BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

SEPTEMBER/OCTOBER 2018

THE STATE FAIR OF OKLAHOMA

OLD FASHIONED FUN, NEW FASHIONED FAIR

OKLAHOMA COUNTY MEDICAL SOCIETY

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THE BULLETIN

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ABOUT THE COVER

The Oklahoma State Fair has selected **OLD FASHIONED FUN, NEW FASHIONED FAIR** as its theme for this year's big event, September 13 thru 23. For more than 100 years, the Oklahoma State Fair has been an annual staple in the lives of many Oklahoma families.

Fairgoers can certainly look forward to OLD FASHIONED FUN, at a NEW FASHIONED FAIR. "Our desire is to provide an exceptional experience to every visitor of the Fair," said Timothy J. O'Toole, Oklahoma State Fair, Inc., president & CEO. "Every year, we work hard to cultivate a Fair that is new and evolving, while still steeped in the traditions that we know Oklahomans love." This year's logo features a horseshoe, referencing the multitude of agriculture events Oklahomans compete in and Fairgoers enjoy spectating; and a pig – another Fair icon.

This year's fair will feature entertainment, history and fun for the whole family. Take a step back to the time of John F. Kennedy's presidency with a visit to the largest traveling exhibition of JFK artifacts. With hundreds of items, Fairgoers will have no shortage of historical information to take in at this exhibit – now in the Bennett Event Center. Meet and chat with children's book author Gwendolyn Hooks when she visits the Fair and makes a stop in the Creative Arts Building to interact with readers and fans. Located in the Bennett Event Center, the Made in Oklahoma store features hundreds of items from artisans across our beautiful state. Ice cream, preserves, home décor and clothing are just a few examples of the items shoppers can find in this corner of the Fair.

Tickets to the 2018 Oklahoma State Fair, including Disney On Ice, PRCA Xtreme Bulls, outside gate admission tickets and carnival armbands. To stay up-to-date on all the Fair fun, visit www.okstatefair.com.

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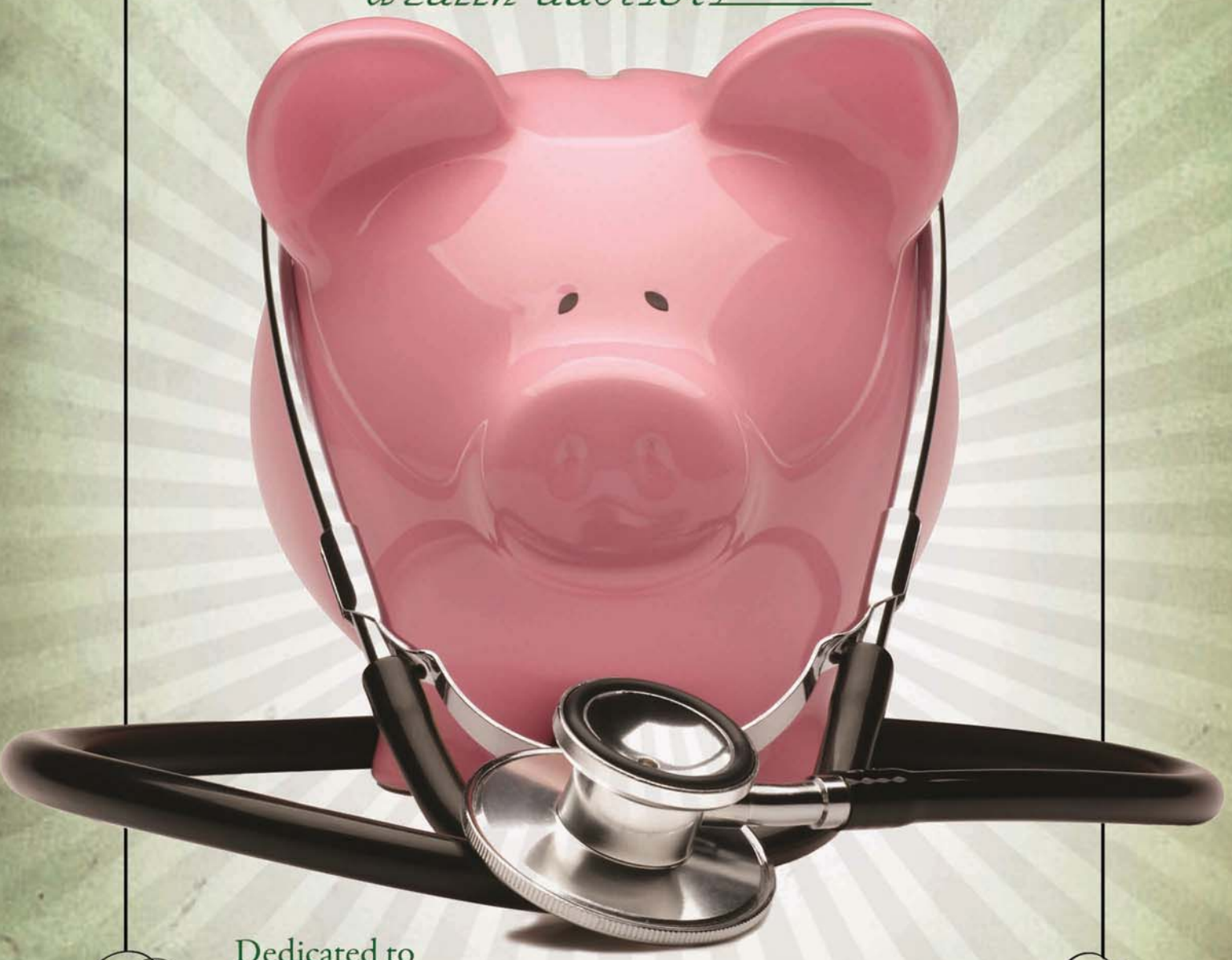

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OCMS
OKLAHOMA COUNTY MEDICAL SOCIETY

PRESIDENT'S PAGE

Sam S. Dahr, MD

WHEN TEACHERS BECOME PATIENTS…

As we contemplate the back-to-school season, I'm occasionally pleasantly surprised to see a spiral-bound notebook in the hands of one of my complex autoimmune eye disease patients. During my student years, these notebooks represented hours of class, note taking, and studying for the next pop quiz or major exam. Today, as a physician, these notebooks represent a patient who will likely meticulously carry out my detailed instructions regarding eye drops, oral prednisone tapers, and immunosuppressive therapy. And these notebook-carrying patients tend to be teachers.

I have the privilege of caring for many teachers – women and men, in their 20s and 30s with autoimmune eye disease, in their 40s and 50s with retinal detachment, and in their 60s and 70s with macular degeneration. They are great patients. These educators teach themselves about their disease and ask insightful questions. They follow instructions to the letter and will keep a meticulous log of any parameter – blood pressure, medication dose, etc. – when requested. Polite, cheerful, their spirit inspires staff and physicians alike.

Yes, they are great patients but more importantly they are remarkable, humanistic individuals. I've been struck by the teacher facing a difficult retinal detachment situation, with vision at risk, and that person's main concern is when she or he can return to the kids and classroom. They exhibit clarity of thought and action and a gentle toughness in adverse circumstances. Generous, forgiving, even keeled – they emanate a special grace. A current patient was my teacher nearly forty years ago. When I consider the day (hopefully long in the future) when I will be a patient and contemplate her example of humility and decency, I realize I remain a student in her class, albeit my exam room!

As physicians, we are taught for many years and at various times we may do some teaching ourselves. I often reflect on the all-star lineup of English teachers I had from 6th grade through senior year (Drs. Jett and Hager, my classmates, will no doubt attest). These individuals taught me how to write, reason, communicate – all skills I use every day as a physician. My faculty in residency and fellowship taught me the intricate millimeters and microns of eye surgery. We owe debts we can never fully repay. When presented with the chance to teach a student or resident, we should seize the opportunity to make some recompense.

