

THE BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

JULY/AUGUST 2015



OKLAHOMA CITY BALLET

Q: What is concierge-style banking?

A: “5-Star” Banking



Laura Nunnery
Vice President



Mike Thagard
Vice President

At a 5-star luxury resort, a concierge exists to accommodate the ordinary needs, and sometimes even extraordinary requests, of their guests. At Quail Creek Bank, we extend this same level of service to personalized banking. Concierge-style banking — the Q way! Contact us today to discover why our clients say...

**PRIVATE
MATTERS**

Quail Creek
P R I V A T E B A N K

A Division of Quail Creek Bank

quailcreekbank.com - 755.1000 - 122nd & N. May - Member FDIC - Cash Management - Remote Deposit - Lockbox



313 North East 50th Street, Suite 2
Oklahoma City, OK 73105-1830
phone: 405-702-0500 fax: 405-702-0501
email: ocms@o-c-m-s.org
www.o-c-m-s.org

Ideas and opinions expressed in editorials and feature articles are those of their authors and do not necessarily express the official opinion of the Oklahoma County Medical Society.

OFFICERS

C. Douglas Folger, MD President
Don L. Wilber, MD President-Elect
David L. Holden, MD Vice-President
Sam S. Dahr, MD Secretary-Treasurer

BOARD OF DIRECTORS

Joseph C. Broome, MD	R. Kevin Moore, MD
Louis M. Chambers, MD	Don P. Murray, MD
Renée Grau, MD	James A. Totoro, MD
Julie Strebel Hager, MD	Baolien Tu, MD
Jason S. Lees, MD	Duc M. Tu, MD
J. Samuel Little, MD	Lisa J. Wasemiller-Smith, MD

BOARD OF CENSORS

Thomas H. Flesher, III, MD
Julie Strebel Hager, MD
Tomás P. Owens, MD

EXECUTIVE OFFICE

Jana Timberlake Executive Director
Alison Williams Associate Director,
Managing Editor of The Bulletin
Eldona Wright Membership Coordinator

EDITORIAL

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

THE BULLETIN

July/August Volume 88 Number 4
Six Annual Publications • Circulation 1500

TABLE OF CONTENTS

About the cover	3
President's Page	5
Dean's Page	7
2015 Board Nominees	11
In Memoriam	13
Alliance Update	14
Reflections of Residency	15
OkPOLST	16
Law & Medicine: Sex with an Elderly Spouse with Alzheimer's	18
A Medical Student's Discovery	22
Young Physicians	25
Poet's Spot: Angel and Thief	27
Director's Dialogue	29
CME Information	31
Professional Registry	32

THANK YOU TO OUR 2015 SPONSORS!

GOLD

QUAIL CREEK BANK

BRONZE

Deaconess Hospital
McBride Orthopedic Hospital
Mercy Hospital
Midwest Regional Medical Center
Oklahoma Blood Institute
Orthopedic Associates
PLICO

THANK YOU TO OUR ADVERTISERS!

Baker Asset Management LLC	OK Allergy & Asthma Clinic
Frontier Hospice	OSMA Health
Integrus Hospice	Wilshire-Pennington
Laser Partners of Oklahoma	



INTEGRIS Hospice



Call 405-848-8884

It's not about giving up hope, but about
living each day to the fullest.

I N T E G R I S

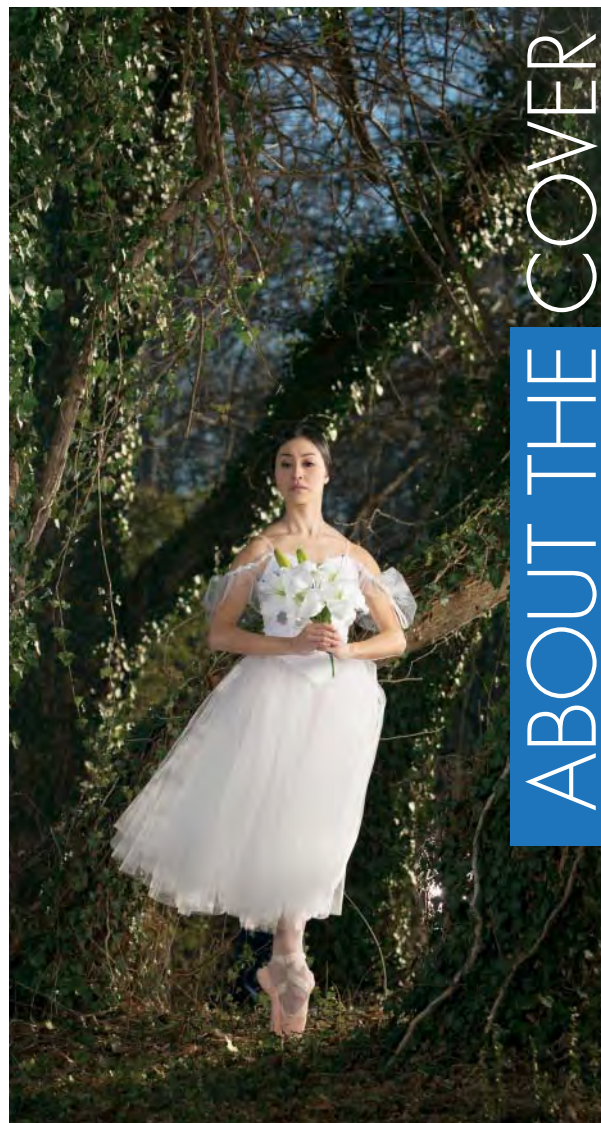
Hospice

integrishospice.com

The Oklahoma City Ballet is set to open its 2015-2016 season in the fall with performances at the Civic Center Music Hall, as well as an add-on performance at the Oklahoma City Community College & Visual Arts Performing Center. Our cover features an image from the upcoming February 2016 Scheherazade – 1001 Arabian Nights – a dramatic interpretation of the classic tale.

The season begins with add-on performance Exurgency, a hit from the 2013-14 season that uses the music of a cellist. In October, the ballet, along with the Oklahoma City Philharmonic, will present the story Giselle, an 1841 dramatic and gorgeous ballet that has inspired generations of dancers. In December, The Nutcracker, presented by Devon Energy, creates special holiday memories that will last a lifetime. Finally, the season wraps up with an adventure in April to Neverland for Peter Pan. Single tickets start at \$25 and are available through the OKC Ballet (www.okcballet.com).

Founded in 1972 by Ballet Russe dancers Yvonne Chouteau and Miguel Terekhov, Oklahoma City Ballet has been the city's professional ballet company for more than 40 years. It is the resident dance company of the Civic Center Music Hall and currently boasts dancers from around the world. Led by Artistic Director Robert Mills, the company produces four main stage productions per season in Oklahoma City and tours across Oklahoma and the surrounding states. It is the only ballet company of its size to regularly debut world premiere story ballets with original commissioned scores and also commissions new works from the industry's leading choreographers.



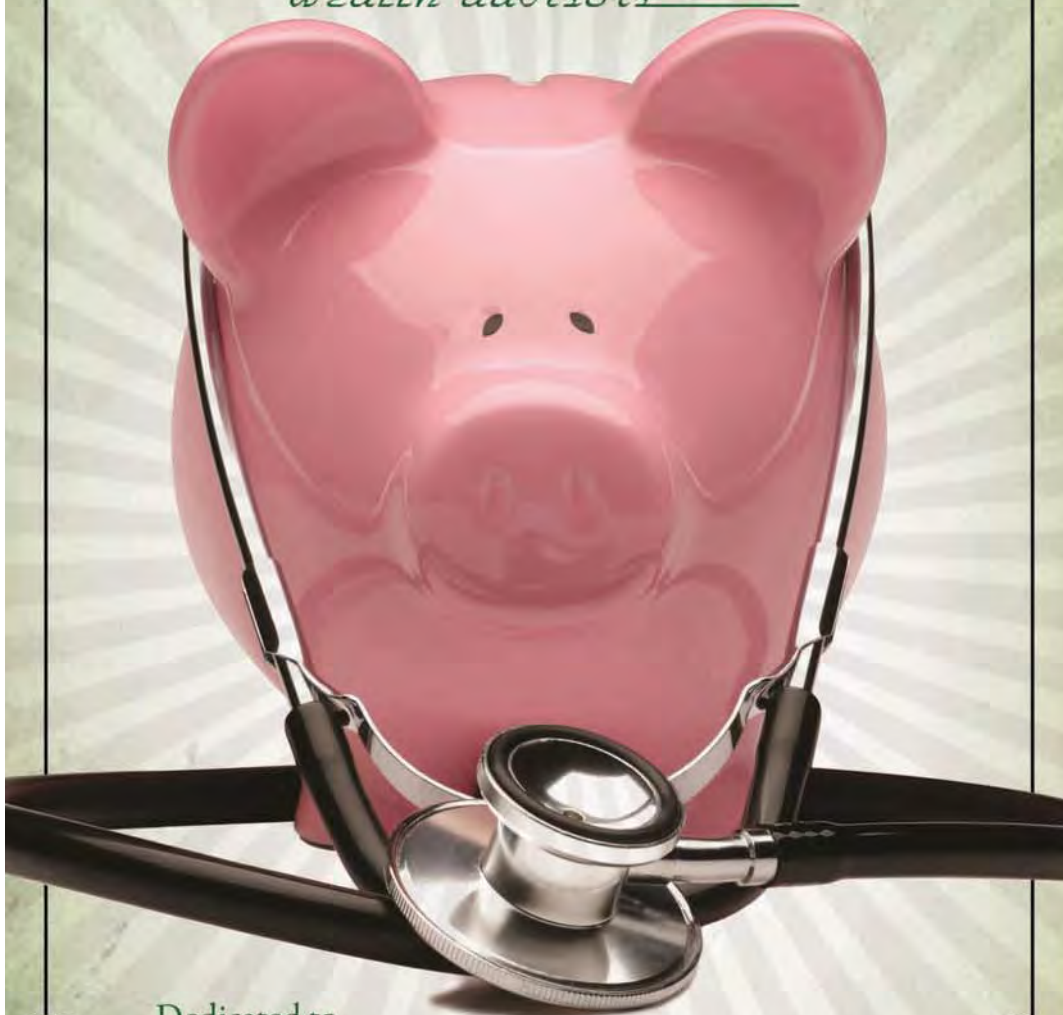
**Work Status? Retiring?
Changed Your Email Address?
New Mailing Address?**

Let us know so we can keep you updated!

