BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

DECEMBER 2012

THE BULLETIN
The Oklahoma County Medical Society

December, 2012 – Vol. 85, No 6

Six Annual Publications
Circulation 1500

Oklahoma City, OK 73105-1830
313 N.E. 50th Street, Suite 2
Phone (405) 702-0500

EXECUTIVE OFFICE

313 N.E. 50th Street, Suite 2
Phone 405-702-0500 FAX 405-702-0501
Oklahoma City, OK 73105-1830
E-mail: ocms@o-c-m-s.org
Web Site: o-c-m-s.org
Jana Timberlake, Executive Director
Tracy Senat, Associate Director
Managing Editor, The Bulletin
Ashley Merritt, Membership Coordinator
Administrative Assistant

EDITORIAL

James W. Hampton, MD
Editor-in-Chief
William P. Truels, MD
Associate Editor
Johnny B. Roy, MD
Assistant Editor
S. Sandy Sanbar, MD,PhD,JD,FCLM
Assistant Editor-Law and Medicine

Printed by Green's Graphix

TABLE OF CONTENTS

About the Cover

The Story Behind the "Radiation" Drawing Series

by Leisa Shannon Corbett

"Radiation 2" is one of four drawings I did when my late husband, Bill Corbett, was going through his first round of radiation treatments for lung cancer. Previously he had been a reluctant and impatient model. This day he posed without protesting, too tired to resist or maintain a stoic mask. I could see his exhaustion and depression. My hands shook a little and I hoped fervently that I was up to the task of capturing his emotional and physical state.

When he saw the finished drawings he said, "I didn't know you knew I'm depressed. "

My jaw dropped. "How could I not know?"

These drawings changed our relationship. They allowed him to see what words were inadequate to convey -- that I saw his suffering and felt it -- despite his jokes and brave demeanor. I couldn't save him, but I could record his experience. ❑

New Members

Joel M. Davis, MD
(ORS)
3301 N.W. 50th St.
University of Mississippi
2004

Darrell Heck, MD
(AN)
4200 W. Memorial Rd., #703
University of Oklahoma
1997

Patrick Pickett, MD
(AN)
4200 W. Memorial Rd., #703
Univ. of Texas Health Science,
San Antonio 2007

In Memoriam

Jack V. Hough, MD
1920– 2012

WHY DO MORE OKLAHOMA PHYSICIANS SELECT **PLICO** THAN ANY OTHER MPLI COMPANY?

Let us provide you with the highest standard of professional liability insurance on the market.

- Directed by Oklahoma physicians who understand you and your practice
- Rock Solid Financial Strength
- No rate increase in 7 years
- Local Claims Department
- Local Risk Management Department
- Everyone, from the most senior executive down, is available to our clients.
- 32 years of serving Oklahoma physicians

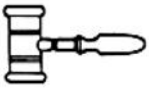
Contact us at PLICO Financial Inc. today. We are a single source insurance, risk management, and financial services firm committed to enhancing the financial well-being of Oklahoma physicians.

PLICO Financial Inc. | info@plicofinancial.com | 405 815 4880

PLICO Financial Inc. is a subsidiary of PLICO.

Paid Advertising

President's Page



Tomás P. Owens, MD

SGR: Here We Go Again!

The Medicare Sustainable Growth Rate (SGR) was enacted by the Balanced Budget Act (BBA) of 1997 in an effort to control the escalating costs of health care. It replaced the Medicare Volume Performance Standard (MVPS) method used by CMS for the same purpose in years prior. In the end, the Medicare Payment Advisory Commission, known by the appellative of MedPac[1] (also created by BBA'97), is the independent congressional agency that advises on the matter (it has 17 commissioners, five of whom are MDs).

SGR aims to ensure that the yearly increase in cost per beneficiary does not exceed the growth in GDP. The formula didn't significantly affect Medicare payments to physicians until 2002, when it resulted in a 4.8% decrease. Since 2003 it has routinely generated proposed yearly decreases, which have slowly grown. Each of these years, Congress -- under intense pressure from physicians, hospitals and the public -- has maneuvered to set another date in the future for payment cuts to occur. During that period, the national Legislature ended up either freezing rates (0% in five different years, including the last two) or increasing payments by 0.2% to 1.5 % each year (with a single instance of +2.2% in late 2010).

As it stands today, once again on Jan. 1, 2013, payment to physicians will decrease by 27.5%[2]. This time is particularly critical as the self-imposed "fiscal cliff" agreed upon as part of the budget negotiations of 2011-2012 promises to complicate decision making and fuel political tension.

Medical and specialty associations spend massive amounts of time and effort every year negotiating an extension or deferral of the payment cuts. Incidentally, as mentioned above, several of the years these delays were followed by actual *increases* in reimbursement to physicians as they were perceived to be essential to maintain patient access to care. Each year there is concern from seniors and the disabled served by Medicare, instability in hospital planning, uncertainty amongst practitioners, stress on the market and worrisome speculation for those entertaining a medical career.

Continuing the cycle of cut-announcement/reactive strain/ negotiation/crescendo suspense/last-minute deferral serves no purpose, fosters insecurity and creates resentment and frustration aside from solving nothing.

The OCMS remains steadfast in its allegiance to national professional and specialty organizations that promote the repeal of the SGR formula and its replacement with another method.

Whilst the Medicare Physician Payment Innovation Act (HR 5707)-Schartz (D-PA)/Heck (R-NV) reached the Subcommittee of Health of three House Committees last May, the AMA SGR Task Force and others are now working on a draft for a payment system for physicians to replace SGR, which would include payments for quality, e-prescribing, chronic disease management, outcomes, PCMH and adoption of EHR best practices[3]. We look at these efforts with guarded optimism, as the complexities of measuring and assigning value to the above items remain great challenges. Nevertheless we are steadfastly in agreement with all voices demanding an end to SGR and the naissance of the new age of reason for Medicare.

You and I can help by supporting our local and national organizations non-partisan political action committees.

Health Alliance for the Uninsured

The boards of HAU and Carelink have now merged to create a new and vibrant organization that will provide a broad range of services to those in dire need. Mutually respectful and collaborative operations are underway.

Independent Transportation Network

Progress continues. A second stage of meetings with hospital and healthcare providers by Mark Mellow, MD, OCMS ITN

champion; Tracy Senat, OCMS Associate Director, and myself have resulted in commitments for seed funds. We have had first meetings with non-medical Oklahoma City corporations and have now signed a Pre-Affiliation Agreement with ITN America through the OCMS Community Foundation. The creation of a 501(c)3 is underway and the application for incorporation as ITN*Central Oklahoma* is pending. Katherine Freund, ITN founder, visited Oklahoma City Nov. 3-6 and was part of our yearly membership meeting. While she was here, she met with representatives of medical institutions and civic/philanthropic branches of local enterprises and was guest of honor at Mark and Patti Mellow's home for an informative reception.