I have stated previously that physicians are a key foundation component of our society. Teachers are as well; even more so than we physicians. Next time a teacher shows up in your exam room, with or without a notebook, draw inspiration from that remarkable individual's dedication and service to our community. And don't worry – there won't be a quiz!

OKLAHOMA CITY BALLET

ROBERT MILLS, ARTISTIC DIRECTOR

2018 ~~19~~ SEASON

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ALICE
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OCT. 26-28, 2018

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LA SYLPHIDE
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Laura Hunt as 'Alice', Charles Martin as the 'White Rabbit'
Photos by Kenny Johnson | Photos courtesy of Kansas City Ballet

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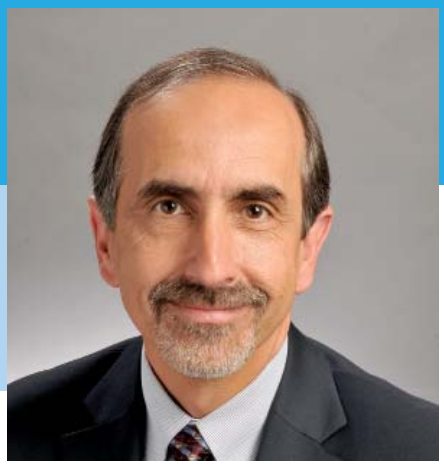
DEAN'S PAGE

John P. Zubialde, MD
Interim Executive Dean and Professor,
Family and Preventive Medicine
University of Oklahoma College of Medicine



At this time last year, we shared with you information regarding the accreditation process for the College of Medicine, and an update concerning the status of our preparations for the full accreditation site visit – which, at that time, seemed so far away. We now know that the visit will be January 27-30, 2019. As you will recall, the College of Medicine medical education program is accredited by the Liaison Committee on Medical Education or by the abbreviation that is most-often repeated at the College of Medicine these days: "The LCME." Jointly sponsored by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), the LCME is the United States Department of Education-recognized accrediting body for educational programs leading to the M.D. degree in the United States.

In preparation for the January visit, two executives from other medical schools conducted a two-day mock site visit in August to identify strengths, weaknesses, and suggest possible solutions to any issues observed. Faculty, students and residents were involved in the mock site visit and received the feedback. The site visitors' comments will afford us a few months' time to enhance our submission.

The LCME has 12 accreditation standards and 92 supporting elements that address the various facets of medical student education, including admissions, curriculum, student affairs, faculty and educational resources. We are fortunate in that our leadership – past and present – has invested time and energy in remaining ever vigilant, pro-active, and diligent in their efforts to maintain the College's fully-compliant status. As we continue to achieve what is required, our drive for constant evaluation and improvement remains on course.

On another note, I am happy to report that we have also set October 20 as the date for our annual Family Day. Having a child or a spouse in medical school can be confusing and even a little anxiety provoking to the student's family members who have little or no previous connection with medical education. That being said, for nearly two decades now, we have hosted Family Day as our attempt to reach out and help demystify what medical school is like for the parents or for the spouses of our new first year students. Organized to cover the topics of highest interest, and planned in conjunction with the students themselves, this successful event takes place over several hours on a Saturday morning, with students bringing parents and/or spouses with them.

This year's Family Day will include a tour of the Basic Sciences Education Building and its facilities which gives family members a better understanding of the student "module" system and the learning

Continues on page 8 …

environment in which the students will spend a great deal of their time during the first two years of medical school. Most family members find the tour of our Clinical Skills Education and Testing Center (CSETC) one of the most fascinating aspects of the day's activities, since the CSETC is somewhat spellbinding with its interesting array of sophisticated models, simulation technologies, and computerized assessment.

In addition to the facilities tours, the class members and their guests assemble for a more formalized program wherein a demographic profile of the class is shared and the Executive Dean gives an overview of the College of Medicine, discusses the transition from college to medical school, and describes in general terms the education and training the students will experience. The Associate Deans for Student Affairs and Academic Affairs provide an overview of student life; services available for the students; and depict how the curriculum is constructed for all four years.

Overall, Family Day appears to be a pleasant, if not memorable, experience for all concerned; we believe that it creates a much better understanding and forms a stronger bond between the students and their families for sustaining the rigors of medical school.

In closing, I wish to express great appreciation to members of the OCMS who continue to take a strong interest in nurturing the next generation of physicians. Please know that you are very important to helping us fulfill our mission. We would be very happy to have any of you come and visit us anytime to hear about/discuss all of the exciting things going on at the OU College of Medicine.

REGISTER NOW

OKLAHOMA STATE MEDICAL ASSOCIATION

PRESENTS

THE CROSSROADS OF MARIJUANA: DO IT RIGHT!

Oct. 26, 2018 • 7:45 a.m. to 5 p.m.

Embassy Suites Downtown Medical Center • 741 N. Phillips Ave., Oklahoma City, OK

Register today! okmed.org

CME Event Schedule

7:45 a.m.	**Registration and Breakfast**
8:30 a.m.	**Tom Bates,** Interim Commissioner of Health, "Managing Medical Marijuana: Rules, Risks and Strategies"
9:45 a.m.	**Cori Loomis, Esq.**, Christensen Law Group, "Don't Get Burned: Legal Issues Associated With Medical Marijuana"
10:45 a.m.	**Break**
11:00 a.m.	**Mike VanDyke, Ph.D.,** CIH Branch Chief of Environment Epidemiology, Occupational Health and Toxicology, "Marijuana: The Colorado Experience"
12:00 p.m.	**Lunch**
1:00 p.m.	**Buffy Heater**, Strategy Officer to the Oklahoma Health and Human Services Cabinet (HHS), Oklahoma State Department of Health, "Marijuana: The Nuts and Bolts You'll Need for Providing the Licensure Card"
2:15 p.m.	**Thomas Kupiec, Ph.D.,** President/CEO ARL BioPharma, Inc., "Opioids and Marijuana: The Good, the Bad and the Ugly"
3:15 p.m.	**Break**
3:30 p.m.	**Sunil Aggarwal, M.D., Ph.D., Cannabinologist,** "The Use of Cannabis in Palliative Care Patients"
4:30 p.m.	**Panel Discussion: Q and A with Speakers**

Accreditation Information

Disclosures:
The Faculty, CME Planning Committee, Reviewer and Moderator have no relevant financial Relationships to disclose.
Accreditation Statement:
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Oklahoma State Medical Association (OSMA) and Physicians Liability Insurance Company (PLICO). The Oklahoma State Medical Association (OSMA) is accredited by the ACCME to provide continuing medical education for physicians.

The OSMA designates this live activity for a maximum of *7 AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
"The Oklahoma State Medical Association has been surveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation for six years as a provider of continuing medical education for physicians. The ACCME accreditation seeks to assure the medical community and the public that the Oklahoma State Medical Association provides physicians with relevant, effective, practice-based continuing medical education that supports US health care quality improvements.
The ACCME employs a rigorous, multilevel process for evaluating institutions' continuing medical education programs according to the high accreditation standards adopted by all seven ACCME member organizations. These organizations of medicine in the US are the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards of the US, Inc."

Accreditation Statement: The Osteopathic Founders Foundation is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. The Osteopathic Founders Foundation designates The Crossroads of Marijuana: Do It Right for a maximum of seven (7) AOA Category 1-A credits. The Osteopathic Founders Foundation will report CME and specialty credits commensurate with the extent of the physician's participation in the program.
Approved for Oklahoma CLE 8.5 General Credits.

