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OKLAHOMA COUNTY MEDICAL SOCIETY

JANUARY/FEBRUARY 2015



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# THE BULLETIN

January/February Volume 88 Number 1  
Six Annual Publications • Circulation 1500

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14<sup>th</sup> Geriatric  
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**May 4, 2015**

# ABOUT THE COVER

**P**ictured on the cover is C. Douglas Folger, MD, the 115th President of the Oklahoma County Medical Society, with Nita, his wife of 45 years. Dr. Folger has been an active member of OCMS since 1978.

Dr. Folger has dedicated more than four decades of service to the OU Health Sciences Center. He graduated from the OU College of Medicine, then completed an internal medicine residency at OU, serving as chief resident. He helped form a small private practice in the Presbyterian Professional Office Building, practicing with this group until 1994. From 1990-1994 he served as chief of staff for what was then Presbyterian Hospital and from 1994-96, he served as the hospital's vice president for medical affairs.

Dr. Folger was chief medical officer of OU Physicians from 1996-2010, where he oversaw everything from practice quality to risk to credentialing. During that time, he also served as associate dean for clinical affairs and associate professor of medicine at the OU College of Medicine.

In 2010 he retired from the university but has continued to work part-time for the College and OU Physicians. He is an instructor for the Clinical Medicine I course for first-year medical students and Clinical Medicine II course for second-year students. He also works as an attending physician weekly in the Internal Medicine Resident Clinic.

He continues to hold a longtime board position with OU Medical System. In May 2014 he was awarded the Physician of the Year-Academic Medicine Award from the OU College of Medicine Alumni Association. In 2010, he received the OUHSC Regents' Award for Professional and University Service. The Folgers have three children and five grandchildren.

THE  
BULLETIN



*The Folger family (left to right): Grant Folger; Carrie Folger; Nita Folger; Dr. Doug Folger; Bonnie Stradal, Johnny Stradal, Erica Folger and Mark Folger.*



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# PRESIDENT'S PAGE

BY C. DOUGLAS FOLGER, MD



In this, my first President's Page article, I wish to start out by saying that it is an honor for me to serve as your President for the 2015 year. Congratulations to our outgoing President, Dr. Julie Strebel Hager, who has done a superb job of leading our organization over the past year. Her dedication and hard work have been remarkable, and are greatly appreciated by all who have worked with her. I look forward to working closely with our dedicated officers, including Dr. Don Wilber, President-Elect; Dr. David Holden, Vice President; and Dr. Sam Dahr, Secretary-Treasurer; also with our outstanding Board of Directors, whose names are listed in the front of each Bulletin; and with our loyal and talented support staff, including Jana Timberlake, Tracy Senat and Eldona Wright.

I have been a dues-paying member of OCMS since the late 1970s and have repeatedly been impressed with, and proud of, the numerous accomplishments of the Society over the years that have, as our mission statement espouses, improved the health of our citizens. In the November/December 2014 Bulletin, Dr. Hager discussed several of these accomplishments, including the development of the Oklahoma Blood

Institute, AMCARE (now EMSA), Hospice of Oklahoma County (now Integris Hospice of Oklahoma County), the Open Arms Free Clinic in northwest Oklahoma City, Schools for Healthy Lifestyles, and the Health Alliance for the Uninsured.

Our mission statement also proclaims that OCMS will 'nurture and improve the well-being of its physicians.' I see this occurring in several different ways. The Society serves as a forum for physicians to exchange and discuss ideas and issues related to the many aspects of their professional lives.

Through concerted efforts, the Society becomes the voice of organized medicine in Oklahoma County. By way of strong advocacy, the Society has had significant success in influencing health policy in Oklahoma – tort reform and scope of practice quickly come to mind. In the aftermath of the mid-term elections and the changing balance of power in Washington DC, it will be interesting to see what impact it may have on our lives as physicians, and what dialogue it may stimulate.

*Continues on page 6 ...*

Participation in our Leadership Academy by young Oklahoma County physicians interested in developing strong leadership skills should help assure that we have effective organizational leaders in years to come. By attending membership meetings, our physicians can make new friends, participate in the business of the Society, and be inspired by well-known guest speakers.

All of what I have mentioned to this point reinforces my decision to be an active member of OCMS.

This brings me to the important subject of OCMS membership. I want to share some concerning OCMS membership statistics with you. From 2010 to 2014, OCMS has experienced a 17% decrease in dues-paying members. During that same time period, there has been a 5.5% increase in Life members, who no longer practice or pay dues. From 2013-2014, we suffered a 7.7% decrease in dues-paying members.

