The Bulletin
MEDICAL SOCIETY OF PIERCE COUNTY

January, 1986

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

In This Issue

Cover Photo: Dr. Guss W.C. Bischoff passes the president's gavel on to Dr. Richard Hawkins at the MSPC Annual Joint Dinner Meeting. Dr. Hawkins becomes the 93rd president of the Medical Society of Pierce County.

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. *The Bulletin* and the Medical Society of Pierce County reserve the right to reject any advertising. Advertising rates may be secured from MK Tipton Communication Services, 2607 Bridgeport Way West, Suite 2C, Tacoma, WA, 98466, (206) 564-3831. *The Bulletin* is printed in Tacoma, Washington by Lakewood Printing.

President's Page
On Groups

Knoest W. C. Bischoff, M.D., has just joined a very special group – Past Presidents of the Medical Society of Pierce County. He has served us well in a very difficult time. Knoest, you have the thanks of all of us and my own special personal thanks.

Past Presidents are indeed a very special group. Do you remember who they are and what they did? You who have been around for a while do. Many of us do not go back very far. When I came to town Ralph Johnson was just about to finish his term as President. There are many new faces in the county since then. (Ed. note: On page 5 in this issue of the *Bulletin* is a list of past presidents.)

One of the things that is most remarkable to me about that group is the extent of their involvement in physician activities. Many of them have served as physicians in numerous ways—medical society, state and national association, specialty societies, hospital medical staffs, bureau, governmental and quasi-governmental boards, community affairs. We physicians have many groups that help us in one way or another, and need us in one way or another. They all seem to be important.

Starting from the largest group, we are members of society. We expect certain things of society and society expects certain things of us. Physicians have certain special obligations to Society. Others expect special things of us because they have given us special things, and we expect special things of ourselves because that is the ethic that we have adopted.

Physicians have organized into groups—county medical society, state and national associations. An intent is to represent all physicians, to have a group that all can belong to and can benefit from. Many physicians have chosen not to be part of these groups, although all seem to belong in the eyes of the public. And they do get many of the benefits of the group: public interaction, scientific, professional standards, etc., even though they do not pay their share of dues.

Physicians tend to get lumped all together as a group. I guess that should not be too unusual; it seems to be a natural human characteristic to categorize things. That does create some handicaps for us. Because we are viewed as a group, the behavior of some of us has effects on all of us. Some physicians are arrogant, so arrogance is seen as a general trait. Doctors are sometimes late so we are expected to be late. We are expected to keep other physicians from making medical mistakes because we are part of the same group.

How about the label as wealthy doctors that we seem to be lumped under. How many of you feel that? I admit to being Rich, but attribute that to my mother and father, they named me. We need to remember that physicians' incomes are higher than the average, and that is part of the reason that we have some special obligations to society. And, because of the group, the high income of some physicians has a real negative impact on the public image of all physicians.

Pierce County is not what you would call a stronghold of group practice quite the opposite—solo practice is much more prevalent.

I am not sure what to call three doctors working together, other than I like my partners. Is it closer to solo practice or to group practice? I am not sure, and maybe it is just a matter of semantics and does not matter too much. Personally, I like it a lot better than working alone, and a lot better than if I had to work with a larger group.

One of the advantages of practicing in a group is that you can be surrounded by other physicians like you—similar philosophies and personalities, similar approaches to medical problems and to people. With the now pervasive concern about the cost of medical care, there has been considerable interest in collecting together physicians whose practice style is both high quality and cost-effective. There are physicians with high cost practice styles and those with low cost practice styles, independent of quality or acceptability. Some HMO's have done this, and now the PPO's are trying to do it. Alternately there are some large clinics which have gained a reputation for thoroughness, and expense.

The other side is that physicians outside these groups get lumped together with all other doctors, in effect forming a group. Solo practice may be a misnomer; it may not be desirable to be included in this "all other" group. For example when an insurance plan which provides for freedom of choice in selection of physicians by the insured, it must price its policy to cover the expensive practice styles of some physicians. It is not unexpected then that cost-efficient physicians would want to disassociate themselves from the group of "all other" physicians. This is some of the impetus for HMO's, PPO's, IPS's, and managed health care systems.

A union group for physicians is gaining interest. Since I am writing about groups, I cannot avoid comments about a union. First, anything that can be done to organize physicians and influence others is a positive move. Secondly, I personally do not see what a union organization could do that the existing physician groups could not do; but if a union can do better, I am all for it.

The Medical Society of Pierce County is the group that I will be giving most of my attention to in the next year. I am honored and humbled by this office, but I am also overwhelmed—we physicians have many tough issues facing us. Our group of Past Presidents has faced tough issues before, so I will try to build on the tradition of representing physicians. And then I, too, will join the group of Past Presidents.

Richard Hawkins

MSPC Holds the Line on Dues for 1986

MSPC Finance Committee and Board of Trustees adopted the proposed 1986 MSPC Budget that calls for maintaining the membership dues at the present level of $285. This is the second consecutive year dues have not been increased.

The Board of Trustees has urged a conservative budget but one that provides for growth and opportunities to achieve the stated goals as developed at the June Board of Trustees Retreat.

A budget is a plan of action and represents an organization's blueprint for the coming year as expressed in monetary terms. This means that the organization must know what its goals are before it can prepare its budget.

At the conclusion of fiscal year 1983, reserve levels for the Society were at 9.93% ($14,031). In 1984, Medical Society financial consultants strongly recommended that the organization build up its reserve levels. At the conclusion of 1984 the reserve level had increased to 23.4% ($32,253). The forecast for 1985 is to conclude the year with a 31.7% ($44,115) level. This was accomplished without a dues increase.

How Are Your Dues Distributed and Spent?

Of the total individual dues, $66.97 is allocated to the Pierce County Medical Library. Support to the Library comes from the Pierce County Hospital Council that contributes 40% of the Library's net operating expense and the Medical Society that contributes 60% of that expense. Total contribution in 1986 will be $39,081.

College of Medical Education has been budgeted to receive $6,776 for 1986. This equals $11.74 support from each member, a real bargain. In 1983, the individual contribution was $20.63. In the intervening years the College has become more self-sustaining. The introduction of a computer to the COME Office opened many opportunities for the staff to provide a greater array of programs for the membership.

Membership Benefits, Inc. In late 1983 publishing of the *Bulletin* and the *Pierce County Physicians and Surgeons Pocket Directory* was brought in-house and contracted with a local firm to perform some of the functions necessary to produce the *Bulletin* and *Directory*. This move has enabled the Society to assume greater control of the publications. The *Bulletin* has become virtually self-sustaining rather than requiring considerable subsidization from directory revenue. The benefits of this move has enabled MBI to become not only self-sustaining, but the wholly owned Society subsidiary is now in a financial position to begin reimbursing the Society for its financial support during its first seven years of existence.

MBI continues to endorse Puget Sound Collections and Physicians Answering Service. Both provide excellent services directed to the physicians and both deserve the continued support of the membership. Physician Answering Service introduction into the local market has resulted in an upgrading of service provided by all answering services in the area.

One of the Board of Trustees goals has been for the Society to improve communications with the general membership. Instituting the publication of the MSPC Newsletter in 1985 was a step in this direction.

A conscious effort has been made by the Society to increase the percentage of non dues income to help in stabilizing membership dues.

In reference to Dr. Hawkin's comments regarding past presidents and officers of the Society on the President's Page, the following is a listing of MSPC members who have served the Society as officers since 1967.

The Editor

MSPC Officers

YEAR	PRESIDENTS	VICE-PRESIDENTS	SECRETARY-TREASURERS
1967	Charles P. Larson	Robert W. Florence	Arnold J. Herrmann
1968	James D. Lambing	Paul E. Bondo	Arnold J. Herrmann
1969	Wayne W. Zimmerman	Robert C. Johnson	George A. Tanbara
1970	Robert M. Ferguson	Richard T. Vimont	George A. Tanbara
1971	Robert W. Florence	James E. Hazelrigg	George A. Tanbara
1972	Lester S. Baskin	W. Ben Blackett	George A. Tanbara
1973	John M. Kanda	Paul E. Bondo	George A. Tanbara
1974	W. Ben Blackett	James G. Billingsley	David L. BeMiller
1975	James F. Early	Stanley Mueller	David L. BeMiller
1976	David S. Hopkins	Kenneth Graham	David L. BeMiller
1977	Duncan T. Baer	Herbert C. Kennedy	David L. BeMiller
1978	Ralph A. Johnson	Richard T. Vimont	Lloyd C. Elmer
1979	Kenneth D. Graham	John F. Kenman	Lloyd C. Elmer
1980	Charles C. Reberger	Roy A. Virak	Richard K. Ohme
1981	George A. Tanbara	Vernon O. Larson	Myra S. Vozenilek
1982	Lloyd C. Elmer	Bruce D. Buchanan	Myra S. Vozenilek
1983	Robert E. Lane	Richard Hawkins	Juan F. Cordova
1984	James P. Duffy	Richard Hawkins	Henry F. Retailliau
1985	Guus. W.C. Bischoff	G. Bruce Smith	Robert W. Osborne, Jr.

Grassroots Involvement!

Representative Shirley Winsley (Rep., 28th District) tells MSPC members attending the Dec. 5 meeting that "grassroots" (i.e., letters, calls, etc.) support is needed to succeed with the Legislature.

On December 5, members of the Medical Society Community Action Teams and representatives of other professions, businesses and organizations impacted by the liability issue attended a meeting organized by the Medical Society. Due to conflicting schedules, turn-out of legislators was very disappointing. Representative Shirley Winsley and a representative for Senator Ted Bottiger attended.

Speaker after speaker reiterated that action has to be taken by the legislature to bring the system under control. Representatives from the City of Tacoma, Midwives of Pierce County, Tacoma Public Schools, Hospital Council, Restaurant Association, Day Care Centers, Insurance Agents stressed the sharp impact that the liability issue is having upon their members and the public they serve. This crisis is no longer restricted to medicine, but has become a societal problem.

Dr. Johann H. Duenhoelter, speaking on behalf of the Ob/Gyn's of Pierce County stated that patients will soon be unable to find care and those with no insurance will be unable to afford prenatal care. He noted the number of Ob Gyns that will no longer practice obstetics and the number of family practitioners who will no longer deliver babies. The impact of this is immediately being felt in the rural areas and the quality and availability of care has been seriously affected.

Dr. Mark Jergens, representing the

"Despite poor attendance at the meeting by our legislators, the meeting was very well attended by physicians who are members of the Community Action Teams. The Society is appreciative of their taking the time and interest to attend this crucial meeting."

MSPC Emergency Medical Standards Committee reported how the liability issue may result in a curtailment of emergency medical services as a result of the liability issue.

Representative Shirley Winsley emphasized over and over again the importance of "grassroots" involvement at the local level. She said "if you don't know your legislator, get to know him. If you haven't spent time with him/her do so. Visit them at their office or have lunch with them. Get to know them by their first name."

She urged letters be sent to legislators and Governor Booth Gardener to make them aware of the problem. Governor Gardener has the power to call a "special session." There is some concern that with a 60 day session substantive legislation will not be passed.

Dr. Johann Duenhoelter, Puyallup obstetrician and gynecologist, enumerated the many problems of the specialty for those attending the Dec. 5 meeting for legislators organized by the Society.

Dr. Stanley Mueller, Orthopedic Surgeon

announces
the moving of his practice from 212 South J. Street to

2420 Union Ave., South, Suite 300
Phone Number (206) 756-0888
Answering Service 272-3166
Tacoma 98405

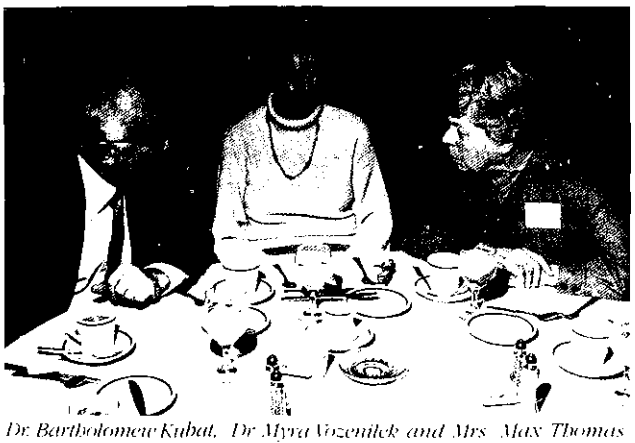
Retired Members Meet

Nearly 40 retired members of the Medical Society met on November 14 at the Tacoma Dome Hotel to see and visit with old friends and colleagues.

The gathering heard Dr. Ben Blackett describe his participation in a 1984 Mount Everest expedition. Dr. Blackett showed the group slides and described some of the medical effects of attempting to climb such heights.

This was the second meeting of the group and it was the unanimous opinion of those gathered that they would continue to meet on a quarterly basis.

Drs. Glenn Brokaw and Glenn McBride share a few moments of good conversation at the Retired Members Luncheon



Dr. Bartholomew Kubat, Dr. Myra Vozenilek and Mrs. Max Thomas were among those attending the Retired Members Luncheon, Nov. 13, at the Tacoma Dome Hotel.

Dr. Kenneth Sturderant (right), who spoke about his experience in Africa during the first meeting of the retired members, talked to Mr. Dick Gorman, former WSMA Executive Director

Physicians Guide to Gearing Up for Retirement

An AMA publication, this guide has been evaluated by two members preparing for retirement. They have found it to be very informative and useful. It is available from the Society on a loan basis.

Chapter titles are descriptive of the contents:

"Gearing Up Psychologically"
"Gearing Up Financially"
"Gearing Up to Sell Your Practice"
"Planning Your Estate"

The book is available by writing to:
American Medical Association - OP 133
P.O. Box 10946
Chicago, IL 60610-0946

Cost for the publication is $42.95. A 10 percent discount is available to all AMA members.

Professional liability costs increase to over $2 billion

Professional liability costs, including the costs of premiums, defensive procedures, attorneys' fees, and uncompensated time away from the practice because of litigation, increased by $2 billion in 1984 alone, according to the AMA Center for Health.

The $2 billion increase is equivalent to 2.7% of total expenditures on physicians' services during the year, the center said in a report. Most of the cost associated with professional liability is apparently caused by defensive medicine.

When premiums and other expenses are taken as a whole, professional liability cost physicians a total of $10.9 billion to $15.2 billion in 1984. These estimates suggest that costs generated by the current liability system were responsible for 14.5% to 17.5% of the $75.4 billion spent on physicians' services in the United States last year.

EXPO '86

Members of the Society qualify for group membership ticket prices for EXPO '86. The Society will be mailing out brochures and ticket information in the near future.

New Members Voted in November

Alfred H. Chan, MD
9118 Veteran's Dr.
Tacoma, WA 98498 (HO
Hematology - Oncology

Dan E. Goble, MD
5000 100th Street S.W. #32
Tacoma, Washington 98466
Dermatology

Christopher Alan Jordan, MD
Cedar Medical Center #204
Tacoma WA 98405
General Colo-Rectal Surgery

Joseph W. Regimbal, MD
408 South K Street #400
Tacoma, WA 98405
Internal Medicine

Christopher J. Schmitt, M.D
Group Health Cooperative
South Tacoma Clinic
Family Medicine

Saroja Singa, MD
Western State Hospital
Fort Steilacoom, WA 98498
Family Medicine and Internal Medicine

Philip A. Vance, MD
Soundview Medical Plaza
3611 South D Street
Tacoma, WA 98408
Family Practice

Frank S. Virant, MD
Allenmore Medical Center #B6010
Tacoma, WA 98405
Allergy/Immunology

Klatt assumes presidency of Washington Division of American Cancer Society

Dr. Gordon Klatt has been named President of the Washington Division of the American Cancer Society. Klatt has been very active at the local level, serving as president of the Pierce County unit and on committees at the state level.

Tell Patients When You Limit Your Practice

The November 8 WSMA Medical memo urged physicians who are considering limiting their practice to give their patients between 30 and 60 days notice. Failure to give reasonable notice of ones intent to withdraw from a case may result in a claim of abandonment.

Reasonable notice depends on, the circumstances, such as the patients condition, size of the community and availability of other physicians' to provide the service.

It is recommended for the greatest protection against a claim of abandonment, the physician write a letter explaining that he or she will not be able to provide care after a specified date, and that the patient should make other arrangements.

It is not unethical, and may be beneficial to all to suggest other practitioners available to assume the case. The letter should be sent by certified mail and a copy retained in the physicians file.

Tacoman Named to Lead Statewide Group

Dr. Ronald G. Anderson, urologist and member of the Society since 1974 has been named President of the Washington State Urology Society. Dr. Anderson was installed as President at the Society's annual meeting in Vancouver, B.C. on November 2.

Entertainment '86 Books Now Available

The Medical Society has a limited number of Entertainment '86 books now on sale. These coupon books allow the user to save up to 50% off of almost anything they might want to do all year. Each book contains hundreds of 2 for 1 or 50% off discount offers for fine restaurants, movie theatres, sports events, attractions and more. Additionally, the book offers discount travel services, and a hotel directory containing over 500 hotels, condominiums and resorts.

Entertainment '86 Books sell for just $25.00 and make excellent gifts for family, friends and staff.

Call Membership Benefits, 572-3709 to reserve your order today as supplies are limited.

A Thank You!

The Medical Society and Membership Benefits Inc. recently sent out surveys dealing with salary survey information and referral list data. The office recognizes that you are inundated with paperwork, therefore, it is especially appreciated when you take the time to complete and return the surveys. The information garnered from the surveys is almost always for the benefit of the members.

We thank those of you who have taken the time and effort to complete and return the surveys.

MSPC Professional Relations Committee

Your MSPC Professional Relations Committee offers help for impaired physicians. Anonymity and confidentiality are assured through this local self help group. For help call 572-3700 and you prefer call the WSMA Hot Line number 1-800-552-7236. Your colleagues want to help.

MSPC Professional Relations Committee members

[illegible]	474-0751
[illegible]	272-2354
Ronald C. Johnson	841-4241
Jack P. Lester	588-4759
Robert A. O'Connell	627-2330
Dennis F. Waldron	272-5127
Joseph V. Kramer	845-9511
John R. McDonough	572-2424

General Membership Meeting

Members view slides from China

MSPC members attending the Nov. 12 General Membership Meeting had the opportunity to hear two rewarding presentations. Dr. Steven Dimant spoke about his experiences while touring

Drs. Ronald Spangler, MSPC President Gino Bischoff and Rosemary Crawford, socialize with one another at the Nov. 12 meeting.

Drs. Christopher Miller, James Komorous, Charles Weatherby and Craig Rone shared a few thoughts at the Nov. 12 General Membership Meeting at the Doric Motor Hotel.

China with other neurosurgeons this past spring and WSPIA Vice President of Sales Tom Fine discussed WSPIA's transition from occurrence to Claims Made coverage.

Dr. Dimant's color slide presentation gave MSPC members an excellent view of many aspects of life in China. His visits to Chinese hospitals and conversations with Chinese neurosurgeons revealed

New member to the community and Society, Dr. Chris Jordan chats with Drs. Donald Shrewsbury and C. Chan during the Nov. 12 General Membership Meeting.

many sides of China we were unaware of.

Fine noted in his talk that in response to reinsurance and industry pressure, Physicians Insurance had no option but to discontinue Occurrence Coverage. He urged any member who had questions to call WSPIA at 1-800-732-1148.

Dr. Ray and Ginnie Miller celebrate their 50th!

Dr. Ray and Ginnie Miller celebrated their 50th wedding anniversary among a host of friends and family members, Douglas, Michael and Ray Jr., Sunday, Nov. 10 at the Officers Club, Ft. Lewis.

"We made it," said Dr. Ray Miller and his wife Ginnie in celebrating their Golden Anniversary.

Phone Numbers, Address Changes and Corrections

The following is a list of phone number and address changes and/or corrections for MSPC members.

Burstein, James A., MD (Robin)
ENT, Head and Neck Surg
Accept all, No EI
Off: Meridian Professional Park 848-7727
Res: 1510 Commercial, Steilacoom 98388 581-0632

Graham, Kenneth D., MD (Beverly)
Fam Prac - Th
Accept PE, NE, PA, VR, EI PCMB, Medicare, Medicaid Patients
Off: A-240 Allenmore Med. Ctr., Tacoma 98405 383-4551
Physicians only 383-4552
Res: 3301 N. Shirley, Tacoma 98407 752-3457

Malo, Douglas S., MD (Leslie)
Orthopaedic Surgery
Accept all
Off: 919 South 9th St., Tacoma 98405 627-7143
Physicians only 383-3649

Mueller, Stanley A., Jr., MD (Julia)
Orthopaedic Surgery - Th
Accept PA, Medicaid, Medicare, EI, PCMB, R, C, patients
Off: 2420 So. Union, Suite 300, Tacoma 98405 . . . . . 756-0888 or 272-3160
Res: 55 Summit Rd, Tacoma 98406 759-4862

***Nowogroski, James A., MD (Jane)**
Fam Prac/Indus Med
Accept all
Off: 10109 Plaza Dr. S.W., Tacoma 98499 588-6694
Res: 8815 53rd St. Ct. W., Tacoma 98467 565-2887
**Applicant for membership*

The Bulletin is offering as a service to all MSPC members space availability to announce the moving of their practice from one location to another, a change in phone numbers and/or change in residence. The announcement will be run on a one time basis at no charge. If any MSPC member wishes to run the announcement a second time, The Bulletin offers a 10% discount for all MSPC members.

Board Report

The Board heard a report on the plans for MSPC/WSMA Malpractice Reform Campaign to involve all members of the Society and other organizations impacted by the liability crisis.

It was reported that the Pierce County Medical Library would carry on fund raising efforts to control costs to members of the Society and the hospital consortium that provides the primary support for the library.

The Board reviewed and discussed the Society's physician referral list. At issue is a shortage of primary care physicians in certain areas of the county. The continuing crisis regarding Ob/Gyn availability was discussed.

The Board heard a report from the Committee on Aging, meeting with representatives and the AARP and the representatives of provider organizations for senior citizens.

It was noted that the Medical Society and Childrens Protective Service Ad Hoc Committee continues to meet on a quarterly basis and maintain communications between the two organizations.

On the recommendation of the Credentials Committee the following applicants were elected to membership in the Society:

Alfred H. Chan, MD
Christopher A. Jordan, MD
Christopher L. Schmitt, MD
Phillip A. Vance, MD
Don F. Goble, MD
Joseph W. Reginbald, MD
Soroja Singa, MD
Frank S. Virant, MD

The Board reviewed the response of a hospital administrator upon the request of a member concerning a joint venture arrangement of the hospital. It was the consensus of the Board that the member should approach the problem through the Executive Committee of the hospital concerned.

The October 29 meeting of the Appeals Board was reported upon and approved by the Board.

It was reported that the AMA-ERF fund raising campaign was down in comparison to 1984.

At the request of WSMA the Board reviewed a statement from AMA concerned with unified membership. (Unified membership is one in which a member of the Medical Society is required to also belong to WSMA and AMA.) The Board considered the advantages and disadvantages of unified membership. It was the consensus of the Board that each member have the opportunity to vote on this issue, thus, a poll will be taken of the membership.

The Board approved Society participation with WSMA in a drinking/driving campaign in which the Society will purchase a billboard advertisement for 30 days.

It was the recommendation of the Board that the Society write a letter to Denny's Restaurant chain commending them for their health oriented policies.

AMA Workshops Offered

- "Managing the Business Side of Medicine." This workshop will cover practice management skills that every practice should have, giving sound, practical advice in all business of practice including telephone management, proper use of appointment scheduling, personnel, medical collections and more. It is scheduled to be held in Seattle, January 30.
- "Insurance Processing and Coding for Medical Office." This workshop is designed for physicians with medical office staff. The workshop explains in detail the processing and coding procedures used in medical offices. The emphasis is to help the physician insure that they receive the maximum fair reimbursement from third party payers. The workshop will be conducted in Seattle on January 29.
- "Marketing Strategies for Private Practice." This workshop is designed and updated for the established physician, offering an overview of major health care trends with an examination of techniques now being used to improve referral patterns, maximize the efficiency of existing office procedures, increase physician availability to his or her patients, enhance patient satisfaction, and develop coordinated marketing plans for the medical office. The workshop is scheduled to be conducted in Seattle, January 31.

To register for any of the above programs or for more information, call the AMA Practice Management Registrar collect at (312) 645-4958; or write to the American Medical Association Department of Practice Management, 535 North Dearborn Street, Chicago, Illinois 60610.

AMA approves Medical Society Review

Medical Society review of physicians' conduct, including excessive fees, would be permitted under model state bills that have been developed by the AMA. The AMA Board of Trustees approved the two model bills at its meeting early this month.

One bill provides for an agreement between the medical societies and state medical boards allowing the societies to undertake review activities. A second bill provides that charging an excessive fee is considered "unprofessional conduct" subject to state disciplinary action.

Because physicians who charge excessive fees would be subject to state disciplinary action, the bill would have the effect of allowing medical societies to review excessive fees for the state. At the federal level, the AMA's Model National Professional Liability Reform Act would require state and county medical societies to investigate allegations of physician misconduct.

Notice to Readers. . .

MSPC members who are interested in contributing articles of interest and pertinence to *The Bulletin* are urged to do so. The editor reserves the right not to publish any article submitted, based on space available and pertinence of the topic. Articles should be limited to four double-spaced, typewritten pages or 1,000 words. Exceptions to this may be made by prior arrangement with the editor. Call the managing editor for information on article submission, 572-3666.

COLLEGE OF MEDICAL EDUCATION
CONTINUING EDUCATION PROGRAMS SCHEDULED FOR 1985—86
P = Physician Course / A = Allied Health Course

	JANUARY			
STJ	7, 14	TELEPHONE ASSESSMENT	SIMMS	(A)
STJ	14	★ETHICAL DILEMMAS	McCORMICK	(P/A)
STJ	15	★ LAW & MEDICINE SYMPOSIUM	MALDEN	(P)
DTMC	16	TELEPHONE ASSESSMENT	SIMMS	(A)
TGH	16	SPEAKING "UP THE LADDER"	SOLUM/WALL	(A)
STJ	22	★DEPRESSION	LURIA	(P)
JH	22	DISCIPLINE & INSPIRING PRODUCTIVITY	SOLUM/WALL	(A)
HHT	23	PRAC. SOL. COMMON GERIATRIC PROBLEMS	WALTMAN	(A)
BREM	25	TELEPHONE ASSESSMENT	SIMMS	(A)
STJ	28	CARDIOPULMONARY RESUSCITATION (CPR)	ROMINES	(P)
OLY	29	TELEPHONE ASSESSMENT	SIMMS	(A)
STJ	29	OPTIONS WITH OPTICS	WILLARD	(P/A)
	FEBRUARY			
JH	5, 12, 19, 26	★ Tac Gen Clinical Conf - GASTROENTEROLOGY	BAERG	(P)
TGH	6	EFFECTIVE MEETINGS	VIVIAN	(A)
JH	6, 7	ORTHOPEDICS & SPORTS MEDICINE	POMEROY/ CRADDOCK	(P)
JH	11, 18	MONEY MANAGEMENT	JACKMAN	(P)
STJ	25	CARDIOPULMONARY RESUSCITATION (CPR)	ROMINES	(P)
STJ	TBA	QUALITY ASSURANCE/COST ANALYSIS	CHILTON	(A)
	MARCH			
STJ	6	AMBULATORY SURGERY	CHILTON	(A)
STJ	11	ALTERNATIVE DELIVERY SYSTEMS	NICHOLS	(A)
JH	13, 14	★ TACOMA ACADEMY OF INTERNAL MEDICINE	ROWLANDS	(P)
JH	15	★ DAYS OF PEDIATRICS	SCHERZ	(P/A)
STJ	25	CARDIOPULMONARY RESUSCITATION (CPR)	ROMINES	(P)
	APRIL			
UPS	25, 26	★ TACOMA SURGICAL CLUB	TAYLOR	(P)
JH	2, 9, 16, 23	★ Tac Gen Clinical Conf - INFECTIOUS DISEASE	TICE	(P)
		★ HOME HEALTH SERVICES	KATTERHAGEN	(P)
	MAY			
STJ	1	CRISIS		
JH	15, 16	★ CARDIOVASCULAR DISEASE REVIEW	INGRAHAM STRAIT	(A) (P)
	JUNE			
JH		★ ADVANCED CARDIAC LIFE SUPPORT		(P/A)

Pre-registration is required for all above courses

For further information or registration
call College of Medical Education
Tacoma 627-7137

ORTHOPAEDICS & SPORTS MEDICINE IN PRIMARY CARE
February 6 and 7, 1986 - Jackson Hall

February 6 - Thursday

8:00 Introduction	
8:05 SYMPOSIUM: INJURIES & PREVENTION	
Running Shoes	Jeffrey Nacht, M.D.
Lower Extremity	Pierce Scranton, M.D.
Upper Extremity	Gregory Popich, M.D.
10:25 Break	
10:50 PRACTICUM: TAKING, BRACING, ORTHOTICS	
Taping	Western Clinic PT Staff
Bracing	Dana Carnahan, RPT, ATC
Orthotics	Stephen Fuson, DPM
12:00 Lunch - no host	
1:15 EXERCISE PRESCRIPTION	Kenneth Trnka, M.D.
2:00 THE FEMALE ATHLETE	
2:45 Break	
3:00 SYMPOSIUM: REHABILITATION OF THE INJURED ATHLETE	
Roles of Practitioners,	Mark Craddock, M.D.
Role of Exercise,	David Pomeroy, M.D.
Criteria for Return to Play	J. "Zeke" Schuldt, ATC
5:00 Adjourn	Matthew Huish, RPT

February 7 - Friday

8:00 Introduction	
8:05 SHOULDER/ELBOW	W. Brandt Bede, M.D.
8:50 BACK	Mitchell Blakney, RPT
9:35 Questions	
9:55 Break	
10:10 KNEE	John Bargren, M.D.
10:55 GERIATRIC ORTHOPAEDICS	David Millett, M.D.
11:40 Questions	
12:00 Lunch - no host	
1:15 FOOT	Stephen Fuson, DPM
2:00 PEDIATRIC ORTHOPAEDICS	Douglas Malo, M.D.
2:45 Questions	
3:05 Break	
3:15 Scoliosis	Kevin Schoenfelder, M.D.
4:00 ASPIRATION/INJECTION	Robert Ettlinger, M.D.
4:45 Questions	
5:00 Adjourn	

Coordinators:
David P. Pomeroy, M.D.
Mark F. Craddock, M.D.

MSPC Annual Meeting Dec. 10, 1985

Auxiliary members Debbie McAlexander and Nikki Crowley make preparation for the raffle drawing at the MSPC Annual Joint Dinner Meeting.

Outgoing President Claus Bischoff presents MSPC trustee Dr. Myra Vozenilek a plaque of appreciation. Dr. Vozenilek served one term as a trustee and two years as Secretary-Treasurer.

Dr. Charles and Shauna Weatherby enjoy a pre-dinner conversation with Dr. Keith Demirjian and his wife Lynda.

MSPC Officers for 1986

Richard Hawkins . . . . . President
Richard G. Bowe . . . . . President-Elect
Kenton C. Bodily . . . . . Vice President
Robert B. Whitney . . . . . Secretary Treasurer
Guus W. C. Bischoff . . . . . Past President

MSPC Trustees: *David G. Clark, Charles M. Weatherby, Barry Weled* (1986)

MSPC Trustees: *Michael L. Halstead, Peter K. Marsh, Paul D. Schneider* (1987)

Lorna, Dr. Robert Burt, Virginia and Dr. Ray Miller were among those who attended the Society's Annual Joint Dinner Meeting.

Drs. Ted Inouye and Todd Nelson share ideas during the Annual Joint Dinner Meeting.

Correcting/ Changing Medical Records

The following article was sent to all WSPIA policy holders. It is a subject all members should be aware of and adhere to.
The Editor

At Physicians Insurance, we are seeing an alarming number of claims where the physician has improperly changed the records. Defense of these cases becomes almost impossible, as physician credibility is literally destroyed.

There is a proper way to make corrections. These corrections should be made so that they in no way alter, delete, or obliterate the portions of the record one is explaining or correcting. It is imperative that these changes be initialed and dated so that a time frame can be established and circumstances regarding the changes can be easily reconstructed.

If legitimate changes in the record are not made in this manner and are discovered later, the plaintiff's attorney can use it to their distinct advantage. If done once—how can the rest of the record be believed?

Medical records should be an accurate, timely reflection of the physician's care and treatment of the patient. The medical record is generally the only source the physician can use to refresh his/her recollection of the treatment. Medical records should be proofread in the normal course of a physician's practice when errors can be discovered and corrected while he/she has a clear recollection of the facts. Medical records that have been dictated or handwritten should be corrected the same way and each correction should be initialed and dated. Corrections should be made as soon as possible. The longer a physician waits, the more credibility becomes an issue. Some examples of how to make corrections are as follows:

- Deletions: When something is wrong in the medical record, it should be deleted by drawing a single line through the entry (so that it can be read) and enter the correct information, initial and date it.
- Error in Medical Record: When proofreading you may notice an error in the decimal place, dosage of a drug, name of a drug, wrong name of the procedure, etc. Draw a single line through the entry (so that it can be read) and enter the correct information, initial and date it.
- Afterthoughts: When proofreading, you may recall important information that should be entered into the medical record. The information should be entered into the record and dated. If the patient has been seen in the office and a new note has been recorded in the medical record and there is not enough room between the two notes to make your entry, make the entry where there is appropriate room and draw an arrow from the original entry to the afterthought.

Under no circumstances should any changes or additions be made after the physician has any notice of a lawsuit, claim, or letter from an attorney. You will destroy the defense of the malpractice case, jeopardize your license and, most certainly, your future insurability with WSPIE. ■

Reprint: Washington State Physicians Insurance Exchange and Association, Progress Notes.

Beginning: A Look Back

Ten years ago Mavis Kallsen, then Curator for the Medical Society's archives, was invited, in her words to "view a pristine collection of Medical Society records."

"Flashing," as she said, "a membership in the Society of American Archivists and fifty years experience in the field of junking," she met with the Director of the Medical Arts Building who had come across some Medical Society records in what was reported to be the trash of the building. According to Kallsen what she found was historically very complete. The records of the Medical Society of Pierce County dated back to 1888 with only three years of records missing.

Convinced that what she had discovered could be the "most significant continous record of history in Pierce County," she set about the task of writing a series of articles for the ***Bulletin*** *on the history of the Society. Thinking, like Kallsen, that the history of the Medical Society of Pierce County has played a significant part in the development of the county, the* ***Bulletin*** *is reprinting the articles as they first appeared in 1975, with a special thanks to Mavis Kallsen for her commitment to the past that is so much a part of the future.*

The Editor

The P.C.M.S. started with a gathering of eight friends, at the invitation of a Doctor James Wintermute, who was appraised of the fact that a similar gathering was about to take place in King County the same evening.

In the year 1888 Tacoma had survived the great depression of 1883 and was in a period of booming expansion. The population rose from 735 in 1883 to about 17,000 five years later. The early settlers had come here to farm and raise stock but discovered that clearing their lands of timber was more profitable than using the land, with Tacoma the handiest shipping point on the Sound.

In 1888 in Washington Territory the physician had a lot of competition in the practice of medicine from the pharmacists and other "doctors" who did surgery and dispensed drugs in the twilight zone of Territorial licensure. Many of Pierce County's busiest doctors never even bothered to register with the County authorities. There was probably a lot of political graft in licensure then anyway. This really galled Doctor James Wintermute.

Doctor Wintermute may have inherited a terrible temper. When he was seventeen years old his father gained fame as the murderer of General McCook, Secretary of Dakota Territory. Doctor Wintermute's father was a small man of high intellect, a famous railroad engineer who had gone into banking in Yankton, S.D., and prospered there. In a dispute over railroad lines in Yankton in 1872, Wintermute's father shot Gen. McCook in a courtroom scene. The General then picked up the slight Wintermute and, thrashing him against the furniture, turning over the stove, attempted to throw him out the window when friends intervened and rescued Wintermute as he lay halfway across the window sill. Gen. McCook then went back to his hotel and died of the gunshot wounds.

Doctor Wintermute maintained his stance on credentials and was part of the group who wrote the licensure laws when the State constitution was written in 1889. He later helped develop the Public Health Service and the health codes for the city of Tacoma.

In November, 1896, Doctor Wintermute was shot and killed on Pacific Avenue by an irate patient who claimed that the doctor's prescribed medicine had actually made him sicker. ■

Good Samaritan

Pool Therapy for arthritis patients

A swimming pool exercise program for people with arthritis is offered on an ongoing basis through Good Samaritan Hospital Physical Therapy Department.

The program is offered from 4:30 p.m. to 5:30 p.m., Tuesdays and Thursdays, at the Good Samaritan therapy swimming pool, 407, 14th Avenue, SE, Puyallup.

Sessions cost $2.60 each and a doctor's referral is required. For further information call the physical therapy department, 848-6661.

Humana

Humana Hospital names new Executive Director

Sharon Armstrong has been appointed Executive Director of Humana Hospital - Tacoma, according to James B. Bohanon, Senior Vice President, Pacific Region, of the nation's third largest for profit hospital chain. Ms. Armstrong most recently served as Associate Executive Director for Humana Hospital, San Leandro, CA.

With a Masters of Business Administration from City College, Seattle, WA, Ms. Armstrong is a registered nurse, having received her diploma from Glendale Adventist Hospital, Glendale, CA. She holds, as well, a BS in Nursing Administration from Seattle City College.

Ms. Armstrong transferred to the administrative position of coordinator of Woodland Park's COMP program in 1980. She was at the time also Director of Professional Relations. This was followed by a brief period at Las Vegas' Sunrise Hospital where she completed her requirements as Administrative Specialist in the Humana system, resulting in her appointment as Assistant Executive Director at the San Leandro Facility, a position she held from 1982 to 1985.

Layman's Terms

Communicating well with patients can be a challenging affair. Patients often appeal to their physicians "to talk in layman's terms." This idea, reasonable on the surface, can actually be part of the problem that prevents their clear understanding of their conditions.

I would submit that employing layman's terms is not the best means of discussing medical problems with patients. The terms themselves come from surprisingly diverse, sometimes untraceable sources. A common medical term over time and use may degenerate into a catch-all layman's term, or a common-use phrase may be falsely elevated to the "status" of a medical or scientific term.

Let me use "pinkeye" as an example. Its definition is "acute contagious conjunctivitis," but its meaning has become blurred (no pun intended). I saw a patient with bilateral viral conjunctivitis and told him that he had a contagious infection. He responded, "Thank goodness it's not pinkeye!"

A pediatric nurse with bilateral bacterial conjunctivitis said, "I'm glad it's not pinkeye so I can go back to work in the nursery."

A woman with viral conjunctivitis wondered if she had pinkeye. When I asked her what she meant, she answered, "Pinkeye is what you get when you use your eyes too much."

A patient with severe iritis announced, "I have pinkeye." Yet another patient clutching his hand over his eye groaned, "It's pinkeye!" Angle-closure glaucoma was closer to the truth.

Finally, "My eye doctor told me my lazy eye would make me more subject to pinkeye."

This last statement raises some questions. What is a lazy eye? It is a more hyperopic eye? Is it an esotropic eye with or without good vision? Is it an amblyopic eye, or has it been traumatized, again with or without normal vision? Who is the patient's eye doctor? His optician? His optometrist? His ophthalmologist?

Obviously, ophthalmologists aren't the only ones who have problems with layman's terms. I can imagine that dermatologists spend much of their time sorting out their patients' confusion about how the rash they have self-diagnosed as "eczema" is actually due to the "hypoallergenic" lotion they use so liberally.

Perhaps pediatricians must explain how every cold is not "strep throat" that requires an injection of penicillin.

Neurologists must be wary when using the term "concussion." Its definition is "loss of consciousness as the result of a blow to the head," but to many lay persons "concussion" has come to mean anything from a skull fracture with coma to a minor bump on the head.

Meanings of terms change and what was once precise may no longer be. The art of communication in medicine requires clear, accurate speaking at the patient's level of understanding. This is not accomplished by talking in layman's terms. The burden is on us as physicians to reeducate our patient about his terms when they no longer exactly define what his health problems are. With the better understanding this communication allows, the patient will probably think that he has a good doctor who talks to him in "layman's terms." ■

Donald L. Blanchard, MD
La Grande, Ore.

From: *JAMA*, Oct. 18, 1985, Vol. 254, No. 15

Creating The Electronic Office

By Gary G. Kardos, MD

About a year ago, I wrote a column listing some caveats to heed before embarking upon the conversion of manual tasks in the medical office to computerized tasks. In this article, I will outline a logical sequence of events to follow to successfully achieve this goal.

Before selecting either software or hardware, the physician or other designated office individual must conduct a comprehensive evaluation and description of current practices which **must include** the state, effectiveness, and deficits in the current billing system: Can you bill in a timely fashion? Can you identify delinquent accounts, bad debts, insurance payments, amounts that patients owe after insurance payments? Can you generate financial reports with an aged accounts receivable? Can you predict trends in income and costs? How are medical records kept? How much time is spent pulling patient charts, filing reports, correspondence, etc.? What does this cost you? Thus, each practice needs to create a list of specific questions to evaluate current operations and plan for future needs.

After having reviewed in detail office practice functions, features, and controls, a **wish list,** in order of need, should be drawn up: e.g., accounts receivable, general ledger, accounts payable, word processing, telecommunications, database functions (prescriptions, drug sensitivities, date of last appointment, when next visit is due, retrieval of patients by diagnosis, etc.) access of hospital and home by modem, etc. Then decide how much can be spent and how soon one will need to add features.

Now you are ready to shop for **software,** a program or set of instructions for performing a variety of repetitive tasks such as an accounts receivable or billing program, accounts payable, etc. This will require personal time and effort and **should be confined to locally supported systems.** The major medical software features should include: a patient master file, a provider file, an insurance company file, a procedure code file that uses both CPT and RVS numbers and also accepts alphanumeric entries, a professional fee file with the ability to have more than one fee schedule; and should be a single entry system. Secondary posting operations should occur automatically. The system should be able to generate patient bills on demand, weekly, monthly, or cyclically. Insurance forms with primary and secondary insurance should be created on demand or at any given time period one chooses. The system should tell you when 30 days have elapsed without insurance billings. Payments received should be allocatable to insurance company or the patient and balance due should be the balance forward or full summary type, changeable as needed. There **must be a forced audit trial** on a daily basis for both money received and charges entered. The system **must not permit deletion** of an incorrect entry. An offsetting entry permits audit control. Productivity reports by MD, by total, by service should be easily available upon demand and **not automatically generated.** A monthly aged accounts receivable report goes almost without saying. Local availability, local installation, and the ability to see the system operating in a real office are **imperative.**

The selection of hardware, the computer, printer, storage media, video terminal, modem, etc., is dependent upon the software selected. It must be upwardly expandable with a definition of its upper limits in terms of the number of terminals and memory storage, and **must be locally supportable.**

Having gotten this far, put out a **request for proposal** to the various vendors. This RFP should include:

(1) **Description of Your Practice:** provide information on specialty, number of MDs, staff size, computer applications required, number of letters per month, number of patient visits per month, number of bills sent out, number of insurance forms generated, number of new patient visits, number of insurance claims sent per month, and the type of accounting desired. (2) **Vendor Background Information:** ask when established, gross sales per annum for the past three years, name of bank and two additional financial references, length of time marketing this product, where the software was developed, number of actual installations, and three names of practices to call about the system. (3) **System Description:** request detailed information that completely and accurately describes the proposed system. How many months of patient activity can be kept on line? What are the limits of medical records, word processing, account functions? What is available for upward expansion, etc.? (4) **Vendor Support:** describe the nature of the support to be given, where, duration, who will work with you; additional charges if any for practice survey, special programming, system training pre- and post-installation, installation of hardware and software, system testing, training, account conversion, and assistance after up and going. (5) **Service Information:** who will service hardware, software, where located, what is the guaranteed response time, after hour service, equipment exchange, updates, and costs? (6) **System Pricing Breakdown:** exact system price for each item to include CPU, terminal(s), storage devices, printers, telecommunications, software, vendor support, service maintenance for software and hardware, and two copies of all contracts. Include in the contract that the source code for the program will be available to you should the software house and/or vendor go out of business and that it will be kept in a security vault. Verify the existence of the account and what it contains before signing. (7) **Expansion Capability:** re: working memory (RAM), storage memory (megabytes), terminals, etc. (8) **Time Frame for Payments:** I suggest ¼

before, ¼ on delivery, ¼ when installation completed and hold back ¼ until operational for 30 days. Write this up, send it out, and cross off your list those vendors who don't respond fully or accurately.

Final thoughts may sound cynical but are ever so important . . . don't believe salespersons, get everything in writing in understandable language.

Final thoughts may be cynical but are ever so important to avoid being taken or being out thousands of dollars without recourse. These include: don't believe salespersons, get everything in writing in understandable language, have your attorney review all documents before signing, see systems in operation or have your office manager do this at different practices—spend enough time and ask enough questions and offer to pay the physician for the time you spend with his office personnel. Expect to keep parallel records for at least 60 days and 6 months of operative experience with the accounts receivable before adding any other software functions. Go slowly, carefully, and thoughtfully! Good luck! Careful planning reaps many benefits.■

From: *San Francisco Medicine*, August, 1985.

Letter to the Editor

Dear Editor,

On behalf of Children's Home Society of Washington, thank you for your very generous support of our Apple Project. The full-page public service ad on the back cover of the November Bulletin was greatly appreciated and certainly exceeded our expectations.

Over the last three years our apples sales have steadily increased helping make it possible for us to serve the children and families across the state. It is the commitment like yours that have enabled this success to occur.

Again, thank you for your belief in our quality product and our quality programs.

Sydna Koontz
Executive Assistant

AUXILIARY NEWS

Art Auction Feb. 14, 1986

Sponsored by the Pierce County Medical Society Auxiliary.

The Robert Sills Gallery of North Hollywood is presenting this premium art. Mr. Sills, the most efficient and entertaining auctioneer, will personally conduct the auction. Mr. Sills is graciously donating a signed and numbered lithograph by Salvador Dali for our door prize drawing.

The Place: *Charles Wright Academy, 7723 Chamber Creek Rd. West*

The Time: *Preview, 7:00 p.m. Auction, 8:00 p.m.*

The Fee: *$2.50 per person/$5.00 per couple (very reasonable)*

The Goodies: *Wine and Hors d'oeuvres*

The Reason: *Auxiliary's main fund raiser for the year.*

Our monetary percentage from the auction depends on the amount of art sold. There will be a wide price range offered so this is the opportunity to please your "sweetie" with a valentine gift, furnish your office, brighten up that dull wall or hall at home, or plan ahead for next Christmas.

Come. Bring your friends, neighbors, relatives, art collectors, dealers. All are welcome to make this evening a huge success!

Gourmet Meals Anyone?

Start 1986 with a new experience. Jan. 25 marks the first dinner for the Couples Gourmet Group. Other fourth Saturday dinners will be in March and April. Each couple prepares and serves part of an elaborate, several course dinner. At each dinner the couples are different than the time before, thus providing an opportunity to renew old friendships or to make new ones as you relax and converse on anything but medicine. Old and new members, to make reservations call 627-2716, morning or early evenings. Reservations must be made by Jan. 10, 1986.

Doll House to be displayed at Art Auction

The doll house project is finally underway. The dimensions are awesome for this Victorian mansion. If all goes well, the finished product will be displayed at our big fund raiser, the Art Auction held at Charles Wright, Feb. 14. The winning raffle ticket for this lovely 13 room doll house will be drawn during the Joint Meeting, March 11, at the Fircrest Golf Club.

Kris White and Dianna Ames, Co Chairs of the Handicapped Awareness Committee have been working the past four to five months to find a willing instructor working with the handicapped in the public schools to undertake the doll house construction as a classroom project. This did not materialize as we had set our expectations a bit too high.

We are most fortunate to have a Board Member in Auxiliary this year who is well aware of her husband's ability and interest in building a canoe and incidently, a doll house. Well, perhaps not exactly in that order, but the doll house project was the first one introduced, and as you are reading this, it should slowly be taking shape.

In the next issue of the *Bulletin* perhaps there will be a picture of Martin Schaferle and sons Marty and Matt, working diligently on this Victorian mansion. Tickets will be sold to Auxilians for $1.00 or 6 for $5.00. We will appreciate your assistance with this project also. After paying for a fairly large initial investment, proceeds will go to assist the handicapped in Pierce County.

We as members of the medical community are fulfilling our purpose as Auxilians:

To assist in those programs of the Medical Society of Pierce County that improve the health and quality of life for all people.

To promote health education.

To encourage participation of volunteers in the activities that meet health needs, and to support health related charitable endeavors.

Philanthropic Committee Report approved

The Pierce County Medical Society Auxiliary approved the Philanthropic Committee report at the Nov. 15 General Membership meeting.

The following funds are to be disbursed in the fall of 1986 (1985):

$650.00 Diabetes Association

$250.00 CHORE (Elderly Respite Program)

$475.00 Lifeline (Good Samaritan Hospital)

The following organizations will be given funding after our Feb. 1986 Art Auction Fund Raiser:

Children's Home Society of Washington.

WWEE (Washington Women's Employment and Education).

Rural Family Support Program (Good Samaritan Hospital).

Birth to Three

FADEOUT (Fife Alcohol Drug Education Outreach)

Neighborhood Clinic

The Philanthropic Committee also recommended the following:

1) that the Medical Auxiliary loan the Birth to Three Program the use of the Auxiliary's VCR.

2) that the proceeds from the doll house raffle be donated to New House.

3) that the proceeds from the January brunch with Jeff Smith be donated to the YWCA Women's Support Shelter.

The committee also recommended that FADEOUT be submitted as our candidate for the State Auxiliary Philanthropic Award, and Neighborhood Clinic be designated as the main recipient of our Art Auction.

Members of the Philanthropic Committee were Marlene Arthur, Chair; Helen Whitney and Mimi Jergens, PCMSA Board; Joan Sullivan and Mary Lou Jones, General Membership; Ginny Miller and Susie Duffy, Ex Officio.

Brunch with Jeff Smith: Jan. Meeting

Jeff Smith, Tacoma's own Frugal Gourmet, will be the featured speaker at the Jan. PCMSA meeting at the Oakbrook Golf and Country Club. Smith is the author of the number one best selling cookbook, *The Frugal Gourmet*. He is also host of the syndicated television show bearing the same title. He has been a guest of the Phil Donahue Show. With his wit and wisdom, this is sure to be a fun and informative program.

All proceeds from the sale of the brunch tickets will go to the YWCA Women's Support Shelter. Hostesses for the meeting will be Jessie Gillespie and the Western Clinic Wives. Mrs. Lester (Pearle) Baskin, 1947-48 past president of PCMSA and close friend of Smith, will introduce our guest speaker.

The meeting will begin at 9:45 a.m. Brunch will be from 10:15 a.m. to 11:00 a.m. The program is scheduled to begin at 11:00 a.m. and will run until noon.

Reservations must be made by sending a check for $12.00 per person to Alice Wilhyde, 515 N. C St., Tacoma, WA 98403 by Jan. 10, 1986.

Guests are welcome, so bring your friends for a "fun" morning.

Newcomers

We were happy to welcome the following newcomers at the Sept. Welcoming Coffee at Little Church On the Prairie: *Joan Geble, Kim Nelson, Judy Chan, Terri Virant, Elizabeth Trupp, Emily Schoenfelder*, and *Kathleen Birlenbach*.

Joining us at the interesting November meeting "Women in Transition" was *Kay Plonsky*. It is a pleasure to see these new faces. We are pleased to welcome each of them and hope that they will participate in the activities of the Auxiliary.

AMA-ERF Fund Raiser Big Success!

A big thanks to everyone who so generously gave to the AMA-ERF Holiday Sharing Card. It is with pride that we are able to send $12,885 to the American Medical Association Educational and Research fund.

Our gratitude to Sharon Gilbert and Carol Hazelrigg for the many hours they volunteered in completing this project. Thanks also to Carolyn Modarelli for coordinating the children's art contest from which the designs for the card were chosen. Congratulations to Stefan Kirk for producing the winning design.

Many thanks to the women who spent hours addressing and preparing the envelopes for mailing.

The recently held gift wrap and ribbon sales produced a profit of almost $120.00

Telephone Answerers Needed!

Ella Turner, Publicity Chair for the Auxiliary, has received word from KTCS, Channel 9, Seattle, that twenty telephone answerers are needed Jan. 15, 1986. This is in response to our offer to assist in one of their fund drives.

If you are interested in volunteering from 1:00 p.m. to 6:30 p.m., Jan. 15, or wish to be placed on an alternate list, contact Ella for further details and carpooling at 581-1060.

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.

CARL PLONSKY, MD, *Pediatrics* Born in Pennsylvania 2/11/43; medical school, Georgetown Medical School, 1968; internship, Medical College of Virginia, Pediatrics, 7/68-6/69; residency, Medical College of Virginia, Pediatrics, 7/69-6/71; fellowship, University of Washington, Developmental Pediatrics, 7/79-6/80; fellowship, Childrens Orthopedic Hospital, Behavioral Pediatrics, 7/80-6/81 Washington State License, 1979. Dr. Plonsky is currently practicing at 1901 South Cedar, Tacoma, Washington.

HENRY J. ZIELINSKI, MD *General Surgery* Born in Jersey City, New Jersey; medical school, Loyola-Stritch School of Medicine, 1975; internship, Madigan Army Medical Center, 7/76-7/77; residency, Madigan Army Medical Center, General Surgery, 7/77-7/82 Washington State License, 1985. Dr Zielinski is currently practicing at 902 South L Street #202, Tacoma, Washington.

DONNA M. TAKAHASHI, MD, *Pediatrics* Born in Sacramento, California; medical school, University of Rochester School of Medicine, 1978; internship, University of California, Pediatrics, 7/78-6/79; residency, University of California, Pediatrics, 7/79-6/81 Washington State License, 1985. Dr Takahashi is currently practicing at 7108 Pioneer Way, Gig Harbor, Washington.

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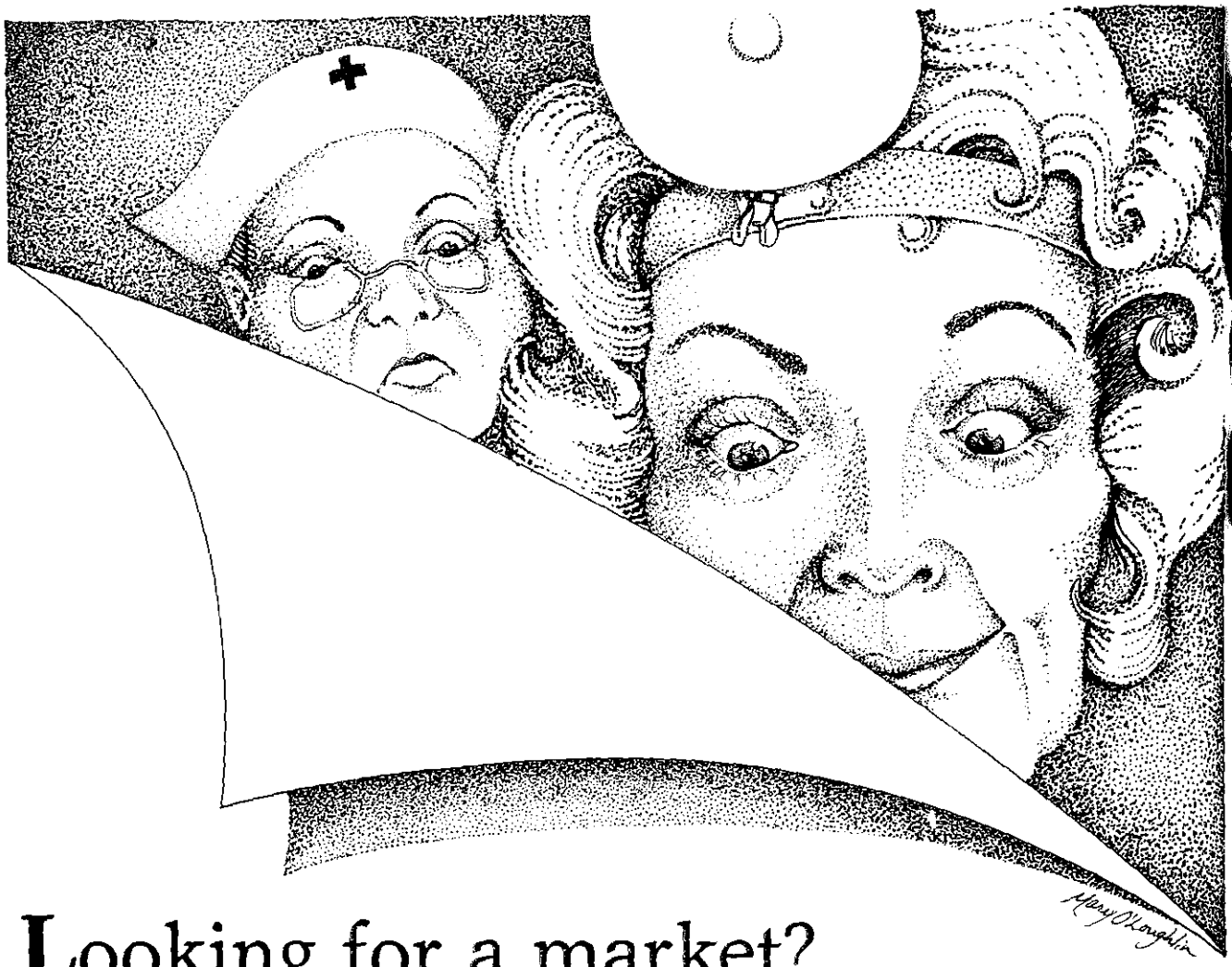

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But they don't lend their books and magazines. They sell them. And what magazines they don't sell, they shred. Pacific Periodicals shreds 80 tons of recyclable waste paper a month.

"Magazines are as perishable as peas and carrots," says Bud Truebenbach, general manager.

"That's been the trouble with dealing with banks," he says. "Other banks were only interested in collateral. Half of my $500,000 inventory ends up as shreds each month when we pass the newsstand date."

"No one would look at us for debt service or cash flow beyond the balance sheet."

That is, no one except North Pacific Bank.

"North Pacific looked at our business, our track record over the past five years and our plans for the future. That's the kind of partnership a business needs from a bank—not an adversary position," said Bud.

Today Pacific Periodicals has 45 employees and services more than 500 retail outlets.

North Pacific Bank is committed to helping independent business in and around Tacoma. We believe that going to a bank for a loan shouldn't make you feel like you've been through a shredder.

If you've read any good books lately, chances are they came from Pacific Periodical Services in the Lakewood-Tacoma Industrial Park.

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The Bulletin

MEDICAL SOCIETY OF PIERCE COUNTY February 1986

Legislative Session 1986

Auxiliary Art Auction, Feb. 14 . . .

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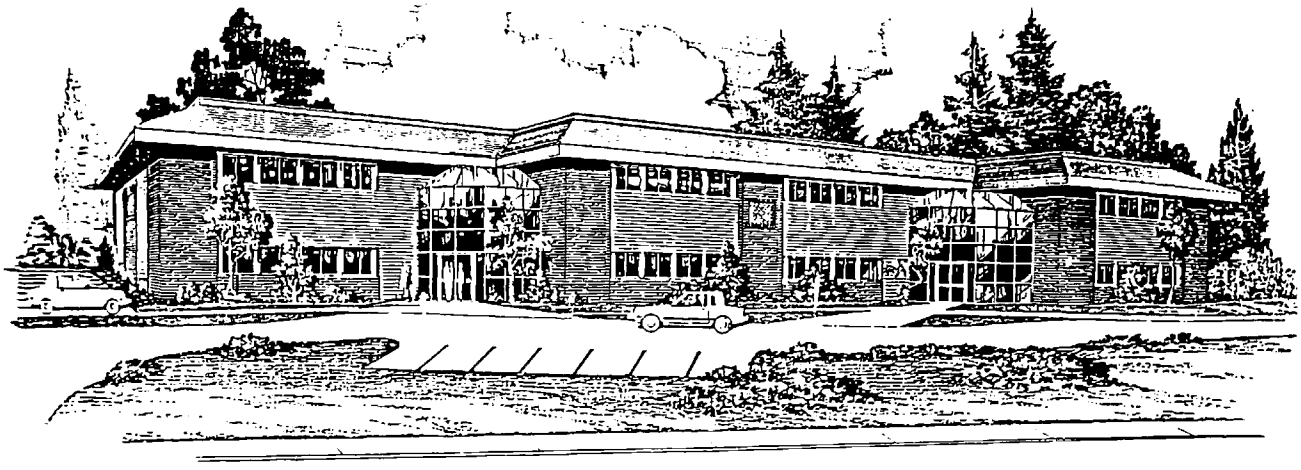

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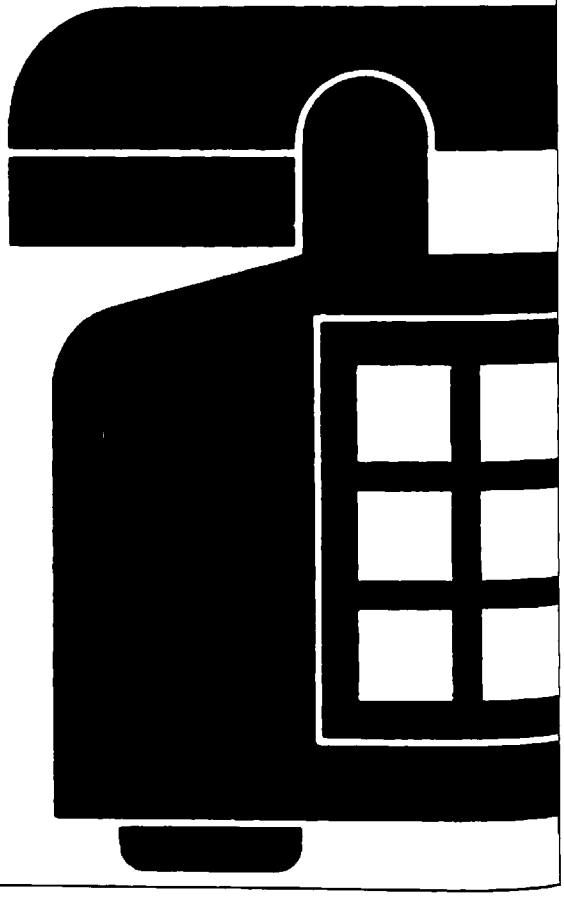


The Bulletin *The official publication of the Medical Society of Pierce County*

In This Issue

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) 572-3660. 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. *The Bulletin* and the Medical Society of Pierce County reserve the right to reject any advertising. Advertising rates may be secured from MK Tipton Communication Services, 2607 Bridgeport Way West, Suite 2C, Tacoma, WA, 98466, (206) 564-5831. *The Bulletin* is printed in Tacoma, Washington by Lakewood Printing.

President's Page

On Professional Liability Reform

It is hardly a new issue, but the problem of professional liability insurance has heated up. For those of you who read only the first paragraph of this page, let me make sure you do not miss the take home lesson: please contact your legislators and ask them to do something about it.

Some of you intend to read this entire page. However, if you are short on time I would ask that you stop reading now and pick up your dictaphone: it is more important that you write your legislators than read this page. So dictate a letter that says that professional liability insurance is a problem, and that you would like the Legislature to do something about it.

What is the big deal about getting in touch with legislators? As more individuals contact each legislator the chances are increased that they will recognize this as a problem that needs a solution. Numbers influence legislators. Maybe it can be said that physicians do not have enough numbers to influence legislators, that non-physicians must be involved. Even so, that should not keep us from making the effort, from doing our part. How hard is it to write a letter?

In a sense it could be said that physicians who do not contact their legislators are hurting the campaign. It would not be hard for a legislator to figure the number of doctors who do *not* write or call; perhaps this malpractice thing really is not much of a problem if doctors do not even bother with it.

LETTERS WILL SOLVE THIS?

No, letters alone will not solve this problem; no *single* action will do it. To get meaningful legislative changes will require concerted effort on many fronts. The experience in other states tells us that the cornerstone of a successful campaign is the involvement of individual physicians.

Other things that are happening in this campaign include lobbying by our leaders and professionals, physicians speaking before various groups, media relations, meetings with local legislators, formation of community action teams of physicians and others, meetings with coalition members, public education, and plans for visits to Olympia.

The coalition of physicians and non-physicians is a most promising development.

1986 LEGISLATURE

As you read this, the Legislature is about half way through their 1986 Session. Time is running out.

I think we do have an opportunity in the 1986 Legislature.

The Legislature cannot be expected to act on professional liability reform in 1986 unless they think it is an important problem; unless they hear from you, your legislators will not know that it is important to you

EXCUSES

Why are some people reluctant to write to their legislators? Let me respond to some of the possibilities.

Excuse: That is why we have a Medical Society President. Response: I am working hard on it. But convincing legislators to do something requires that they hear from individuals in their own district. Numbers influence legislators.

Excuse: Malpractice insurance is not important. Response: Get your head out of the sand.

Excuse: They would not be interested in hearing from me. Response: Legislators do notice when their constituents contact them. Numbers influence legislators.

Excuse: It will not do any good. Response: What is the alternative?

Excuse: It is too late. Response: I hope not.

Excuse: I do not know how to write such a letter. Response: Here are some suggestions:

WRITING THE LETTER

It can be very simple; do not think that you have to explain the entire problem and its solution, and justify all your opinions. It is enough to just say that you think it is an important problem and that you want the Legislature to do something about it.

The most significant thing is that each of your legislators must hear from you. Numbers influence legislators.

It is so hard to get started, you say. I have some suggestions. "As the Legislature considers reform of malpractice insurance and liability tort laws, I want to be sure that you hear my opinion, and hope that you will give it due consideration . . . ." Or, "This week I read an article that . . . (enclosed); I think this is another example that our system for personal injury compensation is out of balance . . . ." Or, "The Legislature is being asked to reform the laws about liability insurance and personal injury tort . . . ." Or, "This morning I ordered some tests on a patient that were unnecessary, but that will help protect me in the event things do not turn out as we hope—an example of defensive medicine . . . ."

THE TAKE HOME LESSON

Contact your legislators today about the problems of professional liability insurance. They need to hear from every one of us. Numbers influence legislators.

—— *Richard Hawkins*

NEWSBRIEFS

Legislative Session: 1986.

Professional Liability

Over 40 businesses, professional, governmental and community organizations combined to propose the "Coalition Reform Bill" to the 1986 Legislature. The WSMA reports it is cautiously optimistic about the Bill. The Bill will limit non-economic damages to $250,000; provide itemized verdicts; provide periodic payments; apportion damages (joint and several liability); limit attorney fees.

Uncompensated Care: Basic Health Plan

Senator Jim McDermott will again introduce his "Basic Health Plan" with some changes in proposed funding from last year's effort. Rather than seek funding by taxing physicians and hospitals, the Plan calls for a 1/10th of one percent sales tax increase.

Medical Society Speakers enlist public support with liability crisis

Members of the Medical Society have been busy appearing before community groups, such as Rotary, Lions and Kiwanis clubs to give them the message that the liability crisis is no longer only a problem of the medical community but that of society.

Drs. W. Ben Blackett and Richard Hawkins have addressed the Gig Harbor Lions Club, and the Fife-Milton and Lakewood Rotary Clubs. Other presentations are being scheduled. Both report they are receiving a good response from their audiences.

New home for Tel-Med Tape Library

Pierce County Medical Bureau is the new home of the Tel-Med Tape Library.

An excellent resource for the community, Tel-Med is a library of tape recorded health care messages that address a variety of topics. The tapes are designed to give listeners information on how to stay healthy, recognize early signs of illness, and adjust to serious illness.

Tel-Med is not designed to replace professional medical or dental care. It should not be used in an emergency or to diagnose an illness.

Each tape is 3-5 minutes long, carefully prepared and screened by a panel of physicians and other health care experts for accuracy and presented in a straightforward, easy-to-understand manner.

The Tel-Med service is free, easy to use, and confidential. To use the service the caller dials the Tel-Med number and asks the operator for the desired tape by number.

For more information or a copy of the Tel-Med brochure call the Health Education Department of Pierce County Medical at 597-6655.

Volunteer for the Health Fair Booth!

The annual Tacoma Mall Health Fair will be held on Feb. 14, 15, 16. The Auxiliary will once again have a booth featuring free blood pressure tests.

The Health Fair provides the opportunity to meet the public and gives the Society and Auxiliary outstanding visibility. Past volunteers at the booth all report having had an enjoyable time administering the tests and answering the many questions posed.

Newsbriefs continued on page 6

Board Report Dec. Meeting

••During the December meeting of the Board, the EMS Committee reported it is continuing to investigate the liability insurance coverage available to Base Station Physicians.

••The Public Health/School Health Committee reported it is pursuing the fluoridation of the Tacoma Water supply in 1986. Returns are coming in on the survey of smoking policies of the Pierce County schools that the Committee sent out.

••The Board approved the Credentials Committee recommendation that the following applicants for membership be approved:

Frederick J. Carlock, Anesthesiology

Christopher J. Harris, Urology

Theodore K. Inouye, General Surgery

Martin Mendelson, Family Medicine

Frank M. Senecal, Oncology/Hemotology

Patrice N. Stevenson, Physical Medicine/Rehabilitation

Gary V. Trupp, Ob/Gyn

••Tentative revisions to the present Bylaws were reviewed and recommended to be forwarded to an attorney for review and comment.

••The Board reviewed a request from the Tacoma Firemen's Pension and Disability Board for assistance in obtaining medical profession classification and basis for drug and/or illegal substance usage and chemical dependency.

MSPC members and spouses attend Annual Joint Dinner Meeting.

Nearly 225 members and spouses attended the Annual Joint Dinner Meeting, Dec. 10, at the newly opened Holiday Inn. It was a joyous occasion with comedian Stan Boreson, long-time Puget Sound TV personality, keeping the crowd roaring with laughter at his Scandinavian brand of humor.

The meeting was the occasion for Dr. Guus Bischoff to relinquish the MSPC presidency to Dr. Richard Hawkins and for introduction of the newly elected Medical Society Officers and Trustees.

Dr. Bischoff presented plaques of appreciation to outgoing Trustees and Officers for their service on behalf of the Society and community. Plaques were presented to Drs. Bruce Smith, vice president; Robert W. Osborne, Jr., secretary-treasurer; James "Pat" Duffy, immediate past president; Trustees John McGowen, Marcel Malden, C. Stevens Hammer and Myra Vozenilek. The following new members of the Board were introduced: Kenton C. Bodily, Vice President; Richard G. Bowe, President Elect; Robert B. Whitney, Secretary-Treasurer; Michael Halstead, Trustee; Peter B. Marsh, Trustee; Paul D. Schneider, Trustee.

Illinois' Medical Malpractice Reform Act declared unconstitutional.

Illinois' Medical Malpractice Reform Act of 1985 was declared unconstitutional Dec. 18, by an Illinois circuit court. The court struck down the five major provisions of the law, which went into effect Aug. 15. The law creates panels to review malpractice claims before trial and prohibits plaintiffs from collecting awards from both their insurers and the defendants.

The law also requires structured payments for damages after the first $250,000, abolishes punitive damages against physicians, and forms a sliding scale for lawyers' fees. The court ruled that the law is unconstitutional, in part, because it violates plaintiffs' right to jury trials.

Illinois State Medical Society President Dr. Morgan Meyer, however, responded that the law "denies no patient his or her day in court." Without the new law, the legal system is costly, inefficient, and "benefits lawyers, not the injured patients," according to Meyer.

The law was challenged by a Chicago malpractice attorney. The state plans to appeal the ruling to the Illinois Supreme Court. The law will remain effective until a ruling is made by the high court.

From *Hospital Week*, Dec. 20, 1985, Vol. 21, No. 50.

Medicare and other health programs could be facing deep cuts

President Reagan signed legislation Dec. 12, 1985, that includes an amendment designed to eliminate the federal budget deficit by 1991. The amendment, attached to a bill that raises the federal debt ceiling to $2 trillion, proposes to eliminate the deficit by setting fixed deficit reduction targets in each of the next five years. The measure also empowers the president to sequester money from most federal programs if Congress fails to meet those marks.

The amendment, introduced by Sens. Phil Gramm (R-TX), Warren Rudman (R-NH), and Ernest Hollings (D-SC), could force significant cuts in Medicare and certain other health programs. Social Security, Medicaid and seven other low income relief programs are exempt from the measure.

The impact on Medicare will be felt in March 1986, when about $11.7 billion in budget cuts will be required to meet FY 1986 deficit reduction targets. Under the plan, Medicare payments to hospitals could be reduced by a specified percentage, limited to 1 percent in FY 1986 and 2 percent in FY 1987 and thereafter.

The reductions would be made from whatever payment level has been set under Medicare law and regulations for that fiscal year. For example, if Congress granted a 1 percent increase in DRG rates for FY 1986, and a presidential sequestration was needed to reduce the deficit, then DRG rates could be reduced by up to 1 percent as of March 1986, effectively freezing DRG rates.

From *Hospital Week*, Dec. 13, 1985, Vol. 21, No. 49.

Living Wills: A Physician's Dilemma

The following article on living wills is by Jeff Smith, legal counsel for MSPC.

