

VOL. 2, NO. 1

705 South 9th, Suite 203  
Tacoma, Washington  
572-3667

JANUARY 1987

## PHYSICIAN DRGs in HOSPITAL SETTING

As a result of being besieged with telephone calls and other communications demonstrating the professions' overwhelming opposition to a DRG concept for physicians, the Administration has backed off from its position that payment for all inpatient physician services should be lumped into hospital DRGs.

For the time being, at least, the Administration has modified its prior position favoring universal implementation of physician DRGs in hospital settings starting in FY-1988.

It has however, refused to budge so far from its position that in-hospital services for anesthesiologists, pathologists and radiologists should be included in the hospital DRG payments.

### WHAT TO DO...

AMA is urging all members to contact their Republican representatives, urging that they advise White House Congressional staff of the profession's total opposition to inclusion of payments for any physician's service in a DRG. The Administration must clearly understand that the physician DRG concept is anathema to the entire profession.

## Dick Bowe Installed as 94th Society President at Gala Annual Meeting

Richard G. Bowe, ophthalmologist and member of the Society since 1972 was installed as the 94th President of the Medical Society of Pierce County at the Annual Joint Dinner Meeting December 9.

Dr. Bowe is a graduate of the University of Washington School of Medicine. He is a Diplomate, Am. Board of Ophthalmology and a member of the American Association of Ophthalmology as well as the American Medical Association.

He and the newly elected officers and trustees were installed at the Annual Meeting held at the Tacoma Sheraton Hotel. William Jackson, Radiologist, is President Elect.

Reelected to serve a second term as Vice President was Kenton C. Bodily, Vascular Surgeon and Secretary-Treasurer, Robert B. Whitney, radiologist.

Congratulations go to the Newly elected trustees who are:  
Gerald W. Anderson, General Surgeon... Ronald W. Knight, Cardiac Surgeon and Eileen Toth, Internist.

## AMA TO DRAFT LEGISLATION IN RESPONSE TO PROBLEMS IN PRO SANCTIONS PROCESS

At the American Medical Associations Interim Meeting of the House of Delegates, December 8 and 9, the House stopped short of seeking repeal of the Medicare Peer Review Program. But, focusing on problems with the sanctions process, delegates charged the AMA with developing draft federal legislation to prevent the PRO's from sending denial letters to beneficiaries until cited physicians have exhausted their rights of appeal.

## HEALTH FAIR NEEDS VOLUNTEERS

The Tacoma Mall Health Fair is scheduled for February 14, 15 and 16. This Fair gives members of the Society an opportunity to meet the public and perform a unique public service.

Volunteers are asked to spend two hours at the Society's booth. Blood pressure tests will be given and brochures handed out to booth visitors.

If you would like to volunteer, please call Sally Palm-Larson 588-5258 or the Medical Society office at 572-3667.

## FOR SALE

For sale: Walnut exam table with matching treatment cabinet, medicine chest, stools and wastebasket. Also a Castle Autoclave, Burdick EKG, centrifuge, multiple cautery units, file cabinets, and assorted instruments and office hardware. Contact: Dr. M.E. Lawrence, Fox Island, 549-2416.

Holtar Monitor 1400 includes training. Phone 474-3329.

Surplus medical equipment. Large inventory of diagnostic, office and home care equipment. Prices extremely reasonable. Call Lynda (206) 453-8892.

## OFFICE SPACE

UNIVERSITY PLACE PROFESSIONAL SQUARE - Medical Center. Improved suites at reasonable rates. 565-4444.

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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 WA 272-2261 or 572-3520.

## POSITIONS & PRACTICES

FT positions in Tacoma clinic. Also PT. Hourly rates plus malpractice. Flexible scheduling. Any State License. Other Opportunities. Call NES 1-800-554-4405.

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.

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: Puyallup Tribal Health Authority, 2209 East 32nd Street, Tacoma, WA 98404.

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.

MEMBERS SUPPORT LAYMAN  
ON GRIEVANCE COMMITTEE

In October the membership was polled to determine if one or two laymen should be appointed to the Grievance Committee.

It was felt that the credibility and image of the Committee and organization would be improved by the move.

WSMA, King County Medical Society and the State Medical Disciplinary Board have had made such appointments and are gratified by the results.

The results of the survey with a 42.1% (294) response rate was: in support of the proposal were 186 (63.3%) members and 108 (36.7%) opposed

The Board of Trustees at the December meeting voted to have the President and Grievance Committee Chairman appoint one or two laymen to the committee for a period of one year.

BOARD APPROVES  
EIGHT FOR MEMBERSHIP

The Board of Trustees approved for membership the following applicants at its December 3 meeting.

C. Zeno Andersen...  
Radiologist  
Arthur R. Knodel...  
Pulmonary  
Robert R. Livingston...  
Radiology  
John C. Park...  
General Practice  
Robert F. Rauktis...  
Radiology  
Elizabeth G. Sanford...  
Ob-Gyn  
Jens Strand...  
Colo-Rectal Surgery  
Richard S. Tobin...  
Radiology  
Terrill Utt...  
Family Practice

Other Board actions were:

Reaffirmed its decision to strongly encourage applicants to attend the Credentials Committee orientation meeting. However, attendance would not be mandatory for consideration of the application.

...Urge WSMA to pursue the creation of a social admissions DRG.

...that the Grievance Committee Chairman and MSPC President could appoint one or two lay members to the Committee.

...that the Grievance Committee should hear grievances against physicians who are not members of the Society.

...that the Committee on Aging be commended for improving communications between the Society and the Senior Citizens of Pierce County.

...that the Society has been asked to review the impact on pediatric care in the county as a result of the move of Mary Bridge Hospital to K wing of Tacoma General Hospital.

...the following were elected to serve as Directors of the Society's wholly owned for-profit subsidiary Membership Benefits Inc:

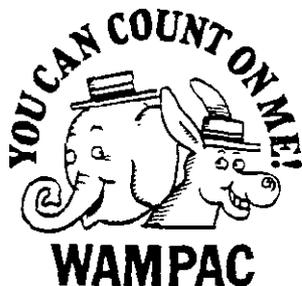
Mark A. Gildenhar  
Donald Shrewsbury  
Kevin Schoenfelder  
John Stewart  
Alan White  
R. Ivan Zbaraschuk

Dr. Whitney will serve as Secretary-treasurer for MBI by virtue of the Bylaws.

DAMAGE CAP RULED  
UNCONSTITUTIONAL

A U.S. District Court in Virginia ruled Nov. 5 that a Virginia law placing a \$1 million cap on medical malpractice awards is unconstitutional because it infringes on the right to trial by jury.

The ruling casts doubt on the legality of similar laws in other states, said Virginia Medical Association counsel Allan Goalsby III. Although state courts in Illinois and Ohio have held caps unconstitutional, Virginia's was the first to be struck down by a federal court. State courts in Indiana, Louisiana, and Nebraska have found caps constitutional.



## POSITIONS AND PRACTICES

**ENT Physician** -- Outstanding practice opportunity available for fulltime, board certified otorhinolaryngologist. Fully equipped and furnished office located in prime medical office building with established referral network. Office space and marketing support provided for selected physician eager to quickly build an active practice. Mail C.V. and letter of professional goals to: "Medical Staff Specialist," 1906-D, S.W., 318th Place, Federal Way, WA 98023.

Wanted, retired cardiologist for part-time research work at Blood Pressure Research Clinic. Washington license required. Call 357-6689 or write Blood Pressure Research Clinic, 140 No. Percival Street, Olympia, WA 98502.

**MEDICAL DIRECTOR POSITION** - Providence Medical Center in Seattle is soliciting applications for the position of Medical Director. Applicants interested in further information concerning job description and position qualifications should contact either Peter Bigelow, Administrator at Providence Medical Center, or Gerold F. Garrett, M.D., Chairman of the Medical Director Search Committee. Inquiries to either of these individuals should be directed to Providence Medical Center, 500 - 17th Avenue, Seattle, WA 98124.



### Presenting The Pacific Northwest's First Regional Seminar On Gerontological Nursing

March 25, 26, 27

For the first time, more than 30 of the Pacific Northwest's leading specialists in the field of geriatric care join in a symposium aimed at making nurses and other health-care professionals more expert in caring for the elderly.

Headed by Richard Waltman, M.D., F.A.C.P. this intensive program explores the aging process and its effect on body systems. Attendees will be eligible for 15 CERP credits. For an informative brochure about the seminar, write or call:



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CONTACT:

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5909 Orchard St. West  
Tacoma, WA 98467

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Treatment Facility

JANUARY READINGS

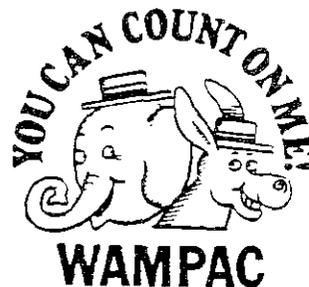
**ROY D. BROMAN, M.D.**, Family Practice/Emergency Medicine. Born in Vancouver, Canada, 5/23/37. Medical School, University of British Columbia, 1962; internship, Deaconess Hospital, 1962-63; residency, Memorial Hospital, Internal Medicine, 1963-64. Washington State License, 1971. Dr. Broman is currently practicing at 1212 South 11th Street #45, Tacoma.

**LESLIE S. MALO, M.D.**, Pediatric Surgery. Born in Rochester, NY, 02/23/53. Medical School, University of Rochester School of Medicine and Dentistry, 1979; internship, Mayo Graduate School of Medicine, 07/79-06/80; residency, Mayo Graduate School of Medicine, General Surgery, 07/80-06/84; graduate training, Childrens Hospital of Pittsburgh, 07/84-present. Washington State License, 1986.

**OLEG E. GORDIENKO, M.D.**, General Medicine. Born in Russia, 07/20/43. Medical School, Altai State Medical School, 1967; internship, Barnaul General Hospital, USSR, 09/67-09/68; residency, Novosibirsk Central Hospital, USSR, Internal Medicine, 08/70-08/73; and Parkland Hospital, Texas, Internal Medicine, 03/85-06/86. Washington State License, 1986. Dr. Gordienko is currently practicing at 1206 South 11th Street #8, Tacoma.

**RICHARD F. WITT, M.D.**, Family Practice. Born in Oklahoma City, OK, 05/29/41. Medical School, Kansas University of Medicine, 1975; residency, Southern Colorado Family Medicine Residency, St. Mary-Corwin Hospital, 07/75-06/78. Washington State License, 1985. Dr. Witt is currently practicing at 9112 Lakewood Drive S.W., Tacoma.

**JAN M. GORTON, M.D.**, Pediatrics. Born in Longview, Washington, 09/26/49. Medical School, University of Washington, 1980; internship, Mary Imogene Bassett, NY, 07/80-07/81 and SUNY-Health Science Center of Syracuse, Pediatrics, 07/83-07/84; residency, SUNY-Health Science Center of Syracuse, Pediatrics, 07/84-07/86. Washington State License, 1986.



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January 28, 1987

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- Time, Money and 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

- Brittle Diabetes: Clinical Features & Methods of Improving Control
- Reactive Hypoglycemia: Fact or Fiction?
- Stalking the Thyroid Nodule
- Premenstrual Syndrome: Hormonal and Psychiatric Aspects
- Obesity - A Epidemic of Great Proportions
- A Practical Approach to The Hypercalcemias
- Osteoporosis: Recent Developments in Diagnosis and Therapy

Coordinator: Marcel Malden, M.D.

Coordinator: Ronald Graf, M.D.

*HAPPY NEW YEAR*

A COMMUNITY FORUM:  
HEALTH CARE FOR THE  
UNINSURED

During the 1987 Legislative session, measures will be considered to try to remedy the problem faced by people who have no health insurance.

A community forum will be held on Wednesday, January 7, 1987 from 5 to 7 p.m. in Council Chambers of the Tacoma Municipal Building, 747 Market Street.

Physicians are urged to attend.

"Currently 420,000 low and moderate income individuals in the State have no health insurance and are not eligible for state assistance such as Medicaid," said Ms. Beyer, Attorney, and member of the Washington Health Care Project Commission.

Who will pay??  
How much will it cost??

Ms. Beyer and Joe King, Speaker of the State House of Representatives will describe the legislative proposals and answer questions.

Health care providers are urged to attend.

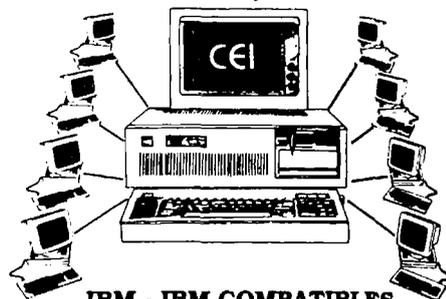
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*What do they require of you?*

*Will you assume a greater liability risk?*

*How will it affect your practice and referral patterns?*

*Find out before you sign.*

The WSMA provides a free, objective, written analysis of an HMO or PPO contract to WSMA members. The analysis explains the provisions of the contract, points out areas that are vague, and suggests areas that should be clarified. The WSMA does not make a recommendation regarding which contract you should sign. WSMA members desiring a written contract analysis should send a copy of the contract to:

**Washington State Medical Association  
2033 Sixth Avenue, #900  
Seattle, WA 98121**

## LEGISLATURE TO CONVENE

Several important issues will be coming before the 1987 session of the Legislature that convenes on Monday, January 12.

Please read the following partial list of legislation to be considered by the 1987 Legislature and you will realize that some crucial decisions will be made having a major impact on medicine.

1) TORT REFORM...it is critical that the ground gained in 1986 not be lost in '87'. We are asking the legislators to give SB 4630 an opportunity to prove itself.

2) MIRA (Medical Injury Reform Act)...An alternative dispute resolution system. A system which encourages the expedited payment of economic and related losses to a person who has suffered injury or loss.

3) INITIATIVE #92...This initiative would mandate Medicare Assignment ..WSMA is urging its defeat so it will have to go on the 1987 general election ballot.

4) Uncompensated Care...WSMA is encouraging support and adoption of the recommendations of the WA. Health Care Project Commission which would provide health care for the poor and uninsured.

5) MEDICAL DISCIPLINARY BOARD...WSMA is proposing to provide the Board with authority as well as responsibility.

These issues will require your attention and offers you the opportunity to communicate your opinions to your representative in Olympia.

### KNOW YOUR LEGISLATOR??

With the important legislation to be considered in 1987, it is imperative that you know your legislator and how to reach him/her.

Listed below by Legislative District is the legislators and telephone number. You can write them at this address:

Representative \_\_\_\_\_  
Senator \_\_\_\_\_  
Legislative Building  
Olympia, WA 98504

Legislative Hot Line is:  
1-800-562-6000

Call the Hot Line number to leave a message with your legislator.

Senators:

2nd District  
R. Ted Bottiger ...786-7602  
25th District  
Marcus Gaspard.....786-7648  
26th District  
Bill Smitherman....786-7650  
27th District  
Lorraine Wojahn....786-7652  
28th District  
Stan Johnson.....786-7654  
29th District  
A.L. Rasmussen.....786-7656  
30th District  
Peter von Reichbauer  
.....786-7658

Representatives:

2nd District  
Ken Madsen.....786-7912  
Marilyn Rasmussen..786-7656  
25th District  
Dan Grimm.....786-7948  
George Walk.....786-7948  
26th District  
Ron Meyers.....786-7964  
Wes Pruitt.....786-7802  
27th District  
Ruth Fisher.....786-7930  
Art Wang.....786-7974  
28th District  
Sally Walker.....786-7890  
Shirley Winsley....786-7958  
29th District  
P.J. Gallagher....786-7906  
Brian Ebersole....786-7996  
30th District  
Jean Marie Brough..786-7830  
Dick Schoon.....786-7898

### PICTORIAL DIRECTORY

Plans are underway for local production of an MSPC Pictorial Directory. MBI will be responsible for production and distribution - please call Sue at 572-3709 if you have any ideas or suggestions. Tentative plans include photographs to be taken in February/March with a final distribution date in June, 1987.

### 1987 PHYSICIANS DIRECTORY

The 1987 Directories are now available thru MBI. Every member has been mailed a complimentary copy. If you want to purchase additional copies, please call MBI for an order form. Cost is \$8.50 for members.

Tacoma-Seattle

# MEDICAL PRODUCTS EXPO

You are cordially invited to attend the Tacoma-Seattle Medical Products Expo:

Place....Tacoma Sheraton  
1320 Broadway Plaza  
Bicentennial Pavilion  
Date....Thursday, January 15, 1987  
Time....12 Noon to 6 p.m.  
Complimentary Wine & Cheese  
Served 5:00 p.m. to 6:00 p.m.

Featuring Major Manufacturers of Lab and Diagnostic Equipment, Exam Room Furniture,  
General Supplies and much more, plus...A Drawing for a VCR

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## COMPUTERIZING YOUR OFFICE OR YOUR HOME?

The seminar on "Computer Systems in the Physician's Office" sponsored by the College of Medical Education on November 22 was a big success.

Nearly 90 registrants heard speakers describe how to select a computer, contracting with vendors, and the future of computers in the physicians office.

Over 16 vendors had their equipment there for all participants to view and touch.

As a result of the interest in the seminar the Medical Society is forming a Computer User Group for anyone interested in any aspect of computers--novices to experts.

The first meeting of the group is scheduled for 7:00 p.m., Wednesday, January 14, Tacoma General Hospital (Conf. Rm. #5).

## GRADUATING SENIORS!!

The Auxilliary would like to recognize all our graduates this year. If you have a son or daughter graduating from high school, vocational school, college, graduate school, etc., please take a moment to fill this out and return it to the Medical Society office or Marge Ritchie, 4803 95th Ave. W., Tacoma, 98467, by April 1.

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Graduating from \_\_\_\_\_

Degree or Diploma received \_\_\_\_\_

Future plans \_\_\_\_\_

Friday, January 17, marks the first Auxiliary meeting of the new year. JoAnn Johnson, Legislative Chairman, has put together an informative program for us on "How to Communicate with your Politician." So instead of just thinking "I should write a letter....," we can learn how to do our communicating right! Join us at 10:00 a.m. at the home of Ginny Miller, 4629 N. Mullen, Tacoma. Reservations can be made by calling Rubye Ward 272-2688, Alice Yeh 565-6929 or Mimi Jergens 1-851-5720.

### HEALTH FAIR

The annual Pierce County Health Fair has been scheduled for February 14, 15, and 16 at the Tacoma Mall, and once again our Auxiliary will offer free blood pressure checks. Sally Palm-Larson (588-5939) will welcome volunteers, so if you can spare a couple of hours during that time, please give her a call. Husband-wife teams are welcome, but not a requirement.

A big "THANK YOU" to all of you who contributed toward the \$12,240.00 which was sent to the American Medical Association Education and Research Fund from our Holiday Sharing Card.

Thanks, too, to Shirley Kemman, Carolyn Modarelli and Kay Plonsky who worked to make it all another successful year, and to Mark Plonsky who supplied the cover design for the card.

If the post-holiday doldrums have hit, and you're looking for a little excitement in your life, consider joining the Gourmet Group on January 24 for a real Scottish dinner (complete with haggis) to honor the birthday of Scottish poet, Robert Burns. Recipes are supplied for different dishes, and each couple is responsible for bringing a dish which adds to the fun. Gourmet cooking experience is unnecessary, but please call Mary Schaeferle (627-2716) or Elaine Brown (588-9124) by January 10 in order to make reservations.

### FASHION SHOW

Wednesday, March 18, 1987, marks the Fashion Show given by the PCMS Auxiliary, the Tacoma Orthopedic Guilds, the Tacoma Junior League, and the Tacoma Stars. It will be held in the Tacoma Dome with pre-events such as color analysis, fashion and beauty tips, and hair styling beginning at 10:30 with luncheon and the fashion show following. Chairwomen Myrna Nagle and Susie Wiese are requesting that each Auxiliary member sell one extra ticket in addition to their own purchase if possible, but the money for them should be sent before February 1. Tickets are available from Karen Dimant, 3519 13th Ave. Ct. N.W., Gig Harbor 98335, for a total of \$20.00 each. Since this is the only fund raiser for the year, let's make it a big success!

## DIAPER RASH

### IS NOT A WAY OF LIFE

You can recommend professional diaper service with confidence.

- **Laboratory Controlled.** Each month a random sample of our diapers is subjected to exhaustive studies in a biochemical laboratory.
- **Utmost Convenience.** Thanks to pick up and delivery service, our product comes when you need it.
- **Economical.** All this service, all this protection against diaper rash costs far less than paper diapers — only pennies more a day than home-washed diapers.

CAUTION TO YOUR PATIENTS. It is illegal to dispose of human excrement in garbage. Parents are doing this with paper/plastic diapers. "Disposable" is a misnomer.



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LUNCHEON MEETING  
FOR  
RETIRED MEMBERS AND SPOUSES  
WEDNESDAY, JANUARY 14TH, 1987

**"A Look at the Media"**  
with  
**Mr. Ben Gilbert**  
Retired "City Editor – Washington Post (20 years)"

**DATE:** *Wednesday, January 14, 1987*

**TIME:** *Lunch 12:00 Noon; Program – 12:45 P.M.*

**PLACE:** *Tacoma Dome Hotel  
(Hickman South Room)*

**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 envelope, or call the Medical Society Office, 572-3667 to confirm your attendance.

*Reservations must be made no later than Friday, January 9.*

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**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 JANUARY 9.**

# MSPC CONSIDERING ORGANIZING TRAVEL GROUP

Would you be interested in joining 30-50 of your colleagues and spouses for a week of vacation and education at one of the following? Please check an area that would interest you enough to participate with a group travel plan.

Hawaii       Sun Valley       Orlando       China  
 New Orleans       Aspen       Paris       Sun River OR  
 New Zealand       London/Scotland       Other

Favorite time of year to travel . . .

Winter       Spring       Summer       Fall

Favorite activity when vacationing . . .

Golf       Sightseeing       Beach       Skiing

Other

COMMENTS:

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## WANNING NEW YEAR

Care Enterprises, Inc., would like participants of the November 22nd Computers In Medicine seminar to note the following corrections regarding the vendor questionnaire that was distributed: 1) CEI has over one-hundred installations, the twenty-five listed would pertain to the Pierce County area alone, 2) CEI software installation on a single-user system (with all updates) is \$450. per year; being totally optional, 3) CEI hardware maintenance is unique in that they will totally replace defective parts and have replacements on the shelf (contractually agreed), on the single-user system maintenance for hardware can cost as little as \$10.00 per month, and, 4) the phone number for CEI was incorrect, please change to 383-3657, and ask for Gail Norris-Smith.

CEI is endorsed by the Medical Society of Pierce County.

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Tacoma  
752-1705

**PHYSICIANS**

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POST EXCHANGE PRIVILEGES  
INSURANCE DISCOUNTS**

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ATTENDANCE AT AMA CONFERENCES  
TRAINING AT U.S. ARMY HOSPITALS  
ALL PAID FOR BY THE US ARMY RESERVE**

**Major Paul H. Lawhon, MSC**



**206-967-5046**

**USAR AMEDD Procurement, P.O. Box 38, Madigan Army Medical Center, Tacoma, WA 98431-5038**

*Many groups TALK about building a better America-  
The Army Reserve WORKS at it.*

**MEDICAL SOCIETY OF PIERCE COUNTY**

705 South 9th, Suite 203  
Tacoma, Washington 98405

**BULK RATE  
U.S. POSTAGE  
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TACOMA, WASH.  
PERMIT NO. 605**

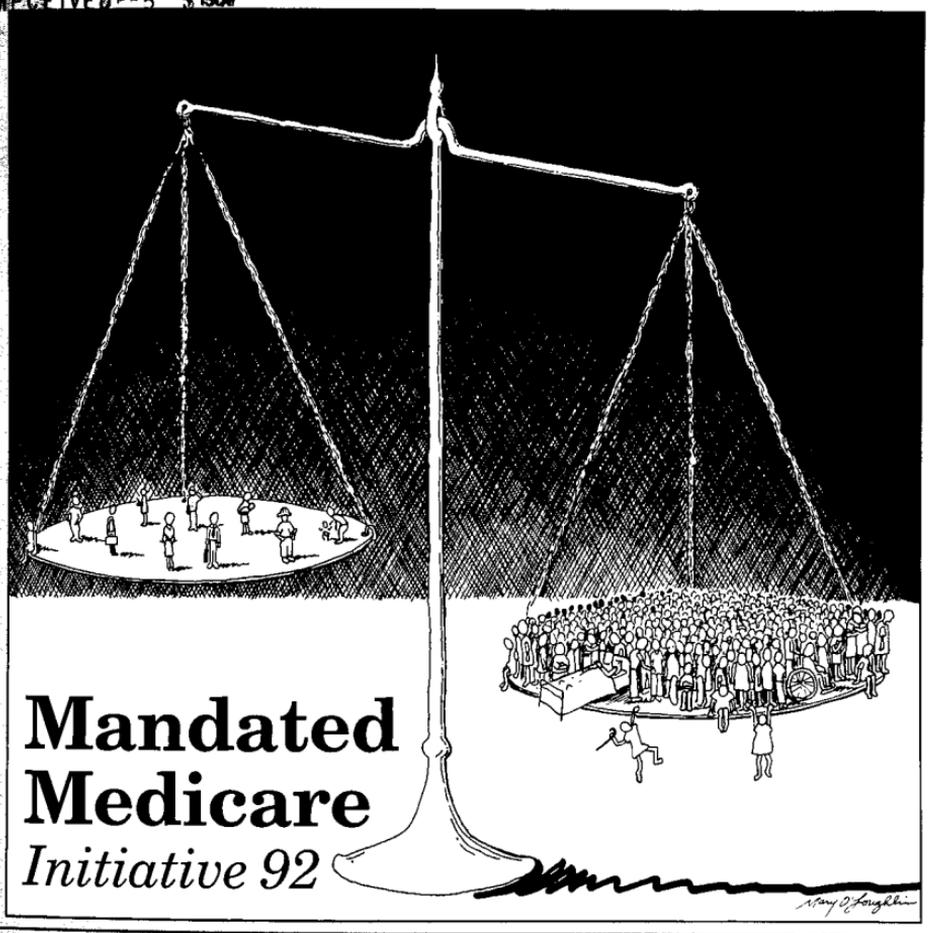


# The Bulletin

MEDICAL SOCIETY OF PIERCE COUNTY

February, 1987

RECEIVED FEB 1987



**Mandated  
Medicare**  
*Initiative 92*

# **WANTED:**

## **Physicians who prefer medicine to paperwork.**

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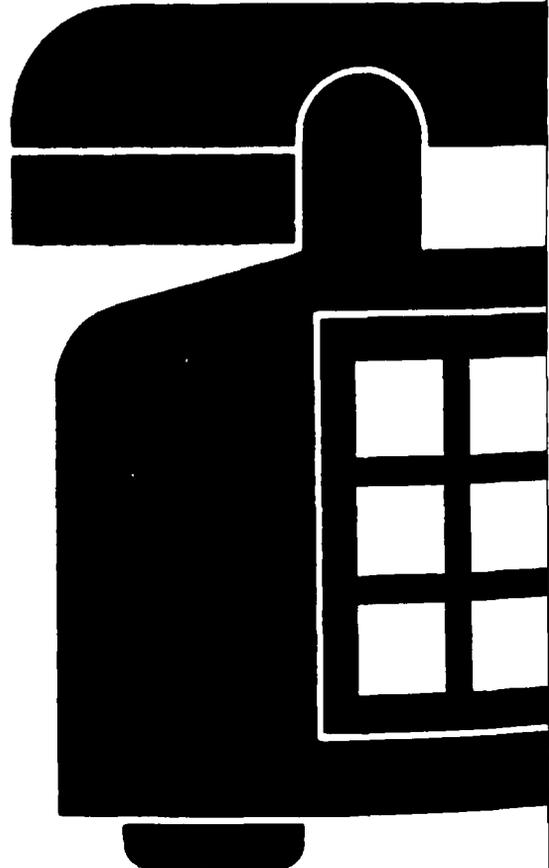
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# The Bulletin

The official publication of the Medical Society of Pierce County

**MSPC Officers:** Richard G. Bowe, President; William B. Jackson, President-elect; Kenton C. Bodily, Vice President; Robert B. Whitney, Secretary-Treasurer; Richard Hawkins, Past President.

**MSPC Trustees:** Michael L. Halstead, Peter K. Marsh, Paul D. Schneider, Johann H. Duenhoeelter 1987; Gerald W. Anderson, Ronald W. Knight, Eileen R. Toth, 1988, Susie Duffy.

**Executive Director:** Douglas R. Jackman

**Board and Committee Chairman:** *By laws:* Stanley Tuell; *Budget/Finance:* Robert B. Whitney; *College of Medical Education,* Peter K. Marsh; *Credentials:* Richard E. Waltman; *Emergency Medical Standards:* James K. Fulcher; *Ethics/Standards of Practice:* Ronald G. Taylor; *Grievance:* Richard Hawkins; *Interprofessional:* Robert J. Martin; *Legislative:* Gregory A. Popich; *Library:* Gilbert G. Johnston; *Medical Education:* David Brown; *Medical-Legal:* Marcel Malden; *Membership Benefits, Inc.,* Donald W. Shrewsbury; *Personal Problems of Physicians,* Pat Donley; *Program:* Kenton C. Bodily; *Public Health/School Health,* Terry Torgenrud; *UHI Quality Assurance:* David Sparling; *Committee on Aging:* David R. Munoz.

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## President's Page Goals for 1987

When was the last time you were asked about your goals for the future? I guess we have all been asked that question many times in our careers, and I am sure none of us would be where we are now if we hadn't taken the time to put priorities in our lives and plan carefully for each step along the way.

Being elected MSPC president has been a long-term goal for me, as I hope it will be for many of you. I look upon it as more than just another nice honor, but rather a "paying-your dues" obligation that is going to entail considerable time, effort and energy. I sincerely thank all of you for giving me the opportunity to represent you, and I hope that I can continue the fine tradition of leadership that I have respected since I came to town in 1971.

It's important that you know where your officers and Board are headed, and I'd like to outline some of my thoughts for the coming year. Bear in mind that the Board in its monthly give-and-take meetings may not agree with me and may over rule or propose other more pressing issues. Remember always that we represent you, and if you have opposing views or feel we should be addressing more important goals, please let us know.

### Legislative Goals

*Tort Reform* - Members of the medical community must be prepared to defend tort reform bill, SB 4630, in the 1987 session of the Legislature. The Washington

State Trial Attorneys are prepared to try to overturn these hard won statutory changes. Important changes in personal injury compensation address the issues of a non-economic cap, periodic payments, joint and several liability, statute of limitations, liability of officers and directors, and waiver of physician-patient privilege. We must get to know our legislators and not hesitate to call them and explain our views.

### *Medical Injury Recover Act (MIRA)*

- WSMA is expected to reintroduce MIRA, an alternative dispute resolution system. The system would expedite payment of economic and related losses to a person who has suffered injury or loss because of substandard care services. Presently, the average length of time from initiation of a malpractice case to settlement by jury is 77 months. Without a jury trial the average length of time is 55 months. In Washington, only 28 cents of every premium dollar taken in actually goes to the injured party. The legal system consumes 56 cents of that dollar, the remaining 16 cents is required for administrative expenses. Urge your legislator to support MIRA.

*Initiative #92* - Initiative 92 is an initiative to the 1987 Washington State Legislature which would mandate medicare assignment. If a physician charged more than Medicare's *reasonable* charge, the physician would be in violation of the Consumer Protection Act. The Initiative is opposed by the American Association of Retired

Persons, and it is urging its members not to sign the Initiative. Common Cause and the Senior Lobby opted not to endorse the Initiative. Urge your legislators to defeat the proposal. It would then be referred to the voters on the November 1987 general election ballot.

*Uncompensated Care* - WSMA is recommending support of the Washington Health Care Project Commission proposal which would create a state-subsidized health insurance program for nearly 500,000 Washington residents who cannot afford medical insurance. The proposal would levy a sales tax on professional services such as those provided by doctors, hospitals, architects and lawyers. There may be a better method of financing the program. Talk it over with your legislator.

*Medical Disciplinary Board* - The Board falls under the Department of Licensing and needs to be strengthened financially and administratively to be more effective. The Society supports WSMA in this effort.

*Medicaid Reimbursement* - Many members of our Society are losing money each time they see a welfare patient. Pediatricians are currently being reimbursed far less for giving immunizations than the cost of the vaccine itself. This is an ongoing problem which we will continue to face and try to overcome.

*Continued on next page.*

### Community Goals

The Society will continue to work closely with the Tacoma-Pierce County Health Department and its leadership.

An improvement in pre-hospital emergency medical care is being sought. The EMS Committee is reviewing the current structure and will be making a recommendation to the Board of Trustees and to the March meeting of the Pierce County Board of Health.

AIDS education in schools and fluoridation of city water will continue to be presented.

The Society will continue to function as a forum for discussions of such items as: pediatric care, health care for Black Americans, EMS base stations and alternative delivery systems.

### Membership Goals

The Society will work to strengthen the Pierce County Medical Library by encouraging its

incorporation. Subsequently, its financial contributions may become more predictable.

The College of Medical Education likewise must have our strong support or face the risk of falling before the ever increasing in-house education departments of our local hospitals.

MBI (Membership Benefits, Inc.) continues to explore profitable services for our members and has presently begun repaying lean-year debts to the Society.

The Society will continue a close working relationship with our Auxiliary and its members who have contributed greatly to the achievement of our goals.

### Communication Goal

My personal goal for 1987 is to improve medicine's image via increased Society exposure to the media and the public in general. We have already met with the editorial staff of the *TNT* and in addition to discussing

many of the above issues, we offered the Society as a resource for issues in the future. I hope I may call on many of you for your expertise. I would also urge you to join the Speakers Bureau to give talks to many of the interested groups in the area.

At the December General Membership Meeting, Richard Hawkins handed me the gavel and formally inaugurated me as Society president. Afterwards, several people offered their congratulations, others their condolences, and many asked if I knew what I was getting into. I thought I did, but after looking at what I just wrote, I'm not sure. *WHEW* - I've got to go. I've got work to do. ■

--- Richard G. Bowe

# What's new for physicians at St. Joseph Hospital?

◆ **Mobile Lithotripsy Unit** for non-surgical treatment of kidney stones; service begins this spring.

◆ **CT Quick Scanner** (GE 9800 Quick) and complementary software, unique in the Puget Sound region; low-cost, accurate osteoporosis screening; 3-D reconstruction for craniofacial reconstruction and orthopedic surgery.

◆ **Tacoma Treatment Center** for comprehensive outpatient care of oncology patients and others needing IV therapy.

◆ **Home Health Service** providing a range of services within the home setting at lower cost than hospitalization.



**St. Joseph Hospital**  
*a physician partnership*

For more information, call 591-6767.

## Bowe Assumes Presidency.

Dr. Richard Bowe, Ophthalmologist, was installed as the 94th President of the Medical Society at the Annual Joint Dinner Meeting held at the Tacoma Sheraton Hotel, Dec. 9.

Dr. Bowe has practiced in Pierce County since 1971. He served on the Board of Trustees two terms prior to becoming president-elect. He was president, Membership Benefits, Inc., the Society's for profit subsidiary 1979-80.

He is a member of WSMA, AMA, American Association of Ophthalmology among others. A graduate of the University of Washington School of Medicine in 1964, Dr. Bowe and his wife Sara reside in Gig Harbor.

## 48% of members vote for Officers and Trustees.

The 1987 Board of Trustees election results showed over 48% of the membership took advantage of their right to vote. 336 members cast a ballot for their choice of who would lead their Society in 1987.

Elected were:

**Richard G. Bowe**, President  
**William B. Jackson**, President-Elect  
**Kenton C. Bodilly**, Vice President  
**Robert B. Whitney**, Secretary-Treasurer

**Richard Hawkins**, Immediate Past President

**Michael L. Halstead**, Trustee (1987)

**Peter K. Marsh**, Trustee (1987)

**Paul D. Schneider**, Trustee (1987)

**Johann H. Duenhoelter**, Trustee (1987)

**Gerald W. Anderson**, Trustee (1988)

**Ronald W. Knight**, Trustee (1988)

**Eileen Toth**, Trustee (1988)

**Susie Duffy**, Trustee (Auxiliary-87)

The Board of Trustees meets on the first Tuesday of the month. If you have an issue you would like the Society to discuss and review, contact any of the above officers or trustees.

With regard to the voting, four ballots had notes on them expressing dissatisfaction with having no opportunity to vote for more than one candidate. The Bylaws of the Society previously required a minimum of two candidates for each vacancy. In 1985, the Bylaws were amended to no longer require two or more candidates.

The experience of the Nominating Committee had been to nominate as strong a candidate as possible for the presidency. The Committee, then, had great difficulty finding a member who wanted to oppose such a strong, able candidate and face certain defeat. If the member elected to oppose the strong nominee was defeated, this capable member was reluctant to seek reelection again.

It should be noted that *Robert's Rules of Order* recommends "It is usually not

sound to require the committee to nominate more than one candidate for each office, since the committee can easily circumvent such a provision by nominating only one person who has any chance of being elected."

## Meet the Public... Provide a Service

The Tacoma Mall Health Fair is scheduled for Feb. 13, 14 and 15. Here is an opportunity for you to meet the public and provide a service (blood pressure testing) in a relaxed atmosphere.

Volunteers, usually in husband and wife teams, are asked to serve a two hour shift in the booth.

If you are interested in volunteering, please call: Mrs. Sally Palm-Larson at 588-9839 or the Society office 572-3667.

## Dr. John Hilger named president-elect of AAFPRS

Dr. John Hilger, long time MSPC member, has been named president-elect for the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS).

Dr. Hilger will assume his duties as AAFPRS president in Sept., 1987. The AAFPRS is an international, multidisciplinary organization of more than 2,700 board certified surgeons who specialize in facial plastic and reconstructive surgery.

*Newsbriefs continued on page 7.*

## Editorial Commentary....

# Help Somebody Do Something!

(Or) When confused  
and in doubt,  
run in circles,  
scream and shout.

By Ben Blackett, MD

The changes upon us now and the prospect of those to be in the practice of medicine have evoked a variety of physicians responses:

*Some retire early.*

*Some join every PPO, HMO, IPA et cetera in sight.*

*Some stonewall it.*

*Some join unions.*

*Some join non-union negotiating groups.*

*Some restrict their range of practice.*

*Some stop accepting welfare patients.*

*Some will stop accepting medicare patients.*

*Most complain about it.*

*Some write about it.*

*Others do some combination of the above.*

There is before us a parade of specters to irritate, frustrate and threaten any cognitive physician. (Scrooge had only four specters to contend with on his most memorable Christmas). The parade includes:

DRG rules that conflict with what is best and safest for the patient.

An almost metastatic proliferation of PPO's, each with its own MBA trying to stampede physicians to "sign up now to

preserve your practice."

Medical liability insurance rates that continue to climb (I know a neurosurgeon in Florida who is paying \$240,000/yr premium for 7 million total coverage claims made, and he has had only 2 suits in ten years).

HCFA has invented *Super PRO* to audit and if possible discredit Washington and other PRO's that have not administered sufficient disciplinary sanctions against physicians to please HCFA.

Routine and mandatory second opinion programs that often delay needed treatment (no argument where either the patient or the treating physician wants a second opinion).

Low welfare reimbursement which puts the greatest strain on the physicians with the largest welfare practices (one would think a special subsidy in order for taking on a large welfare load).

But despite all of this, the practice of medicine is for most of us the most challenging, most interesting and most satisfying way to spend the day. (*Note, some days are better than others*). The trick is going to be for each of us to somehow maintain our independence both professionally and economically. Three steps will be a good start.

*Step one:* Refuse to take part in any action or program that limits the choice of what is best for the patient.

*Step Two:* Develop hobbies and/or sport interests that can provide a complete escape from the frustrations of medical practice.

(We have all seen physicians for whom medical practice was everything in life, and who, therefore, lost everything of interest to them when age, disability or situation made continued practice impossible). Perhaps this seems too obvious to need saying, but sometimes the obvious is overlooked. I would call this the sanity self defense step. It will be even more important in the future than it has been in the past.

*Step Three:* Develop commercial interests through investment, artistic ability, writing talent, inventive or engineering ability, etc. I know several medical families that own and manage stores and one physicians' wife who is president of a construction company. Some physicians have been very successful in developing new surgical instrumentation. The possibilities are as great as your imagination and abilities. To the extent that you are successful, you build immunity to the economic pressures of the new medical market place. And just think, if you do well enough you could practice medicine purely for the pleasure and satisfaction of making others feel better. This is the economic self defense step.

There are lots of theories for banishing specters. If you don't like any of the above suggestions, you can always wear garlic. By the time this missive goes to the printers, Christmas will be over, so have a Happy 1987. ■

— Ben Blackett

### Dr. Dave Pomeroy says, "Thanks."

In the December Newsletter Dr. Dave Pomeroy appealed for financial support via pledges to the American Lung Association for his bicycle ride across the country.

"The response has been tremendous, says Dave, "far beyond expectations, and I want to thank everyone for their generous support."

Dave will be riding his bicycle from Seattle to Atlantic City, N.J., as part of a Lung Association bicycle trek.

*(Editors note: Dr. Pomeroy will continue to accept pledges if you have not done so already.)*

### Hospital admissions drop says AHA Economic "Year in Review."

Hospital admissions dropped 4.6% in 1985, says a recently released report by the AHA's Hospital Research and Educational Trust (HRET).

"Economic Trends: 1985 Year in Review" reports growing incentives for cost effectiveness, increased competition, and economic recessions in some areas as causes for the decline. The biggest drop was seen in the over 65 population, which had 5% fewer admissions in 1985 than 1984. The average length of stay for all patients dropped 1.1%; the number of outpatient visits rose 4.8% from 1984-1985.

### Physician Volunteers Needed

St. Leo's

Neighborhood Clinic needs our help. The Clinic, located at 1323 South Yakima, provides health care to the homeless, needy and anyone who walks in the door.

The Clinic is open two evenings a week, Monday and Thursday, from 6:00 p.m. to 8:00 p.m.

If enough physicians could volunteer, one physician would not be called upon more than once every four or five months to serve. The Clinic provides a badly needed service in the community and offers all physicians, regardless of specialty an opportunity to participate.

If you would like to take part in a fine public service or have

any questions, please call the Medical Society office at 572-3667, or call the Clinic nurse, Trudy, at 627-4741.

### 1987 Directory Corrections

**Singh, Surinderjit, M.D.** (Jeena) EMG, Phys Med & Rehab - Sat. Accept all patients  
Off: 1901 So. Cedar, Suite 302, Tacoma 98405.....272-9994  
Res: 701 No. Stadium Way Tacoma 98403....627-5844  
Dr. Singh was inadvertently omitted from the 1987 Directory. Dr. Saroja Singa should have been eliminated and was not.

### Farber, Stuart, J.

Office phone:...759-3586  
Dr. Farber's phone number was listed incorrectly as 752-0998. Please note correct number of 759-3586.

### Sharma, Ramesh

Dr. Sharma's name was not listed in bold print and is difficult to locate. Please make a note of Dr. Sharma's listing.

Correction stickers will be forwarded for each copy of the 1987 Directory that you received to make the above corrections. Please check your listings to make certain that they are correct. If you have any corrections, please call Sue at 572-3709. Thank you.

### Advertiser Correction: (See page 26 in Directory).

The Phone Connection  
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# 1986

## Joint Annual Meeting



Board of Trustees: Left to right, Kenton Bodily, Vice President; Robert Whitney, Secretary-Treasurer; Barry Weled (1986); Ronald Knight (1988); Richard Hawkins, Immediate Past President; DeMaurice Moses (1986); Richard Bowe, President; Charles Weatherby (1986); Peter Marsh (1987); Eileen Toth (1988).



Dick Bowe (right) presents outgoing President, Richard Hawkins (left) a plaque of appreciation during the Annual Meeting and installation of new officers and trustees.



Left to right: Cindy (Charles) Anderson, Marny (Don) Weber, Connie (Alan) Tice enjoy the festivities at the Annual Joint Dinner Meeting.



Past President Pat Duffy (1984) talks to outgoing President Richard Hawkins (left) and incoming President Richard Bowe.



Outgoing President Richard Hawkins and his wife Sonja with Richard (Dick) and Sara Bowe. Dick Bowe succeeds Richard as President.

## Physicians feel continuing loss of control over patient treatment decisions.

Major findings of two surveys conducted by the AMA during May and June, 1986, of physician and public opinion on health care issues are as follows:

*Physicians for the first time see professional liability as the main problems facing medicine. The public's continuing primary concern, cost, has fallen to second place among physicians.*

*The public is increasingly cognizant of a general liability insurance crisis, and substantial majorities are now sympathetic with physicians on a number of specific issues related to malpractice insurance and suits.*

*More American adults perceive a physician surplus than in years past, but they are still more likely to report a shortage. Physicians indicate growing concern on several items related to physician supply and competition.*

**Most physicians feel a continuing loss of control over patient treatment decisions and are very sensitive to that issue,** reacting strongly against insurance plan provisions that require their decisions to be reviewed by persons other than practicing physicians.

*Physicians generally see patients as more knowledgeable, more cost-*

*conscious and more demanding than they used to be, but there is less certainty about patients' willingness to follow prescriptions and their satisfaction with the treatment process. Still, most physicians believe their patients feel generally positive about their visits.*

**There is considerable negative sentiment among the public toward doctors in general,** but the image is not getting worse, as had been the case several years ago. Overall, public attitudes toward physicians are fairly stable.

*There is not a high level of awareness, especially among the public, of AMA policy initiatives, but there is widespread support among both physicians and the general public for a number of positions the Association has taken. Physicians overwhelmingly believe the AMA should continue to take strong positions on public health policies.*

*A majority of American adults believe Medicare payments should be based on patient income and would be willing to pay additional taxes to ensure the program's contribution. Even larger numbers would contribute to a "Health IRA."*

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Medical Director, John Atkinson, M.D.

# Your Legislative Guide.....

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## Senators

## Olympia Phone No.

## Key Physician Co

### 2nd District

R. Ted Bottiger (D)

786-7602

Don Pearson, MD

### 25th District

Marcus Gaspard (D)

786-7648

William Marsh, MD

### 26th District

Bill Smitherman (D)

786-7650

William Jackson, MD

### 27th District

Lorraine Wojahn (D)

786-7652

Alan Tice, MD

### 28th District

Stan Johnson (R)

786-7654

James D. Krueger, MD

### 29th District

A.L. "Slim" Rasmussen (D)

786-7656

Stanley W. Tuell, MD

Legislative Mail Address: Senator \_\_\_\_\_ Legislative Bldg., Olympia, WA 98504

## Representatives

### 2nd District

Ken Madsen (D)

786-7912

Walter M. Arthur, MD

Marilyn Rasmussen (D)

786-7656

James K. Symonds, MD

### 25th District

George Walk

786-7948

Donald C. Weber, MD

Dan Grimm (D)

786-7968

Michael Haynes, MD

### 26th District

Ron Meyers (D)

786-7964

Donald Shrewsbury, MD

Wes Pruitt (D)

786-7802

Paul Schneider, MD

### 27th District

Ruth Fisher (D)

786-7930

Michael Jarvis, MD

Art Wang (D)

786-7974

George Tanbara, MD

### 28th District

Sally Walker (R)

786-7890

Terry Torgenrud, MD

Shirley Winsley (R)

786-7958

Joseph Nichols, MD

### 29th District

P.J. "Jim" Gallagher (D)

786-7906

David Brown, MD

Brian Ebersole (D)

786-7996

Richard Hawkins, MD

Legislative Mail Address: Representative \_\_\_\_\_ Legislative Bldg., Olympia, WA 98504

For urgent and quick messages to your legislator call the **Legislative Hot Line:**

**Toll Free 1-800-562-6000, and leave your message.**

## Olympia Telephone Numbers:

**WSMA Olympia Office.....(206)352-4848**

(24 hr. answering for messages)

**Lobbyist Message Center.....754-3206**

(Capitol Building, "Ulcer Gulch")

# The 1986 Tax Reform Act...

*The Tax Reform Act has been covered extensively by the press, particularly in regard to the elimination of investment tax credits, lengthening of estate depreciation and the "passive" income and loss provision. Given these changes, qualified retirement plans become even more attractive as an income shelter. The Act has a significant effect on many aspects of the retirement plans of sole proprietors, associations, partnerships and professional corporations.*

## TREATMENT OF TAX FAVORED SAVINGS Individual Retirement Accounts

Current law deductibility of up to \$2,000 retained for tax payer and taxpayer spouse, regardless of income, if they are not active participants in an employer-sponsored retirement plan, include tax-sheltered annuities, government plans, Simplified Employee Pensions (SEPs) and Keogh plans. Low income individuals also allowed deductibility, even if taxpayer or spouse is an active participant. The \$2,000 deduction is phased out at income levels between \$40,000 and \$50,000 AGI for joint returns (\$25,000 and \$35,000, single). Individuals may make nondeductible contributions to a separate account to the extent they are ineligible for deductible contributions. Where one spouse has no earned income, the maximum on joint returns is \$2,250. The nondeductible contribution will be subject to the same dollar limits for deductible contributions of \$2,000 of earned income (\$2,250 for a spousal account). Income in the account accumulates tax-free until distribution. Provision generally effective January 1, 1987. Tax on early withdrawals is 10%.

## Qualified Cash or Deferred Arrangements CODAs, 401 (k) plans

Maximum annual elective deferral for an employee under most CODAs (ie 401(k) plans) and tax-sheltered annuities limited to \$7,000 (indexed). Contributions to tax-sheltered annuities for employees of public schools and certain tax-exempt organizations cannot exceed \$9,500. Nondiscriminatory tests toughened. Highly compensated employee redefined (see below). Further limits placed on hardship withdrawals. Permits some withdrawals on account of plan termination. Employees may not be required to complete more than one year of service to be eligible. New CODAs not permitted for tax-exempt or public employees. The \$7,000 401 (k) limit will be reduced for elective contributions to a tax-sheltered annuity. New rules for excess contributions.

## Employer Matching and Employee Contributions

Employee matching contributions and employee contributions subject to single nondiscriminatory tests as with CODAs. If they do not satisfy nondiscriminatory tests, excess contributions can be subject to 10% excise tax.

## Special Rules for Simplified Employee Pensions (SEP)

Adopts simplifying SEP amendments and permits elective deferrals to employees of small firms up to \$7,000 (Essentially turns SEP plans in 401 (k) plans.) Contains language on nondiscrimination and highly compensated employees similar to CODA section.

## MINIMUM STANDARDS FOR QUALIFIED PLANS Coverage Requirements for Qualified Plans

Qualified plans must cover: 1) 70% of nonhighly compensated employees covered, 2) a percentage of nonhighly compensated employees equal to at least 70% of the percentage of highly compensated employees covered, 3) a reasonable classification test (imposed by Treasury), or 4) an alternative classification test. New rules provided to determine excludible employees under latter rule.

## Minimum Participation Rules

A plan must cover the lesser of 50 employees or 40% of nonexcludible employees. Plans that do not comply after 1988 will be merged or terminated. Does not apply to multi-employer plans.

## Top-Heavy Plans

Applies a uniform benefit accrual rule in testing if qualified defined benefit plan is top-heavy. Determination can also be based on any accrual method if that method is used by all plans of an employer being tested.

## Includible Compensation

Limits the amount of compensation to be taken into accrual under any qualified plan or SEP at \$200,000, increased as the defined contribution plan dollar limit is increased.

## Benefit Forfeitures

Forfeitures may be reallocated to remaining employees.

## Vesting

Generally, requires full vesting upon completion of five years of service or vesting at 20% after three years of service, increased by 20% each subsequent year until full vesting at seven years. 100% ten year vesting required for multi-employer plans. Class year vesting not permitted. Effective generally after December 31, 1988.

# And Your Retirement Plans

Courtesy of *San Francisco Medicine*, Dec. 1986

*Below is a general compilation of the most significant changes in the law, but note that you should consult with your plan administrator, attorney or accountant to determine tax reform's impact on your plan.*

*By Ward Zumsteg. (Mr Zumsteg is a CMA Pension Specialist with E.F. Hutton)*

## **WITHDRAWAL OF BENEFITS** Uniform Minimum Distribution Rules

IRAs, qualified plans and tax-sheltered annuities, distribution no later than calendar year following the year in which participant attains age 70 1/2. Sanctions for not abiding by rules amount to a 50% excise tax on the excess of the minimum amount required to be distributed over the amount actually distributed. Nondeductible tax borne by the recipient. Effective January 1, 1989.

## Withdrawals Before Age 59 1/2

Generally, conforms to early withdrawal rules for qualified plans and tax-sheltered annuities to the rules for IRAs (requiring a 10% tax on early withdrawal). Exceptions include death, disability, distributions as part of a series scheduled by the plan and retirement at age 55.

## Lump Sum; other Distribution Requirements

Retain current law (ten year forward income averaging) for those who reached age 50 by January 1, 1986. Otherwise allows only one time five year averaging after age 59 1/2; also phases out capital gains character of the pre-1974 portion of a lump sum distribution over a six year period. Extends restrictions to all tax-sheltered annuities. Repeals three year basis recovery rule and treats each distribution as part a payment of income and part a recovery of employee distributions.

## Loans under Qualified Plan

Loans will be treated as distributions to the extent that they exceed the lesser of \$50,000 (minus the higher outstanding balance in the prior 12 months) or the greater of \$10,000 and one half of the employee's accrued benefit. Exemption of five year repayment period is loan applied to principal residence purchase.

## **TAX DEFERRAL UNDER QUALIFIED PLANS** Overall Limits on Contributions and Benefits

The \$30,000 limit on annual additions to defined contribution plan is frozen until the dollar limit on annual benefits under a defined benefit plan reaches \$120,000. After that, it is indexed to keep 4:1 ration. Limits on benefits commencing at normal Social Security retirement age are: 100% of compensation or \$90,000, whichever is less. Benefits obtained before or after normal retirement age must be actuarially adjusted to conform to limits. Limits are reduced for those with fewer than ten years under plan. Special rules providing for pilots and public servants. Qualified supplemental costs of living arrangements permitted. For those receiving benefits from more than one plan, a 10% excise tax applies if the participant is receiving annual benefits more than 1.25 times indexed dollar limit of plan, with a \$112,500 minimum for combined plans.

## Deductions for Contributions

Retains current law on Social Security integration. Carry forward limit for these plans is repeated.

## **MISC PENSIONS AND DEFERRED COMPENSATION PROVISIONS** Discretionary Contribution

Contributions to profit-sharing plan not limited to employer's current or accumulated profits.

## **TAXABLE YEARS OF PARTNER- SHIPS, S CORPORATIONS, AND PERSONAL SERVICE CORPORATIONS**

Must adopt the same taxable year as that of the partners owning a majority interest in profits and capital. If they do not have the same year, then the taxable year of the principal partners applies. Otherwise, the calendar year must be adopted.

## Partnerships S Corporations

Generally, must adopt the calendar year.

## Personal Service Corporations

Must adopt the calendar year and cannot deduct payments to owners/employees prior to the year paid. Exceptions to these rules must be approved by Treasury if a subsidiary business purpose for the change is given (that the taxable year provides deferral on income of three months or less is no longer a valid reason.)

# Estate Planning for Today's Physician

By Ted. H Finkelstein, Esq.

Several months ago, two friends of mine went on a safari in Africa. Unfortunately, they strayed from their tour group and found themselves in "hot water" as the main course of a pygmy dinner.

The pygmy chief, however, graciously granted each one a last request. Friend one, a trust and estate lawyer, stated that he had been trying to get his doctor companion to do an estate plan for years, and he requested that he be permitted to lecture the doctor about estate planning before the doctor's demise. The pygmy chief then asked the doctor for his last request. The doctor thought for a few minutes and then pointed at the lawyer and begged to be eaten before the lawyer gave his estate planning lecture.

The point of this apocryphal meal is that, to the bitter end, doctors do not take the time to plan their estates. They erroneously believe that the "dusty" wills in the bottom of their safe deposit boxes will take care of their assets. Even the most esoteric, state-of-the art will, however, is ineffectual if a doctor's assets are not properly organized. A will only disposes of property owned by a decedent outright, and it does not affect assets such as life insurance, pension plans, or trust accounts which are payable to named beneficiaries. Most importantly, a will has no effect on property held by a decedent jointly with a spouse or another person.

The first step in the estate plan is to compile a detailed balance sheet so that the ownership assets can be organized. The balance sheet will also serve as a locator map for the administration of the estate and

avoid a "treasure hunt" by the executor for the decedent's assets.

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**Doctors must be aware that their balance sheets are unique in that they list interests in medical practices that are difficult to value and even more difficult to liquidate.**

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Even if the doctor is a shareholder in a professional corporation with a buy-sell agreement, he still needs other liquid assets or insurance in his estate to compensate for the practice.

Logic would indicate that the next step should be to determine the beneficiaries of the estate. Logic is supplanted by something that we all know is illogical--taxes. The estate and gift tax is a unified tax on all types of transfers of property during lifetime and at death. The system was originally designed as a tax on the superwealthy, but it has evolved into a tax on the affluent. The Federal graduated rates start at 18%, reach 41% for a taxable estate of \$1,000,000, and top off at 55% for taxable estates exceeding \$3,000,000. New York

*Continued on page 15.*

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## Estate Planning continued from page 14.

exact its share at lower rates ranging from 2% to 21%. The Federal tax is reduced by a credit for part of the New York tax paid.

There are two major estate tax exclusions. The decedent can leave unlimited amounts to his surviving spouse free of tax. Both outright bequests to the surviving spouse and income-only trust where the decedent controls who will ultimately receive the property after the surviving spouse's death (known as "QTIP" trust), will qualify for the marital deduction. In addition, Congress has bestowed upon each of us something called a unified credit against the transfer tax. This credit allows each of us to transfer up to \$500,000 of property (\$600,00 after 1986) during our lives or at death to anyone tax-free. New York has adopted the unlimited marital deduction but has limited the unified credit to taxable estates of approximately \$108,000 or lower.

The marital deduction and the unified credit can be maximized using a simple planning technique. Assume that Dr. Ruth owns \$1,200,000 of assets jointly with her husband by operation of law. There is no estate tax because of the unlimited marital deduction. Her husband then dies one year later and the entire \$1,200,000 is subject to tax in his estate, resulting in a net Federal estate tax of approximately \$190,000. (The New York estate tax is not considered in this illustration).

Now instead assume that Dr. Ruth's property was divided into two shares owned equally by the spouses as tenant in common. At Dr. Ruth's death, her \$600,000 share passes through her will into a "unified credit trust" for her husband's benefit. The trust gives the husband income for life and a trustee is appointed to make discretionary distributions of corpus to the husband. The trust does not qualify for the marital

*Continued on page 16.*

## *Are you treating a patient with a head injury?*

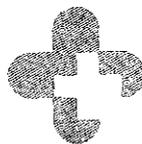
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deduction, but the estate tax at Dr. Ruth's death is wiped out by her \$600,000 unified credit. At the husband's death his estate only consists of his \$600,000 share of the assets and the estate tax is eliminated by his unified credit. The unified credit trust is not included in his estate. By using both spouses' unified credits, we have saved \$190,000 in estate taxes.

There are other planning techniques available, but they require irrevocable lifetime transfers of assets. These devices include.

1. *The irrevocable insurance trust: the doctor's insurance, preferably term, is transferred to an irrevocable trust with terms similar to the unified credit trust. By giving up the incidents of ownership of the policy, the proceeds can be removed from the doctor's taxable estate. In the case of a \$1,000,000 policy and other taxable assets of \$1,000,000, the tax savings from the trust will be approximately \$400,000.*

2. *The grantor retained income trust (GRIT): This trust increases the value of the unified credit by utilizing the IRS annuity tables. The doctor makes an irrevocable transfer into a trust and retains the income from the trust for a period of years. He gives the principal to named beneficiaries, usually his children, at the end of the trust period. The value of the retained income interest is subtracted from the value of the gift, meaning that the unified credit can be used to shelter transfers in excess of \$600,000. For example, if the doctor retains income for 15 years the \$600,000 unified credit will shelter a transfer of \$2,506,350. The GRIT, however, is not a sure bet; if the grantor dies within the income period the estate tax benefit will be lost.*

3. *Annual exclusion transfers: Transfers made during lifetime can*

*qualify for a \$10,000 annual exclusion from the transfer tax. A husband and wife can "split gifts" and qualify for a combined \$20,000 annual exclusion. The exclusion is per donee, meaning, for example, that a doctor with 3 children and 6 grandchildren can transfer \$180,000 out of his estate tax-free each year. The transfers can be made into trust or custodial accounts of the beneficiaries are minor.*

4. *Short-term or Clifford trusts: These trusts can shift income to the lower tax brackets of parents or children. The traditional trust was for a 10 year period, but a new wrinkle called "the spousal remainder trust" can shorten the period. It must be noted that the pending tax reform act is taking aim at eliminating this type of income shifting device.*

Estate planning is not an exact science where the lawyer can feed numbers into a computer and come up with a universal plan. Each doctor has different assets, goals and problems and must organize and plan his estate to arrive at a program that fits his needs and philosophies. Doctors are not immune from the "pygmies" which are lurking out there for us all, and you must make the time to plan for the inevitable.

Ted H. Finkelstein, J.D., LL.M., Taxation, is the tax, trust and estate attorney at the law firm of Meiselman, Farber, Packman & Eberz, P.C., Mt. Kisco, New York.

Reprint from *Westchester Medical Bulletin*, fall, 1986.

