society of Pierce County, Washington State Medical Association, American Medical Association, Western Section of the American Urological Association, the Northwest Urological Society, Tacoma Surgical Club, as well as being a fellow of the American Board of Urology.

He was a clinical professor in urology at the University of Washington Medical School (from 1965 until his death) and a civilian consultant to the Madigan Army Medical Center Hospital for over ten years.

As it is with most hard driving, brilliant, super achievers, Bob's life did not always run smoothly. He was a devoted father and husband, but the practice of surgery often interfered with the complete fulfillment of this role and other life commitments.

Bob was a good friend and all of us who knew him enjoyed his quick wit and repartee. To draw him away from his work for a game of golf or a fishing trip, however, required the persuasive techniques of a trial lawyer.

Surgery was Bob's life, all else was secondary, even his own health.

We will all miss him as a husband, father, and friend.

*Robert O. Modarelli, MD  
Dale D. Doherty, MD*

# Tacoma Family Medicine

## RESIDENCY ROUNDS

For some time we have felt our system for the dissemination of information and communication of ideas about the Tacoma Family Practice residency program has been inadequate, so we are very grateful for this opportunity to begin a series of articles in *The Bulletin*. We hope you find them interesting, and we would appreciate any feedback you care to give us.

The Family Practice residency program has been in operation for almost five years and has graduated twelve physicians. Three graduates have remained in the Tacoma area, three others have remained in Western Washington, two have gone to Alaska, two to Oregon, and two to California. Three physicians who did not complete the program are practicing in Western Washington. We continue to be a very popular program with applicants in spite of a fairly low salary scale.

There have been a lot of changes in the past five years. Locally, our hospitals are growing. A large number of our physicians have been in Pierce County less than five years. Many new medical services have been started. Nationally we have gone from double-digit inflation to recession. The federal government is now talking of reducing expenditures for medical programs and has placed an emphasis on "cost containment." We feel this is also an appropriate time to examine the value of the residency program in the light of our communities' needs.

Should we be training more family physicians? The GMENAC report, issued in late 1980, predicted a "surplus" of 69,000 physicians by 1990. There is considerable difference among the specialties between the predicted over/under supply (e.g., it predicts a "surplus" of 12,000 general surgeons and a "shortage" of 8,000 psychiatrists), and it estimates there might be a slight "surplus" in family physicians.

A similar study of medical manpower needs of the WAMI region by Dr. John Chase, assistant dean at the University of Washington, indicated with age distribution factors and current trends that we will have a shortage of family physicians in this area by 1990. We all have our private opinions as to the validity of either or both of these studies. However, I feel a residency program has greater value to our community than just the production of a certain number of family physicians, but these "values" are hard to express.

What value can you ascribe to the participation of over 200 physicians in the teaching program? (I have found that I learn a great deal when I am preparing to teach someone else.) What is the value of the interchange between house staff and attendings when a complex diagnostic problem or treatment program is discussed? What is the value of a community resource that can adjust to meet the needs of various under-served groups, e.g. pregnant teenagers not eligible for welfare and with no financial resources? What is the value of having additional



trained physicians in the hospital to run Codes and to respond to emergent situations? Do you know of any regional or referral medical center that does not have house staff of any kind? There may be a few.

To me, the presence of a residency program makes a statement that this medical community is staying abreast of the times, that it is proud of the quality of medical care it is delivering, that it accepts critical analysis by peers, and that it is willing to impart these skills and knowledge to the next generation. It seems to me that our community has made this statement, needs to continue to make this statement, and needs to continue to support its residency program.

The Family Practice Residency Foundation Board is presently deciding whether it should continue beyond the resident class which will begin in July 1983. We need your input. Contact us at Tacoma Family Medicine, 721 Fawcett Avenue, Tacoma, Washington 98402, telephone 383-5855.

*Roy H. Virak, MD,*  
Director

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## Interprofessional Relations Committee

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### UNAPPROVED SUBSTITUTIONS AND INCORRECT REFERRALS SUBJECT OF DISCUSSION



Your Inter-Professional Relations Committee often engages in wide ranging discussion. Two issues raised at our last committee meeting seemed particularly appropriate given the times.

#### Unapproved Substitutions

One issue discussed concerned a local pharmacy which has apparently engaged in unapproved substitutions. This matter was brought to our committee by a physician. The physician's letter described the substitution by the pharmacist who told the patient that the substitute was the same drug as originally prescribed by the physician only stronger. The patient, alarmed, contacted the physician at his home. When the physician checked his records, he found that no authorization for a substitution had been made.

The owner of the pharmacy expressed his opinion that the physician's concern was "discriminatory"(!). Needless to say, the committee felt the physician in this instance had every right to warn his patients not to use that pharmacy. In fact, the chairman of the pharmacy section of our committee is personally investigating this problem. If he feels it warranted, he can always carry the matter to the State Board of Pharmacy and appropriate action may be considered.

#### Referral To A Pharmacy

Another complaint handled by the committee was one in which a patient stated that he was instructed by his physician to take his prescription to the "pharmacy downstairs." This could be interpreted as unethical within the framework of the AMA's *Current Opinions of the Judicial Council*, 8.06, 1982 edition. Such a referral would be considered particularly unethical if the physician had any pecuniary interest in the pharmacy to which the patient was directed. However, if the direction to the patient was simply a matter of nearness and expedience, such would not necessarily be the case.

The committee has agreed to evaluate the relationship in question before issuing an opinion. At least we have come a long way from the days when a physician had a

private phone line into the pharmacy — paid for by the latter. We would all do well to let the patient choose his or her own pharmacy, unless for a very good reason we feel a certain pharmacy is not meeting the standards of professional competence and integrity which we have a right to expect in the care of our patients.

Also discussed was physician use of prescription pads at nurses' stations in the hospitals. Some pharmacists object to using hospital pads, especially for a prescription for a controlled substance, because often they cannot read the physician's name. Others point out that having a few prescription blanks at the nurses' station is a real help. It would seem that a compromise is justified — leave a few of your blanks at the station if you want to use them when you discharge a patient. At the same time, feel free to use the hospital's blank for non-controlled substances.

Of course, you can always make matters considerable easier for everybody involved by writing your name legibly and including your BBBD number when appropriate. All of us, physicians and nurses alike, must be careful not to leave prescription blanks around where unauthorized persons can appropriate them. This can be more than just embarrassing!

The referral of patients to one of the several "cut-rate" pharmacies in our community by physicians in one of the "family clinics" was decried by at least one pharmacist. Again, it was pointed out that this is considered unethical in certain circumstances. The pharmacist was assured that the physicians involved would be so informed of the AMA policy.

By the way, if someone asks you for Ritalin, tells you they are from out of state, and readily produces medical evidence of narcolepsy, take a moment to realize that the 20 mg they are asking for is quite a larger dose than what is really appropriate for that disorder. Pull up their sleeve and look for needle punctures, or better yet, just say "no."

Herman S. Judd, MD, Chairman  
Interprofessional Relations Committee

# Professional Relations Committee Report

## WE ARE HERE TO HELP OUR COLLEAGUES



This report is directed to both my colleagues and their spouses. My objective is to inform you that our Medical Society has an "impaired physicians" committee, although we have entitled it the Professional Relations Committee.

I do not believe that our existence is well known; the committee is not very well utilized. Yet, it is one of the most important committees in our professional society. We have over 600 physicians in Pierce County and we know they are very conscientious. They do a very good job practicing medicine, they are involved in community affairs and politics, and compose one of the backbones of Pierce County.

At the same time, we must recognize that the national statistics concerning impaired physicians indicate an average impairment rate of 10 percent — and the major reason for this is alcoholism. Alcoholism is followed in order of frequency by other drug addictions, depression, inability to cope with the strain of decision making every day, sexual misconduct, psychiatric disorders, and disability through injury or dementia.

The Professional Relations Committee does not become involved in the way a physician practices medicine unless the practice is affected by one of the above causes. The physician's ability or manner in which he or she practices medicine is properly the responsibility of the medicine committee of the hospital medical staff at which he or she has privileges or the Medical Society's Ethics/Standards of Practice Committee.

The committee is here to help colleagues who need assistance. But, the situation must be reported to the committee before we can respond. This is the all important first step and, if at all possible, the situation should be reported before your colleague gets into serious trouble. As stated, our objective is to help our fellow physicians. All too often we see a situation that has deteriorated into a serious matter when there are those who may have been aware of the problem as it developed, but did not act until it was too late.

When a problem situation is reported to the committee, two members are briefed on the matter and they telephone the physician to make an appointment to see him at his convenience — whether at his office or at his home. At that meeting, the physician is informed of the

report and asked to comment. Committee members do not offer treatment, but we do provide the names and addresses of resources where treatment is available. Frequently just discussing the matter and making the physician realize that others are aware of a problem situation is all that is necessary to initiate a course of treatment.

If the physician denies that any problem exists our visit is ended. If reports continue to come in that the physician's problem continues, he is again contacted in the same manner and is offered help. We do not accuse the individual; we present the facts as we know them. If help is refused again and the committee members are satisfied that a problem does exist the matter then is referred to the Washington State Medical Association Impaired Physicians Committee. If the WSMA Impaired Physicians Committee fails in its efforts to work with the physician licensure and the ability to continue practice ultimately become involved.

If the physician accepts help, then he is contacted after six weeks and again after three months to see what progress is being made.

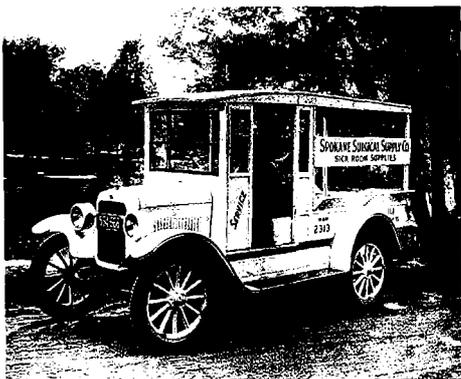
It is important to note that the committee will not act on an anonymous call. If you are referring a physician to the committee for our assistance, it is necessary for you to give your name and the particulars of your concern. However, your name is never revealed and written minutes or reports are not kept by the committee. When you report a concern, only you and the member of the committee you discussed the matter with are aware of your efforts to assist a colleague who may be in trouble.

The Professional Relations Committee offers a local opportunity to help a friend, spouse, colleague, or perhaps yourself. We want to provide meaningful assistance, before other alternatives are applied and at the same time help maintain the good name of physicians in Pierce County.

The following members serve on the Professional Relations Committee: Jack Liewer, Dennis Waldron, Gordon Klatt, Harold Johnston, Robert O'Connell, John McDonough, and Pat Donley.

Contact one of us if you feel we can be of assistance.

*William A. McPhee, MD, Chairman*



# GROWING WITH THE PACIFIC NORTHWEST SINCE 1911

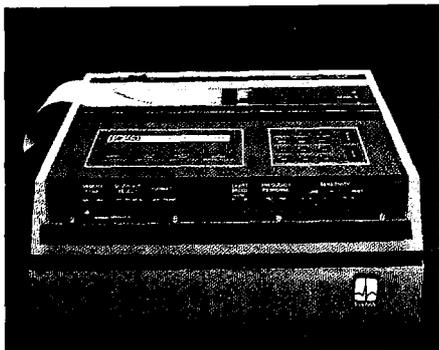
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## Auxiliary and Medical Society Get Together for "Celebration '83"

The Auxiliary and Medical Society will join forces to participate in a joint booth when the Tacoma Dome complex is introduced to the Northwest on April 21-24. Called "Celebration '83," the four day event will feature over 450 exhibits set on the main arena floor, highlighting the people, place, products, service and industry of Tacoma and the Pacific Northwest. Come by Booth 101, the first booth as you enter from the Convention Hall, and see some of the activities and programs undertaken by your Auxiliary and county Medical Society.

Marlene Arthur and Stephanie Tuell are coordinating the exhibit. The booth will be staffed by auxiliarians and their physician spouses. *Volunteers are needed.* If you are contacted by a member of the "Celebration '83" booth committee to volunteer your time, please consider this important activity.

Show hours are: Thursday, 4:00 pm - 10:00 pm; Friday, 12:00 pm - 10:00 pm; Saturday, 12:00 pm - 10:00 pm; and Sunday, 12:00 pm - 8:00 pm.

## Combined Board Meeting Date Changed

The date of the annual combined new and past board members meeting has been changed to Thursday, May 5. The meeting will begin at 10:30 am and will be held at the Tacoma Golf and Country Club. A no-host luncheon will be served.

## May Meeting

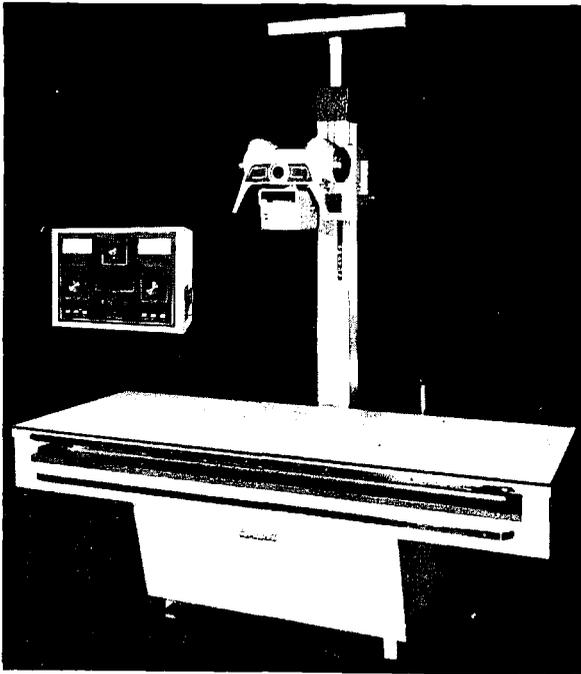
On Friday, May 20 at 11:30 am a salad potluck luncheon meeting will be held at the home of Sara Bowe, 7012 Ford Drive N.W., Gig Harbor. The program will be a Goodwill Fashion Show ranging from the hoop and bonnet era to the merry widow, minnie slips and turtleneck eras.

## Therapy Unit Tour Great Success

Our March meeting tour of the new Children's Therapy Unit at Good Samaritan Hospital, led by Mr. Bob Dalton, was a total success. How could we lose with a beautiful day, wonderful kids and a grand view? A delicious soup and seafood salad was served. All of this was topped off by the Auxiliary presenting a \$500 contribution to be used for equipment for the new therapy unit.

*Judy Baerg*

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## Correspondence

### HELP!! 50% OF PIERCE COUNTY CHILDREN DON'T HAVE FLUORIDE PRESCRIPTIONS!!

To The Editor:

The local school dental screenings are showing that 19 to 35 percent of the children have untreated cavities; unfortunately the low income clinics have waiting lists over 400 children long. Rather than pour more money into restorative care, more preventive care should be used, and since many children have never seen the dentist, physicians need to provide systemic fluoride prescriptions.

Systemic fluorides, used from birth through age twelve, reduce decay by over 65 percent. Considering that the average five year old has three decayed teeth, the impact of fluorides would be significant.

Utilization of prescriptions on the whole is generally low, unless adequate patient education is provided. The best selling point is to mention that *your* children are using (or used) this same routine — and what good teeth *your* children have as a result!

The AFDH research project is over in the Pierce County area, so please prescribe those fluorides. For more information, call Gayle Elliott, public health dental hygienist, health department, 593-4807.

Gayle Elliott,  
Health Department

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# Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBER-SHIP, 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



**Craig A. Rone, MD, Otolaryngology.** Born in Seattle 6/15/51. University of Washington School of Medicine, 1977; internship and residency, University of Washington, 1977-1982; graduate training, Guy's Hospital, London, England, 1982. Washington State license, 1978. Has applied for hospital privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound,

St. Joseph and Tacoma General hospitals. Dr. Rone is practicing at Physicians Medical Center, 721 South Fawcett Ave., Tacoma.



**Patrick J. Donley, MD, Psychiatry.** Born in Columbus, OH 3/3/41; Ohio State University, Columbus, OH, 1969; residency, Ohio State University, 1969-1970; Mt. Carmel Hospital, Columbus, OH (internal medicine) 1970-1971 and Walter Reed Army Medical Center, Washington, D.C. (psychiatry) 1972-1974. Washington State license, 1982. Has applied for medical staff membership at Allenmore, Doctors, Good

Samaritan, Lakewood General, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Donley is practicing at 7615 91st Ave. S.W., Tacoma.



**John D. Stewart, MD, Orthopedics.** Born in Chicago, IL, 2/6/52. Dartmouth Medical School, Hanover, NH, 1977; internship, Northwestern Medical School, 1977-1978; residency, Northwestern Medical School, 1978-1982; graduate training, hand surgery, Northwestern Medical School, 1982. Washington State license, 1982. Has applied for hospital staff privileges at Allenmore, Doctors, Good Samaritan, Mary

Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Stewart is practicing at Allenmore Medical Center, Tacoma.



**William A. Bulley, Jr., MD, Orthopedic Surgery.** Born in Spokane, WA 2/25/49. University of Washington School of Medicine, Seattle, 1975; internship, Madigan Army Medical Center 1975-1976; residency, Madigan Army Medical Center, 1977-1980. Washington State License, 1976. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge,

Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Bulley is practicing at 1420 Fourth Street, S.E., Puyallup.



**Patricia A. Charochak, DO, General Practice.** Born in Detroit, MI, 7/28/52. College of Osteopathic Medicine & Surgery, Des Moines, Iowa, 1978; internship (rotating), Wilford Hall Medical Center, Lackland AFB, San Antonio, Texas, 1979. Washington State license, 1979. Has applied for hospital staff privileges at Good Samaritan, Lakewood General, Puget Sound and Tacoma General hospitals. Dr. Charochak is practicing at 1322 3rd St. S.E., Puyallup.



**Stanley A. Bloustine, MD, Plastic & Reconstructive Surgery.** Born in Louisville, KY, 3/18/43. University of Kentucky College of Medicine, 1967; internship and residency, San Diego Naval Hospital (rotating), Chelsea Naval Hospital (general surgery), and Kansas University Medical Center (plastic and reconstructive surgery), 1967-1982. Washington State license, 1979. Has applied for hospital privileges at

Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Bloustine is practicing at 1002 South 10th Street, Tacoma.

## Second Notice



**Jerome P. Rao, MD, Urology.** Born in Brooklyn, NY 4/6/47. University of Rome School of Medicine, Rome, Italy, 1976; internship and residency, Lutheran Medical Center, Brooklyn, NY 1976-1978. Graduate training in urologic surgery at St. Lukes Hospital, New York City, 1978-1982. Washington State license, 1981. Has applied for hospital staff privileges at Allenmore, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Rao is practicing at 34617 11th Place S., Federal Way.



**Mark F. Craddock, MD, Family Practice.** Born in Portland, Oregon 10/21/51. University of Washington School of Medicine, 1977; internship and residency, Middlesex Memorial Hospital, University of Connecticut, 1977-1980.

Washington State license, 1982. Has applied for hospital staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Craddock is practicing at Western Clinic, Tacoma.



**Jack D. Putman, MD, Internal Medicine/Family Practice.** Born in Honolulu, Hawaii 7/2/44; University of California (San Francisco) Medical School, 1970; internship and residency, Los Angeles County/University of Southern California Medical Center, 1971-1976. Washington State license, 1977. Has applied for hospital staff privileges at Allenmore, Doctors, St. Joseph and Tacoma General hospitals. Dr. Putman is practicing at Group Health Cooperative, Federal Way.

**Notice**

German Physician would like to observe American physician in his practice for two months, August - September. For further information contact:

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## MAY 10 GENERAL MEMBERSHIP MEETING NOTICE

### THE NEW COMPETITIVE ERA—Part III “A Look At The Options”

*A shrinking market for medical services is forcing hard decisions and dramatic changes upon health care providers. Physicians can sit back and watch, or they can respond positively by devising less expensive, more efficient health care delivery systems, suggests Walter McClure, Ph.D., president of the Center for Policy Studies, a Minneapolis based health care research organization. “You’re not going to have the old system. We simply can’t afford it.”*

*At the Tuesday, May 10 general membership meeting McClure will present “A Look At The Options.”*

*The objective of this series of programs is to provide physicians with necessary information to make informed choices regarding medical practice and the delivery of services.*

*Ample time will be offered for questions and answers.*

**Presentation by:** Walter McClure, Ph.D., President, Center for Policy Studies,  
Minneapolis, Minnesota.

**DATE:** Tuesday, May 10, 1983

**PLACE:** Executive Inn, Tacoma/Fife  
(5700 Pacific Highway East—just off I-5)

**TIME:** 6:15 pm—social hour  
7:00 pm—dinner  
8:00 pm—program

**COST:** Dinner, \$13.25 per person.  
(price includes tax and gratuity)

Register today. Mail response portion of this form, with a check for the appropriate amount to the Medical Society. Or call the office, 572-3667, to confirm your attendance. Make check payable to Medical Society of Pierce County.

---

#### REGISTRATION

Yes, I have set aside the evening of May 10 to hear “A Look At The Options.”

Reserve \_\_\_ dinner(s) for me at \$13.25 each (price includes tax and gratuity).  
Enclosed is my check for \$ \_\_\_\_\_

Dr. \_\_\_\_\_ Telephone \_\_\_\_\_

RETURN TO MEDICAL SOCIETY OF PIERCE COUNTY NO LATER THAN FRIDAY, MAY 6

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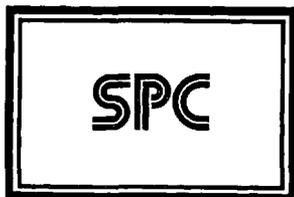
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*Haemophilus influenzae*

Ampicillin Resistant  
*Haemophilus influenzae*

*H. influenzae*

*S. pneumoniae*

**Brief Summary. Consult the package literature for prescribing information.**

**Indications and Usage:** Ceclor® (cefdioxiir) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms.

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (Group D pneumococci), *Haemophilus influenzae* type 1, *Streptococcus pneumoniae* (Group A, B, C, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z pneumococci), appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceclor.

**Contraindication:** Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF CROSS-ALLERGY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS INCLUDING ANAPHYLAXIS TO BOTH DRUG CLASSES.

Antibiotics, including Ceclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Pseudomonas colitis has been reported with virtually all broad-spectrum antibiotics (including penicillins, cephalosporins, penicillins, and cephalosporins); therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may result in severe toxin-mediated illness.

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis.

Who cases of pseudomonas colitis are usually responsive to drug discontinuance alone. In moderate to severe cases, management should include discontinuance, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomonas colitis produced by a different organism. Other causes of colitis should be ruled out.

**Precautions:** **General Precautions:**—If an allergic reaction to Ceclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents (e.g., pressor amines, antihistamines, or corticosteroids).

Prolonged use of Ceclor may result in the overgrowth of non-susceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when an antigen in tests are performed on the red blood cells of patients, the Coombs' test results of whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the drug.

Ceclor should be administered with caution in the presence of impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that recommended.

As a result of administration of Ceclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinette® tablets but not with Testape® (Glucose Enzymatic Test Strip, USP Type 1).

Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

**Usage in Pregnancy—Pregnancy Category B:**—Reproduction studies have been performed in mice and rats at doses up to 17 times the human dose and in pregnant women. Because animal data and human data have revealed no evidence of impaired fertility or harm to the fetus due to Ceclor, there are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

**Nursing Mothers:**—Small amounts of Ceclor have been detected in mother's milk following administration of a single 500 mg dose. Average levels were 16 to 23 µg/l, and 16 mg/m<sup>2</sup> at the first, third, fourth and fifth hours respectively. Trace amounts were detected at one

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

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.<sup>7</sup>

**Ceclor**<sup>®</sup>  
**cefdioxiir**  
Pulvules<sup>®</sup>, 250 and 500 mg

hour. The effect on nursing infants is not known. Caution should be exercised when Ceclor (ceclor or Lival) is administered to a nursing woman.

**Usage in Children:**—Safety and effectiveness of this product for use in infants less than one month of age have not been established.

**Adverse Reactions:** Adverse effects considered related to therapy with Ceclor are anaphylaxis and are listed below.

**Gastrointestinal symptoms** occur in about 2-3 percent of patients and include diarrhea (1 in 70).

Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Anus and vomiting have been reported rarely.

Hypersensitivity reactions have been reported in about 1-5 percent of patients and include morbilliform eruptions (1 in 100), pruritus, urticaria, and allergic edema. Each occurs in less than 1 in 200 patients. Cases of serum sickness-like reactions (erythema multiforme or the toxic skin manifestations accompanied by arthritis, arthralgia and, frequently, fever) have been reported. These reactions are apparently due to hyper-sensitivity and have usually occurred during or following a second course of therapy with Ceclor.

Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur 2-8 days after initiation of therapy and subside within a few days after cessation of therapy.

No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, all of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included esophagitis (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

**Coagulation Relationship:**—In vitro abnormalities in several laboratory tests have been reported. Although they were of uncertain etiology, they are listed below for information to the physician.

**Mean:**—Slight elevations of SGOT, SGPT or alkaline phosphatase values (1 in 40).

**Hematocrit:**—Transient fluctuations in leukocyte count, predominantly lymphocytes occurring in infants and young children (1 in 40).

**Renal:**—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

\* Many antibiotics, including acetic acid, exacerbation of chronic bronchitis in infants, *S. pneumoniae* or *H. influenzae*.

Note: Ceclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

**References:**

1. *Antimicrob Agents Chemother*, 8: 91, 1975.

2. *Antimicrob Agents Chemother*, 11: 470, 1977.

3. *Antimicrob Agents Chemother*, 13: 584, 1978.

4. *Antimicrob Agents Chemother*, 12: 490, 1977.

5. *Current Chemotherapy* (edited by W. S. Hoogstraal and R. L. Lilly), 11: 880. Washington, D.C.: American Society for Microbiology, 1978.

6. *Antimicrob Agents Chemother*, 13: 651, 1978.

7. Data on file, Lilly and Company.

8. *Principles and Practice of Infectious Diseases* (edited by G. L. Mandel, H. G. Douglas, Jr. and A. E. Bennett, Jr.), 4th. New York: John Wiley & Sons, 1979.

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Additional information available to the profession on request from Lilly and Company, Indianapolis, Indiana 46285.

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**The Medical Society of Pierce County & Medical Auxilliary  
Your Doctor and Family at work in the Community**



# The Bulletin

## MEDICAL SOCIETY OF PIERCE COUNTY

In This Issue . . .

Tel-Med . . .

See page 6

On Lowering Standards of Care . . .

See page 5

May, 1983

# “After a year-long search, we chose Poorman-Douglas. Again.”

Three years ago, Vancouver Clinic made the changeover to an in-house computer, the MED990 System from Poorman-Douglas.

Says Administrator Roger Garretson, “We spent over a year talking to suppliers, making sure we had the right system. We wanted local capability in software and local service in hardware.”

Perhaps most important, Vancouver Clinic preferred both hardware and software to be supplied by one company. “We were interested in a good working relationship, not in trying to decide whose responsibility it was if something went wrong.”

## Why Poorman-Douglas.

“We’d already built up a good relationship with them – they’d done an excellent job as our service bureau for 12 years.” Best of all, Poorman-Douglas designs its own software expressly for medical applications, and features hardware by Texas Instruments.

“The combination of Poorman-Douglas and Texas



Instruments, plus our own pre-planning, made for an excellent, cost-effective system, and a smooth conversion. The staff quickly learned how easy it is to operate, and we all appreciate the greater control. MED990 is a big success.”

## Benefits keep adding up.

“We’d planned carefully, and we knew what kind of benefits to expect: Better control over accounts receivable. Faster data entry. Reduced follow-up time.

“Then, after installation, we found we could save even more time in registration. Working with Poorman-Douglas and the MED990, you continue to discover labor-saving opportunities. That’s exciting!”

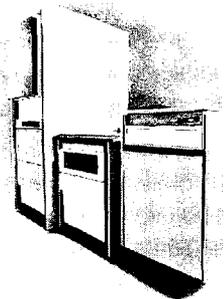
## Is MED990 the business partner you need?

Your first step toward finding out is to contact Poorman-Douglas. We’ve been serving the medical profession for two decades, with automated accounting systems that have proved themselves in real-life situations.

What’s more, we’re the Northwest company that offers legitimate, high-quality products in all three categories of automated medical accounting systems. So we’re singularly qualified to prescribe, objectively, the appropriate system for your practice.

## Get the Doctor’s Guide.

Send for your copy of the Poorman-Douglas *Doctor’s Guide to In-House Computers*. Better yet, call for a convenient, no-obligation consultation in your office.



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**Cover photo:** MSPC President-elect Pat Duffy and a visitor to the Medical Society-Auxiliary booth at "Celebration '83." See page 4.

**Editor:** David S. Hopkins

**Managing Editor:** Thomas J. Curry

**Editorial Committee:** David S. Hopkins (chairman), Stanley W. Tuell, W. Ben Blackett.

**MSPC Officers:** Robert E. Lane, President; Pat Duffy, President-elect; Richard Hawkins, Vice President; Juan F. Cordova, Secretary-Treasurer; Lloyd C. Elmer, Past President.

**MSPC Trustees:** Bruce D. Buchanan, Robert F. Kapela, Gordon R. Klatt, and Gilbert J. Roller, 1983; Richard E. Gilbert, Gregory A. Popich, and Alan D. Tice, 1984; Marlene Arthur.

**Board and Committee Chairmen:** *Budget/Finance*, Juan F. Cordova; *College of Medical Education*, Ronald J. Graf; *Credentials*, Ronald G. Taylor; *Emergency Medical Standards*, Mark E. Jergens; *Ethics/Standards of Practice*, Gilbert J. Roller; *Grievance*, Lloyd C. Elmer; *Interprofessional*, Herman S. Judd; *Jail Health Advisory Board*, Michael W. Priebe; *Legislative*, James D. Krueger; *Library*, Juan F. Cordova; *Medical Education*, K. David McCowan; *Medical-Legal*, Robert A. O'Connell; *Membership Benefits, Inc.*, Dale L. Hirz; *Professional Relations*, William A. McPhee; *Program*, Richard Hawkins; *Public Health/School Health*, Terry W. Torgrenrud; *Senior Citizen*, Kenneth D. Graham; *Sports Medicine*, Richard G. Bowe.

Deadline for the submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**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, (206) 223-0861. 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.

# Society News Briefs

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

**Doctors warn of foul water**  
 By Pat Jenkins  
 Government leaders must take steps to halt pollution approach

•• The News-Tribune, Tacoma, Wed., April 13, 1983 A-3

**Medical society urges cleanup of county water contamination**  
 Doctors call for coordinated attack on pollution problem

**By BILL RIPPLE**

The Medical Society of Pierce County called today for a solution to the increasing contamination of drinking water throughout the county in general, and in the Chambers Creek-Clover Park Creek drainage basin in particular.

Warning that health risks will become unacceptable if Pierce County's water quality problems are not solved in a coordinated fashion, the medical society outlined a plan to deal with the problem.

Although the medical society did not mention the Lakewood-Parkland sewer project by name, a statement issued by the society recommended call-

**Kapowsin, Elbe water ills cited**

Several water systems throughout the state, including two in Pierce County, have failed to properly notify their customers of bacteriological contamination found in samples submitted to the Department of Social and Health Services.

Regional systems that failed to meet their obligation to notify the public include Kapowsin Water Corp. and Elbe Water District.

Dr. John Beare, director of the state Division of Health, said federal and state laws require notification of customers and users following bacteriological contamination of a water system. He added that bacteriological contamination of the water system does not necessarily mean that drinking water would be harmful to health. However, it does indicate that disease-causing organisms could have had access to the water system.

Nicola said the two-year study, undertaken late last year, will identify ground water flows that will enable officials to make prudent plans for protecting water resources.

The initial study by DSHS is



Activity at the Medical Society-Auxiliary booth at "Celebration '83" was brisk. A youthful visitor has his blood pressure checked above by Dr. Tom Jones, one of 21 physicians who volunteered their time during the four day event.

## Medical Society-Auxiliary Well Represented at Tacoma Dome Opening

The Medical Society-Auxiliary booth at the Tacoma Dome's April grand opening was well staffed by physicians and spouses. "The Medical Society of Pierce County and Medical Auxiliary - Your Doctor and Family at Work in the Community" was the theme of the joint booth.

Approximately 2,000 people received free blood pressure screening, health education materials were distributed, Tel-Med was promoted, and videotapes on the cost of caring, CPR and public service announcements were played.

Organized by Stephanie Tuell and Marlene Arthur, the booth was staffed continuously throughout the 34 hours of exhibition time over four days.

Thanks are expressed to the following: Drs. Robert E. Lane and John Kanda, Dr. and Mrs. John and Alice Hilger, Richard & Sara Bowe, David & Sharon Lukens, Thomas & MaryLou Jones, Roy and Gloria Virak, Ray & Ginnie Miller, Vernon & Kit Larson, Stan & Karen Bloustine, Richard & Polly Spaulding, Gerald & Nancy Anderson, Stan & Stephanie Tuell, Pat & Suzie Duffy, Richard & Sharron Gilbert, Gil & Jo Roller, Alan & Constance Tice, Gordon & Trudy Klatt, James & Janet Fry, James & Nikki Crowley, and George & Kimi Tanbara.

## Physicians Elected to Medical Society Membership

Congratulations are extended to the following provisional members who were elected to membership in the Medical Society of Pierce County at the May Board of Trustees meeting:

- Drs. William A. Bulley, Jr.
- Patricia A. Charochak
- Patrick J. Donely
- Craig Alan Rone
- John D. Stewart

(continued on page 16)

## Society's Stand on Water Quality Draws News Media Support

Television, radio and print media reporters were in attendance when the Medical Society issued a public statement on Pierce County's water quality problems at a mid-April press conference. Dr. Bob Lane, MSPC president, discussed the position statement on water quality previously recommended by a subcommittee of the Public Health/School Health Committee and approved by the Board of Trustees.

"Health risks will become unacceptable if Pierce County's water quality problems are not solved in a coordinated fashion. The problems involve both chemical and bacterial contamination throughout virtually the entire drinking water supply. In spite of the recent attention focused on individual isolated cases of chemical contamination, the public and our elected leaders must keep in focus the larger issues of water quality," said Lane.

"Public policy in response to the problem must address its underlying causes, not just serve as symptomatic relief," he added.

Steps recommended by the Society to deal with the county's water quality problems include:

- 1) Developing a comprehensive population growth plan for all incorporated and unincorporated areas that includes water quality issues.
- 2) Completing sewer projects presently underway and beginning new projects as needed.
- 3) Using the results of studies currently underway as the basis of a rational evaluation of the water quality problem and to define steps to correct the situation.

The subcommittee that drafted the statement consisted of Drs. Alan Tice and Bud Nicola, and Mrs. Julia Mueller, members of the public Health/School Health Committee (chaired by Dr. Terry Torgrenrud).

## President's Page

# ON LOWERING STANDARDS OF CARE



The Joint Commission on Accreditation of Hospitals (JCAH) is considering some significant revisions to its *Accreditation Manual for Hospitals*. The most significant is the recommended elimination of the term "medical staff" and its substitution with "organized staff." This is not a mere case of semantics.

Present standards define "medical staff" as fully licensed physicians and dentists. It has been interpreted, by implication, that other practitioners licensed to practice in limited fields of medicine are excluded from the "medical staff." The proposed changes could result in the inclusion of *all* licensed practitioners.

State licensing laws vary considerably in defining who is responsible for patient care. The majority specify MD's, DO's, DDS's and some doctors of podiatry, but there are wide variations, with a few making no provision. Although the JCAH recommendations are not mandatory for hospitals, they carry considerable weight on individual hospital decision.

The JCAH action was in response to antitrust suits; one in Ohio filed by the state attorney general on behalf of a clinical psychologist and another by a nurse midwife. The potential damage of these and other nonspecified cases pending against the JCAH are in the region of \$310 million dollars!

If the suits are successful, the JCAH's five corporate members could be held liable. They are (with their respective votes on the JCAH board) the American Medical Association (7), the American Hospital Association (7), American College of Surgeons (3), American College of Physicians (3), and American Dental Association (1). There is one lay member on the board as well. The AMA and AHA originally voted for revision. Both organizations were opposed by the ACS, ACP and ADA.

There are other proposed changes. Reference to board certification with regard to delineation of privileges would be deleted along with the requirement that each patient's medical condition be the responsibility of a physician and the requirement that the majority of the medical staff be physicians. Quality assurance would not necessarily involve physicians. Non-physician licensed practitioners on the "organized staff" could perform history and physical examinations.

Approval of the proposed changes was to have been made in April; however, the AMA Board of Trustees asked that final action be deferred until after the June Annual Meeting of the AMA House of Delegates. The

reaction of the AMA membership over the proposed changes has been so strong that the AMA Board of Trustees in April adopted a position that essentially opposes the proposed revisions. The JCAH staff has been instructed to draft new standards language apparently directed at correcting some of the problems created by the proposed changes. Final action on the medical staff chapter is expected in August.

\$310 million dollars is a lot of money. The AMA is still suffering from its last antitrust loss. No doubt the proposed changes were based on sound legal advice, but professional standards of care should not be changed by threats of lawsuits.

Relaxation of JCAH standards would make it especially difficult for local hospitals to resist current pressures to lower their standards of care. These pressures will increase — thanks to pressure from politicians, third party payers and others who do not have direct responsibility for patient care.

In reading the original AMA fact sheets on this issue, one cannot but feel that the national organization was being apologetic and, perhaps, over-reacted. There must be a better way.

Let your AMA delegation from Washington State know your feelings. The delegation is listed below. Please note it includes Drs. Dave Hopkins and Ralph Johnson from Pierce County.

