

THE BULLETIN



OKLAHOMA COUNTY MEDICAL SOCIETY

NOVEMBER/DECEMBER 2017

DOWNTOWN IN DECEMBER



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THE BULLETIN

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ABOUT THE COVER

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PRESIDENT'S PAGE

DAVID L. HOLDEN, MD



As I write this article for the OCMS Journal, the Oklahoma Legislature is in special session. The reason they are in session is because they passed a bill to raise revenue from a cigarette tax to cover a budget shortfall of over two hundred million dollars. This deficit would constitute a loss of services for mental health and Medicaid just to name a few. They passed this bill knowing full well that it would not pass constitution muster and sure enough the Oklahoma Supreme Court ruled nine to nothing, that this was the case.

Now the Governor has been forced to call a special session to try to address the massive shortfall. Why is this so important?

If left in place, the shortfall will drastically curtail health services in the state by, among other things, lowering reimbursement to Medicaid providers by nine percent across the board. Unlike the legislature, we as physicians understand the hard economical truth of the situation. A cut of nine percent would force many, and perhaps most, physicians of all specialties to stop seeing Medicaid altogether or drastically ration care. It has, for a long time, been difficult to support an office setting on Medicaid and Medicare reimbursement alone.

Frankly I am supportive of physicians who choose to stop seeing Medicaid altogether, not because we are cold and heartless. Many of us see Medicaid whether we make money or not because of a sense of calling to help those less fortunate. We make up for losses by other sources of revenue such as x-rays.

Functioning at a loss is clearly not sustainable and need not be tolerated. Recently Medicare stopped paying for some x-rays done on the same day as an office visit.

This is another example of a bankrupt government trying to squeeze as much downward pressure on the market as possible. These changes and losses are difficult for any private practicing physician to overcome.

So perhaps as I write this, the legislature, many of whom have no concept of running a medical business, will be able to agree on a tax source that can be implemented to cover the deficit.

Cutting state agencies further is clearly not the answer, many agencies have already seen significant cuts over the last few years with the losses from oil revenue.

We as a society must come to an understanding about the nature of what a “right” is. Our “rights” as enumerated and guaranteed in the constitution are recognized as given by God and thus requires no payment from other citizens, accept perhaps the blood given and spilled by those patriots who chose to defend those rights. As Abraham Lincoln stated in the Gettysburg address, “They gave the full measure of devotion.”

If nothing else, Obama Care has clearly demonstrated that the right to health care has in fact come with cost to others. Nothing is free. The clear and present problem now is that the state of Oklahoma to come degree, and the United States for sure, with a twenty trillion-dollar deficit, has long since run out of other people’s money, and faces obligations for Medicare, Medicaid and Security, that it can never honor in the coming years.

Until we can come to grips with this reality, no real reform in the health care system will be accomplished.



Dr. Atkinson



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Karen Gregory,
DNP



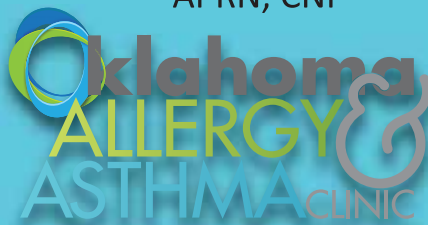
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DEAN'S PAGE

RUSSELL G. POSTIER, MD, FACS
INTERIM EXECUTIVE DEAN AND
DAVID ROSS BOYD PROFESSOR AND CHAIR OF SURGERY
UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE



It is my pleasure to inform you that we have appointed Barish H. Edil, MD, FACS, as Professor and Chair of the Department of Surgery; he will also hold the John A. Schilling Chair in Surgery. Dr. Edil was formerly Professor of Surgery and chief of the Department of Surgery's Division of Surgical Oncology and director of the Pancreas and Biliary Surgery Program at the University of Colorado at Denver School of Medicine. He has authored over 100 publications; has had continuous grant support since early in his career; and is an invited lecturer and visiting professor nationally and internationally in surgery and oncology. Barish is a 2000 graduate of the University of Wisconsin School of Medicine and began his graduate medical education with his internship in General Surgery followed by his research fellowship in Surgical Oncology at the OU College of Medicine. After completing his residency training in General Surgery with our College of Medicine, he continued his career in surgical oncology with the Department of Surgery - Johns Hopkins University School of Medicine, as an Assistant Professor for the Department of Surgery and the Department of Oncology. During his tenure at Johns Hopkins, Dr. Edil was named the Medical Student Surgical Education Coordinator for Surgical Oncology simultaneously with his position as the Surgical P.A. Residency Program Director, for a one-year residency in General Surgery – the first accredited fellowship in the United States. Of equal if not greater significance: Barish developed the techniques and performed the first laparoscopic pancreaticoduodenectomy ("Whipple") operation in the history of The Johns Hopkins and went on to perform the first one in the state of Colorado. He has since been teaching the Whipple technique of minimally invasive pancreas surgery internationally as well as nationally. We are delighted that Dr. Edil and his family have chosen to return to Oklahoma City and join the OU College of Medicine family.

