

# BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

MARCH/APRIL 2019



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

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# THE BULLETIN

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## ABOUT THE COVER

The **Oklahoma City Zoo's botanical garden** encompasses over 120 acres where exotic animals roam over the landscapes, under a canopy of flowering trees, forested groves and wildflower meadows. Discover the largest collection of Oklahoma native plants and the state's largest outdoor butterfly garden plus, thousands of blooming flowers when you visit the Zoo this spring! The Oklahoma City Zoo and Botanical Garden is accredited as a botanical garden by the American Alliance of Museums and accredited by Botanical Garden Conservation International (BGCI). The OKC Zoo is only the fifth botanical garden to receive BGCI accreditation within the United States and the eleventh to internationally. Cover photo is courtesy of the OKC Zoo, by photographer Andrea Johnson.

### OTHER EVENTS THIS SPRING IN OKC:

#### **Ancient. Massive. Wild. – The Bison Exhibit National Cowboy & Western Heritage Museum - [nationalcowboymuseum.org](http://nationalcowboymuseum.org)**

Few animals conjure the power and symbolic presence of the North American bison. Whether painted on a tipi or an artist's canvas, minted on a nickel, or seen grazing in Yellowstone National Park, the image of the bison stirs in us deep loyalties to the North American landscape. Wild and fundamental, the bison is a familiar part of our shared heritage. The exhibition explores the meaning and significance of this iconic creature from the Plains Indian culture of the 1800s through the commercial and national symbol of the present. The Bison Exhibit charts the dramatic changes that occurred to the creature and its habitat, and to the people who depended upon it for their daily existence. The exhibition also illuminates the human response that eventually led to the bison's preservation as a species and a symbol in the 20th century.

#### **Ansel Adams and the Photographers of the West Oklahoma City Museum of Art – [okcmoa.com](http://okcmoa.com)**

In 1916, a fourteen year-old Ansel Adams (1902-1984) began to capture the beauty of the West. Adams' subsequent body of work – over 40,000 photographs – influenced the practice of countless photographers and played an instrumental role in the rise of the environmental movement in the United States. Ansel Adams and the Photographers of the West brings works by Adams and other photographers, such as Edward Weston, Brett Weston, Eliot Porter, Laura Gilpin, Philip Hyde, and William Garnett. Following Adams' example, these photographers captured the beauty of the West bringing environmental awareness to the forefront of collective concerns in the United States.

#### **WAITRESS – March 19-24**

##### **OKC Broadway – [okcbroadway.com](http://okcbroadway.com)**

Inspired by Adrienne Shelly's beloved film, **WAITRESS** tells the story of Jenna -a waitress and expert pie maker, Jenna dreams of a way out of her small town and loveless marriage. A baking contest in a nearby county and the town's new doctor may offer her a chance at a fresh start, while her fellow waitresses offer their own recipes for happiness. But Jenna must summon the strength and courage to rebuild her own life.





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# PRESIDENT'S PAGE

R. KEVIN MOORE, MD



## Physician Burnout

**F**rom a recent Medscape National Physician Burnout, Depression, and Suicide Report for 2019, more than 15,000 physicians answered questions about burnout and their medical practice. 44% of physicians reported signs and symptoms of burnout and 11% were slightly depressed and 4% severely depressed. The sub specialties reporting most burnout were urology, neurology, and internal medicine, while ophthalmology, pathology, and preventive medicine suffered the least. 50% of women physicians reported symptoms compared to 34% for men, probably due to the increased demands of family and childrearing being more of a challenge for female physicians.

When asked what seemed to be causing the most stress in their lives, 59% reported charting and paperwork, 34% too many long hours and not enough time off, 32% EHRs, and 29% insufficient compensation for time worked. The more hours a physician puts in a week directly correlates to their stress levels. 36% of doctors working 31-40 hours vs 57% of doctors working > 70 hours/week. When asked about ways that the docs handled their stress, the majority reported exercising and talking to friends and family were their main ways of dealing with it. 14% of docs reported feeling suicidal at times and 1% had attempted it. Most physicians who consider suicide do not talk to anyone about it, while 50-75% of people in other jobs will report that they pursue help.

Psychiatrists were the specialty most likely to seek counseling. When asked why they haven't pursued counseling, most docs will say they can deal with it themselves, they are too busy, and they don't want to risk disclosure.

Ways docs have said they have dealt with the pressure is to reduce hours, change their work settings, make work flow changes, and add additional staff. The majority of docs feeling stressed were in the age ranges from 45-60. This was felt in part to be due to older docs not handling the new added stresses of EMR's into their practice. With all of the above, the Physician Wellness Program that OCMS started last year is the perfect answer. A member of OCMS can call and get in to see a licensed counselor within days. Up to 8 confidential sessions with no insurance billing and no electronic record are available. There are convenient hours for physicians with busy schedules. If you are an OCMS member and you are feeling stressed, depressed, and burned out, please take advantage of this service. With our current healthcare crisis, we can't afford to have physicians quit medicine for other fields or God forbid, consider suicide. Seek help before you are in crisis mode.