A foundational board has been established and we are looking forward to further development throughout the winter and spring.

Humbled by the Opportunity

Attending the 2012 board meetings of organizations OCMS started (OBI, Hospice of Oklahoma County, HAU, Schools for Healthy Lifestyles) illustrated to me the eternal imprint that our society has put on this community. The Alliance has been extremely supportive and successful. In this year that is now coming to an end, I've had the experience of working with the most committed, dependable, honest and personable staff that any association can wish for: Jana, Tracy and Ashley (like Linda before her retirement) transpire the sense of ownership that they feel for the organization. They don't work for us, they truly work *with* us. The time has seemingly breezed through and I have now ingrained images of worthwhile pursuits, future ambitious projects and the collegiality of our board. Thank you for allowing me to serve you, I'm forever in your debt. ❑

References:

1. http://www.medpac.gov/
2. Review of CMS's preliminary estimate of the 2013 update for physician and other professional services
   http://www.medpac.gov/chapters/Jun12_AppA.pdf
3. http://www.cmanet.org/news/detail/?article=cma-ama-and-others-developing-alternative

Young Physicians

Jason Breed, MD

The Business of Medicine and the Young Physician

Recently at an OCMS board meeting, the topic came up of the naiveté of the young physician (mostly in the first 10 years of practice) in regards to how to run a successful practice. This coincides with a project I am currently working on for the "Practice Management" portion of my residency training. I am currently a 3rd year resident in Family Medicine at the Integris Great Plains Family Medicine Residency Program. Unlike most of my colleagues, I at least had the benefit of a career in business prior to my entry into medicine. But I'm still scared silly about what I'm about to face after graduation. I often tell people that I lost more sleep working in our family business than I have in residency. Running a business is challenging and stressful. This weighed heavy on my mind when trying to decide whether to go into private practice or become employed upon graduation.

Employed physicians are usually given starting guaranteed salaries, office space, equipment, etc. They don't have to worry about paying the light bill, managing payroll or handling collections. It seems like this would give one more time to stay up to date on reading and focusing on patient care. But, there are surely plenty of other issues and challenges that nobody has told me about yet.

It seems to me that if private practice is anything like our family construction company, a private practice physician might be up at night worrying about overhead, volume, office disputes

(continued on page 31)

Dean's Page

M. DEWAYNE ANDREWS, MD
Senior Vice President and Provost
Executive Dean, College of Medicine
University of Oklahoma Health Sciences Center

It is my pleasure to inform you that we have appointed Thomas Stasko, MD, as Professor and Chairman of the Department of Dermatology. He begins this leadership position in January 2013. Currently Dr. Stasko is Professor of Medicine and Dermatology at the Vanderbilt University School of Medicine, where he has established an outstanding reputation and created one of the most highly sought after dermatologic surgery fellowships in the country.

Recently we announced that the OU Health Sciences Center had reached an agreement with the Presbyterian Health Foundation for the purchase of the PHF Research Park. This culminates months of discussion and planning and represents a win-win situation.

PHF's Board made the strategic decision that they wish to return to being primarily a philanthropic foundation pursuing the advancement of biomedical research through grant awards. OUHSC and especially the College of Medicine are desperately in need of acquiring additional research laboratory and office space if we are to continue our upward trajectory as an academic medical center.

Our strategic needs came together in a fortuitous way, and we are both delighted. The OU Board of Regents was unanimous in their enthusiasm about this opportunity and authorized us to proceed. We are working on the financing arrangements, and current tenant lease arrangements in the Research Park will continue as that provides us some of the revenue stream we need to finance a bond issue. Many details remain to be worked out

(continued on page 17)

CENTRAL OFFICE
750 N.E. 13th Street
(2 Blocks East of Lincoln Blvd.)
Oklahoma City, Oklahoma

MAILING ADDRESS
Oklahoma Allergy & Asthma Clinic
750 N.E. 13th Street
Oklahoma City, OK 73104

NORMAN OFFICE
950 N. Porter
Suite 102
Norman, Oklahoma

EDMOND OFFICE
Sycamore Square
120 North Bryant
Suite A4
Edmond, Oklahoma

NORTHWEST OFFICE
Meridian Medical Tower
13321 N. Meridian
Suite 100
Oklahoma City, Oklahoma

PHONE NUMBER
(405) 235-0040

www.oklahomaallergy.com

The leader in allergy treatment since 1925.

John R. Bozalis, M.D.*
Warren V. Filley, M.D.*
James R. Claflin, M.D.*
Patricia I. Overhulser, M.D.*
Dean A. Atkinson, M.D.*
Richard T. Hatch, M.D.*
Shahan A. Stutes, M.D.*
Gregory M. Metz, M.D.*
Laura K. Chong, M.D.*

**Diplomate American Board of Allergy and Immunology(™)*

BY APPOINTMENT ONLY

Paid Advertising

Your 2013 OCMS Officers! (shown left to right) Dr. Thomas H. Flesher III, MD, President; Don Wilbur, MD, Secretary-Treasurer; Julie Strebel Hager, MD, President-Elect; and Doug Folger, MD, Vice President.

Patient-Centered Medical Homes Gain Momentum in Half of States

By Karen Cheung-Larivee

(FierceHealthcare, Nov. 12, 2012)

Half of the country has moved toward patient-centered medical homes in the past six years, according to a *Health Affairs* study. Since 2006, 25 states have implemented new payment systems or revised existing ones in which primary care providers function as patient-centered medical homes.

Of those, eight states reported their medical home efforts included team-based care, *Hospitals & Health Networks* reported. Nineteen states said providers receive a monthly care management fee per patient; 14 states offer performance-based payments and four states issue shared savings based on multiple-payer participation.

Even as more states hop on the patient-centered bandwagon, industry experts warn that physicians should ask questions about risks and independence before joining payers in medical home arrangements.

"You want to be cautious and do more analysis rather than less," Phil Dalton, president and CEO of MDS Consulting in Torrance, Calif., and Costa Mesa, Calif., told *American Medical News*.

For instance, physicians should ask about their responsibilities, particularly if a payer embeds a case manager at the practice or hospital, the article noted.

Nevertheless, many providers are satisfied with the new approach, according to a September report from the Patient-Centered Primary Care Collaborative (PCPCC). Examples of PCMH programs not only showed that the model contributed to better health, improved care and lowered costs, but also improved satisfaction levels. Seattle-based health system Group Health of Washington, for instance, reported a 4.4 percent increase in provider satisfaction in 2009 to 2010, as well as lower emotional exhaustion reported by staff (10 percent versus 30 percent among controls). ❑

Pearl of the Month

Donald C. Brown, MD

The Evolving Laborist Model

More than four million women give birth annually in the United States. The vast majority of births are done in a hospital setting. Modern obstetrics is now characterized by utilization of continuous fetal monitoring along with the technology-driven expectations of a good outcome.