We are pleased to share with you yet another new appointment to the University of Oklahoma College of Medicine: Donald L. Courtney, MD, FACP, has been named Associate Professor and Interim Chair for the Donald W. Reynolds Department of Geriatric Medicine and holds The Donald W. Reynolds Chair in Geriatric Medicine. Dr. Courtney, who served as the department's Vice Chair, comes to us from the Medical University of South Carolina, Division of General and Geriatric Medicine; and the Ralph H. Johnson VA Medical Center in Charleston, South Carolina. He received his medical degree from University of Kansas School of Medicine; and completed his internal medicine residency training and internship at Eastern Virginia Graduate School of Medicine. Dr. Courtney completed a fellowship in Geriatric Medicine at the VA Medical Center, Memphis, Tennessee. Dr. Courtney is board certified in internal medicine, geriatric medicine, hospice and palliative care. He is a fellow of the American College of Physicians and member of the American Geriatric Society; and has established his medical practice with OU Physicians, on the OU Health Sciences Center campus.

Established in 2012 and awarded biennially in the amount of \$250,000, the Harold Hamm International Prize for Biomedical Research in Diabetes was officially awarded to Ralph DeFronzo, MD, Chief of Diabetes and Professor of Medicine, at the Long School of Medicine at the University of Texas Health San Antonio, in October at the 2017 Connect+Cure Gala. Mr. Hamm's endowment of this prestigious prize provides for its awarding in the future in perpetuity. The Hamm Prize recognizes and encourages lasting advances in the field of diabetes research and is awarded to an individual who has either demonstrated lifelong contributions to the field or realized a singular advance, especially in leading toward a cure. Dr. DeFronzo is directly responsible for many of the advances achieved in

Continues on page 8...



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DEAN'S PAGE *Continued from page 7...*

understanding the development and progression of diabetes and was a leader in developing the concept of insulin resistance, the defining characteristic of type 2 diabetes.

About six months ago, the Stephenson Cancer Center at the University of Oklahoma Health Sciences Center (OUHSC) submitted its application to attain National Cancer Institute (NCI) designation status. If successful, the Stephenson will join 69 of the top academic cancer centers in the nation with this highly prestigious award. With their primary focus on conducting research that translates laboratory discoveries into the clinical setting to improve patient outcomes, NCI-designated cancer centers are at the forefront of the NCI's strategy for alleviating the nation's burden of cancer. Each year, approximately 250,000 patients receive their cancer diagnosis at an NCI-Designated Cancer Center with an even larger number of patients treated for cancer at these centers. Currently, Oklahomans must travel out-of-state to receive multidisciplinary, research-driven treatment at an NCI designated cancer center, with the closest centers being in Dallas, Houston, Kansas City and St. Louis.

Under the leadership of Dr. Robert Mannel, cancer research funding at the Stephenson from national sponsors such as the National Institutes of Health and the American Cancer Society has increased by 350% over the past six years. Last year cancer research conducted by Stephenson investigators was supported with over \$30 million in out-of-state research funding. Notably, the Stephenson supports cancer researchers housed not only at OUHSC but also OU Norman, the Oklahoma Medical Research Foundation, and Oklahoma State University. As the hub of a statewide network of clinical trials affiliates, the Stephenson partners with health systems across Oklahoma – including Oklahoma Cancer Specialists, Cancer Centers of Southwest Oklahoma, Mercy Health Center, Saint Anthony Hospital and Integris Cancer Institute – to provide the populations we serve with access to NCI-sponsored clinical trials. We anticipate that the NCI will make the announcement concerning the Stephenson's application for NCI designation by June, 2018.

That special season of the year when we find ourselves in a reflective mood and are reminded of the people and things for which we can be thankful is ahead. The faculty and staff of the College of Medicine join me in wishing each of you a joyous and meaningful holiday season. My thanks to all of you for your support throughout the year.





A Tribute to **JAMES D. FUNNELL, MD**

BY GARY STREBEL, MD

Dr. Funnell began his practice with his uncle Dr. Joseph Kelso, and his brother, Dr. Joe Funnell in one of the first obstetrical practices in Oklahoma City. After the untimely death of his brother, Dr. Joe, and the retirement of Dr. Kelso, Dr. Tony Puckett and I joined Dr. Jim in practice in 1971 downtown in the P & S Building on North Shartel. I had met him long before that when he was the Chief Resident on Obstetrics and Gynecology when I was a medical student. That's when he first began mentoring me. Though Tony ultimately left the practice, Jim and I continued as partners throughout the remainder of Dr. Jim's career and until his retirement in 2009. Jim was the ultimate partner and the most giving man you can imagine. When I went into practice, a big floral arrangement awaited and I was invited to decorate my office anyway that I wanted ... no expenses spared...because as Jim would say "You only go into practice the first time ... only once". I had been practicing 6 months when Dr. Jim felt Sherry and I needed a vacation and sent us to the Bahamas for a medical meeting, again always thinking about my needs. And when I went to Chicago to take my OB/Gyn Boards, there was a big bouquet of flowers in my hotel room along with a bottle of champagne waiting for me when I completed the Board Examination. You should have seen me carrying those back on the EL to the airport. But he always wanted to give something to you ... something to brighten your day.

Almost anything I ever suggested regarding the practice, Jim agreed to ... sometimes he would have to think about it until "It became his idea" but he was always open to change. Moving to Northwest Oklahoma City with Mercy Hospital was a huge step for our practice...but Jim, Tony and I believed that Sister Coletta knew what she was doing and we ended up building a building across the street from Mercy ... and we never looked back. There aren't many doctors that commit to one hospital for their entire practice career, but Jim did ... and it was Mercy. And there aren't

many people who can say they practiced together for 40 years, but Jim and I did ... and what a privilege it was.

