BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY
NOVEMBER, 2010

THE BULLETIN
The Oklahoma County Medical Society

November, 2010 – Vol. 83, No 5

A Monthly Publication
Circulation 1500

Oklahoma City, OK 73105-1830
313 N.E. 50th Street, Suite 2
Phone (405) 702-0500

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About The Cover

The picture on the cover of The Bulletin this month is titled "The Family" by artist Suzanne Peck. It was used by Planned Parenthood of Central Oklahoma for their awards which included the 2010 Rod Frates Choice Award, whose recipient was Rev. Canon Carol Hampton, my wife of fifty-two years. Suzanne Peck graduated from SMU in Dallas, TX, with a BA in Art History and minor in Studio Art. She studied in Madrid, Spain and London, England before relocating to Los Angeles where she worked in the film industry. In 1994 she returned to Oklahoma City and opened a studio that was destroyed with the bombing in downtown Oklahoma City. She relocated her studio to 9110 N. Western at Britton Road. To see more of her paintings, visit her website at WWW.SUZANNEPECKARTIST.COM. We are grateful to her and Planned Parenthood for the use of the painting. ❑

The Editor

ELECTION OF OFFICERS

The election for OCMS officers will be conducted at the Annual Meeting on Monday, November 15, 2010. They will assume office in January, 2011 and will serve for one year. Nominees are Tomás Owens, President-Elect; Thomas H. Flesher, III, Vice President; and Julie Strebel Hager, Secretary-Treasurer. The winners of the election for board members will also be announced at the meeting. The evening will begin with a reception at 6:00 p.m., dinner will be served at 6:30 p.m., and the program will start around 7:00 p.m. It will be in the OSMA building at 313 N.E. 50th Street. Watch your mail for further details but mark your calendar now to save the date. ❑

In Memoriam

Bill J. Reynolds, MD
1922 – 2010

Saunders J. Thompson, MD
1926 - 2010

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President's Page

Larry A. Bookman, MD

I am sure many of you, like me, are glad the elections are finally over and the campaign ads and signs are a memory of the past, or soon will be. In past elections, physicians would talk in the halls and lounges, but typically were not involved in politics. They were too involved in their practices and personal lives. As I have stated in prior President's pages, "times have changed." The world of politics has engulfed us all. We are no longer immune from the rhetoric the politicians fill the airwaves with and the laws and reforms they support affect every healthcare provider, whether physician, nurse or hospital employee. We can no longer play the "ostrich game" and stick our heads in the sand and expect everything to be alright. Some of our peers have spent countless hours working on our behalf in the legislative process. Dr. Jack Beller has been the chairman of OMPAC, the OSMA political action committee, for several years. The purpose of the committee is to promote improvement in government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs. They try to educate the physician on the important political issues and the records of office-holders and candidates. In so doing, we become a more effective political action group. They monitor the myriad health-related bills that are proposed annually in the state legislature and inform the leadership, both state and county, when a proposed piece of legislation would have a negative impact on the physicians of Oklahoma. They lead the effort to mobilize the physicians into a cohesive and effective political action group. This was most evident this past year when the Board of Pharmacy passed a rule that would have allowed pharmacists to alter prescriptions and treatment protocols without physician supervision. Under

state law, boards are allowed to pass such rules, which can then become laws without the vote of the people. This rule change was eventually withdrawn by the Pharmacy Board after much work by the OSMA lobbying team and grassroots efforts by both the OSMA and OCMS. Such "scope of practice" rules would go unnoticed if not for the involvement in the political process.

Another important change in the political landscape during the 2009 legislative session was passage of the first meaningful tort reform in recent history. Due in large part to the efforts of Dr. Don Murray and Dr. Eli Reshef, both key members of the Oklahoma County Medical Society, the governor signed HB 1603 into law. This requires certificate of merit in all professional negligence cases and places a $400,000 cap on noneconomic damages. It also limits joint and several liability to only those defendants more than 50 percent at fault. The legislature and the governor also agreed to provide $3 million in state general revenue (not by taxing physicians) to support the indemnity fund. While funding for this important piece of legislation occurred too late in the session and was, therefore, declared unconstitutional, there are high hopes for the 2010 session to provide the funding and possibly entertain further legislation to strengthen tort reform and make practicing medicine in Oklahoma more acceptable.

It is important for all of us to understand the political positions of our elected leaders, and hold them to the promises they made. If we don't remain involved and informed, we have no one to blame but ourselves as legislation is proposed and possibly passed that is unfavorable to medicine and physicians. The OCMS has started a new program this year, the Leadership Academy, which will teach its participants about the legislative process as well as how to get involved in politics if they desire. It will have multiple meetings to teach how to be a leader both in the community, and in medicine. Training today our leaders of tomorrow is important to OCMS and will help to keep us all informed and involved.

As this is the month to give "thanks," I wish all of you a very Happy Thanksgiving. I hope you and your family are together and healthy during the upcoming holiday season. ❑

Dean's Page

M. DEWAYNE ANDREWS, MD
Executive Dean
University of Oklahoma College of Medicine

Having a child or spouse in medical school can be confusing and even anxiety provoking to the student's family members who have little or no previous connection with medical education. Each year we conduct "Family Day" as our way to help demystify what medical school is like for the parents or spouses of our new first year students. This is a program that we have been putting on annually in the early fall for more than a decade. Family Day is planned in conjunction with the students themselves. Organized to cover the topics of highest interest, the event takes place during several hours on a Saturday morning with students bringing parents and/or spouses with them.

A tour of the Basic Sciences Education Building and its facilities gives family members a better understanding of the student "module" system and the learning environment in which the students will spend a lot of their time during the first two years of medical school. Most family members find the tour of the Clinical Skills Education and Testing Center one of the most interesting aspects of the day's activities, since the CSETC is fascinating with its array of sophisticated models, simulation technologies, and computerized assessment. Following the facilities tours, the class members and their guests assemble for a more formal program. A demographic profile of the class is given to the families. The Dean gives an overview of the College of Medicine, discusses the transition from college to medical school, and describes in general terms the education and training that the students will experience. The associate deans for student affairs and academic affairs provide an overview of student life and student services and depict how the curriculum is constructed for all four years. Two of the class's favorite faculty members present five-minute "mini-lectures" on

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basic science topics, and the entire group enjoys the fun of taking a short quiz using our electronic audience response system that displays the percentage of the audience choosing each possible answer. Family Day is a pleasant experience for all concerned. We believe that it creates a stronger understanding and bond between students and families for sustaining the rigors of medical school.