RHINEHART

CALL FOR NOMINATIONS: RHINEHART MEDICAL SERVICE AWARD

Nominations are open for the 14th annual Don F. Rhinehart, MD, Medical Service Award. This award recognizes OCMS members, active or retired, who have demonstrated significant involvement in projects to help improve health care, the community or the state.

Nominations must include:

- the name of the nominee,
- the project(s) in which the nominee has been involved at the local, state or national level,
- the reason(s) why their involvement or service is worthy of recognition.

Nominations should not exceed 650 words. The recipient will be selected at the lat October board meeting; the award will be presented at the Inaugural Dinner on January 25, 2019.

Email nomination to:
jtimberlake@okcountymed.org
Mail nomination to:
OCMS, 313 N.E. 50th St., Suite 2,
OKC, OK 73105; or fax it to (405) 702-0501
Deadline: October 1, 2018

THE PEARL

S. Sandy Sanbar, MD, PhD, JD, FCLM

Thanks in part to technology, modern living and medical advances, the average life span of humans is well in the seventies. This translates into lengthier and more grueling years of work causing physicians, and other professionals, to develop a terrible disorder – **burnout**. *"Burnout has three components: exhaustion (lost energy), cynicism (lost enthusiasm), and inefficacy (lost self-confidence and capacity to perform), but you don't have to be experiencing all three in order to suffer serious consequences."*[1]

Midcareer Breaks to Prevent Burnout

For centuries, human beings have been hard-wired to become educated, have a family, invest and live in a home, work long hours and save for children education, for retirement and leave a sum for inheritance. But things are changing. More people are currently taking time off midcareer to (a) travel, a top priority, (b) start a new career, (c) volunteer to help in some part of the world, (d) write a book or (e) take up a hobby such as painting, among other things.

Physicians should take midcareer breaks, from one month to 1 year or more. This is commonly used in academia usually as a year-long sabbatical. Not only breaks are fun, interesting, invigorating, recharging and rejuvenating, but also they are the best methods/techniques/measures to prevent burnout.

Career experts advise: "Take months or years off from work, travel the world, and enjoy yourself."[2] Lynda Gratton and Andrew Scott, co-authors of The 100-Year Life: Living and Working in an Age of Longevity[3] noted, "Why wouldn't you want to take some of the retirement at the end of your life and distribute it to the middle of your life?"

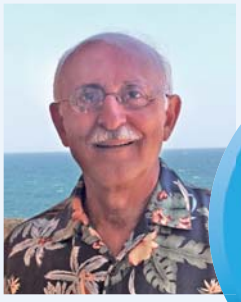
Wealth managers are utilizing high tech tools to calculate for clients whether their travel plans are affordable, manageable and comfortable. Physicians have concerns about leaving their patients under the care of others, loss of income, and having to pay sundry major expenses (home, children, clinic, assistants, travel, etc.). Who will handle home problems? Will some patients seek medical care elsewhere? Will the physician's future income diminish?

Physicians who take career breaks and travel are more productive than when they are at home. They are exposed to other conversational languages than English, such as French, German and Spanish. They share their travel experiences with patients, and look forward to the next career break of 1-3 months. The brain interprets career breaks as 'rewards", which is a positive thing that thwarts burnout and at times gets careers back on track.

Travel Pearls:

- Plan your midcareer breaks well in advance.
- Inform your patients of your scheduled breaks.
- Save money specifically for your breaks and travel.
- Travel with a group, e.g. bus tour or cruise ship, to meet new people.
- Include educational seminars, e.g. retreats or cruise conferences.
- And most importantly get travel insurance and carry the least amount of luggage.

[1] https://hbr.org/2018/01/when-burnout-is-a-sign-you-should-leave-your-job
[2] http://businessweekme.com/why-retire-when-youre-too-old-to-enjoy-it-quit-now/
[3] https://www.amazon.com/100-Year-Life-Living-Working-Longevity/dp/1472930150



THE POET'S SPOT

Love cheers the soul and lends essential meaning to existence. We do not question the purpose of life if we have love. All the noble passions emanate from love, and all art forms stem from these very passions.

Without love, we cannot create, be in touch with humanity, reach God, appreciate beauty, feel secure, or experience the splendor of being. The fear of loss is the thorn of love; it can only be conquered with faith.

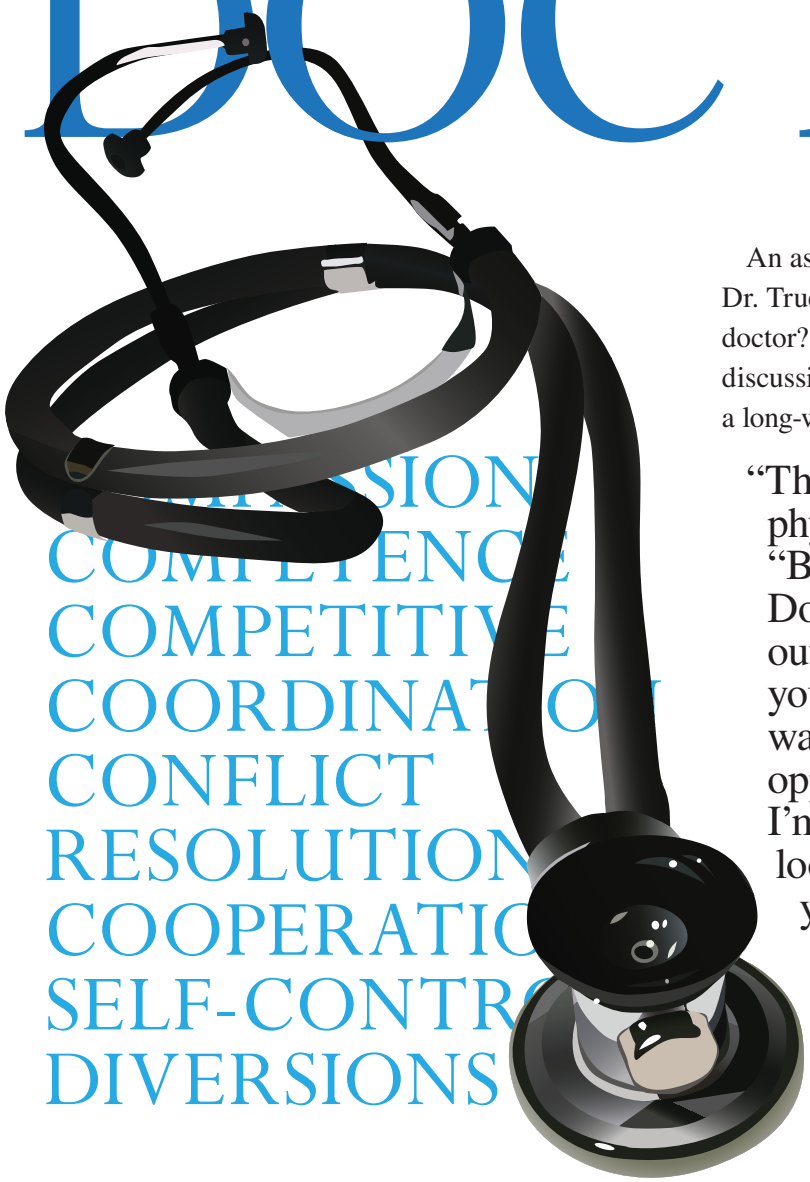
Love Is A Rose

Because you love me, I can tame the skies
Release my heart to gallop in your eyes
Inspire spring to blossom dreams with wings
Find mighty feelings in the simplest things.
Because I love you, you will always be
A poem, dancing in my memory
A breath of beauty, timeless, evergreen
A refuge for my soul, remote, serene.
Love is a gift, a breath of God, a rose
That blooms within the hearts, and grows, and grows
Her stem is hope, her leaves are smiles and tears
Her petals, passions, and her thorns are fears.
Oh, mighty, lovely rose I tend with care
I pray that every day you will be there.