Obviously, this sort of decline cannot be maintained for long. We think that declining membership is due to a combination of retiring members moving to Life membership and a decreasing number of young physicians joining our ranks. Our Board of Directors is working to better understand the decreasing dues-paying membership and to develop a plan to stimulate membership growth. I plan to share more about this with you in a future President's Page.

In the meantime, I would like to ask our current members to reflect on what it is about our Society that influences you to remain a member. I would then encourage you to aid in the recruitment of new members by discussing the benefits of membership with your colleagues and, if they are not members, encouraging them to join us. Let's work together to make 2015 a really positive year for our organization.



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# DEAN'S PAGE

BY M. DEWAYNE ANDREWS, MD, MACP



In my comments about educational programs at the College, I usually focus on medical student education and residency training. Nonetheless, the College has two other educational programs that deserve some attention in these pages: physician assistant education and graduate student education.

The physician assistant (physician associate) or PA program is a 30-month program leading to the degree Master of Health Sciences. The Oklahoma City PA program has 52 students enrolled in each class, and the Tulsa program has 25 students in each class. Overall, we have 152 PA students in Oklahoma City and 77 in Tulsa. The Oklahoma City program was established many years ago; the Tulsa program began only a few years ago.

The programs are blessed with large, qualified applicant pools, and the performance outcomes and national certification examination results of the programs are excellent. Graduates from the programs are experiencing good job opportunities as the demand for PAs continues to increase. The Oklahoma City program is undergoing some reorganization and new curriculum development under the leadership of its new Director, Todd Doran. We recruited Todd from the Vanderbilt University Medical Center and are extremely happy with his invigorating leadership of the program.

The College of Medicine has approximately 170 graduate students working in the biomedical sciences enrolled in M.S. and Ph.D. programs, the majority of whom are in the Ph.D. program. We also have a few students each year admitted to the combined M.D./Ph.D. program. While graduate studies are under the aegis of the Graduate College at the Health Sciences Center, graduate students in the biomedical sciences are based in the College of Medicine with appropriate mentors among the medical school faculty. Graduate students are extremely important to the basic sciences departments and the basic sciences faculty and enrich the intellectual climate for those focused on advancing basic medical science.

Returning to the medical student education program, I am very pleased with the results of our students' performance on the USMLE Step 1 exam in the past few years since we introduced "Curriculum 2010" – the new integrated organ-system based curriculum for the first two years of medical school. First-time taker pass rates and class mean scores for the College have exceeded the national benchmarks, and scores of each of the topic areas are higher than ever. We've also witnessed exceptional student performance on the Step 2 exam. Both students and faculty are enthusiastic about these results.



# OCMS PROPOSED BYLAWS REVISION

A proposed bylaws revision will be voted on at the Feb. 16, 2015, OCMS membership meeting. The revision concerns physician members who are eligible for election as an OCMS board member.

The current bylaws state that to be eligible for board election, members must have been active in OCMS for at least five years.

In order to attract younger physicians, the Constitution and Bylaws Committee recommended to the Board of Directors revising the criteria to 1) those who have been members for at least two years or 2) those who are a graduate of the OCMS Leadership Academy. This recommendation was approved by the OCMS Board of Directors on Nov. 3, 2014, to bring it to the full membership for a vote in February 2015.

## IN MEMORIAM

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1934-2014

WILLIAM RAYMOND PASCHAL, MD  
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DANIEL CARMICHAEL, MD  
1944-2014

J. WILLIAM HOOD  
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## DR. JAY CANNON TO RECEIVE DEAN'S AWARD AT EVENING OF EXCELLENCE



Jay Cannon, MD, will be recognized with the Dean's Award for Distinguished Medical Service at the Evening of Excellence dinner Jan. 29, 2015. The dinner is sponsored by the OU College of Medicine Alumni Association to raise funds for research by junior investigators.

Dr. Cannon served as president of Oklahoma County Medical Society in 2007. He has chaired, since its inception, the committee that developed the community-wide emergency call rotation system, which has allowed the state's only Level 1 Trauma Center at OU Medical Center to remain open.

In 2011, Dr. Cannon received the Don F. Rhinehart, MD, Community Service Award from OCMS and in 2008 he was recognized with the Ed Calhoun Leadership in Medicine Award from the Oklahoma State Medical Association.

### Congratulations

**LARRY A. BOOKMAN, M.D.,**

2014 Recipient of the  
Oklahoma County Medical Society  
Don F. Rhinehart Community Service Award.

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# WELCOME NEW MEMBERS!