*Robert E. Lane, MD*

### AMA Delegates

Amos P. Bratrude, Route 1, Box 25, Omak 98841  
John H. Dawson, 801 Broadway, #901, Seattle 98122  
David S. Hopkins, 1832 S. 324th Pl.,  
Federal Way 98003  
Wm. O. Robertson, 4800 Sand Point Way NE,  
Seattle 98104  
Alvin J. Thompson, 1001 Broadway, Seattle 98122

### AMA Alternates

Rupert O. Brockmann, S. 3430 Jefferson,  
Spokane 99203  
Harold R. Clure, 24th & "M", Anacortes 98221  
Ralph A. Johnson, 7139 Interlaaken Dr. SW,  
Tacoma 98499  
John A. Moyer, W. 104 Fifth, #440W, Spokane 99204  
John F. Vaughn, 3305 Main St., #301, Vancouver 98663

## An Open Letter to the Medical Community

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### TEL-MED SUPPORTS YOU; IT NEEDS YOUR SUPPORT AS WELL

Tel-Med is a joint Medical Society-Medical Auxiliary project which provides free access to general medical and dental information for your patients and neighbors. Over 225,000 people have called Tel-Med since its inception and each has benefited from a physician-approved message that concludes with, "Brought to you by the Pierce County Medical Society Auxiliary and Physicians of Pierce County."

Now, Tel-Med needs your help. The cost of maintaining its service has significantly reduced Tel-Med's funds to the point where broad medical community support is needed.

In 1982, less than 15% of the physician families in Pierce County contributed to Tel-Med. We hope you will join your colleagues this year — and other local organizations such as the Allenmore Medical Foundation, Pierce County Dental Society, local banks, the Medical Auxiliary, and the St. Joseph Hospital Foundation for Health — who are supporting Tel-Med. Within the next few days we will mail to your home and office a 1983 Tel-Med Pledge Card. We ask that you return your tax deductible contribution at your earliest convenience.

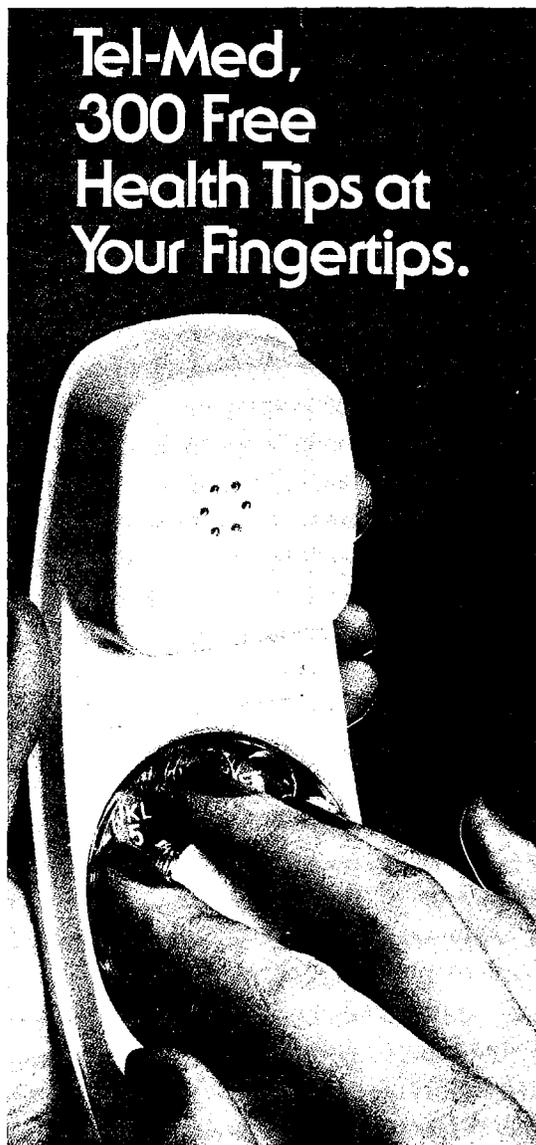
Today, more than ever, the public is seeking and needs *factual health information*. Tel-Med can help meet this need and foster positive public relations for the entire medical community — with your help.

On behalf of the Tel-Med Board of Trustees, thank you in advance for your support of this valued public service.

Sincerely,

Cathy Schneider, President  
Shirley Kemman, President-elect

Tel-Med Board of Trustees: Mrs. Tony Lazar, Mrs. James Crowley, Mrs. Gilbert Roller, Mrs. Steve Tuley, Mrs. Martin Schaeferle, Mrs. David Hopkins, Mrs. James Gillespie, Mrs. Stanley Tuell, Mrs. Walter Arthur, Mrs. Paul Schneider, Mrs. John Kemman, Mrs. Richard Anderson, Mrs. James Fulcher, Mrs. Margaret Holland, Robert E. Lane, MD, James P. Duffy, MD, Lloyd C. Elmer, MD, Mr. Jerry McLaughlin, Mr. Dan Mallea, Mr. Thomas J. Curry.





# WE WOULD LIKE YOU TO MEET KAREN MILLIGAN.



Karen came to Doctors Hospital from Denver where she worked as a MICU/CCU nurse at Rose Medical Center. Karen has CCRN Certification and experience as a staff development instructor for ICU/CCU.

Karen is currently directing our inservice education program here at Doctors. The program focuses on updating the knowledge

and skills of all our special care nursing staff. There is strong emphasis on resuscitation techniques.

This first phase of our program was the requirement for mandatory CPR Certification for all patient care staff. The entire care staff was certified as of January 1, 1983.

Just to let you know we work hard to be the best we can be.

## DOCTORS HOSPITAL

Help without the hassle.

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# ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) PRESENTS IN NORTHWEST

Acquired Immune Deficiency Syndrome (AIDS) is a new syndrome in the United States. Although it has been an increasing problem and cause of alarm in some of the larger cities in this country for the last several years, it is only recently that Washington State has recognized the problem. The recent case in Pierce County points out the need for physicians to look for this disorder and coordinate their efforts with the health department.

AIDS is probably caused by an infectious agent which appears to be transmitted in a fashion similar to Hepatitis B. As you probably know from reading *Newsweek*, it affects primarily intravenous drug abusers and gay males. However, AIDS has also been reported in Haitians and hemophiliacs as well as in a few apparently normal people. These people have presumably acquired the disorder through contact with carriers. Because the means of spread is not entirely clear and it seems to be similar to Hepatitis B, serum or blood precautions are in order in terms of very careful patient care and possibly even limiting blood transfusions. The implications for drug abusers and gay males are obvious.

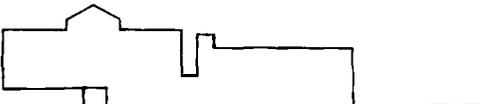
The disease may be diagnosed on a clinical basis with a background history of intravenous drug abuse and/or male homosexual practices. Additional findings may include any of the following: prolonged diarrhea, fever, weight loss, pulmonary complaints, generalized lymphadenopathy, or an infection with an "opportunistic" organism such as *Pneumocystis carinii*, *Candida albicans*, *Herpes simplex* (prolonged or severe case), rapid-growing mycobacteria, or *Cryptococcus*. Kaposi's sarcoma is a characteristic skin malignancy which is present in many patients. While there is no specific blood test to diagnose this disorder, skin testing for anergy and a CBC with particular interest in the lymphocyte count are helpful. More specific testing for T-cell percentage and function may be useful, but is not very specific even if abnormal.

It should be of great interest to see how the investigations of this perplexing and potentially devastating illness proceed. We suspect the local media will keep us well, if not better, informed than the medical journals.

If you have cases that appear to be AIDS or reactive lymphadenopathy, we would be happy to discuss them

with you. All cases that are likely to be AIDS or Kaposi's sarcoma should be reported to the health department. The School Health/Public Health Committee of the Medical Society will also continue to follow this disorder.

*Alan D. Tice, MD*  
*Peter K. Marsh, MD*



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# Tacoma Family Medicine

## TOP CANDIDATES SELECT TACOMA FAMILY MEDICINE

An especially newsworthy event occurred recently at Tacoma Family Medicine when four of its top five candidates chose Tacoma in the 1983 Intern Match Program. This action is a testimonial to the quality of our training and experience. During the preceding year, 60 medical students had been interviewed, and 39 preferences were submitted to the Match Program. The new residents, who will begin on July 1, 1983, are:



*Steffan R. Tolles*

**Steffan Tolles** - born and raised in the Tacoma area. He graduated from Curtis High School, attended Pacific Lutheran University, where he received a Family Merit Scholarship, and received his B.A. magna cum laude. Steffan is attending the University of Washington School of Medicine, where he has received Honors in Human Anatomy and Laboratory Medicine.

**Paula Schulze** - raised in Texas where her father is a family physician. She graduated from Trinity University in San Antonio, Texas magna cum laude in three years. Paula worked as a sales representative for Abbott Pharmaceutical Company in Mississippi for three years, then returned to Texas where she will graduate from the University of Texas at Galveston. She spent four weeks with us in a Family Practice Clerkship and we were all impressed with her intelligence, medical knowledge and personality.

*Roy H. Virak, MD, Director*



*Debra D. Pohlman*

**Debra Pohlman** - raised in Southern Florida, earned her B.A. degree from Antioch College in Ohio, then worked for two years in the microbiology department at Swedish Hospital in Seattle. Debra will graduate in June from Wright State University School of Medicine in Dayton, Ohio.



*Scott D. Tarleton*

**Scott Tarleton** - born in Texas, lived the next five years in San Francisco, the next three years in Japan, the next three years in England, and then back to California where he graduated from San Mateo High School. He received a B.S. degree from Stanford University, where he graduated with "Distinction and Departmental Honors." Scott is attending the University of California at Davis School of Medicine.

### School Health Report Form Offered For Physician Office Use

In recent years thousands of school health report forms, prepared by the Medical Society's Public Health/School Health Committee and printed through the courtesy of the Tacoma Public School District, have been distributed to individual physician offices, schools, and other organizations.

Recent budget constraints have made it impossible for the school district to continue printing the form. For that reason, a photo-ready copy of the form is reproduced on the facing page. Please use it in your office when additional copies of the form are needed. Thank you. —  
*The Editor*

# HEALTH REPORT FORM

**TIME OF EXAMINATION:** For athletics, during the 12-month period prior to first participation in interscholastic athletics in middle school or junior high school, and prior to participation in high school. Clearance for continued participation is to be provided on this form prior to each subsequent year of interscholastic athletics. A yearly clearance from the examiner is needed for continued participation.

**CHOICE OF EXAMINER:** It is recommended that each child have a personal physician knowledgeable regarding each aspect of his/her health. Examination may be performed by a licensed physician (M.D. or D.O.), a licensed physician's assistant, or a certificated pediatric or family nurse practitioner working under the direction of a physician whose name is to be stated.

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

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birthdate: Month/Day/Year \_\_\_\_\_ Sex: F or M \_\_\_\_\_ Name of School, Camp or Organization \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Usual Physician or Source of Health Care \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**CIRCLE PURPOSE(S) OF REPORT:** SCHOOL: Preschool, Kindergarten, Elementary School, Junior High, High School. To enter grade \_\_\_\_\_ September 19\_\_\_\_\_  
 INTERSCHOLASTIC ATHLETICS: baseball, basketball, cross country, football, gymnastics, soccer, swimming, tennis, track, volleyball, wrestling.  
 OTHER: day care, developmental center, child study, park board recreation, boys club, camp, lifesaving, other (specify) \_\_\_\_\_

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

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

SKIN: acne, eczema	ORTHOPEDIC: fracture or sprain, scoliosis, congenital hip
VISION: glasses, contacts	NEUROLOGICAL: convulsions, meningitis, cerebral palsy
HEARING: aids	METABOLIC: diabetes
NOSE: bleeding	BLOOD: anemia, sickle cell disease
MOUTH: dental decay, orthodontia	ALLERGIES: food, insect, pollen, contact, drugs, other, (specify) _____
LUNGS: asthma, bronchitis	HOSPITALIZATION(S): (Year & Reason) _____
HEART: congenital, rheumatic	OPERATION(S): (Year & Reason) _____
GASTROINTESTINAL: ulcer, colitis, hepatitis	HANDICAP: physical, mental, behavioral, social, learning, vision, hearing, speech, hyperkinesis
GENITOURINARY: kidney or bladder infection	

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

If child under 3 years give birthweight \_\_\_\_\_ Describe unusual factors regarding birth or health immediately after birth \_\_\_\_\_

IMMUNIZATIONS	None	Doses Received					Month/Year of Last Immunization	Immunizations
		1	2	3	4	5 or more		
Diphtheria, Tetanus, Pertussis Any combination of DTP/DT/Td								DTP, DT, Td (circle dose given)
Oral Polio Vaccine (OPV)								OPV
Rubeola (7 day or hard measles)							Immunization report need not be completed if a separate immunization certificate is being submitted at the same time.	Rubeola
Rubella (3 day, mild or German measles)								Rubella
Mumps								Mumps

I certify that to the best of my knowledge the information given above is accurate and the immunizations checked have been received. \_\_\_\_\_ Date \_\_\_\_\_ Signature: Parent or Guardian \_\_\_\_\_

**THIS SECTION IS THE RESPONSIBILITY OF THE PHYSICIAN. PARENT(S) SHOULD BE PRESENT FOR EXAMINATION.**

Date of examination	Height	Weight	Blood pressure	Hearing: Right	Left	Hematocrit	Sickle Cell	Hemoglobin	Urinalysis
Vision: Right 20/	Left 20/	Vision corrected: Right glasses, contacts 20/ (circle which)	Right 20/	Left 20/	Color Vision	Tuberculosis skin test: Date	Type	Result	

**CIRCLE ABNORMAL AREAS. DISCUSS AT RIGHT**

Appearance	Scalp	Throat	Neurological
Development	Head	Chest	Dental
Nutrition	Eyes	Lungs	Genitalia
Acne	Ears	Heart	Extremities
Rashes	Nose	Abdomen	Back (Shows no evidence of Kyphosis or Scoliosis)

An additional narrative report is attached or will be forwarded. Yes ( ) No ( )

**INTERVAL NOTE:** Identify any occurrences since examination which could effect participation in school, athletics, or other activities. \_\_\_\_\_

**REFERRAL(S):** (Circle) Eye, Ear, Dental, Orthopedic, Other (describe) \_\_\_\_\_ Parents need help to obtain Yes ( ) No ( )  
 Please name other doctors involved in care of child: \_\_\_\_\_

**ASSESSMENTS THAT MAY BE NEEDED IN SCHOOL OR OTHER FACILITY:** Hearing, Speech, Psychology, Occupational therapy, Physical therapy, Guidance, Learning. If you believe child should be considered for special education, please describe need above. \_\_\_\_\_

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

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

A physician's written release is required to resume participation following all illness and/or injury serious enough to require medical care. Give details above.  
 Date signed \_\_\_\_\_ Next recommended date of examination \_\_\_\_\_ Physician's Name (Please print) \_\_\_\_\_ Signature and Title \_\_\_\_\_

# Auxiliary News

## April General Luncheon Meeting

The April 15th luncheon meeting was held at the home of Dr. and Mrs. J. Lawrence Smith (Norma) in Lakewood. Bev Graham and her committee served an "elegant Spring luncheon."

Mr. Clay Roberts, Roberts & Associates, introduced and described his innovative drug-abuse prevention program called "Here's Looking At You." This program is for children in grades K through 12 and concentrates on developing the following skills: Information gathering, how much is too much, choices and consequences, coping and self confidence.

The program is currently being used in many local as well as national school districts (in 44 states!). One unique feature is the National Helpers Program which identifies and trains peer counselors. While utilizing some community volunteers to work in the schools with the program, Mr. Roberts strongly advocates support for House Bill 681, which is currently under consideration. This bill would fund the "Here's Looking At You" program on a state-wide basis.

Anyone interested in further information should contact the following organization: CHEF, 20814 Pacific Highway South, Seattle, WA 98188, 1-824-2907.

*Judy Baerg*

## State Convention

The 1983 Spring convention of the Washington State Medical Association Auxiliary was held in Spokane, April 19-21. Pierce County was represented by five voting delegates: Marlene Arthur, Gloria Virak, Sharon Ann Lawson, Nikki Crowley, and Shirley Kemman. The Spokane Auxiliary's warm hospitality included a sit-down dinner for nearly 70 delegates at a member's home.

Pierce County was awarded the AMA-ERF Achievement Award for the largest dollar amount contribution as well as the award for the greatest percentage of increased giving.

Pierce County members appointed to the state Board are: Cindi Anderson, Southwest Regional Vice-President; Jo Roller, Bylaws; and Marlene Arthur, organ donation. The new state president is Rene Pavy from Spokane, and the president elect is Erselle Eade.

Several resolutions were passed. Also accepted was a Bylaw amendment, changing eligibility for state president, president elect, or vice-president: "having served as a county president or having served as a state board member for two years or as a state board member for three years."

*Marlene Arthur*

## 1983-84 New Board

Members of the "New Board" will meet on June 6, at 10 am, for a brunch board meeting. The meeting will be held in the home of the Auxiliary's new president, Mrs. Gloria Virak, 1319 Palm Drive, Tacoma.

*Gary Alyn R.E.*

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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



**Richard E. Ory, MD, Pediatrics.** Born in Houston, Texas 11/26/52. Baylor College of Medicine, Houston, 1979; internship and residency, Baylor College of Medicine, 1979-1982. Washington State license, 1982. Has applied for staff privileges at Allenmore, Lakewood General, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Ory is practicing at 1811 South K Street, Tacoma.



**John D. Stewart, MD, Orthopedics.** Born in Chicago, IL, 2/6/52. Dartmouth Medical School, Hanover, NH, 1977; internship, Northwestern Medical School, 1977-1978; residency, Northwestern Medical School, 1978-1982; graduate training, hand surgery, Northwestern Medical School, 1982. Washington State license, 1982. Has applied for hospital staff privileges at Allenmore, Doctors, Good Samaritan, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Stewart is practicing at Allenmore Medical Center, Tacoma.

## Second Notice



**Craig A. Rone, MD, Otolaryngology.** Born in Seattle 6/15/51. University of Washington School of Medicine, 1977; internship and residency, University of Washington, 1977-1982; graduate training, Guy's Hospital, London, England, 1982. Washington State license, 1978. Has applied for hospital privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound.

St. Joseph and Tacoma General hospitals. Dr. Rone is practicing at Physicians Medical Center, 721 South Fawcett Ave., Tacoma.



**Patricia A. Charochak, DO, General Practice.** Born in Detroit, MI, 7/28/52. College of Osteopathic Medicine & Surgery, Des Moines, Iowa, 1978; internship (rotating), Wilford Hall Medical Center, Lackland AFB, San Antonio, Texas, 1979. Washington State license, 1979. Has applied for hospital staff privileges at Good Samaritan, Lakewood General, Puget Sound and Tacoma General hospitals. Dr. Charochak is practicing at 1322 3rd St. S.E., Puyallup.



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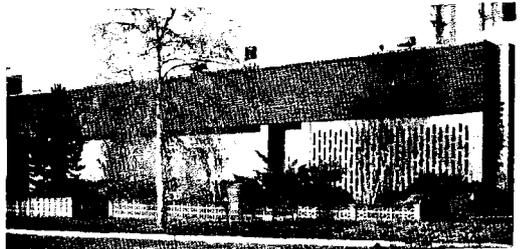
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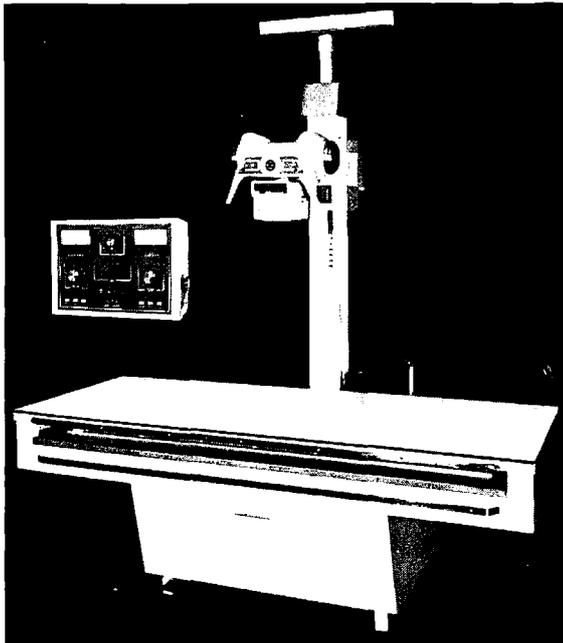
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# Society News Briefs

(continued from page 4)



*UHI Community Clinics statistics discussed with 6th District Congressman Norm Dicks. (left to right) Health Department Director Dr. Bud Nicola, program administrator Florence Reeves, Congressman Dicks, MSPC President Dr. Bob Lane and Tacoma City Councilman Tim Strege review a summary of the operation during a recent meeting. Over 9,000 patients were treated at the four clinics in 1982.*

## Community Clinics Awarded Badly Needed Funding

The four community clinics for the medically indigent operated by the Tacoma-Pierce County Health Department will receive critically needed federal funding in 1983. The amount of federal support will be \$552,000, 49% of the projected revenue for the clinics.

The four clinics — Family, Eastside, Sumner and Lakewood — served 9,160 individuals in 1982. There were 23,361 patient visits to the clinics. The clinics plan to serve 11,000 individuals in 1983 out of an estimated total population in need of 58,000.

Sixty-eight percent of those who visited the clinics in 1982 paid no fee; 19% were Medicaid beneficiaries and the remaining 20% paid on a sliding fee scale. Approximately 3% paid the clinics' full fee for services (set at a level comparable with those charged in the private community).

In 1982, 79% of those served were Caucasian, 9% were Black and the remainder were American Indians, Asians, Hispanics and other races. Fifty-eight percent of those seen were between the ages of 15 and 44, 27% were between the ages of 1 and 14, and 6% were under the age of 1.

The Medical Society has expressed strong support for the clinics in recent years and lobbied with the health department for continuation of funding. The Society works with the clinics through its Clinic Quality Assurance Committee, chaired by Dr. David Sparling.

## Pictorial Directory Underway!

Production has begun on a pictorial directory of Medical Society of Pierce County members. The long awaited directory (last published seven years ago) is being produced by Elson-Alexandre. Target date for distribution of the directory is December 1.

All MSPC members (including provisional and retired members) are being contacted by Elson-Alexandre to schedule a free portrait sitting. There is no charge to the physician. Every physician photographed will receive a free copy of the directory.

For information about portrait sittings, call 572-3668.

## “Alcoholism . . . the No Fault Disease”

“Alcoholism . . . the No Fault Disease” is a one hour special to be presented by KSTW Public Affairs and the Washington State Council on Alcoholism, Sunday, May 29, from 10:00 to 11:00 pm. This program explores the disease of alcoholism, who it affects and what types of treatment are available.

President Reagan and Governor Spellman will make brief comments about alcoholism. In the show, host Linda Stahl will speak to local professionals about the disease and its affect.

Also included will be excerpts from a national film featuring Betty Ford, Rod Steiger, Melissa Gilbert and sports figures Tommy Kramer and Bobby Welch.

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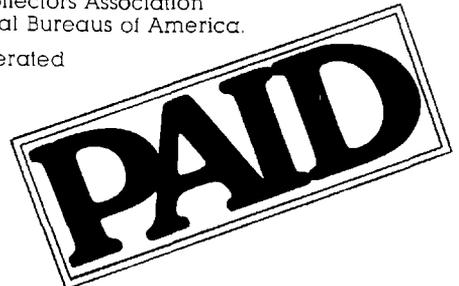
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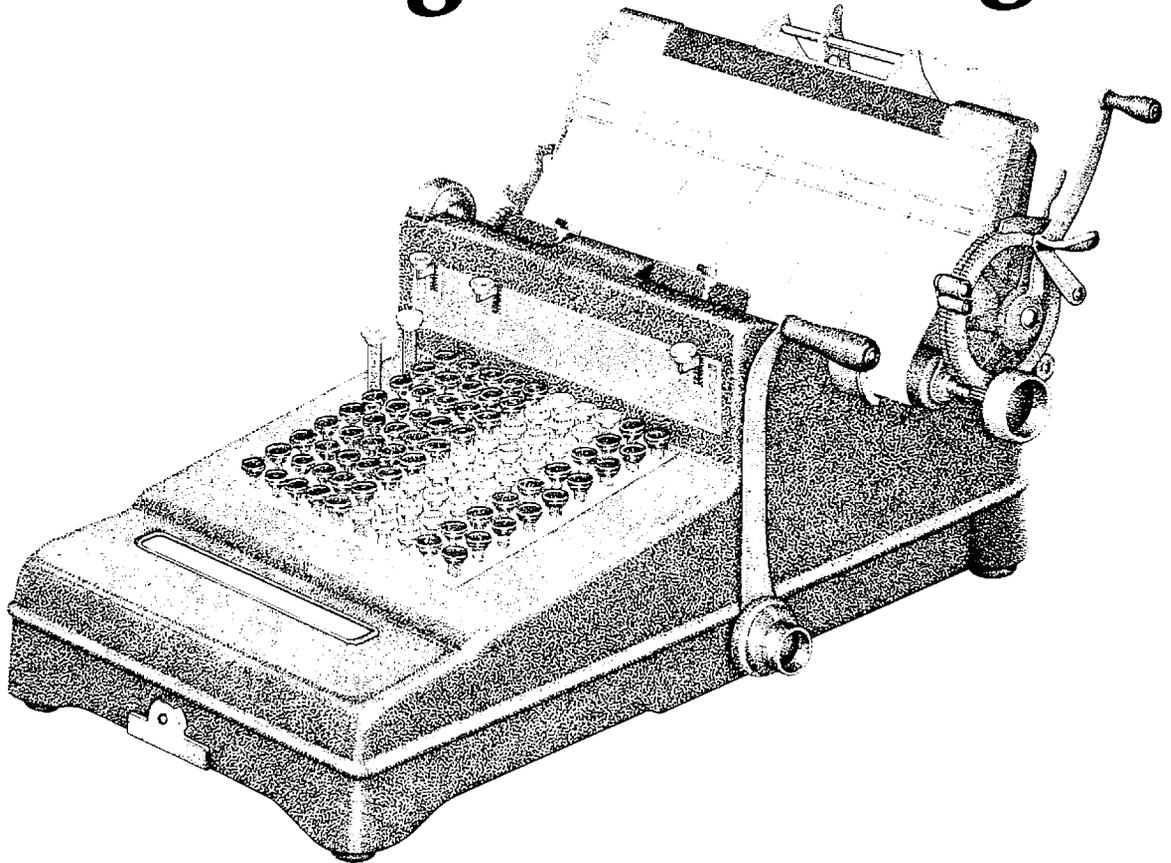
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# The Bulletin

## MEDICAL SOCIETY OF PIERCE COUNTY

### In This Issue . . .

Smoking and Disease . . .

See page 7

On Status of CME . . .

See page 8

June, 1983



# *The Bulletin* The official publication of the Medical Society of Pierce County

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Deadline for the submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**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, (206) 223-0861. 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.

# Society News Briefs

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

## Amendments Overwhelmingly Approved

Proposed Bylaws amendments that streamline the credentialing process and establish a new Ethics/Standards of Practice Committee and make its activities more effective have been resoundingly approved by the membership. Of the ballots returned to the Medical Society office, 94.9% approved the proposed amendments. Fifty percent of the membership voted.

Implementation of the Revised Ethics/Standards of Practice Committee, which will consist of physicians appointed by the Medical Society and representatives of each of the hospital staffs, is proceeding. Dr. Gil Roller remains as committee chairman.

## Medical Staff Presidents Added To MSPC Board of Trustees

Medical staff presidents have been added as ex officio members of the Medical Society Board of Trustees. The action was taken at the May 3 Board of Trustees meeting and follows a similar decision in December to make specialty society presidents ex officio members.

In his letter inviting medical staff presidents to the Board, MSPC President Dr. Bob Lane stressed the Board's objective to reduce fragmentation in the medical community and to increase effective action during a period of great change in the practice of medicine. Medical staff presidents attended their first Board meeting on June 7.

## Medical Society Referral Service Extended to Gig Harbor

A toll free Zenith number from the Gig Harbor Peninsula area has been established and the Medical Society is publicizing the availability of its physician referral and patient mediation (grievance) services to Peninsula residents. To call the Society office toll free residents simply dial the operator and ask for Zenith number 9795. The new telephone line became operational in mid-May.



*Physicians have a choice between truly free market competition and the public utility models, suggested Dr. Walter McClure at the May general membership meeting.*



*Dr. Stan Tuell was one of two members (the other was Dr. Gerald Anderson) recognized with plaques for performing the most blood pressure checks at the Society's booth at the Tacoma Dome opening. Twenty-one members who worked in the booth during the show were thanked at the meeting.*

## "Look at the Options" Wraps Up Informative Spring Membership Program Series

The Society's successful spring series of programs on the new competitive era concluded May 10 with a provocative speech, "Looking at the Options," by Walter McClure, president of Center for Policy Studies. Attendance at the March, April and May membership meetings averaged over 130. In addition to MSPC members, physicians from surrounding areas and local hospital administrators and board leaders attended the meetings.

The next annual general membership meeting is scheduled for Tuesday, September 13. A program had not been established at the time *the Bulletin* went to press.

## Local Physician Honored for EMS System Work

Community appreciation was expressed to Dr. James Billingsley in May for his work in developing the emergency medical services system in Pierce County. Dr. Billingsley received official proclamations of appreciation from the Pierce County Council, Tacoma City Council and several other local municipalities in conjunction with EMS Week held May 16 - 22. EMS Week activities were coordinated with the annual EMS Show at the Tacoma Mall.

Dr. Billingsley served as chairman of the Medical Society's EMS Committee and as Advanced Life Support Program Director for the county for several years. He currently serves as medical advisor to the Tacoma Fire Department and as a member of the EMS Committee.

*(continued on page 15)*

## President's Page

# ADEQUATE MEDICAL CARE?



Adequate medical care is a term being used with increasing frequency by medical planners and prophets. Seldom do they define its exact meaning and the term has come to replace the slogans that promise the best of care for all.

We might then just define adequate care as the best affordable care that can be provided by our national economy. Such a definition certainly carries an implication of rationing of care by requiring that the patient share in the cost, especially in the initial cost, so that he or she in effect self-regulates demand. Also, high cost treatments or procedures may be rationed by limiting available facilities, thus establishing some sort of priority depending upon the potential good that would come to the individual being treated.

Does this mean that the quality of care will suffer? Certainly, the patient who has to wait for a desired procedure would think so and also the requirement of partial pay might delay needed treatment. On the other hand, there might be a reduction in unnecessary care and a more judgmental type of medicine rather than the reflex medicine\* that is so commonplace now, and that could result in better care.

If hospital stays are shortened, the Professional Review Organization (PRO) will report that medical care is improving. If nursing homes become overcrowded and care deteriorates, the old and senile may die sooner and the death rate will rise and medical statistics will indicate that medicine is doing poorly. No matter what develops, the trial lawyers will argue in the courts that their clients are entitled to fabulous fortunes because of our malpractice.

\* Kar's Law: Defined as when confronted by a sudden change in the clinical picture, don't just stand there, do something (by reflex). This usually causes another change in the clinical picture and another reflex, ad infinitum.

Even among our own little groups, it is difficult to define quality care. Usually we set some sort of standards frequently based on flimsy scientific facts and very often on what is the current fashion in medicine. Those that do not fit the mold are considered questionable. The nonconformist and the eccentric will be put down. Memories of such events years later may come back to haunt those of us who have so misjudged our colleagues.

As I write this, the memory of Bill Rademacher keeps coming back to me. Here was a man who saw multitudes of patients, kept terrible records and didn't get to very many meetings. However, he understood the art of medicine and he could filter out those who needed to be seen or cared for by a consultant and he handled those he was capable of treating. He did a tremendous amount of good, working long hours and giving every bit of himself. There were no periods in Bill's thinking or conversation, just pauses coming in the midst of a thought or sentence to be resumed the next time you met just where he had left off perhaps days or weeks before. There are others, too. These men would have driven a quality review committee crazy, as they just didn't fit the mold — thank goodness.

Medicine still, to a large degree, is an art with as many different styles as there are individuals, some good and some not so good. As with any art, it is so very difficult to evaluate.

It is this difficulty that frustrates those in "quality control" and third party payers. As a result, the trend is to deny its existence and limit legitimate medical care to that which can be measured and computed.

The doctor-patient relationship is the art of medicine and has nothing to do with the Madison Avenue phrase, "the state of the art!"

*Robert E. Lane, MD*

# WE WOULD LIKE YOU TO MEET KAREN MILLIGAN.



Karen came to Doctors Hospital from Denver where she worked as a MICU/CCU nurse at Rose Medical Center. Karen has CCRN Certification and experience as a staff development instructor for ICU/CCU.

Karen is currently directing our inservice education program here at Doctors. The program focuses on updating the knowledge

and skills of all our special care nursing staff. There is strong emphasis on resuscitation techniques.

This first phase of our program was the requirement for mandatory CPR Certification for all patient care staff. The entire care staff was certified as of January 1, 1983.

Just to let you know we work hard to be the best we can be.

## DOCTORS HOSPITAL

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## Guest Editorial

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# SMOKING AND DISEASE: THE PROBLEM IN PERSPECTIVE

One premature death is seen as a tragedy; two million deaths are regarded as a statistic. In 1982, nearly two million Americans died. The U.S. Public Health Service has determined that 16% or 320,000 of these deaths were premature, preventable deaths attributable to cigarette smoking. This means that every other cigarette smoker will die prematurely of an illness related to smoking. Smokers of 1½-2 packs of cigarettes per day, on an average, will die 7-9 years before their time. Overall, smokers have a relative risk of dying prematurely from all causes of death which is 1.7 times that of nonsmokers.

Coronary heart disease is the most frequent cause of premature death among smokers. It accounts for 142,000 such deaths a year. Second is lung cancer, which currently causes about 30% of all cancer deaths. It will kill over 100,000 smokers. Other smokers will die of chronic bronchitis, pulmonary emphysema, burns, peripheral vascular disease, and cancers of the larynx, mouth, kidney, bladder, and pancreas. Many smokers will suffer from several of these diseases and require extensive, expensive health care services. There may also be substantial social service and economic costs due to the need for disability payments, workmen's compensation, and vocational rehabilitation.

The scope of the problem may be further illustrated by comparison with other causes of death. Annually, smoking kills more Americans prematurely than died on the battlefields during World War II. This number is twice as many people as were killed by the Hiroshima and Nagasaki atomic bombs. It is six times as many people as die each year in the U.S. in motor vehicle accidents. It is 50,000 times the number of deaths that occurred during the recent Tylenol poisonings.

The smoking habit is difficult for most smokers to stop. Even teenagers whose habit involves relatively few cigarettes on an irregular basis find it hard to stop. Instead, they are more likely to progress to smoking a few cigarettes on a more regular basis, and they are quickly recruited into becoming pack-a-day smokers. That is why the distribution of samples of cigarettes among young people by peers and the tobacco companies has been a very effective, efficient method of developing a continued market for the product. It is also known that cigarette vending machines are used more by young adults than anyone else.

Despite the immense tragedy related to use of the tobacco products, we as a society are more apt to legislate and act against suspected health hazards such as those related to cyclamates, saccharin, food additives and colorings, and pesticide residues on cranberries and strawberries, or against relatively minor (by comparison) health hazards like those related to radiation from low level radioactive waste and botulin in canned tuna, salmon and soup. Even in a worst case scenario these could cause comparatively little if any serious disease. Moreover, whereas most foods, drugs, and chemicals are subjected to fairly rigorous testing and controls before they can be marketed and are rapidly removed from or restricted on the market if they present a health hazard, the tobacco industry has been permitted through special interest legislation to exempt itself from virtually all federal, state, and local controls and from civil litigation due to torts caused by its product. Tobacco companies are even allowed to make their products more hazardous by using additives to make cigarettes burn faster. This is why cigarettes are the chief cause of residential fires.

Many young people are cynical about our pronouncements that smoking is hazardous to health because they see so many adults who smoke and because we as a society do so little to control this problem even among our youth. Obviously, it is not productive to make cigarette smokers miserable once they have established their habits. However, can we really afford to continue to hold our laissez faire attitudes regarding smoking? How can we condone tobacco industry efforts which encourage young persons to smoke? How can we justify the failure to provide the public with information which may help people to stop smoking? Why should smoking be permitted in places where it results in a personal discomfort or the risk of injury for nonsmokers?

Our failure as a society to deal more positively with the smoking problem can neither be excused by the fact that so many Americans have adopted this very unhealthy habit nor by the knowledge that many will resist our efforts. Rather, the very widespread nature of this injurious habit should prompt much more extensive effort to control it. Deglamorization of smoking and application of social pressures to reduce it will gradually accomplish this.

Max Bader, MD, MPH,  
Oregon State Health Officer

# College of Medical Education Report

## ON THE STATUS OF CONTINUING MEDICAL EDUCATION IN PIERCE COUNTY

For over 13 years Pierce County physicians have had access to a local, physician-directed continuing medical education program through the College of Medical Education (COME). The College has been noted for the quality of its programs, and for the opportunities presented to local physicians to share their knowledge with their colleagues.

On the other hand, it has never been the intent of the College to compete head on with high priced regional or national CME purveyors. If so, the College would be charging considerably more than its current average of \$8.50 per CME Category I credit hour!

The realities of finances, however, have necessitated that the COME Board of Directors examine the basis of present and future funding and the overall financial prognosis for our educational organization.

The College has relied on financial support from the Medical Society of Pierce County and the Pierce County

Hospital Council for several years (both organizations are represented on a proportionate basis on the COME Board). Late in 1982, we found ourselves in the following position:

- The College was projected to conclude 1982 with a \$15,000 deficit between course income and fixed operating expense, a gap pledged to be filled by both the Medical Society and Hospital Council.
- The degree of commitment on the part of the Hospital Council to the continued support of the College was uncertain.
- Concern was expressed as to whether or not we were offering the types of programs of greatest interest and benefit to the medical community.
- The degree of medical community support for the College was uncertain (in spite of the fact that course enrollments have continued to increase in recent years).