Jim delivered two of our daughters, Julie and Jennifer, who ultimately became ob/gynecologists and joined our practice. He must have put a spell on them in utero for both of them to take up our lifelong career. Julie had the privilege of practicing with Jim for her first 7 years and he hung on until Jennifer joined in 2009. Jim was not only a mentor for my daughters but for countless medical students along the way. Back in the early days of our practice, we would each take a month out of our practice to teach at the Medical School at no charge to them...one of Jim's ideas to give back.

Not only did Jim and I have a great time practicing together, bouncing ideas off one another, trying to do the best for our patients...but we had a great time socializing together as well. Jim and I have fished together in Alaska, Mexico, Oklahoma, Texas and Arkansas...he was one of the best fisherman that I have ever known. I could tell you lots of stories about those trip but the time is too short. We loved hunting together as well and Jim and Loyce and Sherry and I went on multiple medical trips together. Jim loved life and wanted you to have the love of life that he did...and most of all, he loved and adored Loyce ... truly a marriage made in heaven. And no matter how busy his schedule was at the office, he made time for all the activities that Jim, Bill and Richard were involved in ... how many schools do you know that have an Ob/Gynecologist as their football team doctor? Well Jim was that at Bishop McGuinness for years.

Never a day goes by that Jim's patients, who now Julie, Jennifer and I take care of, don't ask about him and talk about how much they loved him. I'm sure there are many tears flowing from them as they read of his passing. Jim was truly a great physician, a great family man, a great partner, and most of all, a great friend. He will leave a life legacy in Oklahoma City, and Sherry, the girls, and I will miss him greatly.

alliance

UPDATE

CARA FALCON

Our annual Kitchen Tour takes more than a year of planning and preparations; as soon as one is over, we are already making plans for the next one. The 26th annual KT was held Sunday, October 22nd on what turned out to be a beautiful day in many ways. I am thrilled to announce that the committee under the leadership of Chair Deanna Carey and Chair-elect Nicole Cook raised the most money we've EVER raised. (As I am writing this the day after the tour, we don't actually have the final total as we still have more tickets sales trickling in.) We will be presenting the proceeds to our two beneficiaries: ITN Central Oklahoma and Teen Recovery Solutions. Many thanks to all our sponsors and the volunteers who staffed the homes on tour and to the KT committee which included: Tessa Wicks, Shelley Stierlen, Suzanne Reynolds, Jeary Seikel, Julie Cates, Mucki Wright, Anita Verma, Traci Walton, Valerie Visor, Natasha Neumann, Karen Gunderson, Pam MaGee, Paula Scott, Margo Ward, Jennifer Tortorici, Sandy Beall, Maria Abbott and Dinah

L'Heureux. Also a huge thank you to Culinary Kitchen for their incredible support of the KT and to all the home owners who graciously allowed us to showcase their beautiful kitchens!

Other events for the Alliance this Fall include our general membership meeting on November 15th, when we will present checks to ITNCO and TRS as well as vote on new officers and board members for the upcoming year. On November 13th, our Community Service Team members will be going to the OK Kids Korral where they will prepare and serve dinner to the families of hospitalized children. We will end 2017 with our much anticipated and always enjoyable annual Holiday Auction on December 6th.

For more information on these events or for information on how to join, please contact me or visit our web page www.ocmsalliance.org.

The OCMSA is a 501(c)6 nonprofit organization of physicians' spouses and physicians who work together to promote health and wellness.

A photograph of a large, modern house with a pond in front of it. There are ducks in the pond and a white flower graphic on the left.

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THE TURNING POINTE FOR OKLAHOMA CITY BALLET

What a difference a year can make. Oklahoma City Ballet, now in its 46th Season, is still providing exceptional ballet training, stunning performances, and meaningful community outreach, but this season they are doing it in style.

Oklahoma City Ballet now finds its home at the Susan E. Brackett Dance Center, only blocks from its former facility on North Classen. The Brackett Center was previously the American Energy Partners Fitness Center. "As soon as we toured the facility, we knew this would be a perfect fit for Oklahoma City Ballet," said Sally Nichols Starling, President of the Board of Trustees and Campaign Co-Chair. "And just like that, a campaign was born."

For years, Oklahoma City Ballet has known a capital campaign was in its future. The space at their former location had reached maximum capacity years ago, with studios in constant use and without the ability to expand classes or outreach programs. The board and staff moved quickly, and in December 2016 they boldly set forth to raise at least \$4.5M to purchase the building. And they did.

With the building purchased, Act II of the campaign began. While a former fitness center and a dance studio have many commonalities, renovations were still necessary to add more dance studios and modify some of the existing ones. Oklahoma City Ballet has made progress in renovations but are still actively fundraising. "We are acting conservatively in this campaign. Each time we can afford to do more renovations, we do," says Whitney Cross Moore, Development Director. So far two dance studios have been completed and another studio is usable but still needs additional renovations.

The next phase of renovations include the construction of two massive studios on the lower level, a dancer break room, and administrative offices. Act III of the campaign is the creation of an in-studio theater which will come once all essential renovations are complete. The theater will be part of the colossal Chickasaw Nation studio

where the professional company rehearses. It will allow for school and community outreach performances as well as intimate performances by professional dancers.

The Susan E. Brackett Dance Center has been full of activity since June despite being a work-in-progress. Oklahoma City Ballet hosted 200 students for its ever-expanding Summer Intensive program, and in August, the professional com-



COURTESY SUSAN E. BRACKETT CENTER

Continues on page 14 ...

