

PCMS

NEWSLETTER

◆ A publication of the Pierce County Medical Society ◆

Volume 5, #1 January 1990

New Era of Medicare Payment to be Accompanied by MVPS

It's official. In two years, Medicare will begin to dismantle its current charge-based physician system and replace it with a revolutionary new fee schedule that is expected to slice payments for surgery while boosting fees for medical evaluation and management.

After years of preparing for the change and months of haggling, lawmakers, as one of the last acts of this session, adopted a proposal that would begin a five-year phase-in of the new fee schedule on January 1, 1992. Part of a three-part MD payment reform, the fee schedule is tied to a congressional budget package that includes more than \$1 billion in MD pay-

ment curbs.

In addition, the reforms - which would base payment on time, skill, and the other resources needed to deliver a service - will place new limits on MDs' charges to their patients and introduce the concept of volume controls into Medicare for the first time. Called a Medicare Volume Performance Standard (MVPS), the volume mechanism is more stringent than one adopted by the Senate Finance Committee. But



it falls short of the controversial expenditure targets preferred by the Bush Administration and the Ways and Means Committee.

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Notes from the President

I look forward to serving you as your president in 1990 and I look forward to working with as many of you as I can during the next year to meet the goals of the Pierce County Medical Society.

The recent survey that you answered revealed that the "image of the physician" should be the top priority for the Pierce County Medical Society. This was also on the top of my list and it is for that reason that I am going to emphasize it as my first priority during my presidency. The "image of the

physician" in the community involves many aspects - including access to care, the involvement of the physician in the community, the visibility of physicians in educating the public in medical-related topics, and contributing our time, talent, and treasure to non-medical community projects. I believe that you will find the major theme of my presidency related to these important areas.

(Continued on back)

MVPS (Continued)

The AMA had backed the new fee schedule while pushing hard for the defeat of the expenditure target plan. AMA Executive Vice President James H. Sammons, MD, hailed the enactment of the new payment system as "a very positive move." "We are pleased that the expenditure target proposal has been soundly rejected," he added.

Proponents of payment change pointed to tremendous regional variation in Medicare payments and

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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. We welcome and invite your letters, comments, ideas and suggestions.

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argued that the current charge-based system favors technical procedures and urban areas over rural communities and primary care. The new fees are expected to address these complaints.

For example, in looking at an earlier and slightly different version of the fee schedule, PPRC estimated that family physicians would see a 38% hike in Medicare income, while surgeons' income could fall by 11% on average and by up to 20% for thoracic surgeons.

Similarly, the fee schedule, which calls for a 10% bonus payment in rural and urban areas with a shortage of MDs, is expected to improve payments in some rural areas. However, a report from the Health Care Financing Administration indicated that some rural states could see little or no overall increase in Medicare payments as a result of the changes.

Most of the regional variations in fees would level out. But some payment differences would remain, since the fee schedule is to be adjusted to take account of geographic discrepancies in practice expenses.

In addition, at the insistence of the Energy and Commerce Committee's health subcommittee chairman, California Democrat Henry Waxman, one-fourth of the regional variation in professional earnings will be taken into account in setting the fees. This provision runs counter to the advice of PPRC, the AMA, and most medical groups, which had argued against an adjustment for regional earning differences. It also is expected to prove slightly more favorable to urban areas and slightly less so to rural communities than if only practice costs had been considered.

To spread out payment shifts and give MDs and their patients time to adjust, the proposal calls for a five year phase-in. In 1992, the historical charge would be raised or lowered by up to 15% to bring the price for services closer to, or in line with, the RBRVS fee. Services with payments that are due to shift by less than 15% thus would move immediately to the RBRVS.

The remaining services would get there in steps, with payments each year based partly on the RBRVS and partly on the prior year's blended payment (updated for inflation). In 1993, the blend will be 25% RBRVS and 75% prior year's payment. In 1994, 33% of the payment will be based on the RBRVS. In 1995, the split will be 50-50; and in 1996, fees will be based completely on the RBRVS.

Part of a three-part MD payment reform, the fee schedule is tied to a congressional budget package that includes more than \$1 billion in MD payment curbs.

These sweeping new payment modifications also will affect Medicare patient's co-payments and could lead to changes in the number of MDs who bill patients for the balance between the Medicare fee and their normal charge. Congress thus has included several provisions aimed at protecting limiting patients who could face additional out-of-pocket expense.

One would require MDs, as of April 1, 1990, to accept assignment of the Medicare allowance and forgo balance billing for elderly citizens whose Medicare premiums and co-payments are paid by state Medicaid programs. Another would require physicians to file all claims (whether payment was assigned or not) within a year and prohibit charges for this service. The third sets new limits on balance billing.

The new limits extend the current maximum allowable actual charge (MAAC) limits into 1991 and '92. In addition, they impose a new cap of 125% of the Medicare payment in 1991 and 120% in 1992. Payment in both years is to be the MAAC or the cap, whichever is lowest. In 1993 and thereafter, no charge can exceed 115% of the Medicare fee.

By far the most controversial provision in the measure, however, is its proposed Medicare Volume

(Continued on page 3)

Performance Standard. Intended to bring down the rate of growth in Medicare's spending for physician services, the notion of attaching a volume curb to fee schedules grew out of a PPRC recommendation that called for Medicare expenditure targets.

Under the PPRC plan, Congress and the administration would have set an annual target for Medicare spending on physician services. Then, if actual spending exceeded the target, fees were to be adjusted in subsequent years to automatically recoup the spending in excess of the target. Dubbed ETs, the proposal was seized on by Rep. Fortney "Pete" Stark (D, Calif.), who chairs the Ways and Means health sub-committee, and ultimately was adopted by the committee.

AMA lobbyists battled ETs throughout the summer and fall, and ultimately the Energy and Commerce Committee rejected them, calling for fee adjustments only if MDs hiked volume in response to the fee schedule. The Finance Committee, after protracted negotiations between the AMA and Sen. Rockefeller, steered a middle course with a plan that called for advisory MVPS that Congress could use as a guide

in determining future fee updates.

The Finance plan was seen as a possible compromise all parties could live with. But participants say heated negotiations, which deteriorated into name-calling at one point, got hung up over Stark's insistence that the reform plan includes a volume curb that would automatically recoup any spending in excess of the goal set by government.

Under the compromise, the MVPS in 1990 is to be set by a complicated formula that essentially would permit physician expenditures to grow by 0.5% less than if there had been no volume standards. Currently that is expected to result in a growth rate of 9.5% to 10.5%, but the exact number won't be known for certain until it is published in the Federal Register sometime before Jan. 1.

The MVPS is intended to "slow the rate of growth" in Medicare Part B, Rockefeller conceded. But "what Pete Stark wanted" and didn't get was "a direct dollar-dollar linkage" where each dollar in excess of the volume standard was recouped through lower fee updates in later years, he said. "There is a linkage,

Details of MD Payment Plan

A new physician payment plan approved by Congress would:

- Begin a five-year phase-in of a resource-based Medicare fee on Jan. 1, 1992.
- Continue current Medicare payment localities for the time being and make geographic adjustments to reflect practice costs and a portion of area earnings differences.
- Revise the resource-based relative values every five years.
- Create Medicare Volume Performance Standards Congress would use as a guideline in determining future fee updates. In 1990, the MVPS is expected to permit Medicare spending to grow by 9.5% to 10.5%.
- Set fees for non-participating MDs at 95% of fees for participating MDs and ultimately limit these MDs' charges to 115% of their fee schedule amount.
- Require physicians as of April 1, 1990, to accept assignment on claims of Medicare patients whose co-payments and premiums are picked up by Medicaid.
- Require MDs, after Sept. 1, 1990, to file all Medicare patients' claims - including those for non-assigned services.
- Set up a new Public Health Service agency to oversee research on outcome measurement and practice guidelines.

Procedures Targeted By PPRC For Cuts

Congress cut Medicare spending by trimming MD fees on these procedures:

- *Breast surgery
- *Hip procedures
- *Bunion correction
- *Knee arthroscopic procedures
- *Sinus procedures
- *Larynx surgery
- *Lung surgery
- *Pacemaker procedures
- *Replacement of aortic valve
- *Coronary artery bypass
- *Artery repair
- *Rechanneling of artery
- *Visualization of mediastinum
- *Intestinal surgery
- *Appendectomy
- *Colonoscopy
- *Gallbladder removal
- *Hernia repair
- *Fragmenting of kidney stone
- *Prostate procedures
- *Dilation and curettage
- *Hysterectomy
- *Vaginal hysterectomy
- *Removal of spinal lamina
- *Spinal disk surgery
- *Revision of cranial, uinar, median nerves
- *Eye Surgery
- *Lens procedures
- *Detached retina repair
- *Treatment of retinal lesion
- *Eardrum procedures
- *Echo exam of abdomen
- *Ophthalmoscopy
- *Eye Evaluation
- *Cardiovascular procedures
- *Heart catheterization and biopsy

yes. But [because of the floor on reduction] it is not dollar for dollar."

"Doctors have to feel the bill is constructive," he added, and "if they think we are going to turn Medicare into Medicaid, they won't cooperate."

"But health care is the biggest budget problem we face as a nation," and "this is the vehicle we hope will begin to change the behavior, not just of medicine, but of all of us who are demanding medical care as well."

(See *Upcoming Payment Reform page 4*)



College of Medical Education

Topics for Cancer Review- 1990 Selected

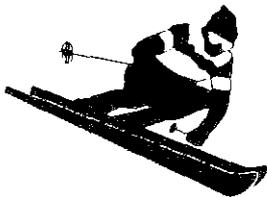
The College's CME program entitled Cancer Review 1990 has selected its program topics for the 2 day conference. The program, set for February 8 and 9 in Jackson Hall, will emphasize detection, treatment and management of common cancers.

The program has been organized by Amy Yu, M.D. and will feature both local and Seattle physician presenters. The program carries 12 Category I AMA and AAFP credits and is open to registration through the College now. Program topics include:

- New laboratory Tests in the Diagnosis Center
- New Concepts in Treatment:

Survey Shows High Interest in CME Sun Valley Program

A survey assessing interest in a CME program for the Sun Valley area has recorded very positive support for the proposal.



In just one week nearly 150

Pierce County Medical Society members returned their survey indicating their interest and identifying program content and date preferences.

The program will likely be held in the winter of 1991 and is being coordinated by Mark Craddock, M.D.

- Biologic Response Modifiers
- Hemopoietic Growth Factors
- Newer Chemotherapy Agents and Hormonal Therapy
- Radiation Therapy
- Interventional Radiology in Cancer Management
- Pain Management
- Long Term Follow-up of Cancer Patients
- Emotional Support of Cancer Patients and Family

- Breast Cancer Screening and Early Detection
- Surgical Treatment of Breast Cancer
- Prognostic Factors in Early Breast Cancer
- Treatment of Early Breast Cancer
- Prostate Cancer Update
- Lung Cancer
- Colon Cancer
- Update in Gyn Malignancies

C.O.M.E. Program Schedule

DATE(S)	PROGRAM	DIRECTOR(S)
1990		
Thurs., Jan. 18	Law & Medicine Symposium	F. Ross Burgess, J.D. Jeffrey Nacht, M.D.
Thurs., Fri., Feb. 8 & 9	Cancer Review - 1990	Amy Yu, M.D.
Weds., Feb. 28	AIDS Update	Alan Tice, M.D.
Thurs., Fri., Mar. 8 & 9	Tacoma Academy of Internal Medicine Annual Review	David Law, M.D.
Fri., Sat., April 13 & 14	Tacoma Surgical Club	Chris Jordan, M.D.
Fri., April 27	Dermatology	Barbara Fox, M.D. James Komorous, M.D. David Brown, M.D.
Thurs., Fri., May 10, 11	Aggressive Musculoskeletal and Spinal Evaluation, Treatment and Rehabilitation	Edgar Steinitz, M.D.
Mon., Tues., June 25 & 26	Advanced Cardiac Life Support	James Dunn, M.D.

Clip and Save!

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. 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.

Bradley D. Pattison, M.D.

Anesthesiology. Born in Seattle, Washington, 06/29/54. Medical school, University of Washington, 1982; internship, University of Arizona, 1986; residency, University of Arizona, 1987; graduate training, University of Arizona, 1989. Washington State license, 1989; board certification, board eligible. Dr. Pattison will be practicing in Gig Harbor.

M. Tarek Baghdadi, M.D.

Ob/Gyn. Born in Egypt, 05/15/51. Medical school, Medical School of the Royal College of Surgeons, 1980; internship, Saint Lawrence Hospital, 1981; resident, Royal Sussex County Hospital, U.K., 1983; resident 2, All Saints Hospital, U.K., 1984; resident 3, Saint Agnes Hospital, 1986; resident 4, St. Joseph Hospital and Medical Center, 1989. Washington State License, 1989. Dr. Baghdadi is practicing with Midwives Associated in Tacoma.

Upcoming Payment Reform

Milestone dates in implementation of payment reforms include:

- Jan. 1, 1990, HHS to publish Medicare Volume Performance Standard (MVPS) for fiscal 1990.
- Jan 1, each year, HHS must publish fee schedules for each payment locale.
- April 1, 1990, MDs must take assignment on Medicare patients whose co-payments and premiums are paid by Medicaid.
- April 15, each year, HHS to recommend fee update and MVPS for the next year.
- July 1, 1990, HHS study on separate performance standards for geographic areas, specialties, or services due.
- Sept 1, 1990, physicians must file all claims - assigned or unassigned.
- Sept. 1, 1990, HHS to submit model fee schedule to Congress.
- Oct. 15, each year, HHS must publish updates for the following year.
- Jan. 1, 1991, 5% bonus in manpower shortage areas expanded to 10%.
- April 1, 1991, General Accounting Office to report on alternatives to Medicare payment for professional liability insurance, including binding arbitration or a no-fault system for Medicare.
- July 1, 1991, various PPRC reports on rural practice costs, methods of allocation liability insurance expenses, and the adequacy of Medicaid payments due.
- July 1, 1991, GAO to report on antitrust laws' impact on physicians' ability to engage in group action to reduce inappropriate utilization.
- Oct 1, 1991, if Congress agrees, "qualified physician groups" can opt out of the national standard and negotiate individual standards with HHS.
- Jan. 1, 1992, transition to resource-based fees begins.

Welcome New Members

The Board of Trustees has approved the Credentials Committee recommendation that the following applicants be approved for PCMS Membership.

Vita S. Pliskow, M.D.

Anesthesiology
3502 Olympic Blvd. W.
Tacoma

Lynette D. Charity, M.D.

Anesthesiology
314 South K St., #302
Tacoma

Arthur B. Vegh, M.D.

Allergy/Immunology
B6010 Allenmore Medical Ctr.
Tacoma

James R. Taylor, M.D.

Pulmonary
316 S. K St., #401
Tacoma

Michael J. Kelly, M.D.

Family Practice
11315 Bridgeport Way S.W.
Tacoma

Steven M. Teeny, M.D.

Orthopaedics
103 NE 53rd St.
Tacoma

E. Bruce Hilton, M.D.

Physical Medicine and Rehabilitation
1901 S. Cedar, #302
Tacoma

NEWS BRIEFS

The Tacoma Ambulance Decision Made by the City Council

At its December 5 meeting, the Tacoma City Council, by a vote of 8 to 1, authorized "a system of emergency medical service (EMS) where the City of Tacoma Fire Department shall provide all paramedic and advanced life support patient transport for 9-1-1 emergencies and that private ambulance companies shall provide all other non-emergency patient transport.

The decision followed a publicly contested battle between the Tacoma Fire Department and private ambulance service. Private ambulance took the fight to the public with several advertisements in the local media. Mayor Sutherland was the only one to cast a "no" vote on the resolution. His concern was that the resolution would lay the cornerstone for a county-wide system and force the county municipalities and fire districts to duplicate Tacoma's system.

The resolution calls for a review and evaluation of the system after one year. Councilman Mykland requested that all ambulance services report back to the city council within sixty days on how they will deliver BLS services.

Hosts Needed for Goodwill Games



Members of the Pierce County Medical Community will have an opportunity to indirectly participate in the Goodwill Games scheduled for July 20 - August 5,

1990. It is estimated that 50 Soviet physicians and spouses, as well as physicians from 50 other nations will be attending.

The Washington Academy of Family Physicians and Group Health Cooperative of Puget Sound are among the organizations coordinating housing arrangements for our visitors. They need physician hosts to provide housing for visiting physicians and spouses. This offers you a once in a lifetime opportunity to really get to know a colleague from abroad. Most of them will be able to speak some English.

If you would be interested in hosting a visiting physician and spouse, please call the WAFP at 1-352-8596 or 1-443-7910 or the PCMS at 572-3667.

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Presents

“Medicine in the White House”

at the

Joint General Membership Meeting with MAMC

featuring

General John Hutton, *Commander, MAMC*

Date: Tuesday, February 13

Place: Fircrest Golf Club
6520 Regents Blvd.

Time: Cocktails 6:00 p.m. (no host)
Dinner 6:45 p.m.
Program 7:45 p.m.

Price: \$15 per person*
*\$17 per person if
registering day of meeting

Spouses Invited!



Reservations required by Friday, February 9.

REGISTRATION

Yes, I(we) have reserved the evening of February 13 to join members of the Pierce County Medical Society and the MAMC at their Annual Joint Meeting.

Please reserve ___ dinner(s) at \$ _____ per person (meal, tax, and gratuities included).

Enclosed is my check for \$ _____

Dr. _____

Please make check payable to PCMS and return no later than Friday, February 9, 1990.

***DAY OF REGISTRATION FEE – \$17.**

Addictions in the Family and the Practice of Medicine in the 90's

Professional Education Associates and course coordinator Patrick J. Donley, M.D., are offering a one-day symposium for Physicians, Psychologists and Directors of Treatment Centers.

Addiction in the Family and the Practice of Medicine in the 90's will cover Current Trends in Therapy for Alcoholism, The Benzodiazepines, Waking Up to

Nicotine Addiction, The Family Disease, and Practical Office Interventions in Addictive Diseases.

The course is accredited through the College of Medical Education for 6 credit hours of AMA and AAFP credit.

The registration fee is \$30 and includes lunch. Please call 1-643-5263 for more information.

Workplace Smoking Seminar Planned

On Tuesday, February 27, a Smoking in the Workplace conference will be held in efforts to help small businesses with smoking policies and procedures. Topics covered will include health effects of involuntary smoking, ventilation and ambient smoke, legal and economic issues. The program will be held at Copperfield's Restaurant. The registration fee is \$15 which includes breakfast and handout materials. Call 565-9555 for more information.



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Rob Rieder
Carrie Lugo
Bob Cleaveland, CLU, ChFC

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No Increase in Premium Rates for 1990

For the second consecutive year, Washington State Physicians Insurance is pleased to announce that there will be no rate increase in the new year. The company is continually reassessing the factor upon which premium rates are contingent in order to provide the least expensive insurance to our subscribers. Based on recent actuarial studies,

our claims experience has been better than expected. This enables the Exchange to continue through 1990 with no increase in premium rates over 1988 levels. Coupled with new rate classification changes, this results in an overall 4.6% rate decrease in 1990.

*Excerpted from Vol. 3, #3 of Washington Physicians Quarterly

Medicine at 1600 Pennsylvania Avenue

The annual joint meeting of the Medical Society and Madigan Army Medical Center will be held Tuesday, February 13.

This year's program will feature General John Hutton, who served as President Reagan's personal physician during his two terms in the White House. Dr. Hutton's presentation will give insights into the Reagan administration and how medicine is practiced in the White House.

The meeting will be held at the Fircrest Golf Club with social hour beginning at 6:00 p.m., dinner at 6:45 p.m., and the program at 7:45 p.m. Registration forms will be mailed in mid-January, see insert. Plan on joining us.



Passing the Gavel with Holiday Spirit

Nearly 250 members and spouses attended the December 12, Annual Joint Dinner meeting at the Tacoma Sheraton Ballroom. Dr. Bill Ritchie, out-going President and Mrs. Alice Wilhyde recognized and honored those Past Presidents of the Society and Auxiliary who were in attendance.

Mrs. Pearle Baskin, Auxiliary President in 1947 was the oldest auxiliary president in attendance and Dr. Herman Judd (1958) the most senior Society President present. Dr. Ritchie had the honor of recog-

nizing his father, Dr. C. B. Ritchie, who presided over the Society in 1960.

Presidents Ritchie and Wilhyde commented on some of the significant events taking place during each of the past presidents tenure in office.

Entertainment for the evening was provided by the Curtis High School String Quartet and Swing Choir. The String Quartet performed flawlessly during the social hour and dinner and the Swing Choir with its boundless energy brought the Christmas Spirit to the Sheraton Ballroom.

It was a grand evening concluded by Dr. Ritchie thanking Board members, Committee Chairmen, members and staff for their support during the year. He then presented the President's Gavel to Dr. Gordon Klatt who briefly outlined his goals for the year. Number one on the agenda will be the improvement of the physician's image. This was the primary concern voiced by the membership survey completed in November and one Dr. Klatt will direct the Society and its membership to work on in 1990.

Free Medline Search

An AMA membership service provides two free MEDLINE searches yearly and \$25 for each additional search.

With MEDLINE on-line index of more than 4,000 medical journals, you can request a bibliography of articles on any medical subject. Searches are completed and mailed within two weeks. Fee to non-members is \$45 per search.

The AMA reference library fills members' requests for reprints or photocopies of articles within three working days.

AMA members only: 5 free articles per request

\$10 charge for additional article.

\$10 charge for one-day RUSH service (please provide a FEDEX or FAX number).

vonBruck Retires After 22 1/2 Years

Ms. Marion vonBruck, head librarian, Medical Library of Pierce County, for 22 and a half years will be honored by Multicare Medical Center and Pierce County Medical Society at a tea scheduled for Wednesday, January 17, 1990.

Ms. vonBruck will be recognized for her services to the medical community at the tea to be held at Tacoma General Hospital, con-

ference room #1. Coffee, tea, and cookies will be served between 3:00 and 5:00 p.m. and from 5:00 to 7:00 p.m., wine and cheese will be served.

This is your opportunity to thank Ms. vonBruck for all her years of dedicated service to you and to making the Medical Library of Pierce County the finest in the Northwest.

Family Practice New Medical Clinic Available

Located at 7231 So. Tacoma Way with 3,200 square feet., it is within 2 miles of 7 nursing homes, 4 miles from Tacoma General Hospital, 3 miles from St. Josephs Hospital, 3 miles from Puget Sound Hospital and 4 miles from Lakewood Hospital. Situated next to Dr. William D. Stairs's dental clinic (where he has successfully practiced since 1985), the clinic is in the center of a 38,000 person population (within a 5 mile radius). The population is comprised of approximately 75 percent with health insurance, 15 percent with medicare insurance, and 10 percent D.S.H.S. Simply stated, there are no physicians near this location which guarantee a successful practice. Drop by to see Dr. Bill Stairs or call him at 475-6500 for his opinion and analysis

The cost is very reasonable. Call Charles Woodke at 566-0646 (wk) or 1-549-2100 (hm).

1990 Election Results

Newly elected members of the Board of Trustees were introduced at the Annual Joint Dinner Meeting, December 12. 1990 President Gordon Klatt introduced President-Elect Bill Marsh, Vice President John Coombs, Secretary-Treasurer Joseph Wearn, and Trustees Stuart Freed, David McCowen, and Robert Thiessen.

Hold-over members completing

their two-year term as trustees are David Law, Tony Lazar, Bill Roes, and Past President Bill Ritchie.

One of the returning ballots indicated that it appeared to the member that the election was "rail-roaded" because only one candidate was offered for the office or position. Several years ago, the Society bylaws required two or more candidates for each office.

Robert's Rules of Orders recommend only one candidate for each office.

The basis for this is if you have a good strong candidate, it is difficult to find anyone to oppose that candidate. Also, the losing candidates are reluctant to enter a later race, and the Society has lost the services of an acknowledged leader.

HPIT Aids Physicians

The High Priority Infant Tracking Program (HPIT) began in Pierce County July 1, 1989. The program assists families to keep their high risk infants in primary well-child care and actually help "track" the child for the first three years of life. By continuing well-child care, the program actually aids the physician in providing EPSDT services to children.

Approximately three years ago, physicians in Pierce County supported the need for tracking "high risk" infants in this county. They based this support on a number of factors, but primarily because:

-Pierce County is second in the state in birth defects (2.7% of live births)

-Pierce County is first in low birth weights (6.2% 2500gm)

-Pierce County is second in births to mothers 17 years of age or younger (4.3%)

-Pierce county is third in births to single mothers (21.4%)

In 1984, 27% of the mothers who gave birth received no prenatal care or began care in the 2nd or 3rd trimester. Because of the above concerns, Pierce County physicians then requested the Tacoma-Pierce County Health Department pursue the implementation of HPIT in our county.

HPIT Program Goals are:

1. To help parents keep their "high

risk" infant in the care of a primary care provider.

2. Promote early identification of infants requiring further evaluation of services.

3. Assist in planning for health and education needs of the children of Washington State.

Any infant less than 90 days of age who meets one or more specific risk criteria in established biological or environmental risk categories is eligible for program enrollment, regardless of income.

Infants are identified in some hospitals, through doctor's offices, by community clinics and by local health department programs. When an infant is identified as a candidate for tracking, the parent must sign the identification form for enrollment and tracking.

After identification and enrollment into the HPIT Program, the lead agency (the Tacoma-Pierce County Health Department) will contact the primary care health provider at 6, 12, 18, 24 and 36 months through a postal questionnaire.

This questionnaire obtains critical information for the ongoing medical and developmental monitoring of the child.

If a child fails to return for a well-child visit, active follow-up is initiated. The health department will attempt to reconnect the child with the primary care provider. Barriers

to health care access are identified and hopefully resolved.

For further information and HPIT identification forms to enroll your "high risk" infants contact:

Jeanine Hendricks, HPIT Program Secretary, 591-6403.

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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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--	---	------	----------

1990 Committee Chairmen

The following members will serve as chairmen of the Medical Society's committees in 1990:

COMMITTEE	CHAIRMAN	SPECIALTY
Aging	James M. Wilson	IM
AIDS	Alan D. Tice	Inf. Disease
Community Health Care Delivery System	Charles M. Weatherby	FP
Credentials	John F. Kemman	FP
Editorial	David S. Hopkins	FP
Emergency Medical Standards	Robert Wachtel	EM
Ethics	Ronald G. Taylor	GS
Grievance	William T. Ritchie	ENT
Interprofessional	Robert J. Martin	DER
Library	William M. Dean	U
MEDCAT	Gregory Popich	ORTH
Medical/Legal	Marcel Malden	NEU
Minority Health Affairs	Charles M. Weatherby	FP
Personal Problems of Physicians	Patrick Donley	PSY
Public Health/School Health	Terry Torgenrud	PED
Puyallup Fluoride	William G. Marsh	FP
Sports Medicine	Stuart Freed	FP
Tobacco Coalition	Gordon R. Klatt	C-RS
Trauma Surgeon Task Force	Henry Zielinski	SG

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1990 Legislators

The Washington State Legislature will convene on Monday, January 8. The group is scheduled for a 60 day session to resolve a number of controversial issues.

Pierce County Legislators will play key roles in this session. Representative Brian Ebersole, 29th district, serves as House Majority Leader.

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Law and Justice
Transportation

786-7602

25th District

Marcus S. Gaspard (D)

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Ways and Means

786-7648

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Higher Education

786-7650

27th District

Lorraine Wojahn (D)

Health Care and Corrections
Rules
Ways and Means

786-7652

28th District

Stan Johnson (R)

Financial Institutions and Insurance
Health Care and Corrections
Ways and Means

786-7654

29th District

A.L. "Slim" Rasmussen (D)

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Law and Justice
Rules

786-7656

30th District

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Olympia, WA 98504

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OLYMPIA PH#

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Agriculture and Rural Dev.
Education
Trade and Economic Dev.

786-7824

Rep. Randy Dorn (D)

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Education
Financial Institutions and Insurance

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786-7948

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786-7968

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Judiciary
Rules
Transportation

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Wes Pruitt

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Education
Environmental Affairs

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27th District

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Natural Resources and Parks
Transportation

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Environmental Affairs
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Shirley Winsley (R)

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Capital Facilities and Finance
Financial Institutions and Insurance
Human Services

786-7890

29th District

Brian Ebersole

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786-7999

P.J. (Jim) Gallagher (D)

Energy and Utilities
Rules
Transportation

786-7906

30th District

Jean Marie Brough(R)

Appropriations
Judiciary
Rules

786-7830

Dick Schoon (R)

Capital Facilities and Finance
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Philanthropic Funding Announced

We would like to thank all of the agencies who submitted applications for funding this year.

The Finance Committee recommendation for disbursement of 1989-90 philanthropic funds was approved by the general membership on November 17. Funds to be raised at a gala spring event will be awarded to: 1) WSMMA Health Foundation, \$500 for Pierce County students and educators to attend the teen health forum, Choice, Not Chance, April 1990, at CWU, Ellensburg, WA; 2) Pierce County Park Department Sprocket Man Program, \$1,500 for bicycle safety program for elementary school children; 3) Good Samaritan Hospital, Teen Parent Resource Center, \$750 for prenatal teen parenting program; and 4) Pierce County AIDS Foundation, \$1,000, emergency funds for clients not covered by other grants.

We also thank committee members Juley Hoffmeister, Mary Lou Jones, Kit Larson, Dottie Truckey, Rubye Ward, Alice Wilhyde, and Chairman Mary Cordova.

Auxiliary Meeting Notice

The January PCMSA meeting is Friday, January 19, from 10:00 a.m. to 1:00 p.m. at C.I. Shenanigans, 3017 Ruston Way. Carol Trettevick of Classic Northwest of Bothell will present "Instant Dress Thin," an hour of effective, flattering dress techniques and use of accessories.

Invite a friend to join you and learn how to disguise those extra holiday pounds. Reservations must be made by January 12. Send your check for \$11 per person, to Joan Sullivan, 5404 104th St. S.W., Tacoma, WA 98499. Your cancelled check is your receipt.

Drug Conference Planned

Pierce County Chemical Dependency Prevention Program and the Pierce County Prevention Coalition are planning an Adult/Youth Drug Prevention Conference to be held Saturday, March 17, 1990. The goal is to build a strong partnership between youth and adults working together in prevention. Pierce County parents, school staff, municipalities, local government, youth leaders, churches, and especially youth are encouraged to attend. Mark this date on your calendar. Contact Nikki Crowley, 922-7233, for more information.

Many Thanks

My gratitude to everyone who contributed to the success of this year's AMA-ERF fundraiser — the Holiday Sharing Card. So far, 229 families have donated a total of \$15,115.

Although not included on the card insert, the following people send their best wishes to the medical community: David & Kathy Brown, Chris & Diane Miller, Buck & Grace Moses, and George & Kimi Tanbara.

SPECIAL THANKS GO TO:
Auxiliary President Alice Wilhyde, who not only was always available to help, but who provided the idea for the theme of the card.

— **Cindy Anderson** who donated many hours of computer time so that our material would look its best and to **Kay Plonsky** who made the card into a work of art.

— **Sandy Shrewsbury** for helping to shoulder the load and to **Helen Whitney** for fighting with the labels.

— **Suzu Duffy, state AMA-ERF chair**, who always meets the media deadlines for me and who has been doing a great job doing selling sweatshirts for us.

— **Marny Weber** for her super job of selling more than enough Sally Foster Gift Wrap to cover the expenses of our Sharing Card Project.

— Everyone who helped at the mailings. **Peggy Smith, Mary Lou Jones, Sandy Shrewsbury, Alice Wilhyde, Nikki Crowley, Dottie Truckey, Lori Fisher, Mary Cordova, Kit Larson, Cindy Anderson, Debby McAlexander, Helen Whitney, Candy Rao, Sandy Shrewsbury and Colleen Vercio.**

Thanks to those who made reminder calls: **Kris white, Lori Fisher, Alice Wilhyde, Mary Lou Jones, Debby McAlexander, Helen Whitney, Nikki Crowley and Mary Cordova.**

Special thanks also to Doug Jackman, Sue Asher and secretaries at the Medical Society office.

— **Gail S. Allenick**
PCMSA-AMAERF, Chair

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Notes (Continued)

My second priority that I plan to develop is educating all physicians in the Medical Society — especially primary care physicians — in assisting their patients in smoking cessation. I strongly believe that this is a large, untapped resource, which if developed properly, can greatly reduce the amount of tobacco-related illness in this community within the next ten to twenty years. This is also a national priority of many organizations, including the American Medical Association, the American Cancer Society, and the American Lung Association.

My last priority will be the expansion of our membership to include all eligible physicians practicing in or living in Pierce County. Currently, there are many physicians who could benefit from membership in our society and also contribute a great deal to our efforts to improve the image of the physician and the profession in our community.

Again, I look forward to serving you as your president in 1990 and urge you to call me at any time with concerns you have in the coming year.



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The Bulletin

Pierce County Medical Society

February 1990



INSIDE...

The Image of the Medical Profession — see page 5

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The Bulletin

The Official Publication of the Pierce County Medical Society

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The Bulletin is published quarterly, February, May, August and November by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in The Bulletin are the first of the month preceding publication (i.e., April 1 for May issue).

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of the Medical Society. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin and Pierce County Medical Society reserve the right to reject any advertising.

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Cover: Dr. Bill Ritchie hands over the President's gavel and the helm of the Medical Society to Dr. Gordon Klatt during the festive Annual Joint Dinner Meeting held December 12.



QUALITY CONTROL.

Four generations ago, in 1847, the AMA was founded "to promote the art and science of medicine and the betterment of the public health" by advancing the *quality* of medical care. And although this youngster doesn't know it, her future is brighter and her life expectancy is longer partly because of our dedicated efforts.

The factors influencing the quality of medical care today are more complex than they were in 1847. There are questions of evolving technologies, new delivery systems, policy debates, cost containment and more—each needing to be weighed to determine what constitutes the best quality care for individual patients.

But at the AMA, we still believe only physicians can provide the answers. That's why we continue to lead the medical community and

design programs to inform, educate and monitor *ourselves*. And that's why we've recently established the AMA Office of Quality Assurance.

But our quality assurance efforts extend even further still. For example, to help physicians evaluate drugs, devices, and procedures, there's DATTA—the Diagnostic and Therapeutic Technology Assessment program.

These are two of the many activities at the AMA to improve quality health care. Because at the AMA, we're interested not only in the quality of medicine, but the quality of life.

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The Image of the Medical Profession - An Individual and Collective Responsibility



The last three annual physicians surveys of the Pierce County Medical Society revealed that "the public image of the medical profession" should be given the greatest emphasis by the Society. I have been one of the physicians listing it as a high priority and it is for this reason that it will be my focus for my presidential year.

The image of our profession encompasses a large area of activity and involves the Society as an organization. More importantly, our image is dependent on each of us individually who practice medicine whether we are a member of the Pierce County Medical Society or not. As a Society and as individuals, I believe we have been doing a better job recently of presenting ourselves to the public. The Society has become involved in issues that focus on public health, including fluoridation of the water, tobacco as a major health hazard, the pre-hospital treatment of trauma patients, the medical care of the socio-economically disadvantaged, the health issues of our

drug infested society, and the access to care issue, especially for the poor and pregnant. This is a full plate of activities, however, it is important for the public to see the **Society speaking out and acting** in these very important areas. Continuing and increasing emphasis in all these areas as well as doctor/patient relationships, access to health care for Medicaid, Medicare, and "no pay" patients, and public education of patients on health related topics, especially preventive medicine, is imperative.

As a body of organized physicians, the Society can have an impact. However, we can make an even stronger impact on the public's perception of the profession **daily**, as individual doctors working with the public (our patients, employees, friends, neighbors, and other community members). One bad experience or one good experience with a physician can be the influencing factor in an individual's attitude toward our profession. This is a responsibility all

of us carry. I believe we are doing well in this regard. Many of our members are involved with community service, church, and Scout groups. Many are members of Boards of Directors in the arts, community or other nonprofit organizations. For many of us, our spouses are our link with the public and the Pierce County medical community. We can be proud of their involvement. The Pierce County Medical Auxiliary is a strong, vibrant and dedicated group. Clearly, it is the best County Auxiliary in the State of Washington.

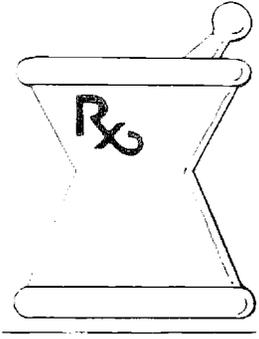
Can we rest on our laurels and congratulate ourselves? No, there is more we can do as a Society and as individual members or spouses. Much good can be accomplished that we haven't even touched by getting more members involved with the working of the Society and the Auxiliary. As individuals, we must look at our involvement in the community. What have we done to enhance the image of the profession? Are we accepting a share of non-paying, Medicaid, or Medicare patients? Are we focusing on the doctor/patient relationship, or are we becoming a factory worker in the health profession - stamping out the disease? Let's start the 1990's by addressing the image of the physician - all of us individually - and not just checking it on a questionnaire as a high priority of the Society. This is my challenge to us as President and much of my communications this year will address this topic in one way or another. I am grateful for the challenge set before me as President of the Pierce County Medical Society as we begin a new decade. I look forward to the year with enthusiasm. □

- GRK



The Pharmacist Speaks with the Physician

Here I am again, bringing up a little issue that may seem trivial at first



glance. I trust you will not find them trivial but informative and instructional. That is their intent.

I could title this "Friday the Thirteenth", as

both situations I will discuss happened on that day. They were frustrating to the patients, frustrating to me and frustrating to the physicians.

The wife of one of my patients brought in a prescription for Tylox #100. This patient is in the advanced stage of rectal cancer and using much pain medication. The prescription was good except the physician failed to sign it. Because this was a C-2 drug, the problem could not be corrected over the phone. The prescription was useless as it existed. The physician's office is in Seattle and the wife was to leave Sea-Tac in an hour. This was finally resolved with much interplay between the Seattle office and myself by using the Emergency C-2 guidelines. The physician never did mail the emergency prescription as agreed, so the next week I had to take additional steps to get it.

Next, a patient who was just put on Coumadin because of a clot after surgery needed pain medication. He had received Darvocet M-100 before the Coumadin was given. I informed him that Propoxyphene and Coumadin have a major contraindication. They had been giving him Percocet in the hospital so the patient went to the physician's office to get the script, it also is a C-2 drug. He hobbled off on his crutches to the

physician for the script and returned in about 45 minutes with one for Percocet Demi. I can understand what the physician wanted to do, but there is no such product. The only Demi is with Percodan which has aspirin. So again I had a prescription which I could not fill. I called the office and explained that the physician would need to rewrite it. The patient crutched himself back to the physicians office (which was across town) to get the correct order. When he returned, the physician had simply scratched out the Demi and initialed it. This is not acceptable by law so the script was still unfillable. Need I go on?

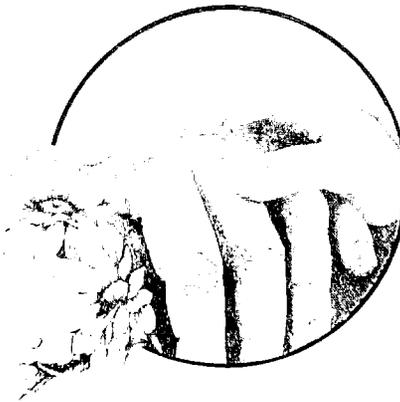
These are extreme examples. We often get so busy and hurried in our

various practices (physician and pharmacist alike) that we do not realize that we are creating problems for our patients rather than solving them. We all need to take a much closer look at what we are doing for the people we are supposed to be helping. Both these situations discussed were not deliberate, but created by rush, and/or preoccupation.

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AMA President-Elect Meets with PCMS

The image of the physician, tobacco ordinances, and recruitment of new members are the three goals of new PCMS President, Dr. Gordon Klatt for 1990. Dr. Klatt presided over the annual Board Retreat held on Saturday, January 6 at the Sheraton which was attended by Board of Trustees, Past Presidents, Hospital Medical Staff Presidents, Specialty Society Presidents, WSMA Representatives and Auxiliary Officers.

Committee reports were given by Committee Chairmen James Wilson, M.D., Aging; Alan Tice, M.D., AIDS; William Dean, M.D., Library; Robert Wachtel, M.D., EMS; Stuart Freed, M.D., Sports Medicine; Gordon Klatt, M.D., Tobacco Task Force; and an Auxiliary Report by Mrs. Alice Wilhyde, PCMS Auxiliary President. It was reported that the 19 committees of the PCMS are the backbone of the organization. It is through this structure that accomplishments such as fluoridation of the water and access to care for AIDS patients are

achieved and grievances between patients and physicians are resolved.

The attendees were honored to hear John Tupper, M.D., AMA President-Elect from Davis, California. Dr. Tupper, who will be assuming the Presidency of AMA in June, informed the group that the independence of doctors and the freedom of patients are threatened by Congressional action. So far, he reported "we are winning". He cited defeat of mandatory assignment four times, as well as the defeat of Expenditure Targets (E.T.'s).

Dr. Tupper reported that coverage for the uninsured is a priority issue for 1990 as well as practice parameters, warning labels for alcohol, and ICD9 code elimination. Dr. Tupper's appearance was made possible by the AMA.

Art Sprenkle, M.D., Representative (D-39) Everett, was the concluding speaker for the day. Dr. Sprenkle retorted to Dr. Tupper by saying that the AMA may prevail, but that medicine could very likely "get shot out of the water" in the

Washington State legislature. He said that locally we are facing a crisis.

"Even though the access issue has dominated, it is the cost issue that gets the legislature's attention. And, health care costs are all discretionary funds," he added. "There is a crisis, practice guidelines are critical, and we need to help get durability and accountability," was his advice. Dr. Sprenkle also reported that the most crucial factor is that our representatives don't know physicians as people. Physicians need to be out front and lead the charge. He suggested taking advantage of the mindset that people like to be possessive of doctors. Get to know your legislators, help them become comfortable with the medical profession and they will soon be referring to you as one of "their doctors".

Senators Gaspard & Madsen Meet with MEDCATS

Senator Marc Gaspard (D-25th) met with Drs. Bill Marsh, Mike Haynes, and Mrs. Lavonne Stewart-Campbell.

In the 2nd District, Senator Ken Madsen (D-2nd) met with Drs. Bill Knittel and Mike Spiger.

Both meetings took place before the current legislative session began and gave the legislators and physicians/auxiliaries an opportunity to become acquainted and review some of the health issues expected to come before the legislature.

Volunteer Physicians Needed in Olympia

The WSMA Legislative First Aid Clinic needs physicians to volunteer their medical services. The clinic is open 9:00 a.m. - 12:00 p.m. each weekday during the session, beginning Monday, January 8.

This is an excellent opportunity to watch the legislature in session. You can sit in the galleries of the House or Senate or meet with your legislator

during the day. You are not confined to stay in the clinic the entire period.

For scheduling information — call Winnie Cline at the WSMA Olympia office at 1-800-562-4546 or 352-4848. You'll find it a very rewarding experience.

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Mayor Vialle Meets with PCMS

Dr. Gordon Klatt, PCMS President met with Tacoma's new Mayor, Karen Vialle, at the beginning of the new year. Several issues were discussed with most of the time spent on the impact the drug problem is having on medical care in the community.

It is now being estimated by the medical community that 1 in 15 babies are born with cocaine in their blood.

The magnitude of the AIDS crisis and its current and future effect on health care; pre-hospital care and trauma, and the Tacoma School District immunization record (only 48%

of children entering kindergarden in 1989 were adequately immunized) were also discussed. Mayor Vialle asked the Medical Society to be an active participant in her projected "community summit". Dr. Klatt gave her a strong "yes" answer and offered the assistance of the Society to the Mayor and to the City.

Health Department and PCMS Get together

Al Allen, M.D., Director, Tacoma-Pierce County Health Department and several of his division directors met with Drs. Gordon Klatt, President, Bill Marsh, President-Elect and staff to critique mutual concerns and activities.

Health Department staff are members of the Public Health/School Health, Aging, Fluoride, Minority

Health Affairs and AIDS Committees of the Society. They have been and continue to be valuable resources for the Society.

Dr. Allen and staff will be meeting with the Board of Trustees in the near future to review the Needle Exchange program which the Board endorsed in March 1989.

Bernie Siegel Comes To Tacoma

Bernie S. Siegel, M.D., a pediatric and general surgeon and world-renowned expert on the connection between the mind and the body in the healing process, is this year's Charlotte Senecal Johnson Symposium guest speaker. Dr. Siegel will speak on "Love, Medicine and Miracles: The Psychology of Illness and the Path to Wellness." The symposium is on Tuesday, March 27, from 8:30 a.m. to 4:30 p.m. at the Tacoma Sheraton. The cost, which includes lunch, is \$65.

Dr. Siegel is a physician and teacher at Yale Medical School who believes in and practices treatment methods outlined in his best-seller Love, Medicine & Miracles. "No one is untouched by pain," he says. "My philosophy is that life is about what you do with your pain."

The fourth annual symposium is held in honor of Charlotte Senecal Johnson, a St. Joseph nurse educator who touched the lives of many hospital staff members and patients before she died of cancer in 1986. For more information, please call 591-6624.

Locally Produced AIDS Video Goes International

Children in all 50 states, West Germany and Iceland are learning to protect themselves from AIDS thanks to a video produced by Pierce County Viacom.

"What Kids Want to Know About AIDS" features local fifth and sixth-graders asking local pediatrician Dr. John Hautala about AIDS.

In a calm, non-threatening voice, Dr. Hautala dispels myths and outlines the ways children can avoid the

disease. Hautala also explains how people do contract AIDS. "But," he reminds them, "AIDS is a disease of behavior. It's not who you are — but what you do." Viacom producer Ed Hauge feels the effort that went into "What Kids Want to Know About AIDS" was well worth it. Just one year after production, Pierce County Viacom's AIDS video is educating kids across the United States and the world.

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SUPPORT GROUPS AVAILABLE

NEWSBRIEFS

(Continued on page 29)



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Presents

“Medicine in the White House”

at the

Joint General Membership Meeting MAMC

featuring

General John Hutton, M.D., MAMC

Date: Tuesday, February 13

Place: Fircrest Golf Club
6520 Regents Blvd

Time: Cocktails 6:00
Dinner
Program

Price: \$15
* per person if
reg. during day of meeting

Spouses Invited!

RESCHEDULED
(See Page 18)



Reservations required by Friday, February 9.

REGISTRATION

Yes, I(we) have reserved the evening of February 13 to join members of the Pierce County Medical Society and the MAMC at their Annual Joint Meeting.

Please reserve ___ dinner(s) at \$ ___ per person (meal, tax, and gratuities included).

Enclosed is my check for \$ _____

Dr. _____

Please make check payable to PCMS and return no later than Friday, February 9, 1990.

***DAY OF REGISTRATION FEE – \$17.**

Mark Your
Calendar!

College of Medical Education

AIDS Update Available for ALL Physicians

Alan Tice, M.D., local Infectious Diseases Specialist, has organized an "AIDS Update" CME program for local physicians. The course is scheduled for Wednesday, February 28, 1990 and will be held in the conference center - Room 3A and 3B in St. Joseph Hospital's South Pavilion.

Designed as a half day (afternoon) conference, the program will serve as a timely review and update covering developments and treatment options in HIV infections and AIDS. The

course is sponsored by the College of Medical Education and will offer 4 hours of AMA and AAFP Category I credit.

Nationally and locally recognized experts will lecture and sit on a panel for questions and answers. **Donald C. DesJalais, Ph.D.**, Deputy Director of AIDS research for Narcotic and Drug Research Inc. in New York, will discuss HIV infections in drug addiction; **William Lafferty, M.D.**, DSHS Director of AIDS Surveillance, will dis-

cuss HIV Infection development in Washington State; **Alan Tice, M.D.**, will update us on HIV Infections in Tacoma; Seattle Physician, **Sandra Burchett, M.D.**, will discuss Pediatric HIV Infections; and **Anna Wald, M.D.**, Harborview Medical Center AIDS clinic, will discuss treatment options for HIV Infections.

For registration and more information please contact the College at 627-7137.

Cancer Review Program Set for February 8 & 9

Final registration is underway for the "Cancer Review - 1990" CME program scheduled for Thursday and Friday, February 8 and 9. The course is sponsored by the College of Medical Education and will be held at Jackson Hall.

Organized by local oncologist/hematologist, **Amy Yu, M.D.**, the course offers 12 hours of Category I credit with both the AMA and the AAFP.

Designed for the primary care physician and internist, the program focuses on a comprehensive review of cancer detection, treatment, and management. The faculty includes recognized cancer experts from both Tacoma and Seattle.

If you have not received a Cancer Review - 1990 brochure or have not registered, please call the College of Medical Education at 627-7137.

C.O.M.E. Program Schedule

DATE(S)	PROGRAM	DIRECTOR(S)
1990		
Thurs., Fri., Feb. 8 & 9	Cancer Review - 1990	Amy Yu, M.D.
Weds., Feb. 28	AIDS Update	Alan Tice, M.D.
Thurs., Fri., Mar. 8 & 9	Tacoma Academy of Internal Medicine Annual Review	David Law, M.D.
Fri., Sat., April 13 & 14	Tacoma Surgical Club	Chris Jordan, M.D.
Fri., April 27	Dermatology	Barbara Fox, M.D. James Komorous, M.D. David Brown, M.D.
Thurs., Fri., May 10, 11	Aggressive Musculoskeletal and Spinal Evaluation, Treatment and Rehabilitation	Edgar Steinitz, M.D.
Mon., Tues., June 25 & 26	Advanced Cardiac Life Support	James Dunn, M.D.

Clip and Save!

College of Medical Education Receives Grant From Allenmore Medical Foundation

The College of Medical Education has been notified of a grant for \$6,000 from the Allenmore Medical Foundation to be used for the year 1990-1991. The grant will be allocated as directed by the College's Board.

The grant is a most welcome gift because the College is self supporting, unlike most other subsidized CME programs which rely on hospital or school of medicine support.

The primary source of income for the College is course fees. Other minor sources of funding include contributions from Pierce County Medical Society members, accreditation fees, and sales from advertisements in program brochures. The Pierce County

Medical Society provides in-kind support such as low-rent office space and personnel assistance.

In addition, the College receives volunteer support from Board Members, speakers, program directors, and other allied health personnel. The College does not pay honoraria for local speakers. The local hospitals support the College by providing meeting rooms and breakfasts or dinners for the College Board of Directors Meetings.



Personal Problems of Physicians Committee

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*Medical Problems, Drugs,
Alcohol, Retirement,
Emotional Problems*

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John R. McDonough 572-2424
William A. McPhee 474-0751
Ronald C. Johnson 841-4241
Jack P. Liewer 588-1759
Kathleen Sacco 591-6681
Dennis F. Waldron 272-5127
Mrs. Jo Roller 752-6825

WSMA
1-800-552-7236

College of Medical Education Thanks Contributors

The College of Medical Education would like to thank the following contributors for their generous donations. As directed by the Board of Directors, the College is now self supporting and no longer receives subsidization from the Pierce County Medical Society or local hospitals. Expenses are paid directly from enrollment fees, donations, and/or grants. The Contributions are used to provide quality, low-cost, Category I CME programs for Pierce County Physicians.

College of Medical Education Contribution List

Clarence Anderson, M.D.	Thomas Miskovsky, M.D.
Mian Anwar, M.D.	Stanley Mueller, M.D.
Richard Baerg, M.D.	John Nagle, M.D.
Wing Chan, M.D.	Thomas Norris, M.D.
Juan Cordova, M.D.	David Pomeroy, M.D.
William Dean, M.D.	Gilbert Roller, M.D.
Diagnostic Imaging Northwest	Donald Rose, M.D.
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Chris Jordan, M.D.	Gail Strait, M.D.
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How You Feel About PCMS . . .

239 Members Responded
33% Response Rate

— Editor

Because PCMS strives to support and respond to our membership's needs, we urged you to respond to our annual survey. Many of you did. 33% — a total of 239 members returned their surveys. This 33% response rate is considered an excellent return for any organization — the average being 10-15%. Here are some of your top views.

Representation is key

In 1989, members ranked "The need to be represented by state and county legislative/regulative bodies" as the #1 reason for belonging to PCMS.

Over 80% would recommend membership in the PCMS to a new physician in the area.

Image is #1 Again

For the third year in a row, the public image of the medical profession was identified as the #1 area where PCMS should place greater emphasis. Following through with that concern, is newly elected president, Gordon Klatt, M.D., (see pg. 5).

Contract Negotiations First

For the second year in a row, "Contract negotiations with hospital/third party payors" remains the most important member benefit and service that PCMS offers. Practice Liability Insurance ranked as the #2 benefit and individual/family/staff health insurance ranked as the #3 benefit.

No Dues Increase

31% use the Medical Library of Pierce County quarterly. 53% favor no dues increase to support the Library.

Bulletin Preferred

The Bulletin is preferred by a wide margin over The Newsletter. Over 67% read the *Bulletin* as opposed to 32% who read the *Newsletter*. 50% read the Newsletter and Bulletin thoroughly.

Membership Demographics

Of the respondents:

- 32% have been practicing for less than five years. 31% have been practicing for 5-10 years.
- 107 members are in a single specialty group or clinic partnership. 82 are in solo practice.

- Nearly 9% of the respondents were female which correlates with the female membership of PCMS.
- The majority of respondents are between the ages of 36 and 45.

Thank You

A special thanks to the members that returned our survey. We appreciate your time. By asking your opinions, we are better able to serve you. We hope that you will continue to express your opinions to us. For more survey results see page 13.



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Pierce County Medical Society

for the betterment of Public Health since 1888

Member Opinion Survey

How important is each of the following to you as a reason for belonging to the Pierce County Medical Society?
(PLEASE RATE EACH REASON)

	Very Important	Somewhat Important	Not Important	No Opinion
a. The need to be represented before state and county legislative/regulatory bodies.	197 (1)	36 (10)	3 (10)	–
b. PCMS Newsletter and Bulletin	78 (4)	129 (1)	24 (9)	3
c. Continuing Medical Education	96 (2)	110 (7)	32 (8)	3
d. Membership Benefits (health/insurance programs, personnel assistance, etc.,)	30 (8)	120 (5)	79 (3)	5
e. Useful professional credential . . looks good on a resume	20 (10)	102 (8)	134 (1)	6
f. To have my interests and accomplishments communicated to the general public	45 (6)	92 (9)	84 (2)	8
g. A vehicle for exchanging my views with others in the profession	60 (5)	120 (4)	52 (6)	2
h. Assistance with practical problems	37 (7)	126 (2)	67 (5)	5
i. Personal service from the executive office	24 (9)	114 (6)	77 (4)	12
j. Support of the medical library.	70 (3)	124 (3)	3 (7)	3

Would you recommend membership in the Pierce County Medical Society to a new physician in your area?

Definitely	Possibly	No	No Opinion
81.6%	15.8%	.8%	1.7%

In the future, what level of emphasis should the Pierce County Medical Society give to each of the following issues?
(PLEASE RATE EACH ISSUE.)

	Greater Emphasis	About the Same	Less Emphasis	No Opinion
a. The public image of the medical profession	153 (1)	75 (18)	3	2
b. Relationships with hospital administrations	51 (13)	152 (4)	15	12
c. Professional liability and malpractice suits	92 (6)	125 (12)	11	4
d. Relationships with third party payors	112 (4)	105 (16)	12	2
e. State/federal government involvement in health care	143 (2)	82 (17)	7	1
f. Accessibility of quality health care to citizens	116 (3)	112 (14)	9	6
g. Physician/patient relationship	60 (12)	150 (6)	13	8
h. Alternate health care delivery systems (HMOs, PPOs, etc.)	28 (10)	141 (9)	55	7
i. Continuing Medical Education	45 (15)	153 (3)	28	2
j. Cost of Medical care	91 (7)	110 (15)	11	3
k. Legislative affairs/lobbying	110 (5)	112 (13)	5	3
l. Relations between medical specialties	46 (14)	151 (5)	27	6
m. Environmental public health issues	73 (8)	143 (7)	9	5
n. Issues related to the influx of “limited health practitioners”	62 (11)	130 (11)	16	19
o. Healthy lifestyles advocacy	72 (9)	136 (10)	19	4
p. Contributions to political candidates (through PAC)	22 (17)	163 (3)	68	12
q. Publications Services	9 (19)	174 (1)	27	6
r. Auxiliary Support	12 (18)	164 (2)	34	13
s. Discipline/ethics of doctors	66 (10)	142 (8)	2	3

Overall, how effective do you feel the Society has been in responding to your most important concerns?

Very effective - 25 Somewhat effective - 154 Ineffective - 21 No opinion - 17

Many professional associations or societies offer members a variety of benefits and services, some of which the members pay for in addition to their annual dues. How important are each of the following member benefits and services to you? (Please rate each benefit or service.)

	Very Important	Somewhat Important	Not Important	No Opinion
a. Individual/family/staff health insurance	42 (3)	58 (12)	116 (9)	6
b. Practice liability insurance	57 (2)	54 (13)	103 (13)	7
c. Disability income insurance	33 (4)	63 (10)	120 (7)	8
d. Practice management seminars	29 (5)	192 (1)	79 (16)	8
e. Legal services	22 (7)	63 (11)	113 (11)	7
f. Contract negotiations with hospitals/third party payors	58 (1)	85 (5)	82 (15)	9
g. Group Buying Discounts	26 (6)	90 (2)	96 (14)	5

How often do you use the Medical Library of Pierce County?

weekly - 5.6% monthly - 22.8% quarterly - 31.5% annually - 23.2% never - 16.8%

Would you favor a dues increase to help support the medical library?

\$25 - 30.3% \$50 - 13.2% \$100 - 2.5% None - 53.9%

How would you characterize your reading of the Society's *Newsletter* and *Bulletin*?

Thoroughly - 50% Read several articles - 21.3% Occasionally read it - 26.6% Never read it - 2.3%
 Do you prefer: the *Newsletter* - 32.2% the *Bulletin* - 67.7%

How long have you been practicing in Pierce County?

Under 5 years - 32% 5-10 years - 31.4% 11-20 years - 3.4% 21-30 years - 16.6% over 30 - 16.6%

Which of the following best describes your current professional activity (PLEASE CHECK ONLY ONE ANSWER.)

Solo	82
Partnership, group or clinic (single specialty)	107
Partnership, group or clinic (multi-specialty)	14
Full-time hospital staff	4
Government/Military practice	3
Administration	0
Industrial/corporate staff	1
Resident	1
Retired or inactive	19
Other	2

Are you male? - 91.3% female? - 8.7%
 Your age? 35 years or less - 8.9% 36-45 - 42.1% 46-55 - 20.4% 56-65 - 17.8% 66+ - 10.6%



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Featuring

Jonathan P. Bacon, M.D.

on

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7:00 A.M.- 7:45 A.M.

at

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314 South K Street**

Coffee and rolls will be provided.
For more information,
please call 572-3666.

Sponsored by:
Sports Medicine Committee
Pierce County Medical Society

Annual Joint Dinner Meeting



Dr. Bill Marsh, President Elect for 1990, accepts a plaque of appreciation from Dr. Ritchie for serving as Secretary-Treasurer for 1989. Dr. Marsh is a family physician practicing in Puyallup.



Dr. C.B. Ritchie (left), PCMS President in 1960 had the opportunity to be recognized and honored by the outgoing President, his son, Dr. Bill Ritchie.



Two past PCMS Presidents, Dr. Lloyd Elmer (1982), and Dr. Ted Baer (1977), enjoy the Annual Dinner Meeting. The meeting recognized past Society and Auxiliary Presidents for their contributions to the organizations.



Dr. Ken Graham, PCMS President in 1979, compares ties with Dr. Jim Fulcher and Dr. Terry Torgenrud as Jan Torgenrud looks on. Dr. Torgenrud was recognized by the Society for his leadership in the Tacoma Fluoride campaign.

December 12, 1989



Mrs. Cindy Anderson, Kris White, Mary Lou Jones, Dr. Charles Anderson, and Dr. Tom Jones enjoyed the evening. Mary Lou is Auxiliary President-Elect and Kris served as President in 1988.



Dr. Ritchie, PCMS President in 1989, and Mrs. Alice Wilhyde, PCMS Auxiliary President, honored past Society and Auxiliary Presidents.



Mrs. Jane Curl and Dr. Wayne Curl enjoy conversation with Dr. Charles Weatherby and his wife Shauna.



Dr. Ritchie awards Dr. John Rowlands a plaque of appreciation and thanks from the Society for his service as a Trustee.

Tacoma-Sheraton Hotel



Enjoying the social hour of the Annual Joint Dinner Meeting were President Ritchie and his wife Marge and Secretary-Treasurer, Dr. Joe Wearn and his wife Pat.



Dr. Jim Fulcher, Vice President and Program Chairman, receives thanks from Dr. Ritchie for his contributions during the year.

We're Rescheduling!

"Medicine in the White House," our February General Membership Meeting, has been **RESCHEDULED**. We regret any inconvenience this may cause you. General Hutton will be speaking at the March General Membership Meeting on Tuesday, March 13.

Please call 572-3667 if you have questions.

How to Deal with the Future: Health Care Rationing

— Harry Schwartz, Ph.D.

Future historians of American medicine will undoubtedly note Nov. 20, 1989, as a milestone in the socioeconomic and political evolution of American medicine. It was on that date that a House-Senate conference committee approved the historic reorganization of physician compensation under Medicare, a reorganization that is virtually certain to become the model for all other third-party payers.

The present is therefore, it seems to me, an opportune moment to look at the history of the elements of that compensation scheme, to try to understand how it became what it now is, and to evaluate the portents for the future impact of this revolutionary restructuring of physician fees.

This revolution in physician fees had two sources of motive power. One was the discontent of internists and family physicians with their average low incomes as compared to surgeons and to procedural specialists such as radiologists and anesthesiologists.

... by the mid-1990s, if not sooner, the pressures for more explicit rationing and more explicit limits of the total incomes of physicians will again be fierce.

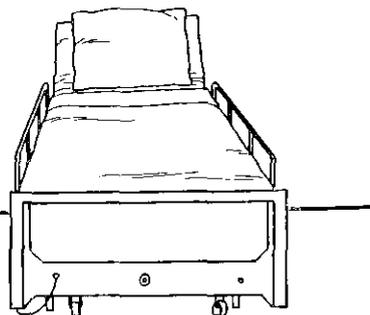
This discontent, pushed initially by the American Society for Internal Medicine and then by other organizations representing these specialists, came to occupy the center of the political stage in the mid-1980s as the result of a response of organized medicine to the other chief motive power.

That other chief motive power was Congress' desire to rein in the rapidly rising costs of physician services under Medicare. In about 1985, that desire threatened to result in legislation that would have reimbursed physicians for Medicare patients under a strict capitation system. The American Medical Association, searching for an alternative, won the backing of its delegates - many of whom were understandably suspicious - for a project to set up what we now call resource-based relative value scale (RBRVS).

Congress was persuaded to hold off capitating Medicare reimbursement while the RBRVS was prepared. But of course the RBRVS at the beginning and even now is simply a device for changing the division of the Medicare fee pie so that some physicians get more and others get less. So the great unknown was what price Congress would eventually exact for the RBRVS in the shape of a measure to rein in the cost of physician services. We now know how the drama played itself out. The RBRVS was calculated. Rep. Fortney "Pete" Stark (D. Calif.) and his colleagues on the House Ways and Means Committee paired the RBRVS with the expenditure targets (ET) device that the AMA assailed as a means of forcing doctors to ration care.

A House subcommittee under Rep. Henry Waxman (D., Calif.) and then the Senate Finance Committee backed less onerous alternatives; alternatives that nevertheless contained measures of volume of services that could at some future time become the basis for rationing medical care. It was the Senate Finance Committee alternative that went into the final bill.

In the wrangling and maneuvering that accompanied the months-long struggle, the bill was modified to put



sharp limits on the amount of extra billing that physicians could require even of patients willing to pay more than assignment amounts. And the American College of Surgeons won a separate category for surgeons.

... the opportunity to see which physician leaders are the medical statesmen and which are simply short-term opportunists ...

From one point of view, the final result is an acceptable compromise. It gives everybody something, permitting each major faction and player to claim victory. But the claims will not obscure the fact that in the short run the big winners are those who specialize in "cognitive" procedures while the big losers are surgeons and proceduralists. A major step has been taken toward equalizing the average incomes of the key medical specialties.

It is pointless to argue now whether this is good or bad, and I have never hidden my deep reservations about all this. The real question is what comes in the next act.

My own view is that the rationing of health care has, at best, been delayed. And by the mid-1990s, if not sooner, the pressures for more explicit rationing and more explicit limits on the total incomes of physicians will again be fierce.

(Continued on page 20)

RATIONING (Continued)

The medical profession will then again come under intense political pressure which it will be less able to withstand because of the bitterness and divisiveness created by the struggle over the RBRVS.

... tomorrow's political battles must be fought, they can be fought by a much more united physician population ...

But perhaps in the long run there is no alternative. The nation's resources are finite. The demand for free or almost free medical care - which is a privilege most Americans enjoy under the present melange of government and private medical insurance - is necessarily larger than the nation can pay for, especially given the graying of our population and the enormous and still rapidly growing national debt.

If we assume that five years have been gained by the maneuvering of the past half decade, they can best be used by the medical profession in seeking to figure out how medical care can be rationed in the future at the least cost to patients and with greatest justice to physicians and other health care workers. To use a rather trite phrase, doctors must become part of the solution to the problem of rationing health care rather than part of the problem.

In the period ahead we shall all have the opportunity to see which physician leaders are the medical statesmen and which are simply short-term opportunists looking for immediate advantages for their constituents with no regard for the long-term consequence of what they do. And since the most serious internal problem of the medical profession is its internal divisions and enmities born of the struggles of recent years, the chief opportunity for medical statesmen is to take measures that will heal today's raw wounds so that when tomorrow's political battles must be fought, they can be fought by a much more united physician

population than has been observed this past year.

One other area cries out for medical statesmen to act. The saddest part of the struggle now concluded was the ignorance of the general population - of the mass of patients and potential patients - to the issues involved and to the potential consequences of the solution for patients.

I don't believe that people like Rep. Stark really represent the population of this country. But until doctors energize their patients and make them a political force, the Starks in Congress will continue to have a larger say in what happens than the merits of their ideas deserve. □

- From the December 8, 1989 JAMA.



Bob Sizer



Doug Dyckman



Dave Gillespie,
CIC



Curt Dyckman



Marge Johnson,
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Your Medical Dollars . . .

— Sydna Koontz



It seems a week doesn't go by without a letter in the mail, a phone call around dinner time, or a friend or colleague contacting you to donate your time or money for something. Each year physicians and their families contribute **thousands** of dollars to our community organizations — social service agencies, the arts, churches, health related causes and many other worthwhile endeavors.

Just look in the programs of local arts productions, the back of annual reports, or the bricks in front of the Pantages to see the individual efforts of the Pierce County medical community. There is, yet, another significant way your medical dollars contribute to this community.

Did you know last year Your Medical Dollars went to . . .

that the Pierce County Auxiliary donated to the Southwestern Chapter of Multiple Sclerosis paid for one year of physical therapy and has enabled this young mother to live a viable life. Your Medical Dollars Work . . .

Last year over twelve organizations made application for our support. We were able to fulfill the needs of only two with a total amount of \$2470. Each year the Pierce County Medical Society Auxiliary holds a special event with the funds earmarked only for the philanthropic applications. It is an opportunity for the community to recognize the collective efforts of physicians and their families and the

support we can offer to qualified non-profit organizations.

When you next see this symbol, know it will be your chance to make **Your Medical Dollars** count in Pierce County. Our goal this year is \$5000.

Helping a Young Woman with Advanced Stages of Multiple Sclerosis

Six years ago a Pierce County single mom was diagnosed with MS. Last year she could no longer care for herself and her seven year old daughter. She sought a full-time caretaker. The rapidly progressing illness created an isolated, low self-image, frustrated young woman with no social outlet or family support. With the help of the local Multiple Sclerosis Society, the YMCA Aquatherapy program especially designed for MS patients was recommended. Today this same young woman goes every Wednesday afternoon for one hour to the YMCA training pool. Her life has changed dramatically. She's made friends with other individuals with MS where questions and concerns can be voiced and resolved. Her muscles have been strengthened and aerobics have increased her energy level. The \$1500

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PIERCE COUNTY MEDICAL

Committed and Responsive!

As Chairman of the Board of Trustees for Pierce County Medical, I recognize this corporation's effectiveness in the health care industry. Pierce County Medical strives to be innovative in its products, responsive to the changing needs of the community, professional in its conduct, and technically sophisticated in providing its services.

The major problem facing the health care industry today is control of costs while maintaining access to, and quality of, care. If the private sector does not control the skyrocketing costs of health care in the United States, surely the government will try to step in.

Pierce County Medical works with its provider network to control these costs. For instance, preventive care is incorporated into Pierce County Medical health care plans; providers agree to utilization review; and, peer review among providers is encouraged.

When providers suggest ways to control costs, Pierce County Medical listens. Physicians were instrumental in developing Preferred Provider Plans, now the choice of most of our subscribers. At the request of an avid physician cyclist, Pierce County Medical added the bicycle helmet incentive to that already in effect for auto safety belts and motorcycle helmets.

Further, because a group of physicians urged Pierce County Medical to become involved in the Basic Health Plan, we became one of the first health care organizations to administer in this state-sponsored health care program for the uninsured.



Pierce County Medical remains committed to the needs of our subscribers and responsive to the suggestions of our providers. We encourage continued involvement and input from the physician community. Please keep the ideas coming!

Ronald J. Graf, M.D.
Chairman, Board of Trustees



**Pierce County
Medical**

A Blue Shield Plan

1114 Broadway Plaza Tacoma, Washington 98402 597-6633

From the Past – Hierarchy a Myth! You Make Organized Medicine's Policies

– Stanley W. Tuell



– The following editorial by Dr. Stan W. Tuell was taken from the October, 1969 PCMS Bulletin. It is as fitting today as it was twenty years ago, if not more so. – Editor

What Hierarchy?

Any physician who uses the word "hierarchy" when referring to the leadership of the American Medical Association or the Washington State Medical Association reveals his complete lack of understanding of how organized medicine gets organized.

Some uninformed members of these Associations think that the policies are established by a closely knit exclusive clique, the members of which have maneuvered themselves into power by political chicanery.

'Tain't so!

For a list of self-effacing, home-loving, conscientious doctors who would really prefer to be left alone to conduct their practices as they see fit, just list the past presidents of the WSMA. At the state level of organized medicine, I have yet to see an officer who "pushed" to get his job. Invariably he has to be drafted or coaxed into taking on chores that he knows will take many hours, and dollars, away

from his own practice and his family - yet his conscience just won't quite let him say "no".

Pierce Delegation 100%

This attitude starts with the delegates. When the roll was called in the State House of Delegates at its final session in September, the Pierce County delegation was present - 100 percent!

Who sets the policies of organized medicine? You do. You elect the delegates who establish the policies at the State level. Your delegates represented you on two of the four reference committees that ironed out the finer details of all actions before consideration by the House. The State House of Delegates elects delegates to the AMA. Washington has four such delegates. They are Peter Brooks, a Walla Walla surgeon; Charles D. Muller, a Bremerton gynecologist; Robert Hunter, a Sedro-Wooley general practitioner; and

Waldo Mills, a Seattle surgeon. They're not members of a hierarchy! Nobody's perfect. Nor is the AMA or the WSMA. Each makes mistakes. But to list all the services that these associations have rendered to their members, and for the public good, would take a volume several times the size of the Bulletin.

The strength of organized medicine depends on the interest, concern and support of its individual members. In years past, the practicing physician could look at his own practice through his own little lead pipe and let the rest of the world go by. But no more. The present medical-socio-economic upheaval in the rendering of health care is already affecting the lives and practices of every physician, and more changes are on the way. We must be organized, if we are to be able to influence these changes so they will not jeopardize the high quality of the medical care that American physicians have provided. □

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Services: 1-800-554-4405**

Practice Brochure Can Be a Marketing Asset

— Neil Baum, M.D.

How much of your staff's time is spent answering basic - but important - questions about your practice?

If you are like most practice-based MDs, the answer is "plenty".

A practice brochure can be a practical way to turn this situation into a marketing asset, and it's something you and your staff can prepare together.

Introduce Yourself

It can inform your current and potential patients of the services you offer, office policies, and practice philosophy, while serving as an introduction to you, your staff, and your hospital.

The brochure should introduce you and your practice. You should briefly include your education, board certification, professional organizations, and any special training you may have completed. Most of us have impressive CVs, and we should share these with our patients.

Define Your Specialty

You want to describe or define your specialty and any special areas of interest within your specialty. Briefly let your patients know exactly what your specialty is and how it can help

Qualified Physicians Needed

Seattle • Low Volume • 60 beds
• 12 - 36 Hour Shifts • Graduate of an Accredited Medical School • Current WA License and ACLS Certification
• One Year Emergency Room Experience • Malpractice Coverage Provided: Claims Made with Unlimited Tail

CALL National Emergency Services: 1-800-554-4405

them. If your practice has an unusual or unique background - for example, if it was the first to perform a procedure in your community - note that, too.

Spell Out Your Policies

Your appointment policy should be described in detail. Inform the patients of how your practice handles walk-ins and emergencies. State your cancellation policy and if you charge for missed appointments. You also

want to mention how far in advance they should call for an appointment.

Your telephone policy should be covered in a concise manner. There are probably several areas that you are willing to discuss over the phone and they should be clearly stated. For example, will you give laboratory results over the phone? Do you refill prescriptions over the phone? If you routinely do not refill prescriptions you may want to state why. You will want to briefly describe what can and cannot be covered by the nurse.

Another very important area regarding the phone is to mention what time you routinely make return calls to patients. This prevents patients from waiting all day for your return calls or keeps the patient from making frequent calls to your office and tying up your office staff and telephone.

But whatever policy you set out in the brochure, make sure that you follow it scrupulously. There can be legal implications to not keeping a

promise, especially one offered in writing.

On rare occasions your secretary may not check out with your answering service or call-forward the office line and your patients will not be able to reach you by calling the office number. Therefore, it is a good idea to include the telephone number of your answering service in the

brochure. State your policy on emergencies and after-hour calls. You may want to mention the name and

telephone number of the MD who covers for you when you are not on call.

Make Location Easy

If you have patients who come from great distances, include an easy-to-read map indicating the location of your office. Often your hospital can provide a camera-ready map that you can incorporate into your brochure.

Herald Your Amenities

If you provide any amenities or additional services, mention them in the brochure. This would include free parking, house calls, a toll-free "800" number, or transportation for elderly or visually impaired patients.

Explain Your Payment Policy

You also will want to include information regarding payment and insurance guidelines. If you expect pay-

A practice brochure is no longer considered unusual and should be a necessary ingredient of your marketing strategy. It takes some effort to create a good one, but you will be rewarded with the results.

ment at the time of service, say so. Explain that this keeps down costs by avoiding increases in billing and secretarial expenses. State your policy on Medicare assignment and explain what assignment means to your patients. If you accept credit cards, specify which ones.

Discuss your policy on late or delinquent payments, especially if you add a monthly service charge. Indicate you have an office manager for patients to contact with bill-related questions.

State your policy regarding insurance forms, especially if you handle them without charge. This extra service promotes prompt filing of the insurance form. It also puts your office in charge of the processing procedure and ensures accurate completion of the form.

Comment on Your Practice Philosophy

Finally, a brief comment on your practice philosophy should be included. For example, my practice philosophy is: "We are committed to excellence, to provide the best health care. We pay attention to little details because they make a big difference."

Be Personal

The language of your brochure should appear as if you are talking with the reader. Try to use words such as "we," "you," "us," and "our." Try to avoid medical terms unless they are commonly used words or

you define them in the brochure. The readability should be at about the level of a high school graduate. After you have completed your brochure, have it edited by a friend or colleague, or better yet someone with copy-editing experience. Your hospital marketing and public relations departments often have staff members that do medical and lay writing and can be of assistance.

The Technical End

Now that you have created your brochure how do you get it printed? The least expensive way is to type and photocopy it; photocopiers can print on both sides of a piece of paper.

A more professional look can be created by having the brochure typeset by a printer or prepared by a company that specializes in desktop publishing.

If you are concerned about an even more polished final product - and don't mind paying - there are firms that will produce the brochure for you.

Pierce County Medical Society's Publication Services Department frequently produces practice brochures for members at discounted rates.

Distribution

After your brochure is printed, what do you do with it? Having a stack of them for patients to pick up in your office is not the most effective use. I suggest you send a brochure to all

Welcome New Members

The Board of Trustees has approved the Credentials Committee recommendation that the following applicants be approved for PCMS Membership.

Stanley C. Harris, M.D.

General Surgery
1901 S. Cedar, #204, Tacoma

Gregory J. Hallas, M.D.

Internal Medicine
10507 Gravelly Lake Drive S.W.
#1, Tacoma

Sabine E. Speer, M.D.

Anesthesiology
314 S. K. St., #302, Tacoma

Lance W. Kirkegaard, M.D.

Internal Medicine/Critical care
11311 Bridgeport Way S.W.,
Tacoma

Robert J. Kenevan, M.D.

Plastic Surgery
2021 S. 19th St., Tacoma

new patients with an accompanying introductory letter. Also send a brochure to all established patients. Offer brochures to referring physicians. If you do public speaking, have the brochure available for the audience.

A practice brochure is no longer considered unusual and should be a necessary ingredient of your marketing strategy. It takes some effort to create a good one, but you will be rewarded with the results.

If you are interested in creating your own practice brochure and would like PCMS Publications Services to send you a free estimate, please call 572-3709.

— From the October 27, 1989 *JAMA*.

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. 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.

Richard C. Ostenson, M.D.

Oncology/Hematology. Born 07/01/49 in Tacoma. Medical School, University of Washington, 1974; internship, University of Arkansas, 1978; residency, University of Arkansas, 1975; graduate

training, University of Washington, 1981. Washington state license 1976; board certification, Medical Oncology, 1981; Internal Medicine 1978. Dr. Ostenson currently practices in Puyallup.

The Duck Lady

— *Adria Burrows, M.D.*
New York, NY

We used to call her "the Duck Lady."