The Editor

"The Washington State Legislature has recognized the right of mentally competent individuals to forego life sustaining medical treatment during their final, terminal illness. The "Natural Death Act" allows an adult individual to decide prior to the onset of a terminal illness to forego life sustaining procedures or to have such life sustaining treatment withdrawn.

Any person 18 years of age or older, of sound mind, may sign a directive to his/her physician instructing them to withhold/withdraw heroic health care measures. This must be witnessed by two qualified adults who are non relatives, not health care providers providing care to the individual or employees of involved health care facilities.

The patient must have been diagnosed and verified in writing to be afflicted with a terminal condition by two physicians who have personally examined the patient (not the attending). A terminal condition is defined as "an incurable condition caused by injury, disease or illness which, regardless of the application of life sustaining procedures would produce death or serve only to postpone death."

In the opinion of the attending physician, death must be imminent whether or not life sustaining procedures are utilized. Before any life sustaining procedures are withheld or withdrawn, a reasonable effort must be made to insure the patient's competence. The directive and all steps proposed by the physician must be in accord with the desires of the patient. If the patient is comatose or incapable of communication, the directive is conclusively presumed to represent the wishes of the patient until the disability has been removed. A directive may be revoked at any time by the patient regardless of his/her mental state.

A "durable power of attorney," when properly executed, can be utilized in lieu of a living will by a patient to direct his/her physician concerning utilization of extraordinary life sustaining measures.

Whenever a physician is faced with a situation that causes concern, hospital administration and the physician's attorney should be looked to for assistance and guidelines. The Medical Society and the Washington State Medical Association can also provide meaningful assistance when a physician is faced with the difficult and complex decision to remove life sustaining treatment. ■

Editorially Speaking . . .

Do you use the "here's the best" method? Or do you like the "list-of-three" method?

By Stanley W. Tuell, MD

A wise old general practice doctor in Tacoma once told me that when he referred a gallbladder patient, he would say, "I'm sending you to the best darn gallbladder surgeon in the Northwest. His name is Doctor A." He was using the "here's the best" method of referral.

The bend-over-backwards-to-be-fair method is favored by other physicians, who prefer to say, "Here's a list of three well-qualified surgeons (or internists, or general practitioners, etc.). You take your pick and call one for an appointment.

For blunt honesty, the second method is probably the most commendable. Tacoma has a number of competent physicians in each of the fields of medicine. This method gives the referring physician a sense of fairness to his colleagues.

However, for certain patients, the referring physician—like the wise old G.P. mentioned above—can be of real help to the consultant, and hence to the patient, if he can make his recommendation in a manner that will send the patient into the next doctor's office in a receptive and confident frame of mind. The "here's the best" approach helps achieve this.

A highly intelligent and emotionally mature patient may accept the "list-of-three" method without loss of confidence. However, many patients need a strong feeling of emotional dependence on their doctor, and the "list-of-three" method may leave them with a feeling of insecurity. They lack confidence in their ability to make a decision that they had expected their doctor to make for them, and as they approach the new doctor, they are disturbed by the thought—"I wonder if I'm choosing the worst of the three."

It would be analogous, and equally detrimental to the effectiveness of the treatment, if we were to hand a patient three prescriptions, saying, "Here are three different medicines of equal value. You take your pick of which one you like and start using it." The medication is more likely to be effective if you tell the patient you are prescribing the one medication most likely to be of benefit for his particular problem.

Even if the "best-in-the-northwest" method is too extreme for you, perhaps you will agree that the "list-of-three" method is not always the best, either. For certain emotionally dependent patients, you will potentiate the effectiveness of Doctor A if you say to the patient, "Doctor A does excellent work in this field and I would like to send you to him (or her)." Your sense of fairness to the equally competent doctors, B and C, can be satisfied by subsequent referrals. Or, if Doctor A turns out to be out of town, or the patient has a personal dislike for A, you may present Doctor B as being equally competent and conscientious.

The effectiveness of any mode of therapy is related in part to the confidence of the patient in that therapy; hence, the importance of the method of referral in its influence on the confidence of the patient in his new doctor. ■

(Revised from an editorial I wrote for the December, 1962, Bulletin.)

A Look Back: Medical Society of Pierce County Takes Shape

First published in the Bulletin, Sept., 1975 by Mrs. Robert Kallsen.

With the invitation of James Wintermute, whose tale was told in the January issue of the Bulletin, the Medical Society of Pierce County was launched some 97 years ago. The first president of the Society was an enterprising Doctor named Henry Clay Bostwick, who some might say was more interested in lining his pockets than practicing medicine.

The Editor

Early in 1871 Henry Clay Bostwick arrived in New Tacoma, Washington Territory, and established one of the town's first businesses, a drugstore at the corner of 7th and Pacific. Doctor Bostwick also engaged in the practice of medicine.

In the summer of 1880 Doctor Bostwick invited his old friend from Kansas City, A.J. Baker, to come look at the town with the view of starting a bank here. The result of Baker's visit was a partnership with Doctor Bostwick and W.B. Blackwell to establish Tacoma's first bank.

They bought a lot at the corner of 10th and Pacific and erected a frame building containing a vault said to be the best in the Territory. The bank was opened for business in October, 1880, under the name of the Bank of New Tacoma, capital $50,000, President, H.C. Bostwick. Within the first year deposits were reported to have reached a total of $500,000, real estate values had steadily advanced and building construction reached boom proportions.

Doctor Bostwick is thought to have been the first physician in practice in Tacoma, although R. Lansdale was located in Tacoma from 1869 to 1873, and Doctor Spinning of Puyallup had first located in Tacoma years before. One thing is certain . . . Doctor Bostwick was Tacoma's first bank president.

In 1881 smallpox was reported from so many localities throughout the U.S. as to cause widespread apprehension, and an appropriation was made by Congress of $100,000 for relief. Early in October of that year it appeared in New Tacoma, took hold with violence and quickly spread in all directions. This was at the peak of the building boom, with a large amount of the Bank of New Tacoma's capital out in loans. The scare of verified rumors approached panic. Construction work slowed . . . the building boom threatened collapse.

The first cases of smallpox were found in the family of a waiter in the Halstead Hotel whose father-in-law had died and whose four children were sick with the disease. By that time new Tacoma had

continued on page 23.

Help . . . Temporary Style

By Sue Asher, Director
Membership Benefits, Inc.

What do you do when your tried and true office nurse gets the flu, calls in sick and you have twenty patients scheduled to be seen? Rather than burden yourself, your other office staff and especially your patients, why don't you call your Medical Society Placement Service. We are able to provide skilled, professional personnel within few hours notice in most instances.

For employers, temporary workers can solve many problems and be available for many reasons.

What do you do when your one-person office employee asks you for a few extra days off that you feel she legitimately deserves? Do you deny the request because you have no alternate office coverage? Rather than create an unhappy employee and make yourself feel like an ungrateful employer, why don't you call your Medical Society Placement Service. We will be happy to help you.

The Medical Society Medical-Dental Placement Service is able to provide personnel for you with the skills you specifically request, for the amount of time you specifically request as well. Temporaries can work for one day or up to sixty days. The quality of temporary personnel has increased tremendously for various reasons within the last few years. "Many people who either want to, or have to be a part of the work force are opting for career temporary positions," says Diane Ford, national field manager for Dunhill Personnel System, a major network of recruiting specialists. "They have the option of working as much as forty hours per week or less if they so desire."

Industry officials have reported that workers who have held full time jobs are switching to a life as permanent temporary employees, whether it's to tide them over until their next acting assignment, give them something to do in retirement or provide the freedom to take time off to spend with their children.

For employers, temporary workers can solve many problems and be available for many reasons, for example, to cover for illness and vacations, to assist during seasonal increased workloads or to fill in while trying to replace a worker who has terminated. Temporary personnel can bring new ideas, fresh enthusiasm and increased morale for many office situations. But what about the cost. Is it worth it, or do you have to struggle thru the vacations, sickness and busy seasons with an increased workload and additional stress for everyone?

An examination of the costs will be interesting and enlightening for those who are unfamiliar with what is involved. If you were to call one of the temporary employment services in the local area because your receptionist will be sick for two days, you would be sent a person who had the skills to answer your phones (up to ten lines) and type approximately 45 words per minute. The cost to you would range from $6.95-$8.05 per every hour this person works for you with a minimum of four hours. Keep in mind this person has no medical background and if you used her two days at seven hours per day it would cost you from $97.30-$112.70. The agency pays the employee a minimum hourly wage and the remainder is their fee for the service.

The fee is 25% of the employees gross earnings, but only 15% for MSPC member physicians.

The Medical Society fee structure for temporary positions works differently. The employing physician pays the temporary person as they would any regular employee, and the hourly wage is between the employee and employer. The fee for this service is billed in addition, to the employer. The fee is 25% of the employee's gross earnings, but only 15% for MSPC member physicians.

If you are a member physician and you called the Medical Society for the two day replacement for your receptionist you would receive a qualified, trained receptionist with medical office experience. For the 14 hours she works for you, you can pay her $5.00, $6.00, or $7.00 per hour (your choice) for total gross earnings of $70.00, $84.00, and $98.00, respectively. With your discount you would be billed 15% of the total gross income or $10.50, $12.60, or $14.70, with the total costs being $80.50, $96.60, or $112.70.

The real advantage of the Medical Society is that your temporary employee does have medical office experience.

Comparing the Medical Society cost to other local agencies the ranges are not dissimilar = $97.30-$112.70 compared to $80.50-$112.70. The real advantage of the Medical Society is that your temporary employee does have medical office experience and she will get paid a higher wage directly from you than thru other agencies. Benefits for the employee and for you, the employer, make it more attractive for both.

Many temporary positions become permanent placements. The temporaries bring such positive changes to an office, the employer decides to make the change into a permanent one. The contract the employee signs describes the difference between temporary and permanent: A temporary position is a position which at the time of acceptance is intended by the employer, the employee and the Placement Service to last less than 60 days. The fee for a temporary position which becomes permanent will be charged in accordance with the per-

continued on next page.

manent rate, with credit given for any temporary fee previously paid. If thirty days elapses between a temporary position and a permanent position with the same employer, the Placement Service will charge a permanent fee based on the regular full fee schedule. The employer always pays temporary fees, and the applicant is responsible for permanent full and part time fees.

The employer always pays temporary fees, and the applicant is responsible for permanent full and part time fees.

Everything considered, maybe it's time to think about temporaries. A quick review of the advantages for employers:

1) To cover for illness and vacations
2) Reduce heavy workload
3) Allows more flexibility for regular employees
4) A 10% discount for member physicians
5) Perhaps bring new enthusiasm to your office

Remember, we can get temporaries to you in a very short time period. So next time your office nurse calls in sick, or your one-person office employee asks for extra days off, you do have a solution. Call the MSPC Placement Service, run by MBI, 572-3709. We're here to serve you. ■

NEXT: PERSONNEL ISSUES . . . DOCUMENT, DOCUMENT, DOCUMENT.

Do You Really Know Your Practice's Value?

Most medical practices in today's economy have values beyond their equipment and accounts receivable. Rather than ignoring the facts, sole practitioners and group practice arrangements should keep themselves abreast of current underlying economic realities.

According to a recent article by Leif C. Beck, Geoffrey T. Anders and Dorothy Sweeney, principal consultants for Health Care Consulting, Inc., Bala Cynwyd, Pennsylvania, it is a good idea for physicians to have their practice valued periodically.

"There are at least five common situations in which an independent appraisal of a physician's practice's real economic worth, including its goodwill value, is helpful," says the article.

1. *Divorce Valuation.* According to the article, while this is the least pleasant undertaking, "newly developed law virtually requires appraisal of a divorcing doctor's practice." "Under the theory of 'equitable apportionment' as well as in community property states," the article reports, "all the husband's and wife's assets must be valued so an 'equitable' property division can be made between them."

According to the article, a physician can virtually be brought to ruin by some "theories of practice goodwill value based on 'excess earnings.' " Since the theories, states the article, have "little or no relation to how practices are actually bought and sold, it behooves a doctor and his or her lawyer to select an appraiser experienced in actual medical/dental sale transactions.

2. *Sale of Practice.* Considering retirement or a drastic life change may be the first time a doctor really becomes concerned with the actual value of his or her practice. "Since the increasing doctor supply," says the article, "is now creating an active market for most kinds of practice, the information will translate into strategic planning for one's economic future."

According to the authors of the article, physicians considering retirement or a drastic life change should have their practice appraised at least one year before they plan to leave in order to structure their practice year for maximum sale price while searching for a buyer without "last minute panic."

3. *Partner Buy-Ins/Pay-Outs.* "Too many group arrangements ignore a really economic fact of medical practice," reports the article. "If a solo practice could sell at a certain goodwill value, then a new doctor's buy-in and a departing member's pay-out should recognize the same value. If a group disregards this fact a physician would have a greater return by staying solo. Independent appraisal of a practice's worth can help assure that group arrangements for new partners and for departing partners (whether due to retirement, death or resignation) are fair on all sides."

4. *Credit Worthiness.* There may be times when a physician is seeking a bank loan for his or her practice or for personal reasons. Getting an appraisal, according to the article, enables the physician to "properly beef up the financial statement," which may in turn improve borrowing power.

5. *Estate Planning.* In the event of death, a physician's practice may have "considerable goodwill value" which, according to the authors, can be realized if the executors of the estate move quickly to find a buyer. "Sensible estate planning calls for assuming an orderly sale long before death, in which case the proceeds become part of the estate's disposable assets. Having a realistic appraisal of the practice's value will help make the planning process much more useful." ■

Realities in Selecting Computer Power

By Paul E. Lavoie, MD

The following is the third and last in a series of computer articles the ***Bulletin*** *has presented over the last three months.*
The Editor

Ever so gradually, practitioners are computerizing their offices. The results are quite variable, however. The cautious physician who surveys his operational needs and chooses to computerize the one or two most voluminous and repetitive tasks is more likely to be content than the one who chooses to broadly apply computer processing to all aspects of his opearation. It is so easy to become enamored with the potential power of these devices. They are exciting in both appearance and function. What is too often not regarded is their potential to create havoc as well.

Computer hardware-software companies servicing medicine have proliferated and rightfully so. The potential market is great. The readily available services include accounts receivable, automated billing, word processing, accounts payable, payroll, scheduling inventory, record keeping, clinical research, and library searches. There is little uniformity between the offerings and too often there are great incompatibilities between equipments; especially between equipments and software programs. The buyer is easily confused when trying to compare various offerings and understandably so. Rarely is the thrust of the vendor to demonstrate the simplicity and reliability of his system. In order to compete, most vendors feel the need to show the breadth of their programs and their ability to integrate most aspects of office activity. Too little time is spent discussing the costs inherent to such computer power and the processing time required to run a simple task within a highly integrated program. The attraction of being able to take a piece of data entered for one purpose, e.g., patient billing, and to then apply it to other activities, e.g., research or special mailings, can overwhelm the realities intrinsic to such processing. For the sake of speed and simplicity, dedicated software programs still make the most sense in our offices.

Among dedicated programs, word processing and accounts receivable/billing have proliferated the most. Fortunately, the selection of a word processing program is quite simple since this task is not peculiar to medicine and virtually all programs will work in our offices. Some are easier to use than others and this is usually the prime consideration in selection. Accounts receivable/billing programs present more difficulty in selection. Here matters of operational ease, data handling flexibility, tailorability to existing physician fiscal relationships, and stable processing speed as the practice expands, are some of the considerations which are often difficult to address in the marketplace. For a solo physician these variables may be of little consequence. In group practices, though, these times can make the difference between success and failure. I can imagine a solo practitioner being satisfied with the inexpensive "off-the-shelf" software program. I cannot imagine this being the case in most group practices, even small ones. Even in a solo practice I would not be surprised to hear of dissatisfaction with the inflexibility and processing limitations of programs written for the "average" practitioner.

Equipment selections are also usually constrained to those of the sponsoring hardware company. This leads to limitations in optimizing peripherals such as mass storage devices, e.g., hard discs, and printers.

The single "point of contact" is a most important consideration that is too often not offered. By this I mean having a single office to call whenever *anything* is not working according to expectations. It should not be the customer's responsibility to determine if the problem is because of hardware or software or operator malfunction. Yet, many vendors still impose this confusion by offering separate support services through separate locations.

To those readers who are pondering the question of computerization because of certain dissatisfactions with manual systems, e.g., pegboard, or billing services, I would submit that a change should occur because of true vexations or mounting problems with the existing process. Any change, even to the best available office computer system, is likely to cause some disruption, especially in the first month of operation. True, the personnel and other costs will not go up in the long run and the operation should become smooth quickly, but certain intangible costs may likely occur in the short run. Eventually, the satisfaction of having a smoothly running computer in your office can be very personal. ■

Reprint from *San Francisco Medicine*, Aug. 1985.

COLLEGE OF MEDICAL EDUCATION
CONTINUING EDUCATION PROGRAMS SCHEDULED FOR 1985—86
P = Physician Course / A = Allied Health Course

	FEBRUARY			
JH	5, 12, 19, 26	★ Tac Gen Clinical Conf - GASTROENTEROLOGY	BAERG	(P)
TGH	6	EFFECTIVE MEETINGS	VIVIAN	(A)
JH	6, 7	ORTHOPEDICS & SPORTS MEDICINE	POMEROY/ CRADDOCK	(P)
JH	11, 18	MONEY MANAGEMENT	JACKMAN	(P)
STJ	25	CARDIOPULMONARY RESUSCITATION (CPR)	ROMINES	(P)
STJ	TBA	QUALITY ASSURANCE/COST ANALYSIS	CHILTON	(A)
	MARCH			
STJ	6	AMBULATORY SURGERY	CHILTON	(A)
STJ	11	ALTERNATIVE DELIVERY SYSTEMS	NICHOLS	(A)
JH	13, 14	★ TACOMA ACADEMY OF INTERNAL MEDICINE	ROWLANDS	(P)
JH	15	★ DAYS OF PEDIATRICS	SCHERZ	(P/A)
STJ	25	CARDIOPULMONARY RESUSCITATION (CPR)	ROMINES	(P)
	APRIL			
UPS	25, 26	★ TACOMA SURGICAL CLUB	TAYLOR	(P)
JH	2, 9, 16, 23	★ Tac Gen Clinical Conf - INFECTIOUS DISEASE	TICE	(P)
		★ HOME HEALTH SERVICES	KATTERHAGEN	(P)
	MAY			
STJ	1	CRISIS	INGRAHAM	(A)
JH	15, 16	★ CARDIOVASCULAR DISEASE REVIEW	STRAIT	(P)
	JUNE			
JH		★ ADVANCED CARDIAC LIFE SUPPORT		(P/A)

Pre-registration is required for all above courses

For further information or registration
call College of Medical Education
Tacoma 627-7137

ORTHOPAEDICS & SPORTS MEDICINE IN PRIMARY CARE
February 6 and 7, 1986 - Jackson Hall

February 6 - Thursday

8:00 Introduction
8:05 SYMPOSIUM: INJURIES & PREVENTION
- Running Shoes — Jeffrey Nacht, M.D.
- Lower Extremity — Pierce Scranton, M.D.
- Upper Extremity — Gregory Popich, M.D.

10:25 Break
10:50 PRACTICUM: TAKING, BRACING, ORTHOTICS
- Taping — Western Clinic PT Staff
- Bracing — Dana Carnahan, RPT, ATC
- Orthotics — Stephen Fuson, DPM

12:00 Lunch - no host
1:15 EXERCISE PRESCRIPTION — Kenneth Trnka, M.D.
2:00 THE FEMALE ATHLETE
2:45 Break
3:00 SYMPOSIUM: REHABILITATION OF THE INJURED ATHLETE
- Roles of Practitioners, — Mark Craddock, M.D.
- Role of Exercise, — David Pomeroy, M.D.
- Criteria for Return to Play — J. "Zeke" Schuldt, ATC
- Matthew Huish, RPT

5:00 Adjourn

February 7 - Friday

8:00 Introduction
8:05 SHOULDER/ELBOW — W. Brandt Bede, M.D.
8:50 BACK — Mitchell Blakney, RPT
9:35 Questions
9:55 Break
10:10 KNEE — John Bargren, M.D.
10:55 GERIATRIC ORTHOPAEDICS — David Millett, M.D.
11:40 Questions

12:00 Lunch - no host

1:15 FOOT — Stephen Fuson, DPM
2:00 PEDIATRIC ORTHOPAEDICS — Douglas Malo, M.D.
2:45 Questions
3:05 Break
3:15 Scoliosis — Kevin Schoenfelder, M.D.
4:00 ASPIRATION/INJECTION — Robert Ettlinger, M.D.
4:45 Questions
5:00 Adjourn

Coordinators:
David P. Pomeroy, M.D.
Mark F. Craddock, M.D.

PHYSICIANS—HAVE YOU PRACTICED CPR LATELY? HAS YOUR CARD EXPIRED?

ATTEND A CPR TRAINING SESSION—Physicians Only—WITHOUT CHARGE

January 28	7:00 a.m. to 9:00 a.m.
February 25	St. Joseph Hospital Education Center South Pavilion—3rd Floor
March 25	Tacoma

Sponsored by: **COLLEGE OF MEDICAL EDUCATION**
ST. JOSEPH HOSPITAL
PIERCE COUNTY EMERGENCY MEDICAL SERVICES

TO REGISTER CALL: 627-7137

PREREGISTRATION IS REQUIRED—At least 1 week preceding each session!

How Do You Spell M-A-R-K-E-T-I-N-G? Or Do You?

"The thought of it makes some physicians shudder."

By Michael Villaire
Editorial Assistant
for *LACMA Physician*

The article you're about to read was taken from LACMA Physician, Sept. 3, 1985. An informal survey of 100 LACMA members was conducted to determine their attitude toward the concept of "marketing." Member physicians were asked in a telephone poll to give their definition of medical marketing, or marketing of a medical practice. The conclusion: "If the results of the survey are an indication, the definition of marketing, as a means of improving the practice to stay competitive, has not yet fully caught on."
The Editor

Of the 41 who responded to the poll, 13 (approximately 32%) believed advertising was the major part of marketing. This attitude contrasts sharply with the currently held notion of marketing, which places very little emphasis on media advertising in the marketing plan in relation to improvements in the working of the practice itself.

Another 15 (32%) gave a definition which encompassed the major points of marketing but added selling, either through advertisements or public relations, as an equally important aspect. Only seven (17%) gave a definition of marketing as strictly a strategy to improve patient satisfaction and the referral base through improvements in the working of the practice.

The remaining definitions of marketing fell into a gray area, with such responses as encouraging word of mouth, being visible, and having coffee shops on the premises. Two physicians (about 5%) admitted to having no clear idea what marketing was all about, that the concept was confusing at best.

Regardless of how they defined it, the range of emotion stirred by the topic was noteworthy. Many of the respondents were angered by the mention of the word marketing, believing that it was an intrusion on the integrity of medicine. Some of those polled believed marketing was of paramount importance. A sampling of quotes reinforces these two ideas: "Marketing is improving the practice, through both public and private means. One cannot breathe without marketing." "Marketing is just a bunch of hucksters interested in money. I'm disgusted with medicine today, and I can't wait to get out."

After being asked for their personal definition of marketing, those polled were then read the following definition which reflects the current attitude toward marketing:

"Marketing is the sum total of impressions and experience that patients and referring physicians have about a doctor and his practice. Marketing may be carried out through improvements in the working of the practice, including all those elements which make the patient more comfortable with visiting the physician."

Those polled were then asked four questions, based on the above definition. The questions were: Have you done any marketing of your practice in the last year? If yes, has it improved your patient retention and/or your referral base? Are you considering doing and/doing more in the next year? Have you ever considered, or in the future would you consider, attending

a practice management workshop or hiring a marketing consultant?

In response to the first question, 25 of the 41 respondents (61%) answered affirmatively, they had done "marketing" of their practice based on the given definition. Of those 25, 17 (68%) said it had improved their patient retention and/or referral base.

When asked if they would continue doing more marketing in the next year, or start if they had not previously, 30 physicians of the 41 (73%) said yes, they would either continue to do the same things they had been doing or would start if they had not.

Finally, when asked if they had ever or would consider in the future attending a practice management workshop or hiring a marketing consultant, only 23 of 41 (56%) said yes. Of those responding affirmatively, the majority indicated a preference toward the practice management workshops.

Because of the relatively low response rate of this poll, the results may not accurately reflect the opinions of the Los Angeles physician community. Names were computer selected by a totally random process, and each physician was phoned at least twice. Of those who did not respond, 14 were out of the office during the week the poll was taken, another nine declined to be polled, and for various reasons, the remaining physicians did not respond.

Of those physicians who did respond that they were actively carrying out a marketing program to one degree or another, there were a number of interesting methods being employed to improve the practice.

One family practitioner, who conducts practice in the inner city, sent out fliers in the area surrounding his practice announcing free immunizations. A cardiovascular disease specialist added evening hours to the practice.

One internist has two languages in addition to English to expand the possible patient pool. Spreading the word about this particular skill is important to seeing results.

One of the more popular marketing tools used by those polled is the patient information brochure, containing answers to many commonly asked health questions within the specialty, personalized with the physician's name/group name, address and telephone number. A variation on this theme is the physician newsletter.

One such newsletter is *Better Health Newsletter*, published by respondent Dorothy Young Riess, MD, an internist who addresses various health topics in the newsletter but stresses nutrition and preventive medicine. A recent issue addressed such topics as the nature of disease, heat stroke symptoms, prevention and first aid, and a discussion of the role of potassium in the body. Each issue features a recipe which is low in cholesterol, salt and sugar, and contains no preservatives. There also is a reader forum section.

Another improvement in the working of the practice by one physician polled was the patient satisfaction questionnaire used by urologist and former LACMA President Darrell Cannon, MD. The questionnaire asked if the patient saw the doctor at the appointed time, how long they had to wait in the exam room, if the doctor spent enough time with them, if all questions were answered, if their confidentiality and privacy were respected, and if they were treated courteously by the staff. The questionnaire was sent out with the monthly billing, and achieved a 30% response rate.

Dr. Cannon discovered several things from the survey. First, that some scheduling problems existed in his practice, which have since been addressed. Next, that there are certain other problem areas in the practice which were clearly identified by the patients. And finally, patients truly appreciate the opportunity to give their opinions, and feel more important when their ideas are sought. ■

HOSPITAL NEWS

Good Samaritan

Good Samaritan undertakes construction

Over 27 percent of the elderly low income residents of Pierce County reside in Eastern Pierce County. Recent studies have shown, however, that only one assisted unit is available for every 94 elderly residents. Tacoma, by comparison, has one assisted unit available for every 14 elderly residents. An assisted unit is an apartment complex designed for low income elderly citizens to provide accessible, barrier-free, independent living.

Local government forecasts and actual growth trends indicate that Eastern Pierce County's population will continue to grow substantially. Growth projections done by the Puget Sound Council of Governments show a 30 percent increase by the year 2000. This is more than one-and-one-half times what is projected for the county as a whole. Some, if not a great many, will be elderly and with low incomes.

In an effort to provide housing for low-income adults, 62-years-old and older, who cannot afford to maintain themselves in single family homes, Good Samaritan Hospital has started construction of an apartment complex on Parker Road, just south of Main Street in Sumner.

Financed by a $1.32 million Department of Housing and Urban Development loan, the complex will have 40 units, four of which will be equipped for those with physical disabilities. Each unit will have its own kitchen. Laundry facilities and a lounge will be available on-site.

While residents will need to demonstrate an ability to cook for themselves, maintain their apartments and exhibit a willingness to support others in retaining their independence, some task assistance will be arranged for those who need it.

Multicare

Multicare opens new Northwest Diabetes and Metabolism Center

Multicare's new Northwest Diabetes and Metabolism Center offers a full range of individualized services for people with diabetes. The professional staff consists of nurse specialists, a clinical psychologist, a dietitian, a pharmacist, and an exercise specialist.

Inpatient care at both Tacoma General Hospital and Mary Bridge Children's Health Center features a diabetes nurse educator and staff nurses skilled in measuring blood glucose levels with meters and test strips. A Biostator Glucose Controller located in the Progressive Care Unit of Tacoma General Hospital is a technological advance which is available for delivering specific doses of insulin and/or dextrose to establish and maintain proper blood glucose levels. If a patient is insulin dependent, the Biostator can be especially helpful in determining his or her precise insulin requirements. The Biostator is also helpful in maintaining blood glucose levels during surgery or labor and delivery. The Diabetes Center also provides instruction and personal medical care to those patients for whom insulin pump therapy is advised.

Comprehensive educational programs for people with diabetes and a family member or friend, are carried out at the Doctor's Pavilion of Tacoma General Hospital. Twenty-two hours of instruction are provided to the diabetic patient who needs to know how to self-manage their disease. Courses are offered on a weekly basis, Monday through Friday, starting at 8:00 A.M. During the third week of each month, a shorter version of the course is offered during evening hours from 7:00-10:00 P.M., Monday through Thursday.

In addition to the 22 hours of instruction, participants are scheduled for a pre-assessment interview and a follow-up meeting. At the completion of the course, referring physicians receive a written progress report on each patient.

Other forms of instruction available include hourly outpatient instruction, food habit/weight control courses, supervised diabetes exercise programs, and special information for gestational diabetics. For more information on the Northwest Diabetes and Metabolism Center, call 627-8111.

St. Joseph

MedFlight gets go ahead

After two months of uncertainty, the Department of Social and Health Services' Project Review Unit gave the go ahead for MedFlight stating that no certificate of need approval is required.

Based at St. Joseph Hospital, Tacoma, MedFlight is a division of Jet Helicopters, Boise, Idaho. Staffed and equipped to transport critically ill or injured patients from any area in southwest Washington, the helicopter, an A-Star Aerospatiale, offers a flying radius of 120 miles and a cruising speed of 140 miles per hour.

Hospital News, continued on the following page.

Programs receive certification

The Physician Medicine and Rehabilitation and the Chronic Pain Management Program at St. Joseph Hospital, Tacoma has received certification by the Commission on Accreditation of Rehabilitation Facilities (CARF).

The accreditation was given for a three year period. It is the first time that both programs have been evaluated by an independent organization. The two programs are among only five medically accredited rehabilitation hospital programs in the state.

The CARF surveyors, a physician, psychologists and an administrator, were on site for two days reviewing the standards for the organization, administration and evaluation; personnel administration and staff development; fiscal management and planning; physical facilities and safety.

Medical director of the Physician Medicine and Rehabilitation Department is Dr. Surinderjit Singh. Co-medical directors for the Chronic Pain Management Program are Drs. Michael Jarvis and Marcel Malden.

AUXILIARY NEWS

Valentine's Day Auction presents original art

The Auxiliary is sponsoring an auction of quality, original art, Valentine's Day, Feb. 14. Preview begins at 7:00 p.m. at Charles Wright Academy Commons with the auction at 8:00 p.m. Art will be in all price ranges and all types. Prices average from about $35 to several thousand dollars, depending on whether you are an avid collector of fine art, or are collecting for a child's wall. All art is matted, framed and ready to hang in your home, office or to give as a gift for that special occasion.

Tickets are $2.50 per person, including wine and appetizers. They will be available at the door or may be purchased from Joan Sullivan or Debby McAlexander. Guests are encouraged to come. Profits are based on a percentage of total sales for the evening. All proceeds will benefit the Neighborhood Clinic and other philanthropic projects of the Auxiliary.

Do join us for an exciting evening. The door prize will be an original and signed Salvador Dali.

Guidelines for Student Recognition Awards

In early January an ad hoc committee met with Bev Graham, chairperson, to discuss guidelines for administering the student recognition awards for the medical auxiliary. More information will be available soon. If you have any questions, call Bev Graham, 752-3457.

Feb. Auxiliary Meeting to address what getting old "really" means

Program for the Feb. meeting of the Auxiliary will be of interest to all. Title of the meeting is "Old Is What You Get." Several people concerned with the "senior scene" in Tacoma will speak about some of the "perks" and "problems" of the "golden years." Guest speakers will include David R. Munoz, MD, Internal Medicine and Geriatrics.

Meeting time is 10:00 a.m., Feb. 21, at the home of Ella Turner.

Annual Health Fair coming up

The annual Pierce County Health Fair will be held Feb. 14, 15 and 16 at the Tacoma Mall.

Once again our auxiliary will have a booth at the fair. We will feature free blood pressure checks.

It is hoped that all who volunteered last year, plus some new faces, will again be able to spend a few hours at our popular booth. If you haven't signed up yet, please call Sally Palm-Larson, 588-9859. She will be glad to fit you into the schedule.

Medical Society of Pierce County Takes Shape, continued from page 8.

four physicians, all of whom had examined these cases. Three of them, Doctors Bostwick, Miles and Ballard, pronounced the malady to be chickenpox, and the fourth, Doctor E.B.H. Wing, declared it to be smallpox, expressing alarm on account of the contrary opinion.

First mention of the matter in the Tacoma Ledger was on October 14, 1881, about ten days after the first rumors of smallpox were heard on the street.

> "There are several cases of chickenpox in town. The disease is of a virulent type, and the doctors agree that those suffering therefrom should be isolated in order to prevent its spreading. It is proper to state that several deaths have occurred from this disease."

Two weeks later, October 28, appeared the next mention in the Ledger, being an advertisement by two of the physicians under the heading "NO CAUSE FOR ALARM."

> "It having been circulated abroad and in the surrounding country that there has been and is now smallpox in New Tacoma, the undersigned physicians of New Tacoma, for the purpose of placing the public at ease, and correcting false reports, desire to say that there is not nor has there been any smallpox in this town this season. There are some cases of chickenpox; two grown persons and one child, all Norwegians, who had the chickenpox, died, and those cases were complicated, one having capillary bronchitis and the other two typhoid complications. There has been no other death or anyone having the disease."
>
> (Signed) H.C. Bostwick, M.D.
> A.M. Ballard, M.D.

In the Ledger of November 1 appeared the following dissolution notice: "The co-partnership heretofore existing between Drs. H.C. Bostwick and E.B.H. Wing, of this place, is this day dissolved by mutual consent. Payment of bills may be made to either of the above named, or to Mr. W.C. Davis at the Drugstore, New Tacoma."

The New Tacoma Board of Town Trustees at their meeting of November 2, appointed Doctor Wing as Health Officer and empowered him to remove to the pest house all persons affected with contagious and deadly diseases.

As days and weeks passed, though people continued to die of the supposed chickenpox, the three doctors who stood in favor of the chickenpox theory were not ready to admit their error. Doctor Wing labored alone in attending these patients.

The town of New Tacoma was shut off completely. Trains ran through with windows closed. Puyallup and Steilacoom organized shotgun quarantines by constructing barricades across all roads from Tacoma. Behind the barricades were armed men. Weeks passed with no money in circulation.

November 14 Mayor Lister summoned Dr. E.L. Smith, health officer of Seattle, who, after seeing 15 cases, pronounced them all smallpox in a written report to the Territorial Legislature. The legislature then hurriedly passed "An act to prevent the spreading of contagious diseases in any town or city in Washington Territory."

Doctor Wing worked day and night in his efforts to stamp out the scourge. Doctors Bostwick, Ballard and Miles probably never attended a smallpox patient and there is no record of their having made this diagnosis during the epidemic. Of the town's population of 1,000, Doctor Wing treated over 70 cases of smallpox, 12 of whom died.

On December 10 Doctor Wing stated that during the past 17 days there had not developed a new case of smallpox. A week later quarantine against New Tacoma had reached the end of this *miserable experience*.

Doctor Wing, exhausted by the prolonged anxiety and continuous vigil he had maintained over those stricken by the disease, registered in the office of the Pierce County Auditor on January 13, 1882, in obedience to an act of the Legislature requiring such registration by all those practicing medicine in Washington Territory after January 1. The following day, January 14, 1882, Doctor Wing dropped dead in his office.

Doctor Bostwick and the Bank of New Tacoma survived the smallpox epidemic. Whether out of ignorance or in greed he had ignored his medical training at a time when he could have been most useful can only be conjecture. But the Doctor hadn't been idle during the epidemic . . . he had called 20 friends together to organize Tacoma's first commercial organization . . . the New Tacoma Board of Trade. Three years later this organization's name was changed to the Tacoma Chamber of Commerce.

Doctor H.C. Bostwick was the first president of the Pierce County Medical Society. ■

Notice to Readers. . .

MSPC members who are interested in contributing articles of interest and pertinence to *The Bulletin* are urged to do so. The editor reserves the right not to publish any article submitted, based on space available and pertinence of the topic. Articles should be limited to four double-spaced, typewritten pages or 1,000 words. Exceptions to this may be made by prior arrangement with the editor. Call the managing editor for information on article submission, 572-3666.

MSPC Professional Relations Committee

Your MSPC Professional Relations Committee offers help for impaired physicians. Anonymity and confidentiality are assured through this local self help group. For help call 572-2470; or if you prefer call the WSMA Hot Line number, 1-800-552-7236. Your colleagues want to help.

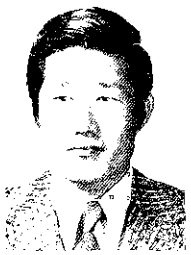
MSPC Professional Relations Committee members

William A. McPhee	474-0751
Patrick Donley	272-2254
Ronald C. Johnson	841-4241
Jack P. Liewer	588-4759
Robert A. O'Connell	627-2330
Dennis E. Waldron	272-5127
Joseph E. Kramer	845-9511
John R. McDonough	572-2424

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.



ANTHONY H. LEE, MD *Family Practice* Born in Korea, 04-20-40; medical school, Pusan Medical College, 1964; internship, St. Mary of Nazareth Hospital, Chicago, Illinois, 1970-1971; Church Home and Hospital, Ob/Gyn, 7-71-6-72; Pottsville Hospital, General Practice, 7-72-6-74; Washington State License, 1979. Dr. Lee will be establishing a solo practice.

CECIL E. SNODGRASS, MD *Emergency* Born in Washington, 01-07-49; medical school, University of Washington, 1975; internship, Pacific Medical Center, 6-75-6-76; Washington State License, 1976. Dr. Snodgrass is currently practicing at Good Samaritan Hospital.

CLASSIFIED

Medical Office Space Available

4th & K. Convenient to Tacoma General and Mary Bridge. 700 to 1200 sq. ft. Call 594-1355.

Office space available. In professional building at North 27th and Adams Street. Call Richard Baker, 759-6800.

For lease. 1500 Sq. Ft. in Medical Dental Building, Lakewood. Excellent Visibility. 8509 Steilacoom Blvd., 584-6200.

Excellent University Place location. Office space for rent for any medical speciality to share with General Practitioners. Phone 564-8966.

Physicians Needed

General or Family Practitioners needed for part or full time out-patient physicians. Send inquiries and CV to Health Specialists, C/O Dr. Gentry Yeatman, 3602 47th St. Court, Gig Harbor 98335. Phone 851-9646.

The Frank Toby Jones Retirement and Nursing Home, 5340 N. Bristol, Tacoma, 98407, is seeking a new medical director. Approximately 8 hours is necessary to perform administrative duties. Applications will be accepted only through the month of February. A job description will be sent to those who apply. Interested parties please phone the Administrator at 206-756-6367.

Advertise with The Bulletin

Classified Ad Form

Place your classified Ad with The Bulletin by simply filling out this form, provided for your convenience. Mail to:

The Bulletin
c/o MK Tipton Communication Services
2607 Bridgeport Way West, Suite 2C Tacoma, WA 98466

75¢ per word. (10 word minimum)

_____

_____

_____

Ads must be received by the 1st of the month preceding the month of publication. Payment must accompany order. Make check payable to Membership Benefits, Inc.

Classification:
☐ Physicians Needed ☐ For Sale ☐ Real Estate ☐ Miscellaneous

Name _____

Address _____

City _____ Zip _____ Phone _____

Medical Society of Pierce County

705 South Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

Medical Society/Madigan Army Medical Center

ANNUAL JOINT MEMBERSHIP MEETING

Join your colleagues from the Medical Society and Madigan Army Medical Center for a prime rib dinner and informative program of five 10 - 12 minute presentations (one hour AMA Category I credit will be awarded).

PROGRAM:

- "**Overview of Madigan,**" Brigadier General Darryl Powell, M.D., *Commander, Madigan Army Medical Center* and Colonel Leslie M. Burger, M.D., *Deputy Commander for Clinical Services*
- "**Efficacy of Trimethoprim-sulfamethoxazole versus Ampicillin in the Treatment of Pyelonephritis,**" Captain Michael F. Lyons II, M.D., *Chief Resident, Department of Medicine*
- "**Organization & Operation of Medical Support for U.S. Army Motorized Division,**" Lt. Colonel Bryant R. Fortner, M.D., *Division Surgeon*
- "**Yesterday Fantasy and Today of Acid Phosphatase,**" Colonel William D. Belville, M.D., *Chief, Urology Service*
- "**Relationship of Androgens and Estrogens to Myocardial Infarction,**" Colonel Stephen R. Plymate, M.D., *Chief, Department of Clinical Investigation*

DATE:	Tuesday, February 11, 1986
TIME:	No host cocktails 6:15 P.M. Dinner 7:15 P.M. Program 8:00 P.M.
PLACE:	Fort Lewis Officers' Club
COST:	$12.00 per person (includes gratuity)

Register now. Space will be limited. Please complete the attached reservation form and return it, with a check for the appropriate amount *made payable to the Fort Lewis Officers' Club*, in the enclosed pre-addressed envelope. Or, call the Medical Society office, 572-3667, to confirm your attendance.

Due to the special arrangements necessary for this joint meeting, reservations must be made no later than Friday, February 7.

REGISTRATION:

Yes, I (we) have set aside the evening of February 11 to join my fellow Society members and physicians from Madigan Army Medical Center at the annual Joint Meeting.

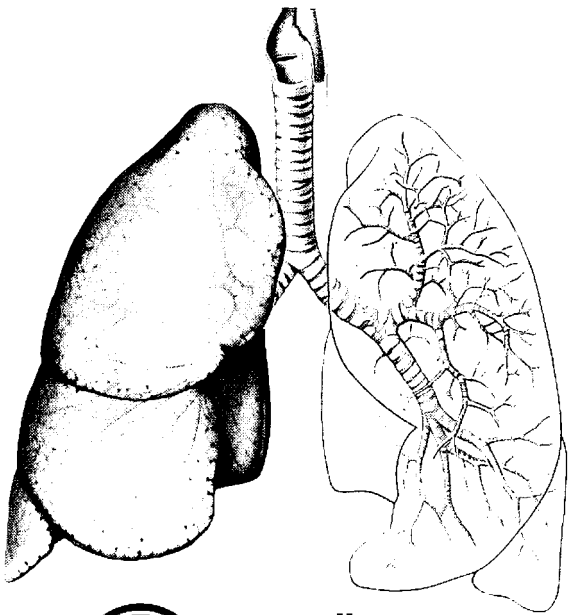
Please reserve _____ dinner(s) at $12.00 per person (gratuity included). Enclosed is my check for $ _____.

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

Dr: _____

RETURN TO MSPC BY NO LATER THAN FRIDAY, FEBRUARY 7.

Consider the causative organisms...



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offers effectiveness against the major causes of bacterial bronchitis

H. influenzae, *H. influenzae*, *S. pneumoniae*, *S. pyogenes*
(ampicillin-susceptible) **(ampicillin-resistant)**

Brief Summary: Consult the package literature for prescribing information.

Indications and Usage: Ceclor (cefaclor, Lilly) is indicated in the treatment of the following infections which caused by susceptible strains of the designated microorganisms

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae*, *Diplococcus 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.

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 PARTIAL 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.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semisynthetic 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 range in severity from mild to life-threatening.

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.

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, 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 pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be ruled out.

Precautions: *General Precautions* – If an allergic reaction to Ceclor* (cefaclor, Lilly) 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' testing 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 conditions, 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 Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip USP, Lilly).

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 12 times the human dose and in ferrets given three times the maximum human dose and 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* (cefaclor, Lilly) have been detected in mother's milk following administration of single 500-mg doses. Average levels were 0.18, 0.20, 0.21, and 0.16 mcg/ml at two, three, four, and five hours respectively. Trace amounts were detected at one hour. The effect on nursing infants is not known. Caution should be exercised when Ceclor *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 uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.6 percent of patients and include diarrhea (1 in 70).

Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea 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 positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions, erythema multiforme or the above skin manifestations accompanied by arthritis/arthralgia 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. 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 syndrome.

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).

Ceclor Administered Concomitantly – Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic – Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic – 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 500) or abnormal urinalysis (less than 1 in 200).

(061782R)

Note: Ceclor* (cefaclor, Lilly) 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.

* 1984 ELI LILLY AND COMPANY

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

Eli Lilly Industries, Inc.
Caguas, Puerto Rico 00630

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Tacoma, Washington 98405

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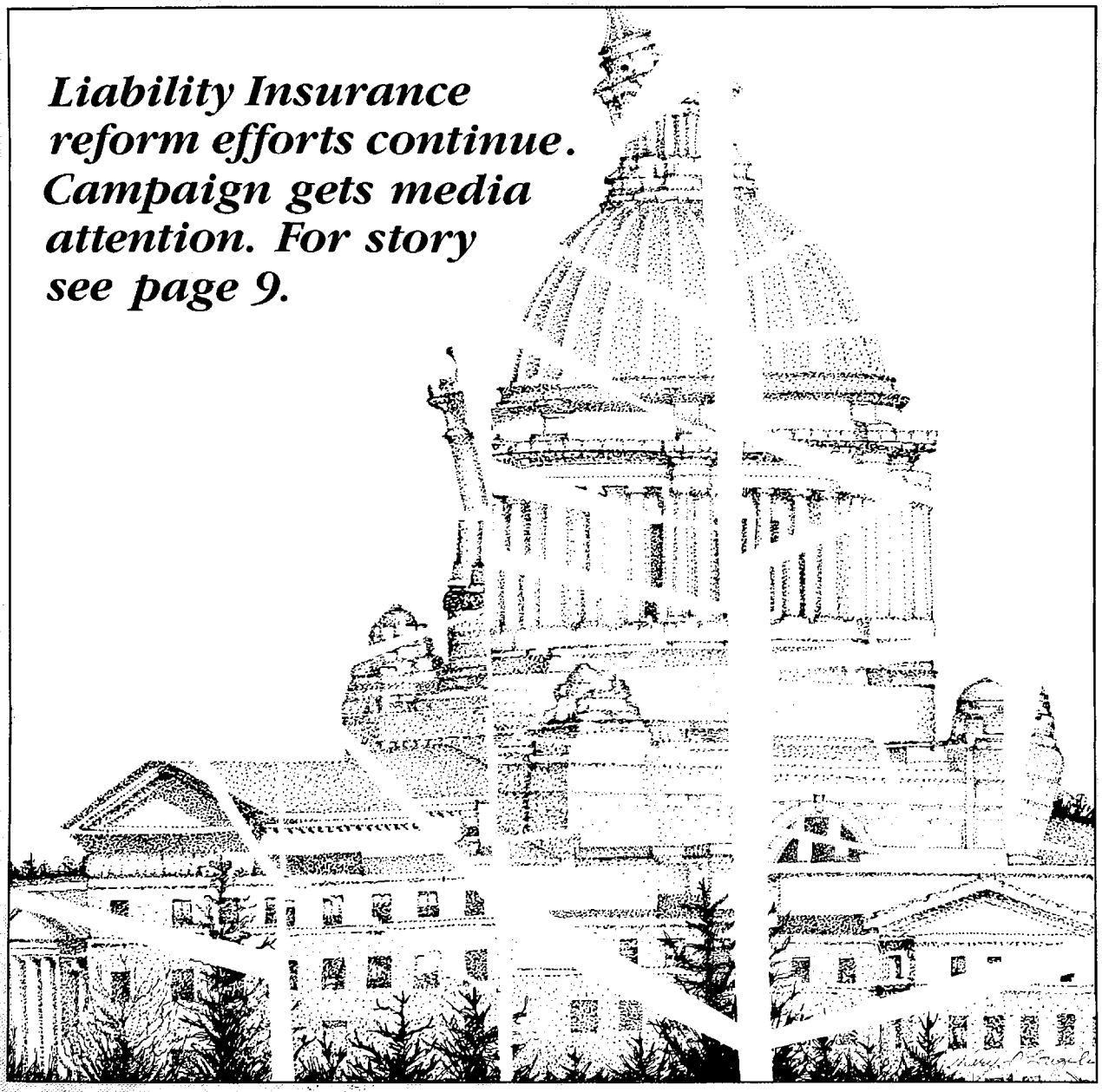
The Bulletin

MEDICAL SOCIETY OF PIERCE COUNTY March, 1986

Liability Insurance reform efforts continue. Campaign gets media attention. For story see page 9.



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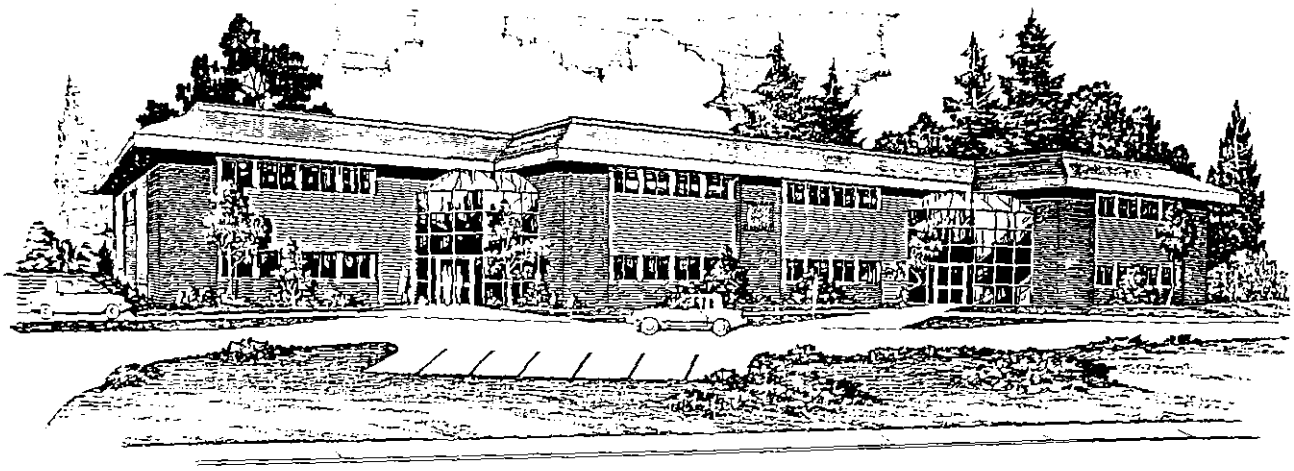

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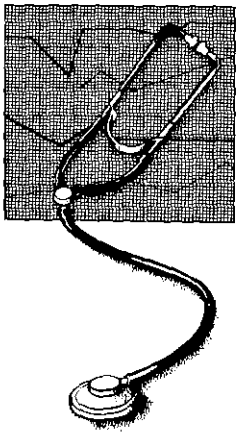

The professional liability situation nationally and in Washington state is in turmoil. *Your* company and its subscribers are working together to find long range solutions. We invite your participation. Call for further information.

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The Bulletin

The official publication of the Medical Society of Pierce County

March, 1986

Published Monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405. Telephone: (206) 572-3660. 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 endorsemesnt of products or services advertised. *The Bulletin* and the Medical Society of Pierce County reserve the right to reject any advertising. Advertising rates may be secured from MK Tipton Communication Services, 2007 Bridgeport Way, West, Suite 2C, Tacoma, WA, 98466, (206) 564-3831. *The Bulletin* is printed in Tacoma, Washington by Lakewood Printing.

President's Page

On Continuing Medical Education

Continuing medical education has become a way of life. I recall debates about the value and importance of continuing medical education (CME), but have not heard such quibbling lately. It seems to have been admitted into the normal course of events, standard operating procedure.

It is routine to throw away information about CME courses with the junk mail, we get so much junk mail. I am reluctant to call it junk CME, though, because much of it sounds pretty good. Which is not to say that there is no junk CME; rather that excellent CME opportunities far outnumber the bad stuff. Yet, I sometimes chuckle at the topics attached to vacations in an effort to lure physicians away from their offices, and to generate tax deductions.

Speaking of junk mail, I hope that CME hucksters do not discover telecommunications. I do not want to even think about answering my phone to hear a computer voice tout the unique opportunites for practicing physicians in studying brown fat metabolism and the healing powers of South Sea sand aboard HMS GoodTime. I get enough junk phone calls as it is. Fortunately, Tacoma's own Representative Art Wang has come to our rescue with legislation to keep peddlers from taking the telephone as an open invitation to intrude into our private times.

Where to Go for Good CME in This Town

We get lots of invitations to attend good CME courses. I want to discuss the home-grown variety. Our community has a great record of excellence and innovation in CME.

Our own College of Medical Education (COME), with its roots in University of Puget Sound in 1969, has matured in the hands of the Medical Society and the Hospital Council. Those early organizers are to be commended and thanked for their vision. It is now flourishing with a sound base of experience, financing, and satisfied customers — even tradition.

Tradition

Those of you from the East will ask what I know of tradition—by Eastern standard, nothing. Born and raised in Oregon, and having been out of the Northwest only long enough for my internship in Minnesota, I am overwhelmed by houses one hundred years old, let alone the heritage of this country's earliest medical schools. But to those of you from Seattle, this state's medical school is embryonic compared to my alma mater in Portland (well, such hyperbole may be indefensable; perhaps adolescent would be a better word).

How long has the Tacoma Surgical Club been having annual meetings? Certainly you would not argue with me that those meetings with the dissections are a unique tradition. If you have not attended, I would strongly encourage you to do so (April 25). Several CME meetings have become traditional in our community — internal medicine, pediatrics. I have even heard talk of an annual Family Practice meeting.

Potpourri

Our community has a wide choice of offerings: CME meetings sponsored by COME, hospitals, specialty societies, regular hospital medical staff lectures, and others.

Pierce County is looking forward to hosting state and regional medical meetings. The facilities are available. I do not think that we are yet ready to market ourselves as a "destination city," but just wait. We are going to have opportunities to show our stuff. The Washington Academy of Family Physicians meets here in May. The North Pacific Surgical Association will be meeting here in the Fall, and the Northwest Osteopathic Medical Association meets in June. Washington State Medical Association is scheduled in 1987.

Value

I thought you might be interested in some comparison of the cost of CME, so I found a crack researcher to do some calculations. Ten Dollars per contact hour is a typical fee for CME. Here are the tuition charges per contact hour of some institutions of higher learning: Tacoma Community College $2.33, University of Puget Sound $14.29, University of Washington undergraduate $2.70, University of Washington School of Medicine $20.19, and George Washington University Medical School $27.88.

The value of CME may be debated, but there is no question it is one element of disseminating information to physicians, of keeping up. It is certainly not the whole solution, but then neither is any other single mode.

CME is required for licensure in the State of Washington. My specialty society requires CME credits to maintain membership, and the American Board of Family Practice requires CME in order to be eligible to sit for recertification.

Accountability is one of the things that the public is looking for from our profession. With CME credits we can demonstrate at least exposure to new medical knowledge.

The Take Home Lesson

CME will not make a bad doctor into a good one, but it can help keep a good doctor from becoming an outdated one.

—Richard Hawkins

MSPC meets with county legislators

On Jan. 3, Drs. Hawkins, Tanbara and Tice along with Terry Palmer, Risk Management Director, Tacoma Public Schools; Judy Lauer, representing the family daycare centers; Ray Corpuz, City of Tacoma and Catherine Fitzgerald from WSMA met with legislators from the 27th District, Senator Lorraine Wojahn and Representative Ruth Fisher and Art Wang to discuss the issue of professional liability reform and uncompensated care.

The Society has been working with other organizations, businesses and professions that have been impacted by the liability problem. Mr. Palmer, Mrs. Lauer and Mr. Corpuz were invited to meet with the legislators to emphasize that this issue is a societal one with wide ranging ramifications.

Dr. Hawkins asked the legislators for their support in seeing that legislation is passed during this coming session. Mr. Palmer emphasized the difficulty school districts are suffering in securing liability coverage and may necessitate becoming self-insured.

Mrs. Lauer related the problem that she and her colleagues who manage day care centers have. The annual premium for day care centers has risen from $400 to $1,200, thus making it impossible for them to maintain coverage and unable to pass such increases on to the children's parents.

Mr. Corpuz noted that the city of Tacoma has had to self insure as a result of the extremely high premiums being imposed upon municipalities such as Tacoma. Such costs, he reported, are directly impacting the quality and availability of services the city can provide to its citizens.

Dr. Tanbara raised the issue of uncompensated care and the fear that a two tier system is now becoming a reality if the State and Federal Government fail to act.

Senator Wojahn and Representatives Wang and Fisher concluded that solutions to the problem will not be easy, but they did anticipate some action by the Legislature in the 1986 session.

On Jan. 8, Drs. Hawkins and Jim Symonds met with Senator Ted Bottiger and Representative Ken Madsen, from the 2nd legislative district. Representatives from the Franklin Pierce School District, Parkland/Spanaway Chamber of Commerce, Tacoma-Pierce County Chamber of Commerce and Catherine Fitzgerald of WSMA also attended.

One of the proposals of the coalition's liability reform legislation asks for a limit of $250,000 be placed on non-economic damages.Such as, a claimant seeks damages for bodily injury or death, or such as loss of companionship to other than the insured claimant.

Senator Bottiger's reaction to capping non-economic damages was, "This is the most unconscionable thing imaginable." He was of the opinion that in most cases a two to four million dollar cap would be more appropriate.

Both Bottiger and Madsen recognized that a problem exists and that some legislative action is necessary. It was Senator Bottiger's opinion that action would be more effective if taken on the congressional level rather than state. Both appeared skeptical that the present bill proposed by the coalition would solve the problem. They also felt that the insurance industry has to be scrutinized and it must be determined the role that the industry has played in bringing about this crisis.

WSMA and MSPC Presidents meet with Tacoma News Tribune Editorial Board.

WSMA President Dr. Ed Gray, and MSPC President Dr. Richard Hawkins, met with the editorial board of the Tacoma News Tribune on Monday, Jan. 6.

The meeting lasted for an hour and fifteen minutes with most of the conversation concentrating on the liability issue. The doctors expressed their concern for the quality and availability of obstetric care in the State and Pierce County, noting the number of Obstetricians and Family Practice Physicians who are discontinuing obstetrical care.

Planning for Retirement

The January issue of the *Bulletin* quoted that the Society has a copy of the AMA Guide *Gearing up for Retirement* available for loan. We have learned a copy is also available on a loan basis at the Pierce County Medical Library.

If you are considering retirement in the next 2-3 years this guide could prove to be valuable reading to you. Many important points should be considered and studied before actual retirement.

Call the Society or the Library for this very informative and valuable guide.

Newsbriefs Continued on Page 6.

"Ask the Doctor."

The Tacoma-Pierce County Council on Aging newspaper *"Senior Scene,"* which has a circulation of approximately 13,000 has a new column in it's Feb. issue.

Members of the MSPC Committee on Aging will be answering questions from *"Senior Scene"* readers on areas of interest to them on medical matters.

"Senior Scene" is a very informative newspaper and one popular with the older citizens of Pierce County. The annual suggested subscription cost is $5.00. It is one you might consider adding to your waiting room reading list. To subscribe, write to:

Senior Scene
223 North Yakima
Tacoma, WA 98403
Phone No.: 272-2278

Malpractice Support Group Available for Physicians.

In 1985 the MSPC established a mechanism for assisting members faced with a malpractice suit. Many times this can be a traumatic event in one's life and affect not only the physician involved, but his wife, family and office as well.

Several members of the Society who have experienced a malpractice suit have volunteered to assist and provide consultation and support to any member confronted with a malpractice suit.

For more information call Doug Jackman at the Society Office.

Correction:

In the January issue of the *Bulletin* it was erroneously reported that the Society contributed 60% of the Pierce County Medical Library budget and that the Hospitals of Pierce County contributed 40%. It should have read 40% of the library budget is supported by the Society.

Total MSPC support to the Pierce County Medical Library in 1986 will be $39,081 or $66.97 per individual member.

Complimentary Medicare claim forms no longer offered.

Physicians can no longer obtain complementary supplies of the Health Care Financing Administration's Medicare claim forms from carriers. Standard form HCFA-1500, developed by the AMA, must be used for Medicare claims and, by Oct. 1, 1986, will be required for Medicaid claims. The price for a carton of 1,000 single sheets is $34.10 (Ask for OP-501). A carton of 1,000 two-part snapouts (OP-502) costs $49.50, and a two-part computer pinfeed (OP-503) costs $51.75. Prices include UPS and other charges. There is a discount for bulk orders. There is an additional 10% discount for AMA members and medical societies. Direct inquiries to AMA Insurance Form, Book and Pamphlet Fulfillment, AMA, P.O. Box 10946, Chicago, IL 60610-9968, or call (312) 280-7168. Allow two weeks for delivery.

Emergency Room use down.

Hospital emergency rooms are attracting fewer repeat patients these days, according to a study by National Research Corporation.

According to the survey three-fourths of those surveyed said they would prefer an urgent care center to a hospital emergency department for minor treatment. Only 32% of households surveyed used a hospital emergency department more than once during the past two years. This is a drop of 5 percentage points from a similar survey a year ago.

1986 Salary and Benefit Survey now available.

The 1986 Salary and Benefit Survey is now available thru the Medical Society Placement Service. The Salary Survey reveals the average hourly wage as well as the range from the highest paid to the lowest paid for various positions. Wages are given for the categories of 0-1 years, 1-3 years, 3-5 years and over five years on that particular job.

The Benefit Survey reveals the percent of medical offices offering paid holidays, paid vacation, sick leave, medical and dental insurance, continuing education, personal days off, uniform allowance and life insurance. Information is given for how raises are determined and probation periods. For your copy of the 1986 Salary and Benefit Survey call MBI, at 572-3709.

Liability Reform Efforts Continue

The legislature convened on Jan. 13, and efforts to convince legislators that a solution must be found to the liability crisis continues.

A coalition of groups and organizations impacted by the liability problem in Pierce County was formed by the Society. Various members of the coalition have met with Dr. Hawkins and legislators. Dr. Hawkins and representatives from the coalition will be meeting with the editorial boards of the *Peninsula Gateway, Pierce County Herald* and perhaps the *Tacoma News Tribune* in the near future.

Dr. Leonard Alenick spoke to the downtown Lions Club on behalf of the Society on the issue of professional liability, Feb. 13. Dr. Stevens Hammer will address the Gig Harbor Rotary on March 7, again on the professional liability crisis. Dr. Hawkins, MSPC President has spoken to the Gig Harbor Lions and the Fife-Milton Rotary on the continuing problem.

continuing problem.

Speakers are getting the word out to the community that all of society and not only physicians are effected by this issue. The public must be made aware of the fact that we are paying because of the problem.

AMA New Publication: "Medical Practice Finance: A Guide for Physicians"

The AMA Department of Physician Practice Services has published a new booklet for physicians detailing the various types of financing alternatives available to physicians for setting up or expanding their practices. Titled *"Medical Practice Finance: A Guide for Physicians,"* the booklet was prepared with the assistance of Arthur Young & Company.

The publication is available to state, county and specialty medical societies. AMA members may obtain a copy for $9.95 per copy, nonmembers for $14.95. Orders should be placed through the AMA book and pamphlet fulfillment department. For additional information physicians may contact Phyllis Kopriva, Program Director, Competition Action Project, Department of Physician Practice Services, AMA, 535 N. Dearborn, Chicago, IL 60610. Phone (312) 645-4719.

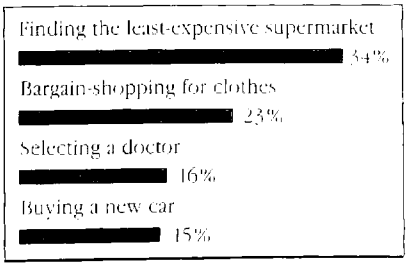
WSMA seeking members for committees.

The WSMA is looking for members who would be interested in serving on their committees. WSMA committees function in the following areas:

Child Health
Claims Review Panels
Computers in Medicine
Congressional Legislation
Drinking/Driving
Drug Therapy
Emergency Medical Services
Grievance
Industrial Insurance
Jail & Prison Health
Maternal & Infant Health
Medicaid
Medicare
Medical Disciplinary Process
Medical Economics
Medical Education
Mental Health
Personal Problems of Physicians
Political Action
Professional Liability
Smoking & Health
Special Projects
State Legislation
Vocation Rehabilitation

'Know a Good Doctor'

When asked which of the following they spend the most time researching, surveyed consumers said:



Source: American Board of Family Practice

Speakers Bureau Active.

Participants in the Medical Society Speakers Bureau have been very active. A letter was sent to over 200 various organizations in the county informing them of the availability of speakers on virtually any medical topic. The office has had many requests in the interim and the following members have addressed organizations, schools on many topics. Some of the speakers and organizations were:

John Bargren, MD, Beacon Senior Center
Gail Strait, MD, Lighthouse Senior Center
Leonard Eliel, MD, Beacon Senior Center
Alan Tice, MD, Kiwanis - Port of Tacoma
Dennis Drouillard, MD, Bryant Elementary School
Larry Stonesifer, MD, Beacon Senior Center
Kenton Bodily, MD, Beacon Senior Center
Robert Scherz, MD, Bellarmine Prep School
Charles Rance, MD, American Assoc. of Retired Persons
Michael Young, MD, Fife Rotary Club
James Billingsley, MD, Emphysema Group
Philip Grenley, MD, Beacon Senior Center
Carl Wulfesteig, MD, Lighthouse Senior Center
W. Gary Becker, MD, Lighthouse Senior Center
Paul Smith, Jr., MD, Beacon Senior Center

The Society benefits tremendously by the exposure and visibility to the general public that these presentations afford. Every group has been most appreciative of the quality of the talks.

Health care costs to rise faster than inflation in '86 claims Standard & Poor analyst.

Consumer health care costs will increase more than the general rate of inflation in 1986, but the increase will be lower than in previous years, according to Herman Saftlas, health care analyst, Standard & Poor's Corp. Saftlas cites as factors contributing to the moderate increase in Medicare's prospective pricing system, reduced inflation, tightened reimbursement practices by insurance companies and greater competition in the health care market place.

Saftlas attributes the expected increase in competition from growth in HMOs and preferred provider arrangements and to increased use of outpatient settings. According to Saftlas, better health care industry awareness of costs has also held down pharmaceutical drug prices and encouraged widespread discounting practices.

Washington State Trial Lawyers Association financing of CAIR's $1M media campaign gets attention.

The Washington State Trial Lawyers Associations' response to the State Legislature's consideration of Senate Bill 4698, which would limit the size of awards in liability suits, is worthy of note.

Senate Bill 4698 is proposing a limit on contingent attorney fees to allow more of the award to reach the injured party. Common contingency fee agreements provide one-third to 40 percent of the recovery for the attorney, regardless of the amount of time spent on the case. The coalition bill provides the following limits:

A. 40 percent of the first $50,000 recovered.

B. 33-1/3 percent of the next $100,000 recovered, graduated to 10 percent of any amount on which the recovery exceeds one million dollars. These are hardly limits that would qualify the attorney for food stamps.

Yet, the trial attorneys' reaction to this proposal was to organize a group called "Consumer Alliance for Insurance Reform" (CAIR). All of its newspaper advertisements and radio commercials described the group as a "cooperative non-profit organization formed for the purpose of supporting vitally needed reforms in the laws regulating insurance carriers."

However, CAIR fails to mention that its entire budget and Board of Directors comes from the Trial Lawyers Association.

The effort has backfired on the attorneys, and the media has taken them to task for trying to hoodwink the public. The Seattle Times reported Jan. 26, that CAIR brought two individuals to appear before the Senate Judicial Committee, who was hearing the bill.

Late last week, however, the two men came to Olympia to play lead roles in a well-staged production before the State Legislature. It was good theater, directed and produced by a brand new, but little known group, called CAIR (Consumer for Alliance for Insurance Reform).

CAIR Director Julius Rochester has denied that his fledgling organization is a front for the lawyers. But he does acknowledge that the Washington State Trial Lawyers Association, who contributed more than $300,000 to the organization during its first three weeks, will fully finance CAIR's Million-Dollar Media Campaign.

Ralph Nader was brought in to testify for the group, saying that the insurance industry was solely responsible for the problem, calling the legislation a "rush to judgement which would jeopardize the right of insured people." He said the present crisis is "the insurance industry's strategy to bloat their profits and stampede state legislatures to pass legislation."

A Tacoma News Tribune editorial on Jan. 28, castigated the Washington State Trial Lawyers Association for choosing to "hide behind a stalking horse in its fight against proposed State legislation that would limit damage awards."

The editorial went on to say, "But it's fair to say that trial lawyers have an image problem, stemming from increasing criticism of their role in obtaining outlandish damage awards and their tendency to claim a significant share of those awards as legal fees and expenses. The trial lawyers desire to work behind the scenes in this fight indicates their image problem is a large liability indeed." ■

Board of Trustees
MINUTES
JANUARY 7, 1986

The Board of Trustees of the Medical Society of Pierce County met on Tuesday, January 7, 1986, at Humana Hospital (doctors's dining room). Members present were Drs.: Richard Hawkins (President), Guus Bischoff, Kenton Bodily, Richard Bowe, Robert Whitney, Charles Weatherby, Barry Weled, David Clark, Paul Schneider, Peter Marsh and Mrs. Ginnie Miller, Auxiliary President.

Also present by invitation were: Drs. Dennis Koukol, Ronald Taylor, Richard Hoffmeister, Leonard Alenick, John Bargren, Gerald Ames, Koeng-Chye Cheah and MSPC Executive Director, Doug Jackman.

Dr. Richard Hawkins opened the meeting. Introductions of the new board members, new hospital medical staff and specialty society presidents were made.

Dr. Hawkins reviewed the minutes of the Dec. Board of Trustees and Dec. Executive Committee Meeting. These were approved as presented.

EMS Committee

Minutes of the EMS Committee were approved as presented. The Board expressed a concern for the Society's role in the future of the Pierce County EMS System. It was agreed that this issue would be discussed in greater depth at a future board meeting.

Committee on Aging

It was noted that members of the committee would be writing a column "Ask Your Doctor" for the monthly newspaper *Senior Scene*, a publication of the Tacoma/Pierce County Council on aging. All members of the Society over the age of 50 were urged to join the American Association of Retired Persons so they may also have a voice in the organization.

Public Health/School Health Committee

The committee recommended to the Board that a pamphlet dealing with the Health effects of second hand (passive) smoke on children be developed and printed for distribution to doctors offices, schools, etc..

The Board reviewed cost estimates ranging from $1,800 to $2,500 for 15,000 pamphlets. They also studied current literature on the subject available from the American Lung Association.

It was the consensus of the Board that the Society work closely with the Lung Association and other health agencies who have focused on this issue and make use of current literature available.

Professional Liability Issue

Dr. Hawkins reported on current activities of the Society related to proposed legislation on the professional liability insurance issue. The Board discussed methods to have members contact their legislators. A motion was approved to "utilize the phone tree system to motivate the membership to call and write their legislators."

Each Board member, medical staff and specialty society president was requested to call ten members in their legislative district.

Auxiliary Report

Mrs. Ginnie Miller reported that the Tacoma Mall Health Fair was scheduled for Feb. 14, 15 and 16. Volunteers to help man the booth were sought by Mrs. Miller.

Board of Trustees Composition

Dr. Hawkins noted that the bylaws of the Society call for seven trustees. Since there was only one candidate for president-elect for 1986, a vacant trustee position was created. The Executive Committee recommended to the Board that Dr. Demaurice Moses be appointed by the Board as a trustee until the next regular meeting of the Society (March) at which time the voting members of the Society shall elect one of its active or honorary members for the unexpired position of the term. A motion was made that "the Board of Trustees approve the recommendation of the Executive Committee in naming Dr. Demaurice Moses to fill the vacant trustee position." The motion was unanimously approved.

MSPC Organization and Financial Structure

Mr. Jackman outlined the organizational and financial structure of the society for the benefit of new members of the board.

Board Meeting Locations

Dr. Hawkins reviewed past meeting sites for board meetings. After a period of discussion it was the consensus of the Board that it continue to rotate its meetings among the hospitals in the county.

Report from Legal Counsel

The Board was informed that the trial date in which the Society has been named as a co-conspirator with a local hospital has been rescheduled for Jan. 1987.

As there was no further business to conduct, the meeting was adjourned at 8:45 p.m. ■

INTERNAL MEDICINE UPDATE 1986

March 13, 14
Jackson Hall
314 South 'K' Street
Tacoma

Tacoma Academy of Internal Medicine

Members & Invited Guests—Friday Evening, March 14

Tacoma Golf & Country Club

7:00 pm COCKTAIL HOUR
8:00 pm DINNER

Guest Speaker: Philip C. Larson, Jr., M.D.
Stanford, California
"TRAVELS WITH CHARLIE"

SEPARATE RESERVATIONS ARE REQUIRED BEFORE MARCH 10, 1986 FROM ALL MEMBERS PLANNING TO ATTEND THE DINNER.

Membership dues include dinner for the member and spouse.
The dinner charge for any additional guests will be billed.