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# Can physicians play a vital role in nursing home care?

By Janyce Thomson, MN, RN

The Nursing Care Consultant role has existed for more than twenty-five years and presently carries out the states utilization review responsibilities as outlined in the Federal Regulations. The State of Washington's Utilization Review (UR) Program, approved by the Department of Health and Human Services (DHHS) under waiver provisions of 42 CFR 456.505-508, has been in place since Sept. 30, 1977. The Utilization Control Program requirements, including the Inspection of Care, are melded with the UR system. The same system is used for both skilled nursing and intermediate care facilities. There are two hundred twenty-six dual facilities and thirty-three free standing intermediate care facilities. Twenty-two of the facilities are located in Pierce County. The four Nursing Care Consultants stationed in Pierce County visit these nursing homes as well as cover adjacent counties.

The key elements of the present system include an assessment for all SNF Medicaid patients within 30 days of admission and at least annually thereafter. ICF Medicaid patients are reviewed every six months. Additional assessments are accomplished based on established criteria and in response to specific events causing a significant change in the patient's condition, care needs and/or stability, perhaps necessitating a change in the level of care.

Additional reviews are accomplished, if necessary, on the

following occasions:

*When facilities are decertified, patient classifications are verified to ensure relocation to an appropriate facility or residence.*

*When facilities request removal of a Medicaid patient, to ensure such transfer is appropriate.*

*When facilities terminate their Medicaid contract, to ensure relocation to an appropriate facility or residence.*

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## Historically, there have been few physicians interested in the nursing home patient.

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Documentation of all assessments are completed on the Client Profile and Interim Review forms. Portions of this documentation are computerized and included in the State's Nursing Home Information System (NHIS).

On-going monitoring is provided for all Medicaid patients in nursing homes. This occurs both formally and informally. The Nursing Care Consultant responsible for each nursing home makes weekly, bi-weekly or monthly visits according to workload, and is, therefore, accessible for additional reviews/assessments or consultation as needed.

Inspection of Care (IOC) reports are accomplished annually for each Medicaid nursing home. An accumulative report is written utilizing observations,

documentation and computerized data from the assessments performed during the past year. These are used as a data base to evaluate the care and services provided and make recommendations for improvement.

A social worker evaluates selected patients as well as the provider's system to meet social needs. The Nursing Care Consultant and social worker then conference with the provider to share findings and make recommendations to correct problems. Nursing home surveyors, specialty consultants and Nursing Care Consultants provide follow-up to ensure inadequacies are corrected.

Coordination between the Nursing Care Consultants and surveyors is ongoing and provides direct exchange of relevant information and a routine sharing of IOC and survey reports. This working relationship is particularly evident in situations requiring compliance enforcement considerations and actions. Exchange of information also occurs with Community Services Offices (CSO) staff who have responsibility for placement and facilitation of relocation and discharge as well as other programs within Aging and Adult Services Administration.

All Nursing Care Consultants are qualified professionals and are experienced, registered nurses, with at least a baccalaureate preparation. They are trained to

*Continued on page 18*

work with long term care facilities and geriatric patients, and are geographically located in CSO's throughout the state to maximize their availability to facility staff, patients, financial and case service workers and families of patients. Each nurse carries a caseload of approximately ten nursing homes with 550 to 600 Medicaid patients. Supervision is provided by masters prepared professional nurse section managers.

The Nursing Care Consultants only review patients in the nursing home. Assessments prior to placement are carried out by Community Nurses employed in the Community Services Offices (CSO), who use Nursing Care Consultant classification criteria to designate a level of care and ensure proper placement.

Level of care determinations in skilled nursing and intermediate care facilities are made by the Nursing Care Consultant's professional judgement based on classification criteria and in accord with state and federal regulations. The reclassification procedure requires rigid adherence to specific time frames and regulations governing the patients right to appeal the decision. The procedure includes written notification of the physician if the patient is to be relocated and an opportunity to provide additional information within fifteen days.

The exceptional care rate program is also carried out by Nursing Care Consultants. To facilitate placement of the heavy care patient from the hospital, a review is done to set a special rate. This rate is based on the number of hours of required direct nursing care. The process also includes patients already residing in a nursing home. Nursing Care Consultants and Managers are involved in the Compliance Enforcement Committee. They monitor the ongoing care of patients in facilities under a stop placement order and approve

readmissions when in the best interest of the patient.

While utilization review must remain the primary focus of the program, the role of patient advocate in securing care and services for the medicaid client gives the most satisfaction to the Nursing Care Consultants. In pursuing this activity, they interface with a number of disciplines, including physicians.

Historically, there have been few physicians interested in the nursing home patient.

However, the last few years has produced a trend towards a greater number choosing Geriatrics as a specialty and willingness to participate in nursing home programs.

One area of concern is that physicians have been reluctant to complete paper work to meet federal regulations, even though the American Medical Association was very involved in the formulation of these

requirements. Medical directors of facilities, in some instances, have been reluctant to contact the attending physician when paper compliance and other care issues needed to be addressed.

Physicians can become a vital part of improving care facilities. Not only by continuing to follow their patients when placed in nursing homes but by offering their expertise in inservice programs, giving suggestions in upgrading care and by becoming involved medical directors.

There is a need for physicians to gain more understanding in areas of rehabilitation and restorative nursing, discharge planning and community alternatives to nursing home care. Nursing Care Consultants are just one resource when seeking this information. Professional nurses in nursing homes and hospitals, discharge planners, CSO placement workers

*Continued on page 19.*

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Physicians role in nursing home care continued from page 18.

and other Adult and Aging Services Administration employees are also good resources.

This opportunity to describe the Nursing Care Consultant Program is appreciated. Please contact us if you have questions/problems with the program or individual patients.

Janyce Thomson, Supervisor of Nursing Home Consultants was asked to submit an article to *The Bulletin* outlining the role of the Nursing Home Consultant in the nursing home by the Committee on Aging.

### Pierce County Nursing Care Consultants

Ethel Flynn, BSN, RN  
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-phone 592-2013  
Marion Wilson, BSN, RN  
Jane Castro, BSN, RN  
-phone 593-5474

Section Manager:  
Janyce Thomson, MN, RN - phone  
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Looking Back...

## Bridge Over Troubled Waters

By Mavis Kallsen

During the year of 1905, the undercurrent of dissension within the Medical Society of Pierce County over contract practice reached turbulence. Dr. C.E. Case was rocking the boat on the choppy waters of fraternal love in the Society, and it was about to capsize. But out in the boondocks of Pierce County a young doctor envisioned a medical empire that would make him rich and famous, and he was already constructing the span over these troubled waters...an organization that would provide total prepaid health care with or without the sanction of the Medical Society of Pierce County.

The summer of 1904, the young Doctor Albert Bridge arrived in Eatonville pushing his bicycle. He had pedaled up from the train station in Tacoma with all his worldly goods, mostly surgical tools and drugs, packed on his back. Two miles out of Eatonville he'd had a flat tire, and hiked with his bike the rest of that dusty road through the woods. To Nels Christianson, who operated the general store in Eatonville, he confided it was his ambition to "become a millionaire here."

Albert Bridge was no stranger to the woods, having been born in a logging camp in Vermont. When he was twelve his father was killed in a logging accident, and the family moved to town where Albert attended school for the first time. He proved to be such a bright and able student, his mother insisted he continue his schooling instead of going to work in the

logging camps, and she worked as a cook in order to send him on to the University. He earned his degree in medicine at the University of Vermont in 1904.

Bridge's first task in Eatonville was to raise capital for a hospital. Besides his medical practice income, he picked up a few dollars delivering telegrams on his bike for a fee of fifteen cents each, and he sometimes drove the supply wagon for the general store. In three years he had saved enough to buy a small frame cottage and convert it to an emergency hospital. His first employee was the beautiful Genevieve Carson, newly graduated from Saint Joseph's school of nursing.

The intensity of the young Doctor Bridge's ambition was no less than the compulsion Genevieve herself had toward achievement in the field of medicine. Fun-loving and spunky, the beautiful Genevieve was the Doctor's counterpart in nursing, and blazed trails of her own in a long and successful career. She once fought off a pack of dogs in the dead of night in the streets of Eatonville, over an amputated leg the dogs had carried off from the hospital.

Up to that time loggers seriously injured in the woods around Eatonville were brought into Tacoma hospitals in "drays," usually crude wagons used for hauling supplies to the camps, or in "crummies" hauled behind log trains. A common error in northwest history books is that logging camps sometimes had

their own doctors, but this never happened. First-aid crews in the old camps could apply splints and administer whiskey, and the boss of that crew was called "doc," but the first-aid crew was usually the fire-crew too, and in the event of an accident they were primarily interested in putting out the fire. The closest thing the camps had to having their own doctor was Albert Bridge.

At the time when the Tacoma hospitals were forced to give up their medical service contracts by action of the Medical Society of Pierce County, Albert Bridge contracted for complete service for the loggers with several improvements on the basic idea...it was his hospital, and it was located where it could be most useful. Bridge's Eatonville General Hospital was an immediate success.

As highball logging in the Eatonville area reached fever pitch, the hospital became the center of activity in town. Albert Bridge added motorized ambulance service, hired another doctor to assist him and branched out with an auxiliary hospital at Morton.

In addition to the industrial contracts he held, Bridge decided that the community itself needed a cheap medical service of high quality. He devised a means to render this service and still make money at it, by selling "hospital tickets" to individuals not covered by the industrial contracts. It cost a bachelor one dollar and a married man a dollar and a quarter a month for full health care coverage.

Children of the insured were treated free!

Down in Tacoma, where Doctor Yocom had a substantial monopoly on industrial medicine contracts, the inroads Bridge made on the logging contracts were viewed with alarm. Yocom persuaded his former associate, Doctor Thomas Curran, who had been logging the Everett area for about five years, to return to medicine. The two then formed the incorporated Yocom and Curran Clinic which was later renamed the Western Clinic. But it was another decade before Yocom and Curran extended their contracts to cover the families of the insured workers or made individual contracts as Albert Bridge did.

Doctor Bridge made regular rounds of the logging camps to check on health conditions. This was in a day when access to most camps was by railroad, in which case Bridge worked a handcar, or by hikes over skid roads. He sometimes performed minor surgery on these camps visits, and young Genevieve often accompanied the Doctor on these forays for days at a time.

Eatonville became a medical center for the logging community. Bridge built a

substantial tile building on the main street of town, with his offices and drugstore on the first floor and the hospital and laboratories upstairs. The management of the hospital was largely Genevieve's responsibility.

Just before World War I, Bridge decided to expand his services to the other side of the mountains and sent Genevieve to operate a hospital in Ellensburg. The project was unsuccessful when Genevieve met and married an insurance salesman and moved to Spokane. The marriage proved unsuccessful too, and Genevieve returned to Tacoma to head the nursing staff of the N.P Hospital. She never again was employed by Albert Bridge, but as their careers paralleled in Pierce County, they remained very close friends.

When World War I began, Doctor Bridge was both town mayor in Eatonville and chairman of the school board. He was also chairman of the local Red Cross, which was assigned a quota of \$1,000 for war relief. To help meet the quota, Doctor Bridge staged a boxing and wrestling smoker in town hall and he himself stepped into the ring with a young logger as his opponent. It was a great event for the Red Cross fund, with receipts totaling over nineteen hundred dollars, but by

the second round the logger had blacked both Bridge's eyes and broken his nose, and the referee stopped the fight.

The Pierce County Industrial Medical and Surgical Bureau was organized by the Medical Society of Pierce County in 1917 ostensibly to provide first-aid care in industrial accidents. It preceded the State Industrial Insurance Act by six years, and was considered a form of Bolshevism in medical circles nationwide. By contracting with industrial groups, the physician members of the Bureau had in fact entered the field of contract practice themselves, but continued to oppose contract practice outside the Bureau relentlessly.

In 1923 Albert Bridge moved his headquarters to Tacoma, with a clinic and offices in the Fidelity Building, maintaining the hospital at Eatonville with Doctor Wiseman in charge there. With the passage of the Industrial Insurance Act, contracts for the medical care of teachers and public employees were up for grabs, and Bridge won them. He later won the huge teamsters contract in fierce competition with the Pierce County Medical Bureau and the Western Clinic.

By 1930 Albert Bridge had built his medical empire, with  
*Continued on page 22.*

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over 14,000 contracted patients in Pierce, Pacific and King Counties. He then built the modern hospital complex on Market Street which later became Doctor's hospital and is now part of Multicare. He continued to wear plaid shirts and logger's boots and was considered a curiosity at the Country Club, but he was much admired by the business community, and he had the biggest business of any doctor in Pierce County. In those years, as his friend Valen Honeywell later recounted, "He played as hard as he worked, and he hated to be beaten even in a simple game of cards."

In 1933, the King County Society organized their own physicians' service patterned after the Pierce County Medical Bureau, and almost immediately took steps to rid themselves of competitors in their area, namely, Curran's State Clinic there and the Bridge Clinic, who had been providing prepaid health care in King County for years. The president of the King County Society personally charged Curran and Bridge with an assortment of violations, and the politics of the time being as they were, the Medical Society of Pierce County complied with their own litigation against their two members, charging them with "misconduct as physicians and as citizens."

The proceedings which followed can only be described as grotesque, and the outcome was that both Curran and Bridge were expelled from the Medical Society of Pierce County. As Tom Murphy, Sr. recalls, "It was a battle, and in taking Bridge's side in the skirmish I was almost thrown out too."

Non-members of the medical fraternity, both Curran and Bridge continued to provide low-cost quality medical services for the community for many years as pioneers in the territory of prepaid health care.

Albert Bridge was planning to retire, but when World

War II caused a shortage of doctors he worked harder than before, slept at the hospital and often saw over two hundred patients a day. He was on call at all times for emergencies and, aside from his professional associates, saw few friends, other than the still-beautiful Genevieve. He financed her purchase of the Puyallup Valley General Hospital, and Genevieve managed a return on his investment.

Shortly after the war ended, Bridge's health failed, and he became a patient in his own hospital for the last four years of his life.

Bridge had amassed a sizeable fortune, and he instructed his attorneys to bequeath the bulk

of his estate to Genevieve. When Genevieve learned this, she convinced Bridge's attorneys that she wouldn't accept the inheritance, and finally persuaded Bridge that the money should go to establish a much needed hospital for children here in Tacoma, honoring his mother, Mary Bridge.

Albert Bridge has spanned the turbulent times of acceptance of the prepaid health care concept, and his hospitals may live to see something else.

"Bridge Over Troubled Water," by Mavis Kallsen, first appeared in The Bulletin,



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The following commentary along with the accompanying poem was submitted by a member, thinking it applies to many of us.

The Editor

## Are you picking enough daisies?

*Even for a successfully practicing physician, life is-or should be-more than medical practice. The old man's poem below asks whether you are keeping things in perspective despite the natural pressures for professional and financial "success."*

I read this poem a few months ago, and it has remained prominently on my desk every since. In addition to governing some of my thoughts each day, it makes me think about some of my clients and friends. I particularly wonder how I--and my acquaintances--will sit back and evaluate our lives when we're 85.

Medical practice becomes such an all-consuming activity. So many doctors I know run week after week from office hours to hospital duties to meetings to night call, breaking the routine only a few weeks a year--often oriented to professional and educational seminars. The center of these doctors' universe is their hospital and their professional status within it. Their families and other interests get whatever time and attention may be left over.

Most of these doctors are financially successful, but they seem forced to maintain an income level which is far above what they anticipated in their youth. There seems to be no way off the merry-go-round of practice demands and personal financial commitments. They're locked into their lifestyles.

My saddest consultation was with a surgeon contemplating retirement from a fine group practice. He told me he'd never had or taken the time to be active other than in medicine, and now he feared the loss of his one activity upon retirement. It may have been too late for him--and many similar doctors--to pick more daisies.'

How about you? Are you balancing medical practice and life's other features? Here's the poem:

### I'd Pick More Daisies

*By Ray Lucht (85 years old at the time).*

*Reprinted from the North Carolina Medical Journal*

*If I had my life to live over,  
I'd try to make more mistakes next time.  
I would relax. I would limber up.  
I would be sillier than I have been on this trip.  
I know of very few things I would take seriously.  
I would be crazier. I would be less hygienic.  
I would take more chances. I would take more trips.  
I would climb more mountains, swim more rivers, and watch more sunsets.  
I would burn more gasoline.  
I would eat more ice cream and less beans.  
I would have more actual troubles and fewer imaginary ones.  
You see, I am one of those people who lives prophylactically and sensibly and sanely, hour after hour,  
day by day.  
Oh, I have had my moments.  
And, if I had it to do over again, I'd have more of them.  
In fact, I'd try to have nothing else. Just moments, one after another.  
Instead of living so many years ahead of each day.  
I have been one of those people who never go anywhere without a thermometer, a hot water bottle,  
a gargle, a raincoat, and a parachute.  
If I had it to do over again, I would go places and do things.  
And travel lighter than I have.  
If I had my life to live over, I would start barefooted earlier in the spring.  
And stay that way later in the fall.  
I would play hooky more.  
I wouldn't make such good grades except by accident.  
I would ride merry-go-rounds.  
I'd pick more daisies.*

\*Also appeared in *The Physician's Advisory*, Dec., 1986.



# 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

"What's Happening to CHAMPUS"

Lt. Col. William Cahill

**DATE:** *Tuesday, Feb. 10, 1987*

**TIME:** *Cocktails 6:15 P.M. (No Host)*  
*Dinner 7:00 P.M.*  
*Program 7:45 P.M.*

**PLACE:** *Fort Lewis Officers' Club (Pass thru 4th traffic light, turn right on Bifar)*

**COST:** *\$12.75 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 6.

---

## REGISTRATION

Yes, I (we) have set aside the evening of February 10 to join my fellow Society members and physicians from Madigan Army Medical Center at the annual Joint Meeting.

\_\_\_\_\_ Please reserve \_\_\_\_\_ dinner(s) at \$12.75 per person (gratuity included).

Enclosed is my check for \$\_\_\_\_\_. (Payable to Fort Lewis Officers' Club).

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

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

**RETURN TO MSPC NO LATER THAN FRIDAY, FEBRUARY 6.**

# Auxiliary News

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## Pierce County Health Fair: Feb. 13, 14, 15.

The Pierce County Health Fair is scheduled for Feb. 13, 14, and 15 at the Tacoma Mall. If you can spare a couple of hours during any of these days and help do blood pressure checks at the Auxiliary booth, please call Sally Palm-Larson at 588-9839.

## Fashion Show: March 18.

The Fashion Event and Show sponsored by the PCMS Auxiliary, the Tacoma Junior League, the Tacoma Orthopedic Guilds and the Tacoma Stars will be held, Wed., March 18 in the Tacoma Dome. Pre-events begin at 10:30 a.m. with luncheon and fashion show to

follow. Tickets may still be available from Karen Dimant at 851-9404.

## Auxi Quad Brunch: Feb. 20.

What's special about the years that end in odd numbers? The Auxi Quad Event, of course! Once every two years the Auxiliaries of the Medical, Dental, Legal and Pharmacy professional Societies traditionally join together for friendship and fun.

The Auxi Quad brunch for 1987 will take place Fri., Feb. 20, at the Tacoma Dome Hotel. The social time begins at 10:00 a.m., with the brunch at 10:30 a.m. The buffet style feast will include shrimp newburg, chicken cacciatore, and blintzes, in addition to ham, scrambled eggs, and other brunch fare. The cost is \$12.00, including tax and gratuity.

The program will feature "Women in Sports," a collection of 33 costumes, each hand made. Authentic outfits from ancient Greece up through the present will be modeled, as the narrative follows the emergence of women to freely participate in various sports activities. This collection was created by a non-profit, educational committee in Olympia to commemorate the Women's Marathon Trials held in Olympia. It will ultimately be donated to the State Capitol Museum for permanent display.

Please reserve with Ruth Jackson, 7510 87th Ave. SW, Tacoma 98498. Your check is your reservation. Guests are welcome. Early reservations are recommended, as four different groups are involved and a large attendance is anticipated. Please call Ruth at 581-7357 or Debby McAlexander at 588-1013, should you have any questions.

---

## Graduating Seniors

The Auxiliary would like to recognize all graduates this year. If you have a son or daughter graduating from high school, vocational school, college, graduate school, etc., please take a moment to fill this out and return it to the Medical Society Office, or Margie Ritchie, 4803 95th Ave., W., Tacoma 98467, by April 1.

Students Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Graduating From \_\_\_\_\_

Degree or Diploma Received \_\_\_\_\_

Future Plans \_\_\_\_\_

---

# Classifieds

## Physicians Needed

### 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.

### Pediatrician Wanted - Seattle area.

Full time, also possible part timer. Group of five. Send C.V. and availability date: Children's Clinic, 21616 76th Ave. West #108, Edmonds, WA 98020.

### Medical Director Position -

Providence Medical Center in Seattle is soliciting applications for the position of Medical Director. Applicants interested in further information concerning job description and position qualifications should contact either Peter Bigelow, Administrator at Providence Medical Center, or Gerold F. Garrett, MD, Chairman of the Medical Director Search Committee. Inquiries to either of these individuals should be directed to Providence Medical Center, 500 - 17th Avenue, Seattle, WA 98124.

### F.T. Position in Tacoma Clinic -

Also P.T. Hourly rates plus malpractice. Flexible scheduling. Any state license. Other opportunities. Call NES 1 -800-554-4405.

**Looking for Doctor -** Share office space in 3,000 sq. ft. medical clinic in Puyallup, 1-5 days per week. Call Dr. Charochak, 848-5555.

**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.

**ENT Physician -** Outstanding practice opportunity available for full-time, board certified

otorhinolaryngologist. Fully equipped and furnished office located in prime medical office building with established referral network. Office space and marketing support provided for selected physician eager to quickly build an active practice. Mail C.V. and letter of professional goals to "Medical Staff Specialist," 1906-D, S.W. 318th Place, Federal Way, WA 98023.

### Wanted Retired Cardiologist -

for part-time research work at Blood Pressure Research Clinic. Washington license required. Call 357-6689 or write Blood Pressure Research Clinic, 140 N. Percival Street, Olympia, WA 98502.

### 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: Puyallup Tribal Health Authority, 2209 East 32nd Street, Tacoma, WA 98404.

## Office Space

**Office Space -** In-office lab and X-Ray facilities to share with two subspecialists in the Cedar Medical Center, rent with option to buy. 1901 So. Cedar, Tacoma, 272-2261 or 572-3520.

**Ideal Lease Package -** For specialty practice or team. Immediately available: 1754 sq. ft. in contemporary office near hospital. Lorac Ltd., South Seattle. 1-206-244-3915.

**University Place Professional Square -** Medical Center. Improved suites at reasonable rates. 565-4444.

### Downtown Medical Suites -

Newly remodeled, improvements to tenants needs. Individual suites and shared offices. Parking available. Reasonable rates. 383-5500/565-4444.

## Medical Equipment

**Modern Medical Equipment -** In excellent condition for sale. Practice closure. Midmark power table, FPS-3. Fiber optic sigmoidoscope, Hamilton Premiere exam table, Burdick EK5 Defibrillator, treadmill, heart monitor, etc. Call 572-7474 or 531-0181.

### Surplus Medical Equipment -

Large inventory of diagnostic, office and home care equipment. Prices extremely reasonable. Call Lynda (206) 453-8892.



**MEDICUS**  
Cleaning Service  
Residence & Private Offices

(206) 565-9317  
5503 39th C. E.  
Tacoma, WA 98466

Eva Oravetz  
Owner

## Advertise in the Classifieds

For Rates contact Sue Asher  
Membership Benefits,  
Medical Society of Pierce  
County

572-3709

# PHYSICIANS

**Your Army Reserve Personnel Counselor  
would like to talk to you about the following  
opportunities in the US Army Medical Department:**

**PART-TIME INCOME  
RETIREMENT POTENTIAL  
POST EXCHANGE PRIVILEGES  
INSURANCE DISCOUNTS**

**CONTINUING MEDICAL EDUCATION  
ATTENDANCE AT AMA CONFERENCES  
TRAINING AT U.S. ARMY HOSPITALS  
ALL PAID FOR BY THE US ARMY RESERVE**



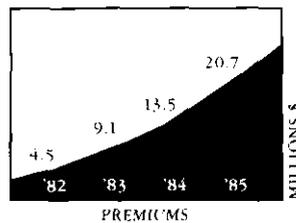
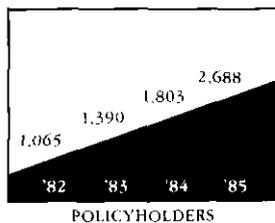
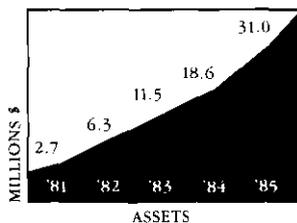
Major Paul H. Lawhon, MSC

206-967-5046

**Many groups TALK about building a better America-  
The Army Reserve WORKS at it.**

## PHYSICIANS INSURANCE

WASHINGTON STATE PHYSICIANS INSURANCE EXCHANGE & ASSOCIATION



Physicians Insurance was created in 1981 with the following goals:

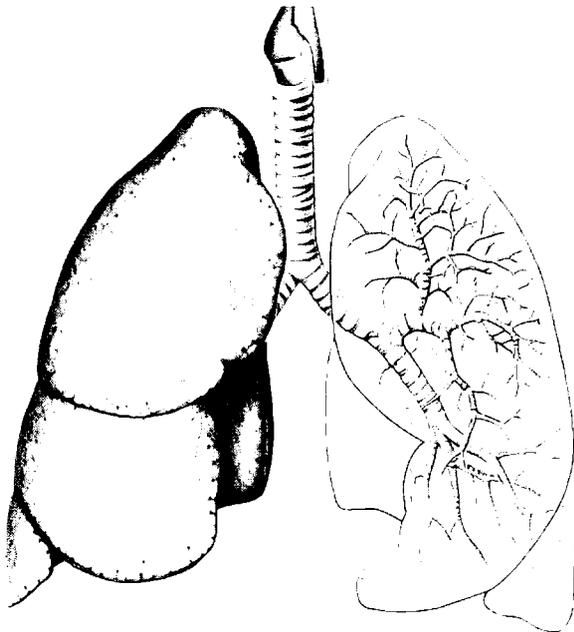
- *Quality Protection*
- *Superior Service*
- *Selective Underwriting*
- *Physician Input and Control*
- *Dividend Savings*
- *Aggressive Defense*
- *Low Administrative Costs*

With these goals in mind, Physicians Insurance has become the largest underwriter of Professional Liability coverage in the state.

To determine if you qualify for coverage or to request additional information, contact:

Tom Fine, V.P.  
Physicians Insurance  
2033 Sixth Avenue  
Seattle, WA 98121  
(206) 728-5800 1-800-732-1148

# Consider the causative organisms...



## Ceclor<sup>®</sup> cefactor

### 250-mg Pulvules<sup>®</sup> 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<sup>®</sup> is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

**Ceclor<sup>®</sup> (cefactor)**  
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 WITH CAUTION TO PATIENTS WITH A HISTORY OF PENICILLIN ALLERGY. PENICILLIN ALLERGY REACTIONS OF VARYING SEVERITY HAVE BEEN REPORTED. THE PREVALENCE OF PENICILLIN ALLERGY IS INCREASED IN PATIENTS WITH A HISTORY OF ALLERGIC REACTIONS TO OTHER DRUGS.

**Precautions:** Patients with a history of allergic reactions to other drugs should be given Ceclor with caution. Patients with a history of allergic reactions to other drugs should be given Ceclor with caution.

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 Clinistix<sup>®</sup> tablets but not with Tes-Tape<sup>®</sup> (glucose enzymatic test strip, Lilly).

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**Lilly**  
Additional information available in the professional request form ELL Lilly and Company Indianapolis, Indiana 46285  
Eli Lilly Industries, Inc.  
Carolina, Puerto Rico 00630  
60032

VOL. 2, NO. 2

705 South 9th, Suite 203  
Tacoma, Washington  
572-3667

MARCH, 1987

### SOCIETY'S CONTRIBUTION TO C.O.M.E. DOUBLED

### DIRECTOR OF DSHS TO ADDRESS GENERAL MEMBERSHIP MEETING

March 10

Jule Sugarman, Director, DSHS will address the March 10 general membership meeting to be held at the Fircrest Golf Club.

Mr. Sugarman has been asked to address such issues as; Medicaid reimbursement policies, Child Abuse, AIDS Uncompensated Care, Nursing Home Care and the direction Mr. Sugarman and the administration is going with the Department.

See page 10 for a registration form.

### TRIAL DELAYED TO SEPTEMBER 21

Originally scheduled for January 12, the lawsuit Dr. Scott L. Havsy has filed against the Medical Society and Good Samaritan Hospital has been rescheduled to begin September 21.

Due to the financial crisis the College of Medical Education is experiencing, the MSPC Board of Trustees voted to double the Society's annual contribution (\$6,776) to the College of Medical Education.

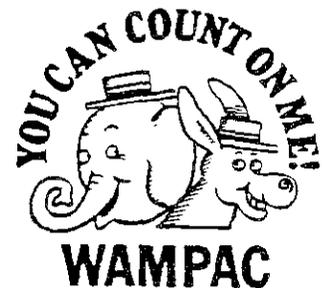
The Board passed a Resolution urging similar action by the Pierce County Hospital Council. The College is supported by contributions from the Society (55%), the Hospital Council (45%) and registration fees.

### C.O.M.E DROPS ALLIED HEALTH PROGRAMS

As a result of several factors, the College of Medical Education will not be planning allied health programs except on a contract basis. In 1986 the College realized only one-third of its projected budgeted income from allied health programs and has required an infusion of financial aid from the Medical Society and Pierce County Hospital Council.

Factors impacting allied health programs were:

- 1) Withdrawal of mandatory continuing nursing education for relicensure.
- 2) Hospitals development of education departments to coordinate conferences originally managed by the College.
- 3) Marketing of nursing inservice education by hospitals for a very low enrollment fee to other hospitals.
- 4) Less education funding available to hospitals and
- 5) Hospitals charging for the use of room space for meetings at the rate equivalent to the local hotels.



## PHYSICIANS NEEDED

F.T. Positions in Tacoma Clinic. Also P.T. hourly rates plus malpractice. Flexible scheduling. Any state license. Other opportunities. Call NES 1-800-554-4405.

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.

-----

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. Sent CV: Puyallup Tribal Health Authority, 2209 East 32nd St., Tacoma, WA 98404.

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OB/GYN for Pacific Northwest, beautiful country setting, easy access to urban amenities. Eight person group seeks second OB/GYN for rapidly growing, low-risk practice. Family oriented community near major urban area, 60 minutes from outstanding ski resort. For information call or send CV to: The Friedrich Group, Inc., 9284 Ferncliff Northeast, Bainbridge Island, WA 98110, (206) 547-7850 or (206) 842-5248.

-----

PEDIATRICIAN WANTED - SEATTLE AREA. Full-time, also possible part timer. Group of five. Send C.V. and availability date: Children's Clinic, 21616 - 76th Ave. W. #108, Edmonds, WA 98020.

ENT Physician - Outstanding practice opportunity available for full-time, board certified otorhinolaryngologist. Fully equipped and furnished office located in prime medical office building with established referral network. Office space and marketing support provided for selected physician eager to quickly build an active practice. Mail C.V. and letter of professional goals to: "Medical Staff Specialist," 1906-D S.W. 318th Place, Federal Way, Washington 98023.

## POSITION WANTED

Board Certified general internist, 40, seeks practice opportunity in the Tacoma area. Group arrangement preferred. Would also consider summer or full year locum tenens or practice swap (Northern California). Reply to: Physician, P.O. Box 927, Healdsburg, CA 95448.

## MEDICAL EQUIPMENT

Surplus Medical Equipment. Large inventory of diagnostic, office and home care equipment. Prices extremely reasonable. Call Lynda (206) 453-8892.

Senator Jim McDermott,  
introduces Senate Bill  
5781  
or Initiative #92

Senator McDermott, Chairman, Senate Ways and Means Committee met and heard testimony on Senate Bill 5781 February 18 as the Newsletter goes to the printer.

The legislation, which would mandate Medicare Assignment came as a surprise to WSMA's legislative team. Senator McDermott had not indicated that he would support such legislation.

MSPC's legislative phone tree, a product of Sharon Ann Lawson's efforts went to work calling members of the Auxiliary urging calls to Senators Gaspard, Rasmussen and Wojahn members of the Ways and Means Committee. The senators were requested to not pass the bill out of committee.

The position of WSMA on the legislation is that it is a federal issue and should be resolved at the federal level. Legislators are being asked to let the Initiative go the public for a vote in the election of November, 1987.

Every effort will be made to keep you abreast of the issue in Olympia. Now is the time to learn who your legislator is and his/her phone number. If you are uncertain, call the Society office at 572-3667. Your calls can make a difference in the way a vote can go.

STAN TUELL HONORED

Over 200 friends, colleagues and relatives turned out on January 15 to honor Stan Tuell for his many, many contributions to the people of Tacoma and the Medical Community.

"This Is Your Life", a replay of Stan's life through comments by friends and relatives as the crowd enjoyed viewing slides of Stan growing up in Tacoma, on to medical school at Northwestern to return to Tacoma and serve his community in many ways.

It was a memorable evening for all who attended.

Stan graduated from Northwestern University Medical School. He completed his surgical residency program in 1952 and began his practice in Pierce County in April 1953.

He served as President of the Medical Society in 1963 and has served as president of virtually every hospital and organization to which he has belonged. His record stint as Speaker, House of Delegates, WSMA for 17 years is unparalleled.

Multicare presented Stan and Stephanie two bicycles to enjoy in their retirement. Stan also received a solid brass gavel in recognition of his skills as a parliamentarian (one of 31 registered parliamentarians in the State) and two jars of Adams Peanut Butter.

NO SMOKING RESOLUTIONS  
PASSED BY  
BOARD OF TRUSTEES

Two resolutions concerned with smoking were adopted unanimously by the MSPC Board of Trustees at its February 3 meeting.

The Board voted to PROHIBIT SMOKING AT ALL MSPC SPONSORED MEETINGS and to URGE ALL MEMBERS TO PROHIBIT SMOKING IN THEIR OFFICES. (Meaning the work area as well as the patient waiting room.)

---

DOCTORS' EXCHANGE  
RECEIVES MBI  
ENDORSEMENT

The MBI Board of Directors unanimously voted to endorse The Doctors' Exchange, a locally owned and operated answering service.

The Doctors' Exchange has been answering phones in Pierce County since 1938 and has recently upgraded their equipment to enable them to serve physicians with the latest state-of-the-art equipment.

If you would like a tour of their facilities for a greater understanding of the company's capabilities, please call Scott Hager, Doctors' Exchange, 272-4111 or Sue Asher, MBI, 572-3709.



## 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 South Cedar, Tacoma, 272-2261 or 572-3520.

-----

Professional offices for rent. Advantages: good parking, close to hospitals, minimal rents, lab and x-ray in building. Call Dr. Moosey, 383-1717 or 383-1718.

-----

Looking for doctor to share office space in 3,000 sq. ft. medical clinic in Puyallup, 1-5 days per week. Call Dr. Charochak, 858-5555.

## SEMINAR

A bio-ethics seminar sponsored by The Physicians for Moral Responsibility will be held April 4th at the Sheraton Hotel, Tacoma. For further information, write to Dr. Gentry Yeatman, P.O. Box 98257, Tacoma 98498.



## THE DOCTORS' EXCHANGE

SINCE 1938

ENDORSED BY THE MEDICAL SOCIETY OF PIERCE COUNTY

- We stand alone in serving physicians, dentists and health care specialists.
- Specially trained experienced medical operators.
- We are a sincere group of professionals who care about you and your practice.
- Complete paging service since 1938.

**Office: 272-4111**

**Exchange: 272-3166**

Locally owned and operated.

908 Broadway, Suite 201  
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Crossroads Treatment Center

## Alcoholism

A Program Designed to Provide  
Comprehensive Treatment for  
All Facets of Alcoholism

Physician Directed

Family Treatment Included

Cost Effective Outpatient  
Program

Covered by many Health  
Insurance Plans

FOR INFORMATION  
CONTACT:

Ted Berning, Administrator  
5909 Orchard St. West  
Tacoma, WA 98467

**(206) 473-7474**



CROSSROADS  
TREATMENT  
CENTER

An Approved Washington Alcoholism  
Treatment Facility

CONTINUING MEDICAL EDUCATION  
CATEGORY I

FUNDAMENTALS OF INTERNAL MEDICINE.....

Tacoma Academy of Internal Medicine  
Annual Meeting  
Jackson Hall  
March 12, 13, 1987

Thursday, March 12

Pharmacotherapy in Cardiac  
Arrhythmias  
Transluminal Angioplasty  
Thrombolysis in Myocardial  
Infarction  
Fibrocyts: Recent Revelations  
Sleep Disordered Breathing  
What's New and Exciting In  
Pulmonary Disease  
Role of Steroids in Obstructive  
Pulmonary Disease

Friday, March 13

Hepatitis B & D  
Hepatic Encephalopathy  
Acute Upper GI Bleeding  
Nonsteroidal Anti-inflammatory  
Agents and the Upper GI Tract  
Immunosuppressive Therapy in  
Cardiac and Renal Transplant Pts.  
Antiviral Chemotherapy  
Communicable Diseases

PREREGISTRATION REQUIRED

For further information call:  
COLLEGE OF MEDICAL EDUCATION  
627-7137

SURGERY UPDATE 1987.....

Tacoma Surgical Club  
Annual Meeting

University of Puget Sound  
Thompson Hall  
April 24, 25, 1987

DEMONSTRATIONS & DISSECTIONS

Friday, April 24, 1:00 to 4:30 pm  
Saturday, April 25, 8:00 to 9:00 am

PAPERS

Saturday, April 24, 9:00 am to 4:00 pm

PREREGISTRATION NOT REQUIRED

For further information call:  
COLLEGE OF MEDICAL EDUCATION  
627-7137

\* \* \*



**RARE COINS  
MAKE MONEY  
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HOW ARE YOUR  
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During the past 10 years rare coins have outpaced oil, gold, silver, diamonds, even real estate, as a superior investment . . . averaging over 20% annual appreciation.

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Here at HRCI we guarantee what we sell, and, whether you're a new investor or a seasoned professional we offer

- INSTANT LIQUIDITY . . . Published bids that give PCGS cash values at any time.
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- COMMISSION FREE counseling and sales service
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- PEACE OF MIND . . . With guaranteed PCGS coin grading
- A 15-day return privilege

*If you're a collector or an investor . . . HRCI wants to work with you to build a profitable portfolio.*



Please send me more rare coin information!

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

535 DOCK STREET, SUITE 204  
TACOMA, WA 98402  
(206) 627-2883 or 1-800-826-0039

**A BONDED, LICENSED PROFESSIONAL**

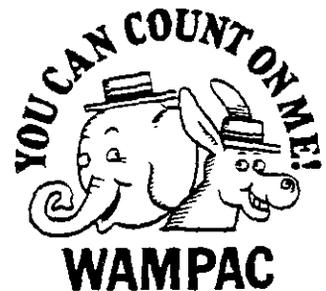
**"CRUMMY DOCUMENTATION"**

"Crummy Documentation" is the major reason physicians find themselves having problems with PRO/W, said J.C. Peterson, III, M.D., Medical Director, PRO/W. Peterson appeared before the Committee on Aging at its February 6 meeting.

Peterson went on to say that PRO/W reviewed 120,000 charts during its last contract period (two years). Of those 120,000 charts, 5,000 were pulled by reviewers as possibly involving inappropriate care. 2100 of the 5,000 charts were reviewed by physician advisors. Presanctioned letters were sent to 25 of those reviewed, three of which were hospitals, twenty-two physicians. Five physicians went through the hearing process and were recommended for penalty.

"Knowledge, performance and judgement were major factors for system failures," he said. If those receiving the letters were willing and able to change their behavior they wouldn't go on to the inspector general.

Peterson said the government wants a system of accountability to determine how medicine is spending its money. And the vice is going to get tighter.



**Faster Agency Payments**

Prodata is the leader in electronic claims submission:

- |                 |                               |
|-----------------|-------------------------------|
| <b>MEDICARE</b> | <b>Coming Soon:</b>           |
| <b>MEDICAID</b> | <b>LABOR &amp; INDUSTRIES</b> |
| <b>D.S.H.S.</b> | <b>K.C.M.B.</b>               |

For information on how to speed up your agency reimbursement call:



**(206) 682-4120, 2333 Western Avenue, Seattle**

PIERCE COUNTY CHAPTER OF MEDICAL ASSISTANTS, SURVEY

Dear Doctor

Please take just a couple of minutes to complete this survey for us. The Pierce County Chapter of Medical Assistants appreciates your time and consideration.

- 1) Are you familiar with the organization of Pierce County Medical Assistants?  
YES \_\_\_\_ NO \_\_\_\_
- 2) Do you know that the American Association of Medical Assistants certifies medical assistants, in co-operation with the National Board of Medical Examiners?  
YES \_\_\_\_ NO \_\_\_\_

The PCCMA meets monthly and provides an opportunity for medical assistants to network and exchange ideas, as well as for continuing education thru speakers, displays and demonstrations.

- 1) Are you interested in learning more about PCCMA and how the organization can benefit your staff and ultimately you as an employer and physician?  
YES \_\_\_\_ NO \_\_\_\_
- 2) Would you be interested in having a member or members of your office staff benefit from a membership in PCCMA?  
YES \_\_\_\_ NO \_\_\_\_

Annual dues for the PCCMA are \$65.00, and a monthly meeting dinner fee (optional) is \$6.50.

- 1) Would you help pay the dues for a member or members of your staff to belong and participate in PCCMA?

One staff member \_\_\_\_ Total dues \_\_\_\_  
Partial dues \_\_\_\_  
More than one staff member \_\_\_\_ No dues \_\_\_\_

- 2) Would you allow your medical assistant to leave at lunch for a couple of hours once a month to attend a meeting or educational program sponsored by PCCMA?

YES \_\_\_\_ NO \_\_\_\_ PAID \_\_\_\_ UNPAID \_\_\_\_

- 3) Do you support continuing education and professional affiliations for your employees?

YES \_\_\_\_ NO \_\_\_\_ PAID \_\_\_\_ UNPAID \_\_\_\_

GENERAL COMMENTS \_\_\_\_\_

THANK YOU. PLEASE RETURN TO: MEMBERSHIP BENEFITS, INC.,  
705 SO. 9TH, SUITE 301, TACOMA, 98405.

Watch the MSPC Newsletter for further information regarding the benefits of PCCMA for your employees or call Dixi at 383-3325, or print your name and phone number below and a representative will contact you with more information.



### KNOW YOUR LEGISLATOR??

### COMPUTER USER GROUP TO MEET ON 4TH WEDNESDAY

The first meeting of the MSPC Computer User Group came together on January 14 and saw much interest in continuing the meetings.

A wide range of topics was tossed out for future subjects for meetings. Such as: Use of Modems, Software applications, Vendor presentations, and many other topics of interest.

Martin Mendelson, moderated the session held at Tacoma General Hospital. Plans are to have monthly meetings on the 4th Wednesday, 7:30 p.m., Tacoma General Hospital.

If you have an interest in computers, plan to attend. You can be assured of leaving the session with some valuable information and access to a lot of help from your colleagues.

### CHRISTMAS SPIRIT

In the true spirit of Christmas, members of the Tacoma Area Medical Managers conducted a food drive and raised funds to help several families in Pierce County over the holidays. These families included two elderly couples, a family with three children, a grandmother raising five children, and an Asian family that included 7 children.

With the important legislation to be considered in 1987, it is imperative that you know your legislator and how to reach him/her.

Listed below by Legislative District is the legislators and telephone number. You can write them at this address:

Representative \_\_\_\_\_  
Senator \_\_\_\_\_  
Legislative Building  
Olympia, WA 98504

Legislative Hot Line is:  
1-800-562-6000

Call the Hot Line number to leave a message with your legislator.

Senators:

- 2nd District  
R. Ted Bottiger ...786-7602
- 25th District  
Marcus Gaspard....786-7648
- 26th District  
Bill Smitherman....786-7650
- 27th District  
Lorraine Wojahn....786-7652
- 28th District  
Stan Johnson.....786-7654
- 29th District  
A.L. Rasmussen....786-7656
- 30th District  
Peter von Reichbauer  
.....786-7658

Representatives:

- 2nd District  
Ken Madsen.....786-7912  
Marilyn Rasmussen..786-7656
- 25th District  
Dan Grimm.....786-7968  
George Walk.....786-7948
- 26th District  
Ron Meyers.....786-7964  
Wes Pruitt.....786-7802

- 27th District  
Ruth Fisher.....786-7930  
Art Wang.....786-7974
- 28th District  
Sally Walker.....786-7890  
Shirley Winsley....786-7958
- 29th District  
P.J. Gallagher....786-7906  
Brian Ebersole....786-7996
- 30th District  
Jean Marie Brough..786-7830  
Dick Schoon.....786-7898



FORMER WASHINGTON POST  
EDITOR ADDRESSES  
RETIRED MEMBER LUNCHEON

Retired member luncheon held January 14 attracted over 60 retired members and spouses.

Having served over 20 years as City Editor for the *Washington Post*, the speaker for the day Mr. Ben Gilbert kept the group's attention with stories of his attending FDR's press conferences and comparing them with today's television and instantaneous coverage of President Reagan's press conferences.

The luncheons have become a very popular get together for the retired members. You needn't be retired to attend.

Mr. Gilbert answered many questions regarding the media's role in society and particularly relating to today's events surrounding the Iran/Nicaragua scandal.

## AUXILIARY NEWS

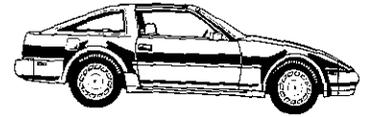
A great big THANK YOU to everyone who participated with all phases of the very successful MSPC booth at the Tacoma Mall Health Fair in February. Sally Palm-Larsen, Chairman, gratefully reported that she had "never had so many volunteer." It was wonderful to have so many participants insuring its success!

Ticket sales have gone very well for the March 18 Fashion Event and Show sponsored by the MSPC Auxiliary, the Tacoma Stars.

Call Karen Dimant, 851-9494 to request space on the waiting list or to add another person to your table - they can now be changed to seat 9 persons.

It's not too late to sign up for the Legislative telephone tree! If you are interested in knowing about legislation which affects the medical community and would like to be kept abreast of it, please call Sharon Lawson, 564-6605.

# 300 ZX



Nissan 300 ZX 2+2

## FANTASTIC

There's no better way to describe the Nissan 300 ZX 2+2. Fuel-injected V-6 power, improved suspension and aerodynamics and a luxurious interior that's big enough for four — the 300 ZX 2+2. See it today!

**Topping Nissan -Volvo**

925 Market

(Downtown) Tacoma

THE NAME IS  
**NISSAN**

### 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

### GRADUATING SENIORS!!

The Auxilliary would like to recognize all our graduates this year. If you have a son or daughter graduating from high school, vocational school, college, graduate school, etc., please take a moment to fill this out and return it to the Medical Society office or Marge Ritchie, 4803 95th Ave. W., Tacoma, 98467, by April 1.

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Graduating from \_\_\_\_\_

Degree or Diploma received \_\_\_\_\_

Future plans \_\_\_\_\_

MSPC PICTORIAL DIRECTORY

Arrangements have been made for a new Pictorial Directory to be published in August. All MSPC active and retired members who want to have their photograph in the book, must plan to have their picture taken at one of the following scheduled sessions:

HUMANA HOSPITAL	Boardroom	7-10 A.M.	MONDAY, MARCH 9
GENERAL MEMBERSHIP MTG.	Fircrest Golf	6-8 P.M.	TUESDAY, MARCH 10
TACOMA GENERAL HOSPITAL	Conference #3	7-10 A.M.	TUESDAY, MARCH 12
GOOD SAMARITAN HOSPITAL	Glacier Room	7-10 A.M.	TUESDAY, MARCH 17
PUGET SOUND HOSPITAL	Boardroom	7-10 A.M.	THURSDAY, MARCH 19
LAKEWOOD HOSPITAL	Classroom	7-10 A.M.	FRIDAY, MARCH 20
ST. JOSEPH'S HOSPITAL	Physician's Lounge	7-10 A.M.	MONDAY, MARCH 23
RETIRED MEMBER LUNCHEON	Tacoma Dome Hotel	11:30-12:30	WEDNESDAY, APRIL 8

Appointments are not necessary, please drop by at your convenience. A jacket and tie is preferred. If you have any questions, please call Sue at MBI, 572-3709.

LEGISLATIVE WORKSHOP IN OLYMPIA

The following CAT (Community Action Team) leaders attended a legislative workshop sponsored by WSMA on January 24. Ralph Johnson, WSMA President Elect; Richard Hawkins, Dave Hopkins, George Tanbara, Bill Marsh and Marlene Arthur. The purpose of the meeting was to improve our "grassroots lobbying".

The gathering heard Governor Booth Gardner and Speaker of the House, Joe King ask for physician support of the Governor's education package. The Governor promised to work for the Uncompensated Care Bill.

WSMA LEGISLATIVE POSITION ON ISSUES

In February all members of WSMA received a copy of the 1987 Legislative Guide.

The Guide outlines the position WSMA has adopted on the key issues of 1987, such as; Initiative #92, Animal Research, Smoking, Liability Reform, Motorcycle Helmet and other issues of importance to organized medicine and community health.

Please read it so you can discuss the issues with your legislators.

AMA HANDBOOK ON MENTAL RETARDATION AVAILABLE

The American Medical Association has published a newly updated handbook to help primary care physicians and other health professionals diagnose and manage the problems of the mentally retarded.

Written by doctors for doctors, the new guide interprets clinical issues surrounding mental retardation, discussing current definitions and classifications, medical and psychological assessment and case management.

The book costs \$16.50 per copy and is available by writing to AMA, Book and Pamphlet Fulfillment, OP-314, P.O. Box 10946, Chicago, Ill., 60610-0946.



# Medical Society of Pierce County

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

## GENERAL MEMBERSHIP MEETING TUESDAY, MARCH 10, 1987

### Speaker

Jule Sugarman, Secretary  
Washington State Department of  
Social and Health Services

*(Uncompensated Care, Medicaid Reimbursement,  
Nursing Home Care, Etc)*

**DATE:** *Tuesday, March 10, 1987*  
**TIME:** *6:00 p.m. No host cocktails*  
*6:45 p.m. Dinner*  
*7:45 p.m. Program*  
**PLACE:** *Fircrest Golf Club*  
*6520 Regents Boulevard*  
**COST:** *Dinner \$12.50 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, March 6th.*

---

### REGISTRATION:

Yes, I(we) have set aside the evening of March 10 to join my fellow Society members for the presentation by Mr. Sugarman.

\_\_\_\_\_ Please reserve \_\_\_\_\_ dinner(s) at \$12.50 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. \_\_\_\_\_

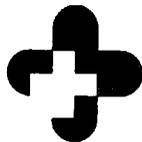
**RETURN TO MSPC BY NO LATER THAN FRIDAY, MARCH 6**

*Are you treating a patient  
with a head injury?*

**Good Samaritan offers a continuum  
of care and 5 treatment options  
for head injury patients.**

- 1** Inpatient acute rehabilitation
- 2** Outpatient acute rehabilitation
- 3** A residential program for persons  
with severe head injuries
- 4** A day treatment center for persons  
with moderate head injuries who  
require transitional living services
- 5** A community-based treatment center  
for persons with mild head injuries

If your patient can benefit from one or more of these  
programs or if you want additional information contact:  
**841-5849 for acute patients**  
**845-1750 for community-based programs**



**GOOD SAMARITAN HOSPITAL  
REHABILITATION CENTER**

407-14th Avenue S.E.  
P.O. Box 1247  
Puyallup, Washington 98371-0192

JCAH  
and  
CARF  
accredited

*Providing physical rehabilitation for residents of the Pacific Northwest for over 30 years.*

APPLICANTS  
FOR  
MEMBERSHIP

Moo K. Lee, M.D., General  
Practice. Born in Seoul,  
Korea, 12/3/53; Korea  
University, 1975; inter-  
nship, National Medical  
Center of Korea, 3/82-  
2/83; Washington State  
License, 1985. Dr. Lee is  
currently practicing at  
11002 Pacific Hwy. S.W.,  
#C, Tacoma.

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**TASK FORCE APPOINTED TO  
REVIEW PRO/W SANCTION  
PROCESS**

WSMA Board of Trustees has  
established a special task  
force to study PRO/W and  
federal Medicare review  
regulations, including:  
evaluating the 25  
Washington cases which have  
proceeded to the presanction  
and sanction process;  
and, reviewing the composi-  
tion and function of the  
PRO/W Quality Assurance  
Council, clinical ap-  
propriateness of the  
decisions and recommenda-  
tions made by PRO/W  
physicians\ reviewers, and  
the due process protocol  
used by PRO/W.

MSPC members serving on the  
Task Force are WSMA  
President-Elect Ralph  
Johnson and Joseph Nichols.

---

Our apologies to Good  
Samaritan Hospital for  
inadvertantly leaving their  
name off their advertise-  
ment in the February  
*Bulletin.*

**Featuring  
Tacoma's Finest Homes**

Richard C. Pessemier  
Sales Associate

372-4138 OFFICE 759-2699 HOME

**Swanson-McGoldrick, Inc.**

WASHINGTON BUILDING SUITE 302  
TACOMA, WASHINGTON 98402

**Internists  
Psychiatrists**

wanted for  
40 hour contract positions  
excellent salary, benefits  
**Health Specialists N.W., P.S.**  
3602 47th St. Ct. N.W.  
Gig Harbor, WA 98335

**Custom RX Compounding**

Nat. Progesterone Suppositories, Troche  
25, 50, 100, 200, 400 mg.

Minoxidil Lotion  
1, 2, 3, 4, 5%

**Union Avenue Pharmacy**  
2302 S. Union Ave.  
Tacoma  
752-1705

**PHYSICIANS**

*Your Army Reserve Personnel Counselor  
would like to talk to you about the following  
opportunities in the US Army Medical Department:*

**PART-TIME INCOME  
RETIREMENT POTENTIAL  
POST EXCHANGE PRIVILEGES  
INSURANCE DISCOUNTS**

**CONTINUING MEDICAL EDUCATION  
ATTENDANCE AT AMA CONFERENCES  
TRAINING AT U.S. ARMY HOSPITALS  
ALL PAID FOR BY THE US ARMY RESERVE**

Major Paul H. Lawhon, MSC



206-967-5046

*Many groups TALK about building a better America-  
The Army Reserve WORKS at it.*



**MEDICAL SOCIETY OF PIERCE COUNTY**  
705 South 9th, Suite 203  
Tacoma, Washington 98405

**BULK RATE  
U.S. POSTAGE  
PAID  
TACOMA, WASH.  
PERMIT NO. 605**

# NEWSLETTER

◆ A publication of the Medical Society of Pierce County ◆

VOL. 2, NO. 3

705 South 9th, Suite 203  
Tacoma, Washington  
572-3667

### MSPC PICTORIAL DIRECTORY

Time is running out, and this is just another reminder to be sure to get your picture taken for the MSPC Pictorial Directory to be published in August.

Unfortunately, we are unable to use any of the pictures from the last book as the Medical Society contracted with a California Company which, by contract, would not relinquish copies for the Society.

This year, the Medical Society is administering all aspects of the Pictorial, the photographer is local, and we will have the photos for your Medical Society file.

Please be sure to drop by one of the following locations:

Monday, April 6, Tacoma General Hosp., Conf. Room #2, 7-10 a.m.

Tuesday, April 7, St. Joseph Hosp., Physicians Lounge, 7-10 a.m.

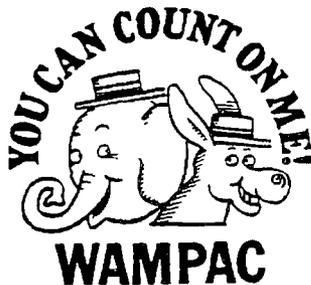
Wednesday, April 8, Retired Members Luncheon, Tacoma Dome Hotel, 11:30 a.m.

Appointments are not necessary, please drop by at your convenience. A jacket and tie is preferred. If you have any questions, please call Sue at MBI.

### NEIGHBORHOOD CLINIC DESCRIBED TO BOARD OF TRUSTEES

Dr. Ron Johnson, Puyallup Family Practice physician and volunteer Medical Director for the Neighborhood Clinic addressed the March 3 meeting of the MSPC Board of Trustees. Johnson and nurse Barbara Goforth described the activities and services of the Clinic.

The Board encourages and urges members to become involved in the Clinic. Please call 627-6353 to volunteer your services for a very worthwhile cause.



### 1987 DIRECTORY CORRECTIONS

ALGER, JOHN R., M.D.  
Eliminate Tacoma office address; Federal Way office phone should be 941-8900.

McAlexander, Robert A., M.D.  
Change Lakewood office address to 5900 - 100th St. S.W. instead of 5720 - 100th St. S.W.

Please correct the listing in your Pierce County Physicians and Surgeons Directory for Barbara Guller, M.D... Dr Guller's business address should read 17404 49th Ave. Ct. E., Tacoma, 98446

### WANT ON THE REFERRAL LIST??

The Society office receives approximately 400 calls a month from people looking for a physician. You can be on that list. You must agree to accept patients with Medicaid coupons. Join over 250 of your colleagues and participate in this excellent community service. The public looks to the Medical Society to provide information and assistance in finding a doctor. Won't you help.

## POSITIONS AVAILABLE

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: Puyallup Tribal Health Authority, 2209 East 32nd St., Tacoma, WA 98404.

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.

Immediate openings - full time and part time positions and Directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405, ask for Ginger.

FAMILY PRACTICE - Excellent opportunity with Seattle's leading provider of Family Practice. Positions available throughout greater Seattle. Current license BC/BE in family practice. Attractive salary incentive/benefits. Contact CHEC Medical, 2200 6th Ave. Suite 225, Seattle, 98121, Debbie Phillips, (206) 728-6888.

## EQUIPMENT

Surplus Medical Equipment. Large inventory of diagnostic, office and home care equipment. Prices extremely reasonable. Call Lynda (206) 453-8892.

Retiring?? Call us regarding surplus equipment. Call 453-8892.

## PRACTICES AVAILABLE

Equipped Medical Office including x-ray, 3 examining rooms. Suitable for orthopedic surgeon or family practice. Plaza Medical Center. Contact Mrs. Ray Lyle, 582-2405 or Dr. Liewer, 588-1759.

M.D. Internal Medicine, BC/BE to take over established practice in S.W. King County. Call Administrator, 248-4550.

## OFFICE SPACE

Professional offices for rent. Advantages: good parking, close to hospitals, minimal rents, lab and x-ray in building. Call Dr. Moosey, 383-1717 or 383-1718.

Looking for Dr. to share office space in 3,000 square ft. medical clinic in Puyallup, 1-5 days per week. Call Dr. Charochak, 858-5555.

## CALL FOR NOMINATIONS

WSMA has requested nominations for the following Council/Committees. If you have an interest in serving on any of the following areas, please call Doug Jackman at the Society office.

### COUNCIL ON COMMUNITY HEALTH SERVICES

Aids Task Force  
Child Health Ad Hoc Task Force  
Drinking/Driving Task Force  
Jail and Prison Health Care Ad Hoc Committee  
Maternal and Infant Health Care Committee  
Mental Health Ad Hoc Task Force  
Senior Health Committee

### COUNCIL ON PROFESSIONAL SERVICES

Grievance Committee  
Medical Disciplinary Process Task Force  
Medical Education Committee  
Medical Service Committee  
Personal Problems of Physicians Committee  
Professional Liability/Risk Management Comm.

### COUNCIL ON GOVERNMENTAL AFFAIRS

Congressional Liaison Committee  
Emergency Medical Services Standard Comm.  
Industrial Insurance & Rehabilitation Comm.  
Legislative (State) Committee  
Medicaid Advisory Committee  
Pharmaceutical Committee

### OTHER

Judicial Council  
Liability Reform Steering Committee  
Medicare Advisory Committee  
PACE Steering Committee

Pierce County needs greater representation on WSMA Committees and you are invited to volunteer to serve. Most of the committees meet only quarterly or semi-annually. If you need more information, call the office before April 15.

### "TOBACCO FREE" SCHOOL DISTRICT

At its March 25 meeting the Tacoma School Board voted to prohibit the use of tobacco on district property.

Testimony urging the adoption of the policy was provided by the Society. Alan Tice and Gordon Klatt addressed the Board on the health effects of tobacco. The School Board was most appreciative of the support.

Congratulations to the School Board and administration for a courageous vote.

## SPEAKING FOR THE SOCIETY

The Speakers Bureau is one of the best and most successful ways physicians can get before the public and help get medicine's message to the people. The following members volunteered to speak to the groups listed. We recognize that many members are requested to speak without being scheduled by the Society office. We would like to recognize your efforts also. Please call us if you would like to be mentioned.

Robert Scherz .....  
Bellarmine High School

Barbara Guller .....  
Mt. Tahoma High School

Harry Lawson .....  
Mt. Tahoma High School

James Dunn .....  
Mt. Tahoma High School

David Brown .....  
Hunt Junior High School

Garth McBride .....  
Tacoma Lutheran Home

Carl Plonsky .....  
Lister Elementary School

Richard Schoen .....  
Northwest Kiwanis

Arthur Smith .....  
Parkinson Support Group

Ronald Knight .....  
Pacific Northwest Bell

Richard Bowe .....  
Gig Harbor Lions

### DISCIPLINARY BOARD RULING

The Disciplinary Board issued a declaratory ruling on ophthalmology/optometry referrals on December 12, 1986 as follows: the practice of accepting referrals from another practitioner with the intent of having the other practitioner provide follow-up care beyond his/her scope of practice is forbidden. In making the ruling, the Board said it would consider disciplinary action on individual cases brought before it.

