

# THE BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

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# THE BULLETIN

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# ABOUT THE COVER



**P**ictured on the cover is the 2017 OCMS President David L. Holden MD with his wife of 35 years, Rachel.

Dr. Holden began his orthopedic practice at McBride Clinic in 1984 and has proudly served as an orthopedic surgeon and physician to Oklahomans these past 33 years. He has spent evenings and weekends providing coverage at multiple sports venues and locations, from high school to Division 1 university and college sporting events, all the way to gymnastics and Olympic success.

Dr. Holden is a native of Oklahoma. He graduated Magna Cum Laude as an undergraduate from Duke University, University of Texas Medical School followed by his residency in orthopedic surgery at the University of Texas Health Science Center in Houston. He was then accepted to do a Sports Medicine Fellowship with the renowned Dr. Douglas Jackson in Long Beach California where he was offered a position on their staff. Dr. Holden had always hoped to return to Oklahoma, however. So after completing an additional Fellowship under Dr. Stanley James in Eugene Oregon, he was delighted when Dr. Joseph Messanbaugh and his partners at McBride Clinic

offered him a position as an orthopedic surgeon on their staff. He still enjoys a very diverse practice in orthopedics and more recently, he and his partner Dr. Tom Howard, participated in clinical studies and were the first here in Oklahoma to gain expertise in performing the very effective “reverse shoulder replacement” surgery.

Dr. Holden is a member of the American Medical Association, Oklahoma State Medical Association, Fellow of American Academy of Orthopedic Surgery, American Orthopedic Society for Sports Medicine, and the Arthroscopy Association of North America. He and his wife continue to lend their support to numerous projects from Girls and Boys Club, Wounded Warrior Project, and Child Fund International, to name a few.

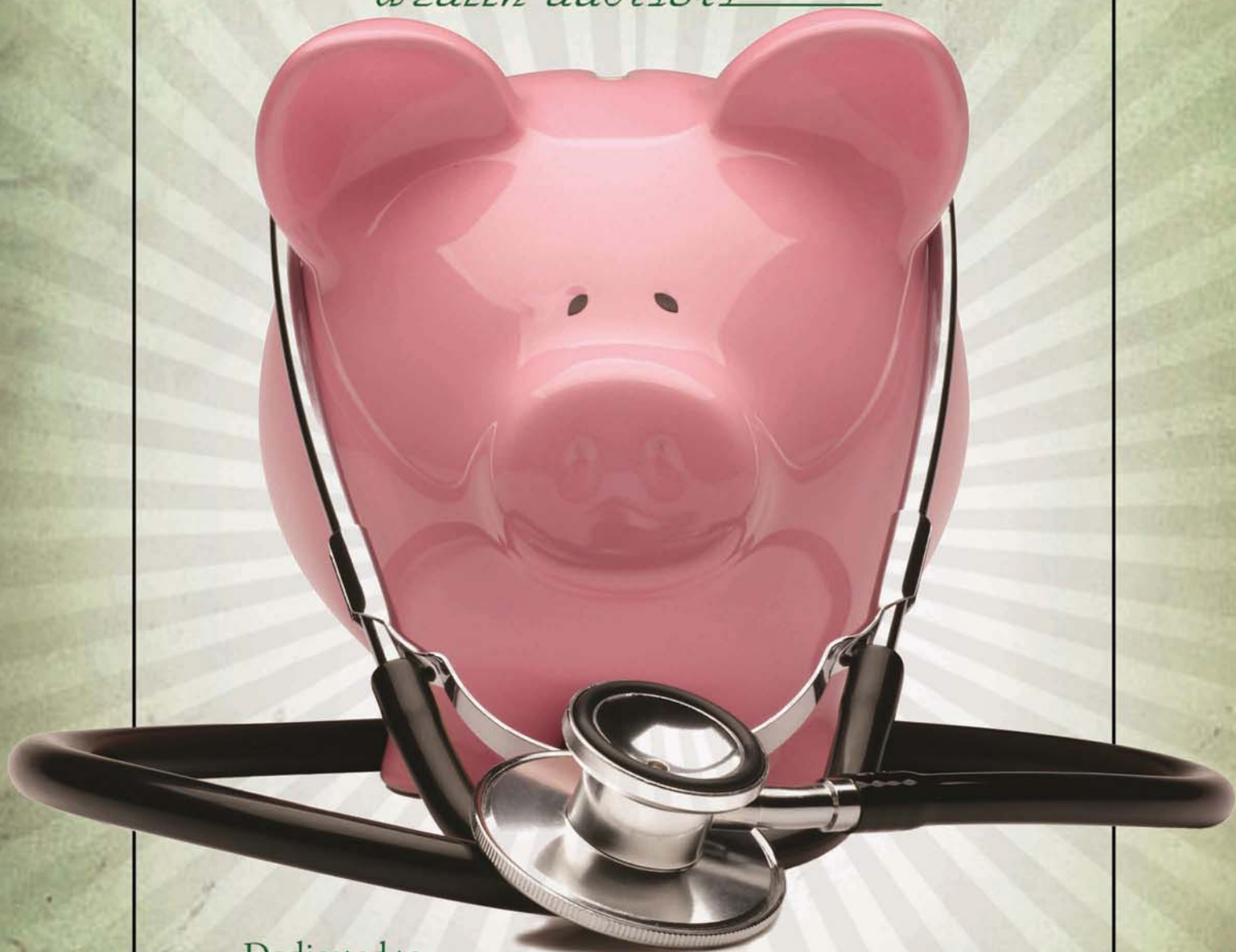
Dr. Holden is the son of Linda and Lee Holden, DVM, who retired after 64 years of practicing veterinary medicine. His older son John David is an attorney with the Supreme Court of Oklahoma and his wife Amanda is an attorney with the Public Defender’s Office here in Oklahoma. His younger son Thomas is currently completing his medical residency at Thomas Jefferson Medical Center in Philadelphia and soon to be married.