FACULTY:

Richard C. Veith, M.D.
Staff Psychiatrist
Geriatric Research, Education & Clinical Center
Veterans Administration Medical Center
Associate Professor
Department of Psychiatry & Behavioral Sciences
University of Washington, School of Medicine

K. David McCowen, M.D.
Endocrinologist, Tacoma

Joseph W. Regimbal, M.D.
Gerontologist, Tacoma

Dennis A. Hoover, Pharm.D.
Clinical Coordinator, Pharmacy
St. Joseph Hospital, Tacoma

Robert C. Davidson, M.D.
Associate Professor of Medicine
Division of Nephrology
University of Washington, School of Medicine

Theodore W. Steudel, M.D., F.A.C.C.
Assistant Chief, Cardiology Service
Medical Director, Critical Care Unit
Madigan Army Medical Center

Alan Chait, M.D.
Professor of Medicine
Department of Medicine
Division, Metabolism, Endocrinology & Nutrition
University of Washington, School of Medicine

David G. Clark, M.D.
Cardiologist, Tacoma

John J. Marini, M.D.
Associate Professor of Medicine
Vanderbilt University Hospital
Nashville, Tennessee

Philip C. Craven, M.D.
Infectious Disease Specialist, Tacoma

Arthur R. Knodel, M.D.
Pulmonary Specialist, Puyallup

Fredric N. Jackson, M.D.
Medical Director, Respiratory Therapy
Highline Community Hospital
Riverton Hospital
Assistant Clinical Professor of Medicine
University of Washington, School of Medicine

Ronald S. Scott, Ph.D., M.D.
Assistant Professor
Department of Radiation Oncology
University of Washington, School of Medicine

William P. Shuman, M.D.
Director of Computed Tomography
Associate Professor
Radiology & Radiation Oncology
University of Washington, School of Medicine

Garrison H. Ayars, M.D.
Allergist, Infectious Disease Specialist
Clinical Assistant Professor
University of Washington, School of Medicine

Philip C. Larson, Jr., M.D.
Professor of Anesthesia & Surgery (Neurosurgery)
Stanford University, School of Medicine

MEMBERSHIP:

Gerard W. Ames, M.D.
Clarence L. Anderson, M.D.
Horace A. Anderson, M.D.
Richard D. Baerg, M.D.
Richard Barronian, M.D.
Ernst W. Baur, M.D.
James Billingsley, M.D.
William W. Brand, M.D.
Bruce Brazina, M.D.
Bruce D. Buchanan, M.D.
Michael Campbell, M.D.
Timothy Chung, M.D.
David Clark, M.D.
John Colen, M.D.
Philip C. Craven, M.D.
George Delyanis, M.D.
Carlisle Dietrich, M.D.
Rodger S. Dille, M.D.
John C. Doelle, M.D.
Patrick Donley, M.D.
James F. Early, M.D.
Robert R. Eggen, M.D.
Carl N. Ekman, M.D.
Leonard P. Eliel, M.D.
Valencia Elliott, M.D.
Kevin C. Elliott, M.D.
Robert E. Ettlinger, M.D.
Edwin J. Fairbourn, M.D.
James Fitz, M.D.
James A. Fry, M.D.
Michael Goerss M.D.
Ronald S. Goldberg, M.D.
Ronald J. Graf, M.D.
James S. Griffith, M.D.
William P. Hauser, M.D.
Melvin L. Henry, M.D.
John Hill, M.D.
Jan Holm, M.D.
Robert L. Huck, M.D.
John R. Huddlestone, M.D.
Ralph H. Huff, M.D.
William B. Jackson, M.D.
Ralph Johnson, M.D.
Harold B. Johnston, M.D.
Jacqueline R. Jorgensen, M.D.
Robert A. Kallsen, M.D.
John A. Kennedy, M.D.
Tesfai Gabre Kidan, M.D.
Clyde H. Koontz, M.D.
George H. Krick, M.D.
James D. Krueger, M.D.
James D. Lambing, M.D.
Robert Lane, M.D.
Calvin R. Lantz, M.D.
Eugene S. Lapin, M.D.
David Law, M.D.
W. Harry Lawson, M.D.
Anthony S. Lazar, M.D.
David E. Lee, M.D.
Jonathan A. Levant, M.D.
Brad Lind, M.D.
David Lohl, M.D.
Michael Lovy, M.D.
Marcel Malden, M.D.
Peter K. Marsh, M.D.
Garth R. McBride, M.D.
K. David McCowen, M.D.
John R. McDonough, M.D.
John J. McKelvey, M.D.
Alexander K. Mihali, M.D.
Ray Miller, M.D.
David R. Munoz, M.D.
John P. Nagle, M.D.
Vernon Nessen, M.D.
Paul J. Nuccio, M.D.
Robert A. O'Connell, M.D.
Richard Olivier, M.D.
W. Dale Overfield M.D.
H. Irving Pierce M.D.
Raymond J. Pliskow, M.D.
W. Michael Priebe, M.D.
Edward J. Przasnyski, M.D.
George A. Race, M.D.
John Redmond, M.D.
Michael J. Regalado, M.D.
Henry F. Retailliau, M.D.
William O. Rieke, M.D.
Richard Robinson, M.D.
William L. Rohner, M.D.
Craig T. Romney, M.D.
Bernard Rowen, M.D.
John H. Rowlands, M.D.
Harvey N. Sales, M.D.
J. Rodney Schmidt, M.D.
Paul D. Schneider, M.D.
Frank Senecal, M.D.
Arthur M. Smith, M.D.
Michael J. Spiger, M.D.
Ann Steele, M.D.
Gail B. Strait, M.D.
Janice Strom, M.D.
Gary Taubman, M.D.
William F. Taylor, M.D.
Max Thomas, M.D.
Alan D. Tice, M.D.
Eileen R. Toth, M.D.
Clarence M. Virtue, M.D.
James B. Wagonfeld, M.D.
F. Dennis Waldron, M.D.
Richard E. Waltman, M.D.
J. Daniel Wanwig, M.D.
Needham E. Ward, M.D.
Barry J. Weled, M.D.
Sidney F. Whaley, Jr., M.D.
Marshall Whitacre, M.D.
Robert B. Whitney, M.D.
David E. Wilhyde, M.D.
James Wilson, Jr., M.D.
William H. Wright, M.D.
Amy T. Yu, M.D.

MORNING—MARCH 13—THURSDAY

GERONTOLOGY

8:15	Registration—Continental Breakfast	
8:30	**TREATMENT OF DEPRESSION & ANXIETY**	Richard C. Veith, M.D.
9:15	**DIABETIC MANAGEMENT: WHEN TO DO WHAT & TO WHOM**	K. David McCowen, M.D.
10:00	Break	
10:10	**MALNUTRITION IN THE GOLDEN YEARS**	Joseph W. Regimbal, M.D.
10:55	**DRUG ABUSE & MISUSE**	Dennis A. Hoover, Pharm.D.
11:40	Question/Answer	
11:55	Lunch—No Host	

AFTERNOON—MARCH 13—THURSDAY

CARDIOVASCULAR DISEASE

1:30	**HYPERTENSION: UPDATE ON NEW DIAGNOSTIC & THERAPEUTIC INTERVENTIONS**	Robert C. Davidson, M.D.
2:15	**CHOLESTEROL: HOW HIGH IS TOO HIGH & WHY**	Alan Chait, M.D.
3:00	Break	
3:10	**CALCIUM BLOCKING AGENTS IN THE TREATMENT OF COMPLICATIONS OF MYOCARDIAL ISCHEMIA**	Theodore W. Steudel, M.D.
3:55	**PRACTICAL ASPECTS OF SCREENING FOR CORONARY ARTERY DISEASE**	David G. Clark, M.D.
4:40 to 5:00	Question/Answer	

MORNING—MARCH 14—FRIDAY

PULMONARY DISEASE

8:15	Registration—Continental Breakfast	
8:30	**RESPIRATORY MUSCLE FAILURE**	John J. Marini, M.D.
9:15	**FUTURE GENERATION CEPHALOSPORINS: UPDATE IN RESPIRATORY DISEASE**	Philip C. Craven, M.D.
10:00	Break	
10:10	**RECOGNITION & TREATMENT OF POST-OPERATIVE PULMONARY COMPLICATIONS**	Arthur R. Knodel, M.D.
10:55	**VENTILATOR MANAGEMENT: NEW WEANING TECHNIQUES**	John J. Marini, M.D.
11:40	Question/Answer	
11:55	Lunch—No Host	

AFTERNOON—MARCH 14—FRIDAY

HIGH TECH MEDICINE

1:30	**LASER BRONCHOSCOPY IN THE MANAGEMENT OF TRACHEOBRONCHIAL LESIONS**	Fredric N. Jackson, M.D.
2:15	**HYPERTHERMIA: NEW DIRECTIONS IN CANCER TREATMENT**	Ronald D. Scott, Ph.D., M.D.
3:00	Break	
3:10	**NUCLEAR MAGNETIC RESONANCE: NEW HORIZONS IN DIAGNOSTIC RADIOLOGY**	William P. Shuman, M.D.
3:55	**PSEUDOIMMUNOLOGY: HIGH TECH QUACKERY**	Garrison H. Ayars, M.D.
4:40 to 5:00	Question/Answer	

Coordinator: John H. Rowlands, M.D.

REGISTRATION:

Paid preregistration required before March 10, 1986
Registration fee for non-members $75.00

ALL WHO PLAN TO ATTEND ARE ASKED TO RESPOND. PLEASE FILL OUT COUPON AND RETURN TO:

COLLEGE OF MEDICAL EDUCATION, 705 SOUTH 9TH, #203
TACOMA, WA 98405 PHONE 627-7137

ACCREDITATION: Credits Based on Attendance —14 Hours Potential

☐ I am a member ☐ I am not a member of the Tacoma Academy of Internal Medicine and will be attending the educational session on March 13, 14, 1986.

☐ I will be attending the dinner Friday evening, March 14; please make reservations for myself and ____ guests and bill me at the address listed below:

Name_____

Address_____

_____

Non-members please enclose check for $75.00 payable to the College of Medical Education.

COLLEGE OF MEDICAL EDUCATION
CONTINUING EDUCATION PROGRAMS SCHEDULED FOR 1985—86
P = Physician Course / A = Allied Health Course

	MARCH			
STJ	6	AMBULATORY SURGERY	CHILTON	(A)
STJ	11	ALTERNATIVE DELIVERY SYSTEMS	NICHOLS	(A)
JH	13, 14	★ TACOMA ACADEMY OF INTERNAL MEDICINE	ROWLANDS	(P)
JH	15	★ DAYS OF PEDIATRICS	SCHERZ	(P/A)
STJ	25	CARDIOPULMONARY RESUSCITATION (CPR)	ROMINES	(P)
	APRIL			
UPS	25, 26	★ TACOMA SURGICAL CLUB	TAYLOR	(P)
JH	2, 9, 16, 23	★ Tac Gen Clinical Conf - INFECTIOUS DISEASE	TICE	(P)
		★ HOME HEALTH SERVICES	KATTERHAGEN	(P)
	MAY			
STJ	1	CRISIS	INGRAHAM	(A)
JH	15, 16	★ CARDIOVASCULAR DISEASE REVIEW	STRAIT	(P)
	JUNE			
JH		★ ADVANCED CARDIAC LIFE SUPPORT		(P/A)

Pre-registration is required for all above courses

For further information or registration
call College of Medical Education
Tacoma 627-7137

PHYSICIANS—HAVE YOU PRACTICED CPR LATELY? HAS YOUR CARD EXPIRED?

ATTEND A CPR TRAINING SESSION—Physicians Only—WITHOUT CHARGE

March 25 — 7:00 a.m. to 9:00 a.m.

St. Joseph Hospital Education Center
South Pavilion—3rd Floor
Tacoma

Sponsored by:
COLLEGE OF MEDICAL EDUCATION
ST. JOSEPH HOSPITAL
PIERCE COUNTY EMERGENCY MEDICAL SERVICES

TO REGISTER CALL: 627-7137

PREREGISTRATION IS REQUIRED—At least 1 week preceding each session!

Report from Medical Pharmacy Inter-Disciplinary Committee

By Robert J. Martin, MD

Fewer problems with drug abuse. New problems arising.

Over the past year, there have been fewer problems with abuse of Schedule II drugs, missing prescriptions, etc. However, new problems have taken their place and need to be brought to the attention of the medical community.

Certainly in this day of cost containment and tremendous emphasis on using our medical dollars wisely, it is in most physicians' interest to be aware of the cost of medications. However, when quoting prices of drugs to patients, it would be wise to be relatively specific as to the source of the quoted price. It becomes very awkward for both the patient and pharmacist when the patient presents a prescription and discovers there is a significant difference in cost simply because the patient went to a pharmacy other than the one the physician had used as his price reference.

Along the same lines, the Ethics Guidelines of our county Society make it quite clear that it is unethical for us as physicians to direct business to any specific pharmacy; that does not, however, inhibit us from pointing out to patients the services that various pharmacies may provide and the prices of medications if that information is known to us. The choice of pharmacy, however, remains that of the patient.

Apparently some offices are pressed for time and have resented calls from pharmacists relative to prescription refills. In response to this, some offices have limited hours during which time they will accept such calls. This poses a clear problem for the pharmacist who has a patient in front of him in need of medication and certainly most pharmacists would also prefer to not be in the position of having to make the call.

A few offices have solved this problem by having a separate line with a recording device and the pharmacist can leave a request knowing he or she will receive a return call within a limited period of time. If the physicians feel they must limit hours during which they will take calls for prescription refills, it is incumbent upon them to adequately inform their patients of this policy to try and minimize any friction in this regard. The pharmacists would be very appreciative.

One problem which has not been resolved over the past year is the Schedule II drug prescriptions the pharmacists receive without a physician's name of DEA number and often without a date. This tends to be particularly true for emergency room physicians and some of the convenience clinics where there is apparently a significant turnover of physicians. It would be helpful if those physicians in particular would take time to see that the required information is on the prescription blank.

It takes no great effort to resolve these problems but each of us in the medical community must do our part and then patient, physician and pharmacist alike will reap the benefits. ■

A Look Back . . .
THE MEDICINE MAN

Commencing January, 1882, it was required by law that all those practicing medicine in Washington Territory must register with the County authorities. The first physician to register in Pierce County was Doctor Charles Hadley Spinning, the legendary canoe and saddle doctor. He was never a member of the P.C.M.S., but his influence predicated the concept of the Society . . . to best serve the health needs of the County . . . for three decades prior to the Society's inception.

The life of C.H. Spinning typifies the winning-of-the-west style pioneer. He was born on the frontier, in Indiana, in 1821. He attended the common schools of that day, then went to the State University at Bloomington. He taught school for five years. When his young wife died in childbirth, the Hoosier schoolmaster turned to the study of medicine and enrolled at the Cincinnati Eclectic Medical College.

In March of 1851 C.H. Spinning signed on with his brother Ben to captain a wagon train heading for Oregon City in September 1851. There Spinning was married to a girl who had travelled west with them. He worked in a sawmill in Portland that first winter and when summer arrived he and his brother went north to settle on donation claims in the Chehalis valley. Each January the Chehalis river overflowed its banks, destroying the improvements they'd made on their land. During the Indian uprisings of 1855-56 the Spinnings joined the other settlers in the area in building Fort Claquato, and they all lived there until the uprisings were over. When peace was restored the Spinnings had had enough of hostile Indians and high water, and decided to locate elsewhere. In 1858 they settled in Pierce County and in 1860 Spinning filed on a pre-emption claim of 160 acres which is now part of Fern Hill in the city of Tacoma.

In 1853 when Isaac Stevens had arrived to assume his duties as first governor of Washington Territory, C.H. Spinning had been among the delegation of settlers to greet him. Spinning then served the first two terms in the new Territorial Legislature as a representative from Lewis County.

In 1862 the Puyallup Indian Agency was established to carry out the provisions of the Medicine Creek Treaties and Spinning was appointed the first physician to serve the Puyallup Agency. He continued in that capacity for ten years. Three reservations were included in this Agency: the Puyallup, the Nisqually and the Squaxin. The Spinning family lived on the Puyallup reservation just about where the Satiacum Smokeshop is located now. From here Doctor Spinning made his rounds attending the medical needs of the widely scattered population by horseback, canoe and rowboat.

At that time there was only one other physician in Pierce County . . . Doctor Wirtz at Fort Steilacoom, who limited his care to surgery within the confines of the Fort. Doctor Spinning was physician to the whole civilian population, Indians and settlers, of Pierce County, except for a few itinerant practioners passing through, for that decade.

Spinning spoke Chinook jargon fluently, the common language of the Northwest Indians, and contributed a great deal toward the acceptance on the part of the Indians of their reservation status. He incorporated many of the traditional Indian medicines into his prescriptions, cultivating the wild herbs and roots on his farm and drying them in his attic.

His visits to the Squaxin Reservation on Squaxin Island, eight miles offshore from the Nisqually Reservation, he made year-round in any kind of weather by rowboat. For several years he was the only non-Indian to visit the Island.

One day in 1864 Doctor Spinning found a man out on the tideflats who was apparently in trouble. He was Jobb Carr, and he was ill with pneumonia. Doctor Spinning took him to his home on the Puyallup Reservation and nursed him back to health. After he had recovered, Carr told him that he was looking for a site for a sawmill. Spinning was familiar with all of the region and knew of just the place. They set out by canoe for the bay which the Indians called Ogeboulip, where the hills sloped down to the shore in a semi-circle ringed by huge stands of timber. The site suited Carr perfectly . . . he took the claim and built the first house in what is now Tacoma.

In 1872 Doctor Spinning left the Reservation and devoted his time to the several farms he had acquired in the County. He continued to practice medicine and to farm, while moving from one locality to another in Pierce County, until his eighty-ninth year. In 1911, at the age of ninety, Doctor Spinning died at the home of his daughter in Prosser.

Only twice did the lure of the city cause Spinning to leave the open space behind. In 1874 he bought Judge White's mansion in Old Tacoma and they lived there three years. Again in 1885, when the Annie Wright Seminary opened in Tacoma the Spinnings returned to town so that their two daughters could attend this fine school. While here, one of the daughters became ill with appendicitis and, in spite of the Doctor's loving and anxious care with his herbs and poultices, she died.

Doctor Spinning was not a surgeon, and was opposed to the letting of blood, as practiced by the allopathic physicians of that day. He practiced a kind of naturopathy, using natural remedies and herbs. In fact he was a doctor by political appointment only, having left with the wagon train for Oregon four months short of graduation from Cincinnati Eclectic Medical College.

Early in 1890 the Legislature of the State of Washington enacted a law requiring all those practicing medicine

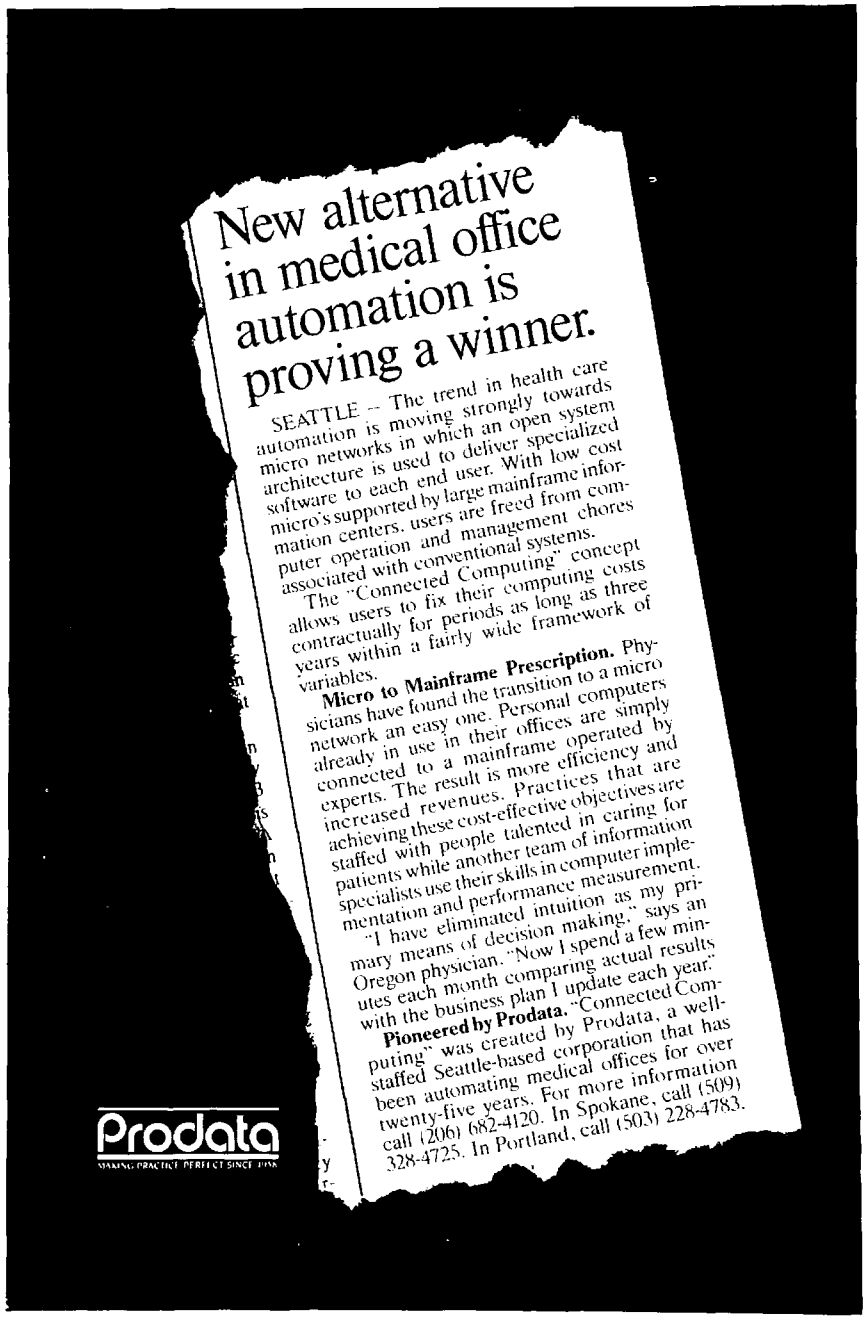
in the State to be licensed by the State Medical Examining Board. Doctor Spinning, now in his seventies, continued to deliver babies and prescribe medicine undaunted, without submitting to examination by the State Board. He was an Institution by then, much loved by the community and honored . . . even by many of the doctors.

As a frontier doctor his training and his inclinations were well suited to the profession. He practiced the healing arts as adapted to the lives of the settlers and Indians he cared for, long before the hospital structures appeared and before the structure of the Medical Society. As the frontier disappeared he continued to tend his garden of herbs, drying them in his attic—and, crossing the countryside by horse and buggy now, ministering his healing art.

The P.C.M.S., in a gallant gesture of professional courtesy, overlooked Doctor Spinning's activities as they scoured Pierce County searching out and prosecuting all those "irregular and illegal" practitioners within the area.

In November 1889 Doctor Wintermute, watchful chairman of the P.C.M.S. Board of Censors, had harshly rebuked Doctor Charles McCutcheon for his "unprofessional conduct in consulting with a person notoriously unqualified for the practice of medicine." The genial Doctor McCutcheon, superintendent of Fannie Paddock Hospital, had probably deferred to Doctor Spinning out of kindness and out of respect for the old gentleman's heroic past. Wintermute didn't press his charges at the following meetings, but it was noted by the secretary-treasurer that the former president, H.C. Bostwick, was in arrears, never having paid his initiation fee to the P.C.M.S. nor any of the amount of dues owed by him during his membership. ■

First published in the Bulletin, Oct., 1975.



1986-87 Officers Nominated.

Sharon Ann Lawson, Nominating Chairman, and Susie Duffy, President-Elect, met with Judy Baerg, Sonya Hawkins, Nadine Kennedy, Kit Larson, Marny Weber and Kris White to prepare the slate of officers for 1986-87. They are as follows:

President-elect	Beverly Graham
1st Vice President	Marny Weber
2nd Vice President	Alice Wilhyde
3rd Vice President	Linda Bede
4th Vice President	Terri Stewart
Recording Secretary	Kris White
Treasurer	Helen Whitney
Dues Treasurer	Betty Virtue

"P.S. I love the card design! Stefan is really talented."

This letter was received several weeks ago from Winter Haven, Florida.

"Dear Mrs. Miller,

Thank you so much for sending me a copy of the Pierce County Medical Auxiliary sharing card. I really enjoyed seeing how successful it was. You certainly have many generous members!

Happy New Year and best wishes for a wonderful '86 and a great ERF year.

Sincerely,
Priscella Gerber,
National AMA-ERF
Chairman

Sharron Gilbert, Chairman for AMA-ERF reported to date that $1,352.47 has been received for this project and will be increased slightly when the final check is received for the commercially produced holiday cards that were ordered. There were fewer medical families that contributed this year, but the individual donations were slightly higher than in previous years.

Carolyn Modarelli was in charge of the art contest and has reported that the promotion and judging of this first time endeavor "was fun." Those children who contributed their pictures all received a personal letter from Carolyn, as their individual efforts were well done.

We are interested in receiving information from the medical community about the 1985 holiday Sharing Card. Please address your comments to Sharron Gilbert, 13510 94th St., KPN Gig Harbor 98335 and/or Carolyn Modarelli, 7514 91st Ave., SW, Tacoma 98498.

Our Medical Auxiliary would like to acknowledge all Pierce County Medical Society sons and daughters who will be graduating from High School this spring. We want to be a small part of this very special day. Please send me the name and school of your graduating senior. Your prompt response would be appreciated. Beverly Graham, 3301 N. Shirley, Tacoma, WA 98407 or phone 752-3457 p.m's please.

House of Delegates spring convention coming up in April.

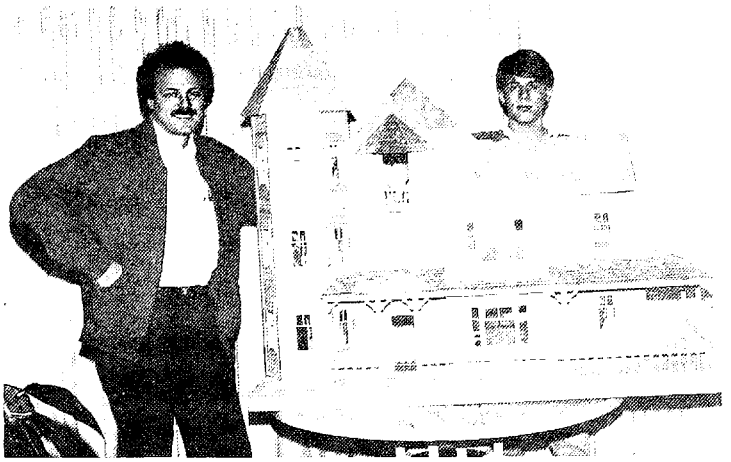
The spring convention of the WSMSA House of Delegates will be held at the Holiday Inn, Yakima, WA, April 28-30, 1986.

Delegates are selected by the Nominating Committee, Sharon Lawson, Chairperson. The number of delegates attending is determined by Auxiliary membership. At this time Pierce County is allowed 7. If you are interested in attending as a delegate, alternate or are an interested member, please call Sharon (564-6647) or Susie Duffy, president-elect (863-4314).

And the "lucky winner" is . . .

The drawing for the Victorian Mansion (a 14 room doll-house) will take place March 11th at the combined Medical Society and Auxiliary meeting to be held at the Fircrest Country Club. Proceeds from this raffle will go towards Neighborhood House. This organization conducts art classes for handicapped persons. Funds are needed for art supplies, matting, framing, etc. It is hoped that the artists will have a Spring Art Show.

The construction has been done by Dr. Martin Schaeferle and sons. Approximately 90 hours has been spent in the construction. The lucky winner will paint the exterior and do the other decorating with their own color preferences. A surprise Valentine addition to the doll house was presented by Kris White and Diana Ames, co-chairs of this project. Dinner tickets will be given to the Auxiliary member selling the most tickets. These are still available and are $1.00 each or 6 for $5.00.



Dr. Martin Schaeferle and son Matt standing before the 14 room doll house they built for the March 11 drawing.

Gourmet Couples Group meet.

A small, but enthusiastic group met Jan. 25, for a superb Italian dinner. We hope many more couples will join us for the March 22 and April 26 dinners. It involves so little work for such a great evening. Call to make your reservations: Mary 627-2716.

Notice to Readers. . .

MSPC members who are interested in contributing articles of interest and pertinence to *The Bulletin* are urged to do so. The editor reserves the right not to publish any article submitted, based on space available and pertinence of the topic. Articles should be limited to four double-spaced, typewritten pages or 1,000 words. Exceptions to this may be made by prior arrangement with the editor. Call the managing editor for information on article submission, 572-3666.

CLASSIFIED

Medical Office Space Available

4th & K. Convenient to Tacoma General and Mary Bridge. 700 to 1200 sq. ft. Call 594-1355.

Office space available. In professional building at North 27th and Adams Street. Call Richard Baker, 759-6800.

For lease. 1500 Sq. Ft. in Medical Dental Building, Lakewood. Excellent Visibility. 8509 Steilacoom Blvd., 584-6200.

Excellent University Place location. Office space for rent for any **medical speciality** to share with General Practitioners. Phone 564-8966.

Physicians Needed

Orthopedic surgeon wanted as consultant for outpatient occupational medical clinics located in Seattle and Tacoma. Call Gary Hamilton at 1-415-272-9292.

General or Family Practitioners needed for part or full time out-patient physicians. Send inquiries and CV to Health Specialists, C/O Dr. Gentry Yeatman, 3602 47th St. Court, Gig Harbor 98335. Phone 851-9646.

For Sale

Gynecologist medical equipment, including colposcope. Will sell complete or separately. Obstetrical & Gynecological Associates, P.S. 10109 Plaza Drive, S.W. #5, Tacoma, WA 98499, 584-1911.

Gig Harbor. Waterfront, contemporary style, excellent location. Shops and park within walking distance. This immaculate home has 3 bedrooms and possible separate apartment with full bath. $159,000. Call Sally Bell at Spot Realty Pentac, 858-8333 or 383-2064. Home. 265-3346.

33' Carver Voyager with flybridge. 1981 twin engine. Sleeps 6. immaculate condition. Includes private boathouse at Tacoma Yacht Club ($40.00 per month) in new condition. Transferring to Mid-West. Must sell, $65,000. Neil. Days 564-8525, evenings 564-2149.

BUD TRUEBENBACH:

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GENERAL MEMBERSHIP MEETING

(SPOUSES WELCOME)

TUESDAY, MARCH 11, 1986

"LET'S GET AWAY FROM IT ALL"

Rick Ray, Representative
Recreational Equipment, Inc.

ALSO:
COMMENTS BY
Edmund W. Gray, M.D., President
Washington State Medical Association
and
Sue Dietrich, President
Washington State Medical Association Auxiliary

DATE: Tuesday, March 11, 1986

TIME: No host cocktails 6:15 P.M. Dinner 7:15 P.M. Program 8:00 P.M.

PLACE: Fircrest Golf Club
6520 Regents Boulevard

COST: Dinner, $13.00 per person

Register now. Please complete the attached reservation form and return it, with a check for the appropriate amount **made payable to the Medical Society of Pierce County,** in the enclosed pre-addressed envelope. Or, call the Medical Society office, 572-3667, to confirm your attendance.

Due to the special arrangements necessary for this joint meeting, reservations must be made no later than Friday, March 7.

REGISTRATION:

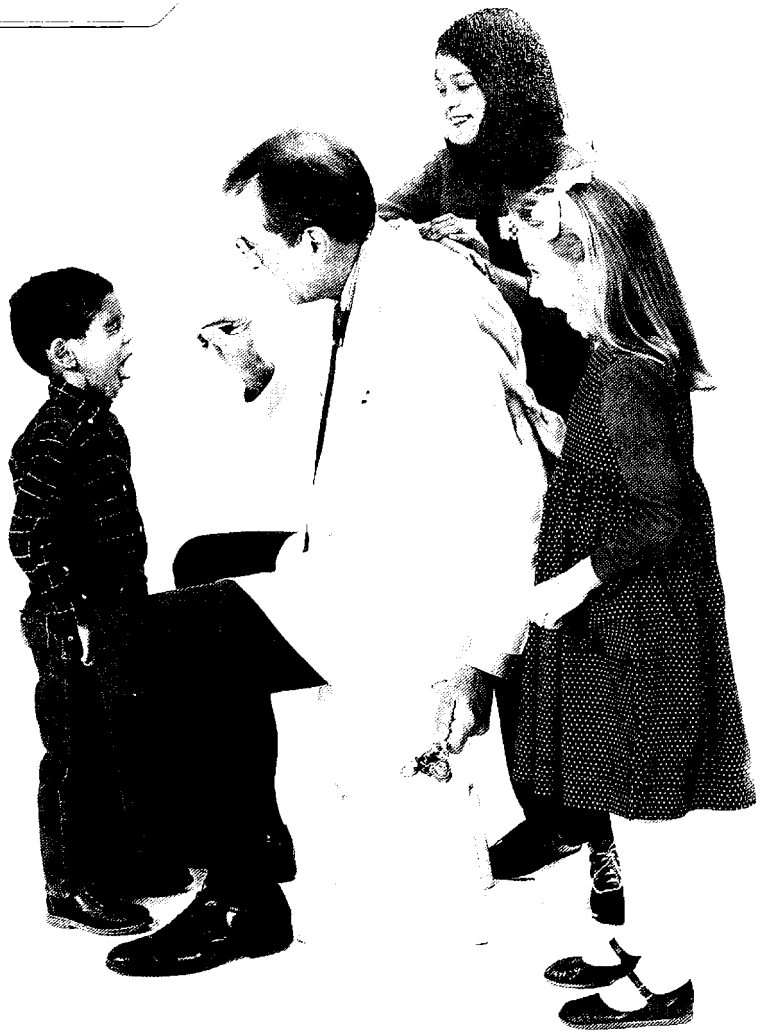
Yes, I (we) have set aside the evening of March 11 to join my fellow Society members and spouses for the presentation on "Let's Get Away From It All."

_ Please reserve _____ dinner(s) at $13.00 per person (tax and gratuity included). Enclosed is my check for $ _____.

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

Dr: _____

RETURN TO MSPC BY NO LATER THAN FRIDAY, MARCH 7.



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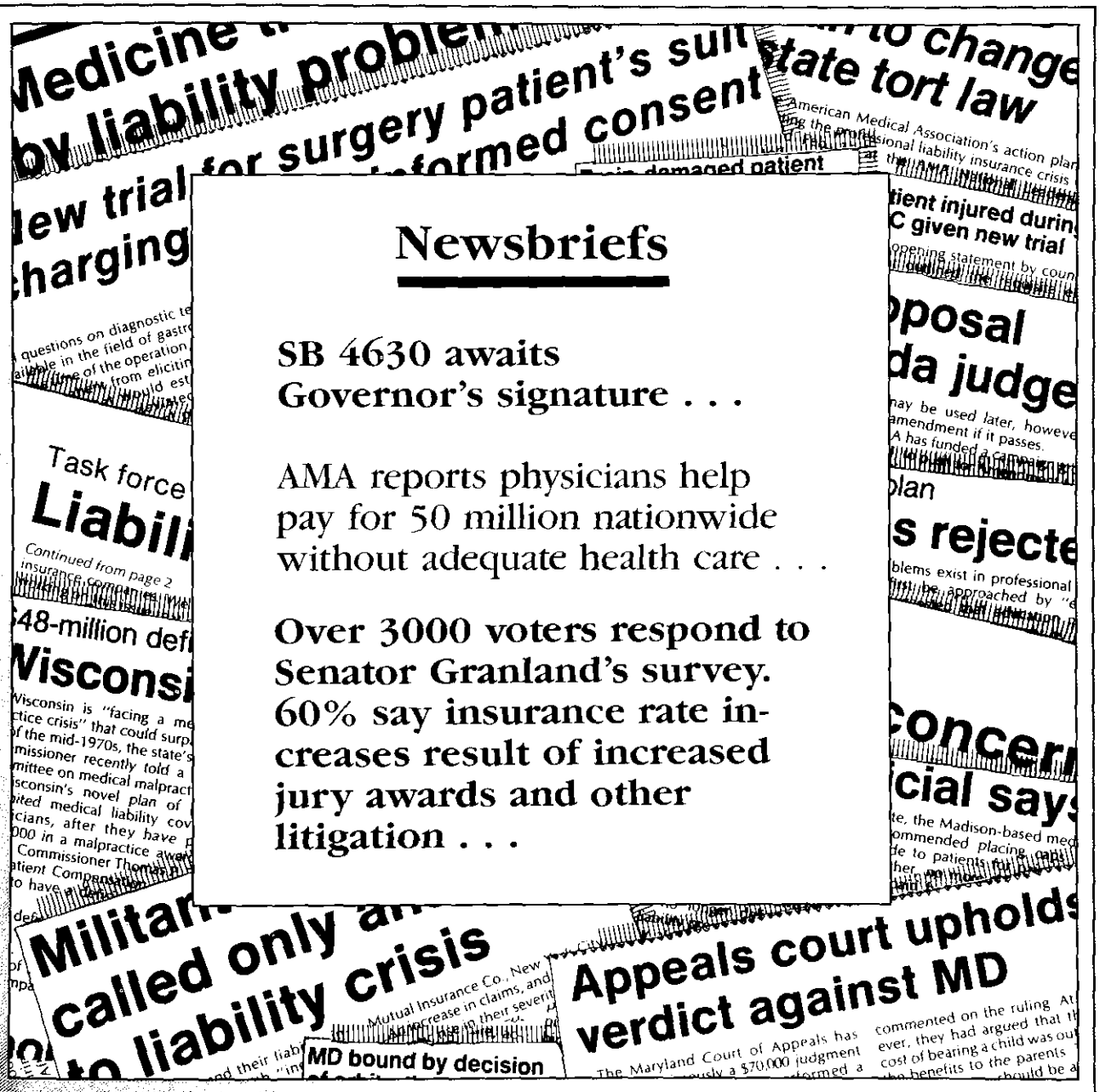

Newsbriefs

SB 4630 awaits Governor's signature . . .

AMA reports physicians help pay for 50 million nationwide without adequate health care . . .

Over 3000 voters respond to Senator Granland's survey. 60% say insurance rate increases result of increased jury awards and other litigation . . .

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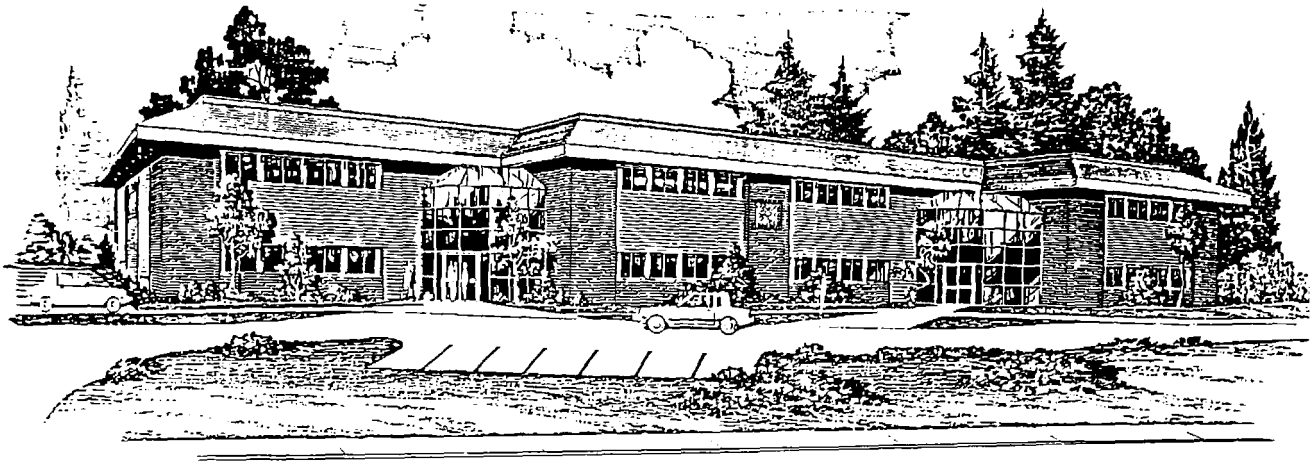

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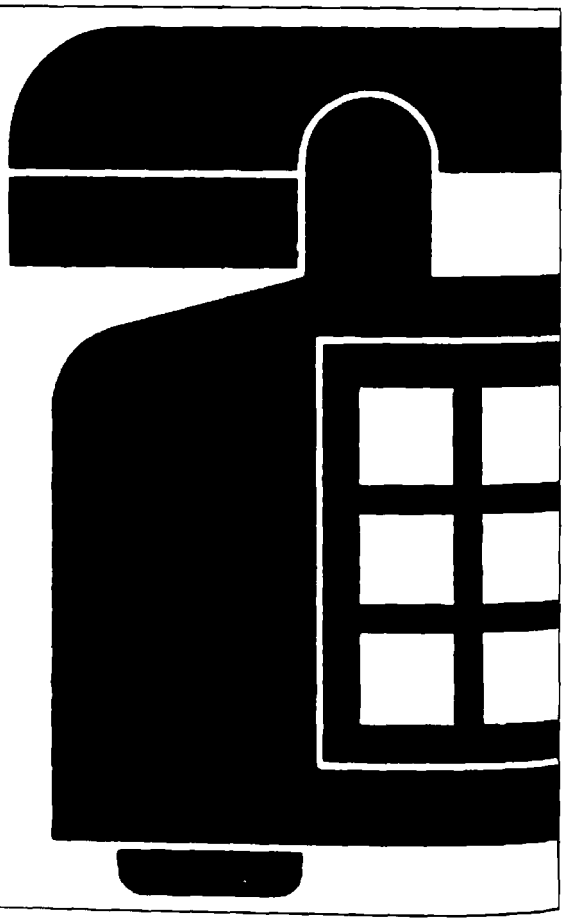


The Bulletin

The official publication of the Medical Society of Pierce County

April, 1986

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 endorsemesnt of products or services advertised. *The Bulletin* and the Medical Society of Pierce County reserve the right to reject any advertising. Advertising rates may be secured from MK Tipton Communication Services, 2607 Bridgeport Way West, Suite 2C, Tacoma, WA. 98466 (206) 564-3831. *The Bulletin* is printed in Tacoma, Washington by Lakewood Printing.

President's Page

On This Page

One of the tasks that goes with being president of the Medical Society is writing this page. When I assumed these responsibilities, I was told that the toughest part of the job would be getting something on paper for this page. Right now I am working against a February 20 deadline so that you can read this the first week of April. This illustrates one of the difficulties; I cannot write about anything very timely, and I do not get feedback very quickly. (I do very much appreciate getting feedback.)

Three broad categories cover the major tasks of the president of the Medical Society: keeping physicians abreast of outside forces impacting our profession, representing physicians to the world, and the relationships among physicians.

I think that all of us are aware of the influence that others have on medicine. Because of the tremendous impact on medicine from these forces outside of medicine, physicians need to know what is going on out there that might affect medicine. Preparation for an adjustment to change may be difficult, but it is necessary.

Representing physicians to the Washington State Legislature has been most time-consuming lately. Government needs to hear from us. So does everyone else, the public in general. Our community needs the presence of physicians in civic, business and charitable affairs. We need to have our voice heard.

It is a tough task to identify which changes to accept and which to fight; I guess that is what dialogue is for. You will recall the story about the admiral and the seamen, the battleship and the lighthouse. A confrontation between physicians and our surroundings will be a lose-lose situation. I think part of my job is to try to create a win-win situation.

People who know about organizations often talk about leadership. I have trouble with that term because it implies leaders and followers. Have you ever known a physician who was a follower? Rather, I would prefer to think of myself as your representative. Although that, too, is fraught with problems. "Representing physicians"—as if doctors have a unified position to be represented. Each of you probably has your own favorite description of physician agreement. Put a dozen doctors together and you will have thirteen opinions. Eight doctors in the same room will have trouble agreeing on what day it is. We all know that no one can accuse us of presenting a united front.

This may change someday—either by having more agreement or by having more fragmentation. I prefer the former.

Anyway, what do you expect of me as your president? Certainly not charismatic leadership. I want to tell others what physicians think they should do. And I want to influence what physicians do to each other. You can tell me what else I would do and how.

We started discussing the writing of this page, and I have digressed to look at my other responsibilities. Let's get back to the topic at hand.

With as much reading as physicians do, you would think that we might know something about writing. Perhaps not—I do not think as doctors, as a group, are going to take a whole lot of literary awards. I would be glad to be proven wrong.

David Hopkins might be an exception—I look forward to his editorials in the WSMA Reports.

George Tanbara impressed me with his President's Pages. There seemed to be a theme to the whole year, like a progressive message. Probably part of it was that he started each month with a Japanese expression—not being at all good with foreign language, I am impressed rather easily by such phrases, especially when they are somewhat philosophical.

Maybe it would help if I had had more experience at writing. No, I am not going to advocate the interjection of English composition courses into the curriculum of medical schools. Actually I did have a class in my sophomore year of medical school that required a term paper on a subject unrelated to medical science (I wrote about the Christian Science religion.)

In college I did work pretty hard at avoiding writing—majoring in chemistry helped that. But college does not let you get away without some instruction and experience at writing (experience but not necessarily expertise.) In my sophomore year at Lewis and Clark College it was required that I study English Literature and composition; I even kind of enjoyed the section studying and imitating Montaigne, the originator of the essay. You may have noticed that my pages are titled "On . . ." reflecting that essay style.

What should I be writing on this President's Page? There are so many things that are of concern to physicians, both individually and collectively. Things like scientific advancements and their applications, the doctor-patient relationship, physician and society, professionalism, interactions among physicians, health care delivery systems. You can see my problems in trying to put thoughts on paper—I am eclectic, a generalist, and global. Yet we must deal with one thing at a time, and each thing has its own very complex microcosm. Each time I see a patient, consideration must be given to the medical problem with its physical, emotional, spiritual and social implications; to the quality, cost and availability of medical services in relation to the needs of the patient and the needs of society.

As you may have guessed, I feel overwhelmed with the task of writing a few paragraphs that will have much significance. But writing the monthly President's Page is what I am supposed to do, and I always do what I am supposed to do.

—Richard Hawkins

Update: Liability Reform Legislation

Both the House and Senate have passed Senate Bill 4630 by 2 to 1 margins and now await the signature of Governor Booth Gardner. The Governor has not committed himself on the issue.

The million dollar campaign against SSB 4630, waged by the trial attorneys' front, Consumer's Alliance for Insurance Reform (CAIR), was effective in generating public interest. CAIR was telling the public they would lose their right to sue; that there will be no liability for toxic waste, no adequate compensation when injured, no trial by jury when wrongfully inured. None of those arguments were true and blatantly misrepresented the facts of SSB 4630.

Members of the Society are to be complimented for contacting their legislators in numbers as never before. Only through individual participation in the political process will the medical community realize major gains.

It is time to start planning for the campaigns of 1986. Lend support to your candidate of choice. This can be done in several ways: assist in voter registration drives, host a special event fundraiser, work on the candidates telephone bank or in the campaign office, post signs, doorbell or contribute money. There are many ways to support your candidate. Get involved. You'll find it a fascinating exercise.

Senator Granlund gets response from survey.

Senator Win Granlund, Democrat, 26th legislative district had over 3000 responses to a survey he sent to his constituents. Two of the questions the survey asked dealt with issues of interest to physicians. They were:

1.) There are growing numbers of families in Washington state who cannot afford private health insurance and who fail to qualify for Medicaid. This group includes laid-off, unemployed and underemployed workers. Do you feel the legislature should approve measures aimed at providing some level of basic health care for these people.

Response: 66% yes, 30% no.

If yes, how should the cost of health care be met?

Response:

12% responded—surcharge on doctors and hospitals

13%—responded—increase in general taxes

38% responded—increase taxes on cigarettes, liquor, etc.

24% responded—a combination of all three

7% responded—don't know

6% responded—other

2.) In the past few months insurance companies have also cancelled coverage or sharply raised rates for many small businesses and municipalities. Do you feel that these rate increases are the result of:

increased insurance profits?	15%
decreased insurance profits?	13%
increased jury awards and other litigation	60%
don't know	8%
other	4%

DSHS reimbursement for physician services.

The continuing problem of physician reimbursement rates by DSHS was again a topic of the Board of Trustees at its Feb. 4 meeting. The WSMA/DSHS Committee meets monthly and the Board strongly urges all members impacted by this problem to write to: Glenn Doornik, MD, Chairman, WSMA/DSHS Committee, Washington State Medical Association, 2033 6th Ave., #900, Seattle, WA 98121. Write Dr. Doornik and his committee. Tell them how DSHS is reimbursing you for certain service at considerable financial loss to your practice.

Physicians help pay for 50 million without adequate health insurance.

More than 50 million people in the United States lack adequate health insurance coverage, causing physicians to pay for much of the care for those patients, according to a recent report by the American Medical Association Council on Medical Services.

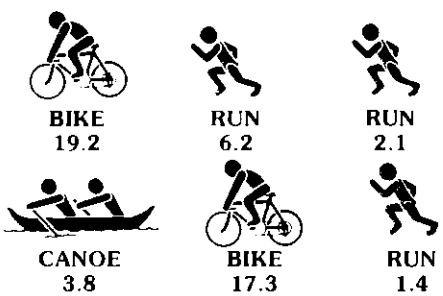
Continued on page 6

Continued from page 5

The report claims that 6 million unemployed individuals are uninsured or underinsured, as are 1 million people with hazardous occupations or medical conditions. The other 43 million people, according to the report, are either self-employed, employed part time, employed by firms without insurance or are dependents or uninsured or underinsured individuals. As a result, more than 75% of all physicians provide some free or reduced-fee care, reducing potential revenues by an average of $18,090 per physician in 1985, according to the AMA report.

According to the American Hospital Association (AHA), hospitals also pay a high cost by caring for those without adequate insurance. The AHA reports that unsponsored care cost hospitals $5.7 billion in 1984. This represented 4.6% of total hospital costs. Unsponsored care accounted for 3.6 percent of total costs in 1980.

Represent the Medical Society in a fun event!



Lions Club members of the greater Puget Sound are sponsoring "A Journey for Diabetes," a 50 mile, six member team event with running, biking and canoeing. The event will take place Saturday, April 19, beginning at the Mt. Rainier National Park Nisqually Gate entrance on Highway 706. The canoeing leg of the event will be on Ohop lake with the finish line at the Gazebo in downtown Orting.

The team entry fee is $125.00. Each team member will receive a T-shirt, commemorative certificate, Lions Vision-Journey for Diabetes pin and a chicken barbecue following the race.

Call the Medical Society office for details. Entries must be postmarked no later than April 4, so don't delay. The Society should be able to field two or three teams.

Medicare and Prepaid Health Plans: New Directions for HMOs.

A new publication by the AMA titled *Medicare & Prepaid Health Plans: New Directions for HMOs* is now available. The booklet is intended to assist physicians in understanding the key elements of Medicare regulations governing HMOs and competitive medical plans. It also considers future prospects for physicians as the programs develop.

The publication is available from AMA Order Dept. for $6.00 per copy, with a 10% discount for AMA members. The order number is OP-196. For more information call (312) 280-7291.

Surgeon transmits Hepatitis B to 5 patients.

According to a report in the February issue of the *Journal of the American Medical Association,* transmission of hepatitis B infection to five patients by an obstetric-gynecologic surgeon, resulting in exclusion from further major operations, underscores the need for medical care personnel to receive vaccinations against the virus.

"Investigation documented that the surgeon was hepatitis B surface antigen and hepatitis B e antigen positive," reported Ludwig A. Lettau, MD, MPH, of the Centers for Disease Control in Atlanta, and colleagues." All five patients had hepatitis B subtype matching that of the surgeon and no other identifiable risk factors for hepatitis B viral infection," they added.

The first two cases were reported to the Georgia department of health in 1984. Both women had had major gynecologic operations by the same surgeon three months before the onset of their illnesses. The surgeon had practiced obstetrics-gynecology in an urban setting for more than 20 years. "He was in good health and had no dermatitis or other skin lesions on his hands," according to the researchers. But they add that he had been infected in 1983 and was hepatitis B surface antigen positive.

"In this outbreak, initial control measures included double-gloving and efforts to avoid inadvertent self-injury from sharp surgical instruments. Bsed on previous outbreaks, these recommendations, in conjunction with a requirement for informed consent from patients for surgical procedures and surveillance for further hepatitis B transmissions, were considered sufficient to allow the surgeon to resume operating on patients."

Despite these precautions, six patients were finally affected. After that, a partial restriction of surgical privileges was imposed on the surgeon by local health authorities, according to the researchers.

Similar outbreaks by an obstetric-gynecologic surgeon have been reported in England, Minnesota, Mississippi and Louisiana. "Full utilization of the currently available inactivated hepatitis B vaccine by health care workers could completely interrupt nosocomical hepatitis B transmission," say the researchers.

"Clearly, all health care workers for whom this vaccine is recommended should receive it, not only for their peronsal health, but also to prevent the remote but real possibility of transmission of hepatitis B infection of patients and the disastrous consequences described in this report," they conclude. ■

AMA News Release, Feb. 20, 1986

Ideal Physician-Population Ratios

Specialty	Recommended Population per MD
Allergy	25,000
Anesthesiology	14,000
Cardiology	25,000
Dermatology	40,000
Gastroenterology	50,000
General and Family Practice	2,000
General Surgery	10,000
Internal Medicine	5,000
Neurology	60,000
Neurosurgery	100,000
Obstetrics & Gynecology	11,000
Ophthalmology	20,000
Orthopedic Surgery	25,000
Otolaryngology	25,000
Pathology	20,000
Pediatrics	10,000
Plastic Surgery	50,000
Psychiatry	10,000
Pulmonary Disease	100,000
Radiology	15,000
Thoracic Surgery	100,000
Urology	30,000

The approximate, mid-range figures were compiled by *Medical Economics,* editors from estimates of specialty leaders.

Taken from: Norton Mockridge, *Types of Medical Practice: Making Your Choice,* Medical Economics Books (Oradell, New Jersey, 1982, p. 56)

Population:

City of Tacoma	159,400
Puyallup	19,180
Gig Harbor	2,750
Pierce County	514,600

Board of Trustees Minutes Tuesday, Feb. 4, 1986

The Board of Trustees of the Medical Society of Pierce County met on Tuesday, Feb. 4, 1986, at Tacoma General Hospital (Conference Room #1). Members present were: Drs. Richard Hawkins (president), Guus Bischoff, Robert Whitney, Demaurice Moses, Michael Halstead, Barry Weled, Kenton Bodily, Charles Weatherby, Paul Schneider, Richard Bowe, Peter Marsh and Mrs. Ginnie Miller.

Also present by invitation were: Drs. Toshio Akamatsu, Ronald Taylor, Richard Hoffmeister, Gerard Ames, Donald Russell, Keong-Chye Cheah, James Fulcher and Mr. Doug Jackman, MSPC Executive Director.

Dr. Hawkins opened the meeting by introducing Dr. Demaurice Moses, Puyallup pediatrician and new member of the Board of Trustees.

The January Board of Trustees minutes were approved.

Executive Committee Report

Dr. Hawkins reported that the Executive Committee was considering updating the Society's computer system. The Board requested that the Executive Committee submit a specific recommendation to the Board prior to the purchase of a system. The report was approved as submitted.

Auxiliary Report

Mrs. Miller reported on the Art Auction which the Auxiliary conducted on Feb. 14 as a fundraiser, and that the recruitment for volunteers for the Tacoma Mall Health Fair had been successful.

Public Health/School Health Committee Report

It was reported that Drs. Terry Torgenrud and David Sparling, members of the committee represented the Medical Society as members of the interview panel for the new health officer of the Tacoma/Pierce County Health Department.

It was also noted that arrangements were being made with the American Lung Association of Washington to provide literature concerning health effects of second hand smoke on children in cooperation with the Medical Society for distribution to schools and doctors' offices. The Board discussed the present DSHS reimbursement rate for services provided by physicians and a motion was made that "the WSMA/DSHS committee chairman's name and address be published in the *Bulletin* so that members of the Society may inform the committee of the magnitude of this reimbursement problem." The motion was seconded and approved.

Committee on Aging

The Board reviewed "Ask the Doctor" article which members of the Committee had submitted to the *Senior Scene*, a monthly newspaper of the Tacoma/Pierce County Council on Aging. The Board commended the Committee for undertaking the activity.

Grievance Committee

Dr. Bischoff, chairman of the Grievance Committee, reported that members of the Committee had discussed the possibility of having a layman serve on the Committee. He noted that presently, often the patient filing the grievance feels that the Committee does not have a prospective from the patient's point of view representing him on the Committee. A motion was made that "the Grievance committee have one or two lay members on the Committee with the appointments to be made on the recommendations of the MSPC president or chairman of the Committee with the approval of the Board for a period of one year (mid-December to mid-December)." The motion was seconded and unanimously passed.

Credentials Committee

A motion was made, seconded and approved voting into membership the following applicants:

Drs. Ulrich Birlenbach, Terryl Collins, James Nowogrowski, Kevin Schoenfelder, Gary Taubman, Nick Uraga, William Brennan, Norman Gosch, Paul Swinehart, Donna Takahashi, Kenneth Trnka.

Legislation

Dr. Hawkins reviewed current activities in the Legislature concerned with SSB 4630, the Liability Reform Act of 1986 and activities concerned with the Uncompensated Care Bill introduced by Senator McDermott. The Board was urged to support both pieces of legislation.

New Business

The Board discussed how the Board of Trustees should address the major issues confronting the Society and medicine.

It was recommended that a letter be sent to all non-members of the Society presently practicing in the County, urging their support of organized medicine's efforts to bring about change in liability and uncompensated care as well as other major issues.

As there was no further business to conduct, the meeting was adjourned at 8:05 p.m. ■

Department of Labor and Industries to conduct audit.

By Marcel Malden

In the fall of 1985 I was appointed to the Industrial Medicine-Rehabilitation Committee, which is a committee of liaison between Washington State Medical Association and the Department of Labor and Industries. I have been interested in the work of this Committee for quite some time. My association with the Tacoma Chronic Pain Management Program has brought me increasingly and in a novel way into working contact with the Department of Labor and Industries. This in fact "intimate" contact with the industrial insurers and injured workmen made me realize that there are very important social and industrial forces at work that result in complicated social processes which affect the way some injured workmen behave. Many of these ways are not obvious at first sight, but they all profoundly affect the interactions between medicine, society and industry.

Some of the problems of costs of industrial insurance are not unlike the problems of costs of malpractice insurance, and in his talk before the Washington State Medical Association Meeting last September, Professor J. O'Connell (of the no-fault insurance fame) used the industrial insurance laws to illustrate the issues facing physicians in dealing with malpractice insurance. Pierce County has always been represented well on this committee, and I know that Dr. Robert Florence served on it for many years. More recently Dr. Charles McGill has been a member, and he continues in this capacity. The members of the committee are appointed by the President of the Washington State Medical Association and represent various medical specialties. The meetings of the committee are also attended by various guests, usually the representatives of the Department of Labor and Industries, representatives of self-insured industries and others, depending on the issues at hand. The meetings of the committee are usually lively and they need to be, because sometimes they last as long as three or four hours.

At the three meetings that I have so far attended, the Department of Labor and Industries has presented speakers dealing with issues of cost containment and quality control. None of these issues are new and none of them are peculiar to the Department of Labor and Industries of the State of Washington, but the growth in the costs for the Department has been very rapid and very large, and the response to this growth comes from employer groups, from organized labor and of course from the political and legislative organs of the State of Washington.

It seems that one of the first steps the Department of Labor and Industries undertook in its cost containment program was to reduce payments to the hospitals by amount equivalent to "bad debt" write off. This apparently will amount to approximately 3-5% of the payments that the Department makes to the hospital. The physician members of the committee expressed their disapproval of this method of cost reduction, but apparently the various hospitals involved and the Hospital Association "did not fight very hard" and this measure was enacted and has become effective in the early part of January 1986.

The next step is a very careful audit of hospital bills. The Department is concerned that a very significant proportion of hospital bills contain errors and these bills will be audited in order not only to detect simply errors but also to ascertain that the services billed for are billed properly and are indeed for services rendered. This audit will be conducted by a private auditing company, and the Department hopes to realize very significant savings. As I understand, the earnings of the auditing companies depend on the amount of the savings the Department realizes. Alongside this specific function there will be an audit of the length of stay and an audit of "the behavior of the hospitals and the behavior of physicians" in a way in which they render service to the Department clients. Length of stay and appropriateness of hospital care will all be monitored in order to obtain statistical information for future use. These audits will be conducted, as far as we know, without previous announcements being given to physicians and at present in absence of any established criteria. The audits will be conducted by RN's working with physician backup.

Out of the statistical information obtained, the Department may establish the pool of information for subsequent development of a "DRG system" to be used by the Department of Labor and Industries of the State of Washington.

In addition, the Department is planning to start an office "provider audit program" which will include both monetary audit and "provider behavior audit." As I understand it, this will be conducted by a special unit of the Department which involves only four people. Since there are many thousands of health providers in the State of Washington, obviously only a small number will be audited in this fashion. Apparently the results of such audits will be available as feedback directly to the providers and, I understand, may result in recommendations which would express sentiments ranging from approval to severe criticism. One cannot but hope that the Department is not only

Continued on page 10

Report from Industrial Medicine-Rehabilitation Committee
Continued from page 9

jumping on the currently fashionable band wagon of "squeezing the fat out of the hospitals and doctors," but will also address the very substantive issues of the working of the system itself and the way in which the Department and other industrial insurance carriers administer it.

In response to our questions, the Department's representatives indicated that the health care providers have not been informed about these plans, but that the Department had no objection to us letting it be known. Hence the reason for this article. ■

Phone Numbers, Address Changes

The following is a list of phone number and address changes of MSPC members. The *Bulletin* offers as a service to all MSPC members space availability to announce the moving of their practice from one location to another, a change in phone numbers and/or change in residence. All announcements are run on a one time basis free of charge. If any MSPC member wishes to run the announcement a second time, the *Bulletin* offers a 10% discount.

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Tacoma, WA
572-BONE or 272-4687
Residence: 10129 Cherry Lane NW
Gig Harbor, WA
851-8845

Ray, R. Charles, MD (Marilyn)
Orthopaedic Surgery
Accept all patients on MD referral
Office: 1515 South K St.
Tacoma, WA 98405
572-BONE or 272-4687
Residence: 5425 87th Ave. West
Tacoma, WA 98467
564-8462

Schoenfelder, Kevin P. MD
Orthopaedic Surgery
Accept all patients
Office: 1515 South K Street
Tacoma, WA 98405
572-BONE or 272-4687
Residence: 851-3393 or 272-0186

Lecture on Nutrition Support

The Pierce County TPN Committee and Kendall-McGraw are hosting a nationally known expert in nutrition support, Frank B. Cerra, MD, Professor of Surgery, University of Minnesota Medical School, Minneapolis, MN. Dr. Cerra will present two, one hour lectures at St. Joseph Hospital, May 15, Room 3A and 3B.

The first lecture, "Impact of Enteral Feeding on Stress Patients will begin at 11:30 a.m. The second lecture, "Role of Branched-chain Amino Acids in the Nutritional Support of Critical Care Patients," will be presented at 1:30 p.m. Lunch will be from 12:30 p.m. to 1:30 p.m.

The two lectures give 2 hours in Category 2 CME credits.

For information call Mike Bonck, St. Joseph Hospital, 591-6692. Reservations must be made by May 8.

AMA PRACTICE MANAGEMENT PUBLICATIONS

☐ **NEW! A Physician's Guide to Professional Corporations** (OP-168) $9.75. 1984. Should you or shouldn't you incorporate? This helpful guide explains the tax and non-tax advantages and disadvantages of incorporating a medical practice in easy-to-understand language. The changes resulting from enactment of TEFRA are clearly detailed. Major sections of the publication include: Making the Decision to Incorporate; Professional Service Corporations: Advantages and Disadvantages; Operating a Professional Service Corporation; and Selection of a Corporate Retirement Plan.

☐ **NEWLY REVISED! Handling Patient Telephone Calls Effectively.** Audiocassette and workbook OP-081: $36. Extra workbooks OP-045: $7. Revised 1984. A must for every new medical office assistant and a good review for staff with years on the job. The audiocassette and accompanying workbook demonstrate, using vignettes of real-life situations, how to deal with patients who want medical advice, requests for medical information, irate patients, and emergencies.

☐ **A Physician's Guide to Gearing Up for Retirement** (OP-133) $42.95. Loose-leaf three-ring binder. 1983.

This manual is specially designed for use by the physician and his/her spouse in planning for retirement. It covers all the practical business aspects of closing a practice as well as the personal and financial aspects of retirement.

The manual is divided into six main sections:

- Gearing Up Psychologically
- Gearing Up Financially
- Gearing Up to Sell Your Practice
- Gearing Up to Close Your Practice
- Planning Your Estate
- A Gearing Up Wrap-Up

Included in each section are many helpful charts, worksheets, and sample forms.

☐ **Valuing a Medical Practice: A Short Guide for Buyers and Sellers** (OP-117) $6.00. Revised 1982. For those buying or selling a medical practice, this booklet guides you through the complex process of assessing the tangible and intangible elements that determine the worth of a practice, covering assets from earnings and equipment to leasing and goodwill.

☐ **Optimum Timetable for Starting Your Practice** (OP-216) $6.50. Revised 1983. This guide organizes, in calendar form, the various tasks required to open a private practice. Developed over the last five years with assistance from dozens of physicians, the timetable shows the steps that should be taken before opening the office to patients. Professional, personal, financial, and some legal areas are covered.

☐ **Planning Guide for Physicians' Medical Facilities** (OP-439) $5.25. Provides guidelines and general principles to help you determine the criteria for selecting a medical office that best suits your needs. Includes: basic planning before building; office construction — inside and out; office interior; and office condominiums.

☐ **Medical Collection Study Course.** Audiocassette and workbook OP-134: $36. Extra workbooks OP-135: $7. 1982. A listen-and-learn study course of infinite value to medical office assistants who collect overdue accounts by telephone. Includes basic collection approaches, standard formulas for incoming and outgoing calls, typical reasons for late payment, and motivating non-payers to pay up. Course emphasizes the lighter, more "human" aspects of medical collection.

Course package consists of audiocassette and workbook in carrier. Although the audio/workbook method is most effective, the workbook can be used without the tape as a course in itself.

☐ **New Doctor's Kit** (OP-458) $26.95. Contains: The Business Side of Medical Practice; Planning Guide for Physicians' Medical Facilities; AMA Publications List; Group Practice Guidelines; Current Procedural Terminology order form; Uniform Health Insurance Claim Form; Medicolegal Forms; Winning Ways with patients; Judicial Opinions and Reports; Talking with Patients; Preparing a Patient Information Booklet; AMA membership information, Placement Service.

☐ **Group Practice Kit** (OP-457) $12.00. Contains: Group Practice Guidelines; Medicolegal reprints on such subjects as: professional liability, confidentiality, informed consent, etc.; samples of model legal agreements for a physician and employed associate, office sharing, medical partnerships, and forming a corporation.

☐ **The Business Side of Medical Practice** (OP-410) $11.00. This publication is a guide to basic management principles for the medical office. It includes discussions of how to set up a practice; selecting a location; financing; clearing legal hurdles; insurance; hiring and supervising personnel; appointment scheduling; medical records; billing and collecting; and patient relations.

☐ **Patient Relations Pack** (OP-280) $6.50. Improve patient relations skills with the three items in this package. "Winning Ways With Patients" is a 12-page guide on how to improve patient relations skills in a variety of situations. "Preparing a Patient Information Booklet" is a guide for preparing a general information booklet introducing the practice to patients. "Talking With Patients" identifies proven psychological principles and describes specific examples on how to improve office-patient relations in telephone communications.

☐ **Patient Survey Questionnaire** (OP-121) $13.00 per package of 100 questionnaires. Revised 1982. This is a device for the physician to measure the satisfaction of his/her patients regarding different aspects of the practice.

ORDER FORM
AMA Practice Management Publications

Return to: Order Department
American Medical Association
P.O. Box 10946
Chicago, Illinois 60610

Prices Subject to
Change Without Notice

Please send me the following AMA Practice Management Publications:

Quantity	Publications	OP No.	1 to 9 copies each	10 to 49 copies each	50-74 copies each	$
_____	A Physician's Guide to Professional Corporations	OP-168	9.75	8.80	7.80	$ _____
_____	A Physician's Guide to Gearing Up for Retirement	OP-133	42.95	38.65	34.35	$ _____
_____	New Doctor's Kit	OP-458	26.95	24.25	21.50	$ _____
_____	Group Practice Kit	OP-457	12.00	10.80	9.60	$ _____
_____	The Business Side of Medical Practice	OP-410	11.00	9.90	8.80	$ _____
_____	Valuing a Medical Practice: A Short Guide for Buyers and Sellers	OP-117	6.00	5.40	4.80	$ _____
_____	Optimum Timetable for Starting Your Practice	OP-216	6.50	5.85	5.50	$ _____
_____	Planning Guide for Physicians' Medical Facilities	OP-439	5.25	4.75	4.20	$ _____
_____	Patient Survey Questionnaire	OP-121	package of 100 copies		13.00	$ _____
_____	Patient Relations Pack	OP-280	6.50	5.85	5.50	$ _____

Quantity	Audiocassettes	OP No.		$
_____	Handling Patient Telephone Calls Effectively (cassette & workbook)	OP-081	36.00 per copy	$ _____
_____	Extra Workbooks	OP-045	7.00 per copy	$ _____
_____	Medical Collection Study Guide Course (cassette & workbook)	OP-134	36.00 per copy	$ _____
_____	Extra Workbooks	OP-135	7.00 per copy	$ _____

Total all publications . . . . . $ _____

Less 10% discount, AMA Members only. . $ _____

Subtotal . . . . . $ _____

Sales tax (IL and NY residents only) . . . . . $ _____

TOTAL . . . . $ _____

Enclosed is my check, payable to the American Medical Association, for $ _____.
Payment must accompany order. Please allow 3-4 weeks for delivery.

Please Print

Name _____

Address _____

City _____

State _____ Zip _____

Specialty _____

All prices include shipping and handling charges.

TED:85-425(B):2M:1/86

Practice Management

Cover the Bases: Staff Scheduling

By Mitchell Sollod, MD

To help make the art of people scheduling more of a science we've devised a framework to visually present our staffing level compared to our doctor level. This enables us to call for extra help when the doctors need it and schedule catch-up days or work days when the employees need it.

This 5-day framework is divided into morning and afternoon office hours. The physicians are numbered and the staff are denoted by letters. Our key person is signified by a capital letter. She is very flexible and works the fill-in position regularly and at special times when we need help.

M	T	W	Th	F
1 3 abc H	1 2 abc H	3 4 def	1 3 abc	1 2 abc
234 def H	134 def H	234 def	134 def H	234 deg H

We need one employee per physician and 1 additional as receptionist. When 1 or 2 doctors are away, 1 or 2 staffers can go away. Wednesdays are less busy so we don't usually have 4 people to help the 3 doctors.

It's important not to schedule employees too tightly. Periodically you need extra help for billing day or a catch-up insurance form day or to clean the office. Your staff regularly needs time and employee help for restocking rooms, ordering supplies, collecting overdue but not cmpletely delinquent accounts, and routine cleanups of front and back office areas.

Without interruptions your nurse or medical assistant can replenish medical equipment, dressings and medications in every room very quickly. When they notice low supplies or a reorder tag, that's the time to write it down for the weekly order. Equipment cleanup, with or without sterilization, is more efficient if it is all done at one time. Front office employees too need time to stock up, cleanup, and file away those lab slips and reports you've initialed.

When your staff are busy with an office full of patients all these chores get put on the back burner and get cookin'. To do the jobs you need the people. Let's cover those bases to 'play' the best game we can. ■

Reprint from San Francisco Medicine, Feb. 1986.

Notice to Readers. . .

MSPC members who are interested in contributing articles of interest and pertinence to *The Bulletin* are urged to do so. The editor reserves the right not to publish any article submitted, based on space available and pertinence of the topic. Articles should be limited to four double spaced, typewritten pages or 1,000 words. Exceptions to this may be made by prior arrangement with the editor. Call the managing editor for information on article submission, 572-3666.

A Look Back . . .
Sects in Medicine: The Early X-Rated

By Mavis Kallsen

Reprint from The Bulletin, *Nov. 1975. By Mavis Kallsen, Curator, PCMS Archives. Editors Note: The March issue of The Bulletin featured a story on C.H. Spinning, the Medicine Man. This was the third in a series of historical articles The Bulletin is reprinting. Mavis Kallsen is the author of the story on C.H. Spinning. The Bulletin failed to note this in the March issue. Our apologies and sincere thanks for the effort Mrs. Kallsen put forth to bring the Medical Society a fine collection of historical articles.*

There is no direct reference to Medical Sectarianism in the early annals of the PCMS. The requirements for membership in the PCMS were the 'acquirement of a regular medical education and six months residence in the County.' Membership in the PCMS was necessary to join the State Medical Association formed a year later, a most prestigious group, which offered ease of re-location for the many itinerant physicians of that day and a wider range of acquaintance for all its members. We can assume membership in the PCMS was not disdained but rather was sought after by all the practitioners.

On what basis, then, were so many physicians in Pierce County excluded from membership in the PCMS?