Email: ewright@o-c-m-s.org / Call: 702-0500



Wilshire-Pennington
wealth advisors



Dedicated to
Wealth Enhancement...
...exclusively for Doctors.®

(800) 264-5815 OFFICE: (405) 751-8600 FAX (405) 751-8898 | 3129 NW SIXTY THIRD STREET, OKLAHOMA CITY, OK 73116



www.wilshire-pennington.com

PRESIDENT'S PAGE

BY C. DOUGLAS FOLGER, MD



I ended my May-June President's Page by expressing my hope that, through successful advocacy by physicians at all levels, we can create a practice environment that is less burdensome and stressful for physicians. In this page, I want to share with our OCMS membership the recent advocacy endeavors of your Board of Directors on your behalf.

In early March, the OCMS Board of Directors called for the creation of a resolution protesting the government mandates of Meaningful Use, PQRS

reporting and the implementation of ICD-10 coding to be submitted for discussion on the floor of the OSMA annual House of Delegates Meeting on April 18. The resolution was originally authored by Dr. Don Murray, with wording input from our Executive Committee. If passed by our OSMA House of Delegates, the resolution would be submitted for discussion at the AMA annual House of Delegates meeting in Chicago on June 7. Below is a copy of the resolution for your review.

OKLAHOMA STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Introduced by: Oklahoma County Medical Society Board of Directors
Subject: Response to Unreasonable Governmental Mandates

WHEREAS, the AMA has not been viewed by many practicing physicians as a strong and valuable representative for them against unreasonable governmental mandates; and

WHEREAS, ICD-10, Meaningful Use and PQRS, have no proven relevance to patient care and are a significant time and financial burden on practicing physicians; and

WHEREAS, these mandates have changed patient visits from an interaction between the patient and physician to a process-driven exercise, interfering with thoughtful medical care; therefore, be it

RESOLVED, that the American Medical Association represent their members and all practicing physicians by taking a stand against participation in ICD-10, Meaningful Use and PQRS, by actively encouraging practicing physicians not to comply with these requirements.

Continues on page 6 ...

The resolution easily passed with a majority on the floor of the OSAM House of Delegates. There was a question raised about potential legal issues regarding asking the AMA to advise its membership to not comply with the mandates. The resolution was sent for a review by the AMA Office of General Counsel prior to submission for discussion at the annual AMA House of Delegates meeting.

The OSMA bylaws do not have a provision for amending a resolution passed by our House of Delegates after the House had adjourned. The OCMS Board of Directors, with support from some Tulsa County physicians, insisted that the resolution be sent, as is, along with a statement in support of the AMA resolution to be discussed as a deferred resolution at the AMA Rules and Credentials Committee meeting on June 6, the day before the House of Delegates meeting. Below is a copy of the statement in support.

**OKLAHOMA COUNTY MEDICAL SOCIETY
STATEMENT ON
OKLAHOMA RESOLUTION 3
(PROTESTING
GOVERNMENTAL MANDATES)**

Oklahoma Resolution 3 is felt to reflect the opinion and feelings of the majority of Oklahoma State Medical Association members, as well as the majority of practicing physicians in the state of Oklahoma, regarding current governmental attempts to improve the quality of care. While the law does not mandate compliance, it does punish physicians who fail to comply with "Meaningful Use" and the "Physician Quality Reporting System." The attempt to satisfy these requirements has led to a diminishment of the physician-patient relationship. Inevitably, physicians have expended more effort in tending to compliance and process issues, leaving less time for patient-physician interaction. Similarly, attempts to comply have also led to a steady decline in the number of patients that can be served by an individual

physician — a significant impact in a rural state that is already underserved.

These programs were introduced based on a bureaucratic concept of quality of care. Billions of dollars and unimaginable hours of physicians' and medical workers' time have been spent on an effort without any previously demonstrated effect in improving the quality of care. As David Williams, M.D., former president of the American Society of Retina Specialists recently succinctly stated in an essay, "Because struggling to meet these bureaucratic measures depletes our already limited time, effort, focus and money, these programs impair our ability to optimize our quality of care."

Concerning this resolution, the AMA has informed our state medical association that "to not comply with existing laws and regulations could result in civil liability ... and would undercut the AMA's advocacy." It is also purported to be a breach of medical ethics. We disagree with that opinion.

Once again, it is not against the law not to participate in Meaningful Use or the Physician Quality Reporting System, which is fortunate since it appears that about 50% of physicians are not in compliance. It is also not against the law not to participate in ICD-10, although regulations require an ICD-10 code to be presented to an insurance carrier for payment.

It was also mentioned in the initial communication that there was a concern with anti-trust issues. That should not come into play in discussion of the resolution, and is unlikely to be the case.

Lastly, as an ethical issue, it is hard to believe that trying to safeguard patient safety and quality and preserve the physician-patient relationship could be construed as unethical. As noted above, the resolution does not defy law, but does encourage physicians to defy the current means by which bureaucrats are


attempting to reshape medical practice. Physicians want to improve medical care, but the current programs clearly need to be re-evaluated.

As a last thought, far from undermining AMA's advocacy for physicians, adoption of this resolution might strengthen the AMA's membership so that it has a stronger voice in advocacy.


The resolution and support statement were discussed at the committee meeting by Dr. Sam Dahr, our OCMS Secretary-Treasurer and alternate delegate to the AMA. The resolution failed to pass through the Rules and Credentials Committee for discussion on the floor of the House of Delegates. In a last-ditch effort to get our resolution before the House of Delegates, Dr. Dahr moved to "extract on the floor of the House for the purpose of Amendment" with the intent of showing willingness to change the language of the "resolved" clause to address the legal concerns raised by the Rules Committee. In the end, Dr. Dahr was able to discuss the resolution and support statement on the floor of the House of Delegates. The resolution was eventually defeated by one voice vote. However, Dr. Dahr reports there was a significant majority of delegates who voted in favor of the resolution.

In the final analysis, I feel it was a victory for the OCMS and the OSMA to have our voices heard on the floor of the AMA House of Delegates. It is encouraging to know that there was noticeable support of our resolution. I want to thank your Board of Directors and your Executive Committee for their courage in developing this resolution, and for their tenacity in supporting the efforts to advance the resolution all the way to the AMA. I also want to give a special thank you to Dr. Dahr and the Oklahoma AMA delegation for having the courage to stand before the AMA House. It is through effective advocacy that physicians can have an opportunity to change their practice environment for the better.





OSMA INVESTMENT PROGRAM




How you can benefit from the OSMA Investment Program

Preferred since 1999, the OSMA Investment Program specializes in working with Oklahoma physicians through preferred partner Baker Asset Management, a locally owned and independent money management firm. The firm does not offer any proprietary products or sell its own mutual funds. President and Portfolio Manager, R. Todd Owens earned the Chartered Financial Analyst (CFA) designation in 1999, one of the most demanding credential in the industry. Having a trained specialist manage your money can potentially allow you to focus more on your practice, your family, or your retirement.

- Customer Service
- Professional Portfolio Manager
- Trustworthy
- Stocks, Bonds, and Mutual Funds

R. Todd Owens, CFA
Portfolio Manager

1-405-415-7200 or 1-800-937-2257



BAKER ASSET MANAGEMENT LLC

MEMBER NEWS



Michael S. Bronze, MD, FACP recently was elected Governor of the Oklahoma Chapter of the American College of Physicians. Dr. Bronze will serve as the official representative of the College for the Oklahoma Chapter, providing a link between members at the local level and leadership at the national level. He is currently a David Ross Boyd Professor and Chair Department of Medicine, OU Health Sciences Center, OKC and a Stewart G. Wolf Endowed Chair in Internal Medicine. Dr. Bronze received his medical degree from University of Tennessee Health Sciences.

WELCOME NEW MEMBER!

BreeAnna Gibson, MD is a board-certified OB/GYN with OU Physicians. She completed medical school and residency at OU College of Medicine.



McBRIDE

ORTHOPEDIC HOSPITAL

CLINIC

Orthopedics
Joint Replacement
Arthritis
Spine
Physical Medicine
Sports Medicine

Appointments: 405.230.9270

Midtown | Edmond | Norman | Kingfisher | Perry | Shawnee | Yukon

www.mcboh.com



DEAN'S PAGE

BY M. DEWAYNE ANDREWS, MD, MACP



This is the 100th Dean's Page I have written for the OCMS Bulletin. The first one was published in the September 2002 issue of the Bulletin. One hundred columns and thirteen years — together we've witnessed many changes in the environment for medical practice and our world.