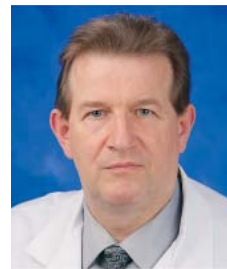
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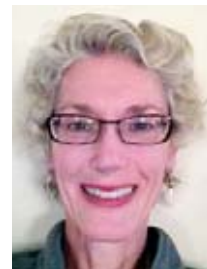
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*Michael M. Koerner, MD, PhD*



*Lynne V. Ozinga, MD*

**JUSTINE C. DAUTENHAHN, MD**, is a board-certified radiologist in Oklahoma City. She completed medical school at the OU College of Medicine, an internship at OU-Tulsa Medical College, a residency at Integris Baptist in diagnostic radiology, and a fellowship at Integris Baptist in MRI and CT scanning.

**JOHNNY D. HICKSON, III, MD**, is a urologist in Oklahoma City. He completed medical school at OU College of Medicine, an internship at Texas Tech University Health Sciences Center in general surgery, and a residency at Texas Tech University Health Sciences Center in urology.

**FAUSTINO M. KAZENSKE, DO**, is an orthopedic surgeon in Oklahoma City. He completed medical school at the University of North Texas Health Sciences Center, an internship and residency at John Peter Smith Hospital in Fort Worth in orthopedics, and a fellowship at Scripps Clinic in San Diego in adult reconstruction and joint replacement.

**MICHAEL M. KOERNER, MD, PHD**, is an internist with specialties in medicine and CV diseases. He completed medical school, an internship and a residency at Heinrich-Heine Universitaet, Duesseldorf, FR Germany; and a fellowship at Heart & Diabetes Center NRW, University Hospital Ruhr-University, Bochum, FR Germany.

**LYNNE V. OZINGA, MD**, is a board-certified radiologist in Oklahoma City. She completed medical school at the OU School of Medicine, a residency in diagnostic radiology at Integris Baptist, and a fellowship in neuroradiology at the University of Cincinnati in Ohio.



# MEMBER NEWS



**Renée Grau, MD**, newly elected OCMS board member, was recognized with a 2014 Aesculapian Award from students at the OU School of Medicine for her excellence in teaching medicine. Dr. Grau, a member of the Department of Neurology, was presented with the Class of 2014 Aesculapian Award-Clinical Faculty-Volunteer.



## SAVE THE DATE!

*Spring Membership Meeting  
Feb. 16, 2015*



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# OCMS FALL 2014 MEMBERSHIP MEETING

The OCMS fall membership meeting in November was highlighted by a presentation by Dr. R. Murali Krishna titled “Physician Burnout: Cause, Identification and Prevention Tools.” Dr. Krishna provided free copies of a three-CD set from his ‘Art of Happy Living’ seminars. We have additional copies of this CD set available for members who could not attend the meeting. Please call 702-0500 if you would like one of them.

Also at the membership meeting, the 2015 officers were elected: C. Douglas Folger, MD, President; Don Wilber, MD, President-Elect; David Holden, MD, Vice President; and Sam Dahr, MD, Secretary-Treasurer.



*Andrea Palmer, MD, was recognized for serving as the 2014 President of the OKC Clinical Society by C. Doug Folger, MD, 2015 OCMS President.*

## THANK YOU



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*Elected to the 2015 Clinical Society board at the membership meeting are Betsy Jett, MD, President-Elect; and Sam Dahr, MD, Secretary-Treasurer.*



*Attendees at the fall OCMS membership meeting included (left to right): Paul Preslar, DO; David Korber, MD; and Lisa Korber.*



*Attendees at the fall OCMS membership meeting included (left to right): Michelle Powers, MD; and Apple Rice, MD, who is the 2015 OKC Clinical Society Vice President.*

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# SUICIDE TOURISM

COMPILED BY

S. SANDY SANBAR, MD, PhD,  
JD, FCLM, DABLM, DABFM

‘Suicide Tourism’ or ‘Euthanasia Tourism’ are terms derived from the pro-euthanasia movement which organizes trips for potential suicide candidates to countries including Mexico, the Netherlands and Switzerland, where euthanasia is permitted for non-nationals.<sup>1</sup>

In Mexico, liquid pentobarbital, available at pet shops, is used by owners to euthanize pets. When given to humans, pentobarbital can result in a painless death in less than an hour. Elderly tourists from many countries seeking to terminate their own lives have made their ‘final flight’ to Mexico.