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# PRESIDENT'S PAGE

DAVID L. HOLDEN, MD



For many years as a practicing physician here in Oklahoma, I have passionately pursued and enjoyed participating in the ever expanding forum of sports medicine. Spending my evenings and weekends providing coverage at multiple sports venues and locations, from high school to Division 1 college and university sports events all the way to gymnastics and Olympic glory, has been a privilege.

As time progressed, however, I came to realize the critical importance of other work being done to benefit and serve our community. The historic Oklahoma County Medical Society has provided many physicians with valuable opportunities to make a difference in Oklahoma. This fine organization led to the start of the Oklahoma Blood Bank (now Oklahoma Blood Institute), the startup and implementation of a free clinic (Open Arms), and has also led to the enactment of changes in Oklahoma legislation which would better suit the needs of patients and physicians in Oklahoma.

A strong political presence continues to blow across Oklahoma on a state and federal level

and it does not always have the best interest of patients and physicians at heart. OCMS and all physicians should remain vigilant and continue to effectively communicate as a group with Oklahoma representatives and senators at both the state and national level, to ensure we have a place in this decision-making process. Membership and participation in OCMS is an effective means for all physicians to stay vigilant and remain personally involved at a community level. So I invite any and all of my fellow professionals to become members.

One of the projects on the agenda is the implementation of a physician wellness program.

Statistics continue to showcase an ongoing rise in the physician's workload, in the amount of time he or she spends working, and in the harsh conditions he or she is expected to perform in. Our goal is to help provide direction and resources on a local level to those in the medical arena desirous and in need of assistance. It is both an honor and a privilege for me to participate and serve as a member of this reputable and historic organization.



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# DEAN'S PAGE

BY M. DEWAYNE ANDREWS, MD, MACP  
EXECUTIVE DEAN AND REGENTS' PROFESSOR, UNIVERSITY OF  
OKLAHOMA COLLEGE OF MEDICINE



This is my 108th and final Dean's Page for the OCMS Bulletin. I have spent 40 years as a medical school faculty member, and during the last 15 years I have been given the honor and privilege of serving as executive dean of the University of Oklahoma College of Medicine. After feeling that I have achieved my last few major goals, I am stepping down as dean in February 2017 and retiring. It is a good time to pass the batons of leadership and vision on to the next generation.

It was 50 years ago in 1966 that I first came to the University of Oklahoma Medical Center as it was known at the time. About the only things here were the old medical school building, the University Hospital Old Main and clinic buildings, the old Children's Hospital, the nursing school, and the VA Hospital. Despite the small size of the institution in the 1960s, there was an amazing and talented faculty. Some of the most prominent and influential clinical faculty members included Drs. Stewart Wolf, Bob Bird, John Schilling, G. Rainey Williams, Lazar Greenfield, Harris "Pete" Riley, Jim Hammarsten, Jim Merrill, Warren Crosby, Jolly West, Gordon Deckert, James Snow, and Mark Allen Everett to name only a few. It was

a time of innovation and scholarship in medical science and patient care that set the foundations for the tremendous growth and changes that were to follow from the 1970s to the present.

I chose a career in academic medicine because of inspiring role models and because it promised a satisfying and rewarding combination of clinical practice, teaching, and scholarly work. In time, my career turned more towards the administrative side as I was asked to take on increasing and various leadership roles, culminating in being appointed as executive dean of the College of Medicine in 2002. I left the OU medical center three times during my career, twice for an aspect of my training or career advancement and once for two years of service to the country (there was a "doctor draft" back in those early days). Each time I returned to the place that gave me my start in medicine because of a special sense of commitment and attachment I felt for the institution.

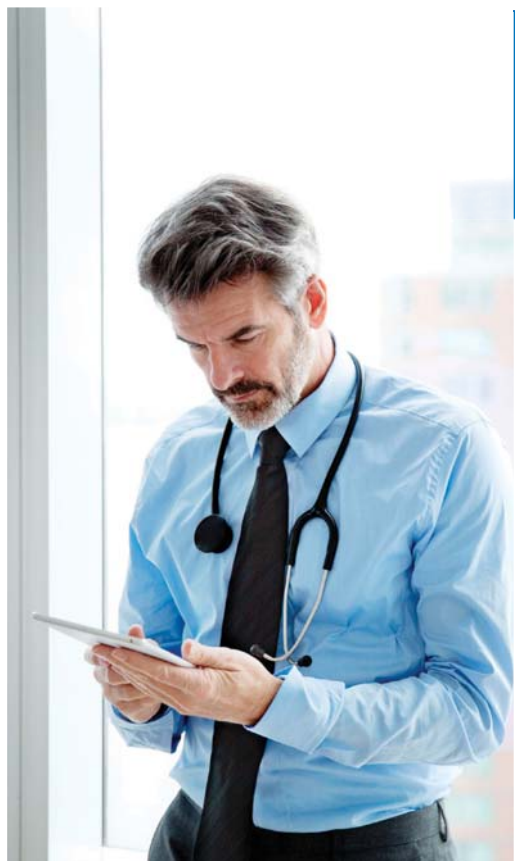
Enormous changes have occurred in the medical center since those early days. It has evolved into the comprehensive OU Health Sciences Center and the constellation of health care, educational, research, and community institutions and organizations that

*Continues on page 8...*

make up the Oklahoma Health Center. I had the privilege and enjoyment of being a participant in so many of those changes and developments. And, as dean of the medical school I was able to help provide the vision and implementation of many of the changes. It has been an extraordinary opportunity for which I will be forever grateful. I have worked with so many dedicated and talented faculty colleagues, students, residents, and staff and have enjoyed the collegiality and support of so many in our community including important professional organizations such as the Oklahoma County

Medical Society and the Oklahoma State Medical Association. I am deeply thankful to all of them.

In closing, I am especially proud of what we have been able to accomplish in the College of Medicine during the past 15 years. We are well poised for the next phase of development in our institutional history. I am excited and optimistic about what lies ahead for the College and wish the new leaders who will come after me great success. I am looking forward to the next phase of my life and the opportunities and experiences that lie ahead for Becky and me. Best wishes to all of you!



