

THE BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

SEPTEMBER/OCTOBER 2016

FRONTIERS of HEALING

A History of Medicine in Oklahoma County



Gayleen Rabakukk



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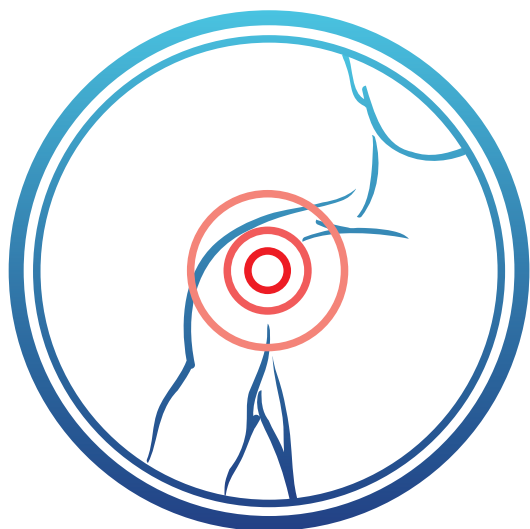
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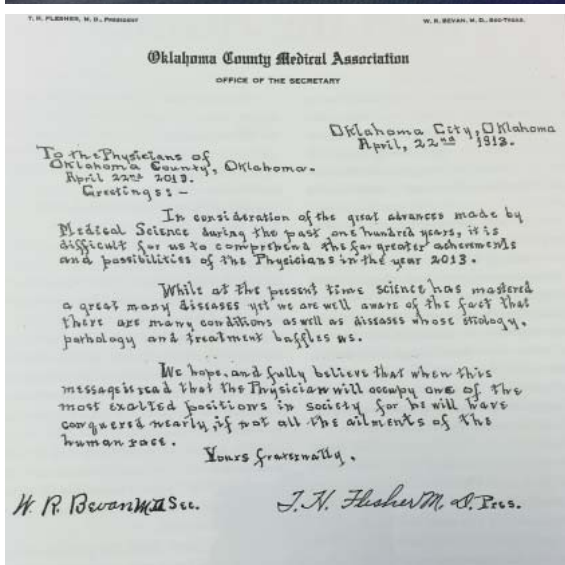
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FRONTIERS OF HEALING: A HISTORY OF MEDICINE IN OKLAHOMA COUNTY

For physicians, the practice of medicine is much more than an occupation; it's a calling to improve the lives of others. For well over a century the Oklahoma County Medical Society has offered a venue for local physicians to help not only their patients, but also the community at large.

Very soon after the Land Run in 1889, frontier physicians began working together for the community. From advocating for better sanitation to protecting the public from untrained charlatans, those who settled here worked tirelessly to improve the health of local citizens. By 1900, the Oklahoma County Medical Association had organized sufficiently to apply for affiliation with the American Medical Association. This allowed a forum for the exchange of ideas and a venue for developing leadership, professionalism and integrity. Concern for the health of the community and the well-being of physicians is still the cornerstone of the Oklahoma County Medical Society's mission.

From pioneer physicians carrying scalpels in saddlebags to modern doctors using the latest technology to diagnose and treat disease, *Frontiers of Healing* traces the history of medicine in Oklahoma County. The technology of medicine has changed significantly in the 150 years chronicled in the book, but the spirit and compassion of those early doctors remains just as true today.

Frontiers of Healing is available for purchase by contacting OCMS at 702-0500 or emailing ocms@o-c-m-s.org. Makes a great birthday, Christmas or anniversary gift. Wonderful for new physicians graduating medical school. Proceeds from the book sales directly benefit the Society.





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PRESIDENT'S PAGE

BY DON L. WILBER, MD



The Value of Organized Medicine

As one of nearly 3,000 practicing physicians in Oklahoma County, it is unlikely that you could influence change merely by advocating on your own. But what if you added your name to the roll of a more powerful force? Would that give your voice some power?

To be a member of OCMS you must also be a member of the Oklahoma State Medical Association. The good news is with the sale of PLICO, OSMA has its own funding and dues will decrease in 2017 to \$300/year; OCMS dues are \$280/year. There is a cost to being the voice of organized medicine – but the value outweighs it.

ADVOCACY

Every year, Oklahoma's medical community seems to find itself under attack through greater regulation, lower reimbursement and more mandates. That is where OCMS and OSMA have worked together to advocate for physicians. This year, we were able to avert what would have been a disastrous 25% reduction from Oklahoma Health Care Authority due to a \$1.3 billion budgetary shortfall. This would have adversely affected physicians and potentially closed nursing homes and hospitals.

OSMA's team of lobbyists works on your behalf to make sure that physicians voices are heard and that medicine is assured a seat at the table for decisions about key issues. Every session, there are multiple bills that infringe upon medicine and our lobbyists work on our behalf to ensure they do not become law.

Without this involvement, we would have never passed meaningful tort reforms that are putting an end to frivolous lawsuits. Additionally, without this advocacy, you, not your staff, would be required to check the prescription monitoring program for every prescription of a controlled drug that you write for or face a \$1000 fine.