The Duck Lady always sat on a stone ledge in front of our inner-city hospital with a shopping bag nearby, quacking like a duck. She was a short woman with no teeth and a dirty scarf wrapped around her head. She always wore a tattered raincoat and her feet were bare, although they were so filthy it looked almost as if she had shoes on. I wondered how she ate and if she lived anywhere. Once I saw the corner hot-dog man give her a hot dog. On rainy days she was nowhere to be seen.

My classmates made fun of her at some of our teaching sessions, imitat-

ing her choppy gait and making duck sounds. One even used a drawing of her in a slide presentation, as a joke.

I wondered if she knew her name, or had any family. Once, when I was on call, I saw her from a window, sleeping on the sidewalk near her ledge.

Perhaps the Duck Lady struck a particular chord in me because she was so petite and delicate looking. Obviously she was not in the real world, as she strutted back and forth quacking, but when someone gave her some change, she bowed and said thank you.

One day I retrieved from my closet an old but still serviceable pair of gray suede shoes, carried them to the hospital, and placed them by her shopping bag. She came right up to me in her duck walk and bowed.

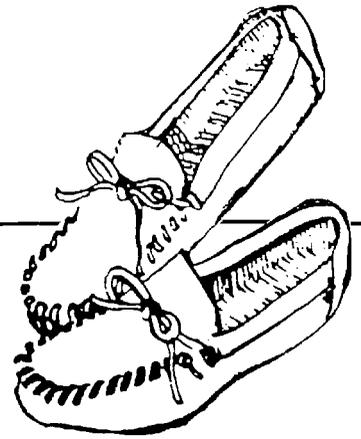
"Thank you," she said.

"See if they fit," I replied. They did, and from then on I always saw them on her feet. She never seemed to remember me after that, however, because she always quacked at me and then looked away when I came to the hospital, just as she did everyone on the street.

Some weeks later I didn't notice her at her usual spot and shrugged. Maybe a police officer had finally told her to move on. However, that day at our medical student conference, I discovered she had been admitted for pneumonia. The student who had her on his service stood up proudly and began to do the duck walk and quack. "Sometimes we feed her duck weed," he said with a laugh.

I decided to visit the Duck Lady. Would she still be quacking?

Her room was silent, except for an occasional cough. She lay in bed wearing a hospital gown, an oxygen mask over her nose and mouth. She was much thinner than she'd seemed in her raincoat; I could see her hip-bones through the gown. She was



clean, but still wore the shoes I'd given her, even in bed.

"Doc" she rasped. I walked to the foot of her bed. "I remember you. You gave me the shoes." I nodded and asked if she was all right. "They call me the Duck Lady but my name's Nora." She coughed. "People leave you alone when they think you're crazy." She coughed and gasped a moment. She shouldn't be talking, I told her so.

"You also don't have to wear the shoes in bed."

"Oh, no, I have to. You see, not too many people have ever been kind to me. These shoes, they mean a lot to me." She had another coughing spell, so I left the room, telling her I'd be back.

Did she have a home? Was there any family?

At each conference, the medical student who had Nora on his service was grilled by the others: Did she still quack? Did she ever talk? Was she getting better?

Yes, he reported, she quacked all the time and flapped her arms like a bird. A psychiatry consultation had been ordered, but Nora only quacked and cackled until she finally said, "Get out of here."

The important thing was that she was getting better. She gained weight and coughed less. I'd visit her frequently and sit on her bed. She was friendly and never quacked when I came. Her roommate also knew of the quacking farce but was quiet about it. Nora's existence was based in front of the hospital. "I like to

(Continued on page 27)

DP&C

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572-9922

IPPNW 9th World Congress

— George H. Hess, M.D.

Glass from that window had been blown about 12 feet to become embedded in the opposite plaster wall.

The International Physicians for the Prevention of Nuclear War (IPPNW) 9th World Congress opened with ceremony in Hiroshima in October. Over 3,000 delegates assembled to lay a bouquet of flowers at the memorial cenotaph for atomic bomb victims.

We were welcomed by Dr. Hagie Ohta, Ophthalmologist, of the Hiroshima Medical Society. She recounted her experience of the Hiroshima bombing — 44 years ago.

In a fraction of a second the reinforced concrete hospital was a

shambles. The walls were there, but it was no longer a hospital — no water, no electricity, patients dead or dying in their beds! Staff and 80% of Hiroshima's doctors were killed or injured.

Dr. Ohta has no clear recollection of those first few days after the bomb, but she recalls the burned flesh, vomit and feces.

I didn't fully appreciate Dr. Ohta's experience until I visited the hospital. There was a hospital stair-well lighted by a small window. Glass from that window had been blown about 12 feet to become embedded into the opposite plaster wall. The actual numbers of injured was in the thousands.

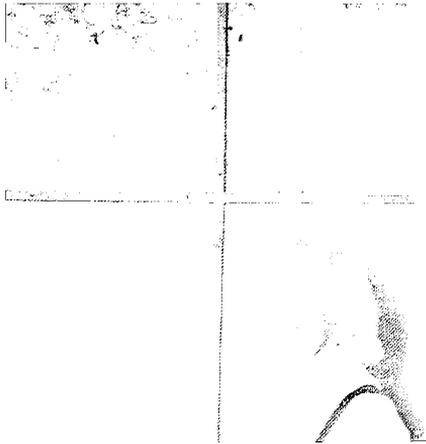
For five more days the IPPNW conference of physicians from 70 countries heard numbing statistics of nuclear developments, disasters, and improved killing power. We were briefed on nuclear victims and their therapy. Experts from many fields alerted us to environmental effects.



Opening ceremony in Peace Park.

We discussed national politics, fear psychology, small war hot spots, the arms race and corporate morality.

At the closing ceremony, the IPPNW Distinguished Citizen Award was given to Dr. Joseph Ratblatt, Professor Emeritus of Physics, University of London. This 81-year-old nuclear scientist escaped from Germany but lost his family in the Holocaust. He worked on the Manhattan Project to beat Hitler's atomic capability. After Germany surrendered, the momentum of science took over and the A-bomb had to be completed and tested - twice in three days. Dr. Ratblatt was the only atomic scientist to resign from Los Alamos. □



Mrs. Adriana Hess in front of the "wall of stain" showing glass embedded from shattered window.

DUCK LADY (Continued)

see the people come and go. Don't get that from looking out my window." There actually was a home address on her chart: in the toughest, most run-down part of the city. "They don't know me as Nora. I'm famous as the Duck Lady. Give the doctors a hard time but they make me better anyway. I don't give no one too much trouble. I'll be back outside soon."

She was, in a week. I saw her in the same raincoat, wearing her "new" shoes, back to her old ways, quacking at passersby. I said hello one morning but she looked away.

On my last day of rotation at the hospital, I brought her a sandwich and put it by her shopping bag. She bowed and said thank you.

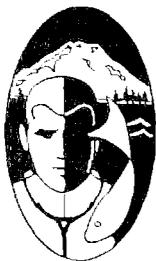
"I won't be seeing you again," I told her. "I'm done at this hospital." She held her head sideways, as though she were about to quack, but didn't. "Take care of yourself, Nora."

She bowed again but quickly turned away to sit on her ledge and cackle to herself.

I never saw Nora again, but still ask colleagues who work at the hospital about the Duck Lady.

"Yes, she's still there," they always say. "She's really crazy." Maybe she is, but she still wears gray suede shoes. □

— From the November 24, 1989 JAMA.



Pierce County Medical Society

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

Presents

**Our Quarterly Luncheon Meeting
For Retired Members and Spouses**

“Travels and Medicine in China”

Featuring

Mian Anwar, M.D.

Date: Wednesday, February 21, 1990

Time: Lunch 12:00 p.m.

Program 12:45 p.m.

Place: Tacoma Dome Hotel
(McAllister Room)
2611 E. “E” Street

Price: \$10.50 per person

To register, please complete the attached registration form and return it along with a check payable to PCMS or call the Medical Society office at 572-3667 to **confirm your attendance by Friday, February 16.**

Registration

Yes, I (we) have reserved February 21 to join retired members of the Pierce County Medical Society at the “Travels and Medicine in China” Luncheon.

Please reserve ___ lunch(es) at \$10.50 per person (tax and gratuities included).

Enclosed is my check for \$_____.

___ I regret that I am unable to attend the lunch portion of the meeting.

I will attend the program only.

Dr. _____

Return no later than **Friday, February 16, 1990.**

Auxiliary News

Auxiliary Meeting Notice

Our next meeting will be Wednesday, February 28, 1990 at 10:00 a.m. in Olympia.

You don't have to or want to be involved in politics to enjoy this "up close and personal" visit to our State Capitol.

The group will meet at the WSMA office in Olympia for an update on health issues currently before the legislature. We will meet with legislators in the State Reception Room (depending upon their schedules) and watch the Legislature in action. A guided tour of the Capitol is included.

Limit: 50 people. A special lunch is planned.

Area carpools will be scheduled as needed. Details will be published in the *February Pulse*. For more information, please contact Karen Dimant 851-9404.

NEWSBRIEFS

(Continued)

Access To Care: You Tell Us

The following article was taken from the January, 1990 issue of AARP Bulletin.

"Many American corporations that once scorned national health insurance as 'socialized medicine' are changing their tune about government involvement in health care."

"More and more business people are not just whispering but talking out loud about making health care financing a government responsibility," says Chrysler Corp. Chairman Lee Iacocca.

Among corporate advocates of change are Chrysler and the Ford Motor Co.. They say a system where the government pays the country's medical bills while also rationing care may be required.

The AARP Bulletin then asked its readers to vote on the following health care system options.

Alternatives offered by critics of this county's health care system include:

*Expand Medicaid

Pros: Proponents offer two major approaches. One would establish uniform Medicaid eligibility at or near the federal poverty level. The other would let those with income above the poverty level yet below a set ceiling "buy in" to Medicaid on a sliding scale based on income.

These changes would extend coverage to those most vulnerable to, and least able to afford, health care costs. Also, the changes would build on an existing structure.

Cons: Many health care providers say they are reluctant to treat Medicaid patients because the program does not pay them enough for their services. Also, the benefits covered by Medicaid vary from state to state and Medicaid has a welfare stigma.

Cost: The Bipartisan Commission on Comprehensive Health Care (the Pepper Commission) preliminarily estimates the annual new costs of expanding Medicaid, allowing the near-poor to "buy-in" and raising payments to some providers could be about \$21 billion. Nine percent of those under age 65 would remain uninsured.

*Mandate employer-provided health insurance and expand Medicaid

Pros: Employers could be required to provide health coverage to employees only, or in a more comprehensive version, to employees and their dependents.

This approach would build upon the existing structure of employer-based health insurance. Also, given that over two-thirds of the approximately 34 million uninsured Americans are workers or their dependents, employer-provided health insurance could target a large portion of the uninsured.

Cons: Providing insurance would burden some small businesses and self-employed individuals whose health plans tend to be more expensive than those provided by medium

and large firms. Lower wages, higher prices of layoffs might result as firms shift costs to employees and consumers.

Cost: The Pepper Commission estimates that combining mandated employer coverage with Medicaid expansion, the buy-in and increased payments to some providers could entail an annual new cost of about \$27 billion. Three percent of those under age 76 would be uninsured.

*Regulate Insurance

Pros: Regulation could standardize benefit packages, prohibit exclusions based on preexisting conditions, require rate-setting based on community-wide averaging, permit small employers to join larger risk pools and require insurers to accept everyone who applies for coverage.

Cons: There's no way to determine how much this approach would cost or how many people it would benefit. Also, critics say it would not address the fundamental flaws in the health care system.

*Institute national government-sponsored health insurance

Pros: The government would insure all citizens against the costs of basic health care services, much as Medicare currently does for the aged and disabled. The most obvious advantage would be the universal, comprehensive coverage. Also, since all

(Continued on page 31)

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

Advanced Technology

◆ **Arthroscopic Video System.**

The St. Joseph Same Day Surgery offers the latest in video technology featuring the "S" system to view the knee joint using the highest quality video reproduction. The equipment allows surgeons to document their findings both on videotape and with still pictures.

◆ **Laser Laparoscopic Video Augmentation.**

Provides for an improved view of the peritoneal structures and pathology and enables the surgeon to magnify small lesions more effectively and to treat disease around the bowel, bladder and fallopian tubes. Surgeons can operate in an upright position, relieving back strain.

◆ **Laser Lithotripsy.**

Treats kidney stones trapped in the ureter. Laser beams are sent out through minute optic fiber to fragment the stone. Unlike other technology to remove ureteral stones, no detectable heat is generated and there rarely is need to dilate the ureter.

◆ **Cultured Epithelial Autograph.**

Allows for more effective skin grafting for burn patients. This sophisticated process allows for laboratory reproduction of a burn victim's own skin.

New Services

◆ **Family Birthing Suites.**

These new, expansive rooms in the maternity unit allow expectant mothers to labor, give birth and care for their newborns in the same room. Plenty of room for family participation in the birth process. Mothers still have access to both Level I and the more intensive Level II nurseries.

◆ **Diabetes Services.**

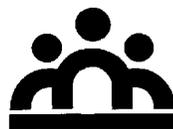
Comprehensive outpatient education program complements hospital's inpatient unit. People with diabetes and their families receive practical, every-day knowledge designed to help them avoid hospitalization. Special programs for women with gestational diabetes also available.

◆ **Center for Personal and Family Development.**

Trained psychologists, therapists, nurses and dietitians provide outpatient care for people with depression, low self-esteem, eating disorders, a history of past sexual abuse and other emotional stresses. Psychological evaluations and group therapy available.

◆ **Free Valet Parking.**

Available seven days a week for your patients and their visitors from the hospital's main entrance on I Street. Simply have your patients pull up to the entrance and a uniformed valet will park their cars and retrieve them when they are ready to leave.



ST. JOSEPH HOSPITAL

For more information, call **591-6767**.

CLASSIFIEDS

Positions Available

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., #31, Tacoma 98499. Phone: (206) 584-3023 or 582-2542.

MEDICAL DIRECTOR - Small intermediate care nursing home with ambulatory light care patients requires a Medical Director. (A retired M.D. would be acceptable). Sumner Care Center, Bill Smith, Administrator 863-0433.

PHYSICIAN OPENING - Small intermediate care nursing home with ambulatory light care patients requires a physician to follow new admits. Some private pay. Sumner Care Center, Bill Smith, Administrator 863-0433.

PSYCHIATRIST - To follow patients at a small intermediate care nursing home. Sumner Care Center, Bill Smith, Administrator 863-0433.

Equipment

FOR SALE - Baker 8000 Hematology Machine. Does CBC and platelet counts. Includes printer, dilutor. Scrupulously maintained, perfect condition. Contact Dr. A.R. Thiessen (206) 383-1988.

BIG SALE! 50% off manual exam tables for the month of February ONLY. Call for a free catalog, Lynlees, Inc., Redmond, WA 867-5415.

Office Space

BEST MEDICAL SPACE in town. Cedar Medical has 1,450 sq. ft. available on the golf course side - 1901 S. Cedar. Call Crawford Katica, Inc. Gary Crawford, 272-9200.

JUST RETIRED. Available now - busy 2 doctor medical office, 2,400 sq. ft., 32 car parking lot. Excellent location near hospital. For sale or lease - 610 S. Meridian, Puyallup - 848-8176 or 848-6478.

**Questions About
Hiring? Firing?
Raises? Etc.?**

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ACCESS TO CARE (Continued)

health insurance would be provided by the government, administering and financing the system would be simpler.

Cons: Implementing national health insurance would involve profound and comprehensive changes in the way health care is provided in the country.

Furthermore, critics contend it would shift a large portion of current health expenditures from the private sector to an already strained federal budget.

Cost: The Pepper Commission preliminarily estimates that the annual new costs of this program could range from \$33-38 billion. All would be covered.

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Representative Brough Meets with PCMS

Representative **Jean Marie Brough** (R-30), Federal Way, who sits on the very important Judiciary, Rules and Appropriations Committee, met with **Gordon Klatt, M.D., Dave Hopkins, M.D.,** and **Bill Bilnoski, M.D.,** in late December.

The major topic of conversation was the current session of the legislature and what the profession could expect to come out of it. Access, liability, trauma and smoking legislation were also discussed.

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PCMS

◆ A publication of the Pierce County Medical Society ◆

Volume 5, #2 March 1990

We're Moving!

The purchase of an office building at 223 Tacoma Avenue South was a major decision made by the Board of Trustees at a special meeting on January 18, 1990. The unanimous decision came after serious consideration from special reports, investigations, and previous discussions regarding the move.

The Board had collected opinions and data from PCMS Members, the PCMS Accountant and Banker, other Medical Societies that have made building purchases, real estate personnel and Board Members.

In addition, building inspections revealed that the structure and sys-

tems were in very acceptable condition.

The Board seriously considered the various options available including remaining in the office space that is currently leased, new construction to specification, purchase of other buildings, or purchasing the building at 223 Tacoma Ave. So. After careful research, the option to purchase the 223 Tacoma Ave. building continued to be the most affordable, realistic option.

It was determined that owning a building will provide a sense of permanence and stability to the or-

ganization as well as visibility in the community. Purchase of the building will be made through the for-

(Continued on back)

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Medicare Update

President Bush asked for considerably less in Medicare budget reductions than had been feared by the medical sector in his budget address to Congress. However, his proposal continues to perpetuate the drastic assault that Administrations have leveled against Medicare in the last decade.

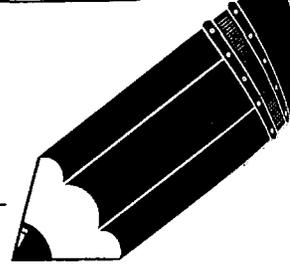
The President proposed trimming FY 1991 Medicare expenditures by 5.5 billion, Part A being targeted for 60% of the brunt, and Part B for 40%. Under this approach, Medicare Part A cost would be chopped by about 3.3 billion and Part B by about 2.2 billion. Combined cuts in excess of 8 billion generally had been envisioned prior to the budget address.

In separate appeals to Congress, hospital groups, the AMA, and 28 national medical specialty societies asked that restraint be exercised in making further cuts in federal Medicare budget outlays.

Nearly half of the proposed Medicare Part B savings would be derived from two sources — reducing payments for outpatient department services (670 million), and denying physicians any Medicare Economic Index (MEI) updates except for primary care services (450 million). The renewed MEI freeze comes on top of the one in effect for FY 1990 through April 1. For the remaining 6 months of this fiscal

(Continued on page 2)

President's Notes



Individuals in the non-medical community do not really have an appreciation of the daily activities of those of us who work in the medical profession. A physician's typical day usually includes early morning rounds, an early morning meeting, surgery, morning office hours (many times eclipsing the lunch hour) afternoon office hours, and/or surgery, plus many interruptions for emergencies or consults. This day often continues with a night on call, or, if lucky, just an evening staff meeting prior to returning home. There are

many non-medical professionals who put in as many hours as we do but none carry the burden of liability or the life/death challenges over so many hours each day.

In April, we plan to initiate a program which will allow prominent non-medical members of our community to spend a day or two with select physicians of various specialties. This program, which will be patterned after a successful project in Portland, Oregon, will be entitled "Internship 90." We hope to repeat the program every three to four months to allow more community members to gain a better appreciation of what we do on a daily basis.

We are looking for physicians who would be interested in volunteering to have an "intern" follow them around for a day or two, giving them the real picture of a physician's practice of medicine. We want to pro-

vide them the opportunity to witness surgery, lab tests, x-rays, emergency medicine procedures, obstetrical services, office practices, charting, hospital rounds, and everything that is required to provide quality medical care.

If you would be interested in sharing your practice with a member of our community, please contact me or Doug Jackman at the PCMS office, 572-3666. We can provide you with more information and arrange for you to be a participating faculty member in our first program.

Thank you. We are excited about our new "Internship 90" program and look forward to its implementation this spring.

— GRK

PCMS Officers:

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William G. Marsh	President-elect
John B. Coombs	Vice President
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PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community.

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. We welcome and invite your letters, comments, ideas and suggestions.

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Medicare

(Continued)

year, most physicians will receive a 2% update in their payments.

Physicians providing primary care services will receive a 5.3% update.

There will be no update for radiologists and anesthesiologists.

Here are some of the other sources of proposed FY 1991 budget cuts that would affect physicians:

- Reform payments for assistants in surgery — 120 million

- Limit radiology fee — 110 million
- Reduce fees for "overpriced" procedures — 110 million
- Limit payments for supervised anesthesia — 70 million
- Limit payments for surgical global fees — 50 million
- Reduce payments for overpriced localities — 50 million
- Limit payments to new physicians — 50 million
- Limit payments for technical radiology component — 40 million

"Nutrition and Culture"

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Mark Your Calendar!

College of Medical Education

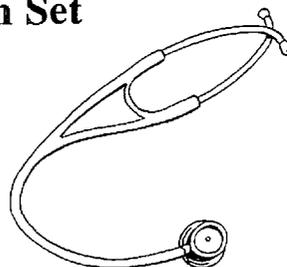
Internal Medicine Review Program Set

The Annual Internal Medicine Review Program, featuring expert presenters from across the nation, is set for Thursday and Friday, March 8 and 9.

Coordinated this year by David E. Law, M.D., the program covers a variety of interesting medical issues and is accredited for 12 Category I CME credits. It is sponsored by the Tacoma Academy of Internal Medicine and the College of Medical Education. It will be held in Jackson Hall auditorium. Those wishing to sign up for the program, but who have not received a brochure, may call the College at 627-7137 for registration information.

Topics include:

- Arthritic Lower Back Pain
- Hypertension 1990 - Preventing the Myocardial Infarction
- Insulin Resistance and Anti-Hypertensive Therapy
- Acute MI for the Practicing Physician
- Hypertension and the Kidney
- Safety of NSAIDS
- Dealing with Nicotine Addiction
- Management of Cholesterol
- FUO and Clinical Practice
- Gastroesophageal Reflux and Esophageal Carcinomas
- Diagnosis and Treatment of C. Difficile Associated Disease



- Pharmacological Treatment of Androgeno Alopecia
- The Medical Management of Deep Venous Thrombosis and Pulmonary Embolism
- Differential Diagnosis and Treatment of Anxiety and Depression

C.O.M.E. Program Schedule

DATE(S)	PROGRAM	DIRECTOR(S)
1990 Thurs., Fri., Mar. 8 & 9	Tacoma Academy of Internal Medicine Annual Review	David Law, M.D.
Fri., Sat., April 13 & 14	Tacoma Surgical Club	Chris Jordan, M.D.
Fri., April 27	Dermatology	Barbara Fox, M.D. James Komorous, M.D. David Brown, M.D.
Thurs., Fri., May 10, 11	Aggressive Musculoskeletal and Spinal Evaluation, Treatment and Rehabilitation	Edgar Steinitz, M.D.
Mon., Tues., June 25 & 26	Advanced Cardiac Life Support	James Dunn, M.D.

Clip and Save!

Sun Valley CME Program Scheduled

The College of Medical Education's Sun Valley CME Program has been scheduled for February 28 through March 2, 1991.



A recent survey assessing interest in the program recorded a very positive response. Over 160 Pierce County Medical Society members returned the questionnaire.

Complete details and registration information will be mailed to survey respondents in March. If you did not respond to the survey, but wish to be included in future Sun Valley correspondence, call the College at 627-7137.



Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. 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 P. Andrade, M.D.

Allergy. Born in Hawaii, 06/02/41. Medical school, University of Washington, 1973; internship, Fitzsimmons Army Hospital, 1974; residency, Fitzsimmons Army Hospital, 1976; graduate training, Fitzsimmons Army Hospital, 1982. Washington State License, 1990; board certification, Internal Medicine, 1982; Allergy/Immunology, 1983. Dr. Andrade is practicing at Madigan Army Medical Center.

Sharon Shual-Berke, M.D.

Cardiology. Born in New York, 01/14/52. Medical school, Oregon Sciences Health University, 1980; internship, Oregon Sciences Health University, 1982; residency, Oregon Sciences Health University, 1982; graduate training, Oregon Sciences Health University, 1985. Washington State License, 1985; board certification, Internal Medicine, 1982; Cardiovascular Disease, 1987. Dr. Shual-Berke is practicing at 1802 South Yakima Avenue, Suite #302 in Tacoma.

Prudencio G. Tible, M.D.

General Practice. Born in the Philip-

ines, 10/01/52. Medical school, Far Eastern University, 1979; internship, Quirino Memorial Medical Center, 1980. Washington State License, 1984. Dr. Tible is currently practicing at 7923 Rainier Avenue South, #201 in Seattle.

Raymond L. Vercio, M.D.

Anesthesiology. Born in California, 08/29/52. Medical school, Loma Linda University, 1984; internship, LA County - USC, 1985; residency, Loma Linda University, 1987; graduate training, Loma Linda University, 1988. Washington State License, 1988. Dr. Vercio practices at 21 33rd Avenue Court N. W. in Gig Harbor.

Cynthia L. Vehe, M.D.

Internal Medicine. Born in St. Paul, Minnesota, 10/15/55. Medical

school, University of Washington, 1986; internship, University of Minnesota, 1987; residency, University of Minnesota, 1989. Washington State License, 1989, board eligible. Dr. Vehe is practicing at 521 South K Street in Tacoma.

Cheryl M. Yokoyama, M.D.

Ophthalmology. Born in Los Angeles, California, 03/26/56. Medical school, University of California, San Francisco, 1983; internship, Santa Barbara Cottage Hospital, 1984; residency, Baylor Medical Center, Texas; graduate training, Moorfields Eye Hospital, London, 1989. Washington State License, 1987; board certification, Ophthalmology, 1988. Dr. Yokoyama is currently practicing at 1901 South Cedar, #101 in Tacoma.

Welcome New Members

The Board of Trustees has approved the Credentials Committee recommendation that the following applicants be approved for PCMS Membership.

Gregory J. Hallas, M.D.

Internal Medicine
10507 Gravelly Lake Drive S.E. #1
Tacoma

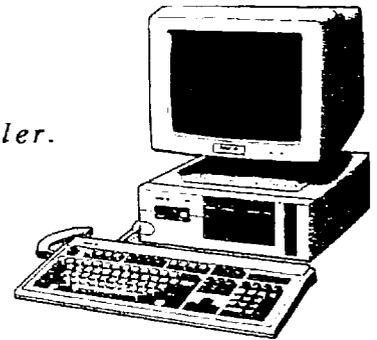
David S. Brantley, M.D.

Hematology/Oncology
1802 S. Yakima, #102
Tacoma

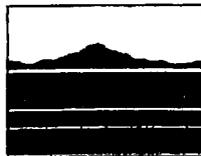
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at the

Joint General Membership Meeting with MAMC

featuring

General John Hutton, Commander, MAMC

Rescheduled to March 13

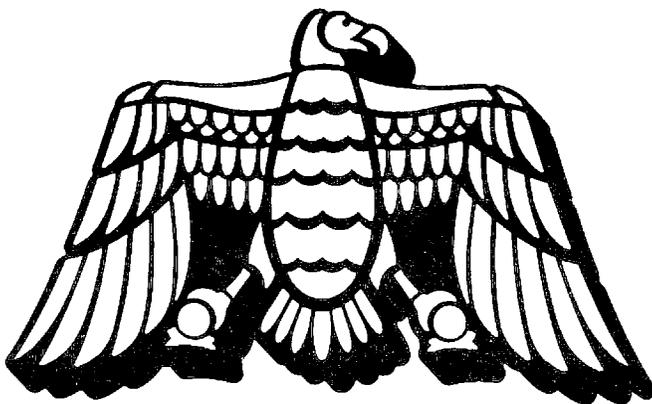
Date: Tuesday, March 13

Place: Fircrest Golf Club
6520 Regents Blvd.

Time: Cocktails 6:00 p.m. (no host)
Dinner 6:45 p.m.
Program 7:45 p.m.

Price: \$15 per person*
*\$17 per person if
registering day of meeting

Spouses Invited!



Reservations required by Friday, March 9.

REGISTRATION

Yes, I (we) have reserved the evening of March 13 to join members of the Pierce County Medical Society and the MAMC at their Annual Joint Meeting.

Please reserve ___ dinner(s) at \$ _____ per person (meal, tax, and gratuities included).

Enclosed is my check for \$ _____

Dr. _____

Please make check payable to PCMS and return no later than Friday, March 9, 1990.

***DAY OF REGISTRATION FEE — \$17.**

NEWS BRIEFS

AMA Works Toward Developing "Access-To-Care" Policy for Uninsured and Uninsurable

Resolving the extremely serious national problem of the uninsured and uninsurable has motivated the AMA and several national medical specialty societies to work together to formulate a comprehensive broad-based and proactive stance on the issue.

The immediate objective is to develop a joint "access-to-care" statement setting forth a broad set of public policy principles that would guarantee access to health insurance to the approximately 31 mil-

lion Americans who are currently not covered.

Eliminating the current plight of the uninsured and the uninsurable is high on the agendas of Congress, administration, organized medicine, and the public in general. While the outlook for obtaining a legislative solution this year is not promising because Congress will be in abbreviated election-year session, the national debate on the issue will definitely broaden and clearly establish the framework for legislation that

is likely to be adopted in 1991.

Resolution of the problem, which has reached the crisis stage, has been high on the AMA's agenda for some time. In testimony before health committees and the first session of the 101st Congress, AMA articulated its position. It calls for expanding the Medicaid program and mandating employer health insurance coverage of employees, along with appropriate tax incentives to ease any economic burdens on employers.

Dr. Waltman Addresses Tacoma Rotary 8

Richard Waltman, M.D., Family Physician and Geriatrician, author, and Executive Vice-President of the Tacoma Stars, introduced Mr. Earl Foreman, speaker for the meeting and President of the M.I.S.L., to a gathering of about 350 Tacoma Rotary 8 members recently. Dr. Waltman is one of 20 community leaders who purchased the Stars to help keep them in Tacoma when the demise of the organization was imminent.

In his remarks to Rotary, Dr. Waltman stated that he and the other owners of the Stars were not in it for financial gain, but for the community. He stated that once the Stars turn the corner financially, the profits would go back into the community in such ways as parks, sponsorships, scholarships, etc.

Dr. Waltman's brief remarks were received very favorably by the Rotary.

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AMA's Executive Vice President, Dr. Sammons, Resigns

James H. Sammons, M.D., who has been AMA's Executive Vice President since 1974, has resigned.

AMA's Board of Trustees and Dr. Sammons issued the following statements regarding the resignation:

Board of Trustees' Statement

The Board of Trustees of the American Medical Association today accepted the resignation of James H. Sammons, M.D. as Executive Vice President. The Board recognizes the major contributions that Dr. Sammons has made to the AMA and medicine over the past 15 years. The scientific, financial, and political strength of the AMA has never been greater.

The Board commends the statesmanship of Dr. Sammons in his decision to resign now in order for the Association to focus its priorities

for the future.

The Board is pleased to name James S. Todd, M.D. as acting Executive Vice President, effective immediately. Dr. Todd has served as Senior Deputy Executive Vice President since 1985. Prior to that he was a member of the AMA Board of Trustees from 1980-85. Born in Massachusetts and educated at Harvard, Dr. Todd practiced general surgery for 22 years in Ridgewood, New Jersey.

The Board feels confident that the American Medical Association is prepared for the challenges of this decade.

Dr. Sammons' Statement

I am today resigning as Executive Vice President of the American Medical Association. I am relinquishing my duties 10 months earlier than I had intended to because I am con-

vinced that the AMA should focus on the future now and not wait until I go — as planned. The judgments which will have to be made over the next year by the Board, House of Delegates, and Executive Vice President, will affect the Association and the profession for years to come. I have had my 15 year tenure. Its legacies, I hope, will be judged to have benefited the profession. It is important that we delay no longer in looking ahead with new leadership toward the new decade.

I want to express my deep appreciation for the opportunity of having served the profession. I want to express my deep gratitude to the Board of Trustees, House of Delegates, and all of my friends in medicine for their support over the years. I am proud of my service and my Association.

"We're in a Time of Change"

The January 20 Leadership Conference organized by WSMA attracted over 200 members from around the state. Nearly 20 PCMS members attended the session that featured AMA president, **Alan Nelson, M.D.**, as the keynote speaker.

Dr. Nelson said "We're in a time of change." Regarding medical care, he quoted columnist George Will, "What do people want? They want it all." Dr. Nelson concluded, "We cannot permit the system to become a utility."

Governor Booth Gardner was the luncheon speaker and he had a lot on his mind. He stated quite emphatically that, "There will be changes in the near future, because there are too many young pregnant girls who can't find care and too many people without health insurance." He said, "health care has placed the state in financial distress, 17% of the state's population, 735,000 do not have health coverage. Health care now consumes 14% of the state's revenue and it is estimated that by the year 2000 it will be 23% without the addition of any new programs."

At the January 21 WSMA Board of Trustees meeting, past president, **George Schneider, M.D.**, Spokane, urged Board members to get the word out to the membership that "times are changing, and it requires all physicians to become involved in the process or be left at the starting gate."



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PCDS Awards Dr. Torgenrud Honorary Membership

The Pierce County Dental Society awarded PCMS member **Terry Torgenrud, M.D.**, Honorary Membership in the Dental Society for leading the effort to fluoridate Tacoma's water supply.

Making the presentation at the Dental Society's January 18 Membership Meeting was Dr. Dan Gallagher who had represented the Dental Society on the Committee for Better Dental Health. Torgenrud chaired the Committee for nearly five years. Dr. Torgenrud was presented with a beautiful plaque for all the time and effort he had devoted to the campaign.

PCMS staff members Sue Asher and Doug Jackman were also honored for their efforts in the fluoridation campaign.

AMA Calls for Waiting Period Before Firearm Purchases

Physicians are deeply concerned about the tragic firearm fatalities that are taxing our overburdened health care system. That's why the AMA is calling for legislation requiring at least a one-week waiting period before the sale, delivery, or transfer of any firearm in the U.S.A. A one-week waiting period would not prevent legitimate purchases of firearms. But it could greatly reduce spur of the moment purchases and sudden, violent uses of guns. The AMA voiced its concerns in a recent letter to the Senate.

Dr. Klatt Testifys on Universal Health Care

Gordon Klatt, M.D., PCMS President, testified on Representative Braddock's Universal Health Care before the House Health Care Committee on January 15. Dr. Klatt objected to the bill because, "It may be a quick fix to a very complex problem." He went on to say that, "I think (the system) desperately needs to be fixed." The testimony

was delivered before a full committee room of interested onlookers. Braddock's Committee held two other meetings on the bill, one in which they listened to the representatives of the British Columbia health system and one which allowed public testimony. (See below — Bradock Bill Update)



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Braddock Bill Update

Representative Dennis Braddock, Chairman of the House Health Care Committee, House Bill 2252, that would have set up a commission to develop and implement a Universal Health Care System similar to the British Columbia government-run system, was reduced to a study by the Committee on January 25.

A Commission will be established that will study problems relating to

health access, health care costs, and quality of health services. The primary focus of the new commission will be to find ways to control costs. Braddock contends that rising medical costs are at the root of the problems of an estimated 750,000 people in Washington who do not have health insurance.

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PCMS Cruise Highlights

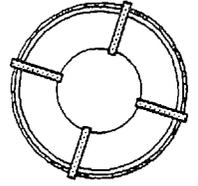
On Saturday, January 20 participants in the PCMS sponsored Mexican Cruise organized by **Gordon Klatt, M.D.**, President, left from Seattle-Tacoma airport. After a flight to Los Angeles and a bus ride to the Pier, the travelers boarded the Fair Princess for a seven-day voyage to Mazatlan, Cabo San Lucas, and Puerto Vallarta. The tourists enjoyed fine dining, entertainment and the blue skies and seas of Mexico.

Highlights of the cruise included excellent entertainment at the 50's Rock N'Roll Party. Elvis Presley (**Peter Kesling, M.D.**) was one of the headliners. Cruisers rocked with Elvis and found that his music is still tops and his style remains provocative even though he hasn't per-

formed much in recent years. Also featured was Leslie Gore (**Mrs. Patty Kesling**) performing with the Gorettes her famous hit tune "It's My Party And I'll Cry If I Want To". Leslie cried copious tears as she entertained the audience.

Other highlights.... it was rumored that **Robert Winegar, M.D.**, spent most his time shopping as he found bartering with the Mexican merchants very enticing...the rumor will also *suspects* that **Clyde Koontz, M.D.**, lost at the 21 Table the entire \$500. that his wife, **Sydna**, won at Bingo—or maybe even more that we don't know about?...PCMS President **Dr. Klatt and his wife Trudy**, are known to have won a bottle of champagne for their expert

dancing abilities, and poor **Carole Winegar** is still trying to figure out how to beat her husband at gin rummy.



Well, maybe another PCMS sponsored cruise in the future will add your name to the highlights. If you are interested, please call the Medical Society office, 572-3667, and let us know your preference for when and where you would be interested in vacationing. Group discount rates through the travel agent are available for Society sponsored cruises.



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SUPPORT GROUPS AVAILABLE

PCMS Executive Committee Approves Contributions

At its December 19 meeting, the Executive Committee approved the contributions of \$500 to the WSMMA Teen Health Forum and \$350 to the Tobacco Addiction Coordinating Council.

Sharon Ann Lawson, Immediate Past President of WSMMA, organized the first Teen Health Forum, "Choice, Not Chance," held last year which attracted over 500 middle school students and staff.

The forum will be held April 17 on the campus of Central Washington

University in Ellensburg. Topics this year will be Personal Loss and Fitness For Life. The forum theme "Choice, Not Chance" will be the focus of all presentations.

The Committee also voted to award \$350 to the Tobacco Addiction Coordinating Council to support its efforts in lobbying for tobacco legislation in the 1990 legislature. Several important bills will be considered during the session -- particularly distribution of free samples and selling of individual cigarettes in convenience stores.

PCMS Mailing Label Policy

At their February 6 meeting, the Board of Trustees unanimously adopted a policy regarding release of PCMS mailing labels. The new policy defines price, purpose, and conditions for release of labels. Such as:

- labels will be released to PCMS members at cost — \$25.00 per list
- labels will be released to for-profit and non-profit organizations for the express purpose of announcing a continuing medical education activity or distributing medical education material. The cost for non-profit organizations is \$50.00; the cost to for-profit organizations is \$100.00.

Other specifications of the policy are that labels will not be released to political candidates or campaigns, unless the request is from a PCMS member. All requests must be prepaid, in writing, and except from PCMS members, must include a copy of all material to be mailed.

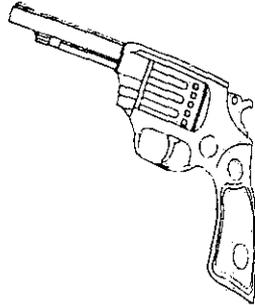
AMA Wants Your Help in Reducing Childhood Firearm Accidents

Unintentional firearm accidents are the fourth leading cause of death in children aged fourteen and under. One study shows that most unintentional firearm deaths among children result from guns left loaded and not locked up. To reduce the number of such incidents, the AMA Board passed a resolution that encourages physicians to educate the public about firearm safety. Here's what you can do to childproof the

homes of your patients:

- ask about the presence of household firearms
- educate your patients about the dangers of firearms
- ask your patients to instruct their children and neighbors about firearm safety, and
- remind patients to obtain firearm safety locks, store guns under lock and key, and keep ammunition separate.

The AMA is also working with state medical societies and other organizations to raise public awareness of firearm safety.



Dr. Lawley and Dr. Liewer Retire after 34 Years of Pierce County Practice

Tom Lawley, M.D., announced his retirement effective February 1. Dr. Lawley has practiced Ob/Gyn in Pierce County since January 10,

1955. He graduated from Dartmouth College in 1941 and the University of Rochester School of Medicine in 1944. Prior to settling in Tacoma, Dr. Lawley practiced medicine in San Francisco, California.

the State University of Ohio in 1956 and did his internship in General Practice at St. Joseph Hospital in 1956-57.

Dr. Liewer served on the Board of Trustees in 1971, and has served on the Ethics Committee, Personal Problems of Physicians Committee, and several other committees as well as numerous hospital committees. The Society wishes Dr. Liewer and Dr. Lawley an enjoyable and healthy retirement.

Dr. Lawley practiced active obstetrics until 1988 helping a large number of Medicaid patients attain quality obstetric care.

John (Jack) Liewer, M.D., has announced that he will be retiring March 2. Dr. Liewer graduated from

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Stanley Tuell Appointed to State Board

Stanley Tuell, M.D., PCMS President in 1963 and current Chairman of the Bylaws Committee, was appointed by Governor Booth Gardner to the State Board of Medical Examiners.

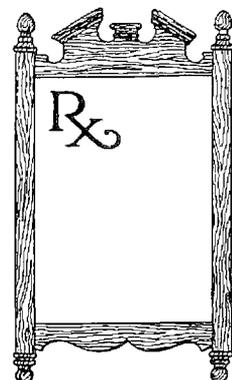
The December appointment came as a result of Dr. Tuell being recommended by the Pierce County Medical Society and the Washington State Medical Association. Tuell will replace George Tanbara, M.D., whose five-year term on the board has expired. The Board of Medical Examiners sets policies governing the granting of licenses to physicians entering practice in the state.

The Tacoma native retired in 1986 after 33 years of private general surgery practice. He continues to be active in the Society and the medical community.

Dr. Tuell serves on the Editorial Board of the Society's publications and Chairs the Society's Bylaws Committee. His Committee was responsible for a 2 1/2 year effort that totally revised the Bylaws.

His wife, Stephanie, is an active member of the Auxiliary and was a stalwart Tel-Med volunteer when the Society had the Switchboard in its office.

Advanced Nurse Practitioners Seek Prescription Writing Authorization



Washington is among several states where advanced nurse practitioners are seeking state legislation to expand their scopes of practice by obtaining prescription writing authorization.

Many feel that this expansion into medical practice is inappropriate, even if under established protocols with collaborating physicians. The nurses argue that access to health care will be improved if they can prescribe. Typically, the State

Board of Nursing is given authority to regulate this area with minimal input from the Board of Medicine or Pharmacy.

While the additional training in a specialty area such as obstetrics, anesthesia, pediatrics, psychiatric, or family practice makes nurse practitioners more knowledgeable than other nurses, it in no way qualifies them to be physician substitutes. Certified registered nurse anesthetists are the strongest advocates

for prescribing privileges.

They see it as a necessary step to direct reimbursement and dilation of physician medical direction requirements.

This unrestricted practice of medicine by non-physicians poses great potential harm to patients.

Average Professional Liability Premiums Paid By Self-employed M.D.'s, 1985-88

Average premiums (in thousands)

Average Annual
rate of change

	1985	1986	1987	1988	1985-88
All Physicians	\$10.5	\$12.8	\$15.0	\$15.9	14.8%
Family Practice	6.8	7.3	8.9	9.4	11.4
Internal Medicine	5.8	7.1	8.4	9.0	15.8
Surgery	16.6	21.3	24.5	26.5	16.9
Pediatrics	4.7	6.3	7.1	9.3	25.5
Ob-gyn	23.5	29.3	35.3	35.3	14.5
Radiology	8.9	10.4	9.5	12.4	1.7
Psychiatry	2.5	3.4	3.8	4.4	20.7
Anesthesiology	17.9	20.5	22.9	23.6	9.7
Pathology	3.1	4.4	6.2	4.9	16.5

*Excerpted from January issue of JAMA.

House Sitters

A perennial problem for members leaving on vacation is trying to find a house sitter. The Society is willing to be a clearing house for names of house sitters that you have used and found to be reliable. This would be a great service to your colleagues. Please submit your names by calling 572-3667 or write Doug Jackman, *Pierce County Medical Society*, 705 S. 9th, Suite 203, Tacoma WA, 98405.

PCMS and MAMC Discuss Trauma Care

On February 1, **Gordon Klatt, M.D.**, PCMS President, and staff met with **General John Hutton**, Commander of Madigan Army Medical Center; **Major Chris Kaufmann**, Surgeon; and **Major Claude Gatrell**, Emergency Medicine to discuss trauma care in Pierce County.

Dr. Klatt reviewed the current trauma care situation as well as the report of

the Trauma Committee appointed by the legislature.

As a direct result of this meeting, PCMS is calling together the leadership of the medical community to discuss the feasibility of Madigan and the medical community collaborating to enhance trauma care in Pierce County.



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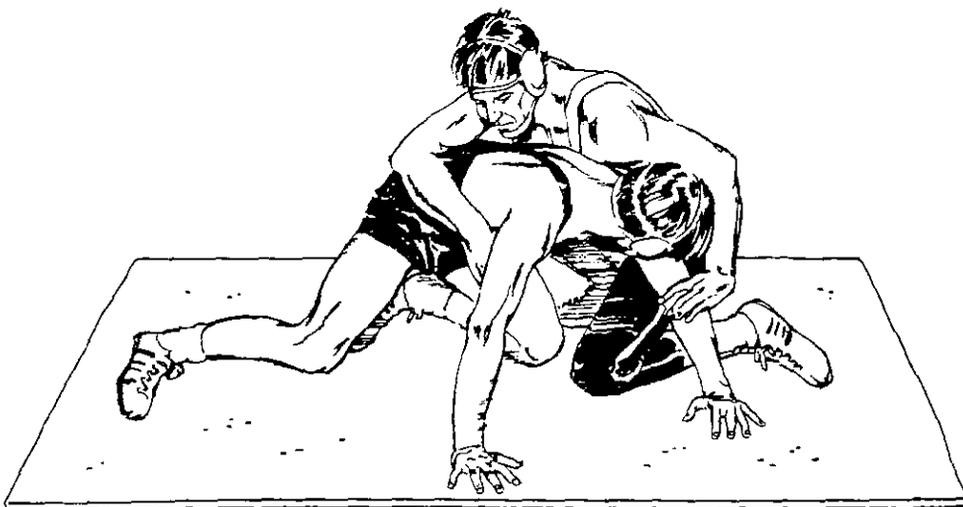
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**Wade
Lillegard, M.D.**

on

**Wednesday
March 28**

**7:00 a.m.
- 7:45 a.m.**



at

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314 South K Street**

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please call 572-3666

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Pierce County Medical Society

PCMS March Meeting Schedule

DAY	DATE	EVENT/MEETING	TIME	PLACE
Tuesday	6	Board of Trustees	6:30 p.m.	St. Joseph Hospital
Wednesday	7	COME Board Meeting	7:00 a.m.	St. Joseph Hospital
Thurs-Fri	8-9	Internal Medicine Review	7:00 a.m.	Jackson Hall
Tuesday	13	General Membership Meeting	6:00 p.m.	Fircrest Golf Club
Wednesday	14	Credentials Committee	7:00 a.m.	Allenmore (Drs. Dining Room)
Thursday	15	Grievance Committee	7:00 a.m.	Tacoma General Hospital
Friday	16	Sports Medicine Committee	7:00 a.m.	MBCH
Tuesday	20	Executive Committee	7:00 a.m.	MBCH
Wednesday	21	Public Health/School Health	7:00 a.m.	Tacoma Dome Hotel
Wednesday	21	Medical Library Board	5:30 p.m.	Tacoma General Hospital
Thursday	22	EMS Committee	7:00 a.m.	MBCH (Lg. Bd. Rm.)
Friday	23	Minority Health Affairs	7:00 a.m.	Tacoma General Rm. #4
Thursday	29	M.B.I. Board Meeting	7:00 a.m.	Allenmore (Drs. Dining Room)

C.M.E.-Ski Meetings

Drs. Tosh Akamatsu, David Wilhyde, George Gilman, and Tom Miskovsky participated in the Rainier Educational Emprize meeting in Nakusp, B.C., Canada. These physicians and Bill Jackson, M.D., participated at Schladming, Austria the previous year. If you are interested in participating in future education-ski meetings in Canada and Europe, please contact Dr. Tosh Akamatsu at 572-4619.



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Are You Picking Enough Daisies?

I read this poem a few months ago, and it has remained prominently on my desk ever since. In addition to governing some of my thoughts each day, it makes me think about some of my patients and colleagues. 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.

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

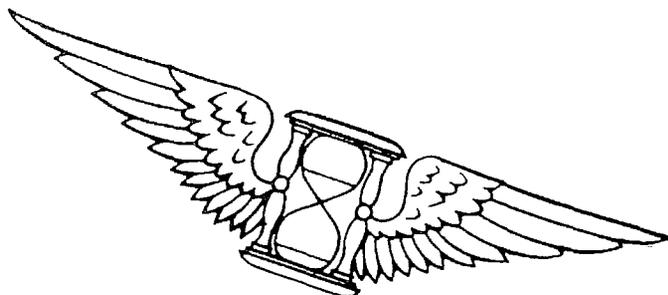
I recall a conversation with a surgeon contemplating retirement from a fine group practice. He told me he had never taken the time to be active other than in medicine, and now he feared the loss of his one activity upon retirement. It may have been too late for him—and many similar colleagues—to pick 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).

*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 problems and fewer imaginary ones.
You see, I am one of these 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.*



*Reprinted from the North Carolina Medical Journal.

Will There Be a Surplus of Physicians?

Contrary to earlier predictions, a new analysis concludes there should not be a surplus of physicians for the foreseeable future in the United States, the January 26 issue of the Journal of the American Medical Association reported.

The latest prediction is based upon a review of physicians' work patterns and their income between 1982 and 1987. Strong evidence arose from this study showing demand for physicians' services rose at least as quickly as the supply of doctors, writes William B. Schwartz, M.D., and Daniel N. Mendelson, M.D., of the Department of Medicine, Tufts University School of Medicine, Boston, Mass.

"Indeed, the data suggests that the demand for physician's services, as measured by hours of patient care and real income, has been rising faster than physician supply," the authors write. "Moreover, a variety of forces is likely to maintain the growth in demand for physicians' services, thus preventing the development of an appreciable surplus."

In the late 1970s, the Graduate Medical Education National Advisory Committee (GMENAC) predicted by this year, the U.S. would have 70,000 more physicians than it needed and 150,000 too many by the year 2000. Other studies since the GMENAC study predicted even larger surpluses.

The data shows each physician is spending more time providing patient care, there was a drop in the number of patient visits, and physicians' aggregate net income

rose 34 percent during that period.

The authors further support their contention that a physician surplus should not take place in the foreseeable future by citing two major physician recruitment studies. The first was a survey of 788 hospitals two years ago, in which 60 percent of those responding said they were actively recruiting physicians or planning to within the next year. The second study, conducted last year, showed about half of medical groups with three or more physicians looking, or planning to look, for more physicians.

"A rapid rate of technological change, the growth and aging of the population, an increase in the number of cases of acquired immunodeficiency syndrome, and the likely extension of health insurance coverage to the uninsured are likely to maintain a rate of increase in demand of at least 2.2 percent per year, the historical rate of growth in demand seen in health maintenance

organizations, and perhaps, a rate that is even higher," the authors write.

They add their predictions may not come true if extensive health care rationing occurs.

In an accompanying editorial, Alvin R. Tarlov, M.D., of The Henry J. Kaiser Family Foundation, Menlo Park, Calif., says the authors incorrectly applied standard economic theory to the question of physician surplus.

Tarlov writes, "increasing hours worked, increasing numbers of patients seen, and increasing income per physician can be viewed as indicators of increasing use rather than as an authentic rise in demand."

*Excerpted from 1/26/90 issue of JAMA.

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The HIV/AIDS Program Answers Your Questions

Is training required to perform HIV/AIDS counseling?

Specific training on AIDS counseling, pretest counseling, or posttest counseling is not required for health care professionals who order or prescribe a test for evidence of infection with HIV.

Such training is recommended, especially for health care providers

How long should HIV/AIDS counseling take?

The time required for HIV/AIDS counseling, pretest counseling, or posttest counseling is dependent on several variables. The time required may only be five minutes or may be more than an hour. The most important variables include: risk status of the patient, the patient's prior knowledge of HIV/AIDS, and if

patient with multiple risk factors may require extensive risk reduction education.

Some patients, because of prior reading, calling HIV/AIDS hotlines, or prior HIV testing are quite knowledgeable about HIV/AIDS. A review of the individual's risk factors, the risks and benefits of HIV testing, and a reinforcement of risk reducing behaviors may be sufficient to meet patient needs and the requirements of law.

Finally, where HIV counseling/testing is being offered as a separate service, the time requirements for this service will appear greater. As part of a sexually transmitted disease examination, those time requirements will appear less, as those services share certain risk assessment and risk reduction education elements.

— Mimi L. Fields, M.D., M.P.H.,
Assistant Secretary, HIV/AIDS and
Infectious Diseases
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servicing persons whose behavior may increase their risk of HIV infection and for health care providers who are not otherwise prepared to deal sensitively with issues such as sexuality, drug use, and HIV risk reduction. The need for training can best be judged by the principal health care provider or health care facility administrator in consultation with a qualified HIV/AIDS counseling trainer.

Service providers who routinely offer HIV risk reduction counseling and testing should have staff specifically trained and have a quality assurance program in place. Preliminary results of a study of trained HIV/AIDS counselors in Washington State suggest risk assessment and risk reduction education deficiencies. Training is not a substitute for quality assurance. Training assures the counselor has been exposed to the necessary skills and knowledge, not that those skills are practiced or the knowledge shared.

HIV/AIDS counseling/testing is being offered separately or as part of a full range of health care services.

Washington Administrative Codes require HIV/AIDS counseling to be based on the individual's risk factors. A patient who is deemed "virtually at no risk of infection" requires few of the risk reduction messages. Risk reduction education, therefore, could be very brief. Conversely, a

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Auxiliary Meeting Notice

"Prevention and Early Intervention of Drug and Alcohol Abuse" is the topic of the next general membership meeting — Friday, March 16, 10:00 a.m. at the United Methodist Church, 1919 West Pioneer, Puyallup, Washington.

Our speaker, Elizabeth Noods Frausto, M.S.W., has worked in the drug prevention field for ten years. She currently contracts with Pierce County Social Services to provide coordination and technical assistance to schools and communities to help them develop prevention and early intervention programs, conferences, and seminars.

Please join us for this timely discussion, that in one way or another, touches all of our lives.

Choice, Not Chance

PCMS Auxilians are needed to help prepare for the second annual teen health forum, **Choice, Not Chance.**

Auxilians and physicians are working jointly with the Office of the Su-

perintendent of Public Instruction to offer a day-long health conference for middle school students and staff. Two students and one educator from each public and private middle school are invited to attend. This exciting event is scheduled for **April 17** and it will again be held on the Central Washington University campus in Ellensburg.

The conference topics, Personal Loss and Fitness for Life, were selected after surveying the interests of teens, school staff, physicians, and auxiliarians. Development of these issues will include information on disease prevention and mental health. Mimi Johnson, M.D. (Kirkland), and Douglas Shadle, M.D. (Wenatchee), will present the two large workshops. Other health professionals will facilitate small group discussions on specific subtopics.

The forum theme, Choice, Not Chance, will be the focus of all presentations. Nancy Thies Marshall, former U.S. Olympic gymnast, is our keynote speaker. She will set the tone for the day emphasizing the



Watch Your Mail for Important Information April 1!

need to be receptive to accurate information in order to make responsible decisions for a healthy life.

The Auxiliary plans to increase attendance to 800 plus participants this year. Your help is needed. We need you to contact the middle schools in your community to encourage participation. This can be done by phone or in person. Even though schools receive triple mailings about the forum, the notice often fails to reach the right "motivated" persons. Let's get as many Pierce County teens as possible to the forum. If you can devote 2-4 hours during one school day, please call Jo Roller (752-6825) or Alice Wilhyde (572-6920).

PCMS Auxiliary has assumed the responsibility for processing the conference evaluations. Please call Jo or Alice if you can assist with tallying answers.

Graduating Seniors

The Medical Society and Auxiliary would like to recognize our sons and daughters who are graduating 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 Patty Kesling/3720 Horsehead Bay Dr. N.W./Gig Harbor, WA 98335.

This information must be received by April 1, 1990.

Student's Name: _____
School: _____
Home Address: _____
Parent's Name(s): _____
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- Emergency Department/Ambulatory Care. Civilian opportunities at the Naval Hospital - Bremerton, WA. Full time EM/FP/IM with ACLS and ATLS certification. Contact David C. Jester, D.O., EMAC Medical Director, Naval Hospital - Bremerton, Boone Road, Bremerton, WA 98312, (206) 478-9585 or (206) 478-9322.

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PHYSICIAN RETIRING - For sale - reception room furniture, 2 exam rooms of furniture will be available 5/1/90. Contact Dr. Judd at 584-5559(wk.) or 588-2686(hm.).

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Moving

(Continued)

profit subsidiary of PCMS, Membership Benefits, Inc., allowing for tax benefits. The new building will provide space for future growth, as well as rental income to help defray the

monthly mortgage obligation. The Pierce County Dental Society has become the first tenant.

Moving day will be April 1. Renovation will be taking place during the month of March prior to occupancy. The new Society office remains

central to the major hospitals and many medical offices in town. With a new conference room available to seat approximately twenty people, it is hopeful that more meetings will be able to be scheduled at the Society office.



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Health Access America

The AMA Proposal to Improve Access to Affordable, Quality Health Care

The AMA is embarking upon an intensive campaign aimed at giving the medically vulnerable—the uninsured, underinsured and the uninsurable—ready access to what other Americans already enjoy—the world's most advanced medical health system.

"Health Access America" was previewed for physicians and

Federation staff at the AMA's National Leadership Conference in Phoenix, Feb. 24-26. It is a formidable 16 point proposal that is expected to dominate the Association's activities for several years.

The foremost objective of the campaign is to stimulate enactment of legislative and other programs to assure affordable coverage of quality health care services for the 33 million Americans who now lack either public or private health insurance. Comprising about 70% of this uninsured group are 24 million working individuals and their families. Another three million Americans are

considered "medically uninsurable". AMA's multi-faceted plan envisions expanding access to health care coverage to all Americans while undertaking actions to control inappropriate costs and reduce paperwork and bureaucracy.

Here are the 16 objectives of Health Access America:

- 1) Effect major Medicaid reform to provide uniform adequate benefits to all persons below the poverty level.
- 2) Require employer provision

(Continued on page 4)

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April 17 General Membership Meeting Rescheduled

Due to a conflict with the Annual Meeting of Pierce County Medical, the April 17 General Membership Meeting has been rescheduled.

If you have pre-registered and this poses a conflict with your schedule, please call the PCMS office for reimbursement.

Stuart Farber, M.D. will present "Palliative Medicine; An International Experience — Is Pierce County Ready for It?" at a Fall General Membership Meeting.

President's Notes

On February 24-26, 1990, Dr. William Marsh, Doug Jackman and I attended the American Medical Association Leadership Conference in Phoenix, AZ as representatives of the Society. We were also joined by Dr. Eileen Toth, Internist, and President of the Allenmore Medical Staff.

It was an intensive two and one-half days of meetings on many aspects of organized medicine. Many sessions were focused on developing and improving leadership skills; however, the primary thrust of the meeting was the unveiling and dis-

ussion of the AMA's proposal to improve access to affordable, quality health care.

This proposal, which was released publicly on March 7, is entitled "Health Access America" (See front page), and contains sixteen "points of action". These "points of action" will be the original focus of discussions with national, business, legal, government, insurance and patient advocate groups. Together they will attempt to solve the access and cost problems of health care in this country.

The concept that practicing physicians have an opportunity and obligation to help solve this national problem was discussed very eloquently by Dr. C. Everett Koop,

former U.S. Surgeon General. His presentation convinced me that he is truly a medical statesman and continues to represent our profession well.

Upon returning to my practice, it became more obvious to me that each of us must become involved in helping to solve these problems. If we do not, then we are a big part of the problem and will not have a chance to control our own destiny.

PCMS has purchased the AMA Leadership Conference audio tapes for you to enjoy at no charge. Please take a moment to look over the tapes (below) and call 572-3667 to reserve your tape. ♦

—GRK

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PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community.

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. We welcome and invite your letters, comments, ideas and suggestions.

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AMA Leadership Conference Audio Tapes

Tapes are available through the PCMS office on several presentations given at the AMA Leadership Conference in Phoenix, Arizona in February. Speakers on all the topics were national leaders in their field. If you would be interested in hearing one please call the Medical Society office at 572-3667.

90 Years of Progress

— Speaker Michael DeBakey, M.D. and George H. Poste, Ph.D., DVM, ScD, President, Smithkline Beecham Pharmaceuticals. The speakers examined our unique health care system and the remarkable medical advances it has fostered. Presentation by Dr. Poste is particularly fascinating and enlightening.

Bridging the Gap

— The tape consists of a series of panelists describing a number of existing programs that demonstrate that the medical profession can regain the public's trust.

Quality Parameters

— Can medical practice parameters help assure high quality patient care while decreasing overutilization? How can they be applied to medical care, payment and physician liability? Peter Bouxsein, J.D.

Profession Self-regulation

— A look at the controversial issues — professional, legal, political — involved in medical self-regulation.

Understanding Our National Priorities

— A growing number of interests must compete today for increasingly scarce federal funding. How can we set priorities among education and housing, health care and defense? A panel of experts offer their views.

Rationing Care

— Health care rationing may be explicit or implicit, its effects both practical and ethical. Experts in medical ethics discuss the implications of such rationing for the providers and recipients of health care services.

Current Trends In Risk Management

— Find out about recent developments that promise to affect the practice and profession of medicine.

Medicine in the Courts

— Supreme Court Justice Blackmun has played a key role in Supreme Court decisions that help shape today's medical practice. He shares his views on the ever-changing relationship between medicine and the courts. ♦

Mark Your Calendar!

College of Medical Education

Sun Valley CME Registration Underway

Registration for the Sun Valley CME program in 1991 has begun. Sponsored by the College of Medical Education, the conference will be held at Elkhorn Resort and is scheduled for February 27, 28, March 1, 2 and 3, 1991.

To assure space in the conference, to arrange for the best lodging at reduced rates, and to secure limited air transportation at convention rates, those interested should plan to register soon. Registration packets have been mailed only to those Pierce County Medical Society Members who returned the initial Sun Valley CME Survey. Other PCMS members may receive registration and lodging information by calling the College at 627-7137.

The conference offers a quality CME program (12 Category I Credits) as designed by program coordinators Mark Craddock, M.D., Stuart Freed, M.D., and John Lenihan, M.D.

Lodging has been arranged at Sun Valley's Elkhorn Resort and offers considerable savings for hotel rooms and condos. Reduced rates have also been arranged for flight reservations. However, as air service is limited, conference participants are urged to reserve space now. For lodging and flights, the negotiated savings is good immediately before and after the conference for those who wish to extend their visit.

Unlike large national CME meetings, which are expensive and provide lit-



tle fellowship, this program offers an opportunity for PCMS members and their families to get away from the office and enjoy one of the most beautiful spots in the country.

Also planned is a pre-conference wine and cheese reception, a lunch and fashion show, sleigh rides, dinners and breakfast each morning for all conference participants. ♦

Surgical Club

The 59th Annual Meeting of the Tacoma Surgical Club, featuring dissections, surgical demonstrations, and lectures, is scheduled for April 13 and 14 at University of Puget Sound's Thompson Hall.

The program is coordinated by Chris

Jordan, M.D. and sponsored by the College of Medical Education. As in the past, the dissections and surgical demonstrations will be held on Friday, April 13 from 1:00 p.m. to 5:00 p.m. and on Saturday, April 14 from 8:00 a.m. to 9:00 a.m. Lectures,

featuring local speakers, will follow Saturday until about 4:00 p.m. and will offer Category I CME credits.

Social events for club members are scheduled for Friday and Saturday evenings and require reservations. ♦

C.O.M.E. Program Schedule

DATE(S)	PROGRAM	DIRECTOR(S)
Fri., Sat., April 13 & 14	Tacoma Surgical Club	Chris Jordan, M.D.
Fri., April 27	Dermatology	Barbara Fox, M.D. James Komorous, M.D. David Brown, M.D.
Thurs., Fri., May 10 & 11	Aggressive Musculoskeletal and Spinal Evaluation, Treatment and Rehabilitation	Edgar Steinitz, M.D.
Mon., Tues., June 25 & 26	Advanced Cardiac Life Support	James Dunn, M.D.

Dermatology

The College's Dermatology Program is scheduled for Friday, April 27 in Jackson Hall. Organized by Barbara Fox, M.D., Davide Brown, M.D., and James Komorous, M.D., this full day program will provide an update on pertinent dermatologic subjects including dysplastic nevi; cutaneous manifestations of AIDS; psoriasis and other papulosquamous diseases; a practical approach to acne; genital warts; and common dermatologic procedures. Guest lecturers from the University of Washington will be included.

For registration information, call the College at 627-7137. ♦

Health Access (Continued)

of health insurance for all full-time employees and their families, creating tax incentives and state risk pools to enable new and small businesses to afford such coverage.

- 3) Create risk pools in all states to make coverage available for the medically uninsurable and others for whom individual health insurance policies are too expensive and group coverage is unavailable.
- 4) Enact Medicare reform to avoid future bankruptcy of the program by creating an actuarially sound, prefunded program to assure the aging population of continued access to quality health care. The program would include catastrophic benefits and be funded through individual and employer tax contributions during working years. There would be no program tax on senior citizens.
- 5) Expand long-term care financing through expansion of private sector coverage encouraged by tax incentives, with protection for personal assets, and Medicaid coverage of those below the poverty level.
- 6) Enact professional liability reform essential to reducing inordinate costs attributable to liability insurance and defensive medicine, thus reducing health care costs.
- 7) Develop professional practice parameters under the direction of physician organizations to help assure only appropriate, high quality medical services are provided, lowering costs and maintaining quality of care.
- 8) Alter the tax treatment of employee health care benefits to reward people for making economical health care insurance choices.

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Laparoscopic Laser Cholecystectomy --

a remarkable new procedure that could save patients weeks of painful recovery by eliminating the major abdominal incision -- is now being performed at Puget Sound Hospital.

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By using four small puncture incisions instead of the traditional long abdominal incision, most patients are out of the hospital the next day, and back to work and other normal activities within a week.

Estimates are that up to 90% of patients facing cholecystectomy due to gallstones or other disease could benefit from the Laparoscopic Laser procedure.

For more information on the Laparoscopic Laser procedure, or to make a patient referral, please call Dr. Glenn Deyo at 756-8560. For information on Puget Sound's Laser Center call Bruce Brandler at 474-0561.

- 9) Develop proposals which encourage cost conscious decisions by patients.
- 10) Seek innovation in insurance underwriting, including new approaches to creating larger rather than smaller risk spreading groups and reinsurance.
- 11) Urge expanded federal support for medical education, research and the National Institutes of Health, to continue progress toward medical breakthroughs which historically have resulted in many lifesaving and cost effecting discoveries.
- 12) Encourage health promotion by both physicians and patients to promote healthier lifestyles and disease prevention.
- 13) Amend ERISA or the federal tax code so that the same standards and requirements apply to self-insured (ERISA) plans as to state-regulated health insurance policies, providing fair competition.
- 14) Repeal or override state-mandated benefit laws to help reduce the cost of health insurance, while assuring thorough legislation that adequate benefits are provided in all insurance, including self-insurance programs.
- 15) Seek reductions in administrative costs of health care delivery and diminish the excessive and complicated paperwork faced by patients and physicians alike.
- 16) Encourage physicians to practice in accordance with the highest ethical standards and to provide voluntary care for persons who are without insurance and who cannot afford health services.

1990 Directory Changes

Allenmore Hospital

Specialty Services (pg. 156) the correct Main Hospital Number is: 572-2323 NOT 752-2323.

Brandt Bede, M.D.

Correct physician's only phone number is 272-3670.

Steven Brack, D.O.

Change from M.D. to D.O.

William Bulley, M.D.

Correct home phone number is 840-9404.

Robert Ferguson, M.D.

Delete insurance address.

Robert McAlexander, M.D.

Where it reads "To schedule at all Labs call . . ." the correct Suite number is 10. His actual office is in Suite #201.

Jessop McDonnell, M.D.

Correct office phone number is 272-5525.

George Macha, M.D.

Correct home phone number is 752-4043.

Craig Rone, M.D.

Delete the Answering Service number.

The following physicians (Cedar Surgical Associates) are no longer in Suite #204 — They are now in Suite #303:

Stanley Harris, M.D.
Chris Jordan, M.D.
Ronald Taylor, M.D.
Carrie Thoms, M.D.

The following physicians Accept Referral Patients Only:

Patrick Hogan, D.O.
James Griffith, M.D.

The following physicians have retired as of 12/31/89:

John Colen, M.D.
Thomas Lawley, M.D.
Edward McCabe, M.D.
Charles McGill, M.D.
Michael Morrell, M.D.

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Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. 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.

Kirk E. Rue, M.D.

Anesthesiology. Born in Los Angeles, 05/10/50. Medical school, Loma-Linda University, 1975; internship, University of Washington, 1977; residency, University of Washington, 1979; graduate training, Kings College, London, 1987. Washington State License, 1978; board certification, Anesthesiology, 1981. Dr. Rue is practicing at 314 South K Street.

Daniel P. Coffey, PA-C

Physician's Assistant. Born in Chewelah, WA, 11/04/47. Physician's Assistant Program, Yale University, 1978. Washington State License, 1988. Mr. Coffey is assisting Dr. Kevin P. Schoenfelder at 1515 South K Street.

NEWS BRIEFS

Bylaws Revision

The following revisions in the Medical Society Bylaws were recommended by the Bylaws Committee to the Board of Trustees of the Medical Society for approval: The Board of Trustees at its March 6 meeting approved the recommended changes. Approval of these changes will be voted on at the May 8 General Membership Meeting of the Medical Society.

Rationale:

There are 42 osteopaths who practice in Pierce County and 14 of those 42 are currently members of the Medical Society. A survey indicated many nonmembers would join the Medical Society if they were not required to join the Washington State Medical Association. They would prefer to belong to the Washington Osteopathic Medical Association.

Pierce County Medical Society Bylaws require membership in the Washington State Medical Association. Dues to WSMA are \$418. The Washington Osteopathic Medical Association dues are \$550. This places a considerable financial burden on our osteopathic colleagues who want to belong to WOMA.

The following Bylaws amendments would give osteopaths the option of belonging to either the WSMA or WOMA. However, the member would be required to belong to one of the state organizations. The amendments will be brought before the May 8 General Membership Meeting for a vote. Additions are underlined. They are:

1. In Chapter III, Section 1, A., a., iv., change the wording to read:

iv. maintain membership in the Washington State Medical Association or the Washington Osteopathic Medical Association.*

2. In Chapter IV, Section 5, amend to read as follows:

The President, President-Elect, Vice President, Immediate Past President, Secretary-Treasurer, and the appropriate number of trustees selected by the President and approved by the Board, shall serve as delegates from this Society to the Washington State Medical Association House of Delegates; provided, that no member who is not a member of the WSMA shall be eligible to serve as a delegate to the House of Delegates of the WSMA.

* _ indicates addition to Bylaws.

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Trauma Care in Pierce County

Dr. Gordon Klatt, PCMS President, called together many of those in trauma care on Friday, March 16 to discuss the options available to Pierce County with regard to trauma care and a designated trauma center.

General John Hutton, Commander, MAMC; Chuck Hoffman, Multicare; and John Long, St. Joseph Hospi-

tal represented the major hospitals. Drs. Bill Martin and Jim Buttorff spoke for the trauma surgeons; Drs. Jim Fulcher, St. Joseph Hospital and Bob Wachtel, Tacoma General and Chairman, EMS Committee represented the neurosurgeons and intensivists respectively.

All those present agreed that the system needs to be reviewed. A subcommittee was named to look more closely at the current situation and come forth with some alternatives and recommendations. Chairing the subcommittee will be Dr. Bill Martin, general surgeon, who has been active in trauma care for several years.

PROs Should Go, Says IOM

The Institute of Medicine had recommended that the excessively "adversarial and punitive" peer review organization program should be abandoned. In a report mandated by Congress, the IOM proposes that PROs be replaced by "Medicare Quality Review Organizations" which would be research and education-oriented.

After a two-year study of Medicare's quality assurance activities, IOM concluded that PROs are "rigid, redundant and unwieldy for providers," and that the regulatory approach PROs use should yield to a system which would provide incentives to physicians and be based on analysis of scientific outcomes.



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Office Building Purchase Completed

On March 16, Dr. Joe Wearn, Secretary-Treasurer for the Society and its for-profit subsidiary Membership Benefits Inc., signed the Deed of Trust and bank loan to complete the purchase agreement. Staff anticipates being in the office by April 3.

The building has a total area of 4,977 sq. ft. and 3,930 sq. ft. of this is office space. Approximately 1,900 sq. ft. will be leased to other parties. The Pierce County Dental Society will be occupying two offices.

An open house is planned when the building is ready to meet the public.

In Memory

James McNerthney, retired obstetrician and gynecologist, died Sunday, February 25, 1990 while vacationing in Mexico. Dr. McNerthney was a lifelong Tacoma resident and a member of the Medical Society since February of 1957. He graduated from Bellarmine, Creighton University and Creighton Medical

School in Omaha, Nebraska. He served in WWII as a naval officer and practiced medicine for 30 years in Tacoma until his retirement in 1986. He was a member of several medical and benevolent organizations. He is survived by his wife, Eloise, and children Michael, Molly, Melissa, Maureen, and Megan.

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Bon Voyage

Once upon a time, a beautiful young girl danced and sang in the fairyland castles of Austria. A handsome American Army officer was captivated by her zest for life and spirited her off to the land of the free. Circumstances dictated that she pursue a vocation and Tacoma General Hospital was most fortunate to obtain her services as Medical Librarian in 1967. Under her guidance, the library became the most used resource in our county.

Pierce County Medical Society met in the auditorium basement of the Medical Arts building. The library was adjacent and was filled with dusty stacks of bound medical journals and outdated books, including all the leather bound journals of the American Medical Association, since the first edition in 1881. Unhappily it was little used and out of the way to the expanding K Street Medical Center and neighborhood medical offices, which proliferated after World War II. Eight hospitals served our county; each with an alcove devoted to a few books and scattered journals duplicating the efforts provided by a limited budget. Circumstances were ripe for a new concept, a Central Resource Library providing a comprehensive library service, including the purchasing of textbooks

and journals, interlibrary loans, computer searches, consultation on educational materials, and a daily courier service between participating hospitals. This did not happen without some effort.

Dr. Lester Baskin recommended closure of the Medical Society Library from his position as Society President. Dr. Glen Brokaw reviewed the existing material, transferred the ancient tomes to the University library, and streamlined the remainder to fit the needs of the practicing physician. Dr. Dick Baronian represented Pierce County Medical Society during the negotiations and Ms. Von Bruck and I travelled the county to meet with the supportive administrators and library chairmen to establish the working relationship between the Central Library and its members. The operation of the consortium began in 1974.

By then it was apparent that Ms. von Bruck had developed the best stocked medical library in the county, with strong research ability via Med-Lars/Med-Line and close working relationship with the Northwest Regional Health Sciences Library. She was visited by librarians from all over the country. She spoke at national meetings and established our

Consortium and our county as being innovative and leaders in medical education.

During these past 20 years, there have been many library chairmen and committee members who have strengthened the library. Each of them deserves an accolade. The library is now a free standing Central Resource Library, governed by a seven-member Board of Directors and under new direction. Ms. von Bruck is retiring, though I doubt that she will be able to remain inactive for long. Her efforts have made a very real difference for the better in our community. We can look back with pride in her accomplishment.

Ms. von Bruck, we thank you.

—Robert A. Kallsen, M.D.

“Rotarian of the Year”

On March 8, the Tacoma Rotary 8 (downtown) Past President, Jeff Lovely, presented Dr. Dumont Staatz the Rotarian of the Year Award for Tacoma 8. Tacoma 8 has 405 members, and annually awards a member who has made a significant contribution to the community for upholding the four-way test of Rotarians.

Dr. Staatz was commended for significant contributions to providing medical care and education to people in Jamaica and Ethiopia. He

has made four trips overseas for several months at a time contributing his time and assuming costs to provide care and education in these Third World countries.

Dr. Staatz graduated from the University of Michigan Medical School in 1943 and received his license to practice medicine and surgery in Washington in 1945. In 1964, Dr. Staatz spent three months on the ship U.S. Hope in Ecuador. He retired in 1986 to, “take more time off.”

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WSMA Agenda Fares Well in '90

WSMA's legislative agenda fared well in the "short" regular session of the legislature that ended Thursday, March 8. Physicians scored significant wins on a number of primary legislative priorities.

As the legislature resumed business in special session on Friday, March 9, Gov. Booth Gardner called for legislators to create a commission on health access and cost, a move the WSMA supports. His call came on the heels of an announcement by the House and Senate leadership at the end of the regular session that they are close to signing a joint resolution to establish the commission.

The legislature's ability to reach agreement on a commission has been sorely tested. Early in the session, a revised version of the Braddock bill (HB 2252) — calling for a commission to study a single payor system — passed out of the House handily. The Senate Health and Long Term Care Committee eventually performed major surgery on the bill, transforming it into a comprehensive, balanced and reasonable commission, appointed by the governor with all interested parties represented. But that reworked measure was promptly submerged by Senate Republican leadership.

As of this writing, a balanced commission appears likely, but if lawmakers ultimately fail to act, Govern-

nor Gardner has said publicly that he will.

WSMA supported bills that passed and now await gubernatorial signing:

Trauma Reform (SB 6191) — This bill will promote regional trauma plans; establish standards for trauma services statewide; and develop educational programs and patient outcome measures. Hospital trauma center designation will start in summer 1993.

One provision of the bill, not related to trauma, will allow physicians in residency and post-graduate programs at the University of Washington to be granted temporary licenses.

Basic Health Insurance (SB 6834) — This measure will allow health care insurers to offer a truly basic benefit package to groups of 25 full-time employees or fewer. The package

need not include any "mandated benefits" but must pay for hospital care and services from a physician or an osteopath.

The bill forbids employers from changing in mid-stream from a plan of broader coverage to a new basic plan. Employers can offer supplemental packages to employees.

WSMA-opposed bills that died include key licensure issues:

Chiropractic Scope of practice (HB 1492) — This measure, which would have broadly expanded the scope of chiropractic practice, died in the Senate Ways and Means Committee. It had passed the House by a wide margin and the Senate Health and Long Term Care Committee by a 5 to 2 vote (Sens. West and Wojahn voted to oppose) before being referred to the Ways and Means because of its significant fiscal note.