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# MEMBERSHIP MEETING

NOVEMBER 7,  
**2016**

OCMS ANNUAL MEETING /  
ELECTION OF OFFICERS

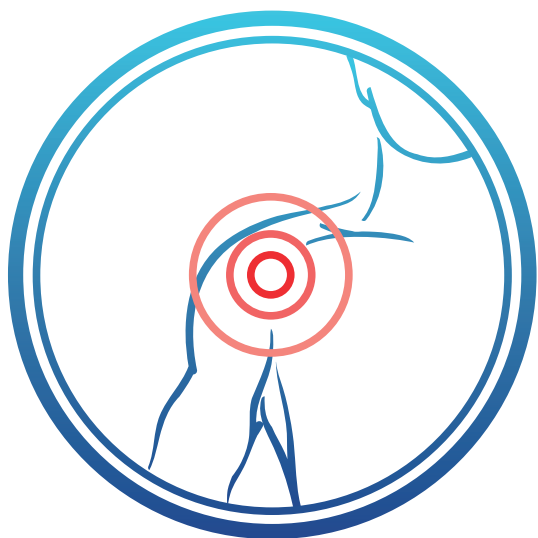


*Above: Dr. Apple Rice presented Dr. Elizabeth Jett a plaque in recognition for serving as Oklahoma City Clinical Society president during 2016. In addition to the OCMS slate of officers, the following candidates were elected to the Oklahoma City Clinical Society: Apple Newman Rice, MD - President; Sam S. Dahr, MD - President-Elect; Sarah Yoakam, MD - Vice President and Randy C. Juengel, MD - Secretary/Treasurer.*

*Below: At the November 7, 2016 Annual Meeting, the OCMS slate of officers were elected: From left to right, with 2017 OCMS President David L. Holden, MD are: Lisa J. Wasemiller-Smith, MD - Secretary/Treasurer; R. Kevin Moore, MD - Vice President; David L. Holden, MD; Sam S. Dahr, MD - President-Elect.*







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# A Case of POSTPARTUM BELL'S PALSY

RANDALL HENTHORN, MD,  
CLINICAL ASSOCIATE PROFESSOR, DEPARTMENT OF ANESTHESIOLOGY, OU  
MEDICAL CENTER (RET.)

In a local Oklahoma City hospital in 2014 a healthy full term pregnant woman was admitted into the delivery suit in active labor. She underwent an epidural block for her labor pain and it was complicated by an unintentional dural puncture. The next day she developed a postural headache which was treated successfully with an epidural blood patch. In the interim she developed a unilateral facial droop and on the same side inability to smile, or fully close the eye. Bell's palsy (BP) was diagnosed. A course of corticosteroids was given and the patient showed significant improvement in the facial paresis at about 10 days postpartum.

Bell's Palsy is classically a unilateral 7th cranial neuropathy that is rapid in onset heralded by pain behind the ear and then ipsilateral paresis of facial movements. It is not uncommon for the patient to believe she has suffered a stroke. The

syndrome typically resolves spontaneously within 3-6 months. Those with initial complete paralysis do worse. About about 1/3 experience varying degrees of impairment from residual muscle denervation with reduced facial animation and unnatural muscle movements. One rare finding is "crocodile tears" that occurs when the orbicularis muscle is unable to assist in sweeping lacrimal fluid across the globe and thus tears fall directly down the cheek.

The cause of BP is not known, but the nerve has to pass from the pons through the cranium through a small bony canal. It is vulnerable to compression ischemia with any swelling in the canal. Proposed etiologies are reactivation of latent herpes infection, fluid shifts due to preeclampsia and metabolic disorders.

Occurrence is about 1/2500 parturients (1) and it is the most common cranial neuropathy

*Continues on page 12...*

of pregnancy. In this case it was initially considered that the needle puncture of the dura and cerebral spinal fluid loss sufficient to cause postural headache may have also caused enough stretching/compression from brain displacement to cause injury to the 7th cranial nerve.

A large compilation report (2) reveals that sixth cranial nerve injury producing diplopia accounted for 90 % of the total cranial nerve palsies caused by spinal fluid loss. In that study the 7th cranial nerve was least likely to be injured, being only 1/324 cases. Thus, the palsy and dural puncture are not likely causal events in this case.

#### **Key points for early care of a patient:**

- Thorough bedside exam to rule out hemispheric stroke
- Start corticosteroids within 72 hours of clinical onset according to the 2012 guidelines of American Academy of Neurology.
- Since the weakened orbicularis muscle may not fully protect the eye from injury, it is necessary

to use eye patching at night and to wear daytime goggles.

- In some cases lacrimal gland secretion is deficient and supplemental eye drops can avoid corneal desiccation.
- The routine use of general anesthesia and spinals/epidurals is not contraindicated.
- Referral to a neurologist or an otolaryngologist as ongoing follow-up exams will be required to assess progress and optimize recovery of function
- These patients suffer considerable psychological distress and need compassion and ongoing education.

#### *References:*

*Dorsey DL, Camann WR. Obstetric anesthesia in patients with idiopathic facial paralysis (Bell's palsy): a 10-year survey. Anesth Analg. 1993;77:81-3.*

*Thorsén G. Neurological complications after spinal anaesthesia: and results from 2493 follow-up cases: Kungl. Boktryckeriet PA Norstedt & Soner, 1947.*







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# WELCOME NEW MEMBERS!



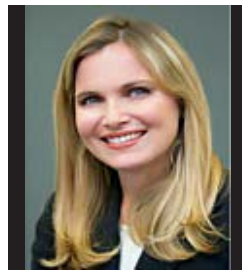
*Davis*



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*Harrell*



*Hurwitz*



*Yeh*

**Charlyce E. Davis, MD**, is a board-certified internal medicine physician with AllianceHealth. She attended medical school at Meharry Medical College in Nashville and completed her residency at OUHSC.

