

# BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

**JANUARY/FEBRUARY 2019**



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# THE BULLETIN

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## TABLE OF CONTENTS

About the Cover .....	3
President's Page .....	5
Dean's Page .....	7
Membership Meeting .....	12
Dr. Sam Dahr Honored .....	10
Bylaws Revision .....	11
Staying Compassionate .....	12
In Memoriam .....	20
Law & Medicine .....	22
Poet's Spot .....	24
The Most Important Organ .....	26
Director's Dialogue .....	29
Protestors: Monkey See, Monkey Do .....	30
CME Information .....	31
Professional Registry .....	32

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# ABOUT THE COVER

Robert Kevin Moore was the third child out of four born to J. Ralph and Maurine Moore in Pryor, Oklahoma. He attended the University of Oklahoma from 1978 to 1982 where he received his BS in Zoology and was active in Sigma Phi Epsilon fraternity. His medical training was at the OU College of Medicine from 1982 to 1986 and then residency at The Children's Hospital of Oklahoma from 1986-1989. He entered private practice on the Integris Baptist campus and was one of the founding members of The Pediatric Group, a seven-member private practice pediatric group in Northwest Oklahoma City. Dr Moore served as the chairman of the Department of Pediatrics at Integris Baptist for many years in the 90s, and also was the state breastfeeding coordinator for the State of Oklahoma's chapter of the American Academy of Pediatrics for approximately 20 years. He enjoys teaching students and has been a preceptor for first, third, and fourth year medical students over his career. Currently he is one of the pediatric preceptors for the Oklahoma City University Physician Assistant Program. He received an award for outstanding pediatric preceptor from The Children's Hospital in 2016 for his service. He maintains privileges at Integris Baptist, Women's Lakeside, and Mercy Hospitals in Oklahoma City and was one of the founders of Kids First, the first pediatric after-hours urgent care in the Oklahoma City area.

Dr. Moore has four children from his marriage to Dana Henderson. They all attended the University of Oklahoma and all live close to home. He married Michael Dixon in 2017 and has two stepdaughters who live in western Oklahoma with their mother. Kevin and Michael welcomed their first grandchild, Emma, into the world in September and look forward to having many more grandchildren over the coming years. When not working at his busy pediatric office or one of the urgent care clinics, Kevin and Michael enjoy traveling and spending time at home with their three dogs.







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# PRESIDENT'S PAGE

R. KEVIN MOORE, MD



I first want to say how pleased and honored I am to serve as the OCMS President for 2019. I have been in private practice Pediatrics in Northwest Oklahoma City since 1989. Over that time, I have seen the practice of medicine change so much. New technologies, new medicines, and new ideas make it difficult to keep up with all the advances and challenges facing us today. One of the advantages of being a member of OCMS is being able to discuss these changes with our colleagues and to network with others in our field. We have seen a steady decline in membership for the past 10+ years. We are all so busy with jobs, families, and commitments, that we think that our involvement isn't really necessary or important anymore. But that's where we are wrong. There is strength in numbers and our voice will only be heard in the legislature if we have the doctors standing together behind it. After the recent mid-term elections, we will not have a physician in the state legislature for the first time in years. Senator Ervin Yen was instrumental in blocking many bills from reaching the floor that would have been unfavorable to physicians and that would have made practicing our profession much more difficult and tedious than it has already become with electronic health records and all the rules and

regulations that go along with it. We need to be strong in voice and numbers now more than ever.

Being a pediatrician, my main concerns are with the health and welfare of our state's children. A huge part of my day is given to well child checks and involves immunizations. More and more states allow personal exemptions from vaccines for public school attendance. The drop in unimmunized children continues to rise. It seems like every day we hear about an outbreak of measles or another communicable disease somewhere in the nation. Most of the recent outbreaks have been worsened because they happened in schools and communities with large numbers of unvaccinated members, therefore more exposure, more cases, more spread. When vaccination rates drop below 90%, you lose any herd immunity and more and more people, even those who are vaccinated, are at risk. Our newly elected Governor is a non-vaccinator, and I fear more anti-vaccine legislation will be attempted to be pushed through now that we don't have a physician voice on the floor anymore.

Over the past several years we have seen more and more cases of acute flaccid paralysis occurring primarily in our nation's children. These cases seem to spike every two years. There is still no identifiable

*Continues on page 6 ...*

cause, although a polio-like enterovirus would appear to be the most likely source. While no official data is available yet on what percentage of children that have been diagnosed with acute flaccid paralysis have been unimmunized or only partially immunized, the CDC is currently investigating, and we will have more information soon.

I'm very excited about the next year. I hope to learn more about medicine and politics. I will need lots of help and thankfully we have a truly wonderful staff who will be there to help me along the way. I would like to make it a goal to reverse the trend of declining membership, where 2019 is the first year in a long

time to see an increase in our numbers. We hope to host several small dinner group get togethers over the upcoming year to increase physician connections in the metro. As a gay physician, I am planning on hosting one for our LGBT medical students, residents, and physician members. I wish I would have had more open support and known other gay physicians to talk to about this aspect of my life 30+ years ago. Keep an eye on the Bulletin and for emails detailing upcoming events, as your active participation helps guide the Society's work. Once again, thanks for all your support. I look forward to serving you in the upcoming year.



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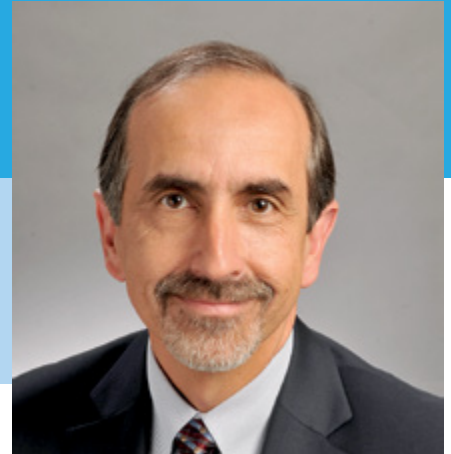
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# DEAN'S PAGE

JOHN P. ZUBIALDE, MD  
INTERIM EXECUTIVE DEAN AND PROFESSOR,  
FAMILY AND PREVENTIVE MEDICINE  
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In this month's Deans Page, I will focus on a few factors that are key to meeting our missions of training the next generation of medical providers for the state of Oklahoma and providing key services and research that enhance the lives of Oklahomans. The first factor is our firm commitment to having the highest quality educational programs that meet or exceed national standards for educational programs; next is our determination to ensure top talent in our faculty; and finally, we are recognizing dedicated people in our community whose generosity with their time and talents allow us to meet our important missions.