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Recommendations of the Prenatal Care Committee

The Prenatal Care Coalition was developed in response to the prenatal care crisis in Pierce County. One of its charges is to respond to the Maternity Access Law which requests designated distressed areas to submit a county report. This coalition is an extension of the Prenatal Care Challenge Committee that was appointed by the Tacoma-Pierce County Board of Health to study problems with access to prenatal care and recommend solutions for our community. It is co-chaired by Dr. John Coombs and Mr. Tom Hosea, Vice-President, Puget Sound Bank.

The recommendations of the Prenatal Care Challenge Committee suggest both short-term and long-term solutions. The Committee believes the short-term solutions will result in immediate improvement in the prenatal care problems in Pierce County. However, the Coalition believes that long-term strategies must be pursued. To eradicate many infant health problems and lessen infant mortality, we must make fundamental changes in the way our society addresses health issues. Prenatal problems are complex; neither the root causes of problems nor their solutions are simple.

Pierce County Status

The access system for prenatal care in Pierce County continues to be seriously strained. The number of women seeking prenatal/OB care on Medicaid continues to increase, while the number of physicians decrease. Since January 1990, three physicians have discontinued their services to Medicaid patients, one physician delivered approximately 75 babies a year. The low income women in Pierce County, who are not under a physician's care at conception, continue to have difficulty obtaining prenatal care. The Coalition believes that this problem has

risen to the point of being a crisis.

Prenatal Care: The Problem

There are three major trends which affect access to prenatal care today. These include a decreasing number of physicians, increasing number of patients without physicians and an increasing proportion of high-risk patients. These three trends interrelate and each one is the result of complex societal factors.

prenatal care to DSHS patients. Only 4 of the total 64 physicians will accept new DSHS patients. The family practice physicians reflect a similar trend.

There are three basic causes of this trend:

- 1) inadequate physician reimbursement
- 2) increased cost of malpractice
- 3) increased physician fear of litigation

Pierce County Status

- 23 percent of births in Pierce County were to Medicaid-eligible women as compared to 23.7 percent statewide. Pierce County is ranked 12th in percent of Medicaid births.
- 34.1 percent of Medicaid-eligible women receive inadequate prenatal care in Pierce County as compared to 33.2 statewide. Pierce County ranks 21st in the percentage of low-income women receiving inadequate prenatal care.
- 9.1 percent of the babies born to Medicaid-eligible women in Pierce County, weighed five-and-one-half pounds or less (below birthweight) at birth as compared to 7.0 percent statewide. Pierce County ranks 31st in low birthweight births.
- Pierce County ranked 27th in the average number of deliveries to low-income women per provider.
- Pierce County ranked 20th in the percent of low-income women delivering their babies outside of their county of residence.

The First Steps legislation increased physician reimbursement, which may decrease or slow down the numbers of physicians leaving obstetrics. However, it does not appear that the increased provider rates will entice physicians to return to the delivery of infants.

The medical liability environment will continue to exert a negative influence on access to care for pregnant women and women anticipating pregnancy. The fear of lawsuits and the cost of liability (malpractice) insurance, continue to be the chief concerns of physicians.

Despite findings to the contrary by the National Academy of Science, providers continue to view Medicaid recipients as being more likely to bring suit against them.

Decreasing Physicians

There is a growing crisis in obtaining prenatal care in Pierce County, especially for low-income women. **There has been a dramatic decline in the number of physicians that will provide prenatal care.** If this trend continues, there will simply not be enough physicians to provide services to the pregnant women in our county.

Within the last 18 months, there has been a 50% loss of physicians willing to provide prenatal services. There are 64 obstetricians in Pierce County; 28 (44%) are providing

The increased fear of litigation is the most complicated of these three trends. Physicians report the results of litigation are traumatic, causing loss of practice, loss of reputation, and severe emotional distress. Physicians stress this fear as the most compelling reason to cease providing prenatal care, especially since a lucrative practice can be maintained without this particular service.

Increasing Patients

While the number of physicians con-

tinues to decrease, the number of patients who are Medicaid-eligible continues to increase. **In 1988, there were 9,634 deliveries in Pierce County. Of these, 2,260 or 23% were paid for by Medicaid.** The number of Medicaid deliveries in Pierce county has been increasing approximately 10% each year while the total number of deliveries remain fairly consistent.

The new state legislation (HB 2244) significantly increases the number of women eligible for Medicaid. Now, 40% of pregnant women are covered by a payment mechanism that is not acceptable to providers. Therefore, 40% of Pierce County's pregnant women may have a difficult time finding a physician to provide care and deliver their babies if the physician participation in Medicaid does not increase.

Increasing High Risk Patients

The two problems cited above, decreasing physicians and increasing number of Medicaid patients, are compounded by the increasing num-

ber of high-risk clients. The most striking of these high-risks are in the area of substance abuse, which is increasing dramatically, and **teenage pregnancy, which continues to maintain at about 2,600 a year in Pierce County.**

The issue of infants born addicted to drugs is an issue that is escalating rapidly. **It is now being estimated by the medical community that 1 in 15 babies are born with cocaine in their blood.**

Recommendations for Community Action

These recommendations will help mitigate the effects of the three trends described. It is important to note that these recommendations are short-term and will only have lasting effects if the long-term issues are also concurrently being addressed.

Short-Term

Triage/Clearing House System

Establish a system to connect patients and providers. This system must maintain status of availability of services and include a follow-up function to assure that clients who are referred are, in fact, getting into service.

Action: Apply for funding to establish a system which accesses patients to appropriate services. System must include:

- encouragement of physicians to join a rotating referral system
- central point of contact for patients to call for information and assistance in locating a physician
- proper triaging of patients to physicians based on patient need
- continued follow-up of patients and physicians to maintain system

Case management /Support Services

Develop a multifaceted prenatal ser-

(Continued on 13)

Helping people discover their capabilities.

Capable works with Physicians as Partners in Patient Rehabilitation.

Using advanced technology in design, materials and components:

PROSTHETICS: Custom Designs for Active Amputees

- Legs: Narrow ML AK (NSNA, Cat-Cam), BK, Nationally Acclaimed Endolite High-Tech System
- Arms: Manual, Myoelectric, Passive

ORTHOTICS: Lightweight Orthotic Specialists

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Pierce County Medical Society

223 Tacoma Avenue South • Tacoma, Washington 98402 • Telephone (206) 572-3666

Presents

“The Shoulder and Elbow in Throwing Athletes”

Featuring

Gregory A. Popich, M.D.

on

Wednesday, April 18

7:00 a.m. - 7:45 a.m.

at

**Jackson Hall Auditorium
314 South K Street**

Coffee and rolls will be provided.

For more information,
please call 572-3666



Sponsored by:
Sports Medicine Committee
Pierce County Medical Society

Prenatal

(Continued)

vice that provides nursing, social work, nutrition services and childbirth education classes to low-income pregnant women in accessible areas in the county and is coordinated with existing services. Service should also be sensitive to transportation and child care needs of patients.

Action: Apply to state office of Medicaid assistance under Maternity Access Act (2244) for case management and maternity support services.

Tacoma Family Medicine/Health Department OB Access Clinic

Establish a secondary system to provide prenatal care services to high-risk low-income women for whom private providers are not available.

Action: By utilizing the funding for a distressed area under the Maternal Access Act (2244), this will increase the number of women receiving service in the OB Access Clinic to 400.

Coordination of activities between Tacoma-Pierce County Health Department/Tacoma Family Medicine Cooperative Clinic, and Community Health Care Delivery System (CHCDS) to maximize services available in the community.

Public Information /Outreach

A method to inform clients and providers of available services and need for prenatal care.

Action: Encourage the development of pregnancy testing and counseling at appropriate sites in the community and market the availability of such services.

Coordinate with First Steps public education campaign.

Medicaid Application Process

Simplification of the Medicaid process needs to occur.

Action: Prenatal Care Coalition should monitor and evaluate the implementation of the Medicaid simplification process. Encourage providers and Medicaid to set up a

coordinated system and improve access.

Continue the outstation eligibility application protocols for Medicaid with the Health Department and expand these efforts to Community Health Care Delivery System.

Long-Term

The following issues are defined as long-term to the coalition. These issues will require the formation of sub-groups to develop strategies and options to these findings. These sub-groups should be broad based and include individuals from schools, business, social, medical, legal and insurance. It is anticipated the subgroups will need to be in existence for a minimum of one year.

Provider Recruitment

Develop a system that ensures an adequate number of physicians delivering prenatal services in Pierce County.

Action:

- Explore methods to increase participation of physicians in Medicaid practice.
- Explore recruitment of physicians practicing OB.
- Provide feedback to state that adequate reimbursement for hospitals taking disproportionate share be made to assure costs are covered.
- Examine ways to strengthen the community clinic system in Pierce County.

Drug Dependent Pregnant Women

Develop a method of identification

and effective treatment needs available in the community.

Action: Establish a task force consisting of prenatal care professionals and drug abuse professionals to coordinate activities and recommend solutions.

Minority Services

Ensure a method to ensure prenatal outreach and services are culturally sensitive and appropriate to the needs of minorities.

Action:

- Promote cross-cultural training of providers.
- Encourage minorities to become members of the health team (task force, sub-groups).
- Encourage networking with the Puyallup Indian Health Service.
- Access the needs of all minority populations, including aliens, and establish systems that meet the population needs.

School Access

Explore methods to provide prevention and early intervention in the teenage population.

Action:

- Encourage the public schools to disseminate pregnancy testing and service availability in the school setting.
- Re-examine the concept of school-based clinics, a concept that has worked well in other areas of the country.

Qualified Physicians Needed

Seattle ● Low Volume ● 60 beds ● 12 - 36 hour shifts ● Graduate of an Accredited Medical School ● Current WA License and ACLS Certification ● Two years or 2000 hours Emergency Room Experience ● 150 hours of CME Credits - credits must be AOA-AMA approved and documentable ● Malpractice Coverage Provided: Claims Made With Unlimited Tail

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Presents

*Our Quarterly Luncheon Meeting
For Retired Members and Spouses*

“Palliative Medicine; An International Experience Is Pierce County Ready for It?”

featuring

Stuart J. Farber, M.D.

Please Note:

The PCMS Photographer will be at this meeting to take your photographs for the 1990 Pictorial Directory.

There is **NO CHARGE TO HAVE YOUR PICTURE TAKEN.**

*We Hope That You
Will Participate!*

Date: Wednesday, May 9
Place: Quality Inn (Tacoma Dome Hotel)
(Hickman Room)
2611 East “E” Street
Time: Lunch 12:00 p.m.
Program 12:45 p.m.
Price: \$10.50 per person

To register, please send your reservation to PCMS or call us at 572-3667 no later than **Friday, May 4.**

REGISTRATION

Yes, I (we) have reserved May 9 to join retired members of the Pierce County Medical Society to hear “Palliative Medicine; An International Experience - Is Pierce County Ready for It?”

Please reserve ___ lunch(es) at \$10.50 per person (tax, and gratuities included).

Enclosed is my check for \$_____

___ I regret that I am unable to attend the lunch portion of the meeting. I will attend the program only.

Dr. _____

Please make check payable to PCMS and return no later than Friday, May 4.

Draft Regulations Target In-Office Labs

Physician office laboratories (POLs) would come under stringent federal regulation and be forced to pay a minimum of \$2,000 per year for certification fees, under draft regulations recently issued by the Health Care Financing Administration (HCFA).

The news came as a shock to many physicians, who believed they would be exempt from such federal scrutiny because they did only "simple" tests in-house.

According to the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), all labs — including those in physician offices — were potentially subject to regulation, except those performing only "simple" tests that posed no "risk of harm to a patient if done incorrectly."

What physicians didn't know was that Health and Human Services Secretary Louis Sullivan, M.D., would propose an interpretation of "simple" tests that was so narrow that the testing most POLs do exceeds it, said J. Stephen Kroger, M.D., a trustee of the American Society of Internal Medicine. Dr. Sullivan has the power to make such a decision, said Dr. Kroger, who also is president of the board of the Commission on Office Laboratory Assessment (COLA), a voluntary education and accreditation program for POLs.

The draft document is being circulated within the administration for internal comment before it will be released for publication in the *Federal Register*. At that time, public comment will be solicited.

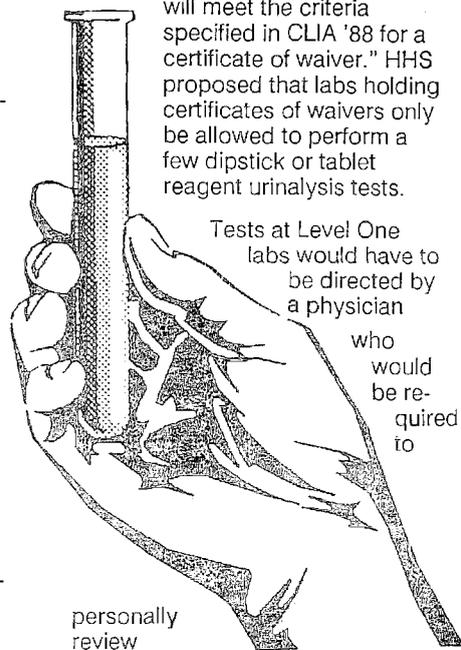
The American Medical Association is studying the draft and plans to comment when the proposed regulations are published.

CLIA '88 legislation was enacted following a year of news reports and congressional hearings alleging proficiency testing abuses in various lab settings. The most frequently cited problem involved Pap smear testing. As a result of the hearings, members of Congress discovered that a great deal of testing was done in physicians' offices, and that most of the nation's roughly 100,000 POLs were virtually unregulated. The fear that patients could be harmed by untrained personnel performing tests in these and other settings led lawmakers to require labs to meet certain requirements for personnel, proficiency testing, and other standards to be developed by HHS.

Three categories are listed in the draft proposal: those that qualify for a certificate of waiver, Level One, and Level Two. Levels One and Two will be distinguished by the complexity of tests performed.

The draft document noted that the Public Health Service (specifically the Food and Drug Administration and Centers for Disease Control) had "not determined any test that

will meet the criteria specified in CLIA '88 for a certificate of waiver." HHS proposed that labs holding certificates of waivers only be allowed to perform a few dipstick or tablet reagent urinalysis tests.



Tests at Level One labs would have to be directed by a physician

who would be required to

personally review and initial

all test results prior to any clinical intervention. The draft also requires that the physician "ensure that all abnormal screening test results for previously undiagnosed conditions are confirmed by quantitative test methods in a Level Two certified laboratory."

Level Two labs are facilities performing one or more tests not included in the other two categories. Under the draft, these labs must have a director who is either a pathologist or a doctoral scientist.

According to ASIM's Dr. Kroger, under the draft regulations, even a glucose finger-stick test — which diabetics frequently give to themselves at home — would be considered a Level One test.

"In fact," he added, "most chemistry tests don't even fall into Level One. The only chemistry tests listed there

(Continued on page 16)

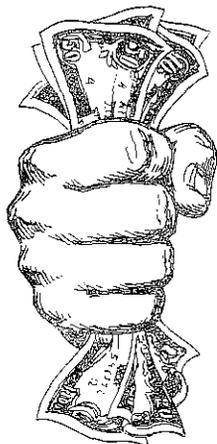
Tests Exempt from Regulation

The following tests would be exempt from CLIA standards under HCFA draft rules:

- Dipstick or tablet reagent urinalysis for the following: Bilirubin, Glucose, Hemoglobin, Ketone, Leukocytes, Nitrite, pH, Protein, Specific Gravity, Urobilinogen
- Fecal Occult blood
- Microhematocrit
- Microscopic examination of the following: Urine sediment, Pinworm preparation, Vaginal wet mount preparation
- Ovulation tests — visual color tests for human luteinizing hormone
- Whole blood clotting time
- Urine pregnancy test

A Sensitive Issue...

Each doctor in private practice has an important role to play in minimizing the occurrence of employee theft. While most



physicians are aware of this fact, they lack the basic knowledge essential to protect themselves from embezzlement.

It's a sensitive issue, many employers are afraid to think they could be at

risk of theft from their staff. The number of embezzlement cases involving physicians throughout the country, and here in Pierce County, is enough to alarm the most optimistic and trusting employer. Checking references is an excellent management practice, but as many other employers will attest, it is not always a tool of prevention where theft is concerned.

A physician must entrust so many aspects of his/her practice to staff members. In many small offices, one person is in control of the entire accounting cycle from opening the mail to posting charges and receipts, balancing the books, preparing deposits, managing petty cash and preparing checks for payroll and paying bills. This cycle allows far too much control for one employee. Too often it provides the basic ingredients for office theft — temptation and access.

A doctor's time is so absorbed by the practice of medicine that many "little things" happening in the office go untended and certain "attitudes" of staff members go unnoticed. This

is why preventive procedures are necessary to physician employers. Risk management should not only be practiced to lessen the risk of malpractice suits, it also is essential to prevent employee theft from occurring. As the employer, your role in prevention can be simple and the policies easy to implement. The most important first step is understanding how it can happen and what you can actually do to lessen the chance it will happen to **YOU**.

On May 2, 1990, Pierce County Medical Society will present a half day program titled "Office Theft". This program is designed especially

(Continued on back page)



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SUPPORT GROUPS AVAILABLE

Office Labs *(Continued)*

are the finger-stick glucose and screening cholesterol test."

He said most POLs do complete blood counts; blood urea nitrogen tests; and blood tests for potassium, sodium, or bilirubin; this would make them Level Two labs.

Proposed Level I Requiring Physician Director Only

- Antistreptolysin O (ASO) screen — slide card agglutination test.
- Cholesterol screen — qualitative and semiquantitative determinations.
- C reactive protein (CRP) screen — slide card agglutination test.
- Rheumatoid factor screen — slide card agglutination test.
- Glucose screen — whole blood dipstick method.
- Gram stain (vaginal and urethral discharge).
- Infectious mononucleosis screening — slide card agglutination test.
- Potassium hydroxide (KOH) preparation.
- Culture for colony counts for urinary tract infection, not to include identification and susceptibility.
- Erythrocyte sedimentation rate.
- Sickle cell screening — methods other than electrophoresis.

Dr. Kroger said he thought many physicians would drop their office labs as a result of this proposed draft, because the current form would make them cost prohibitive.

"Physicians have maintained their in-office labs primarily for ease of diagnosis and patient convenience," he said. "This is going to have a major impact on the quality of health care and the cost effectiveness of health care."

—Diane M. Gianelli

Reprinted from the *AMA News* 2/16/90.

American Medical Association Principles of Medical Ethics

Preamble: The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. A member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility

to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.

V. A physician shall continue to study, apply and advance the scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of

other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

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Contact: Andy Tsoi, M.D.: 537-3724
Bruce Kaler, M.D.: 255-0056.

Notes from the AMA Leadership Conference, Feb. 24-26 -Phoenix, AZ.

In 1969, there were 6,400 group medical practices. In 1988, there were 16,079.

With the RBRVS, group practices will seek out more primary care physicians and will seek talented patient care oriented students out of

medical school.

Third party payers will seek greater discounts.

"A good letter to be immortal does not have to be eternal." — Churchill

"An era of the AMA has ended."
— Dr. John Ring, Chairman, AMA Board of Trustees, regarding resignation of Dr. James Sammons, AMA Executive Vice President.

"The RBRVS will only redistribute expenditures and will not solve the Part B problem." — Mr. Jim Haug, American College of Surgeons.

"The sixteen percent annual increase in health care costs is a driving force for change."

"There will be no major push toward

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L.J. and Judy Lyle

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(Continued page 18)

April PCMS Meeting Schedule

DAY	DATE	EVENT/MEETING	TIME	PLACE
Tuesday	April 3	Board of Trustees	6:30 p.m.	Tacoma General Hospital - CR#1
Wednesday	April 4	AIDS Committee	7:00 a.m.	Tacoma General Hospital - CR#4
Thursday	April 5	Intern-'90	7:00 a.m.	Mary Bridge Children's Hospital - TOA#2
Friday	April 6	Aging Committee	7:00 a.m.	Allenmore Hospital - Drs. Dining Room
Wednesday	April 11	Credentials Committee	7:00 a.m.	Allenmore Hospital - Drs. Dining Room
Thursday	April 12	Grievance Committee	7:00 a.m.	Tacoma General Hospital - CR#4
Tuesday	April 17	Executive Committee	7:00 a.m.	Mary Bridge Children's Hospital Small Board Room
Wednesday	April 18	Public Health/School Health	7:00 a.m.	Tacoma General Hospital - CR#4
Wednesday	April 18	Sports Medicine CME "Elbow and Shoulder"	7:00 a.m.	Jackson Hall
Thursday	April 19	Tobacco Coalition	7:00 a.m.	Allenmore Hospital - Drs. Dining Room
Friday	April 20	Immunization Committee	7:00 a.m.	
Friday	April 20	Sports Medicine	7:00 a.m.	Mary Bridge Children's Hospital - TOA#2
Thursday	April 26	EMS Committee	7:00 a.m.	Mary Bridge Children's Hospital Large Board Room

Leadership Notes

(Continued)

physician DRGs in the near future."
— Christine Ferguson, J.D., Office of
Senator John Chafee.

"The health care system needs
major changes and band-aids will
no longer do." — C. Everett Koop,
M.D., former U.S. Surgeon General.

"Something is terribly wrong with a
system that is treating fewer and
fewer patients." — C. Everett Koop,
M.D.

"Business cannot continue to bear
these health care costs and be com-
petitive." — C. Everett Koop, M.D.

"Since World War II, Americans
have abrogated their responsibility."
— C. Everett Koop, M.D.

"We are not going to recommend
the Canadian system to the United
States." — Representative W.D.
Gradison (R) Ohio

We will have to shift our values from
what are everyone's needs to what
does Society as a whole need.

Children age 2-5, on the average,
watch 29 1/2 hours of television
weekly. Fifty percent of the commer-
cials are dealing with sweets and

snacks.

"The average American watches 7
1/2 hours of television daily."

"Mike Wallace is outside waiting for
you." — Most dreaded words one
will hear. ♦

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Presents

“A Designated Trauma Center — The Pros and Cons”

featuring



Donald Gann, M.D.

*Department of Surgery
University of Maryland*

Tuesday, May 8

Place: Fircrest Golf Club
6520 Regents Blvd.
Time: Cocktails 6:00 p.m. (no host)
Dinner 6:45 p.m.
Program 7:45 p.m.
Price: \$15 per person*
*\$17 per person if
registering day of meeting

**Reservations requested by Friday, May 4.
Spouses are Invited!**

REGISTRATION

Yes, I (we) have reserved the evening of May 8 to join members of the Pierce County Medical Society to hear “A Designated Trauma Center – The Pros & Cons”

Please reserve ___ dinner(s) at \$ _____ per person (meal, tax, and gratuities included).

Enclosed is my check for \$ _____

Dr. _____

Please make check payable to PCMS and return no later than Friday, May 4.

***DAY OF REGISTRATION FEE — \$17.**

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206-967-5046

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

Auxiliary Meeting Notice

The April meeting will be held Thursday, April 19, 7:00 p.m., at Skyline Presbyterian Church, 6301 Westgate Blvd. N., Tacoma 98407.

The program for this evening meeting is "How to Prevent Being Mugged." Colleen Hacker, doctoral candidate in physical education and instructor at PLU, will show us how to prevent an assault. She will also demonstrate a few defense moves that could come in handy. Dessert and coffee will be served. Make your reservation by calling Jerol-Ann Gallucci (582-8858), Sue Akamatsu (572-4619), or Elita Lesh (851-2602) by April 13.

Highlights of the WSMA Auxiliary Annual Meeting

Plan to join other auxiliaries from around the state in Olympia, April 25-27, 1990, for WSMA Auxiliary annual meeting. House of Delegates is the "business meeting" for auxiliary; however, it is a wonderful time to meet new friends, rekindle old friendships, learn something, see a new city, and discover just what the PCMS Auxiliary is!

Conflict Resolution: Sticky Situations and Prickly People, Dorothy Wilhelm, Porcupine Handler. Dorothy Wilhelm calls herself a porcupine handler and says we all are. We encounter impossible people every day. Learn how to handle them and have a great time doing it! (Thursday, April 26 - 1:45 to 3:15 PSD Credit)

Time Management: Managing Your Time through a personal plan of Improvement, by Warren Dean Starr, PhD., former superintendent of Public Schools, Yakima, WA. Dr. Starr was such a hit at the fall convention, that by popular demand, we have asked him back to further outline strategies for handling all the time we have. (Wednesday, April 25 - 1:30 - 3:00 PSD Credit)

Organ Donation: Bone Marrow Transplant, Ron Ruhl, M.D. Olympia, WA. A physician reviews his experience with a controversial, experimental, and extremely dangerous course of treatment. He speaks about what he and his family faced and reviews the area of organ transplant and donation. Other speakers will be participating. (Thursday, April 26 - 10:00 - 11:30 - PSD Credit)

SPECIAL EVENTS:

- Tour of Governor's Mansion and State Capitol Campus
- Dinner in historic Carnegie library

- building and antique mall
- Aerobics class
- Entertainment with dinners

A full meeting schedule and registration form will be printed in the April Pulse.

N _ B _ _ A _ A _

By now you will know what this logo means:



And you know what N _ B _ _ A _ A _ means. Most of you are probably **meaning** to send your \$25, \$50, or \$100 to the Auxiliary to support this year's non-event fund raiser.

Please take a moment right now — don't even finish reading this article — leave now and write that check.

Thanks for being a part of the Pierce County Medical Society family of physicians and spouses who collectively say, WE CARE.

See you at the ILCU Ballroom where we can dance till 00:00 p.m. to Arthur Sopic and the Bone Crushers and feast on **Heart** of Palm Salad, **Breast** of Chicken Dijon, **Skins** of Potato, and **Lady Finger** Torte.

Send to Sydna Koontz, 7502 88th Ave. SW, Tacoma, WA 98498

Graduating Seniors

The Medical Society and Auxiliary would like to recognize our sons and daughters who are graduating 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 Patty Kesling/3720 Horsehead Bay Dr. N.W./Gig Harbor, WA 98335.

This information must be received by April 15, 1990.

Student's Name: _____

School: _____

Home Address: _____

Parent's Name(s): _____

Degree or Diploma Received: _____

Future Plans: _____

Introducing Our New One Stop Practice Protection

Physician's Insurance Agency is pleased to introduce a new service called *One Stop Practice Protection* for individual and group practices.

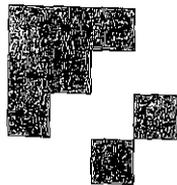
One Stop Practice Protection offers a complete range of professional and personal insurance plans and packages including:

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FULL-TIME FACULTY POSITION

at University of Washington-affiliated Family Practice Residency program in south Seattle area. Board certification and OB experience preferred. New opening created by program expansion. Interested in joining us? Please send letter and CV to Drew Oliveira, M.D., Program Director, Valley Family Care, 3915 Talbot Rd. So., Suite 401, Renton, WA 98055.

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PHYSICIAN who is mature enough to be interested in and able to afford working half-time, yet vital enough to retain enthusiastic entrepreneurship to help a thriving research clinic continue to expand. All this while living in a pleasant Pacific Northwest community of less than 50,000. (The possibility of practicing "on the side" unlikely.) Call 206-357-6689.

Personal Problems of Physicians Committee

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Medical Problems, Drugs,
Alcohol, Retirement,
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Committee Members

Patrick Donley, Chair . 272-2234
Joseph Kramer..... 845-9511
John R. McDonough.. 572-2424
William A. McPhee..... 474-0751
Ronald C. Johnson..... 841-1894
Kathleen Paris..... 591-6681
Dennis F. Waldron..... 272-5127
Mrs. Jo Roller..... 752-6825

WSMA
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PRIMARY CARE PHYSICIAN - Rainier School, Washington State's largest residential care facility for the developmentally disabled adults, is seeking an Internist or a Physician. Salary negotiable up to \$70K (Internist) or \$63K (Physician), plus malpractice insurance, medical and dental, life and long term disability insurance, a good retirement plan along with paid sick and vacation leave. Contact Dr. R. Ruvalcaba, Clinical Director, Rainier School, P.O. Box 600, Buckley, WA 98321 or call (206) 829-1111, Ext. 411.

PHYSICIAN OPENINGS -

Emergency Department/Ambulatory Care. Civilian opportunities at the Naval Hospital - Bremerton, WA. Full time EM/FP/IM with ACLS and ATLS certification. Contact David C. Jester, D.O., EMAC Medical Director, Naval Hospital - Bremerton, Boone Road, Bremerton, WA 98312, (206) 478-9585 or (206) 478-9322.

Office Space

BEST MEDICAL SPACE IN TOWN. Cedar Medical has 1,450 square feet available on the golf course side -

1901 S. Cedar. Call Crawford Katika, Inc., Gary Crawford, 272-9200.

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General

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Deadline

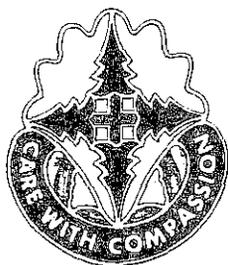
May Bulletin
deadline is April 5.
Please call 572-3709
for more information.

Send check to:

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Sensitive (Continued)

for physicians in private practice. The presenter will be the President of Northwest Medical Consultants,

Ltd., Bill Otway, Ph.D. The program is planned to answer many of your questions and instruct you in steps toward prevention for your practice. If you have not received your program brochure or want more information on the program, please call

the Society office at 572-3709. The program, which will be held at Jackson Hall, is for employers only and is part of the Society's continuing effort to provide its members with good practice management tools. ♦



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Tacoma, WA 98402

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The Bulletin

May 1990



1990
GOODWILL
GAMES™

The Doctor-Patient Relationship — See Page 5

The Goodwill Physicians Exchange™ — See Page 21

ARMY RESERVE OFFERS NEW FINANCIAL INCENTIVES FOR RESIDENTS IN ANESTHESIOLOGY, GENERAL SURGERY AND ORTHOPAEDIC SURGERY



If you are a resident in Anesthesiology, General Surgery or Orthopaedic Surgery, the Army Reserve has a new and exciting opportunity for you. The new Specialized Training Assistance Program will provide you with financial incentives while you're training in one of these specialties.

Here's how the program can work for you. If you qualify, you may be selected to participate in the Specialized Training Assistance Program. You'll serve in a local Army Reserve medical unit

with flexible scheduling so it won't interfere with your residency training, and in addition to your regular monthly Reserve pay, you'll receive a stipend of \$664 a month.

You'll also have the opportunity to practice your specialty for two weeks a year at one of the Army's prestigious Medical Centers.

Find out more about the Army Reserve's new Specialized Training Assistance Program. Call (collect) your U.S. Army Medical Department: Reserve Personnel Counselor: **Major Jane I. McCullough**
(206) 967-6180

ARMY MEDICINE. BE ALL YOU CAN BE.

The Bulletin

The Official Publication of the Pierce County Medical Society

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The Bulletin is published quarterly, February, May, August and November by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in The Bulletin are the first of the month preceding publication (i.e., April 1 for May issue).

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of the Medical Society. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin and Pierce County Medical Society reserve the right to reject any advertising.

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Cover: *Gymnastics and figure skating are two Tacoma events to be held at the 1990 Goodwill Games™.*



CHIC.

That's the way *they* see smoking. It's the message in the advertising they see every day: smoking is sophisticated, smart, part of the good life. Smoking helps these kids feel they "belong"... and that's what they want, desperately.

Meanwhile, tobacco-related illnesses result in over 350,000 premature deaths in this country every year. In fact, the annual death toll from cigarettes alone is greater than that from heroin, cocaine, alcohol, fire, automobile accidents, homicide, suicide and AIDS *combined!* Yet cigarettes are our *most heavily advertised* consumer product.

This must change! The AMA has been saying so for years, and we've won many victories in our war against tobacco. Warning labels on smokeless tobacco packages, an increased federal excise tax on cigarettes, a smoking ban on most domestic airline flights, and a television advertising ban

for smokeless tobacco products. Yet children are still being seduced by the "glamour" of smoking.

As physicians, we share a responsibility for our nation's health. That's why the AMA is calling for legislation that would ban all tobacco advertising. And why we have testified before Congress to defend the constitutionality of such legislation.

To succeed in this effort—and in our work toward a tobacco-free society by the year 2000—we need your help. In return, we'll stand up for you on all issues that concern the medical profession.

*Our members make a difference.
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continued support. If you're not,
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In most cases, medical association dues may be deductible as professional or business expenses. Dues and other contributions to the AMA are not deductible as charitable contributions for Federal income tax purposes.

Doctor-Patient Relationship — The Foundation of Our Profession



There were two teachers during my medical training that stood out and could be considered mentors in my life. One is Dr. Stanley Goldberg, who was my professor of Colon and Rectal Surgery at the University of Minnesota, and the second is Dr. A.B. Baker who was the Chief of Neurology at the University of Minnesota when I was a medical student in the mid-60's. Dr. Baker was a respected, though at times feared, teacher of medical students. He taught a unique way to evaluate and care for patients on his neurology rotation. He called his approach, "Total Treatment." He made us focus not only on the disease process of the patient, but also on the patient from the emotional, psychological, and social standpoint. This was the only time during my entire formal medical training that relating to the patient as another human being was made such a focus.

Simple methods of listening to a patient, spending time with them, sitting rather than standing at their bedside, touching them in an understanding way, hugging them, or even crying with them, are a lost art in our profession. At best, these ways of relating to patients are used rarely by us. A century ago, other than a few patent medicines and some limited technical skills, these were the only tools we had. With the growth of scientific knowledge and technology, we became a profession of curers rather than healers. We are now reimbursed, not for the time we spend with the patient, but rather, by the technical procedures or testing we do.

In my opinion, this shift of focus has been one of the primary reasons for the faltering image of our profession. We are not meeting our pa-

tients' basic needs — communicating with them, giving them our time and attention, and attempting to appreciate or understand their psychosocial dilemmas. This applies whether our patients' problem is a headache, a hemorrhoid, or a potentially life-threatening acute or chronic illness.

This struggle to, "walk a mile in the

*"To write a prescription
[or perform a procedure] is easy,
but to come to an understanding
with people is hard."*

— Franz Kafka

patient's shoes," is a challenge to me on a daily basis and has stimulated me to search out continuing education in this area. Most of the time, these courses are filled with nurses, social workers, and other paramedical personnel. The attendance by physicians is abysmally low. Since our medical school training has not addressed this important area of caring for the patients, our attention to these educational opportunities is imperative. Currently, many medical schools are now addressing this very important aspect of physician education. Hopefully more will follow.

What are our patients' needs? If we ask them, what do they tell us? Dr. Bernie Siegel was asked to speak at the Cornell University Medical School Commencement and he asked two of his critically ill patients what they would recommend that he tell 100 new doctors on their graduation day. Both patients were young, one with metastatic breast cancer and the

other with liver failure secondary to cystic fibrosis; both died within several months of the request. What message did they suggest? Did they want these new young doctors to find the cure for cancer or cystic fibrosis? No. Siegel says that they had simple requests. One patient said, "Tell them to let me talk first;" the other said, "Tell them to knock on my door, say hello and goodbye, and look me in the eye when they talk to me."

I have found three books tremendously valuable in my own reflection in the study of the doctor-patient relationship and I highly recommend them to all physicians. They are: *The Clay Pedestal, A Re-examination of the Doctor-Patient Relationship*, by Thomas Preston, M.D.; *Head-*

first, The Biology of Hope, by Norman Cousins; and *Peace, Love, and Healing*, by Bernie S. Siegel, M.D.

Currently, very important issues are being addressed by our profession, including access to care, quality of care, the spiraling costs of medical care, and tort reform. We need to address these issues. However, the basic issues of how to relate to and how to care for the needs of our patients are how future generations will look back and judge our profession. □

— GRK

Hepatitis C Antibody Detection: A Welcome Addition To Our Infectious Disease Armamentarium

Recently, the FDA licensed a test detecting antibody to Hepatitis C Virus (previously Non-A, Non-B Virus). Immediately following licensure, the Tacoma-Pierce County Blood Bank began testing all blood and components in the county's inventory as well as all new donations.

The test is an excellent, but not a perfect, biologic test. It is a first generation screening test and will be licensed without a confirmatory test. We anticipate that despite its high specificity, a number of false positive results will occur. Also, the test will be somewhat limited in diagnosing acute Hepatitis C infection since many individuals may take up to four months for the development of a detectable antibody.

The test for Hepatitis C will join an expanding list of transfusion transmitted disease markers. As a

reminder, every donated unit is now tested for syphilis, Hepatitis B Surface antigen, Anti-Hepatitis B core antigen, ALT (SGPT), Anti-HTLV-I, Anti-HIV-I, and most recently...Anti-HCV. Although the test will markedly improve recipient safety, it will not totally eliminate post transfusion hepatitis. We anticipate it will identify around 80% of individuals harboring the virus and will decrease the rate of post-transfusion hepatitis to about 2% of our recipients.

Since the blood bank is not a diagnostic center, it will be unable to provide further evaluation for reactive donors. As has been our policy, all donors with a reactive test will be

referred to their physician for further evaluation.

We believe that recommendations may soon follow from the Public Health Service advising all physicians to consider HCV testing their patients who have received blood or components prior to implementation of HCV testing. The blood bank will offer outpatient HCV testing to area laboratories and physician's offices.

Finally, despite the additional testing, the safety of transfusion medicine is still dependent on ensuring that only recipients truly in need of blood are transfused.

—Tacoma-Pierce County Blood Bank

Head Start Kids Require New Immunization - HIB

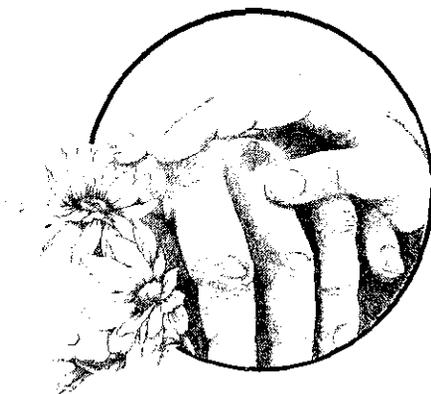
Head Start has a new federal requirement stating "that all Head Start children under the age of 5 years be immunized against Haemophilus Influenza Type B disease."

We appreciate your cooperation in doing hematocrits and blood pressure readings during physical examinations, as these are also required by Head Start Performance Standards.

Thank you for providing services to Head Start children. If you have questions about the Head Start Program or Head Start requirements, please call either Beverley Ritter or Marianne Larson at 272-2277.

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Medical Director, John Atkinson, M.D.

Tacoma-Pierce County Health Department Infectious Waste Regulations

Recently the Tacoma-Pierce County Board of Health unanimously approved infectious waste regulations for incorporated cities in Pierce County. The Board of Health then forwarded the regulations to the Tacoma City Council and the Pierce County Council with the recommendation that the infectious waste regulations be enacted into law by these bodies.

Upon being enacted into law, infectious waste activity within the city of Tacoma and unincorporated Pierce County will be regulated.

What is infectious waste?

The Tacoma-Pierce County Health Department (TPCHD) defines infectious waste as "waste capable of causing an infectious disease." The following disease transmission factors must be considered when defining and identifying specific waste items as infectious waste.

- Presence of a pathogen of sufficient virulence
- Dosage
- Portal of entry
- Susceptible host

Specific waste items considered infectious waste according to the TPCHD infectious waste regulations are:

- Contaminated sharps
- Blood and blood products
- Cultures and stocks of infectious agents and associated biologicals
- Contaminated laboratory wastes
- Human pathological wastes
- Disease specific contaminated items
- Miscellaneous contaminated items

Who will be regulated?

All infectious waste generating facilities, transporters, storage and/or

treatment facilities within Tacoma-Pierce County will be regulated. Infectious waste generating facilities include but are not limited to the following types of facilities; hospitals, clinics, nursing homes, laboratories, physicians' offices, dental offices, research facilities, and funeral homes.

How will these regulations affect me?

The infectious waste management plan is the cornerstone of the TPCHD's infectious waste regulation. The infectious waste management plan consists of applicable policies and procedures developed by a responsible person or committee at each facility that specifically addresses the following components:

- Infectious waste management training for all employees
- Segregation and containment of infectious waste
- Storage of infectious waste
- Contingency plan
- Spill management plan
- Record keeping
- Disposal
- Treatment methods (if applicable)
- Transportation requirements (if applicable)
- Storage and treatment operation plan (if applicable)

An annual permit application and fee, and an on-site facility inspection is included. There is also a penalties section — anyone violating or failing to comply with the regulations, upon conviction, would be guilty of a misdemeanor and subject to a fine, imprisonment, or both.

Contact Ron Norton, Infectious Waste Information, TPCHD, for additional information — 591-6471.

AMA Hospital Medical Staff Section Fifteenth Assembly Meeting June 21-25, 1990

Medical Staffs from across the country are encouraged to elect a medical staff representative to participate in the AMA-HMSS Assembly meeting June 21-25, 1990 at the Chicago Marriott Hotel in Chicago.

The HMSS Assembly provides medical staffs with a unique opportunity to discuss and participate in the policymaking process of the AMA.

For further information about the AMA-HMSS, please call (312) 645-4754 or 645-4761.

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AMA Service Helps You Bargain with Payers

The AMA's Physician Advisory Office is ready to help you bargain with HMO's, insurance companies, and other third party payers.

This AMA service can boost your negotiating power and answer your questions about antitrust laws.

"Many Doctors are unaware of the potential for violations of antitrust law when bargaining with payers," says Michael Ile, J.D., the AMA's Division Counsel for Health Law. "But ig-

norance of the law is no protection from possible civil or criminal penalties."

Collective conduct by independently practicing physicians can result in illegal price fixing agreements under the antitrust laws. Such violations can incur severe sanctions, including criminal prosecution, imprisonment and fines of up to \$250,000. Doctors could also lose their licenses to practice.

The AMA has a telephone "hot line" to field your questions on the subject. Just call (312) 645-5601. A referral list of attorneys experienced in antitrust is also available.

As an AMA member, you can receive a free booklet, called "Collective Negotiation and Antitrust." Write: Physician Negotiation Advisory Office, AMA, 535 N. Dearborn, Chicago 60610, Attention: Michael Ile, J.D., or call (312) 645-5601.

PCMS/TPCHD Joint Effort

At its April 3 meeting, the Board of Trustees approved a proposal to establish a triage/clearinghouse system to connect patients to physicians and other health care providers. It would provide a centralized information source for Pierce County around ac-

cess to perinatal and family planning services.

Using financial backing provided by the First Steps Legislation (HB 2244) the clearinghouse would be a joint effort between the Tacoma-Pierce County Health Department and the PCMS. The clearinghouse will be located in the PCMS offices. Staff would consist of a public health nurse and two outreach workers.

The clearinghouse proposes to establish a voluntary rotational system for patient provider referral which calls upon the existing provider pool of private physicians, the Tacoma Family Medicine Clinic (TFM), the Community Health Care Delivery System (CHCDS), the TFM Fellowship Clinic, and Associated Midwives.

The goal is to reduce the hospital drop-in of pregnant women and the

stress this places upon the medical staff and increase compliance with comprehensive prenatal care.

The program will enlist the participation of private physicians to accept a to-be-established number of patients per year referred to them by the clearinghouse. All physicians agreeing to participate for the minimum number of referrals per year will be eligible for additional payment by the State on all obstetrical services. Specifically, if a physician agrees to accept the minimum number of referrals made by the clearinghouse per year, the State will increase reimbursement by \$200 per delivery to the provider on all Medicaid deliveries rendered by the provider within any given year covered by the agreement.

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- Joseph Kramer..... 845-9511
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- William A. McPhee..... 474-0751
- Ronald C. Johnson..... 841-1894
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The medical community will be out in force, May 18-19, footing their way toward raising \$750,000 dollars for the American Cancer Society at the **6th Annual City of Destiny Classic.**

The 24-hour walk/run on Stadium Bowl Track is the realization of a dream for **Gordon Klatt, M.D.**, Colorectal Surgeon and President of the Medical Society. "I had a dream six years ago as I circled Baker Field track for 24-hours that some day this effort would evolve into a team relay event." This year teams from all over Washington State are putting their best feet forward.

In Tacoma alone, 60 teams will participate. They hope to raise \$100,000. The medical teams include nursing, operating room, administration and oncology personnel from Allenmore Hospital, Good Samaritan Hospital, Lakewood Hospital, The 50th General

Army Hospital, MultiCare, St. Joseph Hospital, the medical offices of Mt. Rainier Surgical Associates, Medical Oncology/Hemo Associates and **Edward Williams, M.D.** Dr. Klatt's family team has registered under the name "The 'K' Team." Other medical-related teams include the Northwest Therapy and Rehabilitation group, the United Ostomy Association, and the McChord A.F.B. team captained by **Neil Andren, M.D.**

Corporate sponsorships, (to pay for expenses related to putting on the 24-hour run), are provided by Mt. Rainier Surgical Associates, MultiCare Medical Center, Pierce County Medical, Premier Industries, Puget Sound Bank, St. Joseph Hospital, The Morning News Tribune, and U.S. Surgical Corporation. All funds by participants go directly to the American Cancer Society to aid in re-

search, education, and patient service programs.

A group of young cancer patients from Camp Goodtimes will take a ceremonial lap around the track hand-in-hand with a celebrity media team made up of Tacoma-Seattle television, radio and newspaper reporters. The Camp Goodtimes children will participate the full 24-hours or as long as allowed by their personal physicians.

Medical support at the track will be provided by the St. Joseph Foot and Ankle Clinic and **Dr. Jonathan Bacon** and **Greg Popich**. Shari Hoffman and a group of massage therapists will provide round the clock muscle relief.

For more information, or if you would like to join a team, contact the Pierce Unit of the American Cancer Society at 473-1853.

Dr. Singh Serves on ABEM Oral Exams

Surinderjit Singh, M.D. was asked to serve as an examiner for the oral portion of the American Board of Electro Diagnostic Medicine (ABEM) Exams at the Rehabilitation Institute of Chicago, on April 7, for the seventh consecutive year.

Dr. Singh has been a Medical Society member for 10 years and serves on the Board of Directors for the College of Medical Education. He is a member of the American Association of Electromyography and Electrodiagnosis and the American Academy of Physical Medicine and Rehabilitation.



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Presents

“A Designated Trauma Center — The Pros and Cons”

featuring



Donald Gann, M.D.

*Department of Surgery
University of Maryland*

Tuesday, May 8

Place: Fircrest Golf Club
6520 Regents Blvd.

Time: Cocktails 6:00 p.m. (no host)
Dinner 6:45 p.m.
Program 7:45 p.m.

Price: \$15 per person*
*\$17 per person if
registering day of meeting

Reservations requested by Friday, May 4.

Spouses are Invited!

REGISTRATION

Yes, I (we) have reserved the evening of May 8 to join members of the Pierce County Medical Society to hear “A Designated Trauma Center – The Pros & Cons”

Please reserve ___ dinner(s) at \$ _____ per person (meal, tax, and gratuities included).

Enclosed is my check for \$ _____

Dr. _____

Please make check payable to PCMS and return no later than Friday, May 4.

***DAY OF REGISTRATION FEE — \$17.**

Notes from Your Local Pharmacist

Recently, while having breakfast with a friend, I listened to yet another story of a patient's dissatisfaction with his physician.

My friend had just visited his physician with a written list of concerns. He was very discouraged when the physician showed little interest in dealing with these concerns. In fact, he didn't even finish asking all his questions because he received

such a negative response to the few he did ask. I have heard similar stories from patients many times. I know that none of us wishes to deliberately harm the patient or their feelings, yet these things do happen. Generally we are unaware of these happenings unless someone brings them to our attention. I know that I can estrange a customer or a patient

without even knowing what I did or how I did it.

It may be wise to ask for feedback from your patients. Put a comment box in the office, supply paper and pen, and encourage its use.

— *A Pierce County Pharmacist*



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Shauna Weatherby Receives National Urban League Award

Shauna Rae Weatherby was selected recipient of the Western Regional Volunteer Services Award by the National Urban League at its Regional Assembly in Portland, Oregon, March 31.

She will be presented a Certificate of Recognition at the Volunteer Recognition Breakfast during the National Urban League's National Conference in New York City on July 29.

The recognition of Mrs. Weatherby is for her many efforts in organizing programs beneficial to the general health of the minorities in the community.

Shauna is the wife of Charles Weatherby, M.D., who also is a noted volunteer in the medical community. He chairs the Minority Health Affairs Committee, is a past PCMS Board Member and is currently serving as a WSMA Trustee and member of the WSMA Health Access Task Force that developed WSMA's Washington Health Access 2000 "Report P" in 1989. The Medical Society salutes Shauna and Charles Weatherby for their many contributions to the community.

Call for Resolutions

The WSMA Annual Meeting will be held September 20-23, 1990, in Spokane.

Any member may submit a resolution to the House of Delegates meeting. Pierce County Delegates will introduce resolutions submitted prior to July 20 by members of the Society.

If you would like WSMA to take action on any issue, call the Society office and they will help you draft a resolution to the House of Delegates. WSMA is committed to responding to the actions of the House, so please submit your ideas today!

Over 50 resolutions were introduced and acted upon by the House in 1989. They dealt with such issues as access, state income tax, Medicare assignment, expert witness testimony, peer review, and AIDS.

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Call for an appointment.

New Clinic Seeks Volunteer M.D.'s to Provide FREE Medical Care to the Needy

Trinity University Presbyterian Church is sponsoring a medical clinic called the Trinity Neighborhood Clinic located at 1619 6th Avenue in the rebuilt second floor of the manse. The church is situated behind J.D. Byrd's Chicken.

Frank Louis, a missionary from University Place United Presbyterian Church, has been the driving force creating the clinic. The clinic has been initially designed to care for the families of the children from Bryant Elementary School at the corner of 8th and Grant, who are tutored twice weekly, by the church. It is hoped that word of mouth will increase the clinic clientele.

This clinic is not designed to compete with, but to supplement St. Leo's Neighborhood Clinic. The clientele frequenting each appear to be somewhat different — although they both share the same needs.

The current administrator is **John Morgan**, retired Executive Director of the Tacoma-Pierce County YMCA. **Bruce Buchanan, M.D.** is the Medical Director. For the time being, the Clinic Board operates under the umbrella of the Pierce County Alliance — for insurance purposes.

Currently there are adequate numbers of physicians, but the clinic can always use additional M.D.'s. Only basic pediatric and family medicine

problems are addressed. For more complex patients the clinic acts as a referral source.

Patients are not charged for services rendered. Whenever possible, free medications are prescribed. No class four drugs are kept on the premises.

If you are interested in participating, please contact **Bruce** at 572-5140, 9:00 a.m. to 5:00 p.m., Monday through Friday. For call and possible schedule conflict purposes, the clinic convenes from 6:00 to 8:00 p.m. on Thursdays.

Dr. Klatt Nominated For WSMA Board

Gordon Klatt, M.D., PCMS President, has been nominated by the Board of Trustees for a position on the WSMA Board of Trustees. Dr. Klatt, if elected, will be replacing **Bob Scherz, M.D.**, Pediatrician, who has represented Pierce County on the Board since 1983.

Renominated for WSMA Trustees were **Dick Bowe, M.D.** and **Charles Weatherby, M.D.**; **Richard Hawkins, M.D.** was renominated for Vice Speaker; and **Bob Wachtei, M.D.** was nominated to serve on the WSMA EMS Committee.

The Board commended Dr. Scherz, who is stepping down from his WSMA position, for his service on the Board since 1983. His representation of Pierce County and medicine has always been of the highest quality. He will be missed by his colleagues on the Board.

Bob is semi-retired and putting in about 50 hours a week in his numerous efforts.

Minority Health Affairs Committee Recommends Survey

Charles Weatherby, M.D., Chairman, Minority Health Affairs Committee, and members representing the Tacoma Urban League, Tacoma Community House, Alpha House, Tacoma-Pierce County Health Department, and Community Health Care Delivery System Clinics met to establish goals and objectives for the Committee.

The members of the Committee strongly recommended that the Society conduct a survey to determine or gather the perceptions of physician members providing services to minorities. That survey will be going out in April. The concerns were

wide ranging from preventative care, prenatal programs, senior health care programs, to drug programs.

Dr. Weatherby and **Gordon Klatt, M.D.**, met with the Black Collective on Saturday, April 14 to discuss the concerns of the black leadership on health care in Pierce County. Look for information on this meeting in the June Newsletter.

The Committee will meet again in May to follow up on the survey and to address the objectives of the Committee.

Qualified Physicians Needed

Seattle • Low Volume • 60 beds • 12 - 36 hour shifts • Graduate of an Accredited Medical School • Current WA License and ACLS Certification • Two years or 2000 hours Emergency Room Experience • 150 hours of CME Credits - credits must be AOA-AMA approved and documentable • Malpractice Coverage Provided; Claims Made With Unlimited Tail

Call National Emergency Services — 1-800-554-4405

Measle Threat To Medical Personnel. . .

The Board of Trustees, at their April meeting, discussed the need for physicians and their office staff to be current on their measles immunizations. It was reported that two emergency room physicians in King County contracted measles because they were exposed to infected patients.

It is highly recommended that all persons born after 1956 should check their immunization status. If unknown, immunized prior to 1968 or immunized prior to one year of age, you need to be re-vaccinated.

There are currently 10 cases of measles in Pierce County that are confirmed and/or physician diagnosed. Three local hospitals have infected patients. Please be advised that your office staff members need to follow these same protocols.

Dr. Hoffmeister President of WSOA

Richard Hoffmeister, M.D., Tacoma Orthopedist and member of PCMS since 1978, has assumed the Presidency of the Washington State Orthopedic Association. His predecessor was Bill Grainger, M.D. of Spokane.

Dr. Hoffmeister, WSOA's Vice President for the past two years, has chaired the WSOA Legislative committee since 1986. This last legislative session he served as vice chairman of the WSMA Legislative Committee. The committee met weekly to review events as they occurred in Olympia.

He is also the legislative committee's liaison to the WSMA's liability committee and its political action committee, WAMPAC.

The Society congratulates Dick Hoffmeister on his position with WSOA and thanks him for his efforts on behalf of medicine.

Needle Exchange Update

The Board of Trustees, at their April 3 meeting, were updated regarding the Needle Exchange Program by **Al Allen, M.D.**, Director, Tacoma-Pierce County Health Department (TPCHD) and members of his staff. They reported that the program is beneficial, is legal, and that the main intent is to interrupt transmission. Holly Hagen, Epidemiologist, presented information that had been gathered regarding the program's effectiveness. From this information, the TPCHD is confident they are making a difference. They reported that there are many promising modalities in the prevention of AIDS and Needle Exchange is one. They have documented that people who utilize the exchange decrease their susceptibility to the disease. The Board requested that Dr. Allen report back in 1991 with more solid evaluation results.



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Building Purchase Update

As we go to press in mid-April, the Medical Society office is still located at 705 South Ninth, and anticipating, but not promising, to be in the new building by May 1.

Due to revision of the renovation plans and the structure of the building, it was necessary to add additional supports in the lower level where the walls have been removed from the reception area.

Dr. Koop Address to AMA Leadership Conference Available

It was Sunday morning in the ballroom of the Sheraton Hotel in Phoenix. The giant, blue, white and black banner draped behind the podium proclaimed "Strong Medicine." Former Surgeon General of the United States **C. Everett Koop, M.D.**, stroked his trademark whiskers, looked out into an audience of 1,800 physicians and others packed into the ballroom and intoned:

"I feel up to delivering a sermon.
And deliver one he did.*"

He addressed the group on the subject of "Building Bridges between Physicians and the Public."

If you would like a copy of his presentation, please call the Society office at 572-3667. You will like what he has to say.

*LACMA Physician, April 2, 1990.

Housesitters Available!

Are you worried about leaving your home unattended during your vacation? Don't worry. Call the Medical Society. We have several professional housesitters available.

These sitters are experienced and have good references.

Call PCMS at 572-3667 to get in touch with your sitter.

Qualified Physicians Needed

Western Washington • Low Volume
• 24 beds, 8 patients per hour • 12 - 72 hour shifts • Graduate of an accredited Medical School • Current WA License and ACLS Certification • One Year Emergency Room Experience • Malpractice Coverage Provided: Claims Made with Unlimited Tail

CALL National Emergency Services: 1-800-554-4405

"Managing Diabetes in the '90's"

The Diabetes Association of Pierce County and the American Diabetes Association are co-sponsoring a one-half day clinical education program for physicians "Managing Diabetes in the '90's" on Saturday, May 12.

Physicians attending will receive 3.5 Category I credit hours for the Physician Recognition Award of the American Medical Association and for the relicensure requirements of the Medical Examiner of the State of Washington. This program is also accredited for 3.5 hours by the American Academy of Family Physicians and 3.5 elective credit

hours by the American Osteopathic Association.

The seminar's objectives are to provide state-of-the-art information about the practical management of diabetes and to improve the quality of care provided to all people with diabetes.

Pre-registration is \$65 and will be taken until Wednesday, May 19. Registration at the door will be \$75. The fee includes a continental breakfast and reference materials (2 books, and 3 pamphlets) on diabetes.

Call 272-5134 for more information or to receive a brochure.

Scenic Tacoma Bicycle Ride

Enjoy a bike ride through one of the most beautiful areas of the Northwest. This 35 mile ride begins in Point Defiance Park, continues through beautiful Northend residential areas into downtown Tacoma, on to the "tide flats" and East Tacoma. Return via the waterfront to Point Defiance Park. Several stops for "eats."

Points of Interest:

- The Narrows
- Union Station
- Tacoma Dome
- Cliff House
- Old Smelter Stack

We will meet on Saturday, May 12, 9:30 a.m. at Point Defiance Park entrance. Contact **Dave Wilhyde, M.D.**, Tacoma, 572-6920.



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Gene & Marie Smith

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. 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.

Randall P. Bennett, M.D.

Otolaryngology. Born 09/18/54 in California. Medical school, Ohio State University, 1982; internship, Madigan Army Medical Center, 1983; residency, Madigan Army Medical Center, 1987. Board certified, Otolaryngology, 1987. Dr. Bennett is practicing at 1609 South Meridian.

Glenn A. Deyo, M.D.

General Surgery. Born 01/04/52 in Texas. Medical school, University of Texas Medical School of Houston, 1982; internship, Madigan Army Medical School, 1983; residency Madigan Army Medical Center, 1987. Washington State License, 1989; board certified, General Surgery, 1988. Dr. Deyo is practicing at 3611 South D Street.

Frank S. Flocu, M.D.

Psychiatry. Born 05/12/50 in Texas. Medical school, University of Texas Medical Branch, 1976; internship, Long Beach VA Medical Center, 1977; residency, University of Cal-Irvine Medical Center, 1979. Washington State License, 1989; board certified, Psychiatry, 1983.

Kent R. Gebhardt, D.O.

Family Practice/Emergency Medicine. Medical school, College of Osteopathic Medicine, 1986; internship, Cook County Hospital, 1987; residency, Cook County Hospital, 1989. Washington State License, 1989; board certified, Family Practice, 1989. Dr. Gebhardt is practicing at 2209 East 32nd Street.

Richard E. Gray, M.D.

Orthopedic Surgery. Born 05/31/60, New Orleans. Medical school, Northwestern University Medical School, 1984; internship,

Northwestern University Medical School, 1985; residency, Northwestern University Medical School, 1989. Washington State License, 1990. Dr. Gray is practicing at 2420 South Union.

Ales Matzenauer, M.D.

Internal Medicine. Born 01/29/53 in Czechoslovakia. Medical school, Palacky University, Czechoslovakia, 1978; internship, Lincoln Hospital, 1987; residency, Lincoln Hospital, 1989. Washington State License, 1989; board certified, Internal Medicine, 1989. Dr. Matzenauer is practicing at 7511 Custer Road W.

Doris A. Page, M.D.

Family Practice. Born 06/11/45 in Newark, N.J. Medical school, University of Colorado, 1982; internship, Mercy Medical Center, 1983. Washington State License, 1989. Dr. Page is practicing at 3716 Pacific Avenue, Suite G.

Welcome To New Members

The Board of Trustees at its March 14 meeting approved the Credentials Committee recommendation that the following applicants be approved for membership into the Society. They are:

ACTIVE MEMBERS:

M. Tarek Baghdadi, M.D.,

Ob/Gyn, 1811 South K Street, #203, "Royal College of Surgeons" Ireland - 1980, Medical Director of Midwives Associated

Lance W. Kirkegaard, M.D.

Internal Medicine/Critical Care 11311 Bridgeport Way S.W., #301 University of Texas School of Medicine - 1978

Jerry E. Markussen, M.D.

Internal Medicine, 521 South K Street, University of California - 1976

Sharon Schual-Berke, M.D.

Cardiology, 1802 South Yakima Avenue, #302, New York Medical College - 1979

Henriette P. Schwab, M.D.

Dermatology, 1706 South Meridian Street, #140, State University of Leiden, Netherlands, 1980

Cheryl M. Yokoyama, M.D.

Ophthalmology, 1901 South Cedar, #101, University of California, San Francisco Medical School - 1983

ASSOCIATE MEMBERS:

William P. Andrade, M.D.

Allergy/Internal Medicine, Madigan Army Medical Center, University of Washington School of Medicine - 1973

Lee E. Payne, M.D.

Emergency Medicine, Madigan Army Medical Center, Vanderbilt University School of Medicine - 1983



Pierce County Medical Society

223 Tacoma Avenue South • Tacoma, Washington 98402 • Telephone (206) 572-3666

Presents

*Our Quarterly Luncheon Meeting
For Retired Members and Spouses*

“Palliative Medicine; An International Experience Is Pierce County Ready for It?”

featuring

Stuart J. Farber, M.D.

Please Note:

The PCMS Photographer will be at this meeting to take your photographs for the 1990 Pictorial Directory.

There is **NO CHARGE TO HAVE YOUR PICTURE TAKEN.**

*We Hope That You
Will Participate!*

Date: Wednesday, May 9

Place: Quality Inn (Tacoma Dome Hotel)
(Hickman Room)
2611 East “E” Street

Time: Lunch 12:00 p.m.
Program 12:45 p.m.

Price: \$10.50 per person

To register, please send your reservation to PCMS or call us at 572-3667 no later than **Friday, May 4.**

REGISTRATION

Yes, I (we) have reserved May 9 to join retired members of the Pierce County Medical Society to hear “Palliative Medicine; An International Experience - Is Pierce County Ready for It?”

Please reserve ___ lunch(es) at \$10.50 per person (tax, and gratuities included).
Enclosed is my check for \$_____

___ I regret that I am unable to attend the lunch portion of the meeting. I will attend the program only.

Dr. _____

Please make check payable to PCMS and return no later than Friday, May 4.

Mark Your Calendar!

College of Medical Education

Aggressive Musculoskeletal and Spinal Evaluation, Treatment and Rehabilitation Program is Set for May 10 & 11

The Aggressive Musculoskeletal and Spinal Evaluation, Treatment and Rehabilitation Program is scheduled for May 10 and 11 at the Tacoma Sheraton Hotel. Sponsored by the College of Medical Education, the 2 day program has been organized by **Edgar Steinitz, M.D.** physiatrist with Electrodiagnosis and Rehabilitation Associates of Tacoma. Dr. Steinitz is also Medical Director of Northwest Therapy and Rehabilitation of Tacoma.

The program is accredited for 16 Category I C.M.E. hours and will

focus on Diagnostic Subsets, Technologic Advances, Injection Techniques, Exercise Prescription, Surgical Approaches, Early Intervention, and Disability Prevention.

The conference faculty includes many local and regional experts and will feature Jeffrey Saal, M.D., a San Francisco Rheumatologist and Physiatrist. Dr. Saal is the Director for Research and Education of the San Francisco Spine Institute and the Chief, P.M. & R. of the Spine Care Medical Group of Daly City, California.

The conference will also cover electrodiagnostics, radiological scans (CAT, MRI, & contrast enhancement) and reflex sympathetic dystrophy. The program will also examine pediatric, geriatric, and rheumatologic considerations. Discussion of the physiologic armentarium and issues surrounding the shoulder and lumbar spine will also be included.

Those who have not registered for the conference, may do so by calling 627-7137.

Sun Valley Registration Continues

The Sun Valley C.M.E. program, set for February 27, 28 and March 1, 2, and 3 of 1991, continues to register participants. The program sponsored by the College of Medical Education, will be held at Sun Valley's Elkhorn Resort.

Registration packets were mailed last month to those physicians who

completed and returned the College's interest survey. However, other Pierce County Medical society members may receive the extensive program packet by calling 627-7137.

Those who have yet to register are encouraged to act soon to assure space in the conference, to arrange for the best lodging at reduced rates,

and to secure limited air transportation at convention rates.

The interest survey indicated that many physicians planned to take their entire family and spend a whole week. The reduced rates for Elkhorn resort and Horizon Air are available for participants and their families' extended stays.

C.O.M.E. Program Schedule

DATE(S)	PROGRAM	DIRECTOR(S)
1990		
Thurs., Fri., May 10, 11	Aggressive Musculoskeletal and Spinal Evaluation, Treatment and Rehabilitation	Edgar Steinitz, M.D.
Mon., Tues., June 25 & 26	Advanced Cardiac Life Support	James Dunn, M.D.

Popular ACLS Course Accepting Registrations

The College of Medical Education's second of two annual advanced Cardiac Life Support classes is scheduled for June 25 and 26 in Jackson Hall.

The course is coordinated by **James Dunn, M.D.**, and offers 16 Category I C.M.E. credits in addition to ACLS certification. Those interested in registering are encouraged to sign up soon — as the course fills early.

Clip and Save!



AXID®
nizatidine capsules

Brief Summary. Consult the package literature for complete information.

Indications and Usage: 1. *Active duodenal ulcer*—for up to eight weeks of treatment. Most patients heal within four weeks.

2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than one year are not known.

Contraindication: Known hypersensitivity to the drug. Use with caution in patients with hypersensitivity to other H₂-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy.

Drug Interactions—No interactions have been observed with theophylline, chloridiazepoxide, lorazepam, lidocaine, phenytoin, and verapamil. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice,

although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no pertinent increases in hepatic carcinoma and nodular hyperplasia in the high-dose animals as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, 350 mg/kg/day, about 60 times the human dose, and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect, but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect

Axid® (nizatidine, Lilly)

**Because safety
cannot be taken for granted
in H₂-antagonist therapy**

AXID[®]
nizatidine

Minimal potential for drug interactions

**Unlike cimetidine and ranitidine,¹ Axid
does not inhibit the cytochrome P-450
metabolizing enzyme system.²**

Swift and effective H₂-antagonist therapy

- **Most patients experience
pain relief with the first dose³**
- **Heals duodenal ulcer
rapidly and effectively^{4,5}**
- **Dosage for adults with active
duodenal ulcer is 300 mg once nightly
(150 mg b.i.d. is also available)**

References

1. *USP DI Update, September/October 1988, p 120.*
2. *Br J Clin Pharmacol 1985;20:710-713.*
3. *Data on file, Lilly Research Laboratories.*
4. *Scand J Gastroenterol 1987;22(suppl 136):61-70.*
5. *Am J Gastroenterol 1989;84:769-774.*

reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.
Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,500 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.
Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported

with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H₂-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

PV 2098 AMP

Additional information available to the profession on request.

[091289]



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- HEALTH REPORT -

TIME OF EXAMINATION: For athletics, during the 12-month period prior to first participation in interscholastic athletics in middle 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 TO BE COMPLETED BY THE PARENT OR GUARDIAN BEFORE EXAMINATION BY THE PHYSICIAN. PLEASE PRINT.

Last name _____ First _____ Middle _____ Birthdate: Month/Day/Year _____ Sex: F or M _____ Name of school, camp or organization _____

Name of parent or guardian _____ Address _____ Zip _____ Home phone _____ Work phone _____

Usual physician or source of health care _____ Phone _____ Dentist _____ Phone _____

CIRCLE PURPOSE OF REPORT: *SCHOOL*—Preschool, ChildFind, Head Start, ECEAP, kindergarten, elementary school, middle school, high school.
 To enter grade _____ Sept. 19____ *INTERSCHOLASTIC ACTIVITIES*—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 HAD THE FOLLOWING: Circle the appropriate item(s) and explain on the right. Name other doctors important in child's care _____

SKIN: acne, eczema VISION: glasses, contacts HEARING: aids NOSE: bleeding MOUTH: dental decay, orthodontia LUNGS: asthma, bronchitis HEART: congenital, rheumatic GASTROINTESTINAL: ulcer, colitis, hepatitis GENITOURINARY: kidney or bladder infection If female, menstruating: Yes () No () If child is under 3 years, give birthweight _____	ORTHOPEDIC: fracture or sprain, scoliosis, congenital hip NEUROLOGICAL: convulsions, meningitis, cerebral palsy METABOLIC: diabetes BLOOD: anemia, sickle cell disease ALLERGIES: food, insect, pollen, contact, drugs, other (specify) _____ HOSPITALIZATION(S) (year & reason): _____ OPERATION(S) (year & reason): _____ HANDICAP: physical, mental, behavioral, social, learning, vision, hearing, speech, hyperkinesis Has child had: rubella (), rubella (), mumps (), chicken pox (), whooping cough ()
--	--

Describe unusual factors regarding birth or health immediately after birth _____

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

IMMUNIZATIONS	None	Doses received					Month/Day/Year	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) Injectable Polio Vaccine (IPV)								OPV/IPV (circle dose given)
MMR (Measles, Mumps, Rubella)								MMR
Hemophilus Influenza B Vaccine								Hemophilus

Date of examination _____ Height _____ Weight _____ Blood pressure _____ Hearing: Right _____ Left Tympanogram: Right _____ Left _____ Hematocrit _____ Hemoglobin _____ Sickie Cell _____ Urinalysis _____

Vision: Right 20: _____ Left 20: _____ Vision corrected: Right _____ Left _____ glasses, contacts 20: _____ [circle which]
 Color vision _____ Tuberculosis, skin test: Date _____ Type _____ Result _____

CIRCLE ABNORMAL AREAS—DISCUSS AT RIGHT

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

ANY CONDITION CIRCLE
 Eczema, allergy, asthma, exercise
 Induced asthma, obesity, lung,
 heart, orthopedic, other _____

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

INTERVAL NOTE: Identify any occurrences since examination which could affect 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. _____

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

MINIMUM WEIGHT—REQUIRED FOR WRESTLERS ONLY
 101 108 115 122 129 135 141 148
 158 168 178 188 Unlimited

A physician's written release is required to resume participation following an 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 & title _____

Prepared by the Pierce County Medical Society in cooperation with Tacoma and Pierce County preschools and schools, Tacoma-Pierce County Health Dept., Dept. of Social & Health Services, child care, youth and camping organizations.

PCMS Coordinates Goodwill Games Physicians Exchange™

— Editor

Host Families Needed

PCMS is co-sponsoring the **Goodwill Games Physicians Exchange™** in conjunction with the Goodwill Games Seattle Organizing Committee and will be administering and coordinating the host program. We need your help to make this cultural exchange work.

Thirty-five Soviet physicians will be arriving July 22 to visit the Puget Sound area. The Medical Society currently has approximately 100 physician members and non-members who have expressed an interest in hosting a Soviet guest.

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Totally Menu Driven, user friendly,
Allows Rapid response to patient or
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Easy billing to any Ins. by paper,
Rapid Deposit entry: < 1 minute¹,
Can Handle: payments, takebacks, refunds,
overpays, writeoffs, adjust off, special
billings, sliding scale, prof courtesy,
Summary Reports by Day, Month, Year
Automated Statements,
Variety of Training available,
Well documented manual on all features.
ARC archiving software included.
Optional online support.
Free updates and phone support for 1 year.
In use in medical offices since 1987.

\$1000.00 / \$1150.00 with online support
(hardware also available)

P.C. Healthcare 474-9484

¹with average typing skills and software familiarity.

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Responsibilities of the Host Family

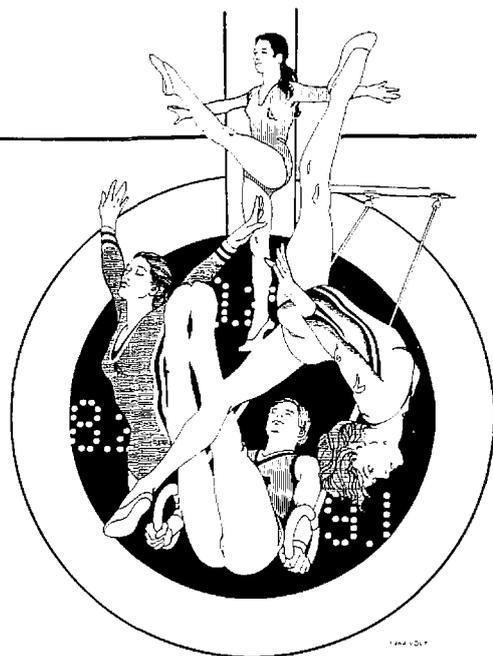
We hope to have enough volunteers to make it possible for each Soviet physician to have 2-3 host families who would feed, house, and show them the sights. We especially want to give them the opportunity to visit the host's office, clinic, hospital, and see how American medicine is practiced.

There is no requirement that they or the hosts attend the Goodwill Games™. It is anticipated that Goodwill Games™ will set aside a block of tickets for certain events for guests and hosts to attend, if they wish to do so. The hosts will be expected to purchase the tickets.

There is a lot of flexibility in the program. Much depends on the hosts and what they want to show the visitors. One requirement is necessary: the Soviet Government requires that they be able to reach any of their physicians at any time. This can be accomplished by calling the Medical Society office and informing them where the physician will be during the day.

Expenses

No unusual expenses should be incurred that would not be expected of someone hosting a guest or exchange student. However, there is one exception. The hosts may be asked to purchase a health insurance policy for the guest, estimated cost is \$12-\$30. Goodwill Games has suggested that it would be appropriate to buy them a gift. This will be discussed in detail at the orientation session.



Orientation Session

An orientation meeting will be held June 14 and June 19 to outline the arrangements. We hope to match Soviet physicians with physicians of similar specialties.

C.M.E. Program

There will be a one-day seminar sponsored by the Physicians for Social Responsibility. It is scheduled for Tuesday, July 24. The Soviet guests will be expected to attend this meeting. It will be held in Tacoma...location had not been decided at press time.

The Goodwill Physicians Exchange™, as originally conceived by Robert Klein, M.D., is a chance of a lifetime. It provides us the opportunity to meet people of a different culture and share our medical knowledge, abundance, democratic ideals, and develop lasting friendships.

If you would like to host a Soviet physician, please call the Medical Society at 572-3667. □

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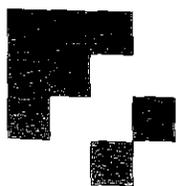
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First Steps Program Expands Eligibility

— Department of Social and Health Services



First Steps is a new program that expands eligibility for Medical Assistance. It's for pregnant women and infants with a family income up to 185% of the Federal Poverty Level.

The Community Services Offices (CSOs) are using changes in state and federal laws to provide medical coupons to more pregnant women and young children than ever before.

The gross monthly income a family can earn and still receive medical assistance for a pregnant family member more than doubled on August 1, 1989. This is:

women to ensure that we meet a 5 day timeframe. When the applicant first requests an appointment, she is interviewed by the financial screener. The screener makes sure the applicant knows what verification will be needed (social security card, current income/wage verification, identification for the pregnant women, pregnancy verification including estimated date of delivery signed by a licensed medical practitioner).

If the applicant is potentially eligible for other programs, First Steps eligibility is still established even if the other program eligibility is pending.

First Steps offers physicians a higher reimbursement for state-funded pregnant patients:

- reimbursement for OB care and delivery from \$750 to \$850;
- \$100 for labor management;
- \$50 initial assessment fee;
- up to \$300 for high-risk pregnancy management by trimester.

Physicians caring for high-risk First Steps patients can contact the CSOs and request that the patient be referred to a case manager or support services nurses and social workers who will reinforce the physician's advice and make sure the patient shows up for her appointments. Case managers or support services can guide patients to help, such as nutritional counseling and childbirth education. Case managers can also assist in getting patients into drug and alcohol abuse programs.

The patient should be sent to the CSO because she may be eligible for a broad range of services including food stamps, dental care, and medical transportation.

A media campaign will be launched to heighten public awareness of the need for prenatal care

and good health habits. The media campaign will start in September. This campaign will cause more pregnant women to look for prenatal care. We will need more physicians to take these women into their practices, providing them with prenatal and delivery care.

* If you are willing to serve First Steps obstetrical patients, call 591-6428.

* Have your billing staff call (206) 586-6478 to make sure you're billing correctly for high risk First Steps patients. New codes have been set up.

* Let your staff know that First Steps is a new state funded program to help low-income (working and non-working) pregnant women obtain needed prenatal care.

* Make sure every one on your staff knows that the local DSHS CSO is the point of entry for First Steps patients.

* Give the DSHS CSO telephone number to low-income pregnant women who come into your office seeking prenatal care. These women need to go to the CSO to fill out an application to be eligible for First Steps coverage. They may be eligible for other benefits. If in doubt, refer!

* With First Steps patients you think might be high risk, make sure that a case manager or support services (reachable through the DSHS CSO) find out and get involved.

For more information, please call Allison Kemmer, First Steps Program, 596-2874. □

FAMILY SIZE	MONTHLY GROSS INCOME
2 (1+ unborn)	\$1,236
3 (2+ unborn)	1,551
4 (3+ unborn)	1,865
5 (4+ unborn)	2,180
6 (5+ unborn)	2,494
7 (6+ unborn)	2,809
8 (7+ unborn)	3,123

In addition, more program continuity accompanies the expanded eligibility standards. Once a woman begins to receive medical coupons, the coupons will continue unchanged throughout her pregnancy unless she moves to another state.

The CSOs are using a shortened application form and process. The applications can be filled out at and with the assistance of the Health Department or Community Health Care Delivery Systems. The goal of these changes are to make CSO services more available. The CSOs will see new clients that are pregnant within 5 days and complete processing the applications within 15 days.

The CSO's in the Tacoma area have also established expedited appointment slots for all pregnant

Editorial: OB Providers Need to Take First Steps

— Philip Henderson, III, M.D. Past President
Washington State Obstetrical Association



The numbers of poor women showing up in the emergency room to deliver their babies - without prenatal care - finally grew so large they couldn't be ignored. In 1986, some 3,200 pregnant women received almost no care. Their babies died at a rate significantly higher than those whose mothers received prenatal care.