I would definitely say making the electronic conversion has not been a piece of cake. I have gone through three different EMR go-live events at the hospitals I attend. Some go-live days have been fairly easy, and some have not. We utilize a pediatric specific program for our clinic. It is a very easy system and I love it. If one of the providers in our clinic wants

*Continues on page 6 ...*

something added or changed to a template, I can do it myself in a matter of minutes. Some aspects of electronic records have really been great. I think electronic prescribing has been wonderful. Very easy way to keep track of meds, look up prescription histories on patients, and stay on top of refills. Being able to electronically send controlled meds like ADHD drugs, has been great both for the physicians and the patients, no longer having to pick up monthly paper prescriptions. While using paper charts, I would usually begin my day at 0800, often work through lunch, and end up seeing 35-40 patients a day. Now I typically start at 0830 or 0900. I spend about an hour before I see my first patient, going through all the notes, letters etc., that have come in during the night. We have a patient portal associated with our EMR and I go through all the messages, picking out my patients and answering/forwarding the messages on. I always take a lunch break now, but I usually eat at my desk, finishing up notes or calling parents about labs. Seeing fewer patients a day has made me utilize the physician extenders more in our office, but my billing has stayed constant and I'm working fewer

hours and taking more breaks. I try to take a day a month for rest and relaxation and treat myself to a spa day. I took up knitting and crochet as a hobby and find it relaxing at the end of a stressful day. I have tried to get regular at the gym and to exercise more frequently.

We will all experience stress, depression, and burnout. What's important is how we handle it. Look at your workflow, alter what you can, utilize physician extenders, take more vacations and time off. And if you are experiencing serious issues that are affecting your homelife or work environment, take advantage of the Physician Wellness Program that OCMS has set up. Don't be afraid to ask for help, and don't wait until it's too late. It's easy to utilize the PWP. Go to the OCMS webpage at [okcountymed.org](http://okcountymed.org). Under the Membership bullet, you will see the Physician Wellness Program and can find the number to call there. We don't just need more physicians in this state, we need happy and healthy physicians who can balance the demands of home and office, go to work with a smile, love the patient interaction, and return home with that same smile to our family and loved ones.



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# MEMBERSHIP MEETING

# 04.15.19

## 50-YEAR PHYSICIAN CELEBRATION

KEYNOTE PRESENTATION

## MEDICAL MARIJUANA

6:00 - WINE & CHEESE  
6:30 - DINNER/KEYNOTE

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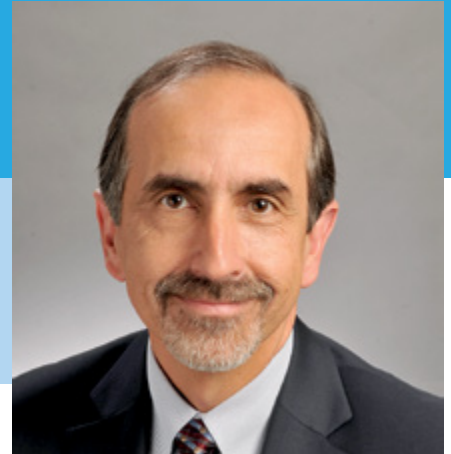
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# DEAN'S PAGE

JOHN P. ZUBIALDE, MD  
INTERIM EXECUTIVE DEAN AND PROFESSOR,  
FAMILY AND PREVENTIVE MEDICINE  
UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE



With the Flexner Report of 1910, medical schools in America underwent a transformation that embraced the advancement of scientific knowledge as the defining characteristic of modern medical education. By setting this as the gold standard, medical practice has profited immeasurably from the resulting innovations. At the OU College of Medicine, we continue to build on this foundation to create an environment of innovation that is foundational for achieving our goal of leading healthcare in education, research, and clinical care. While most of us traditionally think of research in terms of bench research, the scientific discovery at the heart of medical innovation occurs across a wide spectrum. That spectrum ranges from the discovery of new understandings at the molecular level to new and better ways of translating that knowledge into innovative therapies. In addition, it goes well beyond therapies into innovations at the health systems level. Here at the OU College of Medicine we are proud to say that we are involved in providing innovation across this full spectrum so that we can meet our goal of leading healthcare for Oklahomans. It is with this issue of my Dean's Page that I hope to bring you up to speed with but a few of the many ways we are moving towards accomplishing this worthy goal.

Our Stephenson Cancer Center (SCC) - established in 2001 with the broad mission of improving patient outcomes and reducing the burden of cancer in Oklahoma and the nation through an integrated program of research, clinical care, education, and community engagement - is Oklahoma's only NCI-Designated Cancer Center, a distinction achieved

in 2018, and one of just 70 NCI-Designated Cancer Centers in the nation. Its research goals are to: 1) promote transdisciplinary, team-based science; 2) translate ideas from the laboratory to the clinical and community settings; and 3) stimulate research that impacts both Oklahoma and the nation. More than 130 SCC research members are conducting nearly 300 active research projects and are funded by more than \$54 million in annual cancer research funding. SCC research is organized into four formal scientific programs: Cancer Biology, Gynecologic Cancers, Experimental Medicine and Developmental Therapeutics, and Cancer Prevention and Control. The SCC also houses two aligned research centers, the Oklahoma Tobacco Research Center (OTRC) and the Center for Cancer Prevention and Drug Development (CCPDD), which promote inter-programmatic and transdisciplinary collaboration.

Our Center for Geroscience and Neurodegeneration provides a transformational approach to understanding and treating complex age-related diseases through state-of-the-art scientific research. In recent years it has made great strides by achieving both national and international recognition. Our investigators have built an impressive, peer-reviewed research program funded by the National Institutes of Health. In addition to numerous individual grants, the center has been awarded a Nathan Shock Center for Excellence in the Biology of Aging (one of only 5 in the country) and an NIH-funded T32 Geroscience training grant to develop the next generation of leaders in Geroscience and Neuro-degeneration. These grants are part of

*Continues on page 10 ...*



the core vision of the Center for Geroscience to become a state, national and international leader for the causes and treatments of age-related disease and neurodegeneration. The center is dedicated to understanding the biological mechanisms responsible and developing treatments for age-related diseases with the ultimate goal of improving the health and well-being of our aging population. On February 1st, the center achieved another milestone with the funding of a \$10.74 million grant to support the growth of Geroscience and Neurodegeneration programs on the OUHSC campus. The five-year grant is from the National Institute of General Medical Sciences, a component of the National Institutes of Health.