Other news of interest: The search process continues for chairman of the Department of Microbiology & Immunology with candidate first interviews taking place through early fall. The implementation of the new organ-system based preclinical curriculum (Curriculum 2010) that began with this year's incoming first year class has been highly successful so far. Students report significant satisfaction with the new organization and structure. The Admissions Board is hard at work again, and we are anticipating another banner year of highly qualified applicants. We continue to be challenged by budgetary issues especially with the component of the budget represented by state appropriations. In my next column I will provide an overview of our budget and sources of operational funds for the College of Medicine. And finally, I hope each of you has a wonderful Thanksgiving holiday later this month. ❑

Quality Ratings Rob Poor?

Reuters Health recently reported that researchers at Massachusetts General Hospital-Boston have documented another result of the law of unintended consequences: physicians with the best ratings have fewer minority patients and fewer without insurance and or with Medicaid coverage.

Reviewing records of 125,000 patients, researchers rated the care they received based on several screening tests and ranked the physicians in a low-, medium- or high-quality tier. The results? Adjusting ratings for patient characteristics, more than a third of the 162 physicians changed category. Those results were particularly glaring for physicians working in community health centers and caring for minority patients.

The study is published in the September 8, 2010 issue of JAMA. ❑

What Time is the 3:00 Parade?

Andrew C. Gin, MD

The most common question asked at Disney theme parks is "Where is the restroom?" The second most common question is "What time is the 3:00 parade?" What answers – sarcastic and otherwise – can you hear in your head?

The reason a well thought out response is needed is that the Disney organization knows its reputation rests on how high school and college age kids answer questions from guests. For example, instead of "Duh, it's at 3:00 (dummy)," consider "It's at 3:00 and if you stand over there at 2:45 that will give you a great view since that is where the parade begins."

The Disney Institute for Quality Service presentation points out that every organization has "3:00 parade" questions. If employees are not equipped with well thought out answers, the answers may hurt your patient-staff-doctor interactions.

Common 3:00 parade questions in the medical office are: *Do I have to pay my co-pay now? How long will I have to wait? When will I know what's wrong?*

Disney suggests having your staff generate a list of 3:00 parade questions, then give consideration as to how to answer them, and finally share the answers with all your staff to unify desired behavior.

This was just one of many practical tips presented at the Disney Institute seminar for Quality Service for Healthcare Professionals held at Oklahoma City University's Meinders School of Business. Oklahoma County Medical Society co-sponsored the August 2010 event.

The Disney Institute and OCU-Meinders School of Business are planning to return with more of their unique programs. Your OCMS leadership will keep you informed as to these practice improvement opportunities. ❑

Be master of your petty annoyances and conserve your energies
for the big worthwhile things.
It isn't the mountain ahead that wears you out –
it's the grain of sand in your shoe.

Robert Service

Pearl of the Month

Donald C. Brown, MD

Kern's Triad Revisited

Pearls to Avoid a Breast Cancer Malpractice Suit

Breast cancer is the leading cause of cancer deaths among women worldwide, with 500,000 annual deaths reported by the WHO. In the United States there will be an estimated 207,900 newly diagnosed breast cancers and 38,840 deaths in 2010. Breast cancer is the second cause of cancer-related deaths in the U.S. and 12.7 percent of women will be diagnosed with breast cancer at some point during their lifetime.

Unfortunately, misdiagnosis of breast cancer has become a legal minefield leading to increased professional liability litigation. Failing to detect breast cancer is among the top three law-suit causing diagnostic errors made by family practitioners, internists, obstetrician-gynecologists, general surgeons, and radiologists. In 1998, Dr. Kenneth Kern described a "Triad of Error" that leads to a majority of malpractice suits. The triad was: 1) self-discovered lump, 2) young patient, 3) negative mammogram. Dr. Kern alluded to a "deconstruction of the breast cancer litigation problem" by warning physicians not to "label their patients as having a benign condition unless you have better evidence." The 2009 widely publicized recommendations of the U.S. Preventive Services Task Force based on a cost effective, evidence based model may have inadvertently increased the risk of litigation by inadvertently increasing the number of undetected breast cancers in the younger age (<50) group. Diagnosing breast cancer in its

earliest stages is the most effective way to reduce litigation, as well as morbidity and mortality for our patients. The American Cancer Society Guidelines have not significantly changed and are evidence based. The current ACS guidelines are: annual mammograms that begin at age 40, continue monthly self exams, and breast MRI screening if you are high risk for breast cancer.

Self-Breast Exams

Teaching self-breast exam has not been shown to be clinically effective and about 25 percent of breast cancers become detectable between screenings. Formal programs to teach self-breast exams are linked to more office visits and more biopsies, but no increased detections. Most patients are actually very good at finding breast lumps with or without formal training. Continue to make breast exams a part of your annual physical and encourage patients to come in immediately if they notice an abnormality.

Screening Mammograms

The majority of women who develop breast cancer have NO identifiable risk factors. This makes screening mammography more important than ever as a basis to start the process. Digital mammography can detect up to 90 percent of breast cancer in women with "low breast density" (breasts with a lot of fatty tissue). The detection rate can drop to as low as 50-70 percent in women with dense breasts (less fatty tissue and more fibrous tissue). By adding ultrasound to mammography the detection rate will increase to 90 percent regardless of the breast density.

High-Risk Screening

Hereditary breast and ovarian cancer syndrome is an inherited condition that causes an increase risk for early onset breast cancer, often before age 50. The vast majority of hereditary breast and ovarian cancer is due to an alteration or mutation in either the BRAC1 or BRAC2 genes. These mutations can be inherited from either parent. Obtain a personal /family history and offer genetic screening or counseling to patients with any of the risk factors: breast cancer before age 50, breast cancer in two or more relatives, bilateral breast cancer, breast cancer at any age in individuals of Ashkenazi Jewish descent, male breast cancer, both breast and ovarian cancer, ovarian cancer, and a previously identified BRCA mutation. The BRCA test kits are available to offices and can be done on saliva or blood. DiaGenic ASA in Europe has developed

a screening blood test (BCTect) for breast cancer but it is not commercially available in the U.S.

Breast MRI

This is an excellent tool to evaluate patients if questions still remain after the combination of mammography and ultrasound. It is also useful for silicone implants, and the FDA recommends MRI after three years, then every two years thereafter. It is also recommended in new breast cancer diagnosis and follow up post breast cancer treatment. Yearly breast MRI beginning at age 30 is now recommended by the American Cancer Society in women with 1) positive BRCA or first degree relative of a known BRCA mutation carrier, 2) documented history of genetic breast cancer, 3) past history of chest irradiation for Hodgkin's between ages 10 and 30, 4) have been calculated to have a 20-25 percent lifetime risk to develop breast cancer using standard models. MRI is expensive and frequently not covered by insurers, so clearly document the indications for ordering one.