Last year the legislature acknowledged the problem by passing First Steps, the Maternity Access Act of 1989.

When we were pressing the case for First Steps, we had the chance to present physicians' views on the

obstetrical access problem. We have helped to educate the public about the difficulties, frustrations, and shortcomings in trying to provide obstetrical care to indigent patients, some of whom have overwhelming social problems that cannot be resolved by physicians alone.

As I see it, the ultimate significance of this legislation is that maternity care for indigent patients in the state of Washington is now a public health issue. No longer are poor obstetrical patients the sole responsibility of private physicians, hospitals, and local health clinics.

However, it is imperative that we obstetrical providers play a central role in the development and implementation of local programs called for in First Steps. We are the final common pathway in any obstetrical service delivery system. To leave the planning to social health bureaucrats is not only illogical, but dooms us and the program to failure.

(Continued on page 31)



Bob Sizer



Doug Dyckman



Dave Gillespie,
CIC



Curt Dyckman



Marge Johnson,
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FAX Has a Place in M.D.'s Office

—Reprinted from *AMA News*, October 13, 1989.



Jeffrey Long, M.D., uses his to analyze isodose calculations to guide the course of treatment for cancer patients. C. Alan Brown, M.D., uses his to help cardiac care nurses determine whether a patient's abnormal ECG is a real problem or just a loose lead. Geoffrey Bland, M.D., uses his to consult with specialists or get second opinions in tricky cases.

They aren't relying on the latest wave of medical technology but an office machine that's revolutionizing the way many physicians take care of patients and business - the fax.

Capable of transmitting exact replicas of documents in seconds via telephone lines, facsimile machines have become almost standard in business offices since their introduction just a few years ago.

National wholesale office supplier Quill Corp. reports that fax machines account for about 47% of the firm's total office machine sales, compared with less than 5% two years ago. Fax popularity is booming in the medical profession as physicians and hospitals come up with creative ways to use them in patient treatment and office management.

"Our total fax business during the fiscal year to date is up more than 100% over the same period last year, and the medical market is up about 135% to 150%," says Scott Karoll, a senior buyer with Lincolnshire, Ill.-based Quill.

"Most people we did business with two years ago did not have them; now almost everyone does," says Los Angeles-based consultant George Conomikes.

He tells of one internal medicine practice that was given a fax by its outside pathology lab so the physicians could have the results sent to them as soon as they were available. "It was a service for the doctors, but it also saves the pathology company from having to make two

trips - one to pick up specimens and another to deliver results," Conomikes says.

Physicians say fax machines make quicker work of many administrative tasks - ordering office supplies and handling tax matters or contract problems with accountants and lawyers - but they seem more enthusiastic about using the fax as a tool for managing patient care.

For Dr. Long, the fax provides a crucial link between Decatur Memorial Hospital in central Illinois, where he is director of radiation oncology, and Sarah Bush Lincoln Health Center in Mattoon, about 50 miles southeast, where the hospital operates a satellite cancer-treatment center.

Dr. Long drives to Mattoon several days each week to see patients, frequently ordering tests, the results of which aren't available until the following day - when he is back in Decatur.

"The tests take so long, the results are never available while we're still at the hospital," Dr. Long says. "The only way we can do the isodose one day and begin treatment the next is with fax."

Typical treatment planning involves having the patient "simulated," and x-ray procedure that defines the area of the body being treated for cancer; ordering a CT scan for cross-sectional anatomical information; feeding the data into treatment-planning computer software; and performing an isodose calculation - which produces a graphic illustration of radiation in the patient's body and the dosage of radiation to the cancerous tumor.

The isodose calculations are shipped via fax from the Mattoon hospital to Dr. Long in Decatur as soon as they're available the next morning, enabling him to analyze the findings and begin treatment immediately.

"You can't just pick up the phone and transmit information about isodose calculations," he says. "The expeditious initiation of treatment in these patients is extremely important... The fax gives us the combination of improving the speed and the quality of radiation therapy we're giving."

Dr. Long also uses the fax regularly to obtain copies of medical journal articles not available at Decatur Memorial or other nearby hospital libraries.

"Often the literature we need is available only at the largest medical libraries," he said. "When we need to make a fairly rapid decision on a patient, we call up the library and have them fax the article we need."

The portable fax machine shared by Dr. Brown and four other MDs who make up Santa Barbara (Calif.) Cardiovascular Medical Group means fewer late-night trips to the hospital.

The cardiologist on call each night takes the portable fax home and receives electrocardiograms directly from the hospital ECG department or coronary care unit, both of which have fax machines.

"We have the choice of - in the case of pre-op ECGs - just faxing our interpreted results back to them, so they have a tracing with our signature or, with the CCU, picking up the phone and discussing with the nurse what an abnormality means," says Dr. Brown, who has used the portable fax for about two years. The

(Continued next page)

FAX (Continued)

MDs also have personal computers at home linked to the office computer, he adds, so all have quick access to patient medical histories.

"In the case of pre-op ECGs, the fax eliminates having to go to the hospital completely," he says.

While the fax obviously can't replace in-person examinations if a patient's ECG shows abnormalities, Dr. Brown says, it can help the physician spot those that can be easily corrected.

"There's nothing worse than getting out of bed at two o'clock in the morning to find out you've been called in for a loose limb lead," he says.

While physicians are using fax machines to transmit highly technical test results, using the fax itself is quite simple, says Dr. Bland, a family physician in Springfield, Ill.

"The hardest thing is getting people to remember the phone number they have to dial when they send stuff to us," says Dr. Bland.

A fax operates like a photocopier with a remote printer. Typically, senders feed documents into a slot on the fax and dial a telephone number to link it with a fax on the receiving end. When the phone connection is made, the original document is "read" by the fax and a copy is printed at the other end onto a long roll of paper.

While all faxes perform the same basic functions, prices can range from \$500 to \$2,000 and more, depending on the "accessories" a user wants, Karoll said. Features such as paper cutters (which cut documents to size as they're printed), speed dialing, polling (which can fax a document to several places at once or wait to send until long-distance rates drop) all add to the price.

Telephone line charges for fax machines are the same as regular local and long-distance calls, unless the machine is tied to a "dedicated" line used for fax only. Dedicated lines cost \$75 to \$100 to install, plus monthly fees that run about \$40, Karoll said.

For some physicians, such as Drs. Long and Brown, quality of reproduction is important. While older fax machines sometimes distort letters

and images, most new ones can virtually duplicate the quality of the original document, Karoll said.

"We get a very high-quality tracing that is perfectly adequate for interpretation," said Dr. Brown, adding that the ECGs he receives are only the tracing, which he then superimposes over a graph template to interpret.

The number of documents physicians expect to send and receive are the key considerations when shopping for a fax, Karoll said. Infrequent users probably can do without paper cutters, speed dialing, and other extras, he said, but high-volume users might find those features worth the extra money.

Offices with personal computers can buy "fax boards," which convert a PC into a fax and cost \$300 to \$1,000, less than many fax machines, Karoll said. However, he said, boards transmit documents more slowly and takes the PC out of commission.

Also, he said, fax boards can only send computer-generated files. Sending an already-printed document means buying a "scanner," which electronically "reads" the document and costs \$500 or more - or typing it by hand.

Dr. Bland was among about 200 physicians who received fax machines free two years ago from Memorial Medical Center, one of Springfield's two hospitals.

The donations were part of a marketing plan aimed at making it easier for physicians to communicate with the hospital and, it was hoped, admit patients to Memorial rather than Springfield's other hospital, says Linda Dickman, director of physician relations.

The machines enabled physicians to send medical records of patients being admitted, receive results from

hospital labs, send their own test results to the hospital and consult with one another, among other things, Dickman says.

"We had a couple of [physicians] at first who said, 'I don't know why I'd need this,' but by the time the other doctors got the machines and the common phrase became, 'Well, I'll fax it to you,' then they called and wanted it," she says.

Dr. Bland, who practices with a 65-MD multispecialty group, says the fax makes life easier for office staff, who spend less time on the phone chasing lab results, and saves time and money previously spent moving information among physician's offices, hospitals, and labs.

It's also made some of the changes in medical practice easier, he said.

"It used to be that people were admitted to the hospital a day or two before surgery so tests could be done," he said. "Now we've gone to same-day admission for surgery and most of the tests are done in the office. We can do the testing here, fax the results, and they'll be at the hospital when the patient checks in."

However, Dr. Bland says, the fax hasn't influenced where he sends patients who have to be hospitalized.

"Our practice is split about 50-50 between the two hospitals," he says. "We're very grateful to Memorial, but has it led us to favor that particular hospital? Probably not. We use the fax just as much for transmitting information to the other hospital."

Still, he says, the fax has become an integral part of the way he practices medicine.

"It's like the phone," he says. "When you didn't have one, you got along fine without it. But once you got it, you feel like you can't live without it." □

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Negotiating the Ins and Outs of Buying and Selling a Practice

— From the November 6 issue of the LACMA Physician.

The purchase of a medical practice can be a traumatic experience for both buyer and seller. For the seller, often the sale means giving up a practice to which many years of hard work and devotion were committed. Additionally, if the seller is financing any part of the purchase price, there is the concern of whether the buyer will be successful and be able to meet the financial obligations to the seller. For the buyer, there is the concern of investing a substantial amount of money and effort into a relatively unknown practice without any guarantees of success.

A carefully drafted agreement of sale between buyer and seller often goes a long way to ease both parties' concerns and to insure that the transaction flows smoothly. The properly drafted agreement of sale should cover four main areas; assets, price, warranties and representations, and liabilities and obligations of the practice.

Assets

In almost all cases, the purchase of a practice will involve the sale of assets. In a medical practice, intangible assets are the most important. Intangible assets include patient lists, files and records, and perhaps the most important asset, goodwill. Goodwill is the personal relationship between the seller and his patients, and the expectation of continued patronage by those patients. Goodwill is also the most difficult asset either to value or transfer. There is no guarantee that existing patients will accept the buyer as their doctor. However, often the seller's recommendation of the buyer is sufficient to convince most patients to accept the buyer.

The agreement of sale should include a provision that the seller will cooperate fully with buyer, both during and after the sale, in assisting

him in developing a relationship with the patients. If the seller continues to work at the practice after the sale, the transition of patients is eased. If the seller is leaving the practice, then the agreement should provide for a sufficiently long period to allow the introduction of the buyer to a majority of the patients. The agreement should also provide that an announcement that the buyer has purchased the practice be sent to the seller's patients.

It is to the seller's advantage to have the patients accept the buyer as their doctor, especially if any part of the purchase price will come from the earnings of the practice. The seller, however, should insist on a provision in the agreement to the effect that the buyer understands that the seller cannot provide any guarantee regarding future success of any transfer.

Patient records, files and charts comprise an important part of goodwill. The buyer should receive the records of all current and former patients. However, the seller should retain continued access to patient records in order to respond to any future questions. The agreement should preclude the buyer from destroying any patient records without the seller's consent, and also require the buyer to handle the records ethically.

Tangible assets (equipment, supplies, etc.) are usually a less significant part of a practice. The buyer's primary concern is that he is receiving good title to these assets. The buyer's attorney should perform a search to ensure that there are no liens on the assets. If any equipment is leased, the express approval of the lessor to the transfer should be obtained.

If there is any question as to whether there are any liens, the buyer

should consider having a portion of the deposit money held in an escrow account to ensure that all liens have been paid prior to releasing all monies to the seller.

The agreement should expressly state whether or not accounts receivable, including outstanding payments due from health insurers, and contracts with health maintenance organizations and suppliers, are included in the assets being sold.

Price

A wide variety of factors affect the determination of price, including the seller's reason for selling; the location of the practice; the suitability of the office premises, including the potential for expansion; the favorableness of the lease; the number of active patients and average number of new patients per month; the number of days worked in the practice per month; the average amount charged for patient visits; the practice's total receipts, and average accounts receivable for a given number of past years; the ability to keep the seller's telephone number; the amount of discounts to third party insurers; the age of the practice; patient characteristics, such as age, income, and place of residence; the seller's reputation; and the quality of both patient and financial records.

In general, a proper price is one that is established on the basis of the intangible element of goodwill, the tangible assets (including office fixtures, furnishings, equipment, supplies, office lease), and the accounts receivable, if any. Goodwill is often expressed as a percentage of one year's gross earnings from the practice. That percentage should reflect the factors listed above.

(Continued on next page)

Buying and Selling (Continued)

The agreement of sale should provide for the review by the buyer or his representative of books, ledgers, patient cards, financial statements and tax returns to ensure that the seller's representations are true and that the price correlates to the income generated by the practice. Written appraisals and inventories of the equipment, furnishings, leasehold improvements, and clinical and office supplies should be included as part of the agreement. The number of patient charts, current accounts receivables, aged accounts receivables and credits due patients from insurance reimbursement and co-payments should be verified.

Equipment and office leases should be examined and, where applicable, valued as part of the purchase price. The buyer should also review contracts and information regarding all of the seller's prepaid health plans, and any ongoing contracts for supplies.

Allocation of Purchase Price

In the past, the allocation of the purchase price for tax purposes was a hotly debated issue. A favorable allocation to either buyer or seller was automatically detrimental to the other. However, the Tax Reform Act of 1986 (the TRA) has made allocation much simpler. Seller and buyer can now agree to allocations beneficial to the buyer without concern for the seller.

Under the TRA, capital gains and ordinary income are taxed at the same rate. Thus, the distinction between capital gain and ordinary income is no longer relevant to the seller.

Allocation still remains important to the buyer, as certain items, most notably goodwill, cannot be expensed or amortized. The buyer should limit the amount allocated to goodwill, and allocate the maximum amount possible to items that have a fair market value and may be depreciated. Patient lists and records, leasehold improvements, the value of the office lease, and the seller's covenant not to compete are often overlooked as depreciable assets.

As the TRA requires that the allocations be reported to the IRS by buyer and seller, the agreement should include a provision that requires both parties to agree on the allocations and agree to report the same to the IRS.

Financing the Purchase Price

A buyer may be financing the purchase price either through outside financing or through seller financing. If the buyer is using outside financing, he should be careful to make the purchase of the practice contingent upon his obtaining the required financing.

If the seller is providing the financing, several issues arise, the most important being how the financing will be collateralized. The seller ideally wants the financing to be collateralized by some secure asset such as real estate. However, buyers often do not have, or do not want to use, real estate to collateralize the loan. Any seller financing should, at a minimum, be collateralized by the assets of the practice.

Both buyer and seller should make certain that the rights of the parties which relate to the securing agreement are spelled out in a separate agreement. The seller should also file a financing statement to protect the seller's interest in the assets. The seller might also require that the buyer obtain a policy of life insurance to secure the purchase price. The buyer should insist on having the right to prepay any or all of his obligation at any time without penalty.

Warranties and Representations

The value of a practice depends in large part on the accuracy and truthfulness of the information given by the seller to the buyer. The seller's

claims of gross and new income and expenses are the key to determining the true value of the practice. The buyer should demand that the seller represent and warrant unequivocally, among other things, the completeness and accuracy of the financial documents provided, as well as any other information provided concerning the practice, including the existence of actual or threatened litigation.

Similarly, the seller should require representations and warranties from the buyer. Among the buyer's representations and warranties should be that he is a duly licensed physician, that any information furnished to the seller is complete and accurate and that he (or his agents) has investigated the books and records of the practice to their satisfaction, and understands that there is no guarantee of success.

Liabilities and Obligations of the Practice

Generally, in a sale of assets, the buyer will not assume any liabilities of the seller. If the buyer will assume any liabilities. The agreement should expressly so state.

The agreement should also provide that all expenses of the practice be pro-rated as of the closing date.

The areas discussed above are general, and should be considered in almost every purchase and sale of a medical practice. However, they provide only a starting point for the preparation of an agreement. Each purchase and sale presents unique circumstances, which should be specifically addressed in the agreement of sale. □

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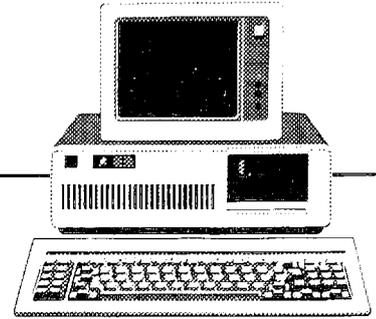
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Case Study: Electronic Transitions

— Matthew Newman, M.D.



I have been fascinated by computers since the ninth grade when I first learned to program in BASIC and FORTRAN IV. I was allowed to use the Denver Public School System's old IBM mainframe with paper printouts and punch card entry; CRT's were a dream to come.

When I set up my practice in 1984, I wanted to use computers but wiser heads than mine advised against it. I think I would rather have started from the very beginning as I look back. You may recall in 1986 when DSHS converted to Electronic Billing, they let us know that electronic billing (EMC) would be processed in two weeks, paper in three months. I immediately signed up, began using an Electronic Claims package, and started my transcriptionist using a word processor. My charts improved, my DSHS turnover improved. I was hooked! The program printed out HCFA's, but the accounts receivable were all completed by hand, then entered again to process.

The next step was a medical office software package. This was somewhat better, but still required double entering to do electronic claims. The documentation in the reports and the inability to fix mistakes in mathematical processing were disappointing. Another setback was hiring an incom-

petent front office staff person who did not use the computer as directed and destroyed the books and accounts. The PCMS recommended a rescue team that reconstructed the system, trained new staff, and made recommendations for an ideal computer program and system.

I soon learned that I was not collecting revenues with any great speed. Sometimes patients would get paid directly by the insurance company and keep the money. Since we do not insist on payment at the time of service, some patients wait two or three statements before submitting their insurance forms with our visit slip. I was burdened by an enormous time requirement filling out insurance forms and collecting accounts receivable.

In searching for a computer program I found that when software is targeted to medical offices, the expense is enormous. I looked at programs from \$2000 to \$8000. As I continued my search and became more knowledgeable, I found a network compatible designation raised the price four to five hundred percent. Some packages would add electronic claims, some phone support, etc., but the cost would always increase.

After not finding a program that would be affordable for me, I found

an opportunity to begin working on development of a program based on standard DBase files and language. The program has been extensively debugged and solidly adapted to ideal usage for a medical office.

The software contains the sum of my experience in having worked with other software packages, having my front office ruined, and my cash flow stopped. The program now triple checks cash flow, easily bills any insurance company (to be paid to doctors directly), does electronic claims for DSHS without double entry, and is correctable. In addition, the package does reports, has collection aids built in, and has interfaces for letters as well as many other features.

For me, this software is just what the doctor ordered. However, it may not be for every office. It is ideal for a low budget office interested in streamlining office staff and collections.

No software package will do everything for everyone but we are well pleased.

I have found after a very painful transition to computers that I would not be without them. In my office, I run a three station network and I also have one at home. I have learned a great deal in the last three to four years and have tried to pass on those difficult and costly lessons to others.

I recommend to everyone to give computers a chance, or perhaps in your case a second chance. Even a solo practitioner can benefit from this mechanization.

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◆ **Center for Personal and Family**

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Pierce County Chapter of Medical Assistants has installed new officers for 1990. They are (from left to right): Gay Blanch, Treasurer (Ulrich Birlenbach, M.D.); Joy Krumdiack, Secretary (Diane Coombs, M.D.); Sharron Vigil, Past-President (Endocrine Consultants Northwest); Edith Howe, President (Endocrine Consultants Northwest); and Sandra Mason, President-Elect (Clover Park Vocational-Technical Institute).

Editorial: OB Providers (Continued)

I call on all obstetrical providers to establish working relationships with local DSHS and county health authorities. Take the time to understand the services included in the Maternity Access Act so that you may better utilize them in caring for indigent patients.

Present projections show that approximately 38 percent of all obstetric patients will be DSHS-funded by 1992. It would seem prudent to be on good terms with the largest obstetrical insurance company in the state.

It has been argued that the Maternity Access Act does not address or solve all maternity access factors. It has been faulted because it fails to provide corrective action on liability

issues and obstetrical manpower shortages. Nonetheless, in the eyes of the legislature and public, this act with its generous funding is the solution to maternity problems in our state.

I believe that we, as obstetrical providers, have an ethical responsibility and a vested interest to actively participate in and support access programs. The organization and function of these programs will take place with or without our support and expertise.

As participants and leaders in the quest to improve maternity care, I believe that we will be given due credit. If we do not participate in access programs, then the failure of this legislation to lower perinatal morbidity and mortality will eventually lie at our feet. □

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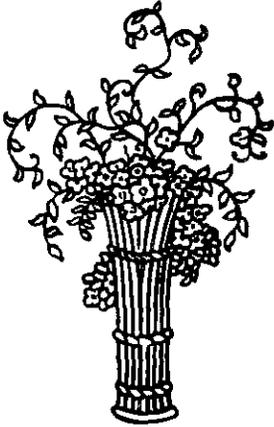
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Auxiliary News

Auxiliary Meeting Notice

The May luncheon meeting will be held Friday, May 18, at 10:00 a.m. at the home of **Sharon Lukens**, 2808 East Bay Drive, Gig Harbor 98335.

The program will feature "Floral Creations" by Wayne Piepers. Mr. Piepers is a nationally recognized floral designer and the recipient of many national awards including the Sylvia Award which is the Oscar of the world of floral design. Join us for this rare opportunity to learn from a master floral designer.



We will be honoring PCMSA past presidents and introducing the new officers at this last general membership meeting of the 1989-90 auxiliary year. Make your reservation by calling **Jerol Ann Gallucci**, 582-8858; **Elita Lesh**, 1-851-2603; or **Sue Akamatsu**, 579-4619 by May 11.

Ideal Mother's Day Gift

"All American Mom" sweatshirts are available in time for Mother's Day — a perfect gift for the favorite Mom in your family. The sweatshirts, designed by Fife-based Morning Sun, are part of Auxiliary's on-going AMA-ERF fundraising project.

The bright red, white collared shirts with puffed lettering are available in sizes M, L, and XL. They are \$25 per shirt plus a \$1 delivery fee or a \$2.50 mailing fee. Make checks

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CLASSIFIEDS

Positions Available

PHYSICIAN OPENINGS - Emergency Department/Ambulatory Care. Civilian opportunities at the Naval Hospital - Bremerton, WA. Full time EM/EP/IM with ACLS and ATLS certification. Contact David C. Jester, D.O., EMAC Medical Director, Naval Hospital - Bremerton, Boone Road, Bremerton, WA 98312. (206) 478-9585 or (206) 478-9322.

FULL TIME FACULTY POSITION at University of Washington affiliated Family Practice Residency program in south Seattle area. Board certification and OB experience preferred. New opening created by program expansion. Interested in joining us? Please send letter and CV to Drew Oliveira, M.D., Program Director, Valley Family Care, 3915 Talbot Road S., #401, Renton, WA 98055.

WASHINGTON, PUGET SOUND. Part-time position available with Physician-owned Corporation staffing

two urban hospitals. Malpractice paid. ABEM certification or preparation required. Flexible scheduling to allow you to enjoy the Pacific Northwest. Reply with C.V. to TECP, 955 Tacoma Avenue S., Suite #210. Tacoma, WA 98402. (206) 627-2303.

WASHINGTON, PUGET SOUND. Full-time position available with Physician owned Corporation. Partnership potential. Established group needs replacement for partner relocating to East Coast. Requires ABEM certification or preparation with high volume experience and interest in administrative responsibility. Reply with C.V. to TECP, 955 Tacoma Avenue S., Suite #210, Tacoma, WA 98402. (206) 627-2303.

RADIOLOGIST/LOCUM TENENS - Need B/C Radiologists for locum for 2 to 3 months per year at Madigan Army Medical Center -Tacoma. Contact G. Bernstein (206) 840-9652.

Questions About Hiring? Firing? Raises? Etc.?

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(continued)

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General

MEDICAL OFFICE STAFF — All applicants are screened, references are checked, interviewed, evaluated, and matched against your specific requirements. We only refer those who qualify — call today! PCMS Medical-Dental Placement Service, 572-3709.

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WE ARE PLEASED to announce Peachy Smalling has joined the firm of Windemere Real Estate in Gig Harbor. She specializes in waterfront, view, and custom homes in Tacoma, Gig Harbor, and Lakewood. Canterwood homes and lots also available. Days: Tacoma/Lakewood — 627-1125, Gig Harbor — 851-7374. Evenings and Weekends: 851-3336.

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If you have information you would like to submit for publication in the *PCMS Newsletter* or the *Bulletin*, please send to:

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Presidents Notes: A Time for Action!

The Pierce County Medical Society is taking a leadership role in addressing the trauma issue in Pierce County. A committee consisting of trauma surgeons, emergency room physicians, hospital administrators, and intensivists from the civilian and military community will be investigating the best method to serve Pierce County citizens. This committee will be chaired by Dr. William Martin and will give a report to the Board of Trustees later this summer. My hope is that we can then go to the community with a plan of action before the state dictates to us what will be done.

There is a wide difference of opinion in the medical community about how we should approach this issue. As I talk with physicians throughout the county, the recommendations vary from Madigan being named the trauma center to keeping the present system of trauma coverage at Good Samaritan Hospital, St. Joseph Hospital, Tacoma General Hospital, and Mary Bridge. Children's trauma also needs to be part of this discussion.

It is important that we go to the county and municipal communities with a plan that represents what is best for the people of Pierce Coun-

It is important that we go to the county and municipal communities with a plan that represents what is best for the people of Pierce County. Political, economic, and territorial biases and prejudices must be put aside.

ty. Political, economic, and territorial biases and prejudices must be put aside.

We will keep you informed as we proceed. I urge you to contact committee members if you have any thoughts or ideas on the subject.

Trauma Committee: James G. Billingsley, M.D.; James D. Buttorff, M.D.; Barry Connoley, CEO, Multi-Care Health System; John B. Coombs, M.D.; James K. Fulcher, M.D.; Lt. Col. Cloyd Gatrell, MAMC; Dave Hamry, President, Good Samaritan Hospital; Charles F. Hoffman, Director, Allenmore Hospital; Gen. John Hutton, Jr., MAMC; Christopher Jordan, M.D.; Major Chris Kaufman, MAMC; Gordon R. Klatt, M.D.; John Long, President, St. Joseph Hospital; William G. Marsh, M.D.; William G. Martin, M.D.; Robert F. Wachtel, M.D.; Barry J. Weled, M.D.; G. Michael Wiese, M.D.

— Gordon R. Klatt, M.D., President

GoodWill Exchange Update

Thirty-two Soviet physicians will be the guests of Puget Sound area physicians and medical professionals during the Goodwill Games, July 22-August 5. Sponsored by the Physicians for Social Responsibility and officially hosted by the Pierce County Medical Society, the Soviets will be welcomed by more than 100 medical community families who will take them into their homes as both friends and colleagues.

This two-week cultural exchange will allow Soviet physicians to directly experience American medicine through visits to local hospitals and medical practices.

Our guests will also be attending "Nuclear Hazards and New Opportunities after the Cold War," a seminar produced by the Physicians for Social Responsibility. They will also have the option to tour the State Capital, The Morning News Tribune, KSTW Television, and have a hands-on learning lesson at Quantum Computers. We hope that through this cultural exchange our Soviet friends will come away from Puget Sound with a positive and balanced view of American medicine.

Stop By and See What's New!

Yes! It's true—we've finally moved. We are pleased to announce that our new location is at 223 Tacoma Avenue South, Tacoma 98402.

After months of anticipation and preparation, we began the monumental task of sorting through the accumulation of the last approximately nine years (since our last move). It wasn't easy, but we managed to get most of the office moved by April 30.

We traded in our multi-floor, pea-green building for an attractive one-story, brick building with gray trim.

The new layout has already proven its efficiency. There are bigger, brighter windows and skylights, which provide plenty of light, and soft muted colors running through both the carpets and walls.

Currently our tenants include the Pierce County Dental Society, the Seattle Deposition Reporters, and Hiltbrunn Insurance. Space in the

new building is also targeted for the Pierce County Pre-natal Clearing-House, a joint effort between PCMS and the Tacoma-Pierce County Health Department.

Our new sign is already out front—you can't miss it. Stop by for a complimentary tour and look for details of our open house in the August Bulletin.

PCMS Officers:

Gordon R. Klatt	President
William G. Marsh	President-elect
John B. Coombs	Vice President
Joseph H. Wearn	Secretary-Treasurer
William T. Ritchie	Past President

PCMS Trustees:

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PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community.

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. We welcome and invite your letters, comments, ideas and suggestions.

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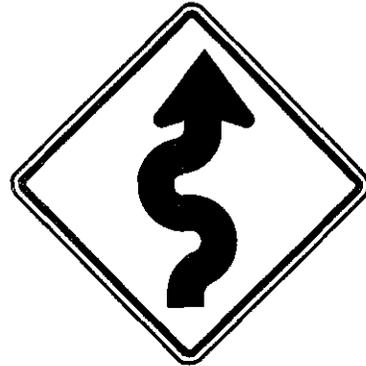
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SEPTEMBER 20-23, 1990

WASHINGTON STATE MEDICAL ASSOCIATION

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WSMA

Call for Resolutions

The WSMA Annual Meeting will be held September 20-23, 1990, in Spokane.

Any member may submit a resolution to the House of Delegates meeting. Pierce County Delegates will introduce resolutions submitted prior to July 20 by members of the Society.

Over 50 resolutions were introduced and acted upon by the House in

1989. They dealt with such issues as access, state income tax, Medicare assignment, expert witness testimony, peer review, and AIDS.

If you would like WSMA to take action on any issue, call the Society office and they will help you draft a resolution to the House of Delegates. WSMA is committed to responding to the actions of the House, so please submit your ideas today!

Mark Your
Calendar!

College of Medical Education

C.O.M.E. Announces 1990-91 Calendar

The College of Medical Education Board of Directors has announced its calendar of CME programs for 1990-91.

The calendar is made up of 11 programs which have again been selected based upon Pierce County Medical Society member interest.

Specifically, the Board relied upon responses from a recent survey conducted by the College of Medical Education.

The schedule also reflects the successful tradition of several CME programs which are offered annually. All of the programs offer AMA

Category I and AAFP credit.

In addition, all of the programs are organized and directed by local physicians who are sensitive to community interests and needs. The directors call on local, regional (Seattle), and often nationally recognized experts presenting up to date information and techniques for their programs.

To the left is a list of the 1990-1991 scheduled programs, their anticipated dates, and their coordinators. The annual College calendar brochure will be mailed to Pierce County Medical Society members and other southwest Washington physicians in June.

The calendar brochure will include more direct program emphasis. Individual and detailed program brochures will be mailed approximately six weeks in advance of each program.

For further information, please call the College of Medical Education at 627-7137.

C.O.M.E. 1990-91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1990		
Weds., Thurs. October 17 & 18	Common Office Problems	Mark Craddock, M.D.
Fri. November 9	Diagnosis and Treatment of Depression	Eric Luria, M.D.
Thurs., Fri. December 6 & 7	Advanced Cardiac Life Support	Mark Craddock, M.D.
1991		
Thurs. January 17	Law and Medicine Symposium	David Condon, J.D.
Fri., Sat. February 8 & 9	HIV Infections and AIDS	Alan Tice, M.D.
Weds.-Sat. February 27 & 28 March 1 & 2	Sun Valley Program	Mark Craddock, M.D. Stuart Freed, M.D. John Lenihan, M.D.
Thurs., Fri. March 14 & 15	Tacoma Academy of Internal Medicine	Amy Yu, M.D.
Fri., Sat. April 12 & 13	Surgical Club	James Stilwell, M.D.
Fri. May 10	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Fri. May 31	Office Gynecology	John Lenihan, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.

Sun Valley Child Care Available

Several child care options are available for those who attend next February's CME program in Sun Valley with children. Three general child care approaches are available with multiple options for each approach.

Elkhorn resort offers individual babysitting services utilizing local babysitters. Those seeking this approach should contact the resort long before the conference to reserve a babysitter.

Clip and Save!

(Continued on next page)

Child Care (Continued)

There are also a number of private day care operations in the Valley. Elkhorn recommends "Yellow Balloon Day Care" (726-0770), "Potato Patch Kids" (726-8112), and "Great Escape Babysitting" (726-8666).

The Sun Valley Company also operates a preschool/day care which normally is available to their guests only, but has been open to Elkhorn guests in the past.

Finally, Sun Valley offers a number of ski school options for children including skiing lessons and day care. Information on this approach is available from the College of Medical Education at 627-7137.

Welcome New Members!

The Board of Trustees has approved the Credentials Committee recommendation that the following applicants be approved for PCMS Membership.

Daniel P. Coffey, P.A.

Physician Sponsor:
Kevin P. Schoenfelder, M.D.
1515 South K Street
Tacoma

Roger J.C. Meyer, M.D.

Pediatrics
709 North Yakima
Tacoma

Cynthia L. Vehe, M.D.

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Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. 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.

David A. Acosta, M.D.

Family Practice. Born in California, 06/19/53. Medical school, University of California-Irvine, 1979; internship, Community Hospital Santa Rosa, 1980; residency, Community Hospital Santa Rosa, 1982. Washington State License, 1989; board certification, Family Practice, 1982; 1989. Dr. Acosta is practicing at 419 South L Street.

Lawrence R. Frood, M.D.

Radiology. Born in Michigan, 09/24/59. Medical school, Loma Linda University School of Medicine, 1985; internship, Loma Linda University School of Medicine, 1986; residency, Loma Linda University School of Medicine, 1989; graduate training, Loma Linda University, 1990. Washington State License, 1990; board certification, Diagnostic Radiology, 1989. Dr.

Frood is practicing at 7424 Bridgeport Way W., #103.

Leo Lebitty, P.A.

Cardiothoracic. Physician Sponsor — Cari Vitikainen, M.D. Physicians Assistant Program, Cornell University Medical College, New York, 1977. Mr. Lebitty is practicing at 1207 South 5th.

Laura K. Morris, M.D.

Pediatrics/Neurology. Medical school, University of Pittsburgh, 1977; internship, Walter Reed Army Medical Center, 1978; residency, Walter Reed Army Medical Center, 1980; graduate training, Walter Reed Army Medical Center, 1983. Washington State License, 1983; board certification, Pediatrics, 1982; Neurology, 1985. Dr. Morris is currently practicing at 1530 South Union, #1.

NEWSBRIEFS

PCMS Members are Running Straight from the Heart

The 11th Annual St. Joseph Heart Race, Fun Run, and Heart Center Walk was off and running bright and early 9:00 a.m., Saturday, May 12. St. Joseph Hospital hosted the event and Seafirst Bank, KSEA (Channel 11), and KTAC/KBRD sponsored it. Over 1,300 participants walked and ran their way toward collecting approximately 10,000 dollars for the St. Joseph Hospital Heart Center.

"The money is not targeted for a specific use as of yet," said Kitty Gibbs, the 1990 Heart Race Director. "We'll put the money where the need is greatest."

Participants had the choice of running the 8K race, 3.5K fun run or

walking the Heart Center Walk where you could opt for either distance. The Heart Center Walk was a noncompetitive event.

Dr. Taylor was the Society's "Best Overall" this year finishing first in the 8K race in his age division, 16th overall out of 1,074 and 16th out of 599 males.

Doctors from the Pierce County Medical Society included: 8k Heart Run—Lon Annest, Tacoma; Thomas Baker, Tacoma, 38:24; Richard Bowe, Gig Harbor; Thomas Brown, Tacoma, 39:15; Joe Clabots, Tacoma; Shirley Deem, Tacoma; Carlos Garcia, Tacoma; Ron Graff, Tacoma, 37:12; Kenneth Graham, Tacoma; John Hautala, Tacoma;

John Hill, Tacoma; Bill Jackson, Tacoma; Gilbert Johnston, Tacoma, 38:50; Pat Kulpa Mohr, Gig Harbor; Emanuel Laccina, Tacoma; David Law, Tacoma, 32:43; David Munoz, Tacoma; Joseph Nichols, Tacoma; Lee Payne, Gig Harbor, 37:20; Michael Priebe, Tacoma, 32:31; Michael Regalado, Gig Harbor, 37:47; Ron Taylor, Tacoma, 28:11; and Richard Witt, Gig Harbor.

James Billingsley, Tacoma, ran the 3.5K fun run. Two members ran the course as part of the Cardiothoracic Surgeons Team, they were: Gilbert Johnston and Lon Annest.

Susie Duffy Nominated President, WSMA Auxiliary

At the annual meeting of WSMA Auxiliary, Ms. Susie Duffy was nominated to serve as President.

Susie was president of the Pierce County Medical Society Auxiliary in 1986-87 and has served the last two years as chairman of the WSMMAA AMA-ERF fund. Under the chairmanship of Susie, the AMA-ERF fund has reached new heights for fund raising for medical students.

Susie is the wife of **Pat Duffy, M.D.**, Sumner family physician, who served as President of the Medical Society in 1984. They are the proud parents of nine children. Susie will assume the presidency of WSMMAA in April 1991.

"Management of IVDU/HIV Patients"

The Pierce County Aids Foundation, the Pierce County Medical Society, and MultiCare's Department of Continuing Medical Education invite you to attend a video workshop on "Management of IVDU/HIV Patients" sponsored by the Physicians Association for AIDS Care (PAAC).

The video will be shown on Wednesday, June 13 from 7:00 to 8:00 a.m. at Jackson Hall Auditorium (314 So. K Street, Tacoma).

The program is approved for one hour of AMA Category I Credit. Pre-registration is not required. If you have any questions, please call MultiCare Continuing Medical Education at 594-1221.

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Kathleen Paris..... 591-6681
Dennis F. Waldron..... 272-5127
Mrs. Jo Roller 752-6825

**WSMA
1-800-583-0127**

New Publication Helps Physicians Decide if Incorporation Still Offers Advantages

Trying to decide if it still makes sense with the new tax law for your practice to be incorporated? The all-new edition of A Physician's Guide to Professional Corporations can help you resolve this question.

Available from the American Medical Association, the book explains the pros and cons of incorporation, and clearly outlines legal and tax implications. It clarifies the rules of operat-

ing a professional corporation by translating this complex issue into common terms using a point-by-point approach.

This authoritative publication addresses the following topics: Nontax Advantages of Incorporation, Tax Advantages of Incorporation, Disadvantages of Incorporation, and Selecting a Corporate Retirement Plan.

A Physician's Guide to Professional Corporations, OP 378289, is available at \$18.00 for AMA members (\$27.00 for nonmembers), from the American Medical Association, Book and Pamphlet Fulfillment, P.O. Box 10946, Chicago, IL, 60610-0946, or call 1-800-621-8335 with VISA or Mastercard to order.

"Office Theft" Participants Sing Program's Praises

"...practical information which held everyone's attention."

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These were some of the comments expressed at the Medical-Dental Placement Program "Office Theft," on May 2 at Jackson Hall Auditorium.

Bill Otway, President of Northwest Medical Consultants, Ltd., presented a three hour workshop outlining control techniques to reduce the risk of employee embezzlement. Mr. Otway was available after the presentation to answer questions individually.

Several people suggested future programs such as hiring and firing, marketing, programs for office staff, and more practice management techniques. If you have suggestions to help PCMS plan further programs for you and your office staff, please contact Sharon Bain at the Society office, 572-3709.

COMING SOON

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Winners Circle

Cycling on the backroads of Washington, ferry rides, sunshine and the company of friends, both old and new, came back to the minds of more than two-hundred veteran trekkers, volunteers and friends as they attended the 1989 American Lung Association of Washington (ALAW) Winners' Circle Celebration on February 3rd at the Fifth Avenue Theatre in downtown Seattle.

In 1989, 134 trekkers reached the \$600 fundraising level to become members of the Winners' Circle. In fact, this year's members averaged \$865, well beyond the Winners Circle minimum, for an incredible total of \$113,000.

Four trekkers joined the elite 2000 Club, raising more than \$2,000 to support ALAW's programs. **Hank Zielinski, M.D.**, trekker and PCMS member, was one of these.

Respite Access Program Gives Caregivers Relief

A new program for caregivers of disabled adults is now available in Pierce County. Many families involved in caring for a loved one in their home receive a great deal of satisfaction, but like anyone else, may need some relief.

Pierce County Executive Joe Stortini states that even for the most caring of families, the constant needs of a disabled or chronically ill family member can create emotional or physical stress. "Time away from caregiving allows the caregiver to maintain a healthy and well-balanced life."

The Respite Access Program helps caregivers plan for time away to run errands, visit with friends or even

take a vacation. Respite can be provided in the home by specially trained personnel from social and health agencies or outside of the home in professionally staffed adult respite centers.

Caregivers providing at least 16 hours of unpaid care to an adult 18 years of age or older are encouraged to call. Cost of respite services is based on the income of the person receiving the care. Persons with low-incomes receive services at no cost. A sliding-fee scale determines the cost for those with higher incomes. For more information, contact the Respite Access Program at 591-7236 or toll-free at 1-800-642-5767.

Dr. Klatt Honored with Association Service Award

At the annual meeting of the Washington Society of Association Executives (WSAE), **Gordon Klatt, M.D.** was awarded the "1990 Association Volunteer Service Award."

Dr. Klatt was presented the award by Greg Kaveney, President of the WSAE, for his outstanding community efforts—working with the American Cancer Society (ACS) and its county, state, and national affiliates to raise funds. He also worked very closely with the Pierce County Medical Society to help facilitate the Pierce County-wide hospital smoking ban.

The original fund raising event was a 24-hour run that raised \$26,000 for the ACS in 1986. The City of Destiny Classic, as it is now called, has evolved into a state-wide team run/walk and raised over \$123,000 in Pierce County on May 18-19.

Philanthropic Fund Applications Available

Does your health-oriented Pierce County organization wish to receive consideration for philanthropic funding from the Pierce County Medical Society Auxiliary? Proof of 501(C)3 IRS rating is required. For an application call or write:

Mary Córdova
10207-104th St. Ct. S.W.
Tacoma, WA 98498
(206) 588-3126

**APPLICATION DEADLINE IS:
SATURDAY, SEPTEMBER 15, 1990.**

Daffodil Classic Attracts Members

Several PCMS members turned out April 29 in Orting for the 11th Annual Daffodil Classic, sponsored by the Tacoma Wheelman's Club. Bicycle riders had the option of riding 20, 50, or 100 mile loops through very scenic country.

Most of the members were observed doing the 50 mile loop that began in Orting and passed through Buckley, Lake Tapps, and the Sumner area. Some of those participating were **Jack and Terri Stewart; Jim and Judy Wagonfeld; Dick Bowe; Pat Kulpa** and her husband **Troy Mohr;** and **Dave Wilhyde.**

RCMT Announces Best Dictation Nominees

Eleven Tacoma area physicians have been nominated for the 1990 Best Dictation Award. The award is presented annually by Rainier Chapter Medical Transcriptionists (RCMT) in celebration of National Medical Transcription Week, held annually in May.

AMA Video Shows Relevance of Practice Parameters

The AMA has produced a video which explains what practice parameters are and describes how scientifically sound, clinically relevant parameters can be useful to physicians in the day-to-day practice of medicine.

The Medical Society has one copy of this video which can be loaned out on request; copies of the video can be purchased from the AMA for \$20.

For additional copies of the video, please contact: PCMS at 572-3667.

Dr. Farber Speaks at Retirement Luncheon

Approximately 35 retired PCMS Members attending the May 9 Retirement Luncheon had the distinct pleasure of hearing **Stuart Farber, M.D.**'s presentation on palliative medicine. Dr. Farber chronicled his year's travels including nine months in Israel and three months in London. He focused on the differences in cultures in regard to medicine, health, life, and death. His presentation is excellent and not to be missed. Dr. Farber will be the featured speaker at the General Membership Meeting on October 9.

The physicians nominated are:
Ronald J. Benveniste, M.D., Timothy K. Chung, M.D., David G. Clark, M.D., Thomas G. Griffith, M.D., G. Gilbert Johnston, M.D., John R. McDonough, M.D., John J. McKelvey, M.D., Gregory A. Popich, M.D., Henry F. Retailiau, M.D., and Shay K. Shual-Berke, M.D.

The winner and first two runners-up will receive their awards at RCMT's annual Mini-Symposium scheduled this year for June 2 at the new Lakewood Hospital. Colo-rectal surgeon **Gordon Kiatt, M.D., PCMS** President, was the recipient of the first annual Best Dictation Award in 1989. Runners-up were **Rob R. Roth, M.D.,** pathologist, and **David G. Clark, M.D.,** cardiologist.

The award was created to provide an annual opportunity to honor a

physician who consistently produces the kind of dictation that makes a transcriptionists job a joy and not a headache, according to RCMT members. High-quality dictation is one of the keys to getting reports that are accurately and timely transcribed, both of which are of utmost importance for quality patient care as well as for protection of the physician in any liability issues that might arise.

For more information, contact RCMT president, Sharon Campbell, CMT, manager of Tacoma Medical Transcription, a private transcription company in Lakewood, Monday-Friday 10 a.m. to 2 p.m. (584-3177) or write RCMT, P.O. Box 111627, Tacoma, WA 98411.



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Managing Practice Cash Flow: The Big Mistakes are Easy to Avoid

Symptom of poor cash management: The office is habitually short of cash even though the practice seems to be profitable. This situation develops because the revenue and disbursements process is not properly managed.

Essential in correcting cash shortage problems: The doctor and/or office manager must set cash management as a priority. Only then will formal cash management procedures and policies be developed.

Where cash practices typically go wrong in managing cash . . .

Mistakes: Not sending out bills promptly. **Rule:** There should never be a set of circumstances where patients are not billed monthly. Billing is the first shot the office has in improving cash flow.

To correct billing problems, establish procedures to . . .

Generate statements even though insurance is pending. (Exceptions might be federal and state insurance programs.) Remember: Out of sight, out of mind. **Key:** Improved communications between patients and front office staff. Patients should understand that their portion is due as

services are rendered, not after insurance pays.

Actively manage collections through patients' statements and direct phone contact when called for. **Key:** Constant contact. Personalize your reminder notices whenever possible. Mary Gail Lantzy from Dr. Kerry W. Kirsch's office says it best.

"After several years of using stickers, stamped messages, and other business forms; I have found that using one's own personal touch of 1st, 2nd, final notices etc., in magic marker has returned more outstanding payments than any other, even computerized statements."

Mistake: Sloppy collection procedures. This can come from the practice having inconsistent payment policies. (**Example:** One patient is asked to pay at the time of service, and another patient is not.) A first step in improving collection is establishing very specific policies and procedures involving how the office requests payment at the time of service and makes financial arrangements in extenuating circumstances.

To improve collections:

1) Establish your payment and insurance procedures, and put these into your patient information booklet. Past participants of Palmer As-

sociates Workshops, Dr. Nancy Russell (an internist), and Dr. William Mikkelson (a general dentist) of combined Health Care Professionals in Kansas city, MO, have outstanding financial considerations printed in their patient information booklets:



"Payment of fees is encouraged at the time of your visit. For your convenience, we accept MasterCard and Visa. Although fees for your dental and medical care may be reimbursed through your insurance coverage, ultimate responsibility rests with you. We are happy to print your medical and dental insurance claim forms and mail them for you. On your first visit to our office, please bring your insurance card and a complete dental or health insurance claim form. Feel free to ask questions about your account, or fees for dental or medical services. Your inquiries and interest are welcome."

2) Set procedures to qualify patients for extended financial arrangements. Run credit checks if necessary for credit arrangements over a set amount, for instance \$1,000. (Contact your local credit bureau for more information on credit checks.)

3) Design your graceful exit area so it is a convenient place to "stop and pay," rather than a congested space where patients will refrain from discussing the fees incurred.

4) Consider giving a courtesy for payment at the time of service to accelerate the collection of accounts. (Families and older patients appreciate this courtesy.) **Important:** 1) Have a consistent policy that is applied across-the-board. 2) Courtesy terms must make economic sense to the practice as well as to the patient. Here is an excellent example of the courtesy terms of a



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(Continued on next page)

Cash Flow (Continued)

periodontal practice—Dr. James Wise's in Bellevue, Washington.

"We are pleased to make available to all our patients 65 years and older a special courtesy discount. This is how it works. You simply pay on the day of service, and you'll receive 10% off the fee. Do remember it applies only to payments on the day of service."

5) Help patients resolve payment problems. Make written financial arrangements when patients can't pay

within your normal payment period. Settle some delinquent accounts for less than the total fee if necessary. Discretion must be used on these particular accounts for less than the total fee if necessary. Make certain the patient is aware that this is an exception and the account must be paid by a specific day or the consideration will not be effective.

6) Hire an outside collection agency and/or collection attorney to handle troublesome accounts. Take legal action to collect longstanding unpaid bills. Small claims court should be considered for delinquent accounts over \$500.00.

7) Further, remember to make bank deposits daily to an interest-bearing account! Many offices lose considerable revenue by not making this procedure part of their daily routine.

Cash management is something like a diet. When you go on a diet, you manage the intake and burning of calories. When you manage cash, you plan for and monitor the intake and disbursement of cash.

Alas! If you do not watch your cash flow, you'll never know your cash status at any given time.

"Reprinted with permission from the *Palmer Practice Bulletin* January, 1990, Diane Palmer, executive editor." Palmer Associates, Inc., 640 Wildwood Dr., Aurora, IL 60506.

WSMA Annual Meeting in Spokane

The 101st annual meeting of the Washington State Medical Association will be held in Spokane, Sept. 20 - 23, 1990, at the Spokane Sheraton and Convention Center.

All reports and resolutions must be received at the WSMA's Seattle office by Friday, July 27, to be included in the House of Delegates's

handbook.

The theme for this year's meeting is "Health Care at the Crossroads." The opening program on Thurs., Sept. 20 from 2-5 p.m. will explore the ethics, economics and politics of health care access.

Registration information will be distributed in early June. For further in-

formation call Patti Smith or Sandy German. Patti and Sandy can be reached in Seattle at 441-9762 or by calling toll free, 1-800-552-0612.

AIDS Foundation and PCMS Talk

Gordon Klatt, M.D., President, and Alan Tice, M.D., Chairman of the PCMS AIDS Committee met with Ms. Jeannie Darnelle, Executive Director, Patrick Rumrill, Health Educator, and Craig Larson, President, Pierce County AIDS Foundation Board of Directors on April 18 to discuss mutual concerns.

Areas of discussion were confidentiality in the physician's office and in office settings. Of particular concern to the Foundation were reports that patients were being administered the HIV test on admission to hospitals without their knowledge. If this is happening, a possible lawsuit could result to put a halt to unauthorized testing. A major area of concern to both groups was the need for earlier testing and counseling of HIV positive individuals. With the advent of new drugs and the effectiveness of AZT, AIDS has become a chronic disease. The importance of early diagnosis is critical.

The roles of the Society and the Foundation were discussed and close cooperation was promised to provide quality care to patients with AIDS.

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Chemical Dependency Masquerading as Depression

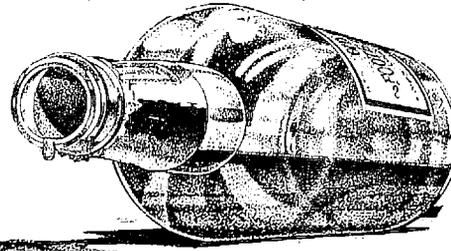
There are approximately 9 to 10.5 million alcoholics and problem drinkers in the U.S.¹ It is known that a great number of deaths once attributed to physical illnesses, such as heart or liver failure, acute pancreatitis, and internal hemorrhaging are really alcohol deaths.² To this number add the violent deaths resulting from automobile accidents, homicide, and suicide, and alcohol is the number one killer. Add to this the number of deaths related to illicit and prescription drug abuse and the mind boggles.

Where does Pierce County stand? In 1989, the Medical Examiner's Office analyzed 380 cases of a representative population of 1,200 and found that 53% of those deaths were directly related to alcohol and/or drugs.³

of their curricula. Still, much work lies ahead if the multi-faceted problems of substance abuse and giving physicians a strong understanding of disease addiction, its treatment and prevention are to be brought into the mainstream of medical education.

The medical complications that often result from chronic alcoholism are too numerous and profound to go into here. It is best to focus on the early and middle stages of the disease; this is where the primary care provider can be most effective by assisting in detection and early intervention, before serious medical complications arise. The disease is not curable, but it is treatable, and effective treatment is available.

chemical dependency before certain medications are prescribed. Treating depression with antidepressant medications, especially tricyclics, has become quite



popular. However, Nortriptyline, Amitriptyline, Desipramine, Doxepin, and Imipramine, when mixed with alcohol, may result in enhanced CNS depression. In addition, many of the drugs frequently prescribed for pain and sleep disturbances are highly addictive and may only accelerate and/or exacerbate the patient's disease.

Added caution should be taken with the elderly patient. Although elderly men are four times more likely to abuse alcohol than elderly females, elderly females are more likely to abuse prescription medications.⁵ With the elderly, some of the things to watch out for include: bruises, repeated falls and/or accidents, confusion, drowsiness or slurring of words, deterioration of personal hygiene, poor eating habits, increasing isolation, grief reactions, chronic anxiety, and chronic pain. The shame and guilt that so often surround the disease for the elderly patient will make him/her especially challenging to work with.

If you suspect a patient of being chemically dependent, there are a number of public and private community resources available.

REFERENCES

¹Royce, J.E. Alcohol Problems & Alcoholism. 1981., p. 28.
²Ibid, p. 24.
³Pierce County Medical Examiner
⁴Editor, Alcohol Health & Research World. Vol. 13 (1); 1989, pp. 8-13.
⁵Teleconference on Alcoholism and Substance Abuse in Older Adults, Virginia Commonwealth University, Richmond, VA., February 14, 1990.

Key Community Resources

- **C.A.R.E.**
572-CARE
- **Pierce County Prevention Coalition**
863-2201
- **Pierce County Information and Referral Line**
759-6700
- **Washington State Substance Abuse Coalition**
1-800-662-9111
- **Washington State Council on Alcoholism**
643-2244
- **Alcoholics Anonymous**
584-5873
- **Alanon and Alateen**
272-3081
- **Narcotics Anonymous**
531-8792
- **Adult Children of Alcoholics Anonymous**
927-1781
- **Pierce County Task Force on Drinking/Driving**
591-7792
- **National Institute on Drug Abuse**
1-800-662-HELP

Although alcohol contributes to the illness of 20-50% of patients in general hospitals, physicians are diagnosing just 5% of their patients as being alcoholic.⁴ The basic underlying reason for this under-diagnosis is the lack of education and training in medical schools. However, the disease of addiction has warranted enough uproar that medical schools are beginning to include training in substance abuse as part

A high percentage of patients who visit the primary care provider, especially those who come to the family physician, are often primarily diagnosed with depression. Since chemical dependency and depression share a similar symptomatology (e.g., sleep disturbance, G-I disturbance, appetite/weight changes, loss of interest in enjoyed activities, etc.), it is important that the physician rule out the possibility of

Management Cannot Be Left to Chance.

The dilemma is familiar. Having spent years preparing to practice medicine, the physician finds increasing time and energy spent in managing the business. Personnel issues, collections, business systems, third party insurers, and new government regulations force attention upon the profitability and efficiency of the practice.

Recognizing the overwhelming demands placed on physicians, ManageAbility was formed in 1989 to provide resources and solutions for medical office management. The company combines the talents and experience of three partners whose professional qualifications and education make them uniquely able to respond to physicians' business needs. Their services are as varied as their client needs. Successful assignments have included setting up new physicians' practices, streamlining business systems, resolving personnel issues and analyzing and solving billing and collection

problems.

One of the most distressing problems encountered by ManageAbility is the issue of dishonesty by trusted employees. Recent statistics provided by the American Medical Association suggest that embezzlement and employee theft have reached epidemic proportions. Although physicians may find it hard to believe that they may be the victims of embezzlement, in reality they are often the most vulnerable. The results to their practices are usually devastating, including decreased cash flow and damaged staff relationships. Much time and effort is required to rebuild the staff and the practice.

An old adage states "an ounce of prevention is worth a pound of cure." ManageAbility had developed a package of services that work with physicians and staff to address the issue of embezzlement and to enhance trust and accountability.

Working on-site, a ManageAbility professional recommends and implements necessary business checks and controls and reviews the critical elements of the monthly practice activity. The physician is also provided with Practice Analysis Reports which graphically present indicators critical to the health and management of the business office.

Management cannot be left to chance. Building an office atmosphere of accountability and trust takes deliberate and careful effort, but pays big dividends to both the physician and staff.

ManageAbility is a local company specializing in cost effective services to improve and protect your practice. Call NORMA LARSON 840-1501, KAY HARLAN 475-7231, or STEVE LARSON (King Co.) 937-7168 for a complimentary consultation.

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advancement in the years ahead. Becoming active in a local Chapter of the American Association of Medical Assistants (AAMA) offers professional growth for the member and increased productivity in the medical office. Members have the opportunity to learn the newest and most effective techniques in clinical, administrative, and managerial aspects of the medical practice in addition to important risk management strategies.

Annual membership dues bring tri-level membership at the national, state, and local levels. A few of the advantages of membership are:

- Group Insurance
- Continuing Education
- Professional Prestige and Fellowship
- State Newsletter



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The AAMA is a national professional association for medical assistants. It is a non-profit organization dedicated to the education and professional advancement of medical assistants through continuing education, professional journals, school accreditation and certification of medical assistants. The AAMA provides a broad based information network for medical assistants interested in providing better health care and furthering their careers in the health care field.

The Pierce County Chapter of Medical Assistants meets regularly on the second Monday of the month, **except for July and August**, at the Harvester Restaurant located at 29 Tacoma Avenue North. Through this local association, you will meet a whole new group of people with similar interests and goals. Monthly chapter meetings begin with a no host dinner at 5:30 P.M. Being able to share your views with other medical assistants enriches everyone's professional experience.

Many physician employers pay the annual membership dues for their medical assistants. If you would like more information about membership, please contact Edith Howe, C.M.A., President PCCMA, at 572-5025.

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Thank you Alice Wilhyde!

Alice's logo was a bouquet of flowers. Hidden behind that bouquet was a quote by Bob Moawad, a Tacoma motivational consultant.

"People are more than good little soldiers that report to work. I don't think work needs to be a prison where we labor, it can be a garden where we bloom."

You have shown us that the Auxiliary is a special work place where its members are nurtured and provided opportunities to bloom. You have provided strong leadership.

Thank you, Alice, for a year rich in communication, camaraderie, and membership growth.

1990-1991 PCMS Auxiliary Officers Installed

The new officers were installed by Sharon Ann Lawson, past-president WSMA Auxiliary, at the PCMSA Joint Board meeting held at the Tacoma Golf and Country Club on May 1. Their term is June 1, 1990 through May 31, 1991. We wish the following Auxiliary leaders a rewarding year:

President:

Mary Lou Jones

1st Vice President/Program:

Patty Kesling
Denise Snodgrass

2nd Vice President/Membership:

Joan Sullivan
Cathy Wilson

3rd Vice President/Bylaws /Historian:

Marie Griffith

4th Vice President/Arrangements:

Jerol-Ann Gallucci
Leigh Ann Yuhasz

Recording Secretary:

Lori Fisher

Corresponding Secretary:

Ruby Ward

Treasurer:

Peggy Smith

Dues Treasurer:

Alice Yeh

No Ball at All???

For those of you who participated in the Auxiliary's Special Non-event -- No Ball at All, **THANK YOU**. We hope you found it to be **FUN and ENJOYABLE**. Who can forget the



pulsating beat of Arthur Scopic and the Bone Crushers? It was certainly a night to remember -- or not remember!

As of April 26, one hundred and two families have contributed \$4,360 to this year's non-event fundraiser -- the response has been outstanding. We expect our goal of \$5,000 to be met as envelopes continue to arrive daily.

A universal lesson we are all taught at an early age is to say thank you. This year's Fundraising Committee wishes to thank the following medical families who collectively contributed to the 1989-90 Philanthropic Funds.

Tosh & Sue Akamatsu
Charles & Cindy Anderson
Clarence & Janet Anderson
Lon & Suzanne Annest
Walt & Marlene Arthur
David & Linda BeMiller
Ron & Karen Benveniste
Wayne & Reta Bergstrom
Wouter & Priscilla Bosch
James & Lilian Boudwin
Emory & Shirley Bourdeau
Max & Judy Brachvogel
Tom & Elaine Brown
Mick & Lavonne Campbell
Lynette Charity & Sid Sado
Juan & Mary Cordova
Jim & Nikki Crowley
Pat & Susie Duffy
Jim & Lila Early
Ray & Teddy Ellis
Larry & Lori Fisher
James & Janet Fry
John & Jerol-Ann Gallucci
Carlos & Tara Garcia
Richard & Sharron Gilbert
Mark & Janet Gildenhart
Ron & Liz Goldberg
Jim & Sandy Griffith
Tom & Marie Griffith
Ken & Keaty Gross
Stanley & Marjorie Harris
Jim & Carol Hazelrigg
John & Judy Hill
Galen & Patricia Hoover
Dave Hopkins
Dale & Gail Howard
Thomas & Sandra Irish
Nick & Joanne Iverson
Doug & Connie Jackman
Bill & Mary Jackson
Bob & Betty Johnson
Tom & Mary Lou Jones
Chris Jordan
John & Grace Kanda
Peter & Patty Kesling
Gordon & Trudy Klatt
Arthur & Pam Knodel
Clyde & Sydna Koontz
Vern & Kit Larson
David & Beverly Law
Harry & Sharon Ann Lawson
Roger & Sylvia Lee
Philip & Elita Lesh
Andy & Stephanie Levine
Bob & Debby McAlexander
John & Marilyn McKelvey
Marcel & Jean Maiden
Peter & Margo Marsh
Bill & ErrolLynne Marsh
Tom Miskovsky
Bob & Carolyn Modarelli
Don & Barrie Mott
Stan & Julia Mueller
Todd & Kim Nelson

Vern & Judy Nesson
 Dale & JoAnne Overfield
 Jim & Barbara Patterson
 Iv & Phyllis Pierce
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 Bill & Ruth Roes
 Jill & Jo Roller
 John & Mary Rowland
 Martin & Mary Schaeferle
 Dennis & Terry Scholl
 Don & Sandy Shrewsbury
 Daniel & Shay Shual-Berke
 Jit & Jenna Singh
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 Ralph & Bonnie Stagner
 Jack & Terri Stewart
 Bill & Joan Sullivan
 George & Kimi Tanbara
 Max & Lib Thomas
 Terry & Jan Torgenrud
 Eileen Toth & Pat Murto
 Bob & Dot Truckey
 Richard & Marian Vimont
 Ray & Gloria Virak
 Kari & Sybil Vitkainen
 Jim & Judy Wagonfeld
 Needham & Diane Ward
 Don & Marny Weber
 Barny & June Weled
 Matt & Kris White
 Bob & Helen Whitney
 Michael & Susie Wiese
 Dave & Alice Wilhyde
 Carl & Susan Wulfestieg

—Sydna Koontz, Chairman

Thank You, Thank You . . .

We appreciate the efforts of Pam Knodel, Sydna Koontz, and June Weled and thank them for a very successful fundraising campaign.

The 1989-90 philanthropic funds will benefit the WSMMA Health Foundation's teen health forum Choice, Not Chance, the Pierce County Park Department, Sprocketman Bicycle Safety Program, Good Samaritan Hospital's Prenatal Teen Parenting Program; and the Pierce County AIDS Foundation. PCMS Auxiliary joins the fundraising committee in thanking the medical community for their generous donations to benefit the citizens of Pierce County in many different ways.

WSMAA House of Delegate Report

The WSMMA Annual Convention was held April 25-27 in Olympia hosted by Thurston/Mason Auxiliary. It was educational and fun. PCMSA delegates who attended were President Alice Wilhyde, Mary Lou Jones, Nikki Crowley, Peggy Smith, Leigh Ann Yuhasz, Nancy Rose Karen Dimant, and Shirley Bourdeau. Maryln Baer, Judy Brachvogel, and Susan Holloway.

Sharon Ann Lawson, WSMMA Immediate Past-President and Co-Chairman of Teen Health Forum; Susie Duffy, AMA-ERF Chairman; Kris White, WSMMA Historian; and Marny Weber, S.W. Regional Vice-President; attended as state board members.

Congratulations to Susie Duffy, who was elected WSMMA President-Elect, and Helen Whitney elected Treasurer. Kris White will continue as WSMMA Historian and Sharon Ann Lawson will continue as co-chairman of the Teen Health Forum.

Resolution Approved:

Accept the WSMMA 1990-1991 budget proposal as presented. Other important business included discussion of Long Range Committee report and a Bylaws change.

- The Long Range Planning Committee report was discussed and reviewed in Reference Committee to allow an exchange of information.
- A minor change was made in the Bylaws under standing committees to delete the present wording of "Press and Publicity" and

insert "Communications/Marketing." This was done to better identify the functions of this committee.

Congratulations PCMS Auxiliary for outstanding support of AMA-ERF. The Auxiliary was presented an achievement award for collecting \$15,160.23 for AMA-ERF and the greatest dollar increase (\$1,907.54).

—Mary Lou Jones, President
PCMSA

Choice, Not Chance

The second annual state-wide teen health forum, *Choice, Not Chance*, held April 17 on the Central Washington University campus, Ellensburg, was attended by 500 middle school students, educators, and staff.

Pierce County was represented by 46 middle school students and nine educators from seven schools: Baker, Jason Lee, and St. Charles (Tacoma); Woodbrook (Lakewood); Aylen and Kalles (Puyallup); and White River (Buckley).

The Washington State Medical Association and Auxiliary joined with the office of the Superintendent of Public Instruction to present accurate information on PERSONAL LOSS and PERSONAL FITNESS to teens and educators.

The teen health forum became a reality after months of planning and strong financial backing. Pierce County Medical Society and Pierce County Medical Society Auxiliary helped fund the forum. Corporate funds were received from many

(Continued next page)

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Bruce Kaler, M.D.: 255-0056.

Auxiliary News (Continued)

sources including—The Boeing Company, Nordstrom, Pacific Trail, Pennwalt, U.S. West, Safeco, and private physicians. Thank you Pierce County for your initial and continued financial support of the forum.

Choice, Not Chance Co-Chairman Sharon Ann Lawson was assisted by PCMSA members Jo Roller, Debby McAlexander, Mary Lou Jones, Marny Weber, Susie Duffy, Marge Ritchie, Alice Wilhyde, and Cindy Anderson with a variety of duties.

JO ROLLER was a small discussion group presenter for *Living With Personal Loss*. Jo's groups dealt specifically with relationship loss. Student evaluation comments were positive and include: Interesting...Gave useful tips...Helpful steps for future use...It was great...Great! ...I learned what helps to get through a relationship loss...She could make you open up...

Three Tacoma radio stations were among the 40 stations across the state that accepted the radio news feed prepared by WSMA to publicize this conference.

The conference participants were welcomed by HAROLD R. CLURE, M.D., President, WSMA; DOYLE E. WINTER, Ed.D., Deputy Superintendent, OSPI; and BARBARA HOF-FMAN, President, WSMA Auxiliary.

Keynote Speaker Nancy Thies Marshall, former U.S. Olympic gymnast, TV color commentator, and author of *Women Who Compete*, set the tone for the day by relating her experiences and the pressures of being one of the youngest members of the U.S. Olympic gymnastics team.

DOUGLAS J. SHADLE, M.D., Wenatchee private practice child and adolescent psychiatrist, presented *Living With Personal Loss*. The participants then had their choice of attending one of the small group discussions dealing with separation and divorce, suicide, relationship loss/breaking up, death and dying or personal risks/safety: *Harms Ways*.

MIMI D. JOHNSON, M.D., Kirkland pediatrician, specialist in adolescent

and sports medicine, and team physician for the UW Huskies presented *Winning with Healthy Ways in Exercise and Nutrition*. Small group discussion topics dealt with mental fitness, eating disorders and weight control, sports nutrition, personal training and conditioning, steroid abuse, and amino acid misuse.

Following lunch the sessions on personal fitness and personal loss were repeated allowing the participants to attend both the workshops presented by physicians.

The MORGAN MIDDLE SCHOOL JAZZ BAND provided afternoon entertainment for the closing session. DON ESSIG, former elementary and high school principal, author, and voice of the Oregon Ducks presented *Friends*. This multimedia program involved students, teachers, speakers, and volunteers in recognizing individual strengths, identifying support groups, and making realistic self-appraisals.

People caring about others made a difference at the teen health forum.

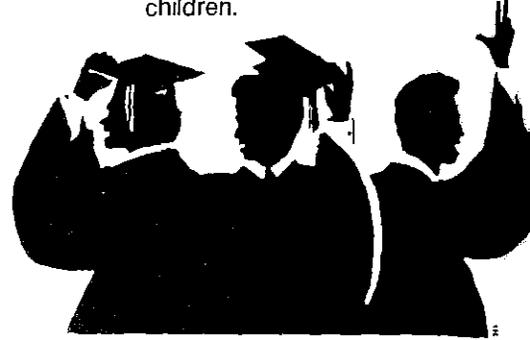
Thank you.

Congratulations 1990 Graduating Seniors

The Pierce County Medical Society and the Auxiliary are pleased to recognize the sons and daughters of members who are graduating this year. Each one of these graduations represents a significant accomplishment and milestone in the student's life. We are proud to have you as representatives of our community. We extend to all our congratulations and best wishes for the future.

Deanne Alenick, daughter of Leonard and Gail Alenick. She is graduating from Lakes High School with Honors, and plans to attend Northwestern University School of Music where she will study oboe and english horn performance.

Karene R. Anderson, daughter of Ronald and Shaaron Anderson. She is graduating from Bellarmine, and hopes to become a communication therapist and work with small children.



Wendy Anderson, daughter of Charles and Cindy Anderson. She is graduating from Lakes High School.

Jamison Bargren, son of John and Martha Bargren. He is graduating from Bellarmine, and plans to attend the University of Oregon.

Michelle Bourdeau, daughter of Emory J. and Shirley Bourdeau. She is graduating from Clover Park High School, and plans to attend Gonzaga University.

Anne Brown, daughter of Tom and Elaine Brown. She will graduate from the University of La Trobe in Melbourne, Australia where she has been studying wildlife and wetland management and conservation. Anne was chosen as an Exchange Student from W.S.U. for this year.

Marisa Cordova, daughter of Juan and Mary Cordova. She is graduating from Seattle University School of Nursing.

Anne Davidson, daughter of Jim and Madeline Davidson. She is graduating from Princeton University with a degree in Molecular Biology, and plans to do biology research on the lemur populations in Madagascar.

Jennifer Davidson, daughter of Jim and Madeline Davidson. She is graduating from Princeton University with a degree in Molecular Biology, and plans to do biology re-

(Continued on page 18)

CLASSIFIEDS

Positions Available

PHYSICIAN OPENINGS - Emergency Department/Ambulatory Care. Civilian opportunities at the Naval Hospital - Bremerton, WA. Full time EM/EP/IM with ACLS and ATLS certification. Contact David C. Jester, M.D., EMAC Medical Director, Naval Hospital - Bremerton, Boone Road, Bremerton, WA 98312, (206) 478-9585 or (206) 478-9322.

FULL TIME FACULTY POSITION at University of Washington affiliated Family Practice Residency program in south Seattle area. Board certification and OB experience preferred. New opening created by program expansion. Interested in joining us? Please send letter and CV to Drew Oliviera, M.D., Program Director, Valley Family Care, 3915 Talbot Road S., #401, Renton, WA 98055.

WASHINGTON, PUGET SOUND. Part-time position available with Physician-owned Corporation staffing two urban hospitals. Malpractice paid. ABEM certification or preparation required. Flexible scheduling to allow you to enjoy the Pacific Northwest. Reply with C.V. to TECP, 955 Tacoma Avenue S., Suite #210, Tacoma, WA 98402. (206) 627-2303.

WASHINGTON, PUGET SOUND. Full-time position available with Physician-owned Corporation. Partnership potential. Established group needs replacement for partner relocating to East Coast. Requires ABEM certification or preparation with high volume experience and interest in administrative responsibility. Reply with C.V. to TECP, 955 Tacoma Avenue S., Suite #210, Tacoma, WA 98402. (206) 627-2303.

RADIOLOGIST/LOCUM TENENS - Need B/C Radiologists for locum for 2 to 3 months per year at Madigan Army Medical Center -Tacoma. Contact G. Bernstein (206) 840-9652.

SEATTLE, WA: VIRGINIA MASON MEDICAL CENTER

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WANTED ONE-HALF TIME FACULTY MEMBER

- Tacoma Family Medicine has a new position open for a one-half time family physician faculty member beginning August 1, 1990. ABFP certification, residency training, and practice experience are required. Duties will consist of one-third teaching, one-third practice, and one-third administration. Obstetrics is required.

Salary and benefits are competitive. Contact: Tom E. Norris, M.D., Program Director, Tacoma Family Medicine, (206) 383-5120.

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General

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Auxiliary News (Continued)

search on the lemur populations in Madagascar.

Gina M. Gallucci, daughter of John and Jerol-Ann Gallucci. She is graduating from the University of Washington with a degree in English, with a concentration in public relations. In the future, she hopes to work in public relations or special event coordinating.

Gayle Marie Gallucci, daughter of John and Jerol-Ann Gallucci. She is graduating from the University of Washington with a degree in Communications emphasizing advertising. She would like to work in public relations or special event coordinating.

Sarah J. Graham, daughter of Martin and Karen Graham. She is graduating from Curtis High School, and plans to attend Whitworth College in the fall. This summer she will be touring Vienna, Austria with the Curtis a cappella choir.

Peter John Kesling, son of Pete and Patty Kesling. He is graduating from Bellarmine, and plans to attend the University of Santa Clara in the fall. He will pursue a course in Pre-Med.

Bridget Kesling, daughter of Pete and Patty Kesling. She has matriculated, as a one year international Rotary Scholar, at the University of Queensland in Brisbane, Australia. She is pursuing a postgraduate degree in Education.

Jeff Koontz, son of Clyde and Sydna Koontz. He is graduating

from Bellarmine, and plans to attend Gonzaga University in the fall.

Ryan Jay Lee, son of Roger and Sylvia Lee. He is graduating from Clover Park High School as Student Body President. He plans to pursue a course in Pre-Med at the University of Southern California.

Kirke W. Marsh, son of William and Errol-Lynne Marsh. He is graduating from Rogers High School, and plans to attend Oregon State in the fall.

Heather V. McCowen, daughter of David and Linda McCowen. She is graduating from Curtis High School and plans to study music performance in bassoon at Northwestern. She will pursue a career as a Bassoonist in a Symphony Orchestra.

Eric Ohme, son of Richard and Maria Ohme. He is graduating from Bellarmine and plans to attend the University of Arizona.

Karl Ozolin, son of Art and Aija Ozolin. He is graduating from Bellarmine, and plans to attend the Washington State University.

Lori Catherine Albert Pattison, daughter of Brad and MiMi Pattison. She is graduating from Peninsula High School, and plans to attend Gonzaga University.

Karen Ritchie, daughter of Bill and Marge Ritchie. She will graduate from Central Washington University with a B.A. in Business. She is getting married in June, and hopes to get a job in banking.

Kristine C. Taylor, daughter of Ron Taylor. She is graduating from Charles Wright Academy, and plans to study Psychology at the University of Washington in the fall.

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Notes From the President:

1

On June 2, 1990, Doug Jackman and I represented the Medical Society at the Tacoma Summit called by Mayor Vialle. In addition,

Dr. Jim Davidson, Tacoma General ER physician was one of 25 steering committee members and a group facilitator at the meeting. Leaders from all areas of the community were present prioritizing, discussing, arguing, and planning. We all came from different backgrounds and professions; however, we all had the common concern of making Tacoma and Pierce County a better place to live in the coming decades. The priorities discussed are listed below:

- Educational quality
- Family and children support programs
- Economic development
- Leadership development
- Environmental concerns
- Race relations
- Growth management
- Neighborhood enhancement

In each of the areas an action plan was put together, hopefully with some of the actions occurring within the next six months. This was a beginning and I know that more will be asked of us as individual citizens in the future to improve our city. I

encourage all of you to become involved. If we don't act individually and become a part of a solution, we will be part of the problem that remains.

2

Recently, I had the opportunity of attending a meeting of the Local Chapter of the American Association of Medical Assistants representing the Pierce County Medical Society. This organization unites the dedicated individuals who work in our offices assisting us administratively and clinically in caring for our patients. They stress continuing education in their field as well as improving patient care through focusing on the efficiency of their roles in our offices. Our group strongly supports this organization and we do so by paying the annual dues for our employees. I urge the physicians of this Society to encourage their staff to join the AAMA and payment of their dues will be an excellent investment in your practice.



3

The Pierce County Medical Society has been working with the Pierce County Department of Emergency Management and the EMS Council in developing plans to respond to a major catastrophe in Pierce County. The medical Society has made the commitment to assist in keeping member physicians informed of these plans. The procedures outlined below are provided to give guidance to physicians on what to do should a major disaster occur.

General Information — Under the provisions of the Pierce County Emergency Management Plan, St Joseph's Hospital has been designated the Disaster Medical Control Center. (Madigan is the first alternate and Tacoma General is the second alternate.) In the event of a major disaster the Disaster Medical Control Center has the following responsibilities:

- 1. Coordinating the damage and capability assessment of each hospital in Pierce County, including personnel, medical supplies, communications, bed space and pharmaceutical supplies.

Continued from page 1 . . .

- 2. Coordination of requests from the field for additional medical supplies, doctors and nurses.
- 3. Network control for hospital communications.
- 4. Coordination for patient disposition.
- 5. Coordination with the Pierce County Emergency Operations Center (EOC).

The Pierce County Emergency Operations Center (EOC) will coordinate with the hospitals and regional EOC's to assist in the distribution of personnel and resources

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Gordon R. Klatt	President
William G. Marsh	President-elect
John B. Coombs	Vice President
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PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community.

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. We welcome and invite your letters, comments, ideas and suggestions.

Editor:

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Managing Editor:
Douglas Jackman

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W. Ben Blackett,
Richard Hawkins

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Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402

where they are most needed. If communications are not disrupted, normal telephone and pager call-out procedures should be utilized.