The Oklahoma Shared Clinical and Translational Resources (OSCTR) program, under the leadership of one of our outstanding physician-scientists, Judith James, MD, PhD, Professor of Medicine, has helped to establish the Oklahoma Clinical and Translational Science Institute. As one of the participating national centers, it is helping to build a national network of institutions that focus on clinical and translational (from bench-to-bedside) research and developing the infrastructure to better support junior investigators to launch independent and federally funded clinical and translational research programs. The overall mission of the OSCTR is to serve as a catalyst for clinical and translational research (CTR) that improves health and health care for all, but especially underserved and underrepresented populations. In their efforts to improve the overall health of our citizens, the OSCTR is further focused on expanding opportunities for IDEa\* states and communities to participate in clinical and translational research. The OSCTR has effectively

provided coordination and assistance to investigators in every aspect of this research including: Education; Mentoring and career development; Biostatistical support; Seed funding for translational and clinical research projects; Clinical data repositories and registries; Community engagement; and partnerships with many other Oklahoma organizations and primary care practices to improve outcomes in diabetes and cardiovascular risk factors. In addition to the nearly \$40 million secured for ten years of OSCTR funding, to date \$56 million in additional federal grants has been awarded to OSCTR leadership and new sources of CTR funding have been secured.

In my next Dean's Page, I look forward to highlighting additional areas of research and the opportunities that we envision going forward to bring medical innovations of importance to the people of our great state. It is our commitment and steadfast support of fostering an environment that is conducive to inquiry and innovation that allows us to best train the next generation of physicians for the state of Oklahoma –physicians who are committed to finding solutions to needs, no matter the magnitude or where they are – rural, suburban, urban or inner-city. It is also through your support and partnership in this endeavor that needs are identified and solutions found – and I thank you for your support of and partnership with the College of Medicine.

*\* Institutional Development Award (IDEa) states: Oklahoma is one of 23 states in which the aggregate success rate for grant applications to the NIH has been historically low. This program has been developed for the purpose of broadening the geographic distribution of NIH funding for biomedical and behavioral research.*



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The advertisement features a scenic background image of a large, modern villa complex with a lake and swans. The text is overlaid on this image. The title "Putting the independent in independent living." is in a large, elegant script font. Below it, the features "Featuring fitness classes, re-imagined cuisine and modern, open-space floor plans." are in a smaller, sans-serif font. The name "EPWORTH VILLA" is in a bold, sans-serif font. The contact information "Oklahoma City", "www.epworthvilla.org", and "405.752.1200" is in a sans-serif font. A white stylized flower logo is positioned to the left of the name "EPWORTH VILLA".

# OCMS *Presidential Inaugural*

PHOTOGRAPHY: JOHN DOUGLAS



*President-Elect Lisa J. Wasemiller-Smith, MD; President R. Kevin Moore, MD; Past President Sam S. Dahr, MD.*



*Above: President R. Kevin Moore, MD, with his family.*



*Left, 118th President Sam S. Dahr, MD, presents plaque to 119th President R. Kevin Moore, MD.*



*2019 OCMS Board of Directors. Front Row (left to right): Matthew J. Jared, MD; Tabitha Danley, DO; Jeffrey B. Cruzan, MD; President-Elect Lisa J. Wasemiller-Smith, MD; President R. Kevin Moore, MD; Past-President Sam S. Dahr, MD; Secretary-Treasurer Savannah D. Stumph, DO. Back Row (left to right): Robert C. Salinas, MD; Christopher Jordan, MD; Amanda K. Levine, MD; 117th President David L. Holden, MD; Chad M. Smith, MD; Vice-President Basel S. Hassoun, MD; Sumit K. Nanda, MD.*



*Sam S. Dahr, MD presents the Don F. Rhinehart Award to Hanna A. Saadah, MD.*



*Members of the Class IX Leadership Academy (left to right): Nathan S. Overbey, MD; Bret R. Haymore, MD; Katherine L. Shepherd, DO; Nathan I. Valentine, MD; Judy Fong, MD; Justin C. North, MD; S. Christopher Shadid, MD.*



*117th President David L. Holden, MD, presents Presidential plaque to 118th President Sam S. Dahr, MD.*






# Medical Marijuana

S. SANDY SANBAR, MD, PHD, JD, FCLM



annabis and Marijuana are interchangeable terms for the whole plant and flower. There is a male and female cannabis plant. It is a botanical folk medicine containing about 140 biologically active components – cannabinoids. Tetrahydrocannabinol (THC) and Cannabidiol (CBD) are the best studied active components. Cannabis is available as herbal cannabis products (phytocannabinoids), such as “weed”, oils, and edibles, or as synthetic cannabinoids, for example dronabinol (synthetic delta-9 THC). Medical marijuana products include sublingual sprays, tinctures, topical salves, suppositories, and snacks, such as cookies, wafers and potato chips.

The human body has its own endocannabinoid system with many of the effects from THC and CBD occurring via agonism or antagonism at two primary receptors, CB1 (Cannabinoid receptor type 1) and CB2 (Cannabinoid receptor type 2). CB1 is the most densely populated receptor in the brain and responsible for many of the mood, motor, and cognitive effects of cannabis. CB2 receptors are mostly expressed on T cells of the immune system, on macrophages and B cells, and in hematopoietic cells. CBD does not bind to cannabinoid receptors in the brain and is less psychoactive than THC.