In the Netherlands, assisted suicide has been practiced for years. A new development is ‘couples’ euthanasia. In 2013 an elderly couple, both in their 80s, died together by euthanasia for apparent social reasons. They had health problems but neither was terminally ill. Before death, the couple characterized their ultimate decision as bringing peace and serenity to their situation. The husband stated: “That’s why we want to go together: because we both fear of the future. It’s as simple as this: we are afraid of what lies ahead. Fear of falling alone and above all, fear of the consequences of loneliness. The future can bring us misfortune.”<sup>2</sup>

In 2014, the Belgian online news service Moustique featured an interview with an elderly Belgian couple and their son in which they discuss the couple’s plans to die together by euthanasia.

In Germany, assisted suicide is technically legal. However, a doctor can be held criminally liable for failing to act if they witness a patient going unconscious under their care.

In Switzerland, the law specifically allows physician-assisted suicide as long as the physician does not have a specific interest in the patient’s death. In Switzerland, assisted dying clinics can operate legally and they have attracted large numbers of people with terminal illnesses and debilitating medical conditions from European and other countries where euthanasia is illegal.<sup>3</sup>



The most common reasons for pursuing assisted suicide were neurological disease (47 percent), such as Parkinson's Disease, and cancer (37 percent). In 2014, Gauthier et al<sup>4</sup> of the University of Zurich reported that, between 2008 and 2012, 611 people traveled to Switzerland, mainly to the Canton of Zurich, from 31 countries for help taking their own lives at one of four clinics. The annual number of so-called suicide tourists doubled between 2009 and 2012. ("Suicide Tourism" statistics for 2013 and thus far in 2014 are not yet available.) Germans are the biggest

group of "suicide tourists," followed by British and French people. "Suicide Tourism" has become a booming industry in Switzerland. 'Going to Switzerland' has become a euphemism for assisted suicide.<sup>5</sup>

Switzerland does not have clear regulations on assisted suicide. Six voluntary right-to-die organizations exist in the country, each with their own criteria, and four of them offer services to residents of other countries. The six right-to-die organizations assist in approximately 600 cases of suicide per year; some 150 to 200 of which are suicide tourists who come to Switzerland seeking aid-in-dying. Dignitas was the organization involved, and the people typically died by ingesting sodium pentobarbital (in all but four cases in 2008, in which they died by inhaling helium). People seeking assisted dying were between 23 and 97 years old, with a median age of 69, and nearly 60 percent were women.

In the United States, "aid-in-dying" is legal in New Mexico, Oregon, Vermont, Washington, and Montana. However, the conditions under which a physician can help someone die are strictly regulated, such as residency requirement and terminal illness with less than six months to live. Citizens from the other 45 states may not receive such "aid-in-dying."

In the United Kingdom in 2014, Lord Falconer's Assisted Dying Bill cleared its first hurdle in the House of Lords following a 10-hour debate during its second reading. If eventually passed, the bill would bring in an historic change to the law, enabling terminally ill people to be given, at their request, assistance to end their own life.



<sup>1</sup> [http://en.wikipedia.org/wiki/Suicide\\_tourism](http://en.wikipedia.org/wiki/Suicide_tourism)

<sup>2</sup> <http://www.lifenews.com/2014/09/24/suicide-tourism-belgian-media-promotes-couple-euthanasia/>

<sup>3</sup> <http://www.inquisitr.com/1426357/suicide-tourism-is-a-booming-industry-in-switzerland/#p1557PddUyPJSBF9.99>

<sup>4</sup> <http://jacquelinejencquel.com/wp-content/uploads/2014/08/J-Med-Ethics-2014-Gauthier-medethics-2014-102091.pdf> Gauthier S, et al. J Med Ethics 2014;0:1–7. doi:10.1136/medethics-2014-102091

<sup>5</sup> <http://www.theatlantic.com/health/archive/2014/08/going-to-switzerland-is-a-euphemism-for-assisted-suicide/379182/>



# mindfulness:

## *The Untapped Innate Catalyst for Healing, Happiness*

BY R. MURALI KRISHNA, MD



Our everyday lives are so frantic that we sometimes lose sight of what brings us happiness and contentment. Within each of us lies a great strength in our mind that many of us have yet to discover and to develop fully. This strength is “mindfulness” or what some refer to as “heartfulness.” Learning the art of this age-old practice can have a significant positive impact on our inner peace and health and can facilitate profound emotional, physical and spiritual healing and growth. People are becoming more aware of this beneficial habit. The Huffington Post declared 2014 “the year of mindfulness.”

