BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

MAY/JUNE 2018

OCMOAOKLAHOMA

OKLAHOMA COUNTY MEDICAL SOCIETY

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THE BULLETIN

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TABLE OF CONTENTS

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OKLAHOMA CITY BALLET

ROBERT MILLS, ARTISTIC DIRECTOR

2018/19 SEASON

Don't Miss the Magic!

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(IN WONDERLAND)
OCT. 26-28, 2018

THE NUTCRACKER
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DEC. 14-23, 2018

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Laura Hunt as 'Alice', Angelina Sansone as 'Red Queen'
Photos by Kenny Johnson | Photos courtesy of Kansas City Ballet

THE ART OF OKLAHOMA

The Art of Oklahoma celebrates the Oklahoma City Museum of Art's outstanding and diverse collection of art created by or about Oklahomans – and the cities and landscapes they inhabit. This exhibition features a selection of paintings, prints, and photographs spanning one hundred years and ranging in style from Impressionism and documentary photography to geometric abstraction and hyperrealism. Selected from the Museum's permanent collection, this installation includes works by Oscar Brousse Jacobson, Nan Sheets, Doel Reed, and Woody Big Bow, among others.

Taken by American photographer Mark Klett, this unembellished, matter-of-fact photograph captures the Canadian River near Oklahoma City. In a commission to photograph Oklahoma for the 1991 exhibition *Photographing Oklahoma 1889/1991* at the Oklahoma City Art Museum, Klett juxtaposed historical photographs with his own shots of the same location. Through this approach, known as "rephotography," Klett focuses on what he describes as "this land's startling transformation from a collection of tents to a modern city." In this case, the artist compared an 1889 photograph of the Canadian River with his own contemporary, black and white shot of the site.

ABOUT THE COVER

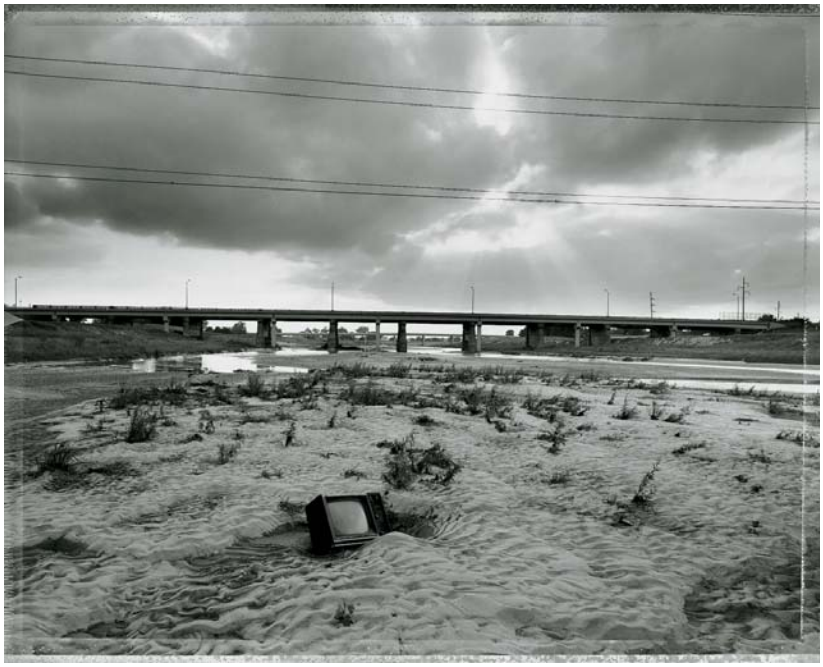

Image Credit: Mark Klett (American, b. 1952). *Canadian River near Wiley Post Park, Oklahoma City, Oklahoma*, July 1991. Gelatin silver print. Oklahoma City Museum of Art. Museum purchase from the Museum Acquisition Fund, 1991.065

This exhibition is on view at OKCMOA until September 2, 2018. Call 405-236-3100 for more information or visit www.okcmoa.com