PHYSICIAN WELLNESS

The Oklahoma Health Professionals Program, OHPP, is an effective OSMA program to save the careers of physicians with alcohol/chemical dependence. It is a wonderful resource for our profession, helping to identify those physicians who need help and then direct them to care.

Your county medical society is developing a physician wellness program that has been successful in other states, offering confidential and free mental health consultations by trained counselors for our

Continues on page 6 ...

members. There is no diagnosis, no insurance billed, no electronic record. At this time of increasing physician burn-out, it would seem that a program like this would have an important place.

COMMUNITY

Being part of OCMS has been something to be proud of over the years; OCMS has been responsible for numerous community projects.

1972 – Oklahoma Blood Institute

1975 – AMCARE (now EMSA)

1990 – Hospice of Oklahoma County – now INTEGRIS Hospice, OCMS physicians pledged time, an advisory board and \$120,000 to recognize the needs for terminally ill. Today, INTEGRIS Hospice has corporate, individual and organizational support.

1993 – Open Arms Clinic – charitable clinic in northwest OKC providing affordable family medical care to the uninsured and underinsured.

1996 – Schools for Healthy Lifestyles – a community-based health education program for Oklahoma elementary schools.

2005 – Health Alliance for the Uninsured – nonprofit organization that facilitates quality preventive and health care services to the medically underserved of central Oklahoma.

2015 – Independent Transportation Network of Central Oklahoma - nonprofit transportation network for seniors and people with visual impairments.

In addition, OCMS funds many projects each year, including Operation Santa, which provides Christmas gifts to needy families; the Medical Student Scholarship, a \$10,000 Scholarship to a deserving medical student. In 2015, we also provided more than \$6500 in funding to community organizations. These organizations include: Schools for Healthy Lifestyles, The Health Alliance for the Uninsured, INTEGRIS Hospice, Special Care, Daily Living Centers, ITN Central Oklahoma and the CARE Center.

EDUCATION & LEADERSHIP DEVELOPMENT

Both OCMS and OSMA provide educational offerings for members, through face-to-face courses and webinars. The OCMS Bulletin and the OSMA Journal provide the latest information for physicians. In addition, OCMS offers news updates and bi-monthly newsletters.

OCMS has been developing leaders through our own Leadership Academy, for the last six years. It is open to physicians who want to expand their leadership skills, learn more about the business of politics and medicine and learn how their active participation is vital to the strength of our medical community.

These are only highlights – OCMS and OSMA offers other physician benefits and resources, networking, community service, job postings, job descriptions, free physician legal advice, OSMA Health, physician directories, and so much more. I encourage you to view the advertisement in this issue of all the benefits of being a member.

Being a physician is more than a full-time job, caring for patients is our primary purpose, however, add on the political climate (for both hospital-employed and self-employed physicians), staying compliant despite constant legislative changes, chasing down reimbursements, and trying to have a life outside of your career – it's something we all strive for. Together, we are stronger – and that strength can influence the future of your career and the next generations of physicians.

Thank you for being a part of our membership and seeing its value. Giving us a strong voice to carry out our mission statement of being “the leading advocate to improve the health of our citizens and enhance, nurture and improve the well-being of our physicians”.



CONNECT MORE. LEARN MORE. BE MORE.

It's your career. Your practice. But you don't have to go it alone.

Being a member of the **Oklahoma County Medical Society (OCMS)** places you in the company of other physicians who understand the challenges—and rewards—of the profession. We are the only professional organization exclusive to physicians in Oklahoma County, so you'll find common issues and an uncommon level of support among your peers. Whether you are new to the field or a seasoned professional, OCMS offers advocacy, education, resources, and networking to help you advance your career.

ADVOCACY

It's difficult for physicians to find the time to express their opinions on the evolving health care system. Grassroots efforts by individual physicians and through our legislative caucus is a cornerstone of the success at the state level. Together, with OSMA, **we work to stand up for physicians in important issues that affect both practice and patient care.**

NETWORKING

Reach out and share ideas and strategies with more than 800 physicians in private practice, employed directly by hospitals, clinics, physician practices, and academic medical centers across the county. You can develop relationships with peers from all practice areas.

EDUCATION

Whether you are new to the field or a seasoned provider, **our new webinar educational programs** will provide you with easy access to high-quality educational programs such as advocacy updates, estate planning, Meaningful Use, and more at **no charge to members**. In addition, receive our bi-monthly *Bulletin* publication, in production for more than 80 years. OCMS offers all of the tools you need to be the best physician.

RESOURCES

Members also benefit from a **multitude of tools and resources** including access to a physician databases, free physician legal advice, OSMA Health, job postings and more!



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DR. PARRY EARNS AWARD FROM AMERICAN UROLOGICAL ASSOCIATION



Dr. William L. Parry, MD, FACS, accepted the William P. Didusch Art and History Award at the American Urological Association's annual meeting. The award recognized Dr. Parry for his continuous dedication in preserving the art and history of urology and creating four award-winning exhibits. The AUA has honored him with the AUA Golden Cane Award, the First Presidential Award, and Legends in Urology from the Canadian Journal of Urology. He was the historian of the South Central AUA.