**Mindfulness is the art of paying attention to the present moment with intention, openness, curiosity and without judgment – there is no good and there is no bad.** It is a willingness to accept what is. It is experiencing each moment as it unfolds in its purest form without judgment and without coloring it with our own biases and perceptions – it’s letting go of past regrets and the worries of what the future might bring. It is learning the practice of being in the present moment, consciously being aware, and giving our full focused attention without judging. The benefits are profound. With regular practice, mindfulness is a powerful tool that can help you improve your overall well-being.

**Mental, physical health benefits and possible applications:** Most of us have experienced mindfulness at some point in our lives. Modern science is revealing that if we learn the art of mindfulness and sustain the practice over a period

of time, then this can have a positive effect on our inner peace and happiness as well as on our health. For example, recent research done at respectable institutions such as Harvard University, UCLA, University of California San Francisco, University of Wisconsin, and Carnegie Mellon University, point out some of the following positive changes: increased sense of well-being, inner peace, happiness, emotional regulation, improved memory and learning, improved resilience, improved relationships, enhanced decision making and judgment, and decreased impulsivity, as well as interesting yet fascinating changes in the brain and body and the way our genes are expressed, such as reduction in stress response, increased antibody response to infection and decreased pro-inflammatory gene expression.

Recent clinical studies have documented the physical and mental health benefits of mindfulness, for example, the rate at which our cells age through improved telomere length and maintenance. A telomere contains specialized DNA sequences at the end of each chromosome which protect the chromosome from deterioration by slowing down its destruction. Lifestyle changes in diet, exercise, stress management, mindfulness and social support may result in longer telomeres, which play a role in cellular aging by providing protection from some of the aging-related diseases. Dr. Elizabeth Blackburn from the University of California San Francisco was awarded the Nobel Prize in Physiology in 2009 for her work with telomerase and telomeres. She discovered

## *and Health*

an enzyme that plays a key role in normal cell function as well as in cell aging. The enzyme is called telomerase and it produces tiny units of DNA that seal off the ends of chromosomes, which contain the body's genes.

Additionally, mindfulness practice and learning to reduce and manage stress in healthy ways contribute to a reduction in the size and excessive reactivity of the amygdala. The amygdala lies within the limbic system of the brain and has been shown to play a key role in the processing of emotions, memories and in decision-making. The amygdala is involved in appraising and reacting to perceived stress. Stress has significant adverse effects on health and is a risk factor for many illnesses. Similarly, Dr. Sara Lazar and her team at Harvard Medical School found that mindfulness-based stress management practices lead to increases in regional gray matter density.

Recent discoveries and advances in science such as these have led to the emerging field of human social genomics, a relatively new field of research that examines why and how different social factors and processes (e.g., social stress, conflict, isolation, attachment, etc.) affect the activity of the genome. This emerging field has shown that the activity of literally hundreds of genes (called "gene profiles" or "gene programs") can be affected by the physical and social environments that humans inhabit.



These latest studies have many positive implications for the practice of mindfulness. Science is revealing that these practices lead to the improvement of many emotional and physical illnesses, such as mood disorders, anxiety disorders, addictive disorders, sleep disorders, and chronic pain, as well as metabolic disorders including obesity, gastrointestinal disorders, skin disorders, cardiovascular disorders and other inflammatory disorders.

### **Mindfulness and Stress Reduction**

Now are you curious about learning more about mindfulness? Mindfulness can start with the very simple practice of learning how to become more consciously aware and “mindful” of many of our everyday, mundane activities – the types of activities that we do every day often in “auto pilot.” A good place to start is with the mind-calming practice of learning to focus on our breath. Find a comfortable spot. Close your eyes. Breathe in through your nose and out through your mouth, allowing your belly to be soft. Breathe slowly and deeply, feeling yourself present, here and now, relaxing more and more with each breath that you take in and each breath that you let out. Now focus on breathing with all five senses - really focus on how the breath feels entering your nostrils – air going in, air going out, feel the touch,

pressure, the flow, temperature, velocity, and any other sensations such as tingling, and other characteristics of your breath. Concentrate only on your breath. It is human nature for the mind to wander – this will happen – when it does, simply observe the distraction non-judgmentally and then consciously bring your attention back to your breath – feel the air going in and the air going out. Is the air warm or cool? You will notice that you will continue to experience distractions – again, gently and non-judgmentally observe each distraction and then refocus on your breathing. Continue practicing this mindfulness exercise daily.