2018 OFFICER CANDIDATES



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Secretary-Treasurer: Basel S. Hassoun, MD & Savannah Stumph, DO

Elections will be on November 6, 2017 at the OCMS Membership Annual Meeting and Election of Officers.

BALLET *Continued from page 13 ...*

pany began rehearsing. Classes are offered through the School of Oklahoma City Ballet for ages three to adult. "We currently have a variety of ballet classes, but also yoga, Zumba, and jazz. As more studios are completed, more offerings to students and parents can be added," comments School Director Penny Askew.

In partnership with the Parkinson Foundation of Oklahoma, the Ballet has already added an important outreach program that takes place at the Brackett Center: Dance for Parkinson's Disease. Dance is proven to be an enjoyable and beneficial way for people suffering from Parkinson's Disease to work on their balance and mobility while also providing a fun social atmosphere. The hour long class takes participants through different dance movements by sitting, standing, or moving across the floor. These free classes are held every Tuesday from 2:00-3:00 at the Brackett Dance Center.

"We are doing amazing things here and we want to share it with Oklahoma City. Please consider a gift to The Turning Pointe Campaign to help us complete our vision," says Moore.

OCMS members get 20% tickets to Oklahoma City Ballet performances. Learn more about Oklahoma City Ballet and the Turning Pointe Campaign at okcballet.org.



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Richard M. Atkins, MD is a board-certified internal medicine physician with OU Physicians. He completed medical school at the OU College of Medicine, and his residency at Duke University School of Medicine, and served as chief resident at Durham Veteran's Administration Medical Center. He is currently an assistant professor with the OU College of Medicine.

Lance M. Bradt, MD is an anesthesiologist with Affiliated Anesthesiologists in Oklahoma City. He completed medical school at the OU College of Medicine, and his residency and internship with Texas A&M College of Medicine Scott and White in Temple, Texas.

Neil E. Crittenden, MD is a board-certified gastroenterologist with Digestive Disease Specialists in Oklahoma City. He completed medical school at the OU College of Medicine and a residency and internship at the University of Louisville.

Matthew J. Jared, MD is a board-certified family medicine physician with Mark 5 Care Group. He completed medical school at the OU College of Medicine and his residency at St. Anthony.

Waddah Nassar, MD is a board-certified family medicine and hospice and palliative care physician with Faith Family Physicians in Oklahoma City. He completed medical school at Damascus University and residency at Pitt County Memorial Hospital.

Daniel I. Pascucci, MD is a board-certified hospitalist with Mercy. He completed medical school at the OU College of Medicine, and completed his residency at OU as well.

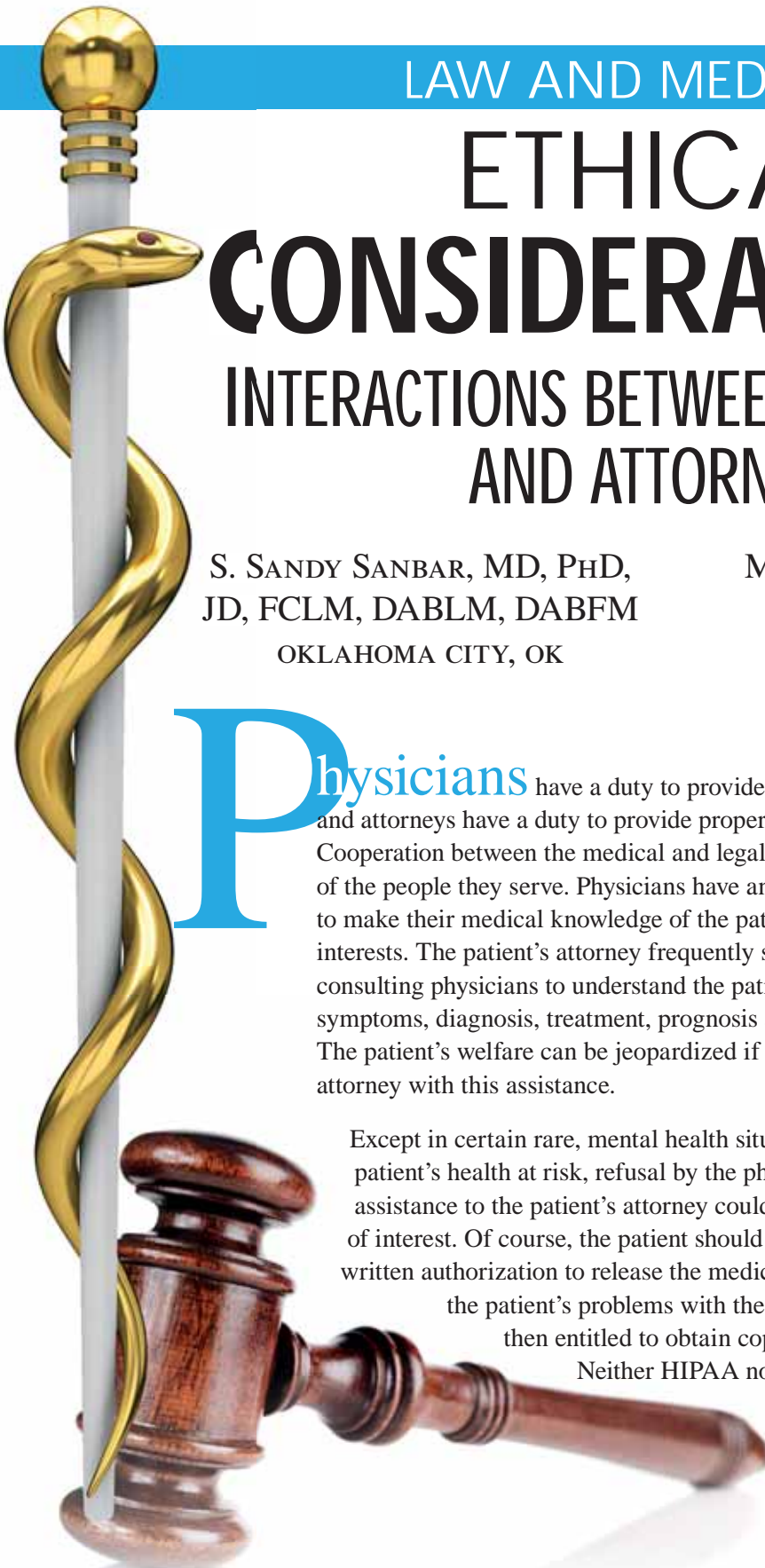
David W. Vanhooser, MD is a board-certified cardiovascular surgeon with INTEGRIS. He completed medical school at the OU College of Medicine, residencies at St. Anthony, OU, the Carolina's Medical Center and the Yale-New Haven Waterbury Hospital Health Center.