Our first commitment is to ensure the highest standards in our medical education program: One gauge we use in determining our progress is a very rigorous national accreditation process. The College of Medicine will undergo its official accreditation site visit on January 27-30, 2019 by the Liaison Committee on Medical Education (LCME) - the U.S. Department of Education-recognized accrediting body for programs leading to the MD Degree in the United States. The preparatory process has involved an extensive and rigorous institutional self-study that began July 2017, which included the formation of an accreditation task force and designated committees. Our Senior Associate Dean for Academic Affairs, Chris Candler, MD, EdD had primary oversight of

this process. Over 100 faculty, staff, administrators and students across both OKC and Tulsa campuses participated in the self-study process. The site-visit team will be comprised of medical education professionals selected by the LCME Secretariat. They will be judging the compliance of our medical education programs based on 12 nationally accepted standards of educational quality - each with an accompanying set of very specific objectives. With all of the diligence exercised in this process and with the steadfast commitment of our college's stakeholders, we look forward, with confidence, to once again receiving full accreditation.

Our second commitment is to involving and recognizing the many talented and dedicated people that it takes to meet our important missions. In that regard, let me first take the liberty of telling you about new talent joining our campus and then introduce you to the dedicated individuals who will be recognized at this year's Evening of Excellence event.

Regarding new talent: It is my pleasure to announce that our Board of Regents confirmed the appointment of Ian F. Dunn, MD, to the position of Chair for the Department of Neurological Surgery, in the University of Oklahoma College of Medicine. He will also hold the Harry Wilkins, M.D. Chair in Neurosurgery. A magna cum laude with Highest Honors graduate of Harvard College, Dr. Dunn holds

*Continues on page 8 ...*

a Bachelor of Arts degree in Biological Sciences. He received his Doctor of Medicine from Harvard Medical School followed by his internship in General Surgery, Brigham and Women's Hospital; then residency training in neurosurgery at the Children's Hospital/Brigham and Women's Hospital. Following the completion of his postdoctoral fellowship in Cancer Genomics at the Dana-Farber Cancer Institute/Broad Institute (Boston), Dr. Dunn completed his clinical fellowship in Skull Base Neurosurgery at the University of Arkansas for Medical Sciences/St. Vincent Infirmiry Medical Center, Little Rock, Arkansas. Prior to joining the University of Oklahoma, he served for eight years on the faculty of the Harvard Medical School, during which time, he built a high-volume, complex cranial and skull base surgical practice in Boston. He is board-certified in neurological surgery and has established his medical practice with OU Physicians on the OU Health Sciences Center campus. Joining Dr. Dunn is his wife, Dr. Carolyn Kloek – also from Harvard Medical School – who was recently named Vice President of Clinical Strategy and Integration for OU Medicine Inc., and Clinical Associate Professor of Ophthalmology.

In addition to Drs. Dunn and Kloek, our OU Medicine family expanded on January 1 with the addition of Jacob Friedman PhD who joined us as the new Director of the Harold Hamm Diabetes Center at OU Medicine, and Assistant Vice Provost for diabetes programs at the OU Health Sciences Center. Prior to his appointment here, Dr. Friedman served as the director of the Colorado Program in Nutrition and Health Development and director of the National Institutes of Health Nutrition and Obesity Research Center laboratories for cellular and molecular metabolism, while also serving as a professor in pediatrics, biochemistry and molecular genetics and medicine at the University of Colorado School of Medicine.

Last and certainly not least, is recognizing important individuals who have dedicated themselves to serving both the mission of the college and the health needs of our state: On Thursday, January 31, the College of Medicine will hold its 35th annual Evening of Excellence, sponsored by the College of Medicine's Alumni Association. This event brings together the medical, business, and philanthropic communities of our city and state for the purposes of recognizing Oklahomans who have contributed to the betterment of health and well-being in our state and for raising funds to foster new research at the medical school. Past support has contributed to major successes among our researchers, providing more than \$3.3 million in seed grants to 154 junior investigators. This investment has been repaid many times over by the subsequent success of these investigators in obtaining NIH and other nationally competitive research grant funds.

This year's award for distinguished medical service will be presented to physician Roxie M. Albrecht, MD, for her years of dedicated work to building our state's excellent trauma services that have saved so many lives. The award for outstanding community service will be presented to community leaders Toby and Tricia Keith whose dedication to improving the lives of children with cancer and their families is so very notable. The recipients of the special recognition awards are chosen by vote of the Alumni Association's Board of directors and we are extremely grateful to the College of Medicine Alumni Association for its sponsorship of this extraordinary annual event and for their continuing support of the College in this endeavor. We look forward to seeing many of you at this extraordinary event.

Finally, I would like to take this opportunity to wish all of you a very wonderful and prosperous new year. Please know that you are much appreciated for your support of our important work on behalf of our citizens of Oklahoma.





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## OKLAHOMA COUNTY MEDICAL SOCIETY Annual Meeting November 5, 2018

At the November 7, 2016 Annual Meeting,  
the OCMS slate of officers were elected:

R. Kevin Moore, MD

President;

Lisa J. Wasemiller-Smith, MD

President-Elect;

Basel S. Hassoun, MD

Vice-President; and,

Savanna D. Stumph, DO

Secretary-Treasurer.



## DR. SAM DAHR RECEIVES HONOR FROM OKC CLINICAL SOCIETY



*Above, Dr. Sarah Yoakam presented Dr. Sam Dahr a plaque in recognition for serving as Oklahoma City Clinical Society president during 2018. In addition to the OCMS slate of officers, the following candidates were elected to the Oklahoma City Clinical Society: Sarah Yoakam, MD – President; Randy C. Juengel, MD, President-Elect; Pooja Singhal, MD, Vice-President, and Nelson Fong, MD, Secretary-Treasurer.*

# PROPOSED BYLAWS REVISIONS TO BE VOTED ON AT OCMS SPRING MEETING MARCH 18, 2019

The Board of Directors approved wording on October 29, 2018, submitted by the OCMS Constitution & Bylaws Committee, which allows for electronic voting for the Board and Delegates. The 1st reading was at the 2018 OCMS Annual Meeting/Election of Officers on November 5th and will be voted on at the OCMS Spring Meeting on March 18, 2019. The wording below is for your review as follows:

Amend **CHAPTER III, Section 3.01, Ballots** by adding the underlined language and deleting the stricken language:

### 3.01. Ballots

**3.011.** On or before ~~September~~ August 15th, the Secretary/Treasurer shall ~~mail~~ send by mail or electronically one (1) official ballot for the election

of Directors and Delegates ~~with full instructions~~ to each voting member in good standing ~~with a return envelope addressed to the Executive Director at the Society office.~~

**3.012.** These ballots will make clear that the Nominating Committee has offered two (2) candidates for each Director position open. The ~~mailed~~ ballot must emphasize promptness in voting. Return ballots must be received by the Executive Director ~~postmarked~~ no later than September 30th.