The day-to-day operations of the labor and delivery unit of most hospitals can be aptly described as "hours and hours of monotony interrupted by moments of stark terror." Labor and delivery can be stressful! The obstetrical unit continues to be a major source of medical legal litigation. The Emergency Medical Treatment and Active Labor Act (EMTALA) regulations now require more extensive physician evaluation and documentation than in previous years. The limitation of resident hours in training in 1989 was prompted by a patient death directly attributed to resident fatigue. Current obstetrical providers are frequently "on call " and the average practicing obstetrician works hours significantly in excess of the much younger OB residents. Decision to incision cesarean section timelines are closely scrutinized and force the obstetrical provider to be immediately available regardless of the time of day. Going forward, the laborist model is rapidly emerging as a viable

option to the challenge of OB coverage. Non-training facilities with 24 hour in-house obstetrical coverage are rapidly becoming the norm.

Weinstein in 2003 first coined the phrase "laborist" as a means to improve patient safety. In 2012 there are now 164 documented OB/GYN hospitalist programs active in the U.S., with most of the expansion in the last five years. To date there are no prospective studies designed to measure the efficacy of laborist care or long-term impact of switching to a laborist model. The laborist model has obvious benefits, but also unrecognized shortcomings that may ultimately determine if it is right for your practice or facility. Below I have listed some benefits and challenges to consider.

POTENTIAL BENEFITS

- 24 hour coverage of labor and delivery
- Improved ability to respond to emergencies
- More efficient management of labor and outpatient visits including EMTALA
- Potential of reduced liability claims and costs
- Improved physician work hours during and after office hours
- Improved physician family life
- Improved nursing morale

POTENTIAL LIABILTIES

- Decreased patient satisfaction, "not my doctor," and resultant loss of patients
- Decreased continuity of care between outpatient attending and inpatient laborist
- Reduced reimbursement to attending physician, cannot bill for deliveries
- Cost of laborist salaries $1-1.5 million annually for full time laborist coverage
- Potential of attracting laborist with "shift only" philosophy of care
- Inexperience; new graduates working alone in an extremely high-risk environment
- Increased hospital control over physician practices

(continued on page 33)

(Dean's Page-continued from page 11)
and should be resolved by early 2013. We anticipate closing on this exciting development by June or July 2013.

College of Medicine researchers have been successful in recent months in acquiring two very important grants from the NIH. These are COBRE (Center of Biomedical Research Excellence) grants, which help develop infrastructure and promote the maturation of promising junior investigators into independently funded investigators in the selected fields of inquiry. Stephenson Cancer Center and Harold Hamm Diabetes Center researchers were successful in being awarded five-year NIH COBRE grants bringing over $10 million for each grant.

The verdict is in on the "new curriculum" for the first two years that was begun in the fall of 2010. Students are enthusiastic, faculty are enthusiastic, and USMLE Step 1 examination results are encouragingly higher for the class overall. The "Capstone" course, which is the 10-week culmination of the second year, is a source of particular pride for faculty and students and owes much to the dedicated work and leadership of Dr. Steve Blevins, associate professor in the Department of Medicine who also holds a part-time position in academic affairs in the Dean's Office. The Clinical Sciences Curriculum Committee and the Curriculum Coordinating Committee are now involved in discussions about potential changes for the third and fourth years of the curriculum, though any changes will not be as dramatic as those made for the first two years, in which a traditional discipline-based curriculum was converted to a fully integrated organ-system based curriculum.

Lastly, the holiday season is upon us and in the midst of the hustle and bustle I want to express my sincere hope that each of you will have a wonderful holiday season with your family and loved ones and best wishes for a Happy New Year! ❑

2013 Dates to Remember

It will soon be time to begin scheduling important dates on your 2013 calendar. Please be sure to enter the following dates now and plan to join us:

January 18, 2013 – Inaugural Dinner
February 25, 2013 – Membership Meeting
November 11, 2013 – Membership Meeting/Election of Officers ❑

Complementary and Alternative Medicine (CAM)

S. Sandy Sanbar, MD, PhD, JD and Blake Christensen, DO, Oklahoma City

In the 20th Century, a social transformation of medicine developed. By 1993, 33% of the U.S. population used annually at least one unconventional form of alternative medicine.[1] In 1998, the figure increased to 42% and currently exceeds 50%. Americans spent more than $27 billion on alternative and complementary therapies in 1998, such as acupuncture, nutritional supplementation, herbs, massage, yoga, chiropractic and homeopathy.[2] In 1997, visits to alternative health care practitioners exceeded total visits to all conventional primary care physicians. Americans are using alternative medicine because they believe it improves their overall health.[3]

In 1998, Congress established the National Center for Complementary and Alternative Medicine (NCCAM) as part of the National Institutes of Health (NIH) to stimulate, develop, and support research on alternative therapies.[4] NIH defines CAM as healthcare practices that are not currently an integral part of conventional medicine, and it has established five major domains of CAM therapies: (1) alternative medical systems, (2) mind-body interventions, (3) biologically based treatments, (4) manipulative and body-based methods, and (5) energy therapies.[5] The popularity of CAM began to lure physicians (M.D.s and D.O.s) into employing treatments, now rebranded as "integrative medicine." Clinics and hospitals are increasingly integrating some modalities of CAM alongside conventional medicine.

There is no standardized, national system for credentialing CAM practitioners. The federal government does not regulate CAM or license CAM practitioners. CAM credentialing varies from state to state and by method. All 50 states and the District of Columbia require licensure for chiropractic practitioners. Only 42 states, including Oklahoma and D.C., have licensure

rules for acupuncture. Only three states have licensure for homeopathic physicians.

Physicians are under a duty to demonstrate that the medical, scientific or other theoretical principles are connected with ***any*** healthcare method offered and provided to patients. Deviation from the standard of care, lack of informed consent about CAM, or failure to refer may result in a claim of malpractice. Other legal concerns include CAM credentialing, fraud and licensing issues. Because physicians are authorized by state law to diagnose and treat disease, they may generally provide CAM therapies such as nutritional counseling, herbal medicine, biofeedback, and hypnotherapy. In general, a physician cannot be disciplined by the medical board for use of "alternative," "complementary," "integrative" or "nonconventional" diagnostic methods and/or treatments if certain conditions are met. Several states have specific laws or regulations governing CAM practice by licensed physicians, which comprise significant restrictions.