Procedures — If a major disaster occurs and communications methods for contacting physicians are disrupted, Medical Society member physicians are requested to do the following:

- 1. Report to the hospital where you practice the most, or, report to the nearest hospital.
- 2. If you do not practice at a hospital, go to your office or the site where patients might seek out your services on their own.

- 3. If you are already part of a regional plan, such as that which has been developed for the Peninsula Area, report to the predesignated site for providing emergency care as outlined in that respective plan.

Thank you in advance for your cooperation. If you would like to take a more active part in the emergency planning process, contact the Pierce County Department of Emergency Management at 591-7470. (Office hours are 8:30 - 4:30 weekdays.)

—GRK

Deadline Nears for Resolutions

The WSMA Annual Meeting will be held in Spokane on September 20-23, 1990. Any member may submit a resolution. Pierce County Delegates will introduce resolutions that are submitted by members of the Society prior to July 20.

Over 50 resolutions were introduced and acted upon by the House in 1989, dealing with issues such as access, state income tax, Medicare, expert witness testimony, peer review, and AIDS.

If you would like WSMA to take action on any issue, call the Society Office and they will help you draft a resolution to the House of Delegates. WSMA is committed to responding to the actions of the House, so please submit your ideas today!



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Welcome New Members!

The board of Trustees has approved the Credentials Committee recommendation that the following applicants be approved for PCMS Membership.

Kirk E. Rue, M.D.

Anesthesiology
314 South K Street
Tacoma

Richard C. Ostenson, M.D.

Hematology/Oncology
1322 3rd S.E. #10
Puyallup

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

John H. Peixotto, M.D.

Radiology. Medical School, University of Vermont, 1978; internship, Walter Reed Army Medical Center, 1979; Residency, Walter Reed Army Medical Center, 1988. Washington State License, 1989; board certification, Pediatrics, 1983; Radiology, 1988. Dr. Peixotto is practicing at 3402 South 18th Street.

Randolph K. Otto, M.D.

Radiology. Born in Michigan, 04/06/60. Medical School, University of Michigan, 1985; internship, William Beaumont Hospital, 1985; residency, University of Texas, 1990; graduate training, Children's Medical Center. Washington State License, 1990. Dr. Otto is practicing at 3402 South 18th Street.

Donald H. Song, M.D.

OB/GYN. Born in Korea, 03/27/36. Medical School, Loma-Linda University, 1982; internship, St Joseph Mercy Hospital, 1983; residency, St Joseph Mercy Hospital, 1986. Washington State License, 1989. Dr. Song is practicing at 11311 Bridgeport Way S.W.

Joan E. Halley, D.O.

Family Practice. Born in California, 06/22/60. Medical School, College of Osteopathic Medicine, 1987; internship, East Moreland Hospital, 1988; residency, Tacoma Family Medicine, 1990. Washington State License, 1989. Dr. Halley is practicing at 419 South L Street.

J. Gregory Zoltani, M.D.

Neurology. Born in Illinois, 09/15/54. Medical School, Peoria School of Medicine, 1980; internship, Bronson Methodist Hospital, 1981; residency, Medical University of South Carolina, 1984. Washington State License, 1990. Dr. Zoltani is practicing at 6212 70th Ave. Ct. W. #202.

George S.H. Makari, M.D.

Neurology/Child Neurology. Born in Egypt, 01/23/56. Medical School, Cairo University, 1980; internship, Children's Hospital of Michigan, 1984; residency, Children's Hospital of Michigan, 1985; graduate training, Medical College of Georgia, 1988; board certification, Pediatrics, 1989. Dr. Makari is practicing at 2655 S.W. 343rd Street.

Access to Care in an Era of Limited Resources

● The following article was condensed from an article written for the Washington College of Emergency Physicians by Dr. James K. Fulcher. Dr. Fulcher, current President of WA/ACEP, was Vice President of Pierce County Medical Society in 1989 and chaired the Emergency Medical Standards Committee in 1988. Dr. Fulcher practices at St. Joseph's Hospital.

The issue of access to health care and the related problem of uncompensated care are receiving a great deal of attention in this, the pre-national health program era in the United States. In my opinion, one set of ideas stands out because of its elegance in logic, simplicity, and rationality. I am referring to the Oregon approach fathered by John Kitzhaber, M.D.

Dr. Kitzhaber, an emergency physician from Roseburg, Oregon, and an ACEP member, has been President of the Oregon State Senate since 1985. Once only a concept in formulation, his ideas are now a reality in Oregon as the Oregon Basic Health Services Act of 1989. While the effects of the legislation are far reaching, the basic ideas are really quite simple.

For many years we have tried to adhere to a social policy of universal access to health care. Provision of care to those unable to pay was possible because of the ability of providers to "shift" the cost of that care to those able to pay, i.e., insurance companies and government programs. As the health economic environment has changed, restricting this cost shift, providers are left to absorb the cost directly. The growing load of uncompensated care eventually reaches a limit wherein providers are unable or unwilling to continue to absorb the cost, and a problem in access to care results.

As both the public and private payers face increasing costs in providing health services, more people lose eligibility for those programs and fall into the "gap" — uninsured but not poor enough or old enough to meet the requirements for public programs. It is important to note that of the 37 million people in this "gap", 70% are employed or a dependent of a working person.

To continue to provide universal access, we must accept the reality that our resources are limited. The task at hand is to direct the available resources to maximize the net health benefit to all members of our society. To do so requires deliberate consideration of difficult decisions. In essence we must, as a society, be precise in our definition of adequate health services, and then provide universal access to this set of services to all.

This may sound like rationing, and it clearly is. However, in reality we are already rationing health care in the U.S. We do so by age (medicare), income (medicaid eligibility rules), and implicit decisions of providers who refuse to care for the uninsured. Implicit rationing also occurs at the government level when state legislators, faced with budget restrictions, simply reset the eligibility requirements for medicaid, redefining who has access to care to meet budgetary needs. It seems to me that rationing based on accepted social policy, and driven by need, is far more equitable and moral.

How does the Oregon system operate given these realities? The legislation establishes a Health Services Commission, made up of providers and consumers. The role of the commission is to define a clinically based benefit package within the context of limited resources. In essence, the commission will prioritize health services based upon the beneficial outcome each service or procedure will have on the population being served. Ranked from the most beneficial to

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Continued on next page

improving health to those of lesser benefit, the prioritization will occur in a public process based upon both clinical factors and social values.

Once ranked, each component will have an associated cost. This list is then given to the legislature, which will determine the funding level for the state program. The legislature is prohibited from altering the priority list, and must decide on funding the benefit package by starting at the top of the list and working down until the limit of resources is reached. The services at "the margin" are likely to be the focus of significant discussion. However, the legislature (society) can, at its option, choose to fund the entire list restrained only by the reality of resources available, or which may be redirected from other programs.

Once the societally determined package of adequate health care services has been defined, the state will enter into managed care contracts to provide these services to all Medicaid recipients. Senate Bill 27 defines the eligibility levels as those with a family income below the federal poverty level. Companion legislation (Senate Bill 935) provides an employer mandate to provide health benefits to all employees equal to or greater than that provided by the state for Medicaid recipients. Finally, the legislation provides for a liability shield for claims based solely upon the failure to provide services not included in the defined benefit package.

In summary, the Oregon program provides for a social policy to direct the utilization of limited resources. It maintains universal access to a societally defined level of adequate health care. The method results in explicit societal choice regarding health priorities and inescapable accountability for the elected representatives.

While other approaches are still entangled in academic consideration,

The task at hand is to direct the available resources to maximize the net health benefit to all members of our society. To do so requires deliberate consideration of difficult decisions. In essence we must, as a society, be precise in our definition of adequate health services, and then provide universal access to this set of services to all.

Dr. Kitzhaber's ideas have evolved into a reality — a working model worthy of our careful consideration. John Kitzhaber is the first to acknow-

ledge that he doesn't have all the answers. It seems to me, however, that he has, at the very least, prompted all of us to ask ourselves the right questions.

I encourage each of you to become familiar with the Oregon model. This limited column cannot do justice to the extensive thought that John Kitzhaber and others have invested in preface to this landmark legislation. Begin by reading Dr. Kitzhaber's article: "Uncompensated care — The threat and the challenge." *West J Med* 1988 Jun; 148:711-716. If you are interested in further reading beyond this early introduction, please contact me through the PCMS office and I will forward material to you.

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Mark Your Calendar!

College of Medical Education



Sun Valley CME Registration Still Open

The College of Medical Education has received many calls asking if they can still register for the Sun Valley CME program. The answer is YES!

Registration for the College's first "resort" program, scheduled for next February, is still open. Early registration was encouraged to arrange for limited transportation,

but both space and transportation are still available.

Likewise, those who did not return the Sun Valley survey (and accordingly were not mailed a conference packet) may still register too! The College is offering family vacationing, skiing, and the usual quality CME - this time out of Pierce County. Offering 12 Category I credits, the Sun Valley program is designed in response to an interest survey and features a potpourri of subjects identified by PCMS physicians.

The conference will be held at Sun Valley's Elkhorn Resort and includes reduced rates for lodging and conference rates for air transportation. The negotiated rates are also good for immediately before and after the conference for those wishing to extend their travel plans to Sun Valley.

Varied subjects will include Stress and Time Management, Proactive Steps to Avoid Malpractice, Out-patient Antibiotic Treatment, Future of Private Practice in the 90's, and many more interesting and timely subjects. If you are interested in a conference packet please call the College at 627-7137.

Common Office Problems now Oct 18-19.

The very popular "Common Office Problems" conference has been scheduled for Thursday and Friday October 18 and 19. The program was originally scheduled for October 17 and 18. The conference will include half day sessions on Pediatrics, Internal Medicine, Pharmacology, and Infectious Disease.

This course is designed for the primary care practitioner and focuses on practical approaches to common office problems.

C.O.M.E. 1990-91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1990		
Thurs., Fri. October 18 & 19	Common Office Problems	Mark Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri. November 9	Diagnosis and Treatment of Depression	Eric Luria, M.D.
Thurs., Fri. December 6 & 7	Advanced Cardiac Life Support	Mark Craddock, M.D.
1991		
Thurs. January 17	Law and Medicine Symposium	David Condon, J.D. Marcel Maldon, M.D.
Fri. February 8	Review of HIV Infections	Alan Tice, M.D.
Weds.-Sat. February 27 & 28 March 1 & 2	Sun Valley Program	Mark Craddock, M.D. Stuart Freed, M.D. John Lenihan, M.D.
Thurs., Fri. March 14 & 15	Tacoma Academy of Internal Medicine	Amy Yu, M.D.
Fri., Sat. April 12 & 13	Surgical Club	James Stilwell, M.D.
Fri. May 10	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Fri. May 31	Office Gynecology	John Lenihan, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.

Clip and Save!

NEWSBRIEFS

IN MEMORIAM - ROBERT E. LANE, M.D.

Robert E. Lane, M.D., internist, and leader in the medical community for 36 years, passed away June 2, 1990. Dr. Lane retired from active practice in April, 1987.

Dr. Lane was president of the Pierce County Medical Society in 1983 and chaired the Credentials Committee, Ethics Committee, Grievance Committee, and participated in other committees of the Society during his very active membership. He served as chief-of-staff of Mountainview Hospital (now Puget Sound Hospital), President of Tacoma Academy of Internal Medicine, and was a Board member of Doctors' Hospital. He was a member of the Washington State Medical Association and American Medical Association since 1951.

He received his pre-med education at Stanford and graduated from Northwestern School of Medicine in 1941. He began practice in Pierce County in 1951. He served two tours of duty in the United States Navy. He was a Commander in the US Naval Medical Corps after serving four years in the South Pacific during World War II. Dr. Lane served at the Naval Academy in Annapolis during the Korean conflict.

Dr. Lane is survived by his wife Selinda and three children, Selinda, Lisa, and Douglas. The Pierce County Medical Society shares in their grief.

PCMS & Health Dept Discuss Mutual Issues

Dr. Al Allen, Tacoma-Pierce County Health Department Director and staff met with Dr. Bill Marsh and Doug Jackman during June to dis-

cuss mutual issues. Of particular interest was the prenatal clearinghouse, a joint Medical Society and Health Department project which will eventually be housed in the Medical Society building.

With the support of the Health Department, the Medical Society will be taking stronger smoking ordinances to city and county counsels later this summer. The Health Department will be responsible for the enforcement of ordinances.

Other issues discussed were AIDS, EMS and trauma systems, and health care for senior citizens.

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Committee Members

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Joseph Kramer..... 845-9511
John R. McDonough .. 572-2424
William A. McPhee..... 474-0751
Ronald C. Johnson..... 841-1894
Kathleen Paris..... 591-6681
Dennis F. Waldron..... 272-5127
Mrs. Jo Roller 752-6825

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Dr. Taylor Tours Sound To Narrows Course In 42:55 Minutes

10,000 people registered to participate in the 12k (7.45 miles) Sound to Narrows run on June 9. **Dr. Ron Taylor**, general surgeon and chairman of the PCMS Ethics and Standards of Practice Committee, finished 38th of the 10,000 runners. He was second in his age category (45-49). In 1989, Taylor finished 72nd overall with a time of 44:10. Other members and family mem-

bers running in the event were: Gerard Ames, Ron Anderson, Judy Baerg, Kari Baerg, Mel Bahn, Glenna Blackett, Dick and Laurie Bowe, David Brown, Mark Craddock, Bill, Diana, and Sammi Dean, Drew Deutsch, Ane and Jennifer Fulcher, Ron, Beth, and Linda Graff, Ken Graham, Jan Halstead, John Hill, David Law (222 overall), John McKelvey, Julia Mueller, Bob Osborne, Carl Plonsky, Mike Priebe (318 over-

all), Jared Rogers, Don Russell, Don Shrewsbury, Dennis Waldron, Sue and Stephanie Wulfestieg. If we missed you, give us a call and we will make the correction in the August *Bulletin*.



Dr. Craddock New President of College of Medical Education

Mark Craddock, M.D. assumed the Presidency of the College of Medical Education at the June 6 Board of Directors Meeting replacing **David Brown, M.D.**, who is completing seven years on the CME Committee and 2 years as Board President. The College of Medical Education provides twelve CME Category I programs designed in response to and specifically for local physicians. The College is self-supporting in that it depends solely on enrollment fees, donations, and/or grants and does not rely upon hospital or Medical Society financial contributions.

The College Board named **Drs. John Lenihan, Gary Taubman, and Philip Craven**, to at-large, one-year terms. The PCMS Board of Trustees named **Drs. Mark Craddock, Stuart Freed, Susan Salo,**

and **Tom Norris** to terms of three years. **Dr. Robert Scherz** was appointed by the PCMS Board of Trustees to replace **Dr. Clark Waffle**.

The College's annual calendar has been set for 1990-1991 and will be mailed in July. Please watch for this schedule as you will be able to plan your yearly CME needs based on program dates, topics, and speakers of your preference.



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Oops!

Last month we inadvertently forgot to give credit to **Marina Curan** of C.A.R.E. for her excellent article "Chemical Dependency Masquerading as Depression." Sorry Marina!

PCMS Meets with House Majority Leader

Drs. Richard Hawkins, Terry Torgenrud and John Coombs met with House Majority Leader, Brian Ebersole (D-29th), on June 13. The representatives of the Medical Society thanked Ebersole for his support of legislation that expanded Medicaid eligibility and reimburse-

ment for pediatric patients up to age 18.

Ebersole complimented the medical community for playing a positive role in providing some alternatives to the numerous issues confronting the legislature on medical issues this last session.

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(206) 588-3126

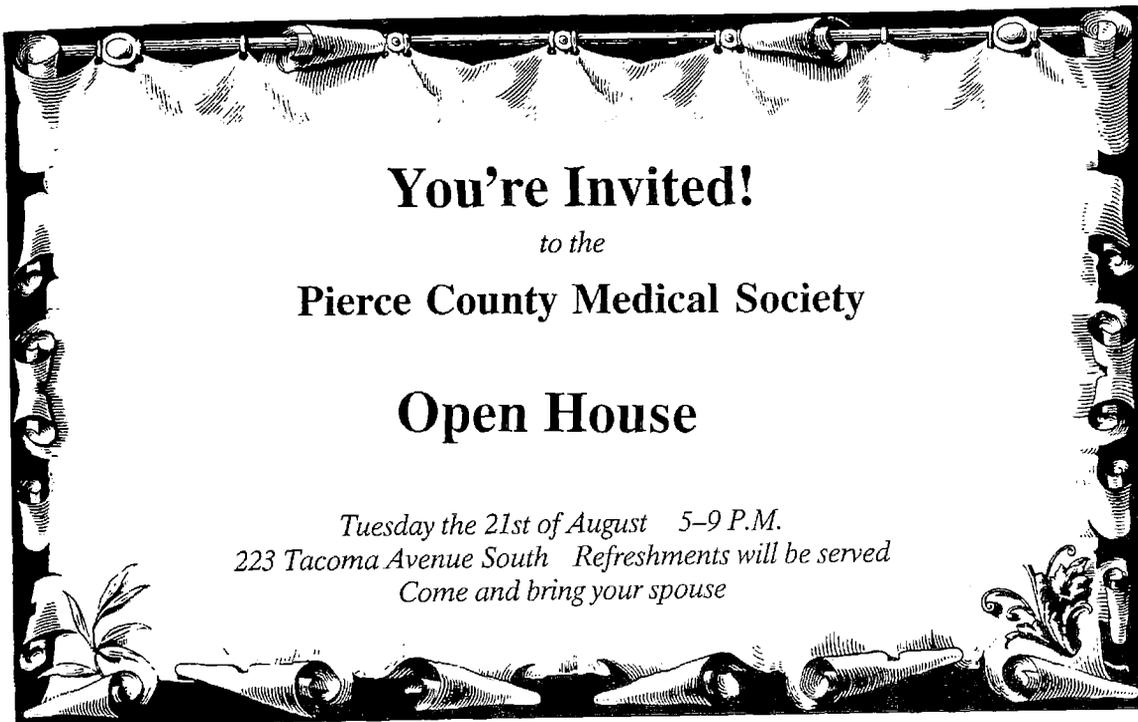
Proof of 501(c)3 IRS rating is required.

**APPLICATION DEADLINE IS:
SATURDAY, SEPTEMBER 15, 1990.**

Senator Marc Gaspard (D), ranking Democratic member of the Senate Ways and Means Committee, met with Dr. Bill Marsh and Dr. Ed Pullen in mid-June. Speaking for the medical community, they thanked him for his leading role in securing the expanded Medicaid eligibility for children up to age 18 in the last session. More than 21,000 children between 9-18 years of age are expected to qualify for the program when it takes effect January 1, 1991.

Senator Gaspard, a seventeen year veteran in the Senate, represents the 25th District which includes the Puyallup, Sumner, and Lake Tapps area.

Physicians reimbursement for children's services was raised to 75-80 percent of average "usual and customary" fees, effective September 1, 1990. Nearly \$23 million in new funds will be available to pay for office visits, EPSDT, and normal newborn care.



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Tuesday the 21st of August 5-9 P.M.
223 Tacoma Avenue South Refreshments will be served
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**DR. DICKEY
TO BE
SEPTEMBER
SPEAKER**

Mark your calendar for September 11 as a date to attend the PCMS September General Membership Meeting. Dr. Nancy Dickey, Richmond, Texas, Family Physician, member of the AMA Board of Trustees, and past-chairman of the AMA Council on Ethical and Judicial Affairs will be the speaker.

Dr. Dickey has been asked to comment on the Ethical Issues facing medicine and the role of women in medicine. She is a noted speaker—try to make it. Bring your spouse.



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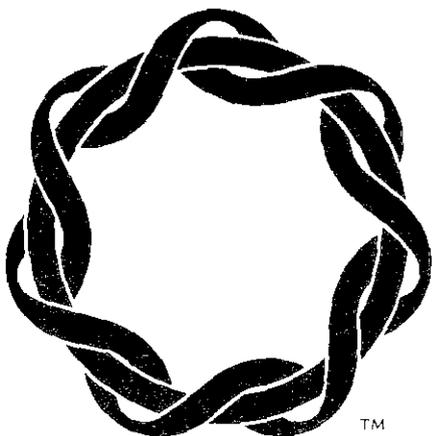
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GOODWILL Hosts Getting Anxious



Over 105 families participating in the Physician Exchange Program are eagerly waiting for July 22, when they will meet their Soviet physician guests. Along with other medical families in the community, nearly 80 PCMS families are hosting thirty-five Soviet physicians for two weeks.

Participants in the physician exchange attended one of two orientation meetings at Jackson Hall in mid-June to hear what they could look forward to. Dr. Roscius Doan, a pediatrician with the University of Washington who has entertained many Soviet guests and made numerous trips to the Soviet Union, gave the group many insights into hosting a Soviet citizen.

Dr. Doan has two maxims on Soviet guests. They are:

- Every guest is unique
- Do unto your Soviet guests as you would have them do unto you

Dr. Doan noted that nearly 70% of Soviet males smoke, and urged American hosts not to revise their smoking policies at home if they have one. He recommended setting aside an area for smoking, preferably on the deck and with two or three chairs so the hosts can join the guest there.

Dr. Doan also suggested having a basket of fruit, nuts, or candy in the guests' room. They have a special fondness for bananas, which they seldom see or have an opportunity to get at home.

He noted that the Soviets have different attitudes toward pets -- particularly dogs. In the Soviet Union, dogs are usually skinny, roam the streets, and are sometimes considered low-life. He urged that dogs be restrained around the guests.

He strongly recommended hosts demonstrate the bathroom fixtures and operation, particularly the shower and toilet. It could save a lot of grief.

The Soviets have a real fascination for modern technology, particularly electronics. He suggested a nice

gift such as a Sony Walkman as very suitable. Clothing, batteries, coffee (if they like it), and candy are also high on their shopping lists. Shopping should be done early during the visit, so it won't be a rushed event on the last day.

The Soviets love to shop. A visit to Thriftway, Safeway, Nordstrom, K-Mart, or any shopping center will occupy a lot of time.

A farewell dinner for the guest is recommended with toasts being offered in honor of the guests and their family at home.

It was evident all the participants are looking forward to hosting our Russian guests, an occasion which should prove memorable for all.

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David W. McEniry, M.D.

Physician Alert! New Rules Affect Clinical Laboratories

The proposed rules which would govern all clinical laboratories in the United States, including those in physicians' offices were published in the May 21 *Federal Register*. This is the first move by the Federal Government to regulate testing in doctors' offices and many other settings. It is important that you become familiar with what these proposals consist of, and how and when your patients will be affected. The American Medical Association and other specialty groups are lobbying hard to get the proposals amended. This would mean many doctors would have to shut down their in-office lab because they would be unable to meet the expenses associated with new personnel and efficiency testing requirements.

As a result of these discussions with the various groups, lawmakers agreed to allow HCFA to exempt labs that only perform simple tests with "insignificant risk of erroneous results" from rigorous federal oversight. These labs, which will have to apply to HCFA for "certificates of waiver", will still be subject to some federal oversight.

In addition to the "wavered tests" category, the proposed rules divide the nation's labs into two other groups, "Level I" and "Level II". Each level represents correspondingly more complex tests and requires more stringent personnel standards. The proposed rules list all the tests currently in the "waived" and "Level I" categories. Level II tests will include all those not covered in the other two groups.

Level I labs must be directed by physicians or a PhD level scientist. Test analysts must be high school graduates or the equivalent. Level II labs must be directed by pathologists or a PhD level scientist. All Level II tests must be performed by qualified technologists or technicians.

It is estimated that labs applying for certificates of waiver will be charged about \$500 and those applying for Level I certificates will be charged about \$2000. Certificates will be valid for two years.

The test categories and corresponding standards have already started dividing physician groups, with some feeling certain waived tests belong in regulated categories and vice versa. Meetings among specialty groups are planned during the next few months. Interested parties have until August 20 to comment on the proposed rules which will be reviewed by HCFA before it issues final regulations.

TESTS EXEMPT FROM REGULATION

The following tests would be exempt from CLIA standards under HCFA draft rules.

- Dipstick or tablet reagent urinalysis for the following analytes: Bilirubin, Glucose, Hemoglobin, Ketone, Leukocytes, Nitrite, Protein, pH, Specific gravity, Urobilinogen
- Fecal occult blood
- Spun microhematocrit
- Microscopic examination of: Urine sediment, Pinworm preparation, Vaginal wet mount preparation
- Ovulation test - visual color test for human luteinizing hormone
- Urine pregnancy tests
- Whole blood clotting time
- Antistreptolysin O (ASO) screen - slide card agglutination test
- C reactive protein (CRP) screen - slide card agglutination test
- Rheumatoid factor screen - slide care agglutination test
- Gram's stain (on discharges and exudates)
- Infectious mononucleosis screening - slide card agglutination test

Continued on next page. . .

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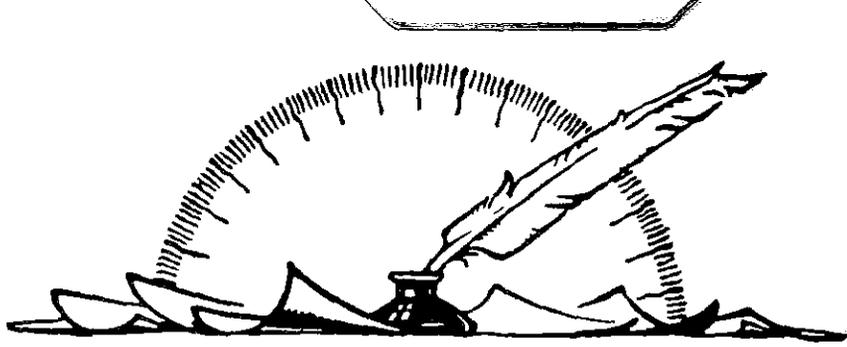
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- Sickle cell screening - methods other than electrophoresis
- Glucose screen whole blood dipstick method - visual color comparison determination
- Semen analysis

PROPOSED LEVEL I TESTS

Labs doing one or more of the following tests must have a physician or PhD-level scientist director. They will be subject to regular proficiency testing, and must meet other quality assurance standards:

- Cholesterol screen - qualitative and semiquantitative determinations
- Culture for colony counts for urinary tract infection - not to include identification and susceptibility
- Hemoglobin, methods other than electrophoresis
- White blood cell count
- Red blood cell count
- Hematocrit
- Urea nitrogen (BUN)
- Creatinine
- Uric acid
- Glucose
- Direct streptococcal antigen test

House Physician Foresees Change

US Representative J. Roy Rowland, M.D., one of only two physicians in Congress, sits in his office on Capitol Hill and ponders a reporter's question:

Is now a good time to be a doctor?

"Well, yes and no," he answers in the style of the true politician. "No, because of the problems in professional liability and in finding ways to pay for high-tech medicine and because the current mood of Congress is to look out for the patient's needs and the government's needs and not the doctor's needs."

"On the other hand, the strides in technology and in what the doctor can do for humanity are breathtaking. So, yes, today is an exciting time."

Still, he considers, searching for the right expression, "Physicians as a group are not viewed very pleasantly by the Congress and the public, and the medical system is in trouble."

There is intense pressure to cut the cost of government-paid medicine, which accounts for roughly 40% of all American medical care. This, Rowland notes, "has led to flux in the medical system and frustration both among and toward MDs."

This summer marks the silver anniversary of the enactment by Congress of Medicare and Medicaid to expand access to medical services for the elderly and the poor.

Medicine is at a Crossroads

Congressmen like Rowland now face an environment in which the nation's hopes for quality

medicine for all have been replaced by a pattern of high cost and poor access. Reliable estimates indicate that 37 million Americans "fall between the cracks" of the existing system and are without health insurance. Millions more have insurance that could not bear the cost of serious illness.

Rowland summarized, "The medical system is at a crossroads. If we keep the system as it is, with only incremental changes, then, purely for economic reasons, we are going to see the federal government do more and more to expand access and lower costs, including, perhaps, a move toward socialized medicine. If we reverse course and make fundamental changes in the system, however, then we may see less of a federal role."

Rowland favors reversing course, and he is studying a concept in which the nation might formally adopt what is already practiced - a two-tier system.

"We can keep the high quality of private practice for those who can pay the market cost," he says, "and we can cover the uninsured through

Continued on page 15. . .

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funding by a combination of local, state, and federal governments." Under his tentative idea, Medicare and Medicaid would be replaced or modified by a version of the VA medical system, which he has overseen as a member of the House Veterans Affairs Committee. To qualify for benefits, patients would probably be means-tested.

Rowland thinks that sweeping changes are needed because, "Almost everyone is unhappy with Medicare. The program is marked by a vicious cycle that frustrates everyone - patient, physician, and government paymaster. The more Congress micro-manages Medicare and issues new rules to cut costs, the more physicians try to get around the rules both to practice good medicine and to make money, and then Congress issues new rules. Congressmen are frustrated with physicians, whom they perceive as gouging the program, and physicians are frustrated with government red tape that makes the practice of good medicine impossible. Patients are bewildered."

The former family physician emphasizes that he is not critical of the vast majority of his fellow doctors. Rowland says, "American physicians practice the best medicine in the world, and I am a big supporter of American medicine. But we have to find some way to solve our serious problems."

Last month, Rowland introduced an AMA-drafted bill to reduce the "hassle" factor in Medicare's cost-cutting. "The intent of the bill," he says, "is to reduce red tape, to

restore the close personal relationship doctors have traditionally had with their patients, and to allow good medicine."

At the same time, he cautions, "The sad fact is that the actions of a few physicians have exaggerated the impression that some doctors have an eye only to make money. People - and congressmen - still respect their

"The medical System is at a crossroads... If we keep the system as is, with only incremental changes, then for purely economic reasons we are going to see the federal government do more and more to expand access and lower cost, including, perhaps, a move toward socialized medicine. If we reverse course and make fundamental changes. . .we may see less of a federal role."

individual physicians, but, in my opinion, the medical profession in general is not as highly respected as it once was. The amount of criticism that physicians are receiving is not justified, because it is only a few physicians who are creating the wrong impression. But doctors need to know that there is a perception in Congress and among the public that some physicians are

arrogant and greedy, and this perception is growing."

The congressman also thinks that more physicians need to become involved in politics. Right now, there are only two MDs among 535 congressmen [the other is Washington State's Democratic congressman Jim McDermott, a psychiatrist, who was elected in 1988].

Of course, physicians look to their medical organizations for representation in the nation's capital, but Rowland cautions, "The impact of the budget deficit and the need for Congress to make every program adhere to the Gramm-Rudman deficit-control guidelines is so big and overwhelming that it is hard for any one group to have much influence."

"As such, we are beginning to see government divide and conquer the medical profession. Organized medicine lost the Medicare fight, but it presented a unified front. Today, organized medicine is much less unified. During these frustrating times, the various medical specialties are looking out for themselves first. And, the various vested interests are working against the government's attempt to solve the problems. There's a lot going on, but much of it is going nowhere."

"I'd like to tell doctors to be sensitive to their patients' needs and to practice medicine as they know best and that all good things will come to them, but maybe this advice will not work for the way things are today. Maybe much of the flux and frustration is unavoidable."

In the meantime, though, Rowland remains proud of his MD degree and believes in medicine's future. "Occasionally," he says, "people have said about me, 'He used to be a doctor.' Well, I'm quick to remind them that I've still got my medical degree [from the Medical College of Georgia] and my license to practice medicine [in Georgia]."

"I doubt, though, if I could afford malpractice insurance today - and I wouldn't dare practice without it!"

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American Medicine, May 23/30, 1990

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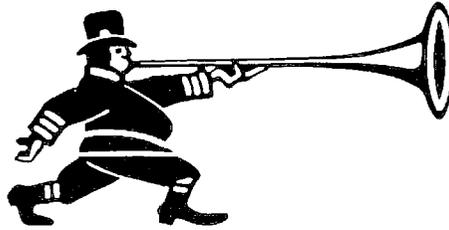
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“RECYCLE” PDRs



We're Sorry!

Do you have any Physician's Desk References (dated 1985 or more recent) sitting around your home or office? WSMA Auxiliary has a use for them!

We neglected to mention two graduating seniors in our June Newsletter.

Pat Theissen graduated from Bellarmine and will be attending Boston College. Pat was a National Merit finalist and a member of the tennis team.

Michael Olejar also graduated from Bellarmine. He is a member of the tennis team and will be in the honors program at the University of Washington next year.

Suzanne Fell, R.N., an auxilian from Olympia, in cooperation with WSMAA and Washington State Nurses' Association will distribute PDRs to school districts throughout the state.

The WSMSAA and the School Nurses of Washington Association are working in coalition to place a PDR in every school in the state.

In Pierce County all you need to do is take your PDRs to the Pierce County Medical Society office, 223 Tacoma Avenue South, just north of the County City building. PLEASE HELP!

FALL CONVENTION

WSMA/WSMAA Annual Meeting will be held September 20-22, 1990 at the Sheraton Hotel in Spokane - There will be special workshops offered to the Auxiliary members. Details will be in the Med Aux News.

AMA AUXILIARY CONVENTION

Susie Duffy, Pierce County Auxiliary member and WSMAA President-Elect, will be one of the delegates to the Annual Meeting of the AMA Auxiliary in Chicago, June 24-27, 1990.

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The Bulletin

Pierce County Medical Society

August 1990



Local

The News Tribune

Smoking curbs sought Doctors target second-hand tobacco smoke

By Dan Voelpel
The News Tribune

... Klatt and Society president-elect Dr. Bill Marsh announced the proposed revisions at a meeting Wednesday with The Morning News

Tribune editorial board. The county adopted its no-smoking regulations in 1984 with assistance from the physicians' society. The city adopted its regulations two years ago. Other proposed revisions would: — Ban

smoking at outdoor arenas, specifically Cheney Stadium.
enforcement of illegal
enter and vend-
The

Doctor's don't prescribe Initiative 119

by Patrick O'Callahan

... But that's about the only thing Kevorkian has in common with two Pierce County doctors, Gordon Klatt and Bill Marsh. They are repulsed by the thought of deliberately killing a patient, however willing the patient might be. A president and vice president respectively of the Pierce County Medical Society, Klatt and Marsh undoubtedly speak for many of their colleagues.

"Really negative," is how Klatt describes his reaction to 119. A Tacoma surgeon who often cares for terminal patients, he said aid-in-dying would violate his training, his ethics, his entire concept of the practice of medicine. Most doctors feel likewise, he believes. "Medicine is to save lives, to

The Morning News Tribune

Established 1883

EDITORIAL

The doctors are right: Pierce County's anti-smoking ordinances are due for an overhaul. Under the leadership of its president, Dr. Gordon Klatt, the Pierce County Medical Society is urging that companies be required to provide smoke-free zones for their non-smoking employees. This is a reasonable proposal, especially in light of mounting evidence that frequent exposure to second-hand tobacco smoke can be deadly. Businesses need not ban smoking on their premises altogether, but they should at a

Inside...Pierce County Doctors Take a Stand

Edward S. Curtis

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The Bulletin

The Official Publication of the Pierce County Medical Society

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Meeting the Trauma Care Issue in Pierce County Head On

Trauma care in Pierce County has been an agenda item for the Pierce County Medical Society's Board of Trustees for the past decade. Through the Emergency Medical Standards Committee we have attacked the difficult problem of pre-hospital care dealing with ambulance companies, fire departments, and the City and County Councils. Many of our physicians have put in long hours on the EMS Committee as well as representing us on the Pierce County Emergency Medical Services Council. The final chapter on pre-hospital care in our county is still to be written; however, hospital care of trauma victims in our county which directly involves us needs to be addressed by us now.

In January, 1990, the Governor's Trauma Advisory Committee submitted its report to the Legislature. Cecil Snodgrass, M.D., an ER physician in Puyallup, served on that committee. An executive summary of the report approved by the legislature can be obtained at the Medical Society office, and I urge all of you interested in this problem to read it.

All hospitals in the state will be required to apply for a trauma level designation so it can be determined at which level a hospital would fit into the system. Regional trauma plans will be prepared and directed by the State in July, 1992, in those regions that have not set up their own plan. Currently our region includes Pierce, Thurston, Grays Harbor, Lewis, and a portion of Pacific County.

I believe it is important that the Pierce County Medical Society, representing the physician community, make a

statement regarding the hospital care of trauma patients in our county.

In 1982, this issue was addressed by the Board of Trustees and the recommendation was that one hospital in

"I believe it is important that the Pierce County Medical Society, representing the physician community, make a statement regarding the hospital care of trauma patients in our county."

Pierce County be the "trauma center" for "major trauma victims" and that facility should be St. Joseph Hospital. The recommendation was never pursued or publicized outside the medical community. It is not a current recommendation and therefore, during my presidency, I am challenging the Society to make a new statement through its Board of Trustees.

A Committee on Trauma Care was appointed by me in April and is chaired by Dr. William Martin. Representatives from hospitals and various segments of the medical community are on that committee. In the June issue of the Pierce County Medical Society *Newsletter* I asked for input to these committee members. The Committee will give its report to the Board of Trustees at a special Board meeting on Thursday, August 23, at

Jackson Hall. This will be the only agenda item for the meeting. I urge all of you interested in providing input to the Board of Trustees to plan on attending the meeting and making a statement. We will listen to testimony from any member, with statements being limited to 5 minutes. An invitation will be sent to all hospitals in Pierce County, including Madigan Army Medical Center, to briefly present their level of interest in caring for major trauma victims. The meeting will be from 6:00 to 8:00 p.m. and every effort will be made to hear interested members' concerns. Please call the Medical Society office to sign up for making a statement or sign up on the night of the meeting.

The Board of Trustees will make a decision on the issue at a subsequent meeting and then an appropriate publication of that statement will be issued as well as followup.

I urge all of you to attend the August 23 meeting and help us address this very important issue in our community. I believe that by being proactive and taking a stand that we feel is best for the community from a medical point of view, we will be more respected by the nonmedical community.

Political, economic, and territorial biases must be put aside as we present a plan that represents what is best for the people of Pierce County. Our goal must be to give the best medical care possible to our community.

—GRK

Hats Off! to Pat Schaaf

At press time, the 30 Soviet physicians had not yet arrived, and when the Bulletin is on your doorsteps, the Games will have concluded. Please watch for an article in the September Newsletter on the experiences of some of the hosts who participated in the program.

The physician exchange was coordinated entirely by **Mrs. Pat Schaaf** (Dan), who spent hundreds of hours coordinating guests with host families.

After Pat established host teams for 35 visiting physicians, she was informed that 2 physicians would not be arriving. Numerous changes were made. Following that, she was informed that five more could not attend, resulting in another reorganization of the host family teams.

In conversations with the members of the Seattle Goodwill Games Organizing Committee, they report the Pierce County Physician Exchange Program is the best organized of any taking place during the Goodwill Games. The credit belongs entirely to Pat Schaaf. She has the gratitude not only of the Medical Society, but especially the many host families she has tried to accommodate under very difficult and trying circumstances. Thanks Pat!



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PCMS Program — “Dealing With Difficult People”

This workshop is recommended for all medical office staff. Conflict can develop in the demanding pace of the medical practice between people on any level. Whether it is a conflict with a patient, a co-worker, a manager or an employer — unpleasant confrontations can be destructive to the practice and the morale of the staff. Make certain you know an effective way to deal with the conflict when it happens to you!

On the afternoon of Friday, September 14, 1990, PCMS will present a workshop entitled “Dealing with Difficult People” at the Jackson Hall

Auditorium (lunch and materials included). Our speaker will be Ruthann Reim, President of Career Management Institute. Ruthann’s techniques have been presented in Self magazine and on radio and television as well as in seminars for groups such as Weyerhaeuser, AT&T, Pepsi Cola, U.S. West and Washington State agencies. Ruthann’s presentation will include the following:

- Identifying the types of people who cause you frustration in the work place
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Improving Our Community Disaster Response Capability

The Federal Emergency Management Agency (FEMA) is developing a national inventory of urban rescue teams. They are working on equipment lists, qualifications, standards, and call-out procedures at this time. They are making funds available for training and equipping existing teams throughout the country.

The Pierce County Department of Emergency Management has a special operations group known as the Rescue Assistance Team. This is a composite unit made up of law enforcement, fire service, mountain rescue and other volunteer personnel from throughout Tacoma and Pierce County. They are highly skilled individuals trained in rescue procedures ranging from white water to collapsed buildings. We

have developed our own heavy rescue training program and this team comes very close to meeting FEMA's proposed criteria for an urban rescue team with the exception of the involvement of doctors.

If we could integrate a group of doctors into our existing training and response program, we could be eligible for funds from FEMA which would enhance our entire community's preparedness and response capabilities.

The Department of Emergency Management is asking for help from the Medical Society. This would involve assisting with the recruitment of doctors who have the desire to be part of our response system. We would provide the necessary training, and as FEMA develops their



equipment standards, would work to procure the necessary supplies and equipment.

We have met with representatives of the EMS Committee and there seems to be positive response. We look forward to expanding this part of our emergency management program. If you have questions or would like more information, please contact **William Lokey**, Director, Pierce County Department of Emergency Management at 591-7470. Thank you for your continued support and assistance.

Special Board Meeting Called To Discuss Trauma Issue

Dr. Gordon Klatt, President of the Medical Society has called a special meeting of the Board of Trustees on August 23 (see page 5) to take comments from the membership on trauma care and its future in Pierce County.

Early this year Dr. Klatt called together representatives from all areas of trauma care; hospitals, trauma surgeons, emergency physicians, intensivists and General Hutton, Commander of MAMC. The group met to discuss the present situation. The consensus was current care is good, but not optimal.

Also considered were actions taken by the Legislature which authorize the Department of Health to identify specialized trauma care facilities by designation if counties do not

develop a plan themselves by July 1, 1993.

Dr. Klatt appointed a subcommittee to form a recommendation to the Board of Trustees, chaired by general surgeon **Dr. Bill Martin**. The subcommittee met three times and will give its recommendation to the Board August 23.

Questions to be considered are: **Does Pierce County need a Level I trauma center? Can we afford one? Would a Level II trauma center suffice? Is more than one necessary? Is MAMC a viable alternative?** These questions and many more will be addressed.

The meeting will begin at 6:00 p.m., **THURSDAY, AUGUST 23, JACKSON HALL, 314 SOUTH K STREET.**

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PCMS Interviewing Candidates

Candidates for legislative seats are being interviewed by PCMS members from the candidates own legislative district. Several interviews have been scheduled for the candidates to meet with physicians and auxiliary members.

A series of questions are asked of the candidates relating to issues expected to be decided on by the legislature, such as; liability reform, access issues, health care systems, and public health issues.

The PCMS interviewers will make their recommendations to the WAMPAC Board, which will in turn provide financial or in-kind support to the candidate. Several spirited contests are promised in the county, particularly in the 25th, 26th (Senate), and 28th districts.

Members and Auxiliary members are encouraged to volunteer their time and support to any candidate that appeals to them, irregardless of the candidate's party. All too often

medicine is told by the legislators that they seldom, if ever, have had doctors or their spouses assist them in their campaigns.

There are numerous ways to help a candidate such as hosting a neighborhood coffee party, posting yard signs, doorbelling, distributing literature, assisting in mailings, etc. There is no better way to a legislator's heart than to contribute some time to his/her campaign effort.

Funding Sought for Translators and Interpreters

In early July, four members of the PCMS Minority Health Affairs Committee chaired by **Dr. Charles Weatherby** met with County Executive **Joe Stortini** to seek additional funding for interpreters and translators.

A major concern of the Minority Health Affairs Committee is the lack of availability of translators and interpreters. The \$20,000 1990 budget for the program has been spent and a severe cutback in interpreter services experienced in Community Health Care Delivery Clinics, hospitals, and doctor's offices. **Florence Reeves**, Executive Director of CHCDS; **Sylvia**

McKeen; **Bob Yamashita**, Executive Director of Tacoma Community House and **Doug Jackman** met with Mr. Stortini. Mr. Stortini was receptive to additional funding and said he would make an attempt to assist in getting additional funding.

Pierce County has the highest percentage of ethnic minorities of any county in the State. Thirty-two to thirty-five thousand Koreans live in the community as well as many Hispanics. Spanish, Russian, and Thai comprise the majority of required translations.

Head Start & ECEAP Enrollment Requirements

Over 1,500 four year old children in Pierce County will be visiting their medical provider this summer for a Head Start/Early Childhood Education Assistance Program (ECEAP) physical examination. Head Start Federal Performance Standards and ECEAP State Program Standards require that all children enrolled in these programs have a hematocrit or hemoglobin at the time of their physical examination. Please make sure that all children coming to you for Head Start/ECEAP physicals complete this requirement. This will enable the health team to do timely follow up (all children with hematocrits below 34 receive nutritional counseling) and, may save you and the family the time and resources required to complete the test on a return visit.

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Runners

The PCMS Newsletter missed the following people who ran the Sound to Narrows 12k June 9th:

Dr. Pat Kulpa

Dr. Andy Loomis

Dr. Michael Priebe

Terri Stewart



PCMS Bylaws Amendment...

There are presently approximately 40 osteopathic physicians in Pierce County. Of the 40, 14 are members of the Pierce County Medical Society. Currently, membership in PCMS also requires membership in the Washington State Medical Association (**WSMA**). Because of membership dues, several osteopaths have asked to belong to PCMS without also belonging to WSMA, preferring instead to belong to the Washington Osteopathic Association (**WOMA**). WOMA's dues are greater than WSMA's, but osteopaths do not want to have to belong to two state organizations.

PCMS surveyed the 40 osteopaths in Pierce County. Twenty-two wanted to belong to WOMA, but not to WSMA. Dues to WSMA are \$418, and WOMA \$550. Osteopaths have asked the bylaws be amended so they may belong to *either* WSMA or WOMA.

Dr. Stan Tuell, Chairman of the Bylaws Committee, **Dr. Bill Ritchie**, and the Board of Trustees have thoroughly reviewed the following amendments to the Medical Society's Bylaws and recommend them for your adoption.

In accordance with the Bylaws, "The Bylaws may be amended at any regular meeting of the Society, or special meeting called for that purpose, by a 2/3 vote of the members present and voting, provided that a copy of the proposed amendment has been sent by mail to each member not less than 15 days in advance of such meeting, such copy deemed to have been sent if published in the **Bulletin and Newsletter.**"

A formal vote on the amendment will be taken at the September 11 General Membership Meeting, Fircrest Golf Club, 7:45 p.m.

PROPOSED BYLAWS AMENDMENTS

Re. Membership in WSMA for Osteopathic Physicians

Proposed additions are underlined like this:

Chapter III, section 1, a., a., iv., Membership Qualifications

iv. maintain membership in the Washington State

Medical Association or the Washington Osteopathic Medical Association.

Chapter IV, Section 5, ..Delegates

".....and the appropriate number of Trustees selected by the President and approved by the Board shall serve as delegates from this Society to the WSMA House of Delegates: provided that no member who is not a member of the WSMA shall be eligible to serve as a delegate to the House of Delegates of the WSMA."

PCMS Says Good-Bye to Drs. Covas and Mueller

The Pierce County Medical Society will lose a valued member this summer when **Dr. Ivan Covas** and his family move from the Northwest to Zaragoza, Spain. Dr. Covas, a graduate of the University of Puerto Rico, came to Tacoma in July 1988 after separating from the United States Air Force. A physician at the Eastside Community Clinic, Dr. Covas was active in the AIDS patient community during his tenure in Tacoma. He also was Medical Director for the Community Health Care Delivery System, a member of the Coalition of Hispanic Professionals (CHAPS), and a member of the Pierce County AIDS Foundation Board of Directors. Thank you for your contributions to our community, and we extend our best wishes to you and your family.



Dr. Stan Mueller, Orthopedist, retired effective June 30. He began his practice in Pierce County in August, 1963 after completing a residence at Shriners' Hospital in Greenville, North Carolina. Dr. Mueller graduated from George Washington University.

During his 27 years as a member of the Medical Society, Dr. Mueller served in many capacities. He was Vice President of the Medical Society in 1975, served on the Board of Trustees, was chairman of the Sports Medicine Committee in 1982, and maintains an interest in the current Committee as well.

The Pierce County Medical Society wishes him and his wife, Julia, a very happy retirement.

Contacts

American Red Cross	June Batterson	572-4830
Madigan	Cathy Waldrop	967-4050
Pierce Co. AIDS Foundation	Patrick Rumrill	383-2565
Pierce Co. Medical Library	Cathy Edelman	594-1075
Pierce Co. Medical Society	Sue Asher	572-3666
Tacoma/Pierce Co. Health Dept	Gail Brandt	591-6060
Tacoma Public Library		591-5666
Tacoma Urban League	Loretta St Andre	597-6469
WA State Medical Association	Barbara Nicolai	1-800-552-0612

On to Portland

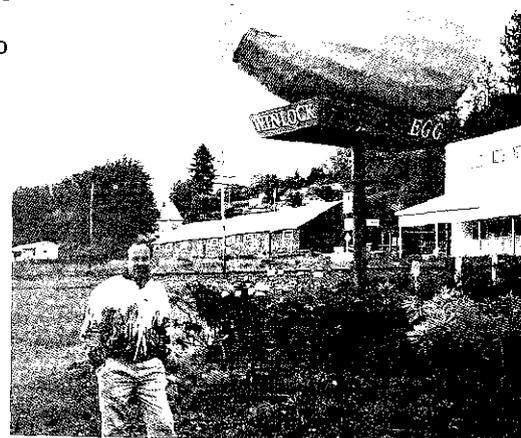
Over 8,000 bicycle riders took part in the 11th Annual Seattle-to-Portland bike ride on June 30 and July 1. Several PCMS members participated. Riders have the option of doing the 196-mile trip in one or two days.

Those electing to do the course in one day were **Drs. John Goodin, Mike Regalado and Henry Zielinski.** This was Dr. Zielinski's third one day ride and he accomplished the distance in 15 hours and 5 minutes. His first effort was eleven years ago. This ride celebrated his 40th birthday. He recommends a more rigorous training schedule than what he did this year, with 28 miles his longest training ride. At the finish line he felt "real beat," but plans to do it again next year on a tandem with his wife.

Dr. John Goodin, Puyallup ophthalmologist, completed his second one day ride in 14 hours and felt great (a little saddle sore) when he crossed the finish

line at Jantzen Beach. He was able to get in a couple of good training rides including the Peninsula Metric, considered one of the more difficult rides in the area. He left the Kingdome parking lot at 5:30 a.m. and arrived in Jantzen Beach at 7:10 p.m..

Two-day riders were: **Drs. Dick Bowe, Pat Kupla, Chris Miller, Bob Osborne, Joe Robinette, Don Shrewsbury, Ron Graf, Dave Wilhyde, and Maria Mach.** Dr. Mach made the ride on a tandem with her husband. **Ken Deem**, 13-year old son of **Dr. Shirley Deem and Dr. Clark Deem** did the ride in two days and did it with flying colors - no one could keep up with him. Some rode to Centralia (93 miles) the first day and others went on to Winlock, the nations' egg capital (114 miles). The weather was overcast and not too warm, ideal for cycling. Plans are to do it again next year.



Dr. Donald Shrewsbury at Winlock, the nation's egg capital



← Drs. Dave Wilhyde and Ron Harmon



Dr. Todd Appointed EVP

James S. Todd, M.D., was selected as the Executive Vice President Designate (pending agreement on final terms) of the American Medical Association by its Board of Trustees on June 19th.

"The AMA's Board of Trustees believe that Dr. Todd has the leadership abilities and management skills to represent America's physicians as executive vice president," said John J. Ring, M.D., chairman of the AMA Board of Trustees. "We interviewed several well qualified candidates, but we believe Dr. Todd is the man we need as we enter the 1990s. He is a superb administrator as well as an excellent advocate for physicians and their patients on Capitol Hill." Dr. Todd has been the AMA's acting executive vice president since February

9, 1990. He left his general surgery practice in Ridgewood, NJ, in 1985, to serve as senior deputy executive vice president at the AMA. He was a member of the Board of Trustees from 1980 to 1984 and served as a commissioner to the Joint Commission on Accreditation of Hospitals from 1982 to 1985.

Dr. Todd was graduated cum laude from both Harvard College and Harvard Medical School. He interned and served his residency in surgery at Columbia Presbyterian Medical Center in New York City. He became Chief resident in 1963. He is a diplomate of the American Board of Surgery and a fellow of the American College of Surgeons. He has been a director of the Institute of Society, Ethics, and the Life Sciences at the

Hastings Center and was a councillor-at-large of the Harvard Medical Alumni Association. He served on the Committee to Establish Guidelines for the Care of Comatose Patients, State of New Jersey, in 1977. Dr. Todd received the Edward J.III Distinguished Physician Award of the New Jersey Academy of Medicine in 1980 and the Distinguished Service Award of the New Jersey Hospital Association.

Dr. Todd has served as a trustee and as Chairman of the Board of Trustees of the Medical Society of New Jersey; Chairman of the New Jersey delegation to the AMA House of Delegates; and Chairman of the Ad Hoc Committee to review the AMA's Principles of Medical Ethics.

Alaska Trip Planned

Dr. Bill Marsh, PCMS President Elect for 1991, is interested in organizing a trip to Alaska some time next summer.

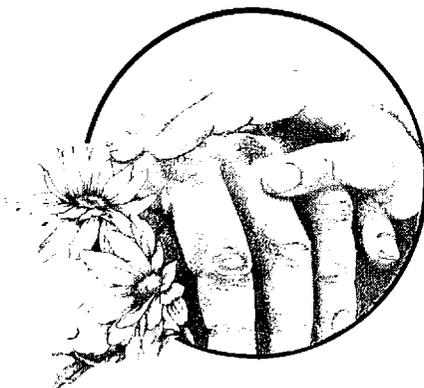
In the last three years the Medical Society has organized tours of Mexico and the Caribbean. Everyone who participated has enjoyed themselves.

The trip would be a tour of the Alaska coastline by cruise ship and would include Glacier Bay and several port stops. The scenery is rumored to rival any in the world, with food to match.

Please call the PCMS office at 572-3667 if you might be interested in an Alaskan tour.

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Medical Director, John Atkinson, M.D.

When to Report HIV-Related Disease

Alan Tice, M.D.
Chairman, AIDS Committee

With the expanding epidemic of HIV infection and AIDS, there has been an increase in legislation and regulation that practicing physicians should be aware of. The local and state public health departments may be helpful in providing resources for patients to stem the spread of this disease. The following outline provides a guide of when to call the Tacoma-Pierce County Health Department (591-6060) to report HIV-related problems.

1) AIDS DIAGNOSIS: The law requires any person first diagnosed as having the Acquired Immune Deficiency Syndrome (AIDS) be reported within seven days. The AIDS diagnosis must be based on the Center for Disease Control (CDC) definition. This includes a positive test for the HIV virus plus an HIV-related neoplasm or infection which cannot be explained on any other basis. This correlates with class IV C & D on the accompanying table. The criteria for reporting disease in Washington State is broader than the CDC and includes class IV A, B and E of the table. This means anyone HIV-positive with greater than 10% involuntary weight loss or with one month of un-

explained fever or diarrhea needs to be reported. **Be careful not to report anyone who is simply HIV positive (class II or III) as it may violate confidentiality.**

2) PARTNER NOTIFICATION: Partner notification is important. If treating a patient who is HIV-positive, the physician is responsible that people who are at risk from them - including sexual and needle sharing partners, are notified. This may seem unreasonable but it is true. It is a particular problem if the patient does not wish to tell their spouse. Partner notification assistance is available from the Health Department. Counselors will make contact with those at risk without revealing the name of the patient. This also fulfills the physicians obligations for contact tracing.

3) INDIVIDUAL POSING A RISK TO PUBLIC HEALTH: This is a difficult but important area. HIV-positive individuals who continue to place others at risk through prostitution, needle sharing, etc., should be reported whether they have AIDS or not. There is a legal process to restrict them from spreading the disease. It is accomplished through the health department instead of the

police department and involves a series of steps that have to be taken before a person is actually confined. It is a cumbersome but useful method in limiting high-risk irresponsible behavior.

Classification System for HIV-Disease

- **Group I** Acute infection
- **Group II** Asymptomatic infection
- **Group III** Persistent generalized lymphadenopathy
- **Group IV** Other disease
 - A Constitutional disease *
 - B Neurologic disease
 - C Secondary infectious diseases
 - D Secondary cancers
 - E Other conditions

* greater than 10% involuntary weight loss or 1 month of unexplained fever or diarrhea.

Pierce County AIDS Resources						
	Books	Brochures Pamphlets	Computer Data System	M.D. Info	References	Videos
American Red Cross	X	15				8
Madigan	X	15				25
Pierce Co. AIDS Foundation	X	60		X	X	55
Pierce Co. Medical Library	X		X	X	X	6
Pierce Co. Medical Society	X	10				
Tacoma/Pierce Co. Health Dept.	X	35		X	X	151
Tacoma Public Library	X		X	X	X	
Tacoma Urban League		25				5
WA State Medical Association		20		X		

For a list of AIDS information contacts in Pierce County, see page 11

Improving Our Community Disaster Response Capability

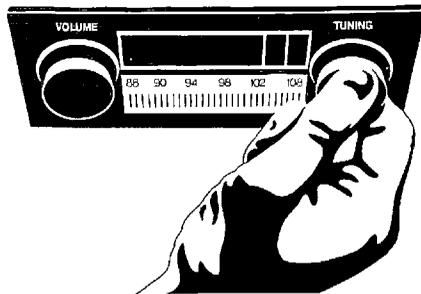
The Federal Emergency Management Agency (FEMA) is developing a national inventory of urban rescue teams. They are working on equipment lists, qualifications, standards, and call-out procedures at this time. They are making funds available for training and equipping existing teams throughout the country.

The Pierce County Department of Emergency Management has a special operations group known as the Rescue Assistance Team. This is a composite unit made up of law enforcement, fire service, mountain rescue and other volunteer personnel from throughout Tacoma and Pierce County. They are highly skilled individuals trained in rescue procedures ranging from white water to collapsed buildings. We

have developed our own heavy rescue training program and this team comes very close to meeting FEMA's proposed criteria for an urban rescue team with the exception of the involvement of doctors.

If we could integrate a group of doctors into our existing training and response program, we could be eligible for funds from FEMA which would enhance our entire community's preparedness and response capabilities.

The Department of Emergency Management is asking for help from the Medical Society. This would involve assisting with the recruitment of doctors who have the desire to be part of our response system. We would provide the necessary training, and as FEMA develops their



equipment standards, would work to procure the necessary supplies and equipment.

We have met with representatives of the EMS Committee and there seems to be positive response. We look forward to expanding this part of our emergency management program. If you have questions or would like more information, please contact **William Lokey**, Director, Pierce County Department of Emergency Management at 591-7470. Thank you for your continued support and assistance.

Special Board Meeting Called To Discuss Trauma Issue

Dr. Gordon Klatt, President of the Medical Society has called a special meeting of the Board of Trustees on August 23 (see page 5) to take comments from the membership on trauma care and its future in Pierce County.

Early this year Dr. Klatt called together representatives from all areas of trauma care; hospitals, trauma surgeons, emergency physicians, intensivists and General Hutton, Commander of MAMC. The group met to discuss the present situation. The consensus was current care is good, but not optimal.

Also considered were actions taken by the Legislature which authorize the Department of Health to identify specialized trauma care facilities by designation if counties do not

develop a plan themselves by July 1, 1993.

Dr. Klatt appointed a subcommittee to form a recommendation to the Board of Trustees, chaired by general surgeon **Dr. Bill Martin**. The subcommittee met three times and will give its recommendation to the Board August 23.

Questions to be considered are: **Does Pierce County need a Level I trauma center? Can we afford one? Would a Level II trauma center suffice? Is more than one necessary? Is MAMC a viable alternative?** These questions and many more will be addressed.

The meeting will begin at 6:00 p.m., THURSDAY, AUGUST 23, JACKSON HALL, 314 SOUTH K STREET.

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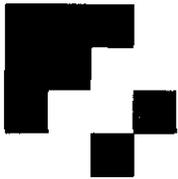
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Not for profit company	■			■	
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Physician owned reciprocal	■			■	
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Coverage exclusively medical malpractice	■				
COMPANY PROGRAMS					
Group size discount	■			■	
Group deductible discount	■			■	
Separate corporate policy	■	■	■	■	■
Coverage for ancillary personnel	■	■	■	■	■
Monthly payment program	■				
No surplus contribution required	■	■	■	■	■
Prior Acts coverage available	■	■		■	
Consent to settle	■		■	■	
Insurability decisions appealable to peers	■				
Tail Waivers					
Death	■	■	■	■	■
Disability	■	■	■	■	■
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Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. 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 responsibility for conveying that information to the Credentials Committee or Board of Trustees of the Society.

Rodney Davis, M.D.

Urology. Born 01/09/55 in Arkansas. Medical school, Tulane School of Medicine, 1982; internship, Madigan Army Medical Center, 1983; residency, Madigan Army Medical Center, 1987. Washington license, 1989; board certified, Urology 1989. Dr. Davis is practicing at Madigan Army Medical Center.

Neal H. Shonnard, M.D.

Orthopedic Surgery. Born 01/27/55 in Michigan. Medical school, University of Nevada School of Medicine, 1984; internship, University of California-San Francisco, 1985; residency, University of California-San Francisco, 1989; graduate training, Thomas Jefferson University, 1989. Dr. Shonnard is practicing at 1515 South K Street.

James D. Fitz, M.D.

Internal Medicine. Medical school, University of California, 1976; internship, Walter Reed Army Medical Center, 1977; residency, Walter Reed Army Medical Center, 1979; board certified, American Board of Internal Medicine, 1979. Dr. Fitz is practicing at 124 Tacoma Avenue South.

Correction

Please note the following corrections for Dr. J. Gregory Zoltani, who has applied for PCMS membership :

J. Gregory Zoltani, M.D.

Neurology. Born in Illinois, 1954. Medical School, Peoria School of Medicine, University of Illinois 1980; Internship, Bronson Methodist Hospital, 1981; residency, Medical University of South Carolina, 1984. Washington State license, 1990; board certification Neurology 1987; **Electrodiagnostic Medicine**, 1990. Dr. Zoltani is practicing at 10507 Gravelly Lake Dr S.W., Suite 1.

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Mark Your Calendar!

College of Medical Education

Common Office Problems Set for Oct 18-19

Topics for this fall's Common Office Problems CME course have now been set. Specific subjects will be covered in the general areas of

pediatrics, internal medicine, infectious diseases, and pharmacology. The very popular course, offered annually by the College of Medical

Education has been organized this year by Drs. Mark Craddock, Kirk Harmon, and Tom Herron. As in years past, the two-day course is designed for the primary care practitioner and focuses on practical approaches to most common problems in the office.

The course is slated for October 18 and 19 and is scheduled to cover the following subjects:

C.O.M.E. 1990-91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1990		
Thurs., Fri. October 18 & 19	Common Office Problems	Mark Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri. November 9	Diagnosis and Treatment of Depression	Eric Luria, M.D.
Thurs., Fri. December 6 & 7	Advanced Cardiac Life Support	Mark Craddock, M.D.
1991		
Thurs. January 17	Law and Medicine Symposium	David Condon, J.D. Marcel Malden, M.D.
Fri. February 8	Review of HIV Infections	Alan Tice, M.D.
Weds.-Sat. February 27 & 28 March 1 & 2	Sun Valley Program	David Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Thurs., Fri. March 14 & 15	Tacoma Academy of Internal Medicine	David Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri., Sat. April 12 & 13	Surgical Clerkship	David Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri. May 10	Office Procedures	David Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri. May 31	Office Gynecology	David Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	Mark Craddock, M.D.

Pediatrics

- Childhood injury prevention
- Food Allergies
- Pediatric Asthma
- Obstetric Sleep Apnea
- Pediatric Home IV Therapy

Internal Medicine

- The Labile Type I Diabetic, Elimination of Variables
- Common Dermatologic Problems
- Hyperthyroidism, Treatment Options
- The Role of the MRI for the Primary Care Physician

Pharmacology

- Pharmacologic Management of Coronary Artery Disease
- Pharmacologic Management of Parkinsons
- Pharmacologic Management of Hypertension
- Pharmacologic Management of Headaches
- Pharmacologic Management of Osteoporosis and Osteopenia in the 90s

“Dealing with Difficult People”

featuring

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President, Career Management Institute



Friday, September 14, 1990

Jackson Hall Auditorium

Registration and Lunch at 12:30 P.M.

Program from 1:00 to 5:00 P.M.

Pre-registration is required by **September 5, 1990**

For further information , see Newsbriefs. . . .

Registration Form

Detach Here

Yes I wish to attend the PCMS Workshop “Dealing with Difficult People” on September 14, 1990. I understand my registration fee is non-refundable and includes the cost of lunch and materials.

Enclosed is a check for:

- \$40.00 Staff of PCMS Member
 \$60.00 Staff of Non-Member
 \$25.00 Current Member of PCCMA

Name _____ Title _____

Employer _____ Phone _____

Make check payable to MBI and mail with form to: PCMS, 223 Tacoma Avenue South, Tacoma, WA 98402. Use one form per person – this form may be copied.

OTHER VIEWS . . . A Search for Miracles

By Dr. Sue T. Hegvary, Dean, School of Nursing, University of Washington

When we or someone we love is sick, the world narrows. We want the best, all that can be done, because health means life. It feels unjust and immoral to know that something could be done to help, but will not be done without more money than we can pay.

Not only how much we pay, but also what we expect of health care has changed dramatically in our lifetimes. In my parent's youth, people died of "natural causes" at home. Now, we do not accept natural causes as an adequate explanation of death. Worn out or deficient body parts are replaced. Life-threatening conditions are reversed by magic bullet treatments

The already stunning levels of science and technology progress so fast even the professionals can hardly keep up.

The problem, of course, is that all this remarkable technology and advanced health care is not free. The cost, economically and morally, is high. The worse problem is that we do not know how to treat the ills of our health care system, and searching the globe for the ideal system has failed. There is no easy quick fix for our problems in health care. The death of a little boy in Oregon because there were no funds available for a bone marrow transplant is a poignant example of why health care decisions cannot be made in a social

and economic void. Not only what we pay, but also what we believe are at issue.

Both practitioners and consumers tend to consider health care, with its sacred and humanistic traditions, as different from other goods and services. Curiously, we do not expect optimal food, housing, education, or clean air for all. Anger flares when a sick child cannot receive a transplant, yet heads turn the other way from hungry children whose home is the street. The successes of health care have led us to the belief that we have a right to optimal health care at all times.

The dilemma in American health care is the conflict of expectations and realities. We expect endless miracles, but we want to separate miracles from money. We are so devoted to the treatment and cure that we ignore the relative ease of prevention and the crying need for long-term care when cures are only partly successful. We expect to conquer (soon) the still unconquered diseases, but resist facing the costs of those battles. We want to have it all.

We have to give up something to resolve the problem of affordable access to quality health care. What we keep and what we lose involve trade offs in economics and values. What are the basic rights and responsibilities for everyone? How do we balance our cherished individual freedom with public responsibility to cover us when the chips are down? Should health services, basic and more than basic, be provided because of need, ability to pay, or both? The current driving force is not need, but ability to pay privately. Less than half our health care payments are public dollars. Both public and private



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Continued on next page . .

Tighten Laws Against Teen Tobacco Sales

The following article is reprinted from the Tacoma Morning News Tribune. Editorials July 8, 1990

The doctors are right: Pierce County's anti-smoking ordinances are due for an overhaul.

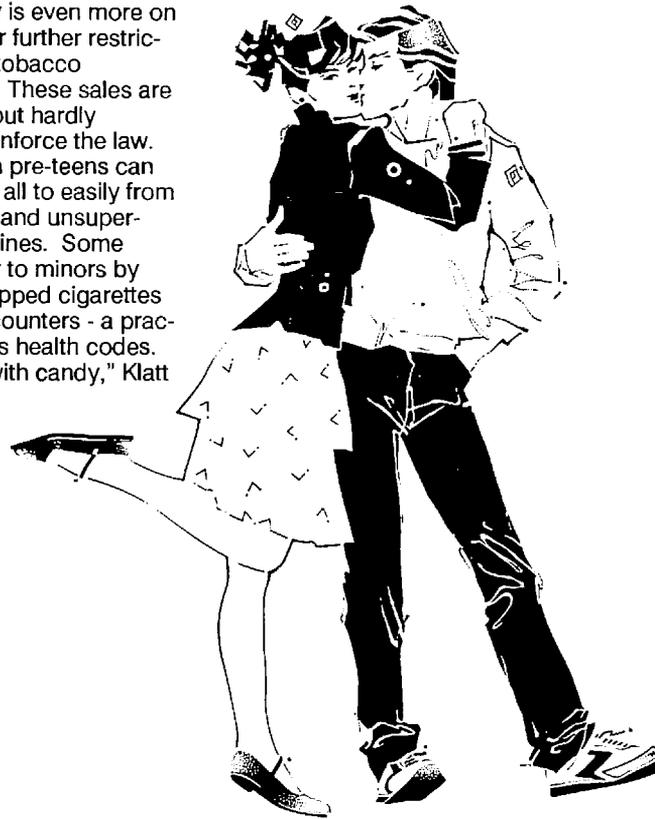
Under the leadership of its president, Dr. Gordon Klatt, the Pierce County Medical Society is urging that companies be required to provide smoke-free zones for their non-smoking employees. This is a reasonable proposal, especially in light of mounting evidence that frequent exposure to second-hand tobacco smoke can be deadly. Businesses need not ban smoking on their premises altogether, but they

should at a minimum provide clean air to those who prefer it.

The Medical Society is even more on target with its call for further restrictions on the sale of tobacco products to minors. These sales are supposedly illegal, but hardly anyone bothers to enforce the law. Teenagers and even pre-teens can purchase cigarettes all too easily from convenience stores and unsupervised vending machines. Some stores actually cater to minors by selling loose, unwrapped cigarettes from cups on their counters - a practice that also violates health codes. "You can't do that with candy," Klatt noted.

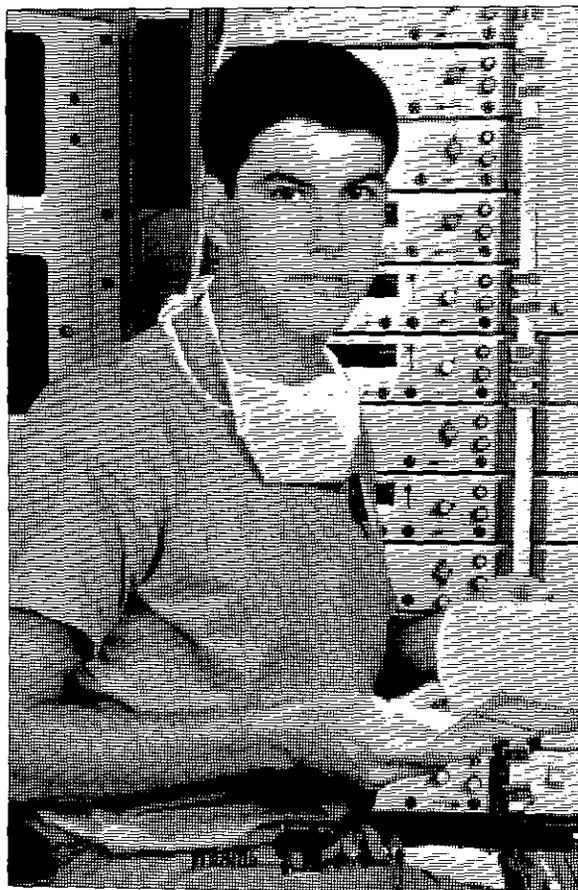
Pierce County and Tacoma ought to consider adopting a model ordinance that has successfully discouraged smoking among young people in other communities. The policy requires all cigarette vendors to be licensed, much like establishments that serve liquor.

Signs warning against sales to minors are posted wherever tobacco products are sold. Vendors who disregard the law receive escalating fines, and have their licenses suspended after the fourth violation. License fees are set high enough to pay for enforcement.



These measures were endorsed last May by Dr. Louis Sullivan, secretary of the U.S. Department of Health and Human Services. What he said at the time bears repeating: "We must put an end to the time when any child with a handful of change can commence the slow-motion suicide that is taking the lives of millions of Americans."

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- **Dosage for adults with active
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References

1. *USP DI Update*, September/October 1988, p 120
2. *Br J Clin Pharmacol* 1985;20:710-713
3. *Data on file*, Lilly Research Laboratories.
4. *Scand J Gastroenterol* 1987;22(suppl 136):61-70
5. *Am J Gastroenterol* 1989;84:769-774

reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing of the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,350 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported

with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H₂-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

PV 2098 AMP

[091289]

Additional information available to the profession on request



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Axid* (nizatidine, Lilly)

Nice going, Jim Wilson, You Helped Save His Life

This article was reprinted from an article by Dr. Richard E. Waltman in the AMERICAN MEDICAL NEWS May 25, 1990.

A patient left the hospital recently after a complicated and difficult course lasting five weeks. While recovering from the death of his wife and a deep depression resulting from it, he had undergone emergency surgery for a ruptured esophagus. The surgery was technically difficult and lasted close to four hours.

He received aggressive and highly competent postoperative care from a large, multispecialty team. He was seen daily by a pulmonologist, an in-

fectious disease consultant, and a cardiothoracic surgeon. He needed arrhythmia treatment from a cardiologist and gastric dilatation by a gastroenterologist, pleural taps, multiple adjustments of antibiotics, management of skin breakdown, and an enormous amount of TLC. He had chest tubes, feeding tubes, and Foleys, incentive spirometry and postural drainage, a pureed diet, multiple trips to the OR, scans and x-rays. You name it, he had it. It was tough.

He received treatment from a respiratory therapist, and tube feedings were managed by a dietitian. For a while we didn't think he would make it, and there was a time when

he had the same idea and was ready to give up.

A physical therapist helped him to regain his strength, and the floor nurses were absolutely great as they worked hard to get him back on his feet. A social worker counseled him and his family. Even the chaplain got involved.

And he made it. He walked out the front door of the hospital and is now living at home and doing well. He has regained his weight, and he has quit smoking and drinking. His spirits are good, and he is enjoying being a full-time grandfather. He looks great.

Continued on next page. . .

TRAUMA CARE IN PIERCE COUNTY

A special meeting of the Pierce County Medical Society Board of Trustees will be held Thursday, August 23rd from 6:00 – 8:00 p.m. to discuss Trauma Care in Pierce County. The Board will take comments from any member wishing to make a recommendation, suggestions, or express a opinion on the current and future trauma system of Pierce County.

We have been involved in cases where everything went wrong despite our best efforts. This was one of those marvelous times where everything went just right.

My job as family physician was to coordinate care, but mostly my job was to sit back and watch. Sit back and watch my patient get well, sit back and watch the system really work for a change. I write this to express my thanks to the many skilled and hard-working health care professionals who made my patient healthy again.

But that is not the whole story. None of this would have happened had the diagnosis not been made quickly and accurately. None of this would have happened had the primary care physician not done his job.

I was off that weekend, and my associate of nine years got the phone call from the family early on Sunday morning. The patient was having some stomach discomfort but he didn't want to come in. They noticed that his voice was strange, but they also thought they could watch him at home. It would have been easy for

my partner to tell the family to keep him at home and save himself some work.

But he didn't like the story, something seemed wrong (even he was not exactly sure what), so he insisted the

Everyone did as they should; the system worked. But it is also a story about the oldest and the best of our profession, the primary care physician, the family doc.

family bring the man to the ER. He met them there, and the patient insisted he was fine. But my associate went ahead with a thoughtful evaluation, and the chest film showed air in the mediastinum. This suggested the diagnosis, and a barium swallow confirmed it. A quick call to the cardiothoracic surgeon, and the rest, as they say, is history.

This case really is a great example of what high-tech modern medicine can do. Everyone did as they should; the system worked. But it is also a story about the oldest and the best of our profession, the primary care physician, the family doc.

My associate took an interest in the patient, relied on his instincts and his experience, and, simply put, he did his job. Without him, this patient never would have had a chance to benefit from the marvels of modern medicine; without him, this patient probably would have died.

The hospital team gets the glory, and the surgeon and the specialists get the big money. I have no problem with that. Yet, I want to give some credit where it is due. As one family doc to another, nice going, Jim Wilson, you helped save my patient's life.

Thanks.



Bob Sizer



Doug Dyckman



Dave Gillespie,
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Curt Dyckman



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*Shoulder/Elbow
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Smoking Curbs Sought — Doctors Target Second-Hand Smoke



The following article by Dan Voelpel is reprinted from the Tacoma Morning News Tribune.

Doctors want tougher no-smoking laws in Tacoma and Pierce County to eliminate second-hand tobacco smoke in workplaces.

Within the next three months, members of the Pierce County Medical Society plan to present proposed revisions to the city and county ordinances, said Dr. Gordon Klatt, Society president.

The Society wants the two councils to require all employers to keep common areas smoke-free and to set aside areas where employees can go to smoke, said Doug Jackman, executive director of the Society.

The recommendation follows the report earlier this month that a draft

Environmental Protection Agency report found second-hand smoke causes 50,000 heart disease and cancer deaths a year in non-smokers. The EPA study concluded about 3,800 non-smokers die each year from lung cancer.

Passive smoking increases a non-smoker's chance of dying from heart disease by 20 percent to 30 percent, the report concluded.

Private businesses in Tacoma and Pierce County are not required to ban smoking in common areas for workers or to provide secluded areas for smoker, though many larger companies have voluntarily done so, Jackman said.

But many small companies still allow employees to smoke in common work areas, he said. "It's an employer's responsibility to provide a clean, healthy environment," Jackman said.

Jackman, Klatt, and Society president-elect Dr. Bill Marsh, announced

the proposed revisions at a meeting Wednesday with The Morning News Tribune editorial board.

The county adopted its no-smoking regulations in 1984 with assistance from the physicians' society. The city adopted its regulations two years ago, Jackman said.

Other proposed revisions would:

- Ban smoking at outdoor arenas, specifically Cheney Stadium.
- Toughen enforcement of illegal cigarette over-the-counter and vending machine sales to minors. The Society seeks a clarification of the enforcement measures to ensure that either police departments or the health department actively and routinely monitors sales.
- Limit cigarette vending machines to areas accessible only to adults or, at least, establish a system to monitor vending machines in public places.
- Ban single-cigarette sales. Some convenience stores sell loose cigarettes from an open cup at their counters for less than 25 cents each.