**3.013.** During the first week of October, the Nominating Committee will count ballots and certify the election. The new slate of Directors and Delegates voted upon by the ~~mailed~~ ballot will be announced during the Annual Meeting early in the meeting.



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# STAYING COMPASSIONATE AND BEING A HEALING PRESENCE

BY R. MURALI KRISHNA, MD, DLFAPA

*Co-Founder and Founding President,  
INTEGRIS James L. Hall Jr. Center for Mind, Body & Spirit  
Founding President, Health Alliance for the Uninsured  
Clinical Professor, Department of Psychiatry and Behavioral  
Sciences, The University of Oklahoma College of Medicine*



A question recently posed to me was **“What are some strategies for staying compassionate, without burning out, when a significant number of the patients you care for experience bad outcomes or death?”**

Most physicians enter the medical profession to make a difference to others. They are incredibly smart, work hard, sacrifice immensely, have noble intentions, with kind and compassionate hearts. Society has traditionally respected physicians and rewarded them with reverence, considering them as pillars of their communities.

Physicians today are facing monumental challenges unlike any in the history of medicine! Our sacred profession has not yet found a complete and resilient way of responding to these challenges, and we are paying a very heavy price.

Challenges we are facing today include: a weakening of the sacred doctor-patient relationship due to less time with patients; greater demands to produce, perform and justify; loss of autonomy; increasing non-essential, non-clinical paperwork, emails and reviews; repetitive exposure to trauma, illness, suffering, inadequate options and death; sense of isolation and decrease in connectivity and collegiality; fear of malpractice suits; decline in work-life balance and quality of life; and less time for self-care. Eventually many physicians start to lose the meaning and purpose for their existence as a physician.

More than half of U.S. physicians report symptoms of burnout which is defined as a state of physical and mental exhaustion combined with doubts about their value, their competence and their work. Physicians eventually start losing enthusiasm and compassion, and start treating people as objects. The present-day health care environment in which they are forced to operate causes their work to become transactional rather than relational. They have a low sense of personal accomplishment and a loss of meaning and purpose. Increased irritability, low tolerance for frustration, anger, impatience and cynicism often follow.

## **Consequences:**

Quality of care for the patient is reduced due to low empathy and low compassion; decreased professionalism, and poor decision making resulting in higher medical errors. Quality of patient outcomes is reduced due to lower patient satisfaction of care; a decrease in trust and confidence in their physician; and lower adherence to treatment recommendations.

Personal consequences for the physician are enormous and can include: relationship discord and higher rates of divorce; a five-fold increase in the abuse of prescription drugs and alcohol; increased rates of depression and suicide (several hundred physicians die by suicide every year and several thousand more attempt suicide annually); a decrease in immune system functioning that results in increased vulnerability to illness; and a decrease in career



longevity as many are more likely to want to leave the profession early. We should build more resilience in being able to bounce back from the stress and trauma we experience in our daily life and develop increased coping skills for handling challenges with enthusiasm, compassion and connectivity. We need to rediscover our meaning and purpose, and to develop an attitude of gratitude resulting in reclaiming our true joy in medicine.

The key is learning to continuously reinvent yourself. It means learning to understand, cope with, adapt to and influence change; staying physically, emotionally and spiritually active; cultivating new strengths and skills; developing new ways to find joy, purpose and harmony in what we do; and improving our feelings of connection with those we serve, work with, our loved ones and our communities. When we can learn ways to remain relational despite the present-day health care environment that has become transactional, we improve the quality of care and of life for our patients and ourselves.

Based on my decades of experience and insights from science, I would like you to consider acquiring and mastering the following essential mind, brain, and health skills.

## **Ten Key Practical Skills for Physicians to Cultivate**

### **1. Activate Your Healing System**

The presence of stress in a physician's life is so vast that you need to activate your available inner healing system to neutralize the rapid stress reactions happening in your body. This will neutralize the negative physical and emotional effects of the stress on your life.

*Continues on page 14 ...*



Healing comes from the ancient word “Haelan” which means to be whole or become whole. Healing is also harmony of the mind, body and spirit. Harmony is connection, unity, order and peace. Healing is the opposite of alienation, fragmentation and isolation that is so common in a stressful world. When true healing occurs, relationships are re-established both to oneself and to others. By discovering and developing the skill of healing, you can open the doors of inner perception. Healing can take place by breaking away from everyday thought; calming the inner chatter within; finding inner peace; discovering oneness with a higher power; and decreasing sensory input. There are many ways to discover our healing states including relaxation response, deep breathing techniques, guided imagery, meditation, prayer, yoga, biofeedback, nature, music, art, dance, humor, connectedness, and creativity. Healing is the ultimate creative and regenerative energy with which we are blessed. It is a sign of life’s desire to renew, refresh and re-emerge. It enables you to have a healing presence with your patients which is “being in the present with genuine intent and compassion and with belief in others’ potential for wholeness”.

Healing presence is a gift anyone can develop. It requires time and empathy and is creative in its form and limitless in its rewards. It leads to genuine compassion coming from the heart. It enables you to discover the vibrance, wonder and vitality around you.