In conclusion, Nancy G. Brinker, founder and CEO of Susan G. Komen for the Cure has these words of wisdom, "In an ideal world, a woman would get a blood test or another very simple test that would already detect the cancer in its earliest stages. Women have a right to know what is going on with their bodies and make decisions about what to do about it, and that starts with early detection. Any decision about what's necessary or unnecessary should be completely up to the women and her health care provider." ❑

Dr. Brown, an OBG, is a member of the OCMS Editorial Board

Medical Tourism Surges

Medical tourism is increasing rapidly and is projected to grow even more. Recent announcements: (1) The Taiwan Land Development Corp. plans to build three healthcare villages in Hualien, Kiment and Hsinchu; (2) the Philippines Department of Health pledged to develop new facilities in Samal in Davao del Norte. Increasing costs in patients' homelands are driving the development – even patients from Mainland China are going to Taiwan for care. The cost of care in Colombia is about one-seventh the cost in the U.S. or Europe; in Mexico, the rate is about 60 percent less than in the U.S. The Mexican government projects medical-seeking visitors will reach 650,000 annually by 2020. ❑

On Professionalism

A Tale of Quackery, Diet, and A Fertility Medication

Eli Reshef, MD

What died in the 1950's, revived by a charlatan, landed Manny Ramirez in hot water, and is currently prescribed by health care professionals all over the U.S. as the "hottest" treatment for obesity? Human Chorionic Gonadotropin (HCG), a fertlity medication, and the HCG diet. HCG is prescribed for infertility treatment in women to promote ovulation and in men with low pituitary hormones to increase testosterone and sperm counts. It is also used illegally for doping in sports to increase endogenous testosterone production to replace synthetic androgenic steroids detectable during urine drug testing. In 1954, Dr. ATW Simeons, a British enocrinologist, wrote an article[1] which he later published as a book called "Pounds and Inches" [2], describing a semi-starvation 500 calories-a-day diet augmented by low-dose daily HCG injections. He claimed that the HCG helped specific fat tissue loss in the hips, abdomen, and thighs. Long after Simeons' death, his pseudo-scientifc diet regimen became all the rage in the U.S., with at least 80 clinics in California alone treating thousands of patients. When reports that part-time doctors were offered as much as $100,000 to simply write HCG prescriptions, the medical profession finally took notice.

In 1974, the Journal of American Medical Association warned against the potential hazards and lack of effect of the Simeons diet[3]. In 1974, the Food and Drug Administration imposed a warning label on HCG against its use in diet plans. Canada went even farther by warning that HCG use in diets "borders with malpractice." In 1976, the FTC ordered clinics and promoters of the Simeons Diet and HCG to cease making false claims about the effectiveness of HCG for weight loss, after several research trials disproved any benefit for HCG over placebo[4,5]. Later studies further refuted any benefit to HCG. Case closed? Not so fast…

Enter Kevin Trudeau, an author, salesman, self-proclaimed alternative medicine advocate, and felon. He is known for his many television infomercials as well as several best-sellers,

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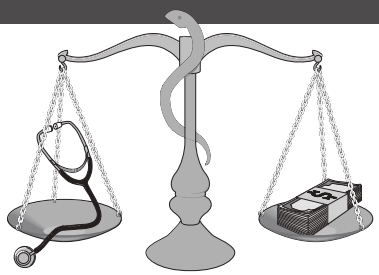

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including *"Natural Cures "They" Don't Want You to Know About"* [6] and *"The Weight Loss Cure "'They" Don't Want You to Know About."* [7] Convicted for fraud and larceny in the early 1990's and as late as 2007, and repeatedly sued and fined by the FTC, Trudeau nevertheless revived the Simeons diet until it became a current rage.

I contacted several physicians and compounding pharmacies in Oklahoma about prescribing and distributing HCG for weight loss. All were dispensing HCG and none were aware of the origin and history of the diet. The Web is replete with testimonials about the wonders of the HCG diet and advice about obtaining the drug on the Internet. For several months, patients undergoing legitimate HCG treatment for infertility could not obtain the medication because of a rush on pharmacies by patients and weight loss clinics. The price of HCG has increased substantially. Essentially, then, healthcare professionals who prescribe this diet indirectly (and unknowingly) harm other patients.

What harm can the diet itself cause? HCG in such sub-therapeutic doses is unlikely to be effective or harmful. A 500-calories diet, especially if unmonitored, is essentially a starvation

diet that may cause protein depletion from vital organs. Weight loss occurs, as it does with any calorie-restriction diet, independent of HCG effect. Most patients are likely to gain weight back, as is the case with almost 90 percent of patients on any fad diet, unless they drastically alter their eating habits and physical activity. While patients have the right to hurt themselves, health care professionals must not collaborate, knowingly or not, in such efforts. If we, as physicians, fail to educate ourselves about the treatments we prescribe, we are likely to repeat the mistakes of the past and violate the *First Do No Harm* principle that is the central tenet of our mission. Hiding behind statements like "Well, it is worthwhile for patients to lose weight even if the HCG acts merely as a placebo" is not good medicine. To be complicit with an unproven, expensive, and potentially dangerous therapy constitutes a violation of clinical and ethical principles and moves the health care profession in a downwards spiral into Mr. Trudeau's territory. ❑

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Eli Reshef, MD is a board-certified Reproductive Endocrinologist in Oklahoma City.

The Healing Art of Medicine and the Art of Wine Making

Gary F. Strebel, MD

The art of making wine goes back to the beginning of time and is certainly biblical, with the greatest healer of all, Jesus, turning water into wine. The use of wine and the making of wine are found in passages throughout the Bible in referencing healing and providing sustenance. We, as doctors, tell our patients a glass of red wine a day is good for their heart so we, too, use it in the healing process. For me, the making of wine is, in itself, a method of healing by providing an outlet that allows me to give pleasure to others and gain so much enjoyment for myself.

I started making wine about 14 years ago when a friend showed me how to prune old grapevines that had been on our property for over 30 years. Those old vines produced enough grapes that – even sacrificing a feast to the the birds and raccoons – there were enough left to make 11 bottles of wine … which we called "Mystery Wine." Without telling my friends I had made it, I served it to them and most thought it was pretty good … in fact, it was picked as the favorite of the evening. I decided if I could make wine that was "pretty good" without knowing much, I could learn the art of wine making with study and make an even better product. Thus began my winemaking hobby.