Reflecting back on those Dean's Pages columns, I've written about numerous topics including our medical simulation center and its evolution into the Clinical Skills Education & Testing Center, the admissions process and applicants to medical school, the LCME medical school accreditation process, scholarships and student debt, resident work hours rules, research programs and special grants, the USMLE Step changes, the Stephenson Cancer Center, College of Medicine finances and budget, the physician shortage, professionalism and ethics, curriculum and teaching changes, the Harold Hamm Diabetes Center, administrative changes, the NIH and the future of federal funding of research, the Match program, the economics of health care, core competencies in residency education, student volunteerism, Curriculum 2010, health care reform and the Affordable Care Act, the tradition of Aesculapius, the Evening of Excellence, the student Community Health Alliance, acquisition of the Presbyterian

Health Foundation Research Park, changes in our Tulsa campus and the development of its School of Community Medicine, big data, the imperative for change, and many other topics. I hope these columns have been of interest to members of the Oklahoma County Medical Society.

At the medical school, we've made significant and well-received changes in the structure and organization of the first two years of the curriculum with the integrated organ-system approach first introduced in 2010. Seventeen new department chairs have been appointed by me since 2002. An Academy of Teaching Scholars has been created and is functioning nicely. It has also been my privilege as Dean to launch the careers of over 2,000 new doctors, presiding over their graduation from the OU College of Medicine.

In 2011, OU President David Boren and the Board of Regents asked me to take on the additional job of serving as Senior Vice President and Provost of the Health Sciences Center, while continuing my duties

Continues on page 10 ...

as Executive Dean of the college of Medicine. Our initial plan was that this dual position would last 12 to 18 months while a search for a new Provost was conducted. For several reasons, a search never got launched, and before we knew it four years had passed! Early in 2015, I informed President Boren of my desire to lighten my load a bit and step down this spring from the duties of Senior Vice President and Provost of the Health Sciences Center. This was accomplished on June 1, and Jason Sanders, M.D., MBA, was appointed as Interim Senior Vice President and Provost. I will enthusiastically continue to serve the University as Vice President for Health Affairs and Executive Dean of the College of Medicine, once again

allowing me to focus my energies and efforts fully on the College of Medicine.

Lastly, in 2002, I closed my first Dean's Page with a paragraph, which I wish to repeat here. "It is especially important that I thank each of you who serve as a member of our volunteer faculty, in whatever capacity, for the time and energy you commit to the education of our students. You may not realize it, but your contributions are enormous. By word and by deed you help these students understand the private setting of medicine and what is required of the good physician. We are deeply grateful to you. I feel confident that participation in these activities has its own special reward for you."



Want free OCMS membership in 2016?

Recruit 2 new members, and your dues are **free**!

Look for more information soon.

COMING OCTOBER 2015

2015 **BOARD NOMINEES** ANNOUNCED

Note: At press time, nominee announcements were not finalized for Positions 2 and 4. Additional nominees will be part of the official ballot, mailed on or before September 15.



Christopher D. Carey, MD

NOMINEES FOR POSITION 1: BAPTIST/DEACONESS

Christopher D. Carey, MD FACS

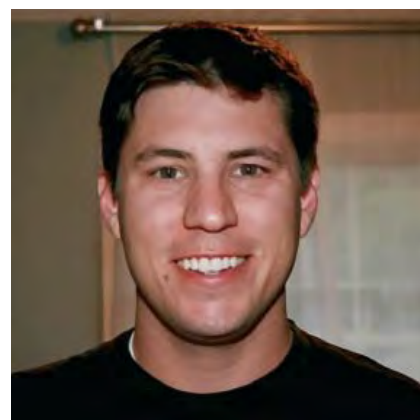
Dr. Carey is a board certified general surgeon in Oklahoma City. He completed medical school at OU College of Medicine and internship and residency at Vanderbilt University Medical Center. Dr. Carey is an OCMS Leadership Academy Class III graduate.



Thomas A. Showalter III, DO

Thomas A. Showalter III, DO

Dr. Showalter is board certified in Medical Oncology and Internal Medicine practicing at The INTEGRIS Cancer Institute, INTEGRIS Baptist Medical Center and INTEGRIS Health Edmond. He is chairman of the Cancer Institute's Gastrointestinal Cancer Multidisciplinary Conference and Clinic and he actively participates in Liver, Genitourinary and Lung Cancer Multidisciplinary Conferences. He completed his undergraduate at the University of Oklahoma, medical school at OSU College of Osteopathic Medicine and internship, residency and fellowship at Scott and White Hospital in Temple, Texas. Dr. Showalter is an OCMS Leadership Academy Class II graduate.



Scott Waugh, MD

NOMINEES FOR POSITION 2: EDMOND/MERCY

Note: At press time, nominees were not finalized for Position 2. Additional nominees will be part of the official ballot.

Scott Waugh, MD

Dr. Waugh is a board-certified family practice/sports medicine physician and registered musculoskeletal sonographer at Renaissance Health & Wellness in Edmond. He completed medical school and fellowship at OU College of Medicine and residency and internship at Virginia Commonwealth University in Richmond, VA.

Continues on page 12 ...



Elizabeth A. Jett, MD



Betty Tsai, MD



Anureet Bajaj, MD

NOMINEES FOR POSITION 3: OU MEDICAL CENTER

Elizabeth A. Jett, MD

Dr. Jett is a board-certified radiologist and the Director of Imaging at the OU Breast Institute. She completed medical school at OU College of Medicine and residency and fellowship at UC-San Diego; and interned at Scripps Mercy Hospital in San Diego. Dr. Jett is an OCMS Leadership Academy Class IV graduate.

Betty Tsai, MD

Dr. Tsai is a board-certified otolaryngologist with subspecialty board certification in neurotology with OU Physicians. She completed medical school at Baylor College of Medicine and residency and internship at UC-San Francisco, and fellowship at Vanderbilt University. She recently participated in the OCMS

Leadership Program. She is an active member of the AMA and AMWA serving as mentors to medical students through their programs. Additionally, she serves on the Otolaryngology and Neurotology Education Committee in the American Academy of Otolaryngology-Head and Neck Surgery. Dr. Tsai is an OCMS Leadership Academy Class IV graduate.

NOMINEES FOR POSITION 4: ST. ANTHONY

Note: At press time, nominees were not finalized for Position 4. Additional nominees will be part of the official ballot.

Anureet Bajaj, MD

Dr. Bajaj is board-certified in Plastic and Reconstructive Surgery. She has been in private practice in Oklahoma City since 2007 after joining her father who is also a plastic surgeon. She completed medical school at the University of Pittsburgh School of Medicine, residency at Loma Linda University, and a fellowship in reconstructive microsurgery at UT MD Anderson Cancer Center. Dr. Bajaj is an OCMS Leadership Academy Class II graduate.



The official ballot will be mailed to each OCMS voting member on or before September 15. Completed ballots must be received by OCMS postmarked no later than September 30.

Thank you to the OCMS Nominating Committee for their work this year: Julie Strebel Hager, MD, Chair; Jason S. Lees, MD; Don P. Murray, MD; Thy K. Nguyen, MD; and James A. Totoro, MD.



YOUR LASER RENTAL COMPANY

1-800-685-9809

WWW.LASERPARTNERSOK.COM

Daily Cosmetic Laser Rentals

Now, you have choices...

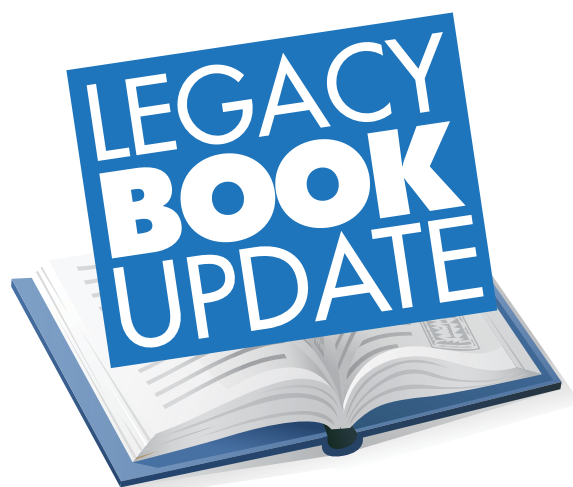
Laser Partners of Oklahoma offers mobile laser rental services to the entire State of Oklahoma.

IN MEMORIAM

DENNIS RAY MASK, SR., MD
1941-2015

MARK REED LYNN, MD
1956-2015

ELIZABETH ANNE WILLIAMS, MD
1955-2015



Building on the Legacy, A History of Medicine in Oklahoma County is set to be released in late fall. The fully-illustrated, beautifully designed book, sponsored by the Oklahoma County Medical Society is authored by Gayleen Rabakukk and published by Legacy Publishing.

Many physicians helped sponsor the book by purchasing legacy pages, cementing their story in the only published historical account of the people, organizations and events that have shaped the medical profession in Oklahoma County.

The hardbound book contains historical photos as well as biographies of practices and providers. OCMS is currently working with a local bookseller, Full Circle Bookstore, to host an event to honor this piece of history and the physicians who made it possible.

Please share the word with your fellow physicians about this interesting and informative book. OCMS looks forward to sharing more information about the release soon!

EXPAND YOUR KNOWLEDGE OF THE HEALTHCARE UNIVERSE.

Attend the fourth annual **EXPLORE: Oklahoma Healthcare Summit.**

Continuing education credits. Networking opportunities. Breakout sessions with nationally renowned keynote speakers. EXPLORE is a comprehensive, industry-leading conference that gives physicians and administrators the tools needed for success in the ever-changing healthcare industry.