The Medical Register of Pierce County recorded all those persons practicing medicine here between January 1882 through the year 1890 when the State Board of Medical Examiners assumed the responsibility of medical licensure. In this ledger 166 practitioners stated their qualifications and were supposed to produce diplomas to substantiate their statements. Many claimed to have diplomas 'in with the household goods, which are aboard ship and have not arrived.' Some elaborately described accreditation from 'recognized authorities' other than medical schools. There were surgeons distinguished by service in war between the states, without credentials at all, and there were some who had the medical schooling but didn't quite fulfill the requirements for a diploma . . . as Doctor Spinning. Of the 166 registrants, about half actually produced diplomas from medical colleges, or about eighty-five bonafide Doctors of Medicine.

Of these eighty-five, there were only forty-one who were accepted as members of the PCMS from its organization in 1888 through January 1891.

Compounding the mystery of this elitism, many of the genuine MD's in the Register had emigrated from two cities . . . Chicago and Ann Arbor. There seemed a certain clannishness to the fact that all of the graduates from Rush Medical College, Chicago, were admitted to the PCMS while the graduates of Bennet and Hahemann, both Chicago medical colleges were not. All of the emigrants from Ann Arbor were graduates of the University of Michigan, yet only half of these were invited to join the PCMS.

On a return trip to the backrooms of the County-City Building, your writer (Mavis Kallsen) found another early Medical Register. This one was kept after the State Board of Medical Examiners had assumed the responsibility of medical licensure in 1891.

Dr. Wintermute appears as a humorless, often angry man in our other archival documents, but here he makes fun of the register while the jocular Charles McCutcheon filed quite seriously. They both list their 'School of Practice' as being 'Regular.' Dr. Case registered 'Eclectic and allopathic' but advertised in the Tacoma City Directory of 1888 as being a 'Regular' too. He was not a member of the PCMS.

Without direct reference to medical sects in their journals, the early PCMS made it clear that only the 'regular practitioners of medicine' need apply and frequently referred to themselves as being the 'regular physicians of the community.'

Consultation with the current PCMS Library Chairman, an expert on just about every topic and especially Sects, led us to the first authority on Sectarianism in Medicine, Abraham Flexner. It wasn't until the publication of the Flexner Report, a study of medical education in the U.S. and Canada in 1910, that medical sectarianism was fully described. The Flexner Report, commissioned by the Carnegie Foundation for the Advancement of Teaching, rated the medical schools of the day and described them in detail, sometimes cruelly. It generated massive reforms in medical education and led finally to the standardization of requirements for the MD degree. Abraham Flexner used the term 'modern' where the term 'regular' is used in our old records. He described sects in medicine this way . . .

"The modern (regular) point of view may be retated as follows; medicine is a discipline, in which effort is made to use knowledge . . . in order to effect certain practical ends. With abstract general propositions it has nothing to do, for it has learned from the previous history of human thought that men possessed of vague preconceived ideas are strongly disposed to force facts to fit, defend or explain them. Modern medicine has therefore as little sympathy for allopathy as for homeopathy. It simply denies outright the relevancy of value of either doctrine. It countenances no presuppositon that is not common to it with all logical thinking."

Described by the Flexner Report, the entrance requirements, the teaching facilities, staffs and instruction of the sec-

Continued on next page

tarian medical schools were still primitive then in 1910. Research and investigative clinical work were still minimal or non-existent and were precluded by the dogma of the sect. Allopathy practiced blood-letting and purging for almost every ailment. Homeopathy dealt with opposites to allopathy, prescribing medicines in minute amounts. The eclectics relied almost totally upon drugs and poultices for their cures.

In Chicago . . . Bennet, an eclectic school, and Hahnemann, a homeopathic school simply didn't provide the education in medicine nor the clinical experience that Rush Medical College did then. The University of Michigan had two separate medical colleges, one regular and one homeopathic, with the graduates of both schools earning the same degrees in medicine even though the homeopathic course of study was much abbreviated and substituted the dogma for laboratory work. Flexner urged then, in 1910, that these discrepancies in the issuance of MD degrees be eliminated.

A generation earlier, the PCMS had already eliminated these poorly trained sectarians from its membership by requiring a 'regular medical education' for ll applicats . . . giving sects in medicine a double X-rating by also making it impossible for the sectarians to join the State Medical Association. In this way the standard of health care here was improved and the progress of medicine as a science was allowed to advance.

At a meeting of the Society of September 27, 1890, it was moved by Doctor Charles McCutcheon that . . . "the President of this Society challenge the Homeopathic Medical Society to a game of baseball." At the next meeting, October 8, 1890 . . . "it was moved by Dr. Galloway that all references to baseball be stricken from the minutes of the previous meeting, seconded by Dr. Beebe and carried."

Dr. McCutcheon had goofed again . . . but was his offense the mention of baseball, or was it his indelicate reference to the existence of Sects? ■

COLLEGE OF MEDICAL EDUCATION CONTINUING EDUCATION PROGRAMS SCHEDULED FOR 1985—86

P = Physician Course / A = Allied Health Course

	APRIL			
JH	2,9,16,23	**Tac Gen Clinical Conf-INFECTIOUS DISEASE**	TICE	(P)
TDH	5	**RIGHT BRAIN/LEFT BRAIN**	McDONALD	(A)
TDH	9	**SPEAKING "UP THE LADDER"**	SOLUM	(A)
HI	17	**MARKETING YOUR INSTITUTION**	VIPPERMAN	(A)
HI	24	**PRODUCTIVITY & DISCIPLINE**	SOLUM	(A)
HI	24	**TIME OUT FOR CREATING YOUR FUTURE**	JAMES	(A)
UPS	25,26	**TACOMA SURGICAL CLUB**	TAYLOR	(P)
STJ	30	**AMBULATORY SURGERY**	AMSBURY	(A)
	MAY			
STJ	1	**CRISIS**	INGRAHAM	(A)
JH	15,16	**CARDIOVASCULAR DISEASE REVIEW**	STRAIT	(P)
STJ	15,22	**CAN THERE BE JOY AFTER SORROW?**	BOULET	(A)
EXI	24	**OUTPATIENT & HOME BASED MEDICAL CARE**	MUNOZ	(P/A)
SEA	TBA	**TELEPHONE ASSESSMENT**	SIMMS	(A)
SEA	TBA	**CARING FOR THE CANCER PATIENT**	BOULET	(A)
	JUNE			
JH	26,27	**ADVANCED CARDIAC LIFE SUPPORT**	DUNN/CRADDOCK	(P/A)

Ethical Guidelines for Medical Practice

Due to the numerous requests we have received for the Ethical Guidelines for Medical Practice *since the first publication in November 1983, we are reprinting the* Guidelines *as a special insert in this month's issue of* The Bulletin. *You will note, two sections have been revised by the Ethics/Standards of Practice Committee and approved by the Board of Trustees. They Are:* ***Transfer of Medical Records*** *and* ***Advertising and Publicity. Marketing Practice of Hospitals and Clinics*** *was added to the Guidelines in 1984.*

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 and Publicity

In recent years medical practice patterns have changed considerably, especially in regards to advertising and publicity. No matter how we may feel individually, marketing to the public is with us, and medicine has become big business. If we are to maintain our public image of the concerned friend of the family and continue our interpersonal relationships as colleagues, not just competitors, we must adhere to advertising standards that are in good taste, informative and not deceptive in any way.

Accordingly, the guidelines of medical practice in Pierce County, regarding advertising are revised, and the problem of telephone listing is addressed.

There are no restrictions on advertising by physicians except as it relates to abusive practices that exploit patients, the public and interfere with freedom in making an informed choice of physicians, clinics or hospitals. A communication to the public should be direct, dignified and comprehensible. Aggressive, high-pressure advertising and publicity may create unjustified medical expectations.

The communication may include: (A) the educational background of the physician; (B) the basis of which fee are determined (including charges for specific services); (C) available credit or other methods of payment; and (D) other information about the physician which a reasonable person might regard as relevant in determining whether to seek the physicians services.

Testimonials as to the physician's skill or the quality of his professional services should not be publicized. Solicitation is discouraged.

Consistent with federal regulatory standards which apply to commercial advertising, a physician who in considering placement of an advertisement or publicity release, whether in print, radio or television should determine in advance that his communication or message is explicitly and implicitly truthful and not misleading. These standards require the advertiser to have a reasonable basis for claims before they are used in advertising. The reasonable basis must be established by those facts known to the advertiser, and those which a reasonable, prudent advertiser should have discovered.

Specific guidelines for telephone listings for physicians in Pierce County are as follows:

1.) In telephone directory listings of Doctors of Medicine or Doctors of Osteopathy and in other accepted media of communications, it is preferable for the physician's name to be followed by the abbreviation "M.D" or "D.O". The abbreviation "Dr." preceding the name is confusing and misleading.

2.) In telephone directory listings, it is permissible to list answering service numbers for the convenience of patients.

The use of a speciality designation in any listing for professional or public use is subject to challenge of the MSPC as regards to credentials and qualifications of the physician for such a listing.

3.) Only physicians who are Board Certified or limit their practice exclusively to recognized specialty should list themselves in a designated field. Multiple listings and specialty listings by those who are not certified or who do not limit their practice to a specialty can be a form of self aggrandizement. Multiple listings are routinely limited to a total of two specialties or sub-specialties.

4.) AMA specialty designations, as accepted by the WSMA and/or modified by the MSPC, are the recognized designations of the Medical Society. It is understood that certain of these may have limited meaning for the general public, and therefore, physicians may submit modified or clarifying terms for approval by the Medical Society. Clarifying terminology will be determined by the following criteria established by the WSMA: (1) the validity of the specialty; (2) the extent to which the modifications of listings is necessarily explanatory to the patient; (3) the necessity of precisely defining the limited or unlimited practice of the physician.

The use of descriptive terms not related to any specific specialty is not recommended, for example:
Not recommended: Obesity, Emotional Hang-ups, etc.

The use of descriptive terms for specific modes of therapy or procedures rather than a specialty is not recommended, e.g., **Acupuncture, Diathermy, Group Therapy, Termination of pregnancy, Birth control, Megavitamins, Chelation therapy, Weight reduction, etc.**

Disease-oriented clinic listings should not be used, for example, Acupuncture-Pain Clinic.

It is not desirable to have any physician member listed in the telephone directory as part of any listing other than "Physicians and Surgeons, M.D." or "Physicians and Surgeons, D.O." (Listing under such headings as Hypnotism, Marriage and Family Counselors, Reducing Weight Control Services, etc. is not recommended.)

Marketing Practice of Hospitals and Clinics

Marketing practices of hospitals and clinics involving participating physicians should conform to the ethical guidelines of the Medical Society of Pierce County.

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 State Medical Association and the 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 applicable to the individual. As a group or clinic is composed of individual physicians, each of whom, whether employer, employee or partner, is subject to 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.

Transfer of Medical Records

Where as in the past, it was common practice to transfer medical records between physicians without problems and without cost, this has not been the case in recent years. There have been increasing associated costs and there have been a new crop of problems associated with transfer requests.

Your committee feels that physicians should honor all requests of a person who is or has been a patient for access to his records, and that the same request should be honored for a medical representative of that patient under appropriate written authorization.

Ordinarily, a summary of pertinent patient information should be considered satisfactory.

For copying charts, the originating physician's office may charge a reasonable fee. The committee feels that 50 cents per page is reasonable. This charge may be levied against the patient, the patient's representative, or the requesting physician.

Access to a chart should only be withheld where prohibited by law, or where, for psychiatric or other medical reasons in the judgement of the patient's physician, such release would be detrimental to the patient. Under those conditions, access should only be pursuant to an order of the court.

It is unethical to withhold transfer of medical records or provision of a copy of medical records because of an unpaid bill for medical services.

It is suggested that access to medical records in the originating physician's office by the requesting physician's personnel

be granted, if this is more convenient and less expensive. In the spirit of cooperation, for charts that are voluminous, old, or of limited value; the physician with the original record should be contacted personally by the requesting physician for such information. A telephone call may thus suffice.

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 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 willingly serve on boards and committees of the Medical Society and other medical organizations of which they are members and should work to make such organizations responsive to the needs of the profession and the 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 for 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. ■

Auxiliary News

Welcome: New Auxiliary Members!

Thirty-four spouses have joined the Auxiliary so far this year. As of Feb. we have 20 new members, nine reinstated members and five resident spouse members. We wish to thank them for recognizing and accepting their responsibility as members of the Pierce County medical community and look forward to a long and happy association.

The new members are: Priscilla Bahmiller, Anne Bailey, Kathy Birlenbach, Peggy Bryant, Judy Chan, Alla Cherkassky, Kathy Crabill, Pam Drouillard, Joan Gehle, Jan Halstead, Judy Hill, Peggy Kennel, John Kouklis, Kim Nelson, Kay Plonsky, Emily Schoenfelder, Pauline Tobias, Ella Turner, Terri Virant and Pat Wearn. The reinstated members are: Shaaron Anderson, Pearle Baskin, Nancy Billingsley, Elena Dorey, Sharon Hirz, Donna McLees, Ellen Pinto, Deanna Wilson and Carole Winegar.

This year the membership of 5 residents' spouses was sponsored by individual members of the Auxiliary. The resident spouses are: James Biedel, Sally Freed, Debbie Hagen, Paula Tarleton and Carol Tolles. We wish them good fortune knowing they will become valuable members of the medical community.

The Auxiliary fiscal year is from June 1 to May 31. We need your support, AND your annual dues of $38.50 are tax deductible. Please call if you have new information, ideas or corrections for the Auxiliary yearbook.

Health Fair Booth big success.

The Health Fair Booth was once again a big success, thanks to many people giving up part of their holiday weekend. Washington State Medical Society provided their Pace booth for our display. Each team took blood pressures, and then we handed out literature on various subjects that the Medical Society and Auxiliary are interested in educating the public on; included among these are drunk driving, organ donation, seat belt usage, infant car seats, women's support shelter, tort reform and the malpractice crisis.

Each shift that worked had at least one person to take blood pressures and often times two or three. All together we took between 400 and 500 blood pressures and answered numerous medical questions that the public had about all sorts of subjects from cataract surgery to who has the best health insurance plan. We also were able to give people a number to call to find a physician if they needed one.

Overall, I think we provided a real community service and at the same time helped project the image of very caring professionals and families.

Among those who worked were: Marilyn and Ken Bodily, Cindy Anderson, Nikki Crowley, Paul Schneider, Chris Jordan, Jo and Gil Roller, June and Barry Weled, Wayne and Sally Larson, Richard Hawkins, Guus Bischoff, Bill and Marge Ritchie, Peter Marsh, Rubye Ward, Gerald and Dianna Ames, Bob and Debby McAlexander, Matt and Kris White, John and Gerry McGowan, Charles and Shauna Weatherby, Suzie and Pat Duffy, Ginnie and Ray Miller and Doug Jackman who helped any way he could, including helping put the booth together and taking it down. Also, I want to thank Drs. Schneider and Wayne Larson office nurses for volunteering their time when the booth was a little short handed.

Neighborhood Clinic gets profits from art auction.

Valentine's day brought a wet and blustery evening, but good food and fun for those attending the Auxiliary Art Auction. The Neighborhood Clinic will receive profits from the event.

Over $15,938 in framed and matted art changed hands during the evening, much of it signed and numbered serographs and lithographs, plus original water colors and oils. The Auxiliary proceeds, with several bills outstanding, are just over $2800. A very profitable evening indeed!

Many thanks go to all the fine Auxiliary cooks whose wonderful hors d'oeuvres created a feast for both eye and palate. Thanks also to Georgia McPhee, Judy Brachvogel and Marilyn Baer for the lovely, springlike decorations. Judy and Pat Donley assisted the auction secretary with careful record keeping. Sonya Hawkins, Mary Schaeferle, Ginnie Miller, Shauna Miller (Ginnie's daughter-in-law), Mimi Jergens, Rubye Ward, Kirs White, Nikki Crowley, Susie Duffy, Dot Truckey, Reta Bergstrom, Marie Griffith, Kathleen Birlenbach, Marlene Arthur, Kit Larson, Shirley Kemman, LaVonne Campbell, Karen Graham, Ruth Jackson and Mildred Houglum served, cooked and helped handle the door. Our able wine stewards were Bill Sullivan and Martin Schaeferle, while Ulrich Birlenbach and Bob McAlexander counted change at the door. Marty Schaeferle, a senior at Charles Wright, was the Auction runner and literally ran all evening, keeping the art moving to and from the auction block.

Arrangements with the Robert Sills Gallery in Los Angeles were well and thoroughly handled by Mabele Miller. Ella Turner's special help with publicity is most appreciated. We had releases in the "TNT", "Pierce County Herald," "Lakewood Press," and "Peninsula Gateway," in addition to public service announcements on radio and television, and readerboard coverage.

Attendance was smaller than hoped. Of the audience of 106, there were 22 physicians and their wives, plus five spouses attending without their husbands. A holiday weekend, poor weather and other conflicts all cut into our numbers.

Many thanks to those who assisted, supported and bid. Triumphant buyers went home with proud grins and decorative art works for home or office. Look out Tacoma, we've done our 1% for art ■

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.

JOHN C. PARK M.D., Primary Care. Born in Korea; medical school; Jeonbug National University, 1984; internship, Presbyterian Medical Center, 5/84-5/85. Washington State License, 1985. Dr. Park is currently practicing at 10013 Bridgeport Way SW, Tacoma, Washington.

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Unique opportunity. Lease 3500 to 4300 sq. ft. Established medical facility in downtown Kent. Ample off street parking, easy access from freeways. Ideal for industrial medicine, family practice, pediatrics or satellite. Available May 1, 1986. Inquiries: Dee Moschell, 448 Alpine Way, Kent, WA 98031. (206) 852-7081.

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Gynecologist medical equipment, including colposcope. Will sell complete or separately. 584-1911.

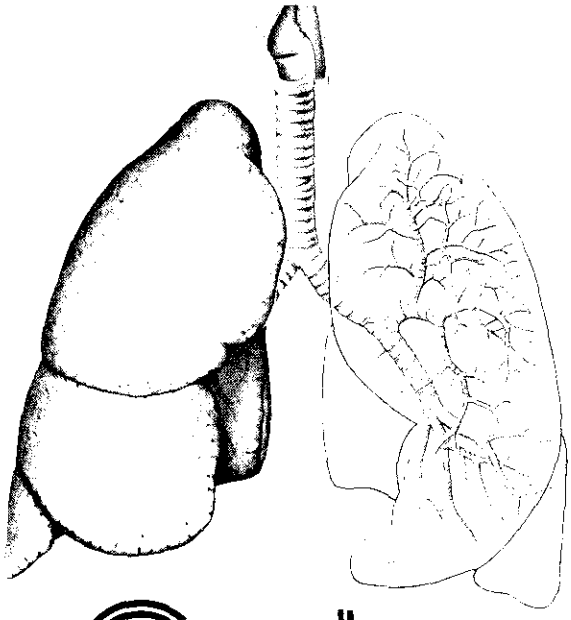
Time share lease in apartment complex on the garden island of Kauai. For information call 627-2711.

Physicians Needed

Pediatricians. Needed for part or full time out-patient positions. Send inquiries and CV to Health Specialists, C/O Dr. Gentry Yeatman, 3602 47th St. Court, Gig Harbor 98335. Phone 851-9646.

Assistant to Medical Director. (an alternative to clinical practice.) Major Life Insurance Co. has an opportunity for a medical doctor who desires corp. mgmt. This position features a 40 hr. wk, final decision making and high visibility and upward mobility. Experience in reading and evaluating EKG essential. Salary to $60,000 plus outstanding benefits. Call or write John Almond, Almond & Rogers, 1101 Fawcett Ave., Suite 350, Tacoma, WA 98402. (206) 572-0300.

Consider the causative organisms...



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offers effectiveness against the major causes of bacterial bronchitis

H. influenzae, *H. influenzae*, *S. pneumoniae*, *S. pyogenes*
(ampicillin-susceptible) (ampicillin-resistant)

Brief Summary: Consult the package literature for prescribing information.

Indications and Usage: Ceclor (cefaclor, Lilly) 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*, *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, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL 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.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semisynthetic 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 range in severity from mild to life-threatening.

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.

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, 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 pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be ruled out.

Precautions: *General Precautions* – If an allergic reaction to Ceclor (cefaclor, Lilly) 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 maternal and/or neonatal blood, the possibility of newborns whose mothers have received cephalosporin antibiotics before parturition, 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 conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than 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 Clinitest® tablets, but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

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 12 times the human dose and 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 (cefaclor, Lilly) have been detected in maternal milk following administration of single 500-mg doses. Average levels were 0.18, 0.20, 0.21, and 0.16 mcg/ml at two, three, four, and five hours respectively. These amounts were detected in one hour. The effect on nursing infants is not known. Caution should be exercised when Ceclor 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 uncommon and are listed below.

Gastrointestinal symptoms occur in about 2% of patients and include diarrhea in 1% or 2%.

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

Hypersensitivity reactions have been reported in about 1.5 percent of patients, and include morbilliform eruptions, 1 in 1000; pruritus, urticaria, and positive Coombs' tests, each occur in less than 1 in 200 patients. Cases of serum sickness-like reactions, erythema multiforme, or the above skin manifestations accompanied by arthralgia/arthritis 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. 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.

Anaphylaxis and corticosteroid appear to enhance resolution of the syndrome.

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

Other effects considered not related to therapy include eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Clinical Laboratory Test Findings – Transient abnormalities in clinical laboratory test results have been reported. Although they were of uncertain clinical significance, they are listed below to serve as alerting information for the physician.

Hepatic – Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic – 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 500); or abnormal urinalysis (less than 1 in 200).

[061782R]

Note: Ceclor (cefaclor, Lilly) 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.

ELI LILLY AND COMPANY

Lilly

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

Eli Lilly Industries, Inc.
Caguas, Puerto Rico 00630

Medical Society of Pierce County

705 South Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

LUNCHEON MEETING FOR RETIRED MEMBERS (and SPOUSES) OF THE MEDICAL SOCIETY OF PIERCE COUNTY

WEDNESDAY, APRIL 9, 1986

"A TRAVELOGUE OF EGYPT and JORDAN"

with

William W. Mattson, M.D.

DATE: WEDNESDAY, April 9, 1986

TIME: Lunch 12:00 Noon; Program - 12:45 P.M.

PLACE: Tacoma Dome Hotel
(Hickman North Room)
2611 E. "E" Street

COST: Lunch, $9.50 per person.

Register now. Please complete the attached reservation form and return it, with a check for the appropriate amount **made payable to the Medical Society of Pierce County,** in the enclosed pre-addressed envelope.
Or, call the Medical Society office, 572-3667, to confirm your attendance.

Reservations must be made no later than Friday, April 4.

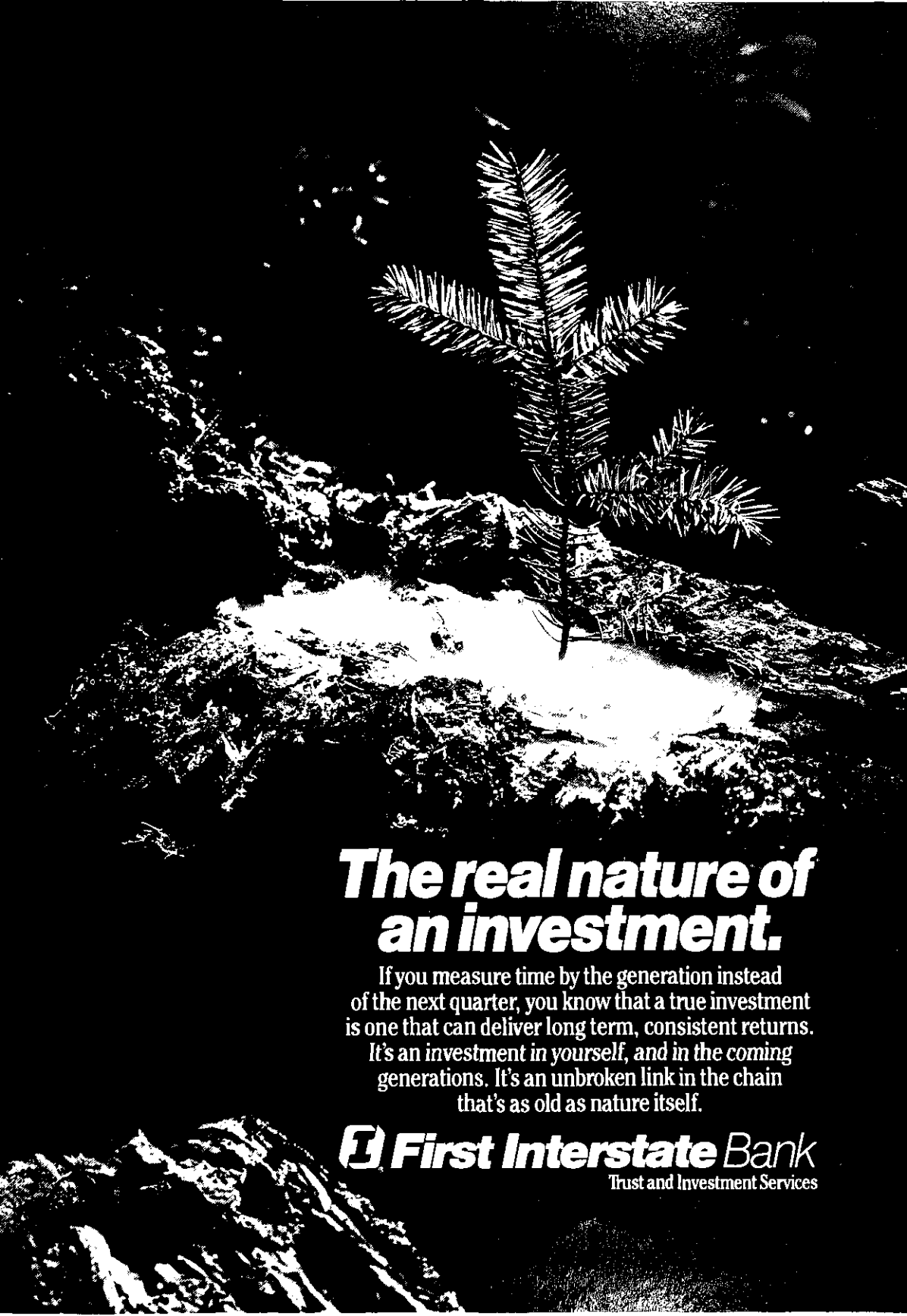
REGISTRATION:

_ _ Please reserve _ _ _ _ _ _ _ lunch(es) at $9.50 per person (tax and gratuity included). Enclosed is my check for $. _ _ _ _ _ _ _ _ _.

_ _ I regret I am unable to attend the lunch portion of the meeting. I will attend the program only.

Dr: _

RETURN TO MSPC BY NO LATER THAN FRIDAY, APRIL 4.



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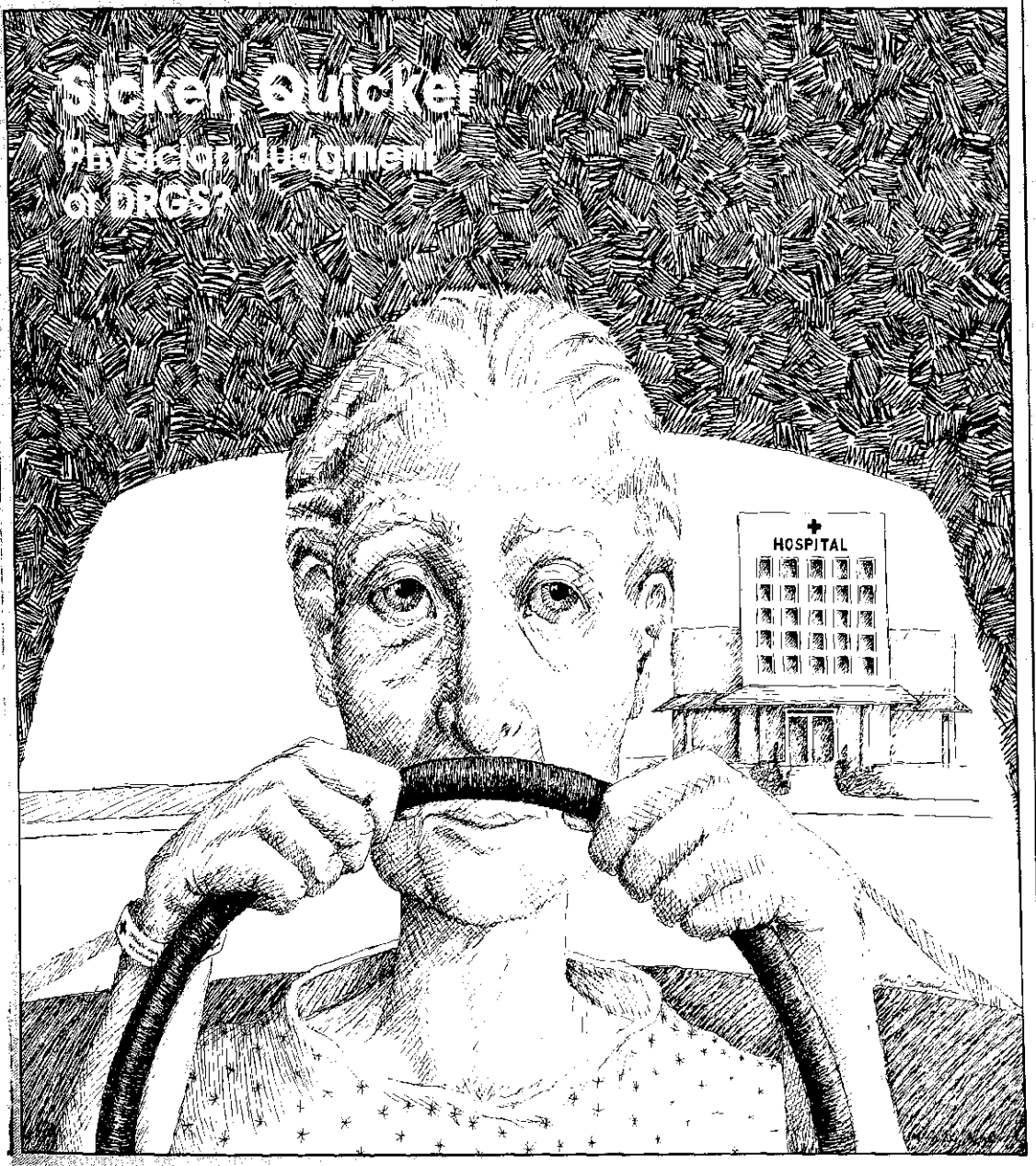
ADDRESS CORRECTION REQUESTED

The Bulletin

MEDICAL SOCIETY OF PIERCE COUNTY

May, 1986



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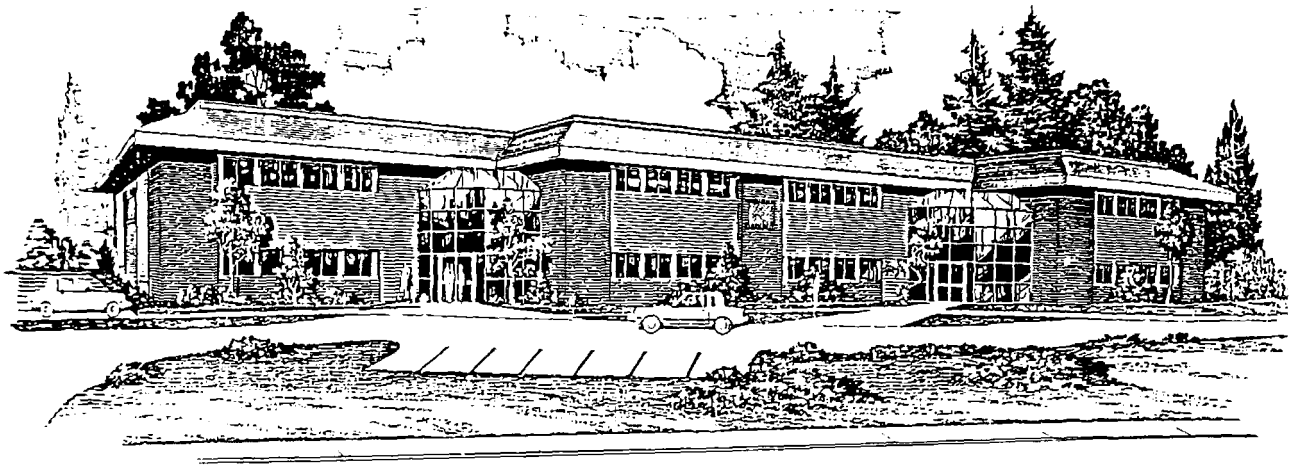

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The Bulletin

The official publication of the Medical Society of Pierce County

President's Page

Sicker and quicker — is that what happens under DRGs, patients leave the hospital sicker and quicker? Are patients sicker now when they leave the hospital than they used to be? Are they leaving the hospital sooner now than they used to? Length of stay statistics and anti-dotal observations suggest that this may be true.

DRGs and PPS (diagnostic related) groups and prospective payment systems) are the latest in a series of efforts by Medicare to control the costs of medical care. It has changed the incentives.

Incentives

The obvious change in incentive is that the hospital gets paid for a hospital stay without regard for what it cost. That is quite a switch from cost based reimbursement, where the hospital gets paid only for what they do. This incentive passes through to physicians who are interested in assuring the success of their hospital. It is an interesting observation that financial pressure on hospitals has changed physician behaviors.

These changes run into some conflicts with the patients' incentives. Patients have come to expect that medical care will be convenient and comfortable, that they will be well when they leave the hospital. This is a relatively new development, occurring largely because in recent years someone else has been willing to pay the bills. Those incentives of convenience, comfort and cost to the patient do have significant impact on the system. I hope that the major incentive for our profession is to take care of people, to do the best job possible to keep them healthy or return them to better health. There are other incentives — money, personal satisfaction, prestige are some of the positive ones. Accountability and liability are also incentives.

Consequences

It really should not come as a surprise if patients leave the hospital sicker and quicker. Medicare wants medical care to be less expensive, which translates into less care (as well as more efficiency and lower incomes). An obvious outfall of less hospital care is that patients will get less hospital care. I mean, if there is going to be less hospital care, who is going to receive less care? The patient.

Less hospital care means more care out of hospital. Perhaps it is less convenient and more uncomfortable for patients to recover at home, but it can be done. There are opportunities for innovation in medical care.

The net results of any change, such as DRGs, are hard to predict. We can expect that the consequences will include some unplanned effects as well as the planned ones. We can also expect that some of the results will be positive and some will be negative.

Shades of Grey

When is the right time for someone to leave the hospital? That is a pretty significant question, and I wish there were some sort of good answers. If the patient gets to the point that he would not be admitted, then I suppose he could go home to finish recovering. Maybe people do not need to stay in the hospital until they are well, only until they no longer require hospital care. Note the difference between being well and being well enough. Shades of grey are really hard to codify. It seems like I have heard that before — how do you measure quality medical care?

We are expected to take good care of our patients, provide them with the best medical care, at minimal cost, and with universally good outcomes. We can expect to be held accountable, and to be criticized if we fall short of the mark.

Do you ever feel like you are right between a rock and a hard place? I guess we should be used to it.

— Richard Hawkins

Governor Booth Gardner signs Senate Bill 4630.

Governor Booth Gardner signed into legislation April 4, Senate Bill 4630 with no changes, leaving the bill virtually intact as it was submitted to the Governor.

Both the Senate and House passed the bill by two to one margins despite opposition from the leadership in both houses.

Senate Majority Leader, Ted Bottiger (2nd District) was very distraught when the Senate concurred and passed the bill as amended by the House.

Speaker of the House Wayne Ehlers, also of the 2nd District, opposed the legislation, but made certain it received a fair hearing. It passed the House by a vote of 66-31.

The following legislators deserve a vote of thanks for having the courage to withstand tremendous pressure from the opposition and continue to support the enactment of major tort reform, the first reform legislation in many years.

District	Legislator	Phone
25	Dan Grimm	786-7968
25	George Walk	786-7948
26	Linda C. Thomas	786-7964
26	Bill Smitherman	786-7802
28	Sally Walker	786-7958
28	Shirley Winsley	786-7890
29	Brian Ebersole	786-7996
29	P.J. Gallagher	786-7906
28	Senator Stan Johnson	786-7654

(Senator Johnson was the only Senator from Pierce County to support SB4630)

Legislative Address:
Legislative Bldg.
Olympia, WA 98504

Senate Bill 4630 provides for:

1. Accelerated physician-patient privilege. Intent is to expedite resolution of medical malpractice claims by providing, after the privilege has been waived, medical information obtained through informal discovery, i.e., physicians will be treated as any other witness; they may not be compelled to talk to anyone about a notice of deposition or subpoena, but they may talk to anyone, if they choose.

2. Attorney Fees. A court shall determine reasonableness of a party's attorney's fees if petitioned by that party.

3. Limitation on Non-Economic Damages. Provides for an inflation adjusted sliding scale of limits based on the expectancy of life of the claimant. A high of approximately $573,000 at birth and declining to a minimum $117,000 based on fifteen years life expectancy.

4. Apportionment of damages. Apportions fault among all entities which caused claimant's damages, including third party defendants, entities released by claimant or with immunity or individual defenses against the claimant. Liability of each defendant is only for its share of fault if the claimant was also at fault.

5. Statute of Limitations. Reduces the current 26-year "long tail" for minors to eight years by imputing knowledge of a custodial parent or legal guardian to the minor. All lawsuits involving medical malpractice must be filed within three years of the negligent act or within one year of discovery, but in no event can the case be brought after eight years. This amendment decreases the current 26-year period of liability exposure in medical malpractice cases involving minors.

6. Periodic Payments. Provides for periodic payment of an award for future damages of at least $100,000 if a party requests.

7. Liability of Officers and Directors of Non-Profit Corporations. Limits the individual liability of members of boards of directors of hospitals unless a decision to grant privileges to provide health care constitutes gross negligence.

What's ahead for this legislation?

Predictions are that the trial attorneys will not sit still and accept this bill and its ramifications. They are expected to initiate a referendum process to have the issue put on the November ballot.

The old saying, "Politics ought to be the part-time profession of every citizen," is a familiar one. President Eisenhower's admonition is even more true today than when he said it more than thirty years ago. We live in a competitive, special interest democracy, one that thrives on the expressions and actions of groups of citizens who share common concerns. Citizen involvement in government has never been greater.

Physicians and their families cannot afford to ignore this political reality because the medical community represents a special interest group as well. And, if our voices are to be heard in the legislative and political arena, we must become actively involved.

This is an election year. Those legislators listed on this page supported you on this vitally needed legislation. You can help support their re-election by assisting them in their campaign. Call their office and ask how you can help. There are numerous ways to assist. Step forward. You will find it to be a rewarding experience.

AM Council in Ethical and Judicial Affairs clarifies opinion.

Says, "It is not unethical to discontinue life prolonging treatment."

The AMA's Council on Ethical and Judicial Affairs has clarified its opinion on withholding or withdrawing life-prolonging medical treatment to make it clear that withdrawal of artificial feeding and hydration for permanently comatose patients is not unethical, provided certain safeguards are present.

The new opinion says that a physician should consider the prior expressed wishes of the patient and the attitudes of the family or those who have responsibility for the custody of the patient. Even if death is not imminent, but a patient's coma is beyond doubt irreversible, "it is not unethical to discontinue all means of life-prolonging treatment, including artificial feeding and hydration," the new opinion says.

The resolution urges states to reform tort and insurance laws by capping noneconomic losses, mandating joint and several liability and instituting structured payouts of large settlements.

According to Porter, the House Ways and Means Committee's health subcommittee was to have held hearings on the issue in April.

If states don't reform their laws, the Federal government may be forced to "take some form of tax code or Medicare payment action against states," said Porter. Porter also released a General Accounting Office (GAO) report on the attitudes of 37 special interest groups toward malpractice.

Although many of the groups surveyed said the cost of malpractice insurance is creating a problem in the health care field, the report found no consensus on the problem's scope or solution. GAO is expected in July to issue a report on the economic costs of malpractice, and two reports analyzing malpractice case studies are expected at year-end.

The opinion was announced at a conference on medical ethics in New Orleans sponsored by the AMA and the Hastings Center, attended by about 250 physicians.

Reducing Malpractice Insurance costs favored.

A national public opinion survey conducted for the Insurance Information Institute, New York City, reveals that Americans would support measures aimed at reducing medical malpractice insurance costs.

For example, 72% favor establishing legal limits on the amount of money lawyers can receive from medical malpractice suits. Two-thirds also support having doctors spend more time explaining the risks and potential problems patients may face, even if this increases doctors' fees.

In addition, smaller majorities think there should be a legal cap on the amount of money patients can collect from malpractice claims, and that patients and doctors should be required to appoint skilled arbitrators to settle all malpractice claims. By contrast, the majority of Americans, close to four-fifths of the population, oppose requiring patients to sign a release agreeing not to sue for malpractice.

House resolution calls for reform of malpractice litigation, insurance on national level.

Reps. John Porter (R-IL) and Pete Stark (D-CA) introduced a resolution March 3 asking states to resolve the problem of increasing medical malpractice claims and insurance costs.

"The Physician Glut"

Dr. Werner Samson, Seattle Cardiologist and Chairman, University of Washington Medical School Admissions Committee, will address the issue, "The Physician Glut," as the primary speaker at the May 13 General Membership Meeting at the Executive Inn in Fife.

From his unique perspective as Chairman, Admissions Committee and being in private practice, Dr. Samson will comment on the University's role in producing more physicians in light of a predicted over supply of 70,000 physicians in 1990 and 140,000 physicians by 2000. How is the physician today to be effected, and what does the future hold? Plan to attend. It will be an excellent program. See page 22 for your meeting notice.

Medical Clinic in need of supplies

In the small Mexican village of Tapalpa, which is located in the mountains between Guadelajara and the Sea of Cortez, a young woman who attended The Annie Wright School in the early 1970s has founded a medical clinic. It is serving the very poor of the area and is in fact the only medical help that is available for many.

She has rented a building, hired a doctor and has been in operation for about 18 months. She is gradually accumulating the equipment she needs, but at the present time is looking for a scale, an incubator blanket and an autoclave sterilizer. If anyone has any of the above that are surplus, a tax-deductible gift would be greatly appreciated. For details, please contact Gil Roller, MD, 597-6542.

Health Care Buyers Guide available to MSPC members.

The Health Care Buyers Guide, A Cost Containment Manual for Purchasers of Health Care Benefits, is available to members on a two-week loan basis from the Medical Society Office. The manual is published by the Health Care Purchasers Association of Puget Sound (HCPA).

Some members of the HCPA are Alaska Airlines, Boeing Airplane Co., Boise Cascade, Tacoma Public Schools, Weyerhaeuser and many other large firms doing business in the Puget Sound.

The Manual was developed to assist employers in designing, implementing and coordinating health care cost containment strategies. The chapter titles will give you an idea of the content: "Claims Data Review, Affecting Utilization, Alternative Delivery Systems, Designing a Cost Containment Plan" and others.

If you are interested in reading the Manual, call the Medical Society Office at 572-3667, and it will be sent to you.

BOARD OF TRUSTEES
MINUTES
March 4, 1986

The Board of Trustees of the Medical Society of Pierce County met on Tuesday, March 4, 1986 at St. Joseph Hospital (Conference Rooms 1 & 2). Members present were Drs.: Hawkins (President), Whitney, Schneider, Bodily, Halstead, Marsh, Bischoff, Moses, Bowe, Weatherby and Mrs. Miller, Auxiliary President.

Also present by invitation were Drs.: Taylor, Hoffmeister, Fulcher, Russell, Cheah, Waldron and Bargren and MSPC Executive Director, Mr. Jackman.

Dr. Hawkins opened the meeting. The Board of Trustees Minutes of the February 4, were approved and filed.

Finance Report: Dr. Whitney, Secretary-Treasurer, noted that the Society had advanced Membership Benefits, Inc. $5,000 due to a cashflow problem as a result of slow months in placement in November and December, a heavy sales tax expense for the pocket directory and Publications were not proving as profitable as anticipated. The report was filed.

Auxiliary Report: Mrs. Miller reported on the Tacoma Mall Health Fair, noting that volunteer participation in the event needs to be re-evaluated. She observed that at times the booth had only one person available to provide blood pressure testing and meet the public.

It was recommended that the location of the health fair booth be studied before accepting the assignment in future health fairs.

It was reported by Mrs. Miller that the Auxiliary art auction would net approximately $3,000 which would benefit the Neighborhood Clinic and other philanthropic projects of the Auxiliary. The Board discussed alternative dates to conduct the future art auctions so as not to conflict with other organizations efforts. Mrs. Miller noted the Auxiliary will be reevaluating its philanthropic position and methods of dispensing its funds.

EMS Committee Report: Dr. Fulcher reported on the EMS Committee meetings of January 23 and February 27, noting the concern of emergency physicians and the malpractice premium increase for physicians providing on-line medical direction for pre-hospital care. The additional cost to the physician is reported to be approximately $4,000–$5,000 annually. A motion was made that "A RESOLUTION THAT PRE-HOSPITAL DIRECTION IS A RESPONSIBILITY OF THE TACOMA/PIERCE COUNTY HEALTH DEPARTMENT." The motion was unanimously approved.

Public Health/School Health Committee:

The Board again discussed discrepancies in DSHS reimbursement policies for services rendered. It was agreed that the Society would write a letter to DSHS seeking to rectify the inequities and urged all members to write and impress upon DSHS that the medical community is concerned with the issue. The report was filed.

Ethics/Standards of Practice Committee:

Dr. Taylor, Chairman, reported that the Guidelines for the Transfer of Medical Records had been slightly amended as previously approved by the Board of Trustees. The report was filed.

Committee on Aging: It was reported that representatives from the Home Health Care, Tacoma/Pierce County Health Department Adult Protective Services, City of Tacoma, Department of Human Development and Marcourt Day Center met with the committee and discussed their activities. The report was filed.

Grievance Committee: Dr. Bischoff, Chairman, reported that the Committee had discussed the Board of Trustee's action which would appoint one or two lay members to the Committee. The Committee agreed that this issue should be brought before the Society membership to seek comment and approval. The Board of Trustees concurred and a questionnaire will be sent to the membership seeking their views of the matter.

Legislation: Dr. Hawkins commented on the recent activities in the current session of the legislature regarding issues such as liability, uncompensated care, seat belt law and natural death act.

WSMA Nominees: Dr. Hawkins noted that nominations for officers, trustees and AMA delegate alternate positions for WSMA need to be submitted prior to May 1. Dr. Hawkins asked the Board to give the matter consideration and it will be discussed on the April agenda.

Quality Assurance Memo: It was brought to the attention of the Board a quality assurance memorandum report form that is utilized in some of the local hospitals to repot incidents to the Washington Hospital Liability Insurance Fund. The concern was that individuals involved in the report are often unaware that a report has been submitted or that an incident has taken place. The physician involved is not asked to comment. A motion was made that "THE BOARD OF TRUSTEES RE-

QUEST THE PRESIDENT OF EACH HOSPITAL MEDICAL STAFF REQUEST THAT ALL QUALITY ASSURANCE MEMORANDUMS, REPORTS, ETC. MUST BE REVIEWED BY: 1) THE PHYSICIAN CONCERNED AND 2) THE QUALITY ASSURANCE COMMITTEE PRIOR TO THE REPORT BEING DISTRIBUTED." The letter would be sent to all hospital administrators, chiefs of staff, hospital medical directors and WSMA. The motion was seconded and unanimously passed.

Hospital Advertising: A letter had been sent to Dr. Hawkins questioning the ethics of recent radio commercials by a local hospital. A motion was made that "THE LETTER BE REFERRED TO THE ETHICS/STANDARDS OF PRACTICE COMMITTEE FOR RESOLUTION." The motion was seconded and unanimously passed.

Board of Trustees Retreat:

The Board discussed possible location sites and formats for the scheduled June 7 Board of Trustees Retreat.

Specialty Society Representation on Board of Trustees:

Dr. Hawkins noted that specialty society representatives sat on the Board of Trustees as ex-officio members. Two new formerly organized groups have emerged in the county and it was recommended that their representatives be permitted to sit on the Board of Trustees as ex-officio members. A motion was made that "EMERGENCY PHYSICIAN AND SENIOR PHYSICIAN REPRESENTATIVES BE INVITED TO ATTEND THE BOARD OF TRUSTEEES MEETING AS EX-OFFICIO MEMBERS." The motion was seconded and unanimously passed.

AMA Leadership Conference Report:

Mr. Jackman reported on the AMA Leadership Conference held in Chicago February 20-22 attended by Drs. Hawkins, Bowe and himself.

WSMA House of Delegates Meeting:

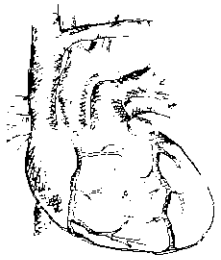
Dr. Hawkins announced that WSMA may be calling a special meeting of the House of Delegates for Saturday, April 19 to deal with the issue of liability reform as it emerges from the legislature.

Public Interaction with MSPC:

Dr. Moses noted how effective the Washington Association of Black Professionals in Health Care had proven to be as a link between black physicians and the black population. He felt it would be beneficial to the Society if the Society could also interact more positively with other groups in the community. The Board agreed and Dr. Moses will share the minutes of the Association with the Society.

As there was no further business to conduct, the meeting was adjourned at 8:50 p.m.

— Robert B. Whitney, M.D.
Secretary-Treasurer



Tacoma General Hospital 7th Annual

Cardiovascular Disease Review

May 15, 16, 1986 Thursday/Friday

Jackson Hall
314 S. "K" Street, Tacoma

Program Coordinators Gail B. Strait, M.D.
Needham E. Ward, M.D.

Faculty

Bruce H. Brundage, M.D.
Professor of Medicine
Chief, Section of Cardiology
Department of Medicine
University of Illinois at Chicago

Jeffrey S. Bland, Ph.D.
President,
J S B and Associates
Gig Harbor, Washington

William P. Nelson, M.D.
Professor of Medicine
University of Florida
School of Medicine
Tampa, Florida

W. Douglas Weaver, M.D., FACC
Associate Professor of Medicine
University of Washington
Director, Coronary Care Unit
Harborview Medical Center, Seattle

John C. Callaghan, M.D.
Chief, Cardiovascular and
Thoracic Surgery
University of Alberta
School of Medicine
Edmonton, Alberta CANADA

Credit: 14 Contact Hours

Registration — *Preregistration is required by all planning to attend before May 9*

Please address all registrations and correspondence to
Maxine Bailey Executive Director College of Medical Education Inc
705 South 9th No 203 Tacoma Washington 98405 (206) 627 7137

What's Governing Care for Medicare Patients — Physician Judgement or DRGs?

The following article originally appeared in WSMA Reports, Western Journal of Medicine, March 1986. As Dr. Richard Hawkins makes note in this month's President Page it is an issue of concern for all physicians.

The Editor

A 57-year-old woman is admitted to the hospital and operated on for a conductive hearing loss. After a stapedectomy is performed, she becomes disoriented and confused and, for these reasons, is kept in the hospital overnight. The next morning, although still quite dizzy, she is released. The reason: the DRG covered only one night's stay in the hospital. Her physician indicates on the chart his reluctance to discharge the patient.

A 69-year-old man is admitted to the intensive care unit of his hospital on a Tuesday morning for severe chest pains. He has a history of cardiac problems. On the following Thursday, he is notified by the nurse at 5 p.m. that he will have to leave the hospital "at once" since his "payments" have expired. He walks out of ICU without a wheelchair and with no assistance. Upon arriving home, he calls his cardiologist, who tells him, "The hospital called me and said you would have to leave."

These cases of premature discharge of patients are based on actual events that have occurred in Washington hospitals since the imposition of DRGs. They point to the fact that at least some physicians are treating and releasing their patients based on DRG coverage, rather than by what each physician views as adequate medical care.

"I've seen over two dozen cases similar to these," says Dr. David Potash, director of medical affairs at Professional Review Organization of Washington (PRO/W), the company that holds the federal contract to review Medicare claims. "And when the physician discharges a patient who still is in need of further hospital care, that's malpractice!"

Dr. Potash maintains that the problem lies in physicians allowing themselves to be intimidated by the DRG payment program and thus losing their roles as patient advocates.

"Physicians need to realize they have control in terms of the hospitals and when they want to release a patient."

"If you ask a physician whether or not he would admit a patient for hospital care which he feels is necessary even if the patient has no insurance, the physician will quickly reply that this makes no difference," he says, "but, to some doctors, Medicare is some big hulking giant out there that they are letting themselves be intimidated by."

Part of the problem stems from the quality of the information physicians receive from their hospital administrators about DRG coverage, Dr. Potash thinks.

"Hospital administrators themselves sometimes are operating on only limited information about DRGs. It's not a case of hospitals knowingly trying to beat the system," he maintains.

"Physicians need to realize they have

control in terms of the hospitals and when they want to release a patient. It scares me to death to see physicians being so docile.

"If we, as physicians, are to remain as advocates for our patients and are to retain their respect and allegiance, we must assure that physicians understand the basic concept of Medicare.

"To some doctors, Medicare is a big hulking giant out there . . . that they are letting themselves be intimidated by."

"We want to isolate what's good medical practice from the issue of what's covered and what isn't," he adds.

"The actual DRG system isn't that bad. It serves to put economic pressure on the hospitals to provide services that the patient needs without putting financial pressure on the doctors."

In addition to being blamed for problems of premature patient discharges, the DRG system also has been criticized for having no social admission DRG (please see sidebar) and for compounding problems with readmission.

"It scares me to death to see physicians being so docile."

Readmissions issues can be confusing, admits Dr. Potash. In, for example, a situation where all the needed care is delivered and the patient appears to be doing well but suddenly develops a complication requiring readmission, PRO/W will approve the two Medicare payments for that patient. But if readmission is due to something PRO/W believes is related to the quality of care delivered, a second payment will not only be denied but a quality of care investigation will follow.

If physicians have questions about DRGs, Dr. Potash says that PRO/W physicians will be happy to provide authoritative answers. "We are here to answer questions on individual cases, as well as to supply general information. That doesn't necessarily mean we will agree with the doctors every time, but we will give the reasons behind our decisions," says Dr. Potash.

"We want to isolate what's good medical practice from the issue of what's covered and what isn't."

"Each physician should realize he is not alone in experiencing many frustrations and discouragement from the limited coverage of Medicare and the pressure from various sources within the system," he adds. "It is vital to recognize what the limitations are, what the facts are, and what mechanisms and strategies are available to each physician to assure that each and every patient receives what that physician views as adequate care." ■

Percent of babies born in 1984 who will live to age 85:

boys 20%
girls 39%

Metropolitan Life Statistical Bulletin, 1985

A Proposal for Social Admission DRG

As Director of Medical Affairs for PRO/W, Dr. David Potash is a knowledgeable critic of the DRG system.

Although he thinks the program is economically sound and is effective in administering Medicare coverage, he also thinks it has some major faults.

"A lot has been done under the name DRG," he says. "We've made a major move forward in tightening up the Medicare payment system. But to me there is a huge problem with the DRGs, and that is the failure of Medicare to cover hospital costs when it is truly necessary to admit a patient — maybe just not medically necessary."

Current Medicare regulations cover inpatient hospitalization treatment which cannot be provided in an alternative facility. Under the federal definition of medical necessity for hospital admissions, only factors directly related to the patient's medical condition and care are to be considered by professional review organizations in their reviews of admissions.

Social factors such as a patient living alone, living far from the hospital, lacking a social support structure, or requiring custodial care are not to be considered.

The Health Care Financing Administration has increasingly pressured PROs to apply these rules stringently. Presently, no current DRG classification exists to handle hospitalization based on these needs.

"What I'd like to see is a DRG set up in which a patient can be admitted for social care. That DRG would be, by far, the lowest paying DRG — probably only covering room and board. If nursing homes can take in such patients, why can't hospitals?" he asks.

He has, in fact, written a proposal for a new DRG that would legitimize and compensate hospitals for social admissions where the patient requires a relatively low level of care. The actual amount would fall somewhere between $100 and $200 per DRG, he says.

Benefits of this new DRG would include fewer social admissions disguised as something else. That in turn "will save the hospital money because there will be fewer 'inflated' care cases, that PRO/W will screen out and deny payment for," he says. "Furthermore, there will develop an overall recognition that this holistic care of the patient is good medicine."

The proposal would bring greater physician respect for Medicare. "Physicians will see that the system recognizes the realities of medical practice."

Dr. Potash has forwarded his proposal to the national offices of the American Association of Retired Persons and has received their support. "I've sent this proposal to just about everyone I could think of — the more exposure the better," he says. □

Notice to Readers. . .

MSPC members who are interested in contributing articles of interest and pertinence to *The Bulletin* are urged to do so. The editor reserves the right not to publish any article submitted, based on space available and pertinence of the topic. Articles should be limited to four double-spaced, typewritten pages or 1,000 words. Exceptions to this may be made by prior arrangement with the editor. Call the managing editor for information on article submission, 372-3666.

"Getting Away from It All"

Nearly 125 members and spouses turned out for the March 11 General Membership Meeting held at the Fircrest Golf Club. An excellent program with a theme, "Getting Away from It All," organized by Auxiliary Program Chairperson Marie Griffith, was enjoyed by all attending.

Auxiliary President Ginnie Miller and Bev Graham acknowledged all Medical Society sons and daughters who will be graduating from high school this spring. The names of 26 graduating seniors were read to the crowd.

Kris White and Diana Ames had the honor of drawing the lucky winner of the Victorial Mansion, a 14-room doll house constructed so skillfully by Dr. Martin Schaeferle and son Matt. Mr. Dave Thurston, a Tacoma General Hospital employee, was the lucky one to have his name drawn. Proceeds from the raffle will go to the Neighborhood House, a non-profit organization in Pierce County that conducts art classes for handicapped persons.

Washington State Medical Association Auxiliary President Mrs. Sue Dietrich was a visitor and honored guest for the evening. Sue addressed the gathering, urging greater participation in Auxiliary, noting Auxiliary can be of great assistance to the Medical Society.

President of the Washington State Medical Association, Dr. Ed Gray, related to the group recent activities in the Legislature, noting that the very previous day, March 10, SB 4630 had been approved and sent to the Governor for his signature.

Dr. Gray said, "This is the day after one of our great victories."

He commented on some of his experiences in Olympia while seeking support of SB 4630. "We are now playing major league ball in the political arena," he said, urging all members to become involved in the political process. "It is not a dirty, untouchable thing that we should not be involved," he observed.

Mr. Rick Ray, representing Recreational Equipment Inc. of Seattle, presented a marvelous talk on how to "get away from it all." Mr. Ray showed many slides of trails, campgrounds and lakes that one can go to see and enjoy in the Pacific Northwest. He also brought with him a display of new hiking and camping equipment that many enjoyed seeing for the first time.

Dr. Tom Clark and WSMA President Dr. Ed Gray and Mrs. Gray discuss passage of SB 4630 by both houses of the Legislature.

Marie Griffith, Dr. Judd and Jeanne Judd and Alice Willbyde get together to share some memories.

Drs. Juan Cardova, Toshio Akamatsu and Harry Lawson were among those enjoying a light conversation.

Dr. Don Geble, Dr. Sid Whaley and Joan Geble enjoying their evening at the March 11 MSPC General Membership meeting.

COLLEGE OF MEDICAL EDUCATION
CONTINUING EDUCATION PROGRAMS SCHEDULED FOR 1985—86
P = Physician Course / A = Allied Health Course

	MAY			
STJ	1	**CRISIS**	INGRAHAM	(A)
JH	15,16	**CARDIOVASCULAR DISEASE REVIEW**	STRAIT	(P)
STJ	15,22	**CAN THERE BE JOY AFTER SORROW?**	BOULET	(A)
EXI	24	**OUTPATIENT & HOME BASED MEDICAL CARE**	MUNOZ	(P/A)
SEA	TBA	**TELEPHONE ASSESSMENT**	SIMMS	(A)
SEA	TBA	**CARING FOR THE CANCER PATIENT**	BOULET	(A)
	JUNE			
JH	26,27	**ADVANCED CARDIAC LIFE SUPPORT**	DUNN/CRADDOCK	(P/A)

Cardiovascular Disease Review

Schedule

Wednesday Evening, May 14

7:30	**Keeping Healthy in the 80's**	Jeffrey S. Bland, Ph.D.

Thursday, May 15

8:00	**Introduction**	Needham E. Ward, M.D.
8:05	**The Reversal of Atherosclerosis: Pipe Dream or Possibility?**	Bruce H. Brundage, M.D.
8:50	**The Impact on the Surgeon of Coronary Artery Bypass**	John C. Callaghan, M.D.
9:35	Break	
9:50	**The Heart as a Nervous System and Endocrine Organ**	William P. Nelson, M.D.
10:35	**Effects of Fish Oil on Serum Lipids**	Jeffrey S. Bland, Ph.D.
11:25	**A Non-Angioplasters View of Angioplasty**	Bruce H. Brundage, M.D.
12:15	Lunch — No Host	
1:30	**The Insertion of a Valve Substitute in a Human Being: A Joint Responsibility**	John C. Callaghan, M.D.
2:15	**Wide QRS Tachycardia**	William P. Nelson, M.D.
3:00	Break	
3:15	**Controversies in Cardiology**	Panel
4:00	**Case Presentations**	

Friday, May 16

8:00	**Complications of Myocardial Infarction . . . Can the Surgeon Help?**	John C. Callaghan, M.D
8:50	**Deceptions in Cardiology**	William P. Nelson, M.D
9:40	Break	
9:50	**Whats New in Antiarrhythmic Therapy**	Bruce H. Brundage, M.D.
10:40	**Blood, Sweat and Tears — The First 30 Years**	John C. Callaghan, M.D.
11:30	**Case Presentations**	
12:00	Lunch — No Host	
1:30	**Digitalis — What Use in 1986?**	William P. Nelson, M.D.
2:15	**Fast C.T.: The Ultimate Weapon for the Diagnosis of Coronary Artery Disease**	Bruce H. Brundage, M.D.
3:00	Break	
3:10	**Recent Advances in Advanced Cardiac Life Support**	W. Douglas Weaver, M.D., FACC
4:00	**Controversies**	Panel

Managing Accounts Receivable

The Equation for Success . . .

"Sound Credit policies and Procedures = Improved Credit Performance."

By David Michaud, Puget Sound Collections

Effective management of accounts receivable requires well defined office credit policies and procedures. This article provides suggested guidelines for establishment of credit policies and credit procedures. Step I provides suggestions for patient credit policies and Step II suggest guidelines for application of these procedures in the office.

Step I.

Prepare written office credit policies that are made available to patients on their first visit. Minimally, credit policies should address the following subjects:

Patient Registration — Insist on complete patient information at the time of registration.

Signed Statement of Financial Responsibility — This should be standard practice regardless of third party coverage.

Advance Payment Requirements

Statement Dates — Inform the patient when statements for services can be expected.

Payment Arrangements — If your office accepts payments it should be made clear under what circumstances payment arrangements can be made.

Medical Insurance Billing Policy — State clearly your policy regarding the billing of medical insurance.

Finance Charges — Your policy regarding the addition of finance charges for late payment should be clearly defined.

Charity Care — Your charity care policies should be clearly stated to avoid later disputes and misunderstandings.

Collection Agency Referral Policy — State clearly your policy regarding collection agency referral on past due accounts. (Define "past due.")

Step II.

Once you have established written patient credit policies, it is necessary to develop internal credit procedural policies to assure **consistent management of office credit**. Internal office procedures should address the following credit areas:

- *A clear statement that established credit policies are to be consistently applied.*
- *Defined biling statement procedures*
- *Collection follow-up procedures (mail, telephone, etc.)*
- *Specific procedures for account aging and reporting*
- *Criteria for collection agency referral.*

Your internal control of credit policies and procedures is extremely important. Exceptions, inconsistent practices and general indifference will strongly inhibit your ability to recover accounts receivable.

Remember: Lack of defined credit policies and procedures creates confusion and a lessening of responsibilities on the part of the patient.

(Puget Sound Collections will gladly assist your office in establishing credit policies and procedures without charge. Feel free to contact David Michaud at 383-5011). ■

City of Destiny Classic

By Ralph J. Paduano

Last year, Dr. Gordon Klatt was a one-man show as he walked and ran for 24 hours around the University of Puget Sound track in the first City of Destiny Classic, but the event will sport a different look this year. Physicians and hospital staff from the Pierce County area are joining other fitness enthusiasts on May 16 as the relay marathon moves to Stadium Bowl and expands to 20 ten-person teams.

Klatt was not only a one-man fitness wonder, he was also a powerful fundraiser as well. He brought in $26,000 all by himself, and he feels that this year's event will be a great deal more successful in bringing in dollars.

"Last year's run was a great experience for me both from the standpoint of raising a great deal of money for a very good cause and for just having a lot of fun with a lot of neat people," said Klatt. "The primary reason for having this event is to raise money for the American Cancer Society. We can't lose sight of that purpose, but we will also have a fun run as well."

The ACS uses the donations for research, public and professional education, and cancer patient services. For instance, the education program has resulted in decreases in smoking and increases in cure rates in breast cancer and colon/rectal cancer.

Klatt, who serves as the president of the State cancer society, stressed the importance of the programs and the utilization of funds. "I feel very strongly that the ACS utilizes the donated dollars in a very efficient fashion; and to a great degree, it is the reason that we have made so much progress in the past 20–30 years in raising the cure rate from 30 to 50 percent for all cancer.

Of the 20 teams entered this year, nine are composed of runners/walkers from various medical institutions and office staffs. Dr. Robert Modarelli's team has been in training for weeks. His partner, Dr. Robert Finnerty, summed up the feelings of many when asked about the team's participation.

"Bob and I are involved heavily in urology and cancer care, so this event means a lot to us," said Finnerty. "We are committed to the American Cancer Society's work in advancements in cancer evaluation and treatment. It's a good opportunity to support them, since they've supported us for so long."

This will be the only 24-hour run in the Pacific Northwest. The runners will begin at 6:00 p.m. on May 16, and pass the baton to a teammate every 30 minutes. This will continue through the night under the Stadium Bowl lights and into the next day when the finish line is stretched across the track at 6:00 p.m. The runners will then gather at the Tacoma Holiday Inn for refreshments and the awarding of prizes.

Last year's run brought out a number of interested spectators wanting to watch Klatt's feat of endurance. These generous people also contributed to the fund, making it worthwhile for everyone concerned. Many of the spectators joined the doctor in running a few laps as well.

"The team concept will be a major factor in our fundraising effort," said Klatt. "With 200 runners asking their friends, relatives and business associates for sponsorships, we should be very successful."

One of the "spectators" who joined Klatt for a bit of running was Dr. Bruce Smith. He was so impressed with the idea that he formed his own team of Group Health.

"Our team members have a lot of enthusiasm for the running and for giving Dr. Klatt our support as well," said Smith. "The team wants to be a part of this important event and raise money for a good cause while enjoying a fun running event."

The participants have been canvassing their contacts for sponsorship dollars and you just may be approached as well. Keep in mind the American Cancer Society spends 62.2% of their dollars on research, public education and patient community services. It's been dollars well spent for a vital cause — the eventual eradication of a dreaded disease.

Other medical teams participating include St. Joseph, two teams from Tacoma General, Good Samaritan, Humana, 6250th U.S. Army Hospital and Dr. Ronald G. Taylor's team. ■

The Easy Rider

By Mavis Kallsen

First appeared in The Bulletin, Dec. 1975 with the following note of thanks: "We wish to thank Corydon Wagner, Sr for providing the old newspaper account of the Great Race and Katherine McCutcheon for the personal history of her great uncle."

The year following the organization of the Medical Society of Pierce County in August 1888, a great influx of human resources came to Tacoma in what was the biggest social, cultural and economic boom in the city's history. Of the many talented physicians and surgeons who arrived here in that year, 1888–89, probably the one man who did most to influence the course of medical history in Pierce County was the hard working, hard playing and totally lovable Charles McCutcheon.

For the years 1891 through 1897, Doctor McCutcheon served as Secretary-Treasurer for the Medical Society of Pierce county, and we have his complete record of the meetings held by the Society during those years . . . handwritten in his sometimes legible script.

Charles McCutcheon was the first superintendent of the second Fannie Paddock Hospital and remained there as resident physician for the rest of his life. He established the first school of nursing in the State of Washington in 1895, conducting the classes himself as there wasn't money to hire an instructor. In 1889 his paper on "State Laws to Regulate the Practice of Medicine," was submitted to the State constitutional convention and was the basis for those statutes. He served as President of the short-lived Tacoma City Medical and Surgical Society, which established the fee bill adopted by the Medical Society of Pierce County in 1891.

At Christmas time he probably played Santa Claus for his nieces and nephews and the neighborhood children. He would have been perfect for it . . . round and jolly, with prematurely white hair and a twinkle in his eyes.

His two children had died in infancy, along with his first wife, in a typhoid epidemic in Chicago while he attended Rush Medical College. After graduating from Rush, the young Doctor McCutcheon served four years as a ship's doctor on a vessel that carried cargo to the Orient. On several voyages the captain's wife had gone along. On one voyage neither McCutcheon nor the captain's wife were on board, and the ship was lost at sea, with all hands lost. The two were then married and together they staffed the Fannie Paddock Hospital . . . he as superintendent and she as head nurse.

She was about ten years older than he, an Englishwoman with a somewhat rigid personality, but she was a great organizer and probably just what the jolly Irishman needed in a wife.

Doctor McCutcheon and his wife occupied an apartment in Fannie Paddock Hospital facing Wright's Park on J Street. They also had a large house on the Sound at Steilacoom. Commuting between Fannie Paddock and Steilacoom, McCutcheon developed a style of train hopping, often sending a nephew to flag the oncoming train, so that he wouldn't waste one minute meeting his busy schedule.

This train hoping facility came in handy when McCutcheon and some of

his friends pulled off the Great Bicycle Race in the summer of 1895.

The Great Bicycle Race was a complicated, hilarious practical joke plotted by Doctors McCutcheon and George Warner, along with A. H. Coleman and J. W. Hickman of Sumner. The joke was played on Doctor D. R. Yokum, a graduate of the Harvard Medical College and a fine athlete, an oarsman who had rowed on the Harvard crew. Yokum fancied himself one of the greatest bicycle riders in these parts.

Doctor McCutcheon was an accomplished biker himself, though quite overweight and appearing to be a most unlikely contender.

For some months Doctor Yokum had been bantering Doctor McCutcheon for a bicycle race to Olympia. McCutcheon finally accepted the challenge, on the condition that he be given a handicap of 20 minutes. Doctors Wagner and Hickman volunteered to join the race if given the same 20-minute handicap. Yokum agreed and the race was set.

Doctor Coleman acted as official starter, and at twenty minutes after eight that summer morning Doctor McCutcheon left Fannie Paddock Hospital, accompanied by Wagner and Hickman. They made straight for the Northern Pacific depot in South Tacoma, and with their bicycles boarded the train just leaving for Olympia.

According to plan, Doctors Wagner and Hickman rode on the train as far as Maxfield, while McCutcheon rode on to Olympia and spent his morning working on the Chief of Police and the presiding Judge there.

Wagner and Hickman waited at Nisqually Bridge, and soon there was a whirring of wheels and a scattering of loose gravel, and Yokum came down the hill covered with dust and perspiration. He was informed that McCutcheon was just fifteen minutes ahead, badly winded, and that by hard riding it would be possible to overtake him.

The trio then wheeled for Olympia. In spite of his long run, Yokum set a pace that kept the other two far behind. Yokum was bent on winning the race and, with the true spirit of the racer, he focused his every energy on this last sprint. Like a whirlwind he came down Ayer's Hill, and like a ripe peach he fell into the hands of the law. The Police Chief was lying in wait for him there and arrested Doctor Yokum for riding his bicycle faster than six miles an hour within the city limits

In spite of the doctor's expostulations and protests, he was brought before the Judge in Olympia. The other wheelmen arrived in time to be present at his trial, appearing as witnesses against him. Yokum pleaded ignorance of the law and extenuating circumstances, but the judge stated that it was his duty to impose a fine, though he was inclined to make it as light as possible in view of its being the first offense. He then sentenced the culprit to treat the crowd. Cigars and whiskey all around!

Doctor McCutcheon enjoyed his joke hugely . . . just as he seemed to have enjoyed his life. It ended abruptly, when he was just forty-eight years old.

In the November '75 newsletter of the Society of American Archivist is a paragraph about early death certificates, and some of the interesting entries under "Cause of death." Two of them . . . "Died suddenly, nothing serious and Cause unknown, had never been fatally ill before . . ." could have been entered on Charles McCutcheon's certificate of death, had he written his own. ■

What do you doctors' wives do besides socialize and spend money?

That question was posed and answered, in part, in *The Bulletin* just a year ago. There was a very important segment that was not included . . .

They Cope

By Ginnie Miller,
President PCMS Auxiliary

It is especially difficult to cope with the spouse away tending to medical emergencies, and it is up to you to maintain a healthy and happy home. Jeff Smith spoke in January to the Auxiliary on "Health and Happiness and Hospitality at the Table," and all of us made silent resolutions to cope better with those particular issues. I believe that Jeff copes with life, by a supportive family, deep religious convictions and cooking with (and sipping occasionally) wine. I seem to be able to cope with supportive family and friends, assorted convictions and nibbling on ice-cream cones. None of us ever had a greater challenge than driving children to school (sans a chauffeur's license) or picking them up when the school nurse called because of hot throbbing heads or when the frigid voice of the principal demanded an appearance, causing another kind of headache. Then, there were always cookies or cakes to be made, PTA, Scouts, Youth Clubs, Glee Clubs and the accelerated needs of aging parents. And another hospital emergency — or meeting. Coping.