Initially, I flew grapes or grape juice in from California and made wine in the kitchen. After a couple of years, I was making so much that Sherry, my wife, ran me out of the kitchen so I built a small building with an all important cool room so I could continue this hobby. Around 1996, I planted wine grapes because, at that time, not many were available in Oklahoma. As with many hobbies, mine grew until I was making more wine than we could drink or give away to friends. Plus, the expense involved was pretty large. So … about five years ago, we went through the process to become commercial so we could sell wine. Strebel Creek Vineyard opened its doors on July 12, 2007.

The most important factor in making wine involves obtaining good grapes. Only three things in the grape or grape juice can be measured to determine what the final product might be. They are the pH, the titratable acids, and the Brix or sugar content. These vary depending upon the weather, and when they get as ideal as

they can get due to the weather, the grapes are ready to be picked. After picking, they are immediately put through a crusher/destemmer, which separates most of the stem from the grapes, the seeds, the juice, etc. If making a white wine, add potassium metasbisulfite to the juice to retard the natural yeast found on all grape skins. Then, press the juice from the skins, seeds, and stems; inoculate the juice with a pure culture of a yeast that works well with that variety of grape. White wine is generally fermented cooler than red wine. It takes anywhere from 10 days to three weeks to complete primary fermentation, and it can be done in an open container. Once the yeast has converted 90 percent of the sugar to alcohol, a secondary fermentation must be done to insure the wine does not oxidize. This is done by putting the wine into a closed container with some type of airlock so that oxygen cannot oxidize the wine. The secondary fermentation continues until all of the sugar is converted to alcohol. The yeast then dies and settles to the bottom. Once that occurs, the clear product – the wine – is "racked" off, and you decide if any additional treatment is needed before bottling this wine.

In making red wine, follow the same steps, checking the same factors, but after the grapes are put through the crusher/destemmer, ferment the juice in contact with the red skin of the grapes. It is from the skin that the color is extracted. Usually, red wine is fermented at a warmer temperature and takes anywhere from six days to two weeks to complete the primary fermentation. Again, when 90 percent of the alcohol has been converted, press the juice from the skins, seeds, and stems. The red juice is then taken through secondary fermentation using an airlock like the one used in making white wine. The red wine then finishes fermentation and, again, once the sugar has been depleted, the yeast drops to the bottom of the container and the wine is siphoned off, a process known as racking the wine. Because red wine gets better with aging, it is put into oak barrels or steel containers to allow it to age and develop into a mature wine.

This is the process of wine making. I've always said one has to be a farmer, a little bit of a chemist, and mostly lucky to make good wine. In my case, I have made some really good wine but have also made some bad wine. I've poured out many gallons of wine I considered undrinkable but, over the years, my wine has

greatly improved. I feel really fortunate when I produce a wine that makes people say, "Wow! This is better than I expected it to be."

We have Oklahoma City's first commercial winery, Strebel Creek Vineyard, located at 11521 N. MacArthur. We're open on Friday afternoon, all day Saturday, and Sunday afternoons. I can truly say I enjoy both the practice of medicine that I have done for 40 years and the art of wine making, which is my newest undertaking. ❑

We may lay in a stock of pleasures,
as we would lay in a stock of wine;
but if we defer tasting them too long,
we shall find that both are soured by age.
Charles Caleb Colton

New Members

Robert B. Barriger, MD
(RO)
5901 W. Memorial Rd.
University of Indiana 2005

David P. Ellis, MD
(AN Pain Management)
701 NE 10th St.
University of Oklahoma 1981

David L. Gordon, MD
(N)
711 S.L. Young Blvd., #215
University of Miami
School of Medicine 1985

Miles C. Langmacher, MD
(IM)
4401 S. Western Ave.
Georgetown University 1998

Michelle L. E. Powers, MD
(PTH HEM)
1000 N. Lee
Baylor College of Medicine
2005

Thomas A. Showalter, III, DO
(ON IM)
5911 W. Memorial Rd.
OSU College of Osteopathic
Medicine 2005

Caple A. Spence, MD
(NS)
8121 National Ave., #210
Mount Sinai School of
Medicine 1995

Qualls E. Stevens, DO
(NS)
238 N. Midwest Blvd., #201
New York College of
Osteopathic Medicine 2002

Verapan Vongthavaravat, MD
(GE IM)
4200 W. Memorial Rd., #612
Mahidol Univ-Siriraj Hosp, Fac of Med
Bangkok, Thailand 1991

Ashley E. Weedn, MD
(PD)
1200 N. Phillips, #12400
University of Oklahoma 2005

Discontinuation of Ventilator Support, Hydration and Nutrition

Compiled by S. Sandy Sanbar, MD, PhD, JD

Competent adults have the right to refuse any medical treatment, including life-sustaining treatment. Competent adults can execute an advance directive stating their wishes and designate a person to act on their behalf. Physicians (and health care institutions) can honor these wishes. Incompetent adults retain an interest in self-determination. If a patient's desires cannot be ascertained, then treatment decisions should be based on the patient's best interests. States can identify the level of proof (generally clear and convincing) required to ascertain a person's actual wishes when competent to effectuate those wishes when incompetent. Some difference exists in statutes and state court decisions regarding different forms of life-sustaining treatment: ventilator support, nutrition and hydration support.

In re Quinlan:[1] Karen Ann Quinlan ceased breathing, became comatose, then developed symptoms of a Persistent Vegetative State (PVS). She was intubated and fed via a nasogastric tube for years. Quinlan's father asked to be appointed guardian of his adult unmarried daughter. He stated his intent to cease all extraordinary medical procedures (ventilator support). The Trial Court refused. In reversing, the N.J. Supreme Court held that a competent adult has a constitutional right to privacy that allows him/her to refuse life-sustaining medical care and a guardian can assert that right on his/her behalf. Quinlan's father was an appropriate guardian. The court relied on the substituted judgment of a surrogate decision-maker. No civil or criminal liability if guardian agreed to the withdrawal and a hospital ethics committee confirmed there is no reasonable possibility of her recovering a cognitive, sapient state.

Cruzan v Director, Missouri Dept. of Health:[2] Nancy Cruzan had an auto accident that led to transient cessation of cardiac

1 355 A.2d 647 (N.J. 1976)

2 497 U.S. 261 (1990)

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and respiratory functions and cerebral contusions. She became comatose and evolved to a PVS. For years, nutrition and hydration were provided via a nasogastric tube. Cruzan's parents asked the hospital to terminate food and water. The hospital refused without a court order. The parents obtained such approval from a state trial court. The trial court held that substantive due process gives a competent person a federal constitutional right to refuse "death-prolonging procedures." Also Cruzan had effectively exercised that right when she told a friend years earlier that "if sick or injured, she would not want to continue her life unless she could live at least half way normally."