Medical cannabis can be recommended for specific indications by physicians. Patients discover the most effective product by trial and error. THC is the more medically active component of cannabis. It is preferable to use THC as a whole plant because other terpenoids, flavonoids, and cannabinoids may support the beneficial aspects of THC and diminish some of the adverse effects.

Orally ingested cannabis reaches a peak plasma concentration in approximately 2.5 hours. Its half-

life is 20-30 hours. Ingestion of THC undergoes 1st pass metabolism through the liver and is converted to an even more psychoactive 11-hydroxy metabolite. The slow onset of oral cannabis may prompt a patient to ingest too much THC, and then 1st pass metabolism in liver boosts its psychoactive action, producing undesirable side effects.

When inhaled, cannabis achieves peak plasma concentration within 2.5 minutes, and dissipates rapidly over 30 minutes. It has less psychoactive effects because it largely avoids 1st pass metabolism by the liver. Using inhaled cannabis allows more flexibility and control over the administered dosage.

Dronabinol (synthetic delta-9 THC) is approved for chemotherapy-induced nausea, vomiting and anorexia associated with AIDS wasting. Cannabis is also recommended for weight loss, pain, sleep, depression, and anxiety in cancer patients. It is better for chronic pain than acute pain. It does not seem to affect pharmacokinetics of opiates but seems to be synergistic for pain relief.

THC overdose deaths are not seen because CB-1 receptors are nearly absent in the brainstem. It does not seem to potentiate opioid overdose. Cannabis is probably safer than tobacco, alcohol, and even sugar. Its side effects include diminished cognitive functions, increased heart rate, and variations in blood pressure. Postural hypotension may increase the risk of falls in the elderly. The risk of motor vehicular accidents is doubled under the influence of cannabis. Cannabis may increase risk for chronic bronchitis and may rarely induce a hyperemesis syndrome. The latter is an idiosyncratic response to heavy marijuana use, causing recurrent vomiting. It improves with a warm shower and discontinuing or reducing cannabis use.



## References

<http://thecurbsiders.com/internal-medicine-podcast/63-medical-marijuana-really-dope> (2018).

Hill, KP. Medical Marijuana for Treatment of Chronic Pain and Other Medical and Psychiatric Problems: A Clinical Review. JAMA 2015

Nugent, SM. The Effects of Cannabis Among Adults With Chronic Pain and an Overview of General Harms: A Systematic Review. Ann Int Med 2017

The Health Effects of Cannabis and Cannabinoids. The Current State of Evidence and Recommendations for Research by NASEM 2017.

# ERVIN YEN RECEIVES AMA AWARD

The American Medical Association has selected former Oklahoma state Senator and Oklahoma County Medical Society member Ervin Yen, MD, with the Nathan Davis Award for Outstanding Government Service.



Nominated by the Oklahoma State Medical Association, the award is given to national, state or local government officials who have demonstrated outstanding contributions to improving public health.

Dr. Yen was recognized at a banquet on February 12th during the AMA National Advocacy Conference.



# SALINAS NAMED ASSISTANT DEAN FOR DIVERSITY



Roberto "Bob" C. Salinas, MD, Associate Professor in the Department of Family and Preventive Medicine, has been appointed to the newly created position of Assistant Dean for Diversity, in the College of Medicine. Dr. Salinas is committed to the University's mission, strategies and practices to

support, develop and sustain diversity and inclusion in our college.

Since joining the faculty in 1999, Dr. Salinas has served as Director of Community Medicine for the Department of Family and Preventive Medicine, emphasizing education and health services that focus on community-based health initiatives aimed at improving health status and reducing health care disparities. He is the founding Medical Director of the OU Medicine program in Palliative Care and currently serves as President of the Board of Trustees for the Hospice Foundation of Oklahoma. Dr. Salinas is a Board Member of the Oklahoma County Medical Society and has served as a consultant for the Centers for Disease Control and Prevention for the National Center for Injury Prevention and Control.

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# Medicine Day 2019

## A Focus on the Capitol



## Tuesday, April 16

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# NEW MEMBERS

**Arielle Allen, DO**, is a urogynecologist with Lakeside. She completed osteopathic medical school at Oklahoma State University, and residency/fellowship with OU Tulsa.

**Nathan W. Blessing, MD**, is an ophthalmologist with Dean McGee Eye Institute. He completed medical school and internship at OU, followed by a residency in ophthalmology and a fellowship in ophthalmic plastic and reconstructive surgery at Bascom Palmer Eye Institute in Miami, Florida.

**Stephanie D. DeLeon, MD**, is a board-certified pediatrician with OU Children's in Oklahoma City. She completed medical school at The University of Texas at San Antonio, and residency at OU.

**Marianne Dunlap, MD**, is a board-certified pediatrician in Oklahoma City. She completed medical school and residency at OU.

**Manuel C. Fortes, MD**, is a radiologist in Oklahoma City. He completed medical school at Fundacao Tecnico Educacional Souza Marques.

**Fadi Gebrail, MD**, is a board-certified pathologist with The Pathology Group. He completed medical school at Damascus University, residency at the University of Louisville, and fellowships at University of Cincinnati Hospital and Yale University.

**Shyvonnie N. Gray, MD**, is a board-certified psychiatrist in Edmond. She completed medical school, residency and fellowship with OU.