It's Oklahoma's largest gathering of medical professionals, and it's your chance to deepen your understanding of current issues affecting the delivery of healthcare.

Join us for Oklahoma's premier healthcare conference. It's going to be out of this world.

August 13-14, 2015
Embassy Suites Hotel & Convention Center
Norman, OK

For more info and to register, visit
OklahomaHealthcareSummit.com.

EXPLORE
OKLAHOMA HEALTHCARE
SUMMIT 2015

OKLAHOMA COUNTY MEDICAL SOCIETY **ALLIANCE UPDATE**

AMY BANKHEAD, PRESIDENT

The Mission of the Oklahoma County Medical Society Alliance is to be a strong organization of physician's spouses and physicians dedicated to:

- 1) Enriching our community through awareness and education about health and wellness.
- 2) Assisting non-profit organizations that meet a health-related need within Oklahoma County.
- 3) Partnering with physicians to advocate positive legislative changes on behalf of the medical profession.
- 4) Building a dynamic network for communications and support among our local community of physician families.

We are happy to introduce a new program that our Alliance Board of Directors approved and named the (Alliance) Community Service Team that follows our mission. Past President Jeary Seikel gathered interested members to create a task force to decide if we wanted to create and implement this new project. Under the leadership of Mrs. Seikel we considered the scope and service provided, the clients that would be impacted and the satisfaction of our members. We all loved the idea of helping those in our community thrive, so we began on our new journey.

We, as an Alliance, are excited about this new service team as we will help staff community health projects. We expect to establish an Alliance presence in the community while strengthening and renewing the friendships of our members.

We developed an early calendar and have already completed a meaningful project at Mental Health Association Oklahoma. We provided a barbecue luncheon for Lottie House participants on May 1, 2015. The chairmen of this successful event were Berna Goetzinger and Pamela Magee. Our Community Service Vice President, Christina Nihira, will report to the Board and our membership the impact that we are making in our Oklahoma City community.

After careful research done by our members, we chose the seven following projects to volunteer in during the next twelve to fifteen months: Mental Health Association Oklahoma, Regional Food Bank of Oklahoma, The Juvenile Diabetes Research Foundation One Walk, Positive Tomorrows, Skyline Urban Ministries, Neighborhood Services and The Bart and Nadia Sports Experience.



Reflections of Residency

GABRIELLA SNOW, MD

Before I started my residency I had an idea in my head of what it would be like. It consisted of the worst-case scenario type of picture, probably fueled by the horror stories that are told to medical students. Thankfully my experience so far has not been that terrible! In the past two years I have worked harder than ever before. From long days on the wards, to working nights, to hectic clinic days, there is always something.

As a mother, it has been difficult to find the balance between work and family life. My son was eleven months old when I started my intern year. There were times when I was working long days, and after finally arriving home, he cried when I picked him up. Since daddy was home more often, my son wanted him and not mommy. I try to make sure that the time I spend with him is quality time and that he knows how much

mommy loves him. Despite that, it kills me when he tells me “don’t go to work, stay home.” I have gone over 24 hours without seeing my little boy. Now that I am seven months pregnant with my second child, I am sure things will only get busier.

Despite the challenges and difficulties that come with being a resident and a mother, I cannot picture myself doing anything else. The work we do is unlike anything else, as well as the reward that comes with it. The pride I felt delivering my first baby, being primary surgeon on my first C-section, and lowering a clinic patient’s A1c from 10 to 6.5 is indescribable. Those moments are what fuel me during the difficult times. Knowing that I can make a difference in someone’s life is why I wanted to become a physician, and I am privileged enough to be able to do that every day.



orthopedic associates
The Musculoskeletal Specialists
405-947-0911 • www.okortho.com

Gary B. Anderson, M.D.
John W. Anderson, M.D.
Jack J. Beller, M.D.
Steven P. Brantley, M.D.
Stephen R. Davenport, M.D.
Joel M. Davis, M.D.
David J. Flesher, M.D.
Thomas H. Flesher III, M.D.
Greg E. Halko, M.D.
Michael E. Kiehn, M.D.
Andrew B. Parkinson, M.D.
Richard A. Ruffin, M.D.

The surgeons at Orthopedic Associates are board certified
or board eligible by the American Board of Orthopaedic Surgery.

NW 50th & Hefner Parkway • Oklahoma City • 405.947.0911 • 888.947.0911 • www.okortho.com

OKLAHOMA PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (OKPOLST) TO ASSIST YOU WITH THE END-OF-LIFE CONVERSATION

Talking to your patients about their wishes for end-of-life care during a life-limiting and irreversible illness can be difficult, time consuming, emotional and, for most physicians, is a conversation we would rather avoid. But it's a conversation you should have as an important and necessary part of good medical care. Patients have the right to participate in all their health care decisions – and that's even more important near the end-of-life. A valuable tool to assist you with the conversation and to assure your patient's goals of care and preferences are followed is the Oklahoma Physician Orders for Life-Sustaining Treatment form, or OkPOLST.

The OkPOLST is a physician's order form that empowers individuals by carefully detailing their personal wishes regarding end-of-life care. Physicians fill out the OkPOLST form together with their patients. It's signed by both and then serves as physician care orders and a permanent part of the patient's medical record. The OkPOLST form travels with the patient and should be honored in all health care settings, including emergency medical services, hospitals and nursing homes. It can be modified or revoked at any time.

OkPOLST can assist you in your discussions to help your patients make meaningful personal choices regarding their care – and ensure that every member of the health care team understands and respects those choices.

Patients should have an OkPOLST form if they:

- ☐ Have a life-limiting and irreversible illness
- ☐ Are facing choices about parameters of end-of-life care
- ☐ Are afraid of losing the capacity to make their own health care decisions in the near future [not all nursing home patients should have a POLST form; most hospice patients should.]

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT - OKLAHOMA

Patient Name: _____ Patient Date of Birth: _____ Last 4 # SSN: _____

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

FIRST follow these orders, THEN contact PCP. This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed implies full treatment for the section. Everyone shall be treated with dignity and respect.

A Check One Box Only
Cardiopulmonary Resuscitation (CPR): Person has no pulse and is not breathing.
☐ CPR/Attempt Resuscitation (full code)
☐ DNR/Do Not Attempt Resuscitation (Allow Natural Death)

B Check One Box Only
Intubation and Mechanical Ventilation Instructions: If patient is DNR, and has progressive or impending pulmonary failure without acute cardiopulmonary arrest:
☐ Do Not Intubate (DNI) (e.g. respiratory failure)
☐ Attempt a trial period of intubation and ventilation
☐ Attempt a trial period of non-invasive ventilation (e.g., BiPAP) (list)
Comments: _____

C Check One Box Only
Medical Interventions: Person has pulse and is breathing.
☐ Comfort care measures only as per physician orders: Issues may include: use of medication by any route, positioning, wound care, other measure to relieve pain and suffering, use of oxygen, oral suction and manual treatment of airway obstruction, skin care. Rehospitalize only if necessary to maximize comfort care.
☐ Limited additional interventions: Includes comfort care (as above) plus: labs, diagnostic tests, additional medication, IV fluids as ordered, blood products and antibiotics with comfort as goal (the benefit of treatment outweigh burden of treatment) Additional orders: _____
☐ Full treatment: Includes care described above. Use intubation, tracheotomy, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated.
Additional orders: (e.g. dialysis, chemo, TPN, etc.) _____

D Check One Box Only
Artificially Administered Fluids and Nutrition: Always offer fluids and nutrition by mouth if medically feasible.
☐ Long-term artificial fluids and nutrition by tube/IV route.
☐ No artificial fluids and nutrition by tube/IV route.
☐ Trial period of artificial fluids and nutrition by tube/IV route.

E Check All Boxes That Apply
The above choices were discussed with:
☐ Patient ☐ Parent of Minor
☐ Health Care Proxy
☐ Durable Power of Attorney for Health Care
☐ Court-Appointed Guardian
☐ Family member _____ (list relationship)
☐ Other: _____ (specify) _____

Advance Directives: Patient has completed additional document that provides guidance for treatment measures and for a designated surrogate to make medical decisions for him/her:
☐ Health Care Proxy ☐ Living Will
☐ Durable Power of Attorney for Health Care
(Place copy in chart)

Attending Physician: _____ Signature: _____ Time: _____ Date: _____
Printed Name: _____ Phone Number: _____

Patient/Patient's Representative (list relationship) _____ Signature (Mandatory) _____ Time: _____

SEND A COPY OF THIS FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT - OKLAHOMA

Patient Name: _____ Patient Date of Birth: _____ Last 4 # SSN: _____

Other Contact Information (Optional)

Name of other contact person:	Relationship:	Phone Number:
-------------------------------	---------------	---------------

Directions for Health Care Professionals:

Completing POLST:

- Completing a POLST is always voluntary and cannot be mandated for a patient.
- Must be completed by a licensed physician based on patient preferences and medical indications
- POLST must be signed by an attending physician to be valid.
- Use of original form is strongly encouraged. Photocopies and faxes of signed POLST forms are legal and valid. **BE SURE THE ORIGINAL FORM ALWAYS STAYS WITH THE PATIENT.**

Using POLST:

- Any section of POLST not completed implies full treatment for that section.
- A semi-automatic external defibrillator (AED) should not be used on a person who has chosen "Do Not Attempt Resuscitation".
- Oral fluids and nutrition must always be offered if medically feasible.
- The patient should be cared for in the setting most appropriate for comfort care when comfort care is the primary goal.
- An IV medication to enhance comfort may be appropriate (e.g. therapy for yeast infection, herpes, decubiti, etc.) for a person who has chosen "Comfort Measures Only".
- Treatment of dehydration is a measure that may prolong life. A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment".
- A legal representative (if patient lacks capacity) can revoke the POLST at any time and request alternative treatment.
- POLST does not replace an Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency and update as appropriate to resolve any conflicts.

