BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

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WELCOME NEW MEMBERS!

Andrew Chang, MD, is a board-certified Radiation Oncologist. He completed medical school at Loma Linda University School of Medicine in California, and an internship and residency at Loma Linda University Medical Center.

Glenn Lytle, MD, is a board-certified surgeon and is the medical director at the Oklahoma Foundation for Medical Quality. He completed medical school at the University of Rochester School of Medicine, and completed an internship and residency at Yale-New Haven Hospital in Connecticut.

Jonathan Roth, MD, is a pediatrician in Edmond. He completed medical school at Mount Sinai School of Medicine in New York City, and an internship and pediatrics residency at the University of Connecticut in Hartford, CT.

About the Cover

The painting on the cover of this Bulletin is by Anne Dalton, wife of Dr. Ed Dalton, who practices plastic surgery. The title is "Glorious Morn." It is a Chinese watercolor and ink on rice paper. She paints with oriental brushwork, an ancient multi-faceted art form that uses natural pigments and hand-ground ink. The brushes are made with animal hairs. The papers are rice and silk, but other fibers such as cotton and mulberry may be used. The meticulous 'laborious' brushstroke or the free-flowing 'boneless' method may be used. Anne enrolled in the summer of 1978 in a course at the Oklahoma Museum of Art taught by Ming Fai Yu. Anne studied with her for many years. Currently she studies with Beverly Herndon of Norman. Anne has participated in multiple workshops and Oriental Brushwork of America art shows for 12 years. She is a member of the Studio Gallery on Britton Road in Oklahoma City. She says, "I love this art form because I am drawing with a brush." Anne is especially proud of her four children and four grandchildren. We are grateful for her allowing us to reproduce the painting. ❑

The Editor

Dr. McCaffree New OSMA President

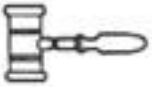
Congratulations to Dr. Robert McCaffree, MD, OCMS member, who was installed as the 2013-2014 President of the Oklahoma State Medical Association at the OSMA annual meeting in April. Dr. McCaffree is Professor of Medicine in the Department of Medicine, Pulmonary and Critical Care, at OU Health Sciences Center. ❑

In Memoriam

Sidney Schnitz, MD

1926– 2013

President's Page



Thomas H. Flesher III, MD

TORNADOES AND TORT REFORM

Late May and early June this year brought considerable death and destruction to Oklahoma. First the tornadoes of May 19, May 20, and May 31 were violent, strong storms, testing the will and dedication of Oklahomans. The medical community responded magnificently, from first responders to hospital staffs, to care for the injured. Lessons from past events were revisited with excellence. Thank you to everyone involved.

Secondly, we have learned that the Oklahoma Supreme Court, in a 7 -2 vote, overturned the major tort reform bill of 2009. Apparently, the bill violated the single-subject rule of our state constitution. This bill changed the way all tort claims were filed. Specific to medical malpractice, it declared the Certificate of Merit needed to file a claim was unconstitutional, among other things. Left intact is a 2011 bill capping non-economic damages at $350,000. Needless to say, physicians and business leaders need to get back to work developing newer bills that meet constitutional criteria.

Our medical societies need all the support we can possibly give them. Physicians need to unite for this all-important cause. Join the Oklahoma County Medical Society and the Oklahoma State Medical Society if you are not already a member, and join OMPAC to offer your legislative support. No matter if you are employed by a big hospital system or an independent solo practitioner, you are affected by this recent court action. Join us in resuming the fight for fairness. We will keep you updated on our efforts on our website: www.o-c-m-s.org. ❑

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Dean's Page

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

This year's College of Medicine Alumni Day was held on campus Friday, May 3, and included the annual awards banquet at the Oklahoma History Center in the evening. Recipients of the Alumni Association Awards this year included:

- Edward Legako, MD (1978), Physician of the Year-Private Practice, pediatrician in Lawton,
- Beverly Biller, MD (1983), Physician of the Year-Academic Medicine, endocrinologist at the Harvard Medical School and Massachusetts General Hospital, and
- Jim and Christy Everest, Friend of Medicine Award.