Klatt, a colon-rectal specialist, said he believes the unpackaged single cigarette sales violate health laws because the cigarettes are exposed to customers' hands.

"You can't do that with candy," he said.



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Doctor's Don't Prescribe Initiative 119

The following article by Patrick O'-Callahan is reprinted from the July 1990 Tacoma Morning News Tribune

The Hemlock Society calls it "aid-in-dying" and is trying to legalize it with Initiative 119.

Others call it assisted suicide, euthanasia, or mercy-killing. Advocates of the Washington initiative wince at such blunt terms, but the meaning is the same. If 119 passes, doctors would be permitted to gently end the lives of terminally ill patients, much as cherished pets are put to sleep by a veterinarian. Human patients would have to request this service, of course.

The Hemlock Society may have picked the wrong people to do the job, however.

America's most famous mercy-killer, Jack Kevorkian, who administered member Janet Adkins four weeks ago - happens to possess a medical degree. But that's about the only thing Kevorkian has in common with two Pierce County doctors, Gordon Klatt and Bill Marsh. They are repulsed by the thought of deliberately killing a patient, however willing the patient might be. As president and vice president respectively of the Pierce County Medical Society, Klatt and Marsh undoubtedly speak for many of their colleagues.

"Really negative," is how Klatt describes his reaction to 119. A Tacoma surgeon who often cares for terminal patients, he said aid-in-dying would violate his training, his ethics, his entire concept of the practice of medicine. Most doctors feel likewise, he believes. Medicine is to save lives, to support life," he said. "If the individual wants to die, then allow them to commit suicide with their own method. Why tie in with a physician to do that for them?"

Initiative 119 would allow death to be administered if two physicians say the patient would die anyway within six months. But Marsh and Klatt said that puts far too much faith in the diagnostic powers of fallible doctors.

"If we were good at predicting the future," said Marsh, "we'd be in the stock market - we wouldn't be in medicine."

"We have our limitations," Klatt agreed. "I see a lot of cancer patients. In order to get a cancer patient into the Hospice of Tacoma I have to sign a statement that says this patient has six months or less to live."

"I look at that statement and constantly say, 'I cannot say that. This person may live 20 years.'" A terminal prognosis, he said, is a statistical probability - not a certainty.

Some see aid-in-dying as deliverance from the pain of terminal disease. Klatt said deliverance is already available.

"Our terminal pain control is excellent compared to what it was 10, 15 years ago," he said. "We give intravenous medicines now which keep people very comfortable."

His father-in-law, who died in 1981, was one of the early beneficiaries of the new pain-killing techniques. "He was in extreme pain; they were giving him shots intermittently," Klatt said. "I talked to (his) physician, and they put him on a continuous morphine drip. It just turned things around."

"That's even developed since 1981. I think we have good pain medication, and we don't hold back on them."

Not that these doctors favor prolonging the process of death. Both believe "heroic measures" are often inappropriate. When their patients are dying, both find it frustrating to

deal with relatives who insist - contrary to the patient's own wishes - that every possible treatment be administered.

"I will talk to elderly patients about what they want and what they don't want, and I'll get it all clear and have it all written down," said Marsh. "In comes Uncle Ralph or Son Harry, who hadn't seen Mom in six months or a year, and now feels obligated to do everything he can for her now."

Marsh calls this the "white horse syndrome" an attitude of "I'm going to show how much I care because I want to do everything."

But letting nature take its course is one thing; actively causing death is another. Klatt and Marsh are appalled that anyone is seriously considering adding aid-in-dying to the repertoire of medicine. Assuming their feelings are widely shared in the profession, the Hemlock Society may have a tough time recruiting physicians for its brave new world of expedited death.

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Tighten Laws Against Teen Tobacco Sales

The following article is reprinted from the Tacoma Morning News Tribune. Editorials July 8, 1990

The doctors are right: Pierce County's anti-smoking ordinances are due for an overhaul.

Under the leadership of its president, Dr. Gordon Klatt, the Pierce County Medical Society is urging that companies be required to provide smoke-free zones for their non-smoking employees. This is a reasonable proposal, especially in light of mounting evidence that frequent exposure to second-hand tobacco smoke can be deadly. Businesses need not ban smoking on their premises altogether, but they

should at a minimum provide clean air to those who prefer it.

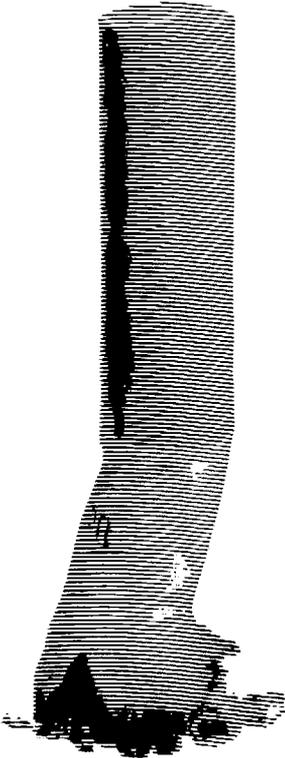
The Medical Society is even more on target with its call for further restrictions on the sale of tobacco products to minors. These sales are supposedly illegal, but hardly anyone bothers to enforce the law. Teenagers and even pre-teens can purchase cigarettes all too easily from convenience stores and unsupervised vending machines. Some stores actually cater to minors by selling loose, unwrapped cigarettes from cups on their counters - a practice that also violates health codes. "You can't do that with candy," Klatt noted.

Pierce County and Tacoma ought to consider adopting a model ordinance that has successfully discouraged smoking among young people in other communities. The policy requires all cigarette vendors to be licensed, much like establishments that serve liquor.

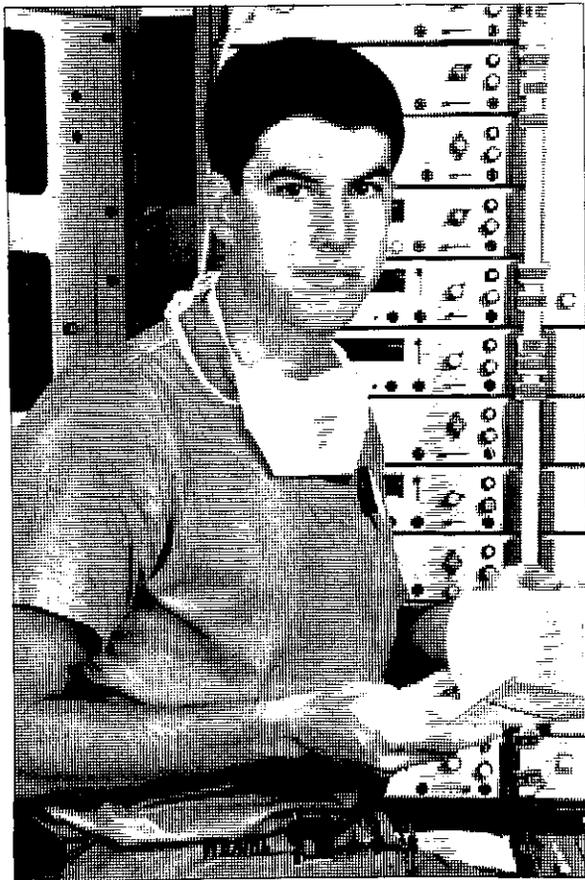
Signs warning against sales to minors are posted wherever tobacco products are sold. Vendors who disregard the law receive escalating fines, and have their licenses suspended after the fourth violation. License fees are set high enough to pay for enforcement.



These measures were endorsed last May by Dr. Louis Sullivan, secretary of the U.S. Department of Health and Human Services. What he said at the time bears repeating: "We must put an end to the time when any child with a handful of change can commence the slow-motion suicide that is taking the lives of millions of Americans."



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Auxiliary News

“What is Auxiliary?”

“Why Should I Become a member?” “What will it do for Me?” “I’m too busy—I don’t have time!”

These are questions and statements that Auxiliary members hear all too often. Having just recently become PCMSA President, they are a concern to me and to many Auxilians.

“What is Auxiliary?” Auxiliary is a non-profit organization whose function is to provide philanthropic funds and volunteers in health-related areas that affect the quality of life of the citizens of Pierce County. The purposes are exclusively educational and charitable. We also help in programs of the Pierce County Medical Society.

We have two fund-raisers a year. One is for the AMA-Education Research Fund. The money raised goes toward defraying the tuition expenses of medical students and towards the support of medical research. Last year we raised over \$15,000 in Pierce County alone. We hope to match that amount or raise even more this coming year.

The second fund-raiser is to raise funds to support health-related charities and enable them to continue their undertakings. We need stronger support from the medical community for these organizations, who are always in desperate need of funding.

Auxiliary is also actively involved in our communities’ health-related concerns. Presently we have nine coalitions/agencies in which an Auxilian is a member. In the past the Auxiliary has been instrumental in accomplishing a particular goal of these organizations, and we will continue to do so in the future. We are in alliance with the Pierce County Medical Society in legislative issues and have members on the Med-Cat teams. There is a legislative phone-tree when the legislature is in session to call or

write our opinions on issues to our congressmen.

“Why should I become a member? What will it do for Me?”

As a member you will receive our newsletter “The Pulse,” state and national newsletters, and the PCMSA Yearbook. These will keep you in-

formed on current issues and make you aware of our various activities throughout the year. Your membership will help in continuing our various projects and goals. You’ll meet new people and share a sense of companionship. We have various programs at our general meetings,

Continued on next page . . .

Newcomers

On behalf of the Pierce County Medical Society Auxiliary - a very warm welcome to all newcomers!

My name is Mona Baghdadi and I am your Auxiliary Newcomer Representative.

My family and I relocated from Arizona just one year ago. My husband is happily practicing OB/GYN in the Tacoma area. Our two young children and I enjoy our leisurely lifestyle in Gig Harbor.

Relocating is both exciting and unnerving. As a medical family we have experienced the stress of relocating.

Through Auxiliary I have found the adjustment a lot more tolerable. There is comfort in meeting other women who truly understand the lifestyle of a medical wife.

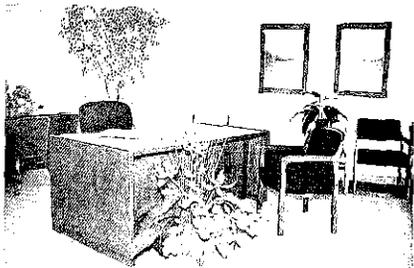
Auxiliary is a highly respected organization and serves the community through its many charitable and educational projects. Members may volunteer for services when time per-

mits. Becoming a member of Auxiliary is a fun way to develop your circle of friends. We meet on a social level once a month. We also put out a monthly magazine “The Pulse” which keeps members up to date on events.

I would like the opportunity to welcome you in person. Until we meet, congratulations on choosing a great place to live.

*Sincerely
Mona . . .*

Newcomers—Mona Baghdadi
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Auxiliary News

with a balance of both educational and entertaining presentations.

"I'm too busy—I don't have time!"
We have two categories of membership: Participating which indicates that you will actively participate in our projects; and Supporting financial support, but not able to actively participate. We do need your support. You will be receiving a membership notice soon. Please Join!

Meet Our 1990-91 Nominated President-Elect

Our organization will enjoy and benefit from the skills of our new nominated President-Elect, Karen Benveniste. Karen will be presented to our general membership in September. At this time she and her husband, Dr. Ron Benveniste, are out of town so we can't interview Karen for all her secrets! An article about her will be coming soon.

Gifts to Wrap???

As in past years PCMSA plans to sell gift wrap this Fall. The proceeds from this event are used to defray expenses incurred from the AMA-ERF sharing cards.

This year PaperCutter, a Gig Harbor company, has been chosen as our supplier. There is a wide selection of paper (all occasion, birthday, Christmas, Hanukkah, etc.) as well as gift boxes, tags, and ribbons. Catalogs will be available at the September Board meeting as well as the September 14 General Membership membership meeting at the Point

Defiance Zoo. All orders must be returned by the October 19 General Membership Meeting at Fircrest Golf Club. You will receive your order in November.

These papers are of the highest quality and satisfaction is unconditionally guaranteed by our supplier. I am sure you will be more than pleased with your purchase!

If you are unable to attend the September meeting and would like a catalog, please call me and I will be sure to get one to you. Questions? Call Bev Law, 564-6515

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Become involved in Auxiliary!

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Our group has a cohesiveness that provides support in so many ways . . .

We enjoy monthly meetings with a wide variety of interesting programs.

We work enthusiastically to educate the public on current health issues.

We support the Medical Society's legislative efforts to improve the health care system.

And we enjoy a few social evenings with the Medical Society—our spouses.

A membership dues letter will be mailed in the fall. Regular membership is \$65; widow-retired \$51; Newcomer \$50; and Student Resident \$19.50.

□

Joan Sullivan and Cathy Wilson
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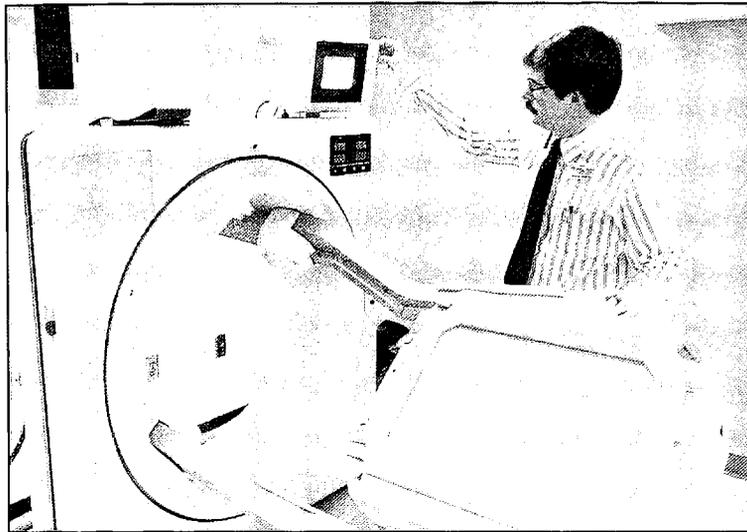
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PCMS NEWSLETTER

◆ A publication of the Pierce County Medical Society ◆

Volume 5, #6 September 1990

President's Notes:

The highlight of the year for the Pierce County Medical Society thus far has to be the well-coordinated, highly successful Soviet Physician Exchange during the recent Goodwill Games. The success is the result of a tremendous amount of work and dedication by Pat Schaaf who volunteered her time to coordinate the exchange. The Society is tremendously indebted to her, and we thank her. Trudy and I did not host a physician, but rather a Soviet gymnast coach through the Rotary exchange. It was an unforgettable experience for us. We have hosted people from many countries in our home over the years including students from Spain, Japan, West Germany, Mexico, and Brazil. These were special times, but being able to converse with Soviet citizens in our home was to some degree a healing experience. To experience the Soviets as real people for the first time will be a special memory for Trudy and

One evening was especially memorable for me when we discussed how each one of us has been a victim of propaganda, especially in the 1950's, 60's, and 70's. Distorted views of each of our countries has been

presented by the others political system. We truly have been victims of this propaganda and paranoia and what happened during this visit began some of the healing process, at least for

Inside ... American Hosts Share Experiences With Soviet Guests

me personally. Toasts were proposed, hugs were given freely, laughter abounded, and tears were shed.

We parted excited that the Goodwill Games had given us this opportunity. For us, economics, traffic jams, and politics aside, the Goodwill Games were a success. — GRK

Delegates to Attend WSMA Meeting in Spokane

From September 20-23 a large group of Pierce County physicians will represent the Pierce County Medical Society as Delegates at the Annual Washington State Medical Association meeting in Spokane, Washington. If you have any specific issues or ideas which you would like conveyed to the Washington State Medical Association, please contact one of these delegates listed below.

John B. Coombs, M.D.
Stuart D. Freed, M.D.
Gordon R. Klatt, M.D.
David E. Law, M.D.
William G. Marsh, M.D.
K. David. McCowen, M.D.
William T. Ritchie, M.D.
Joseph H. Wearn, M.D.
Mrs. Mary Lou Jones
James K. Fulcher, M.D.
David S. Hopkins, M.D.
Ralph A. Johnson, M.D.
DeMaurice Moses, M.D.
Les ter A.Reid, M.D.
David Sparling, M.D.
George A. Tanbara, M.D.
Eileen R. Toth, M.D.
Guthrie L.Turner, M.D.

СПАСИБО ПАТ!

(Thanks, Pat!)

Over one hundred physicians and their families participated in the Pierce County Physician Exchange. By every account, the exchange was a complete, resounding success. Planning for the exchange began almost a year ago, and very fortunately for all involved, this monumental task fell early on into the very capable hands of **Mrs. Pat Schaaf**. Dr. John Cole expresses our feelings very well as he says "Credit to **Dr. Robert Klein** for originating the idea. Kudos to **Pat Schaaf** for successfully carrying out this almost impos-

sible task with great intelligence and diligence, endless patience and a most wonderful sense of humor." Pat arranged and rearranged lists of guests and hosts, handled countless changes and last minute reshuffling with aplomb. Pat reworked lists into the final hour, when one of the physicians scheduled didn't arrive and Team 8 took home a stranded nuclear engineer instead. Everyone agrees that without Pat, this once-in-a-lifetime experience would have been impossible. So kudos to you Pat, and many, many thanks.

PCMS Officers

Gordon R. Klatt President
William G. Marsh President-Elect
John B. Coombs Vice President
Joseph H. Wearn Secretary-Treasurer
William T. Ritchie Past President

PCMS Trustees:

Stuart D. Freed
K. David McCowen
A. Robert Thiessen
David E. Law
Anthony S. Lazar
William F. Roes
Mary Lou Jones

PCMS Newsletter is published eight times a year by PCMS membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the health and medical welfare of the community.

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. We welcome and invite your letters, comments, ideas, and suggestions.

Editor:

David S. Hopkins

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Kim Reed

Pierce County Medical Society

223 Tacoma Avenue South
Tacoma, WA 98402
(206) 572-3666

And Our Guests...

1. Acad. Mikhail Kuzin, M.D., Chairman of the Soviet Committee of Physicians for the Prevention of Nuclear War, Moscow. (Surgeon)
2. Alexei Kireev, Ph.D., Economics consultant to the Communist Party Central Committee, Moscow.
3. Prof. Elena Burlakova, Institute of Chemical Physics, Moscow. (Radiobiologist)
4. Tomaz Arishidze, M.D., Institute of Cardiology, Tbilisi, Georgia.
5. Bagrat Alekryan, M.D., Institute of Cardiac Surgery, Moscow.
6. Acad. Saim Balmukhanov, radiologist, Alma-Ata, Kazakhstan.
7. Juris Salaks, M.D., Director of Museum of History of Medicine, Riga, Latvia. (Internal Medicine)
8. Natalya Utkina, internal medicine, M.D. Riga, Latvia.

9. Igor Veselov, M.D., Latvian Ministry of Public Health, Riga. (Internist)
10. Prof. Boris Bondarenko, M.D., Institute of Cardiology, Leningrad.
11. Lyudmila Kvashnina, M.D. pediatrician, Kiev, Ukraine.
12. Prof. Valeri Demin, M.D., The Second Moscow Medical Institute. (Internist)
13. Gaik Nikogosyan, M.D., public health administrator, Erevan, Armenia.
14. Natella Rakhmanina, M.D., at the Patrice Lumumba University, Moscow. (Pediatrician)
15. Isabella Gvishiani, health administrator, Cardiology Research Center, Moscow. (Not a medical doctor)

See Guests . . . next page

Guests . . .

16. Prof. Galina Drozdova, M.D., pathophysiologist, Patrice Lumumba University, Moscow.
17. Prof. Yuri Pytel, Urologist, The First Moscow Medical Institute.
18. Saida Sayumova, M.D., Tashkent, Uzbekistan.
19. Boris Ionov, M.D., Soviet Red Cross and Red Crescent Society, Moscow.
20. Galina Korchagina, M.D., narcologist, Leningrad. (Drug and alcohol addiction)
21. Svet Tikhvinski, Professor, Head of Children Sports Medicine Chair, Leningrad Pediatric Medical Institute.
22. Victor Bovanenko, Head Doctor, The Ukrainian Sports Medicine Center, President of the Ukrainian Federation of Sports Medicine.
23. Anatoly Yaschuk, Doctor, Sports Cardiology and Recreation Therapy, Moscow.
24. Vladimir Bogdanov, Senior Assistant of the Sports Medicine Chair, Moscow Institute of Physical Culture.
25. Dmitri Tsvetava, Professor, Head of Sports Medicine Chair, Tbilisi Institute of Doctors' Qualification Improvement.
26. V. Afanasiev, Head Doctor, Moscow Clinical Hospital N7.
27. Boris Bolotov, Head Doctor, Moscow City Clinic in charge of the USSR National Teams.
28. Valentina Ostapenko, Doctor Responsible for doping control operations in USSR Moscow.

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. 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 by conveying that information to the Credentials Committee or Board of Trustees of the Society.

Rachael D. Dawson, M.D.

Family Practice. Medical School, University of Texas, 1987; internship, John Peter Smith Hospital, 1988; residency, John Peter Smith Hospital, 1990; Washington State License, 1990. Dr. Dawson is practicing at 7107 95th Avenue SW.

Han Y. Shyn, M.D.

Ophthalmology. Medical School, Yonsei University, ROC; internship, Crawford W. Long Memorial Hospital, 1956; residency, Parkland Memorial Hospital, 1959; Graduate Training, Dallas Methodist Hospital, 1960. Licensed in Washington, 1968. Dr. Shyn is practicing at 1624 South I Street, #206.

Welcome New Members!

The Board of Trustees has approved the Credentials Committee recommendation that the following applicants be approved for PCMS Membership.

Doris A. Page, M.D.
Family Practice
3716 Pacific Avenue, #G
Tacoma

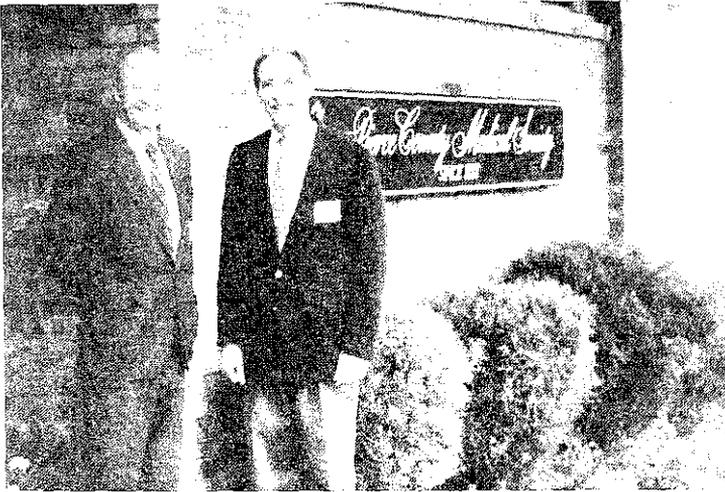
George S.H. Makari, M.D.
Neurology/Child Neurology
915 6th Avenue
Tacoma

Frank S. Floca, M.D.
Psychiatry
American Lake VA Medical
Center
Tacoma

Kent R. Gebhardt, D.O.
Family Practice, Emergency
Medicine
2209 E. 32nd Street
Tacoma

Bradley D. Pattison, M.D.
Anesthesiology
8702 Goodman Dr NW
Gig Harbor

Donald H. Song, M.D.
Ob/Gyn
11311 Bridgeport Way SW
Tacoma



The Pierce County Medical Society hosted an open house August 21 to Celebrate the acquisition of the office building at 223 Tacoma Avenue South.

Dr. Gordon Klatt, PCMS President, and Doug Jackman, Society Executive Director, cut the scarlet ribbon to formally recognize the Society's new facilities. The Medical Society moved into its new quarters in May 1990 from its old location at 9th and G Street.

Over 200 people enjoyed the conversation as well as a feast of salmon, fresh fruit, and banana cake. PCMS extends our thanks to the Society members, staff, and business associates who celebrated this occasion with us.





C . O . M . E . N E W S

Infectious Disease Topics Too!

The very popular **Common Office Problems** program scheduled for October 18 and 19 will include a half day of infectious disease topics. The list of those subjects was inadvertently left off of the list of topics identified in the PCMS August Bulletin. In addition to one half day covering pediatrics, internal medicine, and pharmacology, the following infectious disease subjects will be presented by physicians from Infections Limited of Tacoma:

- Herpes Simplex and Zoster – Treatment Options
- Travelers Related Illnesses
- Vaginitis and Urethritis
- HIV Update

Registration is underway for the 14-credit Category I CME program. Those who have not registered may do so by calling the College of Medical Education at 627-7137.

Depression Conference Slated for November 9

Physicians should mark their calendar for the **Diagnosis and Treatment of Depression** CME program scheduled for November 9. The program is coordinated by **Eric Luria, M.D.**

The one day program set for Friday, November 9 is designed for primary care providers and will feature a review of the initial diagnosis of depression, long-term management, and relapse prevention. New medication, treatment modalities, and other common psychiatric problems will be covered. The program brochure including the registration procedure will be mailed in early September.

Sun Valley Registration Continues

Registration continues for the Sun Valley CME program scheduled for February 27 and 29, March 1 and 2. The program offers quarterly Category I CME and a great winter ski vacation break for the entire family. The conference will be held at Sun Valley's Elkhorn Resort and includes reduced rates for lodging and conference rates for air transportation.

Those interested in the program /vacation may receive a registration packet by calling 627-7137.

C.O.M.E. 1990 – 91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1990		
Thurs., Fri. October 18 & 19	Common Office Problems	Mark Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri. November 9	Diagnosis and Treatment of Depression	Eric Luria, M.D.
Thurs., Fri. December 6 & 7	Advanced Cardiac Life Support	Mark Craddock, M.D.
1991		
Thurs. January 17	Law and Medicine Symposium	David Condon, J.D. Marcel Malden, M.D.
Fri. February 8	Review of HIV Infections	Alan Tice, M.D.
Weds. -Sat. February 27 & 28 March 1 & 2	Sun Valley Program	Mark Craddock, M.D. Stuart Freed, M.D. John Lenihan, M.D.
Thurs., Fri. March 14 & 15	Tacoma Academy of Internal Medicine	Amy Yu, M.D.
Fri., Sat. April 12 & 13	Surgical Club	James Stilwell, M.D.
Fri. May 10	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Fri. May 31	Office Gynecology	John Lenihan, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.

Clip and Save!



Pierce County Medical Society

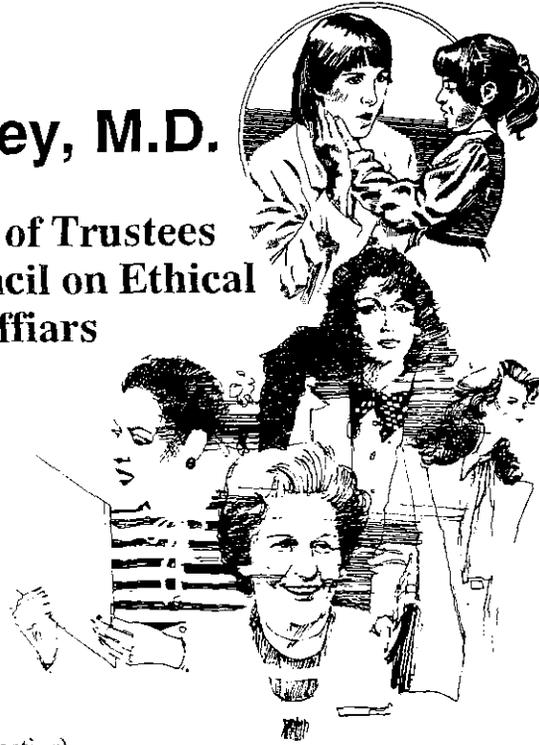
Presents

"What Women Bring to Medicine"

featuring

Nancy W. Dickey, M.D.

Member, AMA Board of Trustees
Past Chair, AMA Council on Ethical
and Judicial Affairs



Date: Tuesday, September 11

Place: Fircrest Golf Club
6520 Regents Blvd.

Time: Cocktails 6:00 p.m. (no host)

Dinner 6:45 p.m.

Program 7:45 p.m.

Price: \$15 per person (\$17 per person if registering day of the meeting)

Spouses Invited! Reservations required by Friday, September 7

- Members will be voting on four at-large members to nominating committees and a Bylaws Amendment.

REGISTRATION

Yes, I (we) have reserved the evening of September 11 to join members of the Pierce County Medical Society at their September General Membership Meeting.

Please reserve ___ dinner(s) at \$ ___ per person (meal, tax, and gratuities included).

Enclosed is my check for \$ ___.

Dr. _____

Please make check payable to PCMS and return no later than Friday, Sept 7, 1990.

***DAY OF MEETING REGISTRATION FEE - \$17.**

Test Site Rules Available

The final rules hearing for Medical Test Site Licensure Rules (WAC 248-38) was held August 14, 1990. The new chapter will be adopted 31 days after final rules are filed and may occur as early as September, 1990.

The new law requires all medical test sites to file their address(es) with the Department of Health, Laboratory Quality Assurance. Applications for license forms were mailed during August. Instructions and due dates were included.

Pierce County Medical Society has copies of the new (WAC 248-38) test site rules available. Contact the PCMS office at 572-3666 if you need a copy. Address any other questions to:

Department of Health
Laboratory Quality Assurance
1610 NE 150th Street
Seattle, WA 98155
(206) 361-2859

PCMS Members Attend Ebersole Fundraiser

Speaker of the House, Joe King (D), and House Majority Leader, Brian Ebersole (D), were surprised and pleased at the number of physicians who attended

Ebersole's August 16 fundraiser at the Pacific Rim Restaurant. In the past the attendance of physicians at such events has been rather scarce. The politicians appreciate and take note of those persons in attendance at affairs such as these.

Those in attendance at the \$100 event were **Drs. Gordon Klatt, Drew Deutsch, Al Allen, George Tanbara, Richard Hawkins, Dave Sparling, Mr. Len Edinger, Tom Curry, WSMA, and Doug Jackman, PCMS.**

Physicians Must File Medicare Claims; Penalty Severe For Violations

Remember that all physicians will be required to submit claims to Medicare carriers for all services to Medicare beneficiaries provided on or after September 1. The rule takes effect the same day.

Physicians already submit assigned claims to Medicare carriers. In September, they will begin submitting unassigned claims to the carrier.

Those who do not submit such claims to the carrier may be fined up to \$2,000 for each violation.

All Medicare claims must be submitted on the Standard Health Insurance Claims Form (HCFA-1500, 1/84) or the claim form which is currently being accepted by the carriers for Medicare assigned claims.

Advise patients not to submit claims directly to Medicare. Even though physicians will be submitting unassigned claims to the carrier, physicians may still request payment in full at the time of service or they may bill the patient.

Physicians are not required to file claims on behalf of Medicare beneficiaries for non-covered benefits.

Qualified Physicians Needed

Walk-in Clinic • Military Facility • Eight hour shifts • Excellent Support • Full and Part-time Positions • Graduate of an Accredited Medical School • Current Washington License • Current BLS/ACLS Preferred • Malpractice Coverage: Claims Made with Unlimited Tail

For more information please call:

National Emergency Services 1-800-554-4405

NEWS BRIEF

Two WSMA Board Members Receive Appointments

Charles Weatherby, M.D., has been appointed to a DSHS advisory group working to implement the new Medicaid maternity and pediatric access programs.

Both Drs. Whitten and Weatherby are members of the WSMA Board of Trustees and the Health Access Task Force. Congratulations to you both!

Richard Tobin, M.D., Radiology Clinical Professor of the Year at U.W.

Tacoma radiologist **Richard Tobin, M.D.**, was named the clinical professor of the year for the Department of Radiology at the University of Washington School of Medicine. The award was presented to him at the annual radiology banquet at the Columbia Tower Club in June.

He said, "It was an honor and it reinforced my commitment to resident teaching."

Dr. Tobin has taught residents at the University of Washington School of Medicine once each month for the past four years. In addition, he attends monthly radiology conferences at the school. Dr. Tobin practices radiology with Tacoma Radiology.

Doctors Named to AAEM Committees

The American Association of Electrodiagnostic Medicine (AAEM) has asked **Dr. Mohammad A. Saeed** and **Dr. Surinderjit Singh** to serve as members of the AAEM Workshop Committee and Relative Value Scale Committee, respectively. The AAEM committee will meet 8 September in Chicago, Illinois.

John Coombs MD Full Professor at UW

Vice President of Pierce County Medical Society and Multicare's Vice President of Medical Affairs, **John Coombs, M.D.**, has been named a full professor of family medicine and pediatrics at the University of Washington School of Medicine.

Dr. Coombs, who has taught at the school since 1974 and who has been a clinical associate professor in the two depart-

See Coombs . . . page 10



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Pierce County Medical Society

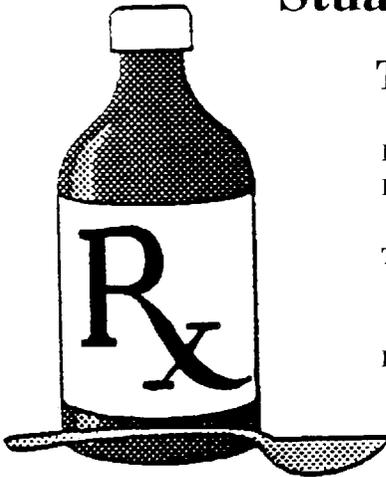
presents

“Palliative Medicine; An International Experience Is Pierce County Ready for It?”

featuring

Stuart J. Farber, M.D.

Tuesday, October 9



Date: Tuesday, October 9
Place: **Fircrest Golf Club**
6520 Regents Blvd
Time: Cocktails 6:00 PM (no host)
Dinner 6:45 PM
Program 7:45 PM
Price: \$15 per person *
**\$17 per person if registering day of meeting*

Reservations requested by Friday, October 5
Spouses are invited!

REGISTRATION

Yes, I (we) have reserved the evening of October 5 to join members of the Pierce County Medical Society at their October General Membership Meeting.

Please reserve _____ dinner(s) at \$ _____ per person (meal, tax, and gratuities included).

Enclosed is my check for \$ _____.

Dr. _____

Please make check payable to PCMS and return no later than Friday, October 5, 1990.

***DAY OF MEETING REGISTRATION FEE – \$17.**

Coombs . . .

ments since 1983, was awarded the professorship June 21 by John Geyman, M.D., chairman of the school's Family Medicine Department at a Seattle meeting of the Washington Academy of Family Physicians.

The award was based on Dr. Coombs' national reputation in public policy and health services delivery, his scholarly writing, and his contributions in clinical teaching.



Computer User Group to Meet September 26

Reference Manager software will be the topic for the PCMS Computer User Group Meeting on Wednesday evening, 7:30 p.m., September 26. The Group will meet at the PCMS office at 223 Tacoma Avenue South.

"Reference Manager" is a database software to keep track of medical reprints. It is also helpful to reformat bibliographies for different journals, etc.

If you have an interest in computers or if you are doing anything with any particular software, please plan on attending.

PCMS Interviews Legislative Candidates

Members of the Medical Society have been interviewing candidates for legislative positions from the 25th, 26th, 29th, and 30th Districts to assist the WAMPAC Board of Directors in the direction of who to support during the primary and general elections.

In the 25th District, **Drs. Bill Marsh, DeMaurice Moses, and Ed Pullen** interviewed Representative **Don Bennet (D)**, **Sara Casada (R)**, and **Mr. Maury Knight (R)**.

Drs. Mimi Pattison, Tom Heron, Dave Lukens, and Greg Popich met with Senator **Bill Smitherman** and his opponent **Bob Oke** to get the candidates views on the issues of interest to the medical community.

In the 30th District **Drs. Gordon Klatt and Jim Hazelrigg** interviewed **Mary Ann Mitchell** and **Helen Myrick**.

The local physicians will forward their recommendations to the WAMPAC Board as to which candidate they would like WSMA to support in the coming elections. It was encouraging to note that the candidates were anxious to meet with the physicians and gather their support.

If you want to make an impact with the candidates, get out and assist them in their campaigns,

by stuffing envelopes, making phone calls, posting yard signs, or assisting them financially. Individual involvement is much more effective than a letter of support.



PCMS Forms Bicycle Club

Dr. Dave Wilhyde, Pathologist, St. Joseph Hospital, invites all members of the Medical Society and spouses who are interested in participating in a PCMS bicycle club to call the Medical Society office at 572-3667.

The group will try to do monthly organized rides and perhaps longer overnight trips for the future. If you would like to be put on the mailing list for the bicycle rides, please call the office.

Qualified Physicians Needed

Western Washington • Low Volume • 24 beds, 8 patients per 24 hrs • 12-72 hours shifts • Graduate of an accredited Medical School • Current WA License and ACLS Certification • One Year Emergency Room Experience • Malpractice Coverage Provided: Claims Made with Unlimited Tail

CALL National Emergency Services
1-800-554-4405

Tacoma Family Medicine Offers Fellowship in Rural Family Medicine

On August 1, 1990, MultiCare and TFM initiated a new type of fellowship training in Rural Family Medicine. This one-year program, designed to provide board-certified family physicians with extra training to prepare them for rural practice, will consist of six months of obstetrics, one month of rural practice with an exemplary rural physician, and five months of electives. They are: Janet M. McKissick, M.D., Henry Martin-del-Campo, M.D., Brian P. McCann, M.D., Fadi G. Ghanem, M.D., and Martin E. Gilliland, M.D.



New State Program Pays for Medical Services for People with HIV

By Cathy Gaylord, Regional AIDS Coordinator

The HIV Intervention Program (HIP) is a new, state-funded program that pays for T4 cell counts and accompanying medical monitoring for low-income HIV positive individuals who have not progressed to Class IV AIDS and who, consequently, do not yet qualify for Medicaid.

By offering a way to pay for medical services that have been prohibitively expensive for some HIV positive individuals, HIP provides a clear incentive to obtain early HIV counseling and testing.

"HIP is one of the most innovative programs in the nation," said Mimi Fields, M.D., Assistant Secretary for HIV/AIDS and Infectious Diseases with the State Department of Health. "Unlike most other treatment services, individuals do not have to wait until the virus has advanced to AIDS, but can receive treatment and care in the early

stages of being diagnosed with HIV. As a result, people will be able to live longer, and fight off the symptoms of AIDS."

It is critical to the implementation of this new program that medical providers who come in contact with individuals who can benefit from the program encourage and assist those persons to apply. The following information is provided to assist physicians in Pierce County in linking potentially eligible patients with the HIP program.

Who is Eligible for HIP?

Individuals eligible for HIP are

- Low-income (gross monthly income below \$2,000)
- HIV positive
- Not progressed to Class IV AIDS
- Not eligible for Medicaid
- Not adequately covered by insurance
- Note: The program will require individuals with incomes over \$1,047 per month to contribute financially to some of the cost of the covered services.

Covered Services:

In addition to providing coverage for T4 cell counts and physician office visits, HIP will

See HIV . . . page 13

Qualified Physicians Needed

Seattle • Low Volume • 60 beds • 12 - 36 hour shifts • Graduate of an Accredited Medical School • Current WA License and ACLS Certification • Two years or 2000 hours Emergency Room Experience • 150 hours of CME Credits - credits must be AOA-AMA approved and documentable • Malpractice Coverage Provided: Claims Made With Unlimited Tail

Call National Emergency Services — 1-800-554-4405



Pierce County Medical Society

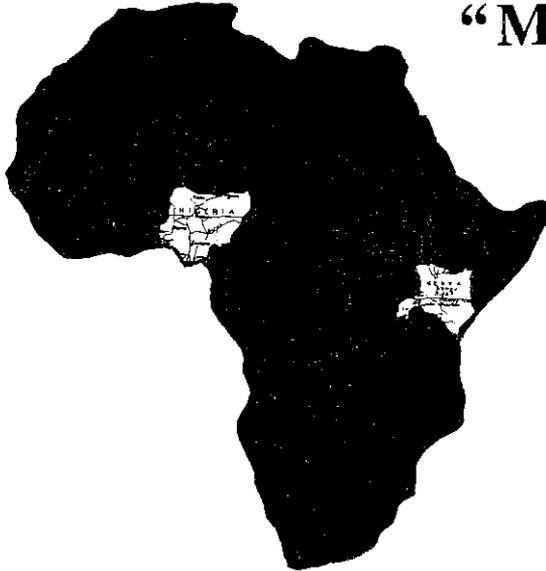
Presents:

Our Quarterly Luncheon Meeting For Retired Members and Spouses

“Medicine in Kenya/Nigeria”

Featuring

Joseph Wearn, M.D. and Pat Wearn, R.N.



Date: Wednesday, October 24, 1990
Time: Lunch 12:00 p.m.
Program 12:45 p.m.
Place: Tacoma Dome Hotel (Quality Inn)
Hickman Room
2611 East “E” Street
Price: \$10.50 per person

To register, please complete the attached registration form and return it with a check payable to PCMS (in the enclosed envelope) or call the Medical Society office at 572-3667 to confirm your attendance by Friday, October 19.

Registration

Yes, I (we) have reserved October 24 to join retired members of the Pierce County Medical Society at the “*Medicine in Kenya/Nigeria*” Luncheon.

Please reserve ___ lunch(es) at \$10.50 per person (tax and gratuities included). Enclosed is my check for \$_____.

___ I regret that I am unable to attend the lunch portion of the meeting.
I will attend the program only.

Dr. _____
Return no later than Friday, October 19, 1990.

HIV SERVICES . . .

also pay for certain lab work associated with antiviral therapy, including TB tests, chest x-rays and CBCs. Antiviral drugs are not covered, since they are generally available through the AIDS Prescription Drug Program (see below).

What is the Connection Between HIP and the AIDS Prescription Drug Program?

HIP was designed to operate in conjunction with the AIDS Prescription Drug Program (APDP). APDP makes certain FDA-approved, life-prolonging and life-enhancing medications/treatments available to HIV positive persons who have low incomes and whose T-4 cell counts have fallen below 500. Financial eligibility criteria for HIP and ADPD are identical and the programs are administered by the same state staff. Physicians are requested to assess patients for potential eligibility for both programs as their medical needs require. For more information on APDP, call (206) 589-4979 in Olympia.

Reimbursement Rates:

HIP reimburses at 155% of the Medicaid rate or the provider's usual and customary charge, whichever is lower.

How Can a Physician Participate in HIP?

To participate in HIP, a physician should sign a Professional Services Agreement,

which can be obtained by calling the HIV Intervention Program in Olympia, (206) 586-4979. Participating physicians should also obtain an Operations and Billing Manual and supplies of pre-printed invoice vouchers and application forms.

How Does a Patient Apply for HIP?

The application has two parts: the medical eligibility form, to be completed and signed by the physician, and the financial eligibility form, to be completed and signed by the patient. The application can be submitted to the address shown on the forms by the physician's office, or it can be given to the patient's case manager for submission. **APPLICATIONS MAY BE MADE BY TELEPHONE AND FOLLOWED UP BY MAILING THE REQUIRED FORMS.**

Determinations of eligibility will be made within three to five working days for applications received in the mail, and whenever possible, on the same day for applications that are phoned in.

When Should Application be Made?

An HIP application should be submitted as soon as a physician identifies a HIV positive patient who indicates financial inability to pay for needed office visits, lab and T-cell counts.

Where to Obtain Applications and Other HIP Documents:

To receive an entire provider package, including an Opera-

tions and Billing Manual, Professional Services Agreement, and application forms, contact:

Dave Baird
Washington State Department of Health
HIV Intervention Program
MS: LJ-17B
Olympia, WA 98504
(206) 586-4979

If only additional application forms or Professional Services Agreement forms are needed, contact:
Cathy Gaylord
Regional AIDS Coordinator
Tacoma-Pierce County Health Department
3629 So. D Street, MS:CHD-062
Tacoma, WA 98408
(206) 591-6482

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НАШИМ СОВЕТСКИМ
ГОСТЯМ

1990
GOODWILL
GAMES

WELCOME SOVIET GUESTS



The Goodwill Games



Other stories fill the newspapers now . . . workmen have come to collect the flags and welcoming banners. The electronic sign over the Tacoma Dome announces only ordinary visitors – Cher and the Ringling Brothers. Consigning her party hat to the closet, Tacoma has resumed her usual expression. But for the many doctors and their families who hosted a Soviet guest during the Goodwill Games, the experience left impressions that will last a lifetime.

“It was wonderful,” said Mrs. Pat Schaaf, reflecting a unanimous opinion.

“It was a wonderful, positive experience,” said Dr. Joe Wearn. “I would repeat it without a moment’s hesitation.”

Each Soviet visitor stayed with two or three American families. Friendships formed quickly, and many hosts were surprised to find themselves reluctant to let go of their new friends. “You hear people talk about bonding. It very, very clearly took place,” said Dr. Wearn.



Over 100 physicians and their families participated in the two-week Soviet Physician’s Exchange. In a surge of emotion, Americans and Soviets shared together their visions for a new and brighter future. Unexpectedly, strong friendships were forged in the short time visitors spent with their hosts.

“It was very hard to let go,” said Mrs. Robin Popich. “Rick [Tobin] called Jan [Thiessen] to introduce Valery and to make sure she knew that he loves mayonnaise and fresh fruit, and when he liked to sleep.”

The guests were diverse in their





Physician Exchange

backgrounds, tastes, and personalities. Natalya Utikina, an internist from Riga, Latvia, was strong and independent, a trifle stern. Lyudmila Kvashnina, a pediatrician from the Ukraine, quick to laughter, daughter of a Soviet general. Professor Valeri Demin, of the Second Moscow Medical Institute, a powerful intellectual, simple in his tastes, radiating compassion. Valery Bolshagin, head doctor of the Leningrad Sports Medicine Clinic, handsome, gregarious, a "Pied Piper."

The life of Soviet physicians is vastly different from their American counterparts. Valeri Demin, 53, a professor of pediatrics, lives in a two bedroom flat with his wife, whom he describes as a "domestic engineer." Their son, 20, just enlisted in the army. Valery Bolshagin, 41, lives with his wife and two teenage children in

four rooms near where he works. He and his wife don't drive or own a car.

Lyudmila Kvashnina's parents live with her.

Dr. Bill Dean, urologist, hosted Professor Yuri Pytel, a urologist at the First Moscow Medical Institute. While showing Yuri his home computer, Dr. Dean decided to pull up some urological studies. One abstract listed Yuri as a reference. Dr. Pytel was astounded to discover his work was readily available — in his own home — to a physician half way around the world.

Dr. Joe Wearn gave his guest, Lyudmila Kvashnina, a compact disk of pediatric studies holding 270,000 pages. Lyudmila said nothing similar was available in the Soviet Union, even in hospi-

Continued on next page . . .





tals. This is changing, however, as personal computers from Taiwan become more readily available.

Medicine in the USSR is behind American medicine anywhere from five to twenty years, depending upon the area. Medicine is most progressive in Moscow and Leningrad but shortages of equipment, supplies and information are prevalent.

Soviet medicine is socialized, with each area assigned hospitals and physicians. Soviet doctors are comparable with teachers in pay and prestige. Lyudmila Kvashnina said she earns 1000 rubles a month, roughly equivalent to \$1000. According to Valery Bolshagin, an auto mechanic makes more than a Soviet physician. Doctors begin medical school directly out of high school, and serve internships, but not residency.

Materially, Soviet life is austere. Lyudmila Kvashnina said "the Soviet people have money, but there are no goods in the stores to buy." Natalya Utkina, guest of Dr. and Mrs. Dan Schaaf, was

amazed to discover half of a grocery aisle devoted to deodorant.

While VCRs, microwaves, and "boom boxes" were popular purchases, hand cream, Barbie dolls, a case of McDonalds paper hats, and 5000 American syringes were treasured also.

The Soviets displayed a strong sense of national and regional pride. Call them "Soviets" if you must, but do not insult a Ukrainian by referring to them as a "Russian." As Natalya Utkina expressed to Mrs. Pat Schaaf, "I do not want to be American, I am Russian. A lot of Americans think all Soviets want to defect, but this is not true. We just want our country to be better."

The advent of Glasnost has brought changes to the Soviet Union, but all agreed there is still a long way to go. Valeri Demin acknowledged, "Things are very bad in Moscow." Some guests were leery of other Soviets they met while touring Seattle. One doctor who works with drug and alcohol patients in prison took his guest to the prison where he worked. In order to get inside, she had to exchange her Soviet passport for a prison ID, which would be exchanged again when leaving the prison. This greatly upset her, until her hosts were able to convince her she was free to leave at any time.

Despite the severity of Soviet life, the American hosts found their guests to be anything but severe; charming, full of humor and warmth. Quoting an old Russian saying, Valery Bol-

shagin said "I would rather have a hundred friends than a hundred rubles."

When asked how Soviet and American women compare, Valeri Demin told Mrs. Sharon Lukens "They are much the same. Soviet men now help with the children and the household chores." To which Sharon replied, "But it isn't *really* like that here." Valeri laughed and said "It isn't *really* like that in Russia, either!"

Even though most of the doctors spoke little or no English, communication wasn't a problem. One host confided to Dr. Joe Wearn, "This is going to be the longest week of my life," but everyone managed to find ways to communicate. Mrs. Robin Popich related that she and her guest, Valery Bolshagin, had ridden in silence most of way from Madrona Elementary to Fife when he said, (hopefully) "Deutsch?"

"Ja, Deutsch!" Mrs. Jan Theissen called upon her Czechoslovakian to communicate. For those without the benefit of a second language, most managed to convey their

See Soviets . . . page 17





feelings through Russian-English dictionaries and arm-waving. Mrs. Robin Popich said, "By the end of his visit, he

spoke in Russian and we spoke in English, and we understood each other." Joe and Pat Wearn had a similar experience. Pat said, "We had an interpreter with us for a few hours. But we found that what he was telling us about her, [Lyudmila], we already knew."

Although on a heart-to-heart level, communication was crystal clear, in daily interactions many comical misinterpretations occurred.

Dr. and Mrs. Dan Schaaf's daughter tried to explain the intricacies of baseball to their guest, Natayla, sprinkling her explanation with many references to "the guy." Natayla, looking skeptical, said,

"Not all of them!"
"Not all of them what?"
"Not all of them gay!"

Dr. J.D. Fitz relates the story of his guest, who while at a goodbye party hosted by the Pacific Sports Medicine Clinic, was spending a great deal of her time translating for other Soviets. Dr. Fitz said to his guest, "Isabella, Marx said the workers of the world should throw off their chains - this includes translators." Not hearing him correctly, Isabella said "OK, but who is this Mark?"

The American hosts went all out to show their guests what "real Americans" were like, and a good time while they were at it. The Soviets visited Mt Rainier, went fishing and rode the Bremerton Ferry. Other trips included Target, McDonalds, the Space Needle, the Seattle Aquarium, Pike Place Market, and a visit to a country-western dance. Dr. Dave Lukens and Dr. Joe Wearn took their guests flying. Flying out over the water after a close-up of Mount St. Helens, Dave Lukens gave the controls to Valeri Demin. For Valeri, it was "my dream come true." Dr. Demin added the title of honorary fireman to his credentials after a visit to a fire station.

A trip to a baseball game was slightly less successful. Virtually unknown in the USSR, the Soviets who attended found the other Soviets at the game far more interesting than the action on the diamond.

Those same newspapers have proclaimed the Games a bust, and cynics talk of a party thrown to an empty ballroom. Pierce County doctors couldn't disagree more. For them, the Goodwill Games will always represent the time when long-time adversaries abruptly threw away their fears and misconceptions in order to embrace an old ally. Valery Bolshagin said it well: "Everything is a question with a very big answer . . . finally, a glimpse of peace."



Another Story

By Dr. John D. Colen

Every day since the arrival of the physicians on a beautiful sunny day, we, as hosting families were privileged to participate in this intellectual and personal feast.

Our guest Svet, [Tikhvinski] a professor of children's sports medicine in Leningrad, was a very intelligent and pleasant person, and we became close friends fast. One of the many highlights of his sojourn took place when we were allowed to participate in the selection of his daughter's bridal gown. Since he spoke Russian only, and my knowledge of fabrics was likewise limited, this proved to be a most interesting experience. Fortunately our lives were saved by a very patient saleslady and my good wife Eugenia. Thus, our participation in this new beginning in Svet's personal life hopefully may symbolize a rekindling of the friendship between our countries.

Our paths happened to keep crossing with a most intelligent and charming female Soviet colleague. We had the pleasure of taking her shopping, at which there was some confusion as to which mall to meet. So guess who ended up with who, meeting practically everyone he knows in Tacoma? One day when Svet and I were frolicking in the pool she stopped by with some friends, joining the swim

See Story . . . page 19

“Ophthalmologist – See”

Dr. Richard G. Bowe gave us this story about his introduction to his Soviet guest, Dr. Yuri Pytel, urologist at the First Moscow Medical Institute:

When we arrived at Madrona Elementary, everyone was given a card with a number on it. The Soviets had cards with numbers too, and this was how you found each other. Everyone was waving cards and cheering. I was the first host for Dr. Pytel. When I saw him with my number, I walked across the room and said “I’m Dick Bowe, ophthalmologist. Do you speak English?” He shook his head, “Nyet.” I knew I was in trouble. Then he said, “My name is Yuri Pytel.” He pointed to his eye, and said “Ophthalmology – See!” Then he gestured downward. Grinning, he said “Urology – Pee!” I knew right then we were going to hit it off O.K.



And More. . .

By Dr. Jim Davidson

We had a great time with our guest, Zachar. Of the many interesting things he told us, he said that his father had been a journalist and, after World War II had lived in Moscow in an apartment building for writers and their families. Boris Pasternak had lived there before falling from favor and vanishing to the country. Zachar first read “Dr. Zhivago” from a hand-typed, single copy of the manuscript passed from hand to hand among Soviet writers in the late 1950’s as the book was unpublished in the USSR until very recently.

● ATTENTION ●

TRAUMA CARE ISSUE

The PCMS Board of Trustees held a special meeting to take comments from members and hospital representatives on the Trauma Issue in Pierce County.

If you were unable to attend, the Board is accepting written comment until September 24. The Board would like your opinion on hospital designation of Levels I and II trauma centers and the trauma system in general. Forward your comments to Dr. Klatt, PCMS, 223 Tacoma Ave S, Tacoma, 98402

Entertaining Victor

By Karen G. Benveniste

We had so many questions, and we really didn't know what he'd be like. We knew his name, his city, his occupation. We knew he was a doctor in Kiev, the chief of Sports Medicine in the Ukraine. We figured that since he was well-educated, he probably spoke English, a little. We worried about if he smoked, since none of us — his three host families — allows smoking in our homes. We got together a week before his arrival to plan the hospitality for our Russian guest. As we sampled various flavors of Russian vodka, we laughed at how our preconceived ideas of Russia and Russian ways tended to fill in the empty spaces of our knowledge about Victor. If we took him boating, would the KGB be waiting at the dock,

Story . . .

party. She jumped in the pool, talking and laughing excitedly, wearing her bikini. With the help of our dictionary, Svet and I simultaneously reached the conclusion that observing all this represented a sacrifice we had to make for the cause of world peace. This goes to show that a healthy sense of humor supersedes geographical and ethnic boundaries.

On a more serious note, this was a most wonderful and enriching experience, hopefully signifying

wanting to know just where we were going? We remembered innumerable James Bond movies, populated with evil and despicable Russian agents, knives popping out of their shoes on command. Such silly stereotypes, we all agreed. But the Cold War, which has been with us our entire adult lives, had left its mark on our attitudes and expectations. Could we develop comradery with a comrade? Could we overcome the extreme cultural differences we anticipated? Would Victor want to defect? As the last host family of Victor's visit, my husband and I worried about that one, figuring Victor, in the end, might just refuse to board that plane.

With Victor's arrival, many of our questions were answered, and our assumptions squashed. No, he didn't smoke, and no, he didn't speak English! We had to face the first of many uncomfortable realizations: Our assumptions that a highly educated person would of course have studied English was nothing more than a fine example of

ethnocentrism. Along with this discomfiture came the creeping awareness that hosting this person was not going to be as easy or as fun as we thought. In fact, it looked like work. We had all developed wonderful images of ourselves as world-class hosts, but it now appeared that these pre-conceived ideas were to be altered...just how drastically altered became apparent as Victor took up residence with his first host family.

Apparently, we were not the only ones with mixed-up ideas about this Russian-American Goodwill Games exchange program. Victor, too, had some rather unworkable notions. For starters, he wanted to go immediately to New York City to see his relatives! These people, an uncle, aunt, cousins and so on, had left Kiev 20 years ago and gained entry to the U.S. through Australia. One might have argued, "Well, why not? If this is supposed to be a goodwill exchange, what could create better feelings than for Victor to see

See Victor . . . page 22

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Contact: Andy Tsoi, M.D.: 537-3724
Bruce Kaler, M.D.: 255-0056.

AUXILIARY NEWS

Ribbons and Bows

Don't miss the chance to help defray expenses from the AMA-ERF sharing card. Buy your gift paper, boxes, ribbons, and tags from PaperCutter. Catalogs will be available at the September meetings. These high quality items will be delivered by November. Your last day to purchase is October 19. Call Bev Law, 564-6515 if you are unable to attend a meeting an need a catalog.

PCMS Auxiliary Meeting Notice

Our first 1990-1991 meeting is Friday, September 14, 1990, 9:15 AM at the Point Defiance Zoo.

We are planning a fun day to welcome our newcomers. Debi Deeth, Development Corporate Promotion Officer and Kathleen South, Public Information Officer of the zoo will present a short introduction and guide us through two exhibits, Rocky Shores and South Pacific Aquarium. Afterwards, you may tour the zoo at your leisure, and we'll meet for a picnic lunch. Children are WELCOME! You can assist Mona Baghdadi, Newcomers Chairman, by bringing a newcomer to the meeting.

Male Spouses

Are you a husband of a physician in the Tacoma-Pierce County area interested in a meeting other physician's husbands socially and/or working in coalition with the PCMS Auxiliary in various community projects? Please contact:

- Troy Mohr 1-858-2370
Representative for Male Spouses
- Mona Baghdadi 1-851-6303
Newcomers Chairman
- Mary Lou Jones 565-3128
President - PCMSA



Fall Convention

WSMA Auxiliary is holding its Fall Convention in conjunction with the WSMA Annual Meeting, September 20-23 at the Sheraton Hotel and Convention Center in Spokane, Washington.

WSMA Auxiliary will present two very outstanding and worthwhile programs. "Harm's Way," a Head and Spinal Cord Injury Prevention program will be presented at a local school assembly and Auxilians may attend. A C.P.R. training and

certification session will also be offered.

Registration is \$15 and pre-registration forms are available in the WSMA Annual Meeting announcement and the

AMA-ERF Holiday Card

The American Medical Association Education and research Foundation (AMA-ERF) was established to help support quality education in the nation's medical schools. From its modest beginnings in 1950, the AMA-ERF now has contributions of more than \$2 million annually, a visible sign of medicine's continuing commitment to excellence.

Pierce County has been number one in donations in Washington for many years. Last year over \$15,000 was raised and we are hoping to surpass this in 1990!

All Pierce County physicians will receive a letter in October from Sandy Shrewsbury and Terri Stewart telling them about this year's AMA-ERF Holiday Sharing Card. AMA-ERF depends on the generosity of concerned individuals. Contributions to AMA-ERF are tax deductible. Let's make 1990 a banner year!

AUXILIARY NEWS

Philanthropic Fund Applications Available

If your service or health-oriented Pierce County organization would like to be considered by the Pierce County Medical Society as a recipient for philanthropic funding, you may now obtain an application by writing or calling:

Mary Córdova

10207-104th St. Ct. S.W.

Tacoma, WA 98498

(206) 588-3126

Proof of 501(c)3 IRS rating is required.

**APPLICATION DEADLINE IS:
SATURDAY, SEPTEMBER 15, 1990.**



Welcome Newcomers!

A very warm welcome to you and your family. Congratulations on choosing this lovely part of the country to live and practice medicine.

My name is Mona Baghdadi and I am your newcomer representative to the Pierce County area. I discovered many life experiences ago that developing relationships with other physicians' spouses can be very rewarding. What better way to make new friends – and those

looking forward to meeting you....

*mona Baghdadi
5311 Canterwood Drive N.W.
Gig Harbor, 98335
phone: 851-6306*

who will support you – than by joining Auxiliary!

Auxiliary is a highly respected organization. It is an educational and charitable organization. We, the members invite you to join us at our meetings. We usually have one a month. Meetings are informative, fun, and sharing times. I would like to have the opportunity to meet you in person. Let's get acquainted!!

The Times, They Is A Changin'

A man brought a little girl to the hospital emergency room where my daughter works. As is often the case in emergency rooms, he had to wait. After a while, he approached a woman at the nurses' station and asked her how long it would be until a doctor looked at his daughter.

The woman explained that she was just about to examine the child. There was a stunned silence. Then the man asked, "Are you the doctor?"

"Yes," she replied. "Are you the child's mother?"

*Reprinted from Readers Digest,
Mar 90.*

his relatives?" But as host families responsible for Victor and his safe return to Kiev, none of us liked the idea of Victor being so far away, unaccompanied, even for brief time periods. But Victor was determined, and placed many phone calls to New York, trying to work out the details. Then, in the midst of all these negotiations, Victor went AWOL!

It happened this way: As Victor's first host "mother" was about to take him on a car tour of Lakewood, she remembered her pets, and went briefly back inside the home to locate and put out the cats. When she returned to the car in the driveway, Victor had vanished! The poor woman was beside herself with worry! Fortunately, Victor will never know just how many sheriff's deputies were then notified, how many calls were made to the Goodwill Games Organizing Committee and how many individuals spent the next six hours searching for him. Host mother number one literally turned Lakewood upside-down, looking for the tall, lanky, blue-eyed, blonde man whose only phrase would be, "Hello, I don't speak English."

The children of host family number two finally located Victor, who was happily touring the Lakewood Mall (as well as the rest of Lakewood!) and who was completely oblivious to any consternation his absence might have created. Back at home with host family number one, Victor resumed his efforts to

travel to New York City. Clearly, the hospitality plans we had made last week needed to be modified to accommodate our Russian visitor!

Ultimately, Victor received a phone call from someone in the Russian delegation, presumably an authority, who said "Nyet!" to New York. This directive seemed to impress Victor, and he accepted the fact that Tacoma would be his home for these two weeks. He continued to place nightly phone calls to his New York relatives, but he learned the concept of calling "collect", and the relative seemed to welcome even the hour-long conversations which frequently occurred.

Victor began to relax. Oh, he still took his daily long walks, but by the time he reached host family number two, we all realized that he enjoyed walking, craved exercise, had a great sense of direction, and was not likely to get lost. On top of that, we learned through one of our indefatigable interpreters that Victor was a champion boxer (actually number two in the Soviet Union) in 1975. Victor, as they say, "could take care of himself". He was very unlikely to be mugged when out alone, and that knowledge helped us to relax, as well. Gradually, we dropped our roles of over-protective mothers and fathers, while Victor dropped his role of rebellious child. We started to get to know each other as people. Victor began to have a good time. He went to the art museum, to the historical museum, to Seattle, to

Northwest Trek, out for Chinese food, and out for "Gorbachocolate" ice cream at B & R. He went swimming (in Puget Sound!), shopping (everywhere!), and of course he went walking, walking, walking. He picnicked, partied, and played. He toasted our health. He gave us presents. He went to an outdoor concert, took a ferry boat ride, met and charmed our mothers. (I guess they would be his "grand-hostmothers"!). He tried to learn some English words. (We tried to learn some Russian, or at least made sure one of our wonderful interpreters was always around.) He lunched at Ivar's, toured Pike Place Market, photographed everything and everyone.

We started to notice some important things about Victor: He ate very little, and exercised a lot. He turned down desserts, and drank very little vodka, even when "toasting". We couldn't tell (and he *wouldn't* tell) his age, a fact which undoubtedly was attributable to his healthy lifestyle. He was interested in all our foods and would try everything, but only just a little. Hmmm, we thought. We could learn a thing or two from this guy.

At the end of the visit, Victor reflected on his "New York" episode. He worried that he had offended his first host family by his efforts to travel elsewhere! He talked about the wonderful time he had had in Tacoma and Seattle. He was ap-

Continued on next page . . .

preciative of everything; of seeing ice skating at the Tacoma Dome and all the other events and attractions his host families showed him. But he was homesick; eager to get back to Kiev, his wife, and three year old child.

While at the airport waiting for his departing Aeroflot flight, Victor predictably spent his time walking, walking, walking. Finally accustomed to this high-energy person, we just sat, and watched all the other Russians saying goodbye to their American hosts. So many tearful goodbyes! It was clear something very important for all had taken place. Victor returned from his airport walk just in time to kiss us goodbye and then stride purposefully down the boarding passageway. But as he went, he paused and waved three times, each time calling out, "Bye Bye, Bye Bye!"

Later, we hosts reflected on our experience. Clearly we had gotten a lot more than we bargained for with Victor. Worry, uncertainty, work, debt, and anxiety, for starters. But we also benefited from our experience with Victor in ways we probably won't fully realize for some time to come. At least for now, we know we've got a friend in Kiev.

KGB

Host families:
Dick and Juley Hoffmeister
Irv and Phyllis Pierce
Ron and Karen Benveniste
Picnic hosts: Peter and Patty Taylor; Interpreters: Chris Manetti and Sara Benveniste

Measles Immunizations Aren't Just for Kids

By Allene Mares Tacoma-Pierce County Health Department

Pierce County has experienced two measles outbreaks so far this year for a total of 18 cases (as of August 14, 1990). Fifty percent of the cases are in children under the age of six years, the remaining half have been reported in young adults. Of the 266 cases reported in Washington State as of August 1, 1990, 67 (31%) were 20 years of age or older. The only deaths due to measles in this state were in women in their thirties.

Please assess the immunization status of your patients and determine if they have been immunized against measles. This applies not only to patients, but to the patient's parents as well. Many parents of pediatric-age patients may be susceptible to measles. Persons born after 1956 are of particular concern. These young adults matured during the era when measles vaccines were being perfected and when there was less natural measles each year to induce immunity.

Recommendations for Person Born After 1956

1. Assess the measles immunization status of these persons.
2. Reimmunize if: They were immunized prior to 1968,
They were immunized before one year of age, or
They have no written documentation of being immunized.
3. Measles-mumps-rubella (MMR) vaccine should be used to reimmunize these persons. There is no increase in adverse reactions in persons who were previously immunized, unless they received inactivated measles vaccine. In those who had received only inactivated measles vaccine (available prior to 1968), revaccination may produce more severe reactions, such as local edema and induration, lymphadenopathy and fever; however, revaccination may protect against the atypical measles syndrome.

If these are not your patients or you do not have MMR vaccine in your practice, these persons can be referred to the Tacoma-Pierce County Health Department. They should call 591-6452 for information on hours and cost.

Infections Limited Travelers' Health Service

Directed by David W. McEniry, M.D., formerly of the Hospital for Tropical Diseases, London and the London School of Hygiene and Tropical Medicine.

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Alan D. Tice, M.D.
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Why I Ask You To Support The Tacoma Stars

Everyone knows that I am very involved with the Tacoma Stars and that I have strongly encouraged my professional and business associates to become involved. I know that some people resent my solicitations and if you are one of those people, I apologize.

But please let me explain why I have given this team so much of my time and energy, and let me tell you why I think the Tacoma Stars are worthy of your support too.

I had never seen a soccer game - indoor or outdoor - until four years ago. That summer my sons attended a soccer camp run by the Tacoma Stars, and I was very impressed with the excel-

lent interactions I saw between the players and the kids. That fall I attended a "Drugs-Are-A-Drug" program the Stars players did at my son's school, and I was again impressed with the great rapport the players had with the kids and how responsive the kids were. I was also very pleased to learn that the players were going to many of the schools in the county with their program - and doing it without charge.

I was therefore turned on to the players before I had seen a game. That season we did attend a game, and we loved it. I found the game itself very exciting, and I was also impressed with the crowd - people of all

ages, everyone having a good time. There really was a great sense of community in the Dome that night.

So I became a season ticket holder and a supporter. When the franchise passed into new ownership in the summer of 1988, I jumped at the chance to participate. That was many meetings, many hours, and many dollars ago. I am often asked if it was worth it and if I would do it again. The answer is absolutely yes. I am proud of what we have done and proud to be associated with this very important community asset.

In Summary, the Tacoma Stars are much more than a sports franchise. This team is a very important community asset dedicated to improving the financial and spiritual well-being of our community. Our owners live here, work here, and are committed to making Tacoma and Pierce County a better place for everyone.

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We are now entering our third season. My associates and I remain even more determined to go forward. Obviously we intend to put a winning team on the field, and we want to make certain that everyone at the Dome will enjoy the games. But let me tell you what else we are doing:

*Every effort is made to use local vendors and services to maximize the financial benefits

See Stars . . . page 25

of this franchise to our community.

*Over 1,400 young people will attend Stars soccer camps this summer. All the kids and parents we have heard from have found this to be a very wonderful experience. We are going to expand the program next summer and shall do some camps during the year as well. Scholarships are available - and awards will be - for needy children.

*Stars players continue to make frequent visits to the hospitals of our community.

*Stars players are active in drug awareness programs and will be back in the schools in September preaching a "Don't Use Drugs, Stay In School" message.

*Last season we did benefit games for the United Way and for the Tacoma Rescue Mission. We collected food and clothing for the homeless. This season we shall repeat those activities and add others to include a promotion with the American Cancer Society.

*Through our Big Buddy Program, we provided 4,000 Stars tickets for needy adults and children of Pierce County. It was wonderful to see people, who could otherwise not afford tickets, enjoying the game with their families and friends. This year we plan to increase that number to 10,000.

*Our players attend many community events, again without compensation, such as the opening of the new library in Gig



Harbor, the Tacoma Block Party, and the Taste of Tacoma.

*Our Board of Directors is on record as stating that if and when this franchise begins to make a profit, we shall return money to the community in the form of scholarships, playfields, and educational programs.

*It is our policy that no child will ever have to pay for a Stars autograph or picture. Our players will always be available for the young people of this community.

In summary, the Tacoma Stars are much more than a sports franchise. This team is a very important community asset dedicated to improving the financial and spiritual well-being of our community. Our owners live here, work here, and are committed to making Tacoma and Pierce County a better place for everyone. We feel that everyone doing business here should share in that commitment.

We are all solicited by many worthy causes and activities, and it is impossible to say yes to all of them. But I thank you for considering the Tacoma Stars.

And if soccer just doesn't do anything for you, I encourage you to get involved in another educational, social, or cultural activity. If we are all involved in something, we can keep Tacoma and Pierce County a great place to be.

Richard E. Waltman, M.D.

Executive Vice-President,
Tacoma Professional Soccer,
Inc.

C L A S S I F I E D S

Positions Available

AMERICAN LAKE VA MEDICAL Center in Tacoma, Washington, is seeking physicians to provide Medical Officer of the Day (MOD) services. Duties will include history and physical examinations, evaluation of Emergency Room patients for admission, as well as coverage of inpatients on Medical Service for acute problems. Hours will be from 4:30 PM - 8:00 AM, Monday - Friday, and 8:00 AM - 8:00 AM, Saturday, Sunday, and holidays. Interested practitioners may contact (206) 582-8440 Ext 6637 for more information. E.O.E.

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TACOMA-SEATTLE, OUTPATIENT General Medical Care at its best. Full and Part time position available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, M.D. 537-3724 or Bruce Kaler, M.D. 255-0056

WASHINGTON, PUGET SOUND Full time position available with Physician-owned corporation staffing two urban hospitals. Malpractice paid. Reply with C.V. to TECP, 955 Tacoma Ave S., Suite 210, Tacoma, WA 98402. (206) 627-2303.

FULL TIME FACULTY POSITION at University of Washington-affiliated Family Practice Residency program in South Seattle area. Board certification

and OB experience preferred. New opening created by program expansion. Interested in joining us? Please send letter and CV to Drew Oliveira, M.D., Program Director, Valley Family Care, 3915 Talbot Rd. S., Suite 401, Renton, WA 98055.

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Pierce County Medical Society

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Physicians Receive Higher Reimbursement for State Funded Pregnant Patients — First Steps Program Expands Eligibility —

(The following article is reprinted from the May 1990 Bulletin.) First Steps is a state-funded medical assistance program which provides free medical care to low-income pregnant women, infants, and some young children. Physicians who accept First Steps patients receive higher reimbursement and, if a physician requests it, Community Services Offices will act as case managers to help ensure patients keep appointments and comply with their physician's instructions.

First Steps is a new program that expands eligibility for Medical Assistance. It's for pregnant women and infants with a family income level up to 185% of the Federal Poverty Level.

The Community Services Offices (CSOs) are using changes in state and federal laws to provide medical coupons to more pregnant women and young children than ever before.

First Steps offers physicians a higher reimbursement for state-funded pregnant patients:

- Reimbursement for OB care and delivery from \$750 to \$850;
- \$100 for labor management;
- \$50 initial assessment fee;
- Up to \$300 for high-risk pregnancy management by trimester.

Physicians caring for First Step patients can contact the CSOs and request that the patient be referred to a case manager, support services nurse, or social worker who will reinforce the physicians advice and make sure the patient shows up for her appointments. Case managers can also assist in getting patients into drug and alcohol abuse programs.

Patients should be sent to a CSO because she may be eligible for a broad range of services including food stamps, dental care, and medical transportation.

The gross monthly income a family can earn and still receive medical assistance for a pregnant family member more than doubled on August 1, 1989. This is:

FAMILY SIZE	GROSS INCOME
2(1+ unborn)	... \$ 1,236
3(2+ unborn)	... \$ 1,551
4(3+ unborn)	... \$ 1,865
5(4+ unborn)	... \$ 2,180
6(5+ unborn)	... \$ 2,494
7(6+ unborn)	... \$ 2,809
8(7+ unborn)	... \$ 3,123

In addition, more program continuity accompanies the expanded eligibility standards. Once a woman begins to receive medical coupons, the coupons will continue unchanged throughout her pregnancy unless she moves to another state.

The CSOs are using a shortened application form and process. The applications may be filled out at the Health Department or a Community Health Care Delivery System. The goal of these changes is to make CSO services more available. The CSOs will see new clients that are pregnant within 5 days and complete processing the

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PCMS Newsletter is published eight times a year by PCMS membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the health and medical welfare of the community.

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. We welcome and invite your letters, comments, ideas, and suggestions.

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Pierce County Medical Society

223 Tacoma Avenue South

Tacoma, WA 98402 (206)572-3666

applications within 15 days. CSO's in the Tacoma area have also established expedited appointment slots for pregnant women to ensure a 5-day time frame. When an applicant first requests an appointment, she is interviewed by a financial screener.

A media campaign is planned to heighten public awareness of the need for prenatal care and good health habits.

The campaign should cause more pregnant women to seek prenatal care. More physicians will be needed to provide these women with prenatal and delivery care.

If you are willing to serve First Steps obstetrical patients, call 591-6428.

Have your billing staff call (206) 586-6478 to make sure you are bill-

ing correctly for high risk First Steps patients. New codes have been set up. Let your staff know First Steps is a new state-funded program to help low-income (working and non-working) pregnant women obtain needed prenatal care.

Make sure every one on your staff knows DSHS CSO is the point of entry for First Steps patients.

Give the DSHS CSO telephone number to low-income pregnant women who come into your office seeking prenatal care. They need to go to a CSO to be eligible for First Steps coverage. They may be eligible for other benefits. If in doubt, refer!

You may request a case manager to manage your First Steps patients (reachable through DSHS CSO). For more information, please call Allison Kemmer, First Steps program, 596-2874.

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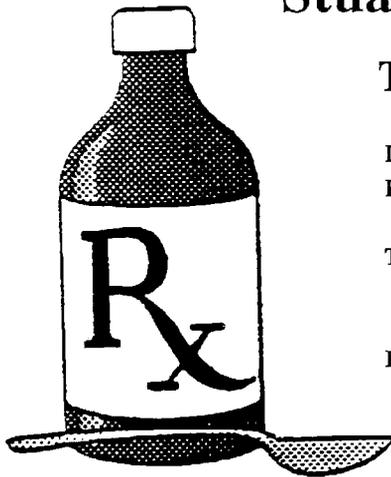
presents

“Palliative Medicine; An International Experience Is Pierce County Ready for It?”

featuring

Stuart J. Farber, M.D.

Tuesday, October 9



Date: Tuesday, October 9
Place: Fircrest Golf Club
6520 Regents Blvd
Time: Cocktails 6:00 PM (no host)
Dinner 6:45 PM
Program 7:45 PM
Price: \$15 per person *
**\$17 per person if registering day of meeting*

Reservations requested by Friday, October 5
Spouses are invited!

REGISTRATION

Yes, I (we) have reserved the evening of October 9 to join members of the Pierce County Medical Society at their October General Membership Meeting.

Please reserve _____ dinner(s) at \$ _____ per person (meal, tax, and gratuities included).

Enclosed is my check for \$ _____.

Dr. _____

Please make check payable to PCMS and return no later than Friday, October 5, 1990.

***DAY OF MEETING REGISTRATION FEE – \$17.**

President's Notes

As the holiday season draws near, the Auxiliary of the Pierce County Medical Society will be sending their request for donations to the American Medical Association-Education and Research Foundation Student Assistance Fund (AMA-ERF). AMA-ERF is a scholarship fund distributed to medical schools nationally and to deserving students locally. Each of us who contribute are listed on the Christmas cards sent to all members of the Medical Society each year.

Last year, \$36,000 was raised in Washington State, and of that, \$15,000 was raised in Pierce County alone. Much of the \$36,000 went to the University of Washington Medical School. This is another demonstration of the leadership in Pierce County which is an example for the entire State of Washington.

This year's AMA-ERF effort will be chaired by Sandy Shrewsbury and requests will be mailed in mid-October. I challenge all of the

members of the Medical Society and Auxiliary to participate. Those of you who have never donated are encouraged to do so and those of you who have donated in the past are asked to think about increasing your contribution. My challenge to you is to raise \$20,000 this year for this very worthwhile cause.

Trudy and I will be writing our annual check in late October—please join us. GRK

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NEWS BRIEFS

1991 BUDGET APPROVED (No Dues Increase)

At its September meeting, the PCMS Board of Trustees approved the proposed 1991 Budget. The budget is based on 585 full-dues (\$285) paying members. No dues increase is planned.