**Morris Gessaroun, MD**, is board certified in pediatrics as well as pediatric critical care, and is employed with OU. He completed medical school at the University of Maryland, and residency and fellowship at OUHSC.

**Leslie M. Harrell, DO**, is a board-certified radiation oncologist with Radiation Medicine Associates in Oklahoma City. She completed Medical School at the University of North Texas – Texas College of Osteopathic Medicine. She completed an internal medicine internship at the Naval Medical Center in Portsmouth, a radiation oncology residency at the University of Mississippi in Jackson, and a pediatric and proton fellowship at MD Anderson Cancer Center in Houston.

**Erin E. Hurwitz, MD**, is a board-certified anesthesiologist with Affiliated Anesthesiologists, LLC. She completed medical school at New York University School of Medicine, her internship in internal medicine at Saint Vincent Hospital in Worcester, Mass., and her anesthesiology residency at Brigham and Women's Hospital in Boston, Mass.

**Jamie Koch, MD**, is a board-certified anesthesiologist with Affiliated Anesthesiologists, LLC. He completed medical school at the University of Oklahoma College of Medicine, and his internship and residency with OU.

**James Layton, MD**, is a board-certified anesthesiologist with Affiliated Anesthesiologists, LLC. He completed medical school at the University of Oklahoma College of Medicine, an internal medicine internship at the University of Kansas, and an anesthesiology residency with the University of Kansas.

**Norman Yeh, MD**, is a radiation oncologist with Radiation Medicine Associates in Oklahoma City. He completed medical school at the Indiana University School of Medicine, residency in radiation oncology with the University of Colorado, and an internal medicine internship at Naval Medical Center in San Diego.

**Correction:** In the November-December Bulletin issue, we made an error in the bio of Jason M. Bellak, MD. A corrected bio follows.

**Jason M. Bellak, MD**, is board-certified in pediatric and adult allergy and immunology as well as internal medicine, and is with the Oklahoma Institute of Allergy Asthma and Immunology. He completed medical school at the University of Nevada School of Medicine. Dr. Bellak completed his internship and residency in internal medicine at the Mayo Clinic in Arizona.





# NEW MEMBERS' RECEPTION



*Above: William Bendure, MD, Mark Kowalski, MD and Paula Kowalski.*



*Right: Randal Juengel, MD, Pooja Singhal, MD, Nigam Sheth, MD, & Harlan Wright, MD.*



*Above: OCMS Staff Eldona Wright, Jana Timberlake and Alison Williams.*



*Above: Quail Creek Bank Vice-President Mike Thagard with members Ashley Weedn, MD and William Bendure, MD.*

*Below: Lisa J. Wasemiller-Smith, Rick Knapp and Jana Timberlake.*



*Below: Jana Timberlake, Nita Folger and Doug Folger, MD.*



*Right: OCMS President David L. Holden, Past-President Don L. Wilber and Secretary-Treasurer Lisa J. Wasemiller-Smith.*



*Above: OCMS Alliance Members Tessa Wicks and Cara Falcon.*



*Above: Mike Thagard speaks with Randal Juengel, MD and Luann Juengel.*



*Above: OCMS Alliance Members Anita Verma, Cara Falcon, Karen Gunderson, Tessa Wicks and Mucki Wright.*



# FIRE FIGHTER FIGHT CANCER

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



*“Cancer is the leading cause of firefighter line-of-duty deaths in the United States, and according to the International Association of Fire Fighters, about 60 percent of career firefighters will die this way.”*

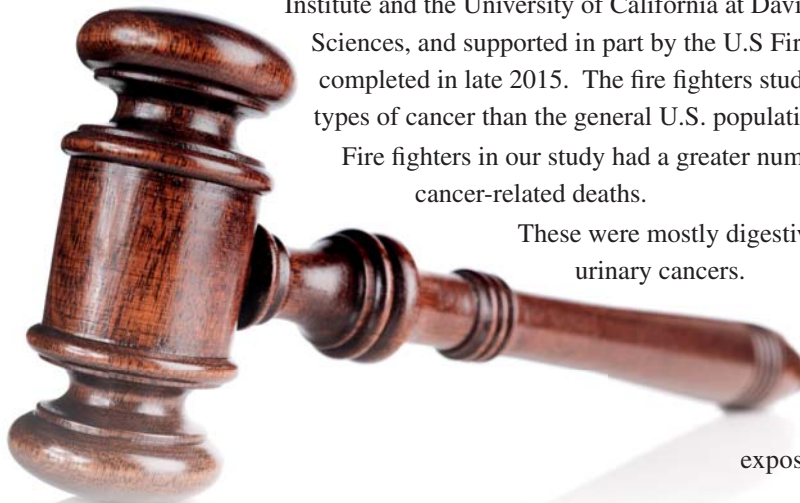
LeMasters and co-authors evaluated information about more than 100,000 firefighters from 32 previously published studies to assess the risk of cancer among firefighters. Firefighters were twice as likely to develop testicular cancer, roughly 50% more likely to develop multiple myeloma or non-Hodgkin’s lymphoma, and 28% more likely to develop prostate cancer.

The Occupational Safety and Health Act of 1970 established the National Institute for Occupational Safety and Health (NIOSH), which is part of the U.S. Centers for Disease Control and Prevention, in the U.S. Department of Health and Human Services. In 2010, (NIOSH) began a multi-year study of nearly 30,000 fire fighters from the Chicago, Philadelphia, and San Francisco Fire Departments to better understand the potential link between fire fighting and cancer. The study was a joint effort led by researchers at NIOSH in collaboration with researchers at the National Cancer Institute and the University of California at Davis Department of Public Health Sciences, and supported in part by the U.S Fire Administration. This study was completed in late 2015. The fire fighters studied showed higher rates of certain types of cancer than the general U.S. population. Based on U.S. cancer rates:

Fire fighters in our study had a greater number of cancer diagnoses and cancer-related deaths.

These were mostly digestive, oral, respiratory, and urinary cancers.

There were about twice as many fire fighters with malignant mesothelioma, a rare type of cancer caused by exposure to asbestos.