Many medical spouses are working outside the home to augment income and/or for personal satisfaction. Previous professional skills need to be updated and the office or hospital or private business is the way to accomplish that. Many Board members are pursuing careers. Shirley Kemman (Communications) is working as a substitute teacher; Kris White (Handicapped Awareness) has expanded her Amway dealership; Sally Larson (Health Fair) is a full time nurse; Janet Fry (YWCA Support) back to college; Ella Turner (Public Relations) has expanded her own shop in Steilacoom; Sharron Gilbert (AMA-ERF) has reentered the work force in Bremerton; Jo Roller (Long Range Planning) will get her graduate degree next month from PLU — and this is just part of the Board. All Board members are involved with school and/or social service concerns, PTA, church related activities and yet still have had time for Auxiliary.

The past successes are due to a dedicated Board, Ad Hoc Committee Chairmen and all committee members. The stated purposes of Auxiliary are to be "exclusively an educational and charitable organization." To accomplish this we do have to socialize, and we do spend money, but only after putting in a great deal of thought, time and effort to fulfill those purposes.

Programs have been most successful. Marie Griffith has scheduled a variety of informative, educational and entertaining programs and all have involved health related subjects (you may have to stretch your imagination a bit) but they all have been educational. Some of the doubting members of the supportive Medical Society Board were most impressed with the interest and turnout of the combined March meeting, "Getting Away from it All."

Fundraisers are a necessary part of fulfilling our purpose. The Board does not feel that the entire medical community has supported these efforts. Granted, Feb. 14 was a poor choice (this in retrospect of course) but what happened March 17 the year before? And the year before that — which was better but not good.

There have been 19 new members and 9 renewals but membership this year is down by 27 members. It is no use to console oneself (consuming an ice-cream cone all the while) that this is happening in other organizations in the area and to other auxiliaries. Why is it happening here? Perhaps the answer will be contained in the questionnaire that was mailed the last of March, and this is another reminder to return it.

There have been some noteworthy achievements. A start was made in finally establishing Standing Rules and Procedures and to revise and create more job descriptions. The Order of the Apron was dropped and recognition was made to past Medical Society presidents. The Student Recognition awards were expanded to include all graduating high school senior. The Board has been educated on the multiple legislative issues and also by representatives from organizations of past (and present) philanthropic recipients. Communications have been more extensive and there is proof positive of this as the printing budget collapsed in the fall. Granted there have been one or two personal goals that didn't quite make it but this is not the time for regrets.

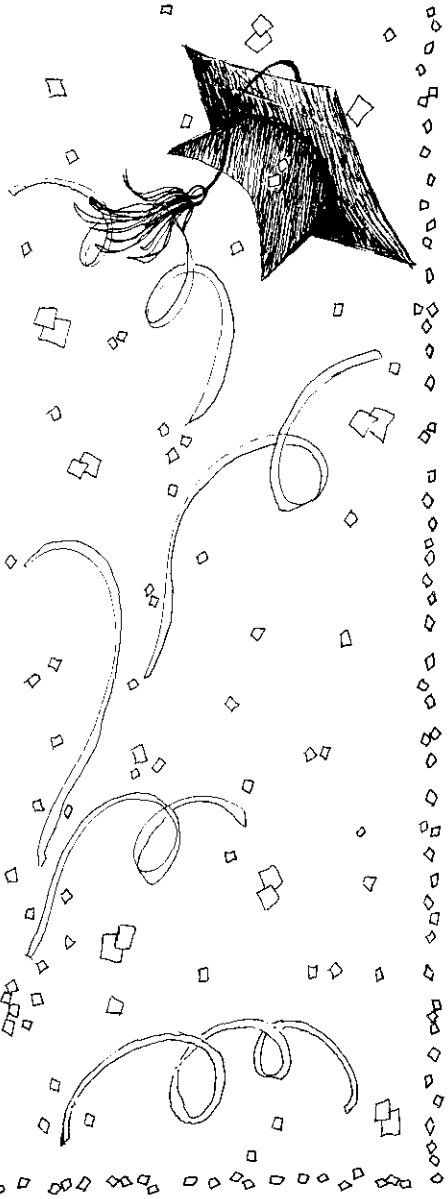
A parting thought before I cope with this emergency. Every Auxiliary president brings her own "flavor" to this smorgasbord of talents. I'll leave the smorgasbord to all of you gourmets reading this. As you read that print-out of flavors on that ice-cream board, I doubt that any of you can label this year "Vanilla." ■

Congratulations!

Dear Graduating High School Seniors,

This year marks a major milestone in your lives. High School is over and you are now setting goals that will determine your life direction for many years to come. The Society and Auxiliary wishes to extend to each and every one of you our sincerest congratulations and best wishes for a bright and successful future. You will be receiving a gift from all of us. This is our way of saying to you "WELL DONE!".

Christopher Bernhardt — Garfield High School
Son of Susan and Donald
Trista Campbell — Charles Wright
Daughter of Lavonne and Michael
Jennifer Davidson — Foss High School
Daughter of Madeline and Jim
Andrew Dilworth — Foss High School
Son of Nancy and Raymond
Jennifer Dilworth — Foss High School
Daughter of Nancy and Raymond
Darrin Dressle — Bellarmine
Son of Sundy and Alan Porter
Thomas Gallucci — Curtis High School
Son of Jane and Ronald
Jennifer Gilbert — Peninsula High School
Daughter of Sharron and Richard
Andrew Gimlett — Bellarmine
Son of Sherry and David
Charles Henry — Bellarmine
Son of Penny and Melvin
Chris Jolley — Puyallup High School
Son of Lani and Timothy
Bridget Kesling — Gig Harbor High School
Daughter of Patricia and Peter
John McGowen — Lakes High School
Son of Gerry and John
Erik Mott — Rogers High School
Son of Barrie and Donald
Lyndi Richardson — Curtis High School
Daughter of Donna and Dudley Houtz
Karen Ritchie — Curtis High School
Daughter of Marge and Bill
Kenneth Ritter, Jr — Bellarmine
Son of Lola and Kenneth
Jeff Robinette — Lakes High School
Son of Judy and Joseph
Martin Schaeferle — Charles Wright
Son of Mary and Martin
Don Weber — Sumner High School
Son of Marny and Don
Katryn Wiese — Bellarmine
Daughter of Susie and Michael
Mark Wilhyde — Charles Wright
Son of Alice and David



Combined Boards of Auxiliary to meet.

The Pierce County Medical Society Auxiliary, 1985–1986 and the 1986–87 PCMSA Board members will meet on Tuesday, May 6, 9:30 a.m. at the Tacoma Golf and Country Club. The 1985–86 Board members will turn their informational notebooks over to the 1986–87 Board members at this time.

The 1986–87 Executive Board will be installed at the May Auxiliary meeting and will assume their official duties on May 31.

HOSPITAL NEWS

St. Joseph

St. Joseph President to leave.

St. Joseph Health Services President Daniel F. Russell announced this week that he will resign from the position effective June 1, 1986. Russell will move to Philadelphia to become president and chief executive officer of Eastern Mercy Health System, which operates 13 hospitals (totaling 4,200 beds) from Maine to Florida.

Russell currently serves as president of St. Joseph Health Services, a holding company which oversees the operation of St. Joseph and St. Francis Hospitals in addition to the Franciscan Foundation for Health Care.

Multicare Medical Center

Multicare names Vice President.

Multicare Medical Center has named Dr. John Coombs of Tacoma Vice President of Medical Affairs. Coombs, 41, previously served as director of Tacoma Family Medicine, a three-year, post-graduate family practice residency training program.

In his new position with Multicare, Coombs will serve as a liaison between the medical staffs of Tacoma General Hospital and Mary Bridge Children's Health Center and the Multicare President and Board of Directors.

A native of Seattle, Coombs received his MD and an MS in nutrition from Cornell University. He retains a spot on the faculty of Tacoma Family Medicine and is also a Clinical Associate Professor in Family Medicine and Pediatrics at the University of Washington and President-elect of the Washington Academy of Family Physicians.

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.

JOSEPH P. CLABOTS, M.D., Thoracic Surgery. Born in Milwaukee, WI, 05/02/51; medical school, Washington University, St. Louis, 1977; internships, Washington University, Internal Medicine, 7/77-6/78; residency, Kansas University, General Surgery, 7/78-6/82 and 7/84-12/84; graduate training, St. Luke's Hospital, Kansas City, Thoracic Surgery, 7/82-6/84. Washington State License, 1986. Dr. Clabots is currently practicing at 2302 South Union, Tacoma, Washington.

CLASSIFIED

Physicians Needed

Physicians Needed. Physician needed for part time work at urgent care clinic in Gig Harbor. Clinic is run by nine G.H. community physicians. Contact Jim Patterson, MD, 851-8182.

General or Family Practitioners needed for part or full time out patient positions. Send inquiries and CV to Health Specialists, C/O Dr. Gentry Yeatman, 3602 47th St. Court, Gig Harbor 98335. Phone 851-9646.

Medical Office Space Available

Professional Office Space. New. Two blocks from Allenmore. Generous leasehold incentives. Design to suit your needs Call 752-6622.

For Lease. 1500 sq. ft. in medical Dental Building. Lakewood, Excellent visibility. 8509 Steilacoom Blvd. 584-6200.

For Sale or Lease

Gig Harbor Bay Waterfront. Seven year old contemporary bargain priced at $159,000 for the buyer without encumbrances, who can consumate now. 3 bedrooms, 3 baths, huge studio, small dock. Call Sally Bell, Spot Realty Pentac. Work 858-8333 or 383-2064. Home 265 3546.

University Place 180° View
This brick home is outstanding! Over 4300 square feet of charm. Brick wall around property for privacy. $295,000. Ron Mitchell Properties NW 572-8662.

Prime Waterfront Home
Elegant inside and out, absolutely no bank, protected year round moorage, separate guest apartment, huge work shop and play room, private professional tennis court, appraised value over $300,000. Owner will *sell for* ***$270,000*** *Ron Mitchell Properties* NW 572-8662.

Private Dock and Boathouse
Immaculate two bedroom (room for more) home on Horsehead Bay, western exposure, beautifully landscaped for easy maintenance. $249,000. Ron Mitchell Properties NW 572-8662.

Family Practitioner retiring. *Established* practice in an excellent Tacoma location. Large patient base. Financial arrangements *negotiable. Reply to Search Committee*, P.O. Box 5277, Tacoma, WA 98405.

Medical Equipment.

Dear Colleague:

We plan to close our office May 13, 1986. Plan for sale of equipment as follows: Plan mutually agreeable time to see equipment between now and May 13, 1986. Sale to be secured by payment in full. You arrange to pick up equipment *May 14, 1986. Equipment* includes: 4 hydraulic tables, 2 computerized P.U.V.A. machines, wall *hung and counter height* cabinets, medical and surgical equipment. 475-1144. If no answer call 572-2550. Yours Truly, **Joseph D. Martin, MD,** Dermatology, 2000 Tacoma Mall Office Bldg., Suite 120, Tacoma, WA 98409.

Medical Society of Pierce County

705 South Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

GENERAL MEMBERSHIP MEETING

TUESDAY, MAY 13, 1986

"THE PHYSICIAN GLUT"

Werner E. Samson, M.D.
Cardiologist - Private Practice
&
Chairman, U. of W. Admissions Committee

DATE: Tuesday, May 13, 1986

TIME: No host cocktails 6:15 P.M. Dinner 7:15 P.M. Program 8:00 P.M.

PLACE: Executive Inn
5700 Pacific Highway East
Fife

COST: Dinner, $13.00 per person

Register now. Please complete the attached reservation form and return it, with a check for the appropriate amount **made payable to the Medical Society of Pierce County,** in the enclosed pre-addressed envelope. Or, call the Medical Society office, 572-3667, to confirm your attendance.

Due to the special arrangements necessary for this joint meeting, reservations must be made no later than Friday, May 9.

REGISTRATION:

Yes, I (we) have set aside the evening of May 9 to join my fellow Society members and spouses for the presentation on "The Physician Glut."

__ Please reserve _____ dinner(s) at $13.00 per person (tax and gratuity included). Enclosed is my check for $ _____.

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

Dr: _____

RETURN TO MSPC BY NO LATER THAN FRIDAY, MAY 9.

The "Humana Difference" Is Really Just A Lot Of Little Differences

At Humana we know we can't be all things to all people. But we mean to be number one among the most important people we serve — the physicians of Pierce County.

It's why we offer Insta-Care in our Emergency Room — which ensures that your patient is evaluated within 60 seconds of arrival. It's why we maintain an up-to-date list of physicians to which we can refer patients. And why we concentrate on key "Centers of Excellence" to help you provide better patient care.

You see, even though we're the leaders in such areas as Acute Care, Pulmonary Rehabilitation, Day Surgery, ophthalmology, spinal disorders, breast cancer and Gastrointestinal screening programs and geriatric problems — among others — we're still small enough to provide highly personalized care for your patients. And highly personalized service for you. Put them all together — and they make *the Humana difference.*

Try us and you'll see.

Humana Hospital Tacoma

South 19th and Union, Tacoma, (206) 572-2323.

Discover The Humana Difference

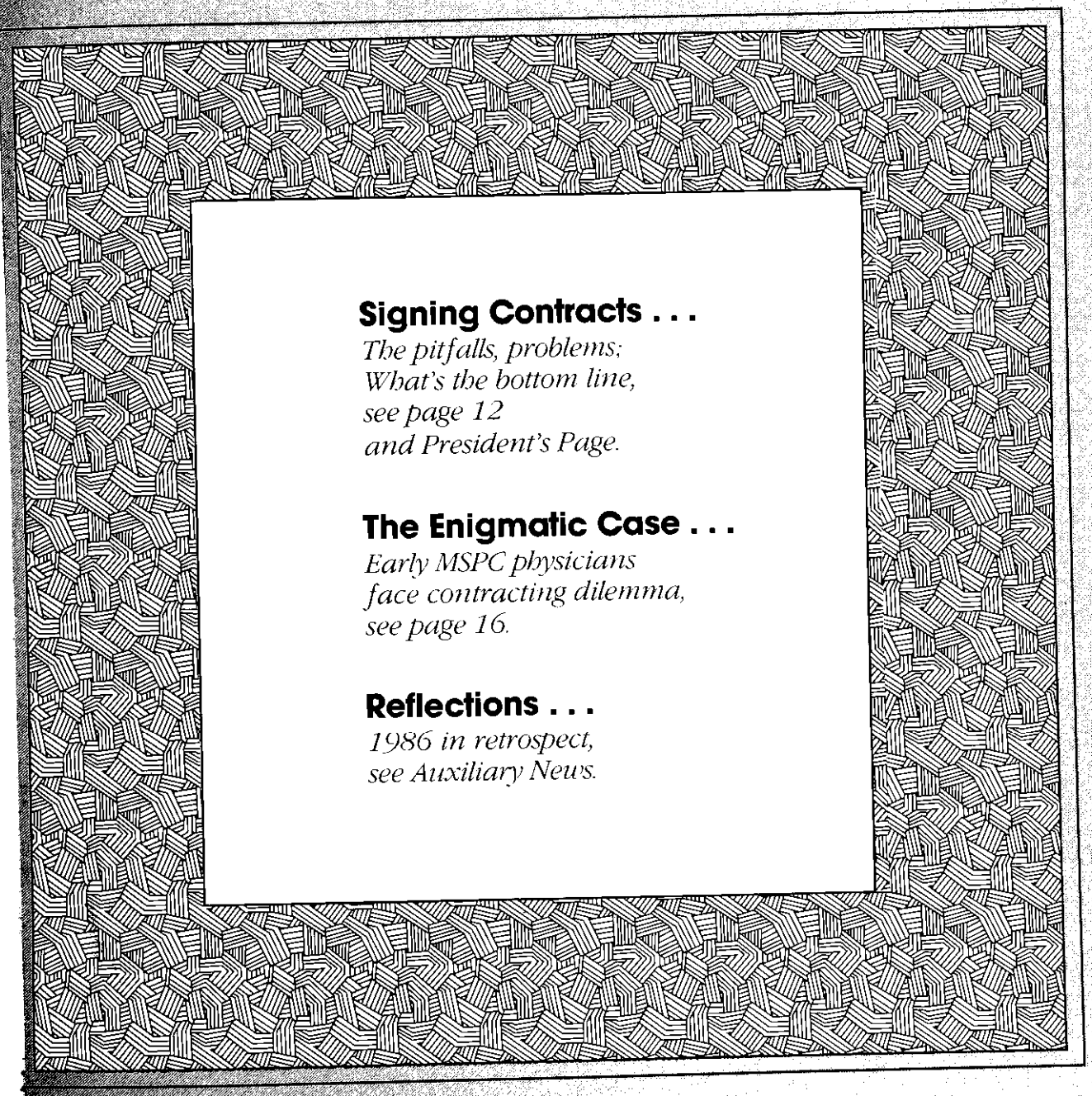
MEDICAL SOCIETY OF PIERCE COUNTY
705 South 9th, Suite 203
Tacoma, Washington 98405

ADDRESS CORRECTION REQUESTED

The Bulletin

MEDICAL SOCIETY OF PIERCE COUNTY

June/July, 1986



Signing Contracts . . .
The pitfalls, problems;
What's the bottom line,
see page 12
and President's Page.

The Enigmatic Case . . .
Early MSPC physicians
face contracting dilemma,
see page 16.

Reflections . . .
1986 in retrospect,
see Auxiliary News.

The Bulletin

The official publication of the Medical Society of Pierce County

President's Page

On Contracts

You know what they say about the expanding world population. Somewhere in the world a woman gives birth to a baby every nine seconds; we have to find that woman and stop her. I wish we could do the same thing to whomever is responsible for the proliferation of "health care systems" — all those new "plans" that want to "contract" for the "delivery" of "physician services." I do not know how frequently new plans are born, but it sure seems like there are a lot of them.

COMING TO TERMS

Contracts, physician agreements, provider agreements, health care plans, alternate delivery systems, managed health care plans — the terminology is almost as confusing as the process. Basically one party (patient) wants to get medical care from a second party (physician) to be paid for by a third party (insurance company) purchased by a fourth party (employer). Third parties now want specific arrangements with the second party that they can sell to the fourth party to be used by the first party.

THE HISTORICAL PERSPECTIVE

It has been a long time since there were only two parties, the doctor and the patient. We continue to try to convince everyone, ourselves included, that the physician-patient relationship is the only one that matters, but we know that the other parties have a tremendous impact on medical practice. If third party payors did not exist, patients and physicians would behave differently, better in some cases and worse in others. If employers and government were not major purchasers, there would be much less purchased. There might be benefits from having only two parties, but overall I am not sure it would be desirable, and it is certainly not realistic. So I think we are stuck with more than just the doctor and the patient in the equation.

With every action there is a reaction. Someone else paid for it so medical practice changed to accommodate that. Then rules and regulations were promulgated to control those changes. Now those rules are getting tougher.

There is a perceived need for more control. It seems to be based on rising costs, abuses, undesirable behaviors, questionable outcomes, and unmet expectations. Some of this perception has a firm foundation. I do find it difficult to defend some of the things in the American medical system.

Contract medicine is by no means new. Many in this community have had experience with it in years gone by. And I have read of "lodge practice" at the turn of the century — essentially prepaid capitated care provided by fee-for-service physicians.

CONTRACT EVALUATION

Agreeing to a contract does require careful consideration, and I would encourage you to give it very scrupulous study. The best, most succinct work that I have seen on the topic is a booklet produced by the California Medical Association entitled "Physician's Contracting Handbook." I highly recommend that you get it: $10.00 to CMA, 44 Gough Street, San Francisco, CA 98103-1233.

The Washington State Medical Association has a legal evaluation service available. When you are looking at a particular company's contract, call WSMA (1-800-552-0612) and ask for their evaluation.

DO'S AND DON'T'S

Along with the do's, there are some don't's, particularly related to antitrust activities. Again, the CMA booklet discusses those. In short, be very careful about collusion.

This brings us to the role of the Medical Society. There is no place for MSPC, WSMA, or AMA in making recommendations about which contract to sign and which not to, or in negotiating terms — that would only produce a greater burden on our legal system and some wealthier attorneys. By making information available to you, organized medicine wants to give you the knowledge upon which you can base decisions appropriate to your own circumstances.

CHANGE AND OPPORTUNITY

I have been told that there is an old Chinese blessing, "may you live in changing times." Physicians, then, are very blessed. They say that change is inevitable, that we should prepare for the future, take advantage of new opportunities, go with the flow, and not cling to the old ways, for he who lives in the past is left in the past. Contracting is certainly one of the significant changes that is being inflicted on physicians.

Some are looking at contracting as an opportunity for personal gain. This could apply to any of the parties — the insurance companies and plan executives, employers and government purchasers, patients, and physicians. I strongly disapprove of personal gain at someone else's expense.

Nevertheless, I do think that change provides positive opportunities, and that we should seek out and embrace betterment in our health care delivery systems. I hope that physicians approach change as an opportunity to improve medical care for our patients, for the people of this country.

— Richard Hawkins

WSMA Holds "Special Session" of House of Delegates

Over one hundred delegates to the WSMA "Special Session" House of Delegates attended the meeting held specifically to address what has — and has not — been achieved on liability reform in 1986, and to chart strategy and action plans for further reform.

The Medical Society of Pierce County had its full delegation present with seventeen members attending the Saturday, April 19 meeting. Serving as delegates and representatives were: L. Alenick, C. L. Anderson, R. Bowe, L. Elmer, R. Hawkins, R. Johnson, D. Hopkins, J. Krueger, P. Marsh, D. Moses, G. Roller, P. Schneider, J. Symonds, R. Scherz, R. Vimont, C. Weatherby and R. Whitney.

Purpose of the meeting was to assess what had and had not been achieved with passage of SB 4630 (liability reform) and to chart strategy and action plans for further reform.

The following strategies and action plans were recommended to preserve what reform has been achieved, and to further reform the tort system.

Recommendations:

1. Sustain at the state level the *Liability Reform Coalition*.
2. Continue the political/lobbying infrastructure established last fall through the Community Action Team network.
3. Apply our Community Action Team network to specific political action geared to assist legislators who supported reform as we move to the 1986 elections.
4. Support WMPAC, the Washington Medical Political Action Committee.
5. Initiate a strong, pro-active public education and media relations program.
6. Propose legislative and statutory changes which limit theories of liability and alternative forms of dispute resolution in the 1987 session.
7. Assist in implementation of the act, including education of the defense bar and insurance industry.
8. Be prepared to defend the bill in appropriate court challenges.
9. Continue and escalate WSMA's risk management program as part of its liability reform campaign.

Speakers Bureau Active

Members of the Society who have volunteered to participate in the Speakers Bureau continue to respond to requests from community groups and organizations. They are asked to speak on varied medical topics.

The following members appeared before the groups listed:

Leonard Alenick, M.D.	*Downtown Tacoma Lions*
W. Ben Blackett, M.D.	*Tacoma Rotary 8*
Bruce Buchanan, M.D.	*KTAC-AM*
David Brown, M.D.	*Tacoma Community College*
Gilbert Johnston, M.D.	*Downtown Kiwanis*
Frank Senecal, M.D.	*Association of Retired Persons*
Michael Young, M.D.	*Pacific Lutheran University*

Computer User Group

If you haven't yet purchased a computer or want to make the most of the one(s) you own, why not plan on attending a meeting of the Medical Society's User Group?

Members range from novices to advanced programmers that are eager to learn and to teach. The Medical Society's User Group can help you if you need advice to computerize your office, are thinking about going to electronic billing, or simply want to exchange information.

All users are welcome to attend. For the next scheduled meeting date call the Society office at 572-3667.

Bulletin to become a quarterly publication

In a continuing effort to improve communications and keep members abreast of the many, rapid changes taking place in medicine today, the MSPC Board of Trustees, Editorial Committee and MBI Board of Directors have voted to publish the *Bulletin* on a quarterly basis. A monthly newsletter will be published eight months a year opposite the months the *Bulletin* is published.

Currently, all information printed in the *Bulletin* must be submitted to the Society office 5–6 weeks prior to delivery date (first of the month). This negated the possibility of providing current, breaking information that should be acted upon.

Additionally, the *Bulletin* is rather expensive to publish. The use of different paper stock, typesetting versus laser printing, and other cost-cutting measures are being considered.

The *Bulletin* will be published for the months of August, November, February and May. Deadline for submission will be the 15th of the month preceding the month of publication.

New service available for AMA members.

The AMA is now offering to AMA member physicians a Professional Services Account. This is a credit card processing system which will allow AMA member physicians to accept Visa and MasterCard payments from their patients and have the added benefit of a very low processing fee.

The program is being implemented in response to both patients, who want the convenience that credit card payments offer, and to physicians, who want the ability to operate more cost efficiently and to reduce the need for collecting pat due accounts.

Doctors who elect to participate in the program will pay a $50 annual fee plus a 1.98% discount rate, i.e., the processing fee for charges transacted through the system. All materials (imprinters, checks, deposit tickets, office display pieces, etc.) will be provided at no additional cost.

Free Contract Evaluation available to MSPC members . . .

Nearly 300 WSMA members have taken advantage of the association's free evaluation of alternative delivery system contracts since it was introduced last summer

By calling the MSPC or WSMA office, members can obtain an analysis of any HMO PPO or IPA contract. The analysis takes approximately 20 days if the contract is from an ADS not previously reviewed by the WSMA service.

The analysis is intended to help physicians make informed decisions. It covers who controls quality of care, possible restrictions on referral patterns, utilization review requirements, billing procedures, professional liability, termination of agreement, and reimbursement. The analysis will not advise the physician whether or not to sign the contract, but will indicate areas of concern.

Currently, the WSMA has analyses of 23 various ADS contracts on file.

For more information, contact Doug Jackman at the Society office (572-3667) or John Arveson at WSMA (1-800-552-0612).

Medicare Update

The fee freeze on non-participating physicians for Medicare assignment will extend through the end of the calendar year 1986, Congress recently decided.

Effective May 1, *participating* physicians will receive a 4.15 percent increase in their reimbursement (the 3.15 percent adjustment in the medicare economic index, plus an additional one percent authorized during the reconciliation process on the federal bill). This increase allows participating physicians the benefit of the full MEI increase (since Gramm-Rudman has reduced actual reimbursement by one percent).

Volunteers Needed

The Neighborhood Clinic is a free primary health care clinic serving the medically indigent of the Hilltop area of Tacoma. All medical, nursing, laboratory and support staff are volunteers.

Please consider donating an evening a month to provide medical care for people in your own community who cannot otherwise afford it.

The clinic is always in need of medical supplies, sample drugs and money. Please give what you can. For further information, call Barbara Goforth at 627-6353 or 272-1392. Thank you.

Phone Number, Address Change.

Amy Yu, MD
Medical Oncology & Hematology
Accepts all patients
Office: 314 S. K Street, Suite 301,
Tacoma, WA 98405
Phone: 272-7344
383-1833 (Physician)

Residence: 9109 N. Harborview Dr.,
Gig Harbor, WA 98335
Phone: 851-7612

Well Adult Clinics Aid the Elderly

By Patty Reinkensmeyer, CHN

Physicians who have many elderly patients in their practice have an excellent health resource in the community for providing screening, support, education and footcare.

The Tacoma-Pierce County Health Department's Well Adult Clinics focus on health promotion and prevention of illness in the elderly. These clinics, staffed by community health nurses, are held on a regular basis throughout Tacoma and Pierce County so as to be accessible to both urban and rural elderly people.

The Well Adult Clinics offer several health services including health assessment, health monitoring and counseling, and footcare. Health assessment visits consist of a systems review, stressing functional levels, safety and healthy behaviors. In addition, lab screening is done including hematocrit, urine screening, hemocult test and blood glucose. Health assessments are completed every one to two years on clinic participants. Any abnormal lab findings or health problems are referred back to the client's physician for follow-up.

Health monitoring and counseling are visits for follow-up and teaching or rescreening an abnormal lab from a previous clinic visit. Many participants return every 2-4 months for blood pressure or glucose monitoring.

Footcare service includes routine nail trimming and care of corns and callouses. This is the most popular clinic service! Many elderly people rely on the Well Adult Clinics to provide this assistance in order to maintain their level of independence. As simple as it is, footcare services may make the difference between being able to get out of the home comfortably or not.

The Medical Society of Pierce County has supported the Well Adult Clinics by participation on the Health Department's Adult Health Medical Advisory Committee. This committee meets quarterly to review Well Adult Clinic policies and procedures.

Physicians can refer their patients to the Well Adult Clinics to augment their health care.

Appointments are made by calling the Health Department at 591-6480. A receptionist will try to schedule an appointment as soon as possible at a convenient location. Fees are assessed on a sliding scale based on income levels. No one is denied service if unable to pay. ■

Patty Reinkensmeyer is the Well Adult Coordinator for the Tacoma Pierce County Health Department. For further information you may contact her at 591-6480.

Board of Trustees
Minutes
Tuesday, April 8, 1986

The Board of Trustees for the Medical Society of Pierce County met on Tuesday, April 8, 1986, at Humana Hospital (Doctor's Dining Room). Members present were: Drs. Richard Hawkins (President), DeMaurice Moses, Charles Weatherby, Kenton Bodily, Robert Whitney, Paul Schneider, Michael Halstead, David Clark, Peter Marsh, Richard Bowe, Barry Weled and Mrs. Miller.

Also present by invitation were: Drs. Richard Hoffmeister, Gerard Ames, Leonard Alenick, Ronald Taylor, Dennis Waldron, Keong-Chye Cheah, Larry Larson, Toshio Akamatsu and Mr. Jackman, MSPC Executive Director.

The Minutes of the March 4, 1986, Board of Trustees Meeting were approved and filed.

Finance Report:

Dr. Whitney, Secretary-Treasurer, noted the Operations Loss of $8,998 as compared to a gain of $1,038 in the same period for 1985. He noted the $11,000 that has been loaned to Membership Benefits, Inc. and the legal expenses incurred to date attributed to this variance. It was noted that the Society would be reimbursed by MBI when its financial position improved and CNA Insurance Company when the particular lawsuit is settled.

1985 MSPC/MBI Finance Report:

Mr. John Hodder, CPA, provided the Board with a report on the financial position of the Society and its wholly owned subsidiary, MBI as of December 31, 1985. He viewed the Society's excess over liabilities of $14,000 in 1983, progressing to $35,000 in 1984 and $53,000 in 1985 as a positive step.

However, he noted Membership Benefits, Inc. had experienced a loss of $21,000 for the year. He recommended strongly that during 1986 and beyond the expenses of MBI be monitored quite closely.

Three goals were established to bring about an improved financial position for MBI, and they were:

1. Developing an orderly repayment plan for MBI.
2. Assure adequate monitoring of the MBI cash flow.
3. The underlying goal is that MBI be a profitable organization.

The report was filed.

Executive Committee Report:

Dr. Hawkins reported on the Executive Committee Meeting of March 18, noting the issues discussed at the meeting would be on the Board's agenda for the evening.

The report was approved as submitted.

Auxiliary Report:

Mrs. Miller reported that the week of April 20–26 was Organ Donation Week. The Board discussed organ donations and urged the Society's strong support of the program and greater involvement in educating the public to the needs in this area.

She noted 26 graduating high school seniors, children of Society members, would be receiving a Cross pen with their initials as a gift from the Auxiliary.

Credentials Committee Report:

It was reported that the Credentials Committee had met and recommended to the Board that the following applicants be approved for membership. They are:

Ben R. Bryant, M.D.
Cecil E. Snodgrass, M.D.
Emanual Posadas, M.D.
Carl A. Plonsky, M.D.
Anthony H. Lee, M.D.
Henry J. Zielinski, M.D.

A motion was made that "THE RECOMMENDATION OF THE COMMITTEE BE APPROVED." The motion was seconded and unanimously approved.

Discussion followed concerning the attendance of hospital representatives to the Credentials Committee meetings. The issue would be discussed at the May Board Meeting.

Public Health/School Health Committee Meeting:

The Public Health/School Health Committee had recommended to the Board that annual tuberculin skin testing be discontinued and be administered only upon entrance to kindergarten level, junior high and senior high school due to the very low yield of present annual skin testing. After a period of discussion a motion was made that "THE RECOMMENDATION BE REFERRED BACK TO THE COMMITTEE TO SECURE ADDITIONAL DOCUMENTATION TO SUBSTANTIATE REASONING FOR THE RECOMMENDATION." The motion was seconded and unanimously approved.

The Board of Trustees approved a temporary loan of $70 made to Citizens for Better Dental Health. This would assist the organization to establish its telephone and post office capabilities. The report wa filed.

Committee on Aging Report:

Guests from the Adult Protective Services, Marcourt Health Care Center and the Home Health Care Department of the Tacoma/Pierce County Health Department presented reports on their agency activities to the Committee. The Board discussed present criteria for home health agencies and their staff. The report was filed.

Publications Report:

Mr. Jackman reported on the continued loss of revenue for the *Bulletin* during 1985. The Board discussed the consideration being given to publishing the *Bulletin* on a quarterly basis and endorsed the recommendation. A motion was made that "THE MSPC BOARD OF TRUSTEES SUPPORTS THE PUBLICATION OF THE BULLETIN ON A QUARTERLY BASIS TO BE REPLACED WITH A MONTHLY NEWSLETTER." It was projected that the quarterly *Bulletin* and Newsletter could be self-sustaining financially. It was estimated that the Pocket Directory would net approximately $20,000 on an annual basis.

WSMA Officers/Trustees Nominees:

The Executive Committee recommended to the Board that Drs. Ralph Johnson be nominated for President-Elect of WSMA; Dr. Robert Scherz, Trustee and Richard Hawkins as Vice-Speaker. The Committee recommended that Dr. Charles Weatherby be nominated to replace Dr. Lloyd Elmer as WSMA Trustee who had elected not to serve another term. A motion was made that "THE RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE BE APPROVED." The motion was seconded and unanimously approved.

WSMA Special Session of House of Delegates:

The following members were approved to serve as alternate delegates or delegates to the WSMA Special Session. "THEY WERE: DRS. JAMES KRUEGER, JAMES SYMONDS, CHARLES L. ANDERSON, LEONARD ALENICK, G. BRUCE SMITH, ROGER SIMMS, DAVID HOPKINS AND RICHARD VIMONT." The motion was seconded and unanimously approved.

Contracting/Alternative Delivery Systems:

The Board discussed at length the number of alternative delivery systems contracts now being presented to members without them having adequate knowledge of the various contacts and the potential risk. Dr. Hawkins asked that the Contracting Committee be reconvened to assist in the dissemination of information to the membership.

MSPC Computer System Proposal:

The Board discussed the proposed computer system planned for the Society office. The motion was made, seconded and unanimously approved that "THE MEDICAL SOCIETY ALLOCATE $8,500 TO PURCHASE A COMPUTER SYSTEM. THE DETERMINATION OF A PARTICULAR SYSTEM WOULD BE MADE BY THE EXECUTIVE DIRECTOR WITH THE CONCURRENCE OF THE EXECUTIVE COMMITTEE."

EMS Committee Report:

Dr. Hawkins reported that the EMS Committee had recommended that all on-line direction of paramedics be through a single "bunker" system. The concept was presented to the County Board of Health Meeting on April 2. The projected cost of such a concept is presently conceived to be approximately $200,000–$300,000 annually. The Board of Health took the recommendation under advisement.

KSTW-TV:

Representatives of Gaylord Broadcasting Company (KSTW-TV) presented a project currently underway in Milwaukee, Wisconsin involving the local medical society and 90-second health spot commercials. KSTW-TV was seeking the Medical Society's participation in a similar program. A brief discussion followed with no decision being made.

As there was no further business to conduct, the meeting was adjourned at 9:00 p.m. ■

Robert B. Whitney, M.D.
Secretary-Treasurer

Infectious Waste Standards . . .

All doctors offices recently received from the Tacoma/Pierce County Health Department standards for the handling and disposal of infectious waste material. There was some confusion as to the steps necessary to render the material non-infectious.

Ms. Jody L. Snyder, R.S., Environmental Health Specialist, Environmental Health Division, Tacoma-Pierce County Health Department has submitted the following to clarify some of the confusing points.

The standards state that each organization's functioning infectious control committee shall determine which wastes will be handled as infectious waste. To state this more clearly, each facility shall decide if someone was to come in contact with their material, would that person have any risk of developing a disease. If the answer is yes, then the material needs to be treated (autoclaved, incinerated, chemically treated) in such a way as to render it non-infectious.

A few examples of infectious waste are given in the regulation, however, this is not a complete list. If any of the stated material is contaminated with a significant amount of pathogens, and there is some concern that this waste may be able to cause an infection or disease, then it must be treated as stated above.

The other component of this policy is sharps. The needles need to be rendered harmless before disposal. The suggested method of disposal is the use of a heavy plastic container with a lid. The integrity of the container is important. The needles should not poke through, as they would in a cardboard box. CDC now suggests disposing of the needle in one piece to prevent the release of aerosols. It is also suggested to put bleach or clorox in the bottom of the container to render the bacteria non-infectious.

These regulations may not pertain to every day waste. However, if you are treating a patient with an infectious disease, remember the standards. I am more than willing to answer any additional questions you may have, including offering some assistance in locating disposal options. Please feel free to call Jody Snyder at 591-6572. ■

Allergy Diagnostics: Are Contemporary In Vitro Methods Comparable to Skin Testing?

By Frank S. Virant, MD

Over the past several years, a number of invitro antigen specific tests have been developed as diagnostics aids in the evaluation of the allergic patient. These tests include RAST (radio-allergosorbent test), FAST (fluorescent-allergosorbent test), MAST (multiple-allergosorbent test), and IP (immunoperoxidase test).

In general, these tests involve chemically linking a specific allergen to some sort of stable matrix. Subsequently, the allergens are incubated with serum and either radio-labeled or enzyme-linked, antigen specific IgE. Levels of IgE in the patient are determined by measuring radioactivity (RAST/MAST), fluorescence (FAST), or color change (IP).

Until recently, there have been few comparative studies which looked at the value of these tests in the clinical setting compared to the clinical standard. In the evaluation of inhalant allergy, the only generally accepted clinical standard is a combination of positive history, elevated total serum IgE, and positive response to specific nasal or bronchial provocation (with objective symptoms or mediator release).

In order to be a useful laboratory test, any appropriate methodology must provide a good balance between high sensitivity and high specificity — that is to say a low rate of false negatives and false positives.

In clinical practice, a combination of prick/puncture and intradermal antigen specific skin testing correlates well with the clinical standard and achieves high sensitivity and specificity. None of the in vitro tests is able to provide this balance.

RAST an MAST testing, for example, provides excellent specificity approaching 8% but the sensitivity of such testing often averages 70% to 75%. FAST and IP tests on the other hand are quite sensitive but often suffer significant problems with specificities in the 60% to 70% range. These limitations to in vitro testing are less important if one is testing only for pollen allergy.

In summary, appropriate allergen specific skin testing remains the most useful in the evaluation of inhalant allergy, providing a balanced high sensitivity and specificity, in good correlation with the clinical standard.

In patients with suspected pollen allergies, only RAST and FAST testing are reasonable alternatives to skin testing. In non-pollen, inhalant allergy, all in vitro tests have significant rates of "false responses" often approaching 30% to 40%. Hopefully, in the near future, the clinical usefulness of these tests will be improved with the development of more highly purified allergenic substrates and more specific monoclonal-labeled or enzyme-linked IgE.

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Dr Frank S. Virant is a diplomate of the American Board of Allergy and Immunology and is a member of Allergy Associates of Tacoma, Inc.

So, You Want to Sign a Contract

By Susan Hogeland, Assistant Executive Director,
San Francisco Medical Society

The following article provides an in-depth look at the issues a physician should be looking for when considering signing a contract. The article was run in the December 1984 **Bulletin**. *It was reprinted with permission from* **San Francisco Medicine**, *August, 1983.*

During a seminar for San Francisco Medical/Society leaders and staff, Richard Robinson, Manager of the Department of Contract Evaluations and Negotiations services, offered a number of guidelines for physicians in dealing with contract analysis.

— The Editor

Look before you leap was the advice Richard Robinson gave physicians attending his seminar. Robinson told physicians they should read contracts before signing them. However, he explained that many of the seventy different contracts he had received for evaluation from physicians around the state (California) had already been signed when he got them. Notes were attached asking him to "take a look at this contract I have signed."

Amazing? Appalling? Unbelievable? Oh, yes. All the more frightening in light of the "worst case" analysis of the following fifteen clauses. Horrifying when it is known that over one hundred physicians in San Francisco signed and returned the now infamous first Blue Cross Prudent Buyer Plan contract without being asked.

Guidelines Recommended by Robinson

1. ***Scan the contract once in its entirety:*** What does it cover? Are the referenced materials attached? Often they are not, but when you sign, you agree to them anyway.

2. ***Perform a detailed, word-by-word analysis:*** Develop a list of the obligations you'll incur — do it on a word-by-word, paragraph-by-paragraph, or clause-by-clause basis.

Now determine what obligations the contracting entity has toward you, the physician.

Be sure to distinguish between mandatory (shall) and discretionary (may) terms, and pay special attention to the list of definitions in the contract. Who will be deciding what circumstances exist to meet those definitions?

3. ***Pay close attention to the utilization, peer and quality review terms of the contract:*** Thus far in Mr. Robinson's experience, it is rare that UR, peer and quality review requirements are spelled out or their terms defined. Often the contract adds insult to injury by *not* providing the terms and then noting the terms "may change from time to time."

He recommends referring *all* UR, peer and quality review clauses to your professional liability insurance company. The hold-harmless clause is a good example of the physician being asked to take on a responsibility which no insurer will cover.

4. ***Determine the economics of the contract:*** What is the financial track record of the entity wanting *your* signature on its contract. Can it provide a financial statement? If a company can't provide a certified financial statement — an ordinary procedure in business — your guard should be up.

continued on next page.

5. *If* you sign, you agree only to what's in writing, not what the salesperson *said*.

Most contracts have a clause stating that only what is in writing counts. Further, oral representations that may be made by the entity's salespeople to make signing more attractive are not binding in court.

6. Send any new contract to your society and ask questions *before* you consider signing.

Sample Language From *Actual* Physician Contracts

1. *(Business entity) shall use its best efforts to encourage Members to use the services of PHYSICIAN.*

"Best efforts" is an undefined term. What is the company's financial record — does it have resources to promote the plan itself, does it intend to use a PR firm o have an advertising campaign?

Are there *members* to encourage? How will physicians be listed? Will physicians be required to pay a fee to join the program? Will these fees be used to market the plan or finance the lifestyle of the top program executives?

How will physicians know *if* the plan is using its best efforts? Is there any means to enforce such behavior? How would physicians prove the plan *didn't* use its best efforts?

This clause is vague, ambiguous and meaningless. Initially, however, it could be attractive to physicians.

2. *(Business entity) and PHYSICIAN agree to meet and confer in good faith to resolve any problems or disputes that may arise under this Agreement.*

This is a nice, gentlepersonly, honorable clause. Very attractive.

However, the terms meet and confer mean nothing. The clause does not say *negotiate*. There is no mutual obligation to resolve differences. In fact, the use of the telephone could be sufficient to meet the requirements of this clause.

The language implies there is a process by which disputes will be resolved — but no such process is spelled out.

3. *PROVIDER agrees: (1) to participate in the peer and utilization review programs (including prior authorization of hospitalization and elective surgery, concurrent and retrospective review) developed from time to time by (business entity) . . .*

This language is quite typical — nothing is spelled out in detail. What does "participate" mean? Do you do it yourself? Develop it? Are you bound by it? Peer review and utilization review are undefined. How complex will prior authorization be?

The clause is broad, vague, ambiguous and potentially frightening from a professional liability viewpoint.

Finally if the physician participates in the entity's utilization review, and a particular service is denied to a patient, that patient may sue the provider as well as the reviewer.

4. *PROVIDER agrees that should it enter into a contract with another PPO or similar entity during the terms of this AGREEMENT, then PROVIDER will (1) notify (business entity) of such participation and (2) should payment (fees) for PROVIDER under such contract be lower than those identified in Schedule A attached hereto, then such lower payment (fees) shall also apply for the duration of the AGREEMENT.*

This clause may be anticompetitive. What is a "PPO?" What's a "similar entity?" What is participation?

This clause points out the impact that signing one contract could have on signing others.

5. *PROVIDER agrees to cooperate with the peer review process of (business entity) as conducted by its Clinical Services Management Committee (CSMC), and to abide by the rules and recommendations of that Committee.*

This clause moves you from "participate" (see 3) to "cooperate" and "abide." What is the makeup of the clinical services management committee — what is the membership; what are the rules; what are the procedures?

6. *PROVIDER agrees to abide by such rules and regulations pertaining to this contract as may be adopted from time to time by the Board of Directors of (business entity).*

This is a typical, open-ended clause that means a physician who signs such a contract would agree *blindly* to whatever the business entity chooses to do in the future. There is no specificity regarding *what* the rules might pertain to.

The clause opens the door to blatant contract modification by the entity on a de facto basis. For example: "medical necessity" could be defined *after* you sign. Advertising and marketing programs could market *you* in any way they chose under this provision.

7. *PROVIDER agrees to comply with and be bound by the bylaws, rules, regulations and policies of (business entity) as they now exist and which may hereafter be adopted or amended from time to time by the Board of Directors or by the Members.*

This language is similar to that in 6. You are being asked to sign *before* you know the rules of the game. Demand to see the bylaws, policies, etc.

8. *PROVIDER shall recommend to patients in order to promote cost control that they use other participating PROVIDERS in the service area in which the patient resides and agrees not to refer patients to non-participating PROVIDERS without prior authorization of PPO.*

This is a mandatory clause — "shall recommend." How many times must the physician recommend? How firm must he or she be? What if the services of a non-participating MD are required?

continued on page 14.

How long will the authorization process take? How will the patient respond to delay?

How is the physician to know who all the "participating providers" are? What if a physician is placed on the list by mistake and is actually not a signatory? What is the "service area?" What are the penalties for *not* recommending a participating provider?

9. *(Business entity) will make payment of all approved claims . . .*

Who will approve the claims? This clause does not add "consistent with the attached fee or procedure schedule." The entity does the approving which opens the way for arbitrary and capricious action. Is there an appeals process or a time frame for approval?

10. *PROVIDER agrees that the provisions of this agreement are subject to amendment by (business entity) from time to time upon thirty (30) days' written notice to PROVIDER and that PROVIDER shall thereafter be bound by the provisions as so amended provided, however, that if PROVIDER delivers to (business entity) at any time during such thirty (30) day period written notice of PROVIDER's election to terminate this Agreement, this Agreement shall immediately so terminate.*

This is the "take it or leave it" clause. Either a provider agrees to an open-ended amendment procedure or he or she bails out. The thirty day time frame could have potential professional liability implications. What does the physician have to do to notify his or her patients that they can no longer be treated? Will the physician have to inform patients that if they continue with the office they might be asked to pay part of the fee? Is there an obligation for the physician to continue to treat patients when the physician is no longer with the plan? The obligation to the patient transcends the contract in every case.

This clause permits the entity to materially alter the original agreement — including the fee schedule.

11. *PROVIDER shall have the right to appeal any determination by PPO relating to matters governed by this Agreement. PROVIDER's right to appeal shall be pursuant to appeals procedures established by PPO.*

This clause gives physicians the right to appeal, but the PPO has the responsibility for developing and implementing the appeal procedures. The physician is not told what administrative procedures must be exhausted before the appeal process can be utilized. The procedure could be lengthy and costly. In some contracts, if the physician loses the appeal, he or she must pay the legal fees for the PPO.

12. *(Business entity's) relationship with the PROVIDER is based on trust. The only way (business entity) can monitor a PROVIDER is through patient complaints. Serious or numerous complaints, after being reviewed with PROVIDER, will be cause for removal from the (business entity) provider directory.*

This clause presumes the physician's guilt — it states that complaints "will be cause" for review/removal. It does not delineate any review process.

The clause has emotional appeal but it is meaningless. What is "serious?" What is "numerous?"

The clause opens the door for abuse by the entity — complaints could actually be encouraged, no matter how frivolous. No due process is provided.

13. *PROVIDER agrees to bide by such additional review programs and procedures as may be developed from time to time by (business entity).*

This is another open-ended clause which permits the entity to make any changes it wishes in the original contract.

14. *The physician hereby covenants and agrees as follows: . . . (b) to provide for the availability of medical services at such times and in such locations within the Service Area as shall be necessary and practical for the prompt and proper rendition thereof . . .*

(b) — Can the entity establish your hours? your location? What are "medical services?" Are they in your office, in the emergency room, do they include house calls? Must you provide services 365 days per year, 24 hours per day? What is the service area? What do you have to cover geographically?

This clause is vague and open-ended. It is designed to shift liability to the provider. If it takes the entity six months to develop a directory, how do you know to whom to refer? What if you and six other physicians are the only ones who sign up? How do you meet your responsibilities under this clause?

15. *I will refer to panel providers for services. If no contracted provider is available I will notify patient that he will be responsible for standard policy copayments.*

The PPO is letting the physician be the bearer of bad news — the MD gets to tell the patient there is no panel provider to whom to refer the patient. Therefore, the patient has to pay out-of-pocket for services if he or she wants them.

If the directory of panel providers is at all outdated, there is the possibility the physician could refer the patient to a doctor who is no longer signed up. What is the physician's liability then?

How will the patient be notified that he or she will be responsible for the standard policy copayments? How far must the physician go? ■

State-of The-Art Imaging:

Magnetic Resonance Imaging Scanner now operating in Pierce County

By Todd Nelson, MD

State-of-The-Art Imaging in the form of a Mobile MRI (Magnetic Resonance Imaging) Scanner is now operating in Pierce County. This is a 0.6 Tesla Technicare Whole Body Mobile Scanner which will operate in Puyallup every Wednesday, and adjacent to Allenmore Medical Center every Saturday. The unit is being offered by Shared Magnetic Resonance Imaging Services of Puget Sound through a lease with Technicare. Patients may be scheduled for examinations and information may be obtained regarding paying agency requirements for prior authorization by calling the Bridgeport office (581-4333) or the Puyallup office (841-4353).

MRI Scanning previously has only been regionally available in Seattle, Spokane or Portland. The presence of this unit allows Pierce County patients to be conveniently studied in their own community.

The unit will operate from 8:00 AM to 8:00 PM at each site. Individual cases usually take one hour, however, some complicated studies may require additional time. The unit is operated by two trained technologists. All studies will be staffed and interpreted by Radiologists with training in MRI procedures.

MRI, previously known as NMR (Nuclear Magnetic Resonance) has been utilized for many years for special analysis in organic chemistry. Whole Body Imaging has become available with the advent of advanced computers and reliable magnets.

When a study is performed, the patient is placed in a magnetic field thousands of times more powerful than the Earth's. This aligns the hydrogen atoms (a natural positive-negative dipole) along a magnetic axis. Low power radio waves are then pulsed through the patient. Different nuclei resonate at different radio frequencies. The factors varying the intensities of the MR signals include water content, viscosity and differences between normal versus abnormal tissues. Using the variances in the return "echo" of the radio frequency signal intensity, a digital image is obtained on a video screen. This is then photographed and taped.

The advantages of MRI are many. The radio frequency field has very low energy and **no ionizing radiation** (no X-rays or gamma rays, etc.). MRI has superior soft tissue contrast and no bone artifacts when compared to CT scanning. This makes it very useful for imaging the central nervous system. MRI scanning can be acquired in **orthogonal planes** (i.e. sagittal, coronal and transaxial) directly without awkward patient positioning. When the scanning data is obtained it can be manipulated in an unlimited number of ways. The procedure is non-invasive and does not require **intravenous contrast agents**. Studies are performed on an outpatient basis without hospitalization. No deleterious biological effects have been demonstrated with MRI Scanning of humans or animals.

Like any technology there are some disadvantages. Patients must remain absolutely still during the entire scan. This varies from approximately 20 to 40 plus minutes. Claustrophobic patients may not be able to remain still for the exam. Acutely ill patients or individuals on respirators, currently are not candidates for MRI. Anyone with intracranial surgical clips should not be studied. Interestingly, abdominal surgical clips do not seem to be a problem. MRI is **contraindicated** in patients with pacemakers. Shrapnel and orthopedic appliances usually are not a problem.

Current recommendations indicate that children and pregnant women should not be studied with MRI although, again, no adverse biological effects have been noted. Obviously, personal communication with the requesting physician is necessary to insure that the appropriate exam is performed and that the patient is not at risk.

MRI offers unique opportunities in the evaluation of the central nervous system in non-emergent cases. It is superior to CT Scanning for the diagnosis of white matter disease (e.g. multiple sclerosis and others). Pituitary adenomas can be easily studied without artifacts associated with dental fillings or uncomfortable patient positioning. Imaging of the posterior fossa, internal auditory canals and brain stem with MRI is superior to CT.

MRI can scan in any plane, producing exquisite images showing anatomic relationships in the posterior fossa. The spine is well visualized with MRI. Evaluations for cord atrophy, metastasis, nerve root encroachment, disc herniation and degenerative disc disease can be performed. In fact, some authors suggest that MRI may replace myelography and complement CT Scanning in the lumbar spine workups.

Perhaps one of the most exciting prospects for MRI use is in non-invasive cardiac evaluations with the potential for predicting areas of myocardium under ischemic risk for infarction. Again, the heart can be scanned in its anatomic axial planes with gating of the MRI unit to the cardiac cycle for end-systolic and end-diastolic images. Work is advancing in this area and computer programs should be available in the near future.

Another region currently being studied is scanning of the pelvis, especially with the regard to female neoplasms. Abdominal scanning is more difficult because of bowel motility and CT is still the more effective procedure. Ultimately, MRI may provide spectral analysis of in vivo body tissues with the potential for very early diagnosis. The capability of spectra analysis is not currently available and remains in the future. ■

The Enigmatic Case

By Mavis Kallsen

The history of medicine in Pierce County as documented in our archives runs a close parallel to the old frontier type melodrama. It has its romance, its pathos, its heroes and villains. But in the instance of Doctor C. E. Case there is no clear definition of his role. He always wore a black hat . . though, in at least one scene he emerged as the hero. At the time of the Great Streetcar Disaster, the fourth of July, 1900, it was C. E. Case who labored in surgery for a heroic twenty-four hours attending the injured at Saint Joseph's Hospital. Five years later it was C. E. Case who fired the first volley in the great battle of Contract Practice in the MSPC . . . but paradoxically, he came out blazing both barrels at the 'good guys.'

Charles Elijah Case was born in California the year of the gold discovery. In his lengthy statement of qualifications for the Pierce County Medical Register in 1883 he described elaborately his pursual of the study of medicine. He attended various medical colleges across the country for a period of about eight years, attaining a degree of Doctor of Medicine and Master of Surgery after a five-month's course of study at the California Eclectic Medical College. He was elected to the faculty there immediately upon graduation, and for two years served as professor of Anatomy and Surgery at the College.

When he arrived in Tacoma early in 1883, Case established himself on a prime piece of real estate at the corner of Eleventh and Pacific, sent out handbills advertising his proficiency at surgery and the diseases of women and soon had a very busy practice. We can assume that Doctor Wintermute and others took a jaundiced view of this successful sectarian.

Doctor Case was a tall man, Lincolnesque in appearance, affecting a long black beard which he tucked into his vest while at the operating table. He always wore a Prince Albert coat. As Doctor William McCreery later recounted . . . 'Case had a violent temper and was an atheist. He sometimes operated for Dr. Ball, who was intensely religious. Many a bitter religious war was waged over the open abdomen . . .'

After the death of Doctor Wintermute in 1896, there followed a period of more relaxed attitudes within the MSPC, and in April of 1898 the Board of Censors reported favorably on a group of applicants for membership which included Doctor C. E. Case. The seven applications were taken up separately to be voted upon by the membership, thirteen members in attendance. The application of Doctor Case on ballot was rejected, receiving five black balls. This was the only occasion in our early ledgers of the MSPC on which an applicant receiving a favorable report by the Board of Censors was refused by the membership. By this time the California Medical College had been converted to a 'regular' School of Medicine and the question of Doctor Case's sectarianism was moot. He was simply not loved by his colleagues.

In February, 1903, the MSPC again received an application for membership by Dr. Case and it was referred to the Board of Censors. At the meeting of March 17th that year, Dr. Case's application, which was to have been balloted on, was laid over as the Board of Censors had not reported upon it. At the meeting of March 31st, in an unusual action, a motion was made and carried to suspend the articles of the constitution and by-laws for the purpose of balloting upon the several applications for membership which had been laid over some weeks. The Secretary was instructed to cast the deciding ballot on each application and he cast a favorable vote to each. In this way, Doctor C. E. Case was elected to membership in the MSPC at last!

Having gained membership in the MSPC, Case then became very useful in the organization . . . presenting exhibits for discussion at the meetings and serving on several committees. As one who had utilized a massive amount of public advertising in his own practice, he now took the opposite view, and objected to the conservative 'professional cards' many of the doctors ran in the newspaper as being unethical.

At the MSPC meeting of January 17th, 1905, a completely new topic for discussion appeared. Grant Hicks had just been installed as President and made a little speech. In the next entry the old ledger reads simply . . . 'Doctor Case made a few remarks on Contract Practice' . . . and then, 'Doctor Quevli made a short address as retiring President, calling upon the members to assist the new President in advancing the interests of the Society.'

The subject of Contract Practice had been introduced, and would now be the topic of controversy in the MSPC for more than three decades to follow.

What C. E. Case referred to as 'Contract Practice' was a system which had originated in the community years earlier as the first working arrangement for pre-paid medical care in the nation. It began as a contract between the Saint Paul and Tacoma mill and the hospitals, for full medical care for their employees, paid for in advance. From this beginning, the contract concept mushroomed, so that by 1905 almost a third of the population in Pierce County was covered by some kind of pre-paid medical arrangement, often contracted by their social groups, or 'lodges.' Doctor Curran described Contract Practice then as an 'intricate proposition.' The contracts were outside the existing laws and took as many forms as there were doctors who practiced contract medicine . . . some bordering on flagrant quackery.

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Auxiliary News

Reflections

It is difficult to realize as this is being written in mid-April, that you will be reading it in early June. It is not difficult, however, to realize that as of midnight, May 31st, there will be a new President of Auxiliary and a new Board. There have been vast changes these past years in Medicine — *not only with the* advancement in surgery but also in equipment, drugs — to name but a few of the changes, and there is a great change in the general philosophy which has to do, in part, to the maze of legal and legislative issues. In comparison, the changes in Auxiliary are minute. It is hoped that most of the changes have been for the good and the expansion of the organization.

The majority of medical spouses have chosen not to join Auxiliary. We both have missed — something — because of that. This year one of my personal goals was a more frequent newsletter and this has been accomplished — *with perhaps* too many words — but at least there is a greater awareness of what is going on in Auxiliary. We are proud of the achievements and chagrined that the general membership has dropped from that of last year. As stated before, there have been 19 new members and 9 renewals — *total membership is 210. That's the* bad news. The good news —

1) The Newsletter was mailed to all spouses (omitted one issue only) and this certainly includes the retired and widowed group.

2) Spouses of residents were sponsored by individual members to be members of Auxiliary at the county, state and national level.

3) Newcomers who attended their first meeting, were presented with the newly created and designed (with Logo of Helping Hands) Tote-bags with the Auxiliary Cookbook and local information pamphlets packed inside.

4) Designed new stationery for Auxiliary, using Logo.

5) 17 Madigan Officers Wives accepted our invitation to be guests at our October meeting.

6) All graduating high school seniors in the medical community were recognized in two publications and at the Joint March meeting. All were given Cross pens engraved with their names.

7) Presentation made to the two past PCMS Presidents at Dec. Joint Meeting.

8) Established new rules and procedure for Philanthropic outreach.

9) Became more active and knowledgeable on Legislative issues.

10) Became more knowledgeable on both sides of the issue of Physician Unions because Drs. Bodily and Iverson took the time to discuss this with Auxiliary members.

Board became more aware of YWCS Support Shelter and Neighborhood Clinic functions as speakers addressed their goals.

11) Laboriously established Standing Rules and Procedures. Also redefined old job descriptions and wrote new ones. Established a new Guideline Book for *President and President-Elect.*

12) Art contest for young children/grandchildren in medical community and the winning design graced the Holiday Sharing Card.

13) Became more informed about personal and community health:

a. January:
Jeff Smith, the Frugal Gourmet, spoke on **Health and Hospitality at the Table.**

b. February:
Dr. and Mrs. Vimont spoke of preparing for and enjoying retirement; Emma Hagerman Editor of **Senior Scene** and a Board member of Council on Aging spoke of her experiences. The title of that program: **Old Is What You Get**

c. March:
Joint meeting Rick Ray from REI spoke on **Let's Get Away From It All**

d. April:
Betty Felker and Jill Tullis told us how they were **Teaching Children Refusal Skills.**

All of this was due to the concentrated effort of a willing Auxiliary Board. They spent many hours working together and Marie Griffith First Vice-President (Program) deserves special mention. There were other Auxiliary committee members who also willingly worked towards achieving our goals:

1. To assist in those programs of the Medical Society of Pierce County that improve the health and quality of life for all people.
2. To promote health education.
3. To encourage participation of *volunteers in activities that meet* health needs; and to support health related charitable endeavors.

Fundraisers are an important part for #3 and Debby McAlexander and Joan Sullivan and their committee worked for the Art Auction; Kris White and Dianna Ames worked for the Doll House Project and a special thanks to Dr. Martin Schaferele for his 120-plus hours of work in putting that doll house together.

The Board of Trustees of the Medical Society have been most supportive of Auxiliary and have contributed ideas and suggestions towards making future efforts even more successful.

Though the hour of midnight, May 31st is past as you are reading this and Susie Duffy and her Board have embarked on their year — I'm writing this on my time — remember — it's still mid-April. For some personal family health reasons, the beginning Auxiliary year was most traumatic for me. Without the support of MSPC and specifically Doug Jackman the Executive Director — I would not be writing this.

continued on next page.

This holds true for the entire Auxiliary Board, all of whom I now claim as personal friends and to extend this even further, there were people I scarcely knew or didn't know at all, who put this family in their thoughts and prayers during those first few months. This has been a happy and joyous time or me. Though it is not enough, a simple "thank you" encompasses a world of meaning. Thank You.

Ginnie Miller, President,
PCMSA 1985-86

Membership

The purposes of the Pierce County Medical Society Auxiliary are exclusively educational and charitable. They are:

1. To assist in those programs of the Medical Society of Pierce County that improve the health and quality of life for all people.
2. To promote health education.
3. To encourage participation of volunteers in activities that meet health needs; and to support health related charitable endeavors.

This statement is printed on page 2 of the 1985-86 Pierce County Medical Society Auxiliary yearbook. If these words are foreign to you, it's because you didn't pay your dues last year, and therefore did not receive your auxiliary yearbook. You have the opportunity to correct that oversight now. THE AUXILIARY FISCAL YEAR IS FROM JUNE 1 TO MAY 31. Your continuing support is vital to the success of this organization; a viable and most appreciated extension of the Medical Society of Pierce County.

Information for the 1986-87 PCMSA yearbook is being compiled now and will be ready for distribution in September. If you have moved or have a new address or phone number please contact Alice Wilhyde, 1986-87 Membership Chairman, at 572-6920.

How Does The Medical Family Find Help

The Professional Relations Committee of Pierce County has expanded its membership to include Marie Griffith. This committee was established three years ago at the county level with Dr. William McPhee as Chairman. Several months ago Dr. Patrick Donley assumed Chairmanship. At the state level this group is known as the Impaired Physicians Committee. Neither of these organizations are connected in any way with the State Medical Disciplinary Board. The physician, his family or a colleague can either call the MSPC (572-2470) or the WSMA Hotline number for the Impaired physician (1-800-552-7236) as sources for help.

According to Dr. Donley, the sole function of this committee is to help the physician and the family. Experience in other such groups throughout the country has indicated that early intervention is the key to develop a healthier and happier inter-family relationship. This, in turn, immediately assists the physician to once again to be in control of his professional life.

Dr. Donley stressed that this is a helping organization and not an administrative one. The appointment of Marie to this group will give the additional option to a medical spouse to talk to another medical spouse. Marie has impressive credentials. She received her BA in English and Education from Whitworth College in Spokane and taught for 5 years in Seattle Public Schools. She was a counselor in the YWCA Support Shelter in Hawaii during her husband's Army tour of duty there. In 1982 Marie received her MA in Counseling and Guidance at PLU. Her third child, a boy, was born two days later. The Griffiths have two other children, girls aged 11 and 12. The Griffith family belongs to The Little Church on the Prairie and are interested and active in many community organizations. This past year, Marie was First Vice-President of Auxiliary and the programs that she scheduled and presented were all outstanding ones. Tom Griffith is a member of MSPC and is a Plastic Surgeon.

Vy Miller

Thank You!

Our thanks to you for supporting our philanthropic projects. Without your time, talents and money our Auxiliary's helping hands would be tied. Funds raised through the Jeff Smith Luncheon, the Doll House raffle and the Art Auction have been disbursed as follows:

Diabetes Asso. $650. — 5 Ames Glucometer R Blood testing machines.

CHORE (Elderly Respite Program) $250. — quarterly newsletter

LIFELINE (GSH) $475. — 1 electronic unit for the homebound

Children's Home Society of Washington $300. — printed materials for adoption program

WWEE (Washington Women's Education and Employment) $825. — for one woman to go through program

Rural Family Support Program (GSH) $250. — printed materials

Birth to Three (parent support program) $500. — Electronic typewriter

FADE OUT (Fife Alcohol Drug Education Outreach) $300. — training materials for a retreat

New House (St. Leo's Center for the Handicapped) $1,136.93 — (Doll House Raffle proceeds— art supplies for the handicapped

YWCA Women's Support Shelter $700. — printed materials and special events

Neighborhood Clinic $1500. — medical supplies

a. The word "Services" should be added to the designation of "Item" on Form I.

b. On Form II some reference should be made as to how the recipient intends to acknowledge our contribution to those helped and/or the community.

The following ad hoc committee recommendations were approved by the Board and the General Membership:

1. Pierce County Medical Society Auxiliary philanthropic monies should be distributed to at least one and not more than five organizations annually. The finance committee may request a change in the number of recipients from the current year's Board.

2. The Donation Request Form sent to prospective applicants for our philanthropic funds should be expanded:

The Enigmatic Case, continued from page 16.

Once the irascible Doctor Case had introduced the subject of Contract Practice for discussion in the MSPC, it became the primary topic for evasion at each meeting. Attendance at meetings doubled. Committees were appointed to study the problem and vague recommendations were made. Whitewash fairly dripped from every portico.

By November of that year C. E. Case had become impatient with the sidestepping and evasion, and determined to settle the matter of Contract Practice once and for all . . . to throw the rascals out!

He made his broadside attack in the letter reprinted here . . .

> To the Board of Censors of the Pierce County Medical Society:
>
> Gentlemen:
>
> I herewith charge Doctors James R. Yocom George C. Wagner, Grant S. Hicks and any and all other members of this society who are now doing contract work or so called lodge work, except of course Railway Contract work, Government, State, County or Municipal contract work, with violation not only of a resolution recently, passed by this society, but also with the subversion of this society's wishes and intentions relative to the doing of contract work and the abrogation of hospital contract work. The above named members of this society, namely James R. Yocom, George C. Wagner and Grant S. Hicks, did most shamefully abuse the society's confidence when they bid for or solicited the contract work given up by the two hospitals of our city . . . and did, in the most undignified, underhanded, treacherous, indecent, vicious and ungentlemanly manner appropriate to themselves these contracts, thus subverting the will and desire of this society. I therefore pray your honorable body to cite each and every contract physician or surgeon before your body to show cause why they should not be expelled from this society.
>
> (signed) Charles Elijah Case

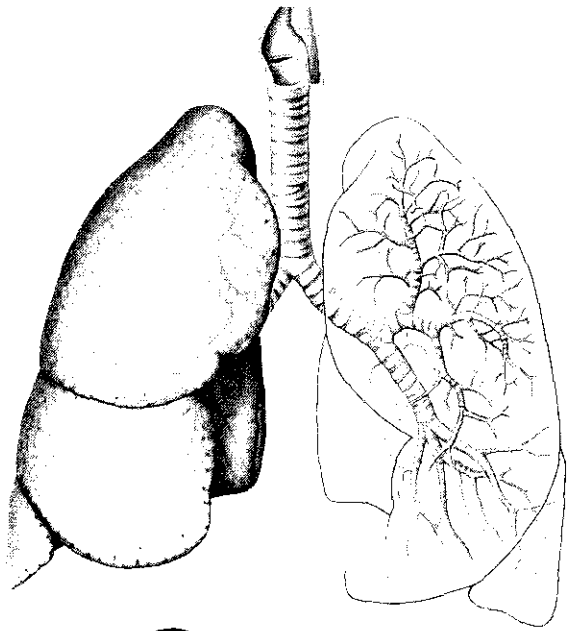
C. E. Case had fired his volley at the fellows in the white hats. Grant Hicks was then President of the MSPC, Doctors Yocom and Wagner had held offices in the MSPC intermittently for fifteen years and were held in high esteem by their colleagues. Doctor Case refrained from naming the fourth physician in that partnership, A. J. Coleman, possibly because Dr. Coleman was also a licensed attorney.

Nevertheless the problem of Contract Practice had to be solved in some way or the MSPC would not survive. In an ironic twist of circumstances . . . as the history of the MSPC unfolds . . . Doctor C. E. Case may have been a hero after all. ■

Notice to Readers. . .

MSPC members who are interested in contributing articles of interest and pertinence to *The Bulletin* are urged to do so. The editor reserves the right not to publish any article submitted, based on space available and pertinence of the topic. Articles should be limited to four double-spaced, typewritten pages or 1,000 words. Exceptions to this may be made by prior arrangement with the editor. Call the managing editor for information on article submission, 572-3666.

Consider the causative organisms...



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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.

Ceclor® (cefaclor)

Summary Consult the package literature for prescribing information

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *S pyogenes* (group A beta-hemolytic streptococci).

Contraindications: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions

- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, safe dosage of Ceclor may be lower than that usually recommended. Ceclor should be administered with caution in such patients.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:

- Gastrointestinal (mostly diarrhea) 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions) 1.5%, usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%.

Abnormalities in laboratory results of uncertain etiology

- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children).
- Abnormal urinalysis; elevations in BUN or serum creatinine.
- Positive direct Coombs' test.
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

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

Eli Lilly Industries, Inc.
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Physicians Needed

Physicians Needed. Physician needed for part time work at urgent care clinic in Gig Harbor. Clinic is run by nine G.H. community physicians. Contact Jim Patterson, MD, 851-8182.

Family Practitioner retiring. Established practice in an excellent Tacoma location. Large patient base. Financial arrangements negotiable. Reply to Search Committee, P.O. Box 5277, Tacoma, WA 98405.

Physician to staff industrial medicine/urgency care clinic. Daytime hours. No weekends. *Contact* Robert Wilson, MD, P.O. Box 5467, Tacoma, WA 98405.

Haelen Medical Evaluations need part time orthopaedics, neurologists and other specialists to participate in panel and individual evaluations in the Tacoma area. Haelen is providing the opportunity for physicians to substantially increase their income without increasing their overhead by scheduling available hours. For further information, contact Mathew White, MD, Medical Director. (206) 582-2141.

Excellent private practice opportunity for an internists in a busy, established Gig harbor medical center. For information contact: Dr. Jon H. Kvinsland, 5122 Olympic Dr., NW, Suite A-201, Gig Harbor, WA 98335. (206) 851-9173.