### **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

## 15TH ANNUAL DAY OF PEDIATRICS

### RECENT ADVANCEMENTS IN PEDIATRIC SURGERY

Sponsored by  
Mary Bridge Children's  
Hospital  
Jackson Hall Auditorium  
April 4, 1987

For registration information call: Alisa  
Adams..594-1280

### Crossroads Treatment Center

## Alcoholism

A Program Designed to Provide  
Comprehensive Treatment for  
All Facets of Alcoholism

Physician Directed

Family Treatment Included

Cost Effective Outpatient  
Program

Covered by many Health  
Insurance Plans

FOR INFORMATION  
CONTACT:

Ted Berning, Administrator  
5909 Orchard St. West  
Tacoma, WA 98467

**(206) 473-7474**



CROSSROADS  
TREATMENT  
CENTER

An Approved Washington Alcoholism  
Treatment Facility

**CONTINUING MEDICAL EDUCATION  
CATEGORY I**

---

**SURGERY      UPDATE      1987-----**

Tacoma Surgical Club  
Annual Meeting

University of Puget Sound  
Thompson Hall  
April 24, 25, 1987

---

**DEMONSTRATIONS & DISSECTIONS**

Friday, April 24, 1:00 to 4:30 pm  
Saturday, April 25, 8:00 to 9:00 am

Gastric Stapling Procedure  
Percutaneous Lumbar Diskectomy  
Peripheral Nerves of Arm & Forearm  
Anterior Urethrovesical Reattachment  
    In the Male  
Abdominal Perineal Resection for  
    Rectal Cancer  
Digital Sympathectomy  
Treatment of Hemorrhoids  
Vertical Banded Gastroplasty  
Posterior Approach to Adrenal  
    and Kidney  
Non-Invasive Vascular Testing  
Cranial Nerve Dysfunction Following  
    Carotid Endarterectomy  
PCA - Porus Coated Anatomic Cement-  
    less Total Hip Arthroplasty  
The Anatomy of Aortic Outflow  
    Extra Operative Monitoring of  
    Recurrent Laryngeal Nerve  
    Function

**PAPERS**

Saturday, April 25, 9:00 am to 3:45 pm

---

Multiple Organ Failure  
Diagnosis of Myocardial Contusion  
Present Concepts of Replant Surgery  
Improved Utilization of Rt. Atrial  
    Catheters in Critically Ill Pt's.  
Prostate Revisited  
Making It Hot For Cancer  
Digital Sympathectomy for  
    Raynaud's Syndrome with  
    Gangrene  
Cranial Nerve Dysfunction  
    Following Carotid  
    Endarterectomy  
Anterior Urethrovisical Reattach-  
    ment in the Male (AUVR)  
Interventional Radiology  
The Angelchik Prosthesis for  
    Reflux Esophagitis  
Restorative Proctocolectomy  
Hypothermia

---

**PREREGISTRATION NOT REQUIRED**

For further information call:  
**COLLEGE OF MEDICAL EDUCATION  
627-7137**

## LYON COMMERCIAL

REAL ESTATE INC  
3901 SOUTH FIFE STREET, TACOMA, WA 98409  
(206)475-1622

Our Leasing Department offers you

A Variety of Locations

Starter or extended service sites

A full time leasing staff to fill your needs

Call Our Leasing Department  
Today at 475-1622

## DIAPER RASH

IS NOT A WAY OF LIFE

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CAUTION TO YOUR PATIENTS. It is illegal to dispose of human excrement in garbage. Parents are doing this with paper/plastic diapers. "Disposable" is a misnomer.



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# KNOW YOUR LEGISLATOR??

## LEGISLATIVE ALERTS

Be watching for legislative alerts from the Society and WSMA as the Legislature begins to finalize some of the bills still alive and out of committee.

SB 5886 .. Certificate of Need

SB 5781 .. Mandated Medicare Assignment

HB 1102 .. Optometry drug provisions

SB 6048 .. Tort Reform Provisions(Support)

HB 161 .. Motorcycle Helmets for Children

SB 5401 .. Natural Death Act Amendments

HB 477 .. Basic Health Plan

If you would like a copy of any of these bills, call the Legislative Hot Line #1-800-562-6000. Tell the operator the bill # and it will be sent to you.

## VISIT YOUR LEGISLATOR

Plan on visiting your legislator during the present session. Visit the Senate and House galleries and watch democracy in action. Walk through "Ulcer Gulch" and see the lobbyists in action and see the marvelous rotunda.

Call the Society office if you would like to schedule a visit.

With the important legislation to be considered in 1987, it is imperative that you know your legislator and how to reach him/her.

Listed below by Legislative District is the legislators and telephone number. You can write them at this address:

Representative \_\_\_\_\_  
Senator \_\_\_\_\_  
Legislative Building  
Olympia, WA 98504

Legislative Hot Line is:  
1-800-562-6000

Call the Hot Line number to leave a message with your legislator.

Senators:

- 2nd District  
R. Ted Bottiger ...786-7602
- 25th District  
Marcus Gaspard....786-7648
- 26th District  
Bill Smitherman....786-7650
- 27th District  
Lorraine Wojahn....786-7652
- 28th District  
Stan Johnson.....786-7654
- 29th District  
A.L. Rasmussen.....786-7656
- 30th District  
Peter von Reichbauer  
.....786-7658

Representatives:

- 2nd District  
Ken Madsen.....786-7912
- Marilyn Rasmussen..786-7656
- 25th District  
Dan Grimm.....786-7968
- George Walk.....786-7948
- 26th District  
Ron Meyers.....786-7964
- Wes Pruitt.....786-7802

- 27th District  
Ruth Fisher.....786-7930
- Art Wang.....786-7974
- 28th District  
Sally Walker.....786-7890
- Shirley Winsley....786-7958
- 29th District  
P.J. Gallagher.....786-7906
- Brian Ebersole.....786-7996
- 30th District  
Jean Marie Brough..786-7830
- Dick Schoon.....786-7898



## SURGICAL PAYMENT CUTS BEING CONSIDERED BY MEDICARE

Congressional health committees, searching for budget savings, considering price curbs on many surgical procedures -- such as hip replacement, heart bypass, and prostate surgery -- that are most common among elderly Medicare patients.

Such a fee schedule is still more than two years away. Meanwhile ardor for a White House budget office proposal to pay radiologists, anesthesiologists, and pathologists (RAPs) a fixed rate per diagnosis-related group (DRG) also may be cooling as administration officials struggle to work out the specifics of a proposal. Moreover, even if adopted, the RAP DRG would produce only marginal budget savings in 1988.

For more information on this subject please see AMNEWS (March 13.)

Did you ever have the urge to pull on your Levi's and boots and tromp through a tulip field? How about tasting a few of the pretty colored flowers that are suddenly sprouting everywhere? The April 17 auxiliary meeting is certainly one you mustn't miss!

Marianne Binetti, garden columnist for the Puyallup and Sumner newspapers, will be presenting a program at 10:00 on "Edible Flowers and Lazy Gardening" which will be held in the greenhouse of Roger and Kitty Knutson (Susie Duffy's sister). Lunch, which will also be served in the greenhouse, will feature pansies in the jello and a cake decorated with edible fresh violets in addition to the "tastes of tulips."

Following the lunch, there will be tours of the tulip fields and the flower packing facilities, so wear your jeans and boots and bring your cameras! Cut flowers will be available at wholesale prices and other baskets will be available, too. Everyone is welcome - including guests, so look for the map in the "Pulse" and plan to come and bring a couple of friends. Remember, April 17 at 10:00. Call Rubye Ward (272-2688), Alice Yeh (565-6929) or Mimi Jergens (1-851-5720) for reservations.

The one fund-raiser of the

year, the co-operative fashion event held in the Tacoma Dome on March 18 in conjunction with the Tacoma Orthopedic Guilds, the Junior League, and the Tacoma Stars, was a great success. Although the financial totals are not yet available, "a good time was had by all" and those who gave so much of their time and energy are certainly to be thanked. It was quite an undertaking!

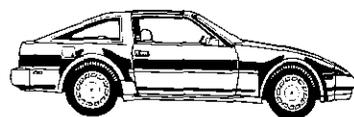
APPLICANT FOR MEMBERSHIP

Brian J. Berry, M.D., Pediatrics. Born in Virginia, 10/03/55; University of Washington, 1982; internship, Childrens Hospital of Los Angeles, pediatrics, 7/82-6/83; residency, Childrens Hospital of Los Angeles, pediatrics, 7/83-6/85; Washington State License, 1987. Dr. Berry is currently practicing at 521 South K Street, Tacoma.

-----  
PRESCRIPTION PADS STOLEN!!!

If you are unfortunate enough to have your prescription pads stolen, there is help just a phone call away. The pharmacists of Pierce County have a well established phone tree system in place. If you will call a registered pharmacy, they will initiate the calls to inform their colleagues of the stolen pads.

# 300 ZX



Nissan 300 ZX 2+2

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There's no better way to describe the Nissan 300 ZX 2+2. Fuel-injected V-6 power, improved suspension and aerodynamics and a luxurious interior that's big enough for four — the 300 ZX 2+2. See it today!

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Tacoma  
752-1705

MSPC LEADERSHIP  
ATTENDS AMA CONFERENCE

George Will, nationally syndicated columnist, William Roper, M.D., Administrator, HCFA, John Rother, AARP; Dennis O'Leary, President, JCAH, Donald Rumsfeld, Presidential aspirant and many other experts in their field addressed the February 19-22 AMA Leadership Conference. Attending from MSPC were Dick Bowe, President; Bill Jackson, President Elect and Doug Jackman, Executive Director.

George Will quipped, "the American people have a voracious appetite for government, a government which will be governed by deficit." He also said, "every five years Congress corrects Social Security for the next 50 years." Will's concept of leadership is the "ability to inflict pain and get away with it."

The Society office has cassette tapes available from presentations given at the AMA Conference.

Tapes are available on: Financing Health Care for the Elderly

Professional Self-Regulation

Technology and Management of Change

Public Affairs, Public Policy and American Society (George F. Will)

HEALTH DELIVERY SYSTEMS  
CLEARINGHOUSE CREATED

A central source of information on health delivery systems has been created by the AMA.

In operation since December, 1986, the Clearinghouse was created to:

- provide information to enhance physicians' understanding of all aspects of current delivery systems,
- respond to specific inquiries by physicians regarding health delivery systems,
- provide a means for the mutual exchange of information between the AMA, physicians, and the federation.

Clearinghouse staff are on-hand during regular business hours to answer any questions you may have...about health delivery systems or about the Clearinghouse itself. Call 312-645-4729.

The first product to be offered by the Clearinghouse - the *Physicians' Resource Guide to Health Delivery Systems* - is now available.

Contents of this publication range from a history and overview of current systems, to a national resource listing of organizations and agencies involved with HMO's, PPO's and IPA's, giving you a comprehensive view of the subject.

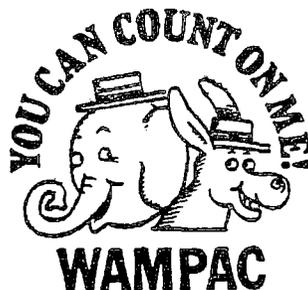
To order copies of the Guide, call toll-free 1-800-621-8335.

EMS COMMITTEE AND  
BOARD OF TRUSTEES  
MAKE STATEMENT TO  
BOARD OF HEALTH

The EMS Committee under the chairmanship of Jim Fulcher and the MSPC Board of Trustees have prepared a statement to be presented to a study session of the April 1 meeting of the Board of Health.

Dr. Fulcher, representing the Medical Society and representatives of the ambulance companies, Pierce County Fire Chiefs and hospital council will present their views on prehospital care in the county.

The Society is encouraging the Board of Health to improve patient care by development of an EMS system that includes a central authority base with overall system responsibility which would provide central medical control, data retrieval and analysis, and allocations of resources.





# 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

with  
John R. Alger, M.D.  
"Experiences in Saudia Arabia"

**DATE:** Wednesday, April 8, 1987  
**TIME:** Lunch 12:00 Noon  
Program 12:45  
**PLACE:** Tacoma Dome Hotel  
(Hickman South)  
2611 East E Street  
**COST:** Lunch \$9.00 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.

**Reservations must be made no later than Friday, April 3rd.**

---

### REGISTRATION:

\_\_\_\_\_ Please reserve \_\_\_\_\_ lunch(es) at \$9.00 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. \_\_\_\_\_

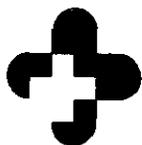
**RETURN TO MSPC BY NO LATER THAN FRIDAY, APRIL 3**

*Are you treating a patient  
with a head injury?*

**Good Samaritan offers a continuum  
of care and 5 treatment options  
for head injury patients.**

- 1** Inpatient acute rehabilitation
- 2** Outpatient acute rehabilitation
- 3** A residential program for persons  
with severe head injuries
- 4** A day treatment center for persons  
with moderate head injuries who  
require transitional living services
- 5** A community-based treatment center  
for persons with mild head injuries

If your patient can benefit from one or more of these  
programs or if you want additional information contact:  
841-5849 for acute patients  
845-1750 for community-based programs



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and  
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*Providing physical rehabilitation for residents of the Pacific Northwest for over 30 years.*

DR. BOND DIES MARCH 12

Dr. Robert G. Bond, Family Practice Physician, a member of the Medical Society for 40 years passed away March 12, 1987.

Dr. Bond, who had been suffering from ill health for some time began his Pierce County practice in 1947 after graduating from the University of Louisville and spending two years residency with the Pierce County Hospital.

Dr. Bond was born in Medicine Hat, Alberta, Canada on October 14, 1915. He was board certified and he was a founding fellow of the American Academy of Family Physicians.

The Society extends its deepest sympathy to his family.

-----

**HCFA/PRO/W !!**

Who is calling the shots and setting policy..HCFA or PRO/W? What is the relationship between the two organizations.

Plan on attending the May 12, General Membership Meeting at the Executive Inn. A top HCFA official will tell us why, how and what HCFAs plans are for medicine.

-----

FLOWERS

For your convenience fresh floral arrangements are available for delivery at Tacoma General and Mary Bridge. TGH Gift Shop, 594-1000.

STATE AARP WILL OPPOSE  
INITIATIVE #92  
(Mandated Medicare  
Assignment)

The state chapter, American Association of Retired Persons (AARP) has informed legislators it is opposed to initiative #92.

The WSMA is supporting AARP attempts to strengthen the Natural Death Act (SB 5401/HB 581) and lifeline telephone service provisions. Currently, Initiative 92 remains in the House Health Committee and the Senate Ways and Means Committee.

LIBRARY COMMITTEE  
CONSIDERING  
STRUCTURE CHANGE

The Library Committee under the guidance of Chairman, Dr. Gil Johnston is considering the feasibility of becoming an incorporated, non-profit organization.

Presently, the Library is a loosely structured consortium of the Medical Society and members of the Hospital Council. Financial support for the library is derived by contributions from the Council (60%) and the Medical Society (40%).

The Committee will develop long range goals, in light of the many electronic advances now making information available to the individual that was only available in the library..

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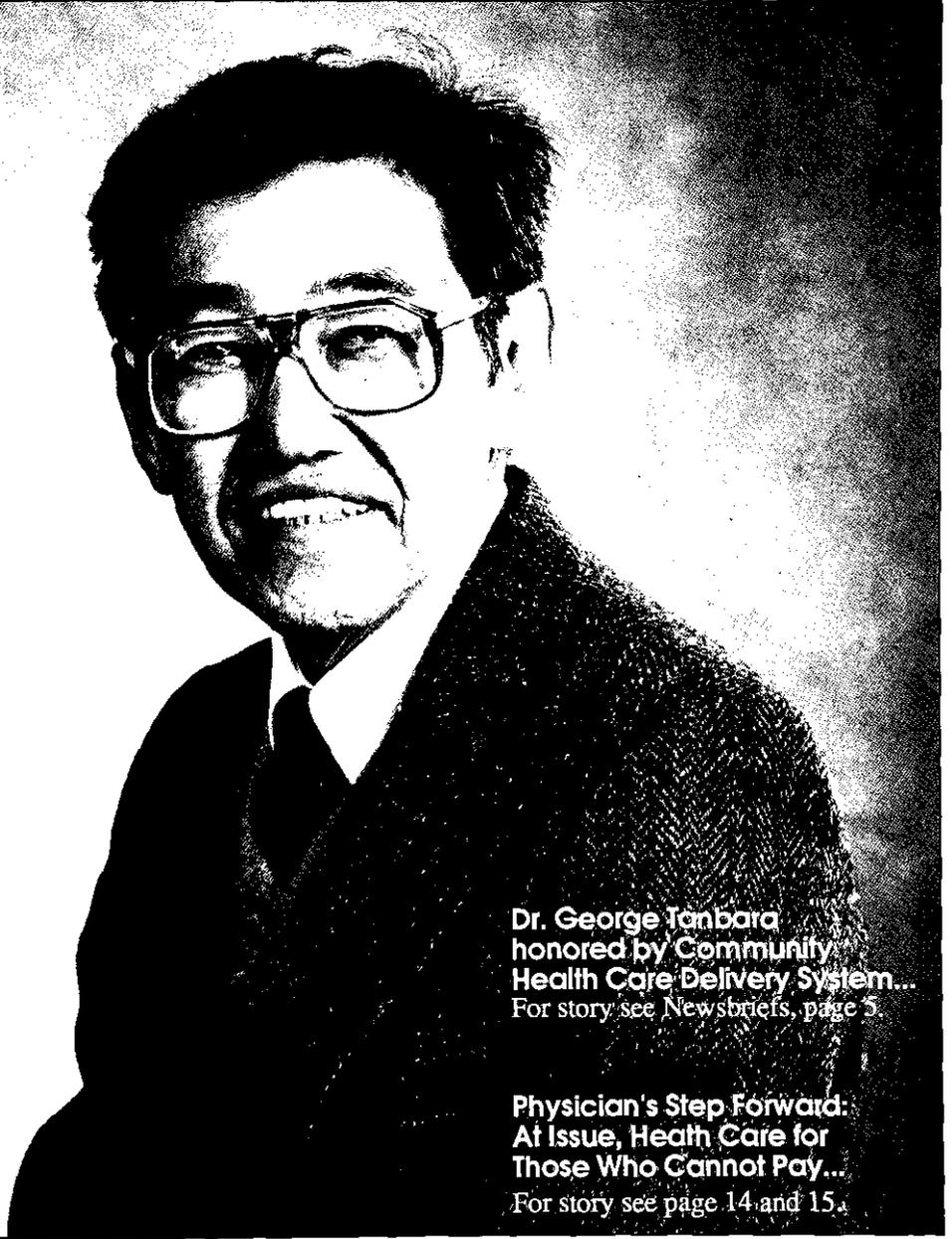
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# The Bulletin

MEDICAL SOCIETY OF PIERCE COUNTY

May, 1987



**Dr. George Tanbara**  
honored by Community  
Health Care Delivery System...  
For story see Newsbriefs, page 5.

**Physician's Step Forward:**  
At Issue, Health Care for  
Those Who Cannot Pay...  
For story see page 14 and 15.



## If you'd like your older patients to be a little more comfortable, just prescribe this number

**572-2323**

That's the number for a new concept in caring about older Americans. It's called Humana Seniors Association, and it's a locally directed, non-profit organization aimed at making life just a little easier for Tacoma's senior citizens. Membership in Humana Seniors Association costs just pennies a day. Yet it provides a whole range of services aimed at making life more pleasant and secure for members.

Membership allows access to:

- A special seniors advisor to provide counseling and information as well as a link to community organizations and as a resource for care givers.
- Free blood pressure checks.
- Wellness and health education programs.

- The Cigma Travel Club.
- Assistance in preparing Medicare or other insurance forms.
- Transportation to doctors' offices or hospital.
- Subscription to a special newsletter edited for seniors.
- In-patient and home visitations, where required or requested.

Members are also eligible for discount mail-order drugs and a reduced monthly lease for a Personal Security Communications Device—a system that provides a remote control phone link for emergency use.

### **If your patient requires hospitalization...**

Humana Hospital-Tacoma provides the following services and amenities for members:

- Private rooms at the semi-private rate (when available).
- Free overnight stay in the patient's room by a spouse or family member.
- Special registration by telephone.
- Expedited courtesy check-out procedures.
- One month's free use of the Personal Security Communications Device, after discharge.

When you check your older patients into Humana's special Geriatrics Unit, you know they're being admitted to one of the Pacific Northwest's leaders in the field. Now we're beefing up that leadership with Humana Seniors Association. We invite you —and your patients— to become part of it.

**Humana<sup>®</sup> Hospital-Tacoma**

Putting the human being in need into the hands of a doctor.<sup>SM</sup>

5, 19th and Union Streets - Tacoma, WA 98405

# The Bulletin

The official publication of the Medical Society of Pierce County

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**Board and Committee Chairman:**

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**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

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# President's Page

## Be All That You Can Be!



How many of us have heard that challenge on television given to the 18 year olds of America by the U.S. Army? And how many have given themselves the same challenge? How often do we stand back and look at ourselves critically as to how we live our lives and how we practice medicine as individuals, in our practices, and in our medical community?

### As Individuals

Most of us began medical school with altruistic goals and high ideals of bringing health and caring to the people of the world. Quickly we learned the "science" of medicine as well as we could - to pass exams primarily. We had to demonstrate a certain level of competence to complete med school, internship, residency or fellowship. Our idealistic thoughts were tempered with the requirements of mastering facts. Those facts were exciting and brought a certain feeling of power as knowledge of any kind tends to do. We realized that some were better at assimilating facts than others and these were the "top students." We also realized that many times the "top students" were not always our idea of the doctors we wanted to be.

As we began our contact with patients, usually in our second year of med school, and increased that contact through training and ultimately into practice, we realized a need to develop the "art" of medicine -- that intangible element of rapport and caring that was often all the doctors of old had to offer. It is just as important now as it was then in giving our patients confidence in us and comfort when pure science alone just isn't

enough. When the "art of medicine" is lacking, two common complications arise, malpractice claims and grievances. Insurance companies constantly exhort us to talk to our patients openly about unusual situations and minor complications before they become lawsuits. Having served on the Society's grievance committee for two years, I have strong feelings that most grievances stem from a simple lack of communication -- the very basis of the art of medicine.

### In Our Practices

In addition to mastering the art and science of medicine we also soon realized that we had to have a full schedule of patients every day to earn the rewards that all our training promised us. Doing a consistently good job of treating patients used to be all that was necessary to satisfy the patients and referring doctors. This is still the most important element of success but recently a Madison Avenue term has infiltrated the sanctity of medicine -- Marketing. I view marketing as two components - Internal, the things you do within your practice to make it more desirable than the one down the block and External, advertising pure and simple.

Internal marketing is a lot of little things that together make people like to come to your office. It's the smile on your receptionist's face, the pleasant voice on the phone, helping patients fill out insurance forms, accepting Medicare assignment when indicated, sending our informative newsletters to patients, asking Mrs. Jones how her family is and many other nice touches that we appreciate when we too become

patients.

External marketing is advertising. Most of us are happy to talk to our local service club, senior citizens' group or at a hospital forum. We are presenting ourselves to groups outside of our own practices but in an informative and educational way. In contrast, are radio, T.V. and newspaper ads really necessary? Is the image we convey good for medicine, showing the best we can be?

### In Our Medical Community

Finally, we are established and take our place in the medical community. Not all of us feel compelled to get involved in specialty societies, hospital staff organizations or medical society affairs, but there is a great need for dedicated people in each arena. I look back at several individuals who urged me to get involved several years ago and, although I may have cussed them at the time, now I thank them heartily for their encouragement. In that same way, I would like to urge those of you who may be considering it, to volunteer or let yourselves be drafted to positions of leadership in the medical community.

I think the Army has done more than coin a catchy recruiting slogan. I also think that "being all you can be" illustrates more than the Peter Principle. I think it gives us a chance to reflect on our abilities in the art and science of medicine, our practices as they are viewed by both patients and our colleagues, and our involvement in the activities of our medical community. □

— Richard G. Bowe

## Community Health Care Delivery System honors Dr. George Tanbara.

The Community Health Care Delivery System (CHCDS) honored Dr. George Tanbara during open house ceremonies March 26.

Dr. Tanbara was the guiding force in getting CHCDS (formerly UHI Community Clinics) established in Pierce County in 1972. The five clinics are partially funded through Federal grants to service the health care needs of those unable to pay full fee.

In making the presentation, Pierce County Council Chairman Wendell Brown thanked Dr. Tanbara for 15 years of continuous service. Dr. Tanbara organized the East Side Clinic in 1972. He is a charter member and past president of Tacoma Ambulatory Care Center (Family Clinic).

Dr. Tanbara has consistently provided volunteer pediatric specialty care for clinic and community children both on-site at East Side Clinic and his private office and at area hospitals.

He and his associates established new born and on-call backup services for CHCDS midwives and Midwife Associates, which allowed the obstetrics program to be sustained.

In 1986, while under the Pierce County Health Department, the Clinics cared for over 30,000 patient visits. Patients reimburse

on an ability-to-pay basis.

The Clinics are dependent on generous city, county and public support, including many who volunteer services and donate supplies.

## Washington population speaks out on health care.

A series of community meetings were recently held throughout the state in an effort to give legislators and health care decision makers a community point of view on health care issues. What follows is a summary of responses from 3,143 Washington citizens who participated in Washington Health Choices.

Of those who participated, 64 percent were from western Washington, 36 percent from eastern Washington; 65 percent were female; 88 percent had health insurance; 43 percent had a household income of \$25,000 or more and 30 percent were over the age of 65.

- 91 percent felt basic health care was the right of each individual.
- 65 percent stated they would agree to pay more taxes if government would finance health care of the uninsured.
- 84 percent felt that the right of patients to refuse medical treatment should take precedence over other factors.
- 84 percent agreed that if a member of their family were terminally ill and unable to

communicate, they would want to be able to tell their doctor to withhold life support.

- 91 percent felt that a living will should protect their right to refuse medical treatment.
- 98 percent thought that doctors and other health professional should provide patients with enough information so they could understand their medical conditions.
- 78 percent said that economic sanctions such as tax on alcohol should be used to discourage unhealthy lifestyles.
- 79 percent believed that priority in funding should be given to preventive health care programs over high tech programs that prolong life.
- 50 percent support the belief that economic status or income should not be a criterion for determining who gets expensive life-saving treatment.

These opinions taken collectively provide a community perspective on some of the tough health care decisions facing society today.

## Address Change

Dr. Robert W. Osborne has moved his Tacoma office. Please note the correction in your 1987 Directory: 1212 South 11th, Suite #42 Tacoma, Wa 98405 His office phone remains: 383-3325.

**Newsbriefs**  
continued on next page.

## Physician Volunteers Needed.

St. Leo's Neighborhood Clinic needs our help. The Clinic, located at 1323 South Yakima, provides health care to the homeless, needy and anyone who walks in the door.

The Clinic is open Monday and Thursday evenings from 6:00 p.m. to 8:00 p.m. Doors close at 8:00 p.m. If enough physicians could volunteer, one physician would not be called upon more than once every four or five months to serve. The Clinic provides a badly needed service in the community and offers all physicians, regardless of specialty an opportunity to participate.

If you would like to take part in a fine public service or have any questions, please call the Medical Society office at 572-3667 or call the Clinic nurse, Trudy at 627-4741. An article on the Clinic follows on page 14 and 15.

## Spina Bifida Chapter formed.

The Spina Bifida Association of Puget Sound is a non-profit organization built by the efforts of volunteers to help persons with spina bifida achieve their maximum potential. Parents of children with spina bifida and adults with this condition offer support and information on community resources to others who are faced with the challenges of this problem. Interested parties can get in touch with the Spina Bifida Association volunteers in Pierce and King Counties by calling Gail Belflower of Tacoma at 581-3070 or Barbara Goeckel of Seattle at 362-0563.

The Spina Bifida Association of Puget Sound's goals are:

- To foster and promote the human rights of all people having spina bifida and hydrocephalus.
- To promote public awareness through the national and local spina bifida chapters.
- To provide information and emotional support to all who are affected by spina bifida.
- To offer financial assistance in the form of a urinary and brace fund.
- To promote research into the causes, treatment and prevention of spina bifida and hydrocephalus.

## MSPC Caribbean Cruise

Plan on it. A January, 17-24, 1988, Caribbean Cruise with your colleagues. Basic Cost will be approximately \$2,700 per couple on Royal Caribbean "Song of Norway," visiting five different ports. An orientation meeting is scheduled for 7:00 p.m., Thursday, May 14 at the Sherwood Inn, 8402 S. Hosmer.

## MARKET AREA PROFILE

The American Medical Association's Market Area Profile (MAP) Service can be of assistance to physicians initiating and/or expanding their practices. MAP offers data on population, five-year demographic projections, hospitals, and physician information--number, ages and specialties--in specific areas. For information, contact MAP Service, c/o AMA 535 N. Dearborn St.,

## Crossroads Treatment Center

### Alcoholism

A Program Designed to Provide Comprehensive Treatment for All Facets of Alcoholism

Physician Directed

Family Treatment Included

Cost Effective Outpatient Program

Covered by many Health Insurance Plans

FOR INFORMATION CONTACT:

Ted Berning, Administrator  
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# Tacoma-Pierce County Health Department...

## Suspect: Canine Rabies Case

*The following article is a case history of a suspect canine rabies case by Dr. Noreen Harris. For further information contact Dr. Harris at 591-6468.*

*The Editor*

### Background on Case:

This past June a family from the Lakewood area called the Tacoma-Pierce County Health Department seeking advice about two low-flying bats hovering in their backyard near their dogs' kennel with their two German Shepherds (aged 6 months and 1 1/2 years). The older dog had received one injection of rabies vaccine at six months of age; the puppy was unvaccinated. The Department encouraged the family to have the bats tested by the Seattle-King County Health Department. The bats proved to be rabid on Rabies Fluorescent Antibody test, a sensitive and specific test when conducted by an experienced virologist. We then quarantined the two dogs in their own kennel, on the owner's premises, for six months, and the owners were instructed to have the animals vaccinated prior to the five months into the quarantine. Only the pup received a vaccination which was given prior to quarantine. At the end of the quarantine (Christmas Day, 1986) the dogs were released from the kennel. Ten days later, the puppy (now one year old) died.

The animal was symptomatic for only 30 minutes with vomiting, tremors, excess salivation and convulsions. The methodology used to confirm this case is very accurate. (Four smears were positive using commercial conjugate, and one using the Center for Disease Control's conjugate.) Nevertheless, all materials have been sent to the Centers for Disease Control for confirmation.

### Unique Features of This Recent Canine Case Are:

1. It was detected
2. The prolonged incubation period
3. The short illness
4. This may prove to be only the second confirmation (using monoclonal antibodies) of a bat-to-dog transmission in the United States.
5. The post-exposure vaccination of this dog did not prevent disease.

### Animal Vaccination

As a matter of routine, we are advising all veterinarians to strongly recommend rabies vaccinations for dogs and cats, as 10% of the bats tested annually for rabies in Washington State are positive, and each year several people in Washington State are exposed to rabid bats and require treatment.

### Rabies Pre-exposure vaccine for Individuals Exposed to bats, Carnivores and Potentially Contaminated Tissues As Part of Their Work:

Also as a matter of routine, we are encouraging veterinarians, zoo workers, animal handlers and technicians and pathologists to receive the new Human Diploid Cell Vaccine intradermally (about \$25 per injection, 3 injections) which provides lifetime protection against inapparent exposure. This vaccine is painless and safe, unlike the older vaccines.

Anyone who has demonstrated an adequate titer at any time in the past need not be re-vaccinated. However, when an exposure to a rabid animal occurs in a previously immunized person, two boosters of Human Diploid Cell Vaccine are advised, as compared to a full course of the 5 HDCV injections, combined with Rabies Immune Globulin. (The latter is the current

treatment regimen for individuals with inadequate immunization history.)

### History of Rabies in County, State, Country, World:

The last positive dog case in Pierce County occurred in 1942. Rabies used to occur in dogs, farm animals, cats and people in Pierce County. Bats were first tested in the 1960's - from that time forward, roughly 10% have been positive each year.

The last positive dog and cat case in Washington State occurred in Thurston County 1976 and 1977. The sources of those infections were most likely bats. We have had four skunk cases in Washington State which were either imported or vaccine-induced. Rats and squirrels are not known to transmit rabies to humans, and are among the mammalian species least likely to be rabid. Wild animals most likely to be rabid in the United States are: skunk, raccoon, bat, fox (in order of decreasing frequency). □

### Interested in writing?

*The Bulletin* welcomes the opportunity to publish articles from the medical community, including editorial commentary and "Letters to the Editor." Articles submitted for consideration should be from two to six, single spaced, typewritten pages. For information contact Doug Jackman at the Medical Society office, 572-3667.

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Impact on Claims...

# Can You Afford To Practice Medicine in 1987?

By Carlos E. Garcia, MD

## Introduction

While the trend towards the "Claims Made" policy of Medical Malpractice insurance is well established, practical experience with this insurance form is minimal. This lack of experience is now critical since the cost of purchasing the "tail" for these policies is so large. This cost will have an impact on career decisions that high premiums by themselves did not. The practitioners most vulnerable to these new costs are those beginning practice or nearing retirement. Doctors contemplating a change in practice location, joining or leaving a partnership, considering additional training or early retirement will also be affected.

## Beginning or expanding practice

A doctor starting practice under the new "Claims Made" insurance assumes a penalty for failure which will severely limit practice options. The penalty is the cost of "tail insurance." This represents a sharp increase in the obligations usually associated with the initiation of practice. This cost is incurred when the practice begins and is payable soon after a venture fails. The magnitude of this cost is enormous. A class seven specialist leaving a practice at the end of one year can be assessed a payment of up to \$70,000. The penalty for guessing incorrectly about the workability of a practice is now higher than ever.

Joining an established practice is no easier. The cost of

"tail insurance" has not previously been considered in partnership contracts. Employers or senior partners will feel the need to insure against the penalty of tail insurance for a prospective partner who leaves their practice saddling them with that cost. Conversely, if the contract for employment assigns a portion of the tail insurance to the prospective partner the cost of joining and then leaving a group may be prohibitive.

Within an established association planning for the "worst case scenario" may produce tremendous strain. This seems unavoidable when a possible breakup results in an obligation of nearly \$140,000 for each partner leaving practice. Conflicts are created when dealing with a partner considering relocation or with a senior partner nearing retirement age and about to incur a large penalty.



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## Retirement

When a physician can retire without incurring a penalty depends on the specific insurance carrier, but simply stopping a practice temporarily or permanently is no longer possible. The cost of retirement will have its greatest effect on those wishing to retire before age 65 and those nearing retirement age without a minimum number of years under the new insurance form. (Of the 580 active members of the Pierce County Medical Society, 116 are 55 years of age or older.) These practitioners are faced with the problem of either budgeting for a lump sum payment for tail insurance at retirement or continuing work past 65 to accumulate the needed minimum years of coverage. There may be a tragic race to accumulate the large sum needed to retire in the few years left to a physician nearing age 65.

## Practice relocation

The geographical area covered by the various insurance companies must also be considered if future options are to be protected. (Table) With the most popular Washington state plan, relocating outside the state and staying with this company simply isn't possible. This means that any job outside of Washington state would have to be lucrative enough to justify paying off the tail insurance penalty at the time of departure. Even with insurance companies active in other states the transferability of coverage without penalty to those states is not guaranteed.

## Career changes

The strategy of limiting practice and avoiding high risk procedures to drop into a lower risk category with a lower "tail" cost seems obvious. Unfortunately, there may be a requirement for payment of a tail for the higher risk level at the time the character of practice changed. Pursuing a part time practice to drop the cost of tail

insurance is not possible with all companies and when available this may also trigger a payment at the time of change.

Retraining into a lower risk specialty or taking time for a sabbatical is likewise limited. Two companies expect full payment of premiums while on extended study leave. The prospect of paying a \$60,000 to \$70,000 premium while generating no income from clinical activities makes additional training virtually impossible. When time off for bona fide medical study is allowed partial premiums may be required.

## Conclusion

The opportunities for starting, joining or expanding a medical practice are now limited by the need to plan for the possibility of paying out the cost of tail insurance. The economic impact is potentially devastating since this cost is easily underestimated and unfortunately falls due at the same time a practice stops.

Understanding the new limitations on medical practice and the features of plans from the competing insurance companies is essential for career planning and matching insurance coverage to practice goals.

Company	Premium <sup>1,2</sup> 1st year 5th year	Cost of <sup>1,2</sup> 1st year 5th year	No <sup>3</sup> Tail	Sabbatical	Part Time	Area Covered
CNA	\$12,596	\$51,210	10Yrs & 65 yo	25% of Premium	50% of Premium	National
WSPIE	\$47,860 \$14,116	\$86,148 \$36,324	5 yrs & 65 yo 10 yrs & leave Prac. in WA	No cost	50% of Premium	WA State
Doctors	\$11,300	\$20,340	55 yo	No cost	50 % of Premium	6 states
St. Paul	\$25,280 \$7,936	\$45,504 \$32,121	5 yrs & 65 yo	100% of Premium	100% of Premium	National
ICA	\$35,870 \$11,620	\$59,427 \$36,795	5 yrs & 62 yo	100% of Premium	100% of Premium	National

### Notes:

- Figures quoted are for Cardiovascular Surgery included in the highest risk group by all carriers.
- Figures reflect \$1,000,000/\$3,000,000 limits while many specialties will be purchasing the higher cost coverage or \$5,000,000/\$5,000,000.
- All companies excuse the cost of tail insurance for death or permanent disability.

**Disclaimer:** These facts are the result of my personal research and should not be used as the sole basis for decisions about malpractice coverage. If you can stand any more good news: Under the claims made

system, policies and their terms are in effect for the current policy period only. The features of your policy can be changed from year to year and you will have to check them at each renewal to be sure of what is being agreed upon. □

# "From the Diary of an Impaired Physician..."

*Compiled by his widow*

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Why I began drinking alone and at odd times of the day and night I don't remember, but I do know I felt tired a lot of the time and a quick drink helped me relax, helped relieve the tension I seemed to carry with me, and seemed to make everything flow a little smoother. I loved my medical practice, respected my patients, and gave the art of medicine my best talents and most of my time. I tried to make my wife and kids understand why I couldn't always make all the events that were important in their lives, especially my son's swimming meets, my daughter's Girl Scout events, and several of my wife's parties, for I was a good doctor and the welfare of my patients came first. But I took good care of my family. When we felt the public school had become a shambles I was pleased we could afford to send the kids to a good private school. When everyone was learning to ski we afforded a place in Tahoe, and when community activities and social life demanded pretty clothes and expensive charity affairs I was proud my wife could be involved. I took good care of my family. Yet my wife complained about our lack of time together. She said we never had time to talk, and our sex life was infrequent and often disastrous. The kids became smart alecks; sometimes I felt like smacking them they were so sassy and disrespectful, but my wife always ended up handling the situations, and I never stopped loving them. It did come as sort of a relief, however, when they began making their own weekend plans and took vacations without me.

Gave me time to relax at home without the usual stress. It was good to have a few quiet drinks in front of the TV and loosen the knots.

But everything in our lives took money, and the way I earned money was to practice medicine. And I was good at it. My colleagues praised me lavishly for making accurate and impossible diagnoses. The hospital touted my new technique developments and praised the time I gave to patient care. I came early and left late. I carried work home and explained to the family that doctors didn't work set hours like other people did. But my stomach churned a lot of the time, and I told myself that it wouldn't look good if a doctor developed ulcers. Usually, a couple of drinks would quiet the tumult and get me on an even keel. The night calls were getting harder, too. The body resisted the quick get-ups and fast take-offs more than it used to, and I found that a quick shot before I left home warmed the limbs and shortened the night. I knew drinking too much was ridiculous -- a real tax on the liver and the rest of the body. I knew the dangers of over-prescribing for my patients and I certainly wasn't going to do it to myself.

When I began keeping a bottle in my drawer at the office I don't remember. It was sometime around the time my son got expelled from school for smoking pot in the locker room. I never understood about that. If only he had come to me I could have told him about the hazards of drugs and the folly of getting involved with

them. Or maybe it was when the wife and daughter spent the summer in Europe and I slept in the office sometimes instead of making the long drive home. It must have been then, because when they got back I told them I wanted to move to the City and quit the long commute. It was too stressful, all the traffic and wasted time behind the wheel. By the time I had a couple of drinks and relaxed I sometimes didn't even feel like doing the work I brought home.

I thought moving to the City would make it easier to have more social life but it didn't work out that way. It surprised me the way my friends had changed. Oh, they still referred patients, told me it was amazing how I never missed a diagnosis, but they quit dropping around after office hours for a friendly drink - like we used to do - and I felt left out. We didn't seem to get invited out much either, but then my wife never did like having people at our house on a social basis. But, then, medicine was changing so much it was no wonder friends were changing too. The only thing that made the morning mail palatable any more was a little vodka in the coffee. every day brought new personal premium increases or another encounter with an insurance company over a patient payment or news of another malpractice suit. But the greatest disappointment of all came when hospital elections rolled around. I had always thought I would be chief of staff one day, and I had let it be known that I was now available. But no one

nominated me. When I asked Jim about it he intimated that it might be better to wait a couple of years, and it wouldn't hurt if I cooled it a little on my drinking. What in the hell did he mean? He drinks too, and I've never heard of anyone at the hospital complain about drinking booze at the staff meetings or at the office parties. I'd about had it with the whole bunch. If it weren't the best hospital in town I'd apply for staff privileges somewhere else.

I decided it was time to cool it for a while, as Jim suggested. My office nurse found one of my bottles in the back of the toilet. I forgot I had put one there. Told myself I had to cut that out but I acted surprised about the whole thing. They knew what stress I worked under, and they helped me get through each day. They spaced my appointments so I could grab a couple of naps now and then, and my office manager was

the best in the business. She didn't bother me about anything. They deserved a raise at the end of the year. I hoped the practice would pick up so I could give it to them.

I should have been surprised, but somehow I wasn't. My wife moved out and told me she was filing for divorce. Moved out my bank account, my retirement plan, most of the furniture and all her belongings. Said she couldn't take it anymore. Said she needed to build a new life for herself. Said she wasn't ready for her life to be over yet. Strange! Seems I can't count on anybody anymore. Not my wife, not my friends, not even my patients.

Today I decided I'm going to have to do something about my life. I think I have a drinking problem. I had another blackout yesterday and it scared me. I talked to Jim and asked him if he thought I was an alcoholic, and he said, "How

in the hell should I know? My advice is to quit drinking and get back to business." It does seem strange to me, though. I've spent all my life working in hospitals and with doctors and no one seems to know how to help me. Where do I go now? □

From: *San Francisco Medicine*,  
Jan., 1987.

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**For impaired physicians.**  
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# Steps to Terminating an Employee: How Can There Be a Graceful Exit?

No one likes to be the "heavy," the bearer of bad tidings, the one to terminate an employee. However, sometimes performance has become so marginal or unsatisfactory that dismissal is a change that is necessary. Before determining a course of action, though, you must decide if the employee is a potentially good one who can be salvaged. The following checklist should be helpful:

- Does the employee know the requirements of the job? ("What? I didn't know I would be required to assist the doctor.")
- Did someone personally go over the job description, step by step, with the employee?
- Does the employee actually know how to perform each task?
- Has someone adequately trained the employee and then determined how well the tasks were performed?
- Does the employee really know how he or she is doing? ("Gee, I thought I was making the appointments OK. No one ever told me I wasn't.")
- Is the employee capable of performing these job duties?
- Is he or she willing to perform the necessary job duties?
- Was a performance review held with the employee three months after hiring and then at least annually thereafter?

## 1st Conference

Your goal here is to identify the problem and with input from the employee, find a mutually workable solution. This is not accomplished by demeaning the employee. Encourage the employee to make

suggestions on how performance can be improved. If he or she participates in the solution, there is a far greater chance that a positive change will occur. Remember to set deadlines for corrective action.

- Use the checklist as a basis for this session.
- Document accurately what was discussed and agreed upon. This can be done in an informal memo to the employee.

## 2nd Conference

If the deadlines set at the first session have not been met, and if there has been little or no improvement, it is time for a second conference.

- Clearly define your expectations in writing with a definite date. Include a paragraph that states the employee understands that if he or she does not comply, this will constitute a lack of desire to remain employed and will result in termination.
- Ask the employee to decide if he or she wishes to remain or quit now.
- Use an "Employee Disciplinary" form to document this session.

## Termination Conference or "Exit Interview"

This conference is the "third strike" - now the employee is out!

- Point out the past promises the employee has not kept. Specifically outline offenses. Ask the employee if he or she prefers

to resign. If so, ask for a resignation letter.

- Schedule this talk for 5:00 p.m. Friday would be the best day. Have the payroll check ready including vacation, sick days, and severance pay. (Severance pay should be based on the reason for termination, as well as your office policy manual guidelines.) If the employee is vested in your pension plan, arrange to pay this amount promptly.

## Your decision is effective immediately!

It is not wise to discharge an employee and allow him or her to remain on the premises longer than necessary. Often a discharged employee becomes disruptive.

- A complete documentation of this conference should be made. Ask the employee to sign it. (An employee cannot be compelled to sign any document.) If the employee refuses to sign, a witness should sign a statement verifying the refusal of the employee to sign the document. This is needed only to prove that the employee was aware of the document.
- Collect the employee's keys to the office, drawers, files, etc.

Now that this "mission has been accomplished," the office manager should make sure that business is conducted as usual - or even better! ☐

Reprinted with permission from the **Palmer Practice Management Report**, Jan. 1987, Diane Palmer, Executive Director.

# Medical Records

The Medical Society office receives calls from physicians and patients inquiring as to the accepted policy on the transfer of medical records. AMA, WSMA and the Medical Society use as guidelines the "Current Opinions of the Council on Ethical and Judicial Affairs of the American Medical Association, 1986." The opinions are intended as guides to responsible professional behavior.

## 7.00 OPINIONS ON PHYSICIAN RECORDS. RECORDS OF PHYSICIANS: AVAILABILITY OF INFORMATION TO OTHER PHYSICIANS.

The interest of the patient is paramount in the practice of medicine, and everything that can reasonably and lawfully be done to serve that interest must be done by all physicians who have served or are serving the patient. A physician who formerly treated a patient should not refuse for any reason to make his records of that patient promptly available on request to another physician presently treating the patient. Proper authorization for the use of records must be granted by the patient. Medical reports should not be withheld because of an unpaid bill for medical services.

## 7.02 RECORDS OF PHYSICIANS: INFORMATION AND PATIENTS.

Notes made in treating a patient are primarily for the physician's own use and constitute his personal property. However, on request of the patient a physician should provide a copy or a summary of the record to the patient or to another physician, an attorney, or other person designated by the patient.

Several states have enacted statutes that authorize patient access to medical records. These statutes vary in scope and mechanism for permitting patients to review or copy medical records. Access to mental health records, particularly, may be limited by

statute or regulation. A physician should become familiar with the applicable laws, rules or regulations on patient access to medical records.

The record is a confidential document involving the physician-patient relationship and should not be communicated to a third party without the patient's prior written consent, unless required by law or to protect the welfare of the individual or the community. Medical reports should not be withheld because of an unpaid bill for medical services.

Simplified, routine insurance reimbursement forms should be prepared without charge, but a charge for complex, complicated or multiple reports may be made in conformity with local custom.

## 7.03 RECORDS OF PHYSICIANS ON RETIREMENT.

A patient's records may be necessary to the patient in the future not only for medical care but also for employment, insurance, litigation, or other reason. When a physician retires or dies, patients should be notified and urged to find a new physician and should be informed that upon authorization records will be sent to the new physician.

Records which may be of value to a patient and which are not forwarded to a new physician should be retained, either by the physician himself, another physician, or such other person lawfully permitted to act as a custodian of the records.

## 7.04 SALE OF A MEDICAL PRACTICE.

A physician or the estate of a deceased physician may sell to another physician the elements which comprise his practice, such as furniture, fixtures, equipment, office leasehold and goodwill, i.e., the opportunity to take over the patients of the seller.

The transfer of records of patients is subject, however, to the following:

1. All active patients should be notified that the physician (or his estate) is transferring the practice to another physician who will retain custody of their records and that at their written request, within a reasonable time as specified in the notice, the records or copies will be sent to any other physician of their choice. Rather than destroy the records of a deceased physician, it is better that they be transferred to a practicing physician who will retain them subject to requests from patients that they be sent to another physician.
2. A reasonable charge may be made for the cost of duplicating records. □

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# Physicians Step Forward At Issue: Medical Care for Those Who Cannot Pay

By Mary K. Tipton

It was only a little over a year and a half ago that Dr. Modarelli, Dr. Osborne, and Dr. Fouke along with a number of other doctors from Pierce and King County went to Mexico City to provide medical care for earthquake victims. It was done quietly without much fanfare. *The Bulletin* carried their story in December, 1985.

In March of this year the board of directors of the Community Health Care Delivery System honored Dr. George Tanbara for "15 years of continuous service in providing pediatric specialty care" to those in need. A letter appeared in the *Tacoma News Tribune* from one of his patients in support of the honor. "Our family loves him," said the letter. "He has dedicated his life to care of others selflessly and is extremely humble, in spite of his accomplishments." The letter continued, "We met Dr. Tanbara 24 years ago because he served on the pediatric heart team for Mary Bridge Hospital. How lucky for us. He has cared for our five children, and no concern of ours, as parents, was too minor for his attention. He always made time to listen, in spite of his hectic schedule. ...He has helped to save the lives of many children who are now adults....He is most serious but never judgemental." It was the perceptions of the author of the letter that news of Dr. Tanbara's recognition should have appeared on page 1 of the local newspaper.

While front page news continues to focus on the incompetency of doctors, malpractice suites, the high cost of medical care, physicians go about the business of their daily routines,

seeing patients in need of medical care from all walks of life with varying economic resources.

Four and a half years ago, in February, 1983, the Neighborhood Clinic at 1323 South Yakima opened its doors to provide medical care for people with no economic base to pay for medical services. "It was a way to respond to people falling through the cracks," said Dr. Ron Johnson, current Medical Director of the clinic.

It is a "beginning place" for a segment of the population that has no access to health care, except through the emergency room of a hospital. "A place," says Barbara Goforth, Administrative Director for the Clinic, "where street people are treated with dignity and respect, where they gain a feeling of self worth, where they don't have to face a myriad of paper work and red tape to get medical care."

Unlike the Community Health Care clinics that provide medical care for families on a sliding scale, based on their ability to pay, the Neighborhood clinic is committed to the concept of a free clinic set up to serve as an access point for an indigent population that, for the most part, goes unnoticed, except in the headlines of newspapers.

As self giving and altruistic as the clinic may be, however, it is at a crossroads in its development. In a span of three hours, from 6:00 p.m. to 9:00 p.m., on Monday and Thursday evenings, when the clinic is open, physicians on duty at the clinic see between 30 and 50 patients. Most of the time, according to Goforth, there are two physicians on duty during clinic

hours. There are times, however, when there is only one physician. "There is a very real problem of physician burnout," says Dr. Johnson.

There is, as well, according to Dr. Johnson, very little continuity of care. Clinic patients usually see a new physician every time they come into the clinic. There is a very real need to establish a referral base of physicians to provide follow up care for a number of patients, especially those suffering from hypertension and depression.

"Every doctor has to decide where they are on this," says Dr. Johnson. But the need is clearly there.

"These people need to feel they can take control, take charge of their health, and they need to be cared for in a non threatening environment where they gain a feeling of self worth."

The clinic administration is set up to facilitate paper work and coordinate with other medical and social agencies to provide the health and economic resources available to clinic patients. In many cases, according to Dr. Johnson, clinic patients are unaware of the economic resources for health care that are available to them.

While medical treatment in any case is a system of complexities, it is especially true at the Neighborhood Clinic given the very nature of the population seen at the clinic. Those coming to the clinic generally lack any sense of control over their lives and, in most cases, are suffering from extremely low self esteem. A physician has to look beyond the medical

treatment, to begin to understand the motivations and thinking of the clinic patients. In winter months when it is especially cold, their overriding concern is finding shelter. In order to be effective in providing medical care to this segment of the population, the clinic has had to come to grips with the needs and habits of this population.

"Our hours," says Goforth, "were set up so individuals in need of medical treatment could come to the clinic without fear of losing their place in line for the Shelter."

There is also the need to provide medical care for individuals who cannot come to the clinic. This, in effect, means home care. To have the clinic open during daytime hours would be the ideal, according to Goforth.

Support for the clinic has come from the community at large. St. Joseph Hospital, St. Leo's church, and others have provided supplies, medicines and money. Dr. Ron Johnson along with Dr. Robert Modarelli, Dr. Juan Juarez, Dr. Mark Jergens, physicians from Tacoma Family Medicine and Group Health have donated their medical services.

The clinic provides treatment and follow-up care for minor illnesses such as respiratory and urinary tract infections, screening and follow-up of hypertension, physical examinations, pap smears, minor suturing and incision and drainage.

There are times, however, when a patient at the clinic needs specialized care. It is at this time that the physician on duty at the clinic must face the task of finding a physician willing to take responsibility for the medical treatment of the patient, including follow-up procedure as needed.

Since the clinic opened its doors in 1983 there has been a steady rise in the number of individuals coming to the clinic seeking medical treatment. During the first year 1100 visits were made to the clinic. Last year there were 2700 visits. This is over two times as many individuals in a little over

three years.

In addition to providing medical treatment, the clinic provides psychiatric care, which, in most cases, requires, like medical care, continuity and follow up. Dr. Michael Pearson is currently giving four nights a month for psychiatric care.

Along with volunteer physicians and a psychiatrist, the clinic is staffed with volunteer lab technicians, pharmacists and nurses.

What does the future hold for the Neighborhood Clinic? This is not an easy question to answer. There is the continuing need to develop and refine protocol, to establish an ongoing continuity of care for those who require it. There is the need for medical support from the community to develop a larger base of physicians willing to take on the care of patients at the clinic. There is the need to establish a larger base of volunteer physicians to service the clinic in the hopes of preventing "physician burnout." There is the need for the specialist to provide continuity and follow through.

There is the growing need for primary physicians to take patients from the clinic, while, at the same time, it is the primary physician who is being economically brusied.

There is the need to educate the segment of the population the clinic is serving, to help individuals identify health problems before they become serious and costly.

There are the issues. What is quality care? What is adequate care? Are they synonmous? Is eveyone, regardless of economic status entitled to medical care?

There is the "mission of the hospital" in relationship to emergency care for this segment of the population. There is, as well, the need for a consensus in the medical community, a need to understand and establish protocol.

As for future goals of the clinic, according to Barbara Goforth, "we hope to initiate a home visitation program so that we could make a follow-up visit to the more seriously ill patients in the home or hospital for support and assistance, and we

would also like to include outreach health education within the Clinic neighborhood to help identify some of the health problems before they become serious."

As the Neighborhood Clinic takes on the growing pains of an established, ongoing community sevice dedicated to providing medical care to the indigent population of Pierce County, other physicians, like Dr. Tanbara, Dr. Johnson, Dr. Osborne, Dr. Fouke, Dr. Weatherby, Dr. Modarelli, Dr. Jergens, Dr. Pearson, Dr. Juarez will step forward to provide medical care as required. They will do it modestly, quietly, without fanfare, just as they have before while talk of "outrageous" medical costs and malpractice suites continue to make front page headlines. □

*For information on donating services, equipment, etc. to the Neighborhood Clinic, call Barbara Goforth, 272-1392 or Trudy Dodsworth, Co-Director, 627-4741.*

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# Looking Back The Royal Scribe

By Mavis Kallsen

The Pierce County Medical Bureau was a revolutionary thing for the times. The Bureau, however, did not come out overnight, and the first years of its existence were tumultuous. In the archives of the Medical Society of Pierce County there are old ledgers and documents sketching the onset of contract practice and events leading up to the revolutionary Pierce County Medical Bureau. The years 1917 through 1919, the first years of the Bureau, we have recorded by the Society's most articulate scribe, Doctor Royai A. Gove.

Doctor Gove must have had a feeling for history. He saved everything and entered his own remarks into the record, providing a humanistic view of the perilous early life and times of the Pierce County Medical Bureau.

In the beginning, the objections to contract practice entered early in the Medical Society of Pierce County, but were handled in a courtly manner. In 1890, Doctors Dewey and Shaver protested to the trustees against the contracting by Fannie Paddock Hospital for treatment of "other than pauper patients." but no action was taken.

April of 1898 a special meeting of the Medical Society of Pierce County was held in the Whist Club Rooms of the Hotel Donnelly. The subject of discussion for the evening was the financial management of the hospitals in relations to the welfare of the medical profession. As recorded in the minutes...

"Many of those present were of the opinion that those hospitals

which sell hospital tickets or contract with corporations for the care of employees are unworthy of our goodwill and support. While many others were of the opinion that the hospitals are justified in making these financial arrangements.

"At 11 p.m., the Society adjourned to the supper room where a bountiful repast was spread. The toastmaster for the evening, in his clever and interesting way, managed and preserved order while inviting those present to respond to toasts in a very able manner...adjourned at 1:30 a.m."

The next discussion of the contract practice concept was at the Medical Society's meeting of January, 1905, when Doctor Case "made a few remarks." Doctor Thomas Curran, an employee of Yocom's was asked to report on this subject and two weeks later read an interesting paper on "Hospital Contract Work," asserting that..."Whereas, during all the years the members of the medical profession have given their services to the said hospitals for such cases absolutely free..."

We also have in our archives documents showing the physicians were paid under these contracts in accordance with the fee schedule set by the Medical Society of Pierce County. As Doctor Curran concluded... contract practice was an intricate proposition.

In November, 1905, when Doctor Case made his charges against Yocom, Wagner and Hicks, he also submitted a proposed amendment to the constitution and

bylaws of the Medical Society as follows:

"Any member of this Society may be summarily expelled from membership without a hearing by three-fourths of all members in good standing present, upon the following grounds: conviction of a felony, willful fraud in his credentials, an openly immoral life, public conduct of extreme indecency or the taking of "lodge work" or "contract work," or such other notoriously irregular conduct as a citizen or physician as would make his presence undesirable in the interests of public or professional morality or decency."

After weeks of argument, with a few alterations and propositions by Doctor E.M. Brown, Case's amendment was adopted by the Medical Society...The "contract doctors" scattered. January, 1906, the old guard...Doctors Shaver, Dewey and Love were elected officers of the Medical Society and Case, Read and Brown appointed chairmen of the standing committees. It became a Society of old men...standing erect against the tides of the new medicine and quarreling amongst themselves over trivia.

That year, 1906, another "old man" joined the Medical Society...Royal A. Gove, a graduate of the College of Physicians and Surgeons at Keokuck, Iowa in '78. Like Doctor Case, he was admitted to membership in spite of his sectarian schooling, but without controversy, as he was a non-controversial man of even disposition. Doctor Gove set about creating order out of chaos with the

Medical Society, urging moderation and compromise, and two years after he joined the Society he became its president. The year following his term as president, he was elected the Society's treasurer and was re-elected continuously to that post until in 1917 he was elected secretary-treasurer and served in this office until his death in January, 1920.

During his year as the Medical Society president, Doctor Gove instituted a degree of definition between "contract work" and "lodge contract work," permitting the great numbers of contract physicians in the County to again take part in the Society's activities.

The Medical Society took a bold public stand against "lodge work" and the following appeared in the Tacoma Ledger in January, 1912.

#### LODGE CONTRACT DOCTORS PARIAHS

The Medical Society of Pierce County will make outcasts of them after April 1st... Such practice scored.

"Physicians engaged in lodge contract medical practice will be pariahs among ethical doctors in Tacoma after April 1st. So despised and hated will they be that any member of the Medical Society who shall even deposit with any physician doing lodge contract practice will be expelled from the Society. In addition to this the Society determined to take active steps immediately to exclude after April 1st. physicians doing lodge contract work from entering or treating patients in the hospitals. Cheapening of the medical profession, together with advantages taken of such practices by ingenious individuals and lodge organizers is alleged in the committee report."

Only the Elks continued to contract directly for physicians services with the charges included in membership dues, but a number of private "Clinics" sprang up in town to jion the well established

Western and Bridge Clinics. Three Medical Society members were expelled doing lodge work. Eighteen members were dropped for non-payment of dues.

In May of 1917, the State Legislature passed an Industrial Insurance Act known as the "First Aid Law," permitting compensation for healthcare contracted by physicians with probated payment. The passage of this Act was in great part due to the efforts of a number of Pierce County physicians.

The Medical Society immediately took advantage of the opportunities presented by the new law. Doctor Gove gave this account of a special meeting called May 29th, 1919...

"The purpose of the meeting was to discuss and take action upon the desirability of the Society itself entering into Industrial Insurance Contracts under the new First Aid Law. The following resolution was unanimously

carried.

"Whereas a medical aid law has been passed in this state which provides and legalizes a contract system and individual choice of physicians for medical and hospital care of injured workmen; and whereas it is manifest that the contract practice shown will be permanent...