William K. Wood, MD, is an anesthesiologist with Affiliated Anesthesiologists in Oklahoma City. He completed medical school at the OU College of Medicine, and a residency at the University of Alabama in Birmingham.

ETHICAL CONSIDERATIONS: INTERACTIONS BETWEEN PHYSICIANS AND ATTORNEYS

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SAN MATEO, CA



Physicians have a duty to provide proper medical care to their patients and attorneys have a duty to provide proper representation to their clients. Cooperation between the medical and legal professionals can be in the best interest of the people they serve. Physicians have an obligation, with appropriate consent, to make their medical knowledge of the patient available to protect the patient's interests. The patient's attorney frequently seeks the assistance of treating and consulting physicians to understand the patient's medical records, the signs and symptoms, diagnosis, treatment, prognosis and pertinent evidence-based medicine. The patient's welfare can be jeopardized if the physician refuses to provide the attorney with this assistance.

Except in certain rare, mental health situations where disclosure would put the patient's health at risk, refusal by the physician to take the time to provide such assistance to the patient's attorney could be considered as unethical conflict of interest. Of course, the patient should provide the physician with a signed, written authorization to release the medical records and allow discussions of the patient's problems with the attorney. The patient's attorney is then entitled to obtain copies of the patient's medical record.

Neither HIPAA nor state law precludes access by the patient's attorney to copies of records and other documentation in the physician's possession that the patient authorizes to be disclosed.



Physicians should realize that proper and effective assistance to the patient's attorney helps the patient and is a form of patient advocacy. This is true whether or not the physician agrees with the patient's decision to retain an attorney or file a lawsuit. This rule applies equally to mental health physicians, too, except for the rare scenario where disclosure to the patient could put the patient's health or life at risk. Refusal by the physician to agree to provide assistance, or refusal to provide understandable information in good faith to the attorney may be detrimental to the patient and, therefore, unethical.

States have laws that allow penalties to be imposed on the physician for refusing to provide these records pursuant to proper authorization. In addition to providing the records, Physicians may be asked by the patient's attorney to interpret the content of the records if a lawsuit is filed.

In the event a lawsuit is filed, such as a malpractice action, the physician's assistance requires formal discovery proceedings, including interrogatories, requests for admissions, and deposition. In legal actions other than malpractice, the proper format is for the attorney to meet at the physician's office. In some cases, the physician's assistance could be provided by telephone.

Just as patients can be charged for copies of medical records, physicians can bill at a reasonable or customary rate for the time spent in assisting the attorney. The physician bills at the clinician's usual office billing rate for patient care. When assistance will be given, payment may be demanded by the physician prior to the office visit or telephone call.

There are a number of aspects of the patient's care where the physician can be of assistance to the attorney, among which are the following:

1. Determining the source and content of applicable medical records, for example in-patient records, out-patient records, emergency records, physician's office records, psychiatric records, nursing home records, home health services, among others.
2. Interpreting poorly legible records.
3. Explaining the meaning of abbreviations used in the records.
4. Interpreting the technical terms mentioned in the medical records.
5. Pronunciation of key medical words.
6. Reading of signatures by health care providers.
7. Identifying other physicians, and their involvement, whose names are mentioned in the records.
8. Listing and determining the indication for each type of medication prescribed to and used by the patient.
9. Understanding the significance of each diagnosis, new or old, and its prognosis.
10. Explaining terms of art that may not be recognizable to a non-physician.
11. Understanding of the medical techniques or processes used, such as how a neurological or orthopedic examination is performed.
12. Determining whether the physician based his/her opinion on evidence based medicine.
13. Explaining the nature of the illness, including diagnosis and prognosis, etc. and future needs for treatment.
14. Explaining if an injury occurred and the nature and extent of the injury.
15. Determining the expenses to support that treatment, as well as other needs that patient may have currently and in the future.