We therefore conducted an attitude survey early in 1983. The survey questionnaire was sent to local physicians, physicians outside the community, nurses and other health care professionals and hospital employees (including managerial). The results were reassuring:

- Survey respondents generally indicated a strong degree of support for the College — 56.7% of the physicians agreed with the statement "programs offered serve an important role in continuing medical education;" 68.1% of the nurses and other health care personnel agreed with the statement.
- There was strong agreement by physician respondents that the community benefits directly (73.7%) and indirectly (77.0%) from the existence of the College; moreover, an even larger percentage of nurses and other health care personnel agreed.
- Physicians expressed less sensitivity regarding costs (on a per hour basis) than nurses or other health care personnel — only 26.8% of the physicians were "only concerned about cost per hour;" 28.2% of other health care personnel and 22.1% of the hospital respondents felt that costs are a major factor.
- Most directly related to our financial concerns, only about 10% of the respondents disagreed with the statement "I find the cost per course to be very reasonable given the quality of the offerings." Over 70% of the respondents agreed with the statement, "Increases in tuition expense for College courses would be acceptable to me, given the convenience and quality of the offerings."

The COME Board took these surveys results into careful consideration in setting its strategy for improving the financial status of the College. While hospital administrators on the Board reaffirmed their commitment to

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COME, there was agreement that it would be beneficial to reduce direct subsidization received from the Medical Society and Hospital Council (although the Board was not unanimous in feeling that it would be possible — or even advisable — to become totally self-sufficient). Further, it was agreed that there is a finite limit to the number of courses the organization can offer given the length of the year and the current staffing (the equivalent of 1.75 employees, which has been constant for several years).

Thus, the Board voted to increase tuition fees in 1983 and to work more closely with the Medical Society's CME Committee and a revitalized Allied Health Professions Continuing Medical Education Committee to insure that course offerings are as relevant to our clinical needs as possible and have the potential to generate enough additional revenue to cover administrative expense. In addition, the Board agreed to explore non-clinical offerings — in conjunction with the Medical Society's membership benefits organization — that are germane to the new practice environment in which we all must work.

It should be noted that course tuition increases in 1983 vary depending on the type of course and method of organization. Courses offered through the College for which the College is at financial risk will have tuition per hour increases ranging from \$.85 to \$2.00, on the average. There will be a modest \$100 increase in the charge to sponsoring organizations when the College serves as a marketing, accrediting and/or general coordinating service and these increases may or may not be reflected in direct tuition increases.

It is our hope that these steps will be sufficient to improve the financial status of the College while maintaining its quality of medical education for the Pierce County medical community. The bottom line, of course, is your participation in the courses.

We look forward to your comments and suggestions.

*Ronald J. Graf, MD, President*  
COME Board of Directors

*Thomas J. Curry, Secretary*  
COME Board of Directors

**COME Board of Directors:** Malcom Blair, Doctors Hospital; Peggy Cannon, Good Samaritan Hospital; Ronald J. Graf, MD, president; John Hanshaw, Humana Hospital; Ross S. Kendall, MD; John A. Lincoln, MD; K. David McCowen, MD; Thomas Miskovsky, MD; Daniel Russell, treasurer, St. Joseph Hospital; Bruce Yeats, Lakewood General Hospital; Maxine Bailey, COME executive director; Thomas J. Curry, secretary, Medical Society of Pierce County executive director.

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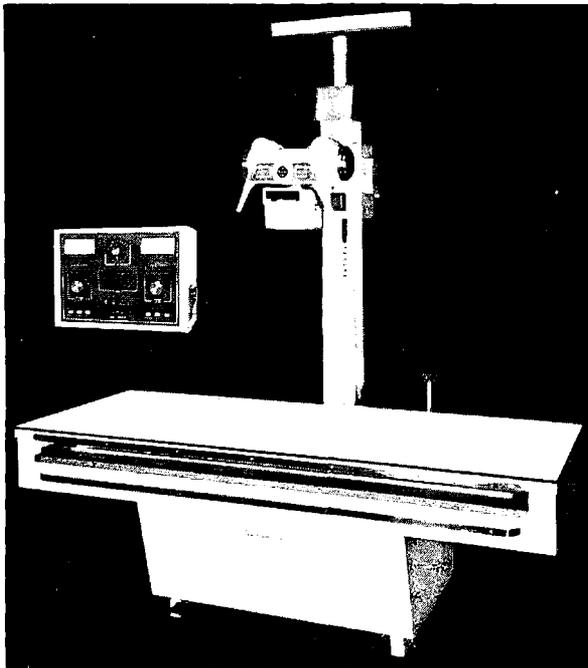
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# Auxiliary Page

The 1982-83 officers and board members met at the Tacoma Golf and Country Club on May 5 to prepare for the coming year. Final committee reports were given and new chairmen were introduced. Marlene Arthur was presented with the past president's pin and a gold gavel charm.

## May General Meeting

The spring general luncheon meeting was held at the beautiful home of Mrs. Richard (Sara) Bowe on Friday, May 20. A salad potpourri was enjoyed by all, with dessert being provided by the committee chairman, Patty Kesling. There were so many requests for the dessert that we're including the recipe to aid in your summer entertaining.

### *Patty's Dessert*

#### *First Layer*

1 cube butter (melted).  
1 cup flour.  
½ cup chopped nuts.  
Mix and pat into 9"x12" pan. Bake at 350° for 15 minutes and cool.

#### *2nd Layer*

8 oz. cream cheese.  
1 cup powdered sugar.  
1 cup Cool Whip.  
Mix together and spoon over first layer.

#### *3rd Layer*

2 pkgs. instant vanilla pudding.  
3 cups milk (2 c. regular & 1 c. evaporated).  
½ tsp. vanilla.  
Mix and spread over 2nd layer. Spread Cool Whip on top and sprinkle with ½ cup chopped nuts. Freeze and take out ½ hour before serving. Serves 20.

A short business meeting was followed by installation of Gloria Virak as the new president and the traditional gavel was exchanged. Retiring president Marlene Arthur presented President-elect Sharon Ann Lawson and Gloria with corsages.

A style show featuring "Golden Oldies" was presented from the Collection of Vintage Fashions by Tacoma Goodwill Industries. With the weather cooperating, the fun fashion show was held outside on the deck. A very big thank you to Sara Bowe and Patty Kesling.

## Philanthropic Awards

Philanthropic awards given for this year are as follows:

- 1) \$1,500 - Tel-Med
- 2) \$500 - Pierce County Support Shelter, YWCA.
- 3) \$500 - Good Samaritan Hospital Children's Therapy Unit.

## 1983-84 Board

<i>President Elect</i> .....	Sharon Lawson
<i>1st Vice President, Programs</i> .....	Sharon Lukens
<i>2nd Vice President, Membership</i> .....	Jeena Singh
<i>3rd Vice President, Bylaws/Hist.</i> .....	Mary Schaeferle
<i>4th Vice President, Arrangements</i> .....	Mary Lou Jones
<i>Recording Secretary</i> .....	Ruby Ward
<i>Corresponding Secretary</i> .....	Ane Fulcher
<i>Treasurer</i> .....	Dottie Truckey
<i>Dues Treasurer</i> .....	Sharon Murphy
<i>Immediate Past President</i> .....	Marlene Arthur

## Committee Chairmen

<i>AMA-ERF Holiday Card</i> .....	Pat Knight
<i>Merchandise</i> .....	Sandy Griffith
<i>Bulletin</i> .....	Janey Fry
<i>Newsletter</i> .....	Helen Whitney
<i>Health Fair</i> .....	Sally Larson
<i>Community Reports</i> .....	Julia Mueller
<i>Volunteer's Chairman</i> .....	Phyllis Pierce
<i>Tel-Med Coordinators</i> .....	Mary Schaeferle, Norma Lloyd

(continued on page 16)

## Gary Allyn R.E.

### NORTH END CLASSICS

**GEORGIAN COLONIAL.** Absolutely one of the most beautiful homes in Tacoma. Dramatic and stunning with 5,000 sq. ft.! "Gone With the Wind" could have been filmed here! 360° view from the third level "widows walk." \$235,000.

**BEAUTIFUL STADIUM WAY!** Privacy, Superior view, and fine detailing of functional innerspace identify this comfortable well-kept family home. \$199,500.

**THE PLANTATION COLONIAL.** Beautiful north end home on corner location with handsome double-tiered veranda. 4 plus bedrooms, 2 baths, elegant formal dining room plus comfortable family breakfast room. Fireplaces in entry hall and living room. Even the kitchen has beautiful oak floors. Much stained glass including Palladian window at staircase landing. Absolutely a bargain at \$128,500.

**AMERICAN FOUR SQUARE!** Wonderful 2,700 sq. ft. 5 bedroom home with excellent floor plan and much architectural detail. Huge attic available for expansion; also large detached carriage house with separate service - would make neat stable for classic auto restoration. \$124,500.

**DUTCH BEAUTY!** 2,040 square foot classic with 3 bedrooms, 2½ baths, open staircase, many fine built-ins, hardwood floors, family room with wetbar. Perfect low-maintenance home for the professional family with a desire for functional elegance. \$89,900. Conventional, VA.

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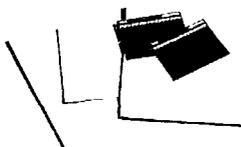
You get the benefit of computerized billing, insurance claims and patient records, with no outlay for equipment. All data is processed by Poorman-Douglas at our nearest service center. We'll even stuff and mail statements. So your billing is timely, professional and worry-free, and you get complete information on receivables and doctor production.



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## Correspondence

### “New Competitive Era” Programs Applauded

To the Editor:

I wish to take this opportunity to commend the leadership of the Medical Society of Pierce County for the recent series of lectures which exposed to the membership some of the changes which are going on in our country in the area of payment for health care under the new regulations which we all live under.

The array of speakers and their various perspectives was well coordinated and well organized to give diversity and current experiences throughout the country.

Also, I would like to take this opportunity to express appreciation for inviting trustees and management of the hospitals. This certainly was a forward thinking step and one which I think was extremely useful for those of us who attended the various sessions and should facilitate closer working relationships between our organizations and the Medical Society of Pierce County.

Congratulations on a job well done!

Sincerely,  
*Fred A. Pritchard*  
President, Consolidated Hospitals



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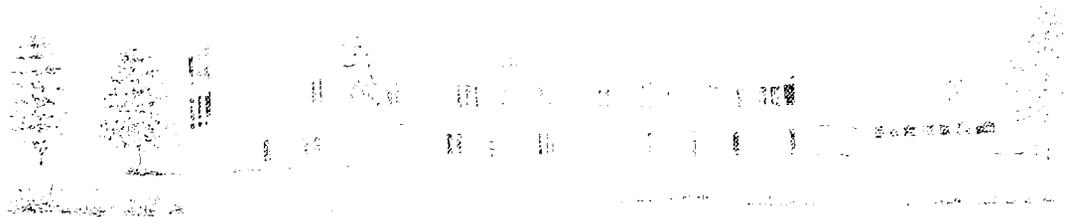
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For further information about Humana Hospital Tacoma, call 572-2323 extension 7200.

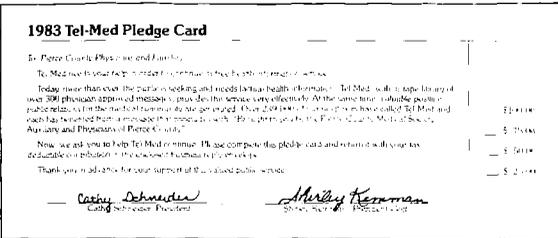
## **Humana Hospital Tacoma**

South 19th and Union Streets, Tacoma, Washington 98411

**(206) 572-2323**

# Society News Briefs

(continued from page 4)



## Tel-Med Pledge Campaign Underway

The 1983 Tel-Med Pledge Cards have been mailed to all physicians at their homes and offices. Physicians and physician-family support of this valued health information service is greatly appreciated. Tel-Med could not exist without continued medical community support.

## WSMA Annual Meeting September 22 - 25

The annual meeting of the Washington State Medical Association House of Delegates, the physicians' policy making body at the state level, will be held September 22 - 25 in Seattle. At this meeting, physicians have an opportunity to shape WSMA policy on virtually any medically related issue through submitting resolutions for deliberation by the House of Delegates.

Members interested in submitting resolutions are asked to contact the appropriate MSPC committee chairman or, if there is no committee relating to their area of concern, a MSPC officer or trustee. Deadline for submission of resolutions is late July.

## Your Health and Well-Being Are Being Threatened!

In the recent legislative session the medical community lost several key issues to organizations which are considerably more involved in political action than physicians, even though their membership are one-third that of the Washington State Medical Association's, reports the WSMA. Chiropractors, physical therapists, social workers, optometrists, pharmacists and nurses have asked and are asking for changes in their licensure laws or for third party mandatory coverage or for alterations in their drug dispensing regulations.

Trial lawyers continue to thwart attempts to contain health care costs by obstructing malpractice tort reform.

Considering the following:

WSMA - Membership .....	5,200
1982 PAC Membership .....	1,000
1982 PAC Funds .....	\$ 50,000
(i.e., \$9.61 per WSMA member)	

Trial Attorneys - Membership .....	1,800
1982 PAC Membership .....	1,400
1982 PAC Funds .....	\$100,000
(i.e., \$55.55 per Assn. member)	

Chiropractors - Membership .....	1,900
1982 PAC Membership .....	1,500
1982 PAC Funds .....	\$200,000
(i.e., \$105.26 per Assn. member)	

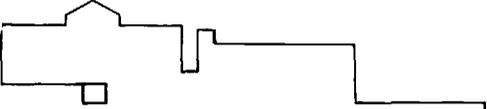
A \$50 contribution to WAMPAC plus \$20 to AMPAC (both of which are eligible for income tax credit) will enable medicine to convince legislators that doctors are a significant economic and political force — determined to protect the interests of the medical profession and to preserve quality medical care for the public.

Physicians are asked to join WAMPAC (and AMPAC) today. For membership cards, call the WSMA, 1-800-552-0612.

## People and Places . . .

Surinderjit Singh, MD, has been appointed an examiner for the American Association Electromyography and Electrical Diagnosis. In his new responsibilities Dr. Singh serves as an examiner for the oral portion of the AAEE membership examination.

Lakewood ophthalmologist Leonard B. Alenick has been elected president of the Washington Society to Prevent Blindness. Dr. Alenick has been a trustee of the society since 1981 and active in its prevention programs since 1979.



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# Auxiliary News

(continued from page 11)

- Women's Support Shelter/*
- Hospital Advocacy Program* . . . . . Ginny Miller
- Handicapped Awareness* . . . . . Kris White
- Organ Donor* . . . . . Alice Hilger
- Finance* . . . . . Marty Osborne
- Legislature* . . . . . Sonja Hawkins
- Long Range Planning* . . . . . Nikki Crowley
- Mailings* . . . . . Marilyn Bodily
- Newcomers* . . . . . Sharon Gilbert
- Nominations* . . . . . Marlene Arthur,  
Alice Wilhyde
- Remember* . . . . . Judy Baerg,  
Marilyn Mandeville
- Speakers Bureau* . . . . . Sue Annest,  
Kathy Stark
- Student Recognition* . . . . . Marilyn McKelvey
- Support* . . . . . Martia Ohme,  
Beverly Graham,  
Shirley Kemman
- Telephone Network* . . . . . LaVonne Campbell,  
Jane Nowogroski,  
Kathy Lenihan

- Fund Raising* . . . . . Kit Larson,  
Debbie McAlexander
- Holiday Children's Party* . . . . . Carol Annest
- May Style Shop* . . . . . Dorothy Grenley
- Holiday Dinner w/MSPC* . . . . . Trudy Klatt

Many thanks to each Auxilian. The success of this year is because of the great support of each of you. Good friends, good times and good memories are mine to keep.  
— Marlene

## 1983 Student Recognition Winners

Each year an award based on scholarship and leadership is given to the most outstanding graduating son and daughter of a physician in Pierce County. The Student Recognition Committee of the Medical Society Auxiliary has selected Marshall Louise Van Eaton and Stephen Michael BeMiller to receive the 1983 recognition awards.



Stephen Michael BeMiller, a graduate of Stadium High School, is the son of Dr. and Mrs. David L. BeMiller of Tacoma. Stephen's major field of interest is math/science. He plans to enter Pacific Lutheran University in the fall.



Marshall Louise Van Eaton, a graduate of Eatonville High School, is the daughter of Dr. and Mrs. Thomas M. Van Eaton of Eatonville. Her major field of interest is math/science and she plans to attend Seattle Pacific University this fall.



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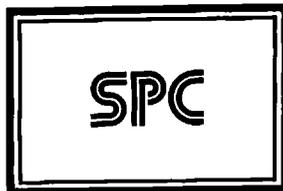
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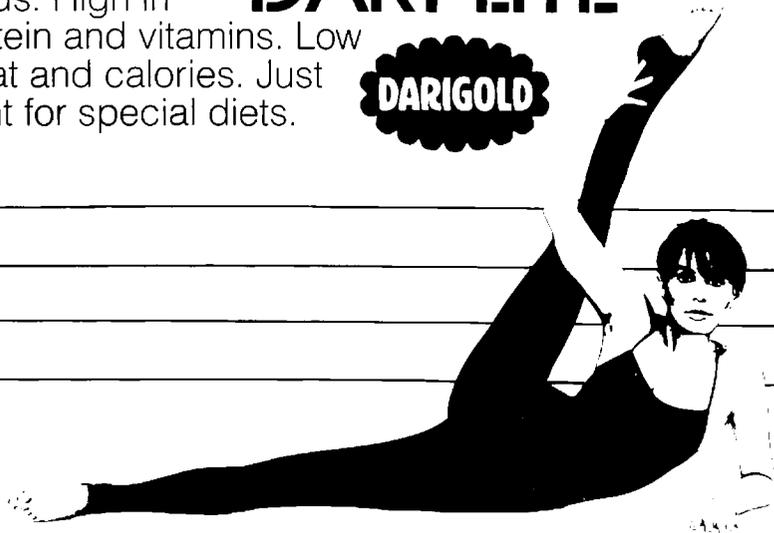
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*Medical Society of Pierce County*

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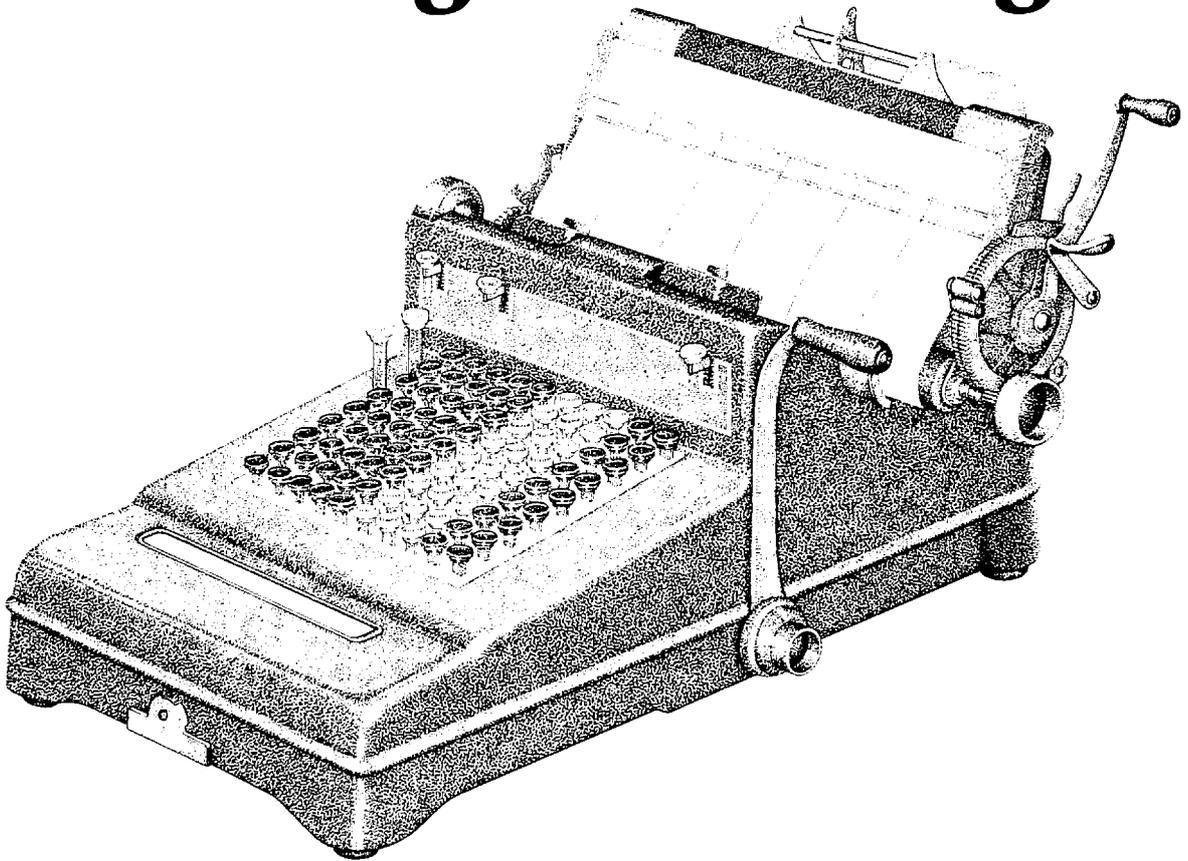
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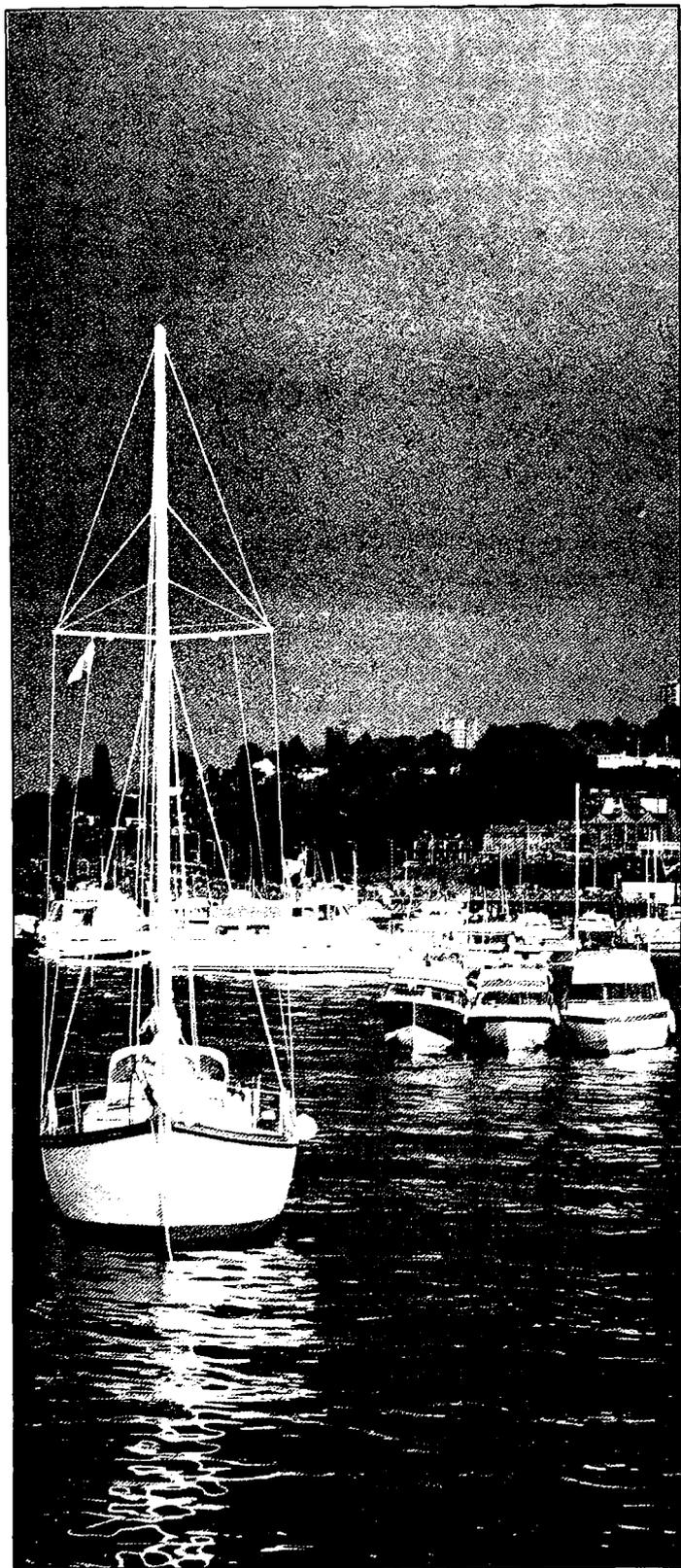
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# The Bulletin

## MEDICAL SOCIETY OF PIERCE COUNTY

In This Issue . . .

What is the Medical Society . . .  
see page 5

Grant Awarded . . .  
see page 7

July, 1983

# “After a year-long search, we chose Poorman-Douglas. Again.”

Three years ago, Vancouver Clinic made the changeover to an in-house computer, the MED990 System from Poorman-Douglas.

Says Administrator Roger Garetson, “We spent over a year talking to suppliers, making sure we had the right system. We wanted local capability in software and local service in hardware.”

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“The combination of Poorman-Douglas and Texas



Instruments, plus our own pre-planning, made for an excellent, cost-effective system, and a smooth conversion. The staff quickly learned how easy it is to operate, and we all appreciate the greater control. MED990 is a big success.”

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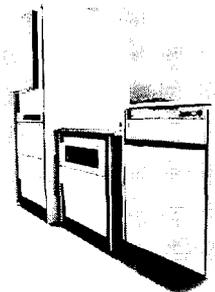
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## *In This Issue*

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Mark your calendars today!
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A report from the Interprofessional Committee.
- 11 APPLICATIONS FOR MEMBERSHIP

**Cover:** Part of the scene at Old Tacoma Dock,  
4th of July. Photo by Marcel Malden, M.D.

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**Managing Editor:** Thomas J. Curry

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Deadline for the submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**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, (206) 223-0861. 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.

# WE WOULD LIKE YOU TO MEET KARIN MILLER.



Karin joins Doctors from the Cincinnati area where she worked as social services coordinator for senior centers and nursing homes. She has a masters in social work with emphasis on gerontology.

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## President's Page

# WHAT IS THE MEDICAL SOCIETY DOING FOR ME?



*Recently, I found myself at a complete loss of words when an active practicing surgeon asked (in a nice but perhaps somewhat critical manner), "What is the Medical Society doing for me?" I stammered and mumbled a bit and by the time I could reply that everything the Society does (and it is a lot) in one way or another benefits him and is the result of a great deal of time and energy spent by outstanding committees, officers and trustees, members and staff, he was long gone. Maybe he will read this.*

*On further reflection, his question was quite appropriate, for I realize now that communication between the Society and our membership needs improvement in both directions. Our general membership meetings, even though well attended, average only about 25% of the membership. Furthermore, they are restricted to a few topics. The annual meeting in December is rather a social and laudatory event and ideas exchanged do not extend much beyond the weather report.*

*The Bulletin can be valuable, but the time lag between its copy deadline and final distribution is such that its immediacy can remind you of the days 150 years ago when business was done between Boston and San Francisco and mail went by ship around the Horn! Perhaps a general membership meeting devoted entirely to a give and take session from the floor as to what our problems are and what we can and should be doing to address those problems would help improve communications. This or some other type of "town hall" meeting format will be investigated by Dr. Richard Hawkins, program chairman.*

*I asked MSPC Executive Director Tom Curry to prepare a six month summation of some of the more important activities of the Medical Society. While the report that follows lists a number of significant achievements, it in no way conveys the effort and time spent by Society members in accomplishing our goals. And again, we must recognize the work of the Auxiliary.*

*Robert E. Lane, MD*

## A Mid-Year Report

So much has taken place over the past six months that it seems appropriate to give you a mid-year report on the Medical Society, as opposed to the customary year-end summation.

## The New Competitive Era/ A "Survival Kit for the '80s"

The Society is gearing up to help members build ethical and successful practices. Organizational goals, strategies and supportive programs have been approved by the Board of Trustees. A "survival kit for the '80s" is being

prepared to include continuing medical education programs on ethical marketing, evaluating your medical practice, DRG's and a host of related issues, offered through the College of Medical Education, and "hands-on" assistance offered through Membership Benefits, Inc. our benefit corporation. The College and Medical Library are offering tangible services to support your clinical practices.

The spring series of general membership meetings were well received and very successful, and will provide the basis of other such efforts this Fall. The Society has been a leader in educating physicians about the new practice environment.

Medical staff and specialty society presidents have been added to the Board of Trustees to improve coordination and planning.

Society representatives participated in a special Pierce County Medical Bureau Board meeting in May to explore current and future changes taking place in the local health care system. The Bureau is interested in responding to the changes which is promising — if it can be accomplished.

We have made overtures for cooperation with local hospitals and have found them anxious to work with physicians. Physicians and hospitals must work together in a way that benefits the community while respecting the sometimes divergent interests of the two groups. Hospital administrators have expressed their continued support for joint sponsorship of the College of Medical Education and the Library.

## Ethics/Standards of Practice

The Society has firmly established the position that aberrant behavior will not be tolerated and that membership carries with it an implicit and explicit requirement to be a compassionate, knowledgeable and ethical physician. The near unanimous approval of the Bylaw amendments in May creates a more effective Ethics/Standards of Practice Committee and disciplinary process.

## Public Affairs/Consumer Education

The joint effort with the Auxiliary during April's "Celebration '83" program at the Tacoma Dome was very successful and the March joint program with the Association of Retarded Citizens on developmental disabilities was well received. The Public Health/School Health Committee has formed subcommittees to address the health impact of smoking and nonsmoker rights, and scoliosis screening.

*(continued on page 12)*

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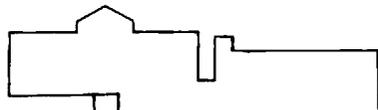
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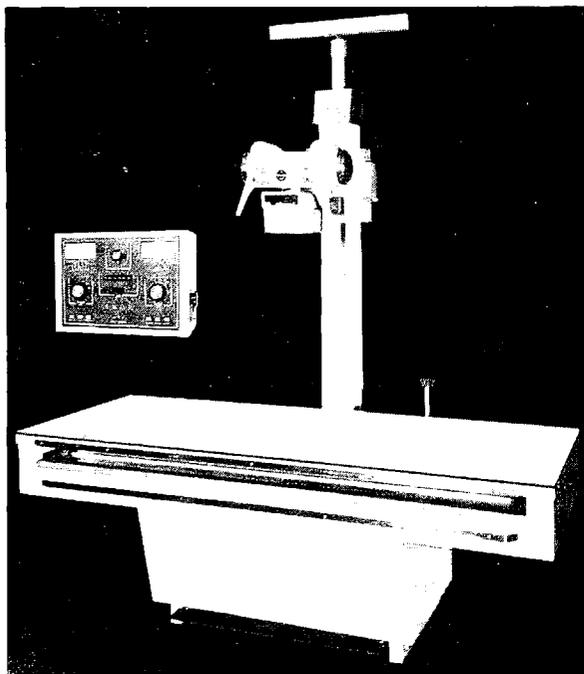
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# LOCAL CONSORTIUM RECEIVES THREE YEAR CANCER RESEARCH GRANT

*A three year \$294,000 research grant from the National Cancer Institute was awarded in June to a consortium of 10 Southwest Washington health facilities. The following report from Drs. Gale Katterhagen and Ronald Goldberg outlines a program in which a number of Pierce County patients and physicians will participate. — the Editor*

In March of 1982 the National Cancer Institute (NCI) announced that it would make available monies, through the grant process, directly to communities to conduct clinical research. In the past, monies and support that were necessary in the community to conduct research trials came indirectly from the NCI through university and/or comprehensive cancer centers.

The Southwest Washington Community Clinical Oncology Program (SWWCCOP) was formed. This was a consortium made up of ten hospitals from the southwest Washington region: Auburn General Hospital, Good Samaritan Hospital, Humana Hospital Tacoma, Mary Bridge Children's Health Center, St. Joseph Hospital of Tacoma, Veterans Medical Center, St. Peter Hospital in Olympia, St. Joseph and Community Hospitals of Aberdeen, and Tacoma General Hospital.

Numerous meetings were held consisting of the health providers of the area (i.e. hospital boards, administration of the various hospitals, the Medical Society's board, and individual physicians and nurses). A 40-person board representing the consortium was formed with an executive committee.

Site committees representing the major anatomical sites were developed (i.e., lung, bowel, breast) to develop physician guidelines for the diagnosis and management of these individual malignancies, and corresponding nursing protocol guidelines were solidified. These and other grant activities commenced through the summer and fall and the grant was submitted to the National Cancer Institute in November of 1982. The grant went through the peer review process in early 1983 and of the approximately 190 grants submitted nationwide, the grant representing Southwest Washington was judged to be in the top 10% in quality. The Southwest Washington Community Clinical Oncology Program (SWWCCOP) and the Virginia Mason Clinic were the successful grantees from Washington, Oregon, Alaska, Idaho and Montana.

Monies within the grant will pay for data collection, administration and overhead expenses. SWWCCOP will begin to receive funding for this three year grant in late August or early September with expected accrual of approximately 130 patients per year onto investigational clinical trials. Protocols used by SWWCCOP are those developed by Southwest Oncology Group (SWOG) based in San Antonio, Texas, and the Fred Hutchinson Cancer Research Center, Seattle. The amount of money provided directly from the National Cancer Institute was lower per

patient than any other previous grant — this was made possible due a great deal of local monetary support by the ten hospitals making up the program.

This grant will offer a distinct advantage and opportunity to physicians, patients and their families within the southwest Washington region. Rather than having to travel considerable distance, with associated inconvenience and cost, to seek treatment for a malignant disease the patient will have available the latest in investigational therapy and drugs. Physicians of Pierce County will be on the "cutting edge" of a national research program and be able to participate in the latest scientific trials.

This grant received a top ranking from the National Cancer Institute due to the cooperative effort of the physicians and other health providers of the southwest Washington area. Working together we have the opportunity to contribute to national clinical trials and to improve cancer control and advance the scientific prowess of this medical community.

*J. Gale Katterhagen, MD  
Ronald S. Goldberg, MD*

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# Washington State Medical Association ANNUAL MEETING

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The Westin Hotel, Seattle, WA

## Rediscover Seattle

The WSMA annual meeting hasn't been held in Seattle since 1979. That's four years' worth of growth: of new sights and sounds; creative eateries; nightspots; cultural entertainment; and nooks and crannies you'll be able to discover and rediscover during your visit to our pleasant Emerald City. Bring your walkin' boots and your dancin' shoes.

## ★AUXILIARY ACTIVITIES★

The WSMA Auxilians invite you to a full program of fun, education, and interaction with your "medical family" at this year's WSMA annual meeting. Special seminars will focus on the subjects of child safety seat loan programs, how to work with other organizations, long-range planning—how to achieve

it—and much more. The auxilians will sponsor the President's Luncheon on Friday, September 23, and the New President's Reception Friday evening. Physicians, physician spouses, and all auxilians are encouraged to join in this time of sharing ideas, programs, and other exciting activities.

## Retinal Conference

A practical retinal conference emphasizing diagnosis and treatment of macular diseases will be held at the Westin Hotel September 23-24, 1983 in conjunction with the 1983 WSMA annual meeting September 22-25. The conference is designed for the practicing ophthalmologist and will include didactic sessions and interesting case presentations. Robert Watzke, MD, will be the featured guest speaker. Other guest speakers will be from Alaska, Oregon, Indiana, and Washington. For further information, contact Patti Smith at the WSMA office

## MICROSCOPIC SURGERY

A forum on the use of the operating microscope in surgery will be a major part of the surgical scientific program during the afternoon on Friday, September 23. Individual lectures from six surgical subspecialties will be presented, including otolaryngology, neurosurgery, obstetrics, gynecology, plastic surgery, and general surgery.

Topics of particular interest will be the use of the operating microscope for temporal artery to middle cerebral artery revascularization of the brain; its uses for microvascular and anastomosis; for transposition of compound free flaps in plastic surgery; and in transplantation of segments of the bowel with microvascular and anastomosis in general surgery. The session will close with a general panel discussion accepting questions from the audience.

## (Emergency Medicine)

Environmental opposites — heat & cold; air & water; getting to the top of the mountain; the top of the mountain getting to you!—An exciting theme for this year's emergency medicine portion of the scientific program. Saturday morning, September 24, will feature Marvin Wayne, MD, emergency physician, St. Luke's Hospital, Bellingham,

speaking on "Hypothermia;" Jack Ciliberti, MD, Director Emergency Service, Overlake Hospital, Bellevue, addressing "Hyperthermia;" and Bruce Stevenson, MD, Director Emergency Service, Virginia Mason, Seattle, speaking on "Near-Drowning." The morning speakers represent Washington ACEP and three state ER rooms.

# Tacoma Family Medicine Residency Rounds

## TFM SAYS "THANK YOU"

On May 17 we had a Family Practice Night and a Preceptor's Workshop at Tacoma Family Medicine. We took a few moments to express our appreciation and pass out awards to some of the physicians who have given so generously and graciously of their time and talent. It is only fitting that these people be recognized for their contributions, for this is what makes our program one of the better ones in the country.