States may or may not allow other licensed healthcare providers (conventional or CAM) to provide such therapies. Some states may not have laws addressing the question at all. Some states expressly include acupuncture in medical doctor and doctor of osteopathy licensure, as in Oklahoma, and some require additional training or an exam. In some states, a physician referral is required for acupuncture services.

The growing number of state laws and licensure legitimizes the use of CAM. However, doctors should be wary of broadly drafted medical licensing laws and the threat of regulatory and legal sanctions for unlicensed medical practice. Ignorance of the law is not a defense. ❑

---

[1] D. Eisenberg, et al., Uncoventional Medicine in the United States; Prevalence, Costs and Patterns of Use, 328 NEJM 246 (1993).

[2] D. Eisenberg, et al., Trends in Alternative Medicine Use in the United States, 1990-1997, 280 JAMA (1998) 1569, 1574.

[3] J. Astin, Why Patients Use Alternative Medicine, 279 JAMA 1548, 1551 (1998).

[4] 42 U.S.C § 281(b)(1)(F).

[5] NIH, National Center for Complementary & Alternative Medicine, Domain Fact Sheet available at http://ww.nccam.nih.gov

In Memoriam

Barney Joe Limes, MD
1930-2012

It is almost a given that I say Barney was unique. He would quickly point out that we each are unique. One of his strongest characteristics was his ability to cut through long and arduous statements and point out the core and not-so-obvious meaning. In an instant he would blow away the chaff and study the grain hidden therein. At times he seemed like a country bumpkin, but he disguised his brilliance to avoid labels. He was not impressed by his own genius. He was born April 1.

Barney was born a Texan and died in Texas, but he was an Oklahoman through and through. He played football on scholarship at OCU, but he loved the OU Sooners and the University of Oklahoma School of Medicine. When he moved to Austin to be near his daughter, he frequently reminded me of my days in Austin and of my intellectual weakness due to my poor choice for college.

Barney was a Democrat. He was proud to have been able to vote for President Obama. He remarked often about the unusual sibling irony that his beloved brother, Ches, was a lawyer (groan) and worse, a staunch Republican. He loved to poke fun at us as we voted dry and drank wet and as we registered Democrat and voted Republican. He admired FDR and LBJ because of their concern for the less fortunate among us. Barney was always concerned about helping the less fortunate.

(continued on page 26)

Why Frontier?

We realize there is a lot of competition for your hospice referral. You, your patients and their families deserve the best care available. A service gap exists between competitors and we want you to know why Frontier is the choice of so many of Oklahoma's top medical professionals.

Key Metrics

- *24 hr a day 7 day a week referral/admit availability*
- *3 hr referral response time*
- *Exceptional patient and family satisfaction (98%)*
- *Over 93% of patients stay at home or in their residence*
- *Volunteer participation hours exceed Medicare requirements by over 200%*

Staff

- *Medical Directors with over 30 years end-of-life experience*
- *Hospice board certified Medical Director*
- *24/7 on-call PharmD*
- *Full time RN Case Managers*
- *Full time social workers*
- *Full time Bereavement Care*
- *Full time Spiritual Care*
- *Hospice certified Home Health Aides*

Corporate Support

- *American Hospice is one of the nation's oldest and largest hospice companies.*
- *Corporate resources enhance and enrich local programs*

Compliance

- *Full time quality compliance expert*

For Referrals Call
405 789-2913

The Promise of Comfort

Frontier Hospice
An American Hospice Company

3908 North Peniel
Suite 500
Bethany, OK 73008

www.americanhospice.com

A Christmas Story

Robert Raulston, MD

Editor's note: The author, Dr. Raulston, passed away in October 2001. This story was first published in the 1998 Bulletin and is being reprinted this year at the request of the Editorial Board.

It was Christmas Eve, just a few years ago, and I was comfortably settled at home with my family. An associate was on call for me, and I was assured an uninterrupted evening of assembling toys and the excitement of a Christmas morning with my three small children.

"No way," I told the organ transplant coordinator who called. She told me that a lady had died in a town in northern Oklahoma and the family had wished to donate her kidneys and heart to others who needed them. That's where I came in. I was told my associate was tied up, others were unavailable, and I was the only person who could surgically remove the organs for transplantation.

I was determined not to miss my children's Christmas. I was perfected contented right where I was. I told her that I, too, was unavailable.

I immediately thought of the significance of my words. Somewhere, two people had waited a long time for a Christmas present just like this life-giving kidney. I was torn between the needs of my family and those of unknown persons for whom this could be the most important Christmas in their lives.

Yes, she assured me, I could be back by morning. Everything was ready to go. The heart would go to Salt Lake City and the heart team was on the way. A helicopter would pick me up anywhere I wished. I would be back home before daylight. She promised I would. No, there was no way I would get stranded far from home awaiting another transplant team, a tissue match, or any of the other delays that sometimes happen. And yes, she really had tried every other possibility.

I agreed to go, kissed my wife, promised to be back before the children were up, and drove to the top of the St. Anthony parking garage to meet the helicopter. Within a minute of my parking there it swept in from the south and landed nearby. I

sadly climbed aboard and took off into the cold night. I don't remember much of the trip north, but I remember the snow being blown away from the parking lot by the chopper blades as we landed by the small hospital after midnight. I was surprised by how many employees were there to greet me, and I later learned several of them were there voluntarily after their shift to see their Christmas Eve's work completed.

As soon as I got to the operating room I got the predictable news: the heart team was late. It seems that Robert Redford was late getting to Salt Lake City from California, and the team had waited for his jet to bring them to Oklahoma. They now really were on their way.

It was a tense, quiet wait. There were concerns about the machines and fluids that were keeping the vital organs supplied with oxygen until they could be removed. We adjusted them, we occasionally chatted, but mostly we each sat and thought our own private thoughts.

Finally, we heard the jet had passed Wichita, and I decided to begin the surgery. I felt very lonely as I worked. The staff had never helped with such a surgery, but were great. Then at just the right time, in walked four or five masked and gowned persons who introduced themselves and immediately set about removing and preparing the heart.

Soon they were gone, it was quiet again, and I was sure that by the time I finished my work and got home the children would have awakened and opened their presents.

When we boarded the helicopter it was still dark and the stars shone brightly, but as we rose above the corner of the hospital we could see the earliest pink dawn of Christmas to the east.

I treasure the memories of the next hour or so, and can never adequately express the sights, thoughts and feelings experienced.