## 2. **Cultivating Mindfulness**

Mindfulness is a mind-brain skill with which we are all born. Unfortunately, most of us move from it as we go through life. We can rediscover mindfulness by developing and honing the skill. Mindfulness is also known as “heartfulness”. It basically means being aware of the present moment in its purest form, non-judgmentally, and being in harmony with that moment. It also means being one with the present. This can be practiced and cultivated literally with any activity in life. After you develop the basics of the skill, it can be applied throughout your practice as you connect with patients and families and other members of the healing community, and when you have a task of any nature. Continuous and sustained practice of mindful presence cultivates your awareness to a deeper degree. Science is telling us that this contributes to rich rewards emotionally, brings inner peace and happiness, and physiologically, by toning down the stress reaction system. Physically, many aspects of brain function are affected by mindfulness. These include the activation of the pre-frontal areas, which are centers of judgment, wisdom, insight, decision-making, learning and memory, in conjunction with other areas of the brain. It also right sizes the response of the amygdala so that stress does not activate the stress system or inner hypothalamic pituitary adrenocortical system in an excessive way but activates only in an appropriate and right-size manner.



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Mindfulness also enhances your memory and your ability to control emotions and impulses. In my opinion, mindfulness is an essential skill that every physician should develop and master. You will be happy you did. It makes daily life a joy. You start experiencing life's moments in their purest form. Scientists have found your resilience improves by practicing mindfulness.

### 3. Cognitive Reappraisal

There are many situations, events and interactions in our lives over which we do not have direct control. When they generate stressful reactions or dysfunctional feelings of an excessive nature such as anger, frustration, helplessness, hopelessness, etc., a useful skill to develop is the ability to reappraise your cognitions. Cognitions are thoughts, ideas, and images. Reappraisal means reassessing the value of these thoughts and images by reappraising the time, energy and importance you put into any certain thought or event that has caused dysfunctional thoughts or feelings. Essentially, you learn to relate to the events and cognitions in a different way. For example, experiencing an event with a patient that had disturbing consequences may lead you to have recurring negative thoughts. These recurring thoughts may keep your attention preoccupied causing you to ruminate about the negative experience. It is important to develop the ability of healthy options in coping with those thoughts. Look at the pros and cons of each option and make a decision. Sometimes you may want to consult with people who are close to you - like family or a colleague. Recurring thoughts about the same topic or event is called "churning" and you must develop the skill of stopping those thoughts and redirecting your attention to something more positive, or of a more healing nature. An activity, a thought, a distraction to something that is pleasant, joyful or peaceful would be of use. When you do this repeatedly, then your cognitive reappraisal process shows

*Continues on page 16 ...*



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beneficial effects on your life and how you cope with setbacks, challenges, unintended consequences and disappointments. This will enable you to have renewed energy to be able to focus on the next task that presents itself. Churning tends to stress and age us and we need to learn to terminate these repetitive thoughts. There are at least a dozen important dysfunctional thought patterns that occur in the mind and brain that we need to learn to master to reappraise.

#### 4. **Attitude of Gratitude**

This is an important skill for every physician. Appreciation and a sense of gratitude for everything we are, everything we have, and for the people and circumstances that we are grateful for are important skills to develop. Begin each day thinking about three people who have had a positive impact on your life. Visualize, thank them, and show your gratitude. Each night before you go to sleep think about three situations that day for

which you are grateful. The opportunity to serve others is one of the greatest joys that is bestowed upon us. Be grateful you had that chance. Attitude and gratitude changes everything about our life in a positive direction. A physician's life is full of busy schedules and multiple events so a conscience cultivation of an attitude of gratitude is necessary to reap benefits in your life

#### 5. **Finding Meaning and Purpose**

Most of us started thinking about a medical profession at a very young age. We may have been touched by a healer, a physician, a nurse, or were in a situation where a life was dramatically impacted by the presence of someone who cared about them. In my situation, my mother's sudden illness when I was nine years of age made a huge impact on me by not only the amount of suffering that afflicted her due to a brain disease, but also by the lack of understanding by society of how she was suffering from the negative consequences



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of that disease. I was touched by the presence of a healing doctor who was compassionate, kind, and attended to my mother with genuine heartfelt presence and interest. My heart was changed from desiring to become an engineer into one of becoming a physician to help others. During the busy life of a physician filled with so much stress and uncertainty, we sometimes lose track of the original meaning and the purpose of our life that we established long ago. We need to remind ourselves during these times that there is a greater purpose we are serving, and that the meaning for our struggle is something very sacred. Your spiritual attitude and holding each healing moment in a sacred manner will help you to skillfully navigate adversities. Knowing your inner purpose and finding meaning for your life gives the energy, enthusiasm and renewal to manage the obstacles you face.

## **6. Igniting Your Passion and Transforming It into Action**

Physicians often fail to realize the enormous influence, persuasive power and impactful presence they have on others. We can ignite our passion and transform that into action to improve lives. This can make a huge difference for your community, hospital, clinic, patients, family, and for yourself. We need to move from passivity and work together to find opportunities to impact other lives. This has tremendous benefits in sparking more energy and vibrancy in us. It gives me great joy to see the positive impact on thousands of lives from the many wonderful organizations in our own communities. Physicians created the EMSA System, the Schools for Healthy Lifestyle Programs, and the Blood Bank of Oklahoma City. I had the great fortune of working with physicians and community leaders in founding the Health Alliance for the Uninsured. While serving as its first president, I took a vital role in helping pass legislation to protect physicians and health professionals, so they could volunteer from the goodness of their heart and without fear of lawsuits. We can improve the lives of our

fellow physicians and advocate in a positive and constructive way for causes that could improve the care of our patients. We need to continuously be part of the dialogue that is occurring locally and nationally as to how to best care for our citizens and find more effective access and delivery of clinical care that is affordable and available to all.

## **7. Forgiveness - Cultivating Equanimity**

It is common to find frustration, disappointment, anger, anxiety, jealousy, and sadness many times during a physician's career. These feelings are normal reactions to life's challenges whether they are of our own making, an event over which we have no control, a dysfunctional situation or a conflictual relationship. When these feelings happen on a frequent and recurring basis with great intensity and are not resolved in a timely manner, they result in significant negative consequences to our health, happiness, vibrancy and fulfillment. Unresolved anger and hostility, along with anxiety and stress, have a significant impact on our healing resulting in raised blood pressure, increased inflammation, decreased immunity, insomnia, and impaired healing. We may become two to three times more vulnerable to cardiovascular disease and CVA. These unresolved dysfunctional emotions can also sap our emotional energy and spiritual strength. Enthusiasm, compassion, patience and attitudinal issues can become significant challenges. One needs to recognize them, learn contributing factors, and develop the skill set to process and resolve them. Counseling and consultation are of great value when problems persist. Developing the skill of forgiveness is an important asset for all physicians. It removes the negative emotional, physical and spiritual energy and enables you to develop inner peace and equanimity – an even temper, mental calmness and composure.