**Charito C. Go, MD**, is a board-certified physical medicine/rehabilitation physician in Oklahoma City. She completed medical school at Manila Central University.

**Kevin W. Hargrove, MD**, is a board-certified orthopedic surgeon. He completed medical school and residency with OU, and fellowship with the Orthopedic Research of Virginia in Sports Medicine.

**Richard B. Heigle, MD**, is a board-certified emergency medicine physician in Oklahoma City. He completed medical school at OU.

**Rhett L. Jackson, MD**, is a board-certified internal medicine physician. He completed medical school, residency and fellowship all at OU.

**Robert D. Johnson, MD**, is a board-certified pediatric emergency medicine physician. He completed medical school at St. George's University School of Medicine, residency at Mercer University School of Medicine.

**Kathryn E. Klump, MD**, is a family medicine physician with OU. She completed medical school, residency and fellowship with OU.



*Klump*



*Koduru*



*Kowalski*



*Kupiec*



*Lynd*



*Mercer*



*Overbey*



*Prough*



*Shadid*



*Shepherd*



*Vavricka*



*Yasin*

## NEW MEMBERS

**Peter K. Kowalski, MD**, is a board-certified psychiatrist with Northcare. He completed medical school at OU, and completed residency at Menniger Clinic.

**Pramoda Koduru, MD**, is a board-certified gastroenterologist. She completed medical school at Gandhio Medical College and residency/internship at John H. Stroger Hospital.

**Thomas C. Kupiec II, MD**, is a board-certified internal medicine physician with Integris. He completed medical school at OU, and residency/internship at OU Tulsa.

**Tara D. Lynd, MD**, is a board-certified pediatrician with The Pediatric Group in Oklahoma City. She completed medical school and residency at OU.

**Debra K. Mee, MD**, is a board-certified psychiatrist. She completed medical school at OU.

**Sarah B. Mercer, MD**, is a board-certified anesthesiologist. She completed medical school at OU, and residency/internship with The Cleveland Clinic.

**Nathan S. Overbey, MD**, is a board-certified anesthesiologist. He completed his medical school, residency and fellowship at OU.

**Amie Prough, MD**, is a board-certified pediatrician in Edmond. She completed medical school at OU.

**S. Christopher Shadid, M.D.**, is a board-certified family medicine physician. He graduated from the Ross University School of Medicine and completed his residency at The University of Oklahoma Family Medicine Residency program.

**Katherine L. Shepherd, DO**, is an obstetrician and gynecologist, specializing in women's health. She earned her degree in Osteopathic medicine from Oklahoma State University and completed her internship and residency training from the University of Oklahoma.

**Beverly A. Vavricka, MD**, is a board-certified OB/GYN with The Center for Women's Health. She completed medical school, residency and fellowship all at OU.

**Greggory J. Woitte, MD**, is a board-certified OB/GYN in Oklahoma City. He completed medical school at The F. Edward Hebert School of Medicine – Uniformed Services University. He completed his residency and fellowship at Rush Presbyterian.

**Irim Yasin, MD**, is a board-certified oncologist in Oklahoma City. She completed medical school at OU and residency/fellowship at the University of Illinois College of Medicine.

# CLASS IX LEADERSHIP ACADEMY



*Front, from left to right: Bret R. Haymore, MD; Judy Fong, MD; Katherine L. Shepherd, DO; Amanda L. Vanlandingham, MD; Irin Yasin, MD. Back row: S. Christopher Shadid, MD; Nathan S. Overbey, MD; Stuart W. Schrader, MD; Ryan T. Morgan, DO; Nathan Valentine, MD; Robert E. Leonard, MD; Lance M. Bradt, MD.*

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# THE FABRIC OF FRIENDSHIP

HANNA SAADAH, MD

## THE FABRIC OF FRIENDSHIP



A brief telephone conversation:

“You’re sweating?”

“No, no. I’m swelling.”

“Oh. Your feet are swelling?”

“Yes, Doc. You got it.”

Mr. Édredon came to the VA Hospital, wearing soft, oversized shoes. As an infantryman of Vietnam-War vintage, he was especially proud of his feet. “With these feet, Doc, I jungle-marched for two years without any swelling,” he smiled, looking at his feet. “Now, they swell even when I don’t walk.”

Mr. Édredon, a heavy smoker, did not only have swollen feet. The swelling, which went up both thighs, portended obstruction to venous return. Indeed, after he was admitted, imaging did reveal that his silent lung cancer had established colonies in his liver, bones, abdomen, and brain.

“Mr. Édredon, your cancer is wide spread.”

“Are you saying that it’s hopeless?”

“There’s always hope. We have new treatments that sometimes work miracles.”

“Should I try them?”

“Let’s ask the experts.”

The VA Hospital experts, after staging the cancer and studying the tumor genomes, advised palliation instead of aggressive treatment. Mr. Édredon was a widower who lived alone. His son and grandson lived in Germany and visited him occasionally, every few years. Ever since his honorable discharge in 1975, the VA Hospital had been his loving, medical home. It helped him through forty-three years of myriad illnesses and now it was going to help him die. That was his mindset when he was discharged from the medical floor to the hospital’s Palliative Care Unit.

Our relationship grew because I happened to be attending during that month. In spite of radical

measures, his swelling continued to worsen and did not respond to diuretics.

“I’m drowning in my own swelling, Doc.” He told me one morning.

“Your swelling is below your waist,” I reassured. “It cannot drown you.”

“So, how will I die then?”

“Your heart will stop when it can no longer handle the advancing cancer.”

“Will it be painful?”