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DEAN'S PAGE

BY M. DEWAYNE ANDREWS, MD, MACP
EXECUTIVE DEAN AND REGENTS' PROFESSOR,
UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE



Each year in August we are reinvigorated by the idealism, energy, and enthusiasm of our new first-year medical students arriving for their orientation sessions which culminate in the White Coat Ceremony held in the beautiful Sam Noble Event Center at the National Cowboy and Western Heritage Museum. This year's class, the Class of 2020, is an extraordinary group of young people, coming from 44 different colleges and universities and representing 50 different majors in their undergraduate education. We welcomed them to the campus on August 16; they began their studies on August 22. Second year students returned to school on August 8. In late June, we bid farewell to those individuals completing their residency and fellowship training and welcomed many new individuals beginning their residency or fellowship training. The change of an academic year is always an exciting time for an academic medical center.

During the summer we had two changes in leadership positions in the college. Dr. Laurence Rubenstein, chairman of the Reynolds Department of Geriatric Medicine since 2010, decided early this year to step down as chairman effective June 30. Larry has led the Geriatrics faculty in growing and strengthening the educational, clinical, research, and outreach programs of the department during his six years as chairman. After completing pending projects over the next several months, Dr. Rubenstein will join his wife in retirement in the Pacific Northwest. Dr. Andrew Dentino, professor and vice chairman, was appointed July 1 as interim chairman of the Geriatrics department.

Dr. Terry Stull, professor and holder of the Patricia Price Browne Endowed Chair and chairman of the Department of Pediatrics since 1994, announced his decision to retire from his administrative position and from the college faculty at the end of September 2016. During his time as chairman, Terry led significant changes and development in pediatrics in conjunction with the administration of the Children's Hospital. The department underwent tremendous growth in its clinical and research programs and enhancement of its student and residency educational programs. Dr. Stull also developed excellent working relationships with the Children's Medical Research Institute group, later to become the Children's Hospital Foundation. This extraordinary partnership led to significant fund raising and many new endowed chairs for the Department of Pediatrics assisting in recruitment of talented pediatrics faculty. Dr. Stull is moving to Phoenix to take the position of Senior Vice President for Research at the Phoenix Children's Hospital to focus the next phase of his career on bacterial epitopes targeted towards vaccine development. Dr. Morris Gessouroun, a member of the faculty since 1991 and chief of the pediatric critical care section, has been appointed to serve as interim chairman of the Department of Pediatrics.

We are deeply appreciative to both of these individuals for their service to the College and their dedication to their department's continuing development and wish them well for the future.



A MEMORIAL TO CONNOR MICHAEL MORRISON

Class of 2019, University of Oklahoma College of Medicine

The sudden death of Connor on July 6, 2016 at the age of 23 was a heartbreaking blow to his family and friends. His symptoms and sudden death were apparently due to an acute myocardial infarction, which has been reported in young athletes from various causes.

Connor was my oldest grandson. He was a lifer at Casady School and graduated *magna cum laude* in 2011. Connor not only did well scholastically but he also enjoyed sports and music. He started taking piano lessons when he was about 6 or 7 and was sight reading after about a year of lessons. I took violin lessons when I was a kid and never learned to sight read. Later he took up the double bass and played in the Casady string orchestra until he graduated. He loved sports and lettered in basketball, baseball and football at Casady; he was the starting center and the deep snapper of the football team for 3 years and team captain his senior year.

When I asked Connor what he wanted to do when he grew up he said he wasn't sure but he liked science and math and was thinking about studying engineering in college. This made sense as his father Mike is a civil engineer and his mother had a chemical engineering degree before attending medical school.

Connor applied to several universities but accepted an invitation at Vanderbilt in a walk-on deep snapper position on the football team and participated during the team's three most prolific years, attending three bowl games. He was also an active member of the



Sigma Chi fraternity. Connor graduated with a degree in biomedical engineering and was a two-time SEC honor roll member.

I had tried to brain wash Connor to go into medicine to continue the family tradition as his grandfather and grandmother are both doctors as is his mother Astrid Morrison and was his great grandfather on his dad's side. He applied to several medical schools, was accepted into the OU College of Medicine and completed the first year in the top 25 percent of the class.

One thing I had told Connor when I was trying to talk him into going to medical school was that he should only go into medicine if he was really interested in it. The motive to go into medicine should not be to make a lot of money. Medicine is a profession not a business. When he was halfway through the first year of medical school, I asked him whether he liked it or whether he might want to drop out after the first year. He said he enjoyed it and wanted to be a physician. With his intellect, commitment to high standards, compassionate character and a kind disposition, we were convinced that our beloved grandson had made the right choice for his life's goal.

A Memorial Scholarship Fund has been established in Connors's name for 2nd year OU Medical School students with the OU Foundation. Donations should be identified with the fund number 51058 in the memo of the check and sent to the OU Foundation, P.O. Box 258856, Oklahoma City, OK 73125-8856.