At first the ground was dark. The snow was visible only around the yard lights that were scattered as far as I could see. Colored Christmas lights could be seen around the farm houses and along the deserted main streets of the small towns. I imagined this was how Oklahoma looked from a sleigh pulled by reindeer and half expected to spot one flying alongside somewhere. I considered again the previous Christmas gifts aboard our "sleigh." The eastern sky was glorious as it can only

(continued on page 34)

A Physician's Legal Responsibility for Decisions Affecting Incapacitated Patients

Sarah C. Stewart
Executive Director, Senior Law Resource Center, Oklahoma City

Every day physicians in Oklahoma are faced with the dilemma of treating patients who are incapacitated. Incapacity occurs when a patient cannot sufficiently understand relevant information, appreciate pros and cons of options presented to them, and express a reasoned choice for treatment. When treating incapacitated patients, physicians should be aware of the law applicable to their situations and legal documents available.

For instance, under Oklahoma law, family members including spouses do not automatically have authority to make decisions on behalf of their incapacitated loved ones. Though many physicians and facilities tend to speak to the family about medical issues of incapacitated patients, doing so without proper legal documentation from the family can potentially open medical providers to liability.

Additionally, Oklahoma law presumes, absent proof otherwise, incapacitated patients choose life-sustaining treatment such as artificial nutrition and hydration (ANH) and/or cardiopulmonary resuscitation (CPR). Without instruction from an Advance Directive or a properly designated agent, there are only a few exceptions that allow physicians to legally withhold or withdraw life-sustaining treatment: (1) there must be clear and convincing evidence the patient would not have consented to treatment, or (2) the patient meets specific, technical medical requirements. Please consult an attorney or ethics professional to determine if your situation meets these legal requirements.

There are several ways a decision-making agent can be named for an incapacitated individual. Some of these ways can grant the power to withdraw life-sustaining treatment, but others do not. The options are: Advance Directives, Durable Powers of Attorney, and Guardianships.

ADVANCE DIRECTIVES

An Advance Directive is a legal document, signed by someone over the age of 18 and of sound mind, that goes into

(Continued on page 27)

(Dr. Limes-continued from page 21)

But the above paragraphs do not tell the reader about Barney. Barney was, first and foremost, a doctor. He loved being a doctor and loved his patients. Each of his patients received the benefit of his knowledge and skills. He was always ready to do 'pro-bono' patient care. He never knew whether a patient had paid his bill or if he had insurance. He felt honored to be chosen by the patient in this professional venture. He knew obscure and fascinating facts about his patients. He was fond of telling doctors how lucky we were to be in this glorious profession.

Barney and Paula met and married early during growing-up days in Maud, OK. She was 15 to his 16. They were married for 65 years. Professional partnerships included several outstanding urologists starting with Dr. Jim Boyle. The foray into his own practice included Drs. John Boaz, Clark Hyde, Bob Raulston, Jim Wendelken and James Mays. In 1985, he limited his practice to office urology and was content to treat many folks who had no insurance and who needed help.

Barney adored country music and thought of Patsy Cline as the best of the best, but he also enjoyed Willie Nelson and Waylon Jennings. From "*Sweet Dreams*" to "*Momma, Don't Let Your Babies Grow Up To Be Cowboys*," he would sing along – even if he never quite found the appropriate key. He liked Jimmy Rodgers but I never heard him try to yodel "*Waitin' Fer A Train*."

As I said earlier, he was one of a kind, and I miss him. ❑

Boyd Shook, MD

2013 OCMS Officers

The 2013 OCMS officers were elected at the annual meeting on November 5. They will take office in January.

Dr. Thomas H. Flesher, III	President
Dr. Julie Strebel Hager	President-elect
Dr. C. Douglas Folger	Vice President
Dr. Don L. Wilbur	Secretary-Treasurer

Members elected to serve on the 2013 board of directors, announced in the November Bulletin, include Joseph C. Broome, MD; Samuel Little, MD; Don P. Murray, MD; and Louis M. Chambers, MD. ❑

(Law-continued from page 25)
effect only if the signing party later becomes incapacitated, meaning the primary care physician and another physician have deemed the patient incapable of making medical decisions.

The document outlines the wishes of the person who signed the document. The patient can choose to name a healthcare proxy, who must also be over the age of 18 and of sound mind, to make healthcare decisions for the patient. Healthcare proxies can decide to withhold or withdraw life-sustaining treatment, but only if that decision is consistent with the known wishes of the patient. The Advance Directive also outlines the patient's wishes whether to receive life-sustaining treatment in certain situations. The situations include terminal conditions, persistent unconsciousness, and end-stage conditions. The patient also can write in additional care instructions, such as requests for hospice care or pain medication for comfort. Additionally, the document allows patients to choose what, if any, organs they would like to donate for transplantation or research.

A valid Advance Directive must be signed and dated by the patient, but does not need to be notarized. The patient must sign the document in front of two witnesses who also sign the form. The witnesses must not be related to the patient and must not be heirs of the patient. Oklahoma law recognizes out-of-state Advance Directives that are executed in accord with the laws of that state. Physicians should review their patients' Advance Directives and must inform their patients if they cannot or will not follow their Advance Directives.

DURABLE POWERS OF ATTORNEY

A Durable Power of Attorney (DPOA) is a legal document prepared by a person over the age of 18 and of sound mind. The patient chooses an agent (called an attorney-in-fact), also over the age of 18 and of sound mind, who can act on the patient's behalf in any manner specified by the document. There are general DPOAs that include medical and financial powers, and DPOAs that are solely for medical or financial purposes. Many DPOAs name agents who can make medical decisions for the patient. DPOAs can be effective either immediately after signing, or only when the patient is incapacitated by the definition provided in the document. A physician must review the document to determine the effective date.

Medical attorneys-in-fact may make most non life-sustaining treatment decisions but generally not life-sustaining treatment decisions. Additionally, agents may decline CPR if they know the patient would not consent and can sign a Do Not Resuscitate (DNR) form. Patients who want to give their agents the power to make all medical decisions should execute an Advance Directive instead of or in addition to a DPOA.

In order to be valid, a DPOA must be signed and dated by the patient and must be notarized. Two witnesses who are not related by blood or marriage to either the patient or the agent must also sign the document. Oklahoma law recognizes out-of-state DPOAs that are executed in accord with the laws of Oklahoma. Though these documents are helpful, there is no legal requirement for a medical provider to accept a DPOA.

GUARDIANSHIPS

In a guardianship, a court names an individual to make decisions on behalf of the incapacitated individual. A person can be named guardian of another's estate and/or person. Guardians of estates control the assets and property of the people over whom they have guardianship. Guardians of the person can make medical and physical care decisions for the people over whom they have guardianship. Usually, a guardianship grants an individual guardianship of both the property and person. However, a separate legal guardian can be named for each. A guardianship can be general or limited. General guardians make almost all decisions about the estate and/or person while limited guardians may only make specific decisions.