## **8. Nurturing Connections**

You must connect with your colleagues, your family and your community to remain healthy

*Continues on page 18 ...*

and happy while managing the rigors of a medical practice. Nurturing connections are critical for weathering life's challenges. We are not born to be an island. When we connect with others, magic takes place in our body, in our mind, and in our spirit. Sharing the ups and downs, successes and failures, doubts and uncertainties of everyday medical life has enormous benefits to you and your profession. Nurturing connections become the foundation on which our life becomes rejuvenated, renewed, and hope is created. We can be a healing presence for one another.

#### 9. **Finding Joy**

Despite the complexities of our daily life as a physician, we need to find time to cultivate joy in simple events, interactions, relationships, and actions. Happiness is not something that happens when you are of a certain age; when you have a certain amount of money, or when a special event

occurs. Happiness is “right now” if you choose to create it. We need to cultivate the sense of joy in each interaction and each moment. Our mindful presence and awareness of our sensations as we experience the world and its activities are essential for a healthy and productive life. Finding joy also entails a healthy balance for yourself in terms of nutrition, exercise, spiritual practice, creative activities and hobbies and nurturing family relationships. These create joy in our life.

#### 10. **Making a Difference**

The purpose of all we experience during our medical career is to make a difference in the lives of others. What a privilege! Few people have as close a connection to others in distress as we have; and very few have the daily opportunity to touch another person's life. We can be a healing presence in their struggle, survival, and revival. It is a gift, a blessing, and an honor to daily serve others.

“ In our sacred journey as physicians, authentic compassion, in addition to knowledge, skills, and wisdom, is vital in healing of those suffering. It is a catalyst that brings hope, strength, and potential to cope with what IS rather than staying stuck in rumination over what we would like it to be. Let no change or challenge take these wholesome and reverential healing moments away from us. ”

– R. Murali Krishna, MD, DLFAPA



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## IN MEMORIAM

**ROBERT (RUSTY) W. KING, MD  
1946-2018**

**L. SAM MUSALLAM, MD  
1950-2018**

**E. HOWARD JAYNE, MD  
1928-2018**



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Dr. Hanna Saadah was born in Lebanon, 1946, earned his M.D. from the American University of Beirut and his Internal-Medicine Residency & Infectious-Disease Fellowship from OUHSC. He initiated and directed the Adolescent-Medicine Program during its first two years of life and remained active as volunteer faculty, passionately teaching medical thinking, medical humanities, and that loving-your-patient is the most potent therapy of all. Dr. Saadah practiced internal medicine at Mercy Hospital and is currently Emeritus Clinical Professor of Medicine, Department of Geriatrics, VAH and OUHSC. He is active in the Open Arms Clinic, the Good Shepherd Clinic, and his Lebanese hometown free clinic.

Dr. Saadah has made five medical discoveries:

1. Developed and introduced the Occipital-Nerve-Block procedure for the treatment of headaches in 1987; this procedure is currently used by all headache doctors all over the world;
2. Described the resolution of vertigo by treating hyperlipidemia in 1993;
3. Described the successful treatment of the Post-Cholecystectomy Syndrome with statins in 1994;
4. Described and measured headache fear as an important cause of the Medication-Overuse Headache Syndrome in 1997;
5. Described the false feeling of shortness of breath associated with reflux esophagitis and coined the term Pseudo-dyspnea in 2013.

Dr. Saadah has published thirty scientific articles and seventy-seven lay medical articles. His five poetry books, four novels, and one book of short stories are available on Amazon. He has more than 90 humanities publications in various magazines and journals. His many awards include: First annual Charlotte S. Leebran Memorial Journal Award for the best scientific paper in the JOSMA, Deeds of Mercy Award, Honorary Citizen of the State of Excellence Award, First American College of Physicians Humanities Award, and Best Doctors in America Award.

# 2019

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# PART 1: PROFESSIONALS BOUNDARY CROSSINGS AND VIOLATIONS - GENERAL

S. SANDY SANBAR, MD, PhD, JD, FCLM<sup>1</sup>

Any relationship between the clinician and the patient that causes harm is unethical, possibly illegal, and should be prohibited in the workplace. Clinicians are often genuinely lost, confused, unsure, unclear, baffled or puzzled about transgressions which lead to professional boundary crossings or boundary violations. Understanding professional boundaries and behaving ethically and legally is paramount to both patient safety and public trust.

The professional medical boundary represents the edge of appropriate clinician behavior. It defines the expected and accepted distance between clinicians and patients, be it social, psychological or financial. Transgressing a professional boundary means stepping out of or breaching the clinical role. Professional boundaries are derived from ethical treatise, guidelines, cultural habits and morality, and from the law. The perimeter of these boundaries and the integrity of the clinician-patient relationship may at times be difficult to define clearly.

In the mid-1800's, the psychoanalyst, Dr. Sigmund Freud, was very concerned about sexual transgressions among a number of his trainee doctors. He warned his doctors about the devastating impact of patient "transference" and the doctor's "counter-transference".

- *Transference* is the redirection of the patient's feelings from a significant person in his or her life to the clinician or therapist.

It is mostly an unconscious process and not intentional.

- *Counter-transference* is the clinician's feelings toward the patient. It may be either conscious or unconscious, depending on the clinician's self-knowledge and experience.



## FIDUCIARY DUTY

Professional boundaries are there for a reason. They may be pushed by either the clinician or the patient. It is most critical to understand that the clinician, and not the patient, will always be blamed for boundary transgressions, because the clinician's duty to the patient is a fiduciary one.

The word fiduciary is derived from Latin meaning trust. Clinicians who are fiduciaries stand in special relations of trust, confidence or responsibility in their obligation to the patient. This involves two separate duties:

- a) The duty of prudence which requires the clinician to act with care, skill and diligence when treating a patient, and
- b) The duty of loyalty and exclusive purpose, i.e. acting exclusively in the patient's interest, benefit and safety.

There are two major categories of transgressions – namely, boundary crossing and boundary violation.

1. A **boundary crossing** represents a *non-severe* departure from the commonly accepted standard of medical practice. It is usually benign,

attenuated, occurs in isolation and is discussable. It is unethical but generally legal.