– RICHARD BOTTOMLEY, MD

IN MEMORIAM

ARTHUR E. SCHMIDT

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ROBERT J. MORGAN, MD

1929-2016

WILLIAM MYERS, MD

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KIM MOYER

We see it on a daily basis. Women come to YWCA Oklahoma City with just their purse, the clothes on their backs and their children. Their lives are in danger because someone they love beats or tries to control every facet of their lives. In the United States, one in four women will be a victim of domestic violence in her lifetime. The news is even worse in Oklahoma where we rank 6th in the nation for the number of women killed by men during domestic violence. The violence doesn't stop with the spouses either. Research shows that in nearly 70 percent of domestic violence cases, children also are being abused. YWCA OKC saves the lives of women, children and men impacted by domestic violence and sexual assault by offering emergency shelter and support to help them get out of danger and headed toward a life without violence.

To help people understand the devastating consequences domestic violence has on our community, YWCA Oklahoma City and partners nationwide are recognizing October as Domestic Violence Awareness Month. We are asking for your help in a symbolic show of support for this important cause. Purple is the official color of domestic violence

awareness. We ask that you join us in our efforts to raise awareness for domestic violence and light your business or home purple October 24 – 28, 2016.

Domestic Violence affects people from all socioeconomic, cultural, ethnic and racial backgrounds. It often occurs behind closed doors and is an uncomfortable subject to discuss in the community. For this reason and many more, victims often live their lives keeping the abuse a secret. Domestic Violence Awareness Month is all about bringing the issue to the fore front, and standing with victims to let them know domestic violence will not be tolerated in our community. By lighting your business purple, you are sending a message of support to domestic violence victims and to our community that you won't tolerate abuse.

If you will be lighting your business purple October 24 – 28, YWCA would love to know. Please contact Kim Moyer at kmoyer@ywcaokc.org or (405) 948-1770. We'd also like to see pictures of you, your staff and supporters lighting your business purple and with your permission, post them on our website and social media.

Thank you for doing your part do to end domestic violence in our community.



SAVE THE DATE

FALL MEMBERSHIP MEETING NOVEMBER 7, 2016

OCMS ANNUAL MEETING / ELECTION OF OFFICERS

Plan to attend the fall Membership Meeting on the evening of Monday, November 7, 2016 at 5:30 p.m. at the Oklahoma State Medical Association. The confirmed speaker is Katie Altshuler, the Policy Director for Governor Mary Fallin.

WHY ATTEND?

OCMS is the only organization for physicians in Oklahoma County. Your input on the following items will help shape the future of activities that benefit you, including legislation to support your practice and OCMS services that are catered to you.

Please look for an invitation in the mail to this event, or visit www.o-c-m-s.org. Contact us at 702-0500 if you have additional questions or would like more information.



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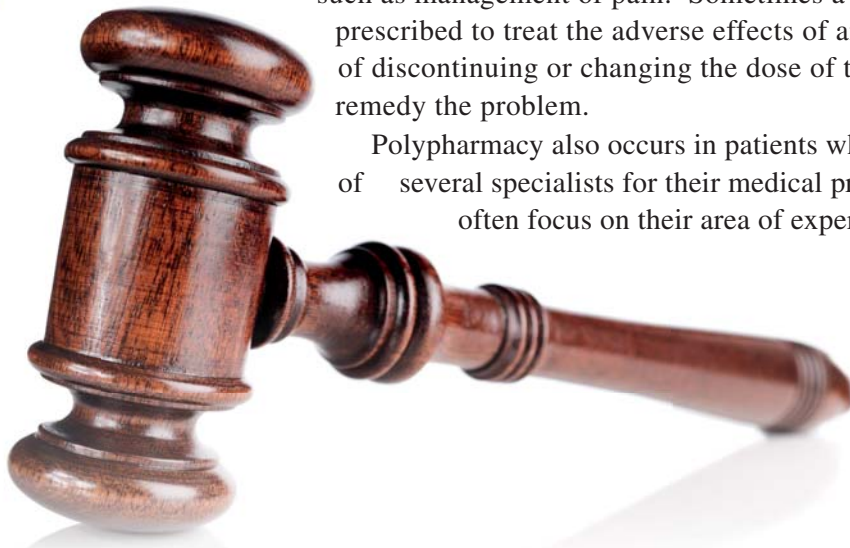
S. SANDY SANBAR, MD, PhD, JD, FCLM, DABLM, DABFM

Drug/drug interactions may be deadly and may give rise to litigation. They may impair the effectiveness of one or more drugs, or result in other adverse events all of which are considered preventable errors. Drug interactions have increased because physicians are using more drugs, and more combinations of drugs, than ever before. Electronic prescribing software commonly warns prescribers via alerts about interactions between one or more drugs that the patient is receiving. The alerts are often overridden in the prescribing process.

Polypharmacy describes the use of more medications than are clinically indicated. It is defined as the prescribing of five or more medications simultaneously to treat several underlying chronic medical conditions. The term implies an assumption that the medications may be questioned or unnecessary.

Indeed, one major reason for polypharmacy is that a patient has many co-existing medical conditions that require many drugs. For example, patients with heart failure and hypertension often require combinations of two to three different medications which are common and recommended. In such patients, polypharmacy often occurs when medications for symptomatic relief are added, such as management of pain. Sometimes a new medication is prescribed to treat the adverse effects of another drug, instead of discontinuing or changing the dose of the offending drug to remedy the problem.