HANNA SADDAH, MD

A GOOD DOCTOR

BY BILL TRUELS, MD



An aspiring college student asked me, "Tell me, Dr. Truels, what are the characteristics of a good doctor?" Much as I hate getting into long-winded discussions, and giving lectures, I ended up giving a long-winded lecture.

"The first character trait of a good physician is compassion," I began. "Be concerned about your patient. Don't be in a hurry with one foot out the door while you talk to your patient. In fact, I usually walk around to the side of the bed opposite the door to show that I'm not in a hurry to leave. And look your patient in the eye when you talk to him."

"The second trait of a good physician is competence – acquire a good database of knowledge in medical school and afterwards to make an accurate assessment of the patient's medical problems. And knowledge

is constantly changing, so keep abreast of all the new developments by reading the medical literature."

"The third trait of a good doctor is learning to be competitive. Find out what you need to do to get to medical school, and then do it. You're basically in a race against dozens of others for the same spot. If you don't make it, try again, go to an offshore medical school, or apply in an associated medical field, such as a physician assistant, a nurse or nurse practitioner, or be a radiology or radiotherapy tech."

"The fourth trait of a good physician is coordination, if you're in a surgical field. Part of this is genetic, but eye-hand coordination is something that improves with practice, and has to be maintained. Another aspect of coordination is knowing how to palpate the abdomen for abnormal masses, training yourself to listen for heart and lung sounds, or even locating the trigger point for a headache, a backache, or a painful knee."

"The fifth trait of a good physician is learning to deal with conflict. This takes several forms. Be prepared to be chewed out by a patient or family member, and deal with this as calmly as possible. Not all patients are going to do well, and some of them blame the doctor for their bad outcomes. In ancient days, the king would give orders to kill the doctor when the king died – partly as retribution for not being able to save the king!"

"Another area of conflict is learning to deal with trial lawyers, who adopt the motto, 'Throw everything against the wall and see what sticks.' Be prepared for the trial lawyer to try to tarnish your reputation in front of a jury, in order to win a case. Take a debate class in school to learn how to defend yourself, and present logical arguments – and try not to take it personally. Be prepared for questions like, 'How may times did it take to pass your board exam?' The lawyer knows full well that some board exams flunk one third of applicants on the first try."

"A sixth trait of a good doctor is cooperation. Learn to cooperate with your fellow physicians, because you are often involved with team efforts in solving a patient's health problems. Don't try to tell an infectious disease specialist, for example, which antibiotic they should choose – I have seen this. And learn to cooperate with the nurses and technicians working with your patient, as they provide hands-on knowledge of a patient's problems."

"A seventh trait of a good physician is learning to avoid or limit controlled substances. Bad habits start in high school and college and progress thereafter. I have seen many college students lose sight of their career goals, and get hooked on drugs and alcohol. Learn to deal with the stresses in your life without using controlled substances- ride a bike, play golf or tennis, or practice yoga or meditation. For those who become addicted, there are physician services available to help with drug rehabilitation."

"Practice self-control – one of my fellow surgery residents spent four years in college, four years in medical school and five years in surgical residency, only to die one year later traveling 100 miles per hour in a sports car with his fiancé! And seek help for personal issues – tragically, I have known three successful surgeons who committed suicide over personal family issues."

"Finally, there is one additional trait of a good physician – diversion. It's important to have an outside diversion or hobby that gets you totally away from medicine, lets you relieve stress, and lets you spend quality time with your family, which is the most important part of your life – more important than your career."

"You don't want to be totally consumed by your career, for people will remember most of us more for our family than our career. Spend time away to look in other directions – go on vacations with your family, spend time at a cabin or lake home, be a Boy Scout or Girl Scout leader, or engage in sports activities. After all, the time you spend away from your career is really the only part that your family will remember!"

SAVE THE DATE!

2018 OCMS ANNUAL MEETING / ELECTION OF OFFICERS

NOVEMBER 5, 2018

Plan to attend the fall Membership Meeting on the evening of Monday, November 5, 2018 at 5:30 p.m. at the Oklahoma State Medical Association.
Topic: Cyber Security
Speaker: Sam Munkal, Cytek

RSVP Online: okcountymed.org/rsvp

Look for an invitation to this event!

OCMS OKLAHOMA COUNTY MEDICAL SOCIETY

alliance

HISTORY

Oklahoma County Medical Society Alliance

The Oklahoma County Medical Society Alliance (previously known as the Auxiliary) has a long and enduring history. You may be surprised to learn that the first State Auxiliary in the nation was formed in 1907 in Pottawatomie County. The Women's Auxiliary to OCMS was formed in 1925. Membership has ranged from 45 to 500 members with today's average of around 100 dues paid members. Dues in the 1930s were $4 annually as compared to today's fee of $80. The organization has undergone names changes since 1925, but the mission has remained the same.

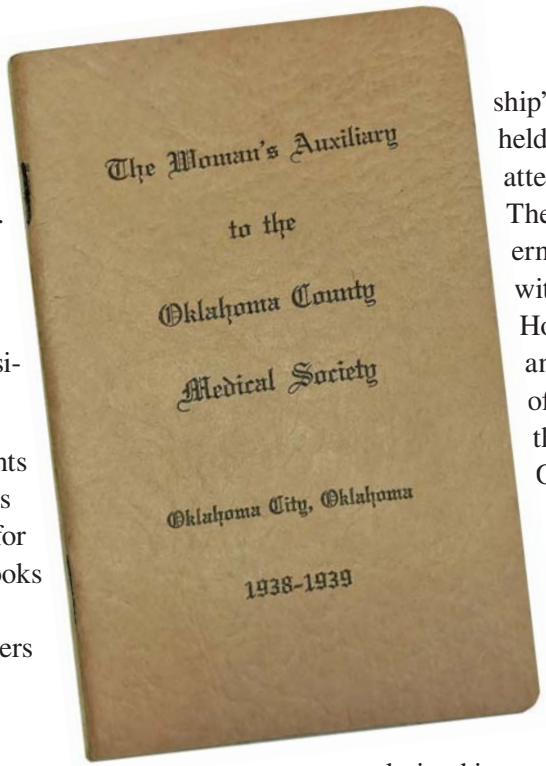
Here is a brief look at the Alliance activities and history throughout the years.

Researched and Written by Barbara Jett and Jeary Seikel

1925-1929

The Woman's Auxiliary to OCMS organized with its first president, Mrs. Edward P. Allen, leading the 45 founding members. Its mission was to provide charitable and benevolent work while bringing attention to the OCMS. Meetings were held at the University Club and the Skirvin Hotel.

Members made clothing for patients at the newly established Children's Hospital and sewed baby clothes for needy families. They collected books and magazines for hospitals and adopted families of disabled soldiers by providing food, clothing and Christmas gifts.



1930-1939

Recognized for their active members, the Auxiliary won a state trophy for "the most energetic membership" three years in a row. Members held luncheons to raise money and attended monthly Auxiliary meetings. They hosted members of the Southern Medical Association Auxiliary with events held at the Biltmore Hotel and Oklahoma City Golf and Country Club. Members were often featured on the front page of the society section of The Daily Oklahoman.

During the war years, Auxiliary members volunteered at the Red Cross by helping families of wounded soldiers. They purchased war bonds valued at $1000. Also, members provided knitted items, rolled bandages, made layettes for hospitals and completed a scrapbook for Crippled Children's Hospital.

Continues on page 18 …

 Continued from page 17 …

During these years, the Auxiliary became politically involved when concern grew that the private practice of medicine was being challenged by legislative action.

1950-1959

Auxiliary members supported civil defense by helping fund the warning system in Oklahoma City. They worked to educate the community about the importance of the polio vaccine.