Now begin incorporating this practice into other routine activities of daily living such as walking, connecting with nature, brushing your child’s hair, listening, reading, observing, eating, driving, showering, cooking. This practice can be extended into almost any experience in life. For example, often we take a shower “mindlessly” without actually experiencing all of the sensations of the shower. Instead of focusing on the act of showering, we often spend this time “in our heads” thinking about what happened yesterday or worrying about what might happen today, tomorrow or even at some distant point in the future. Stop. Begin to focus on the shower, being aware of the present moment, experiencing the shower with all five of the senses. Notice the steam






rising or the streams of water as they make their journey from the showerhead to the drain. How does the water feel flowing over your body – is it warm or cool? Listen to the flow of the water – what sounds do you hear? Smell the aroma of the soap and shampoo – what do they smell like? Experience the “flow” of being in the present moment, focusing all of your attention on the rejuvenating feeling of the water as it unfolds around you.

### A Mindful Life

An important component of mindfulness is cultivating an awareness to its fullest degree, nurturing a deep sense of gratitude and feeling a sense of harmony with each moment of our life as it unfolds. This is a great gift we can give ourselves and our loved ones. By learning to embrace and adapt to change and to accept the things we cannot change, we will benefit from increased inner peace and greater harmony in our relationships with others. When we experience life in its purest form, without clouding it with our perceptions and judgments, we will be at peace with what is.

With regular and routine practice of these and other similar exercises in mindfulness, we can learn to reduce our excessive thinking and catastrophizing what goes on in our minds and learn the mind calming skill of being in the present moment. As we develop the practice of incorporating this skill into our daily routines, we will notice profound and positive changes in our emotional, physical and spiritual well-being. As we learn to put these skills into practice, we will find that we have more inner peace and happiness; greater ability to modulate our emotions; an increase in our creativity, memory and learning; positive changes in our personal and professional relationships; increased resilience; improved performance; and overall healing of our mind, body and soul.


Mindfulness has the potential to positively transform your life and the lives of those you love and serve.



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# THE HANDSHAKE

*(the currently maligned handshake)*



BY JOHNNY B. ROY, MD

*“The urge to save humanity is always a false front for the urge to rule.”*

– H.L. Mencken, 1880-1956, American Literary Critic

Extending one’s hand in a casual or formal encounter is customarily an intuitive goodwill gesture practiced worldwide.

The handshake is so ingrained in our culture that it signifies polite and courteous manners. In some cultures, it is accompanied by a hug and a kiss on each cheek. The genesis of the act by virtue of stretching one’s hand signified absence of weapon, hence no harm was intended. In our politically correct world, we are advised to forgo handshaking. The ritual is purported to spread germs!

The handshake is invariably accompanied by eye contact. This ritual exudes confidence, a major element in the healing art. Clinicians, being keen observers, can elicit useful information by the handshake. These include strength of the grip, tremors, temperature, sweating, arthritic pain, etc. Additionally, the

germophobe central planners recommend short-sleeve lab coats, no ties, no watches and no wedding rings.

They, probably most of them not in the trenches of clinical medicine, recommend donning a gown and gloves upon entering a patient’s room. What’s next, a virtual visit? Won’t that strip the personal and emotional connection with patients, especially the elderly and lonely?

I’ve had a background in microbiology research. Years ago, I dabbed my fingers on an agar plate. After 24 hours’ incubation, nothing significant grew. To seek an alternative to the courteous handshake, I’m practicing my fist bump! To be courteous to my elderly patients, I may have to seek an old cushiony Joe Louis boxing glove.

Thanks for reading.



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Oklahoma ranks 47th among states for the percentage of children up-to-date with the primary series of vaccines. Over the last four years, the number of individuals getting the flu shot has hovered around 46%. We can do better!

The Oklahoma County Immunization Coalition is a nonprofit comprised of diverse public and private

organizations working together to identify and develop strategies to raise immunization coverage for all residents of Oklahoma County.

The coalition offers monthly coalition meetings focused on timely educational topics, best practices and networking. Our weekly eNewsletter has event updates, resources and locally and regionally sourced news stories. In addition, the coalition hosts an Immunization Awareness Day at the Capitol, a childcare provider seminar, and a variety of immunization trainings in the community.



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What we need:

**Volunteers** - Physicians can serve as subject experts at our coalition meetings, in the community and media.

**Personal Stories** - It is critical that we share personal stories about preventable diseases and what happens when people choose not to vaccinate. If you have a patient who wants to share their story related to a vaccine-preventable disease, please share it with us.