Polypharmacy also occurs in patients who are under the care of several specialists for their medical problems. Specialists often focus on their area of expertise rather than



treating the patient as a whole. There may be a lack of primary care physician, such as a general internist, a family practitioner or a pediatrician, to coordinate the use of multiple medications.

To compound the problem of polypharmacy, the medical records may lack sufficient documentation why a medication was prescribed initially making decisions to consider termination of a treatment difficult. Consequently, physicians tend to let patients continue the medications they are taking, particularly where the indications are unclear or unknown. Some medications may be of limited value or are therapeutic duplications and yet they continue to be prescribed.

The major consequence of polypharmacy to a patient is a significantly increased risk of **adverse drug effects**, and the risk increases based upon the number of medications prescribed and taken. Adverse drug effects often require physician contacts and, in some cases, emergency room visits or hospitalizations. In cases of polypharmacy, if an adverse effect emerges, it can be very difficult to figure out which of the many drugs is the cause.

In contrast with adverse drug effects, **medication or drug interaction** means that the effects of one medication, favorable or unfavorable, may change if given together with another medication. If the patient is taking five or more medications,

Continues on page 16 ...





How you can benefit from the OSMA Investment Program

Preferred since 1999, the OSMA Investment Program specializes in working with Oklahoma physicians through preferred partner Baker Asset Management, a locally owned and independent money management firm. The firm does not offer any proprietary products or sell its own mutual funds. President and Portfolio Manager, R. Todd Owens earned the Chartered Financial Analyst (CFA) designation in 1999, one of the most demanding credential in the industry. Having a trained specialist manage your money can potentially allow you to focus more on your practice, your family, or your retirement.

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that leaves many opportunities for medication or drug interactions. The knowledge of medication interactions gained during the drug development phase is often limited due to incomplete testing.

Polypharmacy places a burden on patients. For example, some elderly patients may have difficulty remembering when and how to take all prescribed medications. Additionally, multiple medications increase the risks of inappropriate medication use, non-adherence, adverse effects and medical cost. An unwanted effect could be that physicians may hesitate to prescribe a new essential medication to a patient already on five or more medications. Paradoxically, in this situation polypharmacy can lead to undertreatment. One should also consider the consequence of overutilization of drug and the soaring cost of health care in the U.S.

What can be done about polypharmacy?

Physicians should regularly conduct a medication review for patients who are receiving a large number (5 or more) of medications. ***Inappropriate prescribing*** includes the use of medicines that introduce a significant risk of an adverse drug-related event where there is evidence for an equally or more effective lower-risk alternative therapy available for treating the same condition. Inappropriate prescribing may also involve ***overutilization*** of medicines which are used at a higher frequency and for longer than clinically indicated and have recognized drug-drug interactions and drug-disease interactions. At times there is ***underutilization*** of beneficial medicines that are clinically indicated but not prescribed for some reasons. When the use of inappropriate medications is corrected, the patients feel better, the overall cost of the medications is markedly reduced, and litigation for medical errors is prevented.





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KITCHEN TOUR *25th Anniversary*

SUNDAY, OCTOBER 16th

*We are ready! It is our 25th year to showcase the Kitchen Tour.
Chairman Natasha Neumann and Co-Chairman Deanna Carey*

The OCMS Alliance presents a tour showcasing some of the city's most savvy kitchens on Sunday, October 16. The event will be held from 11 a.m. to 5 p.m. at five Nichols Hills homes, all to support the local community. Also on the tour will be an Uptown Grocery coffee bar, raffles at the homes and cooking demonstrations at Culinary Kitchen. Proceeds benefit Good Shepherd Ministries and Schools for Healthy Lifestyles. Tour home locations are:

- 6616 Avondale
- 6640 Avondale
- 1804 Drury Lane
- 1423 Canterbury
- 1522 Glenbrook Terrace

Additional stops:

- Culinary Kitchen - 7222 N. Western Ave.

Tickets can be purchased online at www.ocmsalliance.org or at the local stores listed below for \$15 in advance of the tour. On event day, tickets are \$20 and available for purchase at any home.

- New Leaf Florist – 2 locations:
2500 N. May Ave & Casady Square
- On A Whim – 5850 N Classen Blvd
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*“First let me tell you whence
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books agree,
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English tongue,
To signify her chaste
virginity;”*

THE SECOND NUN’S PROLOGUE
THE CANTERBURY TALES
GEOFFREY CHAUCER

The Nun’s Tale

PART 1

For a storyteller, there are always details that are too intimate, and at times too embarrassing, to relate. But without such delicate revelations I would not be able to tell my story. Therefore, I beg Reverend Mother Julia’s pardon before I begin and I hope that my reasons for telling would not be misunderstood.

It happened in the spring of 1985 when the delayed blossoms were just beginning to sprout out of their dead repose. Winter had been mighty that year, holding Oklahoma hostage within its icy cage until the end of March. My clinic was not too far from the convent of St. Mary’s and many of the nuns including the Reverend Mother Julia had become patients of mine over the years. Indeed, the Reverend

Mother and I had nurtured a unique philosophical friendship and had had many a deep discussion about the ruthless changes that were overwhelming our society and country.