Due to a shortage of nurses, the Auxiliary members went to local high schools to encourage interest in medical careers. In addition, members hosted style shows, luncheons and teas for the wives whose husbands came to attend the Oklahoma Clinical Society.

Local member Mrs. George Garrison founded a four-year study course for medical student wives at OU to help them anticipate "life's work" as a doctor's wife. WASAMA became a national organization in 1957 with 35 chapters and 5000 members on medical campuses across the country.

1960-1969

The Auxiliary presented a program Teen Sitters Workshop. 500 teens from local high schools participated to learn about safety in the home and how to respond to emergencies. The program included training from local firefighters, police, FBI, doctors and nurses.

From left to right: Mrs. Charles E. Barker; Mrs. J.E. Harbison, Mrs. John Lamb

Projects included the Stamp Out Polio campaign and furnishing the rehab room at Central State Mental Hospital and the Auxiliary hosted teas for graduating nurses from all nursing schools and supported OMPAC.

1970-1979

Auxiliary continued holding Teen Sitter workshops and held seminars for 5th grade students to encourage participation in health careers. They collected drug samples for donation to the Indian Reservation Clinics and worked to educate the public of the threat of venereal disease.

They staffed the Safety Fair and hosted a booth for the American Heart Association at the state fair.

In addition, they hosted Medical Summit meetings at the state Capitol called "Ladies Day at the Legislature", participated in Doctors' Day activities and staffed the Decorator Showhouse.

Committees included Mental Health, International Health, Health Careers, Legislation, Inaugural, Yearbook and Telephone Calling Committees. The Auxiliary worked for several years to raise $2500 to fund a painting of a pioneer physician that was donated to the Cowboy Hall of Fame (now the National Cowboy & Western Heritage Museum).

They hosted International Dinners to raise money for their projects. During these years, the Alliance launched The Sharing Card, a Christmas card that was sent to every member of OCMS and raised money for the AMA's Educational Research Fund that benefited medical schools. They established the Nurses Loan Fund and offered an honorarium of $50 to an outstanding nurse in each school of nursing. Auxiliary sponsored and supported medical student and resident wives by advising and hosting membership meetings.

1980-89

Projects included working with a residential program for at risk boys (Speck Home), education on child passenger safety, Christmas stocking donations to the Parents Assistance Center, sponsoring the physical fitness exhibit at the Omniplex, Girl Talk for 5th grade girls and their mothers, anti-smoking campaigns and the distribution of medfile cards to physicians to assist elderly patients in keeping lists of their medications.

Special Members luncheons were held for older members, and they continued to have monthly meetings with lunch and programing. Fun Days were held for member enjoyment at Quail Creek Country Club, money was raised through the Holiday Auction and they continued their legislative work. They raised money for the AMA-ERF and assisted with OCMS Inaugural.

The Alliance raised money at the Art Festivals, hosted garage sales, sold apples and hosted International Dinners. The Jawbones and Sawbones basketball games provided friendly competition between the doctors and the lawyers and sets of hand carved physicians were sold.

Committees included AMA-ERF, Community Service, State Projects, Long Range Planning, Doctors' Day and Legislation.

Members participated in Special Interest Groups that strengthened friendships. Investment, mahjongg,

Continues on page 20 …

bridge, crafts, gourmet, book club, art, tennis and golf groups, to name a few.

1990-1999

The Auxiliary hosted the Teen Health Symposium for at risk students in the 7th grade. A drunk driving campaign was started with the bar auxiliary and the Kids on the Block puppet show visited 4th grade classrooms.

50-year physicians were honored annually with dinners and brunches. Donations were to made to free clinics in honor of Doctors' Day. Auxiliary members prepared meals for FBI following the Oklahoma City bombing.

Fundraisers included apple and poinsettia sales, Sharing Card and the first Kitchen Tour was held in 1991. Members enjoyed Legislative desserts, Special Members' teas and bought clothes and toys for Operation Santa Clause and Habitat for Humanity.

Special Interest groups promoted friendships and the Auxiliary had a record membership of 500. An Edmond chapter of the Auxiliary was started. Sherry Strebel served as the AMA Auxiliary president. In 1994 the membership changed the name to the Oklahoma County Medical Alliance in an effort to attract male members.

2000-2009

Activities and projects included Legislative Day at the Capitol. Spring Registration luncheons, Doctors' Day events, Kitchen Tours, Special Members brunches, participation in OCMS Inaugural, Operation Santa and Legislative Desserts.

Domestic violence was a leading concern. Members handed out Save the Violence Puzzles and Hands are Not for Hitting Puzzles. Stop America's Violence Everyday (SAVE) was held in the fall. Smoking education was shared, the collection of used cell phones that were programmed to call 911 were distributed to domestic violence victims and bedding was collected for the City Rescue Mission. Kids on the Block puppet shows continued.

Special interest continued with the additions of antiques, scrapbooking, medical marriage, birthday club, bunko and Mommy and Me playtime. Meetings were moved from morning to noon and the Alliance developed a website.

2011-2018

The Kitchen Tour celebrated over 25 years of continued success. Collections rose to an average of $30,00 annually with all of the money given to health-related non-profits in Oklahoma County. Grants were awarded annually to a local charity along with a current project of the OCMS. Dozens of non-profits have benefited by the tour. Walk the Doc, Paddle for a Cure, and the Bart and Nadia Fun Day were also projects.

The Community Service Team was formed. Alliance members volunteered with different non-profits monthly in order to make a difference in the community while strengthening friendships within the group.

In an effort to increase the size of the Board of Directors, Board Classes with three-year terms were added. The president, president elect, and ex officio positions became two-year obligations. Members who are 80 years and older were granted an honorary status allowing membership without a dues obligation. AMA affiliation became an option for members. Meeting reminders were sent electronically, and membership directories could be referred to on cell phones and through the website. Recruitment of members remained an ongoing effort. Rick Knapp was installed as the first male member of the OSMA Alliance to serve as president. The

organization maintained vibrant leadership and monthly meetings with quality programming.

The newsletter was sent by email and an Alliance Facebook page was developed. The fiscal year was changed to January through December. Members enjoyed the Holiday Auctions, Special Member events, Inaugural and new member receptions.

Oklahoma County has provided many board members and officers to the OSMA Alliance.

Those who have served in national leadership roles from Oklahoma County are:
Mrs. W. Kelly West
SMA Auxiliary President, 1938- 39
Mrs. Joseph W. Kelso
SMA Auxiliary President, 1948-49
Mrs. Virgil R. Forester
SMA Auxiliary President, 1968-69
Sherry Strebel (Mrs. Gary)
AMA Auxiliary President, 1990-91
Barbara Jett (Mrs. Mason)
SMA Alliance President, 2009-10

Oklahoma County Medical Society Alliance members continue to honor the mission established in 1925 by serving the community, providing medical education and developing friendships between medical families.

For more information on the Alliance and how to join, please visit our website: **ocmsalliance.org**

INDEPENDENT TRANSPORTATION NETWORK OF CENTRAL OKLAHOMA ANNOUNCES **NEW EXECUTIVE DIRECTOR**

By 2030, 1 out of every 5 Americans - more than 70 million people will be 65 or older and most of us will outlive our ability to safely drive by a decade! Transportation is especially important here in OK County, when the car is the main transportation option. Once the difficult decision is made to stop driving, the Independent Transportation Network of Central Oklahoma provides an easy and trustworthy way for older and vision impaired adults to remain active, independent and connected to their community.

To date, ITNCO has provided over 4,000 rides and driven 10,000+ miles primarily by volunteers! Several ITNCO board members are active volunteers both behind the wheel and behind the scenes, recruiting new riders and drivers. This summer, Nancy Sharrock assumed the role of Executive Director, and is steering ITNCO in the right direction toward growth and sustainability.