The Everests are well-known for their business and civic activities and for their generous philanthropy, especially to programs and centers at the College of Medicine. Dr. Donald Garrett, president of the Alumni Association, presided at the ceremonies. Special recognition was given to the 50-year reunion class, the Class of 1963.

The graduation and commencement ceremony for the Class of 2013 was held on Saturday, May 25, at the Civic Center Music Hall. This year's commencement speaker was Oklahoma's U.S. Sen. Tom A. Coburn. Dr. Coburn is a 1983 graduate of the College of Medicine. One hundred fifty-four graduates received their M.D. degree this year.

Plans are underway for welcoming the 165 new students who will enter the College in August. They will have two days of orientation to their new medical education program followed by the White Coat Ceremony, now a well-established tradition. The Alumni Association and the Oklahoma State Medical Association participate in various welcoming activities for the new students each year.

Recruitment efforts continue for several department chairs. I hope by the time you read this that we have concluded the Urology department chair search. The searches for new Radiology and Psychiatry department chairs are moving along nicely; we hope to conclude both of those by sometime this fall.

A jury of five international leaders in the field of diabetes research has been charged with selecting the recipient for the first Harold Hamm International Prize for Biomedical Research in Diabetes. This $250,000 prize is administered and awarded by the Harold Hamm Diabetes Center at the OU Health Sciences Center. The prize is named for Hamm, founder, chairman and chief executive officer of Continental Resources, Inc., who provided for an endowment to fund the prize in perpetuity.

Recently, our experience with the devastating tornado of May 20 had a profound impact on all of us. It was heartwarming to see the outpouring of so many forms of support for those whose homes were lost or who were injured in this disaster of nature. First responders and medical teams from various facilities throughout the metropolitan area once again demonstrated remarkable commitment and skill in helping those most affected by the storm. Much remains to be done in the recovery process.

Lastly, I hope you have a pleasant and productive summer. Best wishes! ❑

Board Nominees Announced

Nominees to stand for election on the 2014 OCMS Board of Directors are:

Position I: Deaconess Baptist
Sam Dahr, MD, and Sudhir Khanna, MD
Position II: Edmond/Mercy
Marc Weitzel, MD
Position III: Southwest Medical Center
David Chansolme, MD, and Baolien Tu, MD
Position IV: St. Anthony
Zahid Cheema, MD, and Duc M. Tu, MD

The Nominating Committee is hoping to add an additional nominee for the Edmond/Mercy area. ❑

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Physician Employment Contracts

Timothy E. Paterick, MD, JD, MBA, and*
S. Sandy Sanbar, MD, PhD, JD†

Physician employment with Accountable Care Organizations (ACOs) and other healthcare entities require the employed physicians to sign legally binding employment contracts.

The latter are generally written by the legal team representing the interests of the organization, thus favoring the organization and not the physician. Physicians seeking employment must be proactive and critically analyze the employment contracts, preferably aided by their attorneys. They should also seek expertise through an employment coach to become thoroughly educated with, among other things, the following:

- ***The Salary*** should be comparable to the marketplace for physicians of similar training, based on the location of the employer organization, specialty training of the physician, board certification and needs of the organization. When starting a new practice, a base salary is usually guaranteed for the first 2-3 years. Subsequently salary is determined by a base salary plus an incentive/bonus amount based upon a productivity formula. Physicians may have outside income from moonlighting, honorariums for speaking engagements, medical-legal reviews, insurance claims reviews, and pharmaceutical sponsored activities.
- ***Insurance*** considerations include health, dental, life, disability, and medical malpractice. Ideally these insurance benefits should be provided by the employer. Health and dental should include the physician and family. The co-pays and deductibles must be reasonable and it is important to identify costs for going outside the network. Term life insurance value will go with the physicians if he/she pays the premiums. Disability insurance is crucial for physicians with young families.
- ***Malpractice insurance*** is critical and must be adequate based upon the specialty. Tail coverage, covering claims after the physician leaves the practice, is essential and should be provided by the employer.