“Palliative Care is not only about controlling pain and discomfort. We have all kinds of medicines and tricks that help you stay as vital as possible for as long as you live, and help you make the best use of the time you have left.”

After one week, Mr. Édredon suddenly sank into a deep depression. He took to his bed, hardly ate, and kept his eyes closed even when I visited him.

“Why do you keep your eyes closed?” I asked one morning. “Does light bother you?”

“It’s not light that bothers me, Doc. It’s reality.”

“What do you mean?”

“A man has to have a reason to live, and I don’t. I find comfort in darkness because it helps me see death.”

“What does death look like?”

“It looks like a silent stretch of peace.”

“So, you are spending your time, waiting for a silent stretch of peace?”

“What’s wrong with that?”

“Is there something that is important to you that you could give your attention to during this time?”

“My son and grandson.”

“You would like to connect with them?”

*Continues on page 22 ...*





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FABRIC OF FRIENDSHIP *Continued from page 21 ...*

Tears dripped from between Mr. Édredon's closed eyelids. I knew that his son had called to say that he wouldn't be able to come for a visit, which, I believe, is what hurled Mr. Édredon into depression. Before that call he was interacting with other patients, sharing Vietnam stories, and enjoying communal life.

"How old is your grandson?" I asked, hoping to revive his good feelings.

His eyes opened and gleamed. "He's sixteen and speaks perfect German," he declared with pride.

"Why don't you write him a long letter and tell him about your life's rich experiences, like an autobiography of sorts? I'm sure he would treasure it."

"I'm no writer and no reader, Doc. I've spent my life working with my hands, upholstering furniture, because it kept Vietnam out of my mind. My days in Vietnam were horrifying and I've spent my life trying to forget them. I certainly don't want to talk about them to my innocent grandson. I'm afraid it would ruin his love for me.

On the way back to my office, I met Dr. Nadel Kunst, the Palliative Care psychologist.

"Can you spare a minute, Doctor?"

"Sure?"

"It's about Mr. Édredon."

"How can I help?"

When I told her Mr. Édredon's story, her eyes gaped, not with surprise, but rather with expectation. "I think he needs to come to my Quilt-Therapy Class," she smiled. "My PhD thesis was on Quilt-Art Therapy."

I had never heard of Quilt-Art Therapy and my skepticism did not escape Dr. Nadel Kunst's keen, mind-reading scrutiny.

"You just told me that he's an upholsterer who does not like to read or write," she reminded me with a knowing smile. Quilt-Art Therapy is ideally suited for veterans who are unable to communicate their experiences with words. It would help them recall, re-enact and integrate traumatic experiences, and recover from emotional disorders associated with their psychological trauma.

What she said gave me immediate hope because it seemed to fit Mr. Édredon's needs better than any solution I could think of.

"I'll go back to Mr. Édredon's room, tell him that Quilt-Art Therapy can really help him, and suggest that he join your class."

"Oh, no." She gasped. "That's the wrong approach. He does not want help. He just wants to be left alone to die because he thinks that's his only way out of grief. Instead of offering him my help, tell him that I am the one who needs his help as an upholsterer. Helping others gives life new meanings and assuages despair and depression. And nobody can quilt with closed eyes," she smirked.

Mr. Édredon became Dr. Nadel Kunst's open-eyed sous chef. He helped alarmed P.T.S.D. veterans relax and enjoy creating meaningful art. His mind became a beehive, teaming with little stories about what Dr. Kunst and his classmates said and did. Stopping by his room on rounds became my daily entertainment because he never ran out of stories.

As his health failed and he became more short of breath, I gave him oxygen. As his heart failed and his lungs filled up with water, I gave him morphine. As his brain tumors enlarged and his gait became unsteady, he went to class in a wheel chair. As his speech became slurred, he wrote notes on yellow sheets of paper that he tore from a notebook.

When he sank into coma, his nurses cried. "He cannot live long without food or fluids." Two days later, his nurse, Angela, called.

"Doctor. Mr. Édredon's breathing is agonal. He's leaving us."

I sat by his bed, held his hand, and watched him fade into dreamless sleep. Angela sat on his other side, held his other hand, prayed, cried, and kept whispering, "No veteran should die alone."

The next morning, Angela came to my office. "Here's a package addressed to you," she said.

"From whom?"

"I don't know. One of the patients from the C.L.C. delivered it."

She laid the package on my desk and waited.

"It's a colorful wrap," I commented as I stared at the large, rectangular, shape.

"Well. Are you going to open it?"

The package contained a beautiful quilt, stitched with professional care, with black-red-and-gold patches on one side and red-white-and-blue patches on the other. It took us a while to realize that one side represented Germany's flag, his ancestral country where his son and grandson live, and the other, America's flag, the country that he loved and served. Between the folds, there was a yellow sheet of paper:

*Dear, Doc,*  
*When you get this note, I will be in my silent stretch of peace. Thanks to you, Dr. Kunst (who also helped me write this letter), and the Palliative Care nurses, I was able to enjoy and share my dying days in a meaningful way. I am very proud of this fabric of friendship, which I would like for you to forward to my grandson. I want him to remember me as a colorful, international, patch of time, forged by a well-lived, adventurous life, and escorted out by a peaceful, meaningful death.*  
*With gratitude,*  
*Polstern Édredon*

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# IMMUNIZATION ADVOCACY

SAVANNAH STUMPH, DO

As we are all well aware, Oklahoma has a growing anti-vaccine movement. This coordinated group has been visible and vocal at the capitol the past couple of legislative sessions. Their talking points are not science-based, but rather, are centered on infringement of individual rights, with a complete disregard to the health risks their practices pose to others. These emotional arguments have the attention of legislators and apprehensive parents.