My fascination with Reverend Mother Julia began years ago when I discovered her passion for Greco-Roman literature. She was an erudite woman, an avid reader of the classics, and had the uncanny gift of memory, which enabled her to quote ad libitum from the works of the ancient masters during seemingly ordinary conversations. Whereas I delighted at guessing the origins of her quotes, she in her turn delighted at correcting me, and we thus thrust and parried each time we conversed.

My office knew to give Mother Julia double time when she came in for her annual examination because our discussions were irresistibly lengthy and meandered through the forbidden alleys of life. But unlike past discussions, during that April's annual examination Mother Julia shared with me a personal concern of hers, a matter she had never broached in all the years I had taken care of her.

"We're all getting too old, Doctor," she began, "and we're no longer able to attract novices to our convent." Then she added with unconcealed grief, "I'm terribly worried about St. Mary's order. We need continuity and, unlike youth, old age cannot grow into the future."

"Why are you unable to attract youth?" I asked with restrained surprise. "You lead such peaceful lives against a tumultuous world. I thought that would be enough of an incentive to attract new recruits."

"Oh, we still get some young recruits but they abscond before they take their vows. A peaceful life of contemplation and worship can no longer compete with the growing temptations of our free world."

As I struggled for an optimistic response with which to counter her disillusionment, Mother Julia took in a deep sigh and then let it out with a sudden question.

"Have you ever read *The Magic Mountain* by Thomas Mann?"

"The 1924 novel for which he won the Nobel Prize for literature?" I answered, happy at the change of topic.

"I hate to disagree with you, Doctor, but it was his 1901 novel, *Buddenbrooks*, that won him the Nobel Prize in 1929 although, according to Mann's wife, this prize would not have been accorded without the publication of *The Magic Mountain*. Be that as it may, in the first chapter of *The Magic Mountain*, Mann says: 'A man lives not only his own personal life as an individual, but also, consciously or unconsciously, the life of his epoch and his contemporaries.' I fear that the future of St. Mary's convent, because aspiring recruits must also live the lives of their epochs, is going to become precarious. Oh, how it pains me

to see my seventy-five years, most of which were dedicated to St. Mary's order, go to waste."

I was touched by the quivering concern in Reverend Mother's face, but had nothing to counter with except, "Someday, the burdens of freedom will overshadow its temptations and more young women will seek again the dedicated life."

"Oh, but no, Doctor," she quickly retorted with a sad smile. "I don't want us to become a refuge from life. We seek those young women whose calling to serve is their primary reason for joining. Life in the convent is much harder than life outside and that's precisely why most of our novices abscond."

Mother Superior's insightful words stayed with me as, day-by-day, April skillfully un-scrolled its seductive colors before my roaming eyes. I could see why life in the convent was harder on young women. In the spring of their lives, their urges to blossom would be more difficult to contain than those of the winter-caged flowers that were flaunting their flaming colors for all of us to see. The words of Anis Nin (1903-1977) surfaced into my consciousness as I drove to work one particularly voluptuous morning: "... and then the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom." With great reverence to the celibate life, I concluded that it must take great strength and conviction to suppress nature's youthful urges against Spring's vast awakenings.

At the tail of one busy day in early May, when that year's winter-locked Spring had finally come into full bloom, my nurse, Rebecca, walked sheepishly into my office and stood before my desk, tongue-tied and blushing, with arms behind her back. My first thought, seeing her Mona Liza smile, was that she had come to inform me that she had finally gotten pregnant. Knowing that she had been trying to conceive for several years and that she had been taking fertility pills for the past several months, I smiled back at her blushing cheeks and ventured, "You've come to tell me that you're pregnant, right?"

Continues on page 23 ...



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"No, no, it's not about me," she stuttered.

"Well, who's pregnant then?" I quipped.

"No one is pregnant, Doc." she sighed with dismay, "but, there's a lady in the waiting room who wants to make sure that she won't get pregnant."

"Is she a patient?"

"No, she's a nun."

"A nun?" I gasped. "A nun like all the other nuns we take care of?"

"Yes, except this one is a very beautiful, young nun and she wants me to give her birth-control-pill samples."

"And what did you say to her?"

"I said that I must talk to you first."

"Did she ask for an appointment?"

"That's the trouble. She said that she did not need an appointment and that all she wanted was a pack of birth-control pills."

"Did she say who sent her here?"

"Yes, Mother Superior."

"You mean the Reverend Mother Julia? Can't be

right. No way," I snapped as I stood up, scratched my head, walked toward the door, turned back to Rebecca and asserted, "No, no, something is wrong with your story."

"But, Doc., I swear that's how she introduced herself to me. She said that her name was Sister Cecilia and that Mother Superior was the one who sent her here to get a pack of birth-control pills."

With Rebecca at my heels, I marched into the empty waiting room. A young nun in full habit was stiffly poised on the edge of a chair with wide-blue eyes, frozen in their sockets, staring at me. As soon as I walked toward her, she stood at attention, smiled, and held out her hand.