"Therefore be it resolved that the Medical Society of Pierce County, for the best interest of its members, organize an industrial service bureau supervised by the Board of Trustees of the Society, which Bureau will have full powers to make contracts for the Society with employers and employees and to supervise the management of such Bureau.

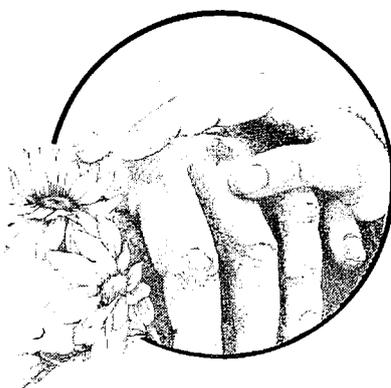
"Be it futher resolved that such Bureau be operative at once."

When it was incorporated two weeks later, the Bureau was

Continued on page 18

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Medical Director, John Atkinson, M.D.

financed by the offering of \$1000 work of stock at \$5.00 per share, with an original ten shareholders in at 20 shares each. It was incorporated to... "own, operate and conduct hospitals, drugstores and medical dispensaries, ambulances and ambulance service."

The Bylaws read as follows: "The intention of this company is not primarily for profit, but to secure to the members of the medical profession who are stockholders of this company, the right to practice their profession in conjunction with the so-called First Aid Law of the State and to make contracts with employees of labor and their employers for service under such First Aid Law and for services outside the First Aid Law and to use this corporation as a means of contract and collection."

Doctor Royal Gove, Secretary-treasurer of the Society, then was elected Secretary-treasurer of the Bureau. In September, in his first quarterly report, he noted the slow process of obtaining contracts. A month later it was reported that the Bureau had received \$285 from the sale of shares to 57 doctors, and that an agent was appointed for solicitation of contracts on a commission of 40% of the first month's collections.

In April, 1918, Doctor Gove reported that there were not 2,500 patients under contract with the Bureau. He then referred to the fact that the Bureau, when organized, was formed for the purpose of "providing a means so that all physicians in Tacoma who belong to the Bureau would get a share of the work," and added..."Experience, however, has shown that it has been very unevenly divided: one physician in particular, Dr. Kunz, has gotten much the largest share." (Kunz was not present at this meeting).

Dr. LaGasa then stated that one of the reasons he (LaGasa) secured the larger share of the work was because he had longer office hours.

Dr. Hunter suggested that one

way to obviate having two or three men get the most of the money was to divide it evenly at the end of the month among all the members of the Bureau who were in active practice.

Dr. Robertson offered his opinion that this course would not be for the best interests of the Bureau.

Dr. McCreery stated that he believed that getting the work by the members of the Bureau was largely a matter of personal friendship, and pointed out that Kunz was a good friend of the shipbuilding company's personnel director.

Dr. Houda remarked that the weakest part of his corporation was the possibility that some doctor could arrange it so he got most of the business, and perhaps a central Bureau within the Bureau could be arranged so that the work could be more evenly divided.

Dr. Mary Perkins stated that

she had gotten no work and considered the \$5 she had paid for stock to be a total loss!

At the meeting of October, 1918, the matter was again discussed...

Dr. Houda moved that no physician shall draw more than \$100 a month for his services through the Bureau."

Dr. Kunz stated that it was only fair for the physician doing the work to be paid for all he had done.

Dr. Houda argued that if one man had much the largest amount of work, he should turn over the balance to some other member of the Bureau.

Dr. Bell's opinion was the fault lay with the industrial plants, and that the plants should distribute cases evenly.

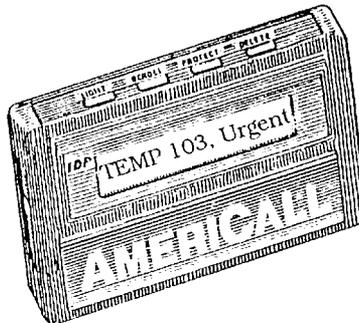
The motion was made and carried that cards be printed listing the physician members of the Bureau, and distributed to the men at the industrial plants so that they



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could make their own choice of physicians..."in accordance with provisions of the First Aid Law."

The Police Contract was also discussed, and it was decided that there were "too many chronic ailments among the policemen to make this contract a paying proposition and that it is better not to try to make a new contract."

At the annual meeting held October, 1919, Dr. Gove submitted his report as treasurer of the Bureau...noting that the business done by the various doctors of the Bureau during the year had totalled \$13,569.05, and disbursements among the 62 doctors were listed. The amounts received by the first three doctors were as follows: Dr. Kunz \$3,042; Dr. LaGasa \$1,635; Dr. McNerthney \$1,354.50. The next highest amount was \$397.50 paid to Dr. Quevli.

Dr. Gove then made his last remarks as Secretary of the Bureau..."Gentlemen, a survey of our work since organization of the Bureau demonstrates that the purpose for which it was formed, namely, the securing of a share of the industrial work which otherwise would have been taken over by two or three contract physicians of Tacoma, has been eminently successful." □

Reprinted from: *The Bulletin*, 1976, with a special thanks to Larry Evoy and Hugh Williamson for providing access to the old Bureau ledger.

## FIELD DAY

Plan for Sept. 25th

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# The Fable of Aesculapius and the DRaGons

By Bruce W. Jafek, MD

Once upon a time, in a far away land, lived a well intentioned, but often bumbling King Sam. Sam had a dedicated group of loyal knights, clad in white, of course, to distinguish the "good guys," led by the valiant Sir Aesculapius. Aesculapius led the knights hither and yon to confront the kingdom's problems, often donating his time to help the older or poorer members of the kingdom. And all was well in the land.

One day King Sam decided to improve the lot of his subjects by paying for increased knight care. He called his program "Sam Cares" for the older subjects and "Sam Aides" for the younger, poorer subjects. Sir Aesculapius and his colleagues, the Associate Members of Aesculapius (AMA) warned mightily of the cost of the program, but King Sam prevailed, dubbing his idea the "Great Society." And all was in turmoil in the kingdom.

To begin his program, Sam decided to provide a knight for each village, but a soothsayer with a crystal ball reported that there were not enough knights to go around. So Sam proclaimed a shortage and built new knight schools. But the new knights stayed in the castle. And the villagers were still without knights. And Sam levied new taxes on his people to pay for his increasingly expensive program. And all was less well in the kingdom.

To control his new knights, and new knight schools, and other aspects of the increasingly expensive knight care, Sam sought out a group of DraGons (in consultation with his soothsayers, of course) and had them become

his trusted "enforcers." As the knights and DRaGons did battle, Sam asked for even more voluminous reports from the battle fields. Analyzers were hired (known only by mysterious names, such as PRO, and the like) with improved crystal balls and offered charts and graphs to the soothsayers as to the accuracy of the reports. Extensive reports were analyzed, filed, and preserved in the castle. Soon, the knights and DRaGons were so busy reporting and the analyzers and soothsayers so busy analyzing that no one was about to help the subjects. And all was less well in the land.

Next Sam accused the DRaGons of not being complete; he accused the knights of using lances that were too sharp, too fancy, or too expensive. He accused the analyzers of being too numerous and manipulating the reports for personal gain. He hired more soothsayers, required more reports, and wondered why the costs mounted. All was less well in the land.

In desperation, Sam tried to sell everything to a neighboring king.

But he found that the wiser King Hugh Manna wanted only the hearty subjects and the stronger knights, and wanted nothing at all to do with DRaGons or soothsayers (although they would accept a few clerks).

Finally, Sam called the leftover DRaGons, analysts, and soothsayers to the castle to review all the reports. But the fire breathing DRaGons set fire to the reports, burning the castle and injuring many subjects, leaving Sam bereft of resources. Sam and the subjects yearned for the "good old days" when friendly sir Aesculapius journeyed through the kingdom helping the needy. But all was chaos in the kingdom.

*Moral of the story:* DRaGons will always be draggin' and won't help subjects get better knight care.

Reprinted from *EAR, NOSE and THROAT Journal*, Vol 66, Feb. 1987.

*Bruce W. Jafek, MD, is chairman, Department of Otolaryngology/Head and Neck Surgery, University of Colorado School of Medicine, Denver, Colo.*



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# Auxiliary News

## Thank You Myrna Nagle & Susie Wiese.

A big thank you is long overdue to both Susie and Myrna for coordinating the coalition for the Fashion Event which was held at the Tacoma Dome, March 18. It was a huge success, and they did an outstanding job! Thank you!

## Nominating Committee Report

On Feb. 2, 1987, the following slate of officers was presented to and approved by the PCMS Auxiliary Board members.

President, *Bev Graham*  
President-Elect, *Kris White*  
1st Vice President,  
Program, *Mary Lou Jones*  
2nd Vice President,  
Membership, *Candy Rao*  
3rd Vice President, Bylaws &  
Historian, *Joan Iverson*  
4th Vice President,  
Arrangements, *Nancy Rose*  
Recording Secretary, *Pat Kesling*  
Corresponding Secretary, *Bev Law*  
Treasurer, *Alice Yeh*  
Dues Treasurer, *Helen Whitney*

## Potluck and Special Walk coming up May 15.

On Friday, May 15, a special walk and potluck lunch are planned for the last Auxiliary meeting of the year. It will be held at Titlow Beach Park, 8355 6th Ave., Tacoma.

We'll begin our walk at 10:30 a.m. with lunch to follow. Kids and

strollers are welcome, and if it is a nice day, they'll love it! Plan to bring your potluck dish of salad, sandwiches, or even a casserole and relax with old and new friends before the busy (or lazy) times of summer catch up with us.

It promises to be a fun day! Look for further announcements in the "PULSE" or call Rubye Ward, 272-2688; Alice Yeh, 565-6929 or Mimi Jurgens, 1-851-5720 for reservations. There will be signs directing you to the exact meeting spot inside the Beach Park.

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# Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented.

As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.



William J. Crabb, MD., Emergency Medicine. Born in Spokane, WA 11/6/50; University of Oregon Health Sciences, 1978;

internship, Maricopa Medical Center, 7/78 - 6/79; residency, Maricopa Medical Center, 7/79 - 6/80, radiology; Washington State License, 1986. Dr. Crabb is currently practicing at 315 South K St., Tacoma.



John E. Bruce, D.O. Emergency Medicine. Born in Spokane, WA, 5/17/52; University of Health Science College of Osteopathic Medicine, Kansas

City, MO., 1980; internship, William Beaumont Army Medical Center, 7/80 - 6/81; residency, Brooke Army Medical Center 7/82 - 6/84; Washington State License, 1985.



Lawrence A. Price, MD, Family Practice. Born in Berkeley, CA, 2/12/41; McGill University, 1966; internship, St. Luke's Roosevelt Hospital, 7/66-6/67;

residency, St. Luke's Roosevelt Hospital, 7/67 - 6/68; Washington State License, 1987. Dr. Price is currently practicing at 721 S.Fawcett, Tacoma

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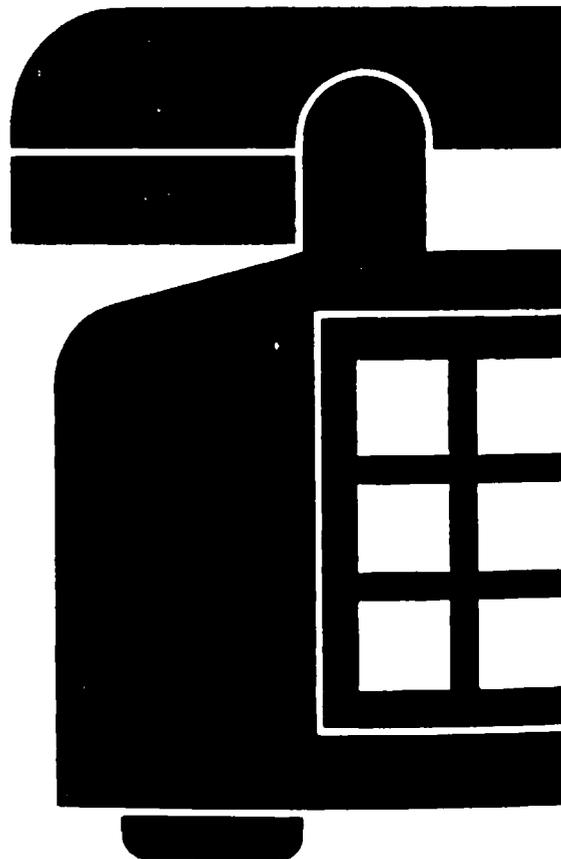
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# Medical Society of Pierce County

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## GENERAL MEMBERSHIP MEETING

**Tuesday, May 12, 1987**

(Sanctions...PRO's and HCFA...Laws and Regulations  
Pre Admission Review...Morbidity/Mortality)

Speaker: Mr. Larry Camp  
Chief, Medical Review Branch, Division of Health Standards & Quality  
Health Care Finance Administration (HCFA)

**DATE:** *Tuesday, May 12, 1987*  
**TIME:** *6:00 p.m. No host cocktails*  
*6:45 p.m. Dinner*  
*7:45 p.m. Program*  
**PLACE:** *Executive Inn*  
*(5700 Pacific Highway E.)*  
**COST:** *\$14.50 per person*

**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 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, May 8*

---

### REGISTRATION:

Yes, I (we) have set aside the evening of May 12, to join my fellow Society members for the presentation of Mr. Larry Camp.

Please reserve \_\_\_\_\_ dinner(s) at \$14.50 per person. (tax and gratuity included)

Enclosed in my check for \$ \_\_\_\_\_

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

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

*RETURN TO MSPC NO LATER THAN FRIDAY, MAY 8*

# Classifieds

## Physician Needed

**Family Practice** - Excellent opportunity with Seattle's leading provider of Family Practice. Positions available throughout greater Seattle. Current license BC/BE in family practice. Attractive salary incentive/benefits. Contact CHEC Medical, 2200 6th Ave., #225, Seattle, 98121, Debbie Phillips (206) 728-6888.

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**Physician Opening** - Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, MD, at 5900 100th St. SW, Suite 31, Tacoma, WA 98499. Phone (206) 584-3023 or 582-2542.

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**Pacific Northwest Opportunities** - We have openings in the Pacific Northwest and California. Let us assist you. No fee to physician. Call or send CV to : Archelle Reynolds, Western States Physician Service, 9605 Sunrise Beach DR. NW, Gig Harbor, WA 98335. (206) 851-6201.

## Practices Available

**MD, Internal Medicine** - BC/BE to take over established practice in SW King County. Call Administrator. 248-4550.

## Positions Wanted

**Board certified general internist** - 40, seeks practice opportunity in the Tacoma area. Group arrangement preferred. Would also consider summer of full year locum tenens or practice swap (Northern California). Reply to Internist, P.O. Box 927, Healdsburg, CA 95448.

## Equipment

**Retiring?** Call us regarding surplus equipment. Call 453-8892.

### Office Equipment

Retired physician, All proceeds go to St. Leo's Neighborhood clinic. Call the Medical Society, 572-3667.

**Surplus Medical Equipment.** Large inventory of diagnostic, office and home care equipment. Prices extremely reasonable. Call Lynda (206) 453-8892.

**Auction.** Large six-hospital surplus equipment auction. Medical/surgical, laboratory, patient care equipment, dietary, much more. June 6, 1987. Seattle, WA. Call (206) 453-8892 or (206)839-9696.

**Used Medical Equipment.** Exam Tables, electric minor surgery table, centrifuges, vision tester, hemoglobin and bloodsugar machines, uterine evacuation suction machine, treatment stands, cervical dilator, vag. speculum and more. Very good condition and prices. For written inventory and price list contact B. Earling, 3775 Southwest 319th St., Federal Way, 98023, or call 838-5134.

## Office Space Available

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## General

**Floral Arrangements** - For your convenience, fresh floral arrangements are available for delivery at Tacoma General and Mary Bridge. Tacoma General Hospital Gift Shop, 594-1000.

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News from  about a new dosage form of cephalexin

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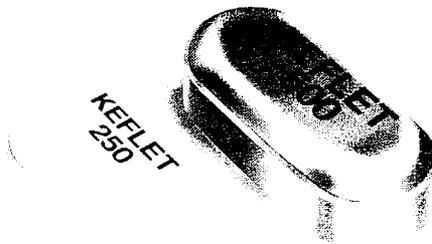
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## Brief Summary. Consult the package literature for prescribing information.

**Indications and Usage:** Keflet™ Tablets (cephalexin, Dista) are indicated for the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Respiratory tract infections caused by *Streptococcus pneumoniae* and group A  $\beta$ -hemolytic streptococci (Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. Keflet is generally effective in the eradication of streptococci from the nasopharynx; however, substantial data establishing the efficacy of Keflet in the subsequent prevention of rheumatic fever are not available at present.)

Otitis media due to *S pneumoniae*, *Haemophilus influenzae*, staphylococci, streptococci, and *Neisseria catarrhalis*

Skin and skin-structure infections caused by staphylococci and/or streptococci

Bone infections caused by staphylococci and/or *Proteus mirabilis*

Genitourinary tract infections, including acute prostatitis, caused by *Escherichia coli*, *P mirabilis*, and *Klebsiella sp.*

**Note**—Culture and susceptibility tests should be initiated prior to and during therapy. Renal function studies should be performed when indicated.

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

**Warnings:** BEFORE CEPHALEXIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN CEPHALOSPORIN DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES.

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Any patient who has demonstrated some form of allergy, particularly to drugs, should receive antibiotics cautiously. No exception should be made with regard to Keflet.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semi-synthetic 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.

**Usage in Pregnancy:**—Safety of this product for use during pregnancy has not been established.

**Precautions:** **General:**—Patients should be followed carefully so that any side effects or unusual manifestations of drug idiosyncrasy may be detected. If an allergic reaction to Keflet occurs, the drug should be discontinued and the patient treated with the usual agents (eg, epinephrine or other pressor amines, antihistamines, or corticosteroids).

Prolonged use of Keflet 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 anti-globulin 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.

Keflet 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.

Indicated surgical procedures should be performed in conjunction with antibiotic therapy.

As a result of administration of Keflet, 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**—The daily oral administration of cephalexin to rats in doses of 250 or 500 mg/kg prior to and during pregnancy, or to rats and mice during the period of organogenesis only, had no adverse effect on fertility, fetal viability, fetal weight, or litter size. Note that the safety of cephalexin during pregnancy in humans has not been established.

Cephalexin showed no enhanced toxicity in weanling and newborn rats as compared with adult animals. Nevertheless, because the studies in humans cannot rule out the possibility of harm, Keflet should be used during pregnancy only if clearly needed.

**Nursing Mothers**—The excretion of cephalexin in the milk increased up to 4 hours after a 500-mg dose; the drug reached a maximum level of 4  $\mu$ g/mL, then decreased gradually, and had disappeared 8 hours after administration. Caution should be exercised when Keflet is administered to a nursing woman.

**Adverse Reactions:** **Gastrointestinal**—Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely. The most frequent side effect has been diarrhea. It was very rarely severe enough to warrant cessation of therapy. Dyspepsia and abdominal pain have also occurred. As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.

**Hypersensitivity**—Allergic reactions in the form of rash, urticaria, angioedema, and, rarely, erythema multiforme, Stevens-Johnson Syndrome, or toxic epidermal necrolysis have been observed. These reactions usually subsided upon discontinuation of the drug. Anaphylaxis has also been reported.

Other reactions have included genital and anal pruritus, genital moniliasis, vaginitis and vaginal discharge, dizziness, fatigue and headache, eosinophilia, neutropenia, thrombocytopenia, and slight elevations in SGOT and SGPT have been reported.

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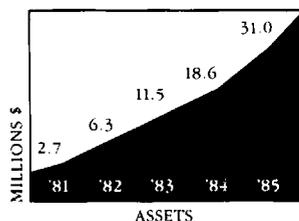
Additional information available to the profession on request from

**Dista Products Company**  
Division of Eli Lilly and Company  
Indianapolis, Indiana 46285  
Mid by Eli Lilly Industries, Inc.  
Carolina, Puerto Rico 00630

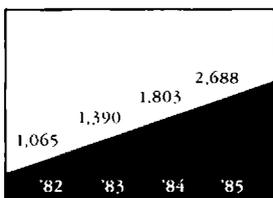
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# PHYSICIANS INSURANCE

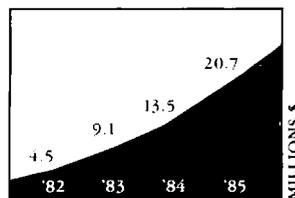
WASHINGTON STATE PHYSICIANS INSURANCE FUND EXCHANGE & ASSOCIATION



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(206) 728-5800 1-800-732-1148

## What's new for physicians at St. Joseph Hospital?

- ◆ **Mobile Lithotripsy Unit** for non-surgical treatment of kidney stones; service begins this spring.
- ◆ **CT Quick Scanner** (GE 9800 Quick) and complementary software, unique in the Puget Sound region; low-cost, accurate osteoporosis screening; 3-D reconstruction for craniofacial reconstruction and orthopedic surgery.

- ◆ **Tacoma Treatment Center** for comprehensive outpatient care of oncology patients and others needing IV therapy.
- ◆ **Home Health Service** providing a range of services within the home setting at lower cost than hospitalization.



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# MSPC

◆ A publication of the Medical Society of Pierce County ◆

VOL. 2, NO. 5

705 South 9th, Suite 203  
Tacoma, Washington  
572-3667

JULY, 1987

## REGISTERED TO VOTE?? INITIATIVE 92!!

Many critical issues will face the voter stepping into the voting booth November 3. One of them will be INITIATIVE #92. Initiative 92 would make it a violation of the Consumer Protection Act for a medical doctor, osteopath, chiropractor, podiatrist, dentist, or optometrist to charge a Medicare-eligible patient in excess of Medicare's "reasonable"-charge for that service and to fail to enroll, or continue, as a "participating" physician if treating Medicare-eligible patients.

Seniors and disabled people who have health insurance other than Medicare or want to pay their own bills will not be able to see a physician who chooses not to participate in the Medicare program under Initiative 92.

Every vote will count. Will yours? If you are not a registered voter, please make an effort to REGISTER 30 days prior to the election and at least 45 days prior to the election if you will be voting on an absentee ballot.

If you don't know where to register, call the Medical Society for the nearest place to register. If you have recently moved, just call the Election Department, 591-7430 to have your records transferred without having to re-register.

If you would like an absentee ballot drop by or write: Pierce County Election Dept., 2401 South 35th St., Room 200, Tacoma, WA 98409-7484.

## INITIATIVE 92

As stated in the above article, on November 3, Washingtonians will vote on Initiative 92.

WSMA Board of Trustees and staff have prepared a packet of information on Initiative 92. You will be receiving it in early July.

Please read it and become familiar with it.

It is important that you start talking to your patients on the impact of this Initiative. This is a matter that should be a federal issue rather than decided at the state level.

HOW IS INITIATIVE 92 GOING TO IMPACT YOUR PATIENTS, YOUR PRACTICE, YOU, YOUR FUTURE? THINK ABOUT IT. IT SHOULD BE WORTH THE EFFORT TO GO AND REGISTER TO VOTE.

## 1987 WSMA ANNUAL MEETING TACOMA SHERATON SEPTEMBER 17-20

Plan on attending the 1987 WSMA Annual Meeting to be held in Tacoma, September 17-20. The House of Delegates will convene at 1:30 p.m., Thursday, September 17; with the second session Saturday morning and afternoon, September 19; and final session Sunday morning, September 21.

All members are invited to attend and see Democracy in action. The Reference Committees will meet Friday morning, September 18. This is an opportunity to voice your opinion on issues of importance to you.

If you would like to submit a Resolution for introduction to the House of Delegates, please submit it to the Medical Society office prior to August 1.

Continued on Page 9

JULY, 1987

## POSITIONS AVAILABLE

The Department of OB/GYN at Madigan Army Medical Center, Tacoma Washington has an immediate opening for the civilian position of Medical Officer (OB/GYN). Beginning salary is \$55,225 per annum. Incumbent has responsibility for the examination, diagnosis and treatment of the full range of outpatients seen in the clinic. Performs minor office surgical procedures such as endometrial biopsies. Contact Kathleen Derry at Fort Lewis Civilian Personnel Office at (206) 967-2131 for further information and government application forms.

WESTERN CLINIC, a large multispecialty clinic, is seeking physicians for the following positions: Family Practice at Port Clinic Facility - No night or weekends; no OB. General Internal Medicine - at Tacoma facility. Ob-Gyn - for both Tacoma and Gig Harbor facilities. Family Practice with OB - at Tacoma facility. All positions offer excellent starting salary, fringe benefits, and partnership potential. Contact William Brand, M.D., c/o the Western Clinic, 521 South "K" Street, Tacoma, WA 98405, 206-627-9151.

FAMILY PRACTICE - Excellent opportunity with Seattle's leading provider of Family Practice. Positions available thru out greater Seattle. Current license BC/BE in family practice. Attractive salary incentive/benefits. Contact CHEC Medical, 2200 6th Avenue, #225, Seattle 98121, Debbie Phillips (206) 728-6888.

Full time position available for general practice M.D. in Gig Harbor Clinic, affiliated with G.H. physicians, needed by August 1987. Contact James Patterson, M.D. (206) 851-5121.

Physician Opening. Ambulatory care/minor emergency center. Full/Part time for FP/IM/EM trained, experienced physician located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900 100th Street S.W., Suite 31, Tacoma, Washington 98499. Phone (206) 584-3123 or 582-2542.

Lakewood Hospital, South Puget Sound, recruiting for associates in: FAMILY PRACTICE and INTERNAL MEDICINE; is a 95-bed acute care surgical, medical and obstetrical hospital which has a new facility due for early '88 completion. In addition, a very busy associate physician wishes to retire from his solo practice in INTERNAL MEDICINE. This practice, which was established and has run consistently since 1966, is for sale. BC/BE respond to Genie Latta, Physician Recruitment, Lakewood Hospital, 5702 100th St. S.W., Tacoma, WA 98499-0998, (206) 588-1711.

Family Practice Physician - 2 full time positions in growing community health center in King County. Competitive salary, malpractice paid by employer, deferred compensation plan available, health benefits. First position in Auburn/Federal Way area

and includes some low risk obstetrics. The second position is in Bellevue and currently includes no obstetrics. Provide comprehensive range of primary health services to patients of all ages, in patient care as required, nurse practitioner consultation, participate in a shared call system. Board eligible or certified in family practice. Send resume or VITA to SKCCHC 1025 South 3rd, Renton, Washington 98055 or call Jim Bauman or Molly Lanegraff at 206-226-7039.

Immediate Openings - Full time and part time positions and directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice, flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405 ask for Ginger.

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MILES TO GO!!

Dr. Dave Pomeroy, Gig Harbor Family physician, who is biking his way across America, called the Society office on June 10 to say all is going well. He expressed his thanks to all those who pledged contributions enabling him to make the trip.

St. Mary's in Glacier National Park.

He did say that Stevens Pass was a challenge, but the stiff head-wind from Coulee City to Spokane (100 miles) was a bit tiring. The riders have been averaging 80-85 miles per day.

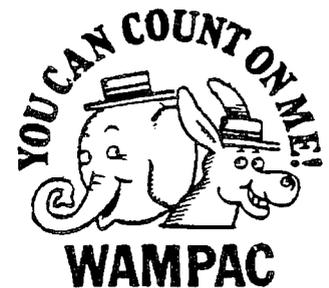
If you would like to help Dave reach the \$10,000 mark, you can send your tax deductible contribution to his office at: 5122 Olympic Dr. N.W., #203, Gig Harbor, WA 98335.

The group of 190 riders who have pledged over 1.2 million dollars to the American Lung Association were into their second week of riding. They expect to arrive in Atlantic City, New Jersey on July 16.

The trip organization has been superb, Dave reports, with excellent back up support for the riders.

Dave has been one of the more successful fund raisers among the riders. He says he is just \$1,000 short of reaching \$10,000 and wants all of his colleagues and supporters to know that he is still accepting pledges.

Dave reported that the weather has been beautiful and he was preparing to pitch tent that evening at



Continued

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**ADVERTISING AND NEWSLETTER COPY MUST ARRIVE IN THE SOCIETY OFFICE BY THE 15TH DAY OF THE MONTH PRECEDING THE PUBLICATION DATE. ADVERTISEMENTS IN THIS NEWSLETTER ARE PAID AND NOT NECESSARILY ENDORSEMENTS OF SERVICES OR PRODUCTS**

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## EQUIPMENT

Office Equipment: Sterilizer, centrifuge, incubator, lab equipment, exam tables, much more. Call 453-8892.

Antique exam tables. Call 453-8892.

Two complete treadmill systems with monitor and defibrillator. Call 453-8892.

## PRACTICES AVAILABLE

### OFFICE SPACE

Professional office space 3 blocks from Allenmore Medical Dental Building. Approx. 1,100 square feet remaining. Generous leasehold improvements \$11 per square foot.

### POSITIONS WANTED

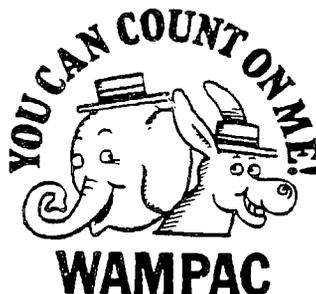
Searching for that special physician? We have physicians looking for N.W. opportunities. Let us use our extensive data base & national contacts to find the right person for you. Call: Western States Physician Services, Archelle Reynolds (206) 851-6201.

In-Patient Psychiatrist. Fee for service. Hospital will handle billing and collection. Possibility of development of outpatient practice. Weekend psychiatrist 8:00 a.m. Saturday to 8:00 p.m. Sunday. Salary and benefits competitive. Contact John E. Kooiker, M.D. at Medical Director Psychiatry Unit, St. Peter Hospital, 413 North Lilly Road, Olympia, WA 98506, (206) 456-7060.

### GENERAL

Accounts Receivable up - or mixed up? Cash flow down? Call SE RE'CO Associates to help you find out why. We are specialists in retrieval with management techniques for bookkeeping, office management, insurance claims, accounts receivable and payable. (206) 927-6540.

NEW ADDRESS AND PHONE NUMBER FOR DR. CARL A. PLONSKY:  
1530 South Union, Suite #1, Tacoma, Washington 98405, 759-3333.



BOARD ACTIONS  
JUNE 2, 1987  
GOOD SAMARITAN HOSPITAL

Present were: Drs. Bowe (President), P. Marsh, Schneider, Halstead, Hawkins, Duenhoelter, Wm. Jackson, Whitney, Knight, G. Anderson and Mrs. Beverly Graham: Drs. Winemiller, A. White and Hautala; Dr. DeMaurice Moses, Guest; Mr. Jackman. A quorum was present.

**Finance Report...**

The fund balance as of April 30 was \$134,553 as compared to \$121,004 at the same time in 1986. It was reported that the Society had achieved 95.4% of its projected paid memberships for 1987 fiscal year.

Society membership was reported to be 614 which includes applicants and 16 who had yet to renew their 1987 membership.

**Black Infant Mortality...**

Dr. DeMaurice Moses, Chairman, Black Infant Mortality Task Force which was appointed by Dr. Bowe to study reports that black babies are dying at twice the rate of white babies in Pierce County. It is reported that this is true particularly in Tacoma, because many of their mothers cannot get medical care during their pregnancies.

Dr. Moses reported that he had studied the death certificates of the 18 black infants who had died in 1985 and the Committee was continuing its study.

The Committee had not reached a definitive conclusion for the cause of deaths.

Board members recommended that a representative of MAMC be asked to serve on the Committee and Dr. Al Allen, County Health Officer be asked to provide some assistance in securing the necessary information for the Task Force.

Dr. Bowe and Board members thanked Dr. Moses and the Committee for their efforts.

**Auxiliary Report...**

Mrs. Beverly Graham, Auxiliary President reported that Mrs. Sally Larson had volunteered to again serve as co-chair of the Tacoma Mall Health Fair. Sally, has been the driving force behind the Auxiliary/Society booth for the past three years. She has asked that a physician co-chair the activities this year. Dr. Bowe noted that he will ask a physician to serve with her.

**Grievance Committee...**

Dr. Hawkins, Chairman, reported that the Grievance Committee passed a recommendation to the Board of Trustees that, "WHEN A PHYSICIAN HAS A WRITTEN GRIEVANCE BROUGHT AGAINST HIM, THE EXECUTIVE DIRECTOR OF THE MEDICAL SOCIETY WILL ROUTINELY SCREEN THE GRIEVANCES FROM THE PRIOR FIVE YEARS. PHYSICIANS FOUND TO HAVE THREE OR MORE GRIEVANCES IN A CONSECUTIVE FIVE YEARS PERIOD WILL HAVE THOSE GRIEVANCES INCLUDED

AS A PART OF THE CURRENT GRIEVANCE. THOSE PRIOR COMPLAINTS WILL BE EVALUATED IN CONJUNCTION WITH THE CURRENT GRIEVANCE IN AN EFFORT TO DELINEATE REPEAT OFFENDERS. DECISION RELATIVE TO THE CURRENT GRIEVANCE BY NECESSITY WILL INCLUDE OUTCOMES FROM PRIOR GRIEVANCES." Dr. Hawkins made a motion that "THE RECOMMENDATION OF THE GRIEVANCE COMMITTEE BE ADOPTED BY THE BOARD OF TRUSTEES."

The motion was seconded and approved.

**EMS Committee...**

It was reported that the Committee had approved a Paramedic Recertification Process which would make certain that paramedics are kept current at all times.

**Public Health/School Health Committee...**

Three cases of measles in the Puyallup School District were reported. Dr. Torgenrud, Committee Chairman will write a letter to all school district superintendents urging all school staff and students be immunized.

**Pierce County Medical Library...**

The Board reviewed the results of the membership survey and Dr. Bodily made a motion that, "THE BOARD OF TRUSTEES ACCEPT THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE THAT 'THE LIBRARY COMMITTEE PROCEED WITH REORGANIZATION OF THE LIBRARY TO

Continued on Next Page  
JULY, 1987

IMPROVE ITS ORGANIZATIONAL STRUCTURE AND CLARIFY ITS LINES OF AUTHORITY.'" The motion was seconded and unanimously approved.

After further discussion a motion was made by Dr. Hawkins, that "THE BOARD OF TRUSTEES ACCEPT THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE THAT 'THE MEDICAL SOCIETY IS COMMITTED TO FUNDING OF THE PIERCE COUNTY MEDICAL LIBRARY PROVIDED THAT THE SOCIETY HAVE THE ABILITY TO CONTROL ITS LEVEL OF CONTRIBUTIONS TO THE SUPPORT OF THE LIBRARY.'" The motion was seconded and unanimously approved.

MBI Endorsement Policy... The Board of Trustees adopted a motion that, "THE MEDICAL SOCIETY OF PIERCE COUNTY SUPPORTS ENDORSEMENTS BY MEMBERSHIP BENEFITS, INC. OF PRODUCTS AND SERVICES WHICH ARE DIRECTLY RELATED TO THE PRACTICE OF MEDICINE." The motion was seconded and unanimously approved.

The motion was a result of discussion at the May Board meeting on the merits of MBI endorsing certain products and services.

MSPC/Hospital Administrator Meetings... Dr. Bowe reported on his, Dr. Bill Jackson and Mr. Jackman's meetings with Mr. John Long and Mr. Barry Connoley, administrators of St. Joseph Hospital and Multicare Medical Center respectively.

The heart of the discus-

sions, Dr. Bowe reported, centered on the current and future EMS system in Pierce County. Issues revolving around the Medical Library and the College of Medical Education were also discussed.

Dr. Bowe expressed his and the other participants satisfaction in the meetings and felt much had been accomplished by the conversations with John Long and Barry Connoley and staff. Meetings with all hospital administrators are planned.

TRANSLATORS/INTERPRETERS

Have you had a need for a translator or interpreter in your office practice lately? Do you see Cambodian, Vietnamese, Korean, or other ethnic groups that the services of a translator are necessary or would be helpful?

Dr. George Tanbara, the Medical Society and several organizations are trying to determine the need for interpreters in physician offices. Funds are being sought to establish a language bank where interpreters would be available on call for service in a hospital or doctors office.

If you have used an interpreter within the past six months, please call the Medical Society office and let us know.

**BOSSSES NIGHT  
OCTOBER 27**

The Pierce County Chapter of Medical Assistants is seeking physicians who would like to share their entertainment talents at the Chapter's Annual 'Bosses Night' on Tuesday, October 27. The event will be held at the Fircrest Golf Club. Bosses night is an annual event sponsored by PCCMA, which allows medical assistants an opportunity to thank their employers by attending an evening of entertainment, including cocktails, dinner and a short program.

This year, entertainment will be provided by various local physicians, in various capacities. If you are a doctor, or if you know a doctor who has talents to entertain others, please contact Mary Ann Matherne at 627-9184 or Sue Asher at the Medical Society office, 572-3709.

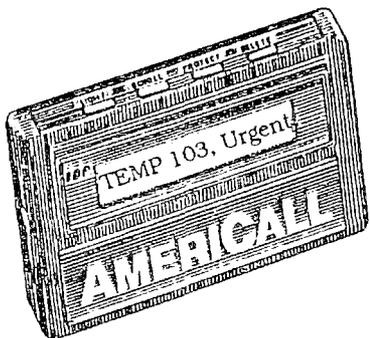
Also, if you would like to find out more about Bosses Night for you and your physician employer call Sue or Mary Ann. It's a great way to meet other physicians and their staff in addition to saying thank you to your employer.



# THE DOCTORS' EXCHANGE

ENDORSED BY THE MEDICAL SOCIETY OF PIERCE COUNTY

## ...Another First



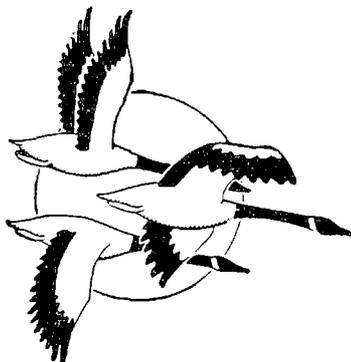
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### Membership Benefits, Inc. Medical Society of Pierce County

If you're looking for qualified employees, or have other personnel issues you need help with

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the Medical Society Office,  
Membership Benefits, Inc.

572-3709

Ask for Sharon

The Medical Society of Pierce County welcomes the following who have made application for membership into the Society. 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.

EDWARD L. BITSEFF, JR., M.D., Plastic Surgery. Born in Mt. Vernon, Washington, 2/17/48. Medical School, St. Louis University of Medicine, 1980; internship, Vanderbilt University, 7/80-67/81; residency, Vanderbilt University, 7/81-6/85; graduate training, Vanderbilt University, plastic surgery, 7/85-6/87. Washington State License, 1987. Dr. Bitseff is currently practicing at B-4008 Allenmore Medical Center, Tacoma.

NEWTON O. DUNCAN, III, M.D., Otolaryngology. Born in Bryan, Texas, 8/3/52. Medical School, Baylor College of Medicine, 1978; internship, Letterman Army Medical Center, 7/78-7/79; residency, Baylor College of Medicine, General Surgery, 7/82-7/83 and Otolaryngology-Head & Neck Surgery, 7/83-7/86. Washington State License, 1987. Dr. Duncan is currently practicing with Group Health Cooperative.

SANDRA B. EDMONDS, M.D., Emergency Medicine. Born in Alabama, 8/18/46. Medical School, University of Virginia School of Medicine, 1972; internship, Virginia Mason Hospital, 6/72-6/73; residency, Virginia Mason Hospital, Surgery, 7/73-7/74. Washington State License, 1974. Dr. Edmonds is currently practicing at Good Samaritan Hospital Emergency Room.

DON C. FISHER, M.D., Occupational Medicine. Medical School, University of Oklahoma Medical School, 1979; internship, Tulsa Medical College, 7/80-6/81; residency, Tulsa Medical College, 7/81-6/82 and University of Arizona, Family Practice and Occupational Medicine, 7/82-8/84. Washington State License, 1985. Dr. Fisher is currently practicing at 1718 South I Street, Tacoma.

LANCE E. MONROE, M.D., Addictive Diseases. Born in Paragould, Arkansas, 1/6/51. Medical School, University of Arkansas College of Medicine, 1976; residency, University of Arkansas, 7/76-6/77; graduate training, Naval Aviation Medical, 7/77-9/77 and addictive diseases, 10/80-10/81. Washington State License, 1986. Dr. Monroe is currently practicing at Puget Sound Hospital.

WERNER H. PETERS, M.D., Anesthesiology. Born in Bochum, West Germany, 11/22/52. Medical School, Ludwig-Maximilian University of Munich, School of Medicine, 1978 and Loyola University Stritch School of Medicine, 1983; internship, The University of Chicago, 6/83-6/84; residency, University of California, Anesthesiology, 1/85-1/87; graduate training, University of California, Physiology, 11/78-11/80. Washington State License, 1987. Dr. Peters is currently practicing at Good Samaritan Hospital.

EDWARD A. PULLEN, M.D., Family Practice. Born in Seattle, Washington, 9/2/54. Medical School, Tufts University Medical School, 1980; internship, Madigan Army Medical Center, 7/80-6/81; residency, Madigan Army Medical Center, 6/81-6/83. Washington State License, 1987. Dr. Pullen is currently practicing at 3908 10th Street S.E., Puyallup.

JON L. RUCKLE, M.D., Internal Medicine. Born in California, 4/29/51. Medical School, Loma Linda University School of Medicine, 11/30/80; internship, Loma Linda University Medical Center, Internal Medicine, 1/81-6/81; residency, Mayo Clinic, Internal Medicine, 7/81-6/84. Washington State License, 1987. Dr. Ruckle is currently practicing at 521 South K Street, Tacoma.

MBI has just mailed the 1987 salary survey questionnaire to all members. We hope all members will respond this year in order to provide information helpful in hiring new staff and when reviewing current staff for raises.

With your help in providing current staff salaries we will have the survey ready to send upon your request. It would be appreciated if you could complete the form and return it by July 15.

Thank you.

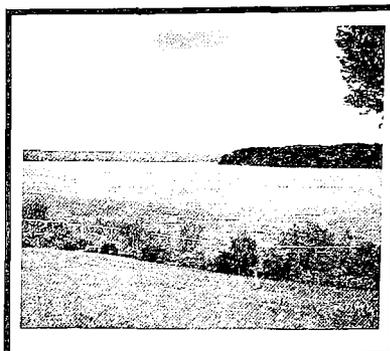
Some issues you might like to submit a Resolution on could be:

- PRO/W
- Medicare Reimbursement
- Smoking
- Hospital Bylaws
- AIDS
- Immunizations
- Fluoridation

More details on the Annual Meeting will be forthcoming from WSMA and MSPC.

ARE YOU AVAILABLE FOR LOCUM TENENS? If so, please contact the Society office, 572-3667.

DO YOU MAKE HOUSE CALLS? If so, please contact the Society office at 572-3667.



**MAGNIFICENT MARINE VIEW**

This 6-bedroom, 4-bath brick home site on over 1/2 acre in a very secluded setting just south of the Marrows Bridge in Tacoma. The view is unsurpassed! No power lines, trees or roof tops...just nature's beauty at its best! This 3,300 sq. ft. home also has an above-ground pool surrounded by decks, a 3-car detached garage, sunroom, rec. room and large, fenced yard with sprinkler system. The trees, shrubbery and flowers have been lovingly hand-picked over the years to add to the parklike serenity of this home. This offering is a rare opportunity. Priced at \$225,000. For an exclusive showing, call Spot Realty/Pentac, Inc., 858-8333 or 383-2064. Or, call John Mosich, evas. 383-5127. #40788.

**PHYSICIANS**

*Your Army Reserve Personnel Counselor would like to talk to you about the following opportunities in the US Army Medical Department:*

- PART-TIME INCOME**
- RETIREMENT POTENTIAL**
- POST EXCHANGE PRIVILEGES**
- INSURANCE DISCOUNTS**

- CONTINUING MEDICAL EDUCATION**
- ATTENDANCE AT AMA CONFERENCES**
- TRAINING AT U.S. ARMY HOSPITALS**
- ALL PAID FOR BY THE US ARMY RESERVE**



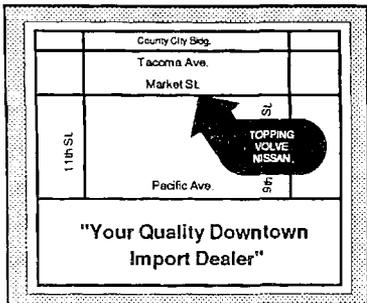
Major Paul H. Lawhon, MSC

206-967-5046

*Many groups TALK about building a better America-  
The Army Reserve WORKS at it.*

# LOOK INVENTORY REDUCTION SALE!

EVERY BRAND NEW CAR AND  
TRUCK IN STOCK SALE PRICED!  
SEE US TODAY...EASY TERMS!

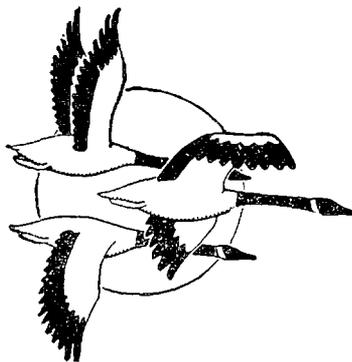


"Your Quality Downtown  
Import Dealer"

## TOPPING VOLVO-NISSAN

925 MARKET (DOWNTOWN) TACOMA  
572-3333

the 1988 Pocket Directory will be published in December as it is annually. The Pictorial Directory is not a replacement of the Annual Directory, but is published every three to four years in addition to the Pocket Directory.



## 1987 PICTORIAL DIRECTORY

As you know, the 1987 Pictorial Directory, featuring pictures of MSPC members, is in production. Distribution is scheduled for August, and production is going smoothly.

Thanks to all the members who helped our process by having their pictures taken, or submitting their own photos. We can take pictures until July 6 - so if you want to have your picture in the Directory, please call Sue, right now, at 572-3709.

The Pictorial Directory is being produced and printed locally this year under the direction of Membership Benefits, Inc (MBI), the subsidiary of the Medical Society of Pierce County (MSPC). Profits from the Directory support MSPC, in efforts to keep membership dues from being increased.

In 1984 The Pictorial Directory was produced by a California Company who realized and retained profits, photo's and all other pertinent information. Being produced locally and under the direction of MBI, the Medical Society will have access to the photographs, the profits, etc..

If you have any suggestions or comments regarding the Pictorial Directory, please contact your Society administration. It is your publication and suggestions are welcomed. In addition,

Continued

## Prodata Carefree Computing

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Carefree Computing delivers results  
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## AUXILIARY

### MSPC Auxilians Assume State Leadership Positions

Sharon Ann Lawson, President of the MSPC Auxiliary 1985-86 has been elected President-Elect of the Washington State Medical Association Auxiliary.

Cindy Anderson was elected First Vice President, and Alice Wilhyde will become News Editor of the WSMMA MedAux.

Congratulations to Sharon Ann, Cindy and Alice.

### ON TO CHICAGO FOR AUXILIARY MEMBERS

Pierce County will be represented at the AMA Auxiliary House of Delegates in Chicago, June 21-24 by Sharon Ann Lawson, WSMA Auxiliary President-Elect and Alice Wilhyde, MedAux News Editor for WSMMA.

Alice will be one of eight presenters of successful county projects at the annual program preview session. She will be presenting the Auxiliary membership phone-a-thon project.

The phone-a-thon was responsible for the sharp increase in Auxiliary membership.

## DIAPER RASH

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You can recommend professional diaper service with confidence.

- **Laboratory Controlled.** Each month a random sample of our diapers is subjected to exhaustive studies in a biochemical laboratory.
- **Utmost Convenience.** Thanks to pick up and delivery service, our product comes when you need it.
- **Economical.** All this service, all this protection against diaper rash costs far less than paper diapers -- only pennies more a day than home-washed diapers.

**CAUTION TO YOUR PATIENTS.** It is illegal to dispose of human excrement in garbage. Parents are doing this with paper/plastic diapers. "Disposable" is a misnomer.



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We are looking for dedicated physicians, physicians who want to be, not salesmen, accountants, and lawyers, but physicians. For such physicians, we offer a practice that is practically perfect. In almost no time you experience a spectrum of cases some physicians do not encounter in a lifetime. You work without worrying whether the patient can pay or you will be paid, and you prescribe, not the least care, nor the most defensive care, but the best care.

If that is what you want, join the

physicians who have joined the Army. Army Medicine is the perfect setting for the dedicated physician. Army Medicine provides wide-ranging opportunities for the student, the resident, and the practicing physician.

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you are currently in a residency program such as Orthopedics, Neurosurgery, Urology, General Surgery, or Anesthesiology, you may be eligible for the Army's Sponsorship Program.

Army Medicine offers an attractive alternative to civilian practice. As an Army Officer, you receive substantial compensation, extensive annual paid vacation, a remarkable retirement plan, and the freedom to practice without endless insurance forms, malpractice premiums, and cash flow worries.

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The practice that's  
practically all medicine.**

**CONTACT: AMEDD Personnel Counselor  
Building 138, Room 116  
Naval Support Activity (Sand Point)  
Seattle, WA 98115  
(206) 526-3548/3307**



Medical Society of Pierce County  
705 South Ninth Street, Suite 203  
Tacoma, WA 98405

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# MSPC

◆ A publication of the Medical Society of Pierce County ◆

VOL. 2, NO. 5

705 South 9th, Suite 203  
Tacoma, Washington  
572-3667

JULY, 1987

## REGISTERED TO VOTE?? INITIATIVE 92!!

Many critical issues will face the voter stepping into the voting booth November 3. One of them will be INITIATIVE #92. Initiative 92 would make it a violation of the Consumer Protection Act for a medical doctor, osteopath, chiropractor, podiatrist, dentist, or optometrist to charge a Medicare-eligible patient in excess of Medicare's "reasonable"-charge for that service and to fail to enroll, or continue, as a "participating" physician if treating Medicare-eligible patients.

Seniors and disabled people who have health insurance other than Medicare or want to pay their own bills will not be able to see a physician who chooses not to participate in the Medicare program under Initiative 92.

Every vote will count. Will yours? If you are not a registered voter, please make an effort to REGISTER 30 days prior to the election and at least 45 days prior to the election if you will be voting on an absentee ballot.

If you don't know where to register, call the Medical Society for the nearest place to register. If you have recently moved, just call the Election Department, 591-7430 to have your records transferred without having to re-register.

If you would like an absentee ballot drop by or write: Pierce County Election Dept., 2401 South 35th St., Room 200, Tacoma, WA 98409-7484.

## INITIATIVE 92

As stated in the above article, on November 3, Washingtonians will vote on Initiative 92.

WSMA Board of Trustees and staff have prepared a packet of information on Initiative 92. You will be receiving it in early July.

Please read it and become familiar with it.

It is important that you start talking to your patients on the impact of this Initiative. This is a matter that should be a federal issue rather than decided at the state level.

HOW IS INITIATIVE 92 GOING TO IMPACT YOUR PATIENTS, YOUR PRACTICE, YOU, YOUR FUTURE? THINK ABOUT IT. IT SHOULD BE WORTH THE EFFORT TO GO AND REGISTER TO VOTE.

## 1987 WSMA ANNUAL MEETING TACOMA SHERATON SEPTEMBER 17-20

Plan on attending the 1987 WSMA Annual Meeting to be held in Tacoma, September 17-20. The House of Delegates will convene at 1:30 p.m., Thursday, September 17; with the second session Saturday morning and afternoon, September 19; and final session Sunday morning, September 21.

All members are invited to attend and see Democracy in action. The Reference Committees will meet Friday morning, September 18. This is an opportunity to voice your opinion on issues of importance to you.

If you would like to submit a Resolution for introduction to the House of Delegates, please submit it to the Medical Society office prior to August 1.

Continued on Page 9

## POSITIONS AVAILABLE

The Department of OB/GYN at Madigan Army Medical Center, Tacoma Washington has an immediate opening for the civilian position of Medical Officer (OB/GYN). Beginning salary is \$55,225 per annum. Incumbent has responsibility for the examination, diagnosis and treatment of the full range of outpatients seen in the clinic. Performs minor office surgical procedures such as endometrial biopsies. Contact Kathleen Derry at Fort Lewis Civilian Personnel Office at (206) 967-2131 for further information and government application forms.

WESTERN CLINIC, a large multispecialty clinic, is seeking physicians for the following positions: Family Practice at Port Clinic Facility - No night or weekends; no OB. General Internal Medicine - at Tacoma facility. Ob-Gyn - for both Tacoma and Gig Harbor facilities. Family Practice with OB - at Tacoma facility. All positions offer excellent starting salary, fringe benefits, and partnership potential. Contact William Brand, M.D., c/o the Western Clinic, 521 South "K" Street, Tacoma, WA 98405, 206-627-9151.

FAMILY PRACTICE - Excellent opportunity with Seattle's leading provider of Family Practice. Positions available thru out greater Seattle. Current license BC/BE in family practice. Attractive salary incentive/benefits. Contact CHEC Medical, 2200 6th Avenue, #225, Seattle 98121, Debbie Phillips (206) 728-6888.

Full time position available for general practice M.D. in Gig Harbor Clinic, affiliated with G.H. physicians, needed by August 1987. Contact James Patterson, M.D. (206) 851-5121.

Physician Opening. Ambulatory care/minor emergency center. Full/Part time for FP/IM/EM trained, experienced physician located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900 100th Street S.W., Suite 31, Tacoma, Washington 98499. Phone (206) 584-3123 or 582-2542.

Lakewood Hospital, South Puget Sound, recruiting for associates in: FAMILY PRACTICE and INTERNAL MEDICINE; is a 95-bed acute care surgical, medical and obstetrical hospital which has a new facility due for early '88 completion. In addition, a very busy associate physician wishes to retire from his solo practice in INTERNAL MEDICINE. This practice, which was established and has run consistently since 1966, is for sale. BC/BE respond to Genie Latta, Physician Recruitment, Lakewood Hospital, 5702 100th St. S.W., Tacoma, WA 98499-0998, (206) 588-1711.

Family Practice Physician - 2 full time positions in growing community health center in King County. Competitive salary, malpractice paid by employer, deferred compensation plan available, health benefits. First position in Auburn/Federal Way area

and includes some low risk obstetrics. The second position is in Bellevue and currently includes no obstetrics. Provide comprehensive range of primary health services to patients of all ages, in patient care as required, nurse practitioner consultation, participate in a shared call system. Board eligible or certified in family practice. Send resume or VITA to SKCCHC 1025 South 3rd, Renton, Washington 98055 or call Jim Bauman or Molly Lanegraff at 206-226-7039.

Immediate Openings - Full time and part time positions and directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice, flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405 ask for Ginger.

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MILES TO GO!!

Dr. Dave Pomeroy, Gig Harbor Family physician, who is biking his way across America, called the Society office on June 10 to say all is going well. He expressed his thanks to all those who pledged contributions enabling him to make the trip.

The group of 190 riders who have pledged over 1.2 million dollars to the American Lung Association were into their second week of riding. They expect to arrive in Atlantic City, New Jersey on July 16.

Dave reported that the weather has been beautiful and he was preparing to pitch tent that evening at

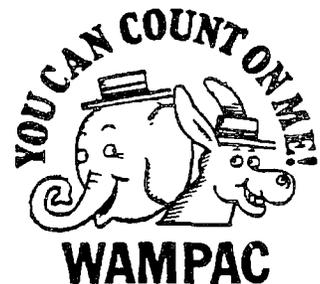
St. Mary's in Glacier National Park.

He did say that Stevens Pass was a challenge, but the stiff head-wind from Coulee City to Spokane (100 miles) was a bit tiring. The riders have been averaging 80-85 miles per day.

The trip organization has been superb, Dave reports, with excellent back up support for the riders.

Dave has been one of the more successful fund raisers among the riders. He says he is just \$1,000 short of reaching \$10,000 and wants all of his colleagues and supporters to know that he is still accepting pledges.

If you would like to help Dave reach the \$10,000 mark, you can send your tax deductible contribution to his office at: 5122 Olympic Dr. N.W., #203, Gig Harbor, WA 98335.



Continued

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**ADVERTISING AND NEWSLETTER COPY MUST ARRIVE IN THE SOCIETY OFFICE BY THE 15TH DAY OF THE MONTH PRECEDING THE PUBLICATION DATE. ADVERTISEMENTS IN THIS NEWSLETTER ARE PAID AND NOT NECESSARILY ENDORSEMENTS OF SERVICES OR PRODUCTS**

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## EQUIPMENT

Office Equipment: Sterilizer, centrifuge, incubator, lab equipment, exam tables, much more. Call 453-8892.

Antique exam tables. Call 453-8892.

Two complete treadmill systems with monitor and defibrillator. Call 453-8892.

## PRACTICES AVAILABLE

### OFFICE SPACE

Professional office space 3 blocks from Allenmore Medical Dental Building. Approx. 1,100 square feet remaining. Generous leasehold improvements \$11 per square foot.

### POSITIONS WANTED

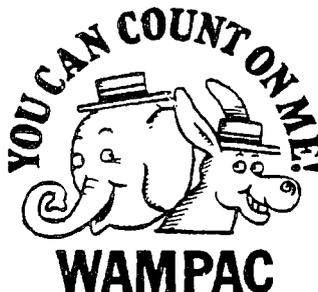
Searching for that special physician? We have physicians looking for N.W. opportunities. Let us use our extensive data base & national contacts to find the right person for you. Call: Western States Physician Services, Archelle Reynolds (206) 851-6201.

In-Patient Psychiatrist. Fee for service. Hospital will handle billing and collection. Possibility of development of outpatient practice. Weekend psychiatrist 8:00 a.m. Saturday to 8:00 p.m. Sunday. Salary and benefits competitive. Contact John E. Kooiker, M.D. at Medical Director Psychiatry Unit, St. Peter Hospital, 413 North Lilly Road, Olympia, WA 98506, (206) 456-7060.

### GENERAL

Accounts Receivable up - or mixed up? Cash flow down? Call SE RE'CO Associates to help you find out why. We are specialists in retrieval with management techniques for bookkeeping, office management, insurance claims, accounts receivable and payable. (206) 927-6540.

NEW ADDRESS AND PHONE NUMBER FOR DR. CARL A. PLONSKY:  
1530 South Union, Suite #1, Tacoma, Washington 98405, 759-3333.



BOARD ACTIONS

JUNE 2, 1987

GOOD SAMARITAN HOSPITAL

Present were: Drs. Bowe (President), P. Marsh, Schneider, Halstead, Hawkins, Duenhoeelter, Wm. Jackson, Whitney, Knight, G. Anderson and Mrs. Beverly Graham. Drs. Winemiller, A. White and Hautala; Dr. DeMaurice Moses, Guest; Mr. Jackman. A quorum was present.

**Finance Report...**

The fund balance as of April 30 was \$134,553 as compared to \$121,004 at the same time in 1986. It was reported that the Society had achieved 95.4% of its projected paid memberships for 1987 fiscal year.

Society membership was reported to be 614 which includes applicants and 16 who had yet to renew their 1987 membership.

**Black Infant Mortality...**

Dr. DeMaurice Moses, Chairman, Black Infant Mortality Task Force which was appointed by Dr. Bowe to study reports that black babies are dying at twice the rate of white babies in Pierce County. It is reported that this is true particularly in Tacoma, because many of their mothers cannot get medical care during their pregnancies.

Dr. Moses reported that he had studied the death certificates of the 18 black infants who had died in 1985 and the Committee was continuing its study.

The Committee had not reached a definitive conclusion for the cause of deaths.

Board members recommended that a representative of MAMC be asked to serve on the Committee and Dr. Al Allen, County Health Officer, be asked to provide some assistance in securing the necessary information for the Task Force.

Dr. Bowe and Board members thanked Dr. Moses and the Committee for their efforts.

**Auxiliary Report...**

Mrs. Beverly Graham, Auxiliary President reported that Mrs. Sally Larson had volunteered to again serve as co-chair of the Tacoma Mall Health Fair. Sally, has been the driving force behind the Auxiliary/Society booth for the past three years. She has asked that a physician co-chair the activities this year. Dr. Bowe noted that he will ask a physician to serve with her.

**Grievance Committee...**

Dr. Hawkins, Chairman, reported that the Grievance Committee passed a recommendation to the Board of Trustees that, "WHEN A PHYSICIAN HAS A WRITTEN GRIEVANCE BROUGHT AGAINST HIM, THE EXECUTIVE DIRECTOR OF THE MEDICAL SOCIETY WILL ROUTINELY SCREEN THE GRIEVANCES FROM THE PRIOR FIVE YEARS. PHYSICIANS FOUND TO HAVE THREE OR MORE GRIEVANCES IN A CONSECUTIVE FIVE YEARS PERIOD WILL HAVE THOSE GRIEVANCES INCLUDED

AS A PART OF THE CURRENT GRIEVANCE. THOSE PRIOR COMPLAINTS WILL BE EVALUATED IN CONJUNCTION WITH THE CURRENT GRIEVANCE IN AN EFFORT TO DELINEATE REPEAT OFFENDERS. DECISION RELATIVE TO THE CURRENT GRIEVANCE BY NECESSITY WILL INCLUDE OUTCOMES FROM PRIOR GRIEVANCES." Dr. Hawkins made a motion that "THE RECOMMENDATION OF THE GRIEVANCE COMMITTEE BE ADOPTED BY THE BOARD OF TRUSTEES."

The motion was seconded and approved.

**EMS Committee...**

It was reported that the Committee had approved a Paramedic Recertification Process which would make certain that paramedics are kept current at all times.