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Pickled Eggs

PHILIP MAGUIRE, MD

I wouldn't say I've spent a lot of time in bars. But in my younger days I was in a few Juke Joints, Honky Tonks, and Dive bars. Most of them were pretty consistent. They always had a selection of neon beer signs, a mirror behind the bar, and some cardboard advertisements from one kind of another – rodeos or dances. There would be a pool table and often a shuffle board.

These places tended to be dark and smelled of tobacco smoke. They usually had spin-top seats at the bar and wooden booths. Though the acoustics were awful, there was always the old juke box playing mostly country music in our part of the country. You'd find a lot of these places in Little Dixie.

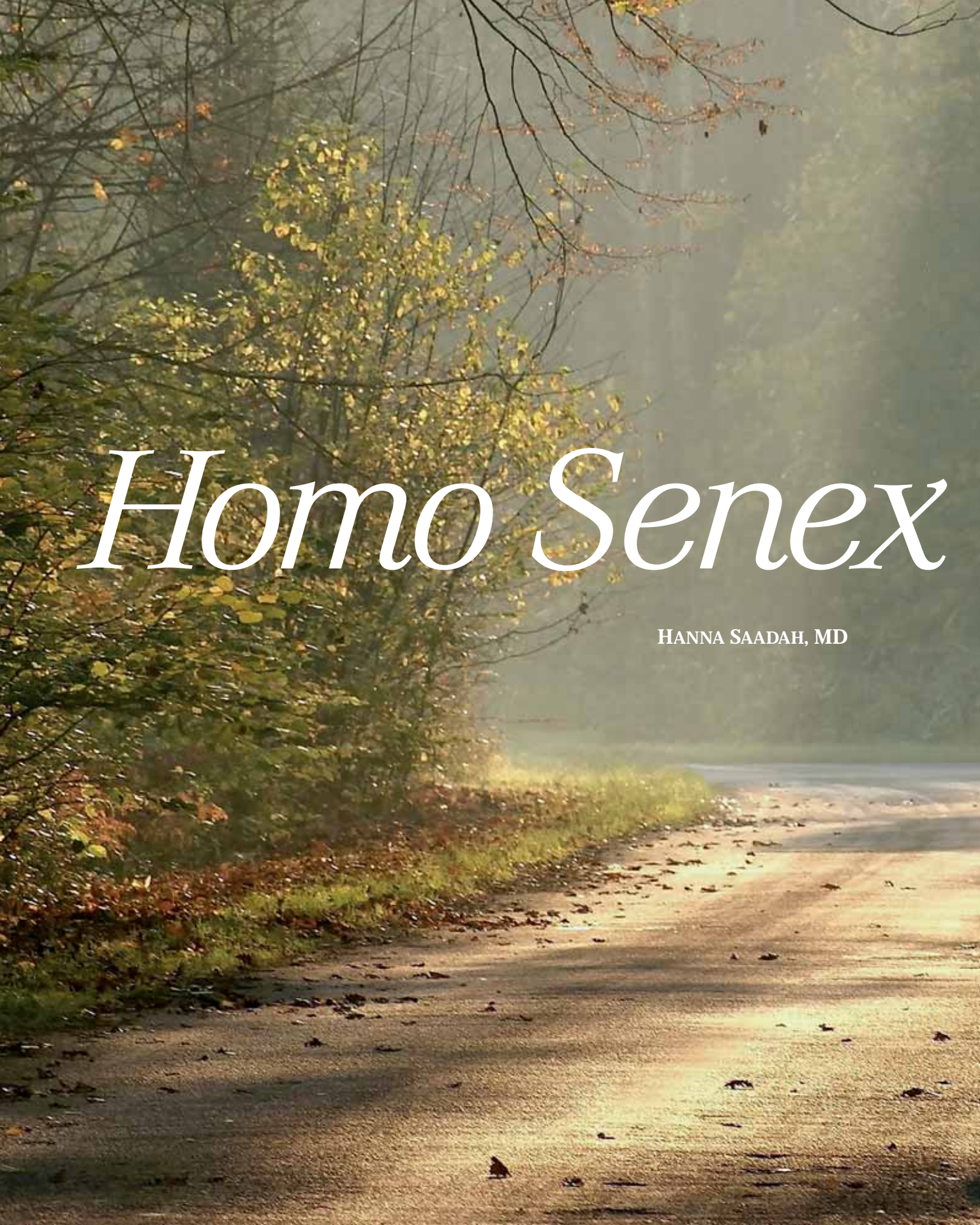
A friend told me a story about one Honky Tonk out west on Highway 66, across from Lake Overholser

which became overrun by a rough bikers crowd. The owner put only classical music in on the juke box and played it real loud. Pretty soon the biker gang hit the road.

These were beer joints, they didn't sell whiskey. You bought beer by the bottle or by draws. You could also buy pitchers. It seems there was always a guy sitting off by himself with his gimmie hat sipping his beer and not looking for company.

But the one thing I still think about in those bars is those huge jars of pickled boiled eggs. In all the times I was in one of those places I never, ever saw anyone eat or buy one. Who knows how long they had been in those jars. I have brought this up with other guys and occasionally one will say "Yeah, I saw someone eat one once." But I never did.





Homo Senex

HANNA SAADAH, MD

A silhouette of a man in a suit and hat walking on a path, using a cane, with a large 'A' overlaid on the image.