"Please come in, Sister," I said as I shook her sweaty palm.

"Oh, no Doctor, I don't need to waste your time. I'm not sick. I only need a pack of birth-control pills. I've just joined St. Mary's convent. I'm Sister Cecilia. Mother Superior told me to come here."

Continues on page 24 ...



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"But, Sister Cecilia, I need to check a few things before I know which kind of pill to give you."

"Oh, no, no, Doctor, just any kind will do; just whatever you can spare will be fine. Roses can't tell the difference."

"Roses?" I smiled with intrigued aspect.

"Oh, yes Doctor. Mother Superior put me in charge of the convent's rose garden."

"I did not know that roses liked birth-control pills."

"Oh, but they do, Doctor. I dissolve one pill in a watering can and sprinkle the roses with the hormone water twice a week."

"Really?"

"Oh, yes. It gives them such brilliant colors and protects them from disease."

"I had no idea. Who taught you this trick?"

"Sister Isabella at St. Helen's. She's an organic gardener and she's the one who taught me everything I know."

I gave Sister Cecilia two packages, each containing twenty-one active pills and seven placebos. Suppressing a smile, I took the time to explain that she should discard the placebos and only use the active pills. We parted amicably but not before I promised to come see her roses in late May, when they would be in full bloom.

Before Rebecca went home that evening, she passed by my office to say goodnight, but instead of saying it from the door, as was her habit, she sat down and sighed as if she had something important to say.

"Anything bothering you?" I egged her on.

"Well, did you notice how beautiful Sister Cecilia was?"

"Beautiful?" I pretended.

"I'm jealous, Doc. Don't tell me you didn't notice her big blue eyes, button nose, full lips, baby complexion, and figure like a Greek goddess."

"Well, the waiting room was a bit dark," I pretended again.

"What's this gorgeous girl doing in a convent?" she exclaimed with a mordant voice. "It's a real shame, you know, for someone as beautiful as she is, to hide in a convent full of old nuns."

"Maybe she's not hiding. Maybe she feels it's her calling. What's wrong with being beautiful and being a nun?" I asked, trying to seem unmoved by Sister Cecilia's striking appearance.

"Well, this just upsets me to no end, and I don't really know why?"

Having said that, Rebecca's chin began to quiver as she tried to swallow back her tears. Although I understood the reasons behind her intense emotion, I pretended not to notice and, instead, attempted to sustain the conversation with a probing question.

"Rebecca," I asked as I took off my eyeglasses, "do you feel intimidated?"

My question must have hit a tender nerve because as soon as I asked, she broke down and began sobbing. I handed her a tissue and waited in silence until she finally regained her composure. Her first words to me after she had dried up her tears were, "Maybe I do feel a bit intimidated, but I don't really understand why. I'm not bad looking and seeing beautiful women has never bothered me before."

"I think I can explain your quandary with a quote from Rilke."

"Rilke? Who's Rilke?"

"A Bohemian-Austrian poet considered to be one of the most significant poets in the German language."

"And what did this Rilke say?"

"He said: 'For beauty is only a step removed from a burning terror we barely sustain, and we worship it for the graceful sublimity with which it disdains to consume us.'"

"I'm not sure I understand. What does all this mean?"

"It means that sublime beauty intimidates us because it makes us feel like we're in the presence of a deity."

"Oh, I see. That's a deep thought, too deep for me for sure. But, it does explain my crazy emotions."

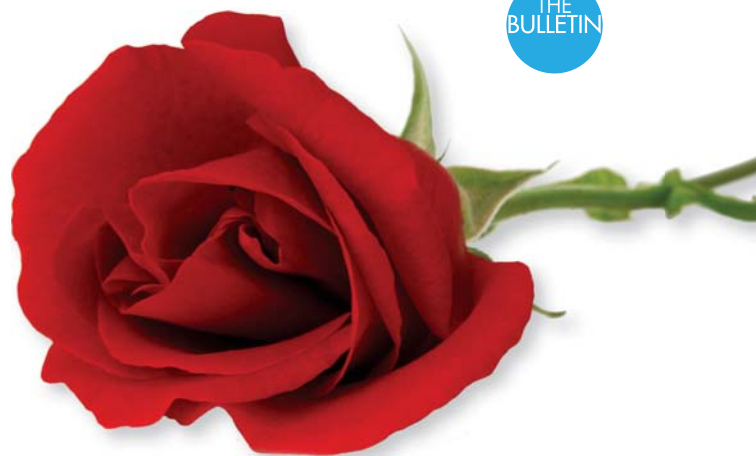
Rebecca looked at me with red, pensive eyes, relieved to know that her emotional burst had a sensible explanation. She even asked me a few more questions about Rilke and the poem that contained the quote. I promised to bring her my copy of the *Duino Elegies* the next day and when she left she was at peace.

What I did not tell Rebecca was that my Rilke explanation was contrived in order to hide the real reason behind her tears, a reason that would have been too painful to vivisect.