Reviewing POLST

This POLST should be reviewed periodically and new POLST completed if necessary when:

1. The person is transferred from one care setting or care level to another or
2. There is a substantial change in the person's health status or
3. The person's treatment preferences change.

To void this form, draw a line through "Physician Orders" and write "VOID" in large letters.

Review of this POLST Form

Review Date	Reviewer	Location of Review	Review Outcome
			<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, No new form
			<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, No new form
			<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, No new form

SEND A COPY OF THIS FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED.

OkPOLST 08/2014

What are your goals in the next year or so? These are all issues you need to consider as you determine your treatment options.

Having a completed OkPOLST form also will allow your patients to make known any personal, cultural or spiritual practices related to their care. Their quality of life during this time should be under their control.

How is OkPOLST Different from an Advance Directive?

OkPOLST complements an Advance Directive as a tool to translate the Advance Directive into physician's orders. Patients still need an advance directive to appoint a legal health care representative. It is recommended that all adults have an advance directive regardless

of their health status. If there is a conflict between the documents, have a conversation with your patient as soon as possible to determine the most current preferences. The promise of OkPOLST is that it empowers your patients to make the important decisions about their end-of-life care.

Oklahoma is one of 29 states that have adopted the POLST form. For more information or to arrange for a speaker to present OkPOLST to your medical staff, civic club or church, go to www.okpolst.org.

Encourage Patients to Make Their Wishes Known: Choices to Discuss with their Physician and Family

As a physician of patients with life-limiting and irreversible illnesses, you should speak with your patients about their options, and then discuss their choices with their family. Suggest they answer the following questions: How do you want to live your life in the time you have left? How much do you want to know about your illness and how much does your family know about your priorities and wishes?

SEX WITH AN ELDERLY SPOUSE WITH ALZHEIMER'S

COMPILED BY

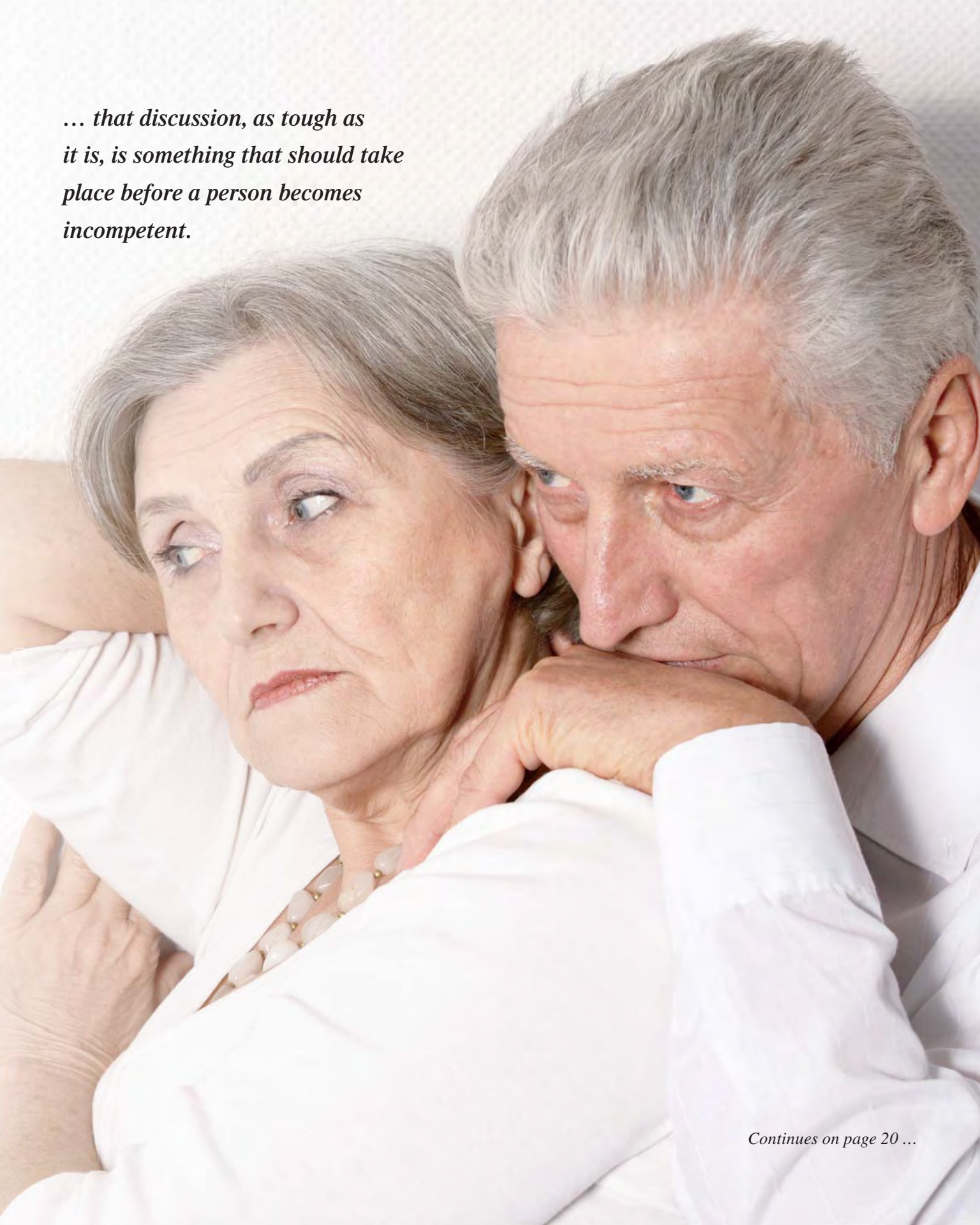
S. SANDY SANBAR, MD, PhD, JD

In Iowa, it is a crime for a man to have sex with a non-consenting wife. Iowa law specifies that a sexual assault perpetrated by one spouse on another is not considered a "forcible felony." People convicted of forcible felonies are more likely to serve long prison sentences. Few people are arrested on charges of sexually assaulting a spouse and convictions are even rarer. Sex assault prosecutions can be especially complicated if a victim has died, or is mentally incompetent to testify about what happened.

The Rayhons Case

On December 15, 2007, more than 350 people attended the wedding reception of Donna Lou Young and Henry V. Rayhons, a longtime Iowa legislator, in Duncan, Iowa. Both were in their 70's, and both of their first spouses had died previously. "For the next six-and-a-half years, Henry and Donna Rayhons were inseparable. She sat near him in the state House chamber while he worked as a Republican legislator. He helped with her beekeeping. She rode alongside him in a combine as he harvested corn and soybeans on his 700 acres in northern Iowa. They sang in the choir at Sunday Mass."¹ Several years later, Donna was diagnosed with Alzheimer's disease, which progressed to the point that she had to go into a nursing home in March 2014. Henry neither left nor divorced Donna. He wanted to maintain intimacy with her. On May 15,

... that discussion, as tough as it is, is something that should take place before a person becomes incompetent.



Continues on page 20 ...



2014, he acknowledged being told that his wife did not have the cognitive ability to consent to sexual activity.²

On May 23, 2014, Donna's roommate complained to the authorities that during his visit to his wife in the nursing home, Rayhons went into his wife's room and pulled the curtain closed. Then the roommate heard "sexual" noises indicating that Rayhons was having sex with Donna. Surveillance video showed Rayhons leaving his wife's room and discarding undergarments into a laundry bag.

His daughter-in-law learned about the incident the same day, was very upset and wanted that followed up and examined. Many calls between nursing home staff and Donna's daughters followed, and the police was called. Sometime after midnight, the Garner's police chief took Donna to a hospital for a sexual assault test. Her panties and bedding were sent to the state crime lab in Ankeny. "The state crime lab completed Donna's rape test November 20. It took six months to process because of a backlog at the lab. The exam showed no evidence of seminal fluid or DNA other than Donna's on swabs of her mouth and vagina. A stain in her underwear "indicated the presence of seminal fluid; however, no spermatozoa were microscopically identified."³

On August 8, 2014, Donna Rayhons, died at the age of 78 years. The obituary noted that "Donna enjoyed spending time with Henry and being part of his family." "She supported Henry as a state representative and enjoyed her years at the Capitol and attending political functions with him." A Hancock County judge ordered that her daughter, Suzan Brunes, be made her temporary guardian.

A week after Donna died, the Iowa Division of Criminal Investigation (DCI) agents arrested Rayhons. He was charged with third-degree sexual abuse, a felony in Iowa, after allegedly having sex with his late wife Donna Lou Rayhons while she was living in a Garner care facility and after he was told she did not have the ability to consent due to her mental condition as she was suffering from dementia. He was released from jail after posting \$10,000 cash as bail.

On April 3, 2015, District Judge Gregg Rosenblatt ordered prosecutors to provide e-mails between the Iowa Division of Criminal Investigation and Donna Lou Rayhons' daughters as part of the sexual abuse trial of former state legislator Henry Rayhons. Rayhons' lawyer Joel Yunek is seeking to use emails written between Donna Lou's daughters and DCI special agent Scott Reger. District Judge Gregg Rosenblatt stated in his ruling that Yunek may use the emails for any purposes related to the defense of this case, and review those emails with any persons necessary to analyze them for purposes of the defense; however they should not be further publicly disseminated. Rayhons' trial is scheduled to start on April 15, 2015, in Hancock County District Court.