The Missouri Supreme Court[3] reversed. It held "no person can assume that choice for an incompetent in the absence of the formalities required under Missouri's Living Will statutes" or the "clear and convincing inherently reliable evidence absent here."

The U.S. Supreme Court[4] recognized a substantive due process liberty interest under the 14th Amendment to refuse medical treatment including refusing nutrition and hydration in the manner Cruzan received them.

***In re Schiavo*[5]:** In 1990, Terri Schiavo had a cardiac arrest and fell into a PVS. A state court appointed her husband as guardian. In 1998, he petitioned the court to decide whether to discontinue the tube feeding. A conflict arose between the husband and Schiavo's parents – the latter objected to ceasing nutritional and hydration support. In 2003, a Florida state judge found that there was clear and convincing evidence that Schiavo was in a PVS and that, if she could make her own decision she would choose to discontinue life-prolonging procedures. An appeals court affirmed the lower court's decision and the Florida Supreme Court declined to review it.

The parents sought and obtained state legislative authority to require reinsertion of the feeding tube. The law (2003-418) known as "Terri's Law" was signed by Governor Bush. In 2004, the Florida Supreme Court ruled it was unconstitutional since it violated the separation of powers. A law that permits the executive to interfere

[3]760 S.W.2d 408 (Mo.1988)
[4]CRUZAN v. DIRECTOR, MDH, 497 U.S. 261 (1990). 497 U.S. 261.
[5]851 So. 2d 182 (Fla App.2003)

with the final judicial interpretation in a case is an invasion of the authority of the judicial branch. In 2005, The U.S. Supreme Court refused to hear an appeal brought by Governor Bush. The trial judge again ordered the tube removed. The parents again sought further judicial review. The trial and appellate courts refused to reopen the case. New legislation was passed by the Florida House but the Senate refused to agree noting it would again be found to be unconstitutional. The parents (and the Right to Life Lobby) then sought congressional relief. Congress passed P.L.109-3. This gave the Middle District of Florida jurisdiction to hear, determine, and render judgment on a suit or claim by or on behalf of Schiavo for the alleged violation of any right of Schiavo under the Constitution or laws of the U.S. relating to the withholding or withdrawal of food, fluids, or medical treatment necessary to sustain her life.

The parents filed a lawsuit under P.L.109-3 asking for a TRO requiring resumption of nutrition and hydration. The District Court denied the TRO. It also found no basis to sustain the parents' substantive or procedural due process claims under the 14th Amendment. The Eleventh Circuit agreed the P.L.109-3 did not alter the established rules under the Federal Rule for Civil

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Patients Prefer Home Hospice

A study recently published in the *Journal of Clinical Oncology* reported that cancer patients who die at home with hospice care experience a better quality of life than those who die in a hospital or intensive care unit. Bereaved caregivers at hospitals or ICUs are also more likely to experience post-traumatic stress disorder, according to *HealthDay News*. On a scale of 0 to 10, 0 being the worst, patients at home with hospice care rated their quality of life at 7.3 and 6.6; those in a hospital or ICU rated their QoL at 5.3 and 5.0. Patients in home hospice care rated their physical comfort level at 6.6 – the highest - while ICU patients gave the lowest rating of 3.6. The reports were summarized by FierceHealthcare online. ❑

All of us can use a new look every now and then! Sometimes a new hair style or an updated suit of clothes can make a person feel renewed and positive in her outlook about herself.

Our Alliance's "look" has been through such a makeover for the same reasons.

We are proud to reveal our new business "identity," the terrific new "wordmark" logo above – designed especially to communicate information about who we are with just a glance.

A big thank you to Jessica Hopkins at Jessica Hopkins Designs for her work on our behalf. A local artist, Jessica is a recent graduate of OU's rigorous Visual Communications program and already has clients all over the country (including Apple) seeking her talents. Best of all, Jessica is an active member of our Medical Student Spouse Alliance, (husband Jeff is a 2nd year medical student at OU) so she really has a heart and an understanding for our mission!

After designing our business identity, Jessica went right to work building our new Website, and we are pleased to announce that it was launched at the beginning of September. The success of this Website has already surpassed the goals we had hoped for during its first year of operation, and it's only been up a short while!

In the first 30 days alone, our Website had almost 2,000 hits. Most of the people who visited the site wanted to see our "About Us" page and our "Calendar of Events." Many members chose to pay their dues online through our PayPal account, or signed up to volunteer for the October 17th Kitchen Tour. Lots of new visitors came to the site through our group's Facebook page, which was launched concurrently to guide interested visitors back to our Website.

And as the Website content continues to grow, so will its popularity and functionality. We will be adding historical information and an "e-archive" of key photographs in the "About Us" section for visitors to appreciate how far we have come in our 85 years of existence.

We will be adding a biographical Member Spotlight that features "members you should get to know." Our newly-formed Care & Recognition Team will begin utilizing the site to keep members and friends connected in meaningful ways. We will also add a quarterly column on legislative updates and issues of physician advocacy from both state and national perspectives.

Because of the dynamic design of this site, prospective members, friends and visitors will always be able to see the latest thing happening