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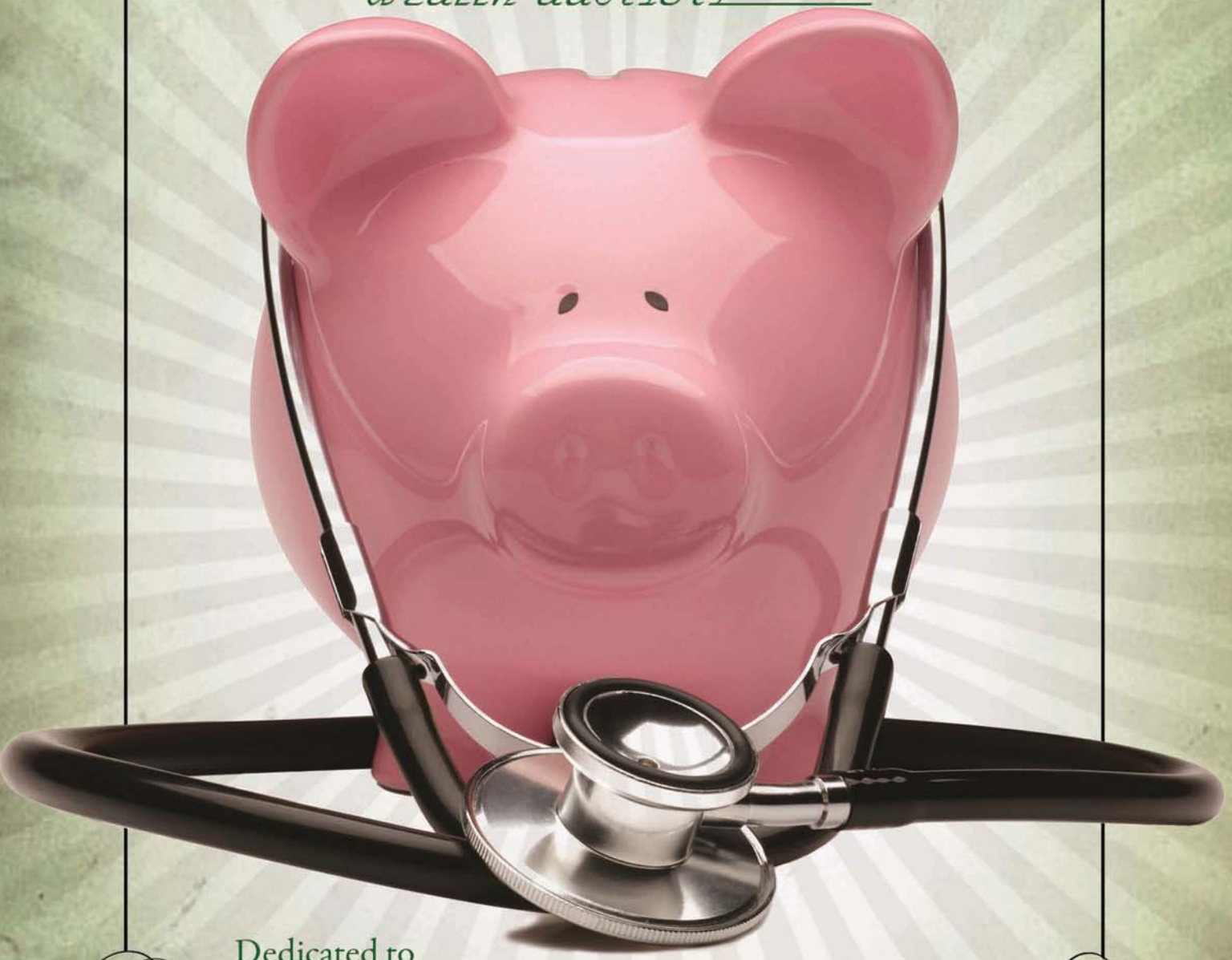

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OCMS
OKLAHOMA COUNTY MEDICAL SOCIETY

PRESIDENT'S PAGE

Sam S. Dahr, MD

23 AND ME … AND WHO ELSE?

Facebook has been in the news in the past few weeks after it was revealed that Cambridge Analytica, a consulting firm associated with Donald Trump's campaign, accessed the personal Facebook data of at least 87 million Facebook users. Subsequently Facebook admitted that most of the social network's users (some 2.2 billion people) have likely had their data harvested by "malicious actors.[1]" One such actor, Russia, used Facebook data in an attempt to influence the 2016 election. Roger McNamee, a prominent Silicon Valley venture capitalist, stated on Bloomberg television that Facebook is a "surveillance company." In recent testimony before Congress, Mark Zuckerberg, the company's CEO, admitted that the sixteen page "terms of service" that users agree to is unintelligible to most.

Some other interesting revelations? Apparently, Facebook collects data on Americans who do not even have a Facebook account. In addition, Facebook collects non-Facebook data on Facebook users. Data brokers such as Acxiom and Data Cloud gather information from census data, mortgage data, consumer surveys, etc. Facebook interfaces with those data brokers and combines their data with Facebook's data.[2] That combined data set is even more attractive to marketers for the purpose of targeted advertising. These programs go by Orwellian sounding names such as "Partner Categories" and "Managed Custom Audiences."

An article posted on CNBC.com describes a Facebook project in the planning stage to combine medical data from health systems with social data from Facebook.[3] The article states, "The issue of patient consent did not come up in the early discussions." While the pitch was that combining data in such a fashion may in some way improve patient care, the article also notes that Facebook has a team in New York (stationed near New