Jurors listened to about two hours of audio recording of Henry Rayhons' interview on June 12, 2014, with the Division of Criminal Investigation during which prosecutors say he confessed to sexually abusing his wife. Prosecutors say Rayhons' wife, Donna Lou Rayhons, could not consent to sex because of the effects of Alzheimer's disease. In the interview with a DCI agent, Rayhons described vaginally penetrating his wife in her room at the Concord Care Center in Garner.

At trial, defense lawyers raised fundamental doubts about his guilt, including whether Rayhons even had

sex with his wife in the facility. He denies it, and while her 86-year-old roommate testified that she heard noises from behind a curtain, she couldn't say whether they were sexual noises. It's not clear who initiated the complaint, but authorities called it rape because staffers had told Rayhons his wife could no longer consent. On April 22, 2015, after 3 days of deliberation, the Jury found Henry Rayhons not guilty of sexually assaulting his wife.

Discussion and Recommendations

This type of case could become common because of the expanding 65-and-older population in the U.S.

Patients with dementia have the right to express their sexuality without fear of judgment. They may develop increased or decreased interest in sex and ability to perform sexually. Changes in

sexual 'manners' or in levels of inhibitions may occur. Some may go through a phase of being sexually aggressive or less inhibited and make repeated demands for sex from their partner or other people.

Partners of individuals with dementia often desire to continue the sexual relationship and connect with their partner through sex and intimacy despite finding it difficult to communicate in other ways. Some partners become confused at being touched by a person who at times seems like a stranger. Single people may need to relieve pent-up sexual tension, often resorting to energetic activities and self-gratification.

Before admitting a partner to a residential, nursing or shared home, discuss with the manager or key worker your need for private time together and how that can be made available to you. Find out if the home has a sexuality policy and what tests and procedures are followed in determining whether a

Continues on page 22 ...

Today
do more of what you love.

What do you need to enjoy life even more?

More strength.

More energy.

More health.

More of what you love.



Your life is our life's work.

mercy.net



Cardiology • Emergency Services • Orthopedics
Robotic-Assisted Surgery • Women's Services



2825 Parklawn Drive
Midwest City, OK 73110
405-610-4411
MidwestRegional.com

COMMITTED TO
YOUR HEALTH.

COMMITTED TO
OUR COMMUNITY.



Midwest Regional Medical Center is directly or indirectly owned by a partnership that proudly includes physician owners, including certain members of the hospital's medical staff.

LAW AND MEDICINE Continued from page 21 ...

resident becomes incapable of consenting to sexual activity with a spouse. Inquire as to what might happen if a resident becomes confused and shows affection or sexual feelings towards another resident or staff member. In case of same-sex relationships, determine if wishes for privacy are treated with equal respect to those in a heterosexual relationship.

To avoid litigation as in the unprecedented Rayhons case, a couple while still competent can include provisions in their respective living wills regarding privacy, intimacy and sexual activity should one or both become incompetent. In an article by Ethicist Art Caplan, PhD, from the Division of Medical Ethics at the NYU Langone Medical Center,⁴ commenting on the above case, he noted,

“Could a person and should a person say, while they’re still competent but suspected of having Alzheimer’s, “Look – here is what I want you to play on television. And this is the relationship I want to have with my husband: If he still wants to have relations with me, then that’s great. Let him. Let’s do that in a private area – let’s make sure we make some provision for that. If it’s something that would hurt me or cause me to be physically harmed in some way, if I become fragile or develop fragile bones, then we should not allow that to happen.” ... That discussion, as tough as it is, is something that should take place before a person becomes incompetent. People need to know the truth about Alzheimer’s, and they need to be able to plan for it.”

¹ Gruley B. *Can a wife with dementia say yes to sex?* Bloomberg Business. <http://www.bloomberg.com/news/2014-12-09/rape-case-asks-if-wife-with-dementia-can-say-yes-to-her-husband.html>

² Zilbermint R, Leys T, Noble J. Lawmaker faces sexual abuse charge. *Des Moines Register*. September 3, 2014. <http://www.desmoinesregister.com/story/news/politics/2014/08/15/rayhons-iowa-state-representative-arrested/14121039/>

³ See Ref. 1 supra

⁴ Art Caplan, PhD, Division of Medical Ethics at the NYU Langone Medical Center, http://www.medscape.com/viewarticle/843235?src=wnl_edit_news&uac=1357CT



A MEDICAL STUDENT'S DISCOVERY

DAVID WILLIAM FOERSTER, M.D.

During the summer of 1956, between my sophomore and junior year in medical school, my father (remember: the dermatologist) had a hospitalized patient he wanted me to see because it was a most unusual case. Dermatologists seldom had in-patients as primary care cases as most hospitalized cases they saw were consultations admitted to someone else's service.

The patient in question was very sick and was covered with vesicular and violatous lesions that looked almost like (I would have imagined) smallpox (which I had never seen except in textbooks). My father said that this 16-year-old boy had a classic case of Stevens-Johnson syndrome, a condition of unknown etiology although some cases were known to be caused by a severe drug reaction. This particular young man had no history of drug ingestion and thus fell into the idiopathic category. My father further stated that this syndrome was also referred to as erythema multiforme exudativum because of the reddish to violatous lesions with central vesicular blebs. The lesions appeared over the entire body include vesicular evolvment of lips, nostrils and mucous membranes. Most patients survived, but not always. It was a terrible sight to see for a young medical student! There was no specific treatment, only supportive measures.

While looking at these bizarre lesions the thought occurred to me that this condition might be caused by some weird virus related to small pox or chicken pox.

I told my father that I would like to investigate the possibility of such an etiology to which he said by all means proceed.

I remembered from my medical school studies that viruses can only be cultured on living tissue such as embryonic chick membranes, therefore I contacted Dr. Vernon Scott, my medical school professor, who had the appropriate lab for such procedures. I brought vesicular fluid from several lesions and with his help we inoculated a dozen membranes of chick embryos. I also took blood samples from the patient at 5 days and 21 days for acute phase and convalescent phase specimens in hopes of detecting specific viral antibodies (the patient did survive the disease).

Two of the twelve embryo membranes grew small herpetiform white plaques. These two positive cultures were reinoculated, again resulting in similar plaques and this material as well as the serum samples were sent to the CDC, viral section, in Alabama to confirm our laboratory suspicion that we were dealing with the herpes-simplex virus. The subsequent report from the CDC confirmed that the virus had been identified as herpes-simplex and the serum tests were indicative of the same diagnosis.

Dr. Scott and I were very excited by our findings and felt we should publish our results. I did an extensive search of the literature and found that other investigators had attempted but not succeeded in isolating a virus with the exception of Womack and

Continues on page 24 ...

Randall², who in 1953 had also found the herpes-simplex virus in an S-J syndrome case of a 19-year-old woman. So with our discovery and their discovery the etiology of idiopathic S-J syndrome was almost surely the result of a widely disseminated case of the herpes-simplex virus.

Our findings were submitted and published in *The New England Journal of Medicine*¹ in 1958. Needless to say, this created quite a stir among my classmates as well as a lot of teasing! I do wonder, in retrospect, if this wasn't a rather unique "discovery" for a medical school student.

Now that 58 years have gone by and out of curiosity I decided to check the internet to see if herpes-simplex was listed as at least one of the causes of S-J syndrome. Surprisingly, under Mayo Clinic's evaluation of the syndrome (which seemed to be the most comprehensive source), they listed drug related and infectious related causes. The number one listing, under infectious causes, was herpes-simplex virus

(also mentioned was herpes-zoster). Other causes that were listed were pneumonia, HIV and hepatitis.

In regard to the latter three I suspect it was probably the weakened immune system due to these disease process that allowed the real culprit, the herpes-simplex virus, to go "viral". I believe that more studies are needed to nail down this hypothesis and if correct non-drug induced S-J syndrome patients could be started early on anti-herpetic medication which might favorably diminish the devastating impact of this disease.



References:

- ¹ David W. Foerster, and L. Vernon Scott. *Isolation of Herpes-Simplex Virus from a Patient with Erythema Multiforme Exudativum (Stevens-Johnson Syndrome)*, *The New Engl J Med* 1958; 259:473-475 September 4, 1958
- ² Womack, C.R. and Randall, C.C. *Erythema Exudativum Multiforme: Its Association with Viral Infections*. *Am. J. Med.* 15:633-644, 1953.

Fast.



The 30-Minutes-or-Less E.R. Service Pledge.

We understand that life is too short for you to spend hours in an E.R. waiting room. And we know that in an emergency, minutes really do matter. So our entire team is committed to working diligently to have you initially seen by a clinical professional* in 30 minutes or less. We want to help you spend less time waiting, and more time getting better. **Learn more at DeaconessOKC.com.**



*Clinical professional is defined as a physician, physician assistant or nurse practitioner. If you are experiencing a medical emergency, call 911.

Deaconess Hospital is directly or indirectly owned by a partnership that proudly includes physician owners, including certain members of the hospital's medical staff.