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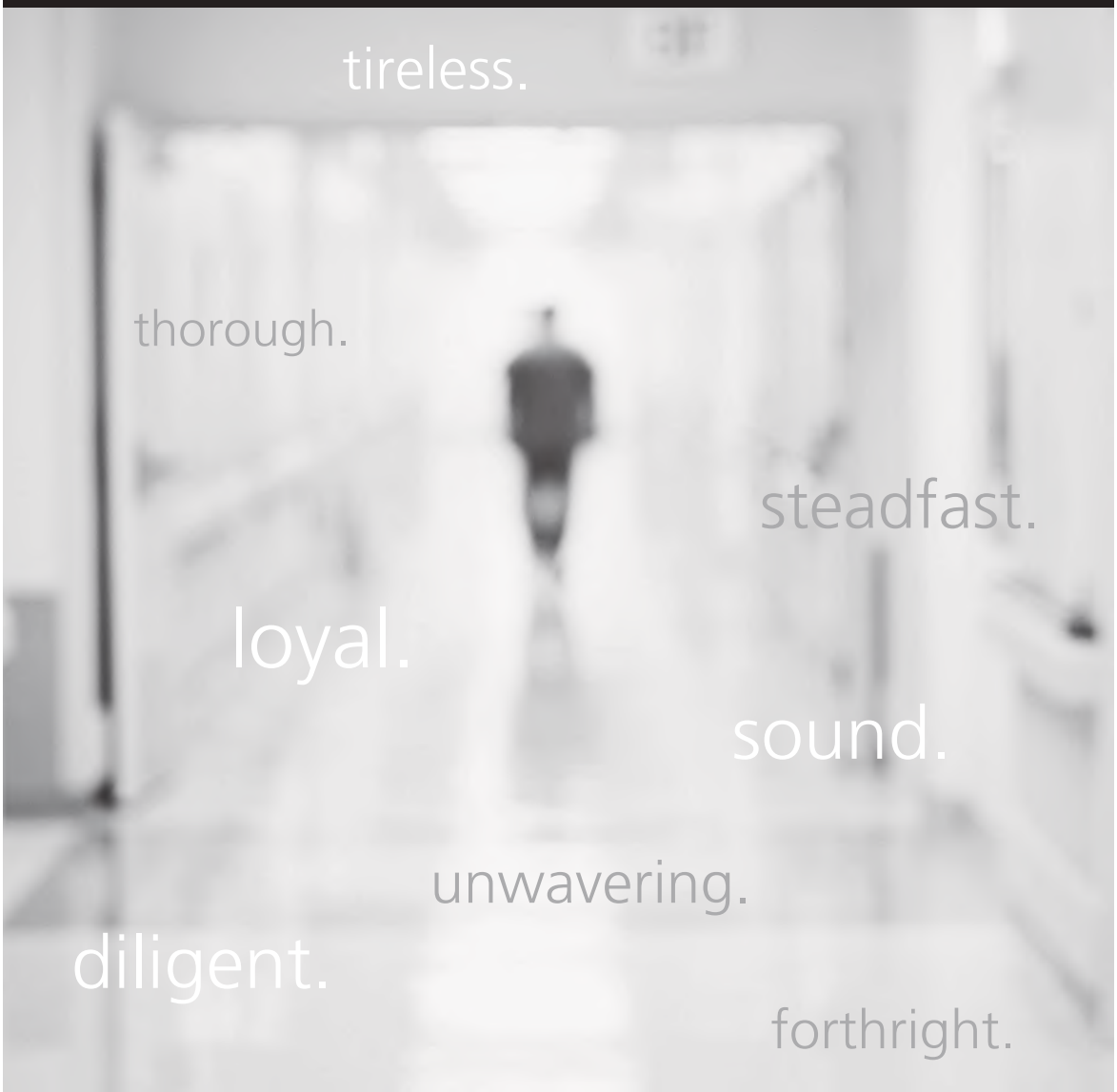

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in the Alliance right on the home page. This site was designed to be both interactive and organic (ever-changing and growing), and will continue to interface directly with our group's social networking page on Facebook for those who care to stay connected with fellow members and friends of the Alliance there.

We also have a direct link located on our site to take interested visitors directly to OCMS's Website (and vice versa) so it is easy for visitors to "toggle" back and forth between the sites and learn more about both organizations.

And just in time for the holiday gift season, we will be adding our "GoodSearch" account to the site, so that any time members and friends want to make online purchases at any one of hundreds of participating online stores (ranging from Best Buy to Target to LLBean to Lowe's), a percentage of their purchase amount will automatically be donated directly back to the Alliance!

Now members and friends can also make online donations to the Alliance's operations and various philanthropic endeavors as well, clicking the "How to Help" tab and using the PayPal "Donate Now" button.

We will also be adding member polls and surveys on different topics, and you will be able to see the survey results in real-time.

Please visit our website at www.ocmsalliance.org, or find us on Facebook at "OCMS Alliance."

We'd love to hear from you! There is a Comments section on the Website. Tell us what you think about the new site and this great endeavor to communicate our mission to our community, to connect our local family of medicine, and to enable prospective members to easily check us out in a simple and convenient way.

Go online daily and stay connected with your local family of medicine! ❑

Donna Parker, President

If we don't change direction soon,
We'll end up where we're going.
Professor Irwin Corey

Dangerous Ways to Cut Costs

As healthcare costs increase and income remains static or decreases, consumers have found ways to cut costs that could endanger their health, according to a prescription drug poll done by Consumer Reports National Research Center. Of the more than 1,100 individuals who were interviewed, 27 percent said they failed to comply with their prescriptions; 38 percent of those younger than 65 simply didn't have the prescriptions filled. There was strong sentiment that drug companies have too much influence, with 69 percent saying the companies influence physicians' prescribing decisions, and half saying doctors are too eager to prescribe drugs when other options are available. Fifty-one percent said physicians don't consider their ability to afford the drugs, choose drugs promoted by pharmaceutical representatives, and tend to prescribe the newer, more expensive drugs.

The survey also reported that 20 percent of those interviewed confessed to asking physicians to prescribe drugs they saw advertised, with 59 percent of the physicians agreeing to prescribe it. Knowing more about the safety of drugs is also important, with 87 percent saying it is a top priority, 79 percent concerned about drug interactions, and 78 percent wanting to know about side effects. Of those currently taking medications, 53 percent have asked their physicians to switch to a different drug in the last year, with side effects, cost, and lack of insurance coverage being the reported reasons. ❑

The Siren

Anton Chekhov

Editor's Note: In November our thoughts turn to food. Gluttony reigns in every household. This story by Anton Chekov, the famous Russian author, demonstrates his humor. His characters, person-oriented and in an easily understood situation, demonstrate his mimetic gift. Chekov was once an unassuming medical student who "attended lectures regularly and sat somewhere near the window."

After a session of the district court of N., the magistrates gathered in the conferring room to take off their uniforms and have a short rest before going home to dine. Their chairman, a very impressive man with bushy side-whiskers, who had failed to agree with his colleagues on one of the cases they had just been hearing, sat at a desk hastily writing down his dissenting opinion. One of the local magistrates, Mookin, a young man with a languid melancholy expression, reputed to be a philosopher at odds with circumstances and seeking the purpose of life, stood gazing mournfully out of a window. The other local magistrate and one of the honorary magistrates had already left. Sitting on a couch waiting for the chairman to finish before they all went off to dine together were the other honorary magistrate – a fat man of bloated appearance who had difficulty in breathing – and the deputy prosecutor, a young German with a catarrhal look. In front of them stood the court secretary, Zhilin, a little scrap of a fellow with short sideburns and a sugary expression. He was looking at the fat man with a honeyed smile and saying in a low voice:

"We all feel hungry now, because we're tired and it's after three, but my dear Grigory Savvich, that's not real appetite. Real appetite, when you're so ravenous you could almost eat your own father, occurs only after physical exertion – after riding to hounds, for example, or bumping along in a peasant cart for a hundred versts without a breather. The imagination plays a big part, too, of course. If you're going home from the hunt, say, and want to have a good appetite, don't ever think about anything intellectual; anything learned or intellectual always spoils the appetite. You know yourself, where food's concerned, scholars and philosophers are the lowest of the low, and quite frankly, even the pigs eat better. On your way home try to think of your decanter and appetizer, nothing else. Once when I was travelling, I closed my eyes and imagined sucking-pig with horse-radish,

and got such an appetite it made me quite hysterical. So, when you drive into your yard, there must be a good smell coming from the kitchen, you know, something like …"

"Roast goose takes a lot of beating," said the honorary magistrate, breathing heavily.