**Public Health/School Health Committee...**

Three cases of measles in the Puyallup School District were reported. Dr. Torgrenrud, Committee Chairman will write a letter to all school district superintendents urging all school staff and students be immunized.

**Pierce County Medical Library...**

The Board reviewed the results of the membership survey and Dr. Bodily made a motion that, "THE BOARD OF TRUSTEES ACCEPT THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE THAT 'THE LIBRARY COMMITTEE PROCEED WITH REORGANIZATION OF THE LIBRARY TO

IMPROVE ITS ORGANIZATIONAL STRUCTURE AND CLARIFY ITS LINES OF AUTHORITY.'" The motion was seconded and unanimously approved.

After further discussion a motion was made by Dr. Hawkins, that "THE BOARD OF TRUSTEES ACCEPT THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE THAT 'THE MEDICAL SOCIETY IS COMMITTED TO FUNDING OF THE PIERCE COUNTY MEDICAL LIBRARY PROVIDED THAT THE SOCIETY HAVE THE ABILITY TO CONTROL ITS LEVEL OF CONTRIBUTIONS TO THE SUPPORT OF THE LIBRARY.'" The motion was seconded and unanimously approved.

MBI Endorsement Policy... The Board of Trustees adopted a motion that, "THE MEDICAL SOCIETY OF PIERCE COUNTY SUPPORTS ENDORSEMENTS BY MEMBERSHIP BENEFITS, INC. OF PRODUCTS AND SERVICES WHICH ARE DIRECTLY RELATED TO THE PRACTICE OF MEDICINE." The motion was seconded and unanimously approved.

The motion was a result of discussion at the May Board meeting on the merits of MBI endorsing certain products and services.

MSPC/Hospital Administrator Meetings... Dr. Bowe reported on his, Dr. Bill Jackson and Mr. Jackman's meetings with Mr. John Long and Mr. Barry Connoley, administrators of St. Joseph Hospital and Multicare Medical Center respectively.

The heart of the discus-

sions, Dr. Bowe reported, centered on the current and future EMS system in Pierce County. Issues revolving around the Medical Library and the College of Medical Education were also discussed.

Dr. Bowe expressed his and the other participants satisfaction in the meetings and felt much had been accomplished by the conversations with John Long and Barry Connoley and staff. Meetings with all hospital administrators are planned.

TRANSLATORS/INTERPRETERS

Have you had a need for a translator or interpreter in your office practice lately? Do you see Cambodian, Vietnamese, Korean, or other ethnic groups that the services of a translator are necessary or would be helpful?

Dr. George Tanbara, the Medical Society and several organizations are trying to determine the need for interpreters in physician offices. Funds are being sought to establish a language bank where interpreters would be available on call for service in a hospital or doctors office.

If you have used an interpreter within the past six months, please call the Medical Society office and let us know.

**BOSSSES NIGHT  
OCTOBER 27**

The Pierce County Chapter of Medical Assistants is seeking physicians who would like to share their entertainment talents at the Chapter's Annual 'Bosses Night' on Tuesday, October 27. The event will be held at the Fircrest Golf Club. Bosses night is an annual event sponsored by PCMA, which allows medical assistants an opportunity to thank their employers by attending an evening of entertainment, including cocktails, dinner and a short program.

This year, entertainment will be provided by various local physicians, in various capacities. If you are a doctor, or if you know a doctor who has talents to entertain others, please contact Mary Ann Matherne at 627-9184 or Sue Asher at the Medical Society office, 572-3709.

Also, if you would like to find out more about Bosses Night for you and your physician employer call Sue or Mary Ann. It's a great way to meet other physicians and their staff in addition to saying thank you to your employer.

The Medical Society of Pierce County welcomes the following who have made application for membership into the Society. 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.

EDWARD L. BITSEFF, JR., M.D., Plastic Surgery. Born in Mt. Vernon, Washington, 2/17/48. Medical School, St. Louis University of Medicine, 1980; internship, Vanderbilt University, 7/80-6/78; residency, Vanderbilt University, 7/81-6/85; graduate training, Vanderbilt University, plastic surgery, 7/85-6/87. Washington State License, 1987. Dr. Bitseff is currently practicing at B-4008 Allenmore Medical Center, Tacoma.

NEWTON O. DUNCAN, III, M.D., Otolaryngology. Born in Bryan, Texas, 8/3/52. Medical School, Baylor College of Medicine, 1978; internship, Letterman Army Medical Center, 7/78-7/79; residency, Baylor College of Medicine, General Surgery, 7/82-7/83 and Otolaryngology-Head & Neck Surgery, 7/83-7/86. Washington State License, 1987. Dr. Duncan is currently practicing with Group Health Cooperative.

SANDRA B. EDMONDS, M.D., Emergency Medicine. Born in Alabama, 8/18/46. Medical School, University of Virginia School of Medicine, 1972; internship, Virginia Mason Hospital, 6/72-6/73; residency, Virginia Mason Hospital, Surgery, 7/73-7/74. Washington State License, 1974. Dr. Edmonds is currently practicing at Good Samaritan Hospital Emergency Room.

DON C. FISHER, M.D., Occupational Medicine. Medical School, University of Oklahoma Medical School, 1979; internship, Tulsa Medical College, 7/80-6/81; residency, Tulsa Medical College, 7/81-6/82 and University of Arizona, Family Practice and Occupational Medicine, 7/82-8/84. Washington State License, 1985. Dr. Fisher is currently practicing at 1718 South I Street, Tacoma.

LANCE E. MONROE, M.D., Addictive Diseases. Born in Paragould, Arkansas, 1/6/51. Medical School, University of Arkansas College of Medicine, 1976; residency, University of Arkansas, 7/76-6/77; graduate training, Naval Aviation Medical, 7/77-9/77 and addictive diseases, 10/80-10/81. Washington State License, 1986. Dr. Monroe is currently practicing at Puget Sound Hospital.

WERNER H. PETERS, M.D., Anesthesiology. Born in Bochum, West Germany, 11/22/52. Medical School, Ludwig-Maximilian University of Munich, School of Medicine, 1978 and Loyola University Stritch School of Medicine, 1983; internship, The University of Chicago, 6/83-6/84; residency, University of California, Anesthesiology, 1/85-1/87; graduate training, University of California, Physiology, 11/78-11/80. Washington State License, 1987. Dr. Peters is currently practicing at Good Samaritan Hospital.

EDWARD A. PULLEN, M.D., Family Practice. Born in Seattle, Washington, 9/2/54. Medical School, Tufts University Medical School, 1980; internship, Madigan Army Medical Center, 7/80-6/81; residency, Madigan Army Medical Center, 6/81-6/83. Washington State License, 1987. Dr. Pullen is currently practicing at 3908 10th Street S.E., Puyallup.

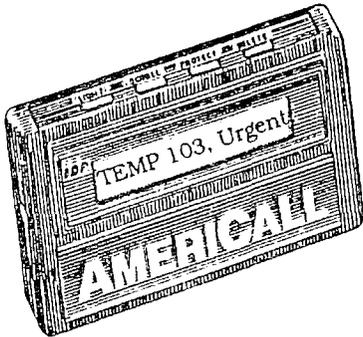
JON L. RUCKLE, M.D., Internal Medicine. Born in California, 4/29/51. Medical School, Loma Linda University School of Medicine, 11/30/80; internship, Loma Linda University Medical Center, Internal Medicine, 1/81-6/81; residency, Mayo Clinic, Internal Medicine, 7/81-6/84. Washington State License, 1987. Dr. Ruckle is currently practicing at 521 South K Street, Tacoma.



# THE DOCTORS' EXCHANGE

ENDORSED BY THE MEDICAL SOCIETY OF PIERCE COUNTY

## ...Another First



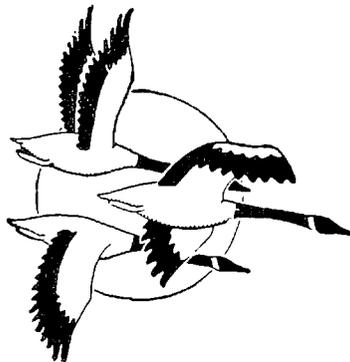
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An Approved Washington Alcoholism Treatment Facility

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Medical Society of Pierce County

If you're looking for qualified employees, or have other personnel issues you need help with

CALL

the Medical Society Office,  
Membership Benefits, Inc.

572-3709

Ask for Sharon

## 1987 SALARY SURVEY

MBI has just mailed the 1987 salary survey questionnaire to all members. We hope all members will respond this year in order to provide information helpful in hiring new staff and when reviewing current staff for raises.

With your help in providing current staff salaries we will have the survey ready to send upon your request. It would be appreciated if you could complete the form and return it by July 15.

Thank you.

Continued from Page 1

Some issues you might like to submit a Resolution on could be:

PRO/W  
Medicare Reimbursement  
Smoking  
Hospital Bylaws  
AIDS  
Immunizations  
Fluoridation

More details on the Annual Meeting will be forthcoming from WSMA and MSPC.

ARE YOU AVAILABLE FOR LOCUM TENENS? If so, please contact the Society office, 572-3667.

DO YOU MAKE HOUSE CALLS? If so, please contact the Society office at 572-3667.



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This 6-bedroom, 4-bath brick home site on over 1/2 acre in a very secluded setting just south of the Marrows Bridge in Tacoma. The view is unsurpassed! No power lines, trees or roof tops...just nature's beauty at its best! This 3,300 sq. ft. home also has an above-ground pool surrounded by decks, a 3-car detached garage, sunroom, rec. room and large, fenced yard with sprinkler system. The trees, shrubbery and flowers have been lovingly hand-picked over the years to add to the parklike serenity of this home. This offering is a rare opportunity. Priced at \$225,000. For an exclusive showing, call Spot Realty/Pentac, Inc., 858-8333 or 383-2064. Or, call John Mosich, evs. 383-5127. #40788.

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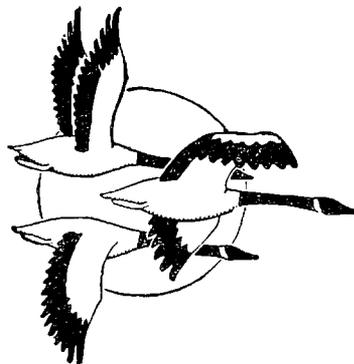


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the 1988 Pocket Directory will be published in December as it is annually. The Pictorial Directory is not a replacement of the Annual Directory, but is published every three to four years in addition to the Pocket Directory.



## 1987 PICTORIAL DIRECTORY

As you know, the 1987 Pictorial Directory, featuring pictures of MSPC members, is in production. Distribution is scheduled for August, and production is going smoothly.

Thanks to all the members who helped our process by having their pictures taken, or submitting their own photos. We can take pictures until July 6 - so if you want to have your picture in the Directory, please call Sue, right now, at 572-3709.

The Pictorial Directory is being produced and printed locally this year under the direction of Membership Benefits, Inc (MBI), the subsidiary of the Medical Society of Pierce County (MSPC). Profits from the Directory support MSPC, in efforts to keep membership dues from being increased.

In 1984 The Pictorial Directory was produced by a California Company who realized and retained profits, photo's and all other pertinent information. Being produced locally and under the direction of MBI, the Medical Society will have access to the photographs, the profits, etc..

If you have any suggestions or comments regarding the Pictorial Directory, please contact your Society administration. It is your publication and suggestions are welcomed. In addition,

Continued



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## AUXILIARY

### MSPC Auxiliaries Assume State Leadership Positions

Sharon Ann Lawson, President of the MSPC Auxiliary 1985-86 has been elected President-Elect of the Washington State Medical Association Auxiliary.

Cindy Anderson was elected First Vice President, and Alice Wilhyde will become News Editor of the WSMMA MedAux.

Congratulations to Sharon Ann, Cindy and Alice.

### ON TO CHICAGO FOR AUXILIARY MEMBERS

Pierce County will be represented at the AMA Auxiliary House of Delegates in Chicago, June 21-24 by Sharon Ann Lawson, WSMA Auxiliary President-Elect and Alice Wilhyde, MedAux News Editor for WSMMA.

Alice will be one of eight presenters of successful county projects at the annual program preview session. She will be presenting the Auxiliary membership phone-a-thon project.

The phone-a-thon was responsible for the sharp increase in Auxiliary membership.

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# The Bulletin

MEDICAL SOCIETY OF PIERCE COUNTY

August 1987

**Washington State  
Medical Association**

**1987  
Annual Meeting**

**September 17-20**

**Tacoma Sheraton**

**Tacoma,  
Washington**

**The Future of Medicine  
See Pages 4, 20 & 21**

**News on "Initiative 92"  
See Page 5**

**AIDS Update  
See Pages 14 & 15**



## If you'd like your older patients to be a little more comfortable, just prescribe this number

**572-2323**

That's the number for a new concept in caring about older Americans. It's called Humana Seniors Association, and it's a locally directed, non-profit organization aimed at making life just a little easier for Tacoma's senior citizens. Membership in Humana Seniors Association costs just pennies a day. Yet it provides a whole range of services aimed at making life more pleasant and secure for members.

Membership allows access to:

- A special seniors advisor to provide counseling, information, and help, as well as a link to community resources.
- A special seniors advisor to provide counseling, information, and help, as well as a link to community resources.
- A special seniors advisor to provide counseling, information, and help, as well as a link to community resources.

- The Cigma Travel Club.
- Assistance in preparing Medicare or other insurance forms.
- Transportation to doctors' offices or hospital.
- Subscription to a special newsletter edited for seniors.
- In-patient and home visitations, where required or requested.

Members are also eligible for discount mail-order drugs and a reduced monthly lease for a Personal Security Communications Device—a system that provides a remote control phone link for emergency use.

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## President's Page

# Mamas Don't Let Your Babies Grow Up To Be Doctors

No it's not #1 on the country western charts this week, and no it's not sung by William Nelson, MD or W. Jennings, MD. What it is, though, is the often heard admonition from todays docs to whoever will listen, usually other docs. We've all heard some of our colleagues tell each other or fellow golfers, drinking buddies or dinner companions that the life of a doctor isn't for their own kids and shouldn't be for their's either. What has happened to engender this about-face in thinking from that idealistic drive that motivated each of us to spend the first 30 years of our lives in training, go deeply in debt and work so hard to get where we are now?

According to Dr. Roy Schwartz, AMA assistant executive vice president for medical education and science, competent physicians are troubled, puzzled, frustrated, depressed and even outraged at what is going on in the profession. He describes a national epidemic of anxiety among physicians reflecting more than the self-pity outlined in a recent *Newsweek* article.

Although the reasons for this are numerous, we hear the same few mentioned time and time again: our leadership is weak (the AMA represents less than half of the U.S. physicians), we are faced with a growing body of important information and sophisticated technology but are forced to contain costs using them, peer review is demanded but participants fear lawsuits and FTC charges of antitrust over their decisions, the congeniality among physicians is being threatened by a competitive force as the buccaneers of medicine seek to control a greater share of the health dollar, physician-patient relationship is

being controlled more by the third party carrier (who pays the bill and calls the shots), malpractice premiums are out of sight because of a litigious society, etc. etc. etc. It's no wonder we're frustrated and anxious.

Regretfully, discouragement by physicians is only one of the many reasons why todays bright students are abandoning medicine and turning to other rewarding and lucrative careers. A recent survey of people who scored 9 or better on the Medical College Admissions Test (MCAT) but who didn't apply to medical school was made by the Association of American Medical Colleges (AAMC). Of the 534 respondents (1/3 of those surveyed), most stated that they would apply in a later year, but over 20% stated that they had changed career plans. Reasons given were: medical school cost too much (37%), medical education training programs were too long (26%), they were discouraged by MD's with whom they had spoken (29%), changes in the health care system were impairing physician's independence (34%). Only 8% said a lessened respect for physicians by the public was a factor. Between 1978 and 1986 the number of applicants to U.S. medical schools dropped 14.5% (from 36,636 to 31,323) while the segment of population encompassing most medical school applicants (age 18-24) only decreased 3.4%. The applicant to acceptance ratio dropped from 2.2 to 1 in 1978 to 1.8 to 1 in 1986.

Those involved in medical education are rightfully concerned. A recent conference jointly sponsored by the AMA, American Hospital Association and the Association of American Medical Colleges focused on the recent changes in medicine and the strategies necessary to

entice future physicians. Suggestions included changes in admission policies, including better communication between medical schools and liberal arts colleges, admitting some students earlier, and giving more consideration to interviews and essay writing ability rather than the traditional grade point and MCAT scores. Curriculum changes were also recommended. Suggestions included more time to study, think, reflect and analyze as opposed to traditional rote memorization, and taking a reductionist view of education, moving away from ponderous details and toward general principles.

Despite the many negative aspects of the practice of medicine and the problems being faced in medical education, I for one still feel it is the best profession available for a bright, well-motivated, conscientious and idealistic individual. I haven't tried to discourage my three kids (all in their early 20's) from becoming physicians, although so far the closest I've come is one dental hygienist and one ophthalmic assistant. Otis Bowen, MD, secretary of the Department of Health and Human Services said, "no other profession that I know of offers young people the best of both worlds; the chance to do well for themselves while doing good for others." Let's not forget what motivated us to become docs and hang out our shingles here in Pierce County. Encouragement given to someone in school today will ensure the best in medical care here tomorrow. □

— Richard G. Bowe

## "No on 92" Campaign underway!

All members have received their WSMA "No On 92" campaign kit with fact sheet, cue cards, poster and order forms for additional materials, if needed.

On November 3, 1987, Washington voters will have an opportunity to vote on Initiative 92 on a state-wide ballot. The ballot title of Initiative 92 reads:

*"Shall it be a violation of the State Consumer Protection Act for doctors treating Medicare-eligible patients to charge more than Medicare's reasonable charges?"*

•••

If approved by 51% of the voters, this initiative would, in effect, mandate the acceptance of Medicare assignment for all physicians in Washington State who treat Medicare-eligible patients (physicians would have the option of opting out of the medicare program entirely)

Sanctions allowed under the state's Consumer Protection Act include civil fines, damages and injunctive relief.

### What Will It Do?

If voters approve Initiative 92 this Fall, it will become the most restrictive Medicare assignment law in the country. Under its provisions, physicians must contractually agree to accept assignment 100 percent of the time when they treat any Medicare-eligible patient. Unless you are willing and able to provide care at an average of 40 percent to all of your elderly patients, no matter what their financial circumstances, you will be prohibited from treating any of them.

Massachusetts, the only state so far to pass a mandated assignment law, implicitly allows physicians to treat private-pay elderly patients, and

bypass the Medicare system altogether. When it upheld that law last year, the district court in Massachusetts conceded that there was significant risk that mandatory assignment would decrease access to care for seniors, especially in already-underserved rural areas.

**If approved, Initiative 92  
will become the most  
restrictive Medicare law  
in the country.**

This concern seems valid. An independent survey of Washington physicians showed that as many as one-third would have to consider giving up their senior patient base to remain solvent. Internists and family physicians would be especially hard hit by Initiative 92.

It was this concern about access to care that led the Washington State Chapter of the American Association of Retired Persons to oppose Initiative 92 last year, and to reaffirm their position during the 1987 legislative session. The senior lobby and Common Cause also refused to endorse the measure.

---

## Change of address.

The home phone number of Dr. Paul Schneider in the 1987 Pierce County Physicians and Surgeons pocket directory should read as follows:

**851-7535  
rather than 851-7525**

## WSMA Annual Meeting: Sept. 17-20 Tacoma Sheraton

Tacoma will host the 98th WSMA Annual Meeting, Sept. 17-20. It promises to be one of the best ever! The opening session of the House of Delegates will begin at 1:30 p.m., Thurs., Sept. 17. Highlighting the session will be Morris B. Abram, past Chairman of the first Presidential Commission for the study of Ethical Problems in medicine. He will speak on "Where Science, Morality, Theology, Law and Public Policy Intersect."

Washington State Senator Phil Talmadge, Chairman, Senate Judiciary Committee, will also speak at the opening session on physicians and the legislature working to improve peer review and the medical disciplinary process.

## Jacqueline Jorgensen, MD elected President of the Washington State Society of Allergy & Immunology.

Dr. Jacqueline Jorgensen, a member of the Medical Society since 1974, was elected to a two year term as president of the Washington State Society of Allergy and Immunology. Dr. Jorgensen also serves as a member of the Executive Committee of the Board of Directors of the American Lung Association.

*Newsbriefs continued on next page.*

## Sound to Narrows

### MSPC well represented!

On a beautiful day made for running, over 6,500 runners participated in the 15th Annual Sound-to-Narrows Run, Sat., June 13. Many members of the Medical Society participated in the 12 kilometer event that has become a tradition for many in the area. Several MSPC members and spouses placed in the top 200 of men and women. They were:

<b>Men</b>				
Position	Name	Age	Time	
102	Thomas M. Herron	31	44:46	
109	Ronald G. Taylor	44	44:48	
142	Andy Loomis	32	46:23	
<b>Women</b>				
26	Donna M. White	35	51:22 (#1 35-39)	
48	Verna L. Herron	30	54:21 (#9 30-34)	
86	Suzanne Annest	36	56:57	
177	Anita D. Silverman	40	1:00:36	
188	Toni M. Loomis	31	1:00:49	

Prior to the run it was announced that Dr. Cordell Bahn was one of the few runners who had run in every Sound-to-Narrows race since its inception.

Editors Note: The following is a list of MSPC members and family members known to the editor who participated in the run. Our apologies to those omitted. Please call in any omissions. Corrections will be run in the September Newsletter.

Glen H. Aasheim, MD  
 Suzanne Annest  
 Cordell H. Bahn, MD  
 Stephen Bergmann, MD  
 Debbie Billingsley  
 Dick Bowe, MD  
 David Bowe  
 Kathy Bowe  
 Lauri Bowe  
 Thomas K. Brown, MD  
 Shirley R. Deem, MD  
 James Dunn, MD  
 Roald J. Graf, MD  
 Kenneth D. Graham, MD  
 Julie A. Gustafson, MD  
 Jan M. Halstead  
 John M. Hautala, MD (50:17)  
 Thomas M Herron, MD (44:46)  
 Verna L. Herron (54:21 - 9th in the 30-34 category)  
 John C. Hill, MD  
 Judy M. Hill  
 Sam J. Insalaco, MD (53:57)

William B. Jackson, MD  
 Mark E. Jergens, MD  
 David R. Kennel, MD  
 James M. Komorous, MD (51:18)  
 Michael Komorous  
 David E. Law, MD (50:11)  
 John P. Lenihan, MD (53:12)  
 Andy Loomis, MD (46:43)  
 Toni Loomis  
 Jan McIlroy  
 Chris R. Miller, MD  
 Julie Mueller  
 Jack Nagle, MD  
 Pat Nagle  
 Michael W. Priebe, MD  
 Janice L. Roth  
 Anita D. Silverman, MD  
 Janice L. Strom, MD  
 Ronald G. Taylor, MD  
 Alan D. Tice, MD  
 Jan M. Torgenrud  
 Terry Torgenrud, MD  
 Dennis Waldron, MD  
 Lawrence J. White, MD  
 Donna White  
 Edward William, MD

#### 2.7 Mile Participants

Verna Bergmann  
 Katherine Bergmann  
 Erica Bergmann  
 Sarah W. Bowe

**Congratulations to all participants. You are all winners!**

# MSPC Committee on AIDS

The first meeting of the MSPC Committee on AIDS under the chairmanship of Alan Tice, MD, met and discussed the issues confronting the medical community related to this growing problem.

Members of the Committee represent the Tacoma-Pierce County Health Department, School Nurses, Hospital Social Services, Hospital Infection Control and the Medical Auxiliary.

It was reported that presently, Pierce County has 33 reported cases of AIDS. Of those reported cases, 80% have been gay or bi-sexual. The health department has tested and counseled 1,000 persons since 1985 with 20% of those testing positive per western bloc.

The focus of the Committee will be to determine what resources are presently available for the AIDS patient and identify the future needs of the community.

## AIDS: Office Protocols

Many experts currently estimate that at least 1 million people have been exposed to the HTLV-III virus and up to 30% of these people will develop some immune impairment. (LACMA Physician, Sept. 8, 1986) Even if your practice does not always involve people in high risk categories, you should establish office protocols now so you won't be caught off guard.

First, train all people in your office on proper procedures for handling blood or other body fluids and for disposal of needles and other materials possibly contaminated with a patient's blood or body fluids.

Second, establish procedures in your office for the handling of patient's records or research records. The files of patients tested for HTLV-III antibodies and the files of those who have AIDS or ARC should contain a sheet of paper on top of all records, inside the file, that states in bold letters: "Absolutely no disclosure without patients written consent. See doctor before releasing any material." Train your employees about the possible civil and

criminal penalties they face if they release information without permission.

Third, keep abreast of new developments. As more is discovered about the disease, changes are certain to occur on the legislative front.

Finally, if you have questions about the appropriate thing to do in any situation, contact someone who handles AIDS issues on a more frequent basis or contact the Tacoma-Pierce County Health Department AIDS Project at 591-6407. (For further discussion on AIDS in this issue see pages 14 & 15.)

## Joint Meeting of EMS and Aging Committee

MSPC EMS Committee members and the Committee on Aging held a joint meeting, June 25, in order to clarify "Do Not Resuscitate Orders" and improve communications with paramedics.

The difficulties primary care physicians sometimes experience with paramedics were discussed by committee members. The availability of code/no code instructions at the hospital, nursing home and family resident continues to be a major source of problems for physicians and paramedics.

Dr. Clark Waffle, Medical Director, Tacoma-Pierce County EMS System will draft protocols for the committees to review. It was emphasized at the meeting that physicians can play a leadership role in advising their patients and their family members on the importance of a living will and having code/no code instructions on the hospital and nursing home charts.

If you have had a problem communicating with a paramedic, it is important that the episode be reported. The specifics of the incident need to be documented. Call the Medical Society office when such an incident occurs.

## 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
WSMA : 1-800-552-7236	

## Over 25 sign up for Caribbean Cruise.

*Still time to make your reservations.*

Give yourself a gift. Begin the New Year with nine relaxing and fun-filled days in the Caribbean. There is still time to sign up and join your colleagues in the Caribbean sun.

You'll visit St. Marten, Antigua, Martinique, Barbados, the Virgin Islands and Puerto Rico. It's certain to be an enjoyable and memorable vacation for all who go.

Cost for the Caribbean Cruise is approximately \$2700.00. This includes airfare, meals, accommodations and much more.

For additional information call the Medical Society Office.

## Doctor - Lawyer - Dentist Field Day Sept. 25, 1987

The Doctor-Lawyer- Dentist Field Day will be held Friday, Sept. 25. There will be three activities: golf, tennis and a running event. Following the conclusion of all three events, there will be a prime rib dinner at the Tacoma Golf and Country Club. Cost for the dinner is \$25.00 per person.

Starting tee time for the golf event is 11:30 a.m. at the Tacoma Golf and Country Club. Entry fee is \$25.00. The tennis event will be held at the Lakewood Racquet Club from 1:15 p.m. to 5:00 p.m. Four indoor tennis courts have been reserved for the tennis event. Entry fee is \$10.00. Entry fee, site and starting time for the running event will be announced at a later date.

Those who cannot participate in the events are still welcome to attend the dinner where prizes and awards will be given. For information call Gary Ross at 383-3791.



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breast  
surgery  
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## Library Committee

The Library Committee under the chairmanship of Dr. Gil Johnston has been meeting to consider the options available to it for reorganizing the medical library.

Presently the Medical Library is a loosely defined consortium made up of members of the Pierce County Hospital council and the Medical Society. It has no contractual arrangements with either group. Library personnel are not actually employees of the library per se or Multicare. Lines of authority, accountability, and managerial responsibilities need to be clarified.

The Committee will weigh the advantages and disadvantages of incorporating. Time and expense factors are major considerations the Committee will study.



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## AMA Board recommends no dues increase for 1988.

The AMA Board of Trustees has recommended against an AMA dues increase for the third year in a row. The decision, according to the AMA, will permit only modest growth in Association activities, and new projects will be initiated only if existing activities are reevaluated and possibly eliminated. The Board also concluded that a dues increase will probably be necessary in 1989.

- Campaign financing reform
- Professional liability
- Biomedical research issues
- Unrelated business income tax
- Physician Drug Dispensing
- Catastrophic Health Insurance
- PRO due process
- Maximum allowable actual cost (MAAC) implementation
- Aids

The Washington AMA office has hosted two Congressional retreats devoted to an examination of the AIDS crisis (funding, research, current treatment and information on its causes).

The AMA is committed to working with Congressional and Administration leaders in developing a rational, scientifically based approach for dealing with the AIDS epidemic.

"When Grandpa got sick, I asked my Dad if I could go visit him at Manor Care where he's staying till he gets better. You see, it's really important, because I'm the family fisherman while Gramps is gone, and I come here every week to tell him how many fishes I caught."

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# In Memoriam

By Leo Annest, MD

*Robert Gordon Bond, MD  
1915 - 1987*

Sorrow came upon the family and the many patients and friends of Robert Bond upon his death on March 12, 1987. Robert, the son of a plumbing contractor, was born in Canada. He attended premedical school at the University of Puget Sound and graduated from the University of Louisville School of Medicine in December 1943.

It was at Louisville General Hospital that he met his beautiful bride, Sally, and was married in March 1943. He served his internship at Springfield General Hospital from January 1 thru September 30, 1944, and then entered the armed services following his internship and was discharged in 1946. His next service was a general rotating residency at the Pierce County Hospital when it was a county charity hospital, and this

took place from 1947 to 1949. He began his family practice in 1950.

I first met Robert in 1941 at medical school in Louisville. When I was a junior in the medical school, Robert was my senior advisor. He was always a very hard working and excellent student, and was very instructive and helpful. His interest in his patients and their welfare was very evident, and this interest and care continued all through his medical career. He influenced the lives of many people in Tacoma, extending through the second and some third generations of many of his original patients. His patients dearly loved him, not only as a doctor, but as a friend. A favorite term that I heard about their expression of him was that he was "Mr. Wonderful." He had no interest in politics in the referral of his

patients to consulting physicians. He searched constantly for the best possible care for his patients. He always listened intently to their problems. He was never cross with them, even though they were very demanding of him, and he was always eager to try and solve their problems. He was truly a good family doctor.

He loved his family very dearly and was greatly saddened and burdened by the death of Sally in 1986. This sadness hastened his death. He is survived by three children, Steve, Nancy and Mary. He was a member of the American Medical Association, Washington State Medical Association, Medical Society of Pierce County, was a founding fellow of the American Academy of Family Practice and a member of the Pierce County Academy of Family Practice.

His devotion and generosity in the service of his patients and the care of his family shall long be remembered by all involved. May God's blessing be on his soul and on his surviving family. □

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# The "Do's and Don'ts" of Being a Medical Witness...

Once financial arrangements have been settled, what does the doctor need to do when he testifies? What is expected of him? What should he say and not say? A safe rule of thumb is, "Confine your answer to the question asked, and don't volunteer additional information," but a list of guidelines was drawn up by LACMA's former legal counsel, now retired, Frederick O. Field. His advice follows.

\* Do take the role of the medical witness seriously. The courtroom is a place in which practical men are engaged in the serious work of endeavoring to administer justice. The role of the medical witness is a key one in this endeavor.

\* Don't agree to, or accept, compensation for your services contingent upon the outcome of litigation. This practice is unethical and its disclosure would be apt to destroy the value of your testimony.

\* Do insist on preparation for your testimony in consultation with the attorney for the party who called you as witness. He should advise you on what to expect on cross-examination. It is proper to consult with the party and his attorney about the case, so don't be embarrassed if asked about such consultation.

\* Don't act as an advocate or partisan in the trial of the case. If the attorney for the party who calls you as a witness needs the advice or guidance of a doctor during the trial, let him employ another doctor. Disclosure of partisanship of a witness strongly tends to discredit his testimony.

\* Do be as thorough as is reasonably necessary under the circumstances in examining a party in preparation for trial. Exhaustion of all possible tests and procedures may not be required,

but be prepared to justify any omissions.

\* Don't exaggerate. Any attempt to puff up your qualifications or to elaborate the extent of the examination you have made is apt to be exposed.

\* Do inform the attorney for the party who called you as a witness of all unfavorable information developed by your examination of the party, as well as the favorable information.

\* Don't try to bluff. If you don't know the answer to a question, don't guess. If you guess wrong, you may be falling into a trap.

\* Do be frank about financial arrangements with the party who called you as a witness, with respect to your compensation for both treatment given and services in connection with the litigation.

\* Don't regard it as an admission of ignorance to indicate that your opinion is not absolutely conclusive or that you don't know the answer to a particular question. Honesty may frequently require testimony of this nature.

\* Do answer all questions honestly and frankly. Any display of embarrassment or reluctance to answer will tend to discredit your testimony.

\* Don't use technical terminology which will not be understood by the jury, the attorneys or the judge. If technical terms are unavoidable, explain them the best you can in the language of the layman.

\* Do be willing to disagree with so-called authorities if you are convinced that they are wrong. If you have sound reasons for disagreement, the

contrary opinion of authorities will not necessarily discredit you.

\* Don't be smug. A jury is quite likely to react adversely to an attitude of this nature. A modest attitude on the part of a witness is apt to elicit a more favorable response. Leave it to the attorney to bring out your special qualifications.

\* Do be courteous no matter what the provocation. If a cross-examining attorney is discourteous to you, this is apt to win sympathy for you from the jury, provided that you don't descend to the same level.

\* Don't lose your temper. If a cross-examining attorney can provoke you to a display of anger or sarcasm he has already substantially succeeded in discrediting your testimony.

\* Do pause briefly before answering a question asked on cross-examination, to give the other attorney an opportunity to object if he so desires. Taking a moment for deliberation before answering a question does not indicate uncertainty or embarrassment.

\* Don't allow yourself to be forced into a flat "yes" or "no" answer if a qualified answer is required. You have a right to explain or qualify your answer if that is necessary for a truthful answer.

Some of these guidelines apply to percipient witnesses, some apply to expert witnesses. □

Reprinted from: *LACMA Physician*, October 6, 1986.

# A Death in the Family

By Lawrence R. Ricci, MD  
Waterville, ME

On Aug. 24, 1982, at 3:13 AM in a large metropolitan teaching hospital, my father, at the age of 72, died of complications from diffuse histiocytic lymphoma. During his brief hospitalization, we, his family, experienced his leaving the modern American way: an odd mixture of cold lighting, bright machinery, and rare, unexpected warmth.

My first glimpse of my father in the hospital startled and humbled me. One month before, he had been a fully functional, retired machinist. Since then, cancer, malnutrition and dehydration had transformed him into an invalid. A screen exists between the way we see ourselves and our loved ones and how modern medicine sees us. I recall my confused and saddened brother describing how a nurse had asked him if our father could *walk* when he had been home.

For the most part, his physicians were competent. To me they were deferential; to my family, condescending. Teaching hospital medicine - the trickle of diagnosis, the flood of therapy, agonizing waits for prognosis, headlong therapeutic adventures, students, residents, attendings, surgeons, internists, hematologists, oncologists, nephrologists - even I couldn't keep it all straight.

Some memories pain me more than others: the angry, impatient surgical resident who wouldn't understand my frightened mother's indecision about a minor surgical procedure; the enthusiastic medical student who asked excitedly if I had palpated my father's abdominal mass; the uncertain medical resident who asked my opinion of Dad's BUN and blood sugar, who asked if I concurred with the insulin drip calculations. How could I answer these questions? I'm not this patient's doctor, I'm his son.

One memory was not as painful. A resident from India came in on his night off to see my father because, he said, he was reminded of his own

father. He reviewed the medical record, spoke with us, listened to our concerns, and offered encouragement. US residents, perhaps more technically advanced but seemingly colder, wouldn't do that. US medical students might. But somewhere in the transition from fatigue and degradation to skill and confidence, from student to physician, we defer compassion, put it aside, often forever.

A corps of nurses, ranging from the least skilled aide to the most skilled postgraduate diplomate, buttress modern medical science. I recall only fleeting views of many strangers: one nurse forced me to leave my father's bedside after I had traveled 500 miles to see him so she could administer an enema on schedule; another nurse, when I requested pain medication for my dad, impatiently replied that it wasn't time yet, adding as she quickly turned to chart her notes, "Anyway, the pain med will drop his blood pressure again." Exhausted and afraid, I stood silently at her desk. Drop his blood pressure? Again? I don't understand. Is my father dying? Will you please stop writing and talk to me, stop talking and listen to me? If I, a physician, didn't understand, how much less did my family understand? What about families with no knowledgeable relative to intercede and interpret?

The final day. Code 99. Did the nurse pressing her weight into his chest know him? Did the resident touching 400 joules to his heart know him? Did he remind them of their own? Did they touch his body with respect? Nearing the end . . . his pupils fixed and dilated . . . his skin cool and mottled . . . his heart beating but his spirit dead. I clutched at a crumpled ECG strip, the rising and falling electrical imprint, found lying in his room, now in my wallet pressed behind his 1942 photo by a tent in North Africa.

The final memory, the best one,

was of a neurologist, holding my mother's hand, gazing into her eyes, whispering of primal cells, preconsciousness, and the end of purposeful life. She could not have understood much of what he said, yet she knew. She knew unmistakably the language of his heart and the syntax of his tears. I remain grateful to that healer.

As my father lay brain dead, only then did the medical forces of comfort and caring mobilize themselves. Nurses and doctors approached to console us. Their aid by then was unnecessary. We knew what had happened. We knew what was required of us. We had mobilized our own resources. Six hours later, my father died.

I believe I am a competent, caring physician, often afraid, sometimes callous, rarely petulant and childish. I hope I can hold on to the memory of my father's death, not only for myself, not only for my father, but for my craft, for my patients.

*From The Journal of the American Medical Association, May 8, 1987 - Vol. 257, No. 18*

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# Editorial Comment

## On Memories

By Richard Hawkins, MD

*"He, who dies with the most memories, wins."*

Happy times and pleasant experiences make for good memories. Who does not like to have good memories? But what happens when you do not have any new memories? Sometimes things happen that you remember, but that you would not call good. Even bad memories might be better than no memories at all. If, for whatever reason, you do not have any new memories, does that signal the end of useful life? That would be like what some people refer to as being a vegetable. I think it would be like being brain dead.

We do have a clear procedure for determining when a person is brain dead -- a very useful procedure in some situations. But I think it misses some important cases of brain

death, albeit by a different definition of brain death.

I think we have all heard it said that some approach life with the attitude that he, who dies with the most money, wins. Or even, he, who dies with the most toys, wins.

Many of my family, friends and patients have expressed concern that they do not want to live as a vegetable. They have seen folks who have lost mental function, with or without physical disability, who are not really aware of what goes on around them, are not able to participate, and, I presume, do not remember what happens.

In recent decisions courts are affirming a person's right to participate in the decision about when and under what circumstances death occurs.

Furthermore, in the absence of instructions, family may be in the best position to say what the person would have wanted; the important part is what the individual would have wanted. The last few years we seem to be evolving toward greater self-determination.

When does death occur? That discussion could go on for ever. Actually, maybe it has.

When should death occur? I do not think that we can come to agreement on these questions.

I like the idea of people deciding for themselves. Decide for yourself under what circumstances you want to continue living, under what circumstances you would not want to continue living.

So, I get to choose my own definition of quality of life.

I choose memories. □

*The opinions expressed here are those of the author and do not necessarily represent the opinion of the Medical Society. Comments or contrasting opinions are encouraged. Write to The Editor.*

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# AIDS Update

By Steve Heilig, MPH, Staff Associate  
San Francisco Medical Society

## HIV Antibody Testing: Basic Considerations for Practitioners

Publicity about the continuing spread of AIDS has heightened public concern about HIV infection and antibody testing. While many AIDS experts and medical organizations have issued statements in favor of antibody testing for individuals in high risk groups, serious concern about AIDS - and AIDS itself - has now spread beyond those groups, with antibody testing sites and health care providers reporting a substantial increase in the number of people asking about or requesting the test. Physicians are being urged to counsel patients appropriately both before and after testing, and not to assume that patients are aware of the many implications of HIV antibody testing. However, solid information on counseling patients regarding antibody testing has not been widely available.

The following information has largely been excerpted from recent publications on the subject and is intended to convey only the most basic considerations regarding this complex and often controversial issue.

### Pre-Test Counseling:

The primary purpose of pre-test counseling is to enable the patient to make an informed decision regarding whether or not to be tested. Physician counseling regarding HIV antibody testing and AIDS in general should be directed particularly to patients in the highest-risk groups, including homosexual or bisexual men, prostitutes, heterosexual men and women with multiple sex partners, patients with a history of sexually-transmitted diseases, intravenous drug users, and patients from HIV-endemic areas such as central Africa or Haiti. However,

concern and risk regarding AIDS is not limited even to these broad groups, and evaluation of potential candidates for testing should be done on an individual basis.

Some AIDS experts now recommend that every sexually-active patient should be counseled on how to avoid exposure to HIV, regardless of whether the test itself is an issue (see Goedert, 1987). For anyone considering the test, full awareness of the potential "pros and cons" of testing should be a goal for both patient and physician.

### Potential benefits of antibody testing include:

1. to protect the blood supply by testing individuals who are considering donating blood;
2. to ensure that organ donations are safe from HIV contamination;
3. to help support a medical diagnosis in individuals who exhibit unexplained symptoms that their doctors think might be related to HIV infection;
4. to help women at high risk decide whether to become pregnant or give birth;
5. to help women with a history of risk behavior decide whether to breastfeed an infant or have an infant inoculated with vaccine produced from living virus;
6. to motivate individuals who continue to practice high-risk behavior and who feel that a positive test result may help them reduce these behaviors;
7. to help researchers design experimental treatment protocols and to help potential subjects determine whether or not to participate in the drug trials; and,
8. to help scientists determine the extent of HIV infection in the population at large and, by following seropositive individuals, to understand the natural history of HIV infection.

### Potential risks of antibody testing include:

1. severe psychological reactions, including anxiety, nightmares, sleep disturbances, depression and suicidal behavior;
2. disrupted interpersonal relations, including potential for rage reactions and their extreme manifestations, such as homicidal behavior
3. social ostracism and self-imposed withdrawal;
4. relationship problems (blaming partners, sexual dysfunction, disrupted ability to make plans as a couple);
5. stigmatization and discrimination if a positive antibody status is made known to others outside of guarantees of confidentiality;
6. problems with employment or insurance;
7. preoccupations with bodily symptoms; and,
8. a false sense of security and denial if the test proves negative (for example, believing one is immune to infection and thus continuing with risk behavior). (From Goldblum & Seymour, 1987).

It should be noted that all of these considerations are not theoretical but based upon continually expanding experience with HIV testing. In every case it should also be made clear that the antibody test is not a test for AIDS itself, but for infection with the AIDS virus, and that a positive test does not necessarily mean a person will develop AIDS or AIDS-related conditions.

### Post-test counseling:

For patients with either positive or negative test results, physicians should offer counseling on low-risk sexual and substance abuse behavior where appropriate. Handouts with

Continued on next page.

# Aids Update continued from page 14

this information, such as those produced by the San Francisco AIDS Foundation, are now widely available. In almost every case, positive test results should be given to the patients in person. Patients who are seropositive should be evaluated for HIV-related symptomatology. It is extremely important that seropositive patients be counseled on how to avoid exposing others. Psychological counseling may be indicated. Continuing evaluation and counseling should be made readily available, with follow-up visits for seropositive patients scheduled about every three months. Resources such as support groups for seropositives and women are available locally.

In addition, for patients with recent high-risk behavior but a negative test, retesting after a period of approximately six months will provide additional assurance of negative status. In most individuals, antibodies appear within several weeks, although seroconversion has been observed to occur up to six months later.

### Confidentiality concerns:

In order to ensure confidentiality, some physicians do not record HIV test results or related information in the patient's regular chart, but use code systems or separate charts. The local alternative test sites do not require the names of people requesting testing. Seropositive patients should be alerted to the potential risks of disclosing their antibody status to third parties.

Physicians should keep in mind that disclosure of test results to any third party is currently illegal under State and local law without a specific written release from the patient. It is also illegal to test any patient without prior consent. Investigation of these issues is underway in many places including at the San Francisco Medical Society, and further discussion will appear in the future. □

*For informational materials regarding HIV antibody testing or other AIDS-related issues, contact the publications department of the San Francisco AIDS Foundation at 861-3397.*

*The San Francisco anonymous testing site is at Health Center 1, 3850 17th Street (at Noe), 621-4858. Another testing site will open in June at Health Center 2, 1301 Pierce Street (at Ellis). Further sites will be opening in September in the Bayview-Hunters Point, Mission, Tenderloin and South of Market districts. As of mid-May, health officials report about an eleven-week waiting list for the free and anonymous tests.*

**References** (for details, call Steve Heilig at the SFMS):

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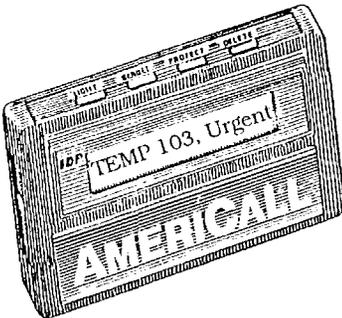
"What to tell patients about HIV test." Interview with Neil Schram, MD, in American Medical News, American Medical Association, April 3, 1987.



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# A Week, If We Treat It... Seven Days If We Don't

By Lee A. Norman, MD

Seven days, a week, that's how long it takes to get better from the common cold. Presuming the diagnosis is correct and that the illness symptoms are caused by one of the usual respiratory viruses, that is what it takes, no matter what treatment I prescribe. Unfortunately, most patients are disappointed by the implication that little can be done for them, except, perhaps, some minor symptom relief (which usually, I suspect, they feel is not worth the office charge). In an effort to please, I've even taken to quoting Tolstoy: *The strongest of all warriors are these two -- Time and Patience.* Still not impressed. They told me in medical school that my patients, knowing their illness was nothing more serious, would be contented with my pronouncement. Not true!

Such observations have given me reason to question some of the basic beliefs I have about what patients and physicians expect when we enter into a doctor-patient relationship. Our country has one of the most sophisticated health care delivery systems in the world, and we have made great advances in disease treatment and prevention. And yet, the common cold, most cancers, and AIDS, for example, remind us that we have a long way to go to cure many diseases. I remember when things used to be simpler. Fifteen years ago fishing in northern Minnesota a physician mentor, Howard Reid, took a drink from my can of Grain Belt by mistake. When I pointed out to him that he was drinking my beer, he gave it back and confidently stated, "I'm not worried. You don't have anything that I can't cure."

Now I realize that fortunately it was true. His rather pompous and naive comment seems an anachronism, given the assortment of nearly-incurable diseases we recognize today.

As physicians what is promised,

and as patients what is expected? In *All's Well That Ends Well*, appropriately enough, Shakespeare wrote, "Oft expectation fails, and most oft there where most it promises." When comparing our medical technology and system of entitlements to other nations of the world, ours is certainly the *land of promise*. I think that it is from this background of relative health care abundance that patients and physicians alike enter a collusive agreement that can lead to disappointment and failed expectations. In such relationships, many physicians are reluctant to explain the limitations and drawbacks of diagnostic and therapeutic modalities, which in turn, can lead to over-utilization of health care resources. The outcome can be expensive and uncomfortable for the patient, especially considering that often only a marginal benefit was expected from the start. Patients, in turn, are anxious to please us. This takes a variety of forms. They may be unwilling at the onset to state what they truly expect from the encounter because of a "doctor knows best" attitude. Some are reluctant to fully disclose the reason for the visit for fear of discovering that something could *really* be wrong. Some physicians demonstrate an air of omnipotence that tends to control the patient and the conversation. People like to see doctors who appear confident, without being arrogant. Doctors enjoy patients who are interested, honest, and involved with their own care but do not control or monopolize the encounter. On both sides, delicate boundaries separate the *proper* from the *improper* in physician and patient behaviors.

Difficulty in communicating each others' expectations is certainly not a new phenomenon and is not unique

*Continued on the next page.*



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to the field of medicine. As health care becomes increasingly technical, however, we rely less upon the painstaking subtleties of a meticulous history from the patient and a thorough hands-on physical examination. Many patients feel that they have been rushed through their office visit, which included only a brief history (*I don't think he heard me*), a superficial examination (*The doctor hardly examined me*), and a request for further testing to be done (*I don't even know what the tests are for*). As Octavio Paz wrote, in 1967, "Alienation . . . is the very nature of technology: the new means of communication accentuate and strengthen noncommunication." In many patient encounters, doctors simply rely too heavily on technical procedures and bypass that good old-fashioned cornerstone of our medical practice that patients find so rewarding: communication.

Lest I be perceived as unkind to my brothers and sisters in the profession, I will say that there are forces within the field of medicine that make poor communication more likely. Alvin Toffler called it "future shock", the "dizzying disorientation brought on by the premature arrival of the future," which induces stress in individuals by subjecting them to too much change in too short a period of time. Doctors often do not know how to cope with the changes in technology, and there is no easy solution to the problem of how physicians keep their medical knowledge current. To hide uncertainty in noncommunication makes us just as much a victim of change as our patients. We are still expected to talk to our patients in language they understand and to

address their concerns.

In my own practice I'll continue to quote Tolstoy in an attempt to make more palatable the bad news I have for some of them: you have a cold. I may even go on my tirade against viruses, that they are the true, rightful heirs to this planet, and that our place is only to serve as a sophisticated, albeit complaining,

culture medium for them. But in listening and talking with patients, in asking their opinions and in treating their pain, I hope they know that I hear their concern, respect their insight, and am willing to act as a partner in health and illness during these times of change. □

From: *King County Medical Society Bulletin*, June 1987

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# From Membership Benefits Inc. Make The Right Decision "The First Time."

By Sharon Bain

It is very important to employers to make the right hiring decision "the first time." Hiring a new employee will always involve a certain element of risk. Learning and using good interviewing techniques will not eliminate risk, but will greatly increase the chances of successful hiring.

First, define clearly the actual skills and experience necessary for each position and prepare a written job description. This will be of great value in the screening process.

Common errors made by interviewers include: lack of preparation, lack of interviewing technique, not enough time allowed, an atmosphere that is stressful or intimidating, uncertainty about the job's requirements and not knowing the types of questions to ask. Remember, an interview is an opportunity to engage in active conversation resulting in an exchange of information helpful in making a hiring decision.

Here are a few suggestions to help sharpen your interviewing skills:

1) Analyze the job before you interview any applicant. Write down specific job requirements and personality traits you feel will be needed for this position. You may want to brainstorm with another person to obtain these requirements.

2) Make a written plan. Make notes to use as a guide during the interview, such as: Identify the applicant's objectives. Ask about short and long term goals. Identify the applicant's skill and potential. Ask about his/her accomplishments and the things of which he/she is most proud. Identify what motivates this person: money, power, achievement, recognition or challenge? Identify the applicant's sense of values. Ask about the best/worst job the applicant has had and the best/worst boss.

3) Look for the person best suited. Construct the interview so you will have a better view of how well the applicant might fit in with your particular group. Will he/she have to make too many adjustments in temperament, personality, or work habits to "fit well"?

4) Strive to improve your questioning skills. Become adept at asking open-ended questions, those that cannot be answered "yes" or "no." Keep the questions flowing and build your listening skills.

5) Always allow the applicants to ask enough questions of their own. Allow enough time and the right atmosphere encouraging the applicants to ask the questions important to them. Often an applicant's questions will reveal his/her needs, hopes and expectations. They will help in your judgment of the applicant's potential, suitability, motivation and attitude. Make "special" note of the first question the applicant asks. There is a world of difference between "How many days of sick leave would I have?" and "How many patients do you see each day?"

6) Arrange a second interview for final candidates. Usually, a second interview will produce a more relaxed atmosphere and may provide an answer if you are having a difficult time making a choice.

7) Use your instincts. Listen to your inner voice and let it guide you to what would be the best choice. Learn to use your instincts more and to trust them.

8) Always make notes after each interview. After each interview quickly make notes to yourself before going on to another task. Rely on these notes later because often they are a

true reflection of your instincts or they can be signals telling you to beware.

Professional interviewing takes practice and patience. Even after you have improved your interviewing skills there will be no guarantee that you will not make a mistake in hiring, or that a solid candidate you hire will not work out. But by becoming more proficient and detailed each time you conduct an interview, you will increase greatly the odds for success.

It is important to learn about the proper questions to ask during an interview to stay within the limits of the Human Rights Laws. If you interview properly, an applicant will usually relate to you all you desire to know about them without asking questions which could be in violation of the law. If you are concerned about which questions legally can and cannot be asked of applicants, please contact your Membership Benefits office at 572-3709 and information will be sent to you.

Remember, effective interviewing is essential in the process of selecting a new employee. Hiring the most suitable person is vital to your office productivity, employee morale and, consequently, to the success of your practice. □

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# Reporting Preventable Diseases

As a result of two years of hearings and input from health care providers, the State Board of Health has issued a revised list of reportable diseases that became effective June 19, 1987. Copies of the list were mailed to all physicians, infection control practitioners, lead school nurses and other health care providers. The form for reporting sexually transmitted diseases was also revised. Please discard all previous STD reporting forms you may have and begin using the new forms immediately.

## WAC 248-100-076 Reportable Diseases and Conditions

The following diseases and conditions shall be reported as individual case reports to the Tacoma-Pierce County Health Department in accordance with requirements and procedures described in chapter 248-100 WAC:

CATEGORY A DISEASES require an immediate report at the time a case is suspected or diagnosed and include:

Anthrax	Paralytic Shellfish Poisoning
Botulism (foodborne, infant, and wound)	Plague
Cholera	Poliomyelitis
Diphtheria (noncutaneous)	Rabies
Measles (rubeola)	

CATEGORY B DISEASES OR CONDITIONS require a case report within one day of diagnosis and include:

Brucellosis	Paratyphoid fever
Gastroenteritis (if susp. foodborne/waterborne)	Pertussis
Haemophilus influenzae invasive disease (excluding otitis media)	Rubella (incl. congenital)
Hepatitis A and B, acute	Salmonellosis
Leptospirosis	Shigellosis
Listeriosis	Syphilis (primary, secondary, early latent or congenital)
Meningococcal disease	Typhoid fever (incl. carrier)

CATEGORY C DISEASES OR CONDITIONS require a case report within seven days of diagnosis and include:

AIDS (incl. CDC Class IV)	Nongonococcal urethritis
Amebiasis	Pelvic Inflammatory disease (acute)
Campylobacteriosis	Pseudomonas folliculitis
Chancroid	Psittacosis
Chlamydia trachomatis infection	Q fever
E. Coli 0157: H7 infection	Relapsing Fever
Encephalitis, viral	Rube Syndrome
Giardiasis	Rheumatic fever
Gonorrhea	Rocky Mt. spotted fever
Granuloma inguinale	Syphilis - other
Herpes simplex, initial genital infection	Tetanus
Herpes simplex, neonatal	Tick paralysis
Kawasaki syndrome	Toxic Shock Syndrome
Legionellosis	Trichinosis
Leprosy (Hansen's disease)	Tuberculosis
Lyme disease	Tularemia
Lymphogranuloma venereum	Vibriosis
Malaria	Yersiniosis
Mycobacteriosis, including tuberculosis	Severe adverse reaction to immunization
Mumps	

Any cluster or pattern of cases, suspected cases, deaths, or increased incidence of any disease or condition beyond that expected in a given period which may indicate an outbreak, epidemic, or related public health hazard shall be reported immediately by telephone to the local health officer. Such patterns include, but are not limited to, suspected or confirmed outbreaks of foodborne or waterborne disease, chickenpox, influenza, viral meningitis, nosocomial infection suspected to be due to contaminated products or devices, or environmentally related disease.

### TO REPORT, CALL:

CD 591-6410 • Hepatitis 591-6535 • AIDS 591-6060 • STD 591-6407  
Environmental Health 591-6450

# "Building a Positive Future Together"

An Essay By Herbert R. Glodt, MD

*Editors Note: The following essay, written by Herbert R. Glodt, MD, a retired Pittsfield, Mass. internist, was the winning essay in a contest sponsored by the medical societies and hospitals in the western Massachusetts counties of Berkshire, Franklin, Hampden and Hampshire. Dr. Glodt has generously given permission to publish his essay in this issue of The Bulletin. The purpose of the essay contest, "the brainchild of Dr. Mike Magee, director of provider relations at Baystate Medical Center, Springfield, Mass.," was to "rally support among physicians for their own profession while showing the public that they really are sensitive human beings" The contest drew entries from more than 20 doctors and medical students.*

The Gray-Haired Man and the student walked along the beach. The man did most of the talking.

"There are many worlds out there." He spoke slowly and deliberately, stretching out both arms to encompass both land and sea. "Two appealed to me. One world is filled with cells that sprang from this ocean. It is a world branded with double helix bits that breathed immortality into all living things. It is bathed in cool logic and encompassed by numbers that extend to infinity." The Gray-Haired Man paused to stare out over the water. He resumed his walking and his talking.

"Fire and ice, storm and tranquility engulf the second world. It is made of sadness and joy, hatred and love, raw greed and God-like humility. It is the world of people struggling for a Happy Day."

The Student interrupted. The voice was heavily flavored with impatience. "You began all this when I asked why you suggested I become a physician. Why?"

"Because a physician lives in each of these worlds, tasting a little of each, never satiated with either one. Let me tell you a true tale to demonstrate my point."

• • •

She had Rebel of the Sixties written on every feature of her unadorned face and unbrushed Afro. She sat as far from her mother as the small consultation room would allow.

"I'm not 'high on dope half the time,' for God's sake, Mom, I'm not 'sleeping around with every jerk on the block.' And I don't spend all my day rockin' and rollin'."

The Mother recoiled under the blast, ran a nervous hand over a pale, thin cheek. She dabbed at her eyes with a tiny, wrinkled handkerchief and made sniffling noises. The Doctor sat behind his cluttered desk and spoke into the phone.

"I told Barbara that if it weren't for you, doctor, she wouldn't be here. I'm sure you don't recall, doctor. You have so many patients. It was 17 or 18 years ago. For two years Joe and I had been trying to have a baby. Remember, you had Joe have a sperm count. No, of course you wouldn't remember. Anyway, he was OK. It was me. Good Lord, I'm just gabbing and wasting your time."

"Go on," said the Doctor. "If it's on your mind, it's important."

"Thank you, doctor. I went to the gynecologist who said everything below was normal. Then I came to you for the first time. You got me pregnant."

The Doctor laughed. The Mother blushed. "You know what I mean," she stammered.

The laughter cleared the air. Barbara sat back and smiled.

Mother continued. "I told Barbara the story. That's when she agreed to see you. I'm sure you don't remember."

## THE DOCTOR REMEMBERED.

Joe worked at GE's heavy transformer. He'd just been promoted to foreman. They had purchased their first home. A baby was next. But no baby came. The thought of adoption left them cold. They wanted *their* baby, *their* family. Hope was waning when Mother came to The Doctor. Big words and lots of tests, she thought. But no baby. The Doctor listened.

He didn't hurry her. He really listened. That stuck in her mind. He listened. He was interested. He offered hope, and she needed that more than anything. Even after 18 years she had no difficulty recalling the fatigue, the trouble she had doing ordinary housework, the skipped period that gave them hope, the negative pregnancy tests that, once again, brought despair. Wonders of wonders. The Doctor did not say, as had her friends, "It's just nervousness. Get hold of yourself. Why don't you and Joe take a vacation."

She recalled how she spilled out all her symptoms. The Doctor probed for more. Tired. God she was tired. Her hair. What a mess. Couldn't do a thing with it. She looked so old. That damn "Oil of Olay" was for the birds. She felt physically cold and, what was worse, sexually cold. Joe was patient and gentle. But a man is not made of wood.

The Doctor checked her. Thoroughly, no hurrying, just enough small talk to keep her relaxed. Then those wonderful words:

"I think I know why you can't conceive. The history, the slow pulse even when you are upset, the dry skin, the cold feeling, your reflexes all suggest an underactive thyroid. Easily corrected with a once-a-day pill."

*Continued on the next page.*

# Building a Positive Future Together continued from page 20

Mother's spirits soared but crashed with a black thud when The Doctor said:

"We'll need a confirmatory blood test."

Another test. Another wait. Another false hope. But the test did confirm. The little thyroid pill did work its magic. One year later, Barbara was born. Mother remembered. Some things you don't forget. Ever. No matter how many years. No matter how many patients. For Mrs. Colten it was the little slice of time that made life worth living. For The Doctor that spark that made medicine worth practicing.

"**THERE'S NOTHING WRONG** with me, doctor," said Barbara, standing up and stretching. Her tight-fitting jeans and the fullness of her breasts jutting through the slopping, grey sweatshirt, and the full-of-youth blue eyes spelled out The Me Generation/The New Wave. "Mom thinks I'm on dope and sleep around. I'm not and I don't. My school grades stink. I admit that. I just don't see any point in grinding away. The thought of four years of college leaves me cold. They'll probably throw me out of the honors program. All A's last year. Flunking everything this year." She pulled out a pack of cigarettes. "Mind if I smoke?"

"Yes. I prefer no smoking in this office."

Barbara lit up. Testing, thought The Doctor. He said nothing. She took a long drag and exhaled the smoke slowly. "I didn't come here because of what you did for Mom. I recalled the night, about a year ago, when Dad had his coronary. Four in the morning and you were waiting in the emergency room. "That's our doctor," said Mom. **OUR DOCTOR.** Those words. The subsiding fear as you talked to us every 10 or 20 minutes. He's in shock. It's touch and go. He's out of shock but the heart rhythm is screwed up. His pressure is up and he has normal rhythm. The cardiologist has arrived and says things look better. The intensive care unit and your talks to Mom and me in the waiting room. The unhurried explanations. The hope and optimism in your voice. Doctor. Dad's recovery. That's why I came. There's nothing wrong with me."