The Practice of Medicine: Thoughts from a Small Business-Minded Employed Physician

JASON BREED, MD

So much has been written recently about how changes in the practice of medicine are ruining the profession. Like everyone else, I get very frustrated, and even apologize to my patients, about the fact that I spend more of my time in the exam room looking at the computer screen than I do looking at them. I get frustrated by all of the MU requirements that we have to fulfill and all of the boxes we have to click, to produce a note that, when printed, is 3-4 pages long, that no one ever reads. I know that when I receive a note from a specialist who has seen my patient, I read some of the HPI (the part that is not a template), then I usually move to the plan, which consists of 2-3 good sentences. I am reading about the increase in concierge medicine, or direct primary care, which is now being heavily endorsed by the AAFP. I wonder if these changes will eventually bring a resurgence of private practice medicine; doctors who refuse to take insurance so that they can avoid the hassles and distractions that come between us and our patients. Even though I am an employed physician, I find myself rooting for those who continue to stay in private practice, or who are taking the risk of leaving an employed position to try their hand at one of these new kinds of practice models. I come from a small business family, and in my heart, I still love private business and those who are brave enough to accept the challenges that come with it. However, having served as operations manager for our family business for 10 years prior to entering medical school, I just don't think I have it in me right now. I have often said that I lost more sleep running a business than I did in medical school or residency. On top of my 50

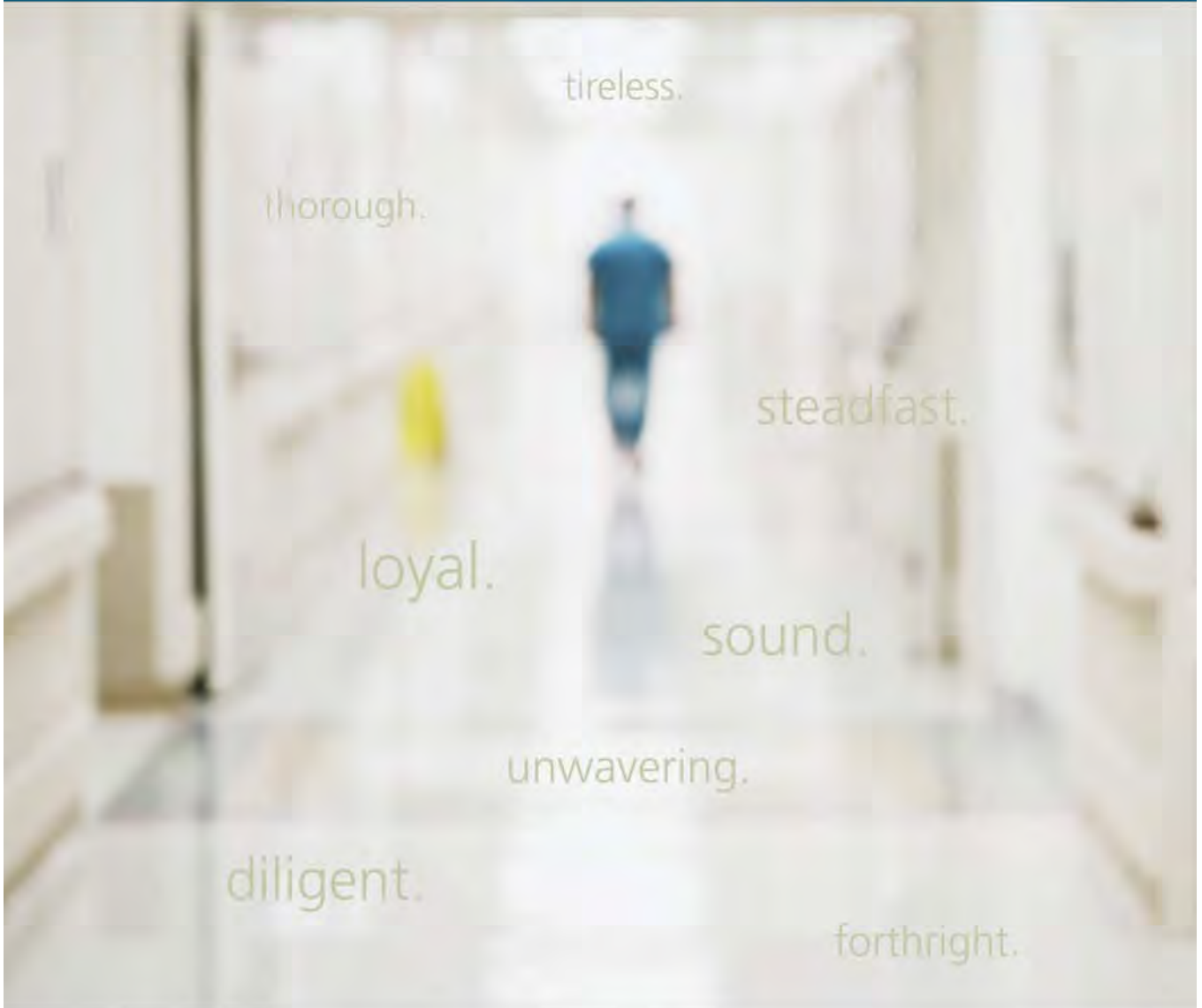
hours per week behind the desk, I would lay awake at night and worry about how to keep the company profitable, how to schedule work for all of the other employees, maintenance on our facility, hiring and firing people, dealing with customer service issues, or managing quality control over all of the people who were actually doing the work we were paid for. At this point in my career, I just am not ready to take on the challenge of handling both my patients and managing the business, but hats off to those of my colleagues who do.

Now, in preparation for this article, I was reading articles about physicians who are frustrated with the system, and even retiring rather than tolerate the changes that have come about. We are frustrated by all of the things I have listed above, along with a sense of lack of respect from the public, or hospital management staff. I recently read in a Wall Street Journal article that 30-40% of physicians surveyed would not choose medicine as a career again, and more than that would discourage their children from pursuing the same path. I have heard these same issues discussed since starting my training in 2006, and I have taken all of this into account throughout my training and in my career decisions. All of this can be very frightening for a young physician. But, while writing this article, I began to feel differently.

Since beginning my practice, I have seen a brighter side of medicine. I think that physicians are still respected more than we may realize. Our patients put their lives in our hands every day, and most of them are very thankful when they walk out of the exam

Continues on page 27 ...

Choose your health coverage from people who share your idea of what it means to truly, passionately want to make a difference.



OSMA HEALTH is a health benefits program created by physicians, for Oklahomans . . . and available exclusively to members of the Oklahoma State Medical Association, their employees and their families.

At OSMA Health, we believe in the power of a shared vision. We are built and governed by physicians; looking toward the future with the same focus and same intention that, like you, seeks to make a difference.



people you know, coverage you can trust.™

Contact us today for more details: **405.290.5666** Toll-Free **888.244.5096**

ESSENTIAL PPO | ADVANTAGE PPO | HDHP for HSAs | RETIRE 65+ PLAN | DENTAL PLAN

room. We are sought out for positions on various boards and councils. As physicians, most of us are at least in the top 5% of all income earners in the U.S., and many of us fall in the top 1%. If we manage to behave ourselves, we have excellent job security. I believe that a medical degree opens almost all doors to any opportunity we choose to seek. As physicians, we can be content with seeing patients every day, or we can become entrepreneurs, authors, professional speakers, local council members, state or national politicians, or even president. We often get instant gratification, several times per day, for a job well done. There are very few careers that offer such benefits. Compare this with the boom and bust nature of the petroleum industry, or the tedium of banking or stock market work. There are downsides to every career, and I got to experience them for ten years before entering medicine. Now, as a physician, I get the pleasure of helping patients live healthier lives, or helping them through some disaster that has befallen them, or being there for the happiest moment of their lives, the birth of their children.

Whether you choose to be an employed or private practice physician, simply being a physician is still very rewarding. So, even though things are different than they used to be, let's all keep up the fight, work to change things for the better, and continue helping patients. Let's remember why we all went into medicine, and how much we love what we do.

P.S., I would love for my daughter to choose the same path.



**Won an Award?
LET US
KNOW!**

Email: awilliams@o-c-m-s.org
Or call: 702-0500



A good death after a well-lived life is what we all want. But, the untimely death of a young soul is hard to accept unless we appeal to faith and justify such untimely death as a welcome means to avoid horrific pain, which, otherwise, would have been unjustly levied had death not come to the rescue.

ANGEL AND THIEF

HANNA SADDAAH, MD

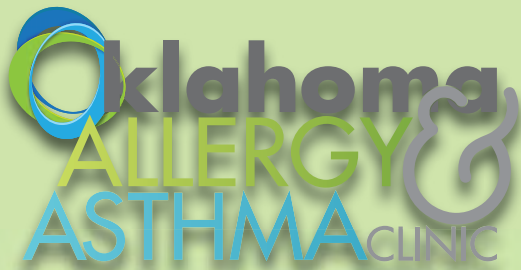
Death visits like an angel or a thief
To crown a well-lived life and ease its pains
Or else to snuff the dreams of youth too brief
And rob a half-lived life of what remains.

Unto the God-sent angel, gratitude
Unto the God-sent thief an attitude
Of consternation laced with sad despair
Till countenanced by faith and rendered fair.

Perhaps, untimely death hastened to halt
A crucifixion levied at no fault
That we may join our Savior who had died
So none may yet again be crucified.

Early or late, faith finds death merciful
Alofting life to Lord, while beautiful.





**Since 1925, Using the Latest Science to Help
Our Patients Feel Better and Find Relief**

It's as simple as that.



*(Standing, left to right) Dean A. Atkinson, M.D., Gregory M. Metz, M.D., Richard T. Hatch, M.D., Warren V. Filley, M.D., and Shahan A. Stutes, M.D.,
(Seated, l-r) Stefanie E. Rollins, APRN-CNP, Karen L. Gregory, DNP, Patricia I. Overhulser, M.D., Florina Neagu, M.D. and Laura K. Chong, M.D.*

Accepting New Patients!