Guardians of the person may make most non life-sustaining treatment decisions, but not all. Unless there is a life-threatening emergency, guardians cannot consent to abortion, psycho-surgery, removal of organs, experimental biomedical or behavioral procedures, or participation in biomedical or behavioral experiments without a court order. Guardians of the person can decline CPR for the patient if they know the patient would have done so and can sign a DNR. If the patient has an Advance Directive, the guardian can carry out the wishes stated in the document. However, absent a valid Advance Directive informing the guardian of the patient's wishes concerning life-sustaining treatment, guardians may not withhold or withdraw

(continued on page 32)

Director's

DIALOGUE

CHRISTMAS GIFT SUGGESTIONS

"To your enemy, forgiveness.
To an opponent, tolerance.
To a friend, your heart.
To a customer, service.
To all, charity.
To every child, a good example.
To yourself, respect."
~Oren Arnold

Making the Christmas list and checking it twice can sometimes seem a daunting task. My gift closet is filled with items throughout the year that eventually need to be wrapped. Sometimes it takes an eternity for me to complete because I want the "presentation" to reflect the personality of the person receiving the present. There are no manufactured bows in my house...I have to make my own! And everything must be color coordinated. I often sit in my floor into the early hours of the morning possessed with the determination that the gift is wrapped to perfection! My need for things to be visually satisfying must be an inherited trait that I sometimes wish was not part of my personality.

2012 was filled with both happiness and sadness at the Oklahoma County Medical Society. Sadness with the retirement of Linda Larason, who I must report is thoroughly enjoying her leisurely days filled with grandchildren and music festivals. Happiness with the hiring of Tracy Senat, who took over where Linda left off. I have seldom experienced a new employee with Tracy's determination and vitality. She "hit the ground running" and has never looked back. Happiness that Ashley Merritt's family will increase by one in late January...and it's a girl! But, also sadness that Ashley will not return to her duties at OCMS. When we hired Ashley, there was a concern that she would not enjoy working with older women...but luckily we developed a

(continued on page 40)

alliance

As I write my last column as President of The Alliance, I experience mixed emotions of both pride and nostalgia. It's hard to believe it is now time to "pass the gavel." It has been a true honor to serve in a leadership capacity within our wonderful organization.

Feelings of pride arise from all our accomplishments. We have done our best to listen to the needs of the membership and provide valuable communication and network. Our efforts to increase membership resulted in 14 new members this past year. Solid programs both social and educational provided us the opportunity to interact with our peers and gain insight into the cutting edge of medicine.

Leaders are only as good as the people who surround them. I have had the good fortune to work with talented people who have given their time and dedication to make the organization a success. I wish to thank the following board members and committee chairs: Suzanne Reynolds, Stacie Evans, Amy Bankhead, Annette Shukry, Barbara Jett, Berna Goetzinger, Cara Falcon, Courtney Karam, Dianna Digoy, Diane Brown, Donna Parker, Elissa Norwood, Jane Griggs, Jennifer Tortorici, Karen Gunderson, Linda Stewart, Lori Hill, Mary Delafield, Michele Davey, Mucki Wright, Nina Massad, Rhonda Gelczer, Penelope Srouji, Mary Robideaux, Joni Flesher, Keith Oehlert and Jessica Hopkins.

It has been an honor to serve with Dr. Tomás Owens, President of OCMS, and his Board of Directors, and appreciate their support of the Alliance. With sincere gratitude I also thank Jana Timberlake, Linda Larason, Ashley Merritt and Tracy Senat, the executive staff at OCMS, for their guidance and advice.

(continued on page 35)

(Young Physicians-continued from page 9)
or whether or not to hire or fire employees. Who needs that stress, right? Yet I have met several physicians who swear that private practice is the only way to go. And, on the other hand, recruiters from the major hospitals tell us that private practice will be difficult and eventually non-viable due to changes in health care laws and insurance practices. If only we had greater access to mentors who could help guide us in this decision.

Well, this brings us to a subject that we have been kicking around at OCMS board meetings. Dr. David Holden came up with an idea that I have been very excited about since he first discussed it with me several weeks ago. What if we, the members of the OCMS, could come up with a program to mentor young physicians? Not just residents but any new physician, say, in their first 10 years of practice. Perhaps this could be a list of willing physicians who would make themselves available for an hour or so, occasionally, to meet with young physicians to share some of the secrets of success. We need to learn about benefits of private practice versus employment, what community might be a good fit, managing work flow, staff, finances, or even retirement.

As young physicians, we know that a physician's time is very valuable, and we are scared or embarrassed to ask someone to take time to mentor us. But if we knew there was a group of willing and enthusiastic practicing physicians who were looking to teach, what a benefit that would be. This could be viewed as a valuable benefit to OCMS membership and a recruiting tool.

Right now, I would love to be able to reach out to more experienced physicians for advice. But, in a few years, I would also be very happy to share what I have learned with new physicians getting started. This could be a very helpful program for networking, but also for strengthening our medical community across generations of physicians.

Now, like I mentioned above, I did not come up with this idea, but I wish I had. And, hopefully, you'll be hearing more about this soon. In the meantime, think it over. If you notice a young physician with fear in his eyes, reach out to him (it might be me). If you someday see an email about a mentorship program, please respond and add your name to the list of willing mentors. We young physicians of the OCMS would appreciate it more than we can say. ❑

2012 Scholarship Recipient

Katherine 'Katie' Shoush was selected to receive the 2012 OCMS Community Foundation's $10,000 Medical Student Scholarship. Katie was introduced to the OCMS membership at the annual Membership Meeting in early November.

Katie grew up in Oklahoma City. She has volunteered with many community organizations since college and is president of the OU Community Health Alliance. She has volunteered for years at the Good Shepherd free clinic in Oklahoma City.

She is applying for a general surgery residency and has a great interest in the field of transplant surgery. She has personal experience in this area, as her mother and brother both underwent lung transplant surgery. Both of her parents are now deceased and she has been on her own financially since 2007. We welcome Katie to the House of Medicine. ❑

(Law-continued from page 28)

ANH or other life-sustaining treatments without a court order.

Valid guardianships require a document titled "Letters of Guardianship," which must be signed by a judge. It must include an oath signed by the guardian and specify who is appointed as guardian. The individual named as guardian is the only individual who may consent to medical procedures and treatment on the patient's behalf. Generally, out-of-state guardianships are valid and should be honored.

Oklahoma law protects physicians who act reasonably and in good faith. Thus, Oklahoma physicians may reasonably presume that Advance Directives and other legal documents are valid. Physicians are not liable if they reasonably rely on documents they did not know were invalid or revoked.

The Senior Law Resource Center provides free legal advice and information to seniors, caregivers, and professionals through its website at www.senior-law.org or at (405) 528-0858. ❑

Love, like the spirit, is a gift, a loan from God. It is the link between heaven and earth, or man and his Maker. With it we can experience the sublime; without it we are doomed to remain in the abyss.