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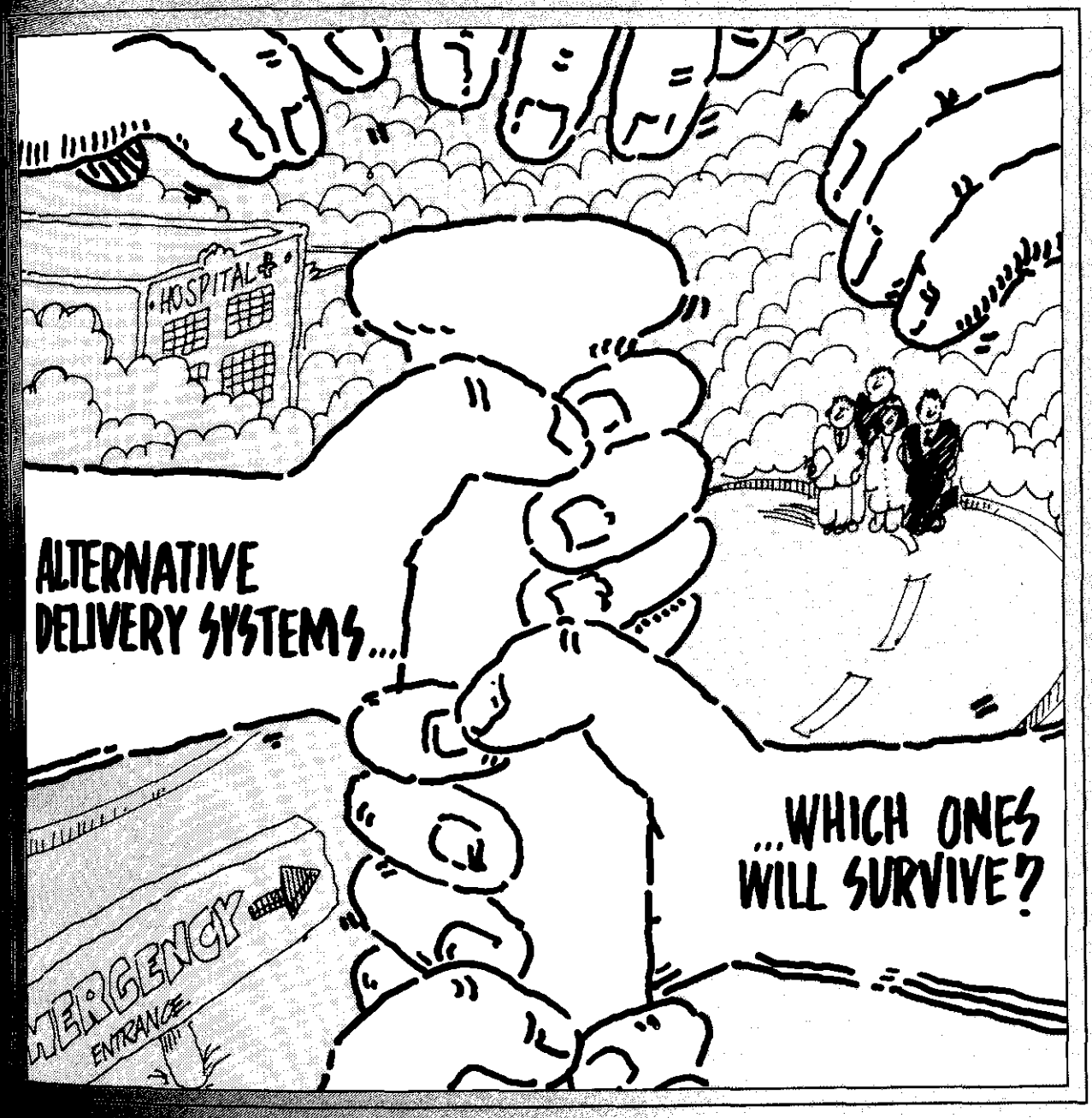
The Bulletin

MEDICAL SOCIETY OF PIERCE COUNTY

August, 1986



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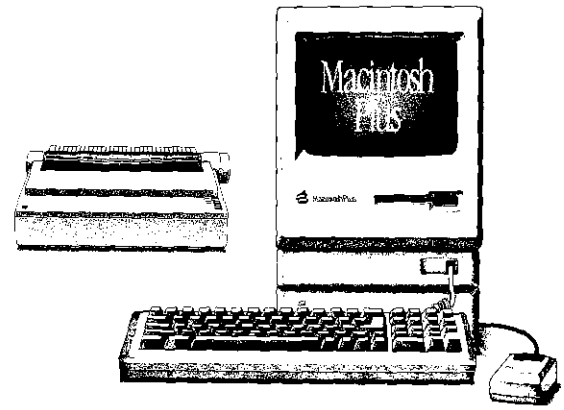

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The Bulletin

The official publication of the Medical Society of Pierce County

Published Monthly by the Medical Society of Pierce County, 705 South 9th, Suite 205, 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 endorsemesnt of products or services advertised. *The Bulletin* and the Medical Society of Pierce County reserve the right to reject any advertising. Advertising rates may be secured from MK Tipton Communication Services, 2607 Bridgeport Way, West, Suite 2C, Tacoma, WA, 98466, (206) 564-3831. *The Bulletin* is printed in Tacoma, Washington by Lakewood Printing.

President's Page

On Preferred Provider

Once upon a time there were doctors and patients who had not ever heard of preferred providers, let alone preferred provider organizations. But, as with all fairy tales, time marches on, and now, all over Pierce County, we find people talking about preferred providers.

Which is not to say that patients have not known what they like and dislike about their doctors. First and foremost people want all the best medical knowledge and skill properly applied to their problems. When the pollsters asked, "How important is your doctor's knowledge of medicine as a reason for keeping your personal physician?" 96% say very important, 3% say fairly important. I wonder about the 1% with no opinion.?

Studies, opinion polls and personal observations have told us the criteria by which physicians are judged.

Competence.
Compassion.
Communication.
Cost.
Convenience.

The Critical Balance

One of the toughest things is keeping track of the varying priorities. Some folks will say they want the best medical treatment at whatever cost. We are often appauled at incompetence, only to find that patients like the doctor because he/she listens to them and cares about them. A treatment that might seem to be offensively expensive, might have been a miraculous bargain in earlier times.

These can be competing priorities. Good communicaiton can be time-consuming, which may create inconvenience. I think we are all familiar with the quality/cost dichotomy. Changes in one part of the equation has ramifications throughout the other elements.

So the challenge is to balance these factors for the greatest good for the greatest number. I just wish the priorities would not change from one person to the next, and from one month to the next.

Alternate Delivery System

So who should arrive on the scene but the alternative delivery systems. Actually that is a quite new term for something quite old. I guess the term "alternative" means it is something other than private practice, fee for service. Well, there is quite a bit of that around -- HMO's, PPO's, EPO's, IPA's, etc.

Pluralistic Health Care

Are you hoping that PPO's are somebody's not-so-bright idea, a flash in the pan that will go away? Or maybe you think that medical parctices in past years were a fanciful story right out of never never land? Different people, different circumstances and different times require different health care delivery systems. So I think we need to be supportive of a variety of ways of practicing medicine.

There is another major reason for supporting pluralism in health care delivery. Consider the alternative -- a single system. Then the big question is, what would that system be and who would decide?
The experience in other countries illustrates the difficulties. So does the experience in this country. Yes, the private practice, fee for service system has served many people very well and many people like it, but it is obviously not a perfect system for everyone. If it were, why would alternate delivery systems develop?

Now don't get me wrong, I am very supportive of fee for service private practice medicine. That is what I do and that is what I want to continue to do.

As a physician I intend to promote health, and whatever system it takes to deliver it. As a businessman, I intend to promote my system of health care delivery and my practice. As a member of organized medicine, I intend to promote the interests of physicians and their patients, in whatever health care delivery system they find themselves.

Preferred Provider

I would be glad to be designated as a preferred provider. Well, that depends on the definition of preferred. If the criteria keep the best interest of patients as the primary goal, then they are doing the right thing. But if the sole criteria is a lower fee, or affiliations, or anything else without regard for the patients medical needs, then I think that is the wrong use of the term preferred.

I would welcome anyone that wants to certify me as a competent, compassionate, communicative, cost-effective and convenient physician.

Richard Hawkins

Board voices opinion on "Closed Staff" Policy.

The June meeting of the Board of Trustees generated the following resolution, published here in its entirety for MSPC members. It was the wish of the Board that the membership have the opportunity to see the proposal.

Hospital administrators and hospital boards of directors were sent a copy of the resolution.

Resolution on "Closed Staff" Policy
Introduced by: Peter Marsh, MD
Subject: Hospital "Closed Medical Staff" Policy

WHEREAS, the Medical society of Pierce County recognizes the physician-hospital interactions required to provide patient access to quality-medical care;and

WHEREAS, the complexity of current medical care often requires utilization of expensive technology and the involvement of limited specialty and subspecialty physician resources; and

WHEREAS, conditions for hospital medical staff appointment which would confine a physician's medical practice to a particular hospital (i.e. closed staffing) and may decrease the quality of care and limit access to that care in the remainder of the community; and

WHEREAS, development of closed hospital medical staffs would, in effect, provide exclusive contracts to physicians to provide care; and

WHEREAS, closed hospital medical staffing would prove devisive to the medical community; and

WHEREAS, a closed hospital medical staff must be questioned in its ability to optimally serve the needs of the community; and

WHEREAS, the physician has an ethical duty to provide the best care to his or her patients and third party contracts require physicians to be able to practice in any hospital that the contract stipulates; THERFORE BE IT

RESOLVED, that the Medical Society of Pierce County is unalterably opposed to the establishment of closed medical staff policies by any hospital in Pierce County, and BE IT FURTHER

RESOLVED, that the Medical Society of Pierce County without qualification endorses an open medical staff policy for all Pierce County hospitals, and BE IT FURTHER

RESOLVED, that the Medical Society of Pierce County support the concept that individual medical staff members who have been granted clinical privileges are entitled to full due process in any attemp to abridge those privileges by the granting of exclusive contracts by the hospital governing body; BE IT FURTHER

RESOLVED, that the Medical Society of Pierce County will work to assure that these rights and privileges of its members are preserved.

Retirement Member Luncheon

Retired members and members planning retirement are invited to attend a luncheon on Sept. 10, at the Tacoma Dome Hotel., These luncheons for retired members have beecome very popular. The April meeting attracted more than 50 members and spouses.

Speakers' Bureau

The following MSPC members responded to requests from the Society's Speakers' Bureau and appeared before the groups below:

Richard Waltman, MD - Fernhill Grandmother's Club

Frank Senecal, MD - 'Make Every Day Count'

Joseph Regimbal, MD - Lighthouse Senior Center

Robert Finnerty, MD - American Association of Transcriptionists

Hospitals urged to become no smoking zones.

The May meeting of the Board of Trustees was devoted primarily to issues involving the physician/hospital relationship. The following resolution was adopted unanimously. "THE MEDICAL SOCIETY OF PIERCE COUNTY RECOMMENDS THAT HOSPITALS BECOME NO SMOKING ZONES." Letters were sent to all hospital administrators and medical staff presidents. To date the response has been encouraging.

Relative Value Scale (RVS) Study

The Department of Human Health Services has agreed to fund the relative Value Scale study being undertaken by Harvard U. and the AMA for its three year term.

The study is intended to develop a new scale of relative values of various medical procedures based on resource costs - such as overhead, skill levels, educational requirements, and time required to provide the service. The new RVS then might be used to reassess the relative Medicare payment levels for various medical services.

1986 WSMA Annual Meeting

The 1986 WSMA Annual Meeting will be held September 18-21 at the Inn at the Park, Spokane. House of Delegates will convene at 10:00 A.M. Thursday morning, September 18, with the second session Saturday morning, September 21. Reference Committees will meet Thursday afternoon, September 18.

1986 Election... Are you impacted by the outcome?

Several issues of major importance will be determined by the Legislature in 1987. Your participation in the 1986 election will help medicine achieve success on such issues as Basic Health Care, Natural Death Act, Mandated Assignment of Medicare Patients, Defining chiropractors as physicians and many other legislative items.

You ask, "How can I play a part?" The Medical Society has organized committees for each legislative district. Our goal is to involve a member, spouse or family member in all the major campaigns. Contribution of time (stuffing envelopes, doorbelling, etc) or financial assistance are ways to assist the candidate.

You have the opportunity, both as a representative of the medical community and as a citizen, to establish continuous, effective communications with your legislators. Your contacts can have an impact on the outcome of certain bills of importance to the medical profession, and to you personally. However, these contacts will have much greater impact if a personal relationship exists between you and your elected officials and their staffs.

Party affiliation should not restrict you. Legislators represent their entire constituency: Republicans, Democrats and Independents alike. You need not be a member of your lawmaker's party nor wait for problems to arise before you approach the legislator.

One word of caution...Do not become a one issue oriented constituent. Some legislators may not have supported medicine on the liability reform struggle, but have supported us on many other issues.

Seattle to Portland bike ride: 200 miles of rain and sunshine.

Drs. Dave Wilhyde and Dave Pomeroy joined 4,000 other bike riders on June 20 and 21 for the 7th Annual Seattle to Portland Bike Ride. The 200 mile ride started at Seattle City Hall and ended at the Lloyd's Shopping Center. The riders encountered rain on the first day out, but completed the journey in sunshine.

Sound to Narrows Run attracts many MSPC members...

The 14th annual, 7.4 mile Sound to Narrows run attracted over 6,000 runners this year, including many MSPC members and their families. Dr. Ron Taylor ran a tremendous 43:38 to place 71st overall. Other early finishers were: Drs. Michael Priebe, 49:15; James Komorous, 49:45; John Hautala, 50:31 and John Lenihan, 51:07.

Following is a list of MSPC members who participated in the run. Many family members joined in the event as well. Bulletin staff, however, was unable to confirm all family participants. As a result some may not be listed. Our apologies.

Glen H. Aasheim
Gerard W. Ames
Suzanne Annest
Cordell H. Bahn
James A. Billingsley
Richard G. Bowe
Sara W. Bowe
Joseph Erpelding
Ken Graham
John Hautala
Jack Hill
James Komorous
Michael Komorous
John Lenihan, Jr
Julia Mueller
David Munoz
Jack Nagle
Michael Priebe
Kenneth Pim
David Pomeroy
Craig A. Rone
Ron Taylor
Alan Tice
Jan Torgenrud
Terry Torgenrud
John Vanbuskirk
Dennis Waldron

St. Joseph Hospital's South Pavilion renamed after President & CEO.

The South Pavilion of St. Joseph Hospital and Health Care Center, Tacoma has been renamed the Daniel F. Russell Pavilion, in honor of the hospital's departing president and chief executive officer.

The announcement was made at a farewell dinner for Mr. and Mrs. Russell, hosted by the board of trustees of St. Joseph Health Services, St. Joseph Hospital and St. Francis.

Russell has accepted the position of president and chief executive officer of Eastern Mercy Health System in Philadelphia (a 13-hospital Catholic health system). He'll begin his new post on June 1.

SENATE BILL 4630 THE NEW LAW: EXPLANATION AND IMPACT... (Part 1)

Several critical reform elements are included in the 1986 *Liability Reform Act*. Taken together, they are projected to increase the availability of liability insurance, introduce much greater predictability in the *underwriting* market, and have a positive impact on insurance costs. The reforms will have a direct impact on loss costs -- through the limitation of excessive awards for *non-economic* damages, introduction of the joint and several liability concept, and structured settlements, Underwriting predictability will be enhanced by the reduction in open-ended non-economic damage awards and *reduction in the statute of* limitations. An accelerated physician-patient privilege and the other reforms noted will promote early settlement and reasonable *negotiations to settle*.

Present law allows a plaintiff to delay defendants from obtaining pertinent medical records or taking testimony from treating physicians. Section 101, ACCELERATED WAIVER OF PHYSICIAN-PATIENT PRIVILEGE, amends RCW 5.60.060 to provide that a plaintiff must elect whether to waive the physician-patient privilege within 90 days of filing *an action for personal injuries* or wrongful death. The privilege may not be waived later in the proceedings. If the plaintiff chooses not to waive the privilege, then his physical or mental condition cannot be raised in the lawsuit, in effect barring recovery of damages.

The waiver is assumed to be quite broad: "Waiver of the physician-patient privilege for any one physician or condition constitutes a waiver of the privilege as to all physicians or conditions, subject to such limitations as the court may impose pursuant to court rules." The onus is on the plaintiff to move for a protective order rather than on the defendant to prove, without having seen the records, that the records are either relevant or reasonably calculated to lead to the discovery of admissible evidence. This amendment is intended to expedite the resolution of claims by providing, after the privilege is waived, that medical information may be obtained through informal discovery, i.e., physicians will be treated as any other witnesses. A physician may not be compelled to talk with the defense without a notice of deposition and subpoena, but can do so if he or she so chooses.■

Increasing Resistance of Staphylococci to Methicillin in Pierce County

By Alan D. Tice, MD and David Tison, PhD.

Over the last six months, the microbiology laboratories of Pierce County have noticed resistance of Staphylococcus aureus to methicillin. This type of resistance has been a major problem in other areas of the country and may continue to increase here. Methiciilin resistance is not an enzyme-mediated type of resistance and is, unfortunately, an indication of resistance to other semi-synthetic penicillinase-resistant penicilins (oxacillin, nafcillin) and all cephalosporins (including cephalothin, cefazolin, cefoperazone, cefuroxime, cefamandole, ceftazidime, cefoperazone, ceftriaxone, etc.)

Coagulase-negative staphylococci (Staph. epidermidis) have also been increasing in resistance to methicillin. The only antibiotic useful against all methicillin-resistant staphylococci is vancomycin. Clindamycin may be active in some cases.

Methicillin-resistant Staphylococci (percent sensitive)

Laboratory	Period	Staph. aureus	Staph. epidermidis
Multicare	06/85-10/86	100%	72%
	11/85-04/86	93%	54%
St. Joseph	01/85-12/85	97%	71%
	01/86-02/86	100%	65%
Lakewood & Good Sam	01/85-02/86	97%	78%
Inf. Ltd.	12/85-03/86	97%	70%

Organ Donor Criteria and Management

The following organ donor criteria and management outline is published here to assist MSPC member physicians. The information for donor criteria and management is from Dr. Margaret Allen. Dr. Allen presented a recent lecture on heart transplantations. For further information you may contact Dr. George Race at 383-4766 or the Medical Society Office, 572-3667 or 572-3666.

Selection Criteria for Cardiac Donors

Age 25 and under
No severe chest trauma
No prolonged cardiac arrest
No prior heart disease
No infection

Questions concerning the status of the donor will include the following:

Brief clinical history
Blood Type
ECG interpretation
Vital signs
Ventilator settings
Age
Actual height and weight
Current Dopamine dosage or other pressure in use
Arterial blood gas results
Chest X-ray interpretation

Guidelines for Donor Management

University Hospital Division of Cardiothoracic Surgery

Donor Traits	Clinical Problem	Intervention
Loss of Respiratory Mechanics	Apnea	Volumne cycled ventilator. A minimum PO2 80 should be maintained. Direct efforts toward managing donor with an FiO2 of 40% less. Tidal volume 10-15cc/kg. PEEP 3-10 cm.
Neurogenic Pulmonary Edema	Decreased Gas Exchange	*Lasix. Add PEEP or increase PEEP on ventilator.
CNS Damage	Presdisposition to Bacterial, Hypostatic or Aspiration pneumonia	Frequent suctioning and bagging. Turn patient every two hours if tolerated hemodynamically. Broad spectrum antibiotic coverage after cultures have been obtained.
Loss of Vasomotor Tone	Decreased Systolic Pressures. Relative Hypovolemic	Hydration - Ringer's Lactate or D5.2NS +mEq KCL/L. Run at 30-100cc/hr plus previous hours urine output. Adjust IV fluids to ensure urine output of 50cc/hr, a CVP of 5-10cm H_2O, and a mean arterial pressure of 70-80mg Hg or cuff systolic pressure of 100. With hypotensive episodes, when CVP is less than 10, give fluid bolus of 1 liter Ringer's Lactate over 30 min. If BP does not respond and CVP is 10 - add Dopamine 400Mg/500cc.
Damage to Pituitary Gland	Diabetes Insipidus	Acqueous Pitressin 5-10 units IV over 30 minutes or 5-10 units SubQ/IM. Repeat every two to four hours p.r.n. for urine output greater than 300cc/hr.
Loss of Homeostatic Temperature	Hypothermia	Warming blanket to keep temporature between 34 and 36 degrees Centigrade.

The interventions listed here are given as guidelines to help personnel involved with donor management. Specific orders can be obtained from the transplant surgeon following the referral and acceptance of the donor by University Hospital. Please call: (206) 543-5517, 545-0343, or 24 page Sandi Kruse, RN at (206)548-6190.

In Memoriam John S. May, MD

John May, a family man, a father, a friend, a physician, a successful healer, a mover and a shaker, a keeper of medical quality....

I first met John shortly after I came to Tacoma in 1958. He was already an established and successful practitioner, keen, informed and interested. I remember him walking briskly out of the hospital in the mornings with a newspaper under his arm just as I was coming in. He certainly was an early starter.

I remember a dinner in our first home, John and Betty, Rosemary and David Dye and ourselves. We soon got involved in a lively discussion. We left the ladies at the table and the three of us sat on the floor in the sitting cum dining room discussing with great gusto the relationship between a consultant and a family physician and what each could expect from the other. It was a good lesson early on in my career.

For us, New Americans, Thanksgiving was a mystery. I remember the great annual Thanksgiving meals at the May's for all the friends and kids and I remember John distributing care, smiles, attention for everybody and lots of goodies.

I remember John organizing, one Washington's Birthday, a great excursion to Port Angeles and Hurricane Ridge for a number of families. I remember us all driving in a long column to Port Angeles and arriving at Aggie's Motel. I remember all the children splashing joyously in the swimming pool whilst we all had a cheer and a bite in May's room on the top floor. When dinner time came Aggie (still alive herself) opened a special dining room for us and promised a quick dinner. We all sat at a long table laughing and smiling, John leading the fun. As the waiting became longer and longer the whole group, under Evie Osborne's direction began singing one song after another, with "I like ravioli..." eventually bringing the servers with steaming plates. The next day we all played in the snow on Hurricane Ridge, and with John's encouragement, I borrowed the late Art Wicktrom's ski trousers, ski boots and skis, and I have never stopped skiing since.

I remember us all traveling to White Pass for skiing in John's huge station wagon. The weather seemed to be dull and cloudy all the way, and we all commiserated about it. "It is going to be sunny and beautiful on top," John reassured us in good humor, and so it was!

I remember John looking after the construction of his office building, one of the first ones to house physicians outside of the Medical Arts Building. He invited us to join him. We were unable to, and somehow I have regretted that ever since.

I remember a Fourth of July celebration at the Kallsen's beach home on Vashon Island. Many were there, in full force, children and all... John and Bob Osborne Sr. got there with firecrackers and all kinds of fireworks, not of the "safe and sane variety." To the delight of the kids of all ages, they not only made a lot of noise, but they made cans jump, bottles fly and rockets set off into the blue yonder...

I remember one year John, whose intense enjoyment of life was beginning to show itself in the appearance of his figure, making a bet that he was able to lose pounds and pounds in a short space of time. He did, and I remember the change in his figure, and I asked him how he did it. "I just drank water..."

I remember an encounter in the mud hills behind Chehalis, at the back of JayHawks Shopping Center. Our sons were into motorcycling, fortunately only the "dirt riding" kind. On the principle that if you cannot beat them, join them, both John and I joined them in a "poker run." In the rain the mud was everywhere. A mob was trying to get up a hill, all running and pushing their motorcycles, There I saw two muddy figures, John and John Jr. trying to ger their steeds up the hill. It was a joyful and laughable recognition, for we all were just mounds of mud. Helping one another, we made it to the top, and there in the slithering, skidding mass of men and machines lost sight of one another. Eventually, we all met again by the "trophy girl" but she did not smile to any of us.

I remember our interests changing, our children growing and moving away from home, our different involvements in various aspects of medical life, our continuing medical cooperation, running into John here and there, the jokes, the bantering, the first surgery...

Two lifetimes in Tacoma...yesterday I was not able to attend his funeral... ■

Marcel Malden, MD

Notice to Readers. . .

MSPC members who are interested in contributing articles of interest and pertinence to *The Bulletin* are urged to do so. The editor reserves the right not to publish any article submitted, based on space available and pertinence of the topic. Articles should be limited to four double-spaced, typewritten pages or 1,000 words. Exceptions to this may be made by prior arrangement with the editor. Call the managing editor for information on article submission, 572-3666.

Board of Trustees Minutes May 6 & June 3, 1986

May 6 Meeting

The Board of Trustees for the Medical Society of Pierce County met on Tuesday at Tacoma General Hospital (Conference Room #1). Members present were: Drs. Hawkins, (Chairman), Bischoff, Bodily, Whitney, Weatherby, Moses and Mrs. Miller; R. Taylor, Koukul, Alenick, Fulcher, Hoffmeister, Ames, Larson, Cheah, Bargren; Guests: William Marsh, Hospital Medical Staff Section (WSMA) and Mrs. Susie Duffy. President-Elect PCMSA; Doug Jackman, Executive Director. A quorum was present.

The Minutes of the April 8 Board of Trustees meeting were approved and filed.

Finance Report:

Dr. Whitney, Secretary-Treasurer presented the March, 1985-86 year to date Finance Report. The Report was filed.

Auxillary Report:

Mrs. Miller summarized the activities of the Auxiliary during her term of office. She also reviewed the WSMAA Annual Meeting held in Yakima.

Dr. Hawkins presented Mrs. Miller with a gift from the Society in honor of her services to the Auxiliary, Medical Society and Community during her tenure as President.

Agenda items for the meeting were devoted solely to issues relating to hospital/physician relationships.

Emergency Services:

Discussion revolved around the Medical Society position regarding base station and designated trauma care centers. The number one priority and determining factor would be, what is best for the patient.

Indigent Care:

Discussion revolved around making care accessible and available to everyone with all members of the Medical Community sharing in the responsibility for the care. It was recommended the Medical Society or WSMA gather and collate information to help determine the actual amount of free care provided by the members.

Smoking Issue:

The Board discussed the Resolution submitted by Dr. Weled which resolved that: "MEDICAL SOCIETY OF PIERCE COUNTY RECOMMENDS THAT HOSPITALS BECOME NO SMOKING ZONES." The motion was seconded and passed unanimously. It was recommended that the resolution also be introduced at the September WSMA House of Delegates meeting. The meeting was adjourned at 8:30 p.m.

Robert B. Whitney,MD
Secretary/Treasurer

June 3 Meeting

The Board of Trustees of the Medical Society of Pierce County met on Tuesday, June 3, 1986 at Good Samaritan Hospital (Olympic Room). Members present Were: Drs. Hawkins (President), Moses, Schneider, Whitney, Weatherby, Bowe, Bodily, P. Marsh, Weled and Mrs. Duffy;

Also present by invitation were: Drs. Cheah, Fulcher, Bargren and Alenick; Mr. Jackman, MSPC Executive Director.

The Minutes of the May 6, 1986 Board of Trustees Meeting were approved and filed.

Finance Report:

Dr. Whitney, Secretary-Treasurer, reported that legal expenses were mounting and arrangements were being sought with the Society's legal counsel and insurance carrier to reduce the monthly payments until settlement of the case.

Auxillary Report:

Dr. Hawkins welcomed newly installed President of the Auxiliary, Mrs. Susie Duffy to the Board of Trustees. Mrs. Duffy reported that the Auxiliary had conducted a long range planning workshop under the direction of Mrs. Jo Roller.

Mrs. Alice Wilhyde, Auxiliary Membership Chairman reported that Auxiliary membership was declining and only 41% of eligible spouses are members.

Continued on next page.

EMS Committee:

Dr. Fulcher reported Fircrest had requested permission to conduct a pilot defibrillation program. He noted that other communities are considering the program.

The Board discussed pre-hospital care in trauma cases and provisions for adequate review by base station physicians.

MSPC/CPS Forum

Mr. Jackman reported on a combined meeting of Children's Protective Society and representatives of the Public Health/School Health Committee as a program for pediatric grand rounds. A similar meeting is scheduled for September 9 before the Pierce County Chapter of Washington Academy of Family Practice.

Public Health/School Health:

The Board discussed the Committee's concern for the sharply increased cost of DPT vaccine and others as a result of the liability insurance problem. The Society and members were urged to write members of Congress and DSHS.

Committee on Aging:

Mr. Jackman reported that the Committee had met with representatives from Associated Home Health Services and Catholic Community Services.

The Board requested that the Committee report back to the Board its view of the report out of Washington D.C. stating that Washington State nursing homes are considered among the very worst in the nation.

Cancer in Black Americans:

Dr. Moses introduced for discussion his and the Washington State Association of Black Professionals in Health Care concern of increased cancer rates in blacks compared to the white population. After discussion, it was determined to bring the issue for discussion at the September Board meeting. Dr. Moses will prepare a resolution for introduction to the WSMA September meeting of the House of Delegates.

MSPC Administrative Services Fee Schedule:

Dr. Whitney presented to the Board a proposed fee schedule for administrative services provided by Society office staff. A motion was made that "THE THREE CATEGORIES OF GROUPS ELIGIBLE TO RECEIVE THE SERVICES WOULD BE NEW MEMBERS, CURRENT MEMBERS AND NON-PROFIT ORGANIZATIONS. REQUESTS FROM FOR PROFIT ORGANIAZATIONS WOULD BE BROUGHT BEFORE THE EXECUTIVE COMMITTEE FOR CONSIDERATION." The motion was seconded and passed.

MSPC Coordinating Council:

Dr. Hawkins informed the Board that the Society had formed county and legislative district level committees to increase membership involvement in the political process.

Infant Mortality:

Dr. Hawkins reported on a recent article in the Tacoma News Tribune concerning high infant mortality rates nationally.

He inquired if this was an issue in Pierce County. Dr. Moses noted that he would raise the issue at the Southwest Pediatric Society Meeting on June 19 and report back to the Board.

Closed Staff Hospital Policy:

The matter of a local hospital possibly considering establishing a "closed staff" policy was raised. Following a period of discussion, a motion was made that "A RESOLUTION BE FORMULATED AND SENT TO HOSPITAL ADMINISTRATORS, PRESIDENTS HOSPITAL BOARD OF DIRECTORS AND MEDICAL STAFF PRESIDENTS STATING THE MEDICAL SOCIETY'S OPPOSITION TO A "CLOSED STAFF" POLICY. (See Newsbrief section, page 5).
The motion was seconded and unanimously passed.

As there was no further business to conduct, the meeting was adjourned at 9:15 p.m.

Robert B. Whitney,MD
Secretary/Treasurer

Golf Tournament.

You are cordially invited to attend the Tacoma General Hospital Auxiliary 16th Annual Golf Tournament of Friday, Sept. 5, 1986, at the Fircrest Golf Club. For more information please call Fund Development, 597-7791.

Commentary

By David S. Hopkins, MD

I know I should be writing about one of the many problems currently facing American medicine, but it is summer and I am just not up to it. I would rather write about wine. A few weeks ago a friend of mine who is interested in wines invited me to a gathering of wine connoisseurs. The group meets each month at a different member's home to partake of good food and sample fine wine. This get-together was at a lovely country home near Orting with an area on the grounds for skeet shooting, croquet set up on the lawn and a trout pond stocked with huge rainbow trout.

I must admit that, with my supermarket knowledge of wines, I had some misgivings about mingling with wine experts, but my fears were somewhat alaid by the lovely pastoral setting and the warm welcome from the host and the congenial guests. I did quite well early in the evening, tossing off bon mots and non sequiturs with aplomb and giving medical advice that was worth about what the listener was paying for it.

Soon the buffet was served, the wine sampling began in earnest, and I was in trouble. I sampled the first wine and proclaimed it tasty. The fellow standing next to me stared at me and said, "Don't you find it a bit 'flabby'?" The wine was "flabby"? I mumbled something about there probably being a little flabbiness there and moved on. I poured myself a different wine and, once again trying to make conversation, commented to one of the women in the group that I thought this wine was quite good. She stared at me in disbelief and then, obviously searching for a word that would not totally destroy me said, "It is an 'interesting' wine." I walked out to the trout pond to watch them snare the beautiful, fat trout.

Next it was dessert time, and as I was settled back in a chaise lounge with my dessert wine, someone commented, rather pointedly, "You can't let that wine sit around, you know. It loses its 'nose'." I polished it off in a few gulps and left to join the croquet match where, now completely unnerved, I won the Honorable Mention Last Place ribbon.

Fate must have drawn me to the study where on a table I noticed several issues of a magazine that billed itself as a "wine lovers guide to fine wines" and was loaded with descriptive adjectives for various wines. After fifteen minutes of intensive cramming I emerged ready for the Grape Wars.

I moved easily through the crowd sampling wines right and left and tossing off adjectives like "saucy," "impudent," "punishing," "oakey," and "cedary." I told one woman her wine was "tight," "rounded," with a "good back bone" and great "nose," but judging from the look on her face I'm not sure she realized I was talking about the wine. I even had a chance to use a line, that I had been saving for years, from the old movie "Kind Hearts and Coronets" when I described one wine as having, "all the exuberance of Chaucer without the concomitant crudities of his period." I was on such a roll that I even began making up my own adjectives like "lugubrious" and "unctuous" and "wicked."

Now that I know how to play the game I'm looking forward to the next encounter, but I may just decide to end the evening before it starts by saying, "I'll have a beer."■

A Look at Alternative Delivery Systems

The Puget Sound area has witnessed tremendous growth in the number of Alternative Delivery Systems. The question most often asked today is, "Which ones will survive?" The Bulletin recently conducted a telephone survey of each Alternative Delivery System. Listed below are the results, pointing out key differences and/or similarities.

Name	Alternative Delivery System	Ownership	Physician Membership	Hospitals in Pierce County	Pierce County Enrollment	Total Enrollemnt	Service Area	Reimbursement	Operational	Primary No.	Specialist No.
The Preferred Plan	PPO	PCMB, Tacoma	665	All	Approx. 13,000 as of 3/86	Approx 13,000 as of 3/86	Pierce County	Fee for service	1/85	100	100
HMO Washington	IPA Model HMO	Bureau Network	10-15 in Pierce County as of 4/8/86. Approx. 300 in Puget Sound & Spokane	Pending	over 1000	Approx 800 in Snohomish Co.	Snohomish Co. & expanding to Puget Sound & Spokane areas immedicately, then statewide.	Capitation	9/86 statewide	25	70
Americare of Washington	Network HMO	Americare of Washington, Bellevue	367 Prim. Care. 960 total in service area.	St. Joseph Good Sam.	Not broken down	2500	Puget Sound area and Expanding	Fee for service	6/85	70	125
First Choice	PPO	First Choice Haelth Plan, Inc., Bellevue	685	Tacoma General Mary Bridge Good Sam	184 as of 4/86	7,800 as of 4/86	King, Pierce, Snohomish & Kitsap Co., expanding into Thurston & Skagit.	Fee for Service	6/85	66	187
Group Health Cooperative of Puget Sound	Staff Model HMO	Group Health Cooperative of Puget Sound	490	Tacoma General	27,399 as of 4/86	over 324,538	Puget Sound area Spokane	Salary	1947	22	22
Health America of Washington	Prim. Care HOM	Health America, Nashville, TN	250	Any	600 as of 4/86	7,500 as of 4/86	Puget Sound area and expanding	Capitation	7/85	25	

Health Plus	Group Network HMO	Blue Crosss of WA & AK, Seattle	Western Clinic in Tacoma, Other cities, Summit View Clinic	St. Joseph Multicare Good Sam	1,800 as of 4/86	over 33,400 as of 4/86	State wide	Capitation	1/82	Not available	Not available
Sound Health	PPO	Physicians throughout WA state	292	St Joseph Good Sam	Inf. not available	Inf. not available	Snohomish, King, Pierce, Thurston, Kitsap. Expanding statewide	Fee for Service	10/85	Not available	Not available
Humana Care Plus	PPO	VIA Humana Inc., Louisville, KY	N/A	Humana	3000	3000	Pierce Co.	Fee for service	11/81	Not available	Not available
KCMBS Preferred Plan	PPO	KCMBS, Seattle	142 in Pierce County	St Joseph Good Sam			King, Pierce, Snohomish, Kitsap Co.	Fee for service	4/85	Not available	Not available
Network Management	EPO	Network MGMT., Inc. Mercer Island	400 Primary Care, 600 All Spec. 1000 Total	Any	3,500 as of 4/86	Almost 30,000 as of 4/86	King, Pierce, Snohomish, Clallam, Grays Harbor, Walla Walla, Mason, etc.	Fee for service		Not available	Not available
Pacific Health	Group Model HMO	Pacific Med. Cntr.,Seattle	30 Prim. Care	None	1 as of 4/86	205 as of 4/86	King, Snohomish only	Salary	5/85	Not available	Not available
Personal Health of Puget Sound	IPA Model HMO	Personal Health of Puget Sound, Seattle	400 Prim. Care	St Joseph Good Sam	350	1700	King, Snohomish, Kitsap, Pierce Co.	Fee for service	10/85	32	50
Prudent Buyer Plan	PPO	Blue Cross of WA & AK, Seattle	Approx 95 in Pierce County	St Joseph Good Sam			WA state	Fee for service	4/86	Not available	Not available
Cigna Health Plan of Washington	HMO		250	St Joseph Good Sam	Pending	100	Pending				
Lincoln National				Pending							
Aetna				Pending							
Capp Care				Pending							
Virginia Mason Med. Centers	Group Model	Virginia Mason, Seattle									
Travelers Preferred	PPO	Travelers Insurance									

The Hustler

By Mavis Kallsen

First appeared in The Bulletin, Feb., 1976.

The prosperity of Pierce County and Tacoma's own magnificence in 1890 were phenomena of the times. The newly applied use of steam in the woods and the new milling devices, combined with Tacoma's port and railroad facilities, created a climate for innovation and expansion. The opportunities were here for tradesmen, businessmen and professionals with new ideas and the energy to apply them. Pierce County was a frontier in industrial medicine and the pathfinder was James Reed Yocom.

Doctor Yocom was a new breed of pioneer physician. He was the first to successfully apply practical business methods to the health-care needs of the workingman and provide excellence in professional care. Doctor C.E.Case's charges were grossly in error in that it would have been impossible for Yocom to do anything in an 'ungentlemanly manner'...he was a gentleman of class.

The Yocom family had settled early in the American colonies, and as jurists, ministers and engineers had reached eminence in the young nation's history. Doctor Yocom's grandfather owned one of the largest iron foundries in Pennsylvania and his father was Episcopal minister of St. Andrew's on Staten Island.

Doctor Yocom received his degree in Medicine at Harvard in 1888, then traveled abroad for a year's study in London and Berlin. Having completed this fine training, the young physician set out to meet the challenge of the American West. Through his family"s friendship with the Staten Island Vanderbilts, then located in Tacoma, Yocom learned of the opportunities here for his profession. His arrival here in late 1890 was marked by his being admitted as member of the MSPC without the usual six-month waiting period.

Tacoma's modern new hospital had just been completed at a cost overun of $12,000. In spite of the prosperity of the area, the hospital was in dire financial straits. Doctor McCutcheon then spent more time on finances than he wished to, and had hired Dr. Grant Hicks to assist as house surgeon.

Old documents show the progression of the hospital's financial pattern leading to the first'hospital contracts.' The hospital in Old Town had operated on the income from 'sundry donations, sundry patients and the Pierce County' .' (There was one entry in 1884 of $30.00 for the sale of a cow!) The marine Hospital began making payments in 1886 for the care of sick and injured seamen, and in 1888 the N.P. Railroad commenced payments for care of their injured workmen. When the new hospital opened in 1889 the progressive Saint Paul and Tacoma mill assumed responsibility for the hospital care of employees injured on the job. In 1891 Saint Paul and Tacoma entered into an agreement with the hospital insuring this care in the event of future accidents in the mill or in the logging camps subsidiary to the mill at specified rates. The agreement was drawn by staff physicians McCutcheon, Hicks and Yocom. A year later this agreement, or 'hospital contract' was extended to cover illness as well as injury, was prorated and a small sum was deducted from the worker's wages for him, in what is believed to have been the first pre-paid medical plan in this country.

This ingenious plan worked well to stabilize the shaky financial structure of the hospital, and it worked well for mill owners who were now assured of being able to hire and maintain the best crews on the basis of this fringe benefit.

Beginning in October of 1891 the physicians attending these "contract patients" at the hospital were compensated for their services on a fee-sharing basis, although it was publicly proclaimed that these physicians' services were free. These physicians were referred to as 'regular staff physicians' and the hospital charges included their services at the same rate as established in the fee schedule adopted by the Medical Society of Pierce County that year.

Doctor Yocom was appointed by the City Council as Health Officer for the city in 1891 at a salary of $900 annually, and remained in this position three years. In 1892 a hospital contract was made with the city's Department of Public Works, specifying that all 'city patients' may be under the special charge of the regular City Physician (Doctor Yocom). During this time Doctor Yocom was also retained by the N.P. Pacific Railroad as company surgeon, presumably administering the hospital contracts the railroad made prior to the opening of the N.P. hospital in 1904. The largest wood products manufacturing firm in the State, the Wheeler-Osgood Company of Tacoma, entered into a similar contract arrangement with both hospitals in 1893.

In 1893 the Fannie Paddock Hospital offered contracts for full medical and hospital care to the masters of foreign ships entering the Port... with a 'Special Offer'...for $35.00 the Hospital agreed to 'furnish hospital and medical care to the crew of said vessel while in port.' The modern hospital facility boasted a staff of twelve outstanding physicians whose services were advertised 'free of charge' to patients of the hospital. These

physicians were listed by name. The other physicians of the area used the hospitals for private patients but were not considered to be 'regular staff physicians' and so were not involved in the framework of the hospital contracts, thus delineating the doctors engaged in 'Contract Practice' from the other who were not.

At the time, the Medical Society of Pierce County was mostly concerned with the prosecution of 'illegal practitioners' in the County, and in 1891, the year of the advent of Contract Practice, the Medical Society of Pierce County carried on a veritable crusade against the practitioners outside the new laws of Medical Licensure. By 1895 the problem of illegal practitioners had been compounded by the entrance of these untrained mercenaries into the field of Contract Practice, and the 'Lodge Contracts' appeared.

It's questionable whether the Hospital Contracts had been ethical, since the doctors were involved on a fee-sharing basis. The Lodge Contracts were for physicians services only, pro-rated as insurance and as administered were probably illegal as well as unethical. The Medical Society of Pierce County was in the embarrassing position of being unable to bring down the Lodge Contracts without jeopardizing the Hospital Contracts that ther leadership held.

The Contract Practice concept was truly the 'intricate proposition' Doctor Curran described it to be. Most employers held liability indemnity policies to protect themselves against loss in industrial accidents. In this area these didn't benefit either the company or the worker because...the high accident rates in the mills, on the docks and in the logging camps caused the insurance companies to reluctantly pay these indemnities without being forced to by court decisions. It worked better for the employers to contract directly for the hospital and medical care of their workers than to fuss with legal fees and court hearings. The indemnity companies then voiced objection to the Hospital Contracts.

The enterprising Doctor Yocom, in his singular style, soon had entered into contracts himself with the four primary indemnity insurance companies in the area as their examining physician.

By the turn of the century, Yocom was known as the real hustler. As Doctor McCrery recalled later..."It was characteristic of Yocom that he was always going into some new scheme.' Yocom was a 'regular staff' member and on the advisory boards of both hospitals (engaged incontract practice at both), was chief surgeon for the N.P. Railroad, examining physician for the four insurance companies and on the legislative committee of the State Medical Associaton. When Saint Peter's hospital opened in Olympia, Yocom assisted Drs. Redpath and Ingram in establishing the same form of hospital contracts with the mills and logging camps in that area. Yocom made contracts with the Tacoma Eastern Railroad (later Milwaukee Railroad) and the Tacoma Smelter. Meanwhile he lectured and gave demonstrations on industrial safety standards and first aid at the mills and out in the logging camps.

Yocom had maintained his friendships at the Eastern medical schools, and through the years he disciplined himself to a program of continuous self-education by traveling frequently to keep abreast of the new advancements in medicine and surgery. He often visited the Mayo Brothers to learn first hand their new techniques.

His contemporaries in the Medical Society viewed the energetic Doctor Yocom's enterprises as being of a high standard of professionalism. Doctor Keho, whose father arrived a year after Yocom, describes Doctor Yocom as hard-working and dedicated. His wife, a nurse at the early Saint Joseph's hospital, recalls that when the pink slips, or 'hospital tickets,' issued to the insured workers began to arrive in the wards after a mill accident, the nurses would ready themselves to 'really hustle' because Doctor Yocom would soon arrive.

When Doctor C.E. Case's vitriolic charges ruptured the burlap and let the issue of Contract Practice out of the bag and into dispute in the Medical Society, Doctor Wagner left the country for two years for a healthier climate, and Grant Hicks quit industrial medicine and limited his practice thereafter to a specialty he was especially gifted for...the treatment of women. The young doctor Curran, who had been an associate of Yocom's for two years, quit the practice of medicine for the time being and went back to the woods to become a logger.

Doctor Cases's charges erred in his use of the term 'ungentlemanly', but perhaps the context of his charges approached validity. The inherent prejudice against organization of any kind within medicine and the abuses of the contract concept by those mercenaries engaged in Lodge Contract work had long before arrived at the flash point within the Medical Society.

Doctors McCutcheon, Yocom, Wagner, Hicks and Coleman had instituted a most humane plan and administered it quite professionally. Industrial medicine was a fact of life, as was the necessity of maintaining the hospitals. The economics of Pierce County were percularily adapted to the idea of pre-paid healthcare, and this is where the idea was first put to use.■

Changes in the Law Governing Medical Discipline

By Richard T. Vimont, MD

The legislature of the State of Washington during the last legislative session enacted the Uniform Disciplinary Act (UDA) which makes several changes in the law relative to the Medical Disciplinary Board (MDB). The UDA applies not only to the practice of medicine but also to most of the other licensed health care practitioners in the State of Washington.

The acts or conditions constituting *"Unprofessional Conduct"* have been restated with many additions and modifications. If after appropriate prescribed procedures, there is a finding that a license holder or applicant has committed *Unprofessional Conduct* or is unable to practice with reasonable skill and safety due to a physical or mental condition, the disciplining authority may issue an order ranging from censure or reprimand to revocation of the license. A practice may be restricted or monitored. Corrective action may be taken. Remedial education or treatment may be required and fines may be imposed. In determining what sanctions are appropriate, first consideration must be given to protection of the public. After this is provided, requirements designed to rehabilitate the license holder or applicant may be incuded. For the medical profession the disciplining authority is the Medical Disciplinary Board (MDB).

The following is a condensation of conduct, acts or conditions constituting *unprofessional conduct.*

1. The commission of any act involving moral turpitude, dishonesty or corruption relating to the practice of the person's profession;

2. Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

3. Fraudulent or misleading advertising;

4. Incompetence, negligence or unsafe practice;

5. Revocation, suspension or restriction of the individual's license to practice by competent authority in any state, federal or foreign jurisdiction;

6. The possession, use, prescription for use or distribution of controlled substances or legend drugs other than for legimate or therapeutic purposes. The addiction to or diversion of controlled substances or legend drugs. The violation of any drug law. Prescribing controlled substances for oneself;

7. Violation of any state or Federal statute or legislative rule regulating the medical profession or defining or establishing standards of patient care, professional conduct or practice;

8. Failure to cooperate with the MDB by:

1. Not furnishing any papers or documents;
2. Failure to furnish in writing a full and complete explanation covering the matter contained in the complaint filed with the MDB;
3. Not responding to a subpoena issued by the MDB;

9. Failure to comply with an order issued by the MDB or an assurance of discontinuance entered into with the MDB;

10. Aiding or abetting an unlicensed person to practice when a license is required;

11. Violation of rules established by any health agency;

12. Practice beyond the scope of practice as defined by law or rule;

13. Misrepresentation or fraud in any aspect of the conduct of the business or profession;

14. Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

15. Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

16. Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure or service;

17. Conviction (including plea of guilty and nole contendere) of any gross misdemeanor or felony relating to the practice of medicine;

18. The procuring or aiding or abetting in procuring a criminal abortion;

19. The offering, undertaking or agreeing to cure or treat disease by a secret method, procedure,

treatment or medicine or the treating, operating or prescribing for any health condition by a method, means or procedure which the licensee refuses to divulge upon demand of the MDB;

20. The wilful betrayal of a physician-patient privilege as recognized by law;

21. Violation of chapter 19.68 RCW (rebating by practitioners of the healing professions);

22. Interference with an investigation or disciplinary proceeding by wilful misrepresentation of facts before the MDB or its authorized representative or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;

23. Drunkeness or habitual intemperance in the use of alcohol or addiction to alcohol;

24. Abuse of a client or patient or sexual contact with a client or patient;

As you will note these are practice related and should eliminate such things as the MDB being required to deal with irregularities in automobile licensing by physicians. These cover a wide variety of situations, some of which are quite specific and others which require informed judgment. Due to the specific nature of many of the definitions, unprofessional conduct may be established beyond question, but the MDB still has wide latitude concerning the action to be taken as long as the public is protected. After public protection has been assured rehabilitative procedures are appropriate and may be mandated as a condition of licensure.

There is little change in the treatment of the physician with a mental or physical disability under the UDA. Protection of the public is still the first consideration. Rehabilitation when possible is expected and the UDA specifically provides that "An individual affected under this section shall at reasonable intervals be afforded an opportunity to demonstrate that the individual can resume competent practice with reasonable skill and safety to the consumer." Closely related to this is a Monitored Treatment Program now in effect. This is patterned after a successful program in Oregon and was developed through the WSMA with the cooperation of the disciplinary board. It permits a physician with an alcohol problem to enter the program without it becoming a disciplinary matter with accompanying publicity. As long as he or she remains under the program with appropriate monitoring and does not revert there will be no disciplinary action relative to the alcohol problem. This has encouraged physicians to obtain help before they have caused harm to their patients or themselves.

SHB 1950, was also passed during the last legislative session and is now law. This provides for three consumer members of the board rather than one. The board will consist of a physician from each of the eight congressional districts, three public members appointed by the governor and one non-voting member from the

Continued on following page

department of licensing.

Hospitals are required by this law to maintain a coordinated program for the identification and prevention of medical malpractice. Much of the program outlined in considerable detail in the law is already being carried out in the larger hospitals. A person who participates on the quality assurance committee shall not be subject to an action for civil damages or other relief as a result of such activity according to this legislation. There are also other provisions for keeping evaluations of a review committee from being used in a civil action. The MDB may review and audit the records of committee decisions in which a physician's privileges are terminated or restricted. Information gained by the MDB from these records is not subject to the discovery process and confidentiality shall be respected as required.

A licensed physician is now required to report to the MDB when he or she has personal knowledge that a practicing physician has either committed an act or acts which may constitute statutorily defined unprofessional conduct or that a practicing physician may be unable to practice medicine with reasonable skill and safety to patients by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical conditions.

Reporting under this section is not required by:

1. Hospital peer review committee members or professional review committee members of the medical society during the investigative phase of their operations if these investigations are completed in a timely manner;

2. A treating licensed physician as long as the physician patient actively participates in the treatment program and the physician patient's impairment does not constitute a clear and present danger to the public health, safety or welfare.

The MDB may impose disciplinary sanctions, including license suspension or revocation for failure to comply with this section.

Professional liability insurance carriers are now required to send a complete report to the MDB of all malpractice awards in excess of twenty thousand dollars which result from an action for damages alleged to have been caused by a physician's incompetency or negligence in the practice of medicine. The carriers are also required to report the payment of three or more claims settled against a physician during a year regardless of the amount.

The chief administrator or executive officer of a hospital must report to the MDB when a physician's clinical privileges are terminated or restricted based on a determination, in accordance with an institution's by-laws, that a physician has either committed an act or acts which may constitute unprofessional conduct.

The Uniform Disciplinary Act also clarifies the procedure for submitting complaints concerning physicians and describes the process which follows. A person who files a complaint in good faith is immune from suit in any civil action related to the filing or contents of the complaint. If after investigation the MDB has reason to believe that the law has been violated, a statement of charges is issued. The charged license holder or applicant then has the usual rights afforded to anyone accused of an unlawful act. This includes the right to appear personally and to

Continued on next page.

have counsel present with the right to produce witnesses, who will be subject to cross-examination, and evidence in his or her own behalf, to cross-examine witnesses testifying against him or her, to examine such documentary evidence as may be produced against him or her, to conduct depositions, and to have subpoenas issued by the disciplining board.

The MDB also has the right to issue a summary suspension which takes effect immediately in the event this is considered necessary for the public welfare. This is also subject to appeal.

This is only a summary of the changes which were made in the law but it hopefully covers the principal points of concern to all physicians. If you are interested in a full text of the legislation, this should be available through the Department of Licenses. Ask for copies of the *Uniform Disciplinary Act* and *SHB* 1950.

The changes made were generally supported by the WSMA and probably reflect today's concern with litigation and the image of the medical profession. The MDB recognizes its clearly stated duty to protect public health and welfare. I believe that the board also recognizes that medicine is not an exact science and that there will be occasional errors in judgment, gaps in knowledge and other human factors which will result in poor results and dissatisfaction. These matters are properly settled by reasonable litigation. I feel that the board is and should be concerned with unprofessional conduct and impairment that goes beyond the inevitable imperfections of those knowledgeable physicians who conscientiously practice good medicine.

Inquiries or complaints should be addressed to:

Department of Licensing
Division of Professional Licensing
P.O. Box 9649
Olympia, WA 98504
Attn. Medical Disciplinary Board

Phone: (206) 753-3779

Dr. Richard Vimont is a member of the Medical Disciplinary Board.

Dear Editor,

in spite of the great advances of modern medical science, we are now witnessing a profound crisis in health care. We are losing the war on cancer and the Doctor's image is at an all time low. The ubiquitous nature of malpractice is a reflection of the paranoia of the day. Health costs have skyrocketed, yet we are no healthier than Francis Scott Key.

This crisis has appeared because doctors are losing control of their own destiny and ultimately their leadership ability. We are being brainwashed and blackmailed into accepting a "preferred" status by business and marketing experts who care about little more than a few bars on a graph.

The word "Doctor" comes from the latin docere "to teach." How can we teach when we are caught in an out-dated web of world views and biological concepts. The mechanistic Cartesian-Newtonian science that we learned in med-school can no longer solve problems. What we need is a new vision of reality: a fundamental change in our thoughts, perceptions, and values.

Descartes based his view of nature on the division of the mind and the body (or matter). He stated that the material universe was a machine and everything could be explained in terms of the arrangement and the movement of its parts. He extended this mechanistic view of matter to living organisms. Newton came along and developed mathematical rules to play this deterministic game of nature. The game board was the three-dimensional space of classical Euclidian geometry. Every move was predictable. God did not play dice. Some even doubted the need for a god or grand mover.

For Descartes, a healthy person was a well made clock. Obviously, a sick person had parts which were not functioning properly. Our current biomedical perspective is still concentrating on fragmenting the body and rearranging the molecules or replacing the parts.

High-tech medicine makes sense and creates lots of revenue. However, we are paying a higher price for this elaborate mechanistic model of health and illness. We are losing sight of the patient as a human being.

In twentieth century physics, the universe is no longer perceived to be a machine, but exists as a harmonious whole. Subatomic particles like electrons or quarks are "charming" illusions. They exist consciously as patterns of energy, so consciousness becomes the link to reality. It is reality. Illnesses can be caused by a misperception of time. God plays dice.

We, as physicians, and as scientists, and most of all as teachers need to learn about our "new universe." We need to understand this cosmic connection. Human beings are now seen as a bio-dance of energy intimately and inseparably connected within a four-dimensional continuum called space-time.

These ideas are not new. (Some men knew the earth was round thousands of years before Copernious.) We are on the edge of a revolution in science and health care. Let it happen. Be the student now, so you can be the doctor of the future.

Dr. Hugh H. Larkin, Jr.

Note: Dr. Larkin is moving to the Marshall Islands to practice medicine. He is currently writing a screenplay for the cinema. The Cosmic Dancer.

Mark your calendar!

January 15, 1987

Medical Legal Symposium

Topics will include:

Experience gained from Medical Malpractice Cases
Past and Future of Medical Liability Insurance
Problems of Medical Records and Billing for Services Rendered
A Malpractice Suit as Personal Experience

Membership Opinion Survey 1986

Recently the Medical Society sent out a membership opinion survey. There were 205 respondents, making a 34% return. Following are the results of the Survey. Should you have any quetions concerning the survey you may contact the Medical Society Office, 572-3667.

Question 1. Below are some of the objectives of the Medical Society of Pierce County. Please specify whether you think each is very important, somewhat important, somewhat unimportant, not at all important.	**Very *Important***	**Somewhat *Important***	**Somewhat *Unimportant***	**Not at all *Important***
Representing physicians before legislative/governmental bodies, third party payers and other organizations, such as hospitals, business gorups	12% (8 ranking)	8% (8 ranking)	1% (8 ranking)	1%
To provide information to help physicians establish, market and manage their practices.	25% (6 ranking)	49% (1 ranking)	21% (2 ranking)	4%
To promote better publlic understanding of medicine	64% (2 ranking)	28% (6 ranking)	3% (6 ranking)	3%
To provide continuing medical education.	44% (4 ranking)	39% (4 ranking)	12% (4 ranking)	3%
To promote social and professional contact between members	18% (7 ranking)	48% (2 ranking)	28% (1 ranking)	4%
To maintain high standards of ethics and professionalsim in medical care in Pierce County.	78% (1 ranking)	17% (7 ranking)	2% (7 ranking)	1%
To enhance relations and cooperation between physicians and hospitals.	41% (5 ranking)	42% (3 ranking)	14% (3 ranking)	2%
Representing physicians to the news media and the public.	58%	34%	5%	1%

Survey continued on next page

Address Change...

Announcing a new address and phone number for:
Kevin Elliott, MD, Internal Medicine
Valencia Elliott, MD, Internal Medicine
Capitol Square, 728 S. 320th,
Suite B, Federal Way, WA 98003.
Phone: 838-2888 Federal Way
927-0509 Tacoma.
Page: 591-7656

Correction

The June/July issue of *The Bulletin* reported in the article, "Allergy Diagnostics: Are Contemporary in Vitro Methods Comparable to Skin Testing," by Dr. Frank S. Virant, that RAST and MAST testing provides excellent specificity approaching 8%. **The correct percentage is 98%.**

Question 2. Some physicians have said that the following trends have adversely affected them. How serious a problem is each of the following for your practice of medicine? Please specify whether each is very serious, somewhat serious, not very serious, or not at all serious.	Very Serious	Somewhat Serious	Not very Serious	Not at all Serious
Increased competition for patients from other physicians.	16% (7 ranking)	43% (2 ranking)	31% (3 ranking)	8%
Increased competition for patients from hospitals.	21% (6 ranking)	36% (4 ranking)	28% (2 ranking)	13%
Increased government regulation of medicine.	66% (2 ranking)	29% (5 ranking)	4% (7 ranking)	0%
Increased use of alternative health care systems, such as HMOs,PPOs, IPAs, etc.	44% (3 ranking)	41% (3 ranking)	12% (5 ranking)	1%
Increased use of allied health personnel for primary care.	21% (5 ranking)	29% (6 ranking)	35% (1 ranking)	13%
Increased costs of malpractice insurance.	71% (1 ranking)	19% (7 ranking)	9% (6 ranking)	0%
Inability of patients to pay for medical care.	35% (4 ranking)	49% (1 ranking)	13% (4 ranking)	1%
In the future, how much emphasis should the Medical Society of Pierce County give to each of the following issues.	**More**	**Same**	**Less**	**No Opinion**
Professional liability malpractice issues.	45% (2 ranking)	54% (5 ranking)	0% (4 ranking)	0%
Public image of the medical profession.	52% (1 ranking)	45% (10 ranking)	1% (7 ranking)	0%
Physician/patient educational services	31% (7 ranking)	23% (11 ranking)	44% (1 ranking)	1%
Alternative Delivery Systems	37% (5 ranking)	50% (7 ranking)	10% (5 ranking)	1%
Relationships with third party payors	41% (4 ranking)	47% (9 ranking)	10% (5 ranking)	0%
Cost of health care	44% (3 ranking)	49% (8 ranking)	6% (6 ranking)	0%
Continuing medical education	13% (10 ranking)	68% (2 ranking)	17% (4 ranking)	1%
Environmental issues	10% (11 ranking)	58% (4 ranking)	29% (2 ranking)	1%
Issues regarding allied health care providers	15% (9 ranking)	79% (1 ranking)	19% (3 ranking)	1%
Hospital/medical staff relationship	23% (8 ranking)	64% (3 ranking)	10% (5 ranking)	1%
Competition in health care	35% (6 ranking)	52% (6 ranking)	10% (5 ranking)	2%

Overall, how informed or uninformed do you think you are about the Medical Society of Pierce County activities.

24% very well informed **60% somewhat informed** **15% somewhat uninformed** **0% not at all informed**

How frequently do you read The Bulletin.

85% regularly **12% occassionally** **1% seldom** **0% never**

Would you favor The Bulletin being published on a quarterly basis, if the Society published a monthly newsletter?

88% yes **7% no**

Medical Society of Pierce County

705 South Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

GENERAL MEMBERSHIP MEETING

(Spouses are welcome)

TUESDAY, SEPTEMBER 9, 1986

"HEALTH CARE CONTRACTING—1986"

A Panel Discussion

G. Gilbert Johnston, M.D. . . **Wash. Assoc. of Medical & Surgical Specialists, Inc.**
Gilbert J. Roller, M.D. . . . . . **Pierce County Medical Bureau**
David P. Pomeroy, M.D. . . . . . ***Tacoma (Family Practice) IPA***
Frank Baker . . . . . **Washington State Hospital Association**

DATE: Tuesday, September 9, 1986

TIME: No host cocktails 6:00 P.M. Dinner 6:45 P.M. Program 7:30 P.M.

PLACE: *Fircrest Golf Club*
6520 Regents Blvd.

COST: *Dinner, $12.00 per person*

Register now. Please complete the attached reservation form and return it, with a check for the appropriate amount **made payable to the Medical Society of Pierce County,** in the enclosed pre-addressed envelope. Or, call the Medical Society office, 572-3667, to confirm your attendance.

Due to the special arrangements necessary for this meeting, reservations must be made no later than Friday, September 5.

REGISTRATION:

Yes, I (we) *have set aside the evening of September 9 to join my fellow Society members and spouses for* the presentation on "Health Care Contracting—1986".

— Please reserve _____ ____ dinner(s) at $12.00 per person (tax and gratuity included). Enclosed is my check for $_____ ____ _.

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

Dr: _ ___ ___ ___ ___ _ _ _ - - -

RETURN TO MSPC BY NO LATER THAN FRIDAY, SEPTEMBER 5.

*Please note new times.

Auxiliary News

Philanthropic Funds Available

If you belong to a service oriented organization that would like to be considered by the Pierce County Medical Society Auxiliary as a recipient of their philanthropic funds, contact Kit Larson. She is the philanthropic chairperson for our Auxiliary and has applications available. Her phone number is 584-3802. Deadline tor accepting applications is Sept. I5.

I986-87 Programs

Programs for the upcoming year were arranged by Marnie Weber, chairperson, with a focus on membership, fellowship, public relations and legislation. There are some unique opportunities here, so get out your calendars and mark off the third Friday of each month and join us !

Sept. Coffee to welcome all newcomers.
Oct. Speaker form our National Board of Auxiliary.
Nov. Princess Jackson Smith (a legislative speech writer) from the Public Affairs Office in Olympia.
Dec. Holiday Evening Dinner with spouses.
Jan. Legislative Information.
Feb. Auxi-Quad Luncheon
March Nordstroms Fashion Show(fundraiser)
April "Remember" luncheon honoring past presidents and senior members of PCMSA. The "Garden of Life" speaker writes a gardening newsletter.
May Dinner for High School Graduates.

Meetings are held at various locations. Contact Marnie Weber, 863-2114, for locations and directions.

Childrens' Art Contest

Once again the PCMSA is sponsoring a Childrens' Art Contest in which the winning design will be used for the I986 AMA-ERF Holiday Greeting Card. The contest will be judged by a committee of PCMSA wives who are members of Lakewood Artists.

Any child or grandchild of a Tacoma area physician's family, kindegarten through fourth grade, is invited to submit one drawing, observing the following requirements:

I) Subject matter must be appropriate to the general purpose of a holiday greeting. The committee will not be able to consider any entry with a religious theme.

2) Art work must be executed on white paper, 8 1/2 x 11 or larger. (In order to reproduce well for the holiday card, bright and darker colors are better than yellows and pastels. **No pencil or pastel chalk.**)

3) Child's name, address, phone number and age must appear on ; C/O Carolyn S. Modarelli;7514 91st Ave., SW; Tacoma, WA 98498.

5) Deadline for entry is **August 30, I986.** The winner will be notified shortly after Sept. I5.

Message to newcomers.

By Pam Drouillard

Newcomers are always an important part of the Auxiliary, and this year is no exception. We plan to honor the newcomers with the usual welcoming coffees in September and are planning for a possible lakeside barbecue in late summer, including lots of fun, games and food! This will provide the newcomers and their children the opportunity to meet and get to know the auxiliary members as well as each other.

We've also decided to reinstitute the "Big Sister" program in order to better acquaint newcomers with the auxiliary and its members, as well as the city and all it has to offer. We hope to develop friendships in addition to gaining members.

If you have any suggestions for making the welcoming process more successful as well as more fun, please let me know, I'd love to hear from you. We're looking forward to a very enjoyable year and to meeting lots of terrific people.

Announcements and Notices

Information for the yearbook is being compiled now. Please contact Alice Wilhyde, 572-6920, regarding address or telephone number changes.

A Board Meeting of the PCMS Auxiliary will be held at 9:30 A.M. on Sept. 8, St. Joseph Hospital.

Know of a good way to take care of your own Christmas card and gift wrap shopping and benefit AMA-ERF too? It's simple. Contact Shirley Kemman, 863-9152 or order your choices at the September meeting. They'll be delivered in time for the holidays and you'll know you helped a long-time auxiliary project remain a success.

Do you know why you should be a member of the Pierce County Medical Society Auxiliary? A letter addressing this issue was sent to all spouses of Pierce County physicians in July. Please take the time to read it so the decision you make is an informed one. If you have not responded by Aug. 20, an Auxiliary member will be calling you during our Phone-A-Thon on Wed., Aug. 20, from 5 to 9 P.M.

Pride in Pierce County.

The 1986 W.S.M. A. Auxiliary House of Delegates met April 28-30 in Yakima at the Holiday Inn.

It was both a pleasure and an honor to be a delegate representing P.C.M.S. Auxiliary. Pierce County was the only county represented 100% with all eight of our allotted delegates.

In addition to our President, Ginnie Miller, other Pierce County Auxilians present were 1985-1986 State Auxiliary officers were: Sharon Ann Lawson, SW Regional Vice President; Alice Hilger, State Organ Donation Chairman; Cindy Anderson, State By-Laws Chairman. We shared a feeling of strength in our numbers and pride in Pierce County. Your delegates worked very late into both nights trying to arrive at a knowledgable understanding and concensus of resolutions being presented. We experienced a blend of hard work and good fellowship as we shared our concerns and goals for the medical Auxiliary.

From Pierce County, newly elected State officers for 1986-1987 are Cindy Anderson, Med-Aux News editor; Alice Hilger, Organ Donation; and Jo Roller, Vice President.

Mary Kay McPhee, AMA Auxiliary President, enthusiastically spoke to the House of Delegates on Strategic Planning: Its Purpose and Process. She shared some of the findings of the AMA Auxiliary. A great sense of the magnitude of the Federation (county, state, and national Auxiliary) was felt by all. A reminder that all across this nation medical spouses gather to deliberate, discuss and debate the things that really matter to the medical family and how good it is to be a part of the Auxiliary, its friendship and its work.

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.

Gregory H. Cain, MD. Pediatrics. Born in Kansas City, MO,I/05/55; medical school, University of Washington 1980; internship, Madigan Army Medical Center, Pediatrics, 7/81-6/83. Washington State License, 1983. Dr. Cain is currently practicing at 7424 Bridgeport Way W., Tacoma, WA.

Leslie P. Fox, MD. Ophthalmology. Born in New York, NY, 12/22/52; medical school, University of Cincinnati, 1978; internship, Madigan Army Medical Center, Ophthalmology, 6/80-6/83. Washington State License, 1986. Dr. Fox is currently practicing at 3908 10th St. SE, Puyallup, WA.

Ian A. Whitcroft, MD. Family Practice/ Internal Medicine. Born in Daventry, England, 9/30/56; medical school, University of Liverpool, 1979; internship Royal Liverpool Hospital, 9/79-9/80; residency, Walton Hospital, General Medicine, 9/80-9/81; Walton Hospital, Neurology, 9/81-9/82; Royal Liverpool, 9/82-12/83. Washington State License, 1985. Dr. Whitcroft is currently practicing at 3629 S. D Street, Tacoma, WA.

Allen R. Potter, MD. Pediatrics and Pediatric Hematology/ Oncology. Born in Auroa, IL, 7/14/46; medical school, University of Arizona College of Medicine, 1974; internship, Tripler Army Medical Center, Pediatrics, 7/75-6/77; graduate training, Walter Reed Army Medical Center, Pediatric Hematology/Oncology, 7/79-6/81. Washington State License, 1984. Dr. Potter is currently practicing at 1901 S. Cedar, Tacoma, WA

Duane C. Wilson, MD. Radiology. Born in Portland, OR, 11/09/55; medical school, Loma Linda University, 1982; internship, Loma Linda University, Radiology, 7/82-6/83; residency, Loma Linda University, Radiology, 7/83-6/86. Washington State License, 1986. Dr. Wilson is currently practicing at 7424 Bridgeport Way W., Tacoma, WA.

Gary W. Nikel, MD. Ob/Gyn. Born in Waukesha, WN, 5/18/49; medical school, Bowman Gray School of Medicine, 1977; internship, Madigan Army Medical Center, Ob/Gyn, 8/77-6/78; residency, Madigan Army Medical Center, Ob/Gyn, 8/78-6/81. Washington State License, 1978. Dr. Nickel is currently practicing at 222 North J Street, Tacoma, WA.

Michael H. Jackson, MD. Family Practice. Born in Klamath Falls, OR, 8/27/49; medical school, University of Kansas, 1975; internship, St. Francis Hospital, 6/75-6/76; residency, Tripler Army Medical Center, 7/76-7/78; Fellowship, Madigan Army Medical Center, 6/82-6/84. Washington State License, 1986. Dr. Jackson is currently practicing at 3908 10th St. SW, Puyallup, WA.

Mahmoud Sarram,MD. Ob/Gyn. Born in Isfahan, Iran, 12/20/32; medical school, University Freiburg, 1957; internship, Missouri Baptist Hospital, 7/58-12/58; University of Chicago, 1/59-7/62; graduate training, McNeal Memorial Hospital, 1/62-12-62.Washington State License, 1962. Dr. Sarram is currently practicing at 7424 Bridgeport Way W., Tacoma, WA.

Edward Williams, MD. Ob/Gyn. Born in Pittsburg, PA, 7/8/52; medical school, 1978. Washington Hospital Center, 7/78-6/79; residency, Washington Hospital Center, 6/79-7/82. Washington State License, 1986. Dr. Williams is currently practicing at 7716 Bridgeport Way, Tacoma, WA.

Ann L. Goodenberger, MD. Internal Medicine. Born in Iowa, 5/26/53; University of Iowa, 1979; internship, Emanuel Hospital, Internal Medicine, 7/79-6/80; residency, Kern Medical Center, 7/80-6/82. Washington State License,1986. Dr. Goodenberger is currently practicing at 3611 South D. St.,Tacoma, WA.

Terrill R. Utt, MD. Family Practice. Born in Vancouver, WA, 11/30/54; medical school, Linda University, 1980; internship, Madigan Army Medical Center, 7/80-6/81; residency, Madigan Army Medical Center, 7/8-6/83. Washington State License, 1985. Dr. Utt is currently practicing at 3908 10th St., SW, Puyallup, WA.

Elizabeth G. Sanford, MD. Ob/Gyn. Born in Oak Park, IL, 11/6/56; medical school, University of Texas Medical Branch, 1982; internship, John Sealy Hospital, Ob/Gyn, 6/82-6/83; residency, John Sealy Hospital, Ob/Gyn. 7/83-6/86. Washington State license, 1985. Dr. Sanford is currently practicing at 314 S. K St., Tacoma, WA.

Rodney A. Loeffler, MD. Emergency Medicine. Born in Sacramenta, CA 8/12/54; medical school, University of California, Los Angeles, 1981; internship, Cedars-Sinai Medical Center, Internal Medicine, 7/82-6/84. Washington State License, 1986. Dr. Loeffler is currently practicing at Humana Hospital, Tacoma, WA.

David W. Gauger, MD. General Surgery. Born in Waterloo, Iowa, 10/16/52; medical school, University of Iowa, 1979; internship, Emanuel Hospital, 7/79-6/80; residency, Kern Medical Center, 7/80-6/84. Washington State License, 1986. Dr. Gauger is currently practicing at 3611 South D. St., Tacoma, WA.

CLASSIFIED

Real Estate for Sale

Clovercrest Estates. The seller of this extremely desirable four bedroom, two bath, 2850 sq. ft., one-level, creek front home has authorized me to offer this property at $20,000.00 under market value. Tranquil setting includes 100' of Clover Creek frontage, tall whispering firs, and parklike grounds. The seller is serious about selling. If you want a good buy on a quality, executive home in a superior location, do not miss seeing this residence. $179,950. Joseph Boyle Realtors, 582-0066.

Clovercrest Estates. A picturesque wood bridge is the approach to this 3845 sq.ft. custom creekfront Lakewood residence. 3+ bedrooms, 3 bathrooms, 3 fireplaces, plus an abundant supply of well planned storage. $225,000. Joseph Boyle Realtors, 582-0066.

800' salt-water frontage. Private, 3 bedroom view home, plus 16 subdividable acres next to private lagoon. Longbranch location. $470,000. Joseph Boyle Realtors, 582-0066, or Barrett & Associates, 473-3530.

Physicians Needed

Excellent private practice opportunity for an internist in a busy, established Gig Harbor medical center. For information contact: Dr. John H. Kvinsland, 5122 Olympic Dr., NW, Suite A-201, Gig Harbor, WA 98335. (206) 851-9173.