Nancy is a native of Mangum, Oklahoma and graduate of Oklahoma State University. She spent several years in office administration for a multi-state commercial construction company and retired after 20 years as the first Executive Director of the Oklahoma City Community Service Commission, Oklahoma's entity that administers the AmeriCorps national service program.

An active community volunteer, Nancy has served on the Board of Directors for various organizations such as the Junior League of Oklahoma City, Oklahoma Children's Theatre, Leadership Oklahoma City, Youth Leadership Exchange, Daily Living Center, and City Arts Center. She chaired the volunteer-fueled Festival of the Arts in downtown Oklahoma City. She brings a wealth of leadership skills to her new role at ITNCO.

This fall, ITNCO will host our first major fundraising luncheon on Wednesday, October 10th at St. Luke's Methodist Church. The ITNCO Board is pleased to honor Dr. Mark Mellow at this event, for his steadfast vision and leadership in establishing an ITN affiliate in Oklahoma County.

Dr. Mellow began work with the OK County Medical Society in 2012 to establish the only ITN affiliate in Oklahoma. The Oklahoma County Medical Society Community Health Committee recognized the tremendous need for a transportation service that enhances the physical and emotional health for seniors and others, reduces public safety risks, and increases business productivity for family members who work. Based on these factors, the OK County Medical Society designated ITN Central Oklahoma as their community health project and has provided rent-free office space since its inception.

Dr. Mellow tells stories about his frequent rides with Charlie, a huge OU football fan from the Bud Wilkinson era. They often enjoy lunch together at Pops after their outings to the bank, grocery store and library. Dr. Mellow's leadership and dedication to ITNCO is a valuable contribution to our community. ITNCO combines features that Dr. Mellow and the board and staff value most - volunteerism, practicality, independence and sustainability.

PART 1: OPIOID LAWSUITS AGAINST PHYSICIANS

S. Sandy Sanbar, MD, PhD, JD, FCLM

Part 2 (of 3 Parts) presents an overview of liability issues (federal and state, civil and criminal, licensing actions and hospital privileging) against prescribers of opioid medications.[17]

Physicians who ***under-prescribe*** pain medications may confront monetary, licensure and privileges risks. Those who ***overprescribe*** may additionally face criminal liability. [18]

1. ***Liability for Underprescribing***

- ***Negligence (Malpractice).*** In 1991, a 74-year-old man suffering from pain due to metastatic prostate cancer was admitted to a nursing home in North Carolina. His pain opioid treatment was reduced and substituted with headache medication and placebos despite multiple protests. The original prescriber of the opioid had followed established WHO guideline. The nursing home was found guilty of negligence for failure to provide proper pain treatment. The plaintiffs were awarded $15 million.[4]

- ***Elder Abuse.*** In 2001, an 85 year old male was hospitalized in California with terminal lung cancer, respiratory disease, and suspected metastatic back pain. The family requested continuous administration of IV Demerol, whether the patient was awake or not. The physician refused and prescribed the opioid on an as needed basis, due to the risk of respiratory depression and death. After the patient died, the family sued the physician. All expert witnesses and the

California Medical Board agreed that the physician met the standard of medical care owed to the patient. However, the plaintiff's attorney used elder abuse statutes arguing that the physician violated those statutes by not prescribing IV Demerol on a continuous basis. The plaintiffs were successful, and were awarded $1.5 million by a jury.[5] Of note, elder abuse may not be covered by malpractice insurance.

- ***State Board Disciplining.*** Patients may file complaints to the State medical boards against physicians who under-prescribe, which may result in disciplining physicians with fines, suspension of licensure, and remedial class work. For example, in 1999, the Oregon Board of Medical Examiners disciplined a doctor for under-prescribing narcotics for six patients.[6] One patient was an 82-year-old male with CHF who wanted narcotics because "he could not breathe". Another 35-year-old female patient was on a ventilator and wanted pain medicine and anxiolytics for "wheezing." The physician was disciplined and ordered by the Board to complete (1) communication training, (2) a physician education program, and (3) a psychiatric evaluation as part of his retraining process.

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- ***Quality of Care.*** Some patients may equate good medical care with more pain medications. Others may develop behavioral issues upon tapering their medication is tapered and may request to revert back to the previous dose of opioids. Such patients may accuse the physician of a lack of empathy and poor quality of pain treatment resulting in complaints to hospital administrators.[7] That may result in peer review and limitation or loss of privileges. Lawsuits may also be filed due to a patient's misconceptions of proper care which do not match the physician's.[8]

2. ***Liability for Overprescribing***

- ***Addiction.*** In a landmark case, in 2015, the West Virginia Supreme Court[9] held for the first time that physicians may be liable for 'causing' addiction. Twenty-nine admitted drug addicts and criminals sued four physicians and three pharmacies for their addiction to controlled substances. The Court ruled that patients who become addicted are able to sue doctors and pharmacies for addiction related damages despite evidence that the plaintiffs were using the medications themselves illegally.

- ***Overdose.*** Physicians have been sued or prosecuted for their negligence concerning overdose of prescribed opioids. For example, in Maine, in 2012, a woman sustained during sleep temporary respiratory depression from opioids which led to brain damage. She sued her family physician who was found liable; $1.9 million dollars were awarded in damages. In Alabama, in 2012, a male patient overdosed on opioids and died. His wife sued his physician. The Bottom of Form jury found the physician liable, and awarded the decedent's wife $500,000 in damages.[10]

- ***Third party liability and Duty to Warn.*** Overprescribing may cause injury to a third party. Prescribing and dispensing opioids should be accompanied by documented warnings of impairment when driving. Physicians can be liable if the drugs or combinations of drugs they prescribe are inappropriate or if they do not warn of possible side effects. For example, in 2007 in Massachusetts, a physician prescribed oxycodone to a 75 year-old male with metastatic lung cancer. While driving, the patient fell asleep at the wheel and struck a pedestrian. The third party pedestrian sued the physician for negligently prescribing narcotics without warning of possible sedative side effects. The Court found that physicians do have a duty of reasonable care to everyone foreseeably put at risk by the medications prescribed.[11]

- ***Criminal liability.*** From 2004 to 2016, over 240 criminal cases have involved convicted physicians.[12] This is compounded by risks of civil lawsuits and loss of licensure. For example, in 2015, criminal charges were brought against a California physician who was accused of negligence due to ignoring numerous 'red flags', resulting in some 8 opioid overdose deaths and over a dozen illegal prescription counts. She was sentenced to 30 years in prison for second-degree murder.[13]

- ***Federal DEA license Revocation.*** Controlled substances can only be prescribed by DEA licensed physicians "for a legitimate medical purpose" and "within the usual course of professional practice." In 2015, the largest DEA initiative was conducted under the name ***Operation Pilluted*** in Arkansas, Alabama, Louisiana, and Mississippi.[14]

It lasted 15 months and involved over 1000 federal agents. Search warrants were issued based on phone calls and complaints about exceedingly easy access to oxycodone, xanax and Percocet. The operation resulted in 280 arrests including 22 doctors. In Delaware, 2 undercover agents were able to receive controlled substances without having any examinations or tests performed and providing no medical history, resulting in prison sentences.[15] Other examples of physicians receiving varying prison sentences have occurred in Florida, Alabama, Utah, California, and Kansas.

- ***State Board Disciplining.*** Overprescribing can lead to censure, fines, and restrictions on licenses to practice medicine. For example, a physician who is found to prescribe controlled substances without a physical examination or indication that the drugs were therapeutically required may be guilty of unprofessional conduct warranting the revocation of his/her license.[16] Physician may be fined, placed on probation for 1-2 years, sent to remedial CME courses for prescribing excessive amounts of opioids, restricted from prescribing narcotics, and subjected to frequent medical board monitoring.