She took a last puff and

snuffed out the cigaret on the bottom of her sneaker. Casually she shoved the butt into her pocket.

"I wonder if Barbara and I could talk alone?" The Doctor asked.

"Certainly, doctor," Mrs. Colten left.

The young lady and The Doctor talked for half an hour. The phone rang.

"Emergency room on line two, doctor."

"Got to go, Barbara. If I can help, please call. My grey hairs don't mean I've forgotten the problems of age 17."

**THE DOCTOR** never saw Barbara again. Twelve years went by. His secretary brought in a letter marked "PERSONAL." The Doctor read it, reread it, and smiled. It went as follows:  
26 Gracey Terrace  
Northampton, Mass.  
May 5, 1985  
Dear Doctor:

Several years ago you and I had a chat in your office. You had my Mom, upset by my deteriorating school work and teenage meandering, leave the room. We talked for some time. Perhaps half in jest, you said: "You're not being fair to us old guys, Barbara. We depend on you to carry the ball so we tottering oldsters can sit back and relax. We need you. The country and this fouled-up world need you. If you quit, the ball game is over. Think about it."

I guess I thought about it. Yesterday I was made associate professor in the English department here at Smith College. I thought of you and knew you'd like to know. A long overdue thanks. Affectionately,  
Barbara Colten Newburg

**THE DOCTOR** flipped off the light. It was a good ending to a full day. He shared Barbara's letter with his wife at the supper table. Her eyes moistened. "How wonderful. How absolutely wonderful. You steered her when she needed steering. And think of the ripple effect."

"The ripple effect?" queried The Doctor.

"Yes," his wife continued. "The students she will influence. And they, in turn, will influence their

children, their students. The ripple effect."

She rose and kissed him lightly on the forehead. "I'm proud that you're a physician," she said.

The Doctor sipped his coffee slowly. "I've always thought of it in terms of joy rather than pride. A joy and a privilege. Sounds a little corny, but that's how I feel. It's all in that letter. Problems, pride, joy and tears. Medicine has it all."

• • •

The Grey-Haired Man and his young friend shook hands. The Student smiled and said: "I'll think it over." □

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# AMA Surveys of Physician and Public Opinion on Health Care Issues, 1987

The 1987 data reported here resulted from 1,000 telephone interviews with physicians who work in the United States.

1. Considering all the problems and issues that presently confront healthcare in the United States, what is the main problem facing health care and medicine in the U.S. Today?

Physician Opinion	1981	1982	1983	1984	1986	1987
Cost-related	44%	58%	52%	50%	22%	26%
Professional liability	*	*	2%	5%	34%	18%
Government regulation	19%	10%	15%	19%	14%	13%
Access/distribution	14%	4%	3%	4%	2%	5%
Quality	2%	7%	5%	4%	7%	5%
Third-party reimbursement	*	*	*	*	*	7%
Organization of medical care	*	*	*	*	*	5%
Loss of physician autonomy	*	*	*	*	*	3%
Other	17%	19%	20%	22%	7%	18%

2. In your community, are there too many doctors, too few doctors, or about the right number of doctors?

Physician Opinion	1981	1982	1983	1984	1986	1987
About right	52%	49%	46%	50%	44%	52%
Too Many	33%	41%	45%	43%	46%	39%
Too Few	11%	6%	6%	5%	8%	6%

3. During the past few years, has your patient load been increasing, decreasing, or remained about the same?

Physician Opinion	1982	1983	1986	1987
Decreasing	13%	15%	20%	17%
Increasing	49%	44%	41%	37%
Remained the same	29%	29%	31%	34%
Unsure	9%	12%	8%	12%

4. Do you think you may consider practicing in an HMO in the future?

Physician Opinion	1981	1982	1983	1984	1986	1987
Already do/Yes	25%	24%	25%	33%	42%	37%
No	69%	69%	65%	60%	53%	58%
Unsure	6%	7%	10%	5%	5%	5%

5. Do you think you may practice within a Preferred Provider Organization or PPO, in the future?

Physician Opinion	1987
Already do/Yes	55%
No	32%
Unsure	13%

6. How serious do you feel AIDS is as a national health problem?

Physician Opinion	1987
Very serious	75%
Somewhat serious	21%
Not too serious	3%
Not at all serious	*
Unsure	1%

7. How much do you trust current scientific knowledge about how AIDS is transmitted?

Physician Opinion	1987
A great deal	59%
Somewhat	34%
Not very much	6%
Not at all	1%
Unsure	1%

# 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.



**Charles K. Bulley, MD, Anesthesiology.** Born in Olympia, WA, 12/15/57. Medical School, University of Washington, 1984; internship, Virginia Mason Hospital, 6/84-

6/85; residency, Virginia Mason Hospital, 7/85-7/87. Washington State License, 1987.



**Patrick J. Hogan, III, D.O.,** Born in Eveleth, Minn., 6/18/51. Medical School, University for the Health Sciences, Kansas City, 1977; internship, Madigan

Army Medical Center, 7/77-6/78; residency, Letterman Army Medical Center, Neurology, 7/79-6/82. Washington State License, 1978. Dr. Hogan is currently practicing at 1624 S. I St., Tacoma.



**John S. Smoots, MD, Internal Medicine.** Born in Phoenix, AZ, 5/27/58. Medical School, University of Arizona College of Medicine, 1984; internship, Creighton

University, internal medicine, 7/85-6/87. Washington State License, 1987. Dr. Smoots is currently practicing at 521 S. K St., Tacoma.



**John S. Dimont, MD, Pediatrics.** Born in Oxford, England 8/30/52. Medical School, Rush Medical College, 1982; internship, Oregon Health Sciences,

pediatrics, 6/82-6/83; residency, Oregon Health Sciences, pediatrics, 6/83-6/85. Washington State License, 1987. Dr. Dimont is currently practicing at 1811 S. K St. Tacoma.



**Mary A. Lee, MD, Ob/Gyn.** Born in Pueblo, CO, 1/2/44. Medical School, UTHSC, 1983; internship, John Sealy Hospital, Ob/Gyn, 6/83-6/84; residency, John

Sealy Hospital, Ob/Gyn, 7/84-6/87. Washington State License, 1987. Dr. Lee is currently practicing at 1624 S. I St. Tacoma.



**William S. Stovall, MD, Ob/Gyn.** Born in Atlanta, GA, 7/14/54. Medical School, Medical College of Georgia, 1980; internship, Madigan Army Medical Center,

Ob/Gyn, 7/80-6/81; residency, Madigan Army Medical Center, Ob/Gyn, 7/81-6/84. Washington State License, 1987. Dr. Stovall is currently practicing at 314 S K St., Tacoma.



**Barbara J. Fox, MD, Dermatology.** Born in Alton, ILL, 4/4/53. Medical School, University of Cincinnati, 1979; internship, Madigan Army Medical Center, pediatrics, 7/79-

6/80; residency, Letterman Army Medical Center, Dermatology, 7/80 - 6/83. Washington State License, 1980. Dr. Fox is currently practicing at 3908 10th St. SE, Puyallup.



**Paul W. Hildebrand, MD, Emergency Medicine.** Born in Ithaca, New York, 5/27/41. Medical School, University of Miami, 1968; internship, St. Mary's Hospital, 7/68-

7/69. Washington State License, 1985. Dr. Hildebrand is currently practicing at St. Joseph Hospital Emergency Dept., Tacoma.

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Washington State Medical Association  
2033 Sixth Avenue, #900  
Seattle, WA 98121

# Auxiliary News

## Auxiliary in a Different Dimension

By Alice Wilhyde, Pierce County  
Medical Society Auxiliary News Editor

Pierce County Medical Society Auxiliary earned national recognition with their successful 1986-87 membership phone-a-thon project. It was an honor to be selected as one of eight program preview speakers and have the opportunity to share our project information with over 300 representatives at the AMA Auxiliary House of Delegates in June.

Arriving at Sea-Tac Airport in the early morning hours of June 20th with traveling companions Sharon Ann Lawson, WSMA Auxiliary President-elect and Nancy English, WSMAA Membership Chairman, I knew we were off to a great start when my hearing aids activated the security gate metal detector and I was asked to identify a suspicious looking object in my purse that turned out to be a small cassette of extra hearing aid batteries. Our non-stop flight arrived in Chicago without incident; our luggage didn't. Don't ask me how luggage can be lost on a non-stop flight. Our bags arrived three hours later, having chosen an obviously different mode of transportation. I was glad I was carrying my talk and the phone-a-thon material we were giving each State delegation.

This past year has been filled with many "firsts:" our phone-a-thon, my involvement in helping develop and organize such a comprehensive project, speaking to an audience of 300+ as a member of the Washington delegation, and the very first time we've lost our State President somewhere over Colorado on a Spokane-Denver-Chicago flight. Francie Irwin was "found" many hours later having survived thunderstorm delays; her luggage never has been located.

The program preview session on Sunday morning featured two outstanding county projects in four categories: AMA-ERF, Health,

Legislation and Membership. To be selected from the many county projects of 50 states is quite an accomplishment. (You'll be pleased to know this reporter performed her task in an entertaining and professional manner.)

Our phone-a-thon project is on file in the AMA Auxiliary Project Bank which is a clearinghouse of programs developed by local auxiliaries around the country. Project Bank information is available to all auxiliary members on request. We have already shared our information with King County Medical Society Auxiliary and the Missouri State Medical Association Auxiliary; both were successful in increasing their membership. We gained 44 new and reinstated members, an increase of 20%.

The AMA Auxiliary House of Delegates officially opened Sunday afternoon in an impressive, colorful, moving ceremony that included the roll call of the states and keynote address by former Secretary of Defense, Donald H. Rumsfeld. A reception honoring Pat Durham, AMAA President and Betty Szewczyk, AMAA President-elect followed.

In the action filled days that followed we had breakfast with AMPAC, a report on the vital role of this important political arm of medicine. Francie Irwin, WSMAA President, presented the official mascot to Joseph Hatch, MD, AMPAC Chairman. The new mascot, AMiee, is a delightful teddybear. The delegates adopted seven health resolutions: Education on the Hazards of All Terrain Vehicles (ATVs), Support for Smoke-free Health Care Facilities, Participation in the AMA Adolescent Health Initiative, Child Water Safety, Prevention of Elder Abuse, Continuation of Seatbelt Education and Support of

Mandatory Legislation, and Promotion of AIDS Education for Youth. Organization resolutions involving restructuring of regions and attendance at leadership confluence by state members-at-large did not pass. The resolution to give the AMAA immediate past president an automatic seat on the Nominating Committee was adopted.

We heard state reports and learned Washington ranks with the best in leadership, involvement in legislation, AMA-ERF, health and membership programs. We elected an impressive, talented slate of national officers, including our own Mary Randolph of Olympia, as 1987-88 AMAA Treasurer. Special lunch programs featured Mark Shields, nationally syndicated columnist and political commentator and the delightful talk show hostess and actress, Oprah Winfrey.

The inauguration of Betty Szewczyk, 1987-88 AMAA President was followed by a reception in her honor. We were greeted by an Abe Lincoln look-alike from her home state of Illinois.

The WSMA delegation hosted a dinner at the Chicago Sheraton for their auxiliary counterparts, and we were invited to attend the inaugural ceremony and reception honoring 1987-88 AMA President, William Hotchkiss, MD.

I had the opportunity to meet and talk with auxiliary members from many states and learned we share concerns and involvement with the same basic health issues. I have gained a much better understanding of the importance of the Federation. We are auxiliary members working as a team with our medical societies on county, state and national levels to improve the health and quality of life for all. Together we do make a difference.

## Presidents Message

Many Auxiliary members are already hard at work planning and preparing for the coming year. What a pleasure it is for me to have the opportunity to work with members who give so generously and willingly of their time and talents.

A special thanks goes to Tim Horn and St. Joseph Hospital for so generously letting us again use a room for our Board meetings this year. We greatly appreciate their special hospitality.

Our first general meeting will be held Friday, Sept. 25, at the lakeside home of Dorothy Grenley. We look forward to welcoming the "Newcomers" in our medical community at this meeting, so it is a very special time of fun and fellowship. Linda Olson from the

Tacoma Visitor and Convention Bureau will be our speaker, telling us about the many things going on in Tacoma and special events coming up in the future.

We are looking forward to a busy year that will include being actively involved with our Medical Society in the campaign to defeat Proposition 92. We will be the host county for two State meetings. WSMA/WSMAA will meet in Tacoma Sept. 17-20. Our own Dr. Ralph Johnson will be installed as WSMA President.

Susie Duffy and Helen Whitney are serving as co-chairpersons for the State Auxiliary functions at this meeting. The WSMAA House of Delegates will meet in Tacoma, April 21-22, 1988. Our own Sharon Ann Lawson will be installed as WSMAA President.

Pierce County has every right to be proud of the outstanding contributions of time and talent these two special people will bring to the State Association.

Our own Auxiliary has been well represented at the State level for many years. This year is no exception. We have Cindy Anderson, Vice President; Alice Wilhyde, Pierce County Medical Society Auxiliary News Editor; Alice Hilger, Organ Donations; Susie Duffy, Nominating Committee; Cathy Schneider, WAMPAC Auxiliary Representative.

So as you can see, there are places to go and things to be done in Auxiliary this year. Mary Lou Jones has put together a varied program selection with the hope that you will find something of interest, of value or just plain fun. So plan to join us for what I hope will be a year of growing, learning and fellowship.

*Bev Graham, President  
PCMSA*

*See next page for listing of  
president's committee chairpersons.*

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# PCMSA President announces committee chairpersons

As president of the Pierce County Medical Society Auxiliary Bev Graham has announced the following committee chairpersons for her Board:

TELEPHONE TREE	Sharon Lawson 2323 Crystal Springs Rd. W Tacoma, WA 98466 564-6647	IMPAIRED PHYSICIAN COMMITTEE	Marie Griffith 8606 Zircon SW Tacoma, WA 98498 588-9371
FINANCE	Gloria Virak 1319 Palm Dr. Tacoma, WA 98466 564-7503	ADDRESS UPDATES	Helen Whitney 1736 Fairview Dr. S Tacoma, WA 98465 564-4345
YWCA SUPPORT SHELTER	Judy Brachvogel 1724 Fernside Dr., S. Tacoma, WA 98465 564-4308	NEWCOMERS	Terri Stewart 2715 39th St. NW Gig Harbor, WA 98335 851-5720
HEALTH FAIR	Sally Palm-Larson 7514 66th Ave. W Tacoma, WA 98467 588-9839	MAILING	Mary Schaeferle 521 Borough Rd. Tacoma, WA 98403 627-2716
SCHOOL HEALTH	Karen Benveniste 4622 Wayneworth W. Tacoma, WA 98466 565-3211	PUBLIC RELATIONS	Kit Larson 33 Lagoon Lane, N. SW Tacoma, WA 98498 584-3802
PULSE NEWSLETTER	Marlene Arthur 1205 21st SW Puyallup, WA 98371 845-5542	TELEPHONE RESERVATIONS	Mimi Jergens 1702 Leonie Lane NW Gig Harbor, WA 98335 851-5720
BULLETIN	Ginnie Miller 4629 N. Mullen Tacoma, WA 98407 759-7434	AMA-ERF	Julia Mueller 55 Summit Rd. Tacoma, WA 98406 759-4862
LONG RANGE PLANNING	Dorothy Grenley 40 Loch Lane SW Tacoma, WA 98499 584-4421	PHOTOGRAPHER	Ruby Ward 622 N. 4th St. Tacoma, WA 98403 272-2688
LEGISLATION	JoAnn Johnson 7139 Interlaaken Dr. SW Tacoma, WA 98499 588-4168	PHON-A-THON	Alice Wilhyde 515 N. C St. Tacoma, WA 98403 572-6920
ORGAN DONOR	Alice Hilger 954 Lynden Lane S. Tacoma, WA 98465 564-2795	PHON-A-THON	Betty Bahn 624 Aurora N. Tacoma, WA 9806 572-6920
ORGAN DONOR	Maryln Baer 960 Altedena Tacoma, WA 98466 564-6374	COOKBOOKS	Shirley Kemman 5228 126th Ave. Ct. E. Sumner, WA 98399 863-9152
		SUPPORT	Dottie Truckey 634 Vista Dr. Tacoma, WA 98465 564-4886

# Auxiliary President's Committees continued from page 26

## VOLUNTEER RESOURCES

Debbie McAlexander  
10230 Green Lane SW  
Tacoma, WA 98499  
588-1013

## STUDENT RECOGNITION

Marge Ritchie  
4803 95th Ave. W.  
Tacoma, WA 98467  
564-4112

## MSPC HOLIDAY DINNER

Sharon Lukens  
2808 East Bay Dr. NW  
Gig Harbor, WA 98335  
858-3725

## CHILDREN'S HOLIDAY PARTY

Kim Nelson  
5613 70th Ave. W  
Tacoma, WA 98466  
565-8117

## FUND RAISER

Susie Duffy  
1722 Voight Ave.  
Sumner, WA 98390  
863-4314

If you are an Auxiliary member and are interested in working on any of these committees, please contact the person in charge. If you know of a medical wife or family who is ill and needs some extra support, please contact Dottie Truckie. Any news item would be appreciated by Marlene Arthur, and Sally Larson is always interested in volunteers for the Health Fair. Marie Griffith is quietly available as the Auxiliary liaison with the Impaired Physician Committee. The Telephone Tree and Legislation always need volunteers, according to Sharon Lawson and JoAnne Johnson. These are just a few of the needs and aims of Auxiliary, and your assistance is necessary for you to achieve our goals.

If you are not a member of Auxiliary, perhaps this listing will spark your interest in joining. In helping the medical community, we are also helping the community in which we live. This can best be accomplished by our working together. Membership is just a telephone call away, 839-9366, and Candy Rao will help to tell you about the Pierce County Medical Society Auxiliary.

## DIAGNOSTIC PRODUCTS EXPO

*You are cordially invited to see the latest diagnostic equipment and supplies for health care professionals.*

### Featuring These Manufacturers

**PLACE:** Tacoma Dome Hotel  
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**DATE:** Tuesday, August 11

**TIME:** 9 a.m. to 6 p.m.

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# Medical Society of Pierce County

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

## GENERAL MEMBERSHIP MEETING TUESDAY, SEPTEMBER 8, 1987

### HOW WILL IT EFFECT YOU?

Initiative 92 (Mandated Medicare Assignment)  
An Education Forum

led by

Ralph Johnson, MD, President-Elect WSMA  
Tom Curry, Executive Director, WSMA  
J. Michael Ryherd, "No on 92" Campaign Manager

**DATE:** Tuesday, September 8, 1987  
**TIME:** 6:00 p.m. No host cocktails  
6:45 p.m. Dinner  
7:45 Program

**PLACE:** Fircrest Golf Club  
6520 Regents Boulevard  
**COST:** Dinner \$13.50 per person

**Four at-Large members of the MSPC Nominating Committee will be elected at the meeting.**

**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, September 4.**

### REGISTRATION:

Yes, I(we) have set aside the evening of September 8 to join my fellow Society members for the presentation on Initiative 92.

Please reserve \_\_\_\_\_ dinner(s) at \$13.50 per person (tax and gratuity included)

\_\_\_\_\_ I will attend the program portion only of the meeting

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

**RETURN TO MSPC BY NO LATER THAN SEPTEMBER 4**

# 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: \_\_\_\_\_

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

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

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

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

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

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

CHILD PURPOSE(S) OF REPORT: SCHOOL: Preschool, Kindergarten, Elementary School, Junior High, High School. To enter grade \_\_\_\_\_ September 19 \_\_\_\_\_

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

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

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

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

SKIN: acne, eczema ORTHOPEDIC: fracture or sprain, scoliosis, congenital hip  
 VISION: glasses, contacts NEUROLOGICAL: convulsions, meningitis, cerebral palsy  
 HEARING: aids METABOLIC: diabetes  
 NOSE: bleeding BLOOD: anemia, sickle cell disease  
 MOUTH: dental decay, orthodontia ALLERGIES: food, insect, pollen, contact, drugs,  
 LUNGS: asthma, bronchitis other, (specify) \_\_\_\_\_  
 HEART: congenital, rheumatic HOSPITALIZATION(S): (Year & Reason) \_\_\_\_\_  
 GASTROINTESTINAL: ulcer, colitis, hepatitis OPERATION(S): (Year & Reason) \_\_\_\_\_  
 GENITOURINARY: kidney or bladder infection HANDICAP: physical, mental, behavioral, social,  
 Menstruating, if female: Yes ( ) No ( ) learning, vision, hearing, speech, hyperkinesia

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

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

IMMUNIZATIONS	None	Doses Received					Month/Year of Last Immunization	Immunizations
		1	2	3	4	5 or more		
Diphtheria, Tetanus, Pertussis Any combination of DTP/DT/Td								DTP, DT, Td (circle dose given)
Oral Polio Vaccine (OPV)								OPV
Rubeola (7 day or hard measles)								Rubeola
Rubella (3 day, mild or German measles)								Rubella
Mumps								Mumps

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

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

Date of examination \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood pressure \_\_\_\_\_ Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_ Hematocrit \_\_\_\_\_ Sickle Cell \_\_\_\_\_ Hemoglobin \_\_\_\_\_ Urinalysis \_\_\_\_\_

Vision: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ Vision corrected: Right \_\_\_\_\_ Left \_\_\_\_\_ Color Vision \_\_\_\_\_ Tuberculosis skin test: Date \_\_\_\_\_ Type \_\_\_\_\_ Result \_\_\_\_\_  
 glasses, contacts 20/ \_\_\_\_\_ (circle which)

CIRCLE ABNORMAL AREAS DISCUSS AT RIGHT

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

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

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

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

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

MEDICATIONS REQUIRED TO BE GIVEN IN SCHOOL OR OTHER FACILITY: Diagnosis \_\_\_\_\_  
 Name of medication \_\_\_\_\_ Form \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ 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.

# Classifieds

## Positions Available

Pacific Northwest opportunities. We have openings in the northwest and California. Let us assist you. Send C.V. or call Western States Physician Services, 9605 Sunrise Beach Drive NW, Gig Harbor, WA 98335 (206) 851-6201.

Immediate openings. Full time and Part time, positions and directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405 ask for Ginger.

Full time position available for general practice MD in Gig Harbor clinic, affiliated with G.H. physicians. Needed by Aug. 1987. Contact James Patterson, MD (206) 851-5121.

WESTERN CLINIC, a large multispecialty clinic, is seeking physicians for the following positions: Family Practice at Port Clinic Facility - No night or weekends; no OB. General Internal Medicine - at Tacoma facility. Ob-Gyn - for both Tacoma and Gig Harbor facilities. Family Practice with OB - at Tacoma facility. All positions offer excellent starting salary, fringe benefits, and partnership potential. Contact William Brand, MD c/o The Western Clinic, 521 South "K" St., Tacoma, WA 98405, 206-627-9151.

Positions available - inpatient psychiatrists. Fee for service. Hospital will handle billing and collection. Possibility of development of outpatient practice. Weekend psychiatrist 8:00 a.m Sat. to 8:00 p.m. Sun. Salary and benefits competitive. Contact John E. Kooiker, MD, Medical Director Psychiatry unit, St. Peter Hospital 413 N. Lilly Rd., Olympia WA 98506 206-456-7060.

Physician opening. Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, MD at 5900 100th St. Southwest, Suite #31, Tacoma, WA 98499. Phone (206) 584-3023 or 582-2542.

Medical Director. Join Pierce County Medical Bureau's progressive management team in developing innovative new programs in physician sponsored financing. Qualified physician experienced in utilization review, quality assurance and physician reimbursement concepts. Board Certified in primary care specialty or general

surgery is preferred. A creative mind and active participation in local, state or national professional activities a plus. Confidential responses to John Almond; Almond & Rogers Inc., 1101 Fawcett, Suite 305, Tacoma 98402. Phone 572-0300.

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## General

Norman Rockwell lithograph "DISCOVERY" AKA "BOTTOM DRAWER" artist proof, small edition. Call 584-6935.

## Equipment

For Sale: Motorola - MT500 2 way pager with case and charger and new battery. \$750.00. Phone 572-5025 or 572-5031 and ask for Sharon.

## Practices Available

Family Practice - Excellent opportunity with Seattle's leading provider of Family Practice. Positions available thru out greater Seattle. Current license BC/BE in family practice. Attractive salary incentive/benefits. Contact CHEC Medical 2200 6th Ave. #225, Seattle, WA 98121, Debbie Phillips (206) 728-6888

## Advertising in the classifieds is one of the best ways to reach the medical community...

To place your classified advertisement call the Medical Society Office, 572-3709 or fill out the form below and mail to:

Medical Society Office,  
Membership Benefits,  
705 South 9th, Suite 303  
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Classified rate is .85 per word, 10 word minimum.  
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P.O. Box 10946  
Chicago, Illinois 60610-0946  
Order No. OP-207

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*Many groups TALK about building a better America-  
The Army Reserve WORKS at it.*

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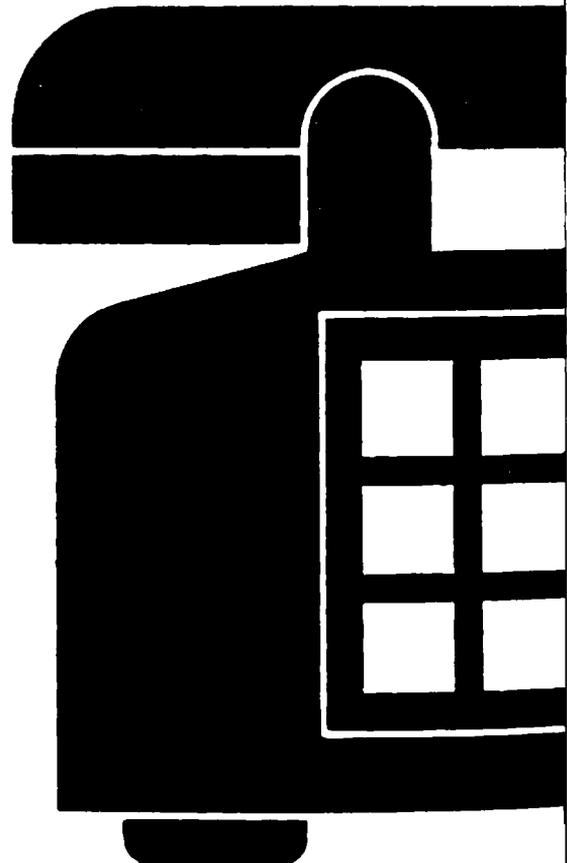
- Over 200 topics, from tonsillectomy to osteoporosis, researched and written by physicians.
- Brochures listing these topics are free to you and your patients. If you would like a supply for your waiting room, please call **597-6655**.

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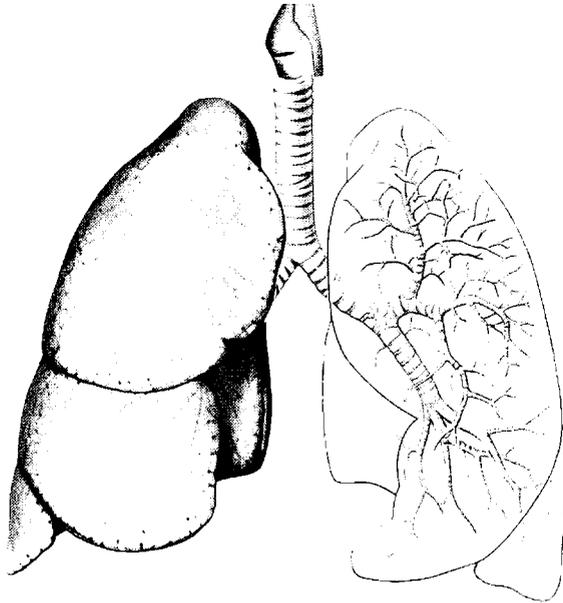


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cefactor

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**offers effectiveness against**  
**the major causes of bacterial bronchitis**

*Haemophilus influenzae*, *Streptococcus pneumoniae*  
(ampicillin-susceptible and 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<sup>®</sup> (cefactor)

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

**Indications:** Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Streptococcus 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 non-susceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- 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, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] or the above skin manifestations accompanied by arthritis/arthralgia and frequently, fever): 1.5%, usually subside within a few days after cessation of therapy. Serum-sickness-like 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.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.

- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.

## 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 Clinites<sup>®</sup> tablets but not with Tes-Tape<sup>®</sup> (glucose enzymatic test strip, Lilly).

[072886A]  
PA 11294 AMP

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700241

ADMINISTRATIVE: See package literature for complete prescribing information.  
FORMERLY: 11294 AMP, 11294 AMP-2

EL Lilly Industries, Inc.  
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MEDICAL SOCIETY OF PIERCE COUNTY

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# MSPC NEWSLETTER

◆ A publication of the Medical Society of Pierce County ◆

VOL. 2, NO. 6

705 South 9th, Suite 203  
Tacoma, Washington  
572-3667

SEPTEMBER, 1987

## INITIATIVE 92

### Official Ballot Title:

Shall it be a consumer protection violation for doctors treating Medicare eligible patients to charge more than Medicare's reasonable charges?

### Official Summary of Initiative 92

This initiative declares as an unfair and deceptive practice under the Consumer Protection Act a medical doctor, osteopath, chiropractor, podiatrist, dentist or optometrist: (1) charging or trying to collect for medical services to a Medicare eligible patient more than Medicare's determination of a reasonable charge, and (2) failing to enroll as a participating physician in Medicare if treating Medicare eligible patients other than solely in emergency situations. Sanctions include civil fines, damages, and injunctive relief.

It is essential that your patients and the general public be informed how Initiative 92 will impact them. Please review the

STOP 92 packet you have received from WSMA for talking points on the issue. Plan on attending the September General Membership Meeting on September 8.

MSPC and WSMA have brochures on Medicare, an educational insert on Initiative 92, a poster for your waiting room to promote discussion between you and your patients, stickers and a fact sheet on the initiative for your stationery. Call the office today.

The Medical Society has a core of speakers who are well informed on the Initiative. If you belong to a fraternal or community organization that has a program chairman, a speaker can be arranged and scheduled for your club. It needs to be done now.

## SEPTEMBER GENERAL MEMBERSHIP MEETING

Initiative 92...How will it impact you? A panel of WSMA leadership will discuss this ballot issue and the strategies planned to achieve victory on this major issue at the September 8 General Membership Meeting.

WSMA President-Elect, Dr. Ralph Johnson; Tom Curry, WSMA Executive Director and J. Michael Ryherd, "No on 92" campaign manager will present an educational forum on this critical issue.

Fircrest Golf Club will be the site of the meeting with social hour beginning at 6:00 p.m.; dinner, 6:45 and program at 7:45.

## ABSENTEE BALLOTS

An Absentee Ballot Request was sent to each member with the September General Membership flyer. If you have difficulty making it to the voting booth, submit the request to the County Auditor's office as indicated. Each vote counts. If you need another, please call the Society office.

# WSMA Annual Meeting

SEPTEMBER 17-20

Tacoma Sheraton

POSITIONS AVAILABLE

Pacific N.W. opportunities. We have openings in the N.W. and California. Let us assist you. Send C.V. or call Western States Physician Services, 9605 Sunrise Beach Dr. N.W., Gig Harbor 98335 (206) 851-6201.

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Physician opening. Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900 100th St. S.W. Suite 31, Tacoma 98499. Phone (206) 584-3023 or 582-2542.

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Immediate opening - full time & part time positions and directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405 ask for Lois.

MEDICAL EQUIPMENT

Burdick ECG machine and stand \$1474.00. 24 test isocult incubator \$62.50. Ultraviolet examining light \$49.00. Evenings 588-7545, days Dr. Boyle 582-8440.

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Merlin telephones, model 206. Standard 5 button set with control unit. \$950.00. Call between 9:30 and 5:00 p.m. 564-9074.

PRACTICES AVAILABLE

WESTERN CLINIC, a large multispecialty clinic, is seeking physicians for the following positions: Family Practice at Port Clinic Facility - No nights or weekends; no OB. General Internal Medicine - at Tacoma Facility. Ob-Gyn - for both Tacoma and Gig Harbor facilities. Family Practice with OB - at Tacoma facility. All positions offer excellent starting salary, fringe benefits, and partnership potential. Contact William Brand, M.D., c/o The Western Clinic, 521 South K Street, Tacoma WA 98405, 206-627-9151.

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Full time position available for general practice M.D. in Gig Harbor clinic, affiliated with G.H. physicians, needed immediately. Contact James Patterson, M.D. (206) 851-5121.

FOR SALE

BOSTON WHALER SAILBOAT, Harpoon 5.2 w/trailer, \$3,995.00. 4HP Evenrude motor, \$795.00. John Chester, (503) 399-9129.

WSMA ANNUAL MEETING  
SHERATON-TACOMA  
September 17-20

MSPC will be well represented at the WSMA House of Delegates meeting in Tacoma, September 17-20.

President Dick Bowe will lead the following who will serve as delegates and alternate delegates:

#### DELEGATES

Richard G. Bowe, Pres  
William B. Jackson, Pres Elect  
Kenton C. Bodily, Vice Pres  
Robert B. Whitney, Sec-Treas  
Gerald W. Anderson, Trustee  
Johann Duenhoelter, Trustee  
Michael L. Halstead, Trustee  
Ronald W. Knight, Trustee  
Peter K. Marsh, Trustee  
Paul D. Schneider, Trustee  
Eileen R. Toth, Trustee

#### ALTERNATE DELEGATES

Leonard B. Alenick  
Charles L. Anderson  
Thomas H. Clark  
David S. Hopkins  
James D. Krueger  
DeMaurice Moses  
Gilbert J. Roller  
G. Bruce Smith  
George Tanbara  
Stanley W. Tuell  
Surinderjit Singh

MSPC representatives on the WSMA Board of Trustees and serving as delegates will be:

Ralph A. Johnson, WSMA President-Elect  
Richard Hawkins, Vice Speaker  
Robert G. Scherz, WSMA Trustee  
Charles M. Weatherby, WSMA Trustee

MSPC members representing other organizations as delegates:

Richard A. Hoffmeister, Washington Orthopaedic Association  
William G. Marsh, WSMA/- Hospital Medical Staff Section  
Richard Vimont, Senior Physicians of Washington

Dr. Bowe will be serving as Chairman of the committee to select the meeting site of the 1991 WSMA Annual Meeting and Dr. Peter Marsh will chair Reference Committee B. Dr. Hawkins, Vice Speaker will be alternating with Dr. David Williams, Speaker, in chairing the proceedings of the House of Delegates.

#### RETIRED MEMBER LUNCHEON

"U.S.S.R. and One" is the title of Dr. Kenneth Gross' talk scheduled for the Retired Member Luncheon on September 8. Dr. Gross will talk about his trip to Russia which included visits to hospitals and other medical facilities.

The meeting will be held at the Tacoma Dome Hotel, 12:00 noon, Wednesday, September 8. Registrations should be sent or called in by September 4 to the Medical Society office.

If you have retired, bring your spouse and join your colleagues for an enjoyable lunch and company.

#### DOCTOR/LAWYER/DENTIST FIELD DAY

A full day of activities is planned for the Doctor/Lawyer/Dentist Field Day scheduled for Friday, September 25.

The Field Day will consist of three activities: golf, tennis, and a running event (5-mile). A prime rib dinner with awards ceremonies taking place at the Tacoma Golf & Country Club at the conclusion of the events.

For more information, please call the Medical Society office at 572-3667.

## WSMA Annual Meeting

SEPTEMBER 17-20

Tacoma Sheraton

ADVERTISING AND NEWSLETTER COPY MUST ARRIVE IN THE SOCIETY OFFICE BY THE 15TH DAY OF THE MONTH PRECEDING THE PUBLICATION DATE. ADVERTISEMENTS IN THIS NEWSLETTER ARE PAID AND NOT NECESSARILY ENDORSEMENTS OF SERVICES OR PRODUCTS.

-----

Family Practice - Excellent opportunity with Seattle's leading provider of Family Practice. Positions available thru out greater Seattle. Current license BC/BE in family practice. Attractive salary incentive/benefits. Contact CHEC Medical, 2200 6th Ave. #225, Seattle 98121, Debbie Phillips (206) 728-6888.

Clinic and active Family Practice for sale in Puyallup - Contact: "PRACTICE" 10215 12th Ave. S., Tacoma 98444.

GENERAL

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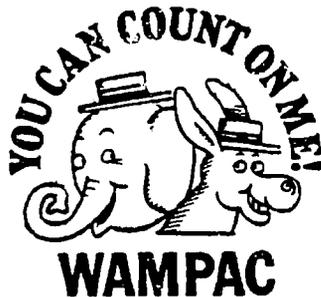
FOR SALE ELEGANT, PANORAMIC VIEW HOME in a professional neighborhood in the Narrows/St. Charles area. This home features quality in every area from the formal living and dining rooms with full marine and mountain views to the expansive master suite, to the luxurious, fully equipped birch kitchen. The unique entertainment areas are highlighted by a fireplace conversation pit and library. The home is perfect for entertaining and for a large family with more than 4,200 sq. ft., 6 bedrooms and 3 baths. It has an attractive brick front and features 1/2 acre beautifully landscaped grounds with 2 private patio yards. There is much more..... Further reduced \$14,000 the home is now offered for sale at \$174,500. Please call RON WILLIAMS for further information or a private showing. #46014. 752-6696 (ofc) or 752-7069 (Evenings). W.H. OPIE & Co.

OFFICE SPACE

Professional office space 3 blocks from Allenmore Medical Dental Building. Approximately 1200 square feet remaining. Generous leasehold improvements. \$11 per square foot. 752-6622.

ARE YOU AVAILABLE FOR LOCUM TENENS? If so, please contact the Society office, 572-3667.

DO YOU MAKE HOUSE CALLS? If so, please contact the Society office at 572-3667.



Many members of the Society volunteer their time and expertise to speak before groups who have requested a speaker from the Medical Society. The following members graciously volunteered:

Robert G. Scherz, M.D. - Rainier Chapter, Am Assn. of Medical Transcriptionists

Michael R. Lovy, M.D. - Am. Assn. of Retired Persons, Chapter #27

Paul D. Schneider, M.D. - Pierce College Nursing Students

Thomas M. Herron, M.D. - Gig Harbor Rotary

Juan F. Cordova, M.D. - Rainier Chapter, Am. Assn. of Medical Transcriptionists

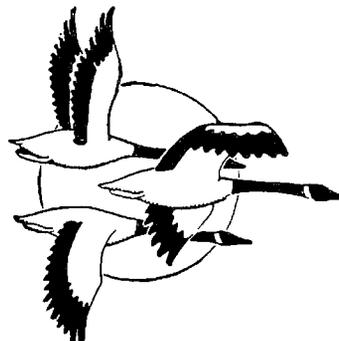
Dr. Roy H. Virak Assumes Chairmanship at PCMB

Dr. Roy Virak, MSPC member since 1961 assumed the Chairmanship of Pierce County Medical Bureau's Board of Trustees in May. Dr. John H. McGowen was selected as Chairman-Elect.

The Bureau is celebrating its 70th Anniversary. It was founded on June 17, 1917 by 11 physicians. Today, Pierce County Medical covers over 1800 groups and has over 1,000 Participating Providers.

September

- 1 ... Board of Trustees
- 3 ... "Project Access"
- 4 ... Committee on Aging
- 8 ... General Membership Meeting - Fircrest Golf Club
- 9 ... Credentials Committee
- 9 ... Retired Member Luncheon - Tacoma Dome Hotel
- 10 ... MBI Board of Directors
- 10 ... WSMA Delegate Caucus
- 14 ... Medical-Legal Committee
- 15 ... Executive Committee
- 16 ... Public Health/School Health Committee
- 17 ... House of Delegates convenes - Sheraton Hotel
- 18 ... WSMA Reference Committees
- 19 ... MSPC Delegate Caucus (Breakfast)
- 20 ... MSPC Delegate Caucus (Breakfast)
- 21 ... Dr. S. Havsy vs. MSPC trial commences
- 23 ... AIDS Committee
- 23 ... MSPC Computer User Group
- 24 ... EMS Committee
- 24 ... "Better Dental Health" Committee
- 25 ... Field Day
- 28 ... Continuing Medical Education Comm.



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WELCOME BACK  
DR. POMEROY!

Climbing hills on a bicycle is hot work in Pennsylvania in July, with humidity about 85% and the temperature above 90. The county roads go straight up, steep pitches sometimes half a mile. I was glad the climb up "the ridge" on US 40 had to cater to trucks too; it wasn't so steep. But it was 3 miles long...and the sign for trucks descending said "10% grade", so it was steep enough. Once at the top, at a well-earned water break, I thought of how far I had come to get here. 3200 miles give or take a few, and I was in better shape than I had every dreamed. Sure, I still stopped for a breather on hills, but I could start 3 minutes later and my legs felt fresh and ready to climb.

Heading down the other side, just as steep, with a broken-pavement shoulder, a bumpy white line to follow, and coal trucks roaring by three feet to the left at sixty mph, the thought occurred to me that an unexpected twist of the handlebars would turn me into road hamburger in an instant. After all, I was going 40 mph!! The moment hangs crystallized in my memory: terror, confidence that I could make it, prayer that the Lord would agree with me, and my hands firmly wrapped around the drops of my trusty Nishiki, weight planted on the pedals and seat equally. The truck rumbled on, I

heaved a sigh of relief and avoided the next patch of gravel with a smooth flick of the bars. Just another slice of adventure in the life of a "Trekker".

TransAm Trekker that is. A participant in the TransAmerica Bicycle Trek, a fund-raising event sponsored by and for the benefit of the American Lung Association. Seattle to Atlantic City, 46 days, 3400 miles, with 196 riders and 25 support staff. Breakfast and dinner provided, lodging (tent, dorm room, or (rarely) a motel) arranged, overnight gear transported. Just pay \$100. to register, raise \$5000 minimum in pledges for the ALA, and you're off. Piece of cake, right? Well, not exactly but close enough. With the generous help of many members of the MSPC, I made the minimum pledge level in early March. With pledges coming in even as I was riding, I made it to my goal of \$10,000. by the final day. In all, \$1,261,000. went into the coffers of the ALA. Some went for expenses of the Trek, but within a tightly controlled budget. Most of the money goes back to each of the 30 states represented by cyclists on the Trek, in proportion to the amounts raised by each trekker. The 22 Washington trekkers raised over \$140,000 for the state chapter.

I was the only MD on the Trek, but I was not a member of the staff. I went along for the ride! The medical support was excellently organized and

deployed; there was an EMT in each of the four support vans, and each van had three radios. A "base-support" ham radio operator was designated each day in the area of our travel. The vans, midway checkpoint, gear truck, and base support were in constant contact. Every Trekker had the phone number of the base support so Trek staff support was always easy to reach.

Emergencies did occur, as one might expect over the course of 686,000 trekker-miles. Bicycle-auto encounters happened relatively rarely until Pennsylvania: 3 from Seattle through Ohio, and 6 in Pennsylvania. Thankfully none resulted in more than scrapes and bruises (some quite extensive hematomas though). One woman fell asleep while riding and suffered a concussion in the resulting fall; she spent the night under observation in the local hospital. Many riders had occasion to "use" their helmets, including yours truly. (Helmets were required gear at all times, and were without question the most important item of safety gear anyone had.) Two men, in separate incidents, injured shoulders, one separated, one fractured clavicle. Heat exhaustion caught up with 6 or 7 riders in our many days of over 90 degree heat. All of these were handled quite well by the Trek medical staff.

The Medical Society of Pierce County welcomes the following who have made application for membership into the Society. 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.

#### SEPTEMBER READINGS

ROBERT J. BOYER, M.D., Emergency Medicine. Born in Newark, NJ, 4/29. Medical School, Chicago Medical School, 1979; internship/residency, Christ Hospital, Oak Lawn, IL, emergency medicine, 7/79-6/82. Washington State License, 1987.

JOSEPH P.M. BYRNES, M.D., Anesthesiology. Born in New Rochester, NY, 6/45. Medical School, University of Illinois, 1977; internship, Mayo Clinic, pediatrics, 6/77-7/78; residency, University of Miami, anesthesiology, 7/78-4/79 and 4/80-8/80 and Ohio State University Hospital, anesthesiology, 8/80-8/81. Washington State License, 1987. Dr. Byrnes is currently practicing at Lakewood Hospital.

THEODORE G. GOLDFARB, M.D., Pathology. Born in Oceanside, NY, 4/31. Medical School, Ohio State University, 1957; internship, University of Colorado Medical Center, 7/57-6/58; residency, Huron Road Hospital, Cleveland, OH, pathology, 8/61-7/62 and Cleveland Clinic, pathology, 7/63-6/66. Washington State License, 1977. Dr. Goldfarb is currently practicing at 3582 Pacific Avenue, Tacoma.

THEODORE A. MANOS, M.D., Anesthesiology. Born in Tacoma, WA, 10/55. Medical School, University of Washington, 1983; internship, University of Michigan, 6/83-6/84; residency, University of Michigan, 6/84-6/86. Washington State License, 1987.

JESSOP M. McDONNELL, M.D., Orthopedics and Metabolic Bone Disease. Born in Washington, D.C., 9/49. Medical School, University of Texas Health Science Center, 1981; internship, Akron General Medical Center, Orthopedics, 7/81-6/82; residency, Akron Medical Center, Orthopedic Surgery, 7/82-6/86. Washington State License, 1987. Dr. McDonnell is currently practicing at 1624 So. I Street, Tacoma.

BRIAN W. REAGAN, M.D., Emergency Medicine. Born in Tacoma, WA, 2/44. Medical School, University of Washington, 1970; internship, San Francisco General Hospital, 7/70-6/71. Washington State License, 1985. Dr. Reagan is currently practicing at St. Joseph Hospital.

JAMES S. REED, M.D., Gastroenterology. Born in Delaware, PN, 11/46. Medical School, University of North Carolina, 1972; internship, University of Chicago, 6/72-6/73; residency, University of Chicago, 7/73-6/75; graduate training, University of Chicago, gastroenterology/hepatology, 7/75-6/77. Washington State License, 1987. Dr. Reed is currently practicing at B-4006 Allenmore Medical Center, Tacoma.

Continued on Page 10

DISCHARGING A  
PATIENT..PROCEDURES

Occasionally the Medical Society will receive a call from a physician's office wishing to terminate patients from their care. It is considered unethical and unprofessional conduct to "abandon" a patient. However, to avoid charges of patient abandonment and to manage the discharge properly, the following steps should be taken when terminating care to a patient: 1) Send a certified letter to the patient, return receipt requested, stating that future care will not be provided and stating the reason (failure to follow medical advice, keep appointments, financial irresponsibility, incompatibility, etc.. MSPC office has sample letters available) 2) Offer to provide emergency care for a defined period of time until the patient can make other arrangement, but in any event not more than 30 days; 3) Offer to forward medical records to a new physician and enclose a records release authorization form; 4) If you wish, you may refer your patient to the MSPC referral service to locate a new physician.

PARLIAMENTARY PROCEDURE  
COURSE OFFERED

Dr. Stan Tuell and Tacoma Community College will again offer the popular evening course on Parliamentary Law and Procedure.

Knowledge of parliamentary procedure is a necessity if you will be attending meetings of the organizations you belong and IT will enhance your ability to achieve your goals at the meetings.

Dr. Tuell, a Registered Parliamentarian (only 32 in the state and the only physician) was also Speaker of the WSMA House of Delegates for the unprecedented period of 17 years.

His classroom presentations and take home materials enable the student to enter the Board room well prepared.

The course consists of eight evening, two hour classes beginning September 28, Tacoma Community College campus. For more information call Dr. Tuell at 927-1117 for a registration form call 566-5035.

SPORTS MEDICINE CONFERENCE

Sports medicine '87 "FITNESS: NEW CHALLENGES AND CONCEPTS, is the theme of this years sports medicine Symposium sponsored by the 50th and 6250th General Hospitals of the US Army Reserve and Madigan Army Medical Center.

(bottom next column)

RETIREMENT BECKONS  
FOR 15 MEMBERS

Nearly 400 years of practicing medicine in Pierce County came to an end when 15 members of the Society decided to "hang up their shingle" in 1987.

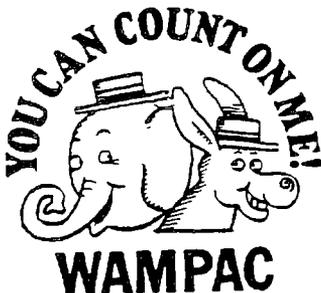
Dr. Bowe, President and the Board of Trustees have acknowledged the many contributions these members have made to their patients, the community and the Society. Their contributions have been many. Dr. Kanda, Dr. Lane and Dr. Bischoff each served as President of the Society and played an active role in its activities as did the others in the committee structure.

The best wishes and thanks of the Society membership go to the following for a healthy and enjoyable retirement.

- John R. Alger ....1960\*
- Guus W.C. Bischoff...1959
- Roger S. Dille.....1947
- Dudley Houtz .....1956
- Edmund A. Kanar ....1955
- John M. Kanda .....1956
- Jack E. Kemp .....1970
- Robert E. Lane .....1951
- Michele Maddalosso..1966
- William McIlroy ....1976
- Ray Miller .....1968
- Harvey Sales .....1975
- J. Lawrence Smith ..1966

The Symposium is scheduled to begin at 8:00 a.m., Saturday, October 3, 1987, Clarkmore Elementary School, Fort Lewis, WA.. Registration fee is \$5.00.

For more details, call 967-5046....



Trek, cont.

I did provide support to the staff and to Trekkers whenever asked (on the average twice a day). Often it was simply reassurance or advice on riding techniques to minimize neuritis for instance. I arranged for prescriptions through local physicians for refills of seizure medication, ointment for conjunctivitis, and clotrimazole for the ubiquitous yeast infections which plagued many of the women riders. I shared pearls on treatment of back ailments with a physical therapist on the trip (as a Trekker). We had no lack of subjects for demonstration. I assessed two individuals with abdominal pain, to help determine if indeed they needed to be seen at a hospital that night. I felt privileged to be able to help fellow riders with my knowledge and training.

What did I get out of it? The chance to eat as much of anything I wanted, from donuts to pasta, milkshakes to French toast,...and to lose 10 pounds in doing so. The chance to experience this amazing country first hand, with all my senses working every single moment to take it all in: the changes in terrain and weather (dry heat to wet heat), the grandeur of the Rockies, the desolation of the High Plains, the increasing density of population as one moves East. The opportunity to feel the kindness and support of people all across the

country, from all of you here in Washington to the family of two little girls and their parents carrying ice water to the road to refill our water bottles after a long hill in Pennsylvania. The chance to renew my spirit and sense of self, to accomplish a dream, and to share in the growth of many individuals (myself included). The chance to have fun (I have never laughed more in six weeks) and benefit a good cause at the same time. The opportunity to know that I am blessed to be able to call one of the most spectacular areas in the country home.

Thanks to all of you for your support, to me personally, to the Lung Association, and to my patients in my absence. It's good to be back.

MEDICAL LIBRARIAN RECIPIENT  
OF  
RECOGNITION AWARD

At the graduation ceremonies held by Tacoma Family Medicine for Family Practice Residents on June 26, 1987, at the Tacoma Golf and Country Club, a plaque was presented to Marion von Bruck, Medical Librarian, citing her outstanding service and continued support of the program since it was established in 1978. The plaque was presented by Dr. William F. Hennessey, third year resident, in the company of faculty, family members, and other honored guests.



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THERESA M. TEREM, M.D., Colon Rectal Surgery. Born 12/56. Medical School, Loyola Medical School, 1981; internship, University of California Irvine, 7/81-7/82; residency, University of California Irvine, 7/82-7/86; graduate training, Cleveland Clinic, 7/86-7/87. Washington State License, 1987. Dr. Terem is currently practicing at 902 So. L Street, Tacoma.

### Group Practice Opportunity

The Virginia Mason Clinic in Mountlake Terrace, Washington has an exceptional practice opportunity for a BC/BE Family Practitioner to join five other MDs (four FP, one IM). Experience preferred. Obstetrics capability optional.

This clinic is a satellite of the Virginia Mason Clinic, a large subspecialty group practice in Seattle. Backup and referral care is available at Virginia Mason Medical Center as well as in the community.

The position offers a salary and excellent benefits. Mountlake Terrace is located in south Snohomish County halfway between Seattle and Everett.

Please send C.V. or contact Hinda Schnurman, Clinic Manager  
Virginia Mason Clinic-Mountlake Terrace  
23109 55th Ave., West • Mountlake Terrace, WA 98043  
(206) 774-2121

### AMA FILES BRIEF WITH SUPREME COURT

The AMA has filed its brief with the U.S. Supreme Court asking it to review the decision of the U.S. Circuit Court of Appeals for the first Circuit that upheld the constitutionality of the Massachusetts statute which requires physicians to accept the Medicare "reasonable" charge as a condition for medical licensure.

The high court is expected to decide later this year whether to hear the case.

In question is whether, under the Supremacy Clause of the United States Constitution, a state law may eliminate an option which Congress specifically enacted and deliberately preserved to ensure the proper operation of its federally funded and federally administered health insurance program.

In enacting the Medicare Act Congress deliberately gave physicians the option to charge Medicare beneficiaries an amount which exceeds the Medicare reimbursement level. The Massachusetts statute explicitly eliminates this federally-created option.

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LETTER TO THE EDITOR

Dear Medical Society of  
Pierce County,

We would like to express  
our heart felt thanks to  
the Medical Community for  
the outstanding care,  
support, prayers, and love,  
we felt through this time  
of need that we just  
experienced.  
Much of the blood that was  
received has been replaced  
by you, PLU students, and  
yes, believe it or not the  
legal community.

We hope that we can someday  
return all this love and  
concern in like manner. It  
is a wonderful thing to  
know that we have such a  
caring and well qualified  
medical community.

Sincerely,

Charles and Cindy Anderson  
and Family

"An Apple a Day..."  
Does What?

Actually, this isn't the  
time (or publication) to  
complete that old saying.  
However, if you don't send  
in your dues - you will be  
kept away from a year of  
fascinating programs,  
intriguing luncheons (and  
even a November evening  
meeting with super  
desserts and an address by  
Joe Pescatella "Don't Eat  
Your Heart Out") all

combined with that special  
camaraderie that exists  
within the Medical  
Auxiliary. Your check for  
\$55 will bring all this  
(and more) to your life -  
as reservations can easily  
be done by telephone.  
Send your check to the  
Dues Treasurer: Helen  
Whitney, 1736 Fairview Dr.  
S., Tacoma WA 98465. Oh  
yes, I seem to have an  
over abundance of stamps  
so if you need one for  
mailing, contact me and  
I'll be glad to send it to  
you.

Ginnie Miller

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GOURMET DINING

The Medical Auxiliary  
Gourmet Group has scheduled  
their first dinner of the  
year for October 24th at  
the home of Bob and Debbie  
McAlexander. The theme is  
a regional one - New  
England. This group  
strives for authenticity  
and a committee member is  
going to the Cape Cod area  
early in the month, and  
will send back recipes and  
possibly an ingredient or  
two. This attempt for  
"perfection" will probably  
not be duplicated any other  
time so if you are inter-  
ested -contact one of the  
following committee  
members: Debbie  
McAlexander, Carol Hazel-  
rigg, Ginnie Miller.

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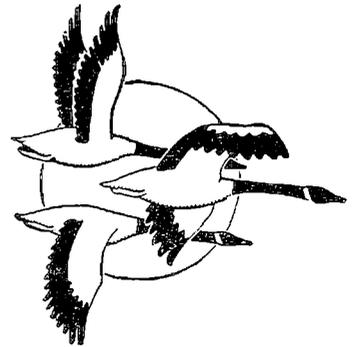
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# WSMA Annual Meeting

SEPTEMBER 17-20

Tacoma Sheraton, Tacoma.



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705 South Ninth Street, Suite 203  
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## DR. RALPH JOHNSON ASSUMES PRESIDENCY OF WSMA

MSPC and Tacoma hosted the 98th WSMA Annual Meeting September 17-20. Over 500 members attended the House of Delegates and Scientific Program held at the Tacoma-Sheraton and Holiday Inn respectively.

A highlight of the meeting was the inauguration of Dr. Ralph A. Johnson, Tacoma surgeon as President of WSMA. A long-time activist in organized medicine, he and JoAnn settled in Pierce County in 1962 after completing his residency at Mayo Clinic.

He served on the MSPC Board of Trustees 1976-78 and as President in 1978. He was a member of the WA. St. Medical Disciplinary Board 1978-82. He has served the WSMA in many capacities. Ralph was the first Chairman of the WSMA Hospital Medical Staff Section and was a member of the WSMA Delegation to AMA 1983-87.

Congratulations to Ralph and JoAnn. The membership extends its appreciation for the tremendous commitment of time and effort that goes with the position.

MSPC NEWSLETTER

MSPC again had a full delegation representing it at the Annual Meeting held at the Tacoma/Sheraton. It has become a tradition that the Society is one of the  
(Cont. on page 11)

## INITIATIVE 92

November 3 is only 30 days away! Have you been talking to your patients about Initiative 92? Recent public opinion data shows that contact by "your personal physician" is a significantly credible source of information.

You must take the time to discuss I-92 and mandated assignment with your patients and to distribute the explanatory material available free of charge from the WSMA or MSPC offices.

The explanatory material (brochures, posters) is available by calling the MSPC office. Members of the PCMS Auxiliary under the guidance of Legislative Committee chairman, JoAnn Johnson will be distributing the material to doctors offices. Take advantage of this service.

Dr. Ralph Johnson, WSMA President Elect (now President) and Mr. Tom Curry, WSMA Executive Director, addressed over

100 MSPC members at the September 8 General Membership Meeting. They outlined actions being taken to combat the Initiative. Members in attendance at the meeting came away knowing that WSMA has a well organized effort to win on November 3.

Drs. Bowe, Bodily, Hawkins and Mr. Jackman attended a Speaker's Workshop in July arranged by WSMA to prepare them to make presentations to various groups. The speakers have been busy, they have appeared before the following groups:  
Weyerhaeuser Retirees  
Tacoma Narrows Rotary  
Daffodil Valley Kiwanis  
Fife/Milton Rotary  
Lakewood Chamber of Comm.  
P.C. Clinic Managers  
Physician Assistants  
Puyallup AARP #216  
Tacoma AARP #1014  
P.C.C.M.A.

### Talk to Your Patients

Again, the importance of talking to your patients about I-92 cannot be over emphasized. Recent public opinion data shows that contact by "your personal physician" is a significantly credible source of information.

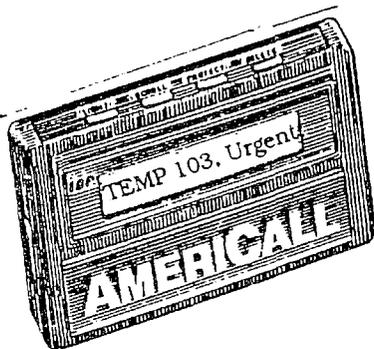
Order your campaign materials today! Call the Society office and Auxiliary volunteers will deliver them promptly,



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## BOARD ACTIONS

### No Dues Increase for 1988

The Board of Trustees at its September 1 meeting approved the 1988 Proposed Budget which does not call for a dues increase in 1988. This is the fourth consecutive year without a dues increase.

The Budget projects 1988 expenses to be \$186,580 and total income \$196,364 for an excess over expenses of \$9,784. The reserves are expected to be \$64,661 or 46.9% of the Basic Operating Expense (BOE). BOE is defined as the expense of maintaining the MSPC exclusive of the expense of maintaining the Medical Library and College of Medical Education.

The Budget is based on 565 full dues paying members. Non-dues income for 1988 is estimated to be nearly 18% of budget. This is an increase over the 14% projected for 1987.

Several actions taken by Membership Benefits Inc. has seen the Society's for-profit subsidiary become a profitable holding. Placing the Bulletin on a quarterly basis and replacing it with a newsletter has resulted in big savings. Utilizing a laser printer rather than typesetting has netted a savings without any diminishment in quality of the Bulletin.

## Auxiliary Report

Mrs. Beverly Graham, President, PCMSA reported that the Auxiliary is gearing up to assist in the STOP 92 campaign and a committee is working closely with WSMA staff to coordinate activities for the WSMA Annual Meeting.

The Auxiliary will be developing a new fund raising program to replace the style show done in '87' Mrs. Graham reported.

### EMS Recommendations to TFD

Dr. James Fulcher, Chairman EMS Committee reported that the Committee had submitted two recommendations on ALS Transport to the Tacoma Fire Department who would be letting a contract out to an ambulance company for patient transport. The recommendations were:

(1) CONTINUITY OF CARE: the first responding paramedic team should maintain responsibility for the paramedic services until the patient arrives at the receiving facility. There should be no "hand off" of responsibility to a second team.

(2) IMMEDIATE TRANSPORT CAPABILITIES: the first responding paramedic team should be able to transport immediately on all ALS cases. There should not be need to await the arrival of a second paramedic team of transport capability.

PIERCE COUNTY EMS SYSTEM-  
-"WHERE ARE WE AND WHERE ARE WE GOING"

Dr. Clark Waffle, Program Medical Director, Pierce County EMS System addressed the Board on the current structure of the EMS System and alternatives being recommended by the Tacoma/-Pierce County Health Department and Dr. Waffle. The proposals will be discussed at the September Committee meeting with the Committee making recommendations to the Board following that meeting.