Excess cancer of the bladder and prostate was noted below age 65 years. Exposure to asbestos while fire fighting is the most likely explanation for this.

Prostate cancer is the second-most common cancer and the second-leading cause of death among men in the United States. Men older than 50 are at the highest risk for prostate cancer.

The National Cancer Institute estimates more than 240,000 cases are diagnosed each year in the United States. This means that one in six U.S. men is diagnosed with prostate cancer during their lives, and one in every 36 men dies from it. Some risk factors increase a person's likelihood of developing the disease, including age, ethnicity, family history and diet. Asbestos exposure is another potential risk factor that has been studied.

Firefighters often are exposed to known carcinogens and combustion by-products like formaldehyde and benzene, along with materials like asbestos, which was used extensively throughout the 20th century. The longer one is a firefighter, the greater the chance of getting some kind of cancer. Consumer goods are increasingly manufactured using synthetic materials, and fires are more toxic as a result. Synthetic materials create hundreds of times more smoke than organic ones. Breathing in any amount of asbestos fibers, though, from even the faintest amount of smoke, could present a long-term danger to a firefighter.

Asbestos is a group of mineral fibers widely used for their heat insulation, fire-stopping, electrical insulation, and sound absorption properties. For a detailed discussion about 'ASBESTOS AND OTHER NATURAL MINERAL FIBRES', see the article by the International Programme on Chemical Safety (IPCS) which is a joint venture of the United Nations Environment Programme, the International Labour Organisation, and the World Health Organization.

The commercial term asbestos refers to a group of fibrous serpentine and amphibole minerals that have extraordinary tensile strength, conduct heat poorly, and are relatively resistant to chemical attack. The principal varieties of asbestos used in commerce are chrysotile, a serpentine mineral, and crocidolite and amosite, both of which are amphiboles. Chrysotile, which accounts for more

than 95% of the world asbestos trade, occurs in virtually all serpentine rocks. Most of the asbestos present in the atmosphere and ambient water probably results from the mining, milling, and manufacture of asbestos or from the deterioration or breakage of asbestos-containing materials.

Asbestosis, interstitial pulmonary fibrosis, requires a very high fiber burden for its development, and it appears that, on a fiber-for-fiber basis, amphibole forms of asbestos are more fibrogenic than chrysotile, perhaps reflecting the differing biopersistence of the two fiber types.

Multiple studies have been performed that show a potential link between asbestos exposure and prostate cancer. The following studies show an association between asbestos exposure and prostate cancer.

A 1993 Danish study tested workers at an asbestos cement factory for their exposure to asbestos. An elevated number of prostate and lung cancer cases were recorded among the workers. Researchers found a 36 percent increase in the observed number of prostate cancers compared to the expected amount.

The American College of Chest Physicians released a similar study in 1980. The study, "Presence of Asbestos Bodies in Organs Other than the Lung," examined 37 people who died from asbestos-related pulmonary issues. It determined that someone with asbestos fibers or residue in the lungs was likely to have them in other organs as well. Doctors looked at various organs and discovered about half contained asbestos. Of 14 prostate samples, six contained asbestos bodies.

A 2003 study analyzed participants of the Finnish Asbestos Screening Campaign. The study followed the health of 23,285 men and 930 women who worked with asbestos. These individuals were studied for eight years for cancer occurrence. Results indicated a much higher incidence of prostate cancer when compared to the total Finnish population. Participants were also at a significantly higher risk to develop mesothelioma and lung cancer.

In sum, it behooves physicians and other providers to be cognizant of the fact that fire fighters not only risk their lives fighting fires, but also risk a future fight against developing and dying from cancer.



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*This poem came to me while I sat in my living room, and watched with the rest of the free world, the consequences of war. It is humanitarian and longsuffering in genre, and tells the story from only one side, the side of the oppressed. The plight of the refugees is not escapable. We can look away and we can justify, but we cannot reduce the burden of shame that our collective conscience must forever endure. This refugee, nevertheless, is not angry or vengeful about his plight. He merely loves and waits for the silent world to awaken to the truth, and for life in its ultimate justice to bring him back home.*

## THE REFUGEE

HANNA SADDAH, MD

I leave with barren arms  
that used to bear

The fruits of life with  
young, unmindful air

I flee with years upon my  
heels and drought

Within my eyes - where do I go, oh where?

Of life, I am a restless wandering breath

Romantic, final, intimate, like death

Why do I shed my leaves in spring and waste

My ancient wine upon this heedless earth?

My home is mourning, robed in smoky skies

I hear it coughing bombs and bloody cries

From heaps of pregnant rubble, quickening

With mothers' arms and little children's eyes.

But refugees can hardly mourn their dead

Too many die each day, no home nor bread

While all the silent world sits, watching

Justice of the bombs engulf the meek and spread.

I am the haunting thorn of truth they heed

The faith, the goal, the dream, my people need

And I persist, a sore upon their eyes

And more, a rose upon our tombs that bleed.

I will not hate, I love, I will not hate

I am the noble son of earth and fate

Nor will I yield to justice of the bombs

I am the patient truth and I can wait...

THE  
POET'S  
SPOT

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# SPOTLIGHT ON AN ALLIANCE BOARD MEMBER

## Kathy Bookman

*“I alone cannot change the world, but I can cast a stone across the waters to create many ripples” ~ Mother Teresa*

AMY RICHTER BANKHEAD



“I love this quote as it is the way that I feel. None of us alone can change the world, but together we can cast stones and create many ripples that collectively can make a difference. When serving within an organization I want to participate and look for ways in which I can make a difference by actively participating and making a sincere contribution.” A quote from Kathy Bookman.

I first met Kathy Bookman at a Medical Alliance meeting in 2004. What struck me about meeting this very “put together” woman was how truly kind she was to everyone that she came in contact with. I remember very vividly how she beamed with pride when she spoke about her “two girls” and her loving husband, Larry. Another observation that I had upon getting to know Kathy was how the phrase,

“going the extra mile” applied to her. Whether it is volunteering for her beloved community organizations or planning her daughters’ weddings she always does more than she is expected to do.