- ***Retirement plans*** are usually defined contributions plans (401K) rather than defined benefit (pension) plans. Contribution amounts are typically a percentage of the annual salary. Ideally the employer will match the contribution. Physicians should seek immediate vesting and be allowed to control how the retirement funds are invested.
- ***Paid time off*** should be defined in the contract and includes vacation days, sick days, family leave, continuing medical education, and personal days. Determine whether paid time off is accumulated year to year or lost if not used annually.
- ***Professional expenses*** that should be paid by the organization include state license fee, DEA fee, hospital staff dues, and continuing medical education including travel expenses. Organizations may also pay the dues for national, state and county medical societies.
- ***Moving expenses*** are generally paid by employers. The employment agreement should define the amount of reimbursement and any restrictions as to when the move occurs, who does the moving and the policy on pay back if there is a contract termination.
- ***Restrictive covenants*** preclude competition by the physician within a certain geographical area and for a certain time frame. They are typically enforceable if considered reasonable in the eyes of the law. Additional restrictions might include the prohibition of solicitation of patients and co-workers. These restrictions may be professionally, financially and personally very disadvantageous to physicians who terminate employment and decide to contest the restrictive covenant.
- ***Termination*** is a reality. Understanding the actions and omissions that trigger termination are important so one can plan to avoid them. Avoid contracts that include termination without cause. For termination with cause, the contract should clearly delineate the causes that trigger termination. Important components of the termination policy are the termination notice period and whether the period is equal for both employer- and employee-instigated termination time period, by whom and how termination is determined, length of time benefits continue

and how income is determined during the notice period. Most contracts will outline termination for "material breaches," such as loss of medical license, substance abuse, and criminal acts.

- ***Legal fees*** of the organization may be borne by the employee if a legal dispute arises. The legal process at the time of terminating employment can cause the employee to endure enormous financial and emotional debt.

The Physician's approach to employment should be started early in order to identify employment opportunities. The physician should understand the contract, policies, procedures and culture of the organization.

The contract is the physician's lens into the culture of the organization. Identify how the organization has treated physicians historically. Seek expertise to help one understand the nuisances of the contract and how to negotiate a fair contract with balance, symmetry and reasonableness.

Remember, contracts are negotiable. Physicians traditionally have not been educated in business and law, and frequently feel uncomfortable negotiating. That reinforces the importance of seeking expertise when confronting these complex employment issues. Negotiate everything upfront. Once the contract is signed – the game over! ❑

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Young Physicians

Sam Dahr, MD

Young Physicians To-Do List

The other day I was catching up with a high school classmate who is one of the most up-and-coming and successful young lawyers in town, and he told me that he respects physicians more than any other profession. He was sincere and his statement prompted some reflection on my part. Physicians do seem to have taken some hits these past few years in terms of increasing regulation, decreasing reimbursement, changing employment structures, and of course the occasional overblown scandal deliciously seized upon by the media.

However, my friend's statement reminded me: we have so much of which to be proud. We dedicate much of our youth to the diligent study of the "-ology's"—biology, physiology, pharmacology. We take our foundation of science and mix in the art we learn in rotations, residencies and fellowships. A painter mixes his oils and directs his efforts towards a canvas. We take our science and art of medicine and apply our hands and minds toward helping our patients.

And here's the thing: we do help them. Tremendously. In small ways and big ways. Mostly big. We may help a child with his asthma so that he can run and play in school. With diligence in the clinic we may ward off the ill effects of diabetes and hypertension. With focus in the operating room we may remove a cancer to save a life or repair an eye to restore vision.

We have so much of which to be proud, and most of us achieve this level of science and art in our early thirties. Compared to other professions, pretty good! Mom and Dad, the struggle was worth it!