The following physicians were given certificates of appreciation for precepting at the Family Practice Center for a minimum of one half-day a week for two months (many considerably more): Drs. *Keith E. Demirjian, Michael L. Halstead, John A. Lincoln, Kevin F. Murray, William F. Roes, Rick Schoen, Phillip S. Schulze, G. Bruce Smith, Richard K. Spaulding, Robert E. Stuart, and Robert H. Wilson.*

The American Academy of Family Physicians, through Tacoma Family Medicine, awards a certificate to those teachers who have contributed at least 75 hours of resident instruction during the academic year. The physicians who earned this award for the year 1982-83 were: Drs. *Glen Aasheim, Ronald G. Anderson, Myron A. Bass, Steven C. Berman, Bruce D. Buchanan, Richard A. Camp, Timothy K. Chung, David C. Clark, David I. Cramer, Wayne Curl, Keith E. Demirjian, James F. Early, Lloyd C. Elmer, Robert F. Glock, Jean Gortner, Michael L. Halstead, John Hautala, John R. Huddleston, Richard Huish, Frank Jung, Gordon R. Klatt, Richard P. Knudson, James P. Komorous, Clyde H. Koontz, Dennis C. Koukol, R. Garth McBride, John J. McKelvey III, James E. McNerthney, Marcel Malden, William H. Martin, Ray L. Miller, John C. Mulligan, John P. Nagle, William D. Overfield, Henry F. Retailiau, William F. Roes, John H. Rowlands, Joseph Sakakini, Jr., Richard K. Spaulding, Robert E. Stuart, Needham E. Ward, Gloria A. Weinstein, Barry J. Weled, Alan P. White, and Kelly Wright.*

Each year the residents select from among their Attending a physician whom they feel has made an outstanding contribution to their education in the areas of Pediatrics, Internal Medicine, Surgery, Obstetrics, and Family Medicine. The winners of these awards, presented at the annual graduation dinner at the Country Club, were: Drs. *Karl D. McCowen, Internal Medicine; John M. Hautala, Pediatrics; Richard A. Camp, Surgery; Joseph Sakakini, Obstetrics; and, Michael L. Halstead, Family Practice. Dr. Hsushi Yeh* was given a special award for his teaching on Ophthalmology.

The annual Frederick J. Schwind, MD, "Friend of the Residency" award was presented to *Dr. James M. Blankenship*, who has been involved with the residency in a variety of ways and who has been a supporter of the residency since its inception.

At Tacoma Family Medicine we are particularly indebted to many physicians for the time they spend in teaching and precepting our residents, as well as providing some financial support. We would like to take this opportunity to say our hats are off to all of you with a great big THANK YOU!

*Roy H. Virak, MD, Director*

## Gary Allyn R.E.



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## Interprofessional Committee

# AN OCCASIONAL (AND POTENTIALLY VERY DANGEROUS) PROBLEM



One of a physician's responsibilities is to assure himself that the patient under his care receives exactly the medicine he prescribes. In this day of hustle and competition it is so easy to overlook this obligation but it remains none the less.

Recently a physician's office received a telephone call from a pharmacy employee, not the pharmacist, requesting authority to refill a prescription for 100 coumadin tablets. Fortunately, the physician's staff was trained not to authorize refills unless the doctor, himself, gave the okay. I shudder to think what might have happened to the elderly lady for whom the prescription was being requested — especially when the pharmacist, when contacted by the physician, disavowed all knowledge that a refill request had been made and, in fact, admitted that he could not make out the signature on the prescription but assumed it was that of the physician being called. Interestingly enough, and equally scary, was the fact that the physician had not seen that patient for over a year and had never prescribed coumadin for her!

Cases of this kind as well as substitutions (as reported in the last report of your Interprofessional Committee) pose an occasional and potentially a very dangerous problem. It would behoove all physicians, if they are not completely confident about a certain pharmacy or pharmacies, to inspect the drug dispensed. Pharmacies are inspected principally by two agencies — the State Board of Pharmacy and the Drug Enforcement Administration (DEA). The former primarily checks on personnel and store equipment such as refrigerator storages, desks,

scales, etc. The DEA concerns itself primarily with storage and dispensing of controlled substances. In the latter category, there are, to the best of our knowledge, only two inspectors in the Pacific Northwest so unless a pharmacy is dispensing an unusual volume of controlled drugs, they are inspected only once a year on the average.

The State Board of Pharmacy has perhaps three inspectors and unless a complaint is lodged their staff probably inspects a pharmacy about that often, too. So part of the job is ours, as physicians, and again it cannot be stressed too strongly, do NOT authorize your staff to grant refills, *carte blanche*. Be sure of each request or write NR on your prescription or PRN as you deem proper.

### Self-Prescribing

The problem of a physician writing a prescription for a controlled substance for himself has been raised by the pharmacists. It seems obvious that a physician who needs a controlled substance to treat himself should not be treating himself in the first place. After all, his colleagues would be willing to take on that responsibility. Although there appears to be nothing specific in the Code of Ethics to prevent him from doing so, it is strongly the opinion of your Interprofessional Committee that it is not ethical for a physician to prescribe a controlled substance for himself.

### Prescribing in a Remote Area

Judy Sloan, our nurse practitioner committee member, reported on the need for a nurse practitioner in a remote area to dispense needed medications, citing the example of the child ill with otitis media at 10 pm twenty miles from the nearest pharmacy that probably would not be open anyway. While this practice is really illegal, what can you do otherwise? Legislation is being proposed to correct this problem and to provide for a patient leaving a nursing home at an unscheduled time to be given enough of his or her medications to last until their return to the facility. This seems like desirable and sensible legislation to your committee and is listed as a new section to WAC 308.120.

Petition is being made to the Medical Society Board of Trustees to change the name of your committee to Interprofessional Committee. There is another committee of the Society entitled "Professional Relations Committee." The work of the two committees is entirely different and, besides, we like the shorter name!

*Herman S. Judd, MD,*  
Chairman

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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.



**Lisa C. (Taylor) Plymate, MD, Internal Medicine/Family Practice.** Born in California, 7/21/47. Rush Medical College, Chicago, Illinois, 1974; internship, Michael Reese Hospital/University of Chicago, 1975; residency, University of New Mexico, 1976-78. Washington State license, 1978. Has applied for medical staff privileges at Allenmore, Doctors, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr.

Plymate is practicing at Group Health Cooperative of Puget Sound, 1112 South Cushman, Tacoma.



**Joseph D. Sueno, MD, Physical Medicine/Rehabilitation and Electrical Diagnosis.** Born in the Philippines, 11/14/49. University of Santo Tomas, Manila, 1974; internship, Baguio General Hospital, Baguio City, Philippines, 5/74-4/75; residency, University of Santo Tomas Hospital (neurology and psychiatry), 1977-78, and Kirwood General Hospital (general practice), Detroit, Michigan 9/79-6/80; graduate training, Rehabilitation Institute of Detroit, 7/80-9-6/83. Dr. Sueno has applied for medical staff privileges at Good Samaritan, St. Joseph and Tacoma General Hospitals.



**Craig T. Romney, MD, Internal Medicine.** Born in Madison, WI 7/28/44. University of Oregon (Portland), 1975; internship, Henry Ford Hospital, Detroit, MI, 7/75-6/76; residency, Henry Ford Hospital, 7/76-6/78. Washington State license, 1982. Dr. Romney has applied for medical staff privileges at Puget Sound, St. Joseph and Tacoma General hospitals. He is practicing at Puget Sound Clinic, 3611 South D. Street, Tacoma.

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# President's Page

(continued from page 5)

We have approached the Dental Society to explore a joint fluoridation program for the county. The Society spoke out in a timely and forceful manner on the water quality issue in Pierce County which was well received by the press and local government.

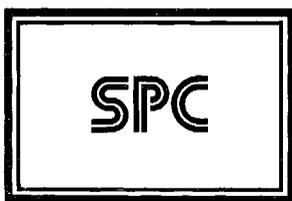
## Care for the Poor

Work with the health department to improve private medical community cooperation with the department's UHI community clinics continues. Working through specialty societies, an advisory committee is exploring new ways to serve the estimated 50,000 county residents in need. An April meeting with Congressman Norm Dicks proved his sensitivity to the issue and he expressed strong support for our efforts.

## Referral Service

The Society's referral service assisted an estimated 2,700 people during the first six months of the year. About one-half of the services' referrals were for prospective patients with insurance and/or the ability to pay full fee. The service has been extended to the Gig Harbor/Peninsula area. The membership was surveyed in May to solicit additional participation in the service.

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## Emergency Medical Services

Further improvements to the emergency medical services system — particularly meaningful medical control of paramedics and EMTs working in the field — continue to be made. The Society's EMS Medical Control Project has been incorporated into the health department as a distinct agency. Necessary enabling ordinances have been passed by the county and local municipalities, and funding has been provided. The effectiveness of the local EMS Council has been increased.

## In Addition . . .

Earlier this year, an ad hoc committee completed a medical review of the local Indian Health Clinic and issued a comprehensive report and recommendations to the Indian Health Authority. The Medical-Legal Committee and Interprofessions Committee have worked to maintain leadership and liaison with other professionals in the community.

An effort on the part of several members not to be discriminated against by Pacific Northwest Bell and its Yellow Pages Division was strongly supported with initial success. (It should be noted that there can be no more frustrating experience than that of trying to deal with the telephone company.)

The Jail Health Advisory Board has continued its productive assistance to the county for the provision of necessary and appropriate health services to inmates.

Negotiations are continuing with a local firm to provide physicians with a Society endorsed, physician dedicated answering service that would be truly price and service competitive. Such an arrangement would also provide paging service.

Society members lobbied a variety of issues during this year's legislative session, including the WSMA tort reform package, child safety restraints, hot water heater controls and limitation of mandatory third party coverage for other practitioners. Much has been accomplished in conjunction with the state association on legislative and other matters. Pierce County enjoys a synergistic relationship with the WSMA and is well represented by an excellent contingent of physicians.

Thomas J. Curry

*No doubt at least one committee has been inadvertently slighted by omission from this summary. Nonetheless, I want to extend my appreciation to all of the members who work on our various committees as well as our officers, trustees, and staff.*

*In the final analysis, the true measure of an association's worth is its relevancy to the needs of its members and the public. Your county medical society has passed this test very admirably so far in 1983 and a strong foundation has been laid for further accomplishments.*

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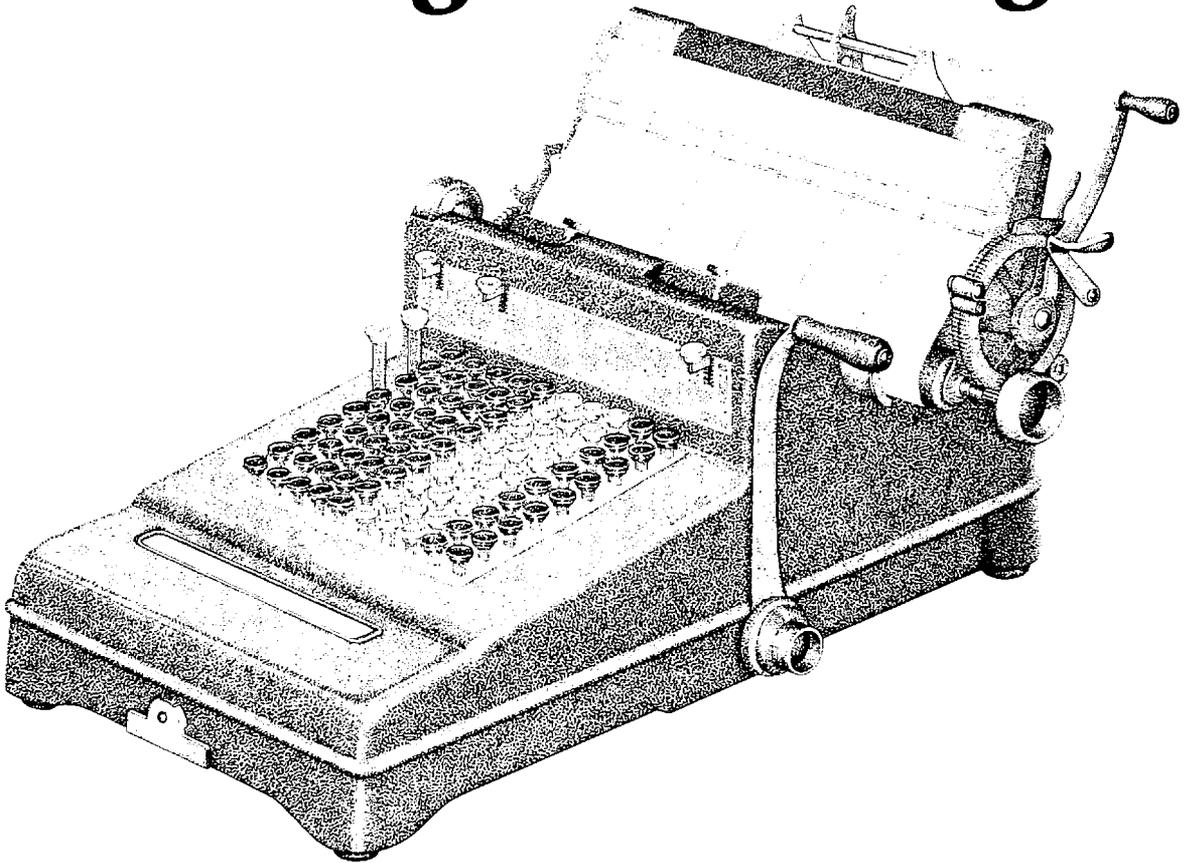
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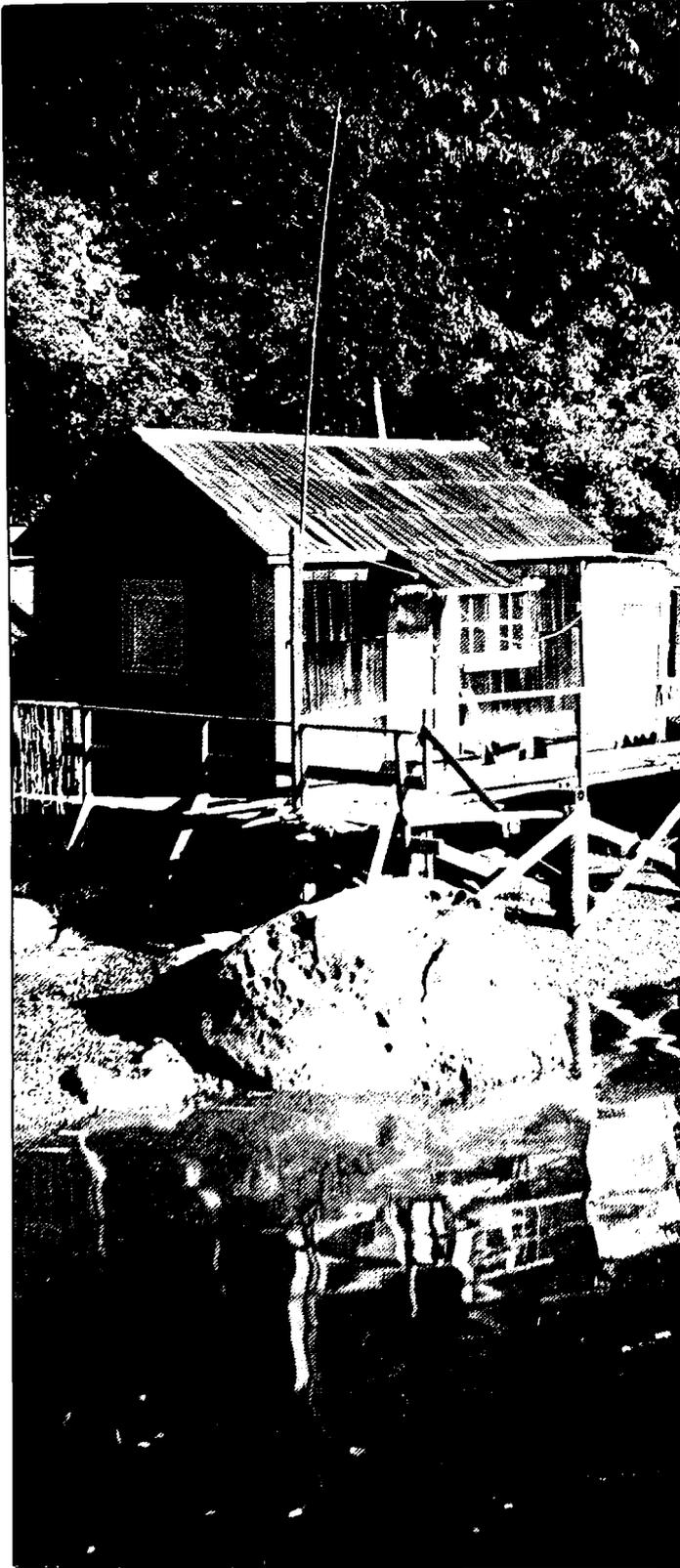
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# The Bulletin

## MEDICAL SOCIETY OF PIERCE COUNTY

In This Issue . . .

Medical Staff Self-Governance . . .  
see pages 5, 6, 7, 17

August, 1983

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# *The Bulletin* The official publication of the Medical Society of Pierce County

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**Cover:** Photo by the late Frederick Schwind, MD.

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**Managing Editor:** Thomas J. Curry.

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Deadline for the submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**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, (206) 223-0861. 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.

# Society News Briefs

*A summary of Medical Society and local medical news*

## **PCMB in the '80s Focus of September Membership Meeting**

The Medical Society's examination of the new competitive era continues on Tuesday, September 13 with a general membership meeting that probes how the Pierce County Medical Bureau (PCMB) is responding to a changing market place. How is PCMB going to identify the efficient provider? What are the implications of the Bureau's increased UR activities? How will the Bureau react with other preferred provider organizations? Can PCMB work with the Medical Society and local hospitals on cost containment strategies?

These and other questions will be addressed in a panel discussion featuring physician leaders from the PCMB Board. Ample time will be allowed for questions from the floor. The meeting will be held on Tuesday, September 13 at the Executive Inn. See page 13 for the meeting notice and additional details.

## **"Survival in the 80s" Offers Assistance to Physicians**

Physician survival skills for the 1980s will be presented at a special two day program, September 9-10, sponsored by the Medical Society, MBI and COME, and produced in conjunction with the Practice Management Department of the American Medical Association. The program will have three elements:

- Managing the Business That Is Your Medical Practice . . . September 9, 8:30 a.m. — 4:30 p.m.
- Partnership and Group Practice . . . September 9, 6:00 p.m. — 9:30 p.m.
- Ethical Marketing Strategies for Building and Maintaining a Successful Medical Practice . . . September 10, 8:30 a.m. — 4:30 p.m.

Competition facing physicians is increasing rapidly. The purpose of the program is to help physicians gain greater insight into the changing medical practice environment and to help them position their practice to prepare for, and take advantage of, the changes.

Workshops will emphasize proven techniques for ethical marketing, practice management and in developing partnerships and group practices.

See page 11 for additional details including registration deadlines and fees. Medical Society of Pierce County members will benefit from a substantial tuition discount.

## **Medical Society Services Available To Assist Your Practice**

The Society's Membership Benefits, Inc. service organization stands ready to help member physicians establish and maintain successful practices. Services include:

Employee staffing — qualified applicants are available through the Placement Service for full-time, part-time, permanent or temporary job openings. Applicants are screened and qualified before being sent for an interview.

Personnel related services — salary administration guidelines, job description assistance, evaluation of employee related concerns also are available.

Practice management services — for the new physician planning an office, or for the established medical practice — are available through Management Resources, the MBI endorsed consulting service. Comprehensive bookkeeping services, purchasing assistance, and additional services also are available.

Collections — an ethical and effective collection service is offered through Puget Sound Collections, endorsed by MSPC and MRI. MSPS members receive a 10% discount.

For additional information on these and other services to assist your practice, call Linda Carras, MBI Director, 572-3709

## **Today's Issues to be Tackled At WSMA Annual Meeting**

Should hospital medical staffs incorporate? Can doctors and hospitals cooperate and compete without either "owning" the other? Should physicians organize HMOs/IPAs and PPOs as add-ons or to replace medical service bureaus?

These and other issues that will determine how medicine is practiced in Washington state in the 1980s will be addressed at the September 22-25 state medical association annual meeting in Seattle.

For additional details see page 16.

## **We Want To Help Our Colleagues Confidentially**

The Professional Relations Committee is here to confidentially help our colleagues who need assistance due to an impairment that affects their health or their practice. *The committee offers a local opportunity to provide meaningful assistance before other alternatives are sought.*

The committee will not act on an anonymous call. If you are referring a physician to us for assistance, it is necessary for you to give your name and the particulars of your concern.

Your name is never revealed and written minutes or reports are not kept by the committee. When you report a concern, only you and the committee member you discussed the matter with are aware of your efforts to assist a colleague who may be in need.

*But first, the situation must be reported to the committee before we can respond.* All too often, we see situations that have deteriorated into serious matters when there were those who were aware of the problem as it developed, but who did not act until it was too late. Physicians can rest assured that their efforts to help will be handled in the most confidential fashion.

When the committee is made aware of a situation, two members are briefed and they contact the physician to make an appointment to see him at his convenience — at his office or home. At that meeting, the physician is informed of the situation and asked to comment.

*(continued on page 14)*

## President's Page

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### MEDICAL STAFF SELF-GOVERNANCE



We in Pierce County are being spared some of the trauma that other medical communities are experiencing in the so-called new competitive era. A little historical background, if you'll pardon me, might give us some perspective.

Pierce County had the first well established prepaid medical plan which exists now as the Pierce County Medical Bureau. The plan was established through the Medical Society to compete with closed contract medicine and was eminently successful in providing wide coverage by the best professionals in the community.

In addition, we have enjoyed open staff hospital privileges here by the major institutions. There have been closed staff hospitals. However, over a period of time they found it increasingly difficult to compete and eventually disappeared. We also at one time had a very good county hospital which provided good care for the indigent and good training for interns and residents as well as an opportunity for new physicians in the community to become established.

Unfortunately, that institution was lost when the federal government took over care of the indigent. Until that time, there was relatively little federal government interference in providing medical care. Subsequently, we have had rapidly increasing involvement.

As might be expected, the costs of medical care have soared, and almost in direct relationship to governmental involvement. By some rather skillful propaganda and manipulation, the blame of all these increased costs have been laid at the doctors' and hospitals' doorsteps. It seems that the door has been opened for everyone to get into the act to solve these problems and those most qualified, namely the hospital administrators, Boards of Trustees and medical staff practicing physicians, will have less and less control.

With these thoughts and the experience of other parts of the country in mind, your officers and trustees have been considering more effective ways for medical staffs to work with hospital administrations and hospital governing boards.

In the following pages you will find a more complete outline of the issues associated with physician-hospital relationships that were brought up at the 1983 leadership conference of the American Medical Association, a recent document of the California Medical Association, and a proposal that we have been studying locally. This material is presented for your review, study and comment.

*Robert E. Lane, MD*

# Physician-Hospital Relationships

## CHANGES IN PRACTICE ENVIRONMENT FORCE RE-EXAMINATION OF PHYSICIAN-HOSPITAL RELATIONSHIPS

*Competition, promoted as policy by federal and state governments and powered by increases in physician supply, changing patient demands, costs and other factors, is altering how physicians and hospitals view their traditional relationships. The following information is offered to assist physicians in reviewing their changing relationships with hospitals and to explore possible means of working with hospitals to provide quality and accessible health care services to the community. — The Editor.*

### Continuing Issues:

1. Credentialing and delineation of privileges.
2. Legal responsibilities/liabilities of medical staff, administration and governing body.
3. Malpractice issues including the "bare" physician.
4. Quality assurance/cost containment.
5. Cost shifting — federal/state programs limit payment but not cost; shifting costs to other insurers and private patients.
6. Continuing education.

### Changing Relationships:

1. Increasing need for separate medical staff legal representation including a need for general assistance about some issues.
2. Expansion of hospital services, e.g., ambulatory care, outreach programs.
3. Rapid increase in contractual relationships — it has been estimated that approximately 1/4 of new physicians have contracts with hospitals, not including those who contract with HMOs, industry, and other arrangements.
4. Rapid increase of investor-owned hospitals, bringing with it nationwide multi-hospital systems and increased contractual arrangements with hospital medical staff members. In a number of cases, these contractual arrangements create real problems for the existing hospital medical staff. This increase also can adversely affect the city/county hospitals.
5. Proprietorship management of medical practices (new concept developing) — at least two companies now own physicians' practices in Georgia: Med First (Primary Physicians Medical Group) which primarily builds facilities then hires physicians — estimate 12 either in business or planned; and Medical Arts Clinic of America which purchases existing practices and takes complete control of the business side of the practice and employs the physician(s) to provide the medical care.

6. Active marketing of both investor-owned hospitals and medical practices.
7. Physician glut and closing of hospital staffs with increased volume of applicants; corporate hospitals vs. city/county hospitals.
8. Expansion of paraprofessionals, including JCAH proposed change of medical staff section to professional staff section — Need to clearly identify medical staff and administrative responsibility for these people.

### Outside Influences:

Current federal administrative and congressional activities in the medical areas are directed toward the injection of "competition" into the medical care system and "deregulation" by transfer of health care funds to the states.

*Legislation* — "Procompetition" legislative proposals are not firm at this time, and may indeed be moving to a back burner.

However, we have with us the Federal Tax Equity and Fiscal Responsibility Act of 1982. This law impacts on every aspect of medical care by its extensive and specific requirements for payments for Medicare recipients.

*Deregulation* — In its effort to "deregulate," the federal government has shifted a number of health care programs to the states.

These actions and other efforts in the budgetary processes to reduce state and federal spending for health care, and various options now available through other third party payers, has produced a number of proposals which basically change reimbursement mechanisms or site of care. These proposals include, but are not limited to, the following:

- Prospective Reimbursement System.
- Competitive Bidding.
- Preferred Provider Organizations.
- Fee Schedules.
- Reimbursement Ceilings.
- Limitations on Covered Services.
- Big Business Involvement — coalitions, contracts and all the above payment mechanisms.
- Vouchers.
- Preferential Tax Treatment.
- Tax Exempt Ceilings.
- Limited Options in Choosing a Doctor (e.g., patients who "overutilize" may be limited to one physician).

A pilot project which is basically a statewide "gatekeeper" concept is being tried in Arkansas. It

covers beneficiaries of both Medicaid and Medicare and state and county employees. Doctors obtain patients by competitive bidding; then they control the type and quality of care the patients receive. The Arizona Academy of Family Physicians has secured contracts covering practically the entire state. Newly enacted contracting legislation in California also presents broad implications for physicians.

- Direct Employee Care.
- Site Stipulation (and other incentives to promote use of "vertical" (outpatient) treatment as opposed to "horizontal" (inpatient) treatment).
- Pre-Hospitalization Review.
- Mandated Second Opinions.
- Mandated Utilization Review.
- Limitations on Charge Increases.
- Prospective Payments.
  1. Advance Bidding.
  2. Set Fees.
  3. DRG.

## Statement Regarding Medical Staff Self-Governance

An organized self-governing hospital medical staff:

1. Is an association of physicians and other health care practitioners who are qualified, as determined by the medical staff, to use the hospital's facilities and services for the treatment of their patients.
2. Functions in accordance with and under the authority of bylaws adopted by its members and approved by the hospital's board of directors.
3. Has authority to select and remove its officers and grants them the authority to represent its members and to appoint chairmen to carry out the business of the staff.
4. Sets standards for the care and treatment of patients in the hospital. These standards must at minimum meet licensing and accreditation requirements and current standards of medical practice, but the medical staff, with the concurrence of the governing board, may set higher standards.
5. Has the right and responsibility to establish criteria and standards and to enforce them for:
  - (a) Admission to the medical staff.
  - (b) Continuing membership on the medical staff.
  - (c) The granting of clinical privileges in the hospital.
  - (d) Medical records as documentation for the admission, treatment, chronology and course of the patient while hospitalized.
  - (e) Selection of medical staff officers and chairman.
  - (f) Appropriate practices and procedures to be observed in all clinical departments and/or services in the hospital and in all committees carrying out clinical quality control functions.
6. Has the right and responsibility to consult, advise and comment to the board of governors and administration on any and all fiscal and administrative decisions that affect patient care.

7. The medical staff itself should have the administrative support needed to discharge its responsibilities. This should be distinct from normal clerical support.

The organized self-governing hospital medical staff, the governing board and the hospital administration must work in concert to achieve their common goal of providing effective and quality care to patients in the hospital.

Maturity in self-governance is dependent upon excellence in leadership, not only at the top of the organization, but in every clinical department, service or committee. The medical staff must understand that medico-administrative responsibility is separate and distinct from their clinical patient-centered responsibility.

The organized self-governing medical staff must strive to provide clinical accountability in a comprehensive way. Staff physicians should be held accountable for the work that they perform within the hospital. A lack of proper review or pursuit of excellence may invite deterioration in the quality of patient care.

*(continued on page 17)*

*Gary Allyn R.E.*



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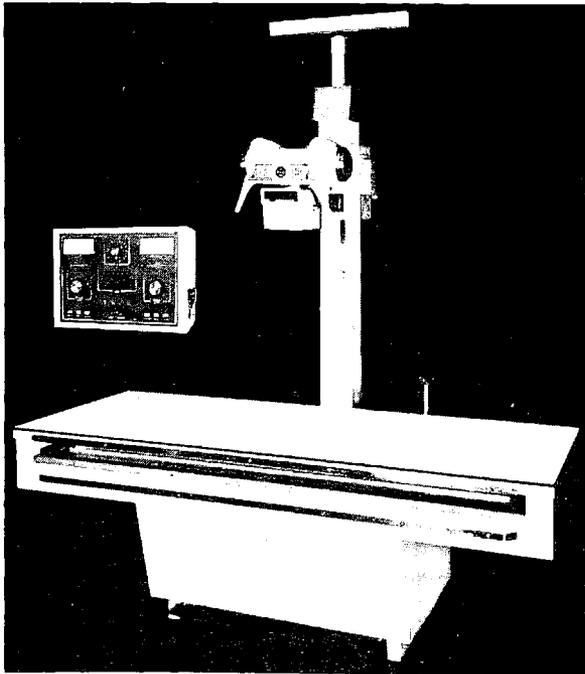
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## Correspondence

# AN OPEN LETTER TO PIERCE COUNTY PHYSICIANS

Much publicity and controversy swirls around such public health issues as chemical contamination of our environment, increasing rates and varieties of sexually transmitted diseases, cigarette smoking, the potential hazards of harsh industrial environments, and many others. Research organizations clamor for more funding to attack the problems but are often left with restricted budgets.

Some actuaries predict bankruptcy for Medicare by 1990 at a time when increased life expectancy and declining birthrates have increased the percentage of our elderly. Economic deprivation in the third world produces political unrest that threatens world stability and inundates our borders with a flood of refugees, sometimes bringing with them communicable diseases, stressing public resources and taking jobs at a time of high unemployment for U.S. citizens.

Our minds are deluged with this multitude of problems. Those who care search for solutions. Many turn for answers to a government that strains under the weight of increasing deficits fueled largely by an expanding defense budget.

Our president and many congressmen tell us we need the MX missile for our future defense and as a bargaining chip for nuclear arms limitation talks. Their actions are confusing and frustrating for many people, particularly those interested in rising above the deadening, terrifying chill that the mere thought of nuclear war produces in most of us.

But what can we do as citizens and physicians? How do we get to face and to know the truth about nuclear war and the nuclear arms race and their impact on our work and our private lives? Is it possible as private citizens to intercede in the seemingly uncontrollable headlong rush of the nuclear arms race?

On Sunday October 2, from 1:00 p.m. to 5:00 p.m. at the Executive Inn in Fife, the Tacoma Physicians for Social Responsibility is sponsoring a symposium entitled "THE FINAL EPIDEMIC, PUBLIC HEALTH AND THE ARMS RACE" to address these problems and questions. Scheduled to speak are: Tom Hall, MD, Dr. PH, president of Washington PSR and former director of the Puget Sound Health Systems Agency; Robert Lamson, PhD, Seattle businessman and former senior economist, Institute of Defense Analyses, the Pentagon; Joyce Lashof, MD, dean, School of Public Health, University of California, Berkeley; and, Hugh Straley, MD, hematologist-oncologist, Group Health Cooperative, Seattle.

Physicians and the general public are invited to attend. Four hours of Category I CME credit will be given to physicians in attendance for a \$5.00 charge. No fee will be charged for non-physicians.

For those participants and other interested parties who wish to become more actively involved in the nuclear arms limitation movement, a speaker's workshop will be sponsored by the Tacoma Physicians for Social Responsibility on Saturday, October 15 at Puget Sound Hospital's auditorium. The program will run from 10:00 a.m. to 4:00 p.m., with a break for lunch. Lunch plus resource material and six hours Category I CME credit will be included for a \$25.00 attendance fee. Payment can be made at the time of the event.

To register for either program or for more information, please call Ovidio Penalver, MD, Puyallup, 848-0351.

Mark R. Gildenhar, MD  
Tacoma Physicians for Social Responsibility

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MANAGEMENT RESOURCES

# A Special Series for Physicians

## PHYSICIAN SURVIVAL SKILLS FOR THE 1980s

Competition facing physicians is increasing rapidly. Several factors have contributed to this trend. Rising health care costs have resulted in greater cost-consciousness among purchasers of health care services. The number of physicians has increased at a rate four times faster than the population since 1970. At the same time, the costs of practicing medicine have been rising sharply. These pressures are making it more difficult for

**September 9, 1983**  
**Managing the Business  
That Is Your Medical Practice**

**September 9, 1983**  
**Partnership and Group Practice**

**September 10, 1983**  
**Marketing Strategies For Building & Maintaining  
a Successful Practice**

*Workshops will be led by professionals on the staff of the American Medical Association of the Department of Practice Management.*

Sponsored by: Medical Society of Pierce County, MSPC Membership Benefits Inc., College of Medical Education. Category I Credit — AMA available.

some physicians to attract and retain patients and are heightening physicians' concern over the cost-effectiveness of their practices.

The main purpose of this series of three workshops is to help the physician gain greater insight into this changing medical environment and to provide the necessary tools to prepare for and take advantage of these changes.

A one-day workshop that will provide immediate practical information about business procedures and management techniques which are essential for a successful practice. A 161 page workbook will supplement the material presented in the workshop.

8:30 - 4:30 — The Executive Inn, Fife

This three-hour workshop will present the pros and cons of partnership and group practices to guide the physician in evaluating or providing a practice opportunity. The advantages and disadvantages of partnership and group practice arrangements will be reviewed in detail. An extensive syllabus will be included.

5:30 to 9:30 p.m., dinner included — The Executive Inn

This one-day workshop will define ethical, effective methods for marketing a medical practice. The physician will develop a coordinated plan for marketing, improving referral patterns, increasing visibility to patients, enhancing patient satisfaction and evaluating the present mode of practice in terms of its market appeal. A complete syllabus included.

8:30 to 4:30 — Jackson Hall, Tacoma General Medical Center, 314 S. 'K' St, Tacoma

Registration:	MSPC Members	Non Members
<b>The Business Side</b>	\$125	\$175
<b>Partnerships &amp; Groups</b>	65	75
<b>Marketing Strategies</b>	125	175
<b>All Three</b>	250	340

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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 infor-

mation 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.



**Daniel J. Niebrugge, MD, Pediatrics (Hematology/Oncology).** Born in Illinois, 7/21/52. Southern Illinois University School of Medicine, 1977; internship, University of Missouri Medical Center, 7/77-6/78; residency, University of Missouri Medical Center, 7/78-6/80; graduate training, Children's Orthopedic Hospital and Medical Center, Seattle 7/80-6/82. Washington State license, 1981. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Niebrugge is practicing at Pediatrics Northwest, 1811 South K Street, Tacoma.



**Harold E. Boyd, MD, Emergency Medicine.** Born in Pullman, WA 9/20/50. University of Washington School of Medicine, 1976; internship, Sacramento Medical Center/U.C. Davis, 6/76-6/77; residency, Shasta-Cascade F.P./Shasta General Hospital, Redding, CA, 7/77-7/79. Washington State license, 1982. Has applied for medical staff privileges at Lakewood General Hospital and Tacoma General Hospital.



**Jane A. Moore, MD, Emergency Medicine.** Born in Blackwell, OK, 11/11/50. University of Oklahoma Medical School, 1976; internship, Baylor College of Medicine, Houston, TX, 6/76-6/77; residency, Wesley Medical Center, Wichita, Kansas, 7/77-6/79. Washington State license, 1983. Has applied for medical staff privileges at Lakewood General Hospital and Tacoma General Hospital.



**Stephen F. Duncan, MD, Family Practice.** Born in Billings, MT, 2/15/49. Indiana University School of Medicine, 1977; internship and residency, Union Hospital, Terre Haute, IN, 7/77-6/80. Washington state license, 1980. Has applied for medical staff privileges at Allenmore, Doctors, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Duncan is practicing at Group Health Cooperative of Puget Sound, 1112 S. Cushman, Tacoma.



**Thomas K. Jones, MD, Pediatric Cardiology.** Born in Parsons, WVA, 6/2/52. Jefferson Medical College, Philadelphia, PA, 1978; residency, University of Washington/COHMC, 7/78-6/79; residency, University of Washington/COHMC, 7/79-6/81; graduate training, University of Colorado/Denver Children's Hospital, Pediatric Cardiology Fellowship, 7/81-6/83. Washington State license, 1979. Has

applied for medical staff privileges at Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Jones is practicing at 311 South L Street, Tacoma.



**Andrew R. Levine, MD, Diagnostic Radiology.** Born in New York, NY, 9/19/53. New York Medical College, Valhalla, NY, 1979; internship, University of Michigan, University Hospital, Ann Arbor, MI, 6/79-6/80; residency, University Hospital, Ann Arbor, MI, 6/79-6/80; Washington State license, 1983. Has applied for medical staff privileges at Allenmore, Good Samaritan, Lakewood General and Mary Bridge

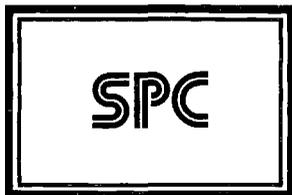
hospitals. Dr. Levine is practicing at 7424 Bridgeport Way West, Suite 103, Tacoma.



**Richard N.E. Wohns, MD, Neurosurgery.** Born in Chicago, ILL, 6/13/51. Yale Medical School, 1977; internship, University of Washington, Dept. of Surgery, 6/77-6/78; residency, University of Washington, 7/78-7/83. Washington State license, 1978. Has applied for medical staff privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma

General hospitals. Dr. Wohns is practicing with Wiese & Associates, 1624 South I Street, Tacoma.