[1]http://www.painpolicy.wisc.edu/database-statutes-regulations-other-policies-pain-management
[2]https://www.huffingtonpost.com/entry/medical-legal-risks-of-prescribing-pain-medications_us_59c908cee4b0b7022a646c36
[3]Estate of Henry James v. Hillhaven Corp. In: CVS, North Carolina Supreme Court, 1991:64.
[4]Bergman v. Wing Chin, MD and Eden Medical Center. In: California Supreme Court, 1999.
[5]Oregon Board Disciplines Doctor for Not Treating Patients' Pain. In: The New York Times, 1999.
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[8]Tug Valley Pharmacy et al v All Plaintiffs. In: LEXIS, West Virginia Court of Appeals, 2015.
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[13]Officer PI. DEA Announces Largest-Ever Prescription Drug Operation. 2015. Available from: https://www.dea.gov/divisions/no/2015/no052015.shtml. 2016.
[14]Rose A. Delco doc convicted of 99 drug counts in pill mill case. In: Delaware County Daily Times, Delco County Daily Times.
[15]Kolnick v. Board of Medical Quality Assurance. In: California Court of Appeals, 1980.

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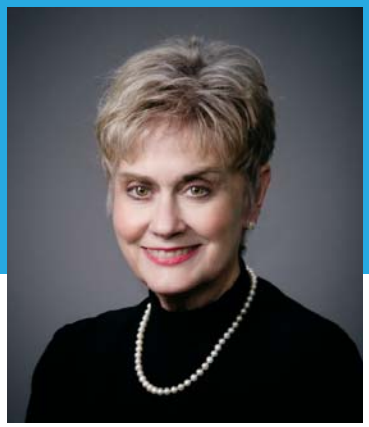


"There are many ways of going forward, but only one way of standing still."

~ Franklin D. Roosevelt

By Jana Timberlake, Executive Director

We need more members!!! There, I said it. Plain and simple. The Oklahoma County Medical Society's demographics illustrate a high percentage of the membership is nearing or at retirement age. These members joined at a time when it was almost expected he or she would join the county and state medical organizations at the completion of residency. Due to the trend of more physicians becoming employed, perhaps the importance of organized medicine has been lost.

The 2018-19 Physicians Academy (formerly Leadership Academy) will begin its ninth season on September 15th. The class is comprised of both members and nonmembers. By the time the Academy has completed its final session, it is our goal that most of the nonmembers have joined organized medicine in Oklahoma with all class members having a greater understanding of what the Oklahoma County Medical Society continues to do for physicians and this community.

I encourage you to visit the Oklahoma County website, **https://www.okcountymed.org/**, to read the Bulletin online, check the calendar of events, and refresh your memory about the importance of this organization. The tagline on the website, Connecting Physicians – Caring for the Community, is a short version of the Society's purpose. We have accomplished many things, but "standing still" isn't one of them! With social media being such an influence, I also encourage you to like OCMS on Facebook or Twitter @okcountymed, or follow us Instagram @okcountymed. Each follower helps us gain impressions and spread the word of our good work in Oklahoma County.

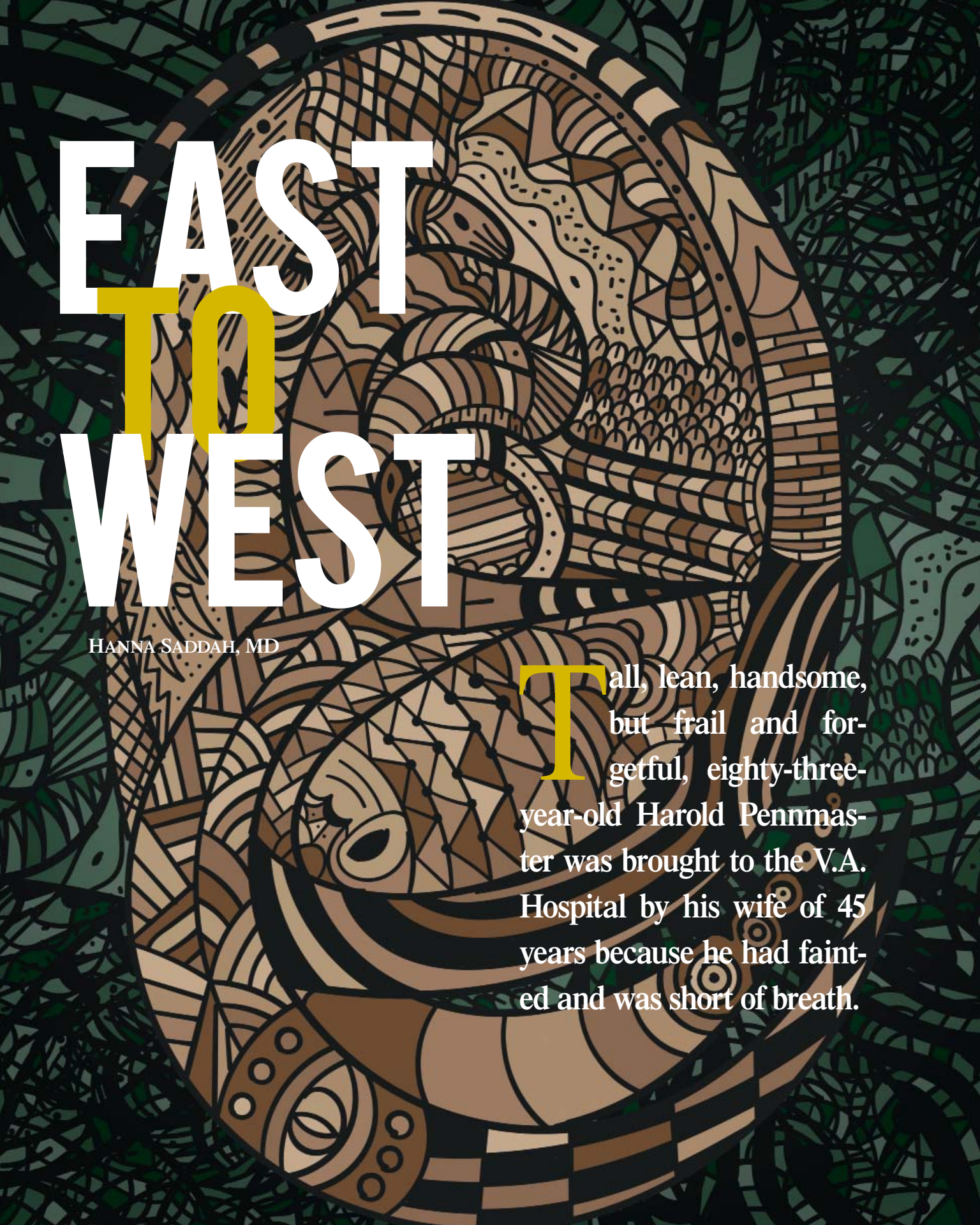
Alison Fink, OCMS Associate Director and Managing Editor of the Bulletin, returned from this year's AAMSE meeting with many ideas shared by other County CEOs throughout the country. I am hopeful the Society leadership will approve implementing some of these programs like they did with the Physicians Wellness Program – an idea I brought back from an AAMSE meeting a few years ago. OCMS is the only organization that is providing this type of counseling service to its members at no charge – and it is completely confidential. This is just another example of "moving forward and not standing still" while attempting to remain relevant to Oklahoma County physicians.

As a challenge to the membership, consider recruiting one member to organized medicine in Oklahoma. The application process has been streamlined and is on the website: **www.okcountymed.org/join**.