But there is still a lot to do. There are many challenges. Some are artful challenges, some a little less so. We must negotiate contracts with hospitals and health systems, surgery centers and facilities, insurers, HMOs, ACOs, PPOs, the whole alphabet soup. We have to figure out money issues, all sorts of them. We must learn how to administer our office and our staff. We must develop our personal practice culture and method and at the same fit in with the culture and method of our colleagues, partners, administrators, as well as our hospital, group, or health system. We must learn the politics and develop our own. And all the while we must continue to develop and hone our own scientific and artistic skills within our chosen medical specialty.

And that's just the medical part! Most of us are starting families and finding our role in our schools and towns, our cultural and charitable institutions, and our churches and places of worship.

It's a big to-do list. It's overwhelming at times and most young physicians, by the time they earn the title "young physician in the community," often deep down want to catch their breath, after all those nights with no sleep and those holidays away from loved ones eating take-out in a conference room in the hospital.

There is help. During our training, we always worked in teams,"two medical students, an intern, a resident, and an attending." Yes, we all recognize the typical line-up from the wards. Well, that team certainly isn't coming back and we wouldn't want it to; we are in a different mode now. But a different mode requires a different framework, to maintain our collegiality, our identity, and our ability to work together and learn from one another. The Oklahoma County Medical Society (OCMS) and the Oklahoma State Medical Association (OSMA) do offer that framework.

These organizations do quite a bit of unheralded work, particularly working with the governor's office and the state legislature on state health policy, insurance and reimbursement issues, scope of practice questions, and other regulatory issues. This work benefits all physicians—small group, large group, independent, health system-employed, medical, surgical—everybody. None of us is insulated from these issues, regardless of our practice context.

While many of us are members of our national specialty societies, those societies mainly focus on policy-making in Washington, D.C. However, much of the nitty gritty takes place at the state level. For example, Medicaid reimbursement (which OSMA recently defended, successfully) is set at the state level, and some large insurance companies are starting to derive their fee schedule from the Medicaid schedule (yes, that's Medicaid, not Medicare!) As another example, OSMA is currently working closely with the governor's office on tobacco legislation. OCMS and OSMA are really the physician's voice at the table.

But beyond this important work, these organizations allow us to interact with one another outside of our hospital or group. This is a soft and subtle benefit, and may sound sort of "squishy" and not especially real. But it is real, and it is important. It's important because this interaction and sense of collegiality and pride and dedication underpins all the policy-type initiatives that OCMS and OSMA undertake. And even more importantly, we as individuals benefit from this interaction. We learn from each other. We reinforce each other. We remember that promise of collegiality that was part of our original attraction to medicine, way back before we even took the MCAT. And we can remind each other of the good job we do for our patients, our fellow Oklahomans, day in and day out, often at significant personal sacrifice, and we can be proud together. Proud together bests proud alone.

The OCMS and OSMA are planning some "young physician" initiatives in the future. When you hear about them, please consider attending. Let us always enjoy and learn from one another and work as physicians to improve our profession and the health of our community. ❑

OCMS Award Winners

OCMS members recognized for their community work at the OSMA annual meeting in April included: 1) K.A. Mehta, MD, with the Physicians' Campaign for a Healthier Oklahoma Prevention Into Practice Award; 2) Robert N. Cooke, MD, with the Gordon H. Deckert, MD, OSMA Award for Community Service; 3) Larry A. Bookman, MD with the Ed Calhoon, MD, Leadership in Medicine Award. Congratulations to all! ❑

Liability of CRNAs and Supervising Physicians in Oklahoma

Blake D. Christensen, DO, Adam W. Christensen, JD, MBA, and S. Sandy Sanbar, MD, PhD, JD

Certified registered nurse anesthetists (CRNAs), have different educational and training requirements than anesthesiologists or anesthesia assistants. This article focuses on CRNAs, anesthesiologists, and surgeons.