Indeed, the truth had more to do with Rebecca's strong maternal instincts and her deep jealousy of all the young mothers surrounding her who flaunted pictures of their beautiful children for her to see. Sister Cecilia's choice of the celibate life—in spite of her stunning beauty and fecund youth—presented a wasteful contrast to Rebecca's aching heart. Perhaps, vicariously, Rebecca wanted Sister Cecilia to marry and bear the beautiful children, which Rebecca was not able to have. Moreover, I did not help matters by asking Rebecca, when she first walked into my office, if she had come to tell me that she was with child.

That night I slept wistfully not just because Sister Cecilia was, indeed, breathtakingly beautiful but, rather, because her birth-control-pill story was much

too charming to be left untold. I felt a strong urge to write it up because, among other things, it taught me that the human mind was inherently suspicious and that initial gut feelings were more often wrong than right. But how to tell her story eluded me until the time came to view the roses.



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CONCERNING

PHILIP MAGUIRE, MD

English is a wonderful language, constantly in flux. With rules and standards and always willing to me modified. Word meanings and usage change over time and new words are added. The computer and internet and space ventures have brought a completely new lexicon with many words not familiar to “mature” people.

But the use of certain forms can be grating so some, if perceived to be used in an uncommon way. These can be called solecisms. A glaring example, in my mind, is the often used concerning which has become a mainstay in much of today’s writing and speech. An example quoted from a recent Journal: “her repeated vomiting is a concerning feature that should prompt referral”. That could also be called synesis – a grammatical construction which conforms to meaning rather than strict usage. And it could also be a word bastardized between a gerund – a word ending in -ing that is used as a noun as in, “running” is good exercise and a participle, a word from a verb used as an adjective as in, “running” water won’t freeze. Certainly the implication is there.

It just seems so much clearer to say the problem is troubling or worrisome! “Her repeated vomiting is troubling (worrisome) feature that should prompt referral.” Well, that probably is just nitpicking. Just call it catachresis.

THE
BULLETIN

CALL FOR NOMINATIONS:

RHINEHART MEDICAL SERVICE AWARD

Nominations are open for the 12th 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:

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DIRECTOR'S DIALOGUE

BY JANA TIMBERLAKE, EXECUTIVE DIRECTOR



2016 Political Season Food for Thought

At a young age, I was taught that two things one doesn't discuss in public are religion and politics! Unless you know the viewpoint of your audience, the discourse could descend into the dirt pretty rapidly. It was never a question if I was going to vote, because my parents drilled into me that it was my civic duty. Discussions around our dinner table included the fact everyone did not share the same viewpoint but should be listened to and treated with respect. Yes, that sounds good but is sometimes very difficult to practice. However, I continue to remind myself that everyone is entitled to his or her opinion, even if it does not mirror my own.

Several months remain before election day on Tuesday, November 8, 2016. In an effort to interject a little humor into this crazy political season, listed below are a few "political" quotes that will hopefully elicit a chuckle or a bit of contemplation:

"Politics is too serious a matter to be left to the politicians." – Charles de Gaulle

"You want a friend in Washington? Get a dog."
– Harry S Truman

"A week is a long time in politics." – Harold Wilson

"Television is democracy at its ugliest."
– Paddy Chayefsky

"One of the penalties for refusing to participate in politics is that you end up being governed by your inferiors." – Plato

"Politics is the art of looking for trouble, finding it everywhere, diagnosing it incorrectly and applying the wrong remedies." – Groucho Marx

"Let us not seek the Republican answer or the Democratic answer, but the right answer. Let us not seek to fix the blame for the past. Let us accept our own responsibility for the future."
– John F. Kennedy

"Voting is a civic sacrament." – Theodore Hesburgh

"Do you ever get the feeling that the only reason we have elections is to find out if the polls were right?"
– Robert Orben

"I never considered a difference of opinion in politics, in religion, in philosophy, as cause for withdrawing from a friend." – Thomas Jefferson

"I have some very personal feelings about politics, but I don't get into it because I do comedy already."
– Jerry Lewis

"In politics, if you aren't at the table, then you are on the menu!" – Pat Hall, Jim Dunlap and Wes Glinsmann, OSMA lobbyists

The final quote is my favorite! Go to the polls in November and exercise your right to vote.

Jana Timberlake, Executive Director





SHADOWS

WILLIAM TRUELS, MD

Each one us lives in a cave--
'Tis our lot in life
We see our shadows on the wall
But cannot see the light.

I live inside my little world
Spinning out my days
I think I see another life
Hidden by the haze.

There is a land beyond my view
Ready to unfold
Where all the riddles man has asked
Are waiting to be told.

The Earth's a funny place to live
For every now and then
We pass from light to shadow
And back to light again.

Just when we think that all is right-
The answers finally found-
Another problem comes along
And knocks us to the ground!

But for now it shall suffice
To live without the sun
How oft the greatest thoughts are made
Before the night is done!

And one day when the Angels call
In the stillness of the night
I'll step out of my shadow
And back into the Light!



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• NOTICE •

Ballots were sent to all OCMS members on September 1, 2016. Position 1 candidate Mikio A. Nihira has accepted a position and will be relocating to another state. As a result, Robert C. Salinas is the only candidate for Position 1.

OCMS dues statements will be sent in October 2016. Please email ocms@o-c-m-s.org with any address changes.



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