Talk to a fellow physician about what the Oklahoma County Medical Society means to you. It will mean much more coming from you than someone else. By taking this action, you can help increase membership numbers "one step at a time."

Membership has declined for multiple reasons, and those numbers need to be on the increase. Since I joined the Society staff as a part-time worker in 1985, I have witnessed membership numbers rise and fall and now the trend is spiraling downward. At times the challenge appears to be almost insurmountable, but it's not! As Nelson Mandela said, "It always seems impossible until it is done." Let's get it done!

Happy fall ...



EAST TO WEST

HANNA SADDAH, MD

Tall, lean, handsome, but frail and forgetful, eighty-three-year-old Harold Pennmaster was brought to the V.A. Hospital by his wife of 45 years because he had fainted and was short of breath.

EAST TO WEST

We treated the blood clots in his legs and lungs and discovered that the cause was inoperable pancreatic cancer. After a few days of bed rest, we asked physical therapy to begin walking him. The next morning, I received a frustrated call:

"Doctor," she muttered. "I can't get him to walk."

"Why not?"

"I think he's afraid."

"But he walked into the emergency room. Did anything happen to make him afraid?"

"Not that I can tell. I've talked to his wife and she's baffled too because he used to love to walk."

I marched to Mr. Pennmaster's room with the simplest of ideas vying for an answer. But his exam was unremarkable except for his frail, frightened aspect. He talked with stuttered apprehension and could not stay in the moment.

"Mr. Pennmaster, why are you afraid to walk?" I asked, holding his hand.

"The snakes are everywhere. They aim to bite me. They killed Jimmy. One little bite and he was gone."

"We have no snakes here. You're in the V.A. Hospital," I reassured.

"Oh, no, they're everywhere, everywhere, and I don't have my boots on."

I walked out with his wife, who seemed equally frightened. "He's talking about Panama," she whispered. "We were stationed there in September of 1975 when the students stormed the American Embassy."

"Does he talk about Panama often?"

"He goes there many times a day."

"And how did the snakes come into the picture?"

"He was a drill sergeant when he sent his buddy, Jimmy, on a scouting mission and told him not to go into the bush. Jimmy never came back and no one could find him. He felt responsible and couldn't sleep. So he went out looking for him the next day."

"Did he go alone?"

"No. The commander of the 39th Platoon ordered a search. They went in Jeeps up and down the canal. There were lots of squatters from Colombia but no Jimmy."

"How long did they search?"

"Not very long, according to Harold. They were more interested in evicting the squatters so as to please President Torrijos."

"What happened next?"

"They called off the search after three days and declared Jimmy missing in action."

"I was the one who found him," croaked Mr. Pennmaster from his bed, which stunned us because we were not aware that he could hear our whispers.

Back at the bedside, Mr. Pennmaster's eyes were gaping with apprehension. I did not have to ask. With remarkable fluency, as if he were still living in that 1975 moment, he told me the whole story:

"You see, when the students stormed the American Embassy because they were angry at Kissinger, we

Continues on page 32 …

all thought that Jimmy was abducted by them. There were lots of anti-American protesters at that time, all angry because Kissinger declared that the U.S. has the right to defend the Canal whenever and forever. Our commander called off the search for Jimmy after three days because he was afraid that we would be ambushed by militants hiding in the bush.

"When things escalated and we could not tell how many militants were lurking in the bush, he asked for volunteers. I was the only one who raised his hand because I wanted to find Jimmy. He knew that I was a long-distance runner so he ordered me to jog along the canal, as close to the bush as possible, and report back to him.

"Early Sunday morning, I jogged on the south side of the canal from East to West, twenty miles, without stopping for rest or water. I got to the end in about four hours, saw lots of folks squatting in the bush, but no sign of Jimmy.

"After I rested a while, I crossed over the Bridge of the Americas, and then walked back from west to east on the north side of the canal. No one bothered me because I was wearing shorts and jogging shoes. When I got close to the base on the east side, it was late in the afternoon. From the bush on my left side, I could smell something dead. I got closer and there was Jimmy in a ditch, lying on his back with eyes and mouth still open. I ran to the base and told the commander.

"When we got him back, the doctor discovered that he was bit by a poisonous snake on his right leg. That's what killed him. I told Jimmy not to go into the bush but he did anyway and died for it.

"The bush is very dangerous, full of snakes, spiders, sandflies, scorpions, poisonous insects, and all kinds of creatures that can kill a man in a few minutes."

At this point, Mr. Pennmaster stopped talking and his eyes assumed that frightened glare again. I paused a while before I intruded on his Panama mind.

"Could you outrun the rioters if you had your jogging shoes on?"

He grinned again and, knowingly, looked to his wife as if to ask where his jogging shoes were. Thinking of his jogging days must have rejuvenated him. I seized the moment and asked, "If Mrs. Pennmaster would bring your jogging shoes here, would you wear them?"

"Sure I would. I've won many medals. You can ask my wife. I ran from east to west and walked back from west to east in one day."

I decided not to challenge his fear of walking lest I should unwittingly rekindle it. Instead, I left him in his Panama moment and stepped out with his wife.

"Do you still have his jogging shoes?" I hesitated.

"No way. He has not jogged for years."

"What did his shoes look like?"

"He always wore white shoes with thick heels."

"Can you buy him a pair?"

"I wouldn't know where to go."

"Target, Walmart, anywhere?"

"What if he refuses to wear them?"

"Buy the cheapest pair you can find."

The next day, Mr. Pennmaster was still refusing to walk. He was still seeing snakes and was afraid to step into the bush. He had been agitated all night, saw scorpions and spiders coming at him, and had to be calmed down with Haloperidol. His bewildered wife sat in the room with a shoebox in her lap. When she saw me approach, she came out into the hall and whispered.

"He sent the physical therapist and occupational therapist away. He will not step off his bed to go to the restroom. He's using a urinal and bedpan. He's still in Panama and thinks the floor is the jungle. Last night he went wild with fear. We left Panama thirty years ago, but he's still there."

In the room, while Mr. Pennmaster's wife was helping him put his white, jogging shoes on, I asked him if jogging from east to west was exhausting.

"It's the walking back that was exhausting," he replied with mournful eyes.

"So why didn't you jog back, then?"

"Because I was tired."

"Are you still tired?"

"Not anymore," he grinned.

"How about a little jog then, just the two of us?"

"Where to?" he asked with roaming eyes.

"From east to west, of course. We don't have to walk back. We can return by Jeep."

Mr. Pennmaster's eyes lit up with fire. He was young again, his leg muscles twitched with excitement, his eyes brimmed with youth, and his frightened face donned a sneer of resolve. I held out my hands. He grabbed them, swung his feet down the edge of the bed, examined the floor with scouting eyes, and looked to his wife for approval. She smiled and nodded. Cautiously, he stepped down, looked at his shoes, held on to my hand, and said, "Let's go."

"Please hurry his wheelchair to the end of the hall and leave it there," I whispered in Mrs. Pennmaster's ear as we walked out of the room. Then, hand in hand, we walked from east to west, past the gaping eyes of the nurses, reached the end of the hall, and stopped.

"Where's the Jeep?" he queried.

"Right there," I said, pointing to the wheel chair.

After I wheeled him back to his room, I asked if he felt tired. "No," he answered. "I didn't have to walk back on the north bank."

Mr. Pennmaster and I jogged from east to west every morning for several days, always returning by Jeep because walking back meant that he would find Jimmy dead in a ditch.

After discharge, his wife took him out for daily walks, always in his white jogging shoes, until he could walk no more. She always brought him back by Jeep, the car she had pre-parked at the end of the path. He died in his jogging shoes, which he never took off except when he showered or slept.

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Is uncertainty about the direction of your career keeping you stuck?

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**.

OKLAHOMA COUNTY MEDICAL SOCIETY

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

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