Projected income for the year is \$223,612, with expenses matching income. Non-dues income is expected to be approximately \$57,000. This income is derived from investments and loan and salary reimbursements from Membership Benefits Inc. (MBI), the Society's for-profit subsidiary.

The Pierce County Medical Library will receive quarterly payments of \$11,790, totalling \$47,160 for the year. This is a 4% increase over 1990 expenditures. The cost to support the library is \$80.62 per member.

A major change in expenses is the reduced cost of leasing office space from MBI. In 1990, the Society paid \$17,800 in rent. The 1991 cost will be \$11,000. It should be noted the office building at 223 Tacoma Avenue South was purchased through MBI to take advantage of tax considerations.

If you would like a copy of the budget, please call the Society office and one will be sent to you. MBI's budget will be presented to the MBI Board in December.

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PCMS Members Appointed to Nominating Committee

At the September 11 PCMS General Membership Meeting, members appointed four candidates to the Nominating Committee. The Nominating Committee will select the officers and Board of Trustees for PCMS for the coming year. *Drs. Robert A. Thiessen, John H. Rowlands, Donald C. Weber, and Michael L. Halstead* were confirmed by a general vote. The Nominating Committee consists of the president, *Dr. Gordon R. Klatt*, who

serves as chairman; the president-elect, *Dr. William G. Marsh*; the vice president, *Dr. John B. Coombs*; the secretary-treasurer, *Dr. Joseph H. Wearn*; the immediate past-president, *Dr. William T. Ritchie*; and the four at-large members elected to the committee at the membership meeting.

Anyone who would like to nominate a candidate, or who is interested in holding an office, contact one of the committee members.

We Have a Fax!

PCMS now has a FAX machine. Our FAX # is 572-2470.



Medical Society Space Available

The PCMS office staff moved into the Medical Society's new office building at 223 Tacoma Avenue South on May 1. Currently, we have four tenants leasing space from Membership Benefits Inc., the Society's subsidiary. Office space (approximately 1000 sq. ft) is available on the lower level for \$600 a month which includes utilities and parking.

Effective October 1, the Prenatal Clearinghouse will be occupying an office in the Society building. The Clearinghouse will be responsible for distributing information and services relating to the needs of pregnant women and women anticipating pregnancy.

Currently, access to prenatal care, pregnancy testing, and family planning services is severely restricted in Pierce County. Womens' inability to obtain these services has led to inappropriate use of existing services and a significant strain upon care providers and women in need within the county.

The Clearinghouse is intended to establish a service which facilitates appropriate use of existing services (physicians/midwives, medical support, and social) in a timely fashion and promotes a favorable distribution of women without easy access to providers. In addition, a centralized registry of services will provide up-to-date information on available resources and reduce "dead-end referrals" to agencies with depleted or non-existent resources.

The Clearinghouse is a joint project of the Medical Society and the Tacoma/Pierce County Health Department. Financial backing is provided by the First Steps Legislation (HB 2244) to Pierce County as a "distressed county" for prenatal care. Eventually, the Clearinghouse staff will consist of a public health nurse and two outreach workers.

Bylaws Amendment Approved

At the general membership meeting held September 11 at Fircrest Golf Club, PCMS members voted to approve the proposed amendment to PCMS Bylaws permitting osteopath members to belong to either WSMA or WOMA. Osteopaths who wish to belong to the Pierce County Medical Society are no longer required to belong to the Washington State Medical Association. Instead, they may choose between the Washington State Medical Association (WSMA) or the Washington Osteopathic Medical Association (WOMA).

The amendment was proposed in response to a PCMS survey of 40 Pierce County osteopaths who indicated an interest in joining the Medical Society, but did not want to belong to two state organizations. However, osteopaths who choose to belong to WOMA may not be a delegate to the House of Delegates of the WSMA unless they are also a member of WSMA.

Of the 40 osteopaths in Pierce county, 14 are currently PCMS members. Twenty-two have expressed an interest in membership. Speaking informally during discussion of the amendment, Mr. Tom Curry, executive director of WSMA, stated this issue is one of 49 resolutions in the WSMA House of Delegates handbook which will be addressed at the WSMA convention later this month.

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NEWS BRIEFS

Bike Club Schedules Ride to Vashon Island & Pioneer Square

The PCMS bicycle club has scheduled its first ride for Saturday, October 6, 1990.

The group will meet at 8:30 AM at the Point Defiance ferry terminal and will catch the 8:30 AM ferry to Talequah (Vashon Island). We will ride the length of the island (12 miles, and it is hilly) and catch the 10:45 AM Fautleroy ferry to West Seattle.

We'll disembark at Fautleroy and ride along the scenic coastline of Lincoln Park into Alki Beach (bakery) area, around to the West Seattle Bridge where we will catch a shuttle to the other side and ride along the Seattle waterfront to Pioneer Square (11 miles).

We can lunch at the J&M cafe in Pioneer Square (superb hamburgers, salads, soups) which is known far and wide amongst gastronomes. Ice cream parlors and bakeries are nearby as well as the Elliott Bay Bookstore.

We will return to Talequah via the outbound route. The trip is approximately 45 miles and we should average about 10-12 miles per hour. Plan to be back at Point Defiance by 6:00 PM.

It should be fun, so try to make it and please bring your friends. . . . As a precaution, don't forget your rain gear!



Provocative Speaker . . . Provocative Topics Set For December 11 Meeting

The Morning News Tribune's political cartoonist, Steve Benson, will address the PCMS Annual Meeting on December 11. Mark your calendar.

Anyone who has heard Steve Benson knows that his talks are as enjoyable as his cartoons are stimulating. Since arriving in Tacoma, Benson has lampooned

institutions and individuals alike; taking aim at targets such as the Simpson-Kraft mill and Lillian Barna, Superintendent of Tacoma Schools. No one is sacred in the eyes of Mr. Benson.

Plan on an enjoyable, festive occasion to see old friends and partake in an evening of fun.

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“Medicine in Kenya/Nigeria”

Featuring

Joseph Wearn, M.D. and Pat Wearn, R.N.

Date: Wednesday, October 24, 1990
Time: Lunch 12:00 p.m.
Program 12:45 p.m.
Place: Tacoma Dome Hotel (Quality Inn)
Hickman Room
2611 East “E” Street
Price: \$10.50 per person

To register, please complete the attached registration form and return it with a check payable to PCMS (in the enclosed envelope) or call the Medical Society office at 572-3667 to confirm your attendance by Friday, October 19.

Registration

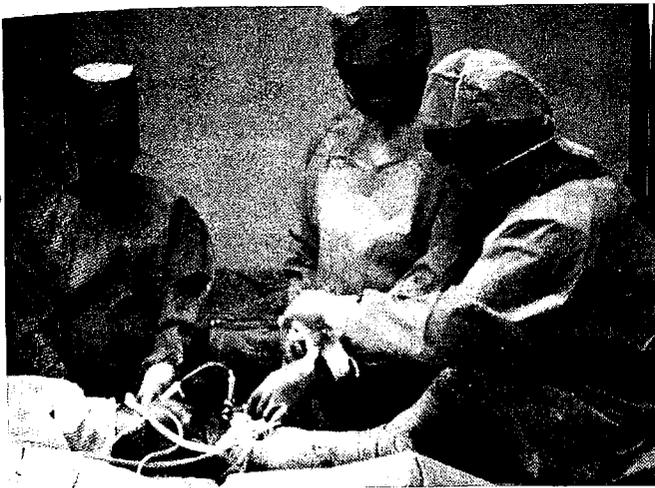
Yes, I (we) have reserved October 24 to join retired members of the Pierce County Medical Society at the “*Medicine in Kenya/Nigeria*” Luncheon.

Please reserve ___ lunch(es) at \$10.50 per person (tax and gratuities included). Enclosed is my check for \$_____.

___ I regret that I am unable to attend the lunch portion of the meeting.
I will attend the program only.

Dr. _____

Return no later than Friday, October 19, 1990.



Dr. Ozolin Trains Mexican MDs in Exchange Project

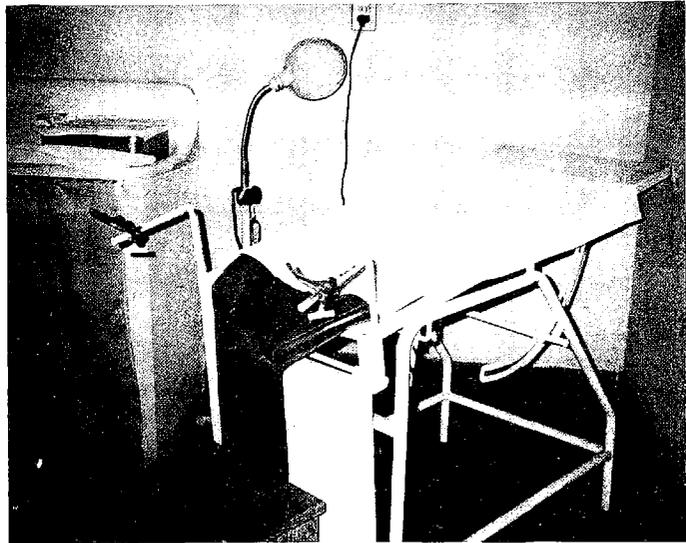
Dr. Arthur Ozolin (center) operates with Dr. Mario Castellanos (right)

The week of August 19th, Dr. Arthur Ozolin, orthopedic surgeon and PCMS member hosted Dr. Mario Castellanos of Mazatlan, Mexico as part of an ongoing medical exchange of orthopedic surgeons.

Dr. Castellanos was in the United States learning more about the techniques first demonstrated by Dr. Ozolin in a trip to Mexico this spring.

In March, Dr. Ozolin headed a team of volunteers from Tacoma which took \$50,000 worth of used and donated orthopaedic equipment to the Hospital Generale in Mazatlan. While there, Dr. Ozolin demonstrated arthroscopy techniques for Mexican physicians. Commonplace in the United States, the procedures Dr. Ozolin demonstrated were previously performed in only two cities in Mexico—Mexico City and Guadalajara.

By any standards, operating conditions in Mexico are primitive. Hospitals rely on open windows for ventilation, and do not routinely sterilize equipment. Because of holes, Dr. Ozolin wore three pairs of gloves while operating.



A typical Mazatlan examining room

Unlike many other exchanges, Dr. Ozolin's involvement is not limited to one or two visits. Another visit to Mexico is planned for early next year. Said Dr. Ozolin, "We're interested in making a long-range impact." The project still has many needs, both in people and equipment. Any physician who would be interested in participating in a future trip to Mazatlan, or who could donate equipment, contact the PCMS office.

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From left—Drs. Nancy W. Dickey, Leonard Alenick, Gordon Klatt

AMA Trustee Nancy Dickey, M.D. Visits Pierce County

Nancy W. Dickey, M.D., past Chair of the prestigious AMA Council on Ethical and Judicial Affairs and the first woman to sit on the AMA Board of Trustees visited the PCMS on September 11. Dr. Dickey, a family physician hailing from Richmond, Texas met with the Pierce County Chapter of the American Academy of Family Physicians at their monthly meeting at Allenmore Hospital.

She related many issues that AMA is involved in and urged all members to become more active, particularly on the political scene. Dr. Dickey commented on HCFA actions concerning the CLIA Act of 1990, and asked everyone present to write HCFA and their Congressman, telling how the Laboratory Bill will impact patient care. "Physicians can no longer afford the luxury of remaining silent,

but must get to know their legislators and become involved," she said.

She suggested that physicians know who the JCAHO Commissioners are and to actively communicate with them. Dr. Dickey is concerned that legislators are becoming more and more involved in ethical issues, particularly since the Nancy Cruzan case, and it is crucial that medicine's voice be heard on the issue.

Dr. Dickey then did a media tour of Seattle radio stations and an interview with Seattle P-I. Interviewers on KIRO-AM and KING-AM and the P-I were primarily interested in medicine's view of Initiative 119 (Death with Dignity). Dr. Dickey did a marvelous job of explaining why the majority of physicians oppose the Initiative. Katie Bender, WSMA Director of Public Affairs, provided



Drs. Dickey, Alenick, and John Coombs

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From Left – New member Dr. Nicholas Rajacich, his wife Melinda Rajacich, and Dr. John Coombs

invaluable assistance in organizing the media tour.

Initiative 119 makes a quantum leap between relieving pain and suffering and actively facilitating death. The "1989 Current Opinions of the Council on Ethical and Judicial Affairs of the AMA" state "a physician may do what is medically necessary to alleviate severe pain, or cease or omit treatment to permit a terminally ill patient to die when death is imminent.

However, the physician should not intentionally cause death."

It appears Initiative supporters will have enough signatures to present it to the Legislature in January. The Legislature may adopt it, or may elect to do nothing and send it to the voters to decide in November 1991. We will be seeing a lot of Initiative 119 in the future. If you would like a copy of Initiative 119 and/or a WSMA position paper, call the Society office.



From left—Drs. Juan Cordova and George Tanbara



Drs. Gordon Klatt and John Coombs greet new member Dr. Nicholas Rajacich

There are several ways to get help with a problem patient. One can call a colleague, grab a textbook, get in touch with the medical librarian, or most often, seek out a reference in your own files. The problem I'll address is how to bring order to these reprints or citations.

Reading the articles is enough of a hassle and any further work must be minimal and useable.

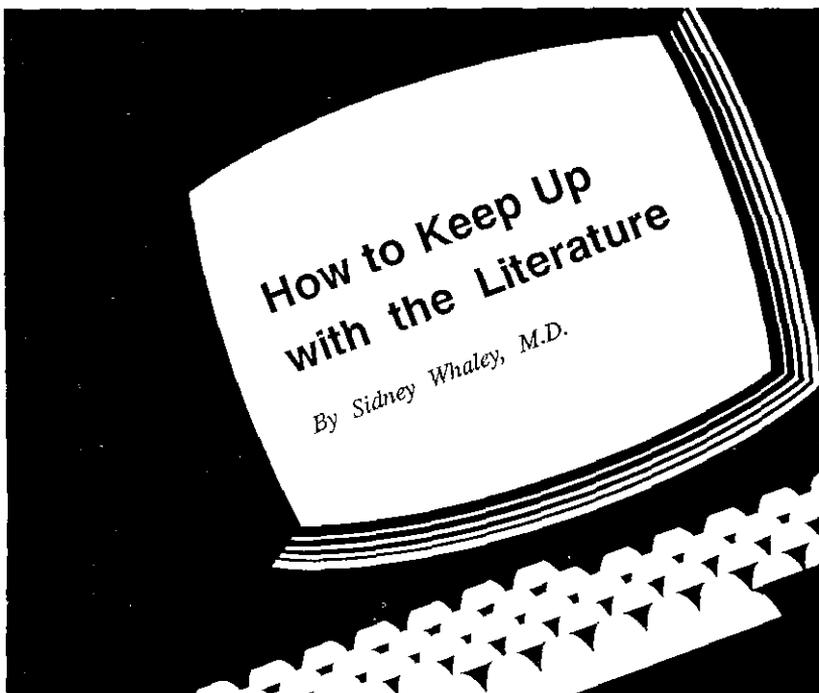
For years I have used a manual system, tearing out articles I want and storing them in manila folders. I initially used a table of contents from a large Textbook of Medicine (or Surgery or OB-Gyn as the case may be). I then developed a numerical code for each topic which I assigned to each folder and once a month I went through the tear outs (or citations if you bind your journals) and sorted them into the right folders.

As I would insert new articles I would glance through the folder and discard old (and yellowing) articles I had never looked at, keeping my reprints to a two filing drawer limit. Try as I might, I found I would make different choices on different occasions for the same topic, e.g. filing pneumocystis under AIDS one time and under pneumonia another. I never knew what to do with review articles such as rashes in the newborn, which covered a number of topics.

There are a number of computer databases available and some specifically designed for bibliog-

raphies. They run from \$500 up with different add-ons and are intended to turn out bibliographies according to the specific protocols of different journals (for the publish or perish brethren). Reference Manager is one of the oldest and best established.

A new software called Papyrus costs \$100 and is produced in



Portland. As best I can tell it does all the things the more expensive ones do including downloading references from modems directly into the database. I happen to use Grateful Med to connect to Medline, but Dialog or BRS/Colleague will also work. If this confuses you, don't worry, I will concentrate on articles in hand.

To enter an article in Papyrus you must have an author and a title. To be complete, you also need a date, a volume, and a page for the journal. If some of the data is missing, it is flagged as incomplete but can

be entered later. Any attempt to enter the same article twice will be quickly noted and blocked.

There is an entry called "file also" where I stick my numerical code for the file folder. The big advantage however, is the entry for keywords. These are usually MESH (Medline medical subject headings) and can include any number of subtopics.

This is great for general headings and I can list all the conditions cited in the article. I can stick in such general themes as surgery, child, abnormalities (MESH for congenital), neoplasms, etc. The final entry "comments" is where abstracts can be put. As a dermatologist, I am more interested in the pictures than the text so I don't use this as much.

For those with a large file already, just loading the new articles would be a way to start. I elected to load one article for each of my folders

and now have 500 articles in my database. I have been able to flag my "incomplete articles" and fill in the blanks at the medical library. I have been able to flag those references with good color pictures. Most important, I don't have to call my colleagues as often to find out what diagnosis I might not be considering.

Papyrus is available at Research Software Design, 2718 SW Kelly St., Suite 181, Portland, OR 97201,

Continued on next page . . .

(503) 796-1368. They have been very patient with phone queries, unlike giants like Microsoft. I am using it on an IBM 386 machine, but understand a Macintosh version is being created. If you don't know what a computer is, and modem and database sound like science fiction to you, forget the above article or come to the Medical Society Computer User Group meetings. They are held on the last Wednesday of the month, 7:30 p.m. at the Medical Society office .



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6:45 P.M. DINNER (FILET MIGNON OR FILET OF SALMON)
7:45 P.M. ENTERTAINMENT PROVIDED
BY PIERCE COUNTY PHYSICIANS

A special award will be given for "THE BOSS OF THE YEAR"

To nominate your Boss for this award, send your one (1) page nomination to
PCCMA, 223 Tacoma Avenue South, Tacoma, WA 98402.
Explain how your boss "soars" in the following categories:

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- 2) APPRECIATION OF STAFF
- 3) PROFESSIONAL STANDARDS AND ETHICS
- 4) PARTICIPATORY MANAGEMENT STYLE
- 5) INTER-PERSONAL SKILL

Please limit your nomination to one (1) page. Nomination letters will be displayed on Bosses Night.

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C . O . M . E . N E W S

Depression Program Set for November 9th

The College of Medical Education's second program of the year - Depression: Diagnosis and Treatment is set for Friday, November 9th. The program will be held at St. Joseph's Hospital's Conference Center in the South Pavilion, Rooms 3A and B.

The conference was organized by Eric Luria, M.D. and Catherine Luria, A.R.N.P. and is designed for primary care providers. Plans include a review of the initial

diagnosis of depression, long term management, and relapse prevention. New medication, treatment modalities, and other common psychiatric problems will also be covered.

The program will feature a quality faculty including Dr. John Feighner, an associate clinical professor from the University of California at San Diego and Dr. Carla Heller-son, from the Sleep Disorders Center at Providence Medical Cen-

ter. Drs. Edward Walker and Nicholas Ward from the School of Medicine's Psychiatry Department at the University of Washington will also be present. Locally, Fletcher Taylor, M.D. and Pearl Rose, C.M.H.C. will address the conference.

The program offers 7 Category I credits for both the AMA and AAFP. Specifically, the course will:

- Describe common clinical presentations of depression
- Outline selection of appropriate pharmacological agents
- Outline regimens for newer pharmacological agents, augmenting agents, and other treatments such as light therapy.
- Describe strategies for dealing with the refractory patient.
- List community resources for crises intervention, psychotherapy, and self-help programs.

The agenda will cover:

- Recognition and Diagnosis of Depression
- Treatment of Depression
- New Treatment Options: Utilization of New Drugs
- Treatment of Refractory Depression: Long Term Care and Prophylaxis
- Box Lunch Discussion: Questions and Answers

Continued on next page . . .

C.O.M.E. 1990 - 91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1990		
Thurs., Fri. October 18 & 19	Common Office Problems	Mark Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri. November 9	Diagnosis and Treatment of Depression	Eric Luria, M.D.
Thurs., Fri. December 6 & 7	Advanced Cardiac Life Support	Mark Craddock, M.D.
1991		
Thurs. January 17	Law and Medicine Symposium	David Condon, J.D. Marcel Malden, M.D.
Fri. February 8	Review of HIV Infections	Alan Tice, M.D.
Weds.-Sat. February 27 & 28 March 1 & 2	Sun Valley Program	Mark Craddock, M.D. Stuart Fraed, M.D. John Lenihan, M.D.
Thurs., Fri. March 14 & 15	Tacoma Academy of Internal Medicine	Amy Yu, M.D.
Fri., Sat. April 12 & 13	Surgical Club	James Stillwell, M.D.
Fri. May 10	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Fri. May 31	Office Gynecology	John Lenihan, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.

Clip and Save!

Continued from page 14 . . .

- Seasonal Affective Disorder
- The 10% of Patients Who Take 30% of Your Time
- Anxiety with Depression: Implications for Treatment
- Managing the crisis patient in Pierce County: Community Resources & Support Groups.

ACLS Provider Course Scheduled

One of two yearly Advanced Cardiac Life Support Provider certification classes is scheduled for December 6 & 7.

The course is certified by the American Heart Association and offers physicians 16 Category I credit hours by AMA and AAFP.

This ACLS course is coordinated by Mark Craddock, M.D. and will be held in the Jackson Hall Medical Center. Registration brochures will be mailed in early October. For information, call the College of Medical Education at 627-7137.

Common Office Problems Program Designed for Primary Care Physicians

The very popular and traditional Common Office Problems program contrives to attract primary care physicians. This year's program, as in the past, focuses on subjects most pertinent to the primary care provider.

The program is scheduled for Thursday and Friday, October 18 and 19 at Jackson Hall auditorium. Organized by Drs. Mark Craddock, Kirk Harmon, and Tom Herron, the conference offers half day sessions on pediatrics, internal medicine, pharmacology, and infectious disease. Each half day session is comprised of five individual presentations within that category.

The program is accredited for 14 Category I hours for both AMA and AAFP and features a quality faculty of local and Seattle physicians. Participants may attend both full days or individual half-day sessions. This year's Common Office Problems program will feature:

Pediatrics—focusing on Childhood Injury Prevention, Food Allergies, Asthma, Obstetric Sleep Apnea, and Home IV Therapy.

Internal Medicine—featuring the Labile Type I Diabetic, Common

Dermatologic Problems, Treatment Options for Hyperthyroidism, and the role of MRI for the Primary Care Physician.

Pharmacology—Management of Coronary Artery Disease, Hypertension, Parkinsons, Headaches, and Osteoporosis/Osteopenia.

Infectious Disease—including Herpes Simplex, Traveler's Related Illnesses, Vaginitis and Urethritis, and HIV.

Time to Make Sun Valley CME Plans

October is the time for ski enthusiasts to make plans for that annual snow ski vacation. This year, Pierce County Medical Society members may enjoy a custom CME program, a ski vacation, and Sun Valley, Idaho.

The College of Medical Education's first "resort" CME program is set for February 27-March 3 at Sun Valley's Elkhorn Resort. The program includes quality CME, major savings, tax advantages, and a great mid-winter family break. For further information, or a registration form, call 627-7137. Think Snow!

Tacoma-Seattle

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Contact: Andy Tsoi, M.D.: 537-3724
Bruce Kaler, M.D.: 255-0056.

AUXILIARY NEWS

**Thank You...
Thank You...**

The "After--Hours Clinic" and its parent group, the Independent Practice Association, a group of community Family Practice physicians, have generously donated \$1500 to the PCMSA to be used for our philanthropic outreach. We appreciate the contribution and will use it assisting a worthwhile charity in the Tacoma--Pierce County area.

Auxiliary Meeting Notice

The PCMSA meeting is Friday, October 19, 10 AM, at the Fircrest Golf Club, 6520 Regents Boulevard, Fircrest.

Bring a guest for a fashion show and lunch. VIVA Fashions will present the latest in women's fashions and accessories. BUBBLE GUM APPAREL will show trends for the well dressed child. Our own Denise Snodgrass, regional cruise expert with CRUISE EMPORIUM can help you plan a winter getaway.

Reservation deadline is October 11. Send check payable to PCMSA for \$12.25 per person to Jerol--Ann Gallucci, 7709 Zircon Drive SW, Tacoma, WA 98498 or Leigh Ann Yuhasz, 3203 Horsehead Bay Drive NW, Gig Harbor, WA 98335. Your cancelled check is your receipt.

We are collecting toys for the children at the YWCA Women's Support Shelter again this holiday season. Please bring an unwrapped toy to the meeting.

Phonathon

On October 17th we will be having our PHONATHON MEMBERSHIP DRIVE. Several loyal auxiliary members will be phoning to remind you to pay your dues. If you would like to avoid a dinnertime call, send your dues to Alice Yeh before October 17.

PIERCE COUNTY MEDICAL SOCIETY AUXILIARY DUES

	Regular	Widow/Retired	Newcomer	Student/Resident
National	\$20	\$20	\$20	\$7.50
State	\$30	\$21	\$20	\$2.00
County	\$15	\$10	\$10	\$10.00
Total Dues	\$65	\$51	\$50	\$19.50

Please circle amount paid, make check out to PCMSA, and mail by September 15 to:

Alice Yeh
2810 Vista View Dr N
Tacoma, Wa 98407

Name: _____

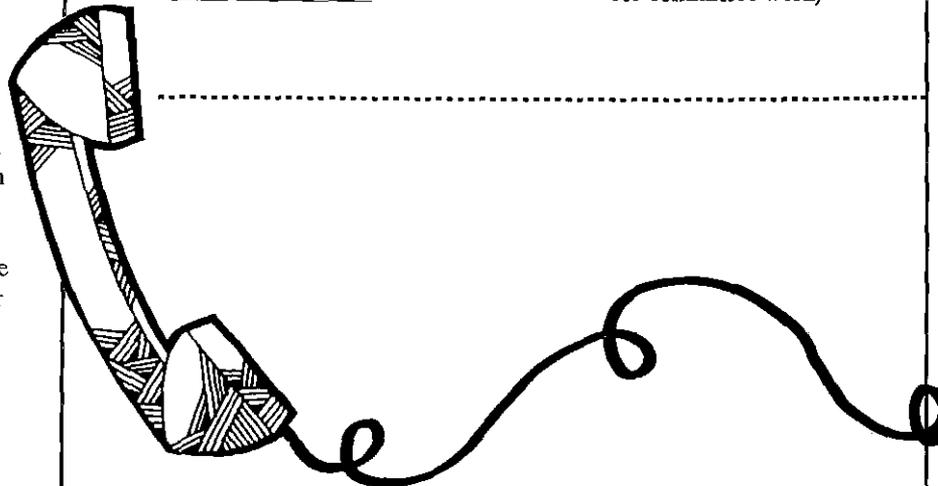
Enter below changes to your membership listing. Type of membership?

Address: _____

Participating

Phone: _____

Supporting (no calls for committee work)



AUXILIARY NEWS

A Challenge from the President of the Pierce County Medical Society — Make 1990 a Banner Year

This year's AMA-ERF fundraiser will be kicked off in late October and I challenge all members of the Auxiliary and Medical Society to participate. It is an excellent cause and also a good way to greet other Society and Auxiliary members through the annual Christmas card.

In the past, Pierce County has been the leading contributor in the State. Last year we raised over \$15,000 while the total for the entire State was \$36,000.

I challenge our county this year to raise \$20,000. This can only come about if members who have not contributed in the past join those of us who have. Watch for the mailing in late October and lets raise \$20,000 to help needy medical students during a time when they need our help and encouragement.

You Can Make a Difference!

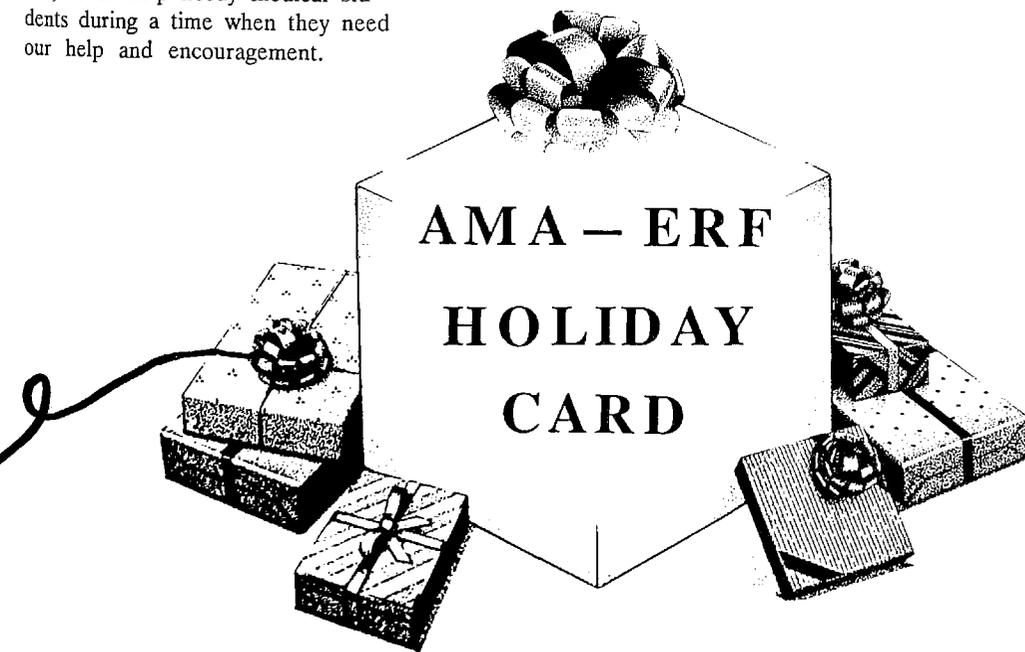
The PCMS Auxiliary Nominating Committee will begin meeting in October to select the slate of officers for 1990-1991. The Executive Committee positions to be filled are: President-Elect; 1st VP-Program; 2nd VP-Membership; 3rd VP Bylaws/ Historian/Parliamentarian; 4th VP-Arrangements; Recording Secretary; Corresponding Secretary; Treasurer; and Dues Treasurer. Please call Alice Wilhyde, 572-6920 if you are interested in serving on the board.

Papercutter Deadline

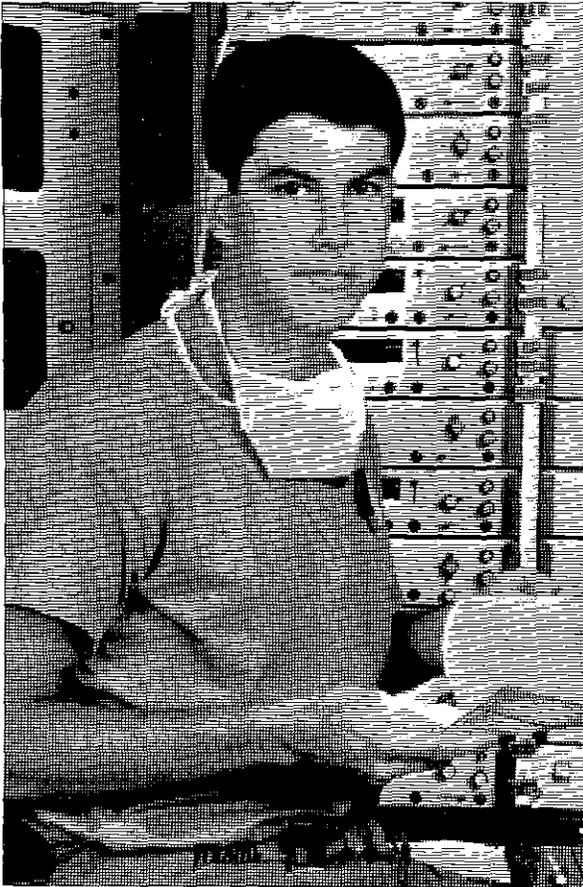
Get your orders in by October 19 for this terrific gift wrap! If you need a catalog they will be available at the membership meetings. Call Bev Law if you have questions.

AMA-ERF Holiday Card Kick-Off

All Pierce County physicians will receive a letter from Sandy Shrewsbury and Terri Stewart telling them about this years AMA-ERF holiday sharing card. The holiday sharing card will be designed by our own local Auxilian artist, Barbara Wing. Save yourself the expense and labor of addressing all those cards to medical friends and let your Auxiliary committee do the work. It is an easy way to send holiday greetings while supporting the medical school or medical research of your choice. All funds are payable to AMA-ERF. Your donations are tax deductible. Pierce County has been number one in donations in Washington for many years. Keep up the good work. Watch for your letter coming soon with all the information you need to make 1990 a banner year for AMA-ERF.



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FULL TIME FACULTY POSITION at University of Washington-affiliated Family Practice Residency program in South Seattle area. Board certification and OB experience preferred. New opening created by program expansion. Interested in joining us? Please send letter and CV to Drew Oliveira, M.D., Program Director, Valley Family Care, 3915 Talbot Rd. S., Suite 401, Renton, WA 98055.

- CORRECTION -

In the September Newsletter, we incorrectly printed Dr. Rachael D. Dawson's office address as 7107 95th Ave SW. Dr. Dawson is practicing with Dr. Matthew White at:
11311 Bridgeport Way SW, #304, Tacoma

Office Space

FEDERAL WAY PSYCHIATRY
Board Certified Psychiatrist seeks other mental health professionals to lease office space in new free-standing building in Federal Way. Sound-proofing, carpeting, access to group room, private quiet area. Additional support services available by contract. Available now. Contact Maria between 8-2 M-F. 927-4837

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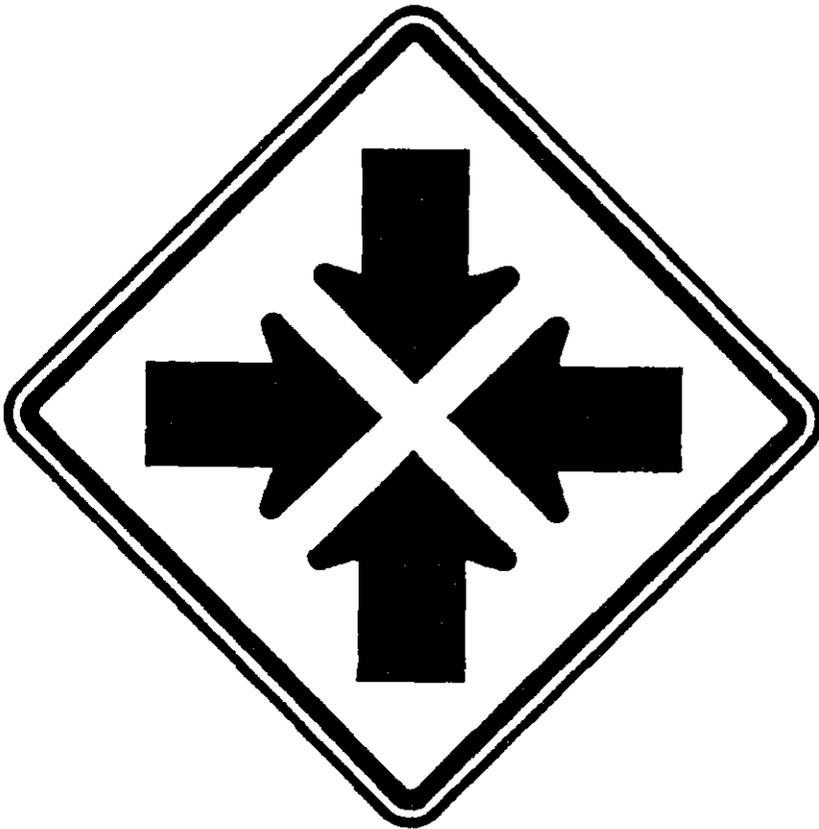
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The Bulletin

Pierce County Medical Society

November 1990



HEALTH CARE AT THE CROSSROADS

1990 ANNUAL MEETING

WSMA

Inside . . . "There Are No Easy Answers"

**Yes,
We
Can**

PD&T

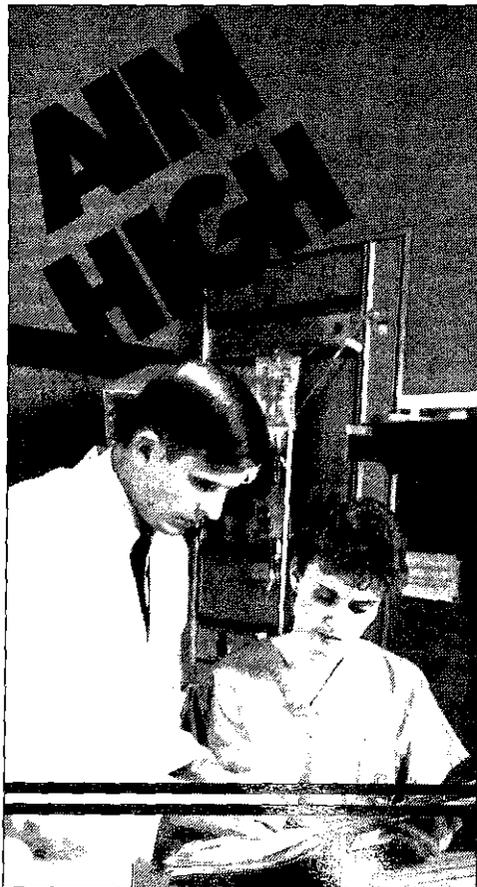
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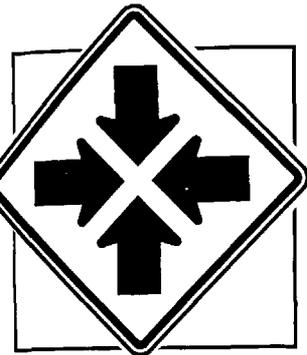
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The Bulletin



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1990 WSMA Annual Meeting* 5

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The Bulletin is published quarterly in February, May, August, and November by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in The Bulletin are the first of the month preceding publication (i.e. Oct 1 for Nov issue).

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Active or Passive

The Physician's Role In Planning a Health Care System

Do we have control over our own destiny as physicians in the years to come? There are those who would categorically answer no. I would agree, if we as a profession are not willing to provide input to society as to what changes should be made. However, in my opinion, we can affect some control by providing input and demonstrating our willingness to make contributions and yes, even concessions, to solve the tremendous dilemma we face in this country regarding health care costs and accessibility. Concessions and contributions must also be made by the legal system, business, hospitals, drug companies, labor, government, and the general public. We must demonstrate our good faith by being willing to give up some things up front as well as explain what we've already given up, expecting the same in return from other groups.

Some members of our profession say we should not be willing to make concessions; however, it is my feeling that if we do not attempt to be part of the solution we will lose much more in the changing process. We will be delegated to playing the role of a pawn in the hands of government, business, labor, and the legal system.

Can things get worse than they are now? You bet they can. We must work as a profession to provide the best possible health care system for our patients. It is imperative that we focus on the needs of our patients first as this is what our profession is all about. Our own personal needs must be addressed, but only after considering the needs of our patients. This may sound idealistic, but again, I believe this is what our profession's role is as I look at the

big picture. These are uncomfortable and disturbing ideas, however, the problems cannot be avoided. Something must and will be done to change our health care system.

What can we do as individual physicians, whether we are in private practice, hospital based, military or government employed, or members of an HMO? All of us must become involved demonstrating as much unity as possible in representing the medical profession. Involvement in professional societies and medical societies and associations at the local, state, and national level by every one of us will give us the strength in numbers and dollars to accomplish a role in forming a new health care system that is the best in the world from the patients standpoint. If we are to fulfill our role as patient advocates, this is what must be done. We must become part of the solution and not just remain part of the problem.

I thank you all for allowing me to represent you as president of the Pierce County Medical Society this past year. Thanks, also, to all the physicians who have been involved this year, especially the members of the Board of Trustees and members and chairmen of our committees. Our entire staff also needs a big thank you from all of us for providing the glue that keeps us all together in our multiple activities.

I intend to remain involved and I challenge you to do the same.

GRK

Doctors Urged To Get Involved, Talk To Patients About 'Access'

The big banner behind the speaker's podium advertised the theme of the WSMA 1990 annual meeting in Spokane last month and hinted at WSMA's key priority for the 1990-1991 year. Throughout the deliberations of the House of Delegates, physicians could look up and read the words, "Health Care at the Crossroads."

Health care is at a crossroads, WSMA leaders said, because too many people in this state have too little access to health insurance coverage. Politicians are busy devising schemes to fix what they see are the current system's weaknesses. So far, the proposed solutions have as many shortcomings as the problems they propose to solve, noted several speakers.

WSMA's Health Access Task Force presented a lengthy report at the meeting that contains recommendations to further develop WSMA's position on the entire issue. A slightly amended version of the report was approved by delegates.

Delegates directed the task force to make "explicit recommendations on what constitutes basic health care services and to define a recommended basic health care insurance benefit package." The task force is to report again to the 1991 House.

This past summer WSMA commissioned the Health Policy Analysis Program at the University of Washington to develop a series of models on how health care financing and administration might be restructured. The intent of the models was to reduce the administrative burdens on health care providers and the system as a whole. The House directed work on these models to continue and called for recommendations to be presented to the 1991 House.

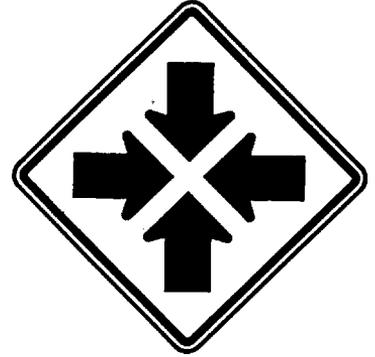
Several past WSMA presidents appeared in a video to remind the delegates that they can make the difference on the access issue, just as they did on tort reform in 1986 and Initiative 92 in 1987. Said Rick Johnson, M.D., president of WSMA in 1986-87, "We need to have a dialogue with patients on access, so that we come up with workable solutions."

Guest speaker Nancy W. Dickey, M.D., of Texas, said, "We can't save it [health care system] by simply defending it against its detractors. Doctors should promote proven utilization review. We should continue to develop practice parameters. They're not cook-books. We should be looking for good measurements of quality."

More . . .

on the 1990 WSMA Annual Meeting beginning on page 22 . . .

Health Care at the Crossroads



1990 WSMA Annual Meeting

Commission Sets Priorities

The Health Care Cost and Access Commission identified work priorities at a two-day strategic-planning retreat in late September. Priorities include:

- collecting good data to evaluate cost-effective care and to help identify variables that increase health care costs;
- comparing benefits between single and multi-payor systems;
- examining the effects of defensive medicine on malpractice premiums.

The commission will also analyze how changes in medical malpractice and liability insurance could decrease health care costs and increase access to health care for everyone. At the retreat, the commission agreed that funding for increased access should be broad-based, a position strongly supported by the WSMA.

More than 120 individuals attended the meeting, representing health care professionals, business, labor, state agencies, insurers, and patients. The WSMA was represented by President-elect James T. Kilduff, M.D., of Bremerton.

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Nominating Committee Makes History

The Nominating Committee met September 25 and nominated Dr. Eileen Toth for PCMS President-Elect. Dr. Toth is the first woman to be nominated for President of the Society. If elected, she will assume office in December 1991.

Dr. Toth, an internist, has practiced in Tacoma since 1975. She received her medical degree from Harvard Medical School and her internship and residency at Harlem Hospital in New York City. She has been very active in Medical Society activities serving as Director to Membership Benefits Inc. (a for-profit subsidiary of PCMS) 1984-87; PCMS Trustee 1987-88; Ethics and Standards of Practice Committee 1988-Present; and is just completing a year as President of the Allenmore Medical Staff. She is a member of WSMA, AMA, Tacoma Academy of Internal Medicine and American Medical Women's Association. Other nominees are:



Dr. Eileen Toth, PCMS President Elect

David E. Law, MD,
Internist, currently on the PCMS Board of Trustees and MBI Board of Directors was nominated for Vice President.

Joseph W. Wearn, MD,
Pediatrician, was re-nominated for Secretary-Treasurer. He was elected to the office in 1989.

Trustee Nominees (3 seats) are:
Estelle M. Connolly, MD
plastic Surgeon

Jonathon P. Bacon, MD
Orthopedic Surgeon

Ronald S. Goldberg, MD
Oncologist

Peter Kesling, MD
Ob/Gyn

David L. Lukens, DO
Family Practice

Alexander K. Mihali, MD
Internist

Robert W. Osborne, MD
Vascular Surgeon

Phillip S. Schulze, MD
Family Practice

Pierce County Active at WSMA Annual Meeting

PCMS Representatives at the WSMA Annual Meeting in Spokane, September 19-23, were active in many areas. **Drs. Dick Bowe, Charles Weatherby, and Richard Hawkins** were re-elected to the WSMA Board of Trustees and Dr. Leonard Alenick was re-elected as AMA Alternate Delegate. At the WSMA Hospital Medical Staff Section Meeting, **Dr. Leonard Alenick** was elected an alternate delegate representing hospitals of less than 100 beds and **Dr. Bill Marsh**, PCMS President-Elect, was elected alternate delegate representing hospitals with 100-250 beds. Those attending the Hospital Medical Staff Section Annual Meeting

heard speakers discuss the national data bank that went into effect September 1 and the experiences of Dr. Metts who underwent a Medicare audit of his Los Angeles practice in 1989. Medicare demanded that he refund them \$27,000. Dr. Metts appealed and fought the action. He related the ordeal of trying to contend with a huge bureaucracy.

"No Dumping Here: Violators Subject to \$50,000 Fines" was the topic of panel discussion on the transfer regulations as a result of COBRA. It was pointed out by Greg Miller, Attorney, that it is critically important that the hospitals do what is medically appropriate for the patient before transferring and that the receiving station must approve of the transfer.

It was also pointed out that on-call physicians who don't respond within a reasonable amount of time can also be held liable. Emergency room physicians are at risk as are Ob/Gyn and others on call. One member of the audience called it, "A mine field for medical directors."

PRO Peer Review inquiries

Utilization and Quality Control Peer Review Organizations, commonly known as PROs, are tasked to review medical services reimbursed by Medicare to ensure they are (a) medically necessary, (b) provided in an appropriate setting and (c) meet professionally recognized standards of care. Do you know what to do if you receive a PRO Quality Inquiry? The AMA has developed a brochure addressing how to respond to inquiries. If you would like a copy, call the PCMS office, 572-3667.

PRO Approval Required for Some Procedures

Effective November 1, 1990, the Health Care Financing Administration (HCFA) will implement new processing guidelines for claims on certain elective surgical procedures. Medicare will not make payment for some elective procedures unless the Washington Peer Review Organization (PRO/W) preauthorizes the service. After November 1, a beneficiary's physician must request approval from the PRO/W for certain elective surgical procedures whether performed in an inpatient, outpatient, or Ambulatory Surgical Center. Effective November 1, 1990, the assigned prior authorization number (PA) must be on the claim or payment will not be made. At this time, covered surgical procedures which require prior approval are:

- Cataract Extractions
- Carotic Endarterectomy
- Cholecystectomy
- Complex Peripheral Revascularization
- Coronary Artery Bypass
- Inguinal/Femoral Hernia Repair
- Major Joint Replacement
- Pacemaker Insertion
- Percutaneous Transluminal
- Coronary Angioplasty (PTCA)
- Transrectal Ultrasound of the Prostate (TURP).

A full list of CPT procedure codes will be mailed to physicians and clinics soon. If you would like a list of the procedure codes which will be affected, contact the PCMS office.

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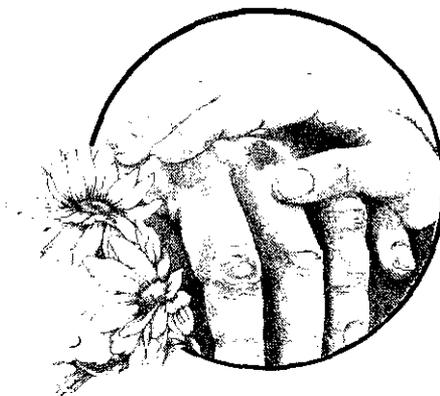
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Medical Director, John Atkinson, M.D.

North to Alaska



On Friday, August 9, 1991, members of the Pierce County Medical Society will set sail for the awesome sights of the last great frontier - Alaska. Dr. Bill Marsh, PCMS President-Elect and his wife Errollyne will head the group. Sailing from Vancouver, B.C., PCMS members will spend seven days on the luxurious cruise ship Regent Sea as she sails up the wilderness coast to Whittier, Alaska. The cruise includes seven Ports-of-Call and attractions such as Ketchikan, with the world's largest collection of restored totem poles; Juneau, Alaska's capitol and the site of the spectacular Mendenhall Glacier; Skagway, "Gateway of the Goldrush"; Sitka, one-time capitol of Russian Alaska; and the six-mile wide Columbia Glacier in Prince William Sound.

From Whittier, the trip ends with a train ride to Anchorage and a flight back to Vancouver. Trips out of Anchorage can be arranged if your time allows.

For more details, contact the Society office.

Washington Ophthalmologists Participate in "Diabetes 2000"

The American Academy of Ophthalmology has undertaken a long-range educational effort to translate research findings on diabetes mellitus into medical benefits for the American public. Twelve million Americans have diabetes mellitus. This new project, "Elimination of Preventable Blindness from Diabetes by the Year 2000", or simply, "Diabetes 2000" is designed to provide educational materials to physicians involved in patient care related to diabetes mellitus and diabetic retinopathy.

Educational materials are being developed and demonstration projects are underway to encourage ophthalmologists and other physicians to participate in continuing education programs concerned with the overall management of diabetic retinopathy. A Preferred Practice Pattern on diabetic retinopathy is available through the offices of the American Academy of Ophthalmology (415-561-8500). This document provides the latest information concerning the management of diabetic retinopathy. The Washington State Academy of Ophthalmology is actively involved in this national initiative. Ophthalmologists in Washington are eager to help develop the necessary educational and service programs that will achieve this goal.

PCMS Annual Confidential Salary Survey

The annual salary survey forms have been mailed to the home addresses of all PCMS members. Please fill out the form regarding your employees' salaries and benefits and return to the PCMS office as soon as possible. We need the cooperation of all our members in making the salary survey a comprehensive view of the salary levels being paid in Pierce County medical offices. PCMS members find this annual survey to be of great help when reviewing staff for raises or deciding upon a starting salary for a new employee.

If you wish to have a copy of the survey sent to your home, call the Society office at 572-3709.

Dr. Weatherby Honored at WSMA Annual Meeting

Representative Gary Locke, Chairman of the House Appropriations Committee, was honored at the WSMA Annual Meeting in Spokane, September 23 as "Legislator of the Year." Representative Locke was the legislator responsible for the passage of the Pediatric Bill that raised reimbursement for pediatric medicaid patients to 80% of the average usual and customary fees. In accepting the award, Representative Locke attributed the in-

Continued on page 12 . . .

NEWS BRIEFS

Tacoma-Pierce County Health Department
Acquired Immune Deficiency Syndrome (AIDS)
Surveillance Report - 09/28/90

1. Disease Category	Adult/Adolescent		Pediatric		Total	
	Cases (%)	Deaths (%)	Cases (%)	Deaths (%)	Cases (%)	Deaths (%)
PCP	59 (46)	33 (56)	0 (0)	0 (.)	59 (46)	33 (56)
Other Disease w/o PCP	53 (42)	33 (62)	1 (100)	0 (0)	54 (42)	33 (61)
KS Alone	15 (12)	8 (53)	0 (0)	0 (.)	15 (12)	8 (53)
No Diseases Listed	0 (0)	0 (.)	0 (0)	0 (.)	0 (0)	0 (.)
Total	127 (100)	74 (58)	1 (100)	0 (0)	128 (100)	74 (58)

2. Age	Cases (%)	3. Race/Ethnicity	Adult/Adolescent Cases (%)	Pediatric Cases (%)	Total Cases (%)
Under 5	0 (0)	White, Not Hispanic	96 (76)	1 (100)	97 (76)
5-12	1 (1)	Black, Not Hispanic	24 (19)	0 (0)	24 (19)
13-19	0 (0)	Hispanic	5 (4)	0 (0)	5 (4)
20-29	43 (34)	Asian/Pacific Is.	1 (1)	0 (0)	1 (1)
30-39	53 (41)	Am. Indian/Alaskan	1 (1)	0 (0)	1 (1)
40-49	16 (13)	Unknown	0 (0)	0 (0)	0 (0)
Over 49	15 (12)				
Unknown	0 (0)	Total	127 (100)	1 (100)	128 (100)
Total	128 (100)				

4. Patient Groups	Adult/Adolescent		Total (%)
	Males (%)	Females (%)	
Homosexual or bisexual Men	84 (69)	0 (0)	84 (66)
Intravenous (IV) drug User	7 (6)	2 (40)	9 (7)
Homo/Bi IV drug User	17 (14)	0 (0)	17 (13)
Hemophiliac	2 (2)	0 (0)	2 (2)
Heterosexual contact	2 (2)	1 (20)	3 (2)
Transfusion with blood/products	6 (5)	1 (20)	7 (6)
None of the above/Other	4 (3)	1 (20)	5 (4)
Total	122 (100)	5 (100)	127 (100)

	Pediatric		Total (%)
	Males (%)	Females (%)	
Hemophiliac	1 (100)	0 (.)	1 (100)
Parent at risk/has AIDS/HIV	0 (0)	0 (.)	0 (0)
Transfusion with blood/products	0 (0)	0 (.)	0 (0)
None of the above/Other	0 (0)	0 (.)	0 (0)
Total	1 (100)	0 (100)	1 (100)

Acquired Immunodeficiency Syndrome (AIDS)
 Definitive and Presumptive AIDS Cases
 Surveillance Report - 09/28/90

5. Reported Cases of AIDS and Case-Fatality Rates by Half-Year of Diagnosis.

Half-Year of Diagnosis	Number of Cases	Number of Deaths	Case-Fatality Rate
Before 1980	0	0	----
1980 Jan - June	0	0	----
July-Dec	0	0	----
1981 Jan - June	0	0	----
July-Dec	0	0	----
1982 Jan - June	0	0	----
July-Dec	0	0	----
1983 Jan - June	2	2	100%
July-Dec	2	2	100%
1984 Jan - June	1	1	100%
July-Dec	4	4	100%
1985 Jan - June	5	5	100%
July-Dec	2	2	100%
1986 Jan - June	3	2	67%
July-Dec	6	6	100%
1987 Jan - June	11	10	91%
July-Dec	18	8	44%
1988 Jan - June	7	2	29%
July-Dec	12	7	58%
1989 Jan - June	24	12	50%
July-Dec	12	7	58%
1990 Jan - June	14	1	7%
July-Sep 28	5	3	60%

Totals	128	74	58%

Bike Club Plans Second Ride

"Scenic Tour of Tacoma"

After a successful turnout for the first bike ride to Pioneer Square, the newly formed PCMS Bike Club is planning a second ride for 9:00 a.m., Saturday November 3. Tour leader **Dr. Dave Wilhyde** reports that many members and friends turned out to ride Vashon Island on October 6. They ferried to Vashon Island, rode Vashon to Fautleroy Ferry Landing through Lincoln Park, then Alki Point to Pioneer Square (lunch at the historic J&M Cafe) and back to Point Defiance.

He has scheduled the next ride for Saturday, November 3. It will be a scenic tour of Tacoma. Beginning at Point Defiance at 9:00 AM, the group will take the five-mile loop of Point Defiance, stop for coffee at the Sandwich Shop and pass by



L-R Teri Stewart, Troy Moore (Pat Kulpa), Bill Mattson, MD, Dave Wilhyde, MD, Jack Stewart, MD

"Tough N Ready" Dr. Bill Mattson (below) takes a break during the Vashon Island Bike Ride October 6.



the old Weyerhaeuser Mansion, on to North 30th . . . Tacoma Avenue Downtown . . . the Tideflats . . . Browns Point . . . the Tideflats . . . Lunch on Dock Street (a gourmet's delight) . . . Schuster Parkway, and back to Point Defiance.

The course is moderate to hilly and will total about 35 miles. The pace will be 10-12 miles per hour with stops to wait for everyone (a leisurely pace).

There are no membership dues. Just join us at the first parking lot after entering Point Defiance Park 9:00 AM, Saturday, November 3.

Continued from page 9 . . .

spiration for his persistence in passage of the bill to testimony he heard from **Dr. Charles M. Weatherby** when he appeared before his Committee last January.

Thanks and congratulations to **Dr. Weatherby**.

Military Status Survey Results

As a result of the Persian Gulf crisis, your Board of Trustees was concerned with the possible call-up of physician reservists and its impact on patient care in the community. A survey sent out in September revealed the following:

- 8.4% of PCMS members are reservists (approximately 50)
- 15.5% reported seeing more MAMC patients than normal
- 248 (77%) of the respondents said they would be willing to take new patients
- 13 members knew someone willing to do locum tenens

The membership responded to the survey in glorious fashion. We had 323 responses for a 54% return rate. Your Board of Trustees thanks you for responding.

Survey

The annual **Membership Opinion Survey** will be sent out in early November. Your Board of Trustees will analyze the results to help give them a sense of direction for the Society in 1991 and the future. Where should our priorities lie? Where should our resources be spent? In legislation, trauma, public health issues? We want your opinion. Please respond when you receive the survey.

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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.
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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.



Baby Diaper Service

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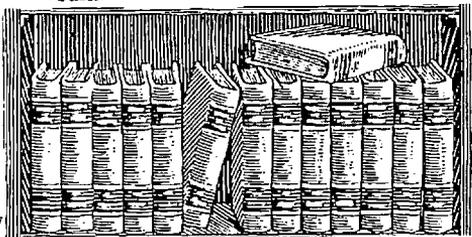
Washington's Oldest, Most Trusted
Professional Diaper Service
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Support Groups

The personal and professional life of physicians creates unique difficulties and emotional stress in addition to the problems all people experience. These stresses often result in self-doubt, ambivalence, and even feelings of despair. Many physicians do not have access to a source of comfortable support in coming to terms with their emotions and troubling dilemmas. The Pierce County Medical Society is considering ways to meet this need. A support group facilitated by a non-MD with extensive experience with physicians is being considered along with other ideas. Your interests, concerns, and needs in this critical aspect of professional life would be greatly appreciated. Please Call 572-2470

The Society has had great acceptance of its Malpractice Support Group. Anyone who has experienced the trauma of a malpractice suit knows how

beneficial it is to talk with someone else who has undergone the experience of a lengthy suit. The Society office has an excellent video on this subject if you are facing the ordeal of a malpractice suit.



Wanted

Textbooks for Cambodia

Wanted: textbooks for Cambodia. Do you have textbooks collecting dust? Would you consider giving them to a Cambodian medical student in Pnom Penh? A box will be in the Pierce County Medical Society office for your donations. Questions? Call Dr. Carrie Thoms, 756-6935.

Nuclear Test Ban Urged

The founder of a movement which forced the Soviet government to close its primary nuclear weapons test site will be in Tacoma December 3 to urge Americans to close the Nevada Test Site, where the US still explodes nuclear weapons.

Olzhas Suleimenov, a renowned Soviet writer, poet and member of the USSR Supreme Soviet will speak at the University of Puget Sound on Monday, Dec 3 at 7:30 PM at the Student Union building, 1500 N. Warner, Rm 101, Tacoma.

Suleimenov along with two other Soviet representatives will be hosted by Sixth Sense and Washington Physicians for the Prevention of Nuclear War. For more information, contact Dr. John Van Buskirk, 383-5855.

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Per Claim/Annual Aggregate

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Coalition Works to Strengthen Ordinances

The Coalition For A Tobacco Free Pierce County chaired by PCMS President Dr. Gordon Klatt is working to introduce legislation to both the City and County Councils for stricter tobacco controls. Mr. Greg Mykland has agreed to sponsor the ordinance for the city and Ms. Barbara Skinner for the county.

The new legislation, when adopted, will prohibit smoking in the workplace. Employers will be required to adopt, implement, maintain and enforce a written policy. At the written request of one or

more employee, an employer may, but will not be required to, designate a non-working area as a smoking area. Restaurants, indoor and outdoor sports arenas and stadiums, taverns, and cocktail lounges, will all be defined as public places and may not allow smoking except in designated areas. This will require restaurants to accommodate smokers and not non-smokers. Non-smoking becomes the norm with the accommodation being made for the smoking.

The Coalition has worked for the

past year to rewrite the city and county ordinances. The proposed ordinances will be reviewed by the legal departments of each government, and presented to the Board of Health before being introduced to the councils for consideration. Watch future editions of the PCMS Newsletter for updated information regarding the status of these ordinances. The Coalition may be requesting your support by asking for written letters or for your attendance at a council meeting to give testimony.

VOTE



Qualified Physicians Needed

Seattle • Low Volume • 60 beds • 12 - 36 hour shifts • Graduate of an Accredited Medical School • Current WA License and ACLS Certification • Two years or 2000 hours Emergency Room Experience • 150 hours of CME Credits - credits must be AOA-AMA approved and documentable • Malpractice Coverage Provided: Claims Made With Unlimited Tail

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The
Pierce County Medical Society

and the *Pierce County Medical Auxiliary*

cordially invite you to join them at their

Annual Joint Dinner Meeting

featuring
Steve Benson

Morning News Tribune Political Cartoonist

Place: *Sheraton-Tacoma Hotel
1320 Broadway Plaza*

Date: *Tuesday, December 11, 1990*

Time: *Cocktails 6:30 pm (No host)
Dinner 7:15 pm
Program 8:15 pm*

Price: *\$26 per person
(Price includes gourmet meal,
wine, entertainment, tax,
and gratuities)*

*Reservations requested by
Wednesday, December 5, 1990*

REGISTRATION.

*Yes, I (we) have reserved the evening of December 11 to
join members of the Pierce County Medical Society and the
Pierce County Medical Auxiliary at their Annual Joint
Dinner Meeting and Installation of Officers.*

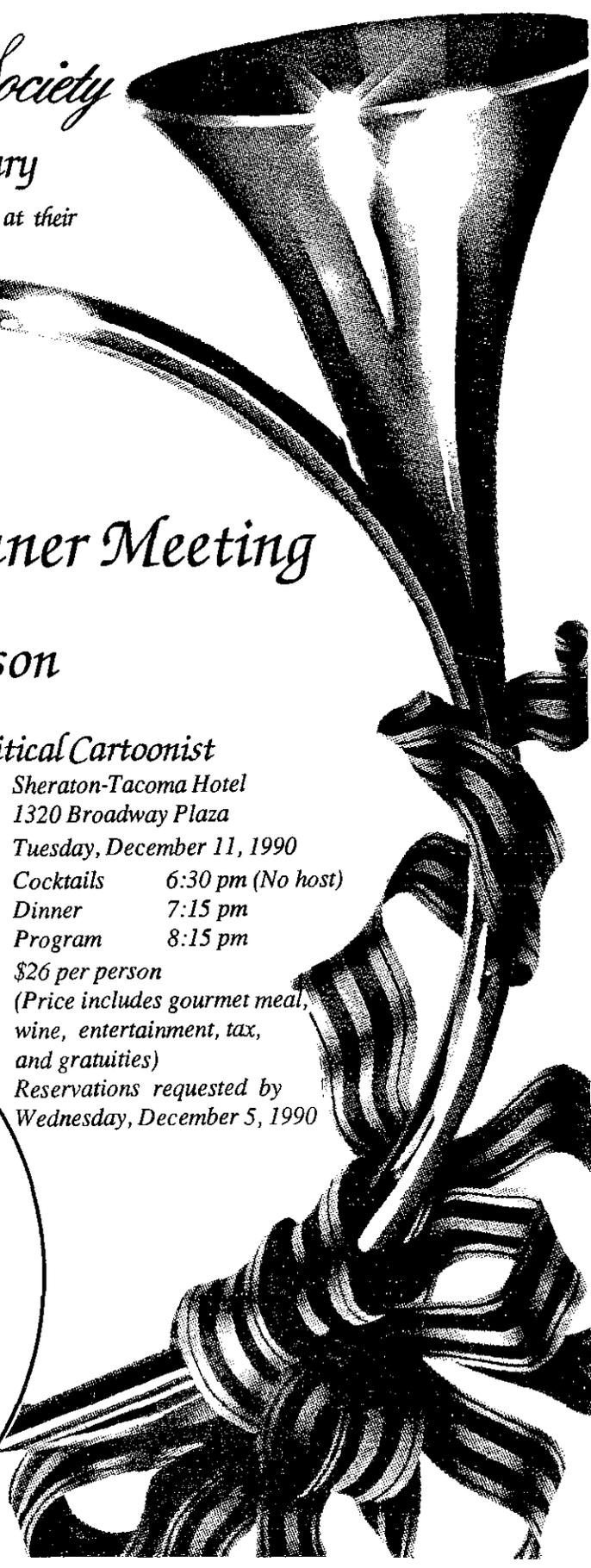
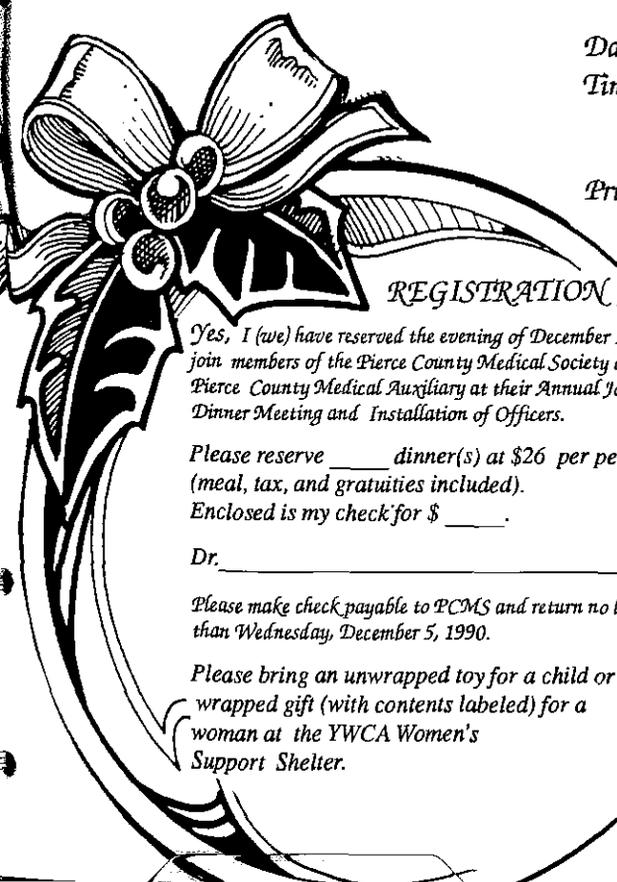
*Please reserve _____ dinner(s) at \$26 per person
(meal, tax, and gratuities included).*

Enclosed is my check for \$ _____.

Dr. _____

*Please make check payable to PCMS and return no later
than Wednesday, December 5, 1990.*

*Please bring an unwrapped toy for a child or a
wrapped gift (with contents labeled) for a
woman at the YWCA Women's
Support Shelter.*



Palliate (pal'e at')

To make less severe without curing; reduce pain or intensity of; mitigate; alleviate. From Latin pallium, CLOAK



Pat Wearn converses with Dr. Gordon Klatt and Dr. Stu Farber



Julie Deem, Dr. James Fry, Dr. Harry Yasayko

We don't like to think about dying in our society. To us, just getting old is a crime, let alone dying." So says Dr. Stuart Farber, Tacoma family practitioner and guest speaker at the PCMS general membership meeting on October 10. Dr. Farber shared his experiences and philosophy on palliative medicine gathered over the past decade.

Fundamentally different from traditional, curative medical care, palliative medicine focuses on controlling symptoms rather than curing the underlying condition.

Dr. Farber's interest in palliative medicine began shortly after going into private practice and was reinforced by his association with Hospice of Tacoma.

"For my mid-life crisis, I didn't get divorced or leave my wife or buy a Maserati," said Dr. Farber. Instead, he took his wife and son on a sabbatical to study palliative medicine and hospice care in several foreign countries including Israel, India, the United Kingdom, and Malaysia. In his travels, Dr. Farber found wide cultural differences surrounding death and dying.

In Israel, attitudes about death and dying are shaped by a society which is surrounded by death. "Death touches virtually everyone in a very intimate way," he said. "Life is un-

certain and virtually everyone has a family member who has been killed by the warring that is always going on." From Israel, Dr. Farber and his family went to England, encountering a philosophy almost opposite that of the Israelis. "In Israel, they want to see the head of the department if they have a hangnail, whereas in England they would probably say, 'Well. So I have cancer. Jolly bad luck,' keeping such a stiff upper lip they wouldn't want to see a doctor at all." In Bombay, the hospice was an "island of marvelous peace, surrounded by a huge sea of human misery and suffering."



Toby Sadkin (an FP resident from Vermont) Dr. Jim Patterson, and Dr. Bill Roes

Dr. Farber offered five underlying tenets of palliative medicine for consideration. The first is patient autonomy, "the patient's right to control his own care — even if I think it is batty. At some point, people realize aggressive medical care isn't going to be able to do any more for them. Giving them control lets them get on to other things, say and do the things they've always wanted to," he said. Second, relieving pain, or nausea, or breathlessness *is doing* a lot. "Not curing a patient is not the same thing as doing nothing." Third, relieving symptoms is more than just giving a pill. Dying involves relationships, and resolving these may be part of relieving pain.

According to Dr. Farber, "that is the fourth element. Palliative medicine isn't just prescribing morphine. It is a team comprised of family, friends, and spiritual counselors in addition to the medical team of doctors and nurses." "And finally," he added, "the American fascination for medicine is sometimes misplaced. More technology or more sophisticated equipment does not necessarily mean a more comfortable death." In summary, Dr. Farber said "This is a critical time. This area could become the premier center for hospice care on the west coast. I'm excited about what could be happening here in ten years. But in order to do that, we need to incorporate hospice care into the medical team, integrate hospice as an integral part of patient care."



Dr. Joe Nichols, new member Dr. Gregory Zoltani, Lois Zoltani, & Dr. Eric Luria

PCMS WANTS YOU...(Uncle Sam)

Your president and Board of Trustees ask for your assistance and participation. PCMS is known as the most active medical society in the Northwest. The basis for this is its committee structure. Committees are the backbone of the organization. The Society is involved in many various activities in the community and needs your help. Please review the listing of Society committees and volunteer to serve on one of the nearly twenty committees. The time commitment is minimal. Most of the committees meet at 7:00 a.m. and adjourn by 8:15.

Please decide if you are interested in serving on any of the listed committees and indicate your preference.

1. _____
2. _____
3. _____

Your Name (print): _____

You will be notified of Committee appointments. Please return this form to the Pierce County Medical Society.

- AIDS Committee...(meets monthly) Works to enhance communication with community groups and organizations working on AIDS issues. Develops programs to assist medical community to understand and treat this disease.
- Bylaws Committee...(meets as needed) Considers and recommends amendments to Bylaws.
- College of Medical Education, Board of Directors...(meets quarterly) Responsible for setting policy for C.O.M.E.
- Committee on Aging...(meets quarterly) Created to enhance communications with senior citizen groups, provider, etc.
- *Credentials Committee...(meets monthly) Reviews membership applications and submits recommendations to Board of Trustees.
- Editorial Committee...(meets as needed) Sets policy for Society publications.
- Emergency Medical Standards Committee...(meets monthly) Serves as an advisory to the Pierce County EMS System.
- Ethics/Standards of Practice Committee...(meets quarterly) Reviews, arbitrates questions of ethical conduct within the profession.
- Grievance...(meets monthly) Seeks to resolve disputes between physicians, patients and other parties.
- Interprofessional...(meets quarterly) Maintains communications between physicians, pharmacists and other professionals to solve problems of mutual concern.
- Legislative...(meets as needed) Presents medicine's viewpoint to members of the legislature and candidates for office. Monitor legislative activities and issues.
- Library...(meets as needed) Governs the activities and budget of the Medical Library consortium.
- Medical-Legal...(meets monthly) Seeks to resolve disputes arising between respective members of the two professions.
- *Membership Benefits, Inc. Board of Directors...(meets quarterly) Sets policy for the Society's wholly owned for-profit subsidiary.
- Minority Health Affairs Committee...(meets quarterly) Works with members of the minority community to improve health care and communications.
- Personal Problems of Physicians...(meets as needed) Assists physicians whose practices may be affected by a drug, mental, or alcohol related impairment.
- Public Health/School Health...(meets monthly) Serves as a resource authority to a variety of community and health agencies.
- Sports Medicine Committee...(meets monthly) Serves as a resource for highschools, colleges, athletic directors, coaches, trainers, and therapists.

"Blessed are the Physicians Who Show Patience"

By Robert W. Smith, Ph.D.

The following article is reprinted from the *Multnomah County Medical Society Scribe*, March 1990.

As we grow older, we lose our physical—and sometimes our mental—agility. In the words of the Maine farmer, we “commence to feeble a mite.” What we formerly took in stride, such as a visit to the physician, can become a test of our strength and stamina. The medical profession needs to give greater attention to the special needs of geriatric patients. A look at the growth of the elderly population and projections for the future are compelling. Whereas 40 years ago, there were 12,270,000 persons over the age of 65 in the U.S. (eight percent of the total), there are now almost 32 million (13 percent). As people grow older, they need more medical services. The one-eighth of today's population over age 65 accounts for one-third of the total U.S. health budget. The older elderly, aged 75 and over, will number 12 million by the end of the century. Five million of them will be 85 and over, and many are very frail.

Not so many years ago when the elderly were a much smaller part of the population, physicians routinely made house calls. Now when a greater proportion of the their patients have difficulty leaving their homes, those patients must come to the office. Medicare regulations increasingly push the elderly into outpatient instead of hospital treatment.

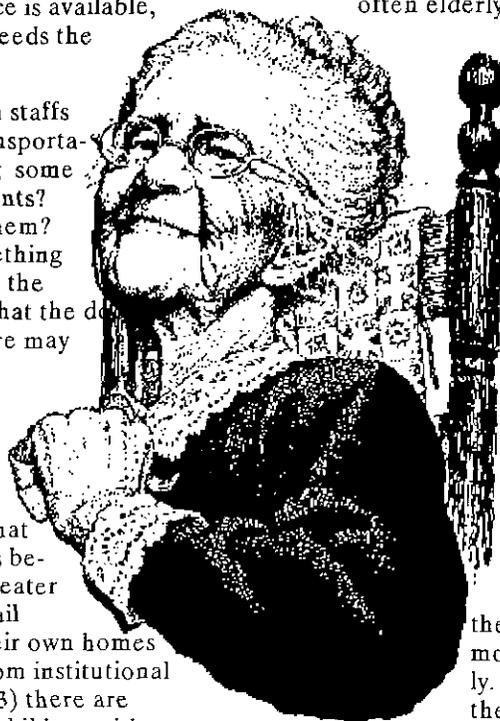
A trip to the doctor's office is a decided challenge for some elderly. I've heard older persons say, “I should have gone to the doctor earlier, but I was too sick.” Many of the elderly no longer drive cars. Some have difficulty and others will find it impossible to use public transportation, as well. Where a special

transportation service is available, the need usually exceeds the supply.

How many physician staffs are aware of the transportation problems facing some of their elderly patients? How about asking them? Maybe there is something the office can do. At the least, asking shows that the doctor and staff realize there may be a problem.

This problem of transportation will become more serious as: 1) the elderly population that no longer drives cars becomes larger; 2) a greater proportion of the frail elderly remain in their own homes as the trend away from institutional care continues; and 3) there are fewer non-working children with free time available to transport their parents and grandparents.

If most physicians are too busy to make even desperately-needed house calls, can they send a substitute in the form of a visiting nurse, sometimes? Many hospitals have home health care offices that can arrange for Medicare-approved home health care visits. Seniors tend to agree that the doctor's office too often seems arranged for the convenience of physician and staff. Is enough attention being given to the convenience of the customers? Waiting is hard on many older people. It is cruelty to some patients to make them wait an hour before seeing the doctor. Can't special consideration be extended in scheduling older, frail patients? Some older patients have difficulty negotiating stairs. Others are in wheelchairs. Does your office need an inclined ramp? Is your waiting room furniture too soft and squishy? Persons with stiff joints and weak muscles need firm chairs. All too



often elderly patients view the doctors office as hostile territory. The physical problems they encounter reinforce their fears that out of the visit will come more bad news and expense.

Older patients need to use the bathroom more frequently. Some of them need

handholds on the toilet. Is your bathroom so equipped? As we grow older we lose manual dexterity. Are your paper towel dispensers conveniently placed and easy to operate? Among my elderly friends it is recognized that doctor's restrooms are way down the list in accommodating them. You demand that we come to you, but you can make it very difficult.

Some of us elderly have difficulty taking off and putting on our clothes. Most of us have difficulty maintaining body warmth. Physicians should make sure it is absolutely necessary, not just a matter of routine, that older patients disrobe. Sitting for 10 minutes in shorts or a paper smock smock in a chilly examining room can make one more unnecessary, unpleasant experience associated with a visit to the doctor.

Attempts by physicians to put the patient more at ease are appreciated. Sometimes, however, at-

Continued on next page . . .

tempts to introduce a personal touch can backfire, as in the general rule in some offices that all patients are on a first name basis. I've found that many elderly people, especially women, find this patronizing. They object to a young receptionist or nurse they have seldom seen before, or a physician with whom they have had few contacts, addressing them as "Louise." It is natural that we find this condescending. Do you introduce yourself to us by your first name? Does your nurse refer so to you?

Many physicians and their staff realize that their responsibility for their older and frail patients does not end with writing a prescription. Older persons tend to make more errors in taking medicines. Anything that you, the doctor, can do to simplify the way that prescriptions are prepared for your elderly patients should be done. Specify containers that can be opened by weak wrists without spilling the contents; clear instructions in large type; use of calendar packs when indicated.

How can you make it easier for patients under stress who are taking four or five prescriptions a day to manage their medicines? Sometimes patients should be shown how the medicine should best be administered. They may need to practice under the direction of a nurse how best to get eye drops in the eye, or how best to operate a nose spray squeeze bottle. We older patients often need help of that kind.