### SIXTEEN NEW MSPC MEMBERS WELCOMED BY BOARD

The Board approved the recommendations of the Credentials Committee chaired by Dr. Richard Waltman that 16 applicants be approved for membership into the Society. They are:

Brian Berry, Ped.  
Edward L. Bitseff, Jr.  
Plastic Surgery  
John C. Bruce, E.M.  
C. Kevin Bulley, Anes.  
William J. Crabb E.M.  
John S. Dimant, Ped.  
Barbara J. Fox, Derm.  
Patrick J. Hogan, Neur.  
Thomas J. Kimpel, Neur.  
Mary A. Lee, Ob-Gyn  
Dennis L. Magnotto, E.M.  
Lawrence A. Price, F.P.  
Jon L. Ruckle, I.M.  
John S. Smoots, I.M.  
Ronald K. Sugiyama, Ophth.  
Ian A. Whitcroft, F.P.

(Cont'd on Page 9)

ADVERTISING AND NEWSLETTER COPY MUST ARRIVE IN THE SOCIETY OFFICE BY THE 15TH DAY OF THE MONTH PRECEDING THE PUBLICATION DATE. ADVERTISEMENTS IN THIS NEWSLETTER ARE PAID AND NOT NECESSARILY ENDORSEMENTS OF SERVICES OR PRODUCTS.

## POSITIONS AVAILABLE

Family Practice. Excellent opportunity with Seattle's leading provider of Family Practice. Positions available throughout greater Seattle. Current license BC/BE in family practice. Attractive salary incentive/benefits. Contact CHEC Medical, 2200 6th Ave. #225, Seattle 98121, Debbie Phillips (206) 728-6888.

Immediate Openings - full time and part time positions and Directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405 ask for Lois.

Physician opening. Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900 100th St. S.W., Suite 31, Tacoma 98499, phone (206) 584-3023 or 582-2542.

Board Certified, Board eligible internal medicine specialists needed. Several practice opportunities available group and solo. For more information please call Pat Bailey at 833-7711 or 248-4550.

NEUROLOGISTS/NEUROSURGEONS - Haelen Medical Evaluations is an independent evaluation facility specializing in comprehensive medical examinations. We have a growing need for Neurologists/Neurosurgeons to participate in individual and panel evaluations in the Tacoma area. The patient examinations are scheduled in our facility to correspond with the Physician's available hours, Monday through Saturday. You are invited to join our growing number of Physicians who provide evaluations to our rapidly growing referral base. For further information please call 627-0565, from 8 a.m. to 5 p.m. Monday through Saturday or feel free to come by and see the facility.

HAELEN MEDICAL EVALUATIONS is an independent evaluation facility specializing in comprehensive medical examinations. We have a growing need for medical specialists to participate in individual and panel evaluations in the Tacoma area. The patient examinations are scheduled in our facility to correspond with the Physician's available hours, Monday through Saturday. You are invited to join our growing number of Physicians who provide evaluations to our rapidly growing referral base. For further information please call 627-0565, from 8 a.m. to 5 p.m. Monday through Saturday or feel free to come by and see the facility.

ORTHOPEDIC SURGEON - Haelen Medical Evaluations is an independent evaluation facility specializing in comprehensive medical examinations. We have a growing need for orthopedists to participate in individual and panel evaluations in the Tacoma area. The patient examinations are scheduled in our facility to correspond with the Physician's available hours, Monday through Saturday. You are invited to join our growing number of Physicians who provide evaluations to our rapidly growing referral base. For further information please call 627-0565, from 8 a.m. to 5 p.m. Monday through Saturday or feel free to come by and see the facility.

PACIFIC N.W. OPPORTUNITIES. We have openings in the N.W. and California. Let us assist you. Send C.V. or call: Western States Physicians Service, 9605 Sunrise Beach Dr. N.W., Gig Harbor, WA 98335 (206) 851-6201.

## In Memoriam

Joseph E. Garzon, M.D.  
1932-1987

Our medical community was deeply saddened on June 26, 1987, with the death by lymphoma of Dr. Joseph Garzon.

His close involvement with cardiovascular surgery began in 1973 when he modified his own growing surgical practice to assist on virtually every open heart procedure to be performed for the next three years. His aptitude and dedication to this task were then quickly noted by every arriving cardiac surgeon, and until his terminal incapacity, his presence for the most lengthy and difficult procedures was regularly requested.

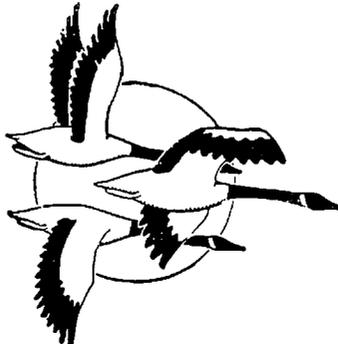
Joe was a precise man, with an extreme level of ethical conduct with his fellows. At one time, he strongly considered writing a surgical textbook on assisting at cardiac surgical operations. It is regrettable that he did not because his methods for vein harvest, back and side table layout, vein preparation and storage, and optimization of surgeon's vein graft suturing technique have not been equalled. Joe came by this easily, with a natural regard for precision and proper order. Once, on a picnic at his summer home on Hartstein Island, he invited me to walk up the hill behind the house to see a tree house he had

built for his children during an earlier summer. Expecting to see a few boards more or less horizontally placed above eye level, I was amazed to find, high above us, a house so well constructed that a half dozen adults could have found safe refuge there, under a shingled roof, during the windiest of our northwest storms.

It was my pleasure to work with Joe in the Tacoma Surgical Club and on numerous hospital committees. He never said a disparaging word about anyone, and always was able to moderate particularly severe attitudes, so that all concerned would realize that another look was necessary before reaching an important decision.

Even in the later stages of his disease, Joe was ready for work, at any time, on any operation. I am indebted to him for this, but only to a minor degree compared to the attitudes he expressed, and then demonstrated, about working and living with a terminal disease. He is missed greatly, but his life as viewed by those who worked with him will not be forgotten.

Cordell H. Bahn, M.D.



## Pictorial Directory

The Pictorial Directory, published by the Medical Society of Pierce County, MBI, is now being distributed. Please check your copy to make sure the information regarding your listing is correct. We make every attempt possible to insure the information is correct, but mistakes do happen. Please call the Medical Society office, 572-3709 no later than October 15th, to let us know about any changes.

The Pictorial that was published in 1984 was done by a California Company that left the Medical Society with no access to the photos, advertisements or any other information about the book. We had to start from ground zero. But this year, the entire book was done locally, from the photography to the binding.

We encourage you to support the advertisers in the book as they make it possible to keep the costs down.

If you have any comments about the Pictorial Directory we would be interested in hearing from you. Call Membership Benefits at 572-3709.



## CALENDAR

### October Meeting Dates..

- 2...Comm. on Aging
- 6...Board of Trustees
- 13..General Membership Mtg.
  
- 14..Credentials
- 19..Medical-Legal
- 20..Executive Comm.
- 21..Public Health/Sch.Health
- 22..Fluoride Comm.
- 22..EMS Comm.
- 28..Computer User Group

## BOSSES NIGHT

The Pierce County Medical Assistants cordially invite you and your physician employer to attend Bosses Night on Tuesday, October 27 at the Fircrest Golf Club. Cocktails will be from 6:30-7:30, dinner 7:30-8:30 with entertainment (provided by peers) beginning at 8:30. Your choice of dinner will be chicken cordon bleu \$12.25 or prime rib \$17.25. Invitations will be mailed to all Medical Society member offices or if you need more info, please call Mary Ann at 627-9184 or Dixi at 383-3325.

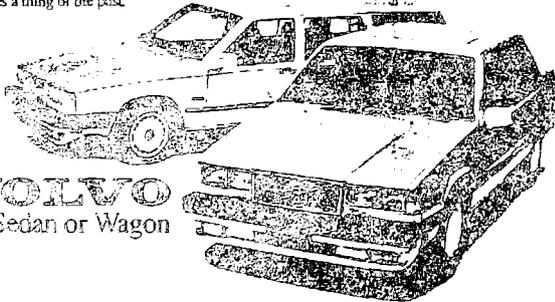
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Wayne Thronson

Marge Johnson, CPCU  
Rob Rieder  
Bob Cleaveland, CLU  
Curt Dyckman

The Medical Society of Pierce County welcomes the following who have made application for membership into the Society. 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.

ALLEN M. CLARK, M.D., Pathology. Born in Boston MA, 11/15/38. Medical School, Jefferson Medical College, 1966; internship, University of Colorado, 6/66-6/67; residency, University of Colorado, pathology, 6/67-7/71. Washington State License, 1987. Dr. Clark is currently practicing at 3582 Pacific Avenue, Tacoma.

THOMAS L. DUMLER, M.D., Diagnostic Radiology. Born in Denver CO, 1/17/52. Medical School, Washington University Medical School, St. Louis, 1979; internship, Jewish Hospital of St. Louis, 7/79-6/80; residency, Baylor College of Medicine, 7/80-6/83. Washington State License, 1984. Dr. Dumler is currently practicing with Tacoma Radiological Associates.

DAVID T. ESTROFF, M.D., Pediatrics. Born in Syracuse, NY, 1/15/48. Medical School, Hahnemann Medical College, 1976; internship, Emory University, pediatrics, 7/76-7/77; residency, Oregon Health Sciences University, pediatrics, 6/79-7/82. Washington State License, 1987. Dr. Estroff is currently practicing at 521 So. K Street, Tacoma.

STANLEY S.W. IP, M.D., General Surgery. Born in Hong Kong, 1/20/57. Medical School, University of Toronto, 1982; internship, Huntington Memorial Hospital, Pasadena, general surgery, 6/82-6/83; residency, Huntington Memorial Hospital, general surgery, 7/83-6/87. Washington State License, 1987. Dr. Ip is currently practicing at 10109 Plaza Drive, S.W., Tacoma.

WILLIAM H. NICOLAUS, M.D., Anesthesiology. Born in Milwaukee, WI, 10/17/32. Medical School, University of Wisconsin, 1957; internship, Milwaukee Hospital, 7/57-6/58; residency, University Hospitals, Madison WI, anesthesiology, 5/61-4/63. Washington State License, 1980. Dr. Nicolaus is currently practicing at Puget Sound Hospital, Tacoma.

JARED C. ROGERS, M.D., Family Practice. Born in Santa Fe, NM, 8/2/54. Medical School, Southern Illinois University of Medicine, 1978; internship, Silas B. Hays Army Comm. Hospital, 7/78-6/79; residency, Silas B. Hays Army Comm. Hospital, 7/79-6/81. Washington State License, 1987. Dr. Rogers is currently practicing at 11019 Canyon Rd. East, Puyallup.



## PRACTICES AVAILABLE

PRACTICE OPPORTUNITY SOUTHWEST WASHINGTON STATE. Practice opportunity available for a BC/BE family practice physician in hospital-owned clinic in Randle, Washington. OB desirable. D.O. preferred; will consider M.D. Current physician is retiring; will assist with transition. Physician compensation package can be tailored to candidate's needs.

Randle is approximately 20 miles east of Morton, WA in beautiful, rural southwest Washington State. Hospital is located in Morton. The area offers excellent outdoor recreational opportunities and relaxed lifestyle.

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Burdick ECG machine and stand \$1474.00. 24 test isocult incubator \$49.00. Evenings 588-7545, days Dr. Boyle 582-8440.

### AIDS COMMITTEE

The Board was informed that the AIDS Committee, formed in May under the Chairmanship of Dr. Alan Tice was busy developing an AIDS resource guide and an educational forum for medical, dental and nursing home office staff scheduled for October 28.

The Committee has representatives from the Tacoma/Pierce County Health Dept., Hospital Administrators, Infection Control and Social Workers, PCMS Auxiliary and School Nurses.

### COMMITTEE ON AGING

Concern was expressed by the Board that no Pierce County nursing homes were reported to be admitting AIDS patients. A motion was made and approved that "THE EXECUTIVE COMMITTEE BE DIRECTED TO GENERATE A FORUM TO INSURE ADMISSION TO NURSING HOMES OF AIDS PATIENTS." An effort will be made to improve communications with nursing home medical directors and administrators.

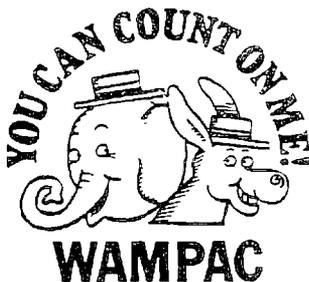
### LIBRARY COMMITTEE

It was reported that the 1988 Library Budget would not be requiring an increase over the 1987 budget. However, the Board of Trustees had only approved the 1987 increase if it was essential to the Library to carry on its business. A motion was made that "THE 1988 FINANCIAL CONTRIBUTION OF THE SOCIETY TO THE LIBRARY WOULD NOT BE MADE UNTIL THERE WAS EVIDENCE OF

IMPROVEMENT IN THE ORGANIZATIONAL STRUCTURE AND THE LINES OF AUTHORITY HAD BEEN CLARIFIED." The motion was seconded and unanimously approved.

### MAXINE BAILEY COMMENDED

It was announced that Ms. Maxine Bailey, Executive Director, College of Medical Education had submitted her resignation after serving in that capacity for over 19 years. Maxine will continue to contract physician CME programs with the College. A motion was made and unanimously approved that "THE MEDICAL SOCIETY EXTEND ITS APPRECIATION AND GRATITUDE TO MS. MAXINE BAILEY IN RECOGNITION OF HER 19 YEARS OF EXEMPLARY SERVICE TO THE MEMBERS OF THE MEDICAL PROFESSION."



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- **Economical.** All this service, all this protection against diaper rash costs far less than paper diapers - only pennies more a day than home-washed diapers.

CAUTION TO YOUR PATIENTS. It is illegal to dispose of human excrement in garbage. Parents are doing this with paper/plastic diapers. "Disposable" is a misnomer



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Seattle, Wa 98121 for our brochure.  
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## DRS. ALENICK AND TOTH ELECTED TO STATE POSITIONS

Dr. Leonard Alenick, Lakewood Ophthalmologist and MSPC member since 1972 has been elected AMA Alternate Delegate by the just concluded WSMA House of Delegates meeting.

Dr. Alenick received his medical degree from Johns Hopkins U. School of Medicine and has been active at state and national levels with ophthalmology groups.

Dr. Eileen Toth, Tacoma internist and MSPC Trustee was elected Alternate Delegate to the AMA Hospital Medical Staff Section at the Annual Meeting of the WSMA Hospital Medical Staff Section.

Dr. Toth, a graduate of Harvard Medical School served as Chairman, Department of Medicine, Humana Hospital, 1984-1986.

### Entertainment 88 Books Available

The Medical Society will be selling Entertainment 88 Books thru the MBI office beginning in October. When you purchase an Entertainment 88 Book you can be confident you are purchasing the best. Your membership coupons and card will allow you to take advantage of hundreds of two-for-one or 50% off offers for some of your favorite dining establishments, movies, hotels, sporting attractions and special events. Also included are great car

## Group Practice Opportunity

The Virginia Mason Clinic in Mountlake Terrace, Washington has an exceptional practice opportunity for a BC/BE Family Practitioner to join five other MDs (four FP, one IM). Experience preferred. Obstetrics capability optional.

This clinic is a satellite of the Virginia Mason Clinic, a large subspecialty group practice in Seattle. Backup and referral care is available at Virginia Mason Medical Center as well as in the community.

The position offers a salary and excellent benefits. Mountlake Terrace is located in south Snohomish County halfway between Seattle and Everett.

Please send C.V. or contact Hinda Schnurman, Clinic Manager  
Virginia Mason Clinic-Mountlake Terrace  
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rental and airline discounts, attractions and getaways all over the West Coast. With the use of just one or two offers, you will easily recoup the cost of the book as well as be introduced to a wide variety of new, quality establishments and activities especially selected for your enjoyment.

The South Puget Sound Edition of Entertainment 88 Book is selling for \$30.00 this year and features over 70 fine dining restaurants, including Hogan's Bay Co., El Torito, W.B. Scott's, Garcia's, Tacoma Salmon House, plus many more. Over 40 casual restaurants and over 90 informal restaurants are also included. The Tacoma Stars, Seattle Supersonics, Longacres, Crystal Mountain, bowling, tennis, golfing, among others are included in over 60 sports offers, and the special events sections offers movies, theatre, symphony, and special attractions. Plus, over 300 hotels, airline discounts and West Coast highlights are offered.

To purchase your copy of the '88 Entertainment Book, please call Membership Benefits, 572-3709. We will reserve your copy and will be happy to answer any questions you might have.

### "BUYING THERAPY OR RECEIVING CARE"

"How the financial transaction affects medical ethics in the U.S. and Great Britain." Dr. Kirk Rue, Tacoma anesthesiologist, who has just completed a year of study in England will address the issue of medical ethics at the October General Membership meeting.

The meeting is scheduled for Tuesday, October 13, Fircrest Golf Club, 6520 Regents Boulevard. Social hour begins at 6:00 p.m., dinner at 6:45 and program at 7:45.

best represented delegations at the meeting.

The following members represented you at the Reference Committee meetings and on the floor of the House of Delegates.

- Richard G. Bowe, President
- William B. Jackson, President Elect
- Kenton C. Bodily, Vice President
- Robert B. Whitney, Secretary-Treasurer
- Eileen Toth
- Gerald Anderson
- Johann Duenhoelter
- Peter Marsh
- Leonard B. Alenick
- Charles L. Anderson
- Thomas H. Clark
- David S. Hopkins
- James D. Krueger
- DeMaurice Moses
- Gilbert Roller
- G. Bruce Smith
- Stanley Tuell

- Charles Weatherby, WSMA Trustee
- Robert Scherz, WSMA Trustee
- Ralph A. Johnson, WSMA President Elect
- Richard Hawkins, Vice Speaker

Many members of the Society played major roles in the activities of the House of Delegates and the Scientific Program.

Dr. Richard Hawkins, as Vice Speaker of the House, impressed the many delegates with his mastery of parliamentary procedure. Dr. Peter Marsh, chaired Reference Committee "B" that dealt with several controversial issues and Dr. Dick Bowe, chaired the meeting site selection committee in determining the 1991 and 1992 meeting sites.

Dr. Mark Craddock was Chairman of the entire Scientific Meeting and is to be complimented on the organization and quality of the program. Several members chaired scientific sessions of their specialty societies; Drs. John Colen, Robert Sands, David Munoz and Robert Scherz.

Others members who presented papers were; Drs. Robert Ettliger, Barry Weled, Larry Larson, Jacqueline Jorgensen, Frank Virant, Leslie Malo and John Mulligan

### M.D. SUPPORT GROUP

Have you had a malpractice suit lately? Has it been a traumatic experience? Other members of the Society have undergone such experiences and have offered to lend support to any member who may be enduring such an ordeal or is anticipating a call from an attorney.

If you would like to talk to a colleague who has suffered through such an ordeal, please call Doug Jackman at the Society office--572-3667.

## COURT RULES IN FAVOR OF MSPC

Judge Robert Bryan, U.S. District Court ruled August 12, that no conspiracy existed between the Medical Society and Good Samaritan Hospital to drive Scott L. Havsy, D.O. out of practice by disseminating false and misleading information regarding his background and qualifications as a physician.

Dr. Havsy contended that the hospital's rejection of his application for staff privileges violated federal antitrust laws and the state Consumer Protection Act, which makes unfair competition illegal.

Judge Bryan's decision said that Good Samaritan denied his request for staff privileges after learning Havsy had failed to mention that his internship at Brooke Army Medical Center was involuntarily terminated.

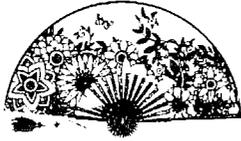
In granting the request for Summary Judgment, Judge Bryan said, "The Medical Society in providing Good Samaritan Hospital with information concerning Doctor Havsy, was acting in conjunction with parties who were carrying out state policy. This was a clearly articulated policy regulating anti-competitive conduct of state-licensed hospitals, and was supervised by the state in a manner to invoke the "Parker" or "state action" doctrine. The Medical Society's challenged activities are therefore exempted from federal anti-trust liability."



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# The Bulletin

MEDICAL SOCIETY OF PIERCE COUNTY

November 1987

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Live in Pierce County...**

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**WSMA  
Annual Meeting...**

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**Prevention of HIV  
Transmission in  
Health-Care Settings...**

See page 16.



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## President's Page

# It's Traumatic to Live in Pierce County

One of the obligations and requirements bestowed on me this year as your President has been to keep my ear to the ground whenever issues of quality of care or availability of services are discussed. Like all Society presidents who preceded me, this includes sitting in on many of our Society committee meetings, discussing the issues in the OR and doctor's lounge, and reading many articles addressed to the Society or written in the local press.

There have been many issues dealing solely with our internal Society interests such as COME, MBI and the Library. Certainly these are important to us as an organization, but overall don't mean a thing in our most important concern of all--the best medical care possible for our patients. I've been impressed this year as I have in the past that your leadership both at county and state level have put the common good of our community and patients ahead of any self-serving and purely economic gains.

One of the most controversial and frustrating problems that concerns us now as it has in the past is the issue of emergency medical services and, more specifically, trauma care. Sitting in on a 7:00 a.m. EMS committee monthly meeting is a trauma in itself. Watching Dr. Jim Fulcher, as chairman, and his emergency-oriented committee tackle the problems of "cowboy" paramedics in rural Pierce County, Fire Department aid cars who are often first on the scene but can't transport patients, and the competition among ambulance companies points out the sad state of affairs in pre-hospital care. The lack of a central base station to efficiently direct traffic and serve as a review center to evaluate the quality of pre-hospital care is the second weak link in the system. These two important building blocks (i.e. -- a well-

organized plan for pre-hospital care and a smoothly running base station) are being slowly and methodically addressed by the EMS committee. Sensing the need for a more rapid and authoritarian solution, the TPCPD is preparing an organizational plan with the director of the Health Department as the designated authority to set and enforce standards for emergency medical care. A counter-proposal by Dr. Clark Waffle would put that authority in the hands of the EMS Council under the direction of the Board of Health. It is still uncertain whether any of these plans would address the issue of a designated trauma center and improving trauma care.

What about trauma care? Is it as big a concern as some would lead us to believe it is? We all read the TNT's week-long series in July criticizing Pierce County trauma care. Certainly, many people's feathers were ruffled by the comments made and many were critical of them. Nevertheless, facts and statistics were presented which point out the trauma system isn't as effective as it should be. Maybe the TNT wasn't the appropriate body to bring this out -- but it did. Now they aren't in a position to go any further with it. Who better than the Medical Society can respond to the problem and take the lead to outline a plan to correct it.

This isn't a new issue. I recently spoke with Bob Flynn, administrator of Tacoma General Hospital from 1966 to 1972, who stated that, with the emergence of the full-time ER physician during that era, the concerns of providing quality trauma care comparable to Seattle's were considerable.

The question of whether or not a single hospital should be the designated trauma center is a sensitive political issue. Neither Tacoma General nor St. Joseph

Hospital appear to want to relinquish the designation to the other within the downtown area. Good Samaritan feels the valley needs a comparable facility. Some have proposed that Madigan with its training program and full-time inhouse staff would best fill the need.

What are the real concerns, pro and con, of the hospital administrators? It seems to me that the major reasons for wanting the sole trauma designation are (1) the non-economic or prestige advantage that goes with being a "full service" hospital, and (2) the "capture" of "spin-off" of non-trauma emergencies either at the request of the patient or by the transporting agency. According to Flynn, who left TG to work in Seattle and helped develop Harborview's trauma center, that effect has been a major problem for Seattle's other major hospital as Harborview's program has become known and nationally admired. This may be in part due to the strong affiliation of the many EMT's who have trained at Harborview. I would argue that if a strong, independent-of-hospital-control base station was created, this effect would be minimized, provided adequate criteria were established for trauma center referral.

The main reason for not wanting the designation would seem to me to be economic. Estimates range from a low of \$400,000 to over one million dollars per year to provide an in-house surgeon in the ER 24 hours every day. Probably only a small percentage of that cost would be met by fees since many trauma victims are poorly insured.

I'm sure that our hospitals are studying the issue of trauma care in terms of expense, capabilities, prestige and potential profit. Your Societies' leadership met with all the area hospital administrators this

*Continued on page 5.*

**President' Page Continued...**

summer. Although none appeared willing to relinquish their present position, we came away with the feeling that, in the interest of the community, any hospital interested in trauma will address the issue in a way that will most effectively and economically use and enhance Tacoma's excellent medical resources.

The hospitals aren't the only element of concern in evaluating the trauma issue. Presently 14 general surgeons rotate on a trauma call roster to provide from-home coverage of the area's hospitals. They are primarily involved in coverage for TG and St. Joseph, but several of them cover the others as well. We should be proud of their efforts and dedication as many of them are working in surgical subspecialties unrelated to trauma, but continue to serve from a deep sense of commitment. Their rewards are poor payment, rotten hours and frequent criticism.

Many feel that the on-call system isn't good enough--that the only way to save lives in trauma cases is to have a full-time trauma surgeon available.

Risk is another important concern in dealing with trauma. Any doctor works hard to treat and protect his patient -- those dealing in trauma care need to protect themselves. Trauma victims are generally young with years of earning power ahead of them. When a trauma system doesn't respond rapidly and efficiently the result is that the patient may die and there may be legal repercussions. A doctor can count on being named in such a lawsuit. It is in the interest of all doctors to work for a system that will minimize that risk.

I guess the question I would ask each of you is whether you think the system we have now is adequate or as many have emphatically stated, "we need something better." I agree with Dr. Bob Osborne Jr. who says we need to see proof that a trauma center would provide better survival rates than we have now. He feels we should do both a retro and prospective study of hospital and autopsy records. A retrospective study of 31 selected trauma deaths over the past two years by 2 independent trauma surgeons, both outside Washington, indicated that as high as 35% of them may have been saved if treated in an organized trauma system.

As I stated earlier, I think it is time the Medical Society takes the lead in evaluating the present system and suggesting remedy, if appropriate. It seems to me it's time to forget politics, economics and ego and work toward a rational evaluation of whether we need a trauma center and, if so, how we go about it. We need to study ourselves and ask for advice of others who have gone through this process already. We need to remember that it

isn't just mortality figures that are important, but that the morbidity from trauma care (i.e. -- translating into ultimate quality fo life) is an equally important consideration. I urge you all to give this your utmost consideration. Let me know your feelings. We owe it to our patients to be the best that we can be.□

— Richard G. Bowe



Doug Dyckman



John Toynbee



Bob Sizer



Wayne Thronson



Rob Ricder



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## Tuberculin Skin Testing

*The Board of Trustees approved the following policy on Tuberculin Skin Testing of Children in Jan., 1987. Dr. David Sparling prepared the guidelines for the Public Health/School Health Committee.*

Heretofore it has been the recommendation of the American Academy of Pediatrics that children receive tuberculin skin tests at 9 to 10 months of age, annually thereafter during the preschool years, and at each periodic health supervision examination for the rest of childhood. The Public Health/School Health Committee of the Medical Society of Pierce County has recommended that tuberculin skin testing be a part of all examinations for day care, preschool, school, camp or sports participation, unless performed and recorded during the previous 12 month period.

Since these recommendations were prepared there has been a substantial decrease in the incidence of tuberculosis in our communities, substantially reducing the benefits to be achieved by routine annual or frequent tuberculin skin testing.

The Public Health/School Health Committee of the Medical Society of Pierce County recommends that henceforth tuberculin skin testing is desirable for all children in Pierce County at the following times:

- At 9-10 months of age prior to the MMR vaccination
- At 5 years of age at the time of pre-kindegarten physical examination
- At 11-12 years of age prior to middle school enrollment
- At approximately 15 years of age prior to high school enrollment.

(A pre college tuberculin test is also desirable.)

At the time of all other periodic

health supervision examinations inquiry should be made regarding contact with tuberculosis, and additional tuberculin testing carried out in case possible contact is reported.

The tuberculin skin test is most useful when applied selectively to individuals having special risks. Tuberculin skin tests are recommended at the time of identification of risk and at least annually throughout the risk period for the following groups:

- Persons with signs and symptoms suggestive of current tuberculosis disease
- Persons with abnormal chest roentgenograms compatible with past tuberculosis
- Persons with medical conditons that increase the risk o tuberculosis (diabetes, lymphomas, immunosuppressive therapy)
- Groups at high risk of recent infection (immigrants from South-east Asia, Africa and other geographic areas of high prevalence, those with a history of substantial continuing drug or alcohol abuse, those who are severely deprived in either housing or nutrition, employees and residents of institutions in which tuberculosis is liable to be prevalent.

Individuals with positive tuberculin skin test should receive appropriate diagnostic and treatment procedures and should usually not have repeat tuberculin skin testing. Individuals with active tuberculosis should, and those with positive tuberculin skin tests may, be reported to the Tacoma-Pierce County Health Department for diagnostic and treatment procedures and contact investigation.

Individuals with a history of previous BCG vaccination should receive tuberculin skin tests in the

same manner as unimmunized individuals, using the criteria outlined above. Because of the wide variation in BCG material in use throughout the world, reliable judgments cannot be made about the degree of protection afforded to vaccinated individuals. Because many BCG vaccinated persons come from areas of high prevalence, it is recommended that individuals from this group who have a positive tuberculin skin test should also be evaluated to rule out active tuberculosis.

When tuberculin skin testing is restricted as recomended above, the most sensitive test is the Mantoux test. The Mantoux test is performed by the intradermal injection of 5TU of PPD, with a positive reaction being recorded when 10 mm or more of induration is found 48-72 hours after injection. A negative or nonsignificant tuberculin skin test does not exclude tuberculosis infection or disease, since in some cases individuals with active tuberculosis may fail to react to PPD tuberculin; this is particularly true in persons with severe disease, those with renal failure, the elderly, and individuals receiving corticosteroids. A booster phenomenon may also occur when a positive test occurs on retesting after a previous small (less than 10 mm) reaction. This is a true positive and should be considered when the initial Mantoux result is questionable.

Multiple puncture tuberculin skin tests are also interpreted at 48-72 hours. Reports now in the medical literature indicate that the Monovac tests is 95%-99% sensitive as compared with the Mantoux technic. Accuracy of other multiple puncture tuberculin skin testing technics, as currently reported in the medical literature, may be considerably less. since false positive tests may occur

*Continued on page 7.*

## Tuberculin Skin Testing Policy Guidelines

with multiple puncture technics, these tests must be considered screening procedures, and all positives must be verified by a standard Mantoux test performed immediately afterwards, either at the physician's office or the health department.

The Committee believes that these recommendations, while primarily addressing skin testing of children, may be appropriately applied in developing policies for tuberculosis screening among those who care for adults. The Committee recognizes that in many communities throughout the country, because of extremely low prevalence of tuberculosis, public health authorities are recommending complete elimination of routine tuberculin skin testing of children and adults or, in some cases, restricting such routine testing to one or two times throughout a lifetime. The Committee feels that in this community, because of the large number of international transients and the substantial presence of high risk population groups, the above guidelines represent the most appropriate decrease in frequency of

recommended tuberculin skin testing, and that these guidelines should, as in the past, be distributed for guidance of schools, preschools, camping organizations, private practitioners, and other caretakers of children. The Committee recommends that these guidelines be reassessed in two years.

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David Sparling, MD

Submitted to Public Health School Health Committee, Medical Society of Pierce County

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## Dr. Boudwin named outstanding employee.

Dr. James Boudwin is the 1986 recipient of the Fourth Annual DSHS Outstanding Employee Award.

Governor Booth Gardner presented the Award to Dr. Boudwin in a ceremony in Olympia, June 10, 1987. Dr. Boudwin was the first physician to be given the award since it was first presented four years ago.

Recently retired, Dr. Boudwin was a psychiatrist at Western State Hospital. He has been a member of the Medical Society for 30 years.

## New Medical Director for Pierce County Medical.

Lester A. Reid, MD will assume the position of Medical Director for Pierce County Medical, Oct. 1, 1987. Dr. Reid practiced internal medicine in Aberdeen for 11 years and served as part-time Medical Director of Grays Harbor Medical Bureau for four years.

Dr. Reid received his undergraduate degree and Master of Science Degree in Business Administration and Engineering Sciences from Dartmouth College. He worked as an engineer for Honeywell and Boeing Company for a number of years before attending Johns Hopkins University School of Medicine. After attending medical school, Dr. Reid completed a residency in internal medicine at the University of West Virginia Medical Center. He also completed a one-year Pulmonary Fellowship and a one-year Cardiology Fellowship.

Dr. Reid is a member of the American Academy of Medical Directors, Washington State Medical Association and the American Medical Association.

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The National Heart, Lung and Blood Institute, the American Lung Association and its medical section, the American Thoracic Society have developed a resource to help physicians provide credible health information to patients.

The Guide describes how physicians can encourage patients to stop smoking in ways that are consistent with their medical practice protocol.

The guide is available at no cost by calling the Lung Association office at 565-9555.

## St. Leo's Neighborhood Clinic asks for help.

Dear Medical Society Members:

Over the past 18 months, more and more people have come to the Neighborhood Clinic with prescriptions from Doctors in private practice, from the community health clinics and even from hospital emergency rooms.

In addition, since January of 1986, we have been running a Psychiatric Clinic every Wednesday night. Most of the psychiatric medications are very expensive. Consequently, we have an outstanding pharmacy bill at St. Joseph Hospital of over \$8,500.00.

You have been generous contributors in the past and if there is some way you could help us with our current financial difficulties we would certainly appreciate it.

Sincerely  
Trudy Dodsworth  
Barbara Goforth,  
Co-coordinator

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# AIDS and HIV Infection in Pierce County, Sept. 25, 1987

## AIDS Prevention Program Tacoma-Pierce County Health Department

The first case of Acquired Immune Deficiency Syndrome (AIDS) in Pierce County was diagnosed in 1983. Today there are 40 AIDS cases which met the Centers for Disease Control definition of AIDS. However, these cases represent only a small fraction of the overall morbidity caused by infection with the Human Immunodeficiency Virus (HIV).

We have no good way to measure the extent of HIV infection in Pierce County. There are three main sources of information on the prevalence of seropositivity here: the blood bank, the military and our own antibody testing in the AIDS Prevention Program. None of these sources can be said to be representative samples, however, and so cannot be used as the basis for community projections.

Of over 60,000 units of blood tested at Pierce County Blood Bank since May of 1985, only three have proven positive with Western blot confirmation. Testing of active-duty military personnel in the Tacoma-Pierce County area reveals a Western blot seropositivity rate of about 6 persons per 10,000. As of August 10, 1987, our program had performed antibody testing on 1135 samples of blood, representing about 1100 different individuals. Of those, 71 were found positive by ELISA test, confirmed through Western blot, representing about 7% of the total.

None of the evidence outlined

here indicates that HIV in this community has moved into any other than the recognized high-risk groups: gay or bisexual men, IV drug users, or the sexual partners of members of those two groups. The future may present a different picture, however, unless education efforts are successful at reducing high-risk behavior.

One arbitrary estimate used is that there may be 50 or 100 HIV-infected individuals in a community for every diagnosed case of AIDS. Even if this is a great overestimate, it remains likely that there are hundreds, if not thousands, of seropositive people in Pierce County.

Current estimates are that about one half of people infected with HIV may develop AIDS or other related symptoms within a five-year period, so by 1992 we can anticipate that there will be substantial numbers of people in our community with serious medical problems due to this virus.

To report a case, please call the AIDS Prevention Program at 591-6060. □

\* As of Sept. 21, 1987 CDC had received reports of 41,602 adult/adolescent cases of AIDS in the United States. In addition, 580 pediatric cases have been reported among persons under age 13, with a total of deaths occurring in 24,245 or 58% of these cases. *These data are provisional.*

Risk Group (Self Identification)	Number	Percent of Total
Gay/bisexual man	59	83
IV drug user (non-gay)	2	3
Gay/bisexual and IV drug user	6	8
Sex contact of bisexual man	2	3
Sex contact of IV drug user	2	3
<b>TOTAL</b>	<b>71</b>	<b>100</b>

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# WSMA - At Your Service

The Monitored Treatment Program which was formed by the Washington State Medical Association in 1984 to help physicians suffering from chemical dependency will move into its new quarters at Cabrini Tower, Nov. 1987.

The program has achieved status as a non-profit corporation, the Washington Monitored Treatment Program. Financial security for the corporation has been established, with the WSMA sponsored SB5857, enacted by the State Legislature and signed by Governor Booth Gardner, May 18, 1987. This bill places a surcharge of up to \$15.00 on each new or renewed medical license.

The Washington Monitored Treatment Program allows for early identification, intervention, and treatment of impaired physicians. It operates statewide for physicians, dentists, and veterinarians who suffer from chemical dependency.

Each doctor entering the program signs a contract recognizing that he/she suffers from the disease of alcoholism or chemical dependency. Specific recovery programs goals are outlined. Any doctor being monitored on a mandated will must authorize regular reports to the mandating board, hospital or practice group.

The program also provides advocacy to those in recovery who need support and direction in re-establishing their professional credentials with the various boards, hospitals and practice groups.

Chemical monitoring of blood or urine specimens is done for all participants on a regular and random basis. Regular specimens are collected weekly. Random urine and/or blood examinations are performed on any individual who manifests significant behavioral changes suggestive or a relapse. All

specimens are collected under direct observation by an approved monitor.

All participants attend weekly therapeutic group meetings of doctors. Other therapies are scheduled on an individual basis.

Those participating in the program are asked to close as many doors to relapse as possible. It is important that the spouse and other significant family members, practice partners and sometimes the office, or hospital staff is informed of the doctors participation in the program.

The Washington Monitor Treatment Programs confidential hotline remains the same, 1-800-552-7236. □

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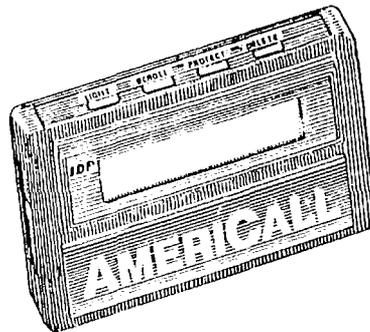
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## Prescribing to Methadone Clients

By Terry Reid, Substance Abuse Services Program Coordinator  
Tacoma-Pierce County Health Department

At approximately 11 a.m. on Saturday morning, an anxious young woman presents herself at a local hospital emergency room stating she is in Methadone withdrawal after missing her dose earlier in the day. She won't be able to obtain another dose until the program opens the following Monday morning. She reports her dosage to be 40 mg. and requests a dose for both Saturday and a take-home dose for Sunday. You call the Tacoma-Pierce County Methadone Maintenance Program only to discover that they are closed. So, with no way to confirm this individual's status as a Methadone client, what should you do?

There are several ways to review this case. From a legal standpoint, DEA regulations (1306.07B allow the

physician to "administer (but not prescribe) narcotic drugs to a person for the purposes of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral to treatment." Further, the regulation states, "Not more than one day's medication may be administered to the person for the person's use at any one time. Such emergency treatment may be carried out for not more than three days and may not be renewed or extended." This regulation does not pertain to Methadone in treatment of addiction and withdrawal as an incidental adjunct to medical or surgical conditions.

From the viewpoint of Richard Hawkins, MD, Medical Director of the Tacoma-Pierce County Methadone

Maintenance Program, unless there is a medical risk in addition to drug withdrawal, the individual should be refused the requested methadone doses. On a weekend or holiday, it is not possible to coordinate with the Program treatment staff to confirm the individual's status as a client on the Program, proper dosage or indeed even if the individual has missed the day's dose. Therefore, it may be more of a risk to administer methadone than merely to advise the individual that withdrawal is a very uncomfortable but not life-threatening condition.

The Tacoma-Pierce County Methadone Maintenance Program is open from 6 a.m. to 4 p.m., Mon. through Fri. Only the pharmacy is open on Sat. from 7 a.m. to 9 a.m., and closed on Sun. and most holidays. The program has served over 400 individuals on an annual basis and presently has openings for treatment. The Program is located in the Health Department at 37th and Pacific Avenue and can be reached by calling 591-6405. □

# What's new for physicians at St. Joseph Hospital?

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- ◆ **Eating Disorder Center** providing treatment and education to help patients recover from anorexia, bulimia, compulsive overeating and other eating problems.
- ◆ **Echocardiograph Color Doppler Ultrasound Machine.** First in Pierce County. Provides a more detailed picture of the heart and a better indication of blood flow.
- ◆ **Cardiac Cath Laboratory** offering angioplasty procedures and heart catheterizations.
- ◆ **Mobile Lithotripsy Unit** for non-surgical treatment of kidney stones. Lithotripsy van is available twice a month at the hospital.



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# WSMA Annual Meeting, Sept. 17-20. Tacoma, Washington.



Dr. Peter Marsh, MSPC Board Member and Delegate chaired reference committee "B" which dealt with many important issues, such as: physician advertising, Medical Quackery, Peer Review and others.



Dr. Ralph Johnson, Newly elected President of WSMA makes a statement at a reference committee meeting during the WSMA Annual Meeting.



MSPC Member and delegate representing the senior physician section, Dr. Richard Vimont gets a point across to State Senator Phil Talmadge, Jr., Chairman of the State Senate Judiciary Committee.



Members of the MSPC Delegation watch the action on the floor of House of Delegates. They are: Drs. Gerald Anderson, Charles Weatherby, Tom Clark, Bill Jackson and Dave Hopkins.



Members of the MSPC delegation to the WSMA House of Delegates, L-R Drs. Ken Bodily, Stan Tuell, Johann Duenhoelter, Bruce Smith, WSMA Trustee Charles Weatherby, Richard Vimont and Bill Marsh.



MSPC President Dr. Dick Bowe, Chairman of the WSMA Annual Meeting Site Committee Reports to the House of Delegates on the Committees Selection. In the background is Vice Speaker Dr. Richard Hawkins, WSMA President, Dr. Rick Johnson and Mr. Tom Curry, WSMA Executive Director.



WSMA Trustee and MSPC member since 1981, Dr. Charles Weatherby addresses the WSMA House of Delegates on an issue before the house.



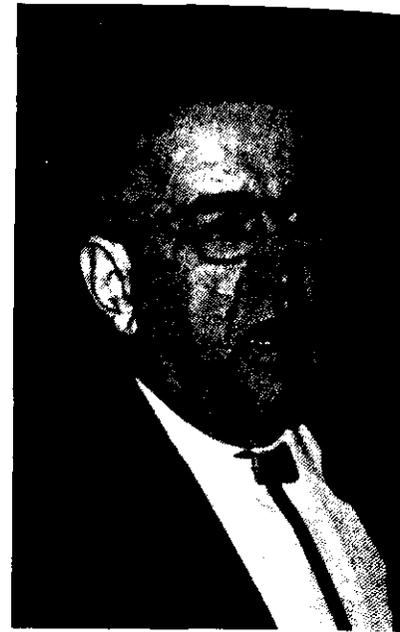
Immediate Past President of MSPC, Dr. Richard Hawkins and Vice Speaker of the House of Delegates is shown presiding over the House. He received many compliments for his knowledge of parliamentary procedure and conduct of meetings.



Dr. Ken Bodily, MSPC Vice President addresses the House of Delegates on an issue of concern to him and the delegates.



L-R MSPC President Dr. Dick Bowe, and Drs. Stan Tuell, Leonard Alenick and Eileen Toth study the WSMA House of Delegates Handbook during the four day meeting at the Tacoma-Sheraton Hotel.



Dr. James Krueger, MSPC Delegate addresses the podium on an issue of concern.



More of the MSPC Delegation L-R, Drs. Peter Marsh, Bill Jackson, Bob Whitney and Ken Bodily keep a watchful eye on the activities of the House of Delegates.



Dr. Pat and Susie Duffy touring the exhibits at the Annual Meeting. Susie co-chaired the Auxiliary's efforts for the meeting with Mrs. Helen Whitney.

# AUXILIARY REGISTRATION



Pierce County Medical Society Auxiliary Members spent many hours during the four-day meeting handling registration. Here we see L-R Mrs. Judy Donley, Helen Whitney, Barbara Talcott, Susie Duffy and Marilyn Bodily.



Raising funds for the AMA-ERF by selling Teddy Bears during the Annual Meeting were Auxiliary members: Helen Whitney, Tacoma; Mary Skinner, Olympia; and Mary Randolph, Olympia.

# Recommendations for Prevention of HIV Transmission in Health-Care Settings

Morbidity and Mortality Weekly Report (Supplement 2S)  
Centers for Disease Control, Atlanta

Reprinted from: JAMA, Sept. 11, 1987, Vol 258, No. 10;  
Sept. 18, 1987, Vol 258, No. 11

## INTRODUCTION

Human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), is transmitted through sexual contact and exposure to infected blood or blood components and perinatally from mother to neonate. HIV has been isolated from blood, semen, vaginal secretions, saliva, tears, breast milk, cerebrospinal fluid, amniotic fluid and urine and is likely to be isolated from other body fluids, secretions and excretions. However, epidemiologic evidence has implicated only blood, semen, vaginal secretions and possibly breast milk in transmission.

The increasing prevalence of HIV increases the risk that health-care workers will be exposed to blood from patients infected with HIV, especially when blood and body-fluid precautions are not followed for all patients. Thus, this document emphasizes the need for health-care workers to consider all patients as potentially infected with HIV and/or other blood-borne pathogens and to adhere rigorously to infection-control precautions for minimizing the risk of exposure to blood and body fluids of all patients.

The recommendations contained in this document consolidate and update CDC recommendations published earlier for preventing HIV transmission in health-care settings: precautions for clinical and laboratory staffs<sup>1</sup> and precautions for health-care workers and allied professionals;<sup>2</sup> recommendations for preventing HIV transmission in the workplace<sup>3</sup> and during invasive procedure;<sup>4</sup> recommendations for preventing possible transmission of HIV from tears;<sup>5</sup> and recommendations for providing dialysis treatment for HIV-infected patients.<sup>6</sup> These recommendations

also update portions of the 'Guideline for Isolation Precautions in Hospitals'<sup>7</sup> and reemphasize some of the recommendations contained in 'Infection Control Practices for Dentistry.'<sup>8</sup> The recommendations contained in this document have been developed for use in health-care settings and emphasize the need to treat blood and other body fluids from all patients as potentially infective. These same prudent precautions also should be taken in other settings in which persons may be exposed to blood or other body fluids.

## Definition of Health-Care Workers

Health-care workers are defined as persons, including students and trainees, whose activities involve contact with patients or with blood or other body fluids from patients in a health-care setting.

## Health-Care Workers With AIDS

As of July 10, 1987, a total of 1,875 (5.8%) of 32,395 adults with AIDS, who had been reported to the CDC national surveillance system and for whom occupational information was available, reported being employed in a health-care or clinical laboratory setting. In comparison, 6.8 million persons - representing 5.6% of the U.S. labor force - were employed in health services. Of the health-care workers with AIDS, 95% have been reported to exhibit high-risk behavior; for the remaining 5%, the means of HIV acquisition was undetermined. Health-care workers with AIDS were significantly more likely than other workers to have an undetermined risk (5% versus 3%, respectively). For both health-care workers and non-health-care workers with AIDS, the proportion with an undetermined risk has not increased since 1982.

AIDS patients initially reported as not belonging to recognized risk groups are investigated by state and local health departments to determine whether possible risk factors exist. Of all health-care workers with AIDS reported to CDC who were initially characterized as not having an identified risk and for whom follow-up information was available, 66% have been reclassified because risk factors were identified or because the patient was found not to meet the surveillance case definition for AIDS. Of the 87 health-care workers currently categorized as having no identifiable risk, information is incomplete on 16 (18%) because of death or refusal to be interviewed; 38 (44%) are still being investigated. The remaining 33 (38%) health-care workers were interviewed or had other follow-up information available. The occupations of these 33 were as follows: five physicians (15%), three of whom were surgeons; one dentist (3%); three nurses (9%); nine nursing assistants (27%); seven house-keeping or maintenance workers (21%); three clinical laboratory technicians (9%); one therapist (3%); and four others who did not have contact with patients (12%). Although 15 of these 33 health-care workers reported parenteral and/or other non-needlestick exposure to blood or body fluids from patients in the 10 years preceding their diagnosis of AIDS, none of these exposures involved a patient with AIDS or known HIV infections.

## Risk to Health-Care Workers of Acquiring HIV in Health-Care Settings

Health-care workers with documented percutaneous or mucous-membrane exposures to blood or body fluids of HIV-infected patients have been prospectively

*Continued on page 17.*

*Prevention of HIV Transmission in Health-Care Setting, continued from p. 16.*

evaluated to determine the risk of infection after such exposures. As of June 30, 1987, 883 health-care workers have been tested for antibody to HIV in an ongoing surveillance project conducted by CDC.<sup>9</sup> Of these, 708 (80%) had percutaneous exposures to blood, and 175 (20%) had a mucous membrane or an open wound contaminated by blood or body fluid. Of 396 health-care workers, each of whom had only a convalescent-phase serum sample obtained and tested greater than or equal to 90 days post-exposure, one - for whom heterosexual transmission could not be ruled out - was seropositive for HIV antibody. For 425 additional health-care workers, both acute- and convalescent-phase serum samples were obtained and tested; none of 74 health-care workers with nonpercutaneous exposures seroconverted, and three (0.9%) of 351 with percutaneous exposures seroconverted. None of these three health-care workers had other documented risk factors for infection.

Two other prospective studies to assess the risk of nosocomial acquisition of HIV infection for health-care workers are ongoing in the United States. As of April 30, 1987, 332 health-care workers with a total of 453 needlestick or mucous-membrane exposures to the blood or other body fluids of HIV-infected patients were tested for HIV antibody at the National Institutes of Health.<sup>10</sup> These exposed workers included 103 with needlestick injuries and 229 with mucous-membrane exposures; none had seroconverted. A similar study at the University of California of 129 health-care workers with documented needlestick injuries or mucous-membrane exposures to blood or other body fluids from patients with HIV infection has not identified any seroconversions.<sup>11</sup> Results of a prospective study in the United Kingdom identified no evidence of transmission among 150 health-care workers with parenteral or mucous-membrane exposures to blood or other body fluids, secretions, or excretions from patients with HIV infection.<sup>12</sup>

In addition to health-care workers enrolled in prospective studies, eight persons who provided care to

infected patients and denied other risk factors have been reported to have acquired HIV infection. Three of these health-care workers had needlestick exposures to blood from infected patients.<sup>13-15</sup> Two were persons who provided nursing care to infected persons; although neither sustained a needlestick, both had extensive contact with blood or other body fluids, and neither observed recommended barrier precautions.<sup>16,17</sup> The other three were health-care workers with non-needlestick exposures to blood from infected patients.<sup>18</sup> Although the exact route of transmission for these last three infections is not known, all three persons had direct contact of their skin with blood from infected patients, all had skin lesions that may have been contaminated by blood, and one also had a mucous-membrane exposure.

A total of 1,231 dentists and hygienists, many of whom practiced in areas with many AIDS cases, participated in a study to determine the prevalence of antibody to HIV; one dentist (0.1%) had HIV antibody. Although no exposure to a known HIV-infected person could be documented, epidemiologic investigation did not identify any other risk factor for infection. The infected dentist, who also had a history of sustaining needlestick injuries and trauma to his hands, did not routinely wear gloves when providing dental care.<sup>19</sup>

## **Precautions to Prevent Transmission of HIV**

### **Universal Precautions**

Since medical history and examination cannot reliably identify all patients infected with HIV or other blood-borne pathogens, blood and body-fluid precautions should be consistently used for all patients. This approach, previously recommended by CDC,<sup>3,4</sup> and referred to as 'universal blood and body-fluid precautions' or 'universal precautions,' should be used in the care of all patients, especially including those in emergency-care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.<sup>20</sup>

1. All health-care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when

contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of mouth, nose and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

3. All health-care workers should take precautions to prevent injuries caused by needles, scalpels and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needlestick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.

4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

5. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

*continued on page 18.*

## *Prevention of HIV Transmission in Health-Care Settings from p.17*

6. Pregnant health-care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

Implementation of universal blood and body-fluid precautions for all patients eliminates the need for use of the isolation category of 'Blood and Body Fluid Precautions' previously recommended by CDC<sup>7</sup> for patients known or suspected to be infected with blood-borne pathogens. Isolation precautions (e.g., enteric, AFB<sup>7</sup>) should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

### **Precautions for Invasive Procedures**

In this document, an invasive procedure is defined as surgical entry into tissues, cavities, or organs or repair of major traumatic injuries 1) in an operating or delivery room, emergency department, or outpatient setting, including both physicians' and dentists'; offices; 2) cardiac catheterization and angiographic procedures; 3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or 4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists. The universal blood and body-fluid precautions listed above, combined with the precautions listed below, should be the minimum precautions for all such invasive procedures.

1. All health-care workers who participate in invasive procedures must routinely use appropriate barrier precautions to prevent skin and mucous-membrane contact with blood and other body fluids of all patients. Gloves and surgical masks must be worn for all invasive procedures. Protective eyewear or face shields should be worn for procedures that commonly result in

the generation of droplets, splashing of blood or other body fluids, or the generation of bone chips. Gowns or aprons made of materials that provide an effective barrier should be worn during invasive procedures that are likely to result in splashing of blood or other body fluids. All health-care workers who perform or assist in vaginal or cesarean deliveries should wear gloves and gowns when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin and should wear gloves during post-delivery care of the umbilical cord.

2. If a glove is torn or a needlestick or other injury occurs, the glove should be removed and a new glove used as promptly as patient safety permits; the needle or instrument involved in the incident should also be removed from the sterile field.

### **Precautions for Dentistry\***

Blood, saliva and gingival fluid from all dental patients should be considered infective. Special emphasis should be placed on the following precautions for preventing transmission of blood-borne pathogens in dental practice in both institutional and non-institutional settings.

1. In addition to wearing gloves for contact with oral mucous membranes of all patients, all dental workers should wear surgical masks and protective eyewear or chin-length plastic face shields during dental procedures in which splashing or spattering of blood, saliva or gingival fluids is likely. Rubber dams, high-speed evacuation and proper patient positioning, when appropriate, should be utilized to minimize generation of droplets and spatter.

2. Handpieces should be sterilized after use with each patient, since blood, saliva or gingival fluid of patients may be aspirated into the handpiece or waterline. Handpieces that cannot be sterilized should at least be flushed, the outside surface cleaned and wiped with a suitable chemical germicide, and then rinsed. Handpieces should be flushed at the beginning of the day and after use with each patient. Manufacturers' recommendations should be followed for use and maintenance of waterlines and check valves and for flushing of handpieces. The same precautions should be used for ultrasonic scalers

and air/water syringes.

3. Blood and saliva should be thoroughly and carefully cleaned from material that has been used in the mouth (e.g., impression materials, bite registration), especially before polishing and grinding intra-oral devices. Contaminated materials, impressions, and intra-oral devices should also be cleaned and disinfected before being handled in the dental laboratory and before they are placed in the patient's mouth. Because of the increasing variety of dental materials used intra-orally, dental workers should consult with manufacturers as to the stability of specific materials when using disinfection procedures.

4. Dental equipment and surfaces that are difficult to disinfect (e.g., light handles or X-ray-unit heads) and that may become contaminated should be wrapped with impervious-backed paper, aluminum foil or clear plastic wrap. The coverings should be removed and discarded, and clean coverings should be put in place after use with each patient.

### **Precautions for Autopsies or Morticians' Services**

In addition to the universal blood and body-fluid precautions listed above, the following precautions should be used by persons performing postmortem procedures:

1. All persons performing or assisting in postmortem procedures should wear gloves, masks, protective eyewear, gowns and waterproof aprons.

2. Instruments and surfaces contaminated during postmortem procedures should be decontaminated with an appropriate chemical germicide.

### **Precautions for Dialysis**

Patients with end-stage renal disease who are undergoing maintenance dialysis and who have HIV infection can be dialyzed in hospital-based or free-standing dialysis units using conventional infection-control precautions.<sup>21</sup> Universal blood and body-fluid precautions should be used when dialyzing all patients.

Strategies for disinfecting the dialysis fluid pathways of the hemodialysis machine are targeted to

*Continued on page 19.*

**Prevention of HIV Transmissions  
in a Health-Care Setting continued  
from p. 18.**

control bacterial contamination and generally consist of using 500-750 parts per million (ppm) of sodium hypochlorite (household bleach) for 30-40 minutes or 1.5%-2.0% formaldehyde overnight. In addition, several chemical germicides formulated to disinfect dialysis machines are commercially available. None of these protocols or procedures need to be changed for dialyzing patients infected with HIV.

Patients infected with HIV can be dialyzed by either hemodialysis or peritoneal dialysis and do not need to be isolated from other patients. The type of dialysis treatment (i.e., hemodialysis or peritoneal dialysis) should be based on the needs of the patient. The dialyzer may be discarded after each use. Alternatively, centers that reuse dialyzers, i.e., a specific single-user dialyzer is issued to a specific patient, removed, cleaned, disinfected, and reused several times on the same patient only, may include HIV-infected patients in the dialyzer-reuse program. An individual dialyzer must never be used on more than one patient.

**Precautions for Laboratories\*\***

Blood and other body fluids from all patients should be considered *infective*. To supplement the universal blood and body-fluid precautions listed above, the following precautions are recommended for health-care workers in clinical laboratories.

1. All specimens of blood and body fluids should be put in a well-constructed container with a secure lid to prevent leaking during transport. Care should be taken when collecting each specimen to avoid contaminating the outside of the container and of the laboratory form accompany the specimen.

2. All persons processing blood and body-fluid specimens (e.g., removing tops from vacuum tubes) should wear gloves. Masks and protective eyewear should be worn if mucous-membrane contact with blood or body fluids is anticipated. Gloves should be changed and hands washed after completion of specimen processing.

3. For routine procedures, such as histologic and pathologic studies

or microbiologic culturing, a biological safety cabinet is necessary. However, biological safety cabinets (Class I or II) should be used whenever procedures are conducted that have a high potential for generating droplets. These include activities such as blending, sonicating, and vigorous mixing.

4. Mechanical pipetting devices should be used for manipulating all liquids in the laboratory. Mouth pipetting must not be done.

5. Use of needles and syringes should be limited to situations in which there is no alternative, and the recommendations for preventing injuries with needles outlined under universal precautions should be followed.

6. Laboratory work surfaces should be decontaminated with an appropriate chemical germicide after a spill of blood or other body fluids and when work activities are completed.

7. Contaminated materials used in laboratory tests should be decontaminated before reprocessing or be placed in bags and disposed of in accordance with institutional policies for disposal of infective waste.<sup>24</sup>

8. Scientific equipment that has been contaminated with blood or other body fluids should be decontaminated and cleaned before being repaired in the laboratory or transported to the manufacturer.

9. All persons should wash their hands after completing laboratory activities and should remove protective clothing before leaving the laboratory.

Implementation of universal blood and body-fluid precautions for all patients eliminates the need for warning labels on specimens since blood and other body fluids from all patients should be considered *infective*.

**Environmental considerations for HIV Transmission**

No environmentally mediated mode of HIV transmission has been documented. Nevertheless, the precautions described below should be taken routinely in the care of all patients.

**Sterilization and Disinfection**

Standard sterilization and disinfection procedures for patient-

care equipment currently recommended for use<sup>25, 26</sup> in a variety of health-care settings--including hospitals, medical and dental clinics and offices, hemodialysis centers, emergency-care facilities, and long-term nursing-care facilities--are adequate to sterilize or disinfect instruments, devices, or other items contaminated with blood or other body fluids from persons infected with blood-borne pathogens including HIV.<sup>21, 23</sup>

Instruments or devices that enter sterile tissue or the vascular system of any patient or through which blood flows should be sterilized before reuse. Devices or items that contact intact mucous membranes should be sterilized or receive high-level disinfection, a procedure that kills vegetative organisms and viruses but not necessarily large numbers of bacterial spores. Chemical germicides that are registered with the U.S. Environmental Protection Agency (EPA) as 'sterilants' may be used either for sterilization or for high-level disinfection depending on contact time.

Contact lenses used in trial fittings should be disinfected after each fitting by using a hydrogen peroxide contact lens disinfecting system or, if compatible, with heat (78°C-80°C (172.4° F-176.0° F) for 10 minutes.

Medical devices or instruments that require sterilization or disinfection should be thoroughly cleaned before being exposed to the germicide, and the manufacturer's instructions for the use of the germicide should be followed. Further, it is important that the manufacturer's specifications for compatibility of the medical device with chemical germicides be closely followed. Information on specific label claims of commercial germicides can be obtained by writing to the Disinfectants Branch, Office of Pesticides, Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460.

Studies have shown that HIV is inactivated rapidly after being exposed to commonly used chemical germicides at concentrations that are much lower than used in practice.<sup>27, 30</sup> Embalming fluids are similar to the types of chemical germicides that have been tested and found to completely inactivate HIV. In addition to commercially available

*Continued on page 20.*

chemical germicides, a solution of sodium hypochlorite (household bleach) prepared daily is an inexpensive and effective germicide. Concentrations ranging from approximately 500 ppm (1:100 dilution of household bleach) sodium hypochlorite to 5,000 ppm (1:10 dilution of household bleach) are effective depending on the amount of organic material (e.g., blood, mucus) present on the surface to be cleaned and disinfected. Commercially available chemical germicides may be more compatible with certain medical devices that might be corroded by repeated exposure to sodium hypochlorite, especially to the 1:10 dilution.