So what do you do?

Well, you join concerned parents, public health advocates and other physicians from across the state at Oklahoma's very first Immunization Day at the Capitol in a coordinated effort to educate our policy makers on the important role immunizations play in public health.

On February 12th, our passionate group succeeded in sharing information with all 149 elected officials about immunizations based in science driving home that without strong immunization rates, preventable diseases can and will reemerge in Oklahoma.

I had the opportunity to hear first hand, the misinformation being shared with policy makers at a committee hearing. Thankfully, the bill was not put up for a vote but it was very clear that we need a pro-immunization voice.

That's where the Oklahoma Alliance for Healthy Families comes in. The Alliance is a coalition of parents, public health professionals and medical experts with the goal of combatting the misinformation being shared with families and legislators. Their mission is to positively impact the health of our schools, communities and families by advocating for science-based policies, coordinating immunization efforts across the state and arming them with consistent messaging therefore enabling them to speak effectively with one voice.

An overwhelming 92% of Oklahoma citizens support immunizations and stand firmly against loosening requirements. There is no need for groups to stand alone or in silos. It is our time to take action together to dispel the anti-vaccine arguments starting to gain ground.

**I hope you will stand with me in support of the  
Alliance and Oklahoma's own immunization movement  
to promote positive, science-based immunization  
policies and practices in Oklahoma.**







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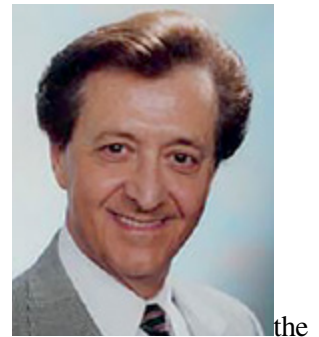
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## PART 2: PROFESSIONALS BOUNDARY CROSSINGS AND VIOLATIONS ETHICAL AGREEMENTS AND TRANSGRESSIONS

S. SANDY SANBAR, MD, PHD, JD, FCLM\*



The physician-patient relationship involves two agreements. First, a 'legal' contract is entered into where the patient agrees to pay for medical care in return for the physician's duty to treat the patient in accordance with the standard of care. Second, an 'ethical' covenant is agreed upon which protects the space that must exist between physician and the patient. The ethical covenant/agreement controls the power differential in the physician-patient relationship and permits a safe connection based on the patient's needs and best interests. The physician is obliged to care for the patient with beneficence, nonmaleficence, and confidentiality, and to preserve the integrity of the physician-patient relationship, guard patient safety and expand public trust. The physician's obligation is privileged and trusted.

### Non-therapeutic Transgressions

The physician-patient relationship is established principally for therapeutic purposes. Professional behavioral transgressions disrupt the expected and accepted social, physical, and psychological boundaries between the physician and the patient.

They lead to 'non-therapeutic' transgressions that may be merely benign boundary crossings or severe, full-blown boundary violations. For example, in psychiatry, the therapeutic relationship is prolonged and more personal and many confidential matters are discussed. There is a likelihood of developing strong emotional bonds between the psychiatrist and the patient, which may lead to non-therapeutic activity, or transgressions.

---

\*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.

## Categories of Boundary Violations

1. **Non-patient violations** such as sexual harassment of coworkers, over involvement or romantic relationships with staff, and prescribing for non-patients.
2. **Patient nonsexual violations** which include inappropriately prescribing narcotics to patients; inappropriate touching of patient, hugging and arm around shoulders, not for medical purposes; inappropriate comments to the patient, not for medical purposes; inappropriate behavior during examinations; inappropriate clinical decisions, extending length of visit at no extra charge, or scheduling patient for last session of day; and having a dual relationship with the patient who may be a student, employee or business partner and friend.
3. **Patient sexual violations** which include sexual activity, but not intercourse, with current patients, and sexual intercourse with current or former patients. Professional sexual misconduct (kissing, hugging and intercourse) is always a boundary violation. The professional becomes more vulnerable to civil lawsuits, peer review and privileging actions, complaints to the state licensing board, and long-term treatment of the violator and rehabilitation.

## Risk of Injury to the Patient

Boundary violations place the patient at risk of injury, including fear of seeing other physicians and loss of trust, anxiety, depression, guilt, anger, sexual dysfunction, marital problems and termination of the physician-patient relationship. Some patients are particularly vulnerable. For example, those who are going through a relationship discord or breakup; those with borderline personalities, bipolar disorder, schizophrenia, delusions and fantasies involving seduction of the therapist; those with a history of sexual relationship with prior therapist; those who are seductive, give presents or suggest meeting outside the physician's office.

## Unethical and Unprofessional Physician Conduct

From the physician standpoint, boundary violations are unethical because of 'dishonesty' about the dangers to the patient and the 'conflict of interest' in failing to exercise impulse control and in satisfying the physician's emotional need. They are often illegal and are very difficult to defend in a licensing board action for unprofessional conduct. The board generally believes the patient. The physician may be charged with intentional tort of committing sexual battery, even though the patient is a willing partner, and punitive damages apply. The physician may face medical negligence actions based on patient mismanagement, negligent infliction of mental distress, as well as criminal prosecution for sexual battery, which is not covered by malpractice insurance.