Over the last twelve (12) years I have been proud to call Kathy my dear friend. Once again it was through the OCMS Alliance that we met and served together on committees and her Board of Directors. As Alliance members we have a common bond. We all know that our spouses have an extremely stressful job and we are ALL there to support each other. Upon learning that I was writing an article about Kathy, I contacted her husband for a quote about how he feels about her. This is what Dr. Bookman had to say, “Kathy is very special due to her amazing dedication to people and organizations she believes in. With her family and friends, she has always been there with love, support and the ability to just listen. With the organizations she has served, she is willing to take on the tough jobs and spend infinite time to make the organization the best it can be. She is a very special woman and I am proud to call her my wife.”

Here is a little information about Kathy.



Kathy Bookman is married to Larry Bookman, M.D. a Gastroenterologist in Oklahoma City. Dr. Bookman is one of the two physicians who started Digestive Disease Specialists. They have two daughters. Jordan Bookman Kalm, who lives in San Francisco and Blair Bookman, who lives in Chicago and will be getting married this June. They also have a fur baby named Pippa, a Cavalier King Charles Spaniel.

Kathy was President of the Oklahoma County Medical Society Alliance in 2013-14. During her years of membership in the Alliance she has served on numerous committees and hosted Doctor's Day. In 2014-15 Kathy served as the Oklahoma State Medical Association President. In that role she attended the American Medical Association (AMA) annual meeting in Chicago and represented our state of Oklahoma. She

also attended the Installation of the AMA Presidents and was honored at the inaugural gala.

Kathy was chosen to be the Arts Council Oklahoma City: Festival of the Arts Co- Chairman in 2014. There she organized five hundred volunteers who brought the festival to life. She has also been an active board member of Infant Crisis Services for the last seven years and has been appointed to their newly organized Advisory Board starting in 2017. There she will continue to serve Oklahoma babies and make sure that no baby goes hungry. Kathy has served on several committees planning gala events and fundraisers, again raising money for those in need.

In her spare time Kathy volunteers as a Deacon in her church, sits on the church Children's committee and the Religious Education committee. Keep up the good work Kathy. We are so very proud of you!



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# HUNDRED YEARS PER HOUR

HANNA SAADAH, MD

**I**t was an unhurried, sunless Sunday. Having retired, with 45 medical years now off my shoulders, I reveled in my oblivion. “In the practical use of our intellect, forgetting is as important as remembering,” said William James. Still in half sleep, my eyes gaped at an early telephone ring. I had forgotten that I was a doctor, forgotten that these early phone calls were frequent fragments of my once-alarmed life.

“Hello,” I answered with half-awake voice.  
“Doctor. This is Norma. I hope I didn’t wake you up.”  
“Doctor? I’m not a doctor any more.”  
“It’s my dad, Doc. He wants you to come...”  
“You know I’m retired, I yawned, still shrouded in oblivion.  
“You’re still his friend, right?”  
“Right,” I rattled, my voice hoarse with remorse.



“Well, my dad wants you to come to his birthday this afternoon...”

That afternoon, I drove to Mulhall, not for a house call, but for a home visit. I had taken care of Mr. Siècle for 45 years. He was the first to walk in when I opened my door—tall, handsome, blithe with wit, and full of war stories. Today, my one-century-old friend wants me at his double-jubilee. What an honor, I thought, as I drove. I had never attended anyone’s hundredth birthday before. My mother died this year, just six months shy of that mark. I had planned to haul the entire family to Lebanon for her birthday. Well, on her behalf, I shall celebrate it with Mr. Siècle instead.

The house brimmed with red cheeks and glittering eyes. Children, grand children, great-grand children, great-great-grand children, and so many other weather-beaten relatives, stormed around Mr. Siècle, hardly listening to his century-enfeebled voice. When he saw me, his eyes lit up, and he raised his hand as if to calm the storm. The crowd parted; the seat next to him was vacated; I sat and held his hand. Quietly, the gaggle of gratulants moved away, leaving us to talk.

“Doc,” he smiled. “It sure happened fast.”

“What happened fast?” I smiled back.

“The decay.”

“You mean, the hundred years?”

“That too, but the decay is what really bothers me.”

“You mean...” and I gazed at his swollen feet, his legs, parted to accommodate the bulging diaper, his gnarled, blue toes, and his sprawling, convoluted toenails. He must have noticed my inspecting eyes because he interrupted me with: “I used to wear sexy briefs; now I wear diapers.”

“But your mind is sharp,” I consoled.

“There’s the rub, Doc. It would have been easier if my mind had left and my body had stayed. With a sane body, I could have maintained some independence. A sane mind doesn’t do much good for a broken body.”

“A sane mind gives you joy, doesn’t it?”

“No, Doc. You got it wrong this time. My sane mind gives me agony. I have lost my wife, some of my children and grand children, all of my friends, and

most of what I have loved.”

“Oh, come now. You still have much to love.”

“I can’t listen to music because of my hearing. I can’t watch a ball game because of my sight. I can’t read. I can’t travel. I can’t go to the bathroom. I can’t bathe. I can’t even leave my house. Food don’t taste good. A glass of wine wipes me out for three days. My body embarrasses me every chance it gets.”

“But you have your great family to love and cherish,” I reminded.

“They don’t come around much anymore, except on occasions. They have their lives to live, you know. No one wants to hang out with a broken, old man.”

“The great thing about getting older is that you don’t lose all the other ages you’ve been,” I countered, quoting Madeleine L’Engle.

He nodded, his eyes filled up with dry tears, and he patted my hand.

I looked at the room, full of giggling aspects and wine-crimsoned cheeks, loitering, maundering, oblivious of Mr. Siècle and me. Words from Robert Frost’s *Home Burial* intruded on my pondering pause:

No, from the time when one is sick, to death,

One is alone, and dies more alone.

Friends make pretense of following to the grave,

But before one is in it, their minds are turned

And making the best of their way back to life

And living people, and things they understand.