Heaven On Loan

Hanna Saadah, MD

Like candle tears you melt upon my chest
And flood my timid soul with young delight
Without your love I cannot reach my best
You are the sky who loans me rain and light.

At times when night befalls my weary mind
And anger overrides and death beguiles
Into your arms, so vast and calm and kind
I flee to find my peace among your smiles.

So much of what I do and how I see
Is colored by the sky you loaned to me
A breath of spring, a dream upon the wing
A soaring spirit, blithe and uttering:

"Love is within, a little Christ at play
God sends His Son to lovers every day." ❑

(Pearl-continued from page 16)

After a thorough review of the potential benefits and liabilities of establishing a laborist program, the ultimate decision on whether to implement or not should still be based on five general goals that everyone should agree with:

1) Reduction in maternal deaths
2) Reduction in maternal morbidity
3) Reduction in fetal/infant death
4) Reduction in fetal morbidity
5) Reduction in cesarean delivery among low-risk patients

ObGynHospitalist.com is a very informative website if you would like to explore the laborist option in greater depth. ❑

(Christmas Story-continued from page 24)

be in Oklahoma, and the snow was then visible covering the fields and buildings. I saw lights coming on in the homes below, and imagined countless children rushing to the cedar Christmas trees in the living rooms. I wondered about the families of the drivers of the few trucks scurrying along I-35.

At Guthrie I called home on a cellular phone. The children were just awake. I said I would be there as soon as I could.

The helicopter safely landed by my car. I quickly drove through the deserted streets, and rushed in the door just as the family bird dog, Kate, and all, came down the stairs.

I did spend the day with my family. Other doctors transplanted the kidneys. Sometime later I read a touching essay written by a local Catholic priest about the greatest Christmas gift he ever received. He got his kidney that day.

I have never regretted the trip. ❑

2012 Contributors

Thanks to all of you who contributed to this year's Bulletin!

M. Dewayne Andrews, MD
Janie Axton
Anu Bajaj, MD
John A. Blaschke, MD
Kathy Bookman
Larry Bookman, MD
Craig Bowron, MD
Jason Breed, MD
Donald Brown, MD
Adam W. Christensen, JD, MBA
Blake Christensen, DO
D. Wade Christensen, JD
J. Clay Christensen, JD
James R. Couch, MD
Pam Cross
Renee H. Grau, MD
William H. Hall, MD
Robert T. Horch
Douglas Jutte, MD, MPH
H. T. Kurkjian, MD
Linda Larason
Bradley J. Margo, MD
Paul Massad, MD
Errol A. Mitchell
Shari Moore
Kathy Musson
R. Todd Owens, CFA
Tomás P. Owens, MD
Michelle Powers, MD
William G. Reiner, MD
Hanna Saadah, MD
Tracy Senat
Boyd Shook, MD
Sarah C. Stewart
Jana Timberlake
Jennifer Tortorici
Troy A. Tortorici, MD
William Truels, MD
L. Nazette Zuhdi, JD, LLM
S. Sandy Sanbar, MD, PhD, JD, FCLM

(Alliance-continued from page 30)

Suzanne Reynolds, President-Elect, will successfully move forward to support and encourage our members to be proud of who we are and what we stand for. She will be an excellent President. I encourage you to become involved and take this journey with her. ❑

Kathy Bookman, President

CME Information

For information concerning CME offerings, please refer to the following list of organizations:

Community-based Primary Health Care CME Program
Sponsored by Central Oklahoma CARELINK (COINS)
Contact: Deborah Ferguson
Telephone: (405) 524-8100 ext. 103

Deaconess Hospital
Contact: Emily McEwen
CME Coordinator
Medical Library
Telephone: 604-4523

Integris Baptist Medical Center
Contact: Marilyn Fick
Medical Education
Office
Telephone: 949-3284

Integris Southwest Medical Center
Contact: Marilyn Fick
CME Coordinator
Telephone: 949-3284

Mercy Hospital OKC
Contact: May Harshbarger
CME Coordinator
Telephone: 752-3390

Midwest Regional Medical Center
Contact: Carolyn Hill
Medical Staff Services Coordinator
Telephone: 610-8011

Oklahoma Academy of Family Physicians Choice CME Program
Contact: Sue Hinrichs
Director of Communications
Telephone: 842-0484
E-Mail: hinrichs@okafp.org
Website: www.okafp.org

OUHSC-Irwin H. Brown Office of Continuing Professional Development
Contact: Susie Dealy or
Myrna Rae Page
Telephone: 271-2350
Check the homepage for the latest CME offerings:
http://cme.ouhsc.edu

St. Anthony Hospital
Contact: Susan Moore
CME Coordinator
Telephone: 272-6748

Orthopaedic & Reconstruction Research Foundation
Contact: Kristi Kenney
CME Program Director
or Tiffany Sullivan
Executive Director
Telephone: 631-2601

Help Improve the Bulletin

Do you have an interesting hobby? Do you write poetry? Are you an amateur photographer? Are you an artist? Do you volunteer on medical mission trips? Are you a mountain climber? Share your works and stories with your colleagues! The editorial staff welcomes – invites – your articles, poetry, letters and artwork for inclusion in the Bulletin. You may email them to tsenat@o-c-m-s.org or mail them to Tracy Senat, OCMS, Suite 2, 313 NE 50th Street, Oklahoma City, OK 73105. We look forward to hearing from you! ❑

PROFESSIONAL REGISTRY

Physicians interested in advertising in the Professional Registry should contact the Executive Office at 702-0500.

ALLERGY

OKLAHOMA ALLERGY

& ASTHMA CLINIC, INC.

John R. Bozalis, M.D.*

Warren V. Filley, M.D.*

James R. Claflin, M.D.*

Patricia I. Overhulser, M.D.*

Dean A. Atkinson, M.D.*

Richard T. Hatch, M.D.*

Shahan A. Stutes, M.D.*

Gregory M. Metz, M.D.*

Laura K. Chong, M.D.*

**Diplomate, American Board of Allergy and Immunology™*

750 N.E. 13th St.

Oklahoma City, OK 73104

235-0040

OKLAHOMA INSTITUTE OF ALLERGY & ASTHMA

EVIDENCE-BASED

ALLERGY & ASTHMA CARE

Amy L. Darter, M.D.*

Bret Haymore, M.D.*

**Diplomate American Board of Allergy & Immunology™*

1810 E. Memorial Rd.

Oklahoma City, OK 73131

(405) 607-4333

BREAST MRI

BREAST MRI OF OKLAHOMA, LLC

AT MERCY WOMEN'S CENTER

Rebecca G. Stough, M.D.

Clinical Director

Alan B. Hollingsworth, M.D.