"Goose, my dear Grigory Savvich? Dear me no, duck or snipe are streets ahead of goose. Goose has such a crude, unsubtle aroma. The most piquant of all is spring onion, just as it's beginning to turn brown and sizzle, you know, and the smell of the little rascal fills the whole house. So, when you step indoors, the table must already be set, and when you sit down, tuck your napkin into your collar straight away and reach slowly for the vodka decanter. Now don't pour the darling into an ordinary wine glass, but into a little silver beaker that's been in the family for generations, or one of those pot-bellied glasses with 'Even The Monks Enjoy Their Tipple' inscribed on it, and don't down it immediately, but heave a contented sigh, rub your hands, glance casually at the ceiling, and only then, still taking your time, raise the vodka to your lips and at once you'll feel a fiery glow spread from your stomach right through your body …"

The secretary registered an expression of bliss on his sugary face.

"A fiery glow …" he repeated, half-closing his eyes. "The once you've had your drink, go straight on to the appetizers."

"Can't you keep your voice down?" said the chairman, looking up at the secretary. "You've made me spoil two sheets already."

"I do apologize, Pyotr Nikolaich, I'll be very quiet," said the secretary. "So, my dear Grigory Savvich," he went on in a half-whisper, "you must choose your appetizers with real skill, too. I tell you the best appetizer of all and that's herring. Take a small piece with onion and mustard sauce, and while you've still got that glowing feeling in your stomach, help yourself straight away, my dear sir, to caviar, on its own or with lemon as you wish, then some plain radish with salt and then more herring. Even better, though, dear sir, are salted saffron milk-caps, chopped up as fine as caviar and served with onion and olive oil … delicious! As for liver of burbot – words fail me!"

"Mm-yes," the honorary magistrate agreed, half-closing his eyes. "And what about stewed white mushrooms … that's a good appetizer, too."

"Yes, yes, yes, you're right, with onion and a bay leaf and all kinds of spices. When you lift off the lid and get that whiff of mushroom, it can even make you cry with pleasure sometimes. So, as soon as they've brought in the pie from the kitchen, don't waste a moment, drink a second glass."

"Ivan Gurich!" moaned the chairman. "You've made me spoil a third sheet!"

"The wretched man can only think of food!" grumbled Mookin the philosopher, scowling with contempt. "Has life really nothing more to offer than pies and mushrooms?"

"So, before your pie have another drink," the secretary continued in an undertone, so carried away that like a nightingale in full song he could hear nothing but his own voice. "Your pie must be mouth-watering, it must tempt you by its sheer brazen nakedness. You wink at it, you cut off a huge slice about this size and you let your fingers play over it like this, because your heart's so full. You start eating and the butter oozes out like teardrops and the filling's rich and succulent, with eggs, giblets, onions …"

The secretary rolled his eyes heavenward and twisted his mouth right round to his ear. The honorary magistrate grunted and began twiddling his fingers, probably picturing the pie to himself.

"Intolerable," grumbled Mookin, moving away to another window.

"You've eaten two slices and saved a third one for the shchi," the secretary went on, fired with inspiration. "Once you're through with the pie, don't let your appetite flag, but have the shchi brought in straight away and make sure it's piping hot. Even better, though, my dear sire, is borsch made of beetroot in the Ukrainian style with ham and sausages in it. Serve it with sour cream and sprinkle fresh parsley and dill. Giblet soup with tender young kidneys is another excellent one, which the best broth is the one full of roots and vegetables like carrot, asparagus, cauliflower and all the rest of that jurisprudence."

"Yes, that's excellent," sighed the chairman, taking his eyes off his paper, but immediately recollected himself and groaned: "For God's sake, have a care! At this rate I shall be here until evening writing this dissenting opinion. That's four sheets spoiled!"

"I do apologize, I shan't disturb you," said the secretary and went on in a whisper. "As soon as you've finished your borsch or your broth, have the fish course brought in straight away, my dear sir. The best of the dumb fishes is crucian fried in sour cream, but to get rid of that slimy smell and give it a delicate flavour, you must keep it alive in milk for at least twenty-four hours."

"And what about starlet in a ring, that's good, too," said the honorary magistrate, closing his eyes, but suddenly to everyone's astonishment he leapt to his feet, pulled a hideous face and roared at the chairman:

"Pyotr Nikolaich, how much longer are you going to be? I can't go on waiting, I can't!"

"Let me finish!"

"Oh to hell with you, I'm off!"

The fat man gave a dismissive wave, grabbed his hat and ran out of the room without saying goodbye. The secretary heaved a sigh, bent down to the deputy prosecutor's ear and went on in an undertone:

"Pike-perch is very good, too, or carp with tomato and mushroom sauce. But fish isn't going to satisfy your hunger, Stepan Frantsych, it's an insubstantial food, the main thing in a dinner isn't the fist or the sauces, it's the roast. What's your favourite bird?"

The deputy prosecutor pulled a sour face and said with a sigh:

"Unfortunately, I cannot enter into your feelings, I suffer from catarrh of the stomach."

"Oh come now, sir! The doctors dreamed up that complaint. It comes mostly from too much pride and free-thinking. Ignore it. Suppose you're not hungry or you're feeling sick, just pay no attention, go ahead and eat. If you're offered a brace of snipe, with a partridge on top of that or a pair of plump little quails, you'll soon forget about catarrh of the stomach, I give you my word of honour. And how about roast turkey? One of those white, rich, succulent birds that remind you of a nymph …"

"Yes, that must be very good," said the deputy prosecutor with a sad smile. "Maybe I could manage some turkey."

"And duck? Have you forgotten duck? Take a young bird that's jut caught the ice during the first frosts, roast it in the griddle-pan with potatoes underneath, making sure your potatoes are

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chopped fine and brown nicely, then be sure to baste them with the duck fat, and then …"

Mookin the philosopher pulled a hideous face and was apparently about to say something, but suddenly he smacked his lips, probably picturing the roast duck to himself, and without saying a word, drawn by some unknown force, grabbed his hat and ran out.