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# Medical Society of Pierce County

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## SEPTEMBER 13 GENERAL MEMBERSHIP MEETING NOTICE

### THE NEW COMPETITIVE ERA—PART IV

### “PCMB in the '80s”

*The new competitive era is rapidly forcing changes in the delivery and financing of health care services. County medical bureaus have traditionally been dominant forces in the financing and delivery of services in Washington State.*

*How will the Pierce County Medical Bureau respond to the new competitive era? How is the Bureau going to identify the efficient health care provider? What are the implications of the Bureau's utilization review activities? How will the Bureau react with other preferred provider organizations? Can the Bureau work with the Medical Society and local hospitals on cost containment strategies?*

*At the Tuesday, September 13 general membership meeting physician leaders from the PCMB Board of Directors will address these and other questions in a panel discussion open to all members of the Medical Society of Pierce County.*

*The September meeting is the fourth in a series of programs intended to give physicians necessary information so that they can make informed choices regarding medical practice options and the delivery of services.*

*Ample time will be offered for questions and answers.*

**Presentation by:** Bruce D. Buchanan, MD, PCMB chairman-elect and Keith B. Tucker, MD, PCMB medical director.

**DATE:** Tuesday, September 13, 1983

**PLACE:** Executive Inn, Tacoma/Fife  
(5700 Pacific Highway East—just off I-5)

**TIME:** 6:15 pm—social hour  
7:00 pm—dinner  
8:00 pm—program

**COST:** Dinner, \$12.50 per person.  
(price includes tax and gratuity)

Register today. Space will be limited. Mail this form, with a check for the appropriate amount, to the Medical Society in the business reply envelope provided. Or, call the office, 572-3667, to confirm your attendance. Make check payable to Medical Society of Pierce County.

#### REGISTRATION

Yes, I have set aside the evening of September 13 to hear “PCMB in the '80s.”

Reserve \_\_\_ dinner(s) for me at \$12.50 each (price includes tax and gratuity).

Enclosed is my check for \$ \_\_\_\_\_.

Dr. \_\_\_\_\_

Telephone \_\_\_\_\_

RETURN TO MEDICAL SOCIETY OF PIERCE COUNTY NO LATER THAN FRIDAY, SEPTEMBER 9

# Now that his back injuries have healed, this patient can go back to work.



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3810 196th S.W. #9, Lynnwood, WA 98036  
or call (206) 775-3661.

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## Society News Briefs

(continued from page 4)

Committee members do not offer treatment, but do provide the names and addresses of resources where treatment is available. Frequently, just discussing the matter and making the physician realize that others who care for him as a person are aware of a problem situation is all that is necessary to initiate a course of treatment.

We present the facts as we know them. Our discussions are not accusatory in nature. If help is refused and committee members are satisfied that a problem does exist, the matter can then be referred to the Washington State Medical Association's Impaired Physicians Committee. If that committee fails in its efforts, the physician's license and ability to continue practice ultimately become involved.

If the physician accepts help, he is contacted after six weeks and again after three months to see what progress is being made.

Again, a group of your colleagues stands ready to offer confidential assistance to any doctor in need. The following members serve on the Professional Relations Committee:

Jack Liewer	588-1759
Dennis Waldron	272-7305
Gordon Klatt	383-5949
Harold Johnston	383-2413
Robert O'Connell	627-2330
John McDonough	572-2424
Pat Donley	272-2234
Ronald Johnson	841-4241
William McPhee	474-0751

*William, A. McPhee, MD, Chairman*

## Pierce County Medical Library Move and Fees Updated

Plans to move the Pierce County Medical Library into a permanent location at Tacoma General Hospital within a year or less look favorable, reports Marion Von Bruck, coordinator of library services. As the construction at Tacoma General Hospital proceeds, expected deadlines are being met.

The library's most essential planning goal is to add hardware and software for automating its record keeping tasks and expanding computer capabilities, she adds. Another major addition under consideration by the library is a Xerox machine for photocopying services for physicians.

Current plans call for the library to be located at the end of the third floor, Wing C, currently occupied by the Nuclear Medicine Department. Six to eight conference dining rooms for physicians are also scheduled to be included in Wing C.

Fundraising for the library to support its services remains a serious consideration, reports Ms. Von Bruck, and suggestions for available sources and/or personal pledges will be greatly appreciated. A copy of the library's new fee schedule is available from the Medical Society Office and will be printed in next months *Bulletin*.

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Federal Way, Wash. 98003  
Phone (206) 927-7655

# Washington State Medical Association ANNUAL MEETING

September 22-25, 1983

The Westin Hotel, Seattle, WA

## Socio-Economic Issues

Should hospital medical staffs incorporate? Can doctors and hospitals cooperate and compete without either "owning" the other? Should physicians organize HMO/IPAs and PPOs as add-ons or to replace medical service bureaus? How can physicians act intelligently on diagnostic related groups (DRGs), hospital satellite clinics, closed or open medical staffs, doctor glut, contract medicine, and "pricing" of doctors' services? What kinds of organizational structures are required? What types and how many clinical-physicians-turned-administrators are required? Find out the answers to these and many other questions you may have regarding the present medical socio-economic climate at the WSMA's 94th Annual Meeting September 22-25 at the Westin Hotel. Plan to attend.

## PEDIATRICS

Topics related to concerns in young girl athletes will be featured during the scientific session's pediatric program. Subjects to be covered include gymnastics, iron status, amenorrhea, and exercise-induced asthma. Most of the presenters will be women physicians who have clinical and research interest in these areas and who were also competitive athletes during their youth. The session takes place Saturday morning, September 24, from 8:00 AM to 11:00 AM.

## SURGERY SESSION

The Friday morning, September 23, session of surgery's scientific program will consist of general

lectures covering the topics of prophylactic antibiotics in surgery, advances in diagnosis and management for vascular surgery, and the role of the CT scan for diagnosis in general and vascular surgery. These timely subjects should be of interest to general and vascular surgeons and internists and general practitioners.

## WAMPAC Luncheon

Governor Bruce Babbitt of Arizona has been invited to be the guest speaker at this year's action-packed WAMPAC luncheon held during the WSMA's Annual Meeting.

Be sure to make your reservations early, as this event is always "sold out!"

## Schizophrenia

The entire session in psychiatry will be devoted to chronic schizophrenia—a bewildering illness whose etiology and treatment remains obscure and controversial.

In addition to presenting recent research findings, a separate afternoon session will deal with the management of the chronic schizophrenic in Washington State. A panel discussion will involve a legislator, an administrator, and therapists to define the frustrations and strategies.

(continued from page 7)

A strong medical staff working in cooperation with an effective hospital governing board and administration benefits patients, the hospital, the community and its own members.

An organized, self-governing medical staff which meets its responsibilities can withstand outside forces that detract from effective quality patient care.

Source: California Medical Association, 6/26/82.

## **Proposal: Establishment of Incorporated Hospital Medical Staff-Based Physician Associations**

### *Purpose:*

To assist hospital medical staffs and hospitals in maintaining high quality, accessible health care for the benefit of the community.

### *Objectives:*

- 1) To create a mechanism for physicians to work with hospitals more effectively.
- 2) To establish a basis for an "equal-to equal" relationship between physicians and hospital corporations.
- 3) To maintain the open staff concept in Pierce County and commitment to a diverse, independent practice of medicine as opposed to any group dominating hospitals or medical staffs.

### *Process:*

Create non-profit incorporated hospital medical staffs (associations), establishing each as a distinct legal entity, and an "umbrella" corporation in which all incorporated medical staffs are represented. The process would involve establishing articles of incorporation and corporate bylaws for each staff (association) and the umbrella corporation.

### *Benefits:*

- 1) Such corporations would represent and negotiate physician interests relative to hospital corporate interests.
- 2) Such corporations could enter into partnership arrangements with hospital corporations to establish joint ventures between hospitals and physicians in areas where the two groups' economic interests overlap (preferred provider organizations, joint partnerships, free standing clinics, etc.).
- 3) A county-wide "all medical staff corporation," or perhaps individual incorporated medical staffs, could contract with hospitals to perform utilization review activities as required under PPOs and other possible innovative arrangements.
- 4) Such a program recognizes and builds on the existing strengths of the medical community in Pierce County — the existence of departments of surgery, medicine, etc., county-wide medical staff representation on the Medical Society's Credentials Committee and Ethics/Standards of Practice Committee, and the open staff concept — while allowing the staff organizations to respond to the extent they feel appropriate for their own particular circumstance. It creates a platform for future action should that be felt appropriate.

### *Summary:*

Establishment of incorporated medical staffs addresses several of the concerns expressed at the June 7 Board of Trustees meeting and supports the following 1983-84 organizational goals established by the Medical Society: Goal 1, "Take definitive stands;" Goal 2, "Give physicians the tools;" Goal 5, "Help shape future delivery systems;" Goal 7, Enhance relations and cooperation."

Initially, hospital administrators may view the creation of incorporated medical staffs negatively. Over time, however, they could come to view their development as a benefit that would allow hospitals and physicians to jointly address those issues affecting the delivery of services.

### *Hospital medical staff corporate objectives:*

The incorporated medical staffs' articles of incorporation could specify the following objectives:

- 1) To help physicians and hospitals deliver high quality medical care in the hospital setting.
- 2) To provide a mechanism for physicians to formalize their relationships with hospital corporations responsible for the facilities in which they practice medicine and surgery.
- 3) To provide a mechanism to allow physicians to effectively work with hospitals to deliver health care services to the community.

Source: MSPC Board of Trustees, 7/83.

## **OFFICE SPACE AVAILABLE**

### **Jackson Hall Medical Center**

On October 1, 1983 we will have a fourth floor suite available. This 11,050 sq. ft. suite faces the new addition of Tacoma General Hospital. Jackson Hall has direct access to both Tacoma General and Mary Bridge Hospitals through tunnels. The building is also served by an enclosed parking garage.

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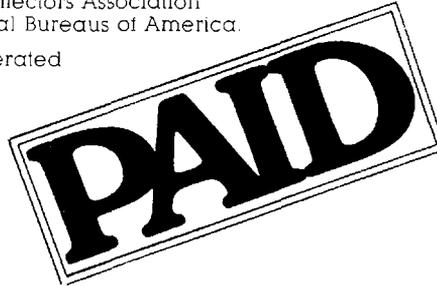
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# The Bulletin

## MEDICAL SOCIETY OF PIERCE COUNTY

### In This Issue . . .

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to Assist Physicians . . .  
see page 4

Indemnity vs. UCR . . .  
see page 8

September, 1983

# NEW DAY SURGERY PROGRAM SPEAKS FOR ITSELF!

Medical Center

## DaySurgery

### Humana Hospital Tacoma

To Our Patients:

Since you recently had surgery at our facility we would appreciate your help in evaluating our surgery services. Please take a moment to complete this questionnaire.

For each item below, please indicate your answer by checking the box. If an item does not apply to you, leave the space blank.

**Pre-Surgery**

Were you given clear pre-surgery instructions by:

1. your doctor?  Yes  No

2. the surgery center?  Yes  No

**Registration**

3. Registration personnel were courteous and efficient  Yes  No

4. Registration forms were explained satisfactorily  Yes  No

5. The amount of time it took to register you was reasonable  Yes  No

6. If not, was an explanation given?  Yes  No

7. Billing procedures and financial arrangements were explained satisfactorily  Yes  No

**Surgery**

8. Surgery personnel answered your questions and explained procedures/bills  Yes  No

9. Surgery personnel gave courtesies and understanding  Yes  No

**Post-Surgery**

10. Surgery personnel gave you adequate instructions needed to care for yourself after surgery  Yes  No

**Surgery Facility**

11. The surgery facilities are equally located  Yes  No

12. Parking is adequate  Yes  No

13. The surgery facilities were attractive and the atmosphere was comfortable  Yes  No

**Overall**

14. Was this your first experience with this surgery facility?  Yes  No

15. The surgery facility was chosen because:

previous experience  superior professional recommendation by friend/family or employer  convenience/location  other (specify) \_\_\_\_\_

16. Would you use this surgery facility again?  Yes  No

If not, please explain: \_\_\_\_\_

17. Overall how would you rate the surgery facility?  Excellent  Good  Fair  Poor

18. What type of surgery did you have?  prostatectomy  hysterectomy  other \_\_\_\_\_

Additional Comment: *We very impressed with the way the hospital staff worked. The staff was friendly and helpful. The staff was very professional and helpful. The staff was very professional and helpful.*

Name: *John J. McVeg*

Address: *3525 Pacific Ave. Tacoma WA 98403*

Telephone: *525-1111*

Date of visit: *June 15, 1973*

Time of arrival: *9 am* to *10 pm*

If you have to be contacted by hospital management to further discuss a problem experienced with the surgery center, please contact \_\_\_\_\_ Thank you

Humana Hospital Tacoma

## Some common responses to our Day Surgery

I was pleased that the nurse who was assigned to my care took time to call me the day before I entered the hospital and again after I was home. No other hospital has ever been so courteous.

—Mrs. Peggy Mayes

My two year old enjoyed her stay—it didn't produce any bad feelings towards hospitals or doctors with her. She felt secure and said she wants to come back. I was very pleased.

—Laurie Wells

I was very pleased with the nurses that take you to and from surgery. They set a friendly and relaxed mood.

—Jeri L. McVeg

I appreciated being contacted the night before surgery and was grateful she greeted me the next morning and followed through with me before and after surgery. I was apprehensive about surgery and every person on your staff that I came in contact with, treated me extremely well and made me feel comfortable and confident. Thank you Humana Hospital for a professional caring staff!

—Dorothy Apple

## Day Surgery at Humana Hospital Tacoma . . .

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**Editor:** David S. Hopkins.

**Managing Editor:** Thomas J. Curry.

**Editorial Committee:** David S. Hopkins (chairman), Stanley W. Tuell, W. Ben Blackett.

**MSPC Officers:** Robert E. Lane, President; Pat Duffy, President-elect; Richard Hawkins, Vice President; Juan F. Cordova, Secretary-Treasurer; Lloyd C. Elmer, Past President.

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Deadline for the submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**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, (206) 223-0861. 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.

# Society News Briefs

*A summary of Medical Society and local medical news*

## Medical Society Advocates Programs to Assist Physicians

Three resolutions submitted to the annual WSMA House of Delegates meeting by Pierce County delegates would establish programs to assist physicians in maintaining successful practices in the 1980's. The resolutions are:

**Medical Practice Research and Support** — Calls for the WSMA to establish a medical practice research and support program to assist members by providing information about new practice developments in the rapidly changing medical practice environment. Also, the program would provide consultation services, thereby enabling members to make informed choices in the best interests of their patients and practice. Sponsored by Dr. Robert Lane, MSPC president.

**Helping Physicians Work With Hospitals** — Would have the WSMA work with the Medical Society on a pilot project to develop an incorporated medical staff organization, parallel to, but independent of, one or more medical staffs to determine how such organizations may help physicians and hospitals work together on a more equal basis. WSMA would use the results of the pilot project to determine the feasibility of establishing a state-wide corporation to support further development of such local organizations. Sponsored by Dr. Lloyd Elmer, MSPC past-president.

**Health Consumer Education** — Calls for a multi-year public awareness program to educate health care consumers and purchasers and to promote the practice of medicine by physicians and surgeons. Consumers would be provided factual information to help them make responsible, care effective and cost effective decisions. Sponsored by Dr. Pat Duffy, MSPC president-elect.

The above resolutions result from organizational goals established by the Board of Trustees at its annual retreat earlier in 1983 to: "Give physicians the tools to successfully compete" in the new practice environment; "help shape future delivery system;" and, "enhance relations and cooperation."

Another resolution sponsored by Dr. Elmer would direct the WSMA to actively urge Pacific Northwest Bell to establish a yellow pages listing policy responsive to local desires and to support county medical societies in their efforts to make PNB responsive to local needs. The resolution results from problems encountered by MSPC members who are Doctors of Osteopathy and wish to be included in the specialty listing section of the yellow pages.

The Society has lobbied PNB to allow a combined specialty listing with the MD or DO designation to follow each physician's name as appropriate. PNB has not been responsive to local concerns and physicians have had to go to court to seek redress.

Additional resolutions from Pierce County are discussed on page 5.

## Physician School Forms Available

Two forms developed through the Medical Society's Public Health/School Health Committee are available from the MSPC office for physicians' use.

"The Health Report Form," a single sheet form, is used for school physical examinations. It was prepared in cooperation with Tacoma and Pierce County pre-schools and schools, the health department, child care, youth and camping organizations. It has become a standard in the county.

"Physician's Orders for Medication at School," was developed in response to recent changes in state law that permit the giving of oral medication to students during school hours provided proper authorization from physicians and parents is obtained. Both forms are designed to be reproduced on physician office copying equipment. Call the Medical Society office, 572-3667, to order a copy of each for reproduction in your office.

## Last Call for Additional Pictorial Directories

Physicians wishing to purchase additional copies of the forthcoming pictorial directory of MSPC members should call the Medical Society office immediately. The previous deadline for ordering of September 7 has been extended to September 30.

Each physician photographed by Elson-Alexandre, directory photographer, and pictured in the directory will receive a free copy. Additional copies are available to members at \$12.50 each. The Medical Society must determine its order for additional directories. If you desire additional copies, please call the office, 572-3667, today.

The annual pocket-sized "Directory for Pierce County Physicians and Surgeons" will be published later in 1984.

## PSR Speakers Workshop Set

A speaker workshop for physicians who wish to become involved in educating the public on the nuclear arms race has been scheduled for Saturday, October 15 in the Puget Sound Hospital Auditorium. The meeting will run from 10:00 am - 4:00 pm. It is sponsored by the Physicians for Social Responsibility.

Program leaders include Tom Hall, MD, president of Washington PSR; Luke Magnotto, MD, vice president of Washington PSR; and Peter McGough, MD, director of speakers training. Six Category II CME credits will be available. Cost of the workshop is \$25.00 (lunch included).

Deadline for registration is October 7. Contact Ovidio Penalver, MD, 848-0351, 319 5th St. SW, Puyallup, WA 98371 for details and registration.

*(continued on page 17)*

## President's Page

### PART I - CORPORATE CARE



We have devoted much time and energy of your Society to the so called "new competitive era" of medicine and to understanding the plans that supposedly will provide good or better medical care at less cost.

Experience in the recent past makes one a skeptic for we have seen that shrewd managers have been able to work the system for financial gain by merchandising unnecessary therapies, equipment and services. One need not look very far to see examples in which some of the country's most prestigious hospitals' costs have been about half that of some proprietary, smaller institutions. The difference being in the motivation of the management, the former taking a responsible position to serve in the best manner possible and the latter primarily motivated to make money and build concrete empires.

Planning and control of medical care has all but been taken over by corporate executives and marketing experts along with pharmaceutical conglomerates and equipment manufacturers. This is a very powerful group and has been called the medical industrial complex. They have much clout in Washington, D.C.

I believe we are seeing a similar development in medicine as has occurred in the American manufacturing industry in which management has shifted from those who come up through the ranks, qualified in engineering and respecting the skilled employee, working together to produce a quality product and to constantly improve the same. They have been replaced by the corporate executive and marketing experts, along with the lawyers who are looking for a rapid short-term profit and exploiting every opportunity and then moving on.

Doctors, nurses, and other medical labor will be judged primarily by how much they can contribute to profits. Merchandising will be the name of the game. Ten to fourteen percent of the Gross national product is a lot of money, especially when it is coming from third party payors, and smart operators are going to learn the rules of the game and how to use you to get a large chunk of it.

No holds will be barred and we can expect that efforts will be made to play one group against another, and that there will be lots of carrots dangling. This is corporate care!  
*REL*

### PART II - SMOKE, FIREWORKS AND THE BIG BOMB

At this time of the year resolutions are prepared and submitted by delegates and by your Society for consideration by the House of Delegates at the Washington State Medical Association annual meeting. The WSMA annual meeting will be held in Seattle, September 22-25 at the Westin Hotel.

Three of the resolutions submitted by Pierce County deal with public health issues of concern to us all. The first urges our state and national organizations to vigorously campaign against smoking and particularly against the government subsidizing the tobacco growers and, indirectly, the tobacco industry.

The second has to do with fireworks and requests our state association to support and lobby for the abolition of the sale of explosive and incendiary fireworks.

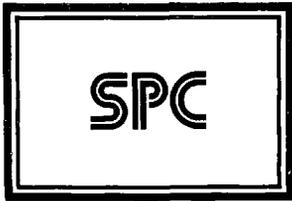
The last resolution is to the effect that the only reasonable medical response to nuclear war is prevention, there can be no adequate medical preparation nor is nuclear war survivable and that a halt in production and

deployment of nuclear weapons and nuclear disarmament is imperative. Furthermore, it calls for us to encourage public education and similar resolutions by other organizations. Mere adoption of these resolutions is not enough. They present an opportunity to promote preventative medicine to the general public by a public relations campaign from the national, state and county organizations.

We must speak out on the nuclear issue as it encompasses the greatest public health hazard of our time and more can be accomplished with so little by using the power of the entire medical profession to sway governments worldwide to stop nuclear proliferation and the hazards of a nuclear war.

On Sunday, October 2, at the Executive Inn, an excellent program titled "The Final Epidemic — Public Health and the Nuclear Arms Race" will be given from 1:00-5:00 pm. On October 15, at Puget Sound Hospital, a speaker's workshop will be held on the same subject. Further details are elsewhere in this *Bulletin*.  
*REL*

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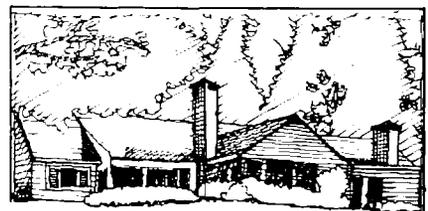
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# THE FINAL EPIDEMIC: PUBLIC HEALTH AND THE NUCLEAR ARMS RACE

**Date:** Sunday, October 2, 1983

**Time:** 1:00 to 5:00 p.m.

**Place:** The Executive Inn - Fife, Washington

## Program

**Tom Hall, M.D., Dr. P.H.**, President of Washington Physicians for Social Responsibility; Consultant in Public Health; former Executive Director, Puget Sound Health Care Systems Agency

**"The Demands of the Arms Race - Individual Responses"**

**Robert Lanson, Ph.D.**, Seattle businessman; former Senior Economist, Institute of Defense Analyses, the Pentagon

**"Costs of the Arms Race"**

Break

**Joyce Lashof, M.D.**, Dean, School of Public Health, U. of California, Berkeley

**"Public Health Effects of the Nuclear Arms Race"**

**Hugh Straley, M.D.**, Hematologist-Oncologist, Group Health Cooperative, Seattle

**"The Medical Consequences of Nuclear War"**

Period for questions of workshop participants

\* These are broad topics to be covered. Each speaker will develop individual areas of interest within each topic.

Sponsored by: Tacoma Physicians for Social Responsibility

CME - 4 Category II can be obtained by physicians. A fee of \$5 will be charged if you intend to apply for these credits. Workshop otherwise is free of charge. Because of limited space we are requiring that you preregister by September 26.

---

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Questions or phone registration: (206) 848-0351 weekdays, 10 a.m. - 5 p.m.

# AMA Weighs Policy Change

## INDEMNITY vs. UCR PAYMENT: WHAT IS YOUR OPINION?

*The American Medical Association's Council on Medical Service has issued a report on payment for physicians' services recommending a change in AMA policy which presently supports freedom of patients to choose their source of care and freedom of physicians to choose their method of payment — including fee-for-service, capitation, or salary. Within the fee-for-service approach, current AMA policy supports the basing of third party payment levels on the usual, customary or reasonable concept. The proposed policy change would have the association recommend that third parties change to an indemnity system of payment.*

*The council's report was reviewed at the AMA's June annual meeting and the House of Delegates approved a recommendation that delegates consider the matter of physician reimbursement with their constituents and other concerned parties. Thus, the following summary of the council report is reproduced for physician comment.*

*A copy of the full report is available in the Medical Society office. Please direct your comments to the Society as they will be compiled and forwarded to the Washington State AMA delegates for their review prior to the December interim meeting of the AMA House of Delegates.*

*Your comments are invited. Deadline for comments is October 15. — the Editor.*

### Synopsis:

#### **Council on Medical Service Report D (A-83): "Payment for Physicians' Services"**

Present association policy, which supports freedom of patients to choose their source of care and freedom of physicians to choose their method of payment — including fee-for-service, capitation, or salary — continues to be appropriate.

Within the fee-for-service approach, current AMA policy supports the basing of third party payment levels on the "usual and customary or reasonable" concept, and the majority of private and public payors use the "UCR" concept in establishing payment levels. *However, the increasing costs resulting from this approach have caused both private and public payors to be caught between mounting pressure to constrain plan outlays on the one hand, and continuing consumer demand for comprehensive coverage of physicians' services on the other.*

As one result, the "reasonable charge" used by payors — particularly public payors — in determining payment levels *no longer reflects the actual charges made by most physicians*, because of infrequent updating of fee profiles, percentile cut-offs on customary charge data, and annual percentage caps on prevailing charge increases.

In addition, *pressure is increasing on physicians to accept the payor-determined reasonable charge as payment in full (except for allowed deductibles or coinsurance) — i.e., to become "participating physicians."* Such pressure is exerted through:

- plan or company contracts which increasingly allow assignment of benefits or make payment only when services are provided by participating physicians;
- beneficiary misunderstanding of "explanation of benefit" letters and resulting patient/physician friction;
- "hold harmless" communications from payors to subscribers, and
- increased consideration nationally of mandatory assignment or fee schedules under Medicare.

As these trends continue, patients will be increasingly restricted to "participating" providers as a condition for insurance coverage. *Eventually, physicians' remuneration will be determined solely by third party payors for the great majority, if not all, of the professional services they render — with what the Council believes will be a resulting inevitable mediocrity in the quality of medical care.*

Accordingly, the council believes that *the association should seriously consider recommending that third parties change to an indemnity system of payment for physicians' services*, i.e., paying a set amount for services rather than some proportion of the "usual and customary or reasonable" charge. Such a set amount would be determined by the payor itself on the basis of claims experience, public demand, competition and other relevant factors.

Such a change would benefit patients by:

- insuring their continued access to care *not through external regulation of fees but through market forces*;
- increasing both physicians' and patients' sensitivity to costs and quality of care provided;
- allowing them continued freedom of choice rather than being increasingly restricted to "participating" providers as a condition of coverage, and
- facilitating understanding and comparison of insurance coverages.



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John F. Kincaid, Business Manager

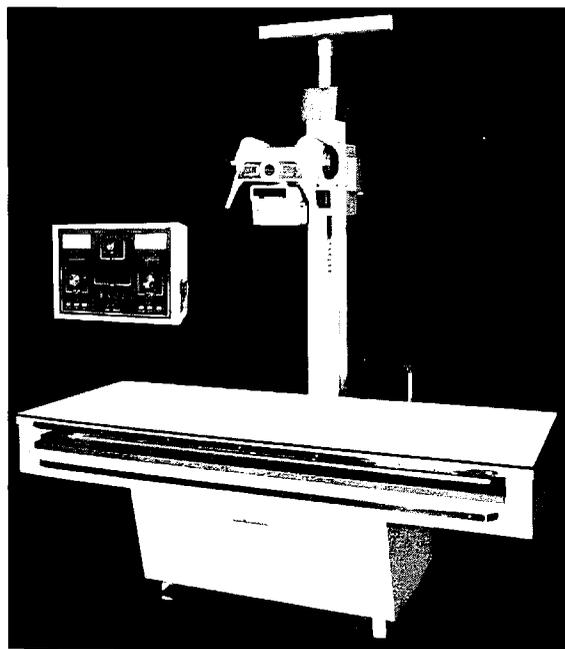
22 acre campus adjacent to 156 bed Humana Hospital. Centrally located; freeway access; ample parking. All inclusive rental rates; suite construction allowances.

For third parties, *determination would be simpler under an indemnity approach.* Payors could establish premiums on the basis of prospective analysis of what the plan pays rather than on a statistical array of physician charges. Administrative costs should be significantly less. *For government programs especially it provides an alternative which permits budgetary restraints without further restrictions on type or duration of services covered or massive increases in enrollee copayment.*

For physicians this approach could bring improved patient-physician interaction, since neither physician or patient will have false expectations of the amount of third party payment. *Uncoupling third party payment from physicians' charges could act to reduce legislative and political pressure for mandating physician "participation" as a condition of payment, and help preserve for physicians the freedom to charge what they believe to be a fair and equitable fee, subject only to normal and effective market constraints.*

The council believes that a change of this import in association policy should be considered carefully by delegates with their constituents over the next six months. The council will also continue its study, and will submit recommendations at the December 1983 Interim Meeting.

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# CME For Physicians

## LOW BACK PAIN IN THE 1980's — UPDATE ON DIAGNOSIS & TREATMENT

Friday, October 7, 1983 — 9:00 a.m. to 4:30 p.m.  
Tacoma General Hospital Auditorium — Jackson Hall, 314 South "K" Street

9:00	<b>INTRODUCTION:</b> The Scope of the Problem, The Patient; The Physician; Industry; Union and Insurance Dilemmas	R. Charles Ray, MD
<b>THE WORKUP:</b>		
9:15	Mechanical Pathophysiology — The Degenerative Aging Process Over Time	Arthur H. White, MD
9:30	Differential Diagnosis & Diagnostic Syndromes	Arthur H. White, MD
9:45	Physical Exam of Low Back Pain Patients	Edgar S. Steinitz, MD
10:00	Psychological Evaluation	Patrick J. Donley, MD
10:15	Electrodiagnostic Testing — Indications & Interpretation of EMG's	Surinderjit Singh, MD
10:30	Radiologic Testing — Plain Films, Computerized Axial Tomography, Myelography & Bone Scans	Anthony S. Lazar, MD
10:45	Special Diagnostic Tests — Indications & Interpretation of Facet Blocks, Nerve Root Injections and Discography Question/Answer	R. Charles Ray, MD
<b>CONSERVATIVE MANAGEMENT: Therapeutic Strategies</b>		
11:30	<b>INTRODUCTION</b> - Putting It All Together	R. Charles Ray, MD
11:35	Role of Physical Therapy	Edgar S. Steinitz, MD
11:45	Drug Therapy	Robert E. Ettlenger, MD
12:00	Injection Techniques	Arthur H. White, MD
12:15	Cryoanalgesic Blocks	Edgar S. Steinitz, MD
12:30	Neuro Psychiatric Management	Patrick J. Donley, MD
12:45	Recognition of the Potential Chronic Pain Patient	Marcel Malden, MD
1:00	Lunch	
<b>OVERVIEW OF CONSERVATIVE MANAGEMENT: Multidisciplinary Coordination</b>		
2:00	Back School	Arthur H. White, MD
2:15	Multidisciplinary Spine Rehabilitation & Return to Work Programs	Edgar S. Steinitz, MD
2:30	Strategies of Chronic Pain Management Centers	Marcel Malden, MD
<b>SURGICAL MANAGEMENT: The Herniated Disc</b>		
2:45	Chymopapain - Selection, Techniques & Results	Arthur H. White, MD
3:00	Microlumbar Discectomy — Selection, Techniques & Results	W. Ben Blackett, MD
3:15	Traditional Discectomy — Selection, Technique & Results	R. Charles Ray, MD
<b>SURGICAL MANAGEMENT: The Degenerative Disc</b>		
3:30	Segmental Spinal Instability, Spondylolisthesis, Role of Spinal Fusion	Arthur H. White, MD
3:45	Spinal Stenosis — Wide Compression Laminectomy, & Facetectomy & Foraminotomy, Selection, Techniques & Results	Arthur H. White, MD
4:00 to 4:30	Panel Discussion — Chymopapain vs Microlumbar vs Traditional Discectomy Question/Answer	

### Local Faculty:

W. Ben Blackett, MD <i>Neurosurgeon</i>	Anthony S. Lazar, MD <i>Radiologist</i>
Patrick J. Donley, MD <i>Psychiatrist</i>	Marcel Malden, MD <i>Neurologist</i>
Robert E. Ettlenger, MD <i>Rheumatologist</i>	R. Charles Ray, MD <i>Orthopaedic Surgeon</i>

Surinderjit Singh, MD <i>EMG, Physical Medicine &amp; Rehabilitation</i>
Edgar S. Steinitz, MD <i>Physical Medicine &amp; Rehabilitation</i>

### Guest Faculty:

Arthur H. White, MD  
*Orthopaedic Surgeon*  
San Francisco, California

**CREDIT:** 7 hours AMA Category I & AAFP (prescribed) applied for.  
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*Paid preregistration is required before October 5, 1983.*

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## Friday, November 11, 1983

### Schedule

10:00 a.m. "Genetic Engineering with  
RNA Tumor Viruses"

1:00 p.m. "Normal Cell Genes  
into Oncogenes"

12:15 p.m. Complimentary  
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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 infor-

mation 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.



**Sanders S. Blakeney, MD,**  
**Obstetrics/Gynecology.** Born 12/24/41, Valdosta, CA. Temple University School of Medicine, Philadelphia, PA, 1975; internship, Sinai Hospital of Baltimore, 7/75-6/76; residency, Sinai Hospital of Baltimore, 7/76-7/78 and Madigan Army Medical Center, Tacoma, 7/79-6/81. Washington State license, 1981. Dr. Blakeney has applied for privileges at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Blakeney is practicing at 1811 South "K" Street, Tacoma.



**Donald W. Shrewsbury, MD,**  
**Otolaryngology.** Born 3/19/49, Toledo, OH. University of Minnesota Medical School, 1975; rotating residency, The Oregon Health Science Center, Portland, 7/75-6/76; residency, (general surgery) Swedish Hospital Medical Center, Seattle, 7/75-6/76, and (otorhinolaryngology) University of Minnesota Hospital 7/77-6/81. Washington State license, 1981. Has applied for privileges at Allenmore, Doctors, Mary Bridge, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Shrewsbury is practicing at Allenmore Medical Center, Tacoma.



**Todd P. Nelson, MD, Radiology.** Born 2/20/51, Denver, CO. University of Colorado School of Medicine, 1977; internship, University of California (Davis), Sacramento Medical Center, 6/77-6/78; residency, University of Colorado Medical Center, Denver, 7/78-7/81. Washington State license, 1983. Has applied for privileges at Allenmore, Good Samaritan, Lakeood General and Mary Bridge hospitals. Dr. Nelson is practicing at 7424 Bridgeport Way West, Tacoma.



**Carol J. Kovanda, MD,**  
**Obstetrics/Gynecology.** Born 2/1/53, Berwyn, ILL. University of Illinois Medical Center, Chicago, 1979; internship, St. Paul Ramsey Medical Center, St. Paul, MI, 6/79-6/80; residency, St. Paul Ramsey Medical Center, 7/80-6/83. Washington State license, 1983. Has applied for privileges at St. Joseph and Tacoma General hospitals. Dr. Kovanda is currently practicing at Western Clinic in Tacoma.

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MANAGEMENT RESOURCES

## Auxiliary Page

# SEPTEMBER AND OCTOBER MEETINGS OFFER SOMETHING FOR EVERYONE

The autumn leaves not only drift by our windows but they also serve as a reminder of the beginning of the 1983-84 Medical Society of Pierce County Auxiliary meetings under the capable leadership of President Gloria Virak.

### Some Things Never Change Department

Just as our children return to school each fall — and each fall — and each fall — so did our board members return for the first fall board meeting at Allenmore, Building B, at 9:30 am on September 12th.

September 22nd and 23rd, will be the dates of the WSMA annual convention in conjunction with the WSMA Auxiliary. The meetings will be held at the Westin Hotel in Seattle. Featured topics will include:

- 1) *Organ donation awareness* for physicians.
- 2) *"A Little Help For Your Friends"* — a seminar addressing problems of the physician.
- 3) *"What Have You Done With Your Life"* — portfolio development.

October's offerings will include a visit by the WSMA Auxiliary president and president-elect on October 3rd. There will be a combined board meeting of Thurston, Mason and Pierce County at Mary Bridge Children's Hospital at 10:30 am with a no-host lunch.

The first monthly Auxiliary meeting will be held October 21st at the home of Mary Lou Jones, 8217 22nd St. Ct. W., 565-3128. Dr. Norman Heimgartner will present: "China Today - A Personal Prospective." This promises to be a lively tour of China via a talk and slide presentation.

### Some Things Do Change Department

We're trying something new this year! You will be receiving a post card reminder from the Telephone Committee several weeks before the October meeting. It will be your responsibility to call Lavonne Campbell at 841-3638 for your reservation. Our policy of charging \$2.00 for a non-cancelled lunch will still be enforced. Also, all non-members will be charged a \$2.00 lunch fee.

Don't delay. Send your dues — \$38.50 — today to Shirley Murphy, our dues chairman, at 3109 North 33rd Street, Tacoma, WA 98407. Payment of dues entitles you to a membership book, lunch or brunch at regular monthly meetings, *Washington State Medical Auxiliary News* and *National Facets* magazine.

Do you ever have a question or complaint, advice or praise regarding the Auxiliary and you are not sure whom to contact? Please feel free to contact any of the women listed below with your Auxiliary concerns:

President, Gloria Virak . . . . .	564-7503
President-Elect, Sharon Lawson . . . . .	564-6647
First Vice-President, Sharon Lukens . . . . .	1-858-3725
Second Vice-President, Jeena Singh . . . . .	272-1205
Third Vice-President, Mary Schaeferle . . . . .	627-2716
Fourth Vice-President, Mary Lou Jones . . . . .	565-3128
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Corresponding Secretary, Ann Fulcher . . . . .	1-858-6310
Treasurer, Dottie Truckey . . . . .	564-4886
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The Emergency Medical Services Division of the Tacoma/Pierce County Health Department is seeking a physician to serve as EMS training physician for the EMS Division. Applicants may anticipate working approximately 32 hours a month in a paid consultant capacity providing EMS education. Resumes must be submitted to the EMS Division by September 20, 1983. Interviews will be held.