## Physician's Risk Factors

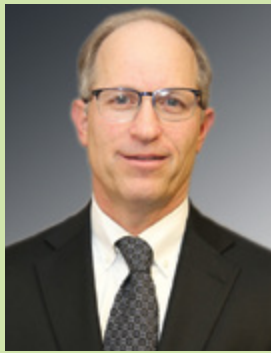
The physician who is at risk of violating professional boundaries may be lonely, hypersexual, going through a relationship discord or breakup, may have delusions or fantasies involving seduction of the patient, may have poor impulse control or a prior history of sexually acting out. Between four and nine percent of physicians commit boundary violations. Most boundary violators are between the ages of 40 and 49 years. About two thirds of the offenders are married. The most frequent type of transgression is prescribing violations followed by sexual intercourse with a former or current patient. The greatest percentage of violators are psychiatrists followed by family practice and internal medicine doctors. Physicians with boundary violations most commonly have problems with mood disorders, adjustment disorder, and substance dependence/abuse.

## Treatment

Physicians who engage in patient sexual violations are often referred for evaluation and treatment by the state medical board, peers, or attorneys, and some are self-referrals. With treatment, between 83 and 90 percent of physicians have reported no further violations at follow-up. A large majority (85% or more) have an active and unrestricted license at the time of treatment. Close follow-up of boundary violators may last 4 years or more.







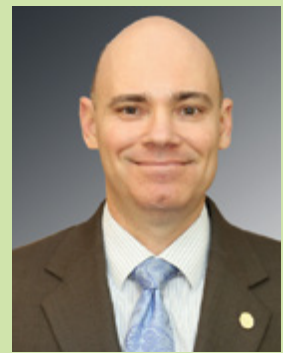
Dr. Atkinson



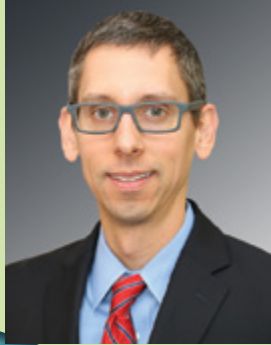
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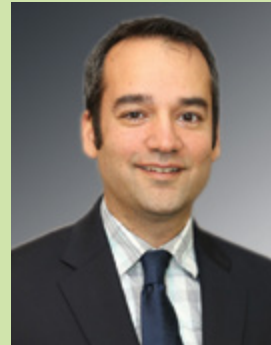
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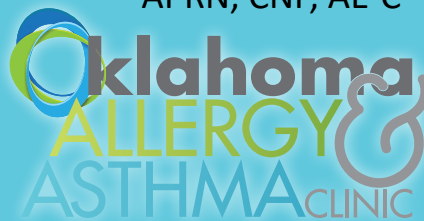
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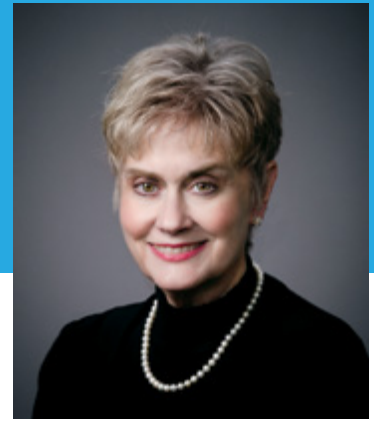
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# DIRECTOR'S DIALOGUE

*“Happiness is not the absence of problems,  
it’s the ability to deal with them.”*

— Steve Maraboli, *Life, the Truth, and Being Free*



BY JANA TIMBERLAKE,  
EXECUTIVE DIRECTOR

According to the American Medical Association, over half of U.S. physicians experience burnout. More than 15,000 physicians from 29 specialties responded to a recent Medscape survey. Physicians were asked about the prevalence of physician burnout factors and how their lives were affected. This year’s highest percentage of physician burnout occurred among the following medical specialties:

- Urology: 54 percent
- Neurology: 53 percent
- Physical Medicine & Rehabilitation: 52 percent
- Internal Medicine: 49 percent
- Emergency Medicine: 48 percent
- Family Medicine: 48 percent

Almost 60 percent of respondents chose too many bureaucratic tasks as the leading cause of burnout. Forty-eight percent of physicians, working 51-60 hours each week, cited a leading cause of burnout was spending too many hours at work.

These statistics support the OCMS Board of Directors’ decision to develop the Physician Wellness Program for Society members. PWP has concluded its first year of operation with 13 participants, totaling 56

visits @ \$145 each, for a total of \$8,120 of counseling provided to OCMS members. Anonymous feedback from program participants has been excellent with no negative responses.

To continue this vital program, a fund-raising campaign will begin this spring. For the past two years, the OSMA Foundation has selected the Oklahoma County Medical Society’s PWP for a matching grant, and the program has plans to again submit a grant proposal that is due by March 15th. It is through the generosity of OCMS members that the PWP will have the amount of funds necessary to continue assisting physicians who are struggling with the balance between the demands of medical practice and their personal lives.

When you receive this year’s PWP fund-raising campaign request, please continue your financial support to a program that is helping your colleagues to once again discover the joy of practicing medicine!

Jana Timberlake, CAE  
Executive Director



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*I want time to stop—  
I'm in a pretty spot—  
Things don't have to change--  
No need to re-arrange!*

*I've worked hard to get where I am  
I've gotten out of every jam!  
Anything now that's new  
May put me in a stew!*

*I suppose I'm getting old-  
I'm not quite so bold!  
I think and meditate  
Upon my present state!*

*If life stayed the same  
I always would remain!  
I'd never have to pass  
And turn myself to grass!*

*Such is nature's way  
The young will rule the day!  
But in all honesty-  
That's how I came to be!*

*Bill Truels, MD*



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**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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