"Yes, maybe I could manage some duck as well," sighed the deputy prosecutor.

The chairman stood up, walked round the room and sat down again.

"After the roast a man is replete and falls into a state of sweet oblivion," continued the secretary. "He's physically satisfied and his soul feels transported. Now is the time to enjoy two or three glasses of fruit liqueur."

The chairman grunted and put a line through his page.

"That's the sixth sheet," he said angrily. "This really is too bad!"

"You carry on, dear sir, you carry on," whispered the secretary. "I shan't disturb you, I'll be very quiet. I tell you in all honesty, Stepan Frantsych," he continued in a barely audible whisper, "home-made fruit liqueur is better than champagne. After the very first glass you're completely captivated by your sense of smell, by a kind of mirage, you forget you're at home in your armchair, and imagine you're sitting on a lovely soft ostrich somewhere in Australia …"

"Oh do let's be off, Pyotr Nikolaich!" said the prosecutor, jerling his leg impatiently.

"Yes, my friend," the secretary continued, "it's a good idea at the liqueur stage to light a cigar and blow rings, and then you'll have wonderful fantasies of being a generalissimo or married to the most beautiful woman in the world, and this beautiful creature spends her whole day floating beneath your windows in this amazing pool full of goldfish, and as she floats past, you call out: "Come and give me a kiss, darling."'

"Pyotr Nikolaich!" groaned the deputy prosecutor.

"Yes, my friend," the secretary continued, "once you've had your smoke, gather up the skirts of your dressing-gown and it's off to bed with you! Lie there on your back, paunch upwards,

and reach for a newspaper. When you're nodding off and feeling drowsy all over, you'll enjoy reading the political news – look, Austria's come a cropper, France is in someone's bad books, the Pope's stuck his neck out – it's really enjoyable."

The chairman sprang to his feet, flung his pen aside and seized his hat with both hands. Forgetting about his catarrh and nearly fainting with impatience, the deputy prosecutor sprang to his feet, also.

"Let's go!" he shouted.

"But Pyotr Nikolaich, what about your dissenting opinion?" said the secretary in alarm. "When are you going to finish it, dear sir? You know you've got to leave for town at six!"

The chairman gave a dismissive wave and made a dash for the door. The deputy prosecutor waved likewise, grabbed his briefcase, and vanished with the chairman. The secretary heaved a sigh, glanced reproachfully in their direction, and began tidying up the paper. ❑

1887

The Busiest Doctor Ever

Doctors report working longer days and seeing more patients as demand grows … but 25-hour workdays still prompt skepticism among fraud investigators, according to FierceHealthcare online. A proctologist in Brighton Beach, NY faces charges after billing Medicare $3.5 million for examinations and surgeries that were never performed. He reported performing 6,594 hemorrhoidectomies and other procedures between February 2009 and January 2010, while the next-busiest proctology clinic performed 381 colo-rectal procedures. He even said he removed 85 hemorrhoids in 20 months – from the same patient – at a cost of $60,020. His attorney says, "He vehemently denies the charges. He maintains he did nothing wrong." ❑

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Epidemiology Program
Communicable Disease Surveillance

COMMONLY REPORTED DISEASES	*Monthly*			*YTD Totals^*	
	Sept'10	**Sept'09**	**Aug'10**	**Sept'10**	**Sept'09**
Campylobacter infection	4	12	11	53	75
Chlamydial infection	N/A	N/A	N/A	N/A	N/A
Cryptosporidiosis	4	0	2	18	11
E. coli 0157:H7	3	0	2	10	7
Ehrlichiosis	0	2	0	1	7
Giardiasis	0	0	0	12	35
Gonorrhea	N/A	N/A	N/A	N/A	N/A
Haemophilus influenzae Type B	0	0	0	0	0
Haemophilus influenzae Invasive	3	2	1	21	13
Hepatitis A	0	0	1	3	4
Hepatitis B*	16	14	25	142	137
Hepatitis C *	22	20	26	165	209
HIV Infection	N/A	N/A	N/A	N/A	N/A
Lyme disease	0	0	1	10	5
Malaria	0	0	0	1	0
Measles	0	0	0	0	0
Mumps	0	1	0	0	2
Neisseria Meningitis	0	1	0	2	2
Pertussis	5	3	8	32	18
Pneumococcal infection Invasive	1	0	1	10	12
Rocky Mtn. Spotted Fever (RMSF)	8	1	8	25	28
Salmonellosis	22	16	21	104	94
Syphilis (primary/secondary	N/A	N/A	N/A	N/A	N/A
Shigellosis	4	21	5	58	129
Tuberculosis ATS Class II (+PPD only)	57	71	61	485	645
cases)	3	3	3	20	12
Tularemia	0	0	0	2	0
Typhoid fever	0	0	0	1	1
RARELY REPORTED DISEASES/Conditions:					
West Nile Virus Disease	0	1	0	0	4
Pediatric Influenza Death	0	0	0	0	1
Influenza, Hospitalization or Death	0	50	0	13	51
Influenza, Novel Virus	0	0	0	0	50
Strep A Invasive	1	1	1	20	31
Legionella	1	0	1	4	2
Rubella	0	0	0	2	0
Listeriosis	0	0	0	1	2
Yersinia (not plague)	0	0	1	1	0
Dengue fever	0	0	0	1	0

*** -** ***Over reported*** **(includes acute and chronic)**

^ ***YTD - Year To Date Totals*** **STDs/HIV -** ***Not available from the OSDH, HIV/STD Division***

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Telephone: 604-4979

Deaconess Hospital Tuesday CME Program
Contact: Denise Menefee
Medical Library
Telephone: 604-4524

Integris Baptist Medical Center
Contact: Marilyn Fick
Medical Education
Office
Telephone: 949-3284

Integris Southwest Medical Center
Contact: Marilyn Fick
CME Coordinator
Telephone: 949-3284

Mercy Health Center
Contact: Debbie Stanila
CME Coordinator
Telephone: 752-3806

Midwest Regional Medical Center
Contact: Carolyn Hill
Medical Staff Services
Coordinator
Telephone: 610-8011

Oklahoma Academy of Family Physicians Choice CME Program
Contact: Sue Hinrichs
Director of
Communications
Telephone: 842-0484
E-Mail: hinrichs@okafp.org
Website: www.okafp.org

OUHSC-Irwin H. Brown Office of Continuing Medical Education
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