### Position Prerequisites:

- ★ Minimum three years emergency medical experience.
- ★ Active in the Pierce County EMS system.
- ★ Administrative experience.
- ★ American College of Emergency Physicians member (preferred).
- ★ American Board of Emergency Medicine Certified (preferred).
- ★ Resident of Pierce County (preferred).
- ★ Member Medical Society of Pierce County.

**Division of Emergency Medical Services**  
Tacoma Pierce County Health Department  
705 South 9th, Suite 202  
Tacoma, Washington 98406  
272-7581

## OFFICE SPACE AVAILABLE

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# Society's News Briefs

(continued from page 4)

## New Vaccine and Immunization Follow-Up Program Announced by Health Department

Steady increases in vaccine costs and the state's present economic woes have forced the state immunization program to insist on accurate accountability for vaccines furnished to each of the counties, reports the health department. To comply, the department seeks the assistance of the 134 Pierce County pediatricians, family practitioners, and general practitioners who are currently receiving free vaccines from the health department.

Vaccines are supplied through the health department from the Washington State Immunization Program. Program funding is derived from federal and state tax dollars. As an example of increasing costs, the department points out that DPT vaccine (15 dose vial) which was previously \$1.14 per vial now costs \$5.00. MMR combination vaccine continues to cost \$5.00 per dose on the Washington State contract. However, purchase cost from a pharmacy ranges from \$15.00 to \$20.00 per dose.

To continue receiving the doses at reduced rates the following information must be provided by physicians:

1. Doses of vaccine administered according to antigen, age group, and lot number.
2. Doses wasted or expired by lot number.
3. Doses on hand (inventory) by antigen and lot number.
4. Child's name and identifying information as well as parent(s) name if audit service is desired.

To assist participating physicians in meeting state accountability requirements, the health department offers one of the following options:

1. "Important Information" forms for each of the three major vaccines (DPT, OPV, MMR) are available. These forms are to be completed and signed by the parent or guardian. They include spaces for previous dose dates. The date of the current dose is filled in by the doctor or nurse administering the vaccine.
2. "Audit System Follow-up" cards which include the child's name and identifying information as well as the antigen name, dose number, lot number and manufacturer.
3. The physician may use any form which provides the necessary information.

An audit or call back system is also available to physicians. A list of children who are delinquent in returning for their next immunization(s) can be furnished to the doctors office. Post cards and preprinted address labels to affix to the cards can be provided for mailing to the parents as a reminder.

In the future the health department will be entering into its computer, from birth records, all children born in Pierce County. Notices will be sent to parent(s) when children reach ages seven and twenty months to remind them about immunization.

To aid in the transition to the new system, physicians are being contacted by letter and asked whether or not they want to continue participating in the vaccine pro-

gram. Those who choose to continue will be contacted by a health department staff member who will visit the office to orient personnel to the new system.

Any questions or inquiries may be directed to Evelyn Peterson or Jan Bigelow, 593-4060.

## Is Your Practice Ready for the 80s?

A variety of practice related services are offered to members through the Medical Society and its subsidiary corporation Membership Benefits, Inc. (MBI).

*Office Staffing* — qualified applicants for front and back office positions, are available through MBI's Placement Service. Call 572-3709.

*Personnel Assistance* (job descriptions, salary and fringe benefits, survey information, etc.) are available through the MBI office. Call 572-3709.

*Practice Management Consulting* — available through Management Resources, the MBI endorsed consulting service. Call Dee Lunstrum, president, 564-5600, or Linda Carras, 572-3709.

*Effective Collections* — available through Puget Sound Collections, the Society endorsed agency. A reduced rate for MSPC members is offered. Call Frank Rossiter, president, 383-5011, for details.

If you desire assistance in your practice, call the Medical Society, MBI or Management Resources. If a service requested is not available, the staff can put you in touch with those who can assist.



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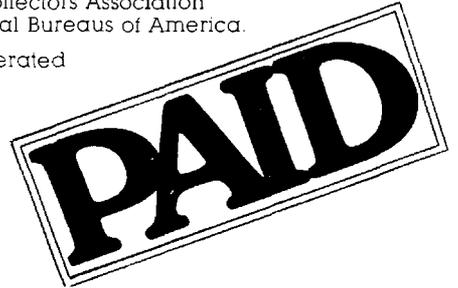
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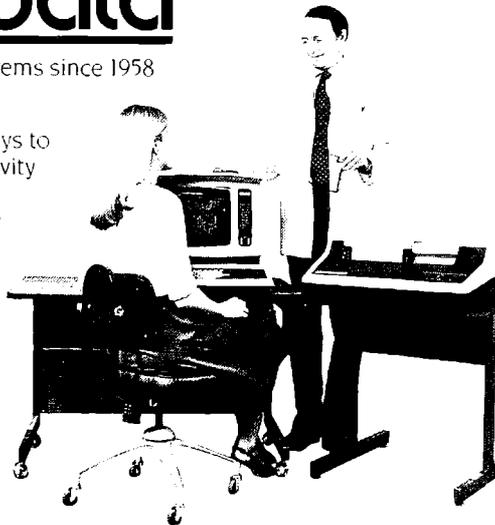
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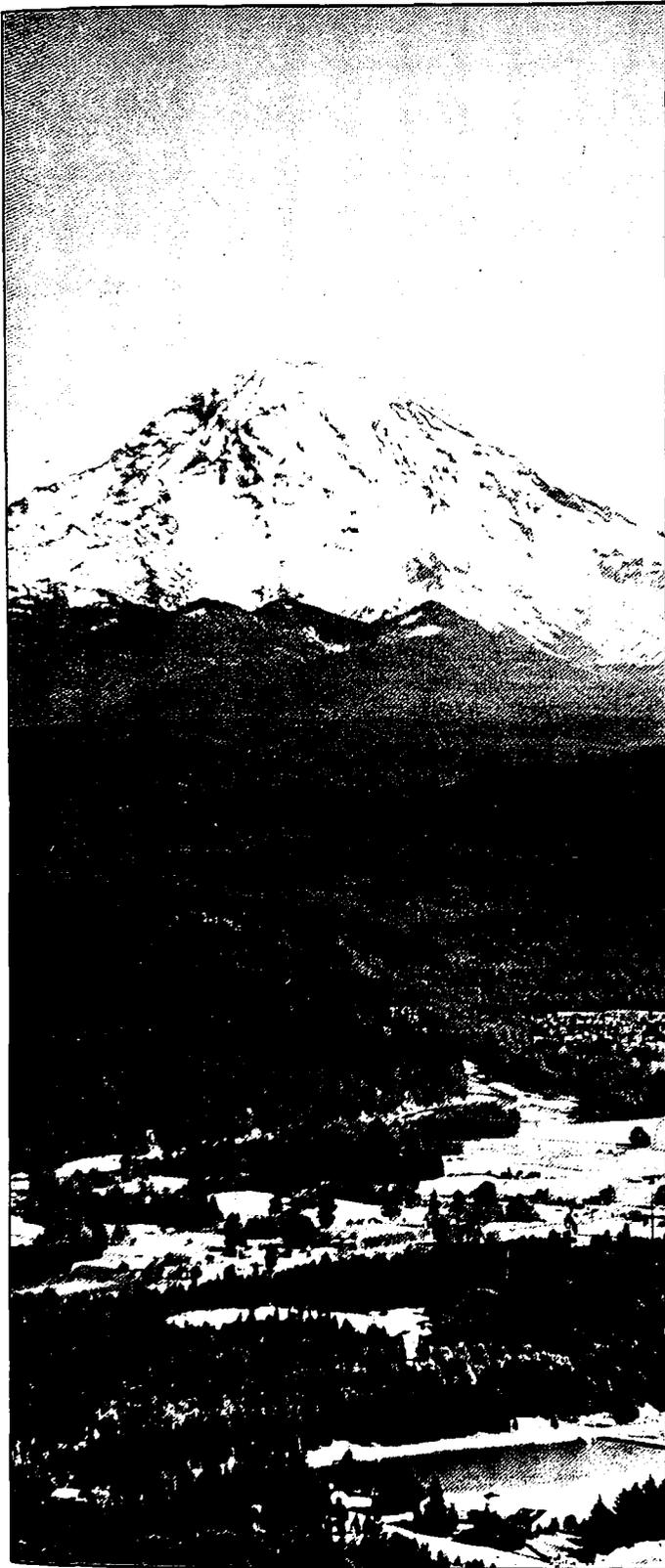
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# The Bulletin

## MEDICAL SOCIETY OF PIERCE COUNTY

### In This Issue . . .

Programs to Assist  
Physicians Approved . . .  
see page 4

Dedicated Physicians  
Answering Service  
Established . . .  
see page 17

October, 1983

# IT TOOK DR. TYLER'S BOOKKEEPER JUST 10 MINUTES TO ENTER THE COMPUTER AGE. AND 10 MORE TO GIVE THANKS.

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At a very low one-time cost of under \$4700 for your own micro-computer, and a very reasonable monthly on-line service fee, the Poorman-Douglas On-Line Medical

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## In This Issue

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A new service intended to meet special needs of local physicians.

**Editor:** David S. Hopkins.

**Managing Editor:** Thomas J. Curry.

**Editorial Committee:** David S. Hopkins (chairman), Stanley W. Tuell, W. Ben Blackett.

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**MSPC Trustees:** Robert F. Kapela, Gordon R. Klatt, and Gilbert J. Roller, 1983; Richard E. Gilbert, Gregory A. Popich, and Alan D. Tice, 1984; Marlene Arthur.

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Deadline for the submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**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. (206) 223-0861. 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.

# Society News Briefs

*A summary of Medical Society and local medical news*

## WSMA House of Delegates Approves Programs to Assist Physicians

Delegates to the September WSMA annual meeting approved several innovative programs to assist physicians in maintaining successful practices in the 1980's and to promote quality health care services. Programs approved include:

### Helping Physicians Work With Hospitals —

WSMA agreed to participate in funding a pilot project to develop new medical staff organizations to determine the feasibility of such mechanisms and how they may help physicians and hospitals work together on a more equal basis.

The resolution establishing the program was sponsored by Dr. Lloyd Elmer, MSPC Past-President. The MSPC Board of Trustees has established a steering committee to develop a specific proposal for a joint program between Pierce County and the state association.

### Medical Practice Research Support Program —

A resolution sponsored by Dr. Bob Lane, MSPC President, directing WSMA to assist members by providing economic information on new practice developments and consultation services was unanimously approved. The intent is to help doctors make informed choices in the best interests of their patients and practice.

**AMA-GTE Telenet Service** — WSMA agreed to serve as a distributor for a new and innovative telecommunications system developed by the American Medical Association in conjunction with General Telephone. The system will enable physicians to access several data bases and an electronic mail service by using their own computer terminal in their home or office.

A variety of data bases are currently available including Empires (produced by Excerpta Medica) offering abstracts of clinical articles published in nearly 300 medical journals and Drug Information, based on the AMA Drug Evaluation, 5th edition, which contains evaluative information on the clinical use of over 1,500 individual drug preparations marketed under some 5,000 trade names.

Additional data bases are being planned. The system is an information — not hardware — service.

**Health Consumer Education** — a proposal calling for the WSMA to embark on a state-wide public education program to help patients make cost effective and care effective decisions and — at the same time — help create a positive image of physicians and reestablish with patients that the physician is the best individual to see for quality, cost effective care, was approved by the House at its final meeting. The program will run three years.

## Physician Answering Service Established

A new service, Pierce County Physicians Answering Service, has been established in response to physician answering and paging concerns. The service is endorsed by the Medical Society and its membership benefits corporation, MBI.

The new, physician dedicated service offers physicians:

- A responsive service with an advisory board of physicians.
- Motivated, trained employees dedicated to the special needs of physicians.
- "State of the art" answering service equipment.
- Paging services, including the new display and tone/vibrator pagers.

Pierce County Physicians Answering Service is intended to be service and price competitive. It will be operated by Puyallup Valley Answering Service. For additional information, contact Mr. Richard Hansen, 841-8151 or Linda Carras, MBI Director, 572-3709.

## MSPC Physicians Elected to WSMA Leadership Positions

The following Pierce County Physicians were elected to leadership positions within the Washington State Medical Association at the September WSMA annual meeting:

**Dr. Stanley W. Tuell** — reelected for a one year term as Speaker of the House of Delegates. Dr. Tuell has served as speaker since 1968.

**Dr. Ralph A. Johnson** — elected to a two year term as an AMA Alternate Delegate from Washington State. Dr. Johnson served as WSMA Vice President from 1980 until the September meeting.

**Dr. David S. Hopkins** — elected to a two year term as an AMA Delegate from Washington State. Dr. Hopkins has served as a delegate since 1981.

**Dr. Lloyd C. Elmer** — elected to another one year term as a member of the WSMA Board of Trustees. Dr. Elmer has served as a trustee since 1980.

**Dr. Robert G. Scherz** — elected to a one year term on the WSMA Board of Trustees.

## Dr. George Moosey Honored at WSMA Meeting

George A. Moosey, MD, of Tacoma was one of several physicians inducted into the WSMA Fifty Year Club at the September annual meeting. Dr. Moosey is a graduate of the Medical College of Virginia (Richmond). He is in general practice in downtown Tacoma.

*(continued on page 9)*

### “LABOUR OF LOVE . . .”



*I read the following article while in China for an intense two week People to People Goodwill Tour for health care leaders (that, for reasons unknown, I had the good fortune to have been a participant).*

*In a few words, the article, from the August 24 English Language Edition of the China Daily, describes by example the tremendous difficulties that the practitioners of western medicine were forced to endure during the Chinese cultural revolution and how the survivors have come back to continue their work.*

### Labour of Love is a Success After 10 Years of Trying

Wang Xiancai, a middle-aged doctor in Number 2 People's Hospital of Jiujiang City, Jiangxi Province, after 10 years of untold difficulties, completed translation into Chinese of the "Cecil-Loeb Textbook of Medicine" a world-famous work that is considered a standard medical reference book, Guangming Daily reports.

The Chinese version of more than four million characters is being published by the Inner Mongolia People's Publishing House. All 10 volumes will be available within three years. The fifth volume, devoted to the heart and circulatory systems, has been recently published, the paper says.

The 15th edition of the "Cecil-Loeb Textbook of Medicine" was published in the United States in 1982. Containing 2,357 pages, it was compiled by 237 noted scholars of the US, Great Britain, Canada and Australia. The first edition was published in 1927.

Wang Xiancai, while studying in the Shandong College of Medicine 30 years ago, wanted to translate the ninth edition into Chinese. But he was wrongly labeled a "rightist" in 1957. Then during the "cultural revolution," he was imprisoned for 12 years, accused of being a counter-revolutionary.

During imprisonment, he still worked as a doctor.

In the autumn of 1972, a friend gave him the 13th edition of the textbook, and he decided to try and translate it in the prison.

In the autumn of 1975, he finally finished. Soon afterward he was released from prison and returned to his hometown, Jiujiang City, where he became a doctor in a factory. Then he got the 14th edition of the textbook, revised and added it to his translation.

In the spring of 1976, he wrote to Huang Jiasi, president of China Academy of Medical Sciences, seeking help in getting it published. Huang encouraged him. But not until the downfall of the Gang of Four did he find a publisher. In 1980, Wang signed a contract with the Inner Mongolia People's Publishing House to bring out 10 volumes in three years.

As he was sending the manuscript to press, the 15th edition came out. Wang again revised his translation, working on it more than 14 hours a day.

"At a time when improvement of medical education is vital to realize the four modernizations, this book will be of great value," Professor Huang says in the book's preface.

Previous editions of the textbook have been translated in Japan, Italy, Yugoslavia, Poland, Portugal and Mexico. However, there are plans to publish translations of the 15th edition only in Italy and Mexico after China. As the first translator of the latest edition, Wang is receiving congratulations from international medical and publishing circles.

### Thanks . . .

*Thanks are due to Drs. Ferguson, Buchanan, Tucker, Hawkins and the audience for an excellent September general membership meeting. There is a rumor afoot that the Bureau is trying to make a deal with the Society and Dr. Hawkins to put on their annual membership meetings.*

St. Joseph Hospital  
and The Edwin C. Yoder Memorial Trust

Present

---

# THE EDWIN C. YODER MEMORIAL LECTURE

1983 Guest Lecturer



**Howard M. Temin, Ph.D.**

Nobel Prize winner and internationally recognized cancer researcher, **Howard M. Temin, Ph.D.**, a professor of oncology at the University of Wisconsin Medical School's McArdle Laboratory for Cancer Research, won the Nobel Prize for physiology or medicine (shared) in 1975. In addition, Dr. Temin currently holds positions as American Cancer Society Professor of Viral Oncology and Cell Biology, Harold P. Rusch Professor of Cancer Research, and Steenbock Professor of Biological Sciences. He is also the recipient of eight honorary doctoral degrees from university and medical schools throughout the United States.

## Friday, November 11, 1983

### Schedule

10:00 a.m. "Genetic Engineering with  
RNA Tumor Viruses"

1:00 p.m. "Normal Cell Genes  
into Oncogenes"

12:15 p.m. Complimentary  
Luncheon  
— Due to limited seating  
capacity, Admission by  
Ticket Only  
Tickets available by  
contacting the Medical  
Director's Office  
(591-6767)

### Location

Lagerquist Educational Center  
St. Joseph Hospital and Health Care Center  
Second Floor

### For Further Information

Call (206) 591-6767

# Pierce County Medical Library Services and Fee Update

(Please save for reference)

## Update on Library Charges for Computer Searches Through MEDLARS (National Library of Medicine Data Bases)

**MEDLINE** (author, title, source, abstracts as available)  
 1980 to Present  
 1977 to 1979  
 1975 to 1976  
 1971 to 1974  
 1966 to 1970

### HEALTH PLANNING AND ADMINISTRATION (1975 to present)

**CANCER EXPRESS** (a more selective current file of cancer related articles published during the most recent 4 months) — only available through December

**CANCERLIT** (cancer literature; 1973 to present. Cannot be limited to human or animal)

**CANCERPROJ** (current cancer research projects; 3 most recent fiscal years; updated every 3 months)

**CLINPROT** (description of clinical trials; updated every month)

**PDQ** (descriptions of active cancer protocols; updated every month)

**BIOETHICS** (1973 to present)

**HISTLINE** (History of Medicine; 1964 to present)

**POPLINE** (population; 1970 to present)

**CHEMLINE** (User is charged when this database is used in conjunction with another database)

**TOXICOLOGY DATA BANK** (chemical, pharmacological and toxicological data; 1978 to present)

**RTECS** Registry of Toxic Effects of Chemical Substances; 1976 to present)

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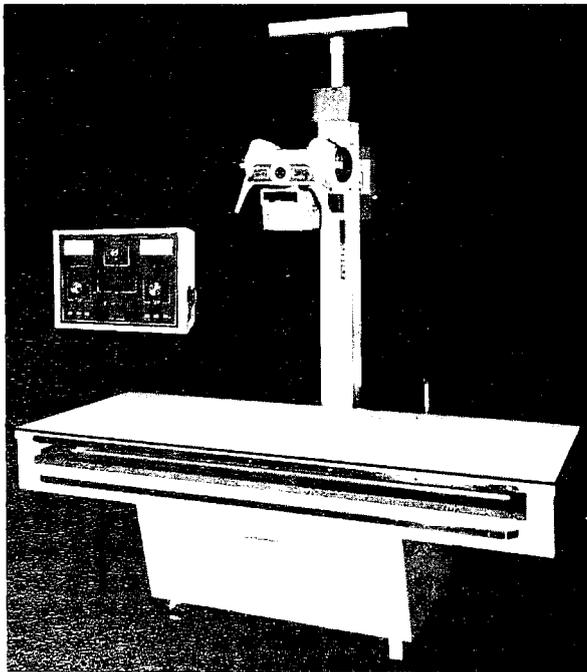
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# Society News Briefs

(continued from page 4)

## Mark Your Calendars! December Joint Meeting is on the Way

Tuesday, December 13 will be the date of the annual gala Medical Society-Auxiliary joint holiday dinner meeting. The meeting will begin at cocktails at 6:30 pm to be followed with dinner at 7:15 and a program at 8:30 p.m. Meeting details are being finalized and will be sent to all physicians and spouses in November.

*Mark your calendar for December 13 and share an evening of camaraderie and entertainment with your fellow Pierce County physician families.*

## Tacoma Selected as Site of 1987 WSMA annual meeting

Tacoma has been designated as the site of the 1987 WSMA Annual Meeting. A reference committee recommendation to hold the meeting in Tacoma was approved unanimously by the House of Delegates.

In 1984 the WSMA Annual Meeting will be held in Seattle (September 14 - 17). In 1985, the meeting will be held in Jantzen Beach and in 1986 in Spokane.

## Specialty Listings Stance Endorsed

The position taken by Pierce County regarding telephone yellow page listings of specialists was endorsed at the WSMA annual meeting with its approval of a resolution calling for the WSMA to support county medical societies in their efforts to make Pacific Northwest Bell responsive to local needs.

Pierce County has maintained a position that a combined specialty listing combining MD and DO specialists, with the MD or DO designation to follow each name as appropriate, is appropriate and reduces patient confusion. Pacific Northwest Bell has fought that position for several years and in 1983 its stance resulted in a legal action being brought by several MSPC members.

## Volunteers Needed

The Neighborhood Clinic is in need of physicians to work three hours in a free clinic setting, which treats patients with no medical insurance, coupons, or money to pay for medicine or doctor visits.

The clinic is run solely on a volunteer basis and is funded by donations from the community.

For more information, call, Gloria Hall, 272-5136 or 272-8708, or Kevin Kiley MD, 472-4350.

## Physicians Elected to Membership

Congratulations are extended to the following provisional members who were elected to membership in the Medical Society of Pierce County at the September Board of Trustees meeting:

Drs. Daniel J. Niebrugge, Pediatrics  
(Hematology/Oncology)

Jane A. Moore, Emergency Medicine  
Harold E. Boyd, Emergency Medicine  
Stephen F. Duncan, Family Practice  
Lisa C. Plymate, Internal Medicine  
Craig T. Romney, Internal Medicine  
Joseph D. Sueno, Physical  
Medicine/Rehabilitation

Thomas K. Jones, Pediatric Cardiology  
Andrew R. Levine, Diagnostic Radiology  
Richard N.E. Wohns, Neurosurgery

## Delayed Stress Syndrome Subject of November WPS Meeting

The Tacoma Chapter of the Washington Psychiatric Society will meet Monday, November 7, at the Lakewood Terrace Restaurant to hear a talk on the Delayed Stress Syndrome using "Frank A Vietnam Veteran" as a background. The talk will be presented by Dr. Keong-Chye Cheah and members of his staff at the V.A. Hospital. This is a video tape of the monologue of a Vietnam combat veteran recalling his experiences. The tape will be available for showing at 6:00 pm. Dinner is at 7:00 pm and the Scientific meeting will begin at 8:00 pm.

Anyone with a professional interest in the topic is invited to attend. If you wish to include dinner please call Dr. Guiterrez' answering service, 581-7173, by noon on Friday, November 4.

## Smoking, Drinking and Driving Get WSMA Attention

A proposal to establish a broadly based effort to undertake appropriate legislation and public education activities to address smoking was approved at the WSMA annual meeting. The resolution establishing the program, sponsored by Dr. Alan Ticc, called on the WSMA to take an active and visible public position in opposition to smoking and tobacco use.

Also approved was a resolution calling for the WSMA to increase its involvement with other community leaders in a more visible media-oriented campaign against drinking and driving.

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

Increasing incidence  
of ampicillin resistance in  
*Haemophilus influenzae*

AMPICILLIN RESISTANT  
*Haemophilus influenzae*

Haemophilus

S. pneumoniae

**Brief Summary** Consult the package literature for prescribing information.

**Indications and Usage** Ceclor<sup>®</sup> (ceclor) tablets indicate the treatment of choice for bacterial bronchitis caused by susceptible strains of the following organisms:

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Streptococcus pneumoniae*, *Streptococcus pneumoniae*, and *Streptococcus pneumoniae* (susceptible).

Appropriate culture and susceptibility studies should be performed to determine a diagnosis of the causative agent of infection.

**Contraindications** Ceclor is contraindicated in patients with known allergy in the cephalosporin group of antibiotics.

**Warnings** IN PENICILLIN SENSITIVE PATIENTS (CEPHALOSPORIN SENSITIVITY SHOULD BE CONSIDERED) CECLOR MAY BE USED AS AN ALTERNATIVE TO PENICILLIN. ADVERSE REACTIONS OF THE PENICILLIN AND THE CEPHALOSPORIN AND THEREFORE REACTIONS TO ANY CECLOR<sup>®</sup> TABLETS AND CAPSULES INCLUDING ANAPHYLACTIC TO MULTIPHASE REACTIONS.

**Precautions** Ceclor should be used with caution in patients with any patient who has demonstrated some form of allergy, particularly to drugs.

Patients with a history of allergic reactions to drugs should be given Ceclor with caution. In some patients, allergic reactions to drugs may occur. These reactions may include skin rashes, hives, and other allergic reactions. It is important to monitor the patient for signs of allergic reactions, especially in patients with a history of allergic reactions to drugs.

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**Some ampicillin-resistant strains of *Haemophilus influenzae*—a recognized complication of bacterial bronchitis\*—are sensitive to treatment with Ceclor.<sup>†</sup>**

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.<sup>†</sup>

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**cefactor**  
Pulvules<sup>®</sup>, 250 and 500 mg

near. The strain groupings are not known. Caution should be exercised when Ceclor<sup>®</sup> tablets are administered to nursing women.

**Adverse Reactions** Adverse effects have been reported in patients less than one month of age have not been established. Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea, nausea, and vomiting.

**Drug Interactions** Ceclor<sup>®</sup> tablets may appear either during or after antibiotic treatment. Nausea and vomiting have been reported.

**Other Adverse Reactions** Allergic reactions have been reported in about 3.5 percent of patients and include hives, skin rashes, and other allergic reactions. In some patients, allergic reactions to drugs may occur. These reactions may include skin rashes, hives, and other allergic reactions. It is important to monitor the patient for signs of allergic reactions, especially in patients with a history of allergic reactions to drugs.

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



300035

## Correspondence

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### On Nuclear Arms . . .

To the Editor:

From the first paragraphs of Dr. Gildenhar's open letter to Pierce County physicians, (August issue), I had the impression that Tacoma Physicians for Social Responsibility (PSR) was established to help to solve and appease the numerous problems of our modern society. As I continued, however, I discovered that it is another name for a nuclear arms limitation movement.

I do not want to question the good intentions of most of the members. What disturbs me are the people in the background who organize and manipulate the idealistic people.

We all fear the possibility of a nuclear war and would like to prevent it. Hopefully, we also are, and should be, interested in the welfare and survival of our country and western civilization. There is much talk and apparent willingness on the part of the Soviet government to negotiate the nuclear arms treaty. They would like us to stop producing our weapons and supplying western Europe with them. By the same token, they continue producing nuclear weapons of their own. Most of us in the west and most of their own people have very limited knowledge of the size of their arsenal. Only official statements are available. The main obstacle of the treaty are the controls. We are supposed to blindly trust a government which operates on the principle that a lie repeated often enough becomes a truth, which is able to practically hide a war in Afghanistan and for whom the end result justifies any means to get there. Organizations such as PSR are not permitted in the Soviet Union; there is no free press there.

Our government has been trying to negotiate nuclear arms limitation for a long time. The outcome hopefully will be a mutual compromise which will not endanger the defense of our republic. It must be hard for a native American to realize that there are countries where actions and decisions of the government are not influenced by the will of the people, governments to whom human life does not matter.

What I would like to ask Dr. Gildenhar is to make sure that there is not carefully hidden external influence using his group. Please do not forget that the intent of the Soviet government is to create internal discord in the United States and to undermine the credibility of our government at home and abroad. Then they will be able to take us over and I am sure that we will not like it at all.

We should all work together for a better society. We also owe an allegiance to the country which keeps us well and strives to preserve our freedom. I hope that someday somebody will offer a seminar on patriotism and will give us CME credit for it.

Sincerely,  
Myra S. Vozenilek, MD

*(continued on page 13)*

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# Correspondence

(continued from page 11)

## On Nuclear Arms (continued) . . .

To the Editor:

This letter is written in answer to "An Open Letter to Pierce County Physicians" written by Mark R. Gildenhar, MD, whose signature reads as follows: "Tacoma Physicians for Social Responsibility."

As one of the several Pierce County physicians who escaped from one of the countries behind the Iron Curtain, I feel I am eminently qualified to answer this letter. First of all, I protest strenuously against the organization calling itself "Physicians for Social Responsibility." I feel if these physicians had any social responsibility it would have to be global. It would have to apply to the thousands of gassed villages Afghanistan, to the millions of murdered Cambodians, to the millions of imprisoned Poles, Czechs, Hungarians, Bulgarians, Chinese, Vietnamese, Koreans, etc. A social responsibility would be to offer his considerable skills and services to these people who have been victimized by the brutal and relentless Soviet power.

Lenin contemptuously called the pacifists, such as Dr. Gildenhar, and I quote, "useful idiots." These people favor unilateral disarmament and are propagating the myths of peace. Myths are fairy tales that people make up about things they otherwise would not understand. They are living in a dream world in which problems between nations can be solved by unilaterally disarming. This delusion is a form of radiation sickness itself. If you look directly at an atomic blast you may go blind, apparently intellectual blindness can result from contemplating the nuclear weapons issue for too long.

We are presently witnessing on our television screen the unfolding of the technique of "Big Lie." It would be interesting to see on October 2, during the propaganda session for the so-called Social Responsibility, if the main speakers would be able to tell us how many of those meetings can be held openly in the Soviet Union, in Czechoslovakia, in Poland, in North Korea, in China, Vietnam, Cambodia, etc., etc., ad nauseum. Perhaps, they would be willing to book a flight on Korean Air lines to be able to participate in those meetings.

Yours very truly,  
Z. Joseph Vozenilek, MD

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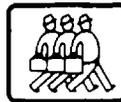
Three other tests have been improved and a new test for adolescents has been added.

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## Auxiliary Page

# HOLIDAYS AND AMA-ERF AROUND THE CORNER

Spooks and spirits, goblins and ghosts. Yes, we really know that Halloween is creeping around the corner, but is Christmas *REALLY* only two months away, and is the deadline for AMA-ERF Christmas Card donations *REALLY* November 1st, and is the Holiday Christmas Party for children of all ages *REALLY* December 2nd at University Place Presbyterian Church? Yes and whew!!

### November Meeting and New Policy

Friday, November 18, 1983, is the date of the next Auxiliary meeting at the home of Mrs. Phillip Grenley. This meeting will offer a provocative panel discussion exploring the variety of lifestyles and challenges open to today's physician's spouse. We all hope all Auxiliaries are receiving their postcard information from the Telephone Committee regarding each meeting.

Equally important as being responsible for calling in your own luncheon reservation is remembering to cancel your reservation. Cancellations are to be called to the hostess no later than 10 am the morning of the luncheon. There will now be a \$5.00 charge for those luncheon reservations not cancelled.

### Project Applications Due January 15

Applications for philanthropic project funds will be available December 1st from Finance Committee Chairman Marty Osborne. January 15, 1984 is the deadline for submission of applications.

### New Members Profiled

*Judit Huck* — a native of Pecs, Hungary, is the wife of Dr. Robert Huck, a pulmonary specialist and new associate of Dr. Harry Lawson. Judit is an RN specializing in neurointensive care nursing. she is the mother of a two year old boy and in her spare time she enjoys embroidery and skiing.

*Marie Lauritano Wohms* — the wife of neurosurgeon Dr. Richard Wohms and new associate of Tacoma Surgical Neurology, was reared in Japan and enjoys traveling, backpacking and climbing. She is a special education teacher and taught chronically and terminally ill children at Yale University Hospitals. She is the mother of a one year old boy who enjoys climbing into fireplaces and the mother of a four year old girl.

*Beverly Law* — the wife of general internist, Dr. David Law, is originally from Wenatchee but has lived in Germany for ten years and most recently lived in Massachusetts. She is the mother of four year old Hilary and six year old Tad. Beverly enjoys quilting, cooking and tennis. She is a former elementary school teacher.

— Janet Fry

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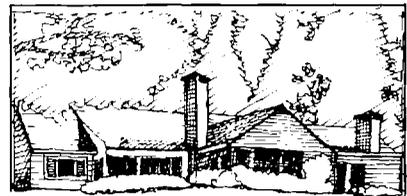
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In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has infor-

mation 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.



**Stanley D. Borish, MD, Emergency Medicine.** Born in Seattle, WA 10/5/49; Baylor College of Medicine, Houston, TX, 1975; internship, Providence Medical Center, Seattle, WA, 6/75-6/76; residency, Michigan State University, 7/77-7/79. Washington State license, 1976. Dr. Borish is practicing at Puget Sound Hospital.



**Robert L. Huck, MD, Pulmonary Disease/Internal Medicine.** Born in Richland, WA, 12/3/52; Washington University School of Medicine, St. Louis, MO, 1978; internship, Duke University Medical Center, Durham, NC, 7/78-7/79; residency, Duke University Medical Center, Durham, NC, 7/79-7/80; graduate training in allergy Critical Care & Respiratory Medicine, Duke University Medical Center, 7/80-7/83. Washington State license, 1983. Dr. Huck is practicing at Physicians Medical Center, 1624 South I Street, Tacoma.



**Cynthia Wilson, MD, Family Medicine.** Born in California, 6/8/54; Washington University School of Medicine, St. Louis, MO, 1980; internship, Tacoma Family Practice, 7/80-7/81; residency, Tacoma Family Practice, 7/80-7/83. Washington State License, 1981. Dr. Wilson is practicing at Allenmore Medical Center (B7005), Tacoma, WA.



**Richard B. Lyman, MD, Otolaryngology.** Born in Great Falls, Montana 5/27/38; Albany Medical College, Albany, NY, 1970; residency, Mary Hitchcock Memorial Hospital, Hanover, NH, 6/70-6/71; residency, Mary Hitchcock Memorial Hospital, Hanover, NH, 7/71-6/72 and U. of Minnesota Hospitals, Dept. of Otolaryngology, Minneapolis, MN, 7/72-6/76. Washington State license, pending. Dr. Lyman is practicing at Group Health Cooperative of Puget Sound.



**David E. Law, MD, Internal Medicine.** Born in Wenatchee, WA, 12/25/47; Freie Universitaet, West Germany, 1979; internship, Memorial Hospital, Worcester, MA, 7/80-6/81; residency, Memorial Hospital, Worcester, MA, 7/81-6/83. Washington State license, pending. Dr. Law is practicing at the Tacoma Medical Center, 1206 South 11th Street, Tacoma.



**Stanley M. Jackson, MD, Plastic Surgery.** Born in Bay City, TX 5/2/47; Louisiana State University School of Medicine, New Orleans, 1973; internship, Tripler Army Medical Center, Honolulu, Hawaii, 7/73-6/74; residency, Madigan Army Medical Center, Tacoma, WA (opology). 7/74-6/78; graduate training, Plastic Surgery, Walter Reed Army Medical Center, Washington, D.C., 7/80-6/82. Washington State License, 1976. Dr. Jackson is practicing at Madigan Army Medical Center.

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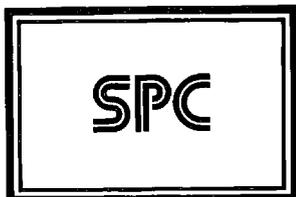
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# The Bulletin

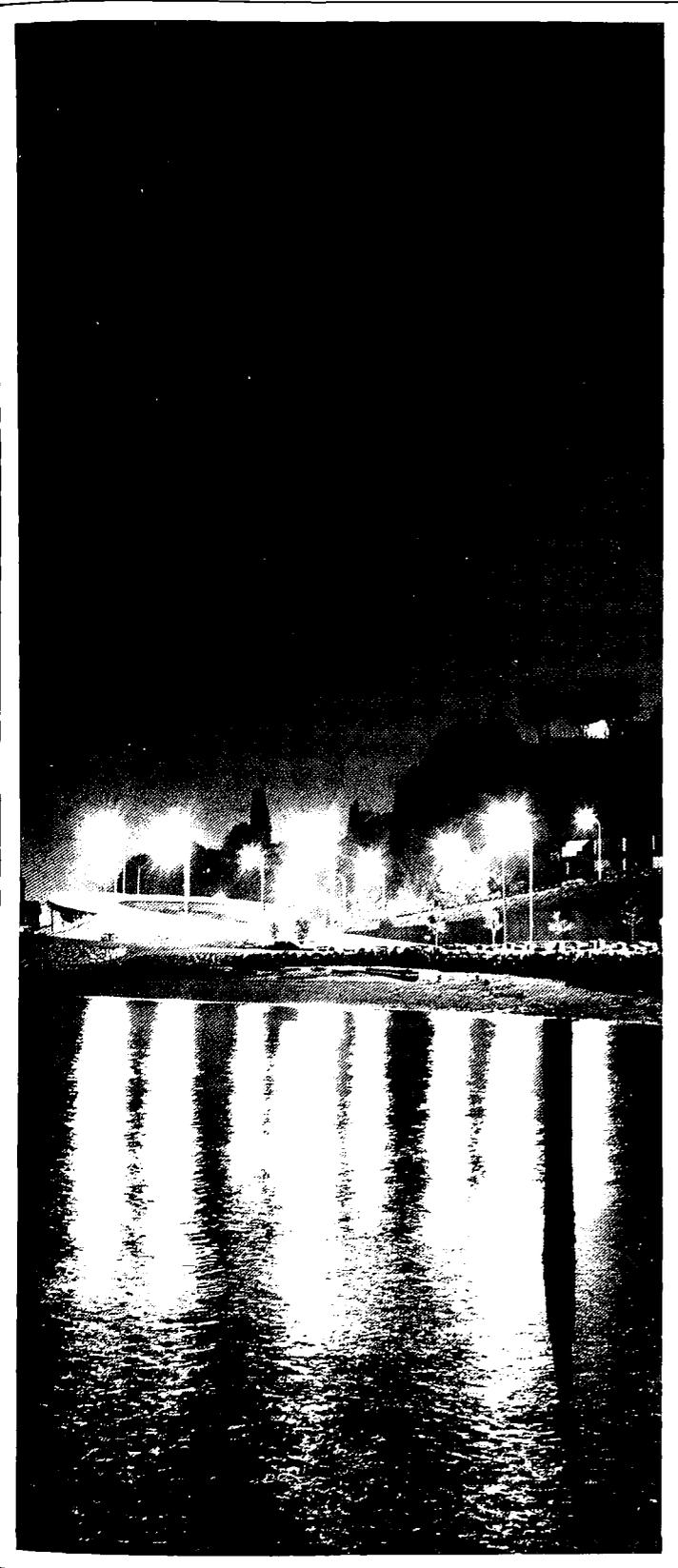
## MEDICAL SOCIETY OF PIERCE COUNTY

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Guidelines for  
Practice . . .  
see page 8

November, 1983



*Chuster Parkway on a wintry night. Photo by Marcel Malden, MD*

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# **The Bulletin** *The official publication of the Medical Society of Pierce County*

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Medical Society-Auxiliary dinner meeting

**Editor:** David S. Hopkins

**Managing Editor:** Thomas J. Curry

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Deadline for submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**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 Val Dumond, Advertising Resources, 2607 Bridgeport Way W., Tacoma, WA 98406 (206) 564-7882.