Medical Director

4300 McAuley Blvd.

Oklahoma City, OK 73120

(405) 749-7077

ENDOCRINOLOGY-METABOLISM-DIABETES

MODHI GUDE, MD, MRCP (UK), FACP, FACE

Diplomate, American Boards of

Internal Medicine and Endocrinology,

Diabetes & Metabolism

South Office: 1552 S. W. 44th

Oklahoma City, OK 73119

Phone: (405) 681-1100

North Office: 6001 N.W. 120th Ct., #6

Oklahoma City, OK 73162

Phone: (405) 728-7329

Practice limited to Endocrinology, Diabetes and Thyroid only

Special procedures:

Bone densitometry for osteoporosis detection and management. Diagnostic thyroid fine needle aspiration biopsy. Diagnostic endocrine and metabolic protocols.

GYNECOLOGIC ONCOLOGY & PELVIC SURGERY

Jeffrey Smith, M.D., F.A.C.O.G., F.A.C.S.
Senior Gynecologic
Oncologist in OKC
Board Certified in
Gynecologic Oncology
Female Cancer Surgery
General & Gynecologic Surgery
Advanced Laparoscopy & Hysteroscopy
Laproscopic Radical Hysterectomy & Trachelectomy
Laser Surgery
Surgery for Urinary Incontinence
Vaginal Reconstructive Surgery
Outpatient/Same Day Surgery
Office Surgery & Chemotherapy
Genetic Counseling

13128 N. MacArthur Blvd.
Oklahoma City, OK 73142

Phone: (405) 470-6767
Fax: (405) 470-6768
e-mail address: jjjsmd@aol.com
website: www.drjjsmith.com

Serving Oklahoma City & Edmond

NEUROSURGERY

Neurosurgery

The University of Oklahoma Health Science Center
DEPARTMENT OF NEUROSURGERY
Timothy B. Mapstone, M.D.
Mary Kay Gumerlock, M.D.
Craig H. Rabb, M.D.
Naina L. Gross, M.D.
Michael D. Martin, M.D.
William B. Schueler, M.D.
Michael Sughrue, M.D.
Gamma Knife Radiosurgery
Cerebrovascular Surgery
Pediatric Neurosurgery
Spine Surgery
Skull Base Surgery
Neurosurgical Chemotherapy
Carotid Artery Surgery
Tethered Spinal Cord-Repair
Chiari Malformation-Surgery
To schedule an appointment
call (405) 271-4912
Harold Hamm Oklahoma Diabetes Center
Suite 400
1000 N. Lincoln Blvd.
Oklahoma City, OK 73104

MEDICAL ONCOLOGY

JAMES W. HAMPTON, M.D.
FACP
Medical Oncology
Hematology
MERCY ONCOLOGY
4205 McCauley Blvd., Suite 375
Oklahoma City, OK 73120
405 751-4343

ORTHOPEDICS

HOUSHANG SERADGE, M.D.
Diplomate American Board
of Orthopaedic Surgery
Hand and Reconstructive Microsurgery
1044 S.W. 44th, 6th Floor
Oklahoma City, OK 73109
631-4263

PAIN MANAGEMENT

AVANI P. SHETH, M.D.
Diplomate of American Board
of Anesthesiology
Diplomate of American Academy
of Pain Management
4200 W. Memorial Road, Suite 305
Oklahoma City, OK 73120
(405) 841-7899
All plans accepted.

PEDIATRIC SURGERY

***DAVID W. TUGGLE, M.D.**
***P. CAMERON MANTOR, M.D.**
***NIKOLA PUFFINBARGER, M.D.**
***ROBERT W. LETTON, JR., M.D.**

The Children's Hospital at
OU MEDICAL CENTER
1200 Everett Drive, 2NP Suite 2320,
Oklahoma City, OK 73104

271-4356

*American Board of Surgery
*American Board of Pediatric Surgery

PLASTIC SURGERY

OU Physicians
PLASTIC SURGERY

Kamal T. Sawan, M.D
Christian El Amm, M.D.
Suhair Maqusi, M.D.
Joseph Michienzi, M.D.

Adult Clinic Location
OU Physicians Building
Suite 1700
825 NE 10th Street
Oklahoma City, OK 73104

Adult Services:
Facelifts
Endoscopic Brow Lifts
Nose Reshaping
Eyelid Surgery
Liposuction
Breast Augmentation
Breast Reconstruction
Breast Reduction
Tummy Tuck
Skin Rejuvenation
Laser Hair Removal
Botox & Fillers
Body Contouring after Weight-Loss
Birth Defects
Hand Surgery- Dr. Maqusi
Microsurgery
Burn Reconstruction
Skin Cancer Excision
MOHs Reconstruction

To schedule an appointment for Adult Services call 405-271-4864

Pediatric Clinic Location
OU Children's Physicians Building
2nd Floor, Suite 2700
1200 North Phillips Avenue
Oklahoma City, OK 73104

Pediatric Services:
Secondary Burn Reconstruction
Cleft Lip and Cleft Palate
Congenital Nevi
Craniosynostosis
Craniofacial Syndromes
Hemangiomas
Traumatic Defects
Vascular Lesions

To Schedule an appointment for Pediatric Services call 405-271-4357

(Director's Dialogue-continued from page 29)

good chemistry. All of this makes for a harmonious work environment that makes it a joy to come to work.

Dr. Tomás Owens' presidential year flew by so quickly. There was never a time when he was not accessible. He gave the staff good guidance and made tough decisions quickly... all with an incredible sense of humor! I want to thank Dr. Owens and the 2012 OCMS Board of Directors for their volunteer service to OCMS. Without them, this organization would not function.

I wish each of you a wonderful holiday season. In the rush of things, do not forget what is important and refer back to the "Christmas gift suggestions" at the beginning of this article. Celebrate our differences that make life so interesting and look forward to the new year. ❑

Jana Timberlake, Executive Director

Please Support your

Oklahoma County Medical Society

COMMUNITY FOUNDATION

with your gifts and memorial contributions

—please mail check to—

313 N.E. 50TH ST., SUITE 2

OKLAHOMA CITY, OK 73105-1830

• • • •

Contributions Tax Deductible

Oklahoma Tobacco Helpline

1-800 QUIT-NOW • 1-800 784-8669

• free information on quitting tobacco

• one-to-one proactive telephone counseling

• referrals to local cessation programs and services (dependent on availability)

OKLAHOMA COUNTY MEDICAL SOCIETY
313 N.E. 50TH ST., SUITE 2
OKLAHOMA CITY, OK 73105-1830

ADDRESS SERVICE REQUESTED

PRESORTED STANDARD
U.S. POSTAGE
PAID
OKLAHOMA CITY, OK
PERMIT NO. 381