For example, in the fields of dermatology and gastroenterology, the practice style is focused on physical ailments. Thus, a personal phone call from the dermatologist or gastroenterologist is uncommon and may be suspect or questionable as to why the clinicians are making personal phone calls. That behavior could be innocent but it might be construed as a possible boundary crossing.

On the other hand, personal phone calls may be common and acceptable practice for certain clinicians, such as general practitioners in a small rural community, psychiatrists and mental health workers.

Another example of a boundary crossing that benefits the provider is when the clinician thinks, "I want to hold the patient's hand," or "I want to hug this patient," and then acts on his or her feelings. That conduct or behavior is considered an unethical boundary crossing. The clinician is acting for personal reasons and for his or her benefit, and it may lead to boundary violations.

*Continues on page 24 ...*



2. A **boundary violation** consists of a **severe** deviation from the standard of care. It is usually damaging to the patient, tends to be egregious and repetitive, and discourages discussion. It is unethical and often illegal. It involves the exploitation of power in the professional relationship. The clinician misuses the position of trust and authority for his/her own pleasure or benefit. This can be harmful or potentially harmful to the patient.

For example, medical and surgical specialty organizations and the American Medical Association (AMA) have published position statements that formally prohibit sexual contact between practicing clinicians and current or former patients. State law also prohibits sexual misconduct in the clinical setting. Blame always falls squarely on the clinician and not the patient.

Areas of boundary violations include time, place and space, clothing, money, gifts, services, clothing, language, non-clinical role, self-disclosure and physical contact.

Clinicians' violations may include inadequately obtained informed consent, disruptive behavior, misrepresentation or falsification of credentials, drug abuse or diversion, financial irregularities, inappropriate use of social media, and sexual misconduct.

Clinicians are held in great esteem and respect by society. Their behavior toward their patients must be consistent with the habits, mores and culture of the society they live in. They are bound by the Hippocratic Oath to practice medicine ethically. They should understand and maintain professional boundaries. They should be competent and accountable to the public. They should advocate for the patients and preserve public trust. And they should be able to police their ranks.

Part 2 will deal with the ethical agreement and sundry boundary issues and transgressions.

Part 3 will provide tips on how to prevent boundary crossings and boundary violations.

<sup>1</sup>Physician-Attorney, Executive Director, Diplomate and Past Chairman, American Board of Legal Medicine; Vice President and Director of CME, Western Institute of Legal Medicine, California; Fellow and Past President, American College of Legal Medicine; and Adjunct Professor, Medical Education, OUHSC.



## THE POET'S SPOT

*Every one of us is a meteor,  
kindled by life and  
extinguished by death.*

### I'M METEOR

When mighty death invites and life betrays  
And tortured loves endure the deadly days  
When all seems lost in struggles rife with strife  
Un-blind your eyes and cheer:  
*"I've lived my life."*

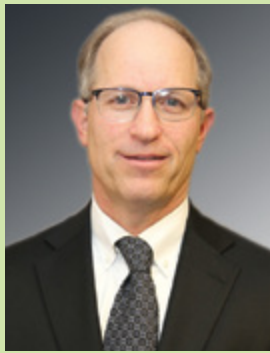
When debts come due and time is come to pay  
And death insists: *"Must pay with no delay."*  
Walk westward with a knowing smile and say  
*"Though ends my stay, I've had my day and way."*

When moon enshrouds the sun at eclipse height  
And noon is tenebrous with languished light  
Pierce with your blazing eyes the looming dark  
Proclaim with praying lips:  
*"I've made my mark."*

When time is come for adieu and return  
Sing high:  
*"I'm meteor, I give, I burn."*

HANNA SADDAH, MD





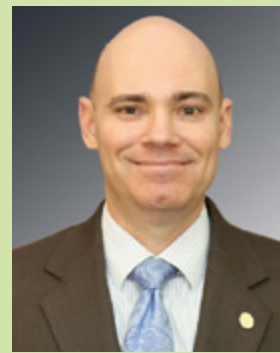
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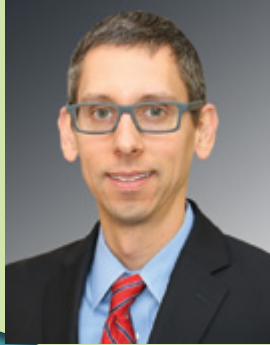
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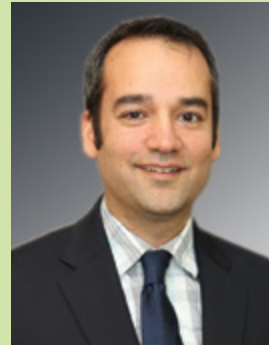
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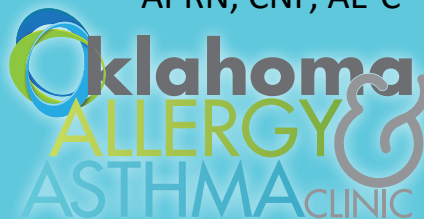
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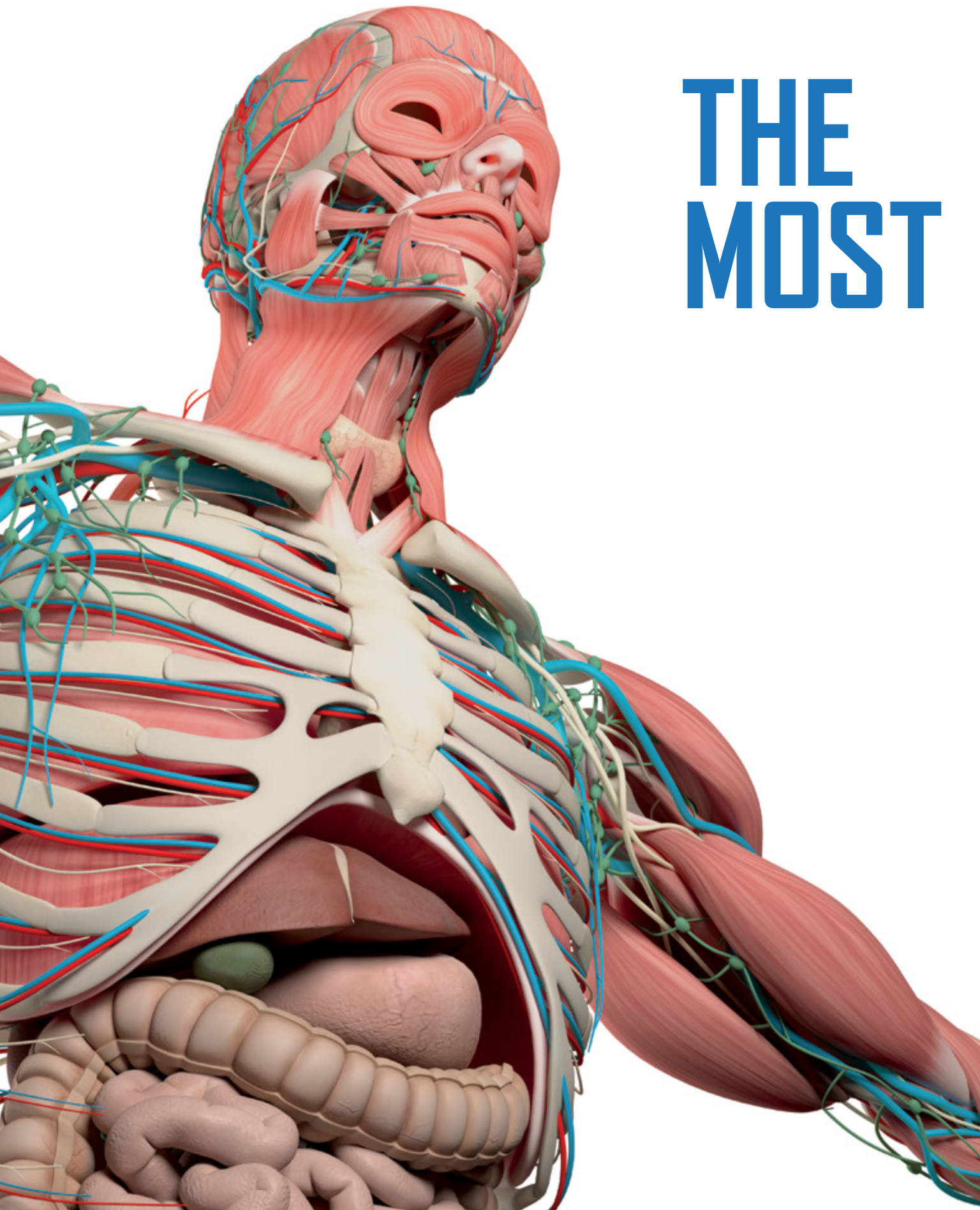
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# THE MOST