Elderly patients who have difficulty getting around have a problem getting their prescriptions filled. The manager of a home health agency told me her homemaker aides report that they are often asked to pick up a prescription. Sometimes it helps if the doctor will phone in the prescription. Will the pharmacy

Continued on page 20 . . .

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deliver? Some pharmacies use the mail, and the Portland American Association of Retired Persons makes mailing a specialty.

We elderly patients often leave the doctor's office somewhat confused. We may not see so clearly. We may have lost part of our hearing. Some of us don't comprehend so quickly.

Information and instructions may be only partially heard and partially understood. They are likely soon to be partly forgotten. There is a joke among the elderly: the old man leaving the physician's office on the arm of his son and inquiring, "What did he say?"

Patients would be helped if they were sent away from the office with a short written statement of their condition and with written instructions as to medication and treatment. How beneficial and reassuring to elderly patients it would be to be given a form with written answers to the following:

- What is my condition called?

- How does it affect my body?
- What medicines are prescribed? How much? Times per day?
- What are problems that can arise after I start taking my medicine?
- What side effects should I report to the doctor?
- What drugs, foods, and activities should I avoid?
- What other things should I do to relieve this condition?

We live in a world where activity, efficiency, and quickness are uppermost. As we grow older, the world tends to pass us by. Some of us become unable to tell our story and report our symptoms concisely. Blessed are the physicians who show patience, appear to be relaxed and take the time to listen to the full story. How often one hears the complaint from older people that they feel the doctor does not give them enough time, i.e., "Before I had finished he was opening the door on

his way out." Among the disadvantages of growing old is not just the loss of vigor and physical ability, but society's attitude toward that loss. Ours is not a society that gives deference to persons who have lived a long life. In many subtle ways, our society tells old people that they are has-beens who can't keep up. "How I hate to be treated like a child," said my sister, age 86. Physicians can help by asking permission before making examinations and tests: (I'd like to listen to your chest; may I? . . . Is it Okay if we run some blood tests?) This gives reassurance. It has the advantage of informing patients in advance and allowing them to have some feeling of control. Many older people treasure the right of self-determination. The idea of informed medical consent has been growing stronger in recent decades, and the elderly of 1990 are less willing than their counterparts of earlier years to be shut out of decision-making.

A good geriatric health system includes a whole range of community support services, as well as physician services. American society has been slower than other advanced, industrialized societies in providing maintenance care for those who need it. In the Tacoma area, however, there are many care services available. Such care can include regular visits by homemakers, nurses, and nurses aides. For some it means regularly delivered hot, nutritious meals; for others day care in an out-of-home setting; for others, rehabilitation services. Physicians need to be aware of these services so they can help patients gain access. For information call the Tacoma-Pierce County Council on Aging at 272-2278.

Medical care for the elderly is a bigger problem than it used to be. Life expectancy in the United States for persons reaching age 65 is among the highest in the world: 79.5 years for men; 84 for women. While the growing number of elderly presents a challenge, it also represents a triumph - a triumph in which American medicine has played a leading role.

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Aids Testing, Reporting Debated Extensively

For the fourth year in a row, AIDS testing and reporting were extensively debated at the WSMA annual meeting. Physicians' feelings about how to deal with the issues surrounding the AIDS crisis still run strong, as evidenced by the sometimes heated discussion that accompanied consideration of a number of resolutions. Resolution #9, introduced by Pres Bratrude, M.D., chair of the WSMA AMA delegation, called on the WSMA "to support laws requiring confidential reporting of all HIV antibody seropositive individuals, with local health departments carrying out contract tracing and partner notification."

Right now a Washington physician who tests a patient for AIDS and finds seropositivity is not required to report the individual to the local health department. (The physician must report a clinical diagnosis of AIDS.) To help prevent the further spread of AIDS, physicians must encourage the patient to notify partners or enlist the aid of the health department to do so.

A report presented urging the meeting by the WSMA Executive Committee and HIV/AIDS Task Force noted that "universal reporting of the identities of HIV seropositive persons in this state will not increase the effectiveness of existing partner notification programs." Delegates, following the recommendation of Reference Committee A, which took testimony on Resolution #9, rejected the measure.

Resolution #35, introduced by Curran J. Smith, M.D., Seattle, Delegate to the American College of Surgeons, was amended and improved. It asks the board of trustees to recommend specific policies and

procedures to help physicians decide whether to perform invasive procedures which could "put the health care team at risk."

According to the AIDS Task Force report, "the most recent data show that the risk of being infected following a needle stick injury when the source of the needle is HIV-infected is about 1 in 250 (0.4%) based on eight prospective studies involving more than 1,400 health care workers.

"Most health care workplace infections have resulted from preventable accidents involving sharps. Infections involving non-parenteral transmission have only been documented anecdotally. The highest estimate of HIV infection resulting from a substantial mucous membrane exposure is at most 0.3%.

Resolution #36, calling on WSMA to "oppose legislative and regulatory standards and requirements for HIV testing which are different from any other sexually transmitted diseases and...which conditionally or otherwise restrict a physician from performing any specific diagnostic tests for communicable or other disease," was also introduced by Dr. Smith. By law, physicians must obtain a specific consent to test patients for the AIDS virus.

The House followed the recommendation of Reference Committee A and rejected the measure.

Resolution #37 was amended to ask WSMA to "petition the state of Washington to permit the confidential exchange of HIV/AIDS information in the customary fashion when caring for the patient." The resolution, introduced by Dr. Smith, was prompted by Board of Health rules adopted last spring that permit physicians to exchange such information only when it is for "the patient's benefit." At the time, WSMA strenuously objected to the language, arguing that it could hinder the ability of physicians to deliver quality care to HIV-positive and AIDS patients. The resolution easily won approval by the House.

Resolution #1, heard before Reference Committee B, asked that WSMA adopt the position that it is ethical for physicians to perform "all appropriate testing deemed necessary according to sound medical judgment on all patients in order to define appropriate treatment."

David Dale, M.D., chairman of Reference Committee B, said the committee recommended rejection of

More on next page . . .



L-R Dr. Eileen Toth, PCMS President-Elect (1991), Dr. Richard Ambur, WSMA Past-President, Dr. Leonard Alenick, Dr. Bill Marsh, PCMS President-Elect (1990)



Dr. Marvin Young, WSMA President addresses delegates

the resolution because it failed to mention "patients' rights" and because of its "lack of specificity."

The measure prompted one of the lengthiest debates in the House of Delegates sessions. The ethics of doing any procedure without patient consent bothered a number of physicians. Others felt that the House of Delegates was not the proper forum to decide ethical questions. Still others argued against the measure, on the grounds that drawing blood without patient consent constituted assault. Those in favor argued that testing for diseases such as AIDS should not require a specific consent but should be treated the same as testing for any infectious disease, such as hepatitis, for which no separate consent is required.

When the resolution was amended from the floor to add "with customary patient consent," the measure was finally okayed.

The original resolution was introduced by Lynn R. Frary, M.D., president of the Washington State Urology Society.

Delegates Say Access is Top Priority

Delegates to the WSMA's annual meeting voted health care system reform as WSMA's number one priority for 1990-91. Such reform should deal positively with:

- patient advocacy.
- physician accountability.
- professional autonomy.
- quality of care.
- cost effectiveness of care.
- adequate reimbursement.

Over the next year, the WSMA will highlight the issue through its "Health Care at the Crossroads" campaign. WSMA will strive to educate patients and will also provide background and position papers to the media outlining what is at stake in system reform.

"Death With Dignity" Goes Too Far, Say Delegates

A resolution asking the WSMA to support Initiative 119, the "death with dignity" initiative, sparked plenty of comment among delegates at the WSMA annual meeting. But in the end, the initiative had few if any supporters among the attendees.

Delegates were most troubled by the initiative's "aid-in-dying" provision where a physician could actively help a patient die. Said one delegate, "I've given a larger dose than I should have to terminal patients and in a short time they were gone. But we should

not take a stand of actively promoting death."

Said another delegate, "Aid in relieving pain is not actively causing death. It wasn't what we were taught in medical school, it wasn't what we were taught in Sunday School."

The delegates ultimately approved an amended substitute resolution opposing Initiative 119. The Substitute for resolution #3 also incorporated language from resolution #12 on withholding nutritional support from patients in irreversible comas. The substitute directs WSMA to work with the legislature in developing an alternative to Initiative 119 to place on the ballot. The alternative should include a definition of a "persistent vegetative state" as a terminal state; and cover withdrawal of nutrition and hydration from the terminally ill. The substitute also directs the WSMA to poll the membership "on their beliefs concerning the care of the terminally ill."

(If you would like a summary of Initiative 119, please call the Medical Society at 572-3667.)



Dr. Gordon R. Klatt, PCMS President, addresses the WSMA delegation in Spokane, Washington

Panelists: No Easy Fixes For Health System

PCMS is appreciative of the efforts of WSMA staff to provide us with the following notes on the House of Delegates meeting held in Spokane, September 19-23.

Even though they wear different ideological labels, the four panelists who discussed "Ethics, Politics and Financing of Health Care" at the 101st WSMA annual meeting opening session

quickly found they were in surprising agreement: no simple, single solution exists to the complex challenge of health care access and financing. The four - David Kirk Hart, David Storey, M.D., Glenn Pascall, and Mike Lowry - avoided polemics. They agreed that:

- funding expensive, heroic procedures is often at the expense of preventive medicine;
- an adequate definition of "basic health care" has yet to be developed;
- physicians have an obvious and important responsibility to help shape the future of health care.

Hart, a professor of management at Brigham Young University in Provo, Utah, stressed that patients can help the over-taxed health care system by giving up unhealthy practices - like smoking.

"Just as physicians take a moral oath to care for a patient at any cost, patients should be willing to care for

themselves in the best way possible," he said. He emphasized the need for two-way communication between physicians and patients - doctors must let people know how they can better care for themselves, and patients must better communicate their needs to the doctor.

Dr. Storey, a Spokane pulmonologist, called on the public to help shape health care. "Society

Pascall, an economist and president of Perkins Columbia in Seattle, also touched on the dilemma of technology versus people's expectations and desires. "One of society's biggest questions [to answer] is how much technology we can afford to purchase before it clouds the basic principle of pain relief.

"If we begin to ration our services it will come down to a choice between heroic procedures or pain minimization. The public needs to define its needs and wants before medicine can address them."

Lowry, former U.S. representative from the Seventh District and now a visiting professor at Seattle University, asserted, "There is no crises with health care resources but rather a misallocation of these resources.

"There is a crisis, however, when an 'inalienable' right, such as health care, is being denied to too many people."

He questioned the ethics of a nation that spends about \$120 billion per year more than their NATO allies for defense, while letting children go without basic health care. Lowry also called for determining what makes up basic health care and then making sure people receive such care. "Preventive measures mean savings for quality health care," he said.

Government financing is essential if access for uninsured citizens is to be improved, he said. Also, Medicaid reform and employer-mandated insurance could help broaden access.



Pierce County delegates listen to debate at the WSMA Annual Meeting

must decide what it wants done," he argued. He suggested that health care dollars be divided between preventive medicine and "heroic procedures."

"If physicians could allocate their resources better, there would be no crisis. At the same time, patients must be educated to understand how and why services are allocated," Dr. Storey said.

He noted that technological advances in medicine have shifted the public's view of their physician "from a pain reliever to a life sustainer." That in turn can increase the physician's burden as patient's expectations continually rise.

New Antiviral Therapy for Shingles

Viral infections continue to pose a challenge to physicians in regards to effective treatment options. Of the antivirals available, the most successful compounds have been the synthetic nucleoside analogues. A new synthetic deoxythymidine nucleoside analogue (BV-ara U) has been developed which is similar to acyclovir but is unique in that it requires a two-step activation into the uninfected host cell DNA. The specificity of activation presumably could provide an even lower toxic potential for uninfected host cells and greater antiviral activity than acyclovir.

Infections Limited, P.S. has been

granted permission to evaluate this new investigational drug in the treatment of acute, localized, non-trigeminal Zoster in immunocompetent patients. In vitro, BV-ara U demonstrates a therapeutic-toxic ratio 4-8 times greater than acyclovir and it shows promising activity in preliminary human studies. Currently available therapy with acyclovir or prednisone demonstrates either minimal or controversial benefit in randomized studies. It is expected that BV-ara U may help arrest acute shingles symptoms more definitively and may reduce the incidence of post herpetic neuralgia.

For this study, patients must be enrolled within 72 hours of symptom onset. Patients will be randomized to 10 mg or 40 mg BV-ara U or placebo once daily for seven days. Patients will be evaluated daily during the acute phase of their illness and long term follow-up will monitor the incidence of post herpetic neuralgia, recurrence and dissemination over a 6-month period.

Contact Philip C. Craven, M.D. at Infections Limited, P.S. at 627-4123 for further details.

REPORTED CASES OF SELECTED DISEASES TACOMA-PIERCE COUNTY SEPTEMBER 1990

DISEASE	1990		1989	% Change Year to Date
	This Month	Year To Date	Year To Date	
VACCINE-PREVENTABLE				
Measles	5	23	10	+ 130%
Mumps	2	10	4	+ 150%
Pertussis	6	27	27	0%
SEXUALLY TRANSMITTED				
Syphilis, early	12	129	122	+ 6%
Chlamydia	81	1,049	1,031	- 2%
Gonorrhea	43	731	989	- 26%
Herpes, genital	20	218	255	- 14%
ENTERIC				
Giardiasis	7	59	81	- 27%
Salmonellosis	7	51	53	+ 4%
Shigellosis	4	28	15	+ 87%
Campylobacteriosis	6	58	46	+ 26%
HEPATITIS				
A	5	72	387	- 81%
B	9	57	126	- 55%
Non-A, Non-B	2	32	81	- 60%
TUBERCULOSIS				
	3	22	22	0%
MENINGITIS/INVASIVE DISEASE				
Haemophilus Influenzae	2	13	11	+ 18%
Meningococcal	0	10	7	+ 43%
AIDS (Total Cases 1983 to Present)	128			



Register Now for Sun Valley and CME

It's time to make those winter family ski vacation plans— and receive some quality continuing medical education at the same time. A first time “resort” CME program for the College of Medical Education is offering family vacationing with skiing, cross-country, ice skating, and snow play in beautiful Sun Valley, Idaho. The conference is scheduled for February 27 – March 3, but requires your registration soon. The conference will be held at Sun Valley's Elkhorn Resort and includes major savings with reductions for lodging (about 35%) and airfare (40%). These savings are good for both immediately before and after the conference for those interested in extending their stay.

A number of outstanding cross country ski options are available on adjacent golf courses. Sun Valley and Elkhorn also offers child care, great shopping, fine res-

taurants, and other services.

Plans are also near completion for:

- A Wednesday evening hosted wine and cheese reception
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- A no host sleigh ride and dinner at Sun Valley's Trail Creek Cabin
- Hosted breakfast each morning for all conference registrants
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Unlike large national CME meetings, this program not only offers considerable savings and is custom designed for local physicians, but most importantly, allows Pierce County physicians and their families the opportunity to mix away from the office in one of the most beautiful spots in the country.

So, make your plans and register now for that annual destination ski trip! Join in the fun at Sun Valley this winter! If you have questions, give us a call at the College of Medical Education, 627-7137.

Depression Program

The second C.O.M.E. fall program, Depression: Diagnosis and Treatment, is set for Friday, November 9. The conference is scheduled at St. Joseph Hospital's South Pavilion, rooms 3A & B, is designed for primary care providers. The course will feature a review of the initial diagnosis of depression, long-term management, and relapse prevention. New medications, treatment modalities, and other common psychiatric problems will be covered.

The conference, developed by Eric Luria, M.D., and Catherine Luria, A.R.N.P., offers 7 Category I CME credits and will feature speakers from Seattle and local experts. Those wishing to attend may call the College of Medical Education at 627-7137 to register.

C.O.M.E. 1990 – 91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1990		
Fri. November 9	Diagnosis and Treatment of Depression	Eric Luria, M.D.
Thurs., Fri. December 6 & 7	Advanced Cardiac Life Support	Mark Craddock, M.D.
1991		
Thurs. January 17	Law and Medicine Symposium	David Condon, J.D. Marcel Maiden, M.D.
Fri. February 8	Review of HIV Infections	Alan Tice, M.D.
Weds.-Sat. February 27 & 28 March 1 & 2	Sun Valley Program	Mark Craddock, M.D. Stuart Freed, M.D. John Lenihan, M.D.
Thurs., Fri. March 14 & 15	Tacoma Academy of Internal Medicine	Amy Yu, M.D.
Fri., Sat. April 12 & 13	Surgical Club	James Stilwell, M.D.
Fri. May 10	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Fri. May 31	Office Gynecology	John Lenihan, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.

Thank You to College Contributors

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BLS Refresher, Recertification Offered for PCMS Physicians

As a service to PCMS physicians, C.O.M.E. is offering a Review Basic Life Support Class on Friday, December 7 at 6:30 AM. The course is designed as a refresher for BLS techniques and offers recertification. It is only available to those already familiar with BLS.

Scheduled for Jackson Hall auditorium, the course is limited to 20 physicians and costs \$20. The course will be taught by Jeff Cowan, a paramedic with the Poulsbo Fire Department and long-time ACLS instructor with the College.

PCMS physicians who are interested may register by calling the College at 627-7137. Early registration is recommended as the class will fill quickly.

ACLS Set for December 6,7

The College's traditional and highly respected winter Advanced Cardiac Life Support Course for providers is set for December 6 and 7 at Jackson Hall Auditorium. Register early as the course (which offers both certification and 12 Category I CME credits) fills quickly.

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Medical School • Current WA License and
ACLS Certification • One Year
Emergency Room Experience •
Malpractice Coverage Provided: Claims
Made with Unlimited Tail

CALL National Emergency Services
1-800-554-4405

Where there's smoke...there may be bronchitis

Recent research has delineated early, more subtle changes in lung and immune functions. These alterations directly predispose smokers to respiratory tract infection."

Am Fam Phys 1987;36:133-140

Ceclor
cefaclor

Established history
for today's patients

For respiratory tract infections due to susceptible strains of indicated organisms

Brief Summary:

Consult the package literature for prescribing information.

Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Streptococcus pyogenes* (Group A streptococcal).

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. *Clostridium difficile* 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:

• Hypersensitivity reactions have been reported in about 1.6% of patients and include morbilliform eruptions (1 in 100), Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, serum-sickness-like reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.

• Stevens-Johnson syndrome, toxic epidermal necrolysis,

and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.

• Gastrointestinal (mostly diarrhea) reactions have been reported either during or after therapy with Ceclor.

• As with some other cephalosporins, reactions resembling serum sickness have been reported.

• Rarely, transient confusion, loss of consciousness, and other neurologic symptoms have been reported.

• Other, including headache, dizziness, and taste perversion, have been reported in less than 1% of patients.

• Intestinal hypermotility and abdominal pain have been reported.

Abnormalities in Laboratory Tests:

• Slight elevations of serum alkaline phosphatase activity.

• Transient lymphopenia, leukopenia, and neutropenia.

• Rare reports of positive direct Coombs' tests without clinical consequences.

• Abnormal urinalysis including hematuria and proteinuria.

• Positive direct Coombs' tests.

• False-positive tests for syphilis.

• False-positive tests for *Chlamydia trachomatis* by TeS-Tape® (Chlamydia Test, Abbott Laboratories, Abbott Park, IL 60014).

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OR-5627-B-0033

AMA-ERF Holiday Sharing Card

Through the Auxiliary's efforts and the generosity of physician's and their spouses, AMA-ERF received over \$2 million last year to distribute to the nation's medical schools. Pierce County contributed over \$15,000 through the Holiday Sharing Card.

The American Medical Association Education and Research Foundation (AMA-ERF) was established nearly 40 years ago to help support quality medical education. Since 1950, the foundation has distributed over \$52 million to medical schools; guaranteed over \$95 million in loans benefiting more than 40,000 medical students, interns, and residents; and supported numerous research projects. Be-

cause of the soaring costs of medical education and the cutback in federal funding, the role of AMA-ERF is even more vital.

If you usually donate directly to your Alma Mater, let the Auxiliary do it through AMA-ERF. Just send your tax-deductible contribution to me, payable to AMA-ERF, with an indication of the school(s) where you wish it sent. This way, your donation will be doing double duty.

As in the past, the Sharing Card project is your county Auxiliary's major fundraiser for AMA-ERF. The solicitation letter has been mailed to your home and office. Look for it. To have your name in-

cluded on the list of donors, contributions must be made by November 3. Don't delay!

Let's meet Dr. Gordon Klatt's challenge of raising \$20,000 this year. Please give generously. Make 1990 a banner year for AMA-ERF.

Volunteers are needed to assist at the Card mailing party during the first week of December. Give Sandy Shrewsbury (851-9899) or Terri Stewart (851-2578) a call if you can help.

Sandy Shrewsbury, Terri Stewart
PCMSA AMA-ERF Co-Chairmen

Gilman Village Bus Tour

Enjoy Friday, November 16 in the numerous shops and bistros of this charming little village. The bus leaves at 9:30 AM and returns by 2:30 PM. Lunch is on your own. Guests are welcome! Call Gloria Virak for reservations, 564-7503.

Entertainment '91 Books

Entertainment '91 Books are available now! Help finance our projects and support our fund raisers. These books make great gift ideas. Seattle-area books are \$40, and South-Sound/Tacoma Books are \$35. Contact:

- Karen Dimant 851-9404
- Nancy Rose 851-5567
- Medical Society Office 572-3666.



Correction

This year's Holiday Sharing Card will be designed by our own Auxilian, Barbara Wong. A big "Thanks" goes to another of our members, Cindy Anderson. She is responsible for the layout. Cindy and her computer make a real team!

Qualified Physicians Needed

- Walk-in Clinic • Military Facility • Eight hour shifts • Excellent Support • Full and Part-time Positions • Graduate of an Accredited Medical School
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Advanced Technology

◆ **Arthroscopic Video System.**

The St. Joseph Same Day Surgery offers the latest in video technology featuring the "S" system to view the knee joint using the highest quality video reproduction. The equipment allows surgeons to document their findings both on videotape and with still pictures.

◆ **Laser Laparoscopic Video Augmentation.**

Provides for an improved view of the peritoneal structures and pathology and enables the surgeon to magnify small lesions more effectively and to treat disease around the bowel, bladder and fallopian tubes. Surgeons can operate in an upright position, relieving back strain.

◆ **Laser Lithotripsy.**

Treats kidney stones trapped in the ureter. Laser beams are sent out through minute optic fiber to fragment the stone. Unlike other technology to remove ureteral stones, no detectable heat is generated and there rarely is need to dilate the ureter.

◆ **Cultured Epithelial Autograph.**

Allows for more effective skin grafting for burn patients. This sophisticated process allows for laboratory reproduction of a burn victim's own skin.

New Services

◆ **Family Birthing Suites.** These new, expansive rooms in the maternity unit allow expectant mothers to labor, give birth and care for their newborns in the same room. Plenty of room for family participation in the birth process. Mothers still have access to both Level I and the more intensive Level II nurseries.

◆ **Diabetes Services.** Comprehensive outpatient education program complements hospital's inpatient unit. People with diabetes and their families receive practical, every-day knowledge designed to help them avoid hospitalization. Special programs for women with gestational diabetes also available.

◆ **Center for Personal and Family Development.** Trained psychologists, therapists, nurses and dietitians provide outpatient care for people with depression, low self-esteem, eating disorders, a history of past sexual abuse and other emotional stresses. Psychological evaluations and group therapy available.

◆ **Free Valet Parking.** Available seven days a week for your patients and their visitors from the hospital's main entrance on I Street. Simply have your patients pull up to the entrance and a uniformed valet will park their cars and retrieve them when they are ready to leave.



ST. JOSEPH HOSPITAL

For more information, call **591-6767.**

PCMS MEETING SCHEDULE

November 1990

DAY	DATE	EVENT/MEETING	TIME	PLACE
Friday	2	Aging Committee	7:00 a.m.	Allenmore
Tuesday	6	Board of Trustees	6:30p.m.	TG CR#1
Wednesday	7	Computer User Group	7:30 p.m.	
Thursday	8	Grievance Committee	7:00 a.m.	TG CR#4
Thursday	8	Minority Health Affairs	7:00 a.m.	PCMS Office
Sunday	11	WSMA Board of Trustees	8:00 a.m.	Sea-Tac Marriott
Monday	12	Medical/Legal Committee	7:00 a.m.	MBCH LBR
Wednesday	14	Credentials Committee	7:00 a.m.	Allenmore
Thursday	15	EMS Committee	7:00 a.m.	PCMS Office
Thursday	15	Sports Medicine CME	7:00 a.m.	Jackson Hall
Friday	16	Sports Medicine Comm.	7:00 a.m.	MBCH LBR
Tuesday	20	Executive Committee	7:00 a.m.	MBCH SBR
Wednesday	21	Pub. Health/School Health	7:00 a.m.	TG (CR #4)
Thursday	22	Office Closed (Thanksgiving)		
Wednesday	28	AIDS Committee	7:00 a.m.	TGTOA#1

* Board members are invited to attend any PCMS Committee meeting. Please call the Society office the day prior to the meeting to confirm time and location.

Helping people discover their capabilities.

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Using advanced technology in design, materials and components:

PROSTHETICS: Custom Designs for Active Amputees

- Legs: Narrow ML AK (NSNA, Cat-Cam), BK, Nationally Acclaimed Endolite High-Tech System
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- Feet: Custom-Molded Foot Orthotics
- Soft Goods: Back, Wrist, and Ankle Supports; Compression Stockings



Providing Comprehensive Services:

- Follow-up Management
- Emergency Repairs
- Amputee Support Group
- On-call Hospital Fittings
- Processing of Insurance Claims, VA, DSHS, I & L, DVR, Champus, Medicare Assignment Contract
- Remaining current through education

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Off I-5: Lakewood/McChord Exit 125

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Welcome Karen

Karen Benveniste, our President-Elect, comes with numerous community experiences. She is starting her fifth year as a nurse in the Tacoma Public Schools and has seen first-hand the benefits of auxiliary philanthropy projects. For example, the Puyallup teen parent program, Sprocket Man, and the AIDS Foundation. Karen has been the auxiliary representative to the Medical Society School Health-Public Health Committee and was the newcomer's chairman. At this time, she is serving on the Pierce County Prenatal Coalition. Karen is past president of the Tacoma Philharmonic. Karen and her husband Ron have two grown children. Susan is studying in Paris and Sara is a junior at the University of Washington. In addition to community involvement and career, she enjoys tennis, skiing, photography, and gardening.



Holiday Gifts and Toys

YWCA Women's Support Shelter

Help us continue our tradition supporting the YWCA's Support Shelter during the Holiday season. We are collecting gifts and toys for the women and children at the shelter. Please bring an unwrapped toy for a child and/or a wrapped gift for a woman (with contents marked on the outside) to either the November Board or General meeting. We will also be collecting these at the December Joint PCMS-PCMSA Dinner Meeting. If you are unable to attend these meetings, but wish to contribute, please contact the person in your area:

Gig Harbor ●Kris White
851-5552

Lakewood ●Cathy Wilson
584-0952

U Place ●Mary Lou Jones
565-3128.



Welcome to New Members

The Board of Trustees at its October 1990 meeting approved the Credentials Committee recommendation that the following applicants be approved for membership into the society. They are:

ACTIVE MEMBERS

David A. Acosta, M.D.

Family Practice. 419 South L St.
University of California-Irvine,
1979.

Frank S. Floca, M.D.

Psychiatry. American Lake VA
Medical Center. University of
Texas, Medical Branch, 1976.

Kent R. Gebhardt, D.O.

Family Practice, Emergency
Medicine. 2209 East 32nd Street.
College of Osteopathic Medicine,
1986.

George S.H. Makari, M.D.

Neurology/Child Neurology. 915
6th Avenue. Cairo University, 1980.

Doris A. Page, M.D.

Family Practice. 3716 Pacific
Avenue #G. University of
Colorado, 1982.

Donald H. Song, M.D.

OB/GYN. 11311 Bridgeport Way
SW. Loma-Linda University, 1982.

Gregory J. Zoltani, M.D.

Neurology. 10507 Gravelly Lake Dr.
#1. Peoria School of Medicine, 1980.

ASSOCIATE MEMBERS

Rodney Davis, M.D.

Urology. Madigan Army Medical
Center. Tulane School of Medicine,
1982.

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. 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.

Robert Wright, M.D.

General Surgery. Born 07/01/59 in
Michigan. Medical School, Univer-
sity of Washington, 1985; inter-
nship, Scott & White Hospital,
1986; residency, Scott & White
Hospital, 1990. Washington State
license, 1987. Dr. Wright is practic-
ing at 302 14th Ave SE, Puyallup.

Gloria Richard-Davis, M.D.

OB/GYN Born 12/30/56 in
Louisiana. Medical school,
Louisiana State University, 1982; in-
ternship, Madigan Army Medical
Center, 1983; residency, Madigan
Army Medical Center, 1986; board
certified OB/GYN, 1988; licensed
in Washington, 1990. Dr. Richard-
Davis is practicing at 9929 76th
Street SW.

Neal H. Shonnard, M.D.

Orthopaedic Surgery. Born 1/27/55
in Michigan. Medical School,
University of Nevada School of
Medicine, 1984; internship, Univer-
sity of California, San Francisco,
1985; residency, University of
California, San Francisco, 1989;
graduate training, Thomas Jeffer-
son University, 1990. Licensed in
Washington, 1990. Dr. Shonnard is
practicing at 9810 43rd Avenue NW.

Darryl D. Tan, M.D.

Pediatrics. Born 12/02/54 in Califor-
nia. Medical School, Loma Linda,
California, 1982; internship, Loma
Linda University, 1983; residency,
Loma Linda University, 1985;
board certified pediatrics, 1989.
Washington State license, pending.
Dr. Tan is practicing at 7424
Bridgeport Way W.

Michael J. O'Reilly, M.D.

General Surgery. Born 02/09/54 in
California. Medical school, South-
western Medical School, 1981; in-
ternship, Madigan Army Medical
Center, 1982; residency, Madigan
Army Medical Center, 1986, board
certified surgery, 1987. Licensed in
Washington, 1983. Dr. O'Reilly is
practicing at 3611 South D St, #20.

Nicholas Rajacich, M.D.

Orthopaedics. Born 1/25/56 in
Maryland. Medical school, John
Hopkins School of Medicine, 1982;
internship, Rhode Island Hospital,
1985; residency, San Francisco Or-
thopaedic Hospital, 1989; graduate
training, Hospital for Sick Children,
1990. Dr. Rajacich is practicing at
919 South 9th St.



VOTE

NOVEMBER 6

Positions Available

FULL TIME FACULTY POSITION
at University of Washington-affiliated Family Practice Residency program in south Seattle area. Board certification and OB experience preferred. New opening created by program expansion. Interested in joining us? Please send letter and CV to Drew Oliveira, M.D., Program Director, Valley Family Care, 3915 Talbot Rd S., Suite #401, Renton, WA 98055.

TACOMA-SEATTLE, OUTPATIENT
General Medical Care at its best. Full and Part time position available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, M.D. 537-3724 or Bruce Kaler, M.D. 255-0056

WASHINGTON, PUGET SOUND Part or Full time emergency department practice. Low volume, excellent medical staff, great freedom of scheduling. Malpractice paid. Independent contractor. C.V. to TECP, 955 Tacoma Ave S, Suite 210, Tacoma, WA 98402. (206) 627-2303

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MEDICAL VIEW OFFICE SPACES
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FEDERAL WAY PSYCHIATRY
Board Certified Psychiatrist seeks other mental health professionals to lease office space in new free-standing building in Federal Way. Sound-proofing, carpeting, access to group room, private quiet area. Additional support services available by contract. Available now. If interested call Maria between 8-2 M-F. 927-4837

⇒ **FOR SALE - PUYALLUP 2000 + SF**
Medical Office. 5 Exam rooms, 2 Consulting nurses' offices, lab, surgery room, recovery. Offstreet parking. \$295,000 DOT Call N. Samargis, MacPherson's Inc Realtors 848-9906 623-4673, 235-6246

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TO SELL: CIRCADIAN VASCUTEST III and ambulatory blood pressure monitoring system, and Epon FX-850. \$12,000 for the system, and Abbot Laboratories "Vision" Chemistry Analyzer, \$9,000; CUSA-Cavitron Ultrasonic Surgical Aspirator-New 1987 - Used only 3 times, \$40,000; call for free catalog. LYNLEE's Inc. (206) 867-5415 Redmond, WA.

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BY OWNER: SOUTH HILL
Tudor-style stucco and brick home. Two story + daylight basement. First time on market. Some Mt Rainier view. 3800 sq ft on 1/2 acre. Oak, heat pump, alarm, fireplace, and wood stove. 3-car garage. Wooded on cul-de-sac near new grade school. \$249,000. Also separate workshop with heat and 1/2 bath, 1800 sq ft on 1/3 acre. \$49,000. Both \$288,000. 841-9336

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Committee Members

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- Joseph Kramer..... 845-9511
- John R. McDonough .. 572-2424
- William A. McPhee..... 474-0751
- Ronald C. Johnson..... 841-1894
- Kathleen Paris..... 591-6681
- Dennis F. Waldron..... 272-5127
- Mrs. Jo Roller 752-6825

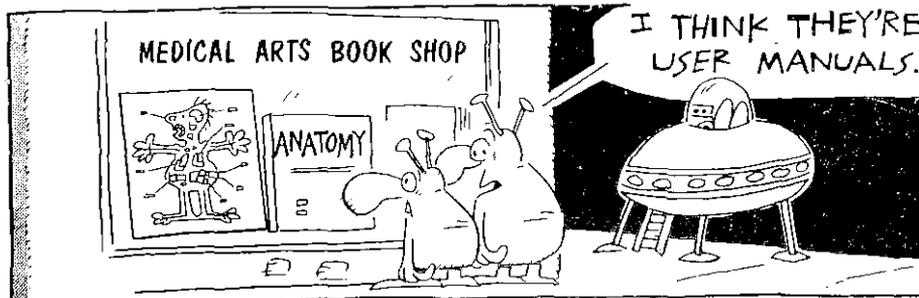
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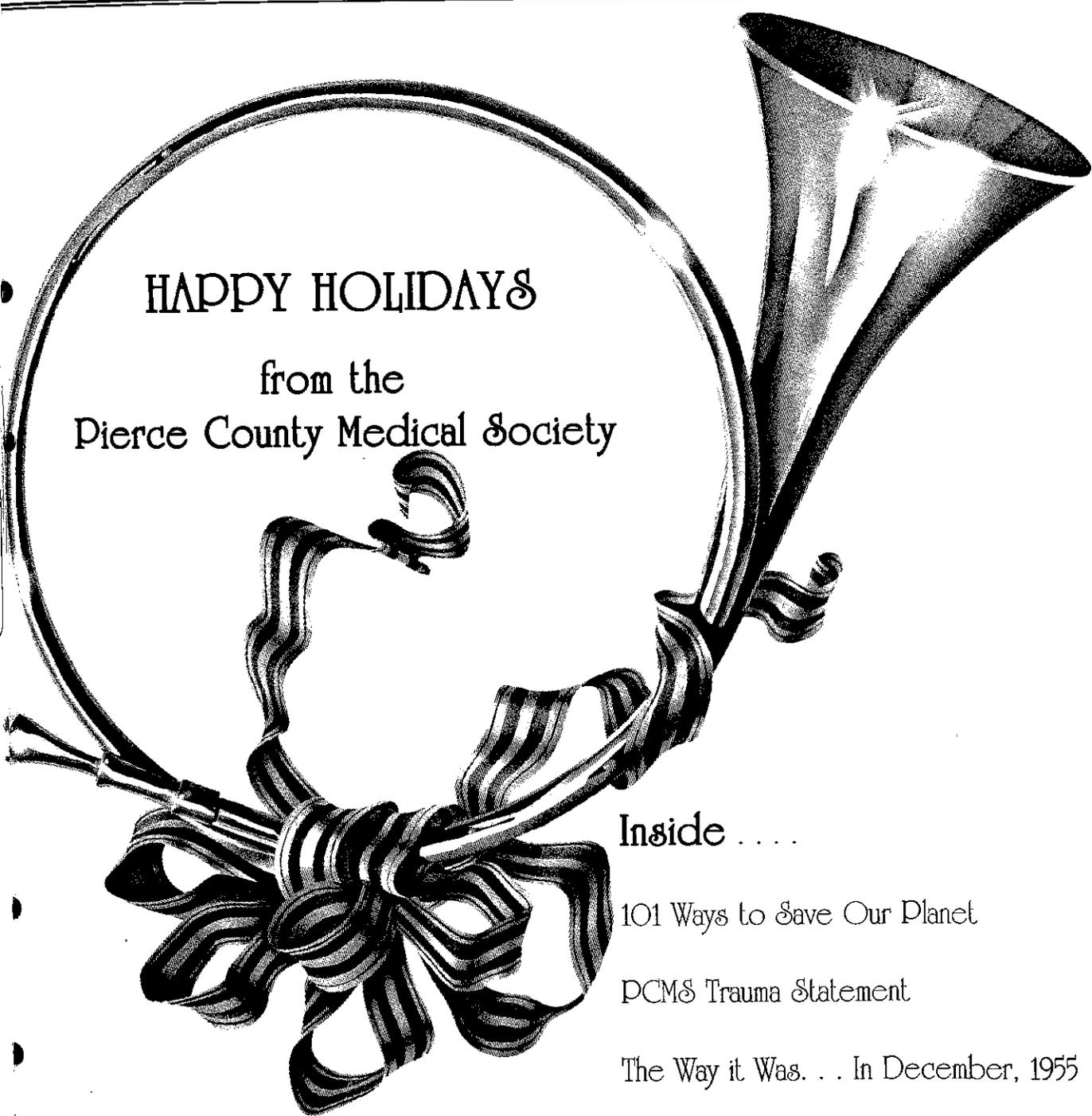
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PCMS

NEWSLETTER

◆ A publication of the Pierce County Medical Society ◆

Volume 5, Number 8 December 1990



HAPPY HOLIDAYS

from the
Pierce County Medical Society

Inside

101 Ways to Save Our Planet

DCMS Trauma Statement

The Way it Was. . . In December, 1955

WE'VE BEEN PRACTICING FOR YEARS TO MAKE YOUR TEAM.

Because we know we have to be the best to earn your referrals. That's why sports medicine is all we do.

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So put us on your first string. We've worked hard for it.



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PROSTHETICS: Custom Designs for Active Amputees

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ORTHOTICS: Lightweight Orthotic Specialists

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- Feet: Custom-Molded Foot Orthotics
- Soft Goods: Back, Wrist, and Ankle Supports; Compression Stockings



Providing Comprehensive Services:

- Follow-up Management
- Emergency Repairs
- Amputee Support Group
- On-call Hospital Fittings
- Processing of Insurance Claims, VA, DSHS, L & I, DVR, Champus, Medicare Assignment Contract
- Remaining current through education

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Located at Bridgeport Center, across Bridgeport Way from Lakewood Hospital

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- William F. Roes
- Mary Lou Jones

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the health and medical welfare of the community.

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. We welcome and invite your letters, comments, ideas, and suggestions.

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Pierce County Medical Society

223 Tacoma Avenue South

Tacoma, WA 98402 (206)572-3666

(206) 572-3666



Within the past few weeks, I had the opportunity to address the local chapter of **Medical Transcriptionists** during their Annual Continuing Education Conference in Tacoma. This opportunity allowed me to focus on the important role these individuals play in the day-to-day activities of the medical community. They are behind the scenes and many times are taken for granted by us as we speak into a dictaphone, mumbling, speaking too fast, or chewing on an apple while we speak. We think about their work only when a dictation

doesn't show up on time on a chart or when all the dictating lines are busy.

We are fortunate in our community to have skilled transcriptionists in the hospitals or in our offices. I encourage all of you to take the time to thank them for their work. Find out where they do their work at the hospital and pay them a visit to thank them for their skill and patience. Of all the medical team members, they are the least visible and they need your support.

After months of careful thought, deliberations, open meetings, and reports from subcommittees and individuals, your Board of Trustees have put together a **Trauma Statement** for the care of the multiple injury trauma patient in Pierce County. The statement is printed in this Newsletter. I want to thank all the individuals who worked on this project. The **Committee on Trauma** will be organized over the next few months to address the points listed in the statement and provide an ongoing monitor of trauma care in Pierce County.

—GRK—

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Trauma Statement Adopted By Board

This past year the Medical Society has devoted much time to examining the trauma issue. We formed a committee composed of representatives from the major hospitals and participants in the Pierce County trauma care system. We invited Dr. John Gann, an acknowledged expert in trauma to

address us and visit our hospitals. A subcommittee of physicians intimately involved in trauma met several times to consider the situation and we held a public Board of Trustees meeting to take comment from any interested physician or hospital representative. As a result of these

deliberations, the Board of Trustees has adopted a statement on trauma. We believe quite strongly that physicians must play a major role in determining the future of the Pierce County Trauma System. We are committed to the highest quality of care for the Pierce County trauma patient.

A Statement on Trauma

The physicians of Pierce County have repeatedly expressed concern for the people involved in multiple organ, life threatening trauma in Pierce County. The present trauma care system has been dependent upon a volunteer corps of surgeons, hospitals, and their staffs who have made the best of a sometimes fragile situation.

In the interest of public safety and well-being we believe a well-coordinated, integrated trauma care system for the victims of multiple organ, life threatening trauma must be designed and implemented to provide optimal care in Pierce County.

To achieve this, the Pierce County Medical Society will establish a committee on major trauma that will:

- Analyze and develop data in collaboration with hospitals and the Pierce County EMS Council.
- Participate in the design and development of a system for trauma care administration in the county, and
- Establish a Pierce County Trauma Registry to make certain the data is kept current and continually monitored.

We recognize that improvements can be made in the system, most of which will be quite costly to incorporate. We also recognize that trauma is not the only critical health issue facing this community. It is necessary to weigh the value of establishing a system for major trauma when such issues as prenatal care, cancer, access for the uninsured, AIDS, cardiac care, drugs and others, also require our attention. "The objective is to get the right patient to the right hospital at the right time."¹

¹Donald Trunky M.D.

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Welcome to New Members

The Board of Trustees at its October 1990 meeting approved the Credentials Committee recommendation that the following applicants be approved for membership into the society. They are:

ACTIVE MEMBERS

Rachel D. Dawson M.D.

Family Practice
11311 Bridgeport Wy. SW, #304
Associated with Dr. Matthew
White and Dr. James Wilson

James D. Fitz M.D.

Internal Medicine
419 South L St, Tacoma

Joan E. Halley D.O.

Family Practice
5122 Olympic Dr. NW, Gig Harbor

Michael J. O'Reilly M.D.

General Surgeon
3611 South D Street
Associated with Dr. Glen Deyo

Randolph K. Otto M.D.

Radiologist
3402 South 18th St.
Associated with Tacoma Radiology

Bradley D. Pattison M.D.

Anesthesiology
8702 Goodman Dr. NW
Gig Harbor

Nicholas Rajacich M.D.

Orthopedic Surgery
919 So. 9th Street
Associated with Tacoma Or-
thopedic and Fracture Clinic

Gloria A. Richard-Davis M.D.

Ob/Gyn
521 South K Street
Associated with Western Clinic

Neal H. Shonnard M.D.

Orthopedic Surgery
1515 South K Street

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. 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 Credential's Committee or Board of Trustees of the Society.

Gary R. Pingrey D.O.

Family Practice. Born 9/17/56 in Washington. Medical School, College of Osteopathic Medicine, Kansas City, MO; 1982; Internship, Naval Hospital, Bremerton, WA, 1983; Residency, Naval Hospital, Bremerton, WA, 1986; Board Certification, Family Practice, 1986. Washington State license, 1983. Dr. Pingrey is practicing at 5122 Olympic Dr NW, Gig Harbor.

Anthony J. O'Keefe M.D.

Anesthesiology. Born 8/5/31 in Ireland. Medical School, National University of Ireland, 1955; Internship, South Infirmity Hospital, 1957; Residency, University of Manitoba (Canada), 1960; Graduate Training, Tacoma

General Hospital, 1961; Board Certified Anesthesiology 1966. Licensed in Washington, 1962. Dr. O'Keefe is practicing at 314 South K St, #303, Tacoma.

Kimberly Horn M.D.

Anesthesiology. Born 3/1/50 in California. Medical School, University of Hawaii, 1978; Internship, Mary Imogene Basset Hospital, 1979; Residency, University of Washington, 1983; Board Certification Anesthesiology, 1987. Licensed in Washington, 1981. Dr. Horn is practicing at 314 South K St, #302, Tacoma.

Kerry Watrin M.D.

Family Practice. Born 3/13/54 in Washington. Medical School,

University of Washington, 1980; Internship, Tacoma Family Medicine, 1981; Residency, Tacoma Family Medicine, 1983. Licensed in Washington, 1981. Dr. Watrin is practicing at 419 South L St, Tacoma.

David N. Griggs M.D.

Family Practice. Born 10/7/41 in California. Medical School, University of California, School of Medicine, 1969; Internship, Cedars-Sinai Medical Center, 1970; Residency, Cedars-Sinai Medical Center, 1972; Graduate Training, UCLA School of Medicine, 1968. Licensed in Washington, 1990. Dr. Griggs is practicing at 331 South Meridian, Puyallup.

Groups Develop Guidelines for Concurrent Utilization Review

CHICAGO—The American Hospital Association, the American Managed Care and Review Association, the American Medical Association, The Blue Cross and Blue Shield Association, and the Health Insurance Association of America have jointly developed voluntary guidelines for the conduct of private utilization review programs. These programs are designed to promote consistency and uniformity of utilization review procedures and facilitate the efficiency and effectiveness of the review process.

"Guidelines for Concurrent Review and General Administrative Procedures" addresses several key issues that relate to utilization review conducted during a patient's course of treatment, including provider, payer and utilization review organizations in denial and appeal mechanisms, patient confidentiality and general contact procedures and time frames for reviews. These guidelines represent an addition to those released last summer on prior authorization programs and claims submission and review.

These five organizations will urge their members to utilize these "Guidelines" as the basis for discussion and implementation of utilization review programs. The groups hope to continue work on additional issues of mutual concern regarding utilization review.

For more information contact:

Jan Shulman, AHA (312)280-6349
 Susan Tate, AMCRA(202)728-0506
 Craig G. May, AMA(312)464-5360
 Julie Boyle, BCBSA (312)440-5620
 Joel Miller, HIAA(202)223-7836



Dr. Priebe "Boss of the Year"

Dr. W. Michael Priebe was honored as "Boss of the Year" by the Pierce County Chapter of the American Association of Medical Assistants October 23. When accepting the award, Dr. Priebe said, "Well, who would have ever thought the Reds would take the World Series this year. . . this award is indeed a surprise and an honor." Candidates for Boss of the Year were evaluated based on nomination letters written by their staffs explaining how their bosses excel in support of AAMA and

medical assisting as a profession, appreciation of staff, professional standards and ethics, participatory management style, and interpersonal skills.

Dr. Robert O. Modarelli moderated the event and introduced the physician entertainers. Drs. H. John Zielinski, Gordon Klatt, Jim Patterson, Dave Pomeroy and Joe Nichols performed a variety of routines with guitar, accordion, piano, flute, and electronic synthesizer.

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Pierce County Medical Society

and the Pierce County Medical Auxiliary

cordially invite you to join them at their

Annual Joint Dinner Meeting

featuring

Steve Benson

Morning News Tribune Political Cartoonist

Place: Sheraton-Tacoma Hotel
1320 Broadway Plaza

Date: Tuesday, December 11, 1990

Time: Cocktails 6:30 pm (No host)
Dinner 7:15 pm
Program 8:15 pm

Price: \$26 per person
(Price includes gourmet meal,
wine, entertainment, tax,
and gratuities)

Reservations requested by
Wednesday, December 5, 1990

REGISTRATION

Yes, I (we) have reserved the evening of December 11 to join members of the Pierce County Medical Society and the Pierce County Medical Auxiliary at their Annual Joint Dinner Meeting and Installation of Officers.

Please reserve _____ dinner(s) at \$26 per person (meal, tax, and gratuities included).

Enclosed is my check for \$ _____.

Dr. _____

Please make check payable to PCMS and return no later than Wednesday, December 5, 1990.

Please bring an unwrapped toy for a child or a wrapped gift (with contents labeled) for a woman at the YWCA Women's Support Shelter.

SALE

Entire Contents of
St. Cabrini Hospital
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Lynlee's, Inc., will be conducting an "Appointment Only" sale of quality medical and office equipment from this 188 bed general hospital.

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EXAM EQUIPMENT: Ritter Power Tables, Midmark & Hamilton Exam Tables, Gooseneck lamps, Wall Mount Oto-Ophthalmoscope, Scales, Rolling Stools, etc.

DIETARY EQUIPMENT: Stero Dishwasher (new 1989), Scotman Ice machines, Walk-in Refrigeration units, Steam Tables, Radarange, Vulcan Convection Oven, Large Ovens, Stainless Steel Counters and Cabinetry, etc.

PATIENT CARE EQUIPMENT: Hill Rom 840 Beds, 150 Borg Warner Beds, Nightstands, Over Bed Tables, ARJO Digital Scale and Bed Trolley, Lakeside Carts, Crash Carts, etc.

RADIOLOGY EQUIPMENT: Siemens R & F Room, Diasonics DRF 400 Matrix Camera, Ultrasound, Siemens-Siremobile 24, GE Portable X-Ray, Thompson-CGR Prestilix 1600 Remote System R/F Tomo Table, Picker CT Scanner 600 Synerview, etc.

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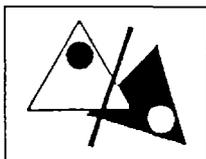
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Office-based practice is undergoing an evolution. Increasingly, malpractice claims are shifting from the inpatient hospital setting to the private practice office. According to some national data, such claims now account for 30% of the total. The same risk management and quality assurance programs used by hospitals are becoming increasingly important elements in private offices.

The patient's perception of the doctor's "office team" is critical. It takes time and effort to make a successful team - and in Physician's Insurance's opinion, a successful team is pivotal in minimizing allegations of negligence. Clear documentation of a patient's history, physical findings, and treatment is vital. This encompasses not only office care, but verbal and/or telephone conversations. The medical record is an essential piece of evidence and a documented phone conversation can serve to clarify a credibility dispute in court.

The AMA has published a concise document to help physicians implement better risk management procedures in their offices. "Risk Management Principles and Commentaries for the Medical Office" includes guidelines for risk management in twelve areas.

To order, send \$5 to:

#OP660190
515 North State Street
Chicago, IL 60610.

The AMA recommends you read it, have your staff read it, then adopt at least five of the recommendations.

Physicians Responsible for Address Changes

OLYMPIA - Physicians and physician assistants are responsible for notifying the Medical Disciplinary Board of address changes.

On August 17, 1990, the Medical Disciplinary Board unanimously adopted a new WAC in a rules hearing. This section (WAC 320-08-002) states it is the responsibility of medical licensees to maintain a current mailing address on file with the board.

All official documents will be mailed to the address on file. If unclaimed or undeliverable mail is returned to the disciplinary board, the board shall proceed by default.

The new WAC will go into effect October 28. New addresses should be sent to:

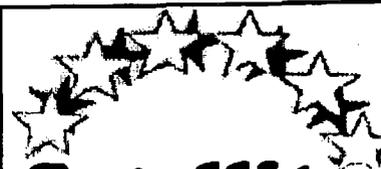
Attention: Address Change
 Medical Disciplinary Board
 1300 Quince Street MS/EY-25
 Olympia, WA 98504



Dr. Billingsley Presented Award

James G. Billingsley, M.D. was presented the Distinguished Eagle Award on October 23. The award is given to those who have been Eagle Scouts for 25 or more years and have achieved distinction in their professions and service to their community.

Continued on next page . . .



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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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From previous page . . .

Dr. Billingsley has served as Vice President of Medical Affairs and director of Medical Education at St. Joseph Hospital; Clinical Assistant Professor of Medicine at the University of Washington; Regional Medical Advisor, Southwestern Washington Emergency Services; Chairman, Aeromedical Services Association; Founding Fellow, Med-Air-Vac Emergency Corps; President, Pierce County Tuberculosis Association; board member, Tacoma Youth Symphony; and Music and Choir Director, Immanuel Presbyterian Church.

Red Cross Notifications

With the growing number of U.S. troops deploying to the Middle East, the American Red Cross assumes a more prominent role in your practice. According to congressional mandate, only the Red Cross can provide formal notification between the armed forces and civilians in matters of emergency leave. The Red Cross is the only agency that can make arrangements for active duty military personnel to return home for a death or medical emergency.

Since June 1989, Congress has required a Doctor's Interpretive Statement be given to the Red Cross in all cases of emergency leave. In plain English, this means a physician who knows of the diagnosis, present condition, prognosis, life expectancy, and/or possible terminal condition of a patient may make a recommendation of medical emergency to the Red Cross.

This information steps across the normal boundaries of confidentiality. The Red Cross will make every attempt to obtain consent in writing, but since most Red Cross services are provided at the request and with the implied consent of the

client, time and circumstances often make it impossible.

If you are caring for a patient with an emergency illness or death, the Red Cross will require certain basic information from you. The information is sent to the field unit where the active duty person is serving. Only with your help can the Red Cross make arrangements for active duty military personnel to leave their stations and report to

the bedside of a family member when they are needed.

Please be aware these procedures are covered by federal law and by procedure of all the Armed Forces in the U.S. as well as the American Red Cross. If you have any questions about a specific incident or problem, please feel free to call 591-6690.

James G. Billingsley M.D.

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How does EMC work? If you have your own computer, you have two choices:

- Electronic Claims Clearinghouse (ECC) allows you to transmit **all** your claims to us and let us forward them to the appropriate health care agencies and organizations.
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individual doctor deductibles. We now offer accelerated retirement tail vesting, providing up to 4 years credit toward free retirement tail when converting from another carrier.

■ We're first when it comes to offering more comprehensive coverage. More discounts. Lower rates. And impeccable financial integrity. In fact, The Doctors' Company was awarded an A+ (Superior) rating — the industry's highest — by the authoritative independent analyst A.M. Best Company. The more than 14,000 doctors nationwide who call us *their* company, have made us the country's leading physician-owned insurer.

■ Look to the leader. Call The Doctors' Company today (800) 548-0799.

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Philip E. Dyer (800) 548-0799



Dr. Mian Anwar converses with attendees of the October 24th Retirement Luncheon



From left—Dr. Wearn, Dr. Eric Platz, Dr. Gordon Dean

Medicine in

Africa



Dr. Joe Wearn and his wife Pat Wearn, R.N.

Dr. Joe Wearn and his wife **Pat** addressed a full house at the quarterly retirement luncheon October 24. Dr. and Mrs. Wearn spoke on their experiences during a month-long tour of medical facilities in Kenya and Nigeria last year. As might be expected, medicine in Africa is primitive. While some western-style care is available to wealthy patients in private hospitals, the average African medical facility is austere in the extreme. Mrs. Wearn described an infectious disease clinic they visited where patients slept head-to-foot, two-to-a bed in open air tents. No one in Africa was willing to discuss AIDs, saying the issue was "political." But despite the terrible conditions, the Wearn's found African health care providers exceptionally proud and conscientious in providing the best care they could for their patients.



Mrs. Florence Dean and Dr. Gordon Dean

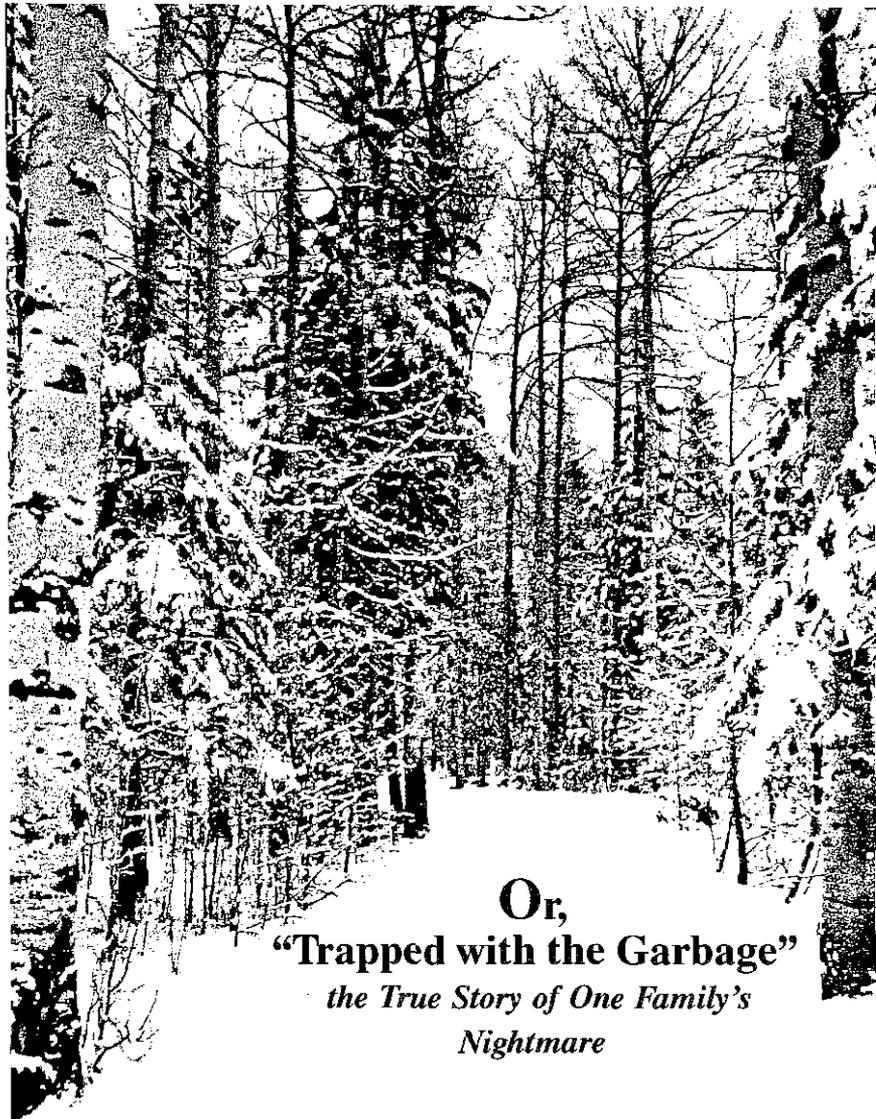
101 Ways to Preserve Our Planet

In late December one year, my family and I decided to rent a rustic cabin in the highlands of the Colorado Rockies. "Rustic" meant our cabin was equipped with electricity, a large woodburning cookstove in the kitchen, a small woodburning stove in the living room, and nothing else. The outhouse was down a path about 100 yards into the woods, and our water was courteously supplied by our hosts in five-gallon plastic jugs (frozen, of course). The day we arrived, it had been snowing for three days straight and the snow reached 10 inches above the windowsills. We finally got our new home warm enough so we couldn't see our breath, but not warm enough to take off our hats, coats or gloves--the warmest we would be for the next three days. Chopping wood to feed two stoves,

sweeping cubic yards of snow off of the floor, and digging open the outhouse door soon produced hearty appetites. So I prepared a correspondingly hearty frontier meal of pork chops, fried potatoes, and eggs. We weren't any warmer, but we were certainly more content, and I set about washing up, frontier style. I heated four big pots of water on the massive stove, and by dipping the dishes in succession, managed to get them reasonably clean. Ah, but now the rub--what to do with my four pots, each bearing varying amounts of potatoes, eggs, and soap. With no running water, our cabin's architects hadn't included a sink. The outhouse was too far away, so finally I dug a hole in the four-foot snowbank outside the kitchen door

and dumped it out there. I pacified my conscience with the thought the animals would enjoy it when it thawed sometime next August, while the rest of our trash -- paper food wrappers, napkins, etc.-- accumulated at a truly alarming rate near the kitchen door. Garbage, like stir-fry, seems to expand once you break it out of its original package. To make a long weekend short, we never did get warm and we had a wonderful time. But the impression which remained, at least for me, was an unshakable realization of how much garbage we leave in our wake. Having been trapped for three days with mine, with no

Continued on the next page . . .



Or,
"Trapped with the Garbage"
*the True Story of One Family's
Nightmare*

101 Ways . . .

considerate collector to remove it from my consciousness, I was forced to look my garbage literally in the face. It was a sobering experience. Ever since, I've tried to lessen my contribution to the mountains of garbage we all create. I wish I could say I've been transformed, and no longer produce prodigious left-overs, but the truth is, it's hard. But I think about it now; recycle what I can, and conserve wherever I can. For those who haven't had the opportunity to confront their garbage directly, as I did, over the next few months we will be running 101 ways we all can help conserve, and so preserve, our planet.

Carolyn Orvis, PCMS Publications

1. Recycle. Develop a "recycling attitude." You can begin by participating in your local recycling program. Most community programs recycle newspapers, cans, glass, plastic milk cartons and soda bottles. In the U.S., recycling just the Sunday newspaper would save 500,000 trees weekly.

2. If there is no local recycling effort, encourage your neighbors and friends to get one started. As landfill space dwindles, recycling becomes more attractive—and cost effective—for communities.

3. Cut down on the non-recycled garbage your household produces. The less waste placed in landfills, the longer the landfills will last.

4. Although so-called "junk mail" can be recycled, in the US, you can also write Mail Preference Service, Direct Marketing Associa-

tion, PO Box 3861, New York, NY 10163, to have your name removed from future mailing lists.

5. In the U.S., call the Environmental Defense Fund Hotline, 1-800-225-5333, to obtain information about recycling programs in your area.

6. Buy stationary, cards, and wrapping paper made from recycled paper.

7. Plant a garden. Even in urban settings, you can grow flowers and herbs in pots.

8. "Xeriscape" your lawn. The term refers to a method of landscaping that uses the least amount of water. Plant grass, shrubs, and flowers that require little water and use other techniques that conserve water.

9. Build a compost heap in your yard for grass, leaves, branches, and other clippings. It will reduce waste collection and help your garden grow. In the U.S., yard and food waste constitute a quarter of the waste stream.

10. Put coffee grounds, egg shells, banana peels, etc. in the compost heap, too.

11. Cut down on pesticide use in the lawn and garden—only one percent of pesticides actually reach a pest. Consider using organic pesticides.

12. Install a "graywater" tank to reuse some household water that might otherwise go down the drain. Note: building a graywater tank is relatively expensive and may not always be allowed by communities.

Check first. Also, write Edible Publications, PO Box 1841, Santa Rosa, CA 95402 for their \$6 publication, "Graywater Use in the Landscape."

13. Buy unbleached coffee filters. Better yet, use a long-lasting metal or cloth filter.

14. Use cloth diapers. (About 18 billion disposable diapers enter U.S. landfills every year. A few cities, however, have started programs to recycle these disposables.)

15. Spend a weekend in a rustic cabin.

This list was originally published in *The Rotarian*, August 1990. The list was compiled from the following sources:

50 Simple Things You can Do to Save the Earth, by the Earthworks Group (Earthworks Press, U.S. \$4.95)

Save Our Planet, by Diane MacEachern, (Dell Books, \$9.95)
The Green Lifestyle Handbook, edited by Jeremy Rifkin (Henry Holt, \$10.95)

Saving the Earth: A Citizen's Guide to Environmental Action, by Will Steger and Jon Bowermaster (Knopf, \$19.95)

How to Make the World a Better Place, by Jeffrey Hollender (Quill/William Morrow, \$9.95)

The Way It Was . . . in December, 1955

Originally printed in *Punch*, the following article was reprinted with permission in the *Journal of the American Medical Association*, Jul-Dec, 1955. By Richard Gordon

Smoking has a particularly strong appeal to the British public because it is our only vice which is wholly respectable. Clergymen puff away blamelessly, in life and advertisement; schoolmasters bathe their corrected exercises in rich blue clouds; dons traditionally pickle their undergraduates with latakia. Nothing creates the appearance of thoughtfulness, solidarity, and honesty in the British mind more powerfully than a pipe.

Politicians who would rather defy a whip than be spied by their constituents holding a glass, pose proudly for photographs with their smoking insignia. What Englishman can picture a safe-cracker pausing at his job to relight his favourite briar? And who thinks the worse of Sherlock Holmes for continuously filling himself with noxious agents by the mighty bowlful?

The discovery of the spoil-sport statisticians that smoking is really a more dangerous pastime than speedway racing has already propelled quiet ripples of confusion through the medical profession. Most doctors smoke, and addicts are poor arbiters of their addiction: while the practitioner who comes mellow from his after-lunch pipe is murmuring in his surgery, his colleague, white-hot in the fresh fires of abstinence, sends his patients away emptying their cigarette ashes like loaded revolvers.

I gave up smoking myself when I was a medical student, after dis-

covering one afternoon, in the index of Price's Textbook of the Practice of Medicine, the entry between *Smallpox* and *Snakebite*:

SMOKING a cause of
chronic pharyngitis
a cause of pyalism
cardiac symptoms of
excessive, enterospasm in
harmfulness of, in intestinal
spasm
in relation to atheroma
to gastric and duodenal ulcer
to gastric irritation
to intermittent claudication
to laryngitis
to palpitation
to pulmonary tuberculosis
to thrombo-angitis obliterans

This seemed to so clearly describe my condition when groping for the morning cigarette that I instantly gave my daily packet to the mortuary attendant, and decided to discover by private research why other people tolerate these life-long symptoms as cheerfully as a schoolboy's split knees. This is a difficult clinical investigation, because nobody will admit he smokes because he wants to. The reasons most commonly offered in the consulting room for a chronic bronchitis and mahogany fingers are:

*"Me nerves, Doctor . . .
Sort of helps me to think . . .
Can't digest nothing otherwise . . .
Keeps down the weight . . .
Everyone else does . . .
Keeps up the weight . . .
Habit, I suppose . . .
Keeps the moth out of the carpet."*

A search for more scientific reasons from my scientific colleagues barely furthered the investigation. A physiologist declared that if you paint the nerves in a



cat's neck with a solution of nicotine the animal gives an enormous wink. This, he explained, is why cats don't smoke, but he could go no further. A hospital pharmacologist, who smokes an old pipe bilaterally notched through a lifetime of lighting from Bunsen's, explained that a cigarette contained enough nicotine to slaughter an alleyfull of cats, was packed with ammonia and other unpleasant vapours, gave off more carbon monoxide than an old car. He had no explanation why a queue of men, during the war, were prepared to stand in the rain for a half an hour on the off chance of being permitted to buy a packet of these bundles of poison. A psychiatrist merely murmured darkly about remnants of infantilism, and recommended playing with an abacus after dinner instead. It seems no smoker can possibly enjoy

Continued on next page . . .

The Way it Was . . .

smoking; they smoke only because they don't enjoy it if they aren't.

This makes the problem of stopping impossibly complicated, and the brave British public will probably continue to puff itself into a premature grave to the dismay of the Ministry of Health and the delight of Exchequer. The common man has accepted without grace the assurance that the more he smokes the more likely he is to kill himself, for he has an constitutional dislike of statistics and his common sense tells him (1) lots of people smoke heavily and don't get cancer, (2) lots of people get cancer and don't smoke heavily. In the last century his common forbearers decided for the same reasons that germs don't give you diseases like typhoid and cholera; but common sense never lacks its martyrs, and their bones form thick memorials to our forgotten centers of insanitation.

Medical science never takes anything away without giving something in return. In the last ten years it has discovered you can drink as much as you like if you swallow plenty of vitamin B, and your liver won't end up as a lantern slide in a temperance lecture. If everyone smoked less and drank more the Exchequer wouldn't suffer and we should all be healthier. Possibly we would beat each other about a little, but what are a few more bruises and fractures to the Health Service? This is an unsentimental age.

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Sun Valley and CME Still Open

The college's first "resort" CME program scheduled for Sun Valley, Idaho, is still open for registration. However, participants logistics for the trip are becoming limited.

The conference will be held at Elkhorn Resort in Sun Valley. They have offered us considerably reduced rates for lodging in both the hotel and condominium units. However, another group is scheduled to meet at the same time, so those who have not finalized their lodging arrangements should do so soon.

Similarly, the seats available at our negotiated reduced rates are going fast. Some of the most popular flights are already sold out. So now is the time to act if you want a reasonable selection of times at discount rates. To receive the reduced rates with Horizon Airlines, you must schedule your flight with Olympus Travel by calling Angie or Kris at 565-1213.

So hurry and make your plans to register now for that annual ski trip! Join your colleagues and their families in the fun at Sun Valley this winter. Questions? Give us a call at the College of Medical Education, 672-7137.

Mock Trial Scheduled for Law and Medicine Symposium January 17

The very popular annual Law and Medicine Symposium offered by the Doctor/Lawyer Committee is scheduled for January 17, 1990.

The symposium presents topics of mutual interest to physicians and attorneys. Speakers are chosen from prominent members of both professions. The program offers an insightful look at both sides of common professional interactions.

This year's program was developed by Marcel Malden, M.D. and David Condon J.D. and will be held in rooms 3A and B of St. Joseph Hospital's South Pavilion Conference Center.

The program will offer Category I CME credit for both AMA and AAFP. CFE credit for attorneys is pending. A continental breakfast and lunch are included.

The Doctor/Lawyer committee is made up of representatives of the Pierce County Medical Association and the Tacoma-Pierce County Bar Association.

The program is organized by the College of Medical Education. If you did not receive the program brochure and would like to register, please call C.O.M.E at 627-7137.

C.O.M.E. 1990 - 91 Schedule

Date(s)	Program/Subject	Coordinator(s)
1990		
Thurs., Fri. December 6 & 7	Advanced Cardiac Life Support	Mark Craddock, M.D.
1991		
Thurs. January 17	Law and Medicine Symposium	David Condon, J.D. Marcel Malden, M.D.
Fri. February 8	Review of HIV Infections	Alan Tice, M.D.
Weds.-Sat. February 27 & 28 March 1 & 2	Sun Valley Program	Mark Craddock, M.D. Stuart Freed, M.D. John Lenihan, M.D.
Thurs., Fri. March 14 & 15	Tacoma Academy of Internal Medicine	Amy Yu, M.D.
Fri., Sat. April 12 & 13	Surgical Club	James Stilwell, M.D.
Fri. May 10	Office Procedures	Mark Craddock, M.D. Tom Norris, M.D.
Fri. May 31	Office Gynecology	John Lenihan, M.D.
Mon., Tues. June 24 & 25	Advanced Cardiac Life Support	James Dunn, M.D.

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Confluence Report

Our President-Elect, Karen Benveniste, attended Confluence in Chicago, October 14-16. Held at the Drake Hotel, it is a great opportunity to exchange ideas with auxiliaries from all over the nation. Confluence is a leadership training seminar presented by the AMA Auxiliary for State and County President-Elects.

Its title seemed to predict somewhat technical or mechanical subject matter, but in fact, "Building Coalitions" was an extremely pertinent and useful presentation at Confluence I.

Briefly, working in coalitions means that auxiliaries join with other community organizations to create a

synergy for action. Working with other organizations can provide volunteers, funds, resources and the enthusiasm necessary to make an impact in the community. Of course, there may be pitfalls in a coalition project without careful advance planning to determine focus and goals. The first step is to identify a problem or need in the community and then look for an organization similarly concerned with the problem. Coalitions can be formed with corporations, service clubs, military service organizations or even legislative districts. Once an organization with goals compatible with those of the auxiliary has been chosen, more detailed planning begins. A specific, written

statement of goals and objectives, including a list of who is responsible for each part of the plan, and a time frame (beginning and end of each project) are necessary for the coalition to be successful. Ideally, both organizations involved in the coalition should be able to advance their own goals, while helping to solve a problem or fulfill a need in the community. At the end of the project, it's very important to publish the results and celebrate the success!

An indirect benefit to the auxiliary of working in coalitions is the membership may be stimulated by the greater community awareness the project engenders.

Phone-A-Thon

Ten women from PCMSA met on October 17 for the annual Phone-A-Thon. Over 200 calls were made, and the team got 48 positive responses! Those calling included: Alice Wilhyde, Kris White, Helen Whitney, Rubye Ward, Mary Lou Jones, Denise Manos, Trudy Klatt, Bev Graham, Karen Benveniste, and Cathy Wilson. A follow-up Phone-A-Thon is being planned. So, if you were missed at home the first time, we'll be contacting you.

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Always searching for new and innovative ways to raise funds to support AMA-ERF, the WSMA Auxiliary offers you a fantastic bargain in useful tote bags. These ecological tote bags were designed by a WSMA auxilian from Vancouver, and can be used for a wide variety of functions from carrying shopping items, school books or toys to business papers. They are mint green with Washington written in white lettering above a distinctive

evergreen tree design. The tote bags measure 20 inches wide by 16 inches deep.

The tote bags are available now and would make wonderful Christmas gifts. The bags cost \$18 each. Make your checks payable to WSMA Auxiliary. Please write the name of your county on the check to ensure your county will receive credit for AMA-ERF (\$10 tax deductible per bag). To order your tote bags call Mona Baghdadi (1-851-6303).

AMA-ERF Holiday Sharing Card

Mailing Party

You're invited to a party! The AMA-ERF mailing party will be held Tuesday, December 4th, 9:30 am at the home of Nikki Crowley, 8224 20th St. East in Puyallup. Bring a smile and something to share for a potluck lunch. It's really more fun than work. Call Sandy, 851-9899 or Nikki, 922-7233, for directions.

Many thanks to everyone who helped at the solicitation mailing 10/10/90 at Mary Lou Jones' home.

Participating in the mailing were: Mary Lou Jones, Mary Cordova, Rubye Ward, Alice Wilhyde, Nikki Crowley, Debby McAlexander, Margaret Greydanus and Denise Manos. Special thanks to Barbara Wong and Cindy Anderson who have made our Holiday Sharing Card a work of art.

Come join the fun and help get this year's card in the mail. See you there! *Sandy Shrewsbury*
Co-Chairman AMA-ERF

Philanthropic Winners

The recipient organizations chosen for funding by the Pierce County Medical Society Auxiliary Finance-Philanthropic Committee (1990-91) include:

- *Hospice of Tacoma - educational materials, volunteer training*
- *Pierce County Aids Foundation - community education*
- *YWCA Women's Support Shelter - equipment*

- *Teen Health Forum - health education*
- *Safe Place - billboards, public information.*

The Tone School was submitted as a candidate for recognition at the state level. Funds will be used for children's clothing, personal hygiene products, and medical needs.

WSMA/WSMA Auxiliary Annual Meeting

The WSMA/WSMA Auxiliary Annual Meeting was held September 20-23 in Spokane. Auxilians from around the state attended business meetings and workshops.

We attended "Think First", (Head and Spinal Injury Prevention Program) presented by Deb Ferse, Coordinator, at a local middle school. CPR training and certification was also offered. A legislative workshop featured two state representatives from the Spokane area. The WAMPAC luncheon hosted U.S. Representative Rod Chandler.

Diane Pammenter, N.W. Regional Coordinator of the National Marrow Donor Program presented information on the importance of educating the public of the need for bone marrow donors.

Susie Duffy, WSMMA President-Elect, Sharon Ann Lawson, Helen Whitney, Alice Wilhyde, Marny Weber, Mary Lou Jones, Debby McAlexander and Shaaron Anderson attended activities during the annual meeting.

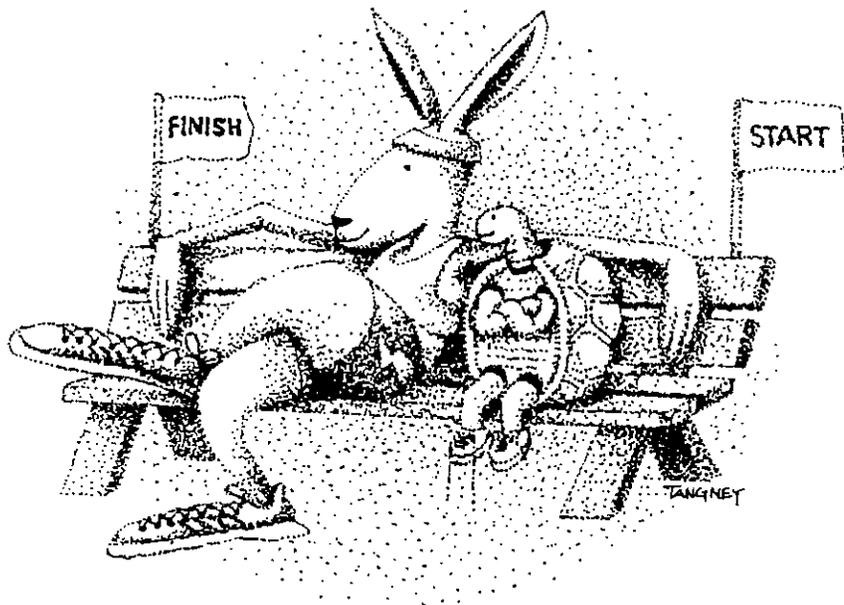


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The YWCA Women's Support Shelter needs a used refrigerator. Please call Mary Lou Jones if you'd like to make a donation.

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Are you a physician involved or interested in literacy? Do you realize some patients may not understand you? We're not looking just for tutors, but someone who could present a paper at a medical meeting to be recorded and used nationally for CME credit on an audio cassette program.

Call Kris White (851-5552) for more information.

Support the YWCA Shelter

Remember to bring a wrapped gift for a woman and/or an unwrapped toy for a child to the December 11 PCMS/PCMSA holiday dinner for the women and children at the YWCA Support Shelter. If you are unable to attend the dinner, drop-off points are:

Kris White
3903 26th Ave Ct NW
Gig Harbor
1-851-5552

Cathy Wilson
7618 Emerald Dr SW
Lakewood
584-0952

Mary Lou Jones
8217 22nd St Ct W
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*Oops! Last month we published this
 picture without giving due credit to the
 artist, Cindy Anderson. Cindy is an
 artist, Auxilian, and the wife of Dr.
 Charles LeR. Anderson. Sorry, Cindy!*

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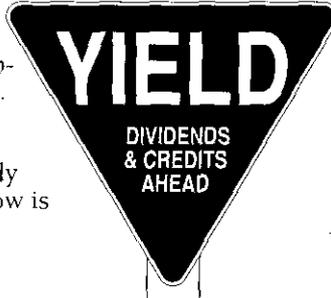
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