### **Survival of HIV in the Environment**

The most extensive study on the survival of HIV after drying involved greatly concentrated HIV samples, i.e., 10 million tissue-culture infectious doses per milliliter.<sup>31</sup> This concentration is at least 100,000 times greater than that typically found in the blood or serum of patients with HIV infection. HIV was detectable by tissue-culture techniques 1-3 days after drying, but the rate of inactivation was rapid. Studies performed at CDC have also shown that drying HIV causes a rapid (within several hours) 1-2 log (90%-99%) reduction in HIV concentration. In tissue-culture fluid, cell-free HIV could be detected up to 15 days at room temperature, up to 11 days at 37°C (98.6°F), and up to 1 day if the HIV was cell-associated.

When considered in the context of environmental conditions in health-care facilities, these results do not require any changes in currently recommended sterilization, disinfection, or house-keeping strategies. When medical devices are contaminated with blood or other body fluids, existing recommendations include the cleaning of these instruments, followed by disinfection or sterilization, depending on the type of medical device. These protocols assume "worst-case" conditions of extreme virologic and microbiologic contamination, and whether viruses have been inactivated after drying plays no role in formulating these strategies. Consequently, no

changes in published procedures for cleaning, disinfecting, or sterilizing need to be made.

### **Housekeeping**

Environmental surfaces such as walls, floors and other surfaces are not associated with transmission of infections to patients or health-care workers. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary. However, cleaning and removal of soil should be done routinely.

Cleaning schedules and methods vary according to the area of the hospital or institution, type of surface to be cleaned, and the amount and type of soil present. Horizontal surfaces (e.g., bedside tables and hard-surfaced flooring) in patient-care areas are usually cleaned on a regular basis, when soiling or spills occur, and when a patient is discharged. Cleaning of walls, blinds and curtains is recommended only if they are visibly soiled. Disinfectant fogging is an unsatisfactory method of decontaminating air and surfaces and is not recommended.

Disinfectant-detergent formulations registered by EPA can be used for cleaning environmental surfaces, but the actual physical removal of micro-organisms by scrubbing is probably at least as important as any antimicrobial effect of the cleaning agent used. Therefore, cost, safety, and acceptability by housekeepers can be the main criteria for selecting any such registered agent. The manufacturers' instructions for appropriate use should be followed.

### **Cleaning and Decontaminating Spills of Blood or Other Body Fluids**

Chemical germicides that are approved for use as 'hospital disinfectants' and are tuberculocidal when used at recommended dilutions can be used to decontaminate spills of blood and other body fluids. Strategies for decontaminating spills of blood and other body fluids in a patient-care setting are different than for spills of cultures or other materials in clinical, public health, or research laboratories. In patient-care areas, visible material should first be removed and then the area should be decontaminated. With large spills of cultured or concentrated infectious agents in the laboratory, the contaminated area should be flooded with a liquid germicide before

cleaning, then decontaminated with fresh germicidal chemical. In both settings, gloves should be worn during the cleaning and decontaminating procedures.

### **Laundry**

Although soiled linen has been identified as a source of large numbers of certain pathogenic microorganisms, the risk of actual disease transmission is negligible. Rather than rigid procedures and specifications, hygienic and common-sense storage and processing of clean and soiled linen are recommended.<sup>26</sup> Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. All soiled linen should be bagged at the location where it was used; it should not be sorted or rinsed in patient-care areas. Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage. If hot water is used, linen should be washed with detergent in water at least 71° C (160° F) for 25 minutes. If low-temperature (less than or equal to 70° C (158° F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.

### **Infective Waste**

There is no epidemiologic evidence to suggest that most hospital waste is any more infective than residential waste. Moreover, there is no epidemiologic evidence that hospital waste has caused disease in the community as a result of improper disposal. Therefore, identifying wastes for which special precautions are indicated is largely a matter of judgment about the relative risk of disease transmission. The most practical approach to the management of infective waste is to identify those wastes with the potential for causing infection during handling and disposal and for which some special precautions appear prudent. Hospital wastes for which special precautions appear prudent include microbiology laboratory waste, pathology waste, and blood specimens or blood products. While any item that has had contact with blood, exudates, or secretions may be potentially infective, it is not usually considered practical or

*Continued on page 21.*

necessary to treat all such waste as infective.<sup>23,26</sup> Infective waste, in general, should either be incinerated or should be autoclaved before disposal in a sanitary landfill. Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer. Sanitary sewers may also be used to dispose of other infectious wastes capable of being ground and flushed into the sewer.

### **Implementation of Recommended Precautions**

Employers of health-care workers should ensure that policies exist for:

1. Initial orientation and continuing education and training of all health-care workers - including students and trainees - on the epidemiology, modes of transmission, and prevention of HIV and other blood-borne infections and the need for routine use of universal blood and body-fluid precautions for all patients.
2. Provision of equipment and supplies necessary to minimize the risk of infection with HIV and other blood-borne pathogens.
3. Monitoring adherence to recommended protective measures. When monitoring reveals a failure to follow recommended precautions, counseling, education, and/or re-training should be provided, and, if necessary, appropriate disciplinary action should be considered.

Professional associations and labor organizations, through continuing education efforts, should emphasize the need for health-care workers to follow recommended precautions.

### **Serologic Testing for HIV Infection**

#### **Background**

A person is identified as infected with HIV when a sequence of tests, starting with repeated enzyme immunoassays (EIA) and including a Western blot or similar, more specific assay, are repeatedly active. Persons infected with HIV usually develop antibody against the virus within 6-12 weeks after infection.

The sensitivity of the currently licensed EIA tests is at least 99%

when they are performed under optimal laboratory conditions on serum specimens from persons infected for greater than or equal to 12 weeks. Optimal laboratory conditions include the use of reliable reagents, provision of continuing education of personnel, quality control of procedures, and participation in performance-evaluation programs. Given this performance, the probability of a false-negative test is remote except during the first several weeks after infection, before detectable antibody is present. The proportion of infected persons with a false-negative test attributed to absence of antibody in the early stages of infection is dependent on both the incidence and prevalence of HIV infection in a population (Table 1).

The specificity of the currently licensed EIA tests is approximately 99% when repeatedly reactive tests are considered. Repeat testing of initially reactive specimens by EIA is required to reduce the likelihood of laboratory error. To increase further the specificity of serologic tests, laboratories must use a supplemental test, most often the Western blot, to validate repeatedly reactive EIA results. Under optimal laboratory conditions, the sensitivity of the Western blot test is comparable to or greater than that of a repeatedly reactive EIA, and the Western blot is highly specific when strict criteria are used to interpret the test results. The testing sequence of a repeatedly reactive EIA and a positive Western blot test is highly predictive of HIV infection, even in a population with a low prevalence of infection (Table 2). If the Western blot test result is indeterminate, the testing sequence is considered equivocal for HIV infection. When this occurs, the Western blot test should be repeated on the same serum sample, and, if still indeterminate, the testing sequence should be repeated on a sample collected 3-6 months later. Use of other supplemental tests may aid in interpreting results on samples that are persistently indeterminate by Western blot.

#### **Testing of Patients**

Previous CDC recommendations have emphasized the value of HIV serologic testing of patients for: 1) management of parenteral or mucous-membrane exposures of health-care workers, 2) patient diagnosis and

management, and 3) counseling and serologic testing to prevent and control HIV transmission in the community. In addition, more recent recommendations have stated that hospitals, in conjunction with state and local health departments, should periodically determine the prevalence of HIV infection among patients from age groups at highest risk of infection.<sup>32</sup>

Adherence to universal blood and body-fluid precautions recommended for the care of all patients will minimize the risk of transmission of HIV and other blood-borne pathogens from patients to health-care workers. The utility of routine HIV serologic testing of patients as an adjunct to universal precautions is unknown. Results of such testing may not be available in emergency or outpatient settings. In addition, some recently infected patients will not have detectable antibody to HIV (Table 1).

Personnel in some hospitals have advocated serologic testing of patients in settings in which exposure of health-care workers to large amounts of patients' blood may be anticipated. Specific patients for whom serologic testing has been advocated include those undergoing major operative procedures and those undergoing treatment in critical-care units, especially if they have conditions involving uncontrolled bleeding. Decisions regarding the need to establish testing programs for patients should be made by physicians or individual institutions. In addition, when deemed appropriate, testing of individual patients may be performed on agreement between the patient and the physician providing care.

In addition to the universal precautions recommended for all patients, certain additional precautions for the care of HIV-infected patients undergoing major surgical operations have been proposed by personnel in some hospitals. For example, surgical procedures on an HIV-infected patient might be altered so that hand-to-hand passing of sharp instruments would be eliminated; stapling instruments rather than hand-suturing equipment might be used to perform tissue approximation; electrocautery devices rather than scalpels might be used as cutting instruments; and,

*Continued on page 22.*

even though uncomfortable, gowns that totally prevent seepage of blood onto the skin of members of the operative team might be worn. While such modifications might further minimize the risk of HIV infection for members of the operative team, some of these techniques could result in prolongation of operative time and could potentially have an adverse effect on the patient.

Testing programs, if developed, should include the following principles;

- Obtaining consent for testing.
- Informing patients of test results, and providing counseling for seropositive patients by properly trained persons.
- Assuring that confidentiality safeguards are in place to limit knowledge of test results to those directly involved in the care of infected patients or as required by law.
- Assuring that identification of infected patients will not result in denial of needed care or provision of suboptimal care.
- Evaluating prospectively 1) the efficacy of the program in reducing the incidence of parenteral, mucous-membrane, or significant cutaneous exposures of health-care workers to the blood or other body fluids of HIV-infected patients and 2) the effect of modified procedures on patients.

#### **Testing of Health Care Workers**

Although transmission of HIV from infected health-care workers to patients has not been reported, transmission during invasive procedures remains a possibility. Transmission of hepatitis B virus (HBV) - a blood-borne agent with a considerably greater potential for nosocomial spread - from health-care workers to patients has been documented. Such transmission has occurred in situations (e.g. oral and gynecologic surgery) in which health-care workers, when tested, had very high concentrations of HBV in their blood (at least 100 million infectious virus particles per milliliter, a concentration much higher than occurs with HIV infection), and the health-care workers sustained a puncture wound while performing invasive procedures or had exudative or weeping lesions or microlacerations that allowed virus to

contaminate instruments or open wounds of patients.<sup>33,34</sup>

The hepatitis B experience indicates that only those health-care workers who perform certain types of invasive procedures have transmitted HBV to patients. Adherence to recommendations in this document will minimize the risk of transmission of HIV and other blood-borne pathogens from health-care workers to patients during invasive procedures. Since transmission of HIV from infected health-care workers performing invasive procedures to their patients has not been reported and would be expected to occur only very rarely, if at all, the utility of routine testing of such health-care workers to prevent transmission of HIV cannot be assessed. If consideration is given to developing a serologic testing program for health-care workers who perform invasive procedures, the frequency of testing, as well as the issues of consent, confidentiality, and consequences of test results - as previously outlined for testing programs for patients - must be addressed.

#### **Management of Infected Health-Care Workers**

Health-care workers with impaired immune systems resulting from HIV infection or other causes are at increased risk of acquiring or experiencing serious complications of infectious disease. Of particular concern is the risk of severe infection following exposure to patients with infectious diseases that are easily transmitted if appropriate precautions are not taken (e.g. measles, varicella). Any health-care worker with an impaired immune system should be counseled about the potential risk

associated with taking care of patients with any transmissible infection and should continue to follow existing recommendations for infection control to minimize risk of exposure to other infectious agents.<sup>7,35</sup> Recommendations of the Immunization Practices Advisory Committee (ACIP) and institutional policies concerning requirements for vaccinating health-care workers with live-virus vaccines (e.g. measles, rubella) should also be considered.

The question of whether workers infected with HIV - especially those who perform invasive procedures - can adequately and safely be allowed to perform patient-care duties or whether their work assignments should be changed must be determined on an individual basis. These decisions should be made by the health-care worker's personal physician(s) in conjunction with the medical directors and personnel health service staff of the employing institution or hospital.

#### **Management of Exposures**

If a health-care worker has a parenteral (e.g. needlestick or cut) or mucous-membrane (e.g. splash to the eye or mouth) exposure to blood or other body fluids or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood - especially when the exposed skin is chapped, abraded, or afflicted with dermatitis - the source patient should be informed of the incident and tested for serologic evidence of HIV infection after consent is obtained. Policies should be developed for testing source patients in situations in which consent cannot be obtained

*Continued on page 23.*

**Table 1. Estimated annual number of patients infected with HIV not detected by HIV-antibody testing in a hypothetical hospital with 10,000 admissions/year\***

Beginning prevalence of HIV infection	Annual incidence of HIV infection	Approximate number of HIV-infected patients	Approximate number of HIV-infected patients not detected
5.0%	1.0%	550	17-18
5.0%	0.5%	525	11-12
1.0%	0.2%	110	3-4
1.0%	0.1%	105	2-3
1/0%	0.02%	11	0-1
0.1%	0.01%	11	0-1

\*The estimates are based on the following assumptions: 1) the sensitivity of the screening test is 99% (i.e., 99% of HIV-infected persons with antibody will be detected); 2) persons infected with HIV will not develop detectable antibody (seroconvert) until 6 weeks (1.5 months) after infection; 3) new infections occur at equal rate throughout the year; 4) calculations of the number of HIV-infected persons in the patient population are based on the mid-year prevalence, which is the beginning prevalence plus half the annual incidence of infections.

*Prevention of HIV Transmission  
in Health-Care Settings, continued  
from p. 22.*

(e.g. an unconscious patient).  
If the source patient has AIDS, is positive for HIV antibody, or refuses the test, the health-care worker should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure. The health-care worker should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after the exposure. Such an illness - particularly one characterized by fever, rash or lymphadenopathy - may be indicative of recent HIV infection. Seronegative health-care workers should be retested 6 weeks post-exposure and on a periodic basis thereafter (e.g. 12 weeks and 6 months after exposure) to determine whether transmission has occurred. During this follow-up period - especially the first 6-12 weeks after exposure, when most infected persons are expected to seroconvert - exposed health-care workers should follow U.S. Public Health Service (PHS) recommendations for preventing transmission of HIV.<sup>36,37</sup>

No further follow-up of a health-care worker exposed to infection as described above is necessary if the source patient is seronegative unless the source patient is at high risk of HIV infection. In the latter case, a subsequent specimen (e.g. 12 weeks following exposure) may be obtained from the health-care worker for antibody testing. If the source patient cannot be identified, decisions regarding appropriate follow-up should be individualized. Serologic testing should be available to all health-care workers who are concerned that they may have been infected with HIV.

If a patient has a parenteral or mucous-membrane exposure to blood or other body fluid of a health-care worker, the patient should be informed of the incident, and the same procedure outlined above for management of exposures should be followed for both the source health-care worker and the exposed patient.

*\*General infection-control precautions are more specifically addressed in previous recommendations for infection-control practices for dentistry.<sup>8</sup>*

*\*\*Additional precautions for research and industrial laboratories are addressed elsewhere.<sup>22,23</sup> □*

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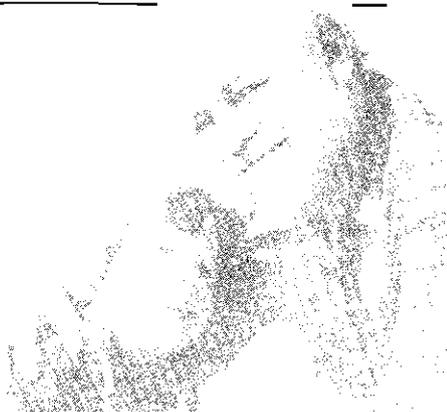
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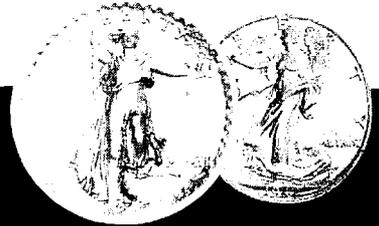


**Prevention of HIV Transmission  
in Health-Care Settings continued.**

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# Handbook Tips for Physicians Giving Depositions

Reprinted with permission from *LACMA Physician*, Sept 7, 1987

*The Deposition Guide: A Practical Handbook for Witnesses*, a manual of practical advice for health care professionals who may be called on to give legal testimony, is now available from Law Forum Press of Seattle. This release is the handbook's third printing.

"Every year more and more witnesses are called on to give depositions," says author Larry Johnson, an attorney. "It can happen to anybody, but people in the health care field are particularly vulnerable. Most people have no idea what to expect when they give testimony. As a result, the experience is often an unpleasant ordeal. I wrote the guide to help prepare the potential witness against the pitfalls of the process."

The following are excerpts from the handbook:

---

## Your right to bring anything that may assist you at your deposition.

If you have prepared notes that will help your recollection, bring them (but expect them to be made exhibits). Don't, however, bring rehearsed, "pat" answers to anticipated questions. That will severely hurt your credibility since most people associate truth telling with ease and spontaneity of response. Other items may be helpful depending on the type of case and the testimony you anticipate giving. You may want to take rulers (for scaled drawings), a calendar, a calculator, maps, etc.

---

## Your right not to answer a question.

Only a judge can order you to answer a question, but be sure you have a good reason for your refusal to answer. Repeated refusals to answer on frivolous grounds can result in your being held in contempt. Always refuse to answer if your attorney so instructs you.

---

## Your right to limit the duration of your deposition.

Rule 30(d) is designed to protect a witness from any examination that "is being conducted in bad faith or in such manner as unreasonably to annoy, embarrass or oppress the

deponent or party." Upon application to a judge (a lawyer must do that), you can have your deposition stopped, postponed or limited in duration.

---

## Disclose any illnesses or disabilities.

Now is not the time to be proud about any physical ailments you have, especially if they may affect your ability to testify. Let your lawyer know what medications you are taking and how they affect your memory or speech. If you cannot take a normal 9:30 a.m. to 5 p.m. deposition schedule, tell your lawyer so he can arrange to have the deposition taken at your home or another comfortable place, and to shorten the duration of deposition sessions. Some lawyers save their tough or tricky questions until they know a witness is tiring. If you tire easily, get up and stretch whenever you feel like it, and take breaks.

---

## Don't rehearse the deposition.

You have only one job to do: tell the truth. If you lie under oath, you commit perjury. And most juries have an uncanny ability to detect a liar. As a practical matter, every harmful truth you admit to will underscore the credibility of all the helpful truths you tell. Juries understand that everything is not black and white, and they will forgive human foibles more than you might think. They will not forgive you if they think you are trying to fool them.

---

## Communications with lawyers before the deposition.

If the lawyer claiming you as "his" witness is not your personal attorney, you can have your own lawyer represent you at the deposition, even though you are not directly involved in the litigation. Since you cannot be sure what the lawyers other than your own may ultimately want to do with your testimony, it is best not to discuss the case with them until you're "on the record." It is unethical for any lawyer in the case to volunteer to act as your lawyer at your deposition if he has any potential conflict of interests.

## Time Limits.

Feel free to ask for a break for any reason; you are nobody's captive while you are in that room. If nobody is polite enough to grant you a reasonable recess, then take one anyway. At the start of the deposition it is a good idea to have your attorney get a feel for how often you will break, how long the lunch breaks will be, and when you will quit for the day. You and the court reporter should be asked if you are willing to stay longer than normal working hours.

Other subjects covered by the handbook include your attorney-client privilege, interrupting the deposition for personal business, helping the court reporter, and the "do's" and "don'ts" of giving testimony.

First published in 1984, *The Deposition Guide's* third printing is directed specifically to potential witnesses in the health care field. It is available directly from the publisher, Law Forum Press, 2318 Second Ave., Suite C, Seattle, WA 98102. Single copies are \$7.95, plus \$2.50 for shipping. Orders of 20 or more copies are discounted 40%. □

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By Sharon Bain, Assistant Director, Membership Benefits Inc.

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Put briefly, the law says that *you should hire only American citizens and aliens who are authorized to work in the United States.* You will need to verify employment eligibility of anyone hired after Nov. 6, 1986. A one page I-9 form must be completed and retained for each employee hired after that date. The form must be retained for three years after the employee's termination and must be available for inspection by an INS or DOL official. A three day notice will be given to you before any such inspection. No subpoena or warrant is needed to inspect these documents.

## AS A SERVICE TO MEMBERS

**USING OUR AGENCY:** we will prepare an I-9 form for each applicant registering with us beginning Sept. 1, 1987. Each applicant registering with the Medical Dental Placement Service will complete the I-9 form and their identification and authorization will be verified by our staff. When the applicant is hired, the "original" I-9 form will be mailed to you to be retained in your office with the employee's records. Remember, the form must be retained for three years beyond the employee's termination date. Our office will also retain a "copy" of the I-9 form attached to the applicant's file.

## YOU DO NOT NEED TO COMPLETE AN I-9 FORM FOR THE FOLLOWING:

- Persons hired before Nov. 6, 1986.

- Persons hired after Nov. 6 1986 who left their job before June 1, 1987.
- Persons you employ for domestic work in a private home on an intermittent or sporadic basis.
- Persons who provide labor to you who are employed by a contractor providing contract services (e.g., employee leasing).
- Persons who are independent contractors.

The I-9 form itself is a very simple form to complete when the person being hired has the proper documents to prove authorization to work in the United States: such as; a driver's license, military I.D., *original* social security card, birth certificate,

passport, Certificate of Naturalization or Alien Registration Card with photograph.

A "Handbook for Employers" is available from the U.S. Department of Justice which is very thorough in explaining procedures and answering questions about the new law and the requirements for employers. It also contains an I-9 form which can be reproduced for your use. If you wish to receive information directly from the government office use the following address or phone number:

*Immigration and Naturalization Service,  
Attn: Employer Relations Officer, 815  
Airport Way, South, Seattle, WA 98134 or  
1-800-777-7700.*

If you have any questions regarding this information please feel free to contact Sharon Bain at the Membership Benefits office at 572-3709. We will be happy to assist you in any way possible.

It is our hope that our preparation of the form I-9 for employees hired through our services will make it easier for you to comply with the new law and save you valuable office time. □

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# Auxiliary News

## Convention '87

Medical auxiliary members from around the state gathered at the Sheraton Hotel in Tacoma for three days of intensive workshops, entertainment, and social interaction on Sept. 17, 18 and 19. PCMSA played a major part in making arrangements for the various activities, including staffing the hospitality suite. We had some hearty laughs over lunch with the "Sidetracked Home Executives" and then got down to the business of learning about long range planning, how to speak up about Initiative 92, organ donation, and the problems of adolescent health. Members of the Spokane County Auxiliary presented a leadership skills development workshop, including material on how to make committees effective.

The WSMA, meeting at the same time, passed a resolution to "establish a formal strategic planning process to determine the optimal future relationship of the "WSMA and the WSMAA. This is good news for the Pierce County auxiliaries who feel that they already have an excellent working relationship with the MSPC and would like to see the same kind of cooperation and respect on the state level. Registrants at the auxiliary convention were free to attend WSMA reference committee hearings and participated in several social functions with the WSMA.

In the spring we will again host the state auxiliary at the Sheraton for the annual meeting when Sharon Ann Lawson will be installed as president. Don't miss it!

*Helen Whitney, Susie Duffie,*  
co-chairmen

## Calendar of Events:

*Important dates to remember.*

**Wed., Nov. 18, 1987 - 7:30 p.m.**

Mr. Joe Piscatella, famed author and lecturer, and now P.B.S. television personality will speak to us on healthy life-style changes for futuring our health and quality of life. This is an important meeting for all of us to attend.

**Tues., Dec. 8, 1987 - 6:30 p.m.**

The annual joint MSPC/PCMSA dinner at the Sheraton Hotel Ballroom. There will be the traditional raffle and gift collection for the Pierce County Women's Support Shelter.

**Fri., Jan 15, 1988 - 12 Noon.**

Randy Bergren of Bergren's Clothiers in Lakewood is graciously hosting a luncheon and fashion show. Early reservations are a must. Details will be in a later Newsletter.

**Fri., Feb. 19, 1988 - 10:00 a.m.**

A very important meeting of all of us. Mr. David Moore, Clinical Director of Olympic Counselling Services will speak to us on the problems, education, and treatment of chemical abuse. He will bring several recovering teenagers to let us hear first-hand accounts of their problems.

## Auxiliary Note...

The Aids Resource flyer which appeared in the October Newsletter was in large measure due to the efforts of auxiliary Sydna Koontz who is a member of the Medical Society Aids Committee. We are grateful for her efforts in organizing this much needed resource list. Sydna will be updating the list on a quarterly basis, with the help of auxiliary volunteers: Terri Virant, Mary Schaeferle, Dottie Truckey, Karen Benveniste.

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14310 137th Ave. E.  
Puyallup, WA 98374

## Auxiliary News Continued

The word is out! Pierce County is a wonderful place to live, and the rest of the world (at least in the medical community) have discovered that. This year so far 21 new families have come to the area. Pierce County Medical Society Auxiliary welcomes all the new families and particularly the physicians' spouses. We hope to see the prospective members at Auxiliary meetings and other events.

Auxiliary members' interests, backgrounds, and personalities couldn't be more diverse. That's one of the reasons our meetings are so interesting and fun. Up to this point almost all our members have been women, but we heartily encourage male spouses of physicians to come and find out more about our organization. Even the prospective members who work outside the home may find time to come to our one evening meeting this year.

Members and prospective members will find this year's programs

to be exciting. Consider this an open invitation to all the physicians' spouses new to Pierce County to come and join us.

The following is the most recent list of newcomers. Please contact me if I've left out any newcomers.

*Terri Jiganti Stewart (851-2578)*

*Mary Boyer (Robert)  
Mary Broman (Roy)  
Joanne Clark (Allen)  
Wendy Ellen Ditraglia  
Lynn Duncan (Newton)  
Judy Estroff (David)  
Sally Freed (Stuart)  
Jackie Goldfarb (Ted)  
Valentina Gordienko (Oleg)  
Carolyn Hogan (Patrick)  
Julie Lee (Moo)  
Denise Manos  
Charles Markowitz (Jan)  
Kathy Monroe (Lance)  
Ruth Nicolaus (William)  
Kathleen Price (Lawrence)  
Becci Rogers (Jared)  
Jeanette Ruckle (Jon)  
Jennifer Tebay-Tobin (Richard Tobin)  
Lauren Toile (C. Kevin Bulley)*

## Special Thanks to Auxiliary Members

Our Auxiliary would like to extend a very special thank you to Helen Whitney and Susie Duffy for the outstanding job they did as chairmen for the WSMA Auxiliary Convention. No one can do this job alone and so we would also like to thank the chairmen of the many committees it took to put together the convention. Working with Linda Graffis from the WSMA office were Betty Bahn, Hospitality; Debby McAlexander, Registration; Lavonne Campbell, AMA-ERF Bears; Mimi Jergens, VIP Gift Baskets; Marie Griffith, Luncheon; Carolyn Modarelli, Packet Cover Design; Kris White, Printing; Cindy Anderson, Flyer.

35 auxiliary members worked with these chairmen to present a well organized, educational, and fun filled three days. Our most sincere thank you for all your time and efforts on our behalf.

*Bev Graham,  
PCMSA President*

# THE ONLY COMPANY OWNED AND DIRECTED BY WASHINGTON PHYSICIANS

Physicians Insurance fought hard for Washington's new tort reform law. The result has been lower-than-projected increases in the cost of coverage.

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# A Look Back...

## JAMA 100 Years Ago

*Dire Consequences of a Physician Oversupply*  
*Foreign Correspondence: Munich, Germany*

"...The University in this city now numbers 1100 medical students. Considering the number of universities in Germany and the large number of students in attendance almost everywhere, it becomes a serious question what is to become of these young men after their graduation. The country is now more than supplied with physicians, and if the increase continues for a number of years in the same ratio it is difficult to conceive in what way the medical men are to earn their daily bread.

The German government is well aware of the prevailing evil that too many graduates of the gymnasia choose the medical profession, and has taken steps to lead them into other channels by calling their attention to the existing evil through the columns of the public press. Only a few days ago Professor Hegar, of Freiburg, informed me that unless a decided change occurred in this direction the medical profession would soon degenerate into a "proletariat." It is well known that even at the present time, in some country towns, doctors will make visits, and even supply the necessary medicine, at half a mark. An ignorant "Dienstmann" would look with scorn at anything less than this for carrying your valise from the depot to the hotel. We have many cheap doctors in America, but their fees must be considered as royal when compared with such a beggarly sum. There is a great danger that the same condition will prevail in America at no distant time, unless the medical colleges adopt timely measures to prevent over-crowding of the profession by elevating the standard for admission to the study of medicine as well as graduation. Nothing will degrade the profession so quickly in the eyes of the public as over-crowding. In the struggle for an existence men will resort to ways and means which they know are wrong.

### It is quite a fashion in Europe, among medical men to marry rich wives

in order to keep the wolf from the door; but in my judgement such a course only aggravates the social and professional standing, as wealth acquired in such an easy way brings obligations which are antagonistic to scientific advancement. Unless a man acquires wealth by his own efforts he will seldom find his way into the front ranks of the profession. It is better for a man to remain poor as long as he lives, and labor honestly and perseveringly in the interests of his chosen profession, than to be constantly handicapped by a rich wife or her many relatives. It is seldom that a rich woman has the good sense to satisfy her ambition in promoting the scientific attainments of her husband; her interests are usually outside of the things that pertain to the

profession. Only too often her greatest, yes, her only desire is to become a conspicuous figure in society, and as she cannot attend the balls, receptions and theatres alone, the man who married her for her money must do at least what what he can to make her happy, and must go along. In this way perhaps six evenings in the week are spent, and the books and medical journals, if money is spent for such things, become covered with dust.

That this picture is not overdrawn you can verify in your own city, where many of the richest doctors, who ought to occupy prominent positions among their colleagues, are not known outside the small circle of friends and acquaintances where they are tolerated only on account of their wealth. Science is making such rapid strides that its devotees have absolutely no time for the doubtful pleasures which society can offer.

**The good standing and purity of our profession can only be maintained by admitting into its ranks only men with natural adaptations and an innate love and devotion for the advancement of medical science and its collateral branches..."** (AJMA 1887; 9:281-282). □

Reprinted from JAMA, Sept 4, 1987, Vol 258, No.9.

## alternative care

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- Homemakers • Home Health Aides • Bath Aides • Certified Nurses Aides • 24-hour Nursing Supervision • No Hourly Minimum
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# Classifieds

## Practices Available

Retiring after 40 years of General Practice in Tacoma. Practice and Equipment for sale. Bldg. for sale or lease. Excellent location. 2640 sq. ft. main floor. 730 sq. ft. basement. Contact Dr. McPhee or Tom Markosky, business manager, Seattle (206) 281-9149.

Internal Medicine Practice for sale. Physician is retiring Dec. 31, 1987. Contact: Dr. Race at 383-4766.

Practice for sale or share expenses. Well established active family practice, located in rapidly growing area of Pierce County. Flexible terms. Contact Bill or Adrienne Morrison 848-6499, 6:00 p.m. to 10:00 p.m.

PRACTICE OPPORTUNITY SOUTHWEST WASHINGTON STATE. Practice opportunity available for BC/BE family practice physician in hospital owned clinic in Randle, Washington. OB desirable. D.O. preferred; will consider M.D. Current physician is retiring; will assist with transition. Physician compensation package can be tailored to candidate's needs. Randle is approximately 20 miles east of Morton, WA in beautiful, rural southwest Washington state. Hospital is located in Morton. The area offers excellent outdoor recreational opportunities and relaxed life-style. Send CV to: *Patty House, Health Resource Services, Virginia Mason Medical Center, P. O. Box 1930, Seattle, WA 98111.*

## Positions Available

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: Puyallup Triba Health Authority 2209 East 32nd St. Tacoma, WA 98404.

Western Clinic, a large multispecialty clinic, is seeking physicians for the following positions: Family Practice at Port Clinic Facility, no nights or weekends; no OB. General Internal Medicine, at Tacoma Facility. Ob-Gyn for both Tacoma and Gig Harbor facilities. Family Practice with OB at Tacoma facility. All positions offer excellent starting salary, fringe benefits, and partnership potential. Contact William Brand, MD, c/o The Western Clinic, 521 South "K" St., Tacoma, WA 98405. 206-627-9151.

Board Certified, Board eligible internal medicine specialists needed. Several opportunities available, group and solo. For information please call Pat Bailey at 833-7711 or 248-4550.

Physician opening. Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, MD at 5900 100th St. SW, Suite 31, Tacoma 98499. Phone (206) 584-3023 or 582-2542.

Pacific Northwest Opportunities. We have openings in the Northwest and California. Let us assist you. Send CV or call Western States Physician Services, 9605 Sunrise Beach Dr. NW, Gig Harbor, WA 98335 (206) 851-6201.

Family Practice. Excellent opportunity with Seattle's leading provider of Family Practice. Positions available thru out greater Seattle. Current license BC/BE in family practice. Attractive salary incentive/benefits. Contact CHEC Medical 2200 6th Ave., #225, Seattle, 98121, Debbie Phillips (206)728-6888.

Immediate openings. Full time and part time positions and directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405 ask for Lois.

Neurologist/Neurosurgeons. Haelan Medical Evaluations is an independent evaluation facility specializing in comprehensive medical examinations. We have a growing need for Neurologists/Neurosurgeons to participate in individual and panel evaluations in the Tacoma area. The patient examinations are scheduled in our facility to correspond with the physician's available hours, Monday through Saturday. You are invited to join our growing number of physicians who provide evaluations to our rapidly growing referral base. For further information please call 627-0565, from 8 a.m. to 5 p.m. Mon. through Sat., or feel free to come by and see the facility.

Haelan Medical Evaluations is an independent evaluation facility specializing in comprehensive medical examinations. We have a growing need for medical specialists to participate in individual and panel evaluations in the Tacoma area. The patient examinations are scheduled in our facility to correspond with the physician's available hours, Mon. through Sat. You are invited to join our growing number of physicians who

provide evaluations to our rapidly growing referral base. For further information please call 627-0565, from 8 a.m. to 5 p.m. Mon. through Sat., or feel free to come by and see the facility.

Orthopedic Surgeons. Haelan Medical Evaluations is an independent evaluation facility specializing in comprehensive medical examinations. We have a growing number of Orthopedists to participate in individual and panel evaluations in the Tacoma area. The patient examinations are scheduled in our facility to correspond with the physician's available hours, Mon. through Sat. You are invited to join our growing number of physicians who provide evaluations to our rapidly growing referral base. For further information please call 627-0565 from 8 a.m. to 5 p.m. Mon. through Sat. or feel free to come by and see the facility.

## Equipment

Merlin telephones, model 206. Standard 5 button set with control unit. \$950.00 Call 584-3104 after 6:00 p.m.

Burdick ECG machine and stand \$1474.00, 24 test isocult incubator \$62.50. Ultraviolet examining light \$49.00. Evenings 588-7545, days Dr. Boyle 582-8440.

## General

New catalog. Over 500 items of office and medical equipment available at tremendous savings. Call Lynlee's (206)453-8892 for a free copy.

Retiring? Call us regarding your used office equipment (206) 453-8892.

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19 ft. Flying Scot, new sails, Spinnaker. Ripped, great day sailer, \$3995.00. Call 581-1061.

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## Office Space

Satellite medical office space available for sharing in Federal Way. Please call 927-4876 or 838-7980.

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View Property. Magnificent Mt. Rainier, valley view. 4 acres. Puyallup, South Hill, Wooded seclusion on paved private road. \$110,000. 848-0124.



# Medical Society of Pierce County

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

## Annual Christmas Dinner Meeting

Medical Society of Pierce County and Pierce County Medical Auxiliary

Tuesday, December 8, 1987  
**SHERATON TACOMA HOTEL**  
1320 Broadway Plaza, Tacoma

Installation of 1988 Medical Society Officers and Trustees  
*Featuring Mick Delaney, "One of America's most sought after speakers."  
Humorist - Motivator*

Cocktails (no host)	6:30 p.m.
Dinner	7:15 p.m.
Program	8:15 p.m.

### 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.

- A raffle will be held to benefit the Student Recognition Program. There will be many prizes, including a box of fine wine.
- Tickets are six for \$5.00 and will be available during the cocktail hour.

*Please complete the attached reservation form and mail it,  
with a check for the appropriate amount, to:*

*Medical Society of Pierce County  
705 South 9th, #203  
Tacoma, WA 98405*

*or CALL to confirm your reservation: 572-3709  
\$25.00 per person, \$50.00 per couple*

**Please send reservations before Friday, Dec. 4, 1987**

---

Yes, we/I will attend the Annual Christmas Dinner on December 8, 1987, at the Tacoma Sheraton Hotel  
Please reserve me \_\_\_\_\_ dinners for:

Name \_\_\_\_\_

Address \_\_\_\_\_

**News from**

**about a new dosage form of cephalexin**

**ANNOUNCING NEW**

**Keflet<sup>TM</sup>**  
**TABLETS**  
**cephalexin**

**All the advantages of cephalexin  
in a convenient tablet form**

- Backed by over 15 years of clinical experience
- Smaller tablet is specially shaped and coated for easier swallowing
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- Tablet dosage form may be appreciated by patients of all ages

**NEW Keflet Tablets are available as:**

250-mg  
Tablets



500-mg  
Tablets

Keflet is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-sensitive patients.

# Keflet™ Tablets

cephalexin

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

**Indications and Usage:** Keflet™ Tablets (cephalexin, Dista) are indicated for the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Respiratory tract infections caused by *Streptococcus pneumoniae* and group A  $\beta$ -hemolytic streptococci (Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. Keflet is generally effective in the eradication of streptococci from the nasopharynx; however, substantial data establishing the efficacy of Keflet in the subsequent prevention of rheumatic fever are not available at present.)

Otitis media due to *S pneumoniae*, *Haemophilus influenzae*, staphylococci, streptococci, and *Neisseria catarrhalis*

Skin and skin-structure infections caused by staphylococci and/or streptococci

Bone infections caused by staphylococci and/or *Proteus mirabilis*

Genitourinary tract infections, including acute prostaticitis, caused by *Escherichia coli*, *P mirabilis*, and *Klebsiella* sp.

**Note**—Culture and susceptibility tests should be initiated prior to and during therapy. Renal function studies should be performed when indicated.

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

**Warnings:** BEFORE CEPHALEXIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN CEPHALOSPORIN C DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Any patient who has demonstrated some form of allergy, particularly to drugs, should receive antibiotics cautiously. No exception should be made with regard to Keflet.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semi-synthetic 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.

**Usage in Pregnancy.**—Safety of this product for use during pregnancy has not been established.

**Precautions: General**—Patients should be followed carefully so that any side effects or unusual manifestations of drug idiosyncrasy may be detected. If an allergic reaction to Keflet occurs, the drug should be discontinued and the patient treated with the usual agents (eg, epinephrine or other pressor amines, antihistamines, or corticosteroids).

Prolonged use of Keflet 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 anti-globulin 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.

Keflet 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.

Indicated surgical procedures should be performed in conjunction with antibiotic therapy.

As a result of administration of Keflet, 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**—The daily oral administration of cephalexin to rats in doses of 250 or 500 mg/kg prior to and during pregnancy, or to rats and mice during the period of organogenesis only, had no adverse effect on fertility, fetal viability, fetal weight, or litter size. Note that the safety of cephalexin during pregnancy in humans has not been established.

Cephalexin showed no enhanced toxicity in weanling and newborn rats as compared with adult animals. Nevertheless, because the studies in humans cannot rule out the possibility of harm, Keflet should be used during pregnancy only if clearly needed.

**Nursing Mothers**—The excretion of cephalexin in the milk increased up to 4 hours after a 500-mg dose; the drug reached a maximum level of 4  $\mu\text{g/mL}$ , then decreased gradually, and had disappeared 8 hours after administration. Caution should be exercised when Keflet is administered to a nursing woman.

**Adverse Reactions: Gastrointestinal**—Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely. The most frequent side effect has been diarrhea. It was very rarely severe enough to warrant cessation of therapy. Dyspepsia and abdominal pain have also occurred. As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.

**Hypersensitivity**—Allergic reactions in the form of rash, urticaria, angioedema, and, rarely, erythema multiforme, Stevens-Johnson Syndrome, or toxic epidermal necrolysis have been observed. These reactions usually subsided upon discontinuation of the drug. Anaphylaxis has also been reported.

Other reactions have included genital and anal pruritus, genital moniliasis, vaginitis and vaginal discharge, dizziness, fatigue and headache, eosinophilia, neutropenia, thrombocytopenia, and slight elevations in SGOT and SGPT have been reported.

PR2211 DFP

[111786]

Additional information available to the profession on request from

**Dista Products Company**  
Division of Eli Lilly and Company  
Indianapolis, Indiana 46285  
Mid by Eli Lilly Industries, Inc  
Carolina, Puerto Rico 00630

7/2012

# MSPC

# NEWSLETTER

◆ A publication of the Medical Society of Pierce County ◆

VOL. 2, NO. 8

705 South 9th, Suite 203  
Tacoma, Washington  
572-3667

DECEMBER, 1987

## INITIATIVE 92

Washington State voters overwhelmingly rejected a simplistic approach to amend Medicare at the state level by the proponents Washington Fair Share and Washington State Council of Senior Citizens. It was a case of the voting public believing physicians when they said that this was not the way to change Medicare.

The size of the victory margin was a surprise to most members. The deceptive manner in which the Initiative was worded made it extremely difficult to believe the voters would recognize it for what it actually entailed.

Not a major newspaper in the state endorsed the Initiative. The News Tribune in an editorial said "Initiative 92 is one of those great-sounding ideas that doesn't survive close scrutiny. It ought to be rejected by the voters Nov. 3"

Every patient that physicians talked to and every letter sent contributed to the successful effort. Which, at one time chances of victory appeared to be rather dismal. Well Done!

## THANKS ON "92"

The success of defeating Initiative 92 can be attributed to many things and many people. Doctors, don't forget to thank your patients for voting no.

To all the doctors who took the time to talk to their patients, mail letters, and go vote. A big **THANK YOU**. Barry Connoley, President, Multicare; John Long, President, St. Joseph sent letters to all their hospital patients urging a no vote.

**Drs. Richard Hawkins, Ken Bodily and Leonard Alenick** addressed many local Kiwanis, Lions, Rotary Clubs and other civic groups, and appeared on radio programs to discuss and debate the issue. A big **THANKS** for your time and commitment.

WSMA, and particularly its Executive Committee did an outstanding job of traveling the state and debating the proponents of the Initiative and drafting the strategy that eventually provided the margin of victory.

## ANNUAL JOINT CHRISTMAS DINNER

Dr. Bill Jackson will assume the presidency of MSPC from Dr. Dick Bowe at the December 8 Annual Joint Dinner Meeting of the Society and Pierce County Medical Society Auxiliary.

A string ensemble from Pacific Lutheran University will entertain with Christmas music and the classics before and during dinner. Following dinner Mr. Mick Delaney, a humorist, motivator and much sought after speaker will address the gathering.

Auxiliary Coordinator, Mrs. Sharon Lukens has arranged for beautiful floral centerpieces to grace each table and has spent a great deal of time making arrangements for the event at the Tacoma Sheraton Hotel. No host cocktails will begin at 6:30 p.m.. Dinner will be served at 7:15 and the program will commence at 8:15 p.m..

A highlight of the evening will be installation of the 1988 Officers and Trustees. Newly elected officers and trustees will assume office at the conclusion of the meeting.

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# PHYSICIANS

Your  
Army Reserve Personnel Counselor,

Would like to talk to you about the following opportunities  
in the United States Army Medical Department:

- *Part-Time Income*
- *Retirement Potential*
- *Post Exchange Privileges*
- *Insurance Discounts*
- *Continuing Medical Education\**
- *Attendance at A.M.A. Conferences\**
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## AMA ISSUES STATEMENT ON AIDS

On November 14 AMA's Council on Ethical and Judicial Affairs released a four-page report which concludes that "A physician may not ethically refuse to treat a patient whose condition is within the physician's current realm of competence solely because the patient is seropositive (to the AIDS antibody)."

In a statement presenting its position, the Council said that "The tradition of the AMA, since its organization in 1847, is that: 'when an epidemic prevails, a physician must continue his labors without regard to the risk to his own health.'" In an earlier statement spurred by the refusal of some physicians to treat AIDS patients AMA said:

"AIDS patients are entitled to competent medical service with compassion and respect for human dignity and to the safeguard of their confidences within the restraints of the law. Those persons who are afflicted with the disease or who are seropositive have the right to be free from discrimination."

The report also sets forth ethical guidelines for physicians who have contracted AIDS or who are seropositive.

"A physician who knows that he or she is seropositive should not engage in any activity that creates a risk of transmission of the disease to others. A physician who has AIDS or who is seropositive should consult colleagues as to which activities the physician can pursue without creating a risk to patients," it said.

If you would like a copy of the Council on Ethical and Judicial Affairs report "Ethical Issues Involved in the Growing AIDS Crisis," please call the Medical Society at 572-3667.

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## FOUR NEW MEMBERS OF SOCIETY

The Board of Trustees at its November 3 meeting approved the Credentials Committee recommendation that the following four applicants be admitted for membership into the Society. They were:

**Sandra B. Edmonds, M.D.** -  
Emergency Medicine, Good Samaritan Hospital  
**Lance E. Monroe, M.D.** -  
Addictive Diseases, Puget Sound Hospital  
**Werner H. Peters, M.D.** -  
Anesthesiologist, Good Samaritan Hospital  
**Edward A. Pullen, M.D.** -  
Family Practice, Puyallup

The Credentials Committee had recommended to the Board that it be mandatory for all applicants to appear before the Committee's orientation meeting before being approved. By a 4-4 vote the recommendation was defeated.

## DO NOT RESUSCITATE/ DO NOT INTUBATE ORDERS

The EMS Committee forwarded to the Board of Trustees a proposed DO NOT RESUSCITATE PROTOCOL. At its November 3 meeting the Board approved the following amended protocol:

It is anticipated that every paramedic will perform to the best of his/her ability when called to the scene of an illness or injury. Advanced Life Support Protocols will be strictly followed.

However, full resuscitation should not be initiated if:

Do Not Resuscitate (DNR)/Do Not Intubate (DNI) orders are clearly written, present at the scene, and signed by the private physician and the patient (or his/her guardian) AND ...

The paramedic will contact the appropriate Emergency Medical Services (EMS) Supervisory Physician immediately upon seeing a DNR/DNI order. Further patient care will be at the direction of the EMS Supervisory Physician. Resuscitative efforts, once begun by order of the Supervisory Physician can only be terminated with agreement of the Supervisory Physician.

Board and Committee members recognize that this protocol does not answer all the problems with this complex issue, but it is a beginning.

## POSITIONS AVAILABLE

Board Certified, board eligible internal medicine specialists needed. Several practice opportunities available - group and solo. For more information please call Pat Bailey at 833-7711 or 248-4550.

Physician opening. Ambulatory care/minor emergency center. Full/part time FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900 100th St. S.W., Suite #31, Tacoma 98499. Phone (206) 584-3023 or 582-2542.

Pacific Northwest opportunities. We have openings in the northwest and California. Let us assist you. Send C.V. or call Western States Physician Services, 9605 Sunrise Beach Drive Northwest, Gig Harbor 98335 (206) 851-6201.

FAMILY PRACTICE - Excellent opportunity with Seattle's leading provider of Family Practice. Positions available thru out greater Seattle. Current license BC/BE in family practice. Attractive salary, incentive/benefits. Contact CHEC Medical 2200 6th Ave. #225, Seattle 98121, Debbie Phillips (206) 728-6888.

Immediate openings - full time and part time positions and directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405 ask for Lois.

NEUROLOGIST/NEUROSURGEONS - Haelan Medical Evaluations is an independent evaluation facility specializing in comprehensive medical examinations. We have a growing need for Neurologists/Neurosurgeons to practice in individual and panel evaluations in the Tacoma area. The patient examinations are scheduled in our facility to correspond with the physicians available hours, Monday through Saturday. You are invited to join our growing number of physicians who provide evaluations to our rapidly growing referral base. For further information please call 627-0565, from 8 a.m. to 5 p.m. Monday through Saturday or feel free to come by and see the facility.

HAELAN MEDICAL EVALUATIONS is an independent evaluation facility specializing in comprehensive medical examinations. We have a growing need for medical specialists to participate in individual and panel evaluations in the Tacoma area. The patient examinations are scheduled in our facility to correspond with the physicians available hours, Monday through Saturday. You are invited to join our growing number of physicians who provide evaluations to our rapidly growing referral base. For further information please call 627-0565, from 8 a.m. to 5 p.m. Monday through Saturday or feel free to come by and see the facility.

Committed FAMILY PRACTICE PHYSICIAN needed by urban Native American community for challenging and fulfilling practice. Excellent medical community, ideal locations with nearby mountains, beaches and cultural activities. Good benefit package. Send CV: Puyallup Tribal Health Authority, 2209 E. 32nd Street, Tacoma, WA 98404.

(Con't on pg. 11)

On January 11 the 1988 Legislature will convene. Numerous health care issues are scheduled to be debated. This being an even numbered year means a bill not enacted in the previous session will not require reintroduction, but will revert to the highest committee level achieved in 1987.

As reported in Health Industry Times some perennial licensure issues to be resolved include; home health licensing, direct patient access for physical therapists, expanded scope of practice for chiropractors, use of drugs for treatment by optometrists, and determining acceptable treatment definitions and authority for naturopathic physicians.

Issues WSMA will be pursuing in addition to the above are; establishment of a statewide cancer registry; amend the Natural Death Act provisions; remove the Medical Disciplinary Board from the Department of Licensing, preserve the gains achieved by the Liability Reform Act of 1986, seek a separate Department of Health, prohibit use of tobacco products in health care facilities, and provide vaccines to health care facilities for persons unable to pay.

It should be an interesting session. Know the legislative district you live and your representatives. Your calls and letters to them are important and effective.

## **TACOMA SCHOOL DISTRICT SMOKING POLICY SUPPORTED BY MSPC**

Several members of the Medical Society testified before the Tacoma School Board in support of the School District's **NO SMOKING POLICY.**

Drs. Bill Jackson, Clyde Koontz, Gordon Klatt, Amy Yu all spoke against the Bates student petition to amend the policy to permit designated smoking areas on school premises. Drs. Larry Larson and John Rowlands were waiting to testify, but time did not permit.

The members represented the Society, American Cancer Society and American Lung Association.

Dr. Gordon Klatt, who has just concluded a two year stint as President of the Washington chapter of the American Cancer Society has worked closely with the School Board in supporting their policy decisions.

The School Board cast a unanimous vote to continue with its no smoking policy. Many thanks to the members who took the time to attend the meeting which turned into a rather lengthy affair.



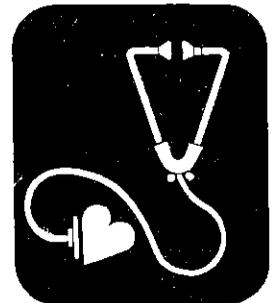
Did you have problems when reading the November *Bulletin*? I did. The numerous spelling errors in the edition came as quite a surprise after several people proofread the copy before going to press.

However, in discussions with our publisher, it appears (quite evident) that the disk with the corrections did not make it to the printer. I can't blame it on the software, so you have my apologies. The Editor.

## **QUIT SMOKING CLINIC FOR MEDICAL SOCIETY MEMBERS & STAFF**

The Medical Society will be co-sponsoring a series of classes in January to help smokers with their 1988 New Year's Resolution to quit smoking. The seven session course, co-sponsored by the American Lung Association will cost \$35.

Pre-registration is required and space is limited. Please call the Medical Society office, 572-3709 to reserve your space.



# COLLEGE OF MEDICAL EDUCATION

\*\*\* December Programs \*\*\*

December 3

## ANXIETY & ANTIANXIETY MEDICATIONS

Coordinator: Patrick J. Donley, M.D.

December 10, 11

## ADVANCED CARDIAC LIFE SUPPORT

Coordinator: David Munoz, M.D.

December 17

## SOMATIZATION OF PSYCHIATRIC ILLNESS

in Primary Care

Coordinators: Wayne J. Katon, M.D.

Peter Roy-Byrne, M.D.

University of Washington

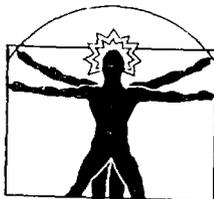
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Curt Dyckman

The Medical Society of Pierce County welcomes the following who have made application for membership into the Society. 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.

### NOVEMBER READINGS

FRANK J. DITRAGLIA, M.D., Rheumatology. Born in Washington D.C., 1/5/55. Medical School, University of Santo Tomas, 1981; internship, Medical College of Ohio, 7/81-10/81, Jersey Shore Medical Center, 10/81-6/82; residency, Jersey Shore Medical, Internal Medicine, 7/82-6/85; graduate training, Rutgers Medical School, Rheumatology, 7/85-6/86 and University of Tennessee Memphis, Rheumatology, 7/86-6/87. Washington State License, pending. Dr. Ditraglia is currently practicing at 1901 So. Cedar, Tacoma.

STUART D. FREED, M.D., Family Practice. Born in Wenatchee, WA 1/28/57. Medical School, University of Washington, 1984; internship, Tacoma Family Medicine, 7/84-6/85; residency, Tacoma Family Medicine, 7/85-6/87. Washington State License, 1985. Dr. Freed is currently practicing at 2517 No. Washington, Tacoma.

WESLEY C. GRADIN, M.D., Family Practice. Born in Laramie, WY, 4/2/53. Medical School, Creighton University School of Medicine, 1982; residency, University of Florida, Surgery, 6/82-6/83; graduate training, Baylor University, 10/84-11/84. Washington State License, 1987. Dr. Gradin is currently practicing at 1518 Main, Sumner.

GLEN G. REYNOLDS, M.D., Physical Medicine & Rehabilitation. Born in Najibabad, India, 11/28/25. Medical School, Loma Linda University, 1954; internship, Washington Adventist Hospital, 1/55-12/55; residency, New York University Bellevue Medical Center, Physical Medicine & Rehabilitation, 1/56-12/58. Washington State License, 1986. Dr. Reynolds is currently practicing at 1718 So. I Street, Tacoma.

ROBERT E. WARRICK, D.O., Family Practice. Born in Stoud, OK, 12/8/39. Medical School, University of Health Sciences, Kansas City, 1966; internship, University of Health Sciences, Kansas City, 7/66-6/67. Washington State License, 1986. Dr. Warrick is currently practicing at 21806 - 103rd Avenue Ct. E., Graham.

### DECEMBER READINGS

GREGORY A. ROGERS, D.O., General Practice. Born in Ada, OK, 10/25/56. Medical School, Oklahoma College of Osteopathic Medicine, 1983; internship, Oklahoma Osteopathic Hospital, 7/83-6/84. Washington State License, 1987. Dr. Rogers is currently practicing at 340 Berkeley-Fircrest, Tacoma.

## PRACTICES AVAILABLE

Retiring after 40 years of General Practice in Tacoma - Practice and equipment for sale - Bldg. for sale or lease. Excellent location - 2640 Sq. Ft. Main floor 730 Sq. Ft. Basement. Contact - Dr. McPhee or Tom Markosky (business manager) Seattle - (206) 281-9149.

PRACTICE FOR SALE OR SHARE EXPENSES. Well established active family practice, located in rapidly growing area of Pierce County. Flexible terms. Contact Bill or Adrienne Morrison 848-6499 6 to 10 p.m.

INTERNAL MEDICINE PRACTICE FOR SALE. Physician is retiring December 31, 1987. Contact: Dr. Race at 383-4766.

## OFFICE SPACE

MEDICAL OFFICE for lease or sale. 2400 sq. ft. brick building near major hospitals, basement available. Call Bruce 473-0890 Com-Ind Realty.

Leasing Medical - Dental office. 4800 sq. ft. brick building in doctors community. Excellent terms, call Bruce at Com-Ind 473-0890.

Satellite medical office space available for sharing in Federal Way. Please call 927-4876 or 838-7980.

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CHOICE WATERFRONT PROPERTY. Lake Tapps, Sumner WA. Call after 7 p.m. (206) 232-5441.

## IN MEMORIAM

### **DR. HARVEY SALES**

Dr. Harvey Sales, neurologist, and member of the Medical Society since 1976 died at age 41 on October 27.

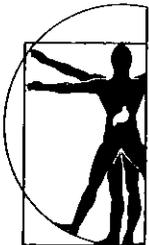
A native of Pittsburgh, PA, he earned his B.S. at the U. of Michigan and M.D. at the U. of Pittsburgh in 1971. Because of illness, Dr. Sales was forced to retire September 1 of this year.

He is survived by his wife Jude and three children, to whom the society sends its condolences.

Dr. Alan Sobul, Tacoma General Practitioner died September 27 at age 57.

Dr. Sobul was born in Cleveland, Ohio. He received his medical degree from the Universitat GRAZ in Austria in 1962. After a two year residency at Sacred Heart Hospital in Spokane, Dr. Sobul joined the Medical Society in 1966.

The Society sends its deepest sympathy to his two children.



## **SIGNATURES TO BE GATHERED**

The Citizens for Better Dental Health (Fluoride) Committee under the chairmanship of Dr. Terry Torgenrud anticipates having petitions ready for distribution to all Doctors and Dentists offices in early January.

Signatures will be sought to have an Initiative placed on the November, 1988 ballot to fluoridate the drinking water of Tacoma.

---

## **CHANGE OF ADDRESS**

Richard G. Schoen, M.D.

NEW HOME ADDRESS:

7502 Ford Drive  
Gig Harbor, 98335

NEW PHONE NUMBER:

265-6011

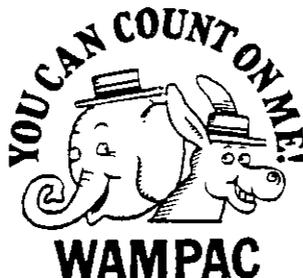
Stirling H. Smith, M.D.

NEW OFFICE ADDRESS:

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NEW PHONE NUMBER:

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## Entertainment '88 Books Available

Entertainment '88 Books are now available thru your Medical Society office. The South Puget Sound Edition of Entertainment '88 is selling for \$30.00 this year and features over 70 fine dining restaurants, over 40 casual restaurants and over 90 informal restaurants. Also included is over 60 sports offers and special events and over 300 hotels, airline discounts and West Coast Highlights.

The coupon book and membership card will allow you to take advantage of these two-for-one or 50% off offers for the next year. The use of just one or two offers, easily pays for the cost of the book.

Entertainment '88 books make wonderful Christmas presents. Just the ideal gift for the person on your list who has everything! Call 572-3709 to reserve your copies.

### Pictorial Directory

Medical Society of Pierce County Pictorial Directories are now available by calling the Medical Society office. The Pictorial Directory features pictures of all physician members as well as office information and residence phone numbers.

Books are available to members at a reduced cost of \$13.00 and to other allied health personnel for \$30.00. Call 572-3709 and we will be happy to send you an order form.

**MSPC NEWSLETTER**



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### SPEAKERS ON AIDS WANTED

Schools, community organizations and agencies are seeking speakers on the subject of AIDS. This is an area and topic that the physician can play a major contributing role.

The Surgeon General has said, "Education is the only way to prevent this disease."

Would you be willing to be on the Medical Society's AIDS speakers bureau? A workshop will be held with review of different aspects of the disease. Sample speeches have been prepared by AMA to assist you.

If you are interested in participating in this worthwhile project, please call the Medical Society office at 572-3667.

**ORTHOPEDIC SURGEONS** - Haelan Medical Evaluations is an independent facility specializing in comprehensive medical examinations. We have a growing need for Orthopedic Surgeons to participate in individual and panel evaluations in the Tacoma area. The patient examinations are scheduled in our facility to correspond with the physicians available hours, Monday through Saturday. You are invited to join our growing number of physicians who provide evaluations to our rapidly growing referral base. For further information please call 627-0565, from 8 a.m. to 5 p.m. Monday through Saturday or feel free to come by and see the facility.

## **MAKING YOUR INSURANCE SYSTEM A WINNER**

Insurance companies pay 50% to 80% of the gross incomes of many practices, either directly to the office or to the patient who in turn pays the doctor. The following is a checklist of steps critical to having a top-notch insurance system.

1. Code each claim! If you don't code it, the carrier's clerk must do it for you, putting it at the bottom of their stack and taking weeks before it is entered for payment.
2. Notify the patient on his/her first monthly statement.
3. Monitor all assigned claims. A log or tracking system should be used to facilitate claim monitoring.
4. Wait no longer than 30 days to track a claim.
5. Speak only with the claims supervisor for difficult problems.
6. Appeal every incorrect payment.
7. Check every private, industrial claim, Blue Shield, and Medicare against the fee schedule or customary profile to determine if the benefits were allowed correctly.
8. Become an expert on exclusions, requirements for second opinions, and allowed amounts.
9. File daily.
10. Whenever complicated procedures have been performed by the physician, include a copy of the operative and pathology reports or a detailed description of the services.

"Reprinted with permission from the Palmer Practice Management Report October, 1987, Diane Palmer, executive editor."

**WANTED:**

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Army Medicine offers fully accredited residencies in virtually every specialty. Army residents generally receive higher compensation and greater responsibility than do their civilian counterparts and score higher on specialty examinations. If

you are currently in a residency program such as Orthopedics, Neurosurgery, Urology, General Surgery, or Anesthesiology, you may be eligible for the Army's Sponsorship Program.

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