Position Wanted

P.A. seeking position in Puget Sound area. Board certified, two years experience, references available. Please call (316) 669-8675.

Medical Office Space

Professional building for sale adjacent to Tacoma General Hospital. Attractive, concrete and fame, cash flow for owner/users or investors, $595,000. Call Carol Shaw at Wallace & Wheeler, (206) 454-6550.

Office Space Available: Specialist wanted to share office space in new medical-professional plaza in Puyallup. Large patient referral base. Call 848-5555 for further info.

For Medication Given at School

PHYSICIAN ORDER FORM APPROVED

Recent changes in state law permit the giving of oral medication to students during school hours provided proper authorization from physicians and parents is obtained. Use of a standardized county-wide form has been suggested (see The Bulletin, "Public Health/School Health Report," November, 1982).

The Public Health/School Health Committee has approved the following form for physician use. The form is published in this issue for the convenience of physicians. Please have your office staff reproduce the form as needed. — The Editor

Medical Society of Pierce County
Physician's Orders for Medication at School

Medication is ordered to be given to a student at school only when absolutely necessary. Whenever possible, the parent and physician are urged to design a schedule for giving medication outside of school hours. If this is not possible, it must be understood by the parent that the medication will be dispensed by the principal or his/her designee in the absence of the school nurse.

Only prescription oral medication will be administered. The principal will designate the person responsible to dispense medication on an individual basis.

The school accepts no responsibility for untoward reactions when the medication is dispensed in accordance with the physician's directions.

Is it necessary to dispense this medication during school hours? _____ Yes _____ No

If yes, please give diagnosis or reason: _____

_____

Name of patient: _____

Drug and dosage form: _____

Dose and mode of administration: _____

Hour(s) to be given: _____

Duration without subsequent order: _____

Side effects of drug (if any) to be expected: _____

Date: _____ Physician's signature: _____

Parent's Permission

I request that the principal or a staff member designated by him/her be permitted to dispense to my child, (name of child)

_____ the medication prescribed by (name of physician)

_____ for a period from _____ to _____.

The medication is to be furnished by me in the original container labeled by the pharmacy or physician with the name of the medicine, the amount to be taken, and the time of day to be taken. The physician's name is on the label. I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered in accordance with the physician's directions. This authorization is good for the current school year only. In case of necessity the school district may discontinue administration of the medication with proper advance notice. If notified by school personnel that medication remains after the course of treatment, I will collect the medication from the school or understand that it will be destroyed. I am the parent or the legal guardian of the child named.

Date: _____ Signature of parent or guardian: _____

Student's home address: _____ School: _____

HEALTH REPORT

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 of 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
VISION: glasses, contacts
HEARING: aids
NOSE: bleeding
MOUTH: dental decay, orthodontia
LUNGS: asthma, bronchitis
HEART: congenital, rheumatic
GASTROINTESTINAL: ulcer, colitis, hepatitis
GENITOURINARY: kidney or bladder infection
Menstruating, if female: Yes ( ) No( )
ORTHOPEDIC: fracture or sprain, scoliosis, congenital hip
NEUROLOGICAL: convulsions, meningitis, cerebral palsy
METABOLIC: diabetes
BLOOD: anemia, sickle cell disease
ALLERGIES: food, insect, pollen, contact, drugs, other, (specify) _____
HOSPITALIZATION(S): (Year & Reason) _____
OPERATION(S): (Year & Reason) _____
HANDICAP: physical, mental, behavioral, social, learning, vision, hearing, speech, hyperkinesis

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 1	2	3	4	5 or more	Month/Year of Last *Immunization*	Immunizations
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: glasses, contacts *(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 occurences since examination which could effect participation in school, athletics, or other activites.

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 | Duration of *prescription* | *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.

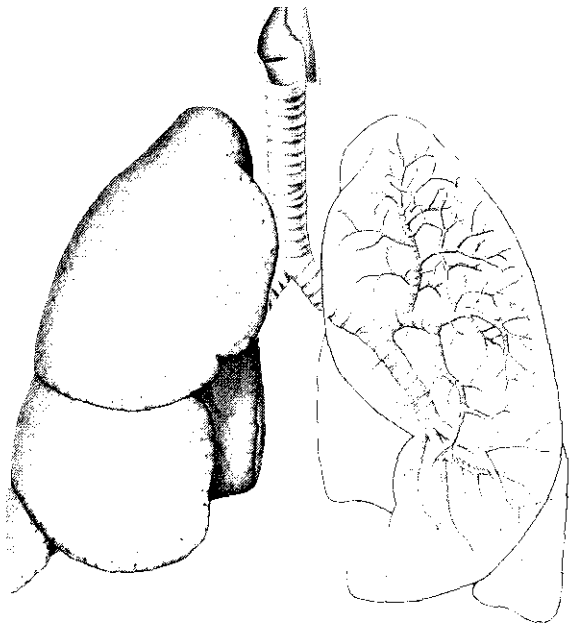
Date signed | Next recommended date of examination | Physician's Name (Please print) | Signature and Title

Prepared by the Medical Society of Pierce County in cooperation with Tacoma and Pierce County preschools and schools, Tacoma-Pierce County Health Department, Department of Social and Health Services, child care, youth and camping organizations. Printed through courtesy of Tacoma School District.

TPS - 25 - 7/79 Revised 9/81

Original - parent or guardian, Copy - physician or health source

Consider the causative organisms...



Ceclor®
cefaclor

250-mg Pulvules® t.i.d. offers effectiveness against the major causes of bacterial bronchitis

Haemophilus influenzae*, *H influenzae*, *Streptococcus pneumoniae*, *Streptococcus pyogenes
(ampicillin-susceptible) (ampicillin-resistant)

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.

Ceclor® (cefaclor)

Summary: Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *S pyogenes* (group A beta-hemolytic streptococci).

Contraindications: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotics; treatment possibly leading to overgrowth of resistant organisms.

Precautions:

- Discontinue Ceclor in the event of allergic reactions.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, dose or dosage of Ceclor may be lower than that usually recommended. Ceclor should be administered with caution in such patients.
- Broad-spectrum antibiotics should be prescribed with caution in enterocolitis, with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:

- Gastrointestinal (mostly diarrhea) 2.5%
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions): 1.5%, usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%.

Abnormalities in laboratory results of uncertain etiology:

- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children).
- Abnormal urinalysis; elevations in BUN or serum creatinine.
- Positive direct Coombs' test.
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

Lilly

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

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

6169317

The "Humana Difference" Is Really Just A Lot Of Little Differences

At Humana we know we can't be all things to all people. But we mean to be number one among the most important people we serve — the physicians of Pierce County.

It's why we offer Insta-Care in our Emergency Room — which ensures that your patient is evaluated within 60 seconds of arrival. It's why we maintain an up-to-date list of physicians to which we can refer patients. And why we concentrate on key "Centers of Excellence" to help you provide better patient care.

You see, even though we're the leaders in such areas as Acute Care, Pulmonary Rehabilitation, Day Surgery, ophthalmology, spinal disorders, breast cancer and Gastrointestinal screening programs and geriatric problems — among others — we're still small enough to provide highly personalized care for your patients. And highly personalized service for you. Put them all together — and they make the Humana difference.

Try us and you'll see.

Humana Hospital Tacoma

South 19th and Union, Tacoma, (206) 572-2323.

Discover The Humana Difference

MEDICAL SOCIETY OF PIERCE COUNTY
705 South 9th, Suite 203
Tacoma, Washington 98405

ADDRESS CORRECTION REQUESTED

MSPC NEWSLETTER

♦A publication of the Medical Society of Pierce County♦

VOL. 1, NO. 1 SEPTEMBER, 1986

"HEALTH CARE CONTRACTING... 1986"

An interesting and stimulating program has been scheduled for the September 9, General Membership Meeting. Representatives from family practice, specialists groups, Pierce County Medical Bureau and the Washington State Hospital Association will participate in a panel discussion.

You will have the opportunity to hear where we are and where we are going in an area of concern to all of us.

The meeting will be held at the Fircrest Golf Club. New hours are in effect for the meeting. Social hour will begin at 6:00 p.m., Dinner - 6:45 and Program will begin at 7:30

RETIRING SOON?

Help us so we can help your patients with their medical records when you retire, move away, or close your office. Please contact MSPC at 572-3667 and tell us where your patients records will be.

This will be of great assistance to your patients and the Medical Society staff.

YOU CAN HAVE AN IMPACT!

The primary election will be held Tuesday, September 16. Historically, the primary election has a very small turnout. Thus, every vote counts.

For instance, if you live in the 26th Legislative District (Gig Harbor and Northwest Tacoma), you can help shape the power structure of the 1987 Legislature.

Mary Ann Huntington, (D) is opposing Ron Meyer also a Democrat in the primary. Huntington has a business background as a restaurant owner and realtor. Meyer is a trial attorney with strong support from the WA. State Trial Lawyers Association. Meyer is expected to win.

If your schedule makes it difficult to get out and vote on election day, request an absentee ballot from the County Auditor, Elections Dept. 2401 So. 35th, Tacoma, WA 98409. Be certain to include your signature, registered address and the address you want the ballot sent. Call the Society office (572-3667). if you are not certain in which district you live.

VOTE SEPTEMBER 16

VOTE SEPTEMBER 16

RETIRED LUNCHEON

Retired members and those planning to retire, mark your calendars.

Wednesday, September 10 the luncheon for retired members will focus on "Retirement; Planning and living it."

Spouses are invited to attend the meeting which will begin at 12:00, Tacoma Dome Hotel.

VOTE SEPTEMBER 16

WSMA ANNUAL MEETING

Spokane will host the 97th annual WSMA House of Delegates meeting scheduled for September 18-21.

Important issues such as: Medicare, Care for the Near Poor, Medicaid, Liability Reform, Physician Public Image and others will have the attention of the delegates.

Representing Pierce County will be your Board of Trustees. Any member interested in serving as an alternate delegate should contact the Society office prior to September 11.

SEPTEMBER CALENDAR

2 MSPC Board of Trustees Meeting...St. Joseph Hospital

2 MBI Board of Directors Meeting...Humana Hospital

8 Medical-Legal Committee meeting.

9 General Membership Meeting...Fircrest Golf Club

10 MSPC Retired Membership Luncheon ... Tacoma Dome Hotel

11 MSPC Delegate Caucus meeting... Tacoma Dome Hotel

12 Committee on Aging meeting ... Humana Hospital

16 MSPC Executive Committee meeting ... MBCH

17 Public Health/School Health Committee meeting ... Tacoma General Hospital

18-21 WSMA Annual Meeting ...Inn at the Park, Spokane

25 EMS Committee meeting. MBCH

AMA BOARD OF TRUSTEES APPEALS FOR ALL PHYSICIANS TO CONTINUE TO ACCEPT MEDICARE ASSIGNMENT...

In an open letter to all members, the AMA Board asked "all physicians continue to accept assignment for Medicare beneficiaries whose economic situation dictates the need for this type of assistance. Beneficiaries who can afford it can continue to pay the full cost of the physician's service."

PROFESSIONAL RELATIONS COMMITTEE BECOMES "PERSONAL PROBLEMS OF PHYSICIANS COMMITTEE"

The Professional Relations Committee (formerly Impaired Physicians) has been renamed "Personal Problems of Physicians Committee".

This corresponds to the name change at WSMA. The Committee is concerned with all problems of physicians, not only those related to drugs and alcohol, thus, the new name.

The Committee can assure the utmost confidentiality and anonymity to any member or spouse seeking help. The names of committee members and phone numbers can be found on page 8. Your colleagues are available and willing to help.

OFFICE SPACE

Office space with in-office lab and x-ray facilities to share with two sub-specialists in the Cedar Medical Center, 1901 South Cedar, Tacoma, 272-2261 or 572-3520.

OFFICE SPACE AVAILABLE: Specialist wanted to share office space in new medical-professional plaza in Puyallup. Large patient referral base. Call 848-5555 for further info.

Professional office space for lease, University Place, 1500 sq. ft.; 863-7926.

POSITIONS & PRACTICES

PSYCHIATRIST - Part-time contractual position available with Comprehensive Mental Health Center. Requires board eligible psychiatrist with completion of three-year residency in psychiatry, licensed to practice medicine in the State of Washington. Responsibilities include client evaluation for medication, hospitalization, diagnosis or special treatment recommendations and clinical consultation to Center staff. Qualified applicants may submit resume to CMHC, 1201 S. Proctor, Tacoma, WA 98405. EOE.

FAMILY DOCTOR needed for busy practice in Puyallup. Moving to new clinic, South Hill in September. Large referral base to G.P. or board eligible/ certified F.P. Salary $45,000-$60,000, year with insurance, and other benefits. Send resume to Scott L. Havsy, D.O., 1410 Meridian South, Puyallup, 98371, or call 841-4351.

Kenneth Stern, M.D. announces his departure from Tacoma to reside and practice in Newport, R.I. His practice of adult and child psychiatry is being assumed by Antonin Gutierrez, M.D., who will maintain the same office address, phone number and all patient files.

Physician seeking GP/FP association with possibility of partnership, will consider 1-6 partners. Board certified ER with extensive GP/FP experience. Contact William F. Greenough, M.D., 19 Park Vista Circle, Sacramento CA 95831, 916-427-5432.

PHYSICIAN/MEDICAL DIRECTOR - $55,000-$62,000 DOE Dual role as medical director for four primary care community clinics and primary care physician. Requires minimum of three years practice including clinical and administrative experience, direct staff supervision. Must be BC/BE in family practice (eligible for standard risk malpractice insurance), and possess Washington State Medical License. Send resume to: Community Health Care Delivery Systems FC3312,
3629 South D Street, Tacoma, WA 98408 EOE

FAMILY PRACTICE PHYSICIAN - $48,000-$60,000 DOE Immediate opening for Family Practice Physician BC/BE. System of four primary care community clinics. Full-scope family practice, hospital and SIF privileges. New facilities, excellent salary and fringes. Send resume to: Community Health Care Delivery Systems FC3312, 3629 South D Street, Tacoma WA 98408 EOE

COLLEGE OF MEDICAL EDUCATION
PRESENTS

CARDIOPULMONARY RESUSCIATION - UPDATE FOR PHYSICIANS
(Preregistration required)
A two-hour session to renew your CPR Card

2 hours - Monday
September 15
7:00 a.m. to 9:00 a.m
Jackson Hall
314 South K Street
CPR Card Issued

THE NEW TAX LEGISLATION - IMPLICATIONS & STRATEGIES
Presented by: John Hodder, Accountant
(for physicians and others interested)

2 hours - Mornings
Sept. 22 - Monday
7:00 a.m. to 9:00 a.m.

This two hour program will present the new rules regarding taxation of individuals with emphasis on broader base, reduced deductions, lower rates and tightened minimum tax rules. Additionally, the significance of no capital gain deductions, tax shelters and interest expense limitations, as well as other tax legislation as they effect physicians.

2 hrs - Evenings
September 23 - Tuesda
6:30 p.m. to 8:30 p.m.
Jackson Hall, Tacoma
314 South K Street

COMMON OFFICE PROCEDURES
Coordinators: Mark Craddock, M.D., John Lincoln, M.D.
(for physicians)
This is an annual program presented for family practice and general internal medicine practitioners. Topics presented will include practical, applicable information about Evaluation of Breast Lumps; Evaluation of Thyroid Nodules; Dysfunctional Uterine Bleeding; Management of the Menopause; Hearing Problems - How to Interpret an Audiogram; Alzheimer's Disease - Ruling Out Treatable Causes of Dementia; Parkinson's Disease - Early Diagnosis and Drug Treatment; Fibromyalgia; Polymyalgia and Temporal Arteritis; AIDS - Early Diagnosis and Therapy - Role of the Family Practitioner; Work up of Impotence; Drug Treatment of PID - Inpatient & Outpatient; Reading Chest X-rays; Hypertension - Current Treatment; Outpatient Treatment of Premature Ventricular Contractions; Chronic Cough - Diagnosis and Treatment; Childhood Asthma.

2 days - Thursday
Friday
October 2 & 3
8:00 a.m. to 5:00 p.m.

Jackson Hall, Tacoma
314 South K Street

14 Hours - Category I

STRESS, EMOTION AND THE HEART
(for physicians only)
Presented by two of the nations leading authorities on Stress and Anxiety responses. Robert S. Eliot is the Director of Preventative and Rehabilitative Cardiology at the Heart Lung Center, St. Lukes Hospital, Phoenix, Arizona and Professor of Cardiology at the University of Nebraska Medical Center. Dr. Eliot will discuss new objective ways of detecting stress before any irreparable damage to the body occurs. His presentations at this conference will be based on twenty years of research at this world renowned Life Stress Simulation Laboratory and Clinic.
David V. Sheehan was Director of Anxiety and Research of the Department of Psychiatry at Massachusetts General Hospital, and Assistant Professor of Psychiatry at Harvard Medical School. Currently Dr. Sheehan is the Director of Clinical Research and Professor of Psychiatry at the University of South Florida College of Medicine. Dr. Sheehan will draw upon recent research and his own pioneering breakthroughs in physical symptoms and treatment of panic disorders.

1 day - Friday
October 24
9:00 a.m. to 4:00 p.m

Sheraton Tacoma Hotel
1320 Broadway Plaza
Tacoma
Credit: 6 Hours
AMA, AAFP

FOCUS: CRITICAL CARE
(for physicians, nurses and other personnel associated with the critical care setting)
1982 - 1984 - 1986
With a history of excellence, this Bi-Annual Conference brings the best and the brightest together to *FOCUS ON CRITICAL CARE*. *Intended* to serve as an inspiration to understand, utilize and facilitate the application of new concepts within the context of practical clinical management, the planners have structured this event considering the current trends and suggestions from past conferences.

2 days - Wednesday
Thursday

October 29, 30
8:00 a.m. to 5:00 p.m.

Sheraton Tacoma Hotel
1320 Broadway Plaza
Credit: 15 Hours
AMA, AAFP, AACN, CERP

A memorial fund in memory of Dr. John May has been established to provide trophies in his name for the Tacoma General Auxiliary Golf Tournament. Please send contributions to John May Memorial. c/o Tacoma General Auxiliary, T.G. Hospital, P.O. Box 5299, Tacoma, WA 98405. Please make checks payable to Tacoma General Auxiliary. For additional information call 594-1264.

NEW APPLICANTS

The Medical Society welcomes the following who have made application for membership into the Society.

THOMAS M. HERRON, M.D. (Verna), Pediatrics. Born in Tacoma, 5/24/86; medical school, University of Washington, 1982; internship, University of Colorado, Pediatrics, 6/82-6/83; residency, University of Colorado, Pediatrics, 6/84-6/86. Washington State License, 1986. Dr. Herron is currently practicing at 521 South K Street, Tacoma, 627-9151. Dr. Herron's home address is 9908 Oak Lane, Tacoma, 588-3395.

JENNIE L. HINTON, M.D. (Edward Olafson), Psychiatry. Born in Alma, Michigan 7/28/36; medical school, University of Arizona, 1976; residency, University of Washington, Psychiatry, 7/76-6/80. Washington State License, 1986. Dr. Hinton is currently practicing at 4109 Bridgeport Way W., Tacoma, 565-9040. Dr. Hinton's home address is 4401 Alameda West, Tacoma, 564-1433.

ARTHUR R. KNODEL, M.D. (Pamela), Pulmonary/ Internal Medicine. Born in Seattle, 6/20/50; medical school, University of Washington, 1977; internship, Madigan Army Medical Center, 6/77-6/78; residency, Madigan Army Medical Center, 7/78-6/80; graduate training, Madigan Army Medical Center, Pulmonary Medicine, 7/80-6/82. Washington State License, 1982. Dr. Knodel is currently practicing at 201 C 15th Avenue S.W., Puyallup, 841-4378. Dr. Knodel's home address is 10011 Woodland Avenue East, Puyallup, 841-4378.

ROBERT R. LIVINGSTON, M.D. Radiology. Born in Boston, Massachusetts, 7/1/50; medical school, University of Pennsylvania, 1976; internship, Swedish Hospital, 6/76-6/77; residency, University of Washington, 6/77-6/80; fellowship, University of Washington/Harborview Medical Center, Neuroradiology, 6/84-6/85. Washington State License, 1977. Dr. Livingston is currently practicing at 3402 South 18th Street, Tacoma, 383-3731. Dr. Livingston's home address is 2908 East Republican, Seattle, 329-1604.

ROBERT P. RAUKTIS, M.D., Radiology. Born in Indiana, 2/27/51; medical school, University of Kansas, 1976; internship, Bronx VA Hospital, 1/77-12/77; residency, St. Luke's Hospital, 1/78-12/80; Graduate Training, Brigham & Women's Hospital, 7/81-6/82; New York University, 7/82-6/83. Washington State License, 1986. Dr. Rauktis is currently practicing at 3402 South 18th Street, Tacoma, 383-3731. Dr. Rauktis's home address is 4405 Harbor Country Drive #4, Gig Harbor, 851-8201.

JENS A. STRAND, M.D. (Rosalinda), Colon-Rectal Surgery. Born in Portland, North Dakota 1/9/46; medical school, University of North Dakota, 1973; Wa Medical College of Wisconsin, 7/75-6/76; residency, University of Minnesota, General Surgery, 7/76-6/77; Hennepin County General Hospital, General Surgery, 7/77-3/78; Tripler Army Medical Center, General Surgery, 7/79-6/81; fellowship, Carle Clinic, Colon-Rectal Surgery, 7/83-6/84. Washington State License, 1986. Dr. Strand is currently practicing at 902 South L Street, Tacoma, 383-5949. Dr. Strand's home address is 10902 Glenwood Drive S.W., Tacoma, 582-5613.

RICHARD S. TOBIN, M.D. (Jennifer) Radiology. Born in Portland, Oregon 2/9/55; medical school, University of Washington, 1981; internship, Virginia Mason, 6/81-6/82; residency, University of California, Radiology, 6/82-6/85; Graduate Training, Northwestern, Interventional Radiology, 6/85-7/86. Washington State License, 1986. Dr. Tobin is currently practicing at 3408 South 18th, Tacoma, 383-3731. Dr. Tobin's home address is 4020 - 70th Avenue N.W., Gig Harbor.

Personal Problems of Physicians Committee

For Impaired Physicians
Your colleagues want to help.

Medical Problems, Drugs,
Alcohol, Retirement, Emotional Problems

Committee Members

Patrick Donley, Chairman	272-2234
William A. McPhee	474-0751
Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Dennis F. Waldron	272-5127
Mrs. Marie Griffith	588-9371

MEDICAL SOCIETY OF PIERCE COUNTY
705 South 9th, Suite 203
Tacoma, Washington 98405

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MSPC NEWSLETTER

♦A publication of the Medical Society of Pierce County♦

VOL. 1, NO. 2 OCTOBER, 1986

SENATOR SLADE GORTON TO ADDRESS OCTOBER GENERAL MEMBERSHIP MEETING

The Tacoma Sheraton Hotel will be the site of the October 14 General membership meeting.

Senator Gorton will present "A National Perspective" on issues facing medicine today, such as; medicare, professional liability insurance and other major issues impacting the practice of medicine.

Spouses are invited, plan to attend - let's show Senator Gorton we are interested in what Congress is doing with medicine.

NOMINATING COMMITTEE TO MEET

The four at-large committee members elected at the September General Membership Meeting, Drs. Gerald Anderson, Kenneth Graham, Gil Johnston and Surinderjit Singh will join members of the MSPC Executive Committee; President, Richard Hawkins; President Elect, Richard Bowe; Vice President, Kenton Bodily; Secretary-Treasurer, Robert Whitney, and Immediate Past President, Guus Bischoff to select the slate of candidates to serve as officers and trustees in 1987.

If you are interested in serving as an officer or trustee, or would like to nominate a colleague, please contact one of the above committee members.

The Committee will be meeting in the first week of October.

CM COMPUTERS , INC. ENDORSED BY MSPC MEMBERSHIP BENEFITS ...

The MBI Board of Directors has endorsed CM Computers, a company specializing in medical systems. CMC has been computerizing physician offices since 1963.

CMC's software has been designed to fit the billing and management needs of different types of medical practices from single-user to 24-users.

CMC has a record of serving local physicians in a very satisfactory manner. If you are planning to computerize your office, call Sue Asher, Director, MBI, Inc. (572-3709) or Gail Norris- Smith, CEI Representative of CMC (383-3657).

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:

Joseph C. Clabots - Thoracic Surgery
Gregory H. Cain - Pediatrician
Leslie P. Fox - Ophthalmology
David W. Gauger - General Surgery
Ann Goodenberger - Internal Medicine
Rodney A. Loeffler - Emergency Medicine
Alan R. Potter - Pediatrician
Mahmoud Sarram - Ob-Gyn
Duane C. Wilson - Radiology

OFFICE SPACE

Lakewood Creekfront-custom executive home, 4 bedrooms, 3 1/2 baths, swimming pool, decks, patios, extensive entertaining area, 2 fireplaces. Secluded, elegant - 4,495 sq. ft., $270,000. FLOR ACUFF, 584-4908 home, or 581-4040 office. Parkwood Realty, Inc.

Professional office space for lease, University Place, 1500 sq. ft., call 863-7926.

Office Space with in-office lab and X-ray facilities to share with two sub-specialist in the Cedar Medical Center. Rent with option to buy. 1901 So. Cedar, Tacoma, 272-2261 or 572-3520.

POSITIONS AND PRACTICES

Family Practitioner, expanding two doctor practice in Puyallup. No OB or major surgery, 7 doctor call group. Contact; William Knittel at 841-2744.

PSYCHIATRIST - Full-time or part-time contractual position available with Comprehensive Mental Health Center. Requires board eligible psychiatrist with completion of three-year residency in psychiatry, licensed to practice medicine in the State of Washington. Responsibilities include client evaluation for medication, hospitalization, diagnosis or special treatment recommendations and clinical consultation to Center staff. Qualified applicants may submit resume to CMHC, 1201 So. Proctor, Tacoma, WA 98405. EOE.

N.W. Evaluation and Treatment Center seeking a Board eligible Psychiatrist for our 30 bed innovative adult in-patient unit: two to three days per week including call (1/2 to 3/4 time position) for salary and benefits. Send resume to: Stephen Burr, Comptroller, NW Evaluation & Treatment, 1421 Minor, Seattle, 98101, 682-1699.

VOTE NOVEMBER 4

AUXILIARY NEWS

Mrs. Edie Epstein, National Auxiliary representative on the AMPAC Board of Trustees will address the October General Meeting of the PCMSA on Friday, October 17 10:00 a.m.

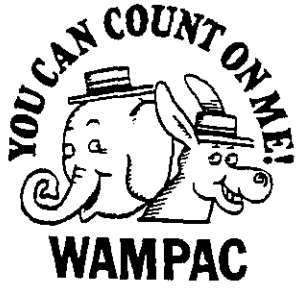
She is known as a dynamic, knowledgeable speaker. Mrs. Epstein hails from Key Biscayne, Fla. She will speak on issues AMPAC is confronting on the national level.

Mary Skinner, President of the WSMAA and Mary Randolph, Western Regional Director for the AMA Auxiliary, will be attending the October meeting in Pierce County.

Thursday evening, October 16, the Auxiliary will host a reception for Mrs. Epstein at the Tacoma Dome Hotel, 7:30-9:30 P.M.

Plan to attend the reception to meet Mrs. Epstein and hear what AMPAC is doing for you on the national scene.

NOTE: To make reservations for the October meeting, please call Rubye Ward (272-2688), Mimi Jergens (1-851-5720, or Alice Yeh (565-6929).



GIFT WRAP AVAILABLE

Quality gift wrap will once again be available soon. As a fund raising project, our Auxiliary will be selling holiday and all occasion wrapping paper and ribbon, the proceeds of which will benefit AMA-ERF.

Since it must be ordered by October 10 in order to be here by Christmas, please contact a board member or Shirley Kemman to place your order.

THANK YOU

The Auxiliary wants to express a special thank you to St. Joseph Hospital for providing meeting space and

wonderful refreshments for our September Board meeting! It was very much appreciated.

ENTERTAINMENT 87 BOOKS

The Medical Society will be selling Entertainment 87 books as an additional way to generate non-dues income.

The 1987 Entertainment membership will entitle you to utilize hundreds of two for one or 50% off offers for some of your favorite dining establishments, movies, hotels, sporting attractions and special events.

The 1987 Entertainment books sell for $27.00, an amount you can easily recoup with the use of just one or two coupon discounts. They also make nice gifts to your staff.

The Puget Sound Entertainment books are available by calling MBI at the Medical Society, 572-3709. Supply is limited, please call your order in as soon as possible.

Personal Problems of Physicians Committee

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Dennis F. Waldron	272-5127
Mrs. Marie Griffith	588-9371

Emergency Room Physician, full time in a South Seattle Community Hospital, 12-15,000 visits per year, E.R. experience required, BE/BC preferred. Fee for service. Contact David Peterson, M.D., at Riverton Hospital, 12844 Military Road So., Seattle, WA 98168, phone (206) 248-4730.

South Seattle Community Hospital seeking two internists (Board Certified). Immediate opening, office space available. Write or call: Riverton Hospital Administration, 12844 Military Road So., Seattle, WA 98168, phone (206) 248-4550.

NEW APPLICANTS

The Medical Society welcomes the following who have made application for membership into the Society.

ALFRED ALLEN, M.D., Public Health. Born in Glendale, Ohio, 12/22/37. Medical school, University of California School of Medicine, 1963; internship, surgery, University of California Hospital, 7/63-6/64; residency, University of California Hospital, surgery, 7/64-6/66; Walter Reed Army Institute, General Preventative Medicine, 7/70-6/72; graduate training, University of California, Public Health, 9/69-6/70. Washington State License, 1986. Dr. Allen is currently practicing at 3629 South D Street, Tacoma.

JONATHAN P. BACON, M.D., Orthopaedic Surgery. Born in DeKalb, Illinois, 10/07/46. Medical school, Medical College of Virginia, 1977; internship, University of Texas, Orthopaedic Surgery, 7/77-6/78; residency, University of Texas, Orthopaedic Surgery, 7/77-6/82. Washington State License, 1986. Dr. Bacon is currently practicing at 1515 South K Street, Tacoma.

MARIA T. CLABOTS, M.D., Pediatric Endocrinology. Born in Havana Cuba, 01/09/54. Medical School, St. Louis University, 1975-78, University of Kansas, 1978-79; internship, University of Kansas, pediatrics, 9/79-8/80; residency, University of Kansas, pediatrics, 9/80-8/82. Washington State License, 1986.

CARLOS E. GARCIA, M.D., Cardiac Surgery. Born in Salt Lake City, Utah, 08/30/51. Medical School, University of Utah, 1978; internship, Oregon Health Sciences University, surgery, 6/78-6/79; residency, Oregon Health Sciences University, surgery, 7/79-6/84, cardiopulmonary surgery, 7/84-6/86. Washington State License, 1986. Dr. Garcia is currently practicing at 314 South K Street, Tacoma.

SCOTT KRONLAND, M.D., Family Practice. Born in Tacoma, Washington, 03/27/57. Medical School, University of Washington, 1983; residency, University of Iowa Hospital and Clinic, 7/83-6/86. Washington State License, 1986. Dr. Kronlund is currently practicing at 800 Meridian South, Puyallup.

PHILLIP LESH, M.D., Radiology. Born in Bartlesville, Oklahoma, 10/28/52. Medical School, UCLA, 1978; internship, Parkland Hospital, Dallas, Texas, Surgery, 7/78-6/79; residency, Parkland Hospital, Dallas, Texas, Radiology, 1/80-12/82; graduate training, Parkland Hospital, Dallas, Texas, Nuclear Medicine, 1/83-6/83. Washington State License, 1986. Dr. Lesh is currently practicing at 3402 South 18th, Tacoma.

NEVILLE A. LEWIS, M.D., Orthopaedics. Born in Bryn Mawr, Pennsylvania, 07/26/50. Medical School, University of Cincinnati, 1977; internship, Cincinnati General Hospital, general surgery, 8/77-7/78; residency, Cincinnati General Hospital, general surgery, 7/78-7/79, Duke University Medical Center, orthopaedics, 10/81-6/85; graduate training, University of Colorado, Hand Surgery, 7/85-6/86. Washington State License, 1986. Dr. Lewis is currently practicing at 1002 South K Street, Tacoma.

GENE B. TROBAUGH, M.D., Cardiology. Born in Portland, Oregon, 11/15/43. Medical School, University of Oregon, 1969; internship, Hennepin County General Hospital, 6/69-6/70; residency, Hennepin County General Hospital, 7/70-6/73. Washington State License, 1973. Dr. Trobaugh is currently practicing at 3021 Griffin Avenue, Enumclaw.

STUART M. WEINSTEIN, M.D., Physical Medicine and Rehabilitation. Born in Arkansas, 03/25/58. Medical School, New York Medical College, 1983; residency, University of Washington, Rehabilitation Medicine, 7/83-6/86. Washington State License, 1984. Dr. Weinstein is currently practicing at 1901 South Cedar #302, Tacoma.

VOTE NOVEMBER 4

DR. MYRA VOZENILEK DIES SEPTEMBER 11 FOLLOWING A LENGTHY ILLNESS

Dr. Vozenilek, a radiologist and long time participant in Medical Society activities passed away September 11 following a lengthy illness.

Dr. Vozenilek was a caring, concerned and committed physician. She will be missed by all who had the benefit of knowing her. A memorium to Dr. Vozenilek will appear in the November Bulletin.

DR. RALPH JOHNSON NAMED WSMA PRESIDENT ELECT

Dr. Ralph Johnson, general and thoracic surgeon and Past President of the Medical Society of Pierce County was nominated and elected President Elect of WSMA at its 97th Annual Meeting held in Spokane, September 18-21.

Dr. Johnson will assume the Presidency in September, 1987 when the Annual Meeting will be held in Tacoma.

A long-time participant in Society and WSMA activities, Dr. Johnson will bring to the office a wealth of talent, experience and energy.

The Society extends its congratulations.

MEDICAL ASSISTANTS PRESENT SEMINAR ON "RISK MANAGEMENT FOR THE MEDICAL OFFICE"

The seminar will be presented Saturday, October 11, St. Joseph's Hospital.

Topics will include; Legal Aspects of Records Management, Malpractice Statutes, Who Can Be Sued, Termination of Patient Care, Anatomy of a Mal-Practice Case and other important issues.

For registration and more information, please call Val McKnight at 922-6145 or Linda Reynolds at 272-1076 evenings.

SEPTEMBER GENERAL MEMBERSHIP MEETING DRAWS RECORD CROWD

"Health Care Contracting ...1986" was the topic for the September 9 General Membership Meeting. Over 200 members registered for the dinner and program at Fircrest Golf Club.

Dr. Gil Johnston represented the Washington Association of Medical and Surgical Specialists, Inc.. Tacoma (Family Practice) IPA's position was presented by Dr. David Pomeroy. Dr. Gil Roller presented the posture of the Pierce County Medical Bureau and Mr. Frank Baker viewed the current situation from the perspective of the Washington Hospital Association.

The message was that physicians had better become involved and begin working together. The alternative is to become a small component of "managed health-care."

COLLEGE OF MEDICAL EDUCATION
627-7137
Category I
Continuing Medical Education

OCTOBER - CALENDAR

ELECTROCARDIOGRAPHY
October 1, 8, 15, 22, 31
8:00 to 9:00 am - Jackson Hall
No Fee

COMMON OFFICE PROBLEMS
PRACTICAL SOLUTIONS
October 2, 3 - 8:00 am to 5:00 pm
Jackson Hall
Preregistration required

CPR FOR PHYSICIANS ONLY
October 13 - 7:00 to 9:00 am
Jackson Hall
Preregistration required
No Fee

HYPERTENSION
THE ELDERLY PATIENT
October 13 - St. Joseph Hospital
7:45 to 9:00 am - Lagerquist
Preregistration required
No Fee

STRESS, EMOTION AND THE HEART
October 24 - 9:00 am to 4:00 pm
Sheraton Tacoma Hotel

Topics presented by the nations leading authorities . .

ROBERT S. ELIOT, M.D,FACC,FACP
DAVID V. SHEEHAN, M.D.

Preregistration required
No Fee - $Lunch $20

FOCUS: CRITICAL CARE
October 29, 30 - 8:00 to 5:00
Sheraton Tacoma Hotel

Topics presented by various national experts.

Preregistration is required

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Alcohol, Retirement, Emotional Problems

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Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Dennis F. Waldron	272-5127
Mrs. Marie Griffith	588-9371

WSMA ANNUAL MEETING HIGHLIGHTS

The Pierce County delegation played an influential role in many of the decisions reached at the 97th annual meeting of the WSMA in Spokane, September 18-21.

Dr. Richard Hawkins, Vice Speaker presided over the House of Delegates review of Reference Committee A & B reports. He received many kudos for his excellent knowledge of parliamentary procedure and control of the House activities. Dr. William Marsh, President, WSMA-Hospital Medical Staff Section presided over a very interesting and well attended meeting of the Section. Dr. Richard Bowe, chaired Reference Committee "C". Dr. Robert Whitney chaired the Credentials Committee and Dr. Peter Marsh was a member of Reference Committee "B".

Dr. Charles Weatherby, MSPC Trustee was elected to serve as WSMA Trustee.

Dr. Richard Hawkins, MSPC President was re-elected Vice Speaker of the House of Delegates and Dr. Robert Scherz was reelected to serve a two year term as WSMA Trustee.

Some of the more hotly contested issues were "Case Management/ Gatekeeper" concept, Drug Testing of Physicians, Uncompensated Care, Impaired Physician Program, Professional Liability, Medical Discipline, Pap Smear testing, Peer Review, Living Wills, Dues, Initiative #92, Closed Medical Staff and many others matters.

Dr. Lonnie Bristow, AMA Trustee, responded to the question, How should medicine respond to the problems of Access To Care. Dr. Robert Coe, Chairman, WA. State Medical Disciplinary Board recommended the Board be separated from the Department of Licensing. Dr. Coe believes the Board has reached a "plateau" and there must be change in the fundamental laws governing the Board.

Keynoting the WSMA-Hospital Medical Staff Section meeting was Dr. Howard L. Lang. Dr. Lang urged that Medical Staffs be a separate entity, with its own medical director and legal counsel.

Dr. Ron Taylor, representing Humana along with Dr. Marsh, Good Samaritan were the only representatives from Pierce County Hospitals attending the meeting. Hospital medical staffs are urged to have your chiefs of staff attend these meetings. Many important issues are being discussed and events are occurring so rapidly in the changing environment it is very important for you to keep abreast of what is happening.
PRO/W generated much debate in the reference committees and on the House floor. PRO/W is awaiting word from HCFA if it is to receive a contract for 1987.

Representing MSPC as Delegates at the meeting were: Drs.
- Kenton C. Bodily
- Richard G. Bowe
- David G. Clark
- Michael L. Halstead
- Peter K. Marsh
- DeMaurice Moses
- Paul Schneider
- Charles M. Weatherby
- Robert B. Whitney

Alternate Delegates: Drs.
- Charles L. Anderson
- David Hopkins
- James D. Krueger
- William G. Marsh
- Gilbert J. Roller
- Ronald G. Taylor
- Stanley W. Tuell
- Richard T. Vimont

AMA Alternate Delegate:
- Dr. Ralph Johnson

Auxiliary Delegates:
- Cindy Anderson
- Sharon Ann Lawson
- Jo Roller
- Alice Wilhyde

It should be noted that MSPC representatives to the WSMA Annual Meeting do so at considerable expense. The meeting lasts four days and MSPC does not reimburse for any expenses.

VOTE NOVEMBER 4

Medical Society of Pierce County

705 Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

GENERAL MEMBERSHIP MEETING

(Spouses are welcome)

TUESDAY, OCTOBER 14, 1986

"A NATIONAL PERSPECTIVE"

WITH

SENATOR SLADE GORTON

DATE: Tuesday, October 14, 1986

TIME: No host cocktails 6:00 P.M. Dinner 6:45 P.M. Program 7:30 P.M.

PLACE: Sheraton Tacoma Hotel
South 13th & Broadway Plaza

COST: Dinner, $17.50 per person

Register now. Please complete the attached reservation form and return it, with a check for the appropriate amount **made payable to the Medical Society of Pierce County,** in the enclosed pre-addressed envelope. Or, call the Medical Society office, 572-3667, to confirm your attendance.

Due to the special arrangements necessary for this meeting, reservations must be made no later than Friday, October 10.

REGISTRATION:

Yes, I (we) have set aside the evening of October 14 to join my fellow Society members and spouses for the presentation by U.S. Senator Slade Gordon.

__ Please reserve _____ dinner(s) at $17.50 per person (tax and gratuity included). Enclosed is my check for $ _____.

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

Dr: _____

RETURN TO MSPC BY NO LATER THAN FRIDAY, OCTOBER 10.

MBI UPDATE

Placements and Publications

The Medical-Dental Placement Service is the Society owned and operated placement agency. Our primary goal is to make appropriate matches between qualified applicants and physicians, dentists, or other allied health employers. After placing a job order with the placement service, employers may review resume packets or allow the staff to screen and set up interviews. If the applicants registered are not appropriate, the Placement Service will advertise your job confidentially, screen the responses, check references and send you only the applicants that meet your job requirements.

What can member physicians do to support and maintain this service?

1. Give your placement service your exclusive job order. Why? to save yourself time and money by allowing staff to advertise and screen. Many applicants are already on file with us allowing us to make the placement. If, after an agreed upon time, we have not found a suitable candidate for you, then place your ad and try it yourself. Most of the time, this will not be necessary.

2. Provide the Placement Service with a well developed job description.

3. Recommend the Placement Service to your colleagues rather than supply them with resumes obtained from the Placement Service. Distributing confidential resumes compromises the Placement Services contract with it's applicants.

4. Work with us, not against us. We are here to serve your needs, and if we all work together we will be able to maintain this service for you.

VOTE
NOVEMBER 4TH

1987 POCKET DIRECTORY

The 1987 Pocket Directory (Pierce County Physicians and Surgeons) will soon be in the final stages of production.
If you want to confirm the information for your listing, please call Sue Asher at MBI, 572-3709. Information for listings will be taken from the blue form you returned to us in May and June. If we did not receive a blue form from you, the listing will stay the same as for for the '86' book. The 1987 Directory will be distributed in December.

MEDICAL SOCIETY OF PIERCE COUNTY
705 South 9th, Suite 203
Tacoma, Washington 98405

The Bulletin

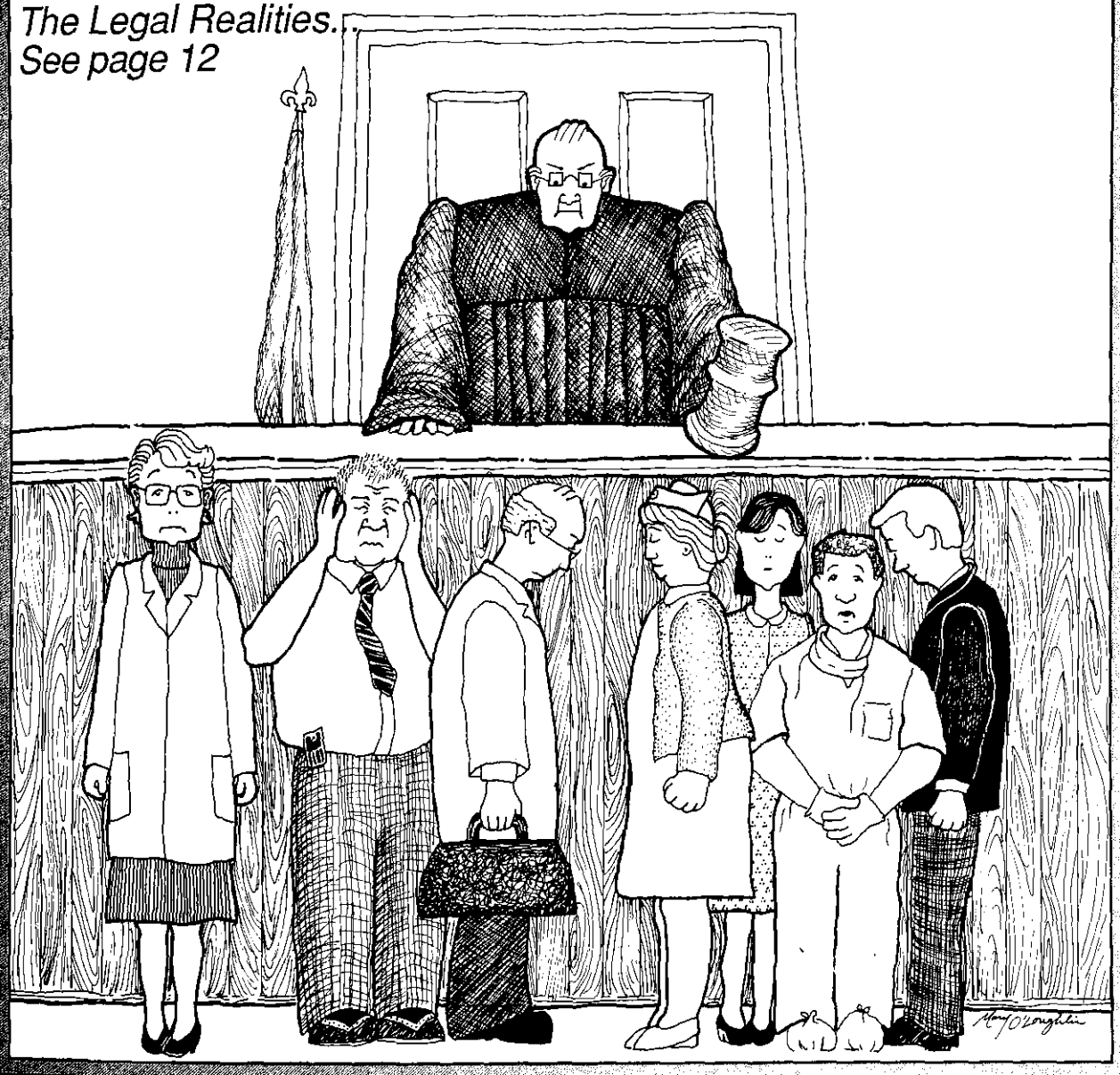
MEDICAL SOCIETY OF PIERCE COUNTY

November, 1986

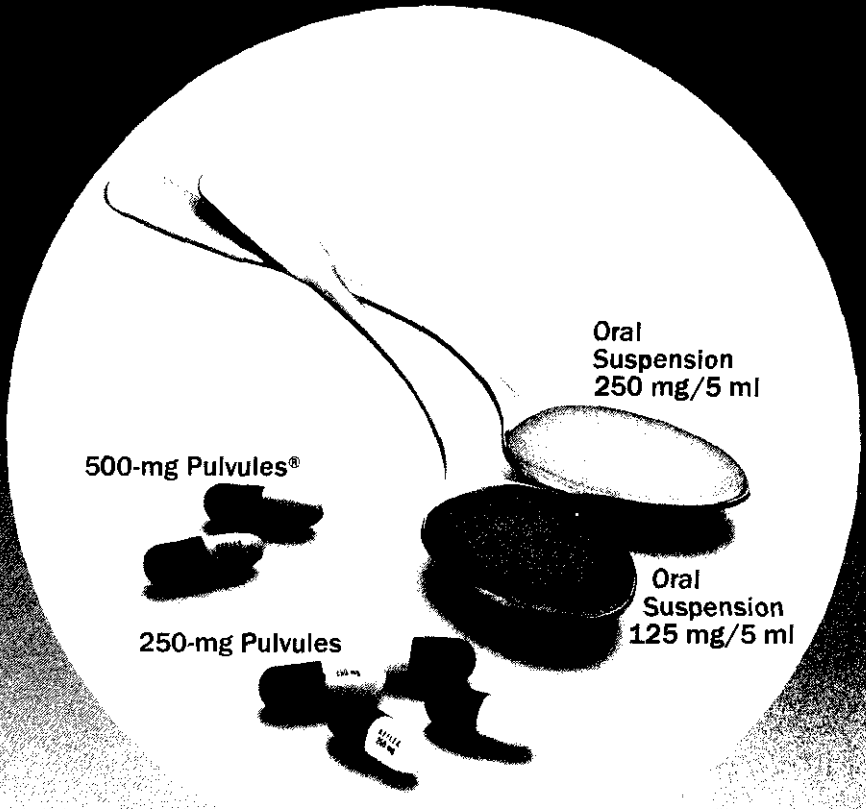
INFORMED CONSENT

The Legal Realities...

See page 12



Easy To Take



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The Bulletin

The official publication of the Medical Society of Pierce County

The Bulletin is published quarterly, February, May, August and November, 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* contributors and do not necessarily reflect the official position of the Medical Society. *Acceptance of advertising in no way* constitutes professional approval or endorsement of products or services advertised. *The Bulletin* and the Medical Society of Pierce County reserve the right to reject any advertising.

Editor: David S. Hopkins

Managing Editor: Douglas R. Jackman

Editorial Committee: David S. Hopkins (Chairman), Stanley W. Tuell, W. Ben Blackett, Richard Hawkins

Production: Mary K. Tipton

Advertising: Sue Asher, *Membership Benefits,* Inc., Medical Society of Pierce County, 572-3709.
Beverly Foley, 2607 Bridgeport Way West, Suite 2C, Tacoma, (206) 564-3839

President's Page

On Doom and Gloom

The theme of 1986 among physicians seems to be "It's not fun anymore." Who would have thought that doctors would feel this way? It seems like there are lots of bad things happening to and within our profession.

Physicians are criticized for doing too much and for not doing enough, for being too ineffective and for being too expensive, for overutilization and for not being available. One sort of begins to feel that, no matter what you do, it will be wrong. Yet we know that now more than ever we are taking better care of more people more efficiently.

You are probably tired of hearing about the crisis that seems to be upon us. As I talk about the things that are happening to physicians, I feel like Doctor Gloom and Doom.

I am not much of a linguist, but I have been told that, in the Chinese language, the characters that mean crisis also mean opportunity. I am inclined to think that this "crisis" should be viewed as an opportunity.

MARKETING

The old rule about building a practice was to take good care of your patients and the practice would build and maintain itself. Satisfied patients return and recommend you to their neighbors, and referring physicians recognize good patient care and send more patients for consultation

Then the new rule became marketing. In order go get and maintain your market share, you need to market your services.

Yes, a few patients would be influenced by a "hype" approach in advertising. Madison Avenue advertising seems to be successful in two respects, creating a market where there was none and developing expectations greater than reality. Is that what physicians want? Is that what patients want? Medical care is not an elastic market, expandable by clever advertising. Creating expectations that you cannot achieve is not only unethical, it is stupid; consider the malpractice implications if nothing else.

The new rule will have positive effects by making us more sensitive to the needs of patients, and to let them know what they want to know. But then that was part of the old rule, if it were done right.

MANPOWER

We have good indications that the previous physician shortage is rapidly reversing itself. As the number of physicians increases, each physician has less demand to care for lots of patients and a greater opportunity to spend more time with each patient. Doctors may no longer be able to hide behind the excuse that they were too busy, or that the sicker patient had to be cared for first. I think that will be a benefit to our patients.

Fewer patient care responsibilities frees the doctor to have time for non-professional activities. Our families and our communities will be glad to have more of our time.

Arrogance can be the product of demand. If demand decreases because there is an increased supply of physicians, I think our patients will benefit from the changes in physician behavior that we could expect.

MEDICAL RESEARCH

Our researchers are doing a very fine job of developing new investigative and treatment modalities for us to use to help our patients. You might wonder what I have to say about medical research when I am talking about opportunity; the challenges confronting medicine appear to attack research preferentially--costs, anti-technology attitudes, distain for uncertainty.

This does indeed present us with an opportunity, not only to continue improving detection and management of disease, but to increase research into health care delivery methods. In my opinion, this is a very important opportunity to do something long overdue--develop a better scientific basis for what we do, why we do it, and when we do it.

Doctors frequently claim that physicians must have control of their professional judgement, that non-physicians do not have the knowledge and experience to make the decisions that doctors have to make. Yet we are criticized that our judgements are not sound. One need only look at the wide variation in physician recommendations to be justified in asking the question, "Do doctors know what they are doing?"

When should which tests be used in evaluating abdominal pain? Under what circumstances and how should patients be re-evaluated after coronary artery procedures? I would like to have a more sound scientific basis for who should have which tests and treatments, and when.

Part of that basis should include good analysis of alternatives and costs, with quantification of probabilities.

If our knowledge of pathology, treatment methods and effects is complete, and if we apply that knowledge properly, and if we help our patients make informed choices,

Continued on page 6.

"A Humorous Look at Medicine"

Dr. Jack Lein will be the featured speaker at the Annual Joint Dinner Meeting scheduled for Tuesday, Dec. 9. Dr. Lein, Vice President Health Sciences, University of Washington Medical School, is well known for his outstanding sense of humor and is much sought after as an after-dinner speaker.

The meeting will be held in the Ballroom of the Sheraton Tacoma Hotel. Social hour will begin at 6:30 p.m., dinner at 7:15 p.m. and program at 8:15 p.m.

It promises to be an evening of fun with Dr. Lein as the feature speaker along with the installation of 1987 Medical Society officers and Trustees, raffles and prizes. Put it on your calendar.

Dr. Robert Whitney, Jr. named as fellow.

Dr. Robert B. Whitney, Jr. has been named one of 84 fellows by the American College of Radiology, a national organization serving more than 20,000 radiologists, radiation oncologists and radiological physicists. The Board of Chancellors named Dr. Whitney during the convocation ceremonies at the annual meeting of the American College of Radiology, Sept. 16, in Baltimore, Maryland.

Fellowships to the college are awarded for significant scientific or clinical research in the field of radiology, or significant contributions to its literature. Criteria for selection also include performance of outstanding service as a teacher of radiology, service to organized medicine and an outstanding reputation among colleagues and local community as a result of long term superior service.

Prospective Fellows must be active members of the American College of Radiology for five years and be nominated by two fellows of the College. Nominations are reviewed by a committee before going to the Board of Chancellors for final approval.

Dr. Michael Goerss participates in GO Championships.

Dr. Michael Goerss participated in the West Coast Championship for the Japanese board game of GO, Aug. 23-24 near Seattle. His record of four wins and two losses put him into a three-way tie for second in his division. With two other players amassing more tie-breaking points, however, Dr. Goerss received fourth place.

Transferring patient records...

One of the most frequent complaints the Medical Society office receives from the public is the difficulty in transferring their medical records. The Ethics/Standards of Practice Committee and the Board of Trustees approved the following Ethical Guidelines concerning transfer of medical records:

Where as in the past, it was common practice to transfer medical records between physicians without problems and without cost, this has not been the case in recent years. There have been increasing associated costs and there have been a new crop of problems associated with transfer requests.

Your committee feels that physicians should honor all requests of a person who is or has been a patient for access to his records, and that the same request should be honored for a medical representative of that patient under appropriate written authorization.

Ordinarily, a summary of pertinent patient information should be considered satisfactory.

For copying charts, the originating physician's office may charge a reasonable fee. The committee feels that 50 cents per page is reasonable. This charge may be levied against the patient, the patient's representative, or the requesting physician.

Access to a chart should only be withheld where prohibited by law, or where for psychiatric or other medical reasons in the judgement of the patient's physician, such release would be detrimental to the patient. Under those conditions, access should only be pursuant to an order of the court.

It is unethical to withhold transfer of medical records or provision of a copy of medical records because of an unpaid bill for medical services.

It is suggested that access to medical records in the originating physician's office by the requesting physician's personnel be granted, if this is more convenient and less expensive. In the spirit of cooperation, for charts that are voluminous, old or of limited value; the physician with the original record should be contacted personally by the requesting physician for such information. A telephone call may thus suffice.

News briefs continued on next page.

President's Message: On Doom and Gloom, continued from page 4.

then I think we will be more immune to criticism. Because we will be taking better care of our patients.

THE TAKE-HOME LESSON

Certainly, in 1986, physicians have plenty of opportunity to be depressed. The challenge to us is to make this an opportunity for positive changes.

The take-home lesson has been said many times, but I do not think it can be repreated too many times. In these changing and trying times for physicians, we have to remember that our patients are the bottom line. What is good for our patients is good for physicians--take care of our patients interests and our interests will be taken care of. ■

Richard Hawkins

Good News for Board Members of Non-Profit Corporations...

The last 15 years have seen dramatic changes in the laws governing personal liability of corpoate officers and directors. Many major businesses find it difficult to attract and retain capable directors because of the risk and expense of becoming a defendant in litigation resulting from corporate actions. Corporations have resorted to amending their articles of incorporation to indemnify their officers and directors, or purchasing insurance against the possibility of claims which involve them. Such insurance, however, is expensive and increasingly difficult to obtain.

This increased risk in the commercial setting has caused individuals serving non-profit corporations (typically as members of the board of a charity or an educational institution) to wonder whether they have the same exposure to liability. What is the individual's responsibility for the actions of the corporation? Is service worth the risks involved? How can one protect against expensive lawsuits, however frivilous, except by refusing to serve? Is it necessary to buy insurance to protect oneself?

The recent session of the Washington Legislature addressed the subject as part of the Tort Reform Act of 1986, signed by the governor on April 4. Where, under existing law, officers and directors of non-profit corporations could be held for simple negligence, a finding of gross negligence is now required. The new statute provides:

(1) Except as provided in subsection (2)...a member of the board of directors or an officer of any nonprofit corporation is not civilly liable for any act or omission in the course and scope of his or her official capacity unless the act or omission constitutes gross negligence.

(2) Nothing in this section shall limit or modify in any manner the duties or liabilities of a director or officer of a corporation to the corporation or the corporation's shareholders.

While the new law makes it more difficult for a non-profit officer or director to be held liable for his act of the acts of others, it does not eliminate the risk. If one does not intend to take an active part in the affairs of a non-profit corporation, he should not offer to serve. Inattention or inactivity can, under some circumstances, amount to gross negligence. ■

Reprint from the *Reed McClure Letter,*

Change of Address

Dr. Thomas G. Griffith has moved his office to 1530 S. Union, Tacoma, WA, Office phone:(206) 756-0933, Surgery Suite phone:(206) 756-9605.

Board of Trustees Minutes

Tues. Sept. 2, 1986

The Board of Trustees for the Medical Society of Pierce County met, Tuesday, Sept. 2, 1986, at St. Joseph Hospital. Members present were: Drs. Richard Hawkins (President), DeMaurice Moses, Michael Halstead, Richard Bowe, Paul Schneider, Robert Whitney, Charles Weatherby, Kenton Bodily, Barry Weled, Guus Bischoff and Mrs. Beverly Graham (attending for Mrs. Duffy); also present were: Drs. Fulcher, Alenick, Taylor, Russell, Akamatsu, Cheah, Bargren and Rich; guests: Dr. Pat Donley, Chairman, Personal Problems of Physicians Committee; Mr. Jackman.

The minutes of the June 3, 1986 Board of Trustees Meeting were approved and filed.

FINANCE REPORT:

Dr. Whitney noted that the Society had been reimbursed by its insurance carrier, CNA, for the sum the Society has paid in its defense of the antitrust lawsuit it is presently involved in. In the future, the Society's counsel will directly bill CNA rather than the Society.

The Board discussed at length approaches the Society could make to enlist those physicians who have not elected to participate in organized medicine. To focus particularly on those specialties where a sizable minority do not belong to local, state or national organizations.

A motion was made that ' THE SOCIETY DRAFT A TELEPHONE SCRIPT TO DISCUSS MEMBERSHIP RECRUITING OF NON-MEMBERS. THIS SCRIPT WOULD BE PROVIDED TO THE CHAIRMAN OF THE SPECIALTY SOCIETIES, WHO IN TURN WOULD ASSIGN VARIOUS MEMBERS TO MAKE CALLS TO NON-MEMBERS." The motion was seconded and unanimously approved.

EXECUTIVE COMMITTEE REPORT:

Dr. Hawkins reported on the Executive Committee Meeting of Tuesday, Aug. 19. The report was approved and filed.

AUXILIARY REPORT:

Mrs. Beverly Graham (Kenneth) reported on the successful membership drive via a phone-a-thon in which 40 volunteers have tentatively enlisted 150 new members to the Auxiliary. She noted the phone-a-thon was organized by Mrs. Alice Wilhyde.

Mrs. Graham reported that the Auxiliary will be hosting a reception for Mrs. Edie Epstein, Auxiliary representative to the AMPAC Board on Thursday, Oct. 16. Mrs. Epstein will address the Auxiliary October Membership Meeting on Friday, Oct. 17. The report was filed.

CREDENTIALS COMMITTEE REPORT:

It was reported that the Committee had met and reviewed the files of ten applicants. Those approved for membership were: Gregory C. Cain, MD; Leslie P. Fox, MD; Ann Goodenberger, MD; Allen R. Potter; Dwayne C. Wilson, MD; Joseph C. Clabots, MD; David W. Gauger, MD; Rodney A. Loeffler, MD; Mahmoud Sarram, MD.

One applicants file was placed on hold pending clarification of licensing procedure.

EMS COMMITTEE REPORT:

Dr. Fulcher reported that the present malpractice insurance situation for pre-hospital care for base station physicians is unresolved. The report was filed.

ETHICS COMMITTEE REPORT:

Dr. Taylor, Chairman, related to the Board certain questions regarding a prenatal care program being instituted in the county. The report was approved and filed.

MEDICAL-LEGAL COMMITTEE:

The Board voted to amend the Memorandum of Understanding as recommended by the Committee which would in effect permit any member of the Legal Committee or any member of the Medical Committee to serve as arbitrators, the third arbitrator, who shall be neither an attorney or a physician shall be jointly selected by the Chairman of the Legal Committee and the Chairman of the Medical Committee. The cost, if any, shall be bourne by the third party.

CANCER IN BLACK AMERICANS:

This was an issue Dr. Moses had raised at the June meeting of the Board. A resolution was introduced at the WSMA Annual Meeting from the Pierce County Delegation.

INFANT DEATHS IN PIERCE COUNTY:

Dr. Russel reported on the newspaper article in the *Tacoma News Tribune* relating to a high incidence of infant mortality in Pierce County. The Board agreed that this was a very serious problem in the county and the State and discussions will be conducted with representatives of the Health Department.

Board Report continued on next page.

PERSONAL PROBLEMS OF PHYSICIANS COMMITTEE

At the request of the Board of Trustees, Dr. Pat Donley, Chairman of the Committee, reported on the functions and actions of the Committee.

MBI DEBT:

Dr. Whitney, Secretary-Treasurer, MBI Board of Directors and MSPC Board of Trustees, asked that a resolution to the continued growth of the MBI debt to the Society be reached. A motion was made that the "THE TERM OF THE NOTE SHOULD BE LIMITED TO FIVE YEARS, PAYMENT UPON DEMAND OCTOBER 1, 1991, WITH INTEREST PAYMENTS DEMANDED ANNUALLY AND PRINCIPAL PAYMENT UPON DEMAND, OCTOBER 1, 1991 (5% INTEREST RATE)." The motion was seconded and unanimously approved. Dr. Whitney noted that it is the view of the MBI Board of Directors that a for profit subsidiary be operated to realize a profit

As there was no further business to conduct, the meeting was adjourned at 9:10 p.m.

Robert B. Whitney, MD
Secretary-Treasurer

Advertising and Publicity...

Physician Guidelines.

There are no restrictions on advertising by physicians except those that can be specifically justified to protect the public from deceptive practices. A physician may publicize himself as a physician through any commercial publicity or other form of public communication (including any newspaper, magazine, telephone directory, radio, television or other advertising) provided that the communication shall not be misleading because of the omission of necessary material information, shall not contain any false or misleading statements, or shall not otherwise operate to deceive.

The form of communication should be designed to communicate the information contained therein to the public in a direct, dignified and readily comprehensible manner. Aggressive, high pressure advertising and publicity may create unjustified medical expectations. Any advertisement or publicity, regardless of format or content should be true and not misleading.

The communication may include: (a) the educational background of the physician; (b) the basis on which fees are determined (including charges for specific services); (c) available credit or other methods of payment; and (d) other information about the physician which a reasonable person might regard as relevant in determining whether to seek the physician's services.

Testimonials of patients, however, as to the physician's skill or the quality of his professional services should not be publicized. Statements relating to the quality of medical services are extremely difficult, if not impossible to verify or measure by objective standards. Claims regarding experience, competence and the quality of the physician's services may be made if they can be factully supported and if they do not imply that he has an exclusive and unique skill or remedy. A statement that a physician has cured or successfully treated a large number of cases involving a particular serious ailment may imply a certainty of result and create unjustified and misleading expectations in prospective patients.

Consistent with Federal regulatory standards which apply to commercial advertising , a physician who is considering the placement of an advertisement or publicity release, whether in print, radio or television, should determine in advance that his communication or message is explicitly and imiplicity truthful and not misleading. These standards require the advertiser to have a reasonable basis for claims before they are used in advertising. The reasonable basis must be established by those facts known to the advertiser, and those which a reasonable, prudent advertiser should have discovered.

As used herein, references to a"physician" apply also to information relating to the physician's group, partners or associates. Any communication or message within the scope of this opinion should include the name of at least one physician responsible for its content.

Nothing in any opinion of the Judicial Council is intended or shall be construed to discourage or to limit advertising and representations which are not false or deceptive within the meaning of Section 5 of the Federal Trade Commission Act. (II) ■

Current opinions of the Judicial Council of the AMA, 1986.

In Memoriam

Warren Smith , MD

Warren Smith was born Dec. 15, 1912, in Topsfield, Mass., and died in Tacoma, Feb. 15, 1986, after two years of retirement from practice. He grew up in Topsfield, which he stated with pride, was the place of the State Fair. His college education was Universtiy of New Hampshire, 1930-1934. Much of this was a difficult financial time, and he worked his way through school.

He attended medical school at Washington University, St Louis, MO., receiving his M.D. in 1938. Internship was at Barnes Hopstial, St. Louis, 1938-39, a highly selective and sought-after position. This was an early indication of his greatness as a professional individual. In 1939-40 he was at the Barnard Free Skin and Cancer Hospital, part of a continuum of a long professional life related to investigation of clinical matters, careful observation of pathology and treatment of disease. He then went to the Royal Victoria Hospital in Montreal from 1940-42, where he was on the Surgical Service, including the new subspecialty of thoracic surgery.

As an interlude, on July 4, 1941, Dr. W.F. Smith received a communication, "You have been accepted by the Department of Internal Affairs as Medical Officer on the 'Nascopie' for the Arctic trip. You will report to Captain Smellie, officer commanding the ship, Nascopie." He was then 28 years old, single, 5 feet, 11 inches tall and 175 pounds. This was one of many indications of his look toward broader horizons and the romanticism of far places.

He not only was the Medical Officer, but also was required to perform many other duties, such as Coroner for the native villages visited by the ship. His training was interrupted by service in the U.S. Navy. This service included the Caribbean area at Guantanamo Bay, Cuba, Haiti, and Puerto Rico. He saw service in Newport, Rhode Island and Massachusetts, before being assigned to sea duty, from Dec., 1944,until Feb. ,1946, in the Pacific area.

During his time of training at the Royal Victorial Hospital he met and married his wife, Marion, who received her nurses' training at the same institution.

The last part of Smitty's navy career was at Bremerton, and it was here that he and I first became acquainted, as did our wives. Everything seemed just right. We became close friends, and the Smiths decided the Pacific Northwest was the place to live and practice. Tentative plans for this association was set up. Smitty had some needs in his own mind for additional training in cancer work, and upon his discharge from the Navy, he went back to Barnard Free Skin and Cancer Hospital for six months of pathology and a year as Resident Surgeon, specializing in cancer. He arrived in Tacoma, March 1948. This was an interesting time of practice, the shifting over of the essentially unregulated practice of surgery to a reasonable peer review system. Many new techniques in anesthesia and surgery provided an expanding and vibrant period within which to practice.

Warren Smith received his surgical Board Certification in 1949. He was Chief of Staff at Tacoma General Hospital in 1966 and Chief of Staff at Doctors' Hospital in 1981; he was President of the Tacoma Surgical Club from 1959 to 1960. Early on, because of special interest, Smitty performed a great deal of plastic surgery before other trained specialsts arrived in town. His cancer work, in particular, was a great contribution to the area, and he did the first larynogectomies in the community.

There was a great deal of tuberculosis surgery at Mountain View Sanitarium (Pierce County) and also at the Tacoma Indian Hospital, which cared for patients from southwestern USA up through Alaska; he and I took care of these services for approximately a full decade. From Thoracoplasty, as the traditional standard approach, we worked into pulmonary resection as the primary surgical need. This became a satisfying experienc involving well over 1,000 lung resections during this time.

After living for the first several years in the north end of Tacoma, he and Marion bought some acerage north of Milton and built a home where he was to remain the rest of his life. He liked the rural setting, he liked horses, and as a special hobby, he participated in horse-packing expeditions, part of which was managing, and part of which was serving as the camp cook.

Professionally, Smitty was always careful, precise, and predictable; the patient always came first, and his patients, be they county, welfare, or the very rich, were loyal and appreciative. If there was a better way to diagnose or operate, he would investigate in depth and proceed. He was an inveterate reader and attended local medical meetings, especially CPC's and clinical sessions, but he was not a joiner, nor did he attend many large meetings. Over the years he developed a particular reputation for forthrightness and in depth examination of professional and ethical problems that might arise.

He was best known as the "conscience" for the surgical branch of the profession. He would not keep quiet if something needed saying; he would not sweep professional dirt under the rug. Smitty, for several decades, did more by his unpublicized and behind-the-scenes crusading to provide an excellent climate for working than anybody else in the region.

With it all, Warren Smith was a gentleman, a loved husband and father, and personal friend to many. He lived a life of happy intensity of purpose and accomplishment, complete with a full share of frustration and a sensitive realization of mortality. I am one of many who is thankful to have known him and to have been his friend and associate.

— Murray L. Johnson MD

Myra S. Vozenilek, MD

Myra Vozenilek was born in Czechoslovakia and died in Tacoma, Sept. 11, 1986.

She graduated in 1949 from the Medical School of Lausanne, Switzerland. She received her internship and residency training in the United States. She was a Diplomate of the American Board of Radiology and a member of the American College of Radiology. She was licensed in the state of Washington in 1956.

During her first few years in this area, she practiced her specialty for various institutions and clinics. She started her private practice in Lakewood in 1958. This was a difficult endeavor for a "woman in medicine" in those days, which worked out very successfully.

Myra was a dedicated physician, not only professionally but also in her involvement with the Medical Society of Pierce County, serving two terms as secretary-treasurer (1981-82) and two separate terms as trustee (1977-79 and 1983-85)

She was a naturalized U.S. citizen and a staunch believer in this great country's international leadership role and free enterprise system.

She dealt with reverses in her personal life in a courageous and constructive fashion in terms of various recreational and athletic activities, thus deservedly creating a broad circle of friends.

She handled the final stage of her long illness in a most courageous, intelligent and dignified fashion. All of us who were her friends felt privileged to be given the opportunity to be of help and support to her, at the same time feeling so hopelessly helpless.

The memorial service at The Little Church on the Prairie was quite moving in terms of the outpouring of love from her relatives and friends. Myra loved her children dearly and till the very last was fully aware of their love for her.

Following the service, we gathered at her lovely home. It was a beautiful late summer afternoon with a gentle hint of fall in the air,her favorite Pacific Northwest climate. We found consolation in our bereavement in "breaking bread together" and exchanging precious memories. At the same time, we were saddened by the knowledge that this was the final gathering in her home where on so many occasions, we enjoyed the generosity and warmth of her hospitality.

Myra was a very special and inspiring person. She will be dearly missed. Our deepest sympathy goes to her children, Helen and Thomas.

Myra, we are grateful for having had the opportunity of being your friend, colleague and fellow citizen,and we will carry your dear memory in our hearts forever. ■

—*John and Eugenia Colen*

Informed Consent...
Physician beware!

By John J. Pilkington, Esq.

As an attorney entrusted with the privilege and responsibility of representing both physicians and hospitals in the trial arena, I have become increasingly alarmed at the proliferation of lawsuits against the medical profession for failing to obtain informed consent from patients. As it presently exists, the doctrine of informed consent hangs like the Sword of Damocles held by plaintiffs' lawyers dangerously close to many unwary physicians' heads. This unhappy state of affairs can be remedied. However, in order to achieve a cure, physicians must first be armed with a working knowledge of their legal responsibilities to patients in this realm. The public, speaking collectively through its duly adopted laws, demands it.

The doctrine of informed consent finds its origins in two fundamental principles carefully woven into the overall fabric of our society. The first recognizes an individual's inviolable right to self-determination. The second recognizes what has come to be accepted as the public's right to know. Not surprisingly, these principles, so all-pervasive in a free society, have been extended to the physician-patient relationship.

In essence physicians are required to recognize a patient's autonomy over his body. Patients, in other than medical emergencies, are legally entitled to the final word as to what is to be done medically to affect bodily integrity. Physicians are well acquainted with the risks, benefits and alternatives to proposed medical treatment. The law obligates them to convey this information in understandable terms to allow patients the opportunity to make intelligent decisions with respect to proposed treatment.

The serious threat posed to physicians who neglect to obtain an informed consent prior to rendering medical treatment is graphically demonstrated by the fact than an omission to do so can result in a damage award even in the absence of medical malpractice. Liability for failing to secure an informed consent is premised on the occurence of inherent risks and complications about which a patient should have been advised. By way of example, a surgeon who acquits himself admirably in the performance of a mastectomy may still be found responsible in damages to a woman who would have chose a lumpectomy, if given the option, and who now must undergo reconstructive surgery in an effort to hide physical and emotional scars.