Main Office
at the Oklahoma Health Center
750 N.E. 13th

Meridian Medical Tower
(Across from Mercy Hospital)
13321 N. Meridian, Suite 100

Edmond at Fisher Hall
3560 S. Boulevard

Norman Physician's Building
(Across from Norman Reg. Hospital)
950 N. Porter, Suite 102



Follow us on Twitter @okallergyasthma
and like us on Facebook
for daily allergy reports

Appointments 405/235-0040 • www.oklahomaallergy.com

DIRECTOR'S DIALOGUE

BY JANA TIMBERLAKE, EXECUTIVE DIRECTOR

SAY GOODBYE, SAY HELLO...

"There is nothing so stable as change." – Bob Dylan

Change occurs constantly in our work and personal lives. The Society finds itself in the midst of change once again – we are saying goodbye to Tracy Senat, Associate Director and Managing Editor of the Bulletin, and hello to Alison Williams.

Saying Goodbye – Tracy Senat has been an invaluable employee, who has pushed me to the edge of my “comfort zone” several times and encouraged me to jump. Since the time she was hired in August 2012, Tracy brought a fresh perspective to the Society. She began by encouraging the rebranding of the Society with the creation of a new logo, the redesign of the Bulletin, and a website overhaul. The two of us have worked as a team and brainstormed together over several issues, many of which the Board has found to be beneficial for the future of the Society.

The reason for Tracy’s departure? She has accepted the Executive Director position at ITN-Central Oklahoma, a not-for-profit organization started by the Oklahoma County Medical Society, that will provide low-cost transportation to senior citizens and the visually impaired in this community. When she came to work for the Society, one of her duties was to continue to build on Linda Larason’s efforts to develop this much needed program in Oklahoma County. And it soon became one of her passions! We wish her much success in her journey – plus none of us are getting any younger and might one day need ITN’s services!

Saying Hello – It is a pleasure to introduce you to Alison Williams, who has been hired to replace Tracy as the Associate Director/Managing Editor of the Bulletin. For the past 9½ years, Alison worked for the Oklahoma Primary Care Association as its Workforce and Communications Manager. Some of her duties included writing press releases and copy for newsletters and brochures; coordinating media messaging campaigns; and interacting with physicians by providing training and events through the Primary Care Association’s clinical network across the state of Oklahoma. During the interview process, it was apparent that Alison possessed both the creative and technical requirements needed in this position, fulfilling our expectations for every facet of the job!

Graduating from the University of Oklahoma in 2005 with a BA in Journalism, with an emphasis in public relations, Alison grew up in southeastern Oklahoma in a small town north of Broken Bow. I believe her expertise will help launch the Society into the next level of the Board’s strategic plan. So if you are near the Society’s office, please stop by and welcome her to the team.

As food for thought, I will close with the quote by Ralph Bellamy that I used in my September 2012 Director’s Dialogue,

“Everything ends. But there are always new beginnings.”

Join me in thanking Tracy for a job well done, while looking forward to a new beginning with Alison. Happy summer ...

Jana Timberlake, Executive Director

Compassion at Life's End



*Partnering With You
on a Difficult Journey*

Use of an interdisciplinary
TEAM that includes:

- Medical Director
- Nurse
- Hospice Aide
- Social Worker
- Spiritual Care
- Volunteer
- Bereavement Coordinator

Frontier Hospice
3817 NW Expressway
Suite 780
Oklahoma City, OK 73112
(405) 789-2913



Frontier
Hospice

An American Hospice Company

the promise of comfort

For questions or referrals, call (405) 789-2913
www.americanhospice.com/oklahoma

CME INFORMATION

DEACONNESS HOSPITAL

Contact: **Emily McEwen**
CME Coordinator
Medical Library

Phone: 604-4523

INTEGRIS BAPTIST MEDICAL CENTER

Contact: **Marilyn Fick**
Medical Education

Phone: 949-3284

INTEGRIS SOUTHWEST MEDICAL CENTER

Contact: **Marilyn Fick**
CME Coordinator

Phone: 949-3284

MERCY HOPITAL OKC

Contact: **May Harshburger**
CME Coordinator

Phone: 752-3390

MIDWEST REGIONAL MEDICAL CENTER

Contact: **Carolyn Hill**
Medical Staff
Services Coordinator

Phone: 610-8011

OKLAHOMA ACADEMY OF FAMILY PHYSICIANS CHOICE CME PROGRAM

Contact: **Samantha Elliott**
Director of Membership

Phone: 842-0484

Email: elliott@okafp.org

Website: www.okafp.org

OUHSC-IRWIN H. BROWN OFFICE OF CONTINUING PROFESSIONAL DEVELOPMENT

Contact: **Susie Dealy** or
Myrna Rae Page

Phone: 271-2350

Check the homepage for the latest CME offerings:
<http://cme.ouhsc.edu>

ST. ANTHONY HOSPITAL

Contact: **Susan Moore**
CME Coordinator

Phone: 272-6748

ORTHOPAEDIC & RECONSTRUCTION RESEARCH FOUNDATION

Contact: **Kristi Kenney**
CME Program
Director
or **Tiffany Sullivan**
Executive Director

Phone: 631-2601

PROFESSIONAL REGISTRY

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

ALLERGY

OKLAHOMA ALLERGY & ASTHMA CLINIC, INC.

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

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

750 N.E. 13th St.
Oklahoma City, OK 73104
405-235-0040

ENDOCRINOLOGY DIABETES & METABOLISM

MODHI GUDE, M.D., MRCP (UK), FACP, FACE

Diplomate, American Boards of Internal Medicine and
Endocrinology, Diabetes & Metabolism

South Office:
1552 S.W. 44th
Oklahoma City, OK 73119
405-681-1100

North Office:
6001 N.W. 120th Ct. #6
Oklahoma City, OK 73162
405-728-7329

*Practice limited to Endocrinology,
Diabetes and Thyroid only.*

Special Procedures:

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

NEUROSURGERY

OU NEUROSURGERY

The University of Oklahoma Health Sciences Center
Department of Neurosurgery

Timothy B. Mapstone, M.D.	Gamma Knife Radiosurgery
Craig H. Rabb, M.D.	Cerebrovascular Surgery
Bradley N. Bohnstedt, M.D.	Pediatric Neurosurgery
Naina L. Gross, M.D.	Spine Surgery
Michael D. Martin, M.D.	Skull Base Surgery
Michael Sughrue, M.D.	Neurosurgical Chemotherapy
Amanda Yaun, M.D.	Carotid Artery Surgery
	Tethered Spinal Cord-Repair
	Chiari Malformation-Surgery

To schedule an appointment call

405-271-4912

Harold Hamm Oklahoma Diabetes Center
1000 N. Lincoln Blvd., Suite 400
Oklahoma City, OK 73104

PAIN MANAGEMENT

AVANI P. SHETH, M.D.

Diplomate of American Board of Anesthesiology
Diplomate of American Academy of Pain Management

4200 W. Memorial Road, Suite 305
Oklahoma City, OK 73120
405-841-7899

All Plans Accepted.

Changed Your Email
Address?
New Mailing Address?



Let us know so we can keep you updated!
Email: ewright@o-c-m-s.org / Call: 702-0500

PLASTIC SURGERY

OU PHYSICIANS PLASTIC SURGERY

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

Adult Clinic Location
OU Physicians Building
825 N.E. 10th St., Suite 1700
Oklahoma City, OK 73104

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

Adult Services

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

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

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

Pediatric Services

Secondary Burn Reconstruction	Craniofacial Syndromes
Cleft Lip & Palate	Hemangiomas
Congenital Nevi	Traumatic Defects
Craniosynostosis	Vascular Lesions

RADIOLOGY

JOANN D. HABERMAN, M.D.

Breast Cancer Screening Center of Oklahoma
Mammography - Screen/Film
Breast Ultrasound

6307 Waterford Blvd., Suite 100
Oklahoma City, OK 73118
405-607-6359 Fax 405-607-8256

UROLOGY

Urologists at **Medicine**

Adult Urology

Michael S. Cookson, MD, Chairman
Urology Department, Urologic Oncology/Robotics
Ash Bowen, MD, General/Oncology/Robotics
Daniel Culkin, MD, Men's Health/Stones/Oncology
Jonathan Heinlen, MD, Urologic Oncology/Robotics
Joel Slaton, MD, Urologic Oncology
Kelly Stratton, MD, Urologic Oncology/Robotics
Gennady Slobodov, MD, Male/Female/Reconstructive/
Incontinence/Neurogenic Bladder
Puneet Sindhvani, MD, Male Infertility/Transplantation

OU Physicians:
Adult Urology 405-271-6452
Edmond 405-340-1279

Stephenson Cancer Center 405-271-4088

Pediatric Urology

Brad Kropp, MD, Pediatric Urology
Dominic Frimberger, MD
Pediatric Urology/Reconstructive Surgery/Spina Bifida
Blake Palmer, MD
Pediatric Urology/Robotics
William Reiner, MD, Child/Adolescent Psychiatry

OU Children's Physicians:
Urology 405-271-2006
Edmond 405-340-1279

LOOK FOR THE OCMS ENEWS IN YOUR EMAIL!

It's a monthly email newsletter that we send to all of our members with news and information. It's short and easy to read, just right for our busy members. It is distributed in the middle of the month, so if you don't remember seeing it, please check in your spam email folder!





Oklahoma County Medical Society
313 N.E. 50th St., Suite 2
Oklahoma City, OK 73105-1830

Address Service Requested

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