**Advocates** - Finally, physicians are champions that can serve as leaders on our board or connect us with resources in the community.

If you want to learn more about how to get involved with the Coalition or you want to be added to the eNewsletter, please contact Paula Wall (paulaew@health.ok.gov). The coalition has a website (www.ocic.info), Facebook page (facebook.com/ocicinfo) and a Twitter handle (@immunizeok).



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and starvation of the soul becomes intolerable.*

BY HANNAH SAADAH, MD

## *For You*

For you my soul will resurrect and sing  
And from her deepest, shy recesses bring  
Thoughts long forgot, which frighten and confuse;  
How can a frail and lonely man refuse?

Your lips, they taste like April in the wild  
Your skin, it purrs and slumbers like a child  
Who, freshly bathed and freshly loved and fed  
Will curl around a dream and go to bed.

Your eyes, your sighs, like music rhyme and rise  
Your tender nature is September skies  
Your heart, it beats to feed my every need  
Your kind and starry mind is light to lead.

A gift of joy that only God could send  
To love and worship, not to comprehend.

# DIRECTOR'S DIALOGUE

BY JANA TIMBERLAKE, EXECUTIVE DIRECTOR

## "NEW BEGINNINGS"

The stories are endless about the reason a child is placed into state custody – neglect, abuse, abandonment or a parent's inability to provide proper care. In Oklahoma, DHS has many recent "black eyes" for mismanagement of these children's cases, but this article is not to criticize the professionals who are dedicated, overworked and cannot possibly manage their heavy caseloads. Stories in the media tell us it is going to get better, but the challenges are great, especially in a state that must find a way to balance its budget each year while the extra dollars to improve the system are simply not there.

I often reflect on the stories about the foster children cared for by Dr. and Mrs. John Blaschke. If there are reservations in heaven, I believe there will be two for these living saints who loved and nurtured many foster children through the years, raising them like their own while knowing their time with them would be short. However, there is a recent story I want to share with you that will most certainly tug at your heartstrings. I will not mention any names while reciting the facts.

Imagine being a 4-year-old whose father has been jailed for methamphetamine use and distribution, while being raised by a mother who struggles with her own addictions. These individuals did not start out as bad people ... they were loved by their families, excelled at sports, made good grades, but eventually stumbled into the world of drug addiction. But this article is not about the parents or addiction recovery ... it is about the child who eventually entered Oklahoma's foster care system.

Fortunately, the child was placed in a good foster home – a loving, elderly woman who had raised many children. If she had read the DHS report before accepting the child, this story would have ended differently. The report stated that the child was developmentally disabled, not potty trained and had little hope because of his circumstances. But the caseworker did not take into consideration that no one had taken the time to "raise" this child ... he was basically left to figure out life on his own at a very tender age. In the short time he was in his foster mother's care, the report was eventually proven to be wrong.

Now comes the good part ... grandparents to the rescue! Living out of state, they exercised much patience while cutting through red tape and the requirement to attend several court hearings. Eventually, temporary custody was awarded and the child was finally given the chance to "be a child" – you know, that carefree feeling of innocence that only children can experience. He was no longer being locked in a dark room or closet for punishment, but instead being read to each night before being tucked into bed after a warm bubble bath. He learned the Pledge of Allegiance and the Lord's Prayer, recited them every single night, while saying an extra prayer for the parents who could no longer care for him.

His grandparents showered him with much love and attention, while gently teaching him all the things his parents should have. They scheduled play therapy for the child and worked through his trust issues. Eventually, his parents agreed to waive their



parental rights, paving the way for adoption by his grandparents.

Now only one step remains – the final court hearing granting the adoption. Both grandparents and child are nearing the end of their 18-month journey. He now laughs with abandon, loves school and has made many friends. He is smart and loves kindergarten. The karate class is teaching him the meaning of courage and respect. His grandparents know there are challenges ahead because of their advancing age but they could never turn their backs on this beautiful child – their own flesh and blood.

Oh, how different his life would have been without being rescued by his grandparents. According to an article in the Wilmington (Delaware) News Journal published on April 12, 2012, more than 2.5 million grandparents nationwide are taking on the responsibility of raising grandchildren instead of taking the time in their golden years “to relax and reap the benefits of a life well lived.” They are essentially raising their “second” family.

Unfortunately, there are millions of children whose stories will not have a happy ending. If their parents cannot find their way back to a normal life and there are no grandparents/extended family members to provide love, discipline and guidance, what will happen to them? Will their life be one lived in the cycle of poverty? Will they grow up with lower than average reading skills? Will they be transferred from one foster home to the next until they reach the age of majority? What type of parenting skills will they have learned when they have their own children? Sadly, the cycle often repeats itself.