In Oklahoma, when a CRNA administers anesthesia, who is liable for CRNA negligent acts, the CRNA, anesthesiologist, or the surgeon? For the CRNA, the practices of nursing and medicine overlap. CRNAs had been required to practice under direct supervision until 2001, when federal laws enabled states to determine if supervision was or was not required.[1] Effective Nov. 1, 2011, the OKLAHOMA NURSING PRACTICE ACT (ONA) states that "[a] Certified Registered Nurse Anesthetist, under the supervision of a [doctor], … , and under conditions in which timely, on-site consultation by such [doctor], … , shall be authorized, pursuant to rules adopted by the Oklahoma Board of Nursing, to order, select, obtain and administer legend drugs, … only when engaged in the preanesthetic preparation and evaluation; anesthesia induction, maintenance and emergence; and postanesthesia care."[2]

The ONA does not limit the definition of a supervising physician to only an anesthesiologist. The CRNA "supervisor" is any individual licensed to practice as a physician who supervises the CRNA and who is not in training as an intern, resident, or fellow. Furthermore, the ONA requires the supervising practitioner to provide timely onsite consultation with the CRNA as warranted by medical conditions and circumstances. In this respect, medical professionals, in the exercise of his or her professional judgment, may establish what constitutes "timely onsite consultation."[3]

Specialties in medicine have nearly caused the "Captain of the Ship Doctrine" to fall by the wayside and be replaced by vicarious liability. This doctrine was originally created to hold

surgeons liable because injured patients could not sue hospitals under the old "Charitable Immunity Doctrine."[4] This doctrine aids in finding a supervising surgeon directly responsible for an alleged error or act of alleged negligence by an assistant despite the assistant's position as a hospital employee.

Standard of care for the supervising physician is established by determining whether he or she needs to be physically present for the onsite timely consultation, and has been required in Oklahoma for nearly 60 years. In 1995, the Oklahoma Supreme Court held in *Jackson v. Oklahoma Memorial Hospital*[5] that the supervising physician owes the patient a duty of reasonable care in that supervision. Among factors affecting the supervising physician's standard of care:

- The complexity of the medical or surgical procedure being carried out,
- The level of training, skill, and knowledge of the health professional, and
- Any written guidelines and procedures prescribed by the healthcare facility.

A supervising physician may be liable for negligence of a CRNA under of vicarious liability, which is based on agency or contract law. The supervising surgeon may be liable for an anesthesia-related injury if the surgeon (a) abandons an unstable patient, (b) overtly directs the anesthetic plan, or (c) utilizes an unqualified anesthesia provider.

Physicians Liability Insurance Co. and other carriers calculate medical malpractice premiums by specialty and do not increase or decrease depending on supervision.[6] If an anesthesia mishap does occur, most courts will rightfully be able to delineate the difference in roles between the anesthesia provider and the surgeon. The majority of mishaps occur due to reasons directly related to the underlying medical conditions or the surgical procedure. The degree of control over the delivery of the anesthetic will ultimately determine the liability. ***Liability should not be imputed on the surgeon for simply requesting a patient be asleep during a procedure but the law must be followed to ensure patient safety.***

(Continued on page 23)

An Artful Experience

by Larry Bookman, MD

When I was first asked to participate in the 2013 Festival of the Arts Pro-Am art event, I had great trepidation. It quickly took me back to 6th grade art class, the only 'D' I ever made in school. I still remember the art teacher scolding me over my lack of effort (and ability). I also quickly remembered my trumpet teacher asking if I would consider changing to trombone lessons. When asked what day he taught trombone, he replied, "I don't."

My abilities in the arts are support and appreciation. Not performance! So, here I was with a decision to make, participate and risk total embarrassment or simply say no and continue to be a prominent volunteer from the sidelines. Risk and challenge have always been a part of my personality and so after a period of contemplation, I said yes and my "art career" began.

As a past co-chair, I am aware of the Pro-Am event associated with the OKC spring Festival of the Arts. Each year selected professional artists are paired with an amateur "celebrity" to create a piece of art that will be displayed in the South Hudson Gallery and sold at a later date to benefit the festival.

This year the amateurs were selected from the past chairmen and chairwomen of the festival. After agreeing to participate, I was paired with B.J. White, an artist I knew by name only. We met briefly at a reception held by the festival, and agreed to meet at her studio for my artful experience.