# Society News Briefs

## A Summary of Medical Society and local medical news

### Gala Holiday Meeting, December 13

The Tacoma Dome Convention Center will be the site of the annual joint Medical Society - Auxiliary dinner meeting on Tuesday, December 13. The announcement of MSPC election results, inauguration of 1984 Medical Society officers and trustees, and a raffle to help the Auxiliary Student Recognition Award Program will highlight the evening.

Also featured will be an after dinner talk by Charles W. Bodemer, Ph.D., chairman of the Department of Biomedical History, University of Washington School of Medicine.

No host cocktails will begin at 6:30 P.M. A prime rib dinner will follow at 7:15 P.M. and the program at 8:30 P.M.

See page 21 for a reservation form. *Wednesday, December 7* is the deadline for making your reservation for a memorable evening.

### Society Elections Underway

"These are qualified candidates, concerned with the issues and willing to work on our behalf," is how MSPC President Dr. Bob Lane introduced the 1984 candidates for Medical Society officer and trustee positions in the traditional November 1 Nominating Committee report to the membership.

Candidates for elective Society office are:

President-Elect: . . . . . *Richard G. Bowe*  
*Guus W. C. Bischoff*

Vice President: . . . . . *Richard Hawkins*  
*Arthur M. Smith*

Secretary-Treasurer: . . . . . *Richard A. Hoffmeister*  
*Henry F. Retailliau*

Board of Trustees  
(three openings) . . . . . *C. Stevens Hammer*  
*Laurence A. Larson*  
*John H. McGowen*  
*James K. Symonds*  
*Ronald G. Taylor*  
*Myra S. Vozenilek*

Ballots have been mailed to all active and honorary members. They must be returned to the

Society office no later than Friday, December 9, to be tabulated.

Election results will be announced at the December 13 Joint Medical Society - Auxiliary Dinner.

### COME Course Updates Common Office Procedures

A special course for physicians detailing the latest in common office procedures will be held on Wednesday, November 30.

Topics to be covered include:

- Local Anesthesia
- Small Excisions and Management of the Clean Wound
- Management of Soft Tissue Infections
- Common Hand Problems
- Lower Extremity Problems
- Outpatient Burn Treatment
- Office Dermatology
- Office Gynecology
- Office ENT Procedures
- Office Ophthalmology
- Anorectal Procedures
- Office Urology and Vasectomy

The program will begin at 8:20 A.M. and run through 5:15 P.M. at St. Joseph's Hospital. Eight hours of Category I credit will be provided.

Tuition is \$70.00 for Medical Society members; \$85.00 for non-members. Program coordinator is Gordon R. Klatt, MD.

For further information, call the College of Medical Education, 627-7137.

### 1984 Medical Society Budget Approved at November Board Meeting

A 1984 budget specifying a .67% increase in expenditures and a 3.6% increase in income has been approved by the Board of Trustees. The budget projects a \$3,059 drawdown on Society reserves and incorporates a \$30.00 per active member dues increase.

## AN OPPORTUNITY TO GIVE THANKS



This is the time of year for us to give thanks. For me, it is an opportunity to make such an expression on behalf of myself and our membership to all our committees, their chairmen and our trustees and officers for their labors this past year.

In addition this year, presidents of the specialty societies and, more recently, hospital staffs in the county, have attended Board of Trustees meetings and have made valuable contributions for which we owe them a debt of gratitude. I hesitate to try to list all their names because it would be long and I fear that I might overlook someone.

Many of us do not realize the special contributions that the Pierce County Auxilliary makes and their work, particularly in regard to the Tel-Med health information service, AMA-ERE, organ donations, and public relations. They are the outstanding medical auxiliary of the state.

Our thanks also go to Linda Carras for her membership benefits, Ms. VonBruck for the medical library, Maxine Bailey for the COME programs, and to the rest of the staff for their support.

Your officers express their thanks to the general membership for your excellent attendance and participation in our programs and meetings this year. In talking to officers of other medical societies scattered around the country, we find that few enjoy such support.

Finally, and I am expressing the feelings of all the aforementioned, our special thanks are extended to Tom Curry. Those of us who have had the opportunity to work with Tom are very grateful to have had such a fine, dedicated, competent individual directing our Society.

Tom is leaving to become the new director of public affairs for the Washington State Medical Association and to staff its state-wide public education program. We can be assured that he will make it successful and, as such, he will still be working for us.

Thank you, Tom, it has been a privilege and our very best wishes go to you and your lovely family. I know there is a lot out there for you.

—REL

Citing the need for the increase, the Executive Committee noted that Society dues, last increased in 1979, are comparable to other county societies of like size in the region, and are necessary to maintain minimally adequate reserves for unforeseen contingencies. Year-end 1984 reserves are projected at 15.2% of the Society's basic operating expense.

Slightly more than \$60.00 of the dues is allocated to Medical Library support; \$14.68 is earmarked for the College of Medical Education and the remainder for other programs and services.

## Computers in Private Practice Course Set for January 18

Should you use a computer in your office? Which computer is right for your office?

These and other vital computer and medical practice questions will be answered during a one-day workshop, on Wednesday, January 18, sponsored by the Medical Society, MBI and the College of Medical Education. The workshop will be presented by the Department of Practice Management of the American Medical Association.

The workshop will include:

- Lease vs. Purchase
- Criteria for Selection
- Legal Consideration/Ensuring Confidentiality
- Installation and Implementation
- Future Implications

Location and tuition had not been finalized as the November Bulletin went to press. For further information, call the College of Medical Education, 627-7137.

## Tired of Garbled, Missed Messages?

Are high answering service prices and poor service upsetting your practice and affecting your patient care? The solution to your answering and paging service concerns has been found—with the establishment of Pierce County Physicians Answering Service (PAS).

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PAS is service and price competitive. For

additional information on how this new service can assist your practice, call Richard Hansen, president of PAS, 841-8151, or Linda Carras, director of MBI at the Medical Society office, 572-3709. PAS is a new service of Puyallup Valley Answering Service.

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## Continuing Education Programs for November, 1983-May, 1984

*(Programming is subject to change—individual notices will be sent preceding each program)*

<b>Date</b>	<b>Course/Topic</b>	<b>Coordinator(s)</b>
November 30	<b>Common Office Problems (P)</b> <b>The Discharge Process (AH)</b>	G. Klatt, MD
December 2/3	<b>Pediatric Advanced Life Support (AH)</b>	R. Scherz, MD
January 18/19	<b>Team Building/You, The Telephone Manager</b>	AMA
18	<b>The Computer In Medicine (P)</b>	MSPC/MBI/COME
21	<b>The Law &amp; Medicine (P)</b>	D. Pearson, MD
26	<b>Ethical Issues (AH)</b> <b>Endocrinology (P)</b> <b>Medicine and Law (L)</b>	P. Keely, RD K.D. McCowen, MD
February	<b>Acute Medicine (P)</b> <b>Advanced Trauma Life Support (P)</b> <b>Hyperalimentation (P) (AH)</b> <b>The Accountability &amp; Responsibility of the Ward Clerk (AH)</b> <b>Burn Conference (P) (AH)</b>	T. Apa, MD T. Kendrick, MD L. Pelham, RPh D. Absher, RN B. McDonald, RN
March 9/10	<b>Critical Care Conference (P) (AH)</b> <b>Neurology for the Non-Neurologist (P) (AH)</b> <b>Image (GP)</b>	B. Ruben, RN/B. Weled, MD J. Griffith, MD K. Jordan, RD
April 5/6	<b>Tacoma Academy of Internal Medicine (P)</b>	H. Retailiau, MD
12/14	<b>Pediatric Advanced Life Support (AH)</b>	R. Scherz, MD
27/28	<b>Tacoma Surgical Club (P)</b>	W. Martin, MD
28	<b>Days of Pediatrics (P) (AH)</b>	R. Scherz, MD
May 9/10	<b>Cardiology (P) (AH)</b>	G. Strait, MD

*Dates are subject to change-Notification of each program will be mailed. Please contact the College of Medical Education office if you intend to register and have not received individual promotion.*

For further information write or call: Maxine Bailey, Executive Director, COLLEGE OF MEDICAL EDUCATION  
705 South 9th, No. 203, Tacoma, Washington 98405  
Phone: (206) 627-7157

# GUIDELINES FOR MEDICAL PRACTICE ESTABLISHED

*The Medical Society's Board of Trustees has approved a statement of Ethical Guidelines for the Practice of Medicine in Pierce County, drafted by the Ethics/Standards of Practice Committee.*

*Our objective in submitting the guidelines to the Board and general membership is to provide some basic guideposts as we practice medicine in a challenging and changing environment. They are offered as a hoped-for catalyst for discussion and self-examination of the ethical foundation of our profession and how our ethics relate to the practice environment we all must deal with in the 1980s.*

*Many of the points contained in the guidelines reflect discussions held at our 1982 general membership meetings which were well attended and received by the membership. Other points have been added by the committee during its deliberations in recent months.*

*The guidelines are intended to reflect our local concerns. They are not "cast in stone" and may well be subject to future revisions as time and circumstances dictate. Your comments and suggestions are welcomed.*

*-Gilbert J. Roller, MD,  
Chairman, Ethics/Standards of  
Practice Committee*

As stated in the preamble to the Principles of Medical Ethics established by the American Medical Association (AMA), the medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility, not only to patients, but also to society, to other health professionals, and to self.

The following guidelines for the practice of medicine in Pierce County are based on reports and opinions of the AMA and Washington State Medical Association (WSMA) Judicial Councils, as well as the Principles of Medical Ethics. In some instances they have been rephrased, with emphasis added, to reflect local concerns.

They are not meant to supplant opinions defined by the WSMA or AMA. They are offered as standards of conduct which address issues of particular interest in Pierce County in the 1980s, and they are intended to be applicable to all physicians and surgeons, regardless of their practice setting, since ethical concerns affect all who enter the profession of medicine. For the sake of brevity, pronouns of masculine gender apply to both male and female physicians. Your comments and suggestions for future revisions of these guidelines are welcomed.

### **Advertising versus Solicitation**

The Principles of Medical Ethics and Washington State law regarding unprofessional practice as it relates to advertising are intended to discourage abusive practices that exploit patients, the public and interfere with freedom in making an informed choice of physicians.

Advertising per se is not unethical. Advertising means the action of making information or intention known to the public.

Solicitation means the attempt to obtain patients by persuasion or influence, using statements or claims that contain testimonials, are intended or likely to create inflated or unjustified expectations of favorable results, are self-laudatory and imply that the physician has skills superior to other physicians engaged in his field or specialty of practice, imply that his standard of care is superior, or contain incorrect facts or representations or implications that are likely to cause the average person to misunderstand or be deceived.

Solicitation is unethical.

### **Call Coverage**

Access to a patient's physician is not to be compromised. Call coverage must be arranged so that patients, clinics, hospitals, and emergency rooms can readily locate physicians or their covering colleagues. Call coverage should be similar in scope; that is, it should represent a level of care consistent with that provided by the patient's physician. Freestanding clinics should provide call coverage during the hours they are not open.

## Communication

When more than one physician has been involved in the care of a given patient, each involved physician should carefully communicate to each of the other involved physicians information available to him which may affect understanding of the patient's condition and care. Transmittal of information is with permission of the patient.

## Competition

Ethical medical practice thrives best under free market conditions when prospective patients have adequate information and opportunity to choose freely among competing physicians in alternate systems of medical care.

## Emergency Care

When emergency care is provided by a physician or source other than the patient's primary care physician, records of this care should be provided to the primary care physician if the patient desires. The physician or provider of care should ask the patient if he desires that his records be so provided. In all cases, the provision of care under urgent or emergency circumstances should be performed in a manner that respects and supports the concept of continuity of care, and the patient's relationship with his primary physician.

## Fees

Fee-splitting in any form is unethical behavior and is not to be tolerated. Fees charged by physicians should not be excessive when compared with charges by similar physicians in the area, in the state, and in the region for similar services.

## Freestanding Clinics

Freestanding "convenience care" or "urgent care" clinics are not an unethical practice of medicine, provided the physicians associated with such clinics adhere to the Principles of Medical Ethics and Standards of Care as established by the Medical Society of Pierce County, Washington, the State Medical Association and American Medical Association, and the current opinions of the Judicial Councils of the AMA and WSMA.

The ethical principles actuating and governing a group or clinic are the same as those applying to the individual. As a group or clinic, each of the individual physicians, each of whom may be an employer, employee or partner, is still bound by the Principles of Medical Ethics. The establishment of a business or professional organization does not relieve them either individually or as a group from the obligation they assume when entering the profession.

## Medical Records

Physicians should honor all requests for a person who is or has been a patient, and the requests of a medical representative of that patient, under appropriate written authorization, to inspect his medical record, and to receive a copy thereof for a reasonable fee. Such access should be withheld only in those cases where prohibited by law, or where, for psychiatric or other medical reasons in the judgment of the patient's attending physician, such release would be detrimental to the patient. Under these conditions, access should be granted pursuant to an order of the court.

It is unethical for a physician who formerly treated a patient, to refuse for any reason to make his records of that patient promptly available on request to another physician presently treating the patient.

It is unethical to withhold transfer of medical records or provision of a copy of medical records for medical care purposes because of an unpaid bill for medical services.

## Physician Conflict and Standards of Care

A question regarding a physician's standards of care should be referred to an appropriately empowered committee of the Medical Society of Pierce County or hospital medical staff committee for final review. When actual or potential conflict between physicians arises, verbal communication, as an initial attempt to resolve the conflict is preferred to written communications.

## Physician-Physician Relations

The need for assistance at a surgical procedure should ordinarily be determined by the physician in charge of the surgical procedure. If medically indicated, pre and postoperative care of the patient undergoing a surgical procedure should include the services of the primary care physician. The sharing of responsibility in this area requires communication between the primary and consulting physicians.

## Physician's Professional Obligations to the Community

Physicians should recognize the responsibilities of participating in activities to promote an improved community. Physicians should volunteer services on a regular and continuing basis to the Medical Society and other medical organizations, provided they are members and should work to maintain organizations responsive to the needs of the profession and community.

## Physician Responsibility

Each physician has the responsibility to provide care, to the best of his ability, for the problems of all patients accepted into his practice. This includes arranging for a consultation to provide or assist in the care of those problems which are outside the scope of his practice or in which satisfactory progress of diagnosis or treatment is in doubt. Any consultation should be coordinated with the primary physician.

## Restraint of Trade

Restraint of trade is unethical and illegal. Nothing in these guidelines is intended to imply restraint of trade.

## The Right to Optimal Care

All patients should have available to them a primary physician or source of care. Willingness to see all patients without regard to their ability to pay is encouraged and is in keeping with the highest ethical principles of the practice of medicine. Care provided by the primary physician should

emphasize continuity, including appropriate follow-up of all conditions under treatment and a systematic program of preventive care according to standards accepted by the profession locally. Primary care should also be comprehensive, addressing all aspects of the patient's physical, mental and emotional health in an appropriate manner.

## Transfer of Care

Whenever a patient transfers his medical care from one physician or provider of care to another, the physician or provider from whom care is transferred should readily provide relevant medical information to the new physician or provider of care. A reasonable charge related to supplies and copying time may be made.

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## Secretary-Treasurer's Report

# 1984 MEDICAL SOCIETY BUDGET REFLECTS DYNAMIC, GROWING ORGANIZATION

The challenge to organized medicine in the 1980s is to be relevant to the needs of practicing physicians. Over the recent past our county Medical Society has focused with success its energies on programs and activities directly related to our concerns.

A 1984 budget that reflects our priorities has been approved by the Board of Trustees. The budget projects:

- *Total Expenditures of \$186,849*—a .67% increase over projected 1983 expenditures of \$185,613.
- *Income of \$183,790*—a 3.6% increase over the 1983 projected income of \$177,307.
- *A year-end 1984 reserve level of \$21,670*—equal to 15.2% of our basic operating expense.
- *A \$30.00 (11.7%) increase* in membership dues.

The budget reflects an effort to consolidate many activities undertaken in recent years while not preventing future program and activity development to meet our changing needs.

### **About the Dues . . .**

Dues for active membership will be \$285 in 1984, a 11.7% increase. Dues were last increased in 1979. That last increase, by the way, was just 6.5%. Of the total dues, \$60.39 is allocated to the Pierce County Medical Library, a widely used resource in our community; \$14.68 will go to our fine College of Medical Education, also a significant practice resource and \$2.60 is allocated to support Membership Benefits, Inc. (MBI is our service arm; more about that later.)

Our dues are comparable to those of other county societies of our size in this region. We are getting a significant "bang for the buck".

### **Membership Benefits/The Library . . .**

\$44,814 of our 1984 budget will go to support the Medical Library, College of Medical Education and MBI.

Library support is budgeted at \$34,844. We are obligated to pay 40% of the library's net operating expense under the terms of the agreement

negotiated with the Pierce County Hospital Council, which, in 1974, set up our library system.

It is worth noting that the 1984 per physician library contribution in Spokane will be no less than \$80, and possibly \$100, and in central Washington it will be \$100 per physician.

### **The College of Medical Education . . .**

Support for the College of Medical Education has been set at \$8,470, a significant reduction from 1983. Under the terms of the agreement we have with the Pierce County Hospital Council, the Society funds 55% of the College's net operating expense (after all course revenue is applied) and hospitals fund 45%.

The charge to the COME Board of Directors over the past several years has been to expand the organization's ability to sustain itself through course offerings. Much progress has been made in increasing course related revenue. Our continued support through attending the courses will be needed in the future.

### **Membership Benefits Inc. . . .**

MBI is our tangible benefits corporation. Through it we operate our Medical-Dental Placement Service. We also do much more, providing on-site visits to physician's offices to assist in whatever way might be appropriate to their special practice needs, providing organizational audits when requested, and providing managing consultant services through our endorsed consultant, Management Resources.

Through MBI we also provide an endorsed collection service for physicians and the newly created Pierce County Physicians Answering Service.

Physicians Answering Service (PAS) was established in September. It follows many months of study by the Medical Society's ad hoc Answering/Paging Service Study Committee and the MBI Board of Directors concerning the problems we have encountered with other answering and paging services in Pierce County. It is physician dedicated.

PAS is one more example of the type of relevant, practice oriented service the Society is offering

*Continued on page 12*

physicians to assist in building and maintaining viable medical practices during a very challenging period.

### **In Addition . . .**

Other features of the budget include six general membership meetings in 1984. The meetings held in 1983 have been well received by physicians and the issues discussed have related directly to our new practice environment.

The 1984 meetings include the February joint meeting with Madigan Army Medical Center, regular general membership meetings in March, April, May, September and November, and the annual joint Holiday dinner meeting with the Auxiliary in December.

No major capital equipment acquisitions are projected in 1984. This year, the Society computerized much of its operations and is just now beginning to realize the operational efficiencies computerization offers.

### **Reserves**

In December of 1979 our reserves were just \$12,962, equivalent to 15.32% of the basic operating expense at that time. Operating under a policy that sets a goal of having reserves equal to 15-20% of the basic operating budget, the Board has approved budgets over the past five years that have allowed us to build our reserves to a projected \$24,729.

This has been achieved through solid administration, aggressive management of our limited resources and an increasing membership as physicians have appreciated the responsiveness of their organization and its efforts to work on our behalf.

While the 1984 budget projects a possible \$3,059.00 reduction in reserves, the Board felt this would be tolerable and would still leave reserves at the minimum level of 15.2% of the basic operating budget.

### **State Dues . . .**

Washington State Medical Association dues in 1984 will be \$298, up from \$225 this year. Of the increase, \$50 is earmarked for the special public education program enthusiastically approved by the House of Delegates at its September meeting.

The additional \$23 will cover increased costs and new programs approved by the delegates. As is the case with our county society, WSMA dues have not been increased for four years.

*Juan F. Cordova, MD*  
Secretary-Treasurer



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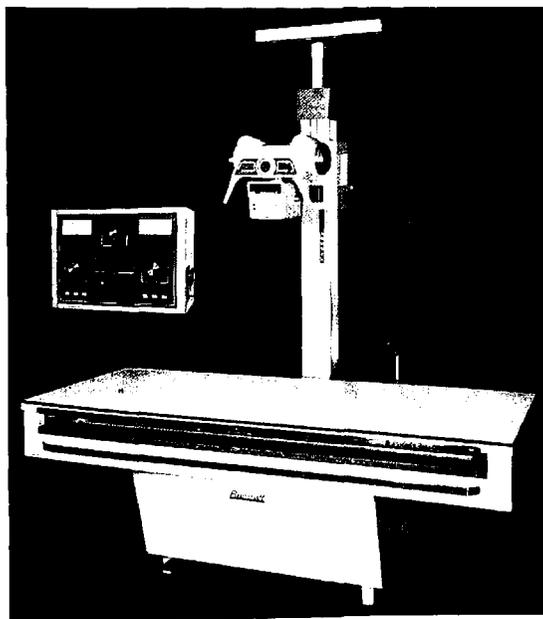
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***Eleanor E. Giffin, M.D., Chief Medical Consultant, or  
John E. Peters, Professional Relations Manager,  
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## **AUXILIARY: AN ACTIVE, VIABLE ORGANIZATION**

As we give thanks for our blessings this Thanksgiving of 1983, Pierce County Medical Auxilians can also be thankful for being a part of an active, viable organization, one which assists in the programs of the Medical Society, which promotes health education and which encourages participation of volunteers in activities that meet health needs.

### **Children's Holiday Party, December 2**

The Children's Holiday Party, chaired by Carol Annest, will be held at University Place Presbyterian Church, Friday, December 2, from 4:00-5:30 P.M. Singing, crafts, "goodies" and a visit from Santa will highlight this annual event.

Please bring a wrapped and labeled gift to be given to a needy child at Christmas. Also, please bring two dozen cookies or treats to share; in addition, the craft projects will require plastic lids such as those found on cottage cheese or sour cream cartons. Everyone is being asked to contribute lids.

### **RSVP for the Joint Dinner Today**

Our annual Holiday (Joint) Dinner with the Medical Society of Pierce County is being chaired this year by Trudy Klatt. The Holiday Dinner will be held Tuesday, December 13, at the Tacoma Dome Convention Center, not at the Bicentennial Pavilion as previously reported. Please remember to bring a wrapped and labeled gift to be given to a woman at the Women's Shelter for Christmas. This is always a special evening we share with our spouses, so try to attend.

### **We Need Your Help . . .**

Our Volunteer Resource Committee, chaired by Phyllis Pierce, strongly urges you to fill out the volunteer information sheets, made available to you at each meeting. There is no obligation

for any project—you will not be put on a master list, and your name will not be sent to catalogues throughout the country. This is a demographic study. We want to know who are our members—what are we? What special skills do we possess? Your cooperation would be greatly appreciated.

### **Car Seat and Handicapped Awareness**

The Pierce County Health Department is seeking volunteers to help with a program to inspect and loan children's car seats to those families who are unable to buy them. Contact Phyllis Pierce for further information.

Kris White is still seeking volunteers for our Handicapped Awareness Program. Contact Kris if you have a gift for teaching and loving small children.

### **In Addition . . .**

Thanks again to our very prompt members who have already sent their dues of \$38.50 to Shirley Murphy. Won't the rest of you drop your check into the mail today?

Sharon Lawson reports that the annual WSMA convention held in Seattle in September was filled with stimulating and informative programs. A few highlights of this convention were:

- The AMA Auxiliary has developed a Professional Skills Development program that will allow auxiliarians to continuously build a career portfolio by comprising a record of volunteer commitments.
- Representatives of the Kidney Foundation, the Eye Bank, and the Skin Bank stressed the continuing tremendous need for all types of donors.
- The Dean of the Medical School at the University of Washington accepted the Washington State AMA-ERF contribution of \$26,000.

- Recognition of Pierce County representatives on the WSMA Board: Cindy Anderson, Southwest Regional Vice President; Jo Roller, By-Laws; Marlene Arthur, Organ Donation Committee Chairman; and Nancy Spangler, Personal Problems Committee Chairman.

The October meeting of the Medical Society Auxiliary at the home of Mary Lou Jones was a huge success. Attendance was high; the Oriental lunch was superb; and Dr. Norman Heimgartner was both entertaining and informative with his slides of China. Thanks to everyone who helped to make our meeting a memorable one.

Our thanks also to Mr. Tom Curry, Director of the Medical Society, who took time out of his busy schedule to attend our meeting and to be introduced to the membership.

*Janet Fry*



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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.



**Douglas H. Blumenthal, MD, Diagnostic Radiology.** Born in Los Angeles, CA, 7/28/52; Northwestern University Medical School, Chicago, IL, 1978; internship, Northwestern University Medical Center, 7/78-12/78; residency, Northwestern University Medical Center, 1/79-6/82; graduate training, University of Washington, 7/82-6/83. Washington State license, 1982. Dr. Blumenthal is practicing at 3402 South 18th Street, Tacoma.



**Kevin C. Elliott, MD, Internal Medicine.** Born in Roswell, NM, 12/1/53; University of Pennsylvania, Philadelphia, 1980; internship, University of Oregon, 6/80-6/81; residency, University of Oregon, 6/81-6/83. Washington State license, 1983. Dr. Elliott is practicing at Eastside Health Clinic, Tacoma.



**Valencía A. Elliott, MD, Internal Medicine.** Born at Scott AFB, IL, 5/14/54; University of Pennsylvania, 1980; internship, University of Oregon, 6/80-6/81; residency, University of Oregon, 6/81-6/83. Washington State license, 1983. Dr. Elliott is practicing at Lakewood Clinic, Lakewood.



**James D. Fitz, MD, Internal Medicine.** Born in Minneapolis, MN, 9/3/50. University of California, 1976; internship, Walter Reed Army Medical Center, 7/77-6/79. Washington State license, 1983. Dr. Fitz is practicing at 124 Tacoma Avenue South, Tacoma.



**Mark M. Hayden, MD, Emergency Medicine.** Born in Oregon, 11/20/47. University of Washington, 1974; internship, San Bernardino County Medical Center, San Bernardino, CA, 7/74-7/75; residency, San Bernardino County Medical Center, 7/75-7/77. Washington State license, 1977.

Dr. Hayden is practicing at Tacoma General Hospital.



**Brett M. Rath, MD, Family Practice.** Born in Portland, OR, 8/25/54. University of Oregon, 1980; internship, Kern Medical Center, Bakersfield, CA, 6/80-6/81; residency, Kern Medical Center, 6/81-6/83. Washington State license pending. Dr. Rath is practicing at 3716 Pacific Avenue, Tacoma.



**John R. Van Buskirk, DO, Family Practice.** Born in Los Angeles, CA, 2/21/56. College of Osteopathic Medicine of the Pacific, Pomona, CA, 1982; internship, (rotating), Botsford General Hospital, Farmington Hills, MI, 7/82-6/83. Washington State license, 1983. Dr. Van Buskirk is practicing at 2209 East 32nd Street, Tacoma.

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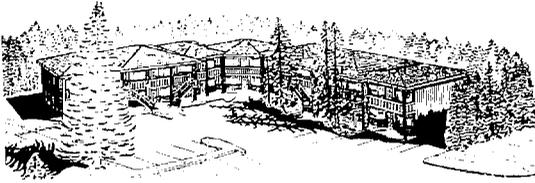
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*Gary Alyn R.E.*

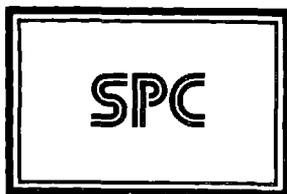


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-----

*Cocktails (no host) 6:30 p.m.*

*Prime Rib Dinner 7:15 p.m.*

*Program 8:30 p.m.*

\$19.00 per person, \$38.00 per couple

(Price includes wine, tax, gratuities)

**Special Auxiliary Request:**

*Please bring a wrapped gift suitable to be given to one of the women at Tacoma's Women's Support Shelter (an Auxiliary project). Label gift as to contents. Suggested items: stationery and stamps, pocketbooks, cosmetics, toilet items.*

**Also:**

*A raffle will be held to benefit the Student Recognition Program. Prizes: A box of fine wine and a set of woven placemats. Tickets: 6 for \$5.00. Tickets will be available at the cocktail hour.*

Please complete the attached reservation form and mail it, with a check for the appropriate amount, to the Medical Society office. Or call the Society, 572-3667, to confirm your reservation.

**Reservations are requested by Wednesday, December 7, 1983**

---

**1983 Medical Society/Medical Auxiliary Annual Joint Dinner Meeting**

I (we) have set aside the evening of December 13, 1983, to join members of the Medical Society of Pierce County and Pierce County Medical Auxiliary at their Annual Joint Dinner Meeting and Installation of Officers.

Please reserve \_\_\_\_\_ dinner(s) at \$19.00 per person/\$38.00 per couple.

Wine, tax and gratuity included. Enclosed is my check for \$\_\_\_\_\_

Dr. \_\_\_\_\_  
(please print)

Please make check payable to Medical Society of Pierce County

*Return to the Society by Wednesday, December 7, 1983*



# MSPC Membership Benefits, Inc.

Medical - Dental Placement Service

November 15, 1983

Dear Colleague:

I am very pleased to announce that the Medical Society and our membership benefits corporation, MBI, have reached an agreement to establish a new answering service exclusively for physicians. The new service is called Pierce County Physicians Answering Services (PAS). It will be operated by Mr. Richard Hansen, of Puyallup, owner of Valley Answering Service.

We wholeheartedly recommend Physicians Answering Service (PAS) to you. Using PAS offers you these benefits:

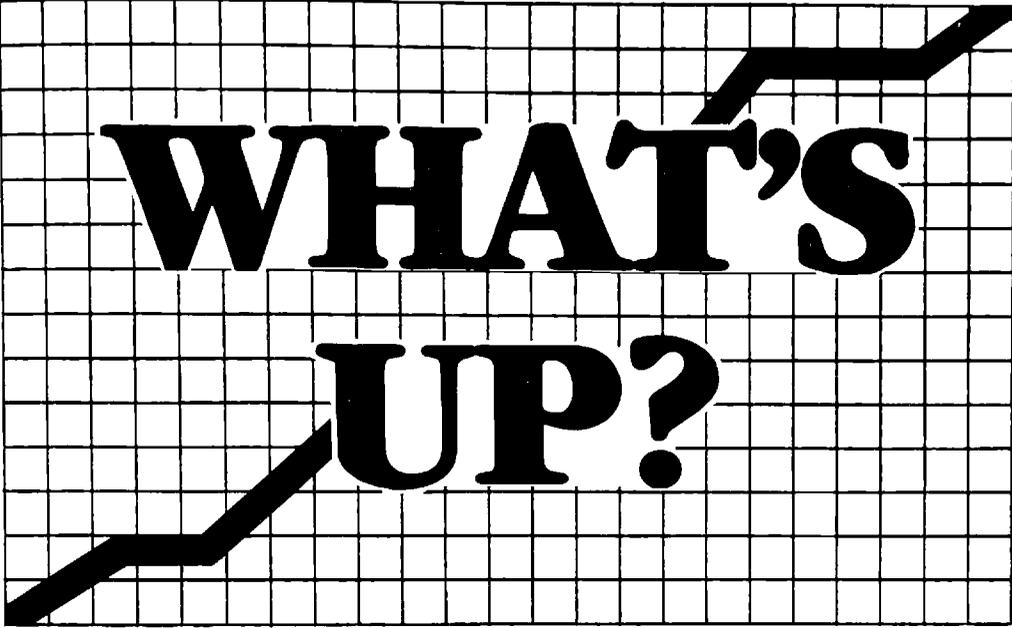
- *A physician responsive service with an advisory board comprised of your colleagues.*
- *Highly motivated and trained employees dedicated to meeting our special needs.*
- *State of the art answering service equipment.*
- *Paging services and equipment are also available, with the new display and tone/vibrator pagers.*
- *A service and price competitive alternative to existing answering and paging services.*

If you are tired of garbled or missed messages, poorly followed instructions and the expense of your existing service, call Pierce County Physicians Answering Service, Mr. Richard Hansen, 841-8151, or Linda Carras, Director of MBI, 572-3709. Either Richard or Linda can give you the details of the new service.

Establishment of Physicians Answering Service follows many months of study on our behalf by a special Ad Hoc Answering/Paging Service Study Committee and the Board of MBI. We concluded the best solution to the answering and paging service problems many of us have experienced over the years would be the establishment of this new answering service. We urge you to use PAS.

Sincerely,

Dale L. Hirz, M.D., President  
MBI Board of Directors



# WHAT'S UP?

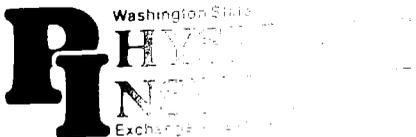
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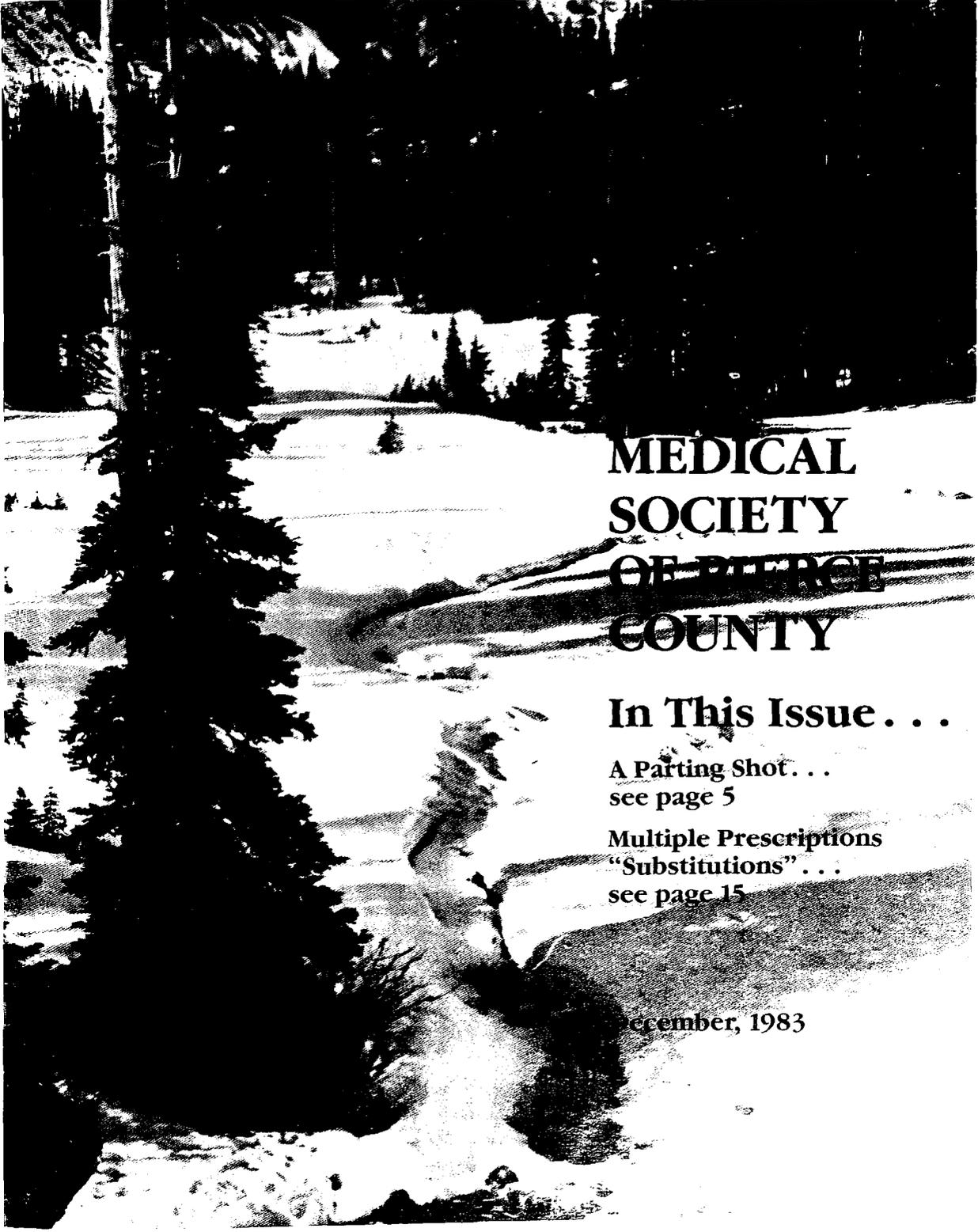
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# The Bulletin



## MEDICAL SOCIETY OF PIERCE COUNTY

### In This Issue . . .

A Parting Shot . . .  
see page 5

Multiple Prescriptions  
"Substitutions" . . .  
see page 15

December, 1983

# DRS. SMITH, JONES AND BROWN EACH NEED A DIFFERENT AUTOMATED ACCOUNTING SYSTEM. THEY ALL NEED POORMAN-DOUGLAS.

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**DR. SMITH AND THE SERVICE CENTER.** Paperwork was taking too much time from Dr. Smith's family practice.