I do not know how to solve the problems of children in the foster care system, but I ask you to ponder the quote below from Stacia Tauscher, who has no known fame except for her statement about children – “We worry about what a child will become tomorrow, yet we forget that he is someone today.” Now, let’s begin to think about new beginnings ...



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*Shown left to right are: Jana Timberlake, OCMS Executive Director; Marni Sigmon, OCMS Alliance Kitchen Tour chairman; and Pam Troup, Schools for Healthy Lifestyles board member.*

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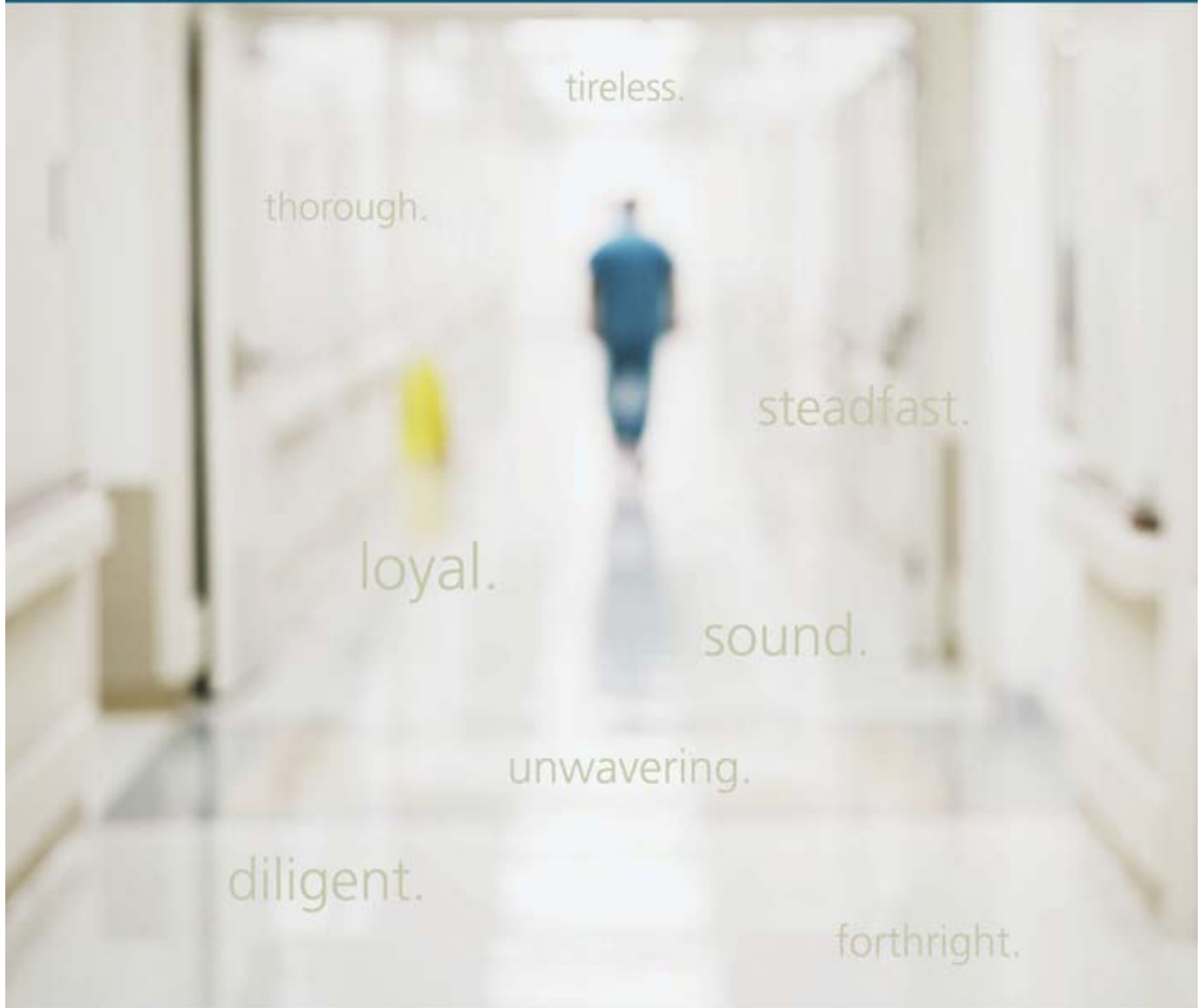


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