# IMPORTANT ORGAN

I was sitting in the doctor's lounge waiting for my hernia case to start when Herb Krakow, the plastic surgeon walked in. I'd just got back from a long road trip with my wife, Maggie, and was dying to ask Herb this question.

"Tell me, Herb," I began, "What's the most important organ in the human body?"

"That's easy," Herb began. "As a plastic surgeon, I can tell you that the skin is the most important organ- you can't live without your skin. It protects you from infection, it keeps you warm, it cools you off when you sweat, and it affects your self-image- how you look is a function of how your skin feels."

"True enough," I answered, "for a plastic surgeon."

"But I think most people would say that the heart is the most important organ," I added. "It circulates the blood, responds to stress by increasing output, and some would say it's the seat of emotion. Lovers even say, 'I love you with all my heart!'"

"But the brain is the true seat of emotion – perhaps even the seat of the soul," Herb replied. "It's nature's own computer and allows us to try and comprehend the world around us- it was Einstein's brain that showed that gravity was a warping of the fabric of space-time, and that time was not constant, but varied with the relative velocity of the observer."

"But if you're a liver specialist," I countered, "you believe that the liver is the most important organ. It stores and metabolizes the food we eat and helps purify the blood. The ancient Greeks believed that the liver was the seat of human emotions. You can't live without your liver."

*Continues on page 28 ...*

BILL TRUELS, MD





“Which brings us to the kidney,” Herb replied. “It’s the kidney that purifies the blood and maintains the all-important 20:1 bicarbonate to CO<sub>2</sub> ratio that keeps the ATP pump working, which keeps us alive.”

“Which in turn brings us to the lungs, which oxygenate our blood and blow off carbon dioxide to preserve that 20:1 base to acid ratio, which keeps our transaminase and phosphatase enzymes working,” I added.

“But, if you leave it up to the general public, they would no doubt say that the sex organs are the most important – some people say that everything revolves around sex,” Herb replied. “It’s nature’s way of procreating the species.”

“True enough,” I replied. “Although after the initial attraction begins to fade, it’s more important that people get along with each other to create a coherent family bond.”

“I’m beginning to get your point, Dr Truewater,” Herb replied. “The importance of each organ is a

function of the observer. Each physician views their area of expertise to be the most important. And each patient views their illness, or their area of interest to be the most relevant.”

“Exactly, Herb,” I replied. “Which brings me to my next point.”

“I spent the week-end on a long road trip with my wife, Maggie and our pet mongrel. We stopped every 30 minutes to let the dog out to pee, or let my wife out to pee, or to let me out to pee with my enlarged prostate.”

“I concluded that the most important organ in the human body is the one most likely to trigger a divorce. I decided that the bladder is the most important organ in the human body. A well-functioning bladder is the key to a happy marriage. You can carry on your activities at a normal pace without frequent disruption, leakage, odor, or pain.”

“I know that doesn’t sound romantic or scientific,” I concluded. “But, as a senior citizen, I’ll put my money on a healthy bladder over the liver or lungs any day!”



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# DIRECTOR'S DIALOGUE

*"To laugh often and much; to win the respect of intelligent people  
and the affection of children;  
to earn the appreciation of honest critics and endure the betrayal of false friends;  
to appreciate the beauty; to find the best in others;  
to leave the world a bit better,  
whether by a healthy child, a garden patch, or a redeemed social condition;  
to know even one life has breathed easier because you have lived.  
This is to have succeeded!"*

~ Ralph Waldo Emerson



BY JANA TIMBERLAKE,  
EXECUTIVE DIRECTOR

These words of Ralph Waldo Emerson, printed on the funeral program of Robert W. King, Jr., MD who died on November 27, 2018, are fitting for a man who was not only a gifted physician but a wonderful man. The medical community has lost a giant.

Having received the diagnosis of end stage renal disease, my first husband, Jim, was in need of a nephrologist. Jim's internist suggested a specialist; but before making this important decision, I asked my oldest brother, John Ferguson, MD, for his recommendation. Without hesitation, his response was "Rusty King." John had the opportunity to work with both Drs. King and Richard "Dick" Marshall at St. Anthony during his general surgery residency, and those were the two smartest physicians he knew.