The stakes at risk for physicians challenged in court in medical malpractice actions are high. They double when the propriety, not only of medical treatment rendered but also of efforts made at obtaining informed consent is questioned. Physicians must, therefore, be thoroughly prepared to prevail against both charges if they are to escape unscathed from the traps of liability carefully set by plaintiffs' lawyers.

Physicians are usually eager to meet charges of medical malpractice head on. They are expert in the medical care rendered and confident that the charges of medical negligence are without merit. Furthermore, every "t" in the medical history portion of the chart has been crossed, every "i" in the operative note dotted. They feel prepared to defeat frivolous medical claims. They are eager to tell a jury their side of the medical story.

Physicians, however, are not as confident about addressing informed consent charges. Although they may routinely obtain a legally acceptable consent from their patients, by the time litigation is launched, often years and many patients later, their memories have understandably dimmed. If physicians as a whole have one common characteristic, it is that they are forthright to a fault. They refuse to color the truth even ever so lightly. Once they cannot fully recall obtaining an informed consent, these same physicians, so eager to defend malpractice claims to the hilt, are ready to throw in the towel on lack of informed consent claims. This defeatist attitude can hamstring their entire legal defense.

This unfortunate predicament occurs when physicians do not document their records adequately. They have, for the most part, learned to memorialize medical aspects of treatment. Yet they overlook the importance of documenting the gist of pertinent physician-patient communications that occur in person or on the telephone when it is crucial to do so.

Ours is a society which views the written word as the yardstick against which all truth is measured. Since the written word never changes, it cannot lie. The public in general and juries in particular pledge allegiance to this proposition. Not written not said, not written not done, becomes the battle hymn sung to juries by plaintiffs' lawyers. It's melody has a certain appeal.

Continued on page 13.

Informed Consent, continued from page 12.
determined to reflect informed consent discussions in their office records. It is not a difficult task. The terse phrase, "risks, benefits, alternatives, explained, understood," is sufficient. It's sheer brevity is appealing to even the laziest of record keepers. Indeed its brevity is advisable. Too much detail is to be avoided. For instance, by specifically noting each risk that can occur, invitation is extended tp be sued for a risk not specifically mentioned. By keeping the record topical, the physician is still free to testify to everything that was discussed under each written heading. Juries do understand, with the help of competent defense counsel, that medical records are intended to be summaries, not autobiographies.

Physicians cannot rely on consent forms, found in hospital records, as acceptable alternatives to their own office record keeping. Hospital consent forms are perceived by the public to be nothing more than unfair contracts that must be signed if they hope to receive hospital care. Patients believe that these forms are signed when the time for an informed decision has long past and it is too late to turn back. A physician's notations, personally handwritten and reflecting conversation that took place in a more relaxed atmosphere, on the other hand, are more persuasive.

Medical records prepared intelligently are immeasurably helpful to physicians determined to successfully defend themselves in medical malpractice actions. Since they are prepared long before the winds of litigation ever stirred in a physician's direction, they are considered above reproach. They are presumed to have been composed when there is no motive to color the truth. Words uttered after a lawsuit has been started are not as pristine; they change direction as often as the winds of self-interest dictate. As a result, they lose credibility. Only written words are the same today, as they were yesterday, as they will be tomorrow. As a result, they become the most effective weapon physicians and their attorneys have to combat charges not only of medical malpractice but also lack of informed consent.

Physicians are not required to obtain an informed consent prior to rendering medical treatment in medical emergencies and in the following circumstances:

1.) The risk is too commonly known to warrant disclosure;
2.) The patient assured the physician of his intent to undergo treatment regardless of the risk involved.
3.) The patient did not want to be informed.
4.) Consent was not reasonably possible, or;
5.) The physician, reasonably believing that full disclosure could adversely and substantially affect the patient's condition, used reasonable discretion in the manner and extent of disclosure.

When these situations arise, common sense dictates that they be documented in medical records.

Physicians religiously committed to obtaining and documenting informed consent discussions attest to the beneficial effects of the exercise. They find patients become more understanding of medicine's limitations. As a result, they are less litigation minded when inherent risks of treatment do occur. These same physicians have also been pleasantly surprised to find, if sued, that juries do subscribe to the notion that written words are a physician's best witness. ■

John J. Pilkington, Esq. is a partner with De Vito, Pilkington & Geggett, P.C., White Plains, New York.

From: *Westchester Medical Bulletin*, Spring, 1986.

EDITORIALLY SPEAKING...

Troubled Times - is the hospital friend or foe?

By Stanley W. Tuell, MD

Fellow doctors, in these troubled times, who's on our side?

(Check your answer or answers below.)

Labor?
Big Business?
Politicians?
Hospitals?
Government bureaucracy?
Trial lawyers association?

Perhaps some of you checked none of the above. If so, let me explain why I did check one of the above as a friend of physicians.

The major groups being adversely affected by society's current thrust at revising the delivery of health care--are health care providers. The two largest groups of providers are (1) physicians, and (2) hospitals. The traditional methods of health care delivery by these two groups are in jeopardy.

The other groups mentioned above--all trying to tell us how to practice medicine--would like nothing better than to see us health care providers fighting among ourselves. They'd love the vulnerability engendered by physician-hospital conflicts.

Many hospitals are struggling--their occupancy rates and profit-margins dwindling. Many physicians are "running scared" --their practices and fee patterns threatened.

This is no time for fragmenting the ranks of health care providers. That's why I checked"hospitals" as the only ones "on our side" in the list above.

Sure, hospitals and physicians have differences, but we still need each other. Some of the old axioms really fit:

"United we stand, divided we fall."

"Hang together--or we'll all hang separately."

"Co-existence-- or no existence."

Etc.

In our fight for tort reform, who joined us as a strong ally?--the hospital association.

In the recent ill-advised legislative effort to finance care for the indigent with a tax on hospital charges and doctor's fees, who fought with us side-by-side?--same answer.

We'll disagree on some things, but let's not let hospital-physician skirmishes weaken us as allies in the much greater battle to preserve as much as possible of the aspects of health care delivery that have been so successful in the past. Be ready for joint ventures to strengthen our coalition.

Physicians and hospitals are on the same side in that battle.

If both can recognize that, we'll be a strong team. Both physicians and hospitals will be the better for it--and so will our patients! ■

THOUGHTS FROM ELSEWHERE

Caught in the vise.

They say we charge too much as if a life isn't worth it, but then, when we make a mistake, the value of life escalates dramatically. A hundred dollars if your are right, a million dollars if you are wrong.

They say we keep people in the hospitals too long, but if we send them home before they are ready, we are inhuman, insensitive, and liable.

They say we order too many tests, but then demand irrefutable diagnoses, ignoring the subtlety of clinical medicine.

They say we are callous, but ignore the hours of work we do in clinics, counseling patients, talking to families, taking phone calls late into the night.

They say, by having us sign an attestation to our honesty, that we are not to be trusted, but then they bring their mothers to us for health care.

They say we are incompetent, but people are living longer, healthier lives than ever before.

It is these inconsistencies that drive us up the wall, that demoralize us.

If there is a profession more competent, more thorough, more caring, less callous, with greater responsibility, then we challenge them to name it.

Comparable Worth.

Do physicians earn to much? What is too much? How does one compute "comparable worth?" Forbes "400" lists annually the 400 wealthiest people in the United States. Not one has been called at three in the morning to attend a patient with ventricular tachycardia.

Professional baseball players averaged $371,000 in salary in 1985. This for hefting a stick of ash wood and hitting or catching a rawhide covered ball. Has one of them done emergency surgery to save a patient from a ruptured abdominal aneurysm?

Corporate executives earn millions in bonuses. This for deciding that Wheaties with a hole in it will sell better than Cheerios. Has one of them compassionately answered the frantic call of a young mother about her child with a temperature of 105 F?

TV anchormen earn ten to twenty times more than the average physician. This for reading a teleprompter. When was the last time they sat with the grieving family of a cancer-riddled patient trying to give them solace?

A lawyer interpreting laws and redistributing money in the economic pie might earn thousands to save his client money. When was the last time he interpreted cardiograms, adjusted medications, made jugements that might add twenty years to the life of a hypertensive patient.

The question isn't do physicians earn to much. The question is, using "comparable worth," are physicians the most underpaid segment of society in the United States today? ■

Reprint from: *Westchester Medical Bulletin*, New York, NY, Spring 1986.

Common Remedies for a High Risk: Employee Dishonesty

By Donald A. Reddington, CPA

Insurance industry statistics show that employee dishonesty is on the rise, and health care practitioners are particularly vulnerable. The annual cost to the profession is significant, but even more significant is the personal, financial and professional damage that results.

Why is the medical profession particularly vulnerable to employee theft? Typical reasons are the practitioner's trusting nature coupled with limited experience or interest in overseeing the business aspects of the practice. Consequently, a poor environment of internal control exists which is evidenced by improper separation of duties, loose policies and procedures.

Simply attempting to hire employees with integrity is not enough. First, the profile of the typical embezzler has not been determined. In addition, a weak system of internal control tempts a basically honest person to perform dishonest acts.

The practitioner can, and would, provide protection from employee dishonesty by taking time to observe the behavior of office personnel and by utilizing the services of a certified public accountant to establish and maintain a sound system of internal control.

Observations: A brief examination of personnel in business offices through some informal observations of behavior may alert you to an embezzlement situation. These observations are not conclusive, but merely indicate to the practitioner that the situation should be evaluated. The practitioner should ask the following questions:

1) Has an employee indicated any unexplainable signs of wealth?

2) Is an employee reluctant to take a vacation?

3) Has an employee refused to accept a new job resulting from rotation or assignments?

4) Has an employee been a habitual borrower?

5) Does an employee forego opportunities for salary adjustments?

6) Is an employee reluctant to convert accounts receivable records from a manual to a computerized system

7) Do patients complain of inaccurate monthly statements?

8) Does an employee show an unusual attachment to job and records?

Existence of any of the above symptoms could be attributable to an embezzlement situation. However, absence of these signs does not necessarily mean a "clean bill of health." The most effective method of prevention is a sound system of internal control.

Definition of term: What is internal control? As defined by the accounting profession, "internal control comprises the plan of organization and all of the coordinate methods and measures adopted within a business to safeguard its assets, check the accuracy and reliability of its accounting data, promote operational efficiency, and encourage adherence to prescribed managerial policies."

Objectives of internal control: The objectives of internal control are safeguarding assets, (i.e., custody and procedures for handling accounts receivable, cash receipts and cash disbursements) and establishing accurate and reliable accounting records and reports. A failure to record and report all income could result in charges of tax evasion.

In one instance a practitioner was threatened with a charge of tax evasion by the IRS for unreported income that had been embezzled by an employee. A good system of internal control may have prevented that unfortunate situation.

In addition to protection, accurate and reliable financial data is essential for evaluation of past performance, budgeting, cost control and tax planning.

System of internal control: How is a good system of internal control established? The practitioner should seek the advice of a CPA in establishing a system of internal control. The primary goals of the system are safeguarding assets and generating accurate and reliable financial data.

The most important ingredient in the achievement of these goals is a proper separation of duties. In short, an employee should not have control of a transaction from beginning to end.. The other ingredients of the system are policies and procedures for authorization of transactions, physical control of assets and internal auditing.

Sound practices of internal control: In the organization of a sole practitioner or smaller group practice, a separation of duties is difficult to achieve due to the limitation resulting from the number of available employees. This

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MEMORANDUM OF UNDERSTANDING

DOCTOR/LAWYER LIAISON COMMITTEE
TACOMA-PIERCE COUNTY BAR ASSOCIATION
MEDICAL SOCIETY OF PIERCE COUNTY
MEMORANDUM OF UNDERSTANDING

Over the past few years the Memorandum of Understanding has guided the decisions of the Doctor-Lawyer Committee of the Medical Society of Pierce County and the Tacoma-Pierce County Bar Association. There have been no modifications of it, but some of the decisions have established important precedents. Just recently a conflict led to the use of arbitration for its resolution. This was successful and accepted by both parties. As an aside let me mention that the experience of being an arbitrator in relatively formal proceedings was not only interesting for me but also thought provoking.

In the course of preparation for the arbitration the Committee decided to submit to the Boards of Trustees of the two parent organizations all amendments to the Memorandum of Understanding. This amendment would permit the Chairmen (medical and legal) of the Committee to appoint as arbitrator members of the committee (rather than just the Chairmen) and to arrange for payment of a fee to the third arbitration panel member (who is neither a physician nor an attorney). This fee would be paid equally by the two parties in conflict.

Marcel Malden, MD, Chairman

This Memorandum of Understanding made and entered into this 11th day of November 1983, by and between the Doctor/Lawyer Liaison Committee of the Tacoma-Pierce County Bar Association ("legal committee") and the Doctor/Lawyer Liaison Committee of the Medical Society of Pierce County ("medical committee").

WITNESSETH:
WHEREAS, the legal committee and the medical committee desire to facilitate communications between their respective professions on matters of mutual concern, and
WHEREAS, in furtherance of the foregoing they entered into a Memorandum of Understanding dated July 12, 1979, and
WHEREAS, the parties now desire to update, supplement and supersede the prior Memorandum of Understanding to clarify some of the matters covered by the prior memorandum and to increase the scope of the understanding between the parties;
NOW, THEREFORE, it is hereby agreed as follows:

1. Availability of Physicians for Court Related and Administrative Proceedings.

1.1 **Physician's Duty to Assist.** All citizens have a legal right to avail themselves of the courts and administrative tribunals and to have representation of attorneys in resolving disputes. In instances where medical information is necessary to the fair resolution of a dispute, the physician should make himself or herself available for conferences with attorneys, depositioners, court appearances, etc., at reasonable times and upon reasonable notice.

1.2 **Physician as Expert Witness.** A physician called as an expert witness in a legal proceeding is an independent witness. While the physician's testimony may be more helpful to one side than to the other, the physician should not become an advocate. The physician should limit his or her participation to stating the truth as he or she sees it.

2. Duties of Attorneys.

2.1 **Notice to Physicians.** Physicians should be given at least 30 days' notice for trial testimony, 15 days' notice for attendance at a deposition, and 7 or more days' notice for office conferences. Every effort should be made to schedule testimony so as to interfere as little as possible with the physician's scheduled time.

2.2 **Compliance With Local Rule.** The attorney should endeavor to comply not only with the letter, but with the spirit of Local Court Rule No. 14, which requires the issuance of a subpoena to a physician in a timely manner. This local rule states as follows:

> *Where an expert witness will, with reasonable probability, be called as a witness at a trial of any case, the party planning to call such witness shall cause a subpoena to be issued and served upon such witness not later than thirty (30) days subsequent to the date the case is assigned for trial, or, in case such witness becomes a necessary witness in the trial of said case subsequent to the date of assignment for trial, then not less than twenty (20) days prior to the trial date. A continuance may be denied should such a witness be unavailable for trial unless a subpoena has been issued and served within the times above specified. For the purpose of this rule, service of a subpoena may be made by mail.*

This rule may be endorsed upon any subpoena issued.

3. Fees.

3.1 **Physician to Charge "Reasonable Fee."** A physician should charge a reasonable fee for the time he or she spends as an expert witness. This fee may be calculated upon a time basis or any other basis which results in a reasonable fee.

3.2 **Charges for "Stand-By" Time.** Charges may be made for time the physician has reserved for a legal proceeding which is cancelled prior to occurring. However, no charge shall be made if the reserved time is cancelled on three business days' notice to the physician. Should the physician receive less than three business days' notice and should the physician be able to utilize all or a portion of that reserved time for chargeable medical services, the "stand-by" charges should be reduced in proportion to the amount of time which was utilized for chargeable medical services.

3.3 **Attorney to Inquire as to Charges.** It is the duty of the attorney to initiate a discussion of fees with the physician.

3.4 **Physician to Disclose Charges.** It is the duty of a physician to furnish to an attorney, upon request, the amount of his or her usual and customary charges.

3.5 **Attorney Not to Pay Medical Bills.** It is improper for a physician to require an attorney to pay the medical bills of a patient before the physician will cooperate with an attorney requesting medical information or testimony.

3.6 **Payment of Physicians' Charges.** Reasonable charges made by a physician for medical reports, conferences, depositions, trial testimony, etc., arranged for by an attorney for his or her client, are payable by the attorney to the physician within 30 days after billing. The physician's charges do not await the final resolution of the case.

3.7 **Payment of Client's Medical Bills.** Attorneys should not advise a client to withhold payment of medical bills pending resolution of a lawsuit. The physician's bills are not contingent upon the outcome of litigation and are payable when billed.

4. Informal Opinions.

Any attorney or physician desiring an informal opinion as to matters of mutual concern between the legal and medical professions may request such an opinion from the chairman of the legal committee or the chairman of the medical committee, or both. Upon receiving a request for an informal opinion the chairman may either render an informal opinion which normally will be oral in nature, or may elect to treat the request as a request for a formal opinion, in which case he or she will comply with the requirements set forth in Section 5 below. An informal opinion represents the opinion of the chairman only and does not necessarily represent the opinion of the entire committee.

5. Formal Opinions.

5.1 **Procedure.** In the event an attorney or a physician desires a formal opinion agreed to by both the legal and medical committees, the following procedures shall be adhered to:

5.1.1 An attorney shall submit an opinion request in writing to the chairman of the legal committee; a physician shall submit an opinion request in writing to the chairman of the medical committee.

5.1.2 The chairman receiving the written request for an opinion shall send a copy of the opinion request, together with any supporting documents, to the chairman of the other committee.

5.1.3 If the requested opinion involves the conduct of another person, that other person will be furnished with a copy of the opinion request and be invited to respond in writing.

5.1.4 The respective committees shall then consider the matter separately and attempt to arrive at an opinion.

5.1.5 Once the respective committees have arrived at their separate opinions the chairman of the two committees shall confer either in person, or by telephone, or in writing to attempt to agree upon the wording of the written opinion. Should the two chairmen be unable to agree upon the wording, a joint meeting of the two committees shall be called for the purpose of determining the exact wording of the opinion.

5.1.6 Once the wording of the opinion has been determined it shall be reduced to writing and signed by each of the chairmen of the two committees.

5.1.7 A copy of the signed opinion shall be sent to the person requesting the opinion, the person, if any, whose conduct is complained about, the president of the Tacoma-Pierce County Bar Association and the president of the Medical Society of Pierce County.

5.2 **No Legal Effect.** A formal opinion shall have no legal effect whatsoever, except that it shall be an expression of the combined views of the legal and medical professions in Pierce County.

6. Arbitration.

6.1 **Procedure.** In the event a formal opinion is requested which involves a complaint by a member of one profession against a member of the other profession the matter may be submitted to binding arbitration so long as **all** participants request arbitration in writing. A request for binding arbitration shall be directed to the chairman of either the legal or the medical committee. Upon receiving a request for binding arbitration the following procedures shall be followed:

6.1.1 All attorneys and physicians involved in the disputed matter shall be contacted and asked to consent to the binding arbitration in writing. If less than all of the affected attorneys or physicians fail to consent to binding arbitration the matter shall be handled as a request for a formal opinion as provided for in the preceding Section 5.

6.1.2 If the consent of all affected attorneys and physicians is received in writing then the chairman of the legal committee and the chairman of the medical committee shall constitute two of the three arbitrators. The third arbitrator, who shall be neither an attorney nor a physician, shall be jointly selected by the chairman of the legal committee and the chairman of the medical committee.

6.1.3 The three arbitrators shall then proceed to arbitrate the dispute in accordance with the provisions of Chapter 7.04 of the Revised Code of Washington, not inconsistent with the provisions of this Section 6.

6.2 **Effect of Arbitration Award.** The award of the arbitrators shall be final, conclusive and binding upon all parties thereto and may be confirmed by any court having jurisdiction thereof, as provided in Section 7.04.150 of the Revised Code of Washington.

7. Ratification.

This Memorandum of Understanding shall have no force or effect until it has been ratified by the governing bodies of both the Tacoma-Pierce County Bar Association and of the Medical Society of Pierce County.

IN WITNESS WHEREOF, the parties have signed this Memorandum of Understanding on the day and year first above written.

ROBERT A. O'CONNELL, MD,
Chairman, Doctor/Lawyer
Liaison Committee, Medical
Society of Pierce County

JAMES A. KRUEGER, Chairman,
Doctor/Lawyer Liaison Committee,
Tacoma-Pierce County Bar
Association

Employee Dishonesty, continued from page 16.

can be prevented by using an associate(spouse, CPA, and the practitioner) to work with business office employees to attain a proper separation of duties. However, some practitioners may balk at this involvement in the business aspects of the practice. If so, sound practices of internal control exist that should be introduced into the accounting system to counterbalance and control weaknesses.

Sound practices of internal control will reduce the opportunities for embezzlement. Contrary to common belief, application of these procedures does not guarantee elimination of the embezzlement exposure. Adoption of such practices as prescribed policies is good prevention. Thus, in these circumstances, "an ounce of prevention is worth a pound of cure."

Some aspects of sound practices for a system of internal control are as follows:

1) Cash receipts and disbursements. Assign custody of cash to one employee; this employee should not have access to accounts receivable records. Use prenumbered receipts and prepare such receipts for all cash received. Deposit cash receipts intact daily. Return unopened bank statements to the practitioner. Instruct the bank in writing to accept checks in the practitioner's name for deposit only; utilize a "FOR DEPOSIT ONLY' stamp to endorse checks at time of receipt. Use prenumbered checks for all cash disbursements. Utilize an imprest or a fixed amount petty cash fund. Reconcile the bank accounts monthly. This reconciliation should be performed by the practitioner or a delegated associate, (i.e., spouse, CPA). Limit authorized check signing function to the practitioner.

2) Accounts receivable. Use prenumbered charge slips or routing slips for patient visits. Implement the necessary controls to record hospital visits. Reconcile detailed subsidiary accounts receivable ledger cards to control account on a monthly basis. Trace a sample selection of cash receipts from patient ledger cards to cash receipt records and vice-versa on a periodic basis. This function is an example of internal auditing and can be accomplished through the utilization of your CPA. Require the practitioner's approval for all adjustments to accounts receivable. Maintain a separate file for accounts written off as uncollectible. Prepare and mail patient statement of account balance monthly. In the instance of a manual billing system, utilize an independent agency, computer service bureau, or CPA, to perform this duty on a surprise basis at least once annually.

3) Personnel. Bond all employees having access to cash. This policy is a good psychological deterrent. Require vacations of all employees. Screen new employees carefully. Rotate jobs on a periodic basis as practical.

4) General. Secure accounting records during nonbusiness hours. Prepare a monthly financial report that presents comparative results of the current and prior periods. Utilize the services of a CPA to monitor the system of internal control and to perform periodic reviews. Document prescribed policies and procedures for the business office.

In summary, the incidence of employee dishonesty has risen substantially in recent years. A judgment of an employee's integrity is not a prudent business decision in an environment of weak internal control. The resources of the practitioner are best employed in serving patients and not supervising the business office. Thus, the practitioner makes a wise business decision at the time sound practices of internal control are introduced to business office procedures and these practitioners are monitored on a regular basis. Are you vulnerable to employee dishonesty? If so, then you have an opportunity to make necessary changes. ■

Donald A. Reddington is a Certified Public Accountant with the firm of McQuaig & Welk in Wenatchee, WA. His specialty is management and advisory services for health care professionals. He has had over ten years of experience in medical group management.

Looking Back...
A Case of Malpractice

By Mavis Kallsen

During the career span of C.E. Case, 1883-1921, the Medical Society of Pierce County developed from the small gathering in Dr. Wintermute's office to basically the organization it is today. In those thirty-eight years physicians struggled with about the same problems as faced today: quackery, socialized medicine and the malpractice suit. Dr. Case was involved in all of these. He trained himself to be an able surgeon and overcame his sectarian schooling. he adapted to the concept of pre-paid healthcare for the working man and even cooperated with Yocom and others in establishing the Pierce County Medical Bureau. But it was his penchant for vengeance that was his undoing when a malpractice suit intended to rid him of a young adversary brought about his own downfall.

When Dr. Case made his blazing charge against the physicians engaged in Contract Practice in November, 1905, his letter could never have received serious consideration by the membership without his having considerable political clout in the Medical Society of Pierce County. This he had in the backing of Drs. Dewey and Shaver, founding members and the "old guard" of the Medical Society, and Dr. E.M. Brown, then the most prominent and most fearless surgeon in the County.

Dr. Shaver was elected President of the Medical Society of Pierce County two months later Case had made his controversial charges, and Case then gained some stature in the Society, serving on the Board of Censors, acting as greeter to visiting dignitaries and eulogizing departed members. He married a nurse at St. Joseph's who persuaded him to shave off his long beard, but he maintained a walrus-style mustache for the remainder of his life.

In an interview with the local press in October, 1906, Case described an operation he'd performed, and described himself as an "eminent specialist" and a graduate of the San Francisco College of Physicians and Surgeons(which he was not). The Medical Society of Pierce County then passed a resolution condeming such public-acclamation, and appointed Doctor Yocom chairman of a committee to oversee all further news releases by its members.

C.E. case was approaching the age of seventy and still busily engaged in the practice of surgery when he encountered his young adversary, Dr. C.A. Beach. Beach's brother was employed at the N.P. Hospital as chief surgeon and the young Dr. Beach was establishing himself as a "country doctor" in the valley.

Following is an edited version of a transcript of the testimony of Dr. P.R. Brenton, health officer for the city of Tacoma, a witness on behalf of the plaintiffs in the case of Fairfax vs Beach in October, 1919, in the Pierce County Superior Court:

"Dr. Brenton testified that he was a graduate of the College of Physicians and Surgeons, San Francisco, and had examined the plaintiff at the request of Dr. J.R. Brown just two or three days prior to this testimony.

Upon examination of the plaintiff he had found a laceration of the third degree of the perineum, which extended from the entrance vagina back to the opening of the bowel. There was a tear of the vagina, septum of the vagina, and tear of the perineum up to the bowel including the bowel. There was also a tear of the cervix on both sides, extending up more than an inch.

The plaintiff then made a hypothetical question as follows:

'Assuming that sometime after the 20th day of March, 1918, the plaintiff, Edna Fairfax, being pregnant, employed the services of the defendant, C.A. Beach, as a physician, in and about her confinement, informing the defendant that she had been examined previously thereto by Dr. Karshner, who had informed her that she had plenty of room, was physically normal and in good health and would have no trouble upon occasion of her childbirth, and assuming that upon that occasion plaintiff informed defendant that she expected to be confined about the middle of June, that she was about 20 years old and that this was her first child.

'and assuming that sometime between the 14th and 17th of June the plaintiff caused the defendant to be notified that she was in pain, but that such pain was not in fact true labor pain, and assuming that on or about the first day of July, 1918, at about 8 o'clock p.m., plaintiff again caused the defendant to be notified that she was in pain and that the defendants came to the house, examined the plaintiff, Edna Fairfax, and stated to her that everything was all right, but that she should not be confined until the following morning and that he could save her considerable pain by taking the child then (by cesearian section), to which

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A Case of Malpractice, continued from page 18.

the plaintiffs replied that they wanted the child born naturally,

'and that upon the following morning the defendant, C.A. Beach, was requested to examine the plaintiff, and that he did so and informed her that she was progressing very slowly, that she had dilated only about an inch, and that it would be some time before the child was born, and assuming that the defendants then went to breakfast in this house, read the paper, and that about an hour and a half later the defendant was again called to examine the plaintiff,

'and that the defendant put straps upon the shoulders of the plaintiff, and told her to pull upon his harness when her pains came and that after three or four pains the defendant informed the plaintiffs that this harness was doing no good and removed the same,

'and defendant sent his wife, defendant Mary Beach, out of the room, telling her to 'get them or 'bring them' and that defendant Mary Beach went from the room and shortly thereafter returned with the instruments used by physicians in childbirth, and that the defendant C.A. Beach inserted the forceps while the defendant Mary Beach attempted to put the plaintiff under the chloroform,

'and assuming that during this time the plaintiff was lying lengthwise of the bed, and that the practical nurse in attendance said,'Doctor, you are cutting her all to pieces. I never saw an instrument case where they did not put the patient crosswise of the bed, or on a table,' and that the defendant said, 'She is all right where she is.,'

'and assuming that the defendant C.A. Beach worked with the forceps under these conditions for about a half or three-quarters of an hour and then the water sack or membranes were broken,

'and assuming that he then called upon the plaintiff, Clifford Fairfax, the husband, aged about twenty-two years, who had never seen a pair of forceps before and had never been present at a delivery, and instructed him to pull upon the forceps with him, and that after pulling in this way, that the defendant gave over the forceps entirely, saying 'You must pull harder,' that Fairfax did then pull as hard as he could, and thereupon the baby's head was born with a noise, and assuming that for about two hours thereafter, after the head of the baby was born, Dr. Beach worked upon the plaintiff,

'and assuming that after the lapse of about two hours, the plaintiff was permitted to come out from under the influence of chloroform, and that her mother, Mrs. Taylor, entered the room and that the defendant removed the prong of the forcep with which he had been working and that the plaintiff was then instructed by her mother as to how to bear down with her pains, and that during the first labor pain thereafter the child's body was born naturally, and assuming that the said child was born dead at the time,

"and that an examination disclosed that the plaintiff Edna Fairfax was so lacerated and torn that an operation was necessary to repair the damage, and that the defendants

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A Case of Malpractice, continued from page 19.

called in Dr. Case of this city to perform such operation.

"and that Dr. Case performed such operation and then ordered the plaintiffs to employ a trained nurse to be sent to the house,

'and assuming that the trained nurse arrived after the doctor left such house, that she was given no instructions with respect to her patient, and assuming that on the following morning the plaintiff had a chill followed by a sinking spell, and that the trained nurse telephoned to the defendant Dr. Beach and told him that she wanted him to come at once that she was worried over the condition of the patient, and that Dr. Beach replied that he couldn't come, that she should call Dr. Case,

"and assuming that about two or three hours later both Dr. Case and Dr. Beach arrived at the house, and friction developed between the two doctors, and that the defendant, Dr. Beach, permitted the patient and her family by his words and actions to know of this friction, let them know he was mad, refused to enter the sickroom except upon request and urging,

'and that two or three days after, Dr. Beach called Clifford Fairfax to his offic in Puyallup, and told him the said Clifford Fairfax that he felt he was not welcome at his house anymore, but that there was something he wanted to tell him which would not be pleasant for him to hear, but that he(Dr. Beach) felt it his duty to inform him, that Dr. Case was not a Christian man but was a dope fiend, that it was a mania with dope fiends to attempt to inculcuate the drug habit in others with whom they may come in contact, and that he, Clifford Fairfax, would have to watch Dr. Case very carefully in order to see to it that Dr. Case did not inculcate the drug habit in his wife.

In answer to this hypothetical quesiton by the plaintiff, Dr. Brenton testified that the defendant, Dr. Beach, had erred in his treatment of the patient.

When the suite was settled against Dr. Beach for the sum of $2000 in damages, the Medical Society of Pierce County took exception to the verdict. At the urging of Drs. Read and Tenney, the Medical Society examined the transcript of Dr. Benton's testimony, noting that Brenton had testified he had examined the plaintiff in October, 1919, and found the numerous lacerations that Dr. Case had supposedly repaired in July 1918. The reference to Case's morphine addiction was not a contention. The Medical Society considered filing an appeal but took no action other than the censure of Dr. Brenton for unprofessional conduct in his testimony in the case.

The young Dr. Beach left town, and Dr. Case suffered a disabling illness which confined him to his home for the remaining years of his life. After his death, Case was eulogized by Drs. Tenney and Read as a 'man of strong likes and dislikes, who had always taken an active interest in the affairs of the Medical Society. ■

Reprint from *The Bulletin*, April 1976.

College of Medical Education

Category I

Continuing Medical Education — *For further information call : 627-7137*

November 22 - **COMPUTERS IN THE MEDICAL OFFICE -** 7 Hours.
In addition to having a select number of computer software vendors available, presentations will include facts about purchasing a medical accounting business package; the personal experience of a medical office manager; the personal experience of a physician; and some insight into clinical applicaitons.

December 11 - **OTOLARYNGOLOGY FOR THE GENERALIST -** 7 Hours. Primary care perspectives.
This will give practical management approaches to common problems of the ear, nose, head and neck which are seen in the daily general medical practice.

December 10, - 11 **ADVANCED CARDIAC LIFE SUPPORT-** 15 Hours.
This two-day certification and recertification course will follow the guildelines of the American Heart Association. A prerequisite is current certification in Basic Life Support.

January 15 - **THE LAW AND MEDICINE SYMPOSIUM - 7TH ANNUAL** - 7 Hours.
For physicians and attorneys. Speakers and topics are planned as follows: Mr. William H. Mays - lessons from his malpractice defense experience; The Honorable Judge Robert J. Bryan - with some thoughts on interaction between law and medicine; Mr. Ted Linham -insurance crisis present and future; Dr. Roy Kokenge - on personal experience with a malpractice suit; The Honorable Judge Donald Thompson - recent changes in the personal injury laws and tort reform; Mr. Monte Hester - a topic relatively unknown to physicans, criminal law; Dr. Marcel Malden - records, billing and scheduling problems.

Personnel Issues... from MBI

To quote the words of Jeff Smith, attorney for the Medical Society of Pierce County, "document, document, document." Personnel related issues must be documented to insure a course of action that will avoid litigation for employers, or will protect them if litigation happens. Physician employers are not immune and should take heed of the following for protection:

Do you have an up-to-date personnel policy manual for your office? Are you sure you are not discriminating, even perhaps by favoritism? Are you familiar with the At-Will-Doctrine?

A personnel policy manual will serve to protect you in most employment decisions you will make. The first question you will be asked legally is, what does your policy manual state? Make sure that each employee, upon accepting employment is given a copy of the manual and signs a release admitting they have read the manual and understand it's contents. A manual does not have to be fancy, three or four typewritten pages, outlining office policies will serve nicely.

Remember, discrimination goes beyond race, color, religion and sex. Employment discrimination can be subtle, it is very important to treat all employees fairly. If you provide benefits for one employee you must provide them for all. Consistency and referral to your policy manual is paramount.

Employment at will, the principle in which employment ends at the will of either employer or employee, is the "most cost-efficient employment doctrine around," said Richard Sinkfield, an attorney in the Atlanta firm of Rogers and Hardin. He suggested that all employee handbooks, supervisor manuals, and company memos should be carefully worded to avoid stated or implied promises of employment.

Other suggestions:

RECRUITMENT: All advertisements, brochures, and other forms of solicitation of employment should avoid words and phrases such as "permanent," "guaranteed employment," "lifelong relationship," "stay and grow," and employees will terminated only for "just cause."

EVALUATIONS: Honest, uniform and objective evaluations are important. Employees evaluated as 'good' or 'average' get the impression that they are actually performing at good or average levels. If they aren't, these negligent evaluations might make discipline or discharge more difficult.

DISCIPLINE: Progressive discipline should be used, and it is important to have proper documentation at each step. Companies can separate offenses into two categories: those that result in immediate discharge (theft, insubordination, assault) and those that call for progressive steps before discharge and are deemed "correctable" (poor work performance, absenteeism, etc.).

DISCHARGE: Internal review of discharge decisions is important, and consistency should be a goal. Mitigating circumstances (such as seniority) should be checked. The employee should be apprised of all the benefits he or she is entitled to, and the employer should review its efforts to salvage the employee. Documentation should be complete.

One out of ten discharges is challenged, and giving a little time and empathy during the discharge interview can go a long way to reducing that number. The employer should ask the employee in the discharge interview to write down anything he or she disagrees with--this documentation could be used as evidence in a possible lawsuit or arbitration. The discharge interview is not pleasant, but very necessary.

ADD A CLAUSE: Employers can eliminate any doubts about the employment relationship by adding a clause in employee handbooks that the company or employer reserves the right to terminate the employee with or without cause. If you have employment questions, call your placement service Membership Benefits, Inc., 572-3709. ■

Notice to Readers. . .

MSPC members who are interested in contributing articles of interest and pertinence to *The Bulletin* are urged to do so. The editor reserves the right not to publish any article submitted, based on space available and pertinence of the topic. Articles should be limited to four double-spaced, typewritten pages or 1,000 words. Exceptions to this may be made by prior arrangement with the editor. Call the managing editor for information on article submission, 572-3666.

Where are we going and how did we get here?

By Paul A. Johnson, MD

I have been the Medical Director of Personal Health of Puget Sound, a local HMO, for over a year now. PHPS is totally financed by doctors and is run by doctors for doctors. During this time, I have been educated in several areas, cost containment being one of prime importance.

I remember the good old days when cost was not the concern it is today. In recent years the picture has taken an ugly turn, and now all of us are in the spotlight because, rightly or not, much of the blame for the spiralling costs of medical care is directed at us.

Dealing with doctors is an experience. There are all kinds.

Dealing with doctors is an experience. There are all kinds--from the one who doesn't seem to give a damn about cost, to the other who is ultra conservative. However, candidates to the last category are few and far between.

Here are some of the trouble spots I have observed:

1. Overutilization of inpatient hospitalization. There is nothing new about this one, except to say that if just one day could be eliminated from the average hospital stay, the difference in overall cost is astounding. Strict utilization review is helping a great deal. Also, during a hospitalization, minimizing the number of medically necessary tests would help a great deal.

2. Overutilization of the hospital emergency rooms. The ER has been an extravegance that we have all enjoyed. Some doctors still use it as an extension of their own office, even during office hours. Then there are those who sign out to the ER on nights and weekends. That would be ok, except for the cost. What would otherwise be a modest 90050, balloons into a $218.00 monster with facility fee, lab tests, the ubiquitous chest x-ray, and the sometime EKG for good measure. I reviewed a $100.00 invoice the other day to apply a steristrip. What's happening to us! Where does it all end? The doctors in Puyallup are to be congratulated for an after hours clinic, which sees patients for the group that are emergent in nature. The doctors are on rotation and each takes a turn covering the others. The fee for such service is much less than the standard ER charges, and the number of tests is minimized. That is a real step in the right direction for holding down cost.

3. Overutilization of physical therapy. Some doctors are heavy users of this modality. Ultrasound has almost become universal. It does everything. I remember when I first started practicing, diathermy was "in," and everybody was charmed by this mysterious new breakthrough.

Physicians are going to be held accountable.

But the magic wore off when it was discovered that diathermy did not do anything more than a heating pad could do. But at least in those days, the price was right. You order sixteen PT treatments today, and you are looking at a minimum of $800.00. Rule of thumb--$50.00 a throw--more or less. I am certain that if doctors really realized what a powerful weapon their ballpoint was, they would order four or six and then see if the others are really necessary.

4. Laboratory tests. Where did all these exotic lab tests come from. Sometimes I think we are just playing games. Technology is wonderful, but there has to be some good old common sense applied when ordering tests.

5. X-Ray Exams. I have found a great disparity between the cost of the same service done in the private doctor's office as compared to being done in the hospital. For example, mammograms usually vary between $75.00 and $100.00 when done in the office. I reviewed a billing the other day for $232.01 for the same service, read by the same doctor, but done in the hospital. You should be aware of the difference in cost among various facilities.

There is no longer any place to hide from the responsibility.

6. Surgery. On the positive side, I really have not seen much unnecessary surgery. That may be because of our prior authorization policy. All elective cases must have prior authorization before scheduling and second opinions by surgeons of our choice when indicated.

I dislike the idea of placing restrictions on a physician's practice and I'd hate having them placed upon my own--those from an HMO included. But when the bill for the delivery of healthcare approaches 1/10 of our country's GNP, that cost is going to come under scrutiny. Questions about cost containment are going to be raised. Fingers are going to be pointed at doctors. And physicians are going to be held accountable. It is not our choice, but much of the burden is ours to bear, and there is no longer any place to hide from the responsibility.

I enjoyed practicing in the days of no third party payer, or at least very little, a situation that is all but impossible in most practice specialties today. As Medical Director of Personal Health of Puget Sound, I feel that my job is to help doctors practice their own brand of medicine with as little interference as possible. The doctor's job is to provide medically necessary care, including off hour coverage at a cost which is not going to break the bank.

And, you wanted to be a doctor! With all the red tape and increasing complexities which did not exist in the past, it still is the greatest profession. ■

Auxiliary News

AMA-ERF fund raiser coming up...
Holiday Sharing Card

The Auxiliary will soon be sending a letter requesting contributions for the annual AMA-ERF Holiday Sharing Card. This card will be sent to every member of our Pierce County Medical Society and Auxiliary and will have the names of all who contribute, thus eliminating the need to send individual holiday cards to each other. Send your checks in early and remember this is income tax deductible.

What is AMA-ERF? Each year Pierce County physicians and their spouses are very generous in donating money to the AMA-ERF Holiday Sharing Card. Since many may not know the history of AMA-ERF, I gleaned the following information from their handbook and thought it worth passing on.

"The American Medical Association Education and Research Fund (AMA-ERF) was established over 35 years ago to help support quality education in the nation's medical schools.

From modest beginnings in 1950, the Foundation has distributed a total of over $40 million in gifts to medical schools; guaranteed over $95 million in loans benefiting more than 40,000 medical students, interns and residents; and supported numerous research projects. AMA-ERF currently has several different funds. The Medical School Excellence Fund provides grants to medical schools to use as they see fit. The Medical Student Assistance Fund provides funds to medical schools for student financial aid. The Development Fund is used at the discretion of the AMA-ERF Board of Directors to support pilot and experimental health and medical programs. AMA-ERF also has Categorical Funds for specific research areas.

The newest AMA-ERF fund, the Medical Student Assitance Fund, was begun in 1983 to provide funds for medical schools to use in direct financial assistanct to students. The specific financial aid programs that benefit from these funds will vary with the individual medical schol. The only requirement is that the school use the funds to help support bona fide educational expenses for medical students recognized as being in need by the schools. Medical school deans have said that gifts to this fund will be used to provide loans to medical students.

From its modest beginnings in 1950, AMA-ERF has consistently supported quality medical education in the U.S. Contributions now equal more than $1.75 million yearly, a visible sign of medicine's continuing commitment to excellence. The extraordinary fund raising efforts of the AMA Auxiliary and the generosity of the contributing medical family have secured AMA-ERF's success"

Pierce County should be proud of itself for once again being the largest contributor to AMA-ERF in Washington state in 1985-86. We hope that we can again receive this honor in 1986-87. Our main money raising project is our Holiday Sharing Card.

Shirley Kemman

November Auxiliary Meeting scheduled for Nov. 21.

Chief Public Information Officer for the State Department of Licensing, Princess Jackson Smith, a faculty member at South Puget Sound Community College in Olympia and a professional writer and speaker, will be the welcome guest at the Auxiliary's November meeting.

The meeting will be held at the home of Sharon Lukens, Friday, Nov. 21 at 10:00 a.m. Ms. Smith will discuss "What it takes to be best." Reservations may be made by contacting Alice Veh, 565-6929 or Mimi Jergens, 1-851-5720.

Fund Raising Fashion Show...

The PCMS Auxiliary is jointly sponsoring a fund-raising Fashion Show and luncheon at the Tacoma Dome with the Tacoma Stars, Tacoma Junior League and the Orthopedic Guilds of Tacoma. The Fashion Show will be held March 18, 1987. This is an excellent opportunity for the Auxiliary to work in coalition with other service groups in the county and will be the only fund raising event for the year.

Childrens'Christmas party coming soon...

In December, the Annual Children's Christmas Party will be held. Date and place will be announced as soon as it is scheduled.

Auxiliary news continued on next page.

Auxiliary holds first membership phon-a-thon

The Medical Society Auxiliary held its first membership phon-a-thon, August 20. A two hour workshop was conducted prior to the phon-a-thon. The workshop was presented as a vaudeville show.

Act I featured Sal's Super Magic with Sharon Ann Lawson, her magic acts and formula for increasing membership, established our goals. Act II, the Federation Dance Team featured Suzy Duffy, PCMSA President; Mary Skinner, WSMAA President and Mary Randolph, AMAA Western Region Director. Act III, the Comedy Team of Lukens and Jo Roller, presenting telephone skills and role playing skits in an informative, entertaining and innovative manner.

A special thanks is due all of the phon-a-thon volunteers:

Cindy Anderson
Nikki Crowley
Pam Droulliard
Suzy Duffy
Bev Graham
Sonya Hawkins
Alice Hilger
Kit Larson
Sharon Ann Lawson
Sharon Lukens
Edith McGill
Ginny Miller
Mary Randolph, AMAA
Jo Roller
Mary Skinner, WSMAA
Terri Stuart
Dot Truckey
Rubye Ward
Marny Weber
Helen Whitney
Alice Wilhyde

A special thanks also for audio-visual operators, Vince Girolami and Mark Wilhyde and to Tacoma General and Mary Bridge Hospitals for providing the Tacoma Orthopedic Room, telephones and audio-visual equipment to tape our workshop.

The phon-a-thon netted a total of 108 members; 54 of these members were dues paying members from last year, the remaining were either former or new members. Their commitment as supporting or participating members represents a 27% increase.

It is still not to late to send in your $55.00 to become a member and support your Auxiliary. Send to Betty Virtue, 71 Leschi St., Madrona Park, Steilacoom, WA 98388.

Spokane Convention

We, as medical people and families are no longer sitting by the side lines letting someone else choose our fate. We have made the turn around in the game with the passage of the tort reform act last year.

The Spokane convention was a great training field. Dian Adams, State Legislative Co-Chairman gave the strategy of how to play this game and brought in offensive coordinators like Ed Larson and Winnie Cline to teach the fine points. Ed Larson is our WSMA lobbyist in Olympia; Winnie does the background work. We spent four days in Spokane grinding out the policy for 1986-87.

We will no longer be a defensive team reacting only when acted upon, but an offensive team of physicians and families playing an important role in health legislation, health care and support for the medical community. We need the help of the whole team, find out who is making the policy and get your ideas to them. Be a part of this winning team and help carry the ball. ■

Hospital News

St. Joseph

Two key leadership posts have been filled at St. Joseph Hospital and Health Care Center.

William V. Boettcher joined the organization Sept.l, l986 as president and chief executive officer of St. Joseph Health Services. Mr. Boetcher also serves as president of Franciscan Health Group-West, which operates four hospitals and a long-term care facility in Washington and Oregon. The Franciscan Health System owns St. Joseph and 12 other hospitals on the east and west coasts, and is operated by the Sisters of St. Francis of Phildelphia.

Mr. Boettcher comes to St. Joseph from the University of Washington, Seattle, where he was associate executive director of hospitals. He has also served as associate administrator of the University of Washington Hospital and in administrative posts with Providence Medical Center, Seattle and Providence Hospital, Everett.

John R. Long has been made president and CEO of St. Joseph Hospital and Health Care Center. Prior to joining St. Joseph he was administrator of St. Elizabeth Medical Center in Yakima, Washington, a post he assumed in l983 after four yers in other administrative positions at the hospital. A fellow of the American College of Healthcare Executives, he has held administrative posts at United Hospital, Port Chester, New York and University of Oregon Hospital, Portland.

Humana

Humana Hospital, Tacoma, has established a new diabetes treatment center. The facility will provide in and out-patient education and correlary treatment. Named the Humana-Northwest Regional Diabetes Center, the new facility will work closely with the Diabetes Association of Pierce County.

The Diabetes Center is headed by Dr. Larry Stonesifer. Dr. Stonesifer, an endocrinologist,was former director of the Diabetes Center at Tacoma General's Multicare Medical Center. The Center will be staffed with a registered nurse, dietician, exercise therapist, psychologist, pharmacist and other specialists in the education and treatment of diabetes and related disorders.

According to Dr. Stonesifer, Tacoma's diabetic population may be up to 40% larger than the national average of 3-5%. Of this group, 90% are non-insulin dependent, although they may require insulin therapy occasionally, while 10% are truly insulin dependent for life.

Treatment for both non-insulin and insulin dependent cases, according to Dr. Stonesifer, includes diet, exercise, medication, establishment of proper habit patterns and avoidance of stress. ■

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.

Heather S. Daniels MD Born in Corvallis, Oregon, 6/6/49. Medical School, Oregon Health Sciences University, 1976; internship, Madigan Army Medical Center, Pediatrics, 7/76 -6/77; residency, Madigan Army Medical Center, Pediatrics, 7/77 - 6/79; fellowship, Madigan Army Medical Center, Developmental Pediatrics, 10/82-9/84. Washington State License, 1986. Dr. Daniels is currently practicing at 903 E. 104th St., Tacoma.

Barbara Guller, MD., Pediatric Cardiology. Born in Zurich, Switzerland, 11/13/32. Medical School, University of Zurich, 1957 and University of Minnesota, 1969; internship, Grace Hospital, Detroit, 10/59-6/60; residency, Buffalo Children's Hospital, 7/60-6/61 and Children's Hospital, University of Zurich, 10/61-9/63; fellowship, Mayo Clinic, Pediatric Cardiology, 10/64-12/66 and Cardiovascular Physiology, 1/67-12/68. Washington State License, 1982. Dr. Guller is currently practicing at 17404, 49th Ave. Ct., E., Tacoma.

Julie A. Gustafson, MD Otolaryngology. Born in Seattle, WA, 6/30/49. Medical School, University of Washington, 1978; Internship, Good Samaritan Hospital, Cincinnati, Surgical, 7/78-6/79; residency, University of Washington, Otolaryngology Head and Neck Surgery, 7/79-6/80; Graduate training, Guy's Hospital, London, Otolaryngology Head and Neck, 7/83-12/83 and University of Washington, Allergy, 7/84-12/84. Washington State License, 1979. Dr. Gustafson is currently practicing at 1420 Meridican South, Puyallup

Lawrence J. White, MD., Ophthalmology. Born in Minnesota, 12/14/51. Medical School, University of Minnesota, 1978; Internship, Walter Reed Army Medical Center, 7/78-6/79; residency, Walter Reed Army Medical Center, 7/79-6/82. Washington State Liscense, 1981. Dr. White is currently practicing at 3908 10th St., SE, Puyallup.

Classified

Physicians Needed

Semi-retired Board Certified Internist with 16 years experience in occupational medicine seeking either a part-time position or full-time with regular hours. Licensed in Washington. Please contact: Donald J. McCaughey, MD, 2450l Via Mar Monte #59, Carmel, CA 93923, (408)625-9421.

Psychiatrist. Full-Time or part-time contractual position available with Comprehensive Mental Health Center. Requires board eligible psychiatrist with completion of three-year residency in psychiatry, licensed to practice medicine in the state of Washington. Responsibilities include client evaluation for medication, hospitalization, diagnosis or special treatment recommendations and clinical consultation to Center staff. Qualified applicants may submit resume to CMHC, 1201 S. Proctor, Tacoma, WA 98405. EOE.

Family Practitioner. Expanding two doctor practice in Puyallup. No OB or major surgery, 7 doctor call group. Contact William Knittel, phone 841-2744.

Emergency Room Physician. Full-time in a South Seattle Community Hospital. 12-15,000 visits per year. ER experience required, BE/BC preferred. Fee for service. Contact David Peterson, MD at Riverton Hospital, 12844 Military Rd., S., Seattle, 98168, phone (206) 248-4730.

South Seattle: OB/GYN - Immediate Opportunity - Untapped Potential - Office Provided - Cross-Coverage - Comfortable Community Hospital. BE/BC send CV to: H.S. Epstein, 13030 Military Rd., S., Seattle, 98168.

South Seattle Community Hospital seeking two internists (Board Certified). Immediate opening, office space available. Write or call Riverton Hospital Administration, 12844 Military Road S., Seattle 98168, phone 1-248-4550.

NW Evaulation and Treatment Center seeking a board eligible psychiatrist for our 30 bed innovative adult in-patient unit: 2-3 days per week including call (1/2 3/4 time position) for salary and benefits. Send resume to : Stephen Burr, Comptroller, NW Evaluation and Treatment, 1421 Minor, Seattle, 98101, 682-1699.

Professional Office Space

1/2 block for professional building between So. 7th to So. 8th and L., Tacoma. 272-9521.

Office space with in-office lab and X-Ray facilities to share with two sub-specialists in the Cedar Medical Center, rent with option to buy. 1901 S. Cedar, Tacoma, 272-2261 or 572-3520.

Professional office space for lease, University Place, 1500 sq. ft. 863-7926.

Residential for Sale

Lakewood Creekfront - custom executive home, 4 bedrooms, 3 1/2 baths, swimming pool, decks, patios, extensive entertaining area, 2 fireplaces. Secluded, elegant - 4,495 sq. ft., $270,000. Flor Acuff, 584-4908 home, or 581-4040 office. Parkwood Realty, Inc.

The "Humana Difference" Is Really Just A Lot Of Little Differences

At Humana we know we can't be all things to all people. But we mean to be number one among the most important people we serve — the physicians of Pierce County.

It's why we offer Insta-Care in our Emergency Room — which ensures that your patient is evaluated within 60 seconds of arrival. It's why we maintain an up-to-date list of physicians to which we can refer patients. And why we concentrate on key "Centers of Excellence" to help you provide better patient care.

You see, even though we're the leaders in such areas as Acute Care, Pulmonary Rehabilitation, Day Surgery, ophthalmology, spinal disorders, breast cancer and Gastrointestinal screening programs and geriatric problems — among others — we're still small enough to provide highly personalized care for your patients. And highly personalized service for you. Put them all together — and they make the Humana difference.

Try us and you'll see.

Humana Hospital Tacoma

South 19th and Union, Tacoma, (206) 572-2323.

Discover The Humana Difference

MEDICAL SOCIETY OF PIERCE COUNTY
705 South 9th, Suite 203
Tacoma, Washington 98405
ADDRESS CORRECTION REQUESTED

MSPC
NEWSLETTER
♦A publication of the Medical Society of Pierce County♦

VOL. 1, NO. 3

705 South 9th, Suite 203
Tacoma, Washington
572-3667

DECEMBER, 1986

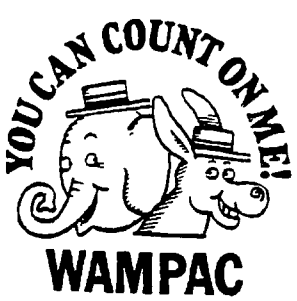
ANNUAL JOINT DINNER MEETING TUESDAY, DECEMBER 9

Dr. Jack Lein, Vice President Health Sciences, University of Washington School of Medicine will highlight the events of an always festive evening to be held at Tacoma Sheraton Ballroom, Tuesday, December 9.

Dr. Lein, an after dinner speaker par excellence will present, *"A Humorous Look at Medicine."* A much sought after dinner speaker Dr. Lein will keep you smiling.

Installation of 1987 Officers and Trustees as well as recognition of those leaving the Board will be another highlight.

Please send in your registration (page 10) as soon as possible.



BALLOTS DUE DEC. 7

Be certain you return your election ballot for 1987 MSPC officers and trustees prior to December 7.

Many excellent candidates were considered, the nominating committee had a difficult time narrowing the list of possible candidates.

Those nominated were:

President Elect
- **William B. Jackson...** Radiologist

Vice President
- **Kenton C. Bodily...** Vascular Surgery

Secretary-Treasurer
- **Robert B. Whitney...** Radiologist

Trustees (3)
- **Gerald W. Anderson...** General Surgery
- **Johann H. Duenhoelter...** Obstetrics-Gynecology
- **James Fulcher...** Emergency & Internal Medicine
- **Ronald G. Knight...** Cardiac, Thoracic & Vascular Surgery
- **David E. Law...** Internal Medicine
- **Martin Schaeferle...** Plastic Surgery
- **Richard Spaulding...** Family Practice
- **Eileen Toth...** Internal Medicine

OREGON ANTITRUST CASE OVERTURNED..

The U.S. Court of Appeals in San Francisco has reversed a $2.1-million jury award in an Oregon antitrust case that had caused widespread fear nationwide that peer review may be an inherently dangerous activity.

The decision noted in clear language that physicians who feel they have been wronged by the peer review process *have state claims they can pursue in state courts, but that the federal antitrust laws should not apply.*

The AMA and Oregon Medical Association filed an amicus brief contending that peer review is the lifeblood of the process that ensures quality in hospitals, and that the federal courts should respect state laws that promote and protect the process.

The AMA's General Counsel Kirk Johnson said the result was important for medicine and the peer review process in part because state courts *"will be more attuned to the confidentiality of peer review records."*

FOR SALE

Steinway Grand Piano, six foot, excellent condition. Contact Sandra Bleiweiss, 565-3053.

Seralyzer for sale, $2,200.00 Still under warranty. Please call 474-3329.

MAJESTIC NORTH END VIEW HOME. The 'SABIN GIBBS' home. Features expansive marine/mountain view, 4,300 + square feet, 6 bedrooms. Classic charm with parlor, formal living and dining rooms, all adjacent to unique 550 sq. ft. entertainment/social area. French doors open to secluded rear yard and beautiful 50' Japanese Koi pond with bridge and waterfall. Situated on almost 1/3 acre elevated site with private road access. OFFERED AT $220,000. Please call Ron Williams to see. 752-6696 or 752-7069 (eve.) W.H. OPIE & CO. REALTORS.

Surplus Medical Equipment. Large inventory of diagnostic, office and home care equipment. Prices extremely reasonable. Call Lynda, (206) 453-8892.

Versa File - Exposed Chart - Lateral File System. Entire wall unit, $1,000.00. Call Lynda (206) 453-8892.

BOARD ACTIONS TUESDAY NOVEMBER 4, 1986

--The Board commended the Auxiliary for its many activities on behalf of the Society.

--A recommended amendment to the *Memorandum of Understanding* from the Doctor/Lawyers Committee was approved. The amendment dealt with resolution of fee disputes and selection of an arbitrator.

--The Credentials Committee recommended that all applicants be required to attend the Credentials Committee meeting when their file would be reviewed for membership. The Board supported the encouragement of all applicants to attend the meeting. However, it did not support mandatory attendance at the meeting as a prerequisite to having the applicants file reviewed.

The following applicants were approved for membership into the Society.

Thomas M. Herron, M.D.
Pediatrician
Jennie L. Hinton, M.D.
Psychiatrist
Michael H. Jackson, M.D.
Family Practice
Gary W. Nickel, M.D.
Ob-Gyn
Edward Williams, M.D.
Ob-Gyn

Proposed 1987 MSPC Budget

The Board reviewed the 1987 proposed budget which projected a deficit of $11,193.

It was approved that funding for the Pierce County Library continue at the 1986 level, which is, $39,081 ($69.79 per member). The Library had sought an increase of $3,048 for 1987. It was noted that the Library would be undertaking two fund raising drives in 1987 that would assist it in securing additional funds.

The Board approved continuation of funding of the College of Medical Education ($6,776) or $12.10 per member annually.

It was noted that Membership Benefits Inc. had improved its financial position and would be able to resume payment on its loan to the Society. MBI will pay the Society $500 monthly. A motion was made that the Budget be amended to reflect this added income. This information was not available when the budget was drafted.

The possibility or need for raising the dues was considered. Dues ($285) have not been raised for three years. The present reserve level is 27.0% of the basic operating expense. The Board agreed that dues should remain as is for 1987.

The amended budget projected total income of $182,400, total expenses $187,593 for a deficit of $5,193. The budget was approved as amended.

TAX REFORM

Because of the magnitude and extent of the changes mandated by the 1986 Tax Reform Act, prudence dictates that everyone take the time to meet with their tax advisor before December 31, 1986 to map out immediate and long-range steps necessary to minimize the impact of the 1986 TRA.

Some provisions of the TRA to pay particular attention to are:

1) Elimination of Capital Gains Deduction.
2) Interest Deduction almost eliminated.
3) Tax Shelters
4) Pension and Profit-Sharing Plans.
5) Taxable Years of Personal Service Corporations, S Corporations and Partnerships.

A more comprehensive article will appear in the February Bulletin and is available by calling the Society office at 572-3667.

GLASSES FOUND

A pair of reading glasses were left at the Sheraton Hotel following the October General Membership Meeting. They are available by calling the Medical Society Office at 572-3667.

POSITION WANTED

Semi-retired Board Certified Internist with 16 years experience in occupational medicine seeking either a part-time position or full-time with regular hours. Licensed in Washington. Please contact: Donald J. McCaughey, M.D., 24501 Via Mar Monte, #59, Carmel, CA, 93923, (408) 625-9421.

ADDRESS CHANGE

ADDRESS CHANGE FOR MICHAEL R. LOVY, M.D. AND CAROL LOVY, R.D., M.E.D.,: Union Medical Building, 2420 South Union, #150, new phone: 756-2182.

NEW APPLICANTS

The Medical Society of Pierce County welcomes the following who have made application for membership into the Society.

SCOTT H. CARLETON, M.D., Radiology. Born in Minneapolis, MN, 6/4/51. Medical School, Emory Medical School, 6/78; internship, University of Oregon Health Sciences Ctr., Rotating Surgery, 6/78-6/79; residency, Oregon Health Sciences University, Diagnostic Radiology. Washington State License, 1985. Dr. Carleton is currently practicing at 7424 Bridgeport Way West #103, Tacoma.

GLEN A. GORDON, M.D., Family Practice. Born in Ottowa, OH, 8/2/37. Medical School, Creighton University, 1963; internship, St. Rita's Medical Center, 7/63-6/64; fellowship, NIH Clinical Center, 8/66-6/67. Washington State License, 1986. Dr. Gordon is currently practicing at 502 - 54th Avenue East, Fife.

PAULA L. SCHULZE, M.D., Family Practice. Born in Dallas, TX, 5/5/54. Medical School, University of Texas, 1983; internship, Tacoma Family Medicine, 7/83-6/84; residency, Tacoma Family Medicine, 7/84-6/86. Washington State License, 1984. Dr. Schulze is currently practicing at 521 South K Street, Tacoma.

CARL B. ERLING, M.D., Family Practice. Born in Willmar, MN, 4/16/39. Medical School, University of Minnesota, 1964; internship, Bethesda Lutheran Hospital, 7/64-7/65. Washington State License, 1986. Dr. Erling is currently practicing at 301 South 320th, Federal Way.

COMPLETE OVERALL OF MEDICARE PREDICTED

Legislative Aide to Senator Slade Gorton, David McIntyre, predicted that Medicare would undergo a complete overall within the next 4-5 years.

McIntyre, filled in for Senator Gorton, who was unable to attend the October 9 General Membership Meeting due to Congress not adjourning as scheduled.

He reported that under the Medicare reconciliation plan, all physicians would be given a 3.2% update in their Medicare prevailing charge limits in FY-87, but permanent limits would be imposed on increases in the charges of non-participating physicians.

Deep complexity arises in the terms set forth for non-participating physicians. If their customary charges exceed the prevailing charge limit by 15% or more they would be entitled to increase their actual charges to patients by only 1% above currently frozen charge levels.

Physicians whose customary charges are less than 115% of the prevailing could raise their actual charges to 115% of the prevailing under a formula of four one-year steps.

CUSTOMARY AND PREVAILING CHARGES AVAILABLE

If you are uncertain what your customary charges are and how they compare to the prevailing rates in your specialty, contact:

Marilyn Williams
c/o Medicare Desk
Pierce County Medical Bureau
1114 Broadway Plaza
Tacoma 98402

Marilyn will be able to give you the new rates for 1987. The request must be in writing.

LOCAL PHYSICIAN'S ARTICLE PUBLISHED IN JAMA

Dr. Alan Tice, Infectious Disease specialist and member of the Society since 1979 had an article published in the October 17 issue of JAMA.

The article *"Infectious Diseases"* was written in collaboration with Dr. King Holmes, Seattle physician.

Dr. Tice is a member of the AIDS task force established by WSMA.

NOTARY SERVICE AVAILABLE AT MSPC OFFICE

Notary service to members is available at the MSPC office at no charge.

It is recommended that an appointment or call be made prior to visiting the office.

PSYCHIATRIST - Full time or part time contractual position available with Comprehensive Mental Health Center. Requires board eligible psychiatrist with completion of three-year residency in psychiatry, licensed to practice medicine in the State of Washington. Responsibilities include client evaluation for medication, hospitalization, diagnosis or special treatment recommendations and clinical consultation to Center staff. Qualified applicants may submit resume to CMHC, 1201 So. Proctor, Tacoma WA 98405. EOE.

Committed family practice physician needed by urban Native American community for challenging and fulfilling practice. Excellent medical community, ideal location with nearby mountains, beaches and cultural activities. Good benefits package. Send CV to: Puyallup Tribal Health Authority, 2209 East 32nd St., Tacoma, 98404.

Primary Care Physicians - Excellent practice opportunities immediately available for outstanding BC/BE family, general and internal medicine practitioners. First year income potential to $80,000. Office space and marketing support provided for those eager to build a strong practice in a supportive medical environment in metropolitan Seattle. For more information, phone or write, include C.V.: Recruitment Committee, West Seattle Community Hospital, 2600 South West Holden Street, Seattle WA 98126, (206) 938-6000.

Family Practitioner expanding two doctor practice in Puyallup. No OB or major surgery, 7 doctor call group, contact William Knittel, phone 841-2744.

South Seattle: OB/GYN--immediate opportunity, untapped potential, office, provided. Cross-coverage, comfortable Community Hospital. BE/BC send CV to: H.S. Epstein, 13030 Military Road So., Seattle, 98168.

MORTON, WASHINGTON: Private practice opportunity available for part-time Board certified/eligible Orthopedic Surgeon in the beautiful, rural community of Morton, southwest Washington state. Financial potential histories available. Practice located in an excellent, new clinical facility situated adjacent to 20-bed Morton General Hospital, which is affiliated with Virginia Mason Medical Center in Seattle. Excellent outdoor recreational opportunities. Send C.V. to: Patty House, Health Resource Services Group, Virginia Mason Hospital, 925 Seneca, P.O. Box 1930, Seattle WA 98111, (206) 223-6351.

DR. DAVE POMEROY TO BIKE SEATTLE TO ATLANTIC CITY

Gig Harbor family physician Dave Pomeroy will undertake a 3,200 mile bicycle ride across America next summer.

Pomeroy, who biked through France this past summer will join 200 other riders who will seek pledges of support from friends and colleagues. The funds will go to support the American Lung Association.

The Lung Association has long sponsored programs; such as: quit smoking, childrens asthma programs, clean air, occupational workshops and many other public education efforts.

The cyclists will begin their trek in Seattle and cross the continent on the northern route, primarily on Highway 2. 3000 miles and six weeks later they will terminate their ride in Atlantic City.

Dr. Pomeroy will be sending out requests and seeking support from his fellow physicians.

BOARD OF TRUSTEES ACTIONS TUESDAY, OCTOBER 7

--The Board requested additional information regarding regulating powers of the Board of Health and EMS Council.

--The Committee on Aging reported it had met with Senator Lorraine Wojahn and the Presidents of the three local chapters of the AARP. Initiative 92 was discussed in detail.

--The Subcommittee on Fluoride reported that it would submit a petition to the voters of Tacoma to place fluoride in the drinking water. The number of petition signatures required for the issue to be placed on the November 1987 ballot would be 3500.--

--The Board discussed the present physician referral criteria as administered by the Society office. There was general agreement that the present policy, which requires those members on the list to accept medicaid patients be continued.

TACOMA MALL HEALTH FAIR VOLUNTEERS NEEDED

The annual Tacoma Mall Health Fair which has been such a popular event with the general public will again be held in 1987.

The Auxiliary and Medical Society will have a booth and volunteers (Physicians and Auxiliary members) would be appreciated. Distribution of literature and blood pressure testing will be part of the volunteers activities.

Anyone who has participated in the past has always enjoyed working in the booth and the opportunity to meet many, many people. The volunteer period in the booth is usually for two hours only.

UNUSED COMPUTER??

Do you have an outdated or unused office or home computer that you would be willing to donate for a good cause? The Medical Society is looking for a computer system to keep records for the Physician's Directory and for accounting purposes. Please call Sue at 572-3709, if you are able to help.

"GET INVOLVED"
Message to Auxiliary

Edie Epstein, National Auxiliary representative to the AMPAC Board of Trustee urged Auxiliary and Society members to "become involved" in the political process.

Mrs. Epstein was hosted at a reception upon arrival from her Florida home. She addressed the Auxiliary membership meeting at the Little Church on the Prairie, Friday, October 17.

OFFICE SPACE

Office Space with in-office lab and x-ray facilities to share with two sub-specialists in the Cedar Medical Center, rent with option to buy. 1901 So. Cedar, Tacoma. 272-2261 or 572-3520.

Professional office space for lease, University Place, 1500 square feet, 863-7926.

Professional office space for lease; 1450 sq ft in rapidly growing Puyallup/Edgewood area. 863-6938.

The MSPC/MSPCA Holiday Dinner will be held at the *Sheraton Hotel* on Tuesday, December 9. Cocktails will be at 6:30 and dinner will follow at 7:30. Guest speaker will be Dr. Jack Lein from the University of Washington, so this promises to be a very entertaining evening. Gourmet food items and wine will be raffled during the evening and the centerpieces will be for sale so it will be a good time to pick up a few things for the holidays. Women are also requested to bring a Christmas gift for someone at the Women's Support Shelter. Reservations will be limited, so get yours in early by contacting the Pierce County Medical Society!

SANTA IS COMING to the Children's Holiday Party on Wednesday, December 10, from 4:00 to 5:30 p.m. at the *University Place* Recreation Center, 2534 Grandview Ave. There will be a magic show, crafts to make, and refreshments. Moms (and grandmothers) are requested to bring 1 dozen cookies for the party and one unwrapped gift for a child at the Women's Support Shelter. These gifts are used for various occasions throughout the year and are very much appreciated.

On November 3, the Auxiliary Board members approved the philanthropic funds to be dispersed to the following recipients: FADE OUT (Fife Alcohol Drug Education Outreach) whose purpose is to educate parents, children, and the community in order to stop drug usage; EQuest Special Riders which provides riding therapy for disabled children; Organ Donation Association; and AMA-ERF.

Arrangements are still being finalized for the Spring Fashion Show which will be co-sponsored by the auxiliary, the Junior League, Tacoma Stars and the Tacoma Orthopedic Guilds. It will be held on March 18 in the Tacoma Dome and the cost of $25 will include lunch and any pre-events and seminars.

Membership dues in the amount of $55.00 can still be sent to Betty Virtue, 71 Leschi St., Madrona Park, Steilacoom, WA 98388.

Personal Problems of Physicians Committee

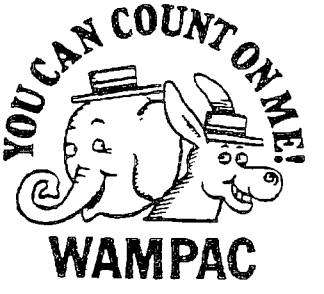
For Impaired Physicians

Your colleagues want to help.

Medical Problems, Drugs,
Alcohol, Retirement, Emotional Problems

Committee Members

Patrick Donley, Chairman	272-2234
Robert A. O'Connell	627-2330
John R. McDonough	572-2424
William A. McPhee	474-0751
Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Dennis F. Waldron	272-5127
Mrs. Marie Griffith	588-9371



You are cordially invited to join the

Medical Society of Pierce County

and

Pierce County Medical Auxiliary

at their

ANNUAL JOINT DINNER MEETING
TACOMA SHERATON HOTEL

Tuesday, December 9, 1986

Featuring

Installation of 1987 Medical Society Officers and Trustees

And

Jack Lein, M.D.

"A Humorous Look at Medicine"

Cocktails (no host) 6:30 p.m.
Dinner 7:15 p.m.
Program 8:15 p.m.

$23.00 per person, $46.00 per couple
(Price includes wine, tax gratuities)

Special Auxiliary Request:
Please bring a wrapped gift for a woman at the Tacoma Support Shelter, label gifts as to contents. Suggested items: books or magazines, stationery with stamps, cosmetics, toilet articles.

Also: A raffle will be held to benefit the Student Recognition Program. Tickets will be available during 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, 572-8667, to confirm your reservation.

Reservations are requested by Wednesday, December 3, 1986

1986 Medical Society/Medical Auxiliary Annual Joint Dinner Meeting

I(we) have set aside the evening of December 9, 1986 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 $28.00 per person/$46.00 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 3, 1986.

Continuing Medical Education
Sponsored by

COLLEGE OF MEDICAL EDUCATION

For Further Information

627-7137

December 10, 11, 1986

ADVANCED CARDIAC LIFE SUPPORT

*certification/recertification

December 11, 1986

COMMON PROBLEMS IN E.N.T.
PRACTICAL SOLUTIONS

*The Stuffy Nose
*Upper Respiratory Allergy
*GI Reflux
*Temporomandibular Joint
*Oral Lesions
*Otitis Media
*Audiometry/Typanometry
*Hearing Aids
*Nose Bleeding
*Epiglottitis vs Croup vs Tracheitis
*Sinusitis

January 15, 1987

THE LAW AND MEDICINE

*Malpractice Defense Experiences
*Doctors and Lawyers:
Time, Money & Records
*The Malpractice Insurance Crisis
*Our Adversary System of Justice
*When You Are Sued
*Recent Changes in Personal Injury
Laws and Tort Reform
*Criminal Law and Medicine

MEDICAL SOCIETY OF PIERCE COUNTY
705 South 9th, Suite 203
Tacoma, Washington 98405