The day arrived with much anxiety on my part. What would I paint? How do you paint? I really expected that I would make a few mismarks on a canvass and she would then say, "I will do the rest." It did not work that way!! I had brought pictures of a recent trip to the Caribbean and knew I wanted to do something abstract, colorful with the water and sun as an inspiration.

We discussed the pictures I had brought and B.J. brought out paint, brushes and a stretched canvas. She told me to begin putting paint on canvas and "let's see what happens." My first strokes were timid and full of water with some acrylic paint that just ran down the canvas without leaving much mark.

I told her I had never painted before, expecting her to take the brush and do it for me. But NO! She told me I would get the hang of it and this was to be my piece. After a short while,

I did understand the use of paint, water and different colors and began to enjoy the experience. There was no right or wrong and no life on the line. It was only an avenue of my expression of what was in my mind. My strokes became bolder and colors more vivid and richer. After five hours, and several suggestions from B.J., I was finished.

I know it is no masterpiece, but it is mine. The experience was relaxing and enjoyable and I am very happy I was involved. Other physicians have made the transition into the arts. Who knows, maybe this will be a new career as health care reform becomes a reality. ❑

(Law & Medicine continued from page 20)

[1] Centers for Medicare & Medicaid Services, HHS. 42 CFR Ch. IV (10–1–11 Edition)
[2] Okla. Stat. Ann. tit. 59, § 567.3 (West)
[3] 2012 WL 6560752 (Okl.A.G.)
[4] Walker, James Smith. Hospital Liability. Law Journal Press. 1985. 10(74-80)
[5] *909 P.2d 765,774 (Okla.1995)*
[6] Physician's Liability Insurance Company. Physicians Professional Liability Insurance Policy (Claims – Made and reported). 2008

Director's

DIALOGUE

"The more things change,
the more they stay the same."
~French proverb

Drs. William Parry and Roger Haglund are in the process of compiling a book of archival material about the origins of the Oklahoma State Urological Association. Dr. Parry asked if I could research some of the organization's original members who practiced in the Oklahoma City area. This sent me on a journey of exploring musty basement files and searching through past OCMS Bulletins. One thing became readily apparent – physicians have been concerned about the same topics for a very long time!

Membership Meeting Attendance - It appears that attendance at membership meetings has been an issue since this organization began printing a publication. I've been told many times that today's "younger generation" isn't interested in attending another meeting, but it appears that physicians have always needed encouragement to participate in membership meetings. In the Feb. 1, 1924, Medical Bulletin of the Oklahoma County Medical Association, the 'Notes on the January 26th Meeting' stated, "*It's going to be 'quite the proper thing' this year to attend the County Medical Society regularly. That will be practically the only place that you will be able to come in contact with all the other doctors of the city.*"

On Oct. 25, 1924, members were encouraged to cultivate their medical friendships. "*Coming to know and understand our colleagues in medicine may lead to friendships within the profession that will be among the most pleasant that we have. It will keep up the esprit-de-corps of the Society to such a high degree that every one of us will consider the County Society meetings indispensable and make it necessary to attend every meeting.*"

Eleven years later came this: "*...There are two things which have been furnishing the officers of the County Society much concern; first, the attendance at County Society meetings. What is it that will*

bring out a larger attendance..." In March 1955, a special offer was advertised to enhance meeting attendance: *"...a block of five tickets for the remaining County Society monthly dinner meetings was on sale for $6.25 to stimulate a larger attendance at all meetings."*

Dues - Receiving enough dues payments to balance each year's OCMS budget is an issue that keeps me awake at night. I am frequently told that the younger generation will not join "just because someone told them to," but wants to see the value when paying dues to an organization. Apparently, the discussion of dues is nothing new. The Oklahoma County Medical Association meeting on Oct. 12, 1905, was held in Dr. Jolly's office and *"under regular business, dues to the amount of $10 were paid."*

Fast forward 34 years when Dr. Carroll Ponders wrote in his President's Page, *"Recently I have heard a few members complaining at different times about the amount of our annual dues. We now pay $24.00 per year, $12.00 of which goes to the State Association and $12.00 to our County Association. This represents quite an increase during the past few years and some think it too much. I sincerely hope that the payment of this amount does not work a hardship on anyone and that no memberships will be dropped."* Remembering the discussion of a dues increase at this year's OSMA Annual House of Delegates meeting, this sounds all too familiar.