“Mr. Siècle.” I ventured. “Surely some things must still bring you joy.”

“You reckon?” He asked with a wry, drooping smile.

“Well, you’ve seen so much over so long, and lived so many good lives. That must bring you joy.”

“It’s like a train ride, Doc, speeding at one hundred years per hour. From your window, you see things pass, and as soon as they pass, you forget them. That’s where I’m at now, and that’s why I wanted you to come.”

“It was my honor to come, Mr. Siècle.”

“Honors aside, I know that you’ve retired, but I still need your help.”

*Continues on page 24 ...*

"I am happy to do what I can," I hesitantly answered.

"I need you to help me get off the train at the next stop."

"Oh, Mr. Siècle. You know I can't do that."

"Oh, yes you can. Everything in me hurts, Doc. Just give me some pills and I'll do the rest..."

As I gazed into the crowded room, I recalled Simone de Beauvoir's adage: "It is old age, rather than death, that is to be contrasted with life. Old age is life's parody, whereas death transforms life into a destiny: in a way it preserves it by giving it the absolute dimension. Death does away with time."

Mr. Siècle wants me to help him get off the hundred-years-per-hour train, I thought, as I watched him drool, but I am not capable of euthanasia. Indeed, Oscar Wilde rightly observed that, "The tragedy of aging is not that one is old, but that one is young." Mr. Siècle is asking me with his young mind to help him dispatch his old body, and I am unable to do it.

When I stood up to take my leave, Mr. Siècle smiled and whispered: "If you live to be my age, you'll ask your doctor to do the same thing for you, and he will do it, because by then euthanasia would be legal. So, for the love of God, Doc, won't you change your mind?"

"Let me think upon it," I appeased.

"Well, don't think too long," he giggled. "I may not be around, if you take your sweet time." Then after a short pause, he asked: "What was that quotation again?"

"The great thing about getting older is that you don't lose all the other ages you've been," I repeated.

"Thanks Doc. I love the way you think."

I left Mr. Siècle's home with the weight of my 45 medical years back on my shoulders. Indeed, Johann Wolfgang von Goethe was right when he observed that, "Age takes hold of us by surprise."

As I drove back home, I found myself speeding, speeding unaware, speeding without knowing why.



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Frightened, I slowed down and gazed into the life-graying winter along the road. That must be how it feels to ride on a hundred-year-per-hour train, I thought, and was most relieved to get out of my car when I arrived.

A week later, Mr. Siècle's daughter called to thank me. "What ever you did, Doc, must have helped him feel better."

"But, I didn't do anything," I protested.

"After you left, he took one bite from his birthday cake, and then refused to put anything else in his mouth. We tried, but he wouldn't even drink water. He kept rejecting us by saying, 'No one

can take away all the ages I've been.' He died this morning, in his sleep."

"He was able to get off the train without my help," I murmured.

"What train?"

"The hundred-year-per-hour train. That was how your dad represented his life to me. His old body made him forget the one hundred wonderful years he had lived, the one hundred good years that not even death can take away."

"He died happy, Doc. Died with a smile on his face."

"It was a good death, then."

"Yes, praise the Lord, it was."



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# DIRECTOR'S DIALOGUE



*“We spend January 1st walking through our lives, room by room, drawing up a list of work to be done, cracks to be patched. Maybe this year, to balance the list, we ought to walk through the rooms of our lives... not looking for flaws, but for potential.”*

*~Ellen Goodman*

BY JANA TIMBERLAKE, EXECUTIVE DIRECTOR

Happy New Year! I know it is a tradition to make a New Year's resolution, but I am as guilty as the next person about ignoring the resolution almost as soon as I make it. My resolutions are always about becoming a better person, volunteering more or striving to make this year better than the last one. Basically, I am looking at my flaws and trying to correct them. The quote above made me think about how important it is to look for potential instead of flaws. There is always potential in any situation, we just have to look for it and realize that by doing so some mistakes will be made along the way. As food for thought, I leave you with this final message penned by Neil Gaiman:

“I hope that in this year to come, you make mistakes.

Because if you are making mistakes, then you are making new things, trying new things, learning, living, pushing yourself, changing yourself, changing your world. You're doing things you've never done before, and more importantly, you're Doing Something.

So that's my wish for you, and all of us, and my wish for myself. Make New Mistakes. Make glorious, amazing mistakes. Make mistakes nobody's ever made before. Don't freeze, don't stop, don't worry that it isn't good enough, or it isn't perfect, whatever it is: art, or love, or work or family or life.

Whatever it is you're scared of doing, Do it. Make your mistakes, next year and forever.”

Wishing each of you a prosperous, happy and “mistake filled” New Year!



# FIRST READING PROPOSED BYLAWS REVISIONS

PRESENTED AT OCMS ANNUAL MEETING  
NOVEMBER 7, 2016

The Board of Directors approved wording on October 20, 2016, submitted by the OCMS Constitution & Bylaws Committee, to remove discrepancies between the Oklahoma State Medical Association and Oklahoma County Medical Society Bylaws as it pertains to permitting Life Members and Reduced-Dues Paying Members to serve as Delegates to the Oklahoma State Medical Association. The wording below is for your review as follows:

Amend CHAPTER I, MEMBERSHIP by adding the underlined language and deleting the stricken language:

## CHAPTER I. MEMBERSHIP.

2.03. Life Members. Any physician who is a member in good standing of this Society may be elected to Life Membership provided he or she has retired fully from the practice of medicine. Eligibility for Life Membership is limited to: (a) physicians who have been active members for not less than five years immediately preceding the application, unless in the discretion of the Board of Directors there are mitigating circumstances justifying the waiver of this requirement; and (b) total membership in the OSMA and/or OOA of not less than 25 years. A member shall make application for such privileges in writing to the Board of Directors. The Board of Directors may also initiate petitions for Life Membership.