A

STUDENT GATHERINGS, his name, like the Concorde, would land and take off at supersonic speeds, for he was both feared and revered, not loved but respected, not affable but accessible, not arrogant but humbling, not a good lecturer but captivating, and not affectionate but a mighty healer. We all wanted to be like him but were afraid to become him. And although he never tried to intimidate us with his vast repertoire of knowledge, we could not help but feel intimidated because of the steep cliff between his lighthouse mind and our book-mired brains. That was how we all felt about Dr. Kingli when we graduated from our medical school nest and flew away to build our own nests in the sundry corners of earth.

Continues on page 22 ...



“Well, yes, but content, no.”

“How come, sir?”

“‘No memory of having starved, atones for later disregard, or keeps the end from being hard,’ said your Robert Frost.

“That’s doleful, sir. What happened?”

“After a lifetime of loyalty to this institution, I was discarded much like King Lear was,” he intoned. “Gratitude may be a virtue of individuals but it is not of institutions.”

“I am astonished, sir. You embodied this institution, and to many of us, you were the institution. Whatever went wrong?”

“Nothing went wrong. I lost my powers to age, as we all do, and when I became powerless, I also became worthless. I am naught but a childless widower, quietly aging alone, awaiting the sunset.”

With my head bowed under the heft of his words, I sank into a deep well of reflection and waited.

“Let us leave our melancholy to wallow alone in the mire of memories,” he smiled, “and let’s redirect our conversation toward other concerns.”

“What are your thoughts about early retirement, sir?” I asked, redirecting the conversation. “I often consider it when bureaucracy becomes unbearably burdensome.”

“You’re still too young to resort to retirement as a refuge from bureaucratic ills. Just wait and retirement will come to you one day, as it did me—but you must be prepared for it otherwise it will diminish you. ‘Age takes hold of us by surprise,’ said Goethe. Oh, how smug, how unprepared, and how unaware was I when age surprised me.”

I nodded, but more out of politeness than conviction. When he sensed my uncertainty, his eyes beamed with tenderness. Then, as if he could hear my thoughts, he whispered, “Do you ever think about old age?”

"I think about death, sir."

"But do you think about old age?" He persisted.

"I'm afraid not, sir. It seems too distant to be real."

"Indeed." He beat the ground with his cane. "Youth is taught about life, about disease, and about death but never about old age. We grow up thinking that old Homo sapiens are a different species, a Homo senex perhaps. In medical school, we should be taught more about aging so it will become real to us, and so that we can better prepare for it. Nothing surprises us when we're prepared; it is the surprise that bites."

In a quiet moment of contemplation, I gazed at the sea's whispering waves and at the unsurprised horizon, preparing to cradle the sun.

"What's the first thing you see in very old people?" he queried, cracking my reverie.

"Frailty, slowness, loss of form, loss of elegance, and loss of appeal," I replied.

"And what's the first emotion you experience?"

"Pity, sadness, and at times, revulsion."

"You prove my point. You've not been taught a thing about aging. If you had, you would have better

answers because you would view the Homo senex differently."

"How do you mean, sir?"

"Your eyes should be trained to see the very old, when they were young and beautiful, rather than old and pitiful. Go ahead; look at me now and try to see me, as once I was, a young, handsome medical student. Can you do that in your mind's eye? Can you reconstruct the bright young man out of this old relic?"

"It's hard, sir," I confessed.

"That's why we need to train medical students in the art of reconstruction and re-perception."

"And how do we do that, sir?"

"When you return to your medical work in Oklahoma, start by having your very old patients bring their wedding pictures to their appointments. Study their young pictures before you study their charts, ask them about their young lives before you inquire about their chronic symptoms, address the young person lurking inside of them before you address the old

Continues on page 24 ...

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HOMO SENEX *Continued from page 23 ...*

person they evince, and you will quickly discover that very young souls are still frolicking inside their frail, old bodies.”

“Has this method ever been tried, sir?”

“No, but why can’t you be the first to try it? ‘The tragedy of aging is not that one is old, but that one is young,’ said Oscar Wilde.”

“Is that really true, sir?”



“Indeed. Inside of me lurks a very young man, ready to devour life, but my old body censors it. Oh, how rejuvenated would I feel if I were to be re-perceived as young?”

Then, with brimming eyes, he turned his head away and asked, “Are you familiar with the work of Beauvoir?”

“No, sir. Who’s he?”

“Simone de Beauvoir, John Paul Sartre’s lifelong companion, wrote decisively about aging, but her work languishes in unread books. She made two discoveries which, if heeded, would brighten the tenebrous ancienthood of the Homo senex.”

“What did she discover, sir?”

“Her first discovery was that we do not experience old age from within but from without, because society sees old age as a shameful secret that is too unseemly to mention. ‘Old age is not discovered; it is imposed from the outside’ she contends.”

“Why isn’t she recognized for this amazing discovery, sir?”

“Because she admonishes us to spend more time saving people from old age than we spend saving them from death. Medically, we are trained to fight death, not to fight age, and that’s a major flaw.”

“What was her second discovery, sir?”

“That old age, rather than death, is what should be contrasted with life because old age is life’s parody whereas death transforms life into a destiny, preserving it by giving it the absolute dimension. ‘Death does away with time,’ she contends.”

He discoursed profusely about revitalizing old age by bringing its inner youth to the forefront. “We need to re-throne the dethroned King Lear in us and leave the affairs of the state to his eager progeny,” he announced, holding his staff erect as if it were a scepter.