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# **The Bulletin** *The official publication of the Medical Society of Pierce County*

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**Editor:** David S. Hopkins

**Managing Editor:** Thomas J. Curry

**Editorial Committee:** David S. Hopkins (chairman), Stanley W. Tuell, W. Ben Blackett.

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Deadline for submission of copy is the 25th of the month preceding the month of publication. However, final determination of publication date will be made by *The Bulletin*. *The Bulletin* reserves the right to edit all reader contributions for brevity, clarity and length, as well as to reject any material submitted.

**Published Monthly** by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405. Telephone: (206) 572-3600. 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 Val Dumond, Advertising Resources, 2607 Bridgeport Way W., Tacoma, WA 98406 (206) 564-7882.

## Summary of Medical Society and local community news

### Society Takes Public Stand on Smelter Arsenic Issue

Medical Society President Dr. Robert Lane was among the community leaders who presented testimony at the November EPA hearings on the Asarco Smelter issue. In noting the lack of

conclusive evidence linking cancer rates with arsenic levels around the smelter, Dr. Lane said, "The smelter should bear the major burden of proof that the emissions are not seriously jeopardizing the health of local residents."

The Society's statement follows:

#### Statement:

#### Health Effects of Arsenic and the Tacoma Smelter

*A special committee of the Medical Society of Pierce County has reviewed the available scientific evidence on the health effects from exposure to arsenic, specifically in relation to the Tacoma ASARCO Smelter.*

*It is clear that arsenic causes an increased level of lung cancer in smelter workers. There is also good evidence of other adverse health effects from arsenic in these workers.*

*The health effects of arsenic from the smelter on this community cannot be answered as clearly. Although blood and urine samples of arsenic from children near the smelter have been found to be much higher than samples from children far away from the smelter, the Ruston children show no signs of illness at this time. In spite of the fact that emissions of arsenic from the smelter stack have been markedly decreased over the past ten years, the urinary level of arsenic in children has remained about the same. The degree of correlation of cancer and other disease rates with arsenic levels around the smelter has not been conclusively defined and more investigation is needed.*

*The situation should be considered analogous to health problems encountered with asbestos, smoking and radiation exposure where the resultant ill effects were not conclusively determined until after a long latent period. Since a known carcinogen (arsenic) is being emitted, the smelter should bear the major burden of proof that the emissions are not seriously jeopardizing the health of local residents.*

*In addition, we recommend that the Environmental Protection Agency adopt a clearly safe community standard for the airborne emission of arsenic based on the occupational ambient air standards already set by the Occupational Safety and Health Administration (OSHA). This standard should be considerably less than the occupational standard because community exposure is 24 hours a day (rather than an 8 hour work day). A level of one microgram per cubic meter ( $\text{mcg}/\text{m}^3$ ) should provide a margin of safety for the community. We offer these recommendations in order to protect the health of the population we serve.*

Approved, Board of Trustees, 9/6/83.

### Law and Medicine Seminar, January 12

The annual Law and Medicine Symposium, co-sponsored by the Medical Society and Pierce County Bar Association, will be held on Saturday, January 21. Issues to be covered include:

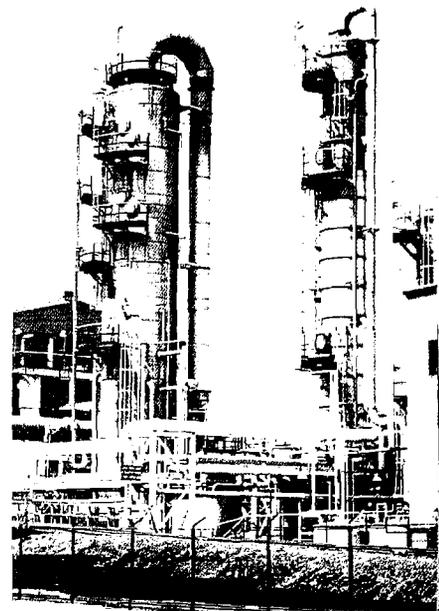
"Important Facts About You, Your Employees and the Law";

"Changes in the Tax Laws Regarding Professional Corporations"; and,

"Failure to Diagnose (long-range legal ramifications)."

Program coordinator is Don C. Pearson, MD, LLB. For further information or registration, call the College of Medical Education, 627-7137.

*Continued on page 8*



## A PARTING SHOT



At this time last year, after many hours of study, a group of dedicated Medical Society members and others completed standards for establishing a designated trauma center in Pierce County. The need for an immediately available trained team of doctors, nurses and paramedics in a properly equipped and centrally located setting to give the best care to people with severe multi-system trauma was apparent, and the closest trauma center is Harborview in Seattle.

Such multi-system trauma cases are not frequent. Dr. Kenton Bodily, in a paper published on the issue in the April, 1982 *Bulletin*, estimated that perhaps there would be one patient per day fitting the criteria of having multi-system injury and being hemodynamically unstable. There would be even fewer pediatric patients who would fit the criteria. It is just for this reason that only a single facility should be designated, in order to develop and maintain a good working team.

The entire Medical Society was polled in November, 1982, for its opinion and preference, if any, for such a facility. The results were: 87.0 percent felt that a trauma center should be designated; 50.3 percent felt Pierce County should have one designated trauma center; 54.1 percent felt St. Joseph Hospital should be the designated trauma center; and, 72.5 percent felt multi-system pediatric trauma should be integrated into the total EMS trauma system. Specialty societies we met with also expressed the same positions, but more strongly.

When the Board of Trustees considered the results of the membership survey and meetings with specialty societies, it felt it

appropriate to recommend that the EMS Council proceed with trauma center development and adopt the standards as proposed. The Board also expressed a position, again reflecting the results of the survey, that a single trauma center be designated and that it be St. Joseph Hospital.

Word of this action was barely out when we heard that another hospital intended to go its own way regardless. Subsequent events have seemed to substantiate this course.

The Southwest Washington Pediatric Society has now issued a report urging that all pediatric trauma should go to Mary Bridge Hospital and has stated that an immediately available trauma team to take care of all pediatric trauma is being established—the rationale being that these individuals cannot be properly stabilized in a central trauma center and then transferred to the pediatric hospital. They

define their patients as from newborn to age 18, or older under certain circumstances.

I find it difficult not to believe that the impetus for this idea came from some hospital administrator and on down the chain of full-time hospital based physicians and then the Pediatric Society.

It is time that this entire medical community work together to establish one really good trauma center. We must forget turf, false pretenses and petty pride.

There will be problems, but they can be solved rather than ending up with two or three "so called" trauma centers that would add up to just what we have now. Otherwise, the multiple system severely injured child or adult had better go right up to Harborview—and we can all remain second class.

—REL

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# THE DOOR IS OPEN

By the time this is published, Pat Duffy will be undertaking one of his first duties as Medical Society President—making committee assignments for 1984. In doing so, he will try to formulate committees that are balanced between hold-overs to give continuity and new members to bring in new ideas and opinions.

Pat will know that there are some of you who want to become involved but are waiting to be asked. Unfortunately, this is really most difficult as time is always short and, except in a few instances, it is difficult to determine those who are a bit bashful, but have a lot to contribute.

My purpose, then, is to appeal to you to please let Pat know your interests. It would be a simple thing to complete the form below and send it to Pat in care of the Medical Society.

The various committees are listed on page 3 of the *Bulletin*. The first, Budget/Finance, is basically handled by the secretary-treasurer. The College of Medical Education Board and CME Committee always needs our input. Their members constantly deal with financial problems and are particularly interested in the selection of new courses and getting them to the members. I guess the proper word for this is marketing, but I hate to use that term.

Emergency Medical Standards is a most active committee and as you are all aware its members have put in long hours organizing the new local EMS Agency, improving EMS services and medical control, and addressing the trauma center issue. As you are no doubt aware, there are many parties who want to be on this committee that have

“turf” to protect. Hopefully, the majority will maintain their chief interest in providing the best for the people in Pierce County and keep turf considerations secondary.

The Ethics/Standards of Practice Committee has spent many hours this year formulating guidelines dealing with present day trends. Along with all this, it has had more than the usual number of problems to deal with. This important work takes time, but is interesting and also can be very rewarding.

The Grievance Committee is pretty well established with good specialty representation and I think the idea is to not let the past presidents off the hook too soon, so they have to handle these problems.

Dr. Judd has chaired the Interprofessional Committee for many years and has done an admirable job, and we hope he will continue. Someday, however, he is going to get tired and I'm sure he would like to have some help coming aboard.

The Public Health/School Health Committee has been extremely active under Dr. Torgenrud, covering everything from school health issues to water quality, the smelter, etc. The scope of their work is extensive and should be of great interest to many of our members.

We have an excellent medical library. This has not come about in a happenstance way, but has developed over a period of years. The library has obtained excellent support from the hospitals and the Society. Here again, there are chronic financial concerns as well as very interesting future developments, particularly in making effective use of computers for searches (and a potential involvement with the AMA-GTE Telnet program).

The Medical-Legal Committee has been somewhat limited in membership in the past and deserves broadening. Its purposes are to establish better understanding and rapport

*Dr. Duffy:*

*I am interested in serving on the following Medical Society committees (list in order of preference. See page three for list of current committees):*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*I am particularly interested in the issue of*

\_\_\_\_\_  
Dr. \_\_\_\_\_ / \_\_\_\_\_  
(specialty)

*Mail to Dr. Pat Duffy, MSPC President, Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405.*

between the medical and legal professions locally and to help prevent and solve problems between the two professions. We need stronger medical representation on this committee.

Lastly, our membership benefits corporation (MBI) is involved in a number of service projects for members, the latest of which is the new answering service.

Space does not permit me to

review each of our many boards and committees and I hope those who have not been mentioned will not be offended. Consider the committees listed on page 3 and let Pat know your interests. I know he will be happy to pass your input along for future assignment if your interest cannot be met immediately. The door to your involvement is open; we urge you to walk through.

We can be very proud of our Medical Society. Our success has been due to the work of committee members and their input to the Board of Trustees and on up to WSMA.

It has been a privilege to have been involved and I have appreciated the opportunity. Thank you.

Happy Holidays—Drive Carefully.

—REL

### Specialty (Pediatrics Preferred)

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## With This Issue We Welcome . . .

A "new" *Bulletin* with a modern, new design for ease of readership and improved article presentation. The Medical Society's monthly *Bulletin* and annual *Directory for Pierce County Physicians and Surgeons* (the "working" directory) are now being produced locally under contract with Mary Kay Tipton, communications and graphic arts consultant and owner of MK Tipton Communications Services, and Val Dumond, advertising sales representative.

"The new arrangement promises improved publications with expanded editorial coverage and local advertising representation," said MSPC Executive Director Tom Curry in announcing the change.

Dr. David Hopkins remains as editor. The Medical Society executive director serves as managing editor. Letters and other copy submitted for publication should be sent to the Society office. Advertising sales and other publication matters are handled through Membership Benefits Inc., the Society's benefits corporation. For advertising rates and information call Advertising Sales Representative Val Dumond, 564-7882.

### Volunteer Physician Needed

Fire District No. 10 (Fife/Milton) is seeking to establish an ALS (advanced life support) defibrillator program. State regulations require that an ALS provider must have a supervising physician. Physicians interested in assisting Fire District No. 10 are urged to contact Chief Miller, 922-8424.

The job of supervising physician entails monthly meetings with personnel, completion of minimum reporting requirements, and membership on the Medical Society's Emergency Medical Standards Committee. For additional information, contact Mr. David Vance, EMS Division Administrator, Tacoma-Pierce County Health Department, 593-4530.

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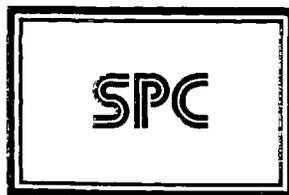
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# An added complication... in the treatment of bacterial bronchitis\*



#### Brief Summary:

Consult the package literature for prescribing information. **Indications and Usage:** Ceclor® (cefactor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms: Upper respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (*Streptococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceclor.

**Contraindications:** Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN SENSITIVE PATIENTS, CEPHALOPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARIAL CROSS ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Ceclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

**Precautions:** If an allergic reaction to ceclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of ceclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential if superinfection occurs during therapy. Appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics in hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs tests of newborns whose mothers have received cephalosporin antibiotics before parturition. It should be recognized that a positive Coombs test may be due to the drug.

Ceclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Ceclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinette® tablets but not with Tes-Tape® (Glucose Oxidase Test Strip, USP, Lilly).

**Usage in Pregnancy:** Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in fetuses given three times 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 fetus.

**Usage in Lactancy:** Safety of this product for use in infants less than one month of age has not been established.

**Adverse Reactions:** Adverse effects considered related to ceclor therapy are uncommon and are listed below. Gastrointestinal symptoms occur in about 25 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 50).

As with other broad-spectrum antibiotics, colitis, including rare instances of pseudomembranous colitis, has been reported in conjunction with therapy with Ceclor.

## Some ampicillin-resistant strains of *Haemophilus influenzae*—a recognized complication of bacterial bronchitis\*—are sensitive to treatment with Ceclor.<sup>1,2</sup>

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.<sup>3</sup>

Hypersensitivity reactions have been reported in about 1-5 percent of patients and include morbilliform eruptions, 1 in 100; Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients. Cases of serum sickness-like reactions (systemic lupus erythematosus or the above said manifestations) accompanied by anaphylaxis, anaphylactoid and frequently fever have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Ceclor.<sup>4</sup> Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the symptoms.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy. Other effects considered related to therapy, included eosinophilia, 1 in 50 patients, and genital pruritus or vaginitis, less than 1 in 100 patients.

**Causal Relationship Uncertain:** Transitory abnormalities in clinical laboratory test results have been reported. Although their site of occurrence etiology, they are listed below to serve as alerting information for the physician.

**Mean:**—Slight elevations in SGOT, SGPT or alkaline phosphatase values, 1 in 40.

**Hematologic:**—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children, 1 in 40.

**Renal:**—Slight elevations in BUN or serum creatinine, less than 1 in 200 or abnormal analysis, less than 1 in 200.

\*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.<sup>5</sup>

Note: Ceclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Ceclor is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

#### References

1. Antimicrob. Agents Chemother., 6:91, 1975.
2. Antimicrob. Agents Chemother., 11:410, 1977.
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8. Principles and Practice of Infectious Diseases, edited by G. Mandell, R. G. Douglas, Jr. and J. E. Bennett, p. 467. New York: John Wiley & Sons, 1979.

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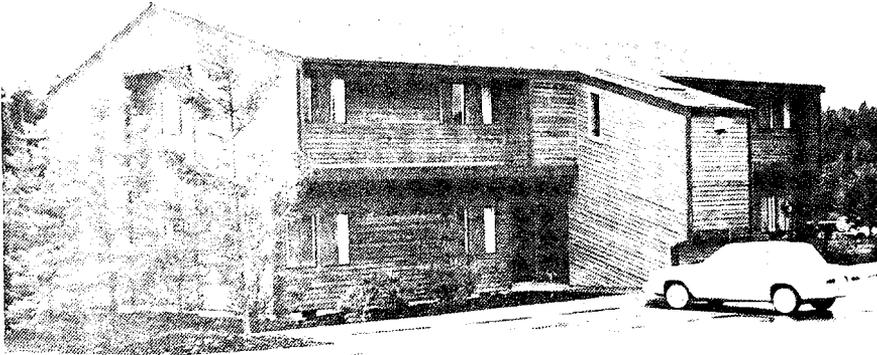
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## Correspondence

# NUCLEAR ARMS AND PSR

To the Editor:

I want to respond to letters that appeared in the October issue by Drs. Myra and Joseph Vozenilek. I was surprised to see them printed, not so much because they take issue with Dr. Gildenhar's letter, but because they show so much mis-information about Physicians for Social Responsibility and of the arms limitation movements in this country.

They hint of all the evil forces behind these movements that are trying to manipulate the people that oppose something as insane as the arms race, so much so that it borders on paranoia. Perhaps it is because Dr. J. Vozenilek comes from an eastern European country that he feels so persecuted. I happen to come from a Latin country and in many ways feel oppression more from the United States than from the Soviet Union. As you see, all is relative.

Fortunately, we both would agree that in America we prize freedom and that because of that we have been able to preserve that freedom. It is dissent that has allowed our country to continue to be free. In a democracy all sides must be listened to and all sides have a right to a forum. I am glad there are a lot of people like Dr. Gildenhar who are not afraid to express their concerns and, in this case, in such an eloquent manner. I agree with Dr. Gildenhar that the more threatening and devastating threat that faces us is the arms race. If continued unabated, there is no way that we can avoid a thermonuclear holocaust.

I want also to comment on Dr. J. Vozenilek's use of "useful idiots." A lot of people would think PSR advocates bilateral and not

unilateral disarmament. The pacifism that is opposition to war is cherished by lots of sensible people who see no alternatives at this time. I agree with Lenin that, yes, pacifists might be "useful idiots", but there are other kinds of people and other kinds of idiots. Those who advocate war—perhaps those are the "useful idiots." In this world of idiots, then, there would be only two types, the useful ones and the useless ones.

Thank you.

*Ovidio Penaltver, MD*

To the Editor:

I called the offices of both Joseph and Myra Vozenilek to thank them for their letters in regard to Physicians for Social Responsibility. I also hypothesized that the letters would avail them naught but gluteal trauma. I'd be interested to know the number of letters you receive, pro and con the Vozenileks.

For those who don't know, the Vozenileks speak from pragmatism and personal experience in opposition to ivory tower, intellectual idealism (possibly directed by covert sedition).

*Continued on page 10*

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# IMPORTANT DATES AND FUTURE PROGRAMS

'Twas the night before Christmas and all through Pierce County, everyone who had worked with Tom Curry was saddened to hear of his resignation as Executive Director of the Medical Society. We thank you for your direction, guidance and support, Tom, and wish you great success in your new position with the Washington State Medical Association.

Still looking for stocking stuffers? PCMA cookbooks are available for only \$4.00 per set. Call Shirley Murphy to obtain your copy(s). Thanks are extended to all physicians and spouses who contributed to the AMA-ERF Holiday Card. Once again, Pierce County medical families showed exceptional generosity.

January 19, 1984, is Legislative Day in Olympia. This is a day for all of us to meet our senators and representatives. Check the January postcard for further information.

### Special Interest Group Coffees

January 20 will be the date of the special interest group coffees to be held at five different homes and featuring five distinct programs. You decide which is your special interest. A postcard reminder will be sent with the appropriate number to call with your reservation.

The following programs will be offered:

- The Art of Calligraphy* at the home of Mrs. Harry Lawson.
- The Woman Runner* at the home of Mrs. Stephen Anest
- CPR/First Aid Brush-Up* at the home of Mrs. James Crowley.
- Antiques: Hunting and Appraising* at the home of Mrs. Robert McLees.
- Floral Arrangements From Your Garden* at the home of Mrs. Robert Burt

### Auxiliary Auction

Circle Saturday, April 7, as the date of the next Pierce County Medical Auxiliary Auction to be held at Charles Wright Academy (upper school commons). You will be contacted by phone in January for donations. A light buffet supper will be available. Donations of home-made items, tennis or other lessons, catered cocktail parties, and the use of a mountain or beach cabin for a weekend are examples of past donations made by Auxilians.

### November Meeting

Attendance was high, brunch was divine, and the panel discussion on "So What's a Doctor's Wife to Do?" at the November meeting was oh so insightful and reflective. The meeting was held at the home of Mrs. Philip Grenley. Thanks are extended to all who participated.

On behalf of PCMA we wish you a Merry Christmas; we wish you a Happy Hanukkah; we wish you happy holidays; and, we wish you would send your dues to Shirley Murphy.

Janet Fry

### Leadership Confluence

Leadership confluence is a stimulating and informative experience. At this three day conference Auxilians participated in a variety of seminars and listened to many speakers. Seminars covered such areas as time management, communicating orally, long and short range planning and legislative how-to's.

Ideas for county health projects were presented. Project ideas included: Establishing family centers to promote effective parenting; preventing drunk

driving; preventing drug abuse; and, continuing immunization programs. Nationally recognized speakers provided additional information on current medical issues and volunteerism.

Leadership Confluence promotes an informed enthusiasm which helps AMA Auxiliary leaders do a better job. Thank you, Pierce County, for the opportunity to participate in this learning experience.

Sharon Lawson

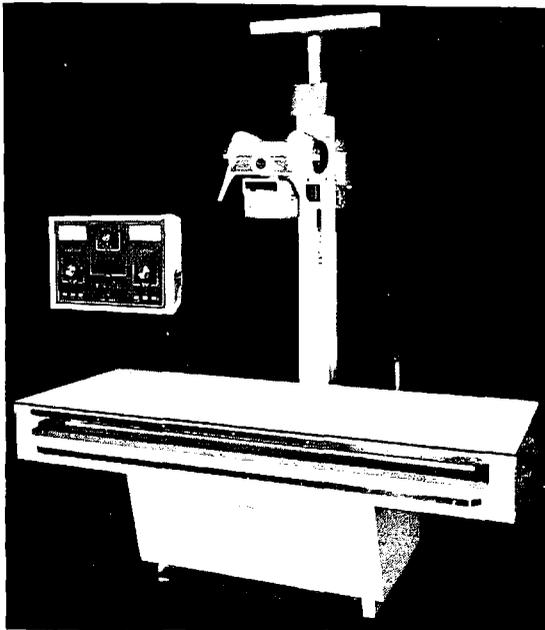
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John E. Peters, Professional Relations Manager,  
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Olympia, WA 98504

# 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.



**Michael G. Blackburn, MD,**  
*Internal Medicine.* Born in Galveston, Texas, 1/6/47; Rush University, Chicago, IL, 1980

internship, Sacred Heart Medical Center, Spokane, WA, 6/80-6/81; residency, Sacred Heart Medical Center, Spokane, WA, 6/81-6/83. Washington State license, 1981. Dr. Blackburn is practicing at 331 South Meridian, Puyallup.



**Patrick D. Tisdale, MD,**  
*Pediatrics and Hypnotherapy.* Born in North Carolina, 8/17/29; Georgetown Medical School,

Washington, D.C., 1958; internship, Tripler Army Hospital, Honolulu, 7/58-6/59; residency, Tripler Army Hospital, Honolulu, 9/59-8/61; graduate training, Walter Reed Army Hospital, Washington, D.C., 8/65-6/66. Washington State license, 1982. Dr. Tisdale is practicing at Cedar Medical Center, Tacoma.



**Alvin J. Wright, MD,**  
*Family Practice.* Born in North Platte, NB, 10/22/48; University of Kansas School of Medicine, 1975;

internship, Madigan Army Medical Center, Tacoma, 7/75-6/76; residency, MAMC, Tacoma, 7/76-7/78. Washington State license, 1976. Dr. Wright is practicing at 1112 Cushman, Tacoma.



**Richard M. Olivier, MD,**  
*Internal Medicine.* Born in New Orleans, LA, 12/21/47; LSU Medical Center, 1974;

internship, Naval Hospital, Oakland, CA, 7/74-7/75; residency, Naval Hospital Oakland, CA, 7/75-7/78. Washington State license, 1979. Dr. Olivier is practicing at Group Health Specialty Clinic, Tacoma.



**Louis A. Roser, MD,**  
*Orthopedics.* Born in Salt Lake City, UT, 11/20/38; University of Utah, 1965; internship,

Emmanuel Hospital, Portland, OR, 7/65-6/66; residency, general surgery, Emmanuel Hospital, Portland, OR, 7/66-6/67; orthopedic residency, University of Washington, Seattle, 7/67-6/71. Washington State license, 1967. Dr. Roser is practicing at 6610 Klein Road, Olympia.

*Gary Allyn R.E.*



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## Dominate Interprofessional Committee Discussions

# MULTIPLE PRESCRIPTIONS, "SUBSTITUTIONS"



Your Interprofessional Committee held its Fall meeting in October. All 14 members were there at the crack of dawn including physicians, dentists, pharmacists, a podiatrist and registered nurse practitioner.

Our lively discussion opened with the problem of the patient taking multiple drugs. One pharmacist revealed that he had become concerned when he found an elderly lady taking no less than 20 different drugs and wanting refills on all of them. His suspicion particularly heightened when he found a number of drugs duplicated by others, and a few incompatibilities in addition.

Some patients apparently have a tendency to keep refilling and taking old prescriptions after new replacements have been added. Different ways of preventing this problem were suggested: having the physician mark "d.c." previous prescription when ordering a new one; having the druggist check his profiles to see what the patient is on and what would be logical refills; having the patient bring in all medicines currently being taken, as is done by the Veterans Administration at each appointment the patient has (and NOT, REPEAT NOT, in a pillbox where the patient shows you the little white pill, the big yellow pill, the green capsule and so on and you are supposed to recognize each one!). This is a very dangerous practice and the whole box deserves to be thrown into the waste can.

Did you know that if you are stopped by the authorities at an automobile accident, for example, and you have unlabeled pills in your possession you may be cited for illegal possession of drugs? Also, if you write a prescription requiring

a drug to be taken, let's say, t.i.d., for three days, then one daily, when it comes time for a refill give the patient a new prescription so he will not start taking the medicine three times a day for three days again. Digoxin could be an example.

Some new regulations affecting pharmacists and stemming from the State Board of Pharmacy include an update of the pharmacists' profiles. The pharmacist must now put into the profile on every patient any known drug allergies that patient might have. Thus, they have to ask the patient, and we all can visualize what that means in some cases. The only exception is if the patient is a transient from another city or state and just "passing through".

DSHS likewise demands that the provider number of the physician writing or phoning the prescription must be on the prescription before it will be honored by the agency. So many new doctors have come to Tacoma and Pierce County that the pharmacists are having a hard time finding these numbers for each one and, in fact, are finding it almost impossible to locate some of the physicians to ascertain their number (and indeed, if they even have one). I hate to admit it, but I didn't know

mine, either!

Judy, our committee's registered Nurse Practitioner, reported that an effort is being made to permit the Nurse Practitioner to dispense previously packaged drugs, especially when and where no hospital pharmacy is open or perhaps does not exist and no drug store is open.

A last item of business was a discussion of "substitutions." Remember, we must now sign our prescription blank at one of two places for "substitutions." A substitution is, for example, the dispensing of a generic EQUIVALENT of a drug prescribed but NOT another drug that might be used for a similar medical condition.

In the case of DSHS prescriptions, the pharmacist can only dispense the generic if one exists. Of course, if a generic equivalent does not exist, dispense the named brand. The dispensing of an entirely different drug is strictly illegal.

How can we know when a generic drug is really equivalent and safe to use? Well, here is where we must rely on the integrity of the pharmacist who has access to information such as the

*Continued on page 18*

HAROLD A.

**ALLEN**

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## Correspondence Continued

I think it is impossible to contemplate nuclear warfare without nausea and white knuckles, but the easiest way to suffer it would be resistance to Soviet domination without weapon parity.

Every conflict since World War I should be an object lesson, but somehow, each generation seems to beg for its own masochistic bruises.

The Vozenileks are trying to tell you that, "Yes, war is Hell", but the inability to conduct defensive war leads to "worse than Hell", *i.e.*, the Holocaust.

Sincerely,  
*David F. Dye, MD*

To the Editor:

Many doctors were stunned by the depth of feeling expressed in the letters of the Vozenileks. We, who welcomed them to the freedom and opportunities of Tacoma, share their fear and abhorrence of communism. Joe's practice, in an atmosphere of happiness and hope with new beginnings, may have caused him to forget that people can endure and find satisfaction in every society. But Myra's expertise must have alerted her to the serious consequences that follow a nuclear explosion.

Physicians for Social Responsibility can't address all social evils. Its aim is to stop the endless race in nuclear armament and to prevent its use. Doctors, occupied with aiding and saving life, face a hopeless task if nuclear war occurs. A physician describes the Hiroshima scene:

"Patients who could not walk urinated and defecated where they lay. Those who could walk would feel their way to the exits, and relieve themselves there. Persons entering or leaving the hospital could not avoid stepping in the filth, so closely was it spread. The front

entrance became covered with feces overnight, and nothing could be done, for there were no bed pans, and, even if there had been, no one to carry them to the patients. Disposing of the dead was a minor problem, but to clean the rooms and corridors of urine, feces, and vomitus was impossible."

This event in the Christian Center of Japan should never be repeated either in America or the Soviet Union. PSR speaks out for a better way to solve international differences.

Sincerely,  
*George H. Hess, MD*

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bioavailability studies of the generic drug and who can compare it to the name brand as well as knowledge of the integrity of the manufacturer. Fortunately, we can rely completely on almost every pharmacist in Pierce County. Unfortunately, there have been a few rare exceptions as in the medical profession, also.

*Herman S. Judd, MD, Chairman,  
Interprofessional Committee*

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# MANAGE ACCOUNTS RECEIVABLE TO IMPROVE CASH FLOW

As 1983 comes to a close, the staff of Puget Sound Collections, Inc., the Medical Society's endorsed collection service, thanks you for the opportunity to serve you during the past year. We extend our best wishes for a joyous Holiday Season and offer the following thoughts to assist you, hopefully, to a prosperous New Year.

*Frank B. Rossiter, President  
Puget Sound Collections, Inc.*

## Helpful Hints

### **The Credit Policy**

First and foremost, you must establish a clearly written credit policy to include:

- Billing dates.
- Payment due dates.
- Payment arrangements.
- Cash or advance payment needs.
- Policies toward charity.
- Policy on medical insurance.
- Normal follow-up activities.
- Finance charges.
- When to call in a professional collection agency.

Establish your policy, then follow it.

### **Start With Good Information**

The initial patient interview lays the foundation for good credit performance. Your patient information form should provide such information as:

- Full name and nickname.
- Home mailing address.
- Work mailing address.
- Home phone number.
- Work phone number.

- Occupation and employment information.
- Nearest relative and address.
- Medical insurance information.
- Medicare and Medicaid data.
- Social Security number.

It is very important that your staff completely explain the credit policy to the patient. You will find it very helpful if a point is made of marking down the exact method of payment agreed upon. The patient should then acknowledge that he/she understands and agrees to the arrangement.

This is the best time to brief the patient on your way of handling health insurance claims. Make it clear that although your office is willing to help with the paperwork, the final responsibility for payment still rests with the patient.

## **The Number**

### **One Cause of Slow Payments**

Haphazard billings are the major cause of delayed payments and slow collections. Itemizing your statements will produce a greater number of timely payments.

- Bill on time.
- Be consistent.
- Itemize your statements.

### **RX For Late Payment; Take Action Immediately**

Nothing shows you mean business better than quick action when terms are not met. Be nice, but be business like. A successful collection effort includes:

- Getting the money.
- Keeping the good-will.
- Insisting on a specific date of payment.
- Insisting on a specific amount of payment.
- Confirming in writing, the understanding.

*Continued on page 20*

## ANNOUNCEMENT

### NEW SERVICES IN 1984 FROM PUGET SOUND COLLECTIONS, INC.

#### 1. Pre-Collection Service

- Two distinct mailings at 15 day intervals.
- No minimum use required.
- No advanced fees.

#### 2. Credit and Collection Seminars for Office Personnel

- Credit applications—their use and abuse.
- Telephone techniques for collecting accounts.
- How to recognize the bad account.
- When to refer accounts for professional collection service.

*Puget Sound Collections is an endorsed Medical Society Service.  
For information, call Melody Lewis, 383-5011*

**When to Call In  
Puget Sound Collections, Inc.**

When a patient constantly does the following:

- Ignores calls and letters.
- Breaks promises.
- Is indifferent about paying the bill.

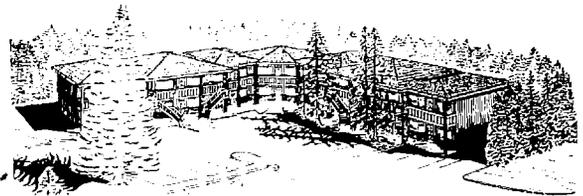
It is time to turn the account over to Puget Sound Collections, Inc. Give us as much information about the account as possible, including:

- Copy of your patient information form.
- Copy of your itemized statement.

Be sure to keep the agency informed of any subsequent information that might assist in collecting the account.

By managing these few fundamentals, strained patient relationships can be kept to a minimum and, most importantly, your cash flow will begin to look a lot better.

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# COLLEGE OF MEDICAL EDUCATION

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P = Physician

## Continuing Education Programs for January-July, 1984

*(Programming is subject to change—individual notices will be sent preceding each program)*

Date	Course/Topic	Coordinator(s)
January		
9/16	<b>Practical Concepts</b>	
23/30	<b>In Nursing Pharmacology (AH)</b>	L. Pelham, RPh
13	<b>Nursing Leadership and Image (AH)</b>	L. Pelham, RPh
19	<b>Team Building/You, The Telephone Manager (AH)</b>	AMA
18	<b>The Computer In Medicine (P)</b>	MSPC/MBI/COME
	<b>Central Supply (Portland) (AH)</b>	C. Duane
21	<b>The Law &amp; Medicine (P)</b>	D. Pearson, MD
26	<b>Ethical Issues (AH)</b>	P. Keely, RD
	<b>Endocrinology (P)</b>	K. D. McCowen, MD
February		
1/8/15	<b>Moral Ethical Issues In Health Care (P) (AH)</b>	D. Bader, MD
	<b>Acute Medicine (P)</b>	T. Apa, MD
	<b>Discharge Planning (AH)</b>	C. Johnson, RN
	<b>Advanced Trauma Life Support (P)</b>	T. Kendrick, MD
	<b>The Ward Secretary (AH)</b>	D. Absher, RN
March		
2	<b>Urological Nursing</b>	M. Ramsdell, RN
9/10	<b>Critical Care Conference (P) (AH)</b>	B. Rubin, RN/B. Weled, MD
	<b>Neurology for the Non-Neurologist (P) (AH)</b>	J. Griffith, MD
	<b>Image (AP)</b>	K. Jordan, RD
	<b>Central Supply (Vancouver, B.C.) (AH)</b>	C. Duane
April		
5/6	<b>Tacoma Academy of Internal Medicine (P)</b>	H. Retailiau, MD
13/14	<b>Pediatric Advanced Life Support (AH)</b>	R. Scherz, MD
19	<b>G.I. (Auburn) (P)</b>	R. Johnston, MD
27/28	<b>Tacoma Surgical Club (P)</b>	W. Martin, MD
28	<b>Days of Pediatrics (P) (AH)</b>	R. Scherz, MD
May		
9/10	<b>Cardiology (P) (AH)</b>	G. Strait, MD
June		
7	<b>Nutritional Support (P) (AH)</b>	L. Pelham, R.Ph.
July		
	<b>Budget (AH)</b>	

*Dates are subject to change—Notification of each program will be mailed. Please contact the College of Medical Education office if you intend to register and have not received individual promotion.*

For further information write or call: Maxine Bailey, Executive Director, COLLEGE OF MEDICAL EDUCATION  
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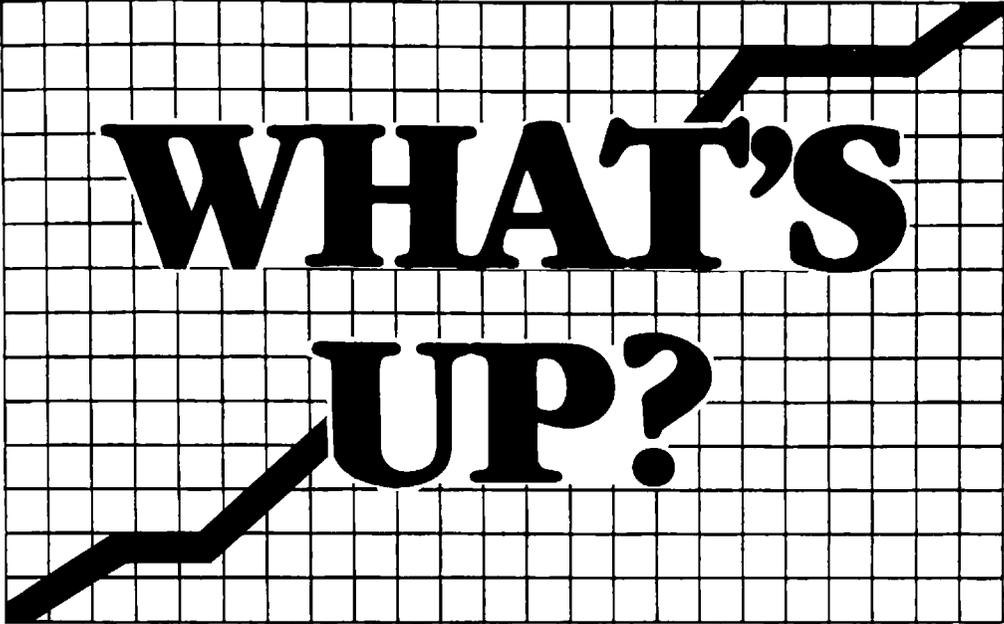
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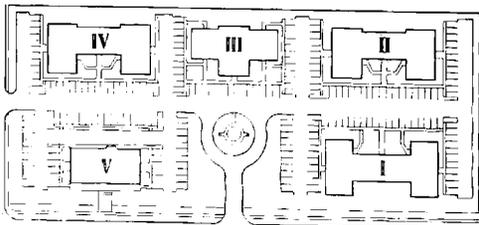
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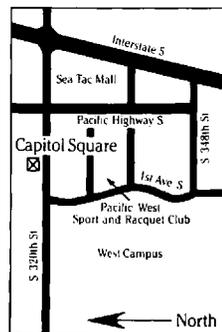
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