Applications for life membership must be approved by the Board of Directors. Life Members shall have full privileges of Society membership, except the rights to ~~hold office~~ be a general officer of the Society and vote on Society business, but shall not be required to pay Society dues or assessments. This provision affects those who are approved for Life Membership and elections and appointments made after March 1, 1992.

Amend CHAPTER VI, DELEGATES by adding the underlined language and deleting the stricken language:

Section 3. Vacancies. In the event the position of Delegate shall become vacant due to death, disqualification, disability or other cause, the delegate position shall be filled by an Alternate Delegate, who will complete the unexpired portion of the term of office. A position of Alternate which shall become vacant shall be filled by ~~an active, dues-paying~~ a member in good standing, who shall serve until the next election. The determination of a vacancy and the power of appointment to fill the vacancy is vested in the President.

Amend CHAPTER VII, DUES AND ASSESSMENTS by adding the underlined language and deleting the stricken language:

4.02. Partial Exemption. The following



classifications of members may be partially or fully exempted from the payment of dues and assessments, according to the terms prescribed:

(a) Physicians who have been engaged in the practice of medicine less than one (1) year since the completion of intern/Resident training may, at the election of the Society, be assessed one-half the amount of regular dues and/or assessments for their first year of membership. The following classifications are limited to physicians who have been active members of this Society for not less than five years immediately preceding the application, unless in the discretion of the Board of Directors, there are mitigating circumstances justifying the waiver of this requirement, and whose petition for Partial Exemption meets the following conditions: (b) Upon the judgment of the Society, and with the approval of the Board of Directors, physicians with financial or other sufficient reasons, may be assessed one-half of the amount of regular dues and/or assessments; (c) Affiliate members shall be required to pay partial dues in an amount to be specified by the Board of Directors; (d) Any fully retired member who does not qualify for Life Membership, but who has been an active member for at least five (5) years, may be assessed one-half of the amount of regular dues and/or assessments; (e) Any member fully retired from the practice of medicine for medical reasons may be dues-exempt or may be required to pay partial dues in an amount to be specified by the Board of Directors; (f) Any member with a partial or limited practice working 20 hours or less per week may be required to pay partial dues in an amount to be specified by the Board of Directors; (g) Any

member that finds it necessary for a medical reason, including pregnancy or maternal or parental leave, to have a partial or limited practice, may be required to pay partial dues in an amount and for a specified length of time to be established by the Board of Directors; and (h) Any physician doing only voluntary, charitable practice without IRS reportable remuneration from medical practice may petition the Board for full dues-exemption.

Members exempt under the above subsections may not ~~hold office~~ be a general officer in the Society, but shall be entitled to all other rights and privileges of Society membership unless otherwise restricted by the Constitution and Bylaws.

4.03. Military Exemption. An Active Member of the Society who is called to duty with the Armed Forces of the United States shall be relieved of payment of all dues and assessments for the period of his/her military service. Such members retain all rights and privileges of membership in the Society, except the rights to vote on Society business and ~~hold office~~ be a general officer in the Society.



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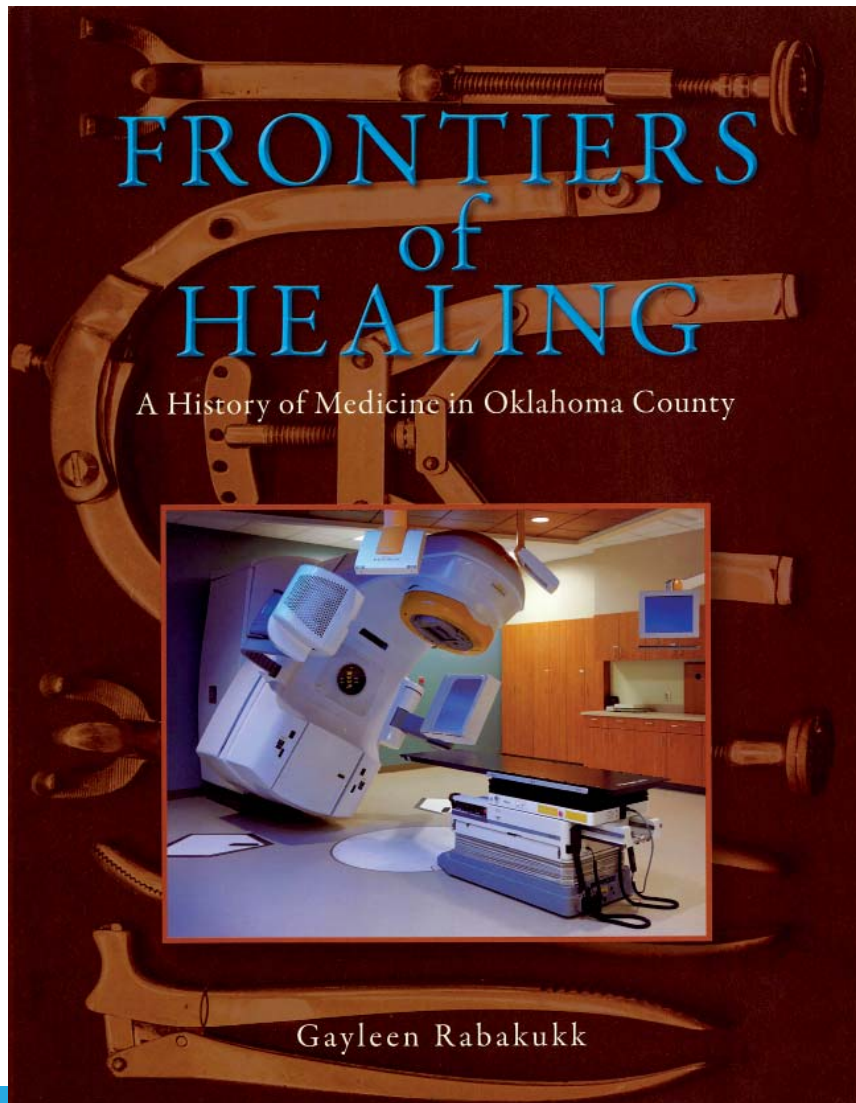
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