When it was time to leave, I offered to walk him home.

“No, thank you,” he demurred. “I am awaiting the sunset. That’s my way of preparing myself,” he gleamed, “for I do not wish to be surprised again.”

In flight, on my way back to Oklahoma, the similarity between discarded batteries, which had suffused the world with light, and the very old among us, who had infused the world with life, helped me understand Simone de Beauvoir’s view of death as the absolute dimension that grants us our destinies.

My chance encounter with Dr. Kingli forever transformed me. Indeed, Ralph Waldo Emerson was correct when he said, “The chief event of life is the day in which we have encountered a mind that startled us.”



William Bullock, MD
1932-2017

James D. Funnell, MD
1930-2017

IN MEMORIAM



Ode to God at Thanksgiving and Christmas

GOD is not logical to us because our logic is not integrated enough to comprehend Him. The same is true of Love, which is far easier felt than understood.

Cruelty is man's anti-Christ; all that is cruel is primitive and all that is primitive has cruelty in it to the extent that it is primitive. Therefore, we can measure our primitiveness by measuring our cruelty and we can measure our enlightenment by measuring our kindness.

We can only reach God with our good and simple feelings. And man upon his troubled earth will not have peace until the day he sheds away his cruelty.

THE
POET'S
SPOT

I cannot reach You with my mind
How un-accessible You are
To thought so limited and blind
Whose feeble logic finds You far
How un-accessible You are.
But to my heart You are so clear
And to my noblest feelings, near
I touch You when I love and give
When I am meek, when I forgive
Oh, how accessible You are.
I feel You when my joy is deep
I touch Your hands where beauty lies
When I'm at peace I hear You sleep
When kind, I see Your smiling eyes
How gentle and serene You are.
But when I'm cruel, I stand alone
Love, mercy, beauty, joy, and peace
With You depart and leave my heart
Un-gladdened, anguished, hard like stone
What pure and tender love You are.
Help me become simple again
With fewer needs as if a child
Let love, faith, and gentleness reign
And tame my fears and keep me mild
How kind and forgiving You are.

HANNA SADDAAH, MD



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DIRECTOR'S DIALOGUE

WHAT HAPPENED?!!!!

Where did this year go? It was halfway over before I realized it! I first looked forward to spring and the reawakening of the garden. Then it was the anticipation of summer with family vacations and lazy Sunday afternoons. With the arrival of fall, that meant football, with warm days and cool nights. Now, the winter season is knocking on the door, and it seems as if 2017 is ending almost too soon.

2017 was a good year for the Society, and that is because it has strong leadership. Dr. David Holden has been the type of leader best described by Gen. Douglas MacArthur, "A true leader has the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. He does not set out to be a leader, but becomes one by the equality of his actions and the integrity of his intent." Add to Dr. Holden's leadership abilities those of the Board of Directors. This group has continued to devote its time and talents to the future of this organization. Congratulations to each of you for a year that has included the development of the Physician Wellness Program, which will give fellow physicians a helping hand in a time of need.

The Society has a talented staff. 2017 was a happy year for Alison Williams who became Alison Fink in September. It was a beautiful wedding and a fun reception – especially when Rumble, the Thunder mascot, arrived! Alison and Eldona make my job as Executive Director easier by being incredibly good at what they do. I have always adhered to the belief to hire employees who are smarter than I am and who are talented in the areas where I am lacking – they are both!

Thanksgiving and Christmas are fast approaching. These holidays typically elicit in us memories of the past celebrations, and Alison has agreed to recite one of her favorite stories of Christmas past below:

One especially cold Christmas morning, when I was about 5 years old, we arrived at my grandparents' house



BY JANA TIMBERLAKE,
EXECUTIVE DIRECTOR

for lunch. My grandfather excitedly greeted us and told my brother and I that he had a big surprise for all the kids. Once my cousins arrived, he led us out to the barn and told us to be very quiet and speak softly, a sly smile on his face. When we went around the corner of the barn, a bright light was emitting heat, so much that we could take off our gloves and mittens. Under the light was a tiny, new, fresh Hereford calf laying in the hay. It was if Jesus was there himself in the manger. As soon as I saw its white face and floppy ears, I squealed and ran to hug the calf, collapsing in the hay in the process, cuddling with the giant animal. My brother and cousins soon followed, elated with excitement while trying to keep quiet. The little calf was startled, but soon began to enjoy the attention, especially the petting. "It's the best Christmas present ever!" said one of my cousins excitedly as he threw hay in the air and my grandfather chuckled with laughter. Indeed, it was.

As you gather with your families and good friends to share a meal during this holiday season, I ask you to think on this quote by Jacqueline Winspear:

"Grace isn't a little prayer you chant before receiving a meal. It's a way to live."

Wishing you and yours a season filled with grace.

Jana Timberlake, Executive Director



Pediatric Obesity Management in Primary Care

WEBINAR SERIES



The **Oklahoma State Medical Association (OSMA)** and **OU Medicine** are pleased to offer a free training series developed to improve the quality of pediatric obesity management in primary care.

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- 2) Implement evidence-based guidelines for obesity management in primary care
- 3) Incorporate motivational interviewing and targeted dietary strategies to prevent and address obesity in your practice
- 4) Identify resources available for pediatric obesity management in primary care



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Practical Nutrition Tips: Katy Soper, MS, RD/LD

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Polycystic Ovarian Syndrome In Adolescents: Kelly Curran, MD

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