The first day Dr. King saw Jim in the hospital, he told us Jim could live a more normal life if I would perform hemodialysis treatments at home. After I agreed and Dr. King had left the room, I began second guessing myself about this decision since I fainted at the sight of blood and needles! With the commitment made, I began dialysis home training.

Learning about the concept of dialysis, operation of the machine and frequent blood pressure checks went very well. It was when I needed to perform a "stick" that I balked! My brother, John, told me to think of Jim's fistula as a channel I was trying to hit and not a vein in his arm. Easy for him to say! The nurses in the dialysis unit at St. Anthony Hospital offered their arms to me

so I could practice, but I didn't want to submit them to needless torture. To get my technique right, a pillow was taped up allowing me to practice many needle sticks. What drove me to fight through my insecurity was that Dr. King believed in me. He gave me confidence that I could overcome my fears so I could help my husband gain some control over his life by receiving hemodialysis treatments at home.

After we were home for several months, I mentioned to Dr. King that I had never been scared while performing dialysis at home – either I had been trained very well or was too dumb to know better. With a gleam in his eye and a smile creeping onto his face, he replied, "I suspect it's a little bit of both." And, I found myself on the other end of his quick wit and dry sense of humor on several other occasions. Dr. King never discounted any of my concerns and always ordered the definitive test when needed. He shared Jim's final journey with us for 6½ years and was right beside us on the roller coaster of good and bad times. Dr. Rusty King will always hold a special place in my heart because of his intellect, respect for people and unwavering compassion.

Through this experience, Jim and I learned the true value of the physician-patient relationship. I am hopeful physicians never lose sight of the importance of this bond even while medicine is changing around them. Yes, we "breathed easier because Dr. Rusty King existed." May he rest in peace.

~ Jana Timberlake, Executive Director

# PROTESTERS : Monkey See, Monkey Do

PHILIP MAGUIRE, MD

I question the objectives of a whole lot of protesters. I wonder if they have any real understanding of their purpose. I wonder if you questioned every fourth of fifth one of them could they precisely define their objective? Sometimes it seems like, “Monkey See, Monkey Do.” That is, they just join the crowd – maybe to feel a part of something. To many, I’m not sure it is clear the goal of the gathering. I would venture to say a good percentage of the protesters live a life of comfort and have a reasonable education and maybe went to private schools. On the other hand, there is a percentage of them who have never read a book and are following the fashion of “Monkey See, Monkey Do.” Reports indicate that very few of them even vote. Still I must believe there are a few who have a clear understanding of the protest *de jure* and a desire to affect a policy change.

When we were kids, we played a game called “King of the Hill.” Really, it was simply jumping on top of one another to see who would end up on top. Someone would start it and then all pile on until the last one was the highest. No one gave any thought to what the good of it was. Somewhat like some of today’s protesters, just jump on!

I kind of equate some of the protesters to “follow the leader” mentality or let’s all go out and protest against: nuclear bombs, fossil fuels, or some authorities of one stripe or another. Get it started and soon you will have a large following. I wonder if the signs and placards could be left blank – to be filled for whatever occasion? Don’t these people have jobs or someplace they should be? Former Senator Eugene McCarthy said they were like birds on a line; one flew off and they all followed.

There are certain well-known demigods who can call up a protest in a second without concern about the outcome. They can boil outright hostility and anger about the protest of the day. They can bring a crowd into a rabid frenzy. Then next week, that’s all forgotten and something different will be leading the protesters like lambs. One wonders if it’s a “chance to belong.” I believe most of these people are not fully cognizant of the cause they are raging about.

Now, we pray for some civility. There is every right to speak strongly against something with which we are opposed. But is it necessary to insult and indeed harm someone with a different outlook? I hope we will get back to civility and understanding that not everyone agrees with us.





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Oklahoma City, OK 73162  
405-728-7329

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

### Special Procedures:

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

**Are you anxious about mandates and the impact on your career?**  
**Is uncertainty about the direction of your career keeping you stuck?**  
**Do you feel as if your life and practice are in total chaos?**  
**Are you concerned about pending litigation?**  
**Do you feel caught in a cycle of new mandates?**  
**Do you feel sad, irritable, isolated or alone?**  
**Do you think about leaving it all?**

If you answered yes to any of these questions, you are not alone. Most physicians struggle to find a balance between the intense demands of practicing medicine and their personal lives. No physician is unaffected by transitions in their career and personal life.

If you are overwhelmed, overworked or overstressed, OCMS provides up to 8 free and confidential counseling sessions with a licensed psychologist. It's completely confidential and offsite, giving you extra privacy to discuss anything that may be weighing heavily on you. For more information and how to make an appointment, visit [www.okcountymed.org/pwp](http://www.okcountymed.org/pwp).



## PLASTIC SURGERY

### OU PHYSICIANS PLASTIC SURGERY

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

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

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

#### Adult Services

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

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

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

#### Pediatric Services

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

## UROLOGY

### **Urologists** at **Medicine**

#### Adult Urology

Michael S. Cookson, MD, Chairman  
Urology Department, Urologic Oncology/Robotics  
Ash Bowen, MD, General/Oncology/Robotics  
Brian Cross, MD, Urologic Oncology/Robotics  
Daniel Culkin, MD, Men's Health/Stones/Oncology  
Jonathan Heinlen, MD, Urologic Oncology/Robotics  
Mark Lindgren, MD, Infertility/Men's Health  
Charles McWilliams, MD, General Urology/Male & Female  
Sanjay Patel, MD, Urologic Oncology/Robotics  
Mohammad Ramadan, MD, General/Oncology/Robotics  
Kelly Stratton, MD, Urologic Oncology/Robotics  
Gennady Slobodov, MD, Male/Female/Reconstructive/  
Incontinence/Neurogenic Bladder  
Eric Wisenbaugh, MD, Male Reconstructive

#### OU Physicians:

**Adult Urology 405-271-6452**  
**Edmond 405-340-1279**  
**Stephenson Cancer Center 405-271-4088**

#### Pediatric Urology

Dominic Frimberger, MD  
Pediatric Urology/Reconstructive Surgery/Spina Bifida  
Pediatric Urology/Robotics

#### OU Children's Physicians:

**Urology 405-271-2006**  
**Edmond 405-340-1279**







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

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