Politics - Bulletin articles about the physician's involvement in politics are abundant. The 1939 editorial titled 'Doctors and Politics' stated, *"The medical profession has cherished almost an egotistical pride that the vocation of medicine should not concern itself with either business or politics. Certainly the average doctor carries no high reputation of being a good businessman and the late years have demonstrated his political success – to say the least not flattering. Despite the prestige of an intellectual background, he has displayed a naiveté in practical politics that generally strikes amazement. As a consequence in this day of growing governmental expansion, he has found himself in a most vulnerable position."* In conclusion, the author wrote, *"So long as doctors and their organizations assume a passive laissez-faire attitude in the governmental affairs of their communities, their political status will continue, as the saying goes, "behind the eight ball."* In 2013, I have often heard the OSMA lobbyists – Pat Hall and Jim Dunlap – make the following statement, "If you're not at the table of politics, you are on the menu."

Government & Medicine – Bulletin articles were plentiful that warned about the encroachment of the federal government on the practice of medicine. In January 1967, the editorial author wrote, "*A wholly new set of parameters now encircle the practice of medicine. How we relate to them will determine whether we will continue to keep our personal pride and the respect of our patients. These new parameters result from direct government control of the practice of medicine and the indirect artificial bureaucracy, interstitially established in the body of medicine by government fiat.*"

In August of the same year, the editorial stated, "*The shifting social scene has become a source of anxiety and despair to many physicians. Most doctors would quickly admit their concern with the changing patterns of medical care and just as quickly attribute these changes to such factors as: the increasing intrusion of government into health affairs – exemplified by Medicare; trends in medical education – 'with too much emphasis on research,' 'too much specialization' and a 'failure to produce general practitioners; the third party pay systems; and increasing involvement of hospitals in areas affecting and regulating physicians, etc.*" It is amazing that physicians are still debating these same issues 46 years later.

At the final session of this year's OCMS Leadership Academy, the OCMS and OSMA presidents were asked to share their insights with the class. Dr. Tom Flesher III said that joining organized medicine was not a choice for him – his senior partners said it was expected – and of course his grandfather – also named Dr. Tom Flesher – set an example by being OCMS president in 1913. Dr. John Robinson said many of the current issues and fears currently confronting physicians also concerned physicians in the past and things have worked out pretty well.

Yes, the practice of medicine is different in 2013 than in 1900, but I believe the House of Medicine will continue to be strong in the future if physicians continue to join together for the same cause – to deliver high quality care to their patients and to be continually concerned about the welfare of their fellow physicians. Whether you are employed, a sole practitioner, or in a large or small group, all physicians continue to have one thing in common that will never change – a bond that is the gift of healing. What a privilege it is for me to work for you! Have a nice summer...

Jana Timberlake, Executive Director

Oklahoma Tornado Hymn

Hanna Saadah, MD

When surly clouds with blackened talons fly
Over your tranquil, Oklahoma lands
And shred the schools and homes and all that stands
Between your good earth and your shrouded sky

We ask not why, but arm in arm we rise
With love and faith, undaunted, in our eyes
To restitute your swaths of wounded earth
To seed your jagged rubbles with rebirth

To hold your smiles above the frowns of death
To bring you joy with every groaning breath
To stay the seasons like your mighty trees
To keep your dead alive with memories.

Suntanned Oklahoma, sing your sorrows high
We'll pray and plough on, and we shall ask not why.

CME Information

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

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: Samantha Elliott
Director of
Membership
Telephone: 842-0484
E-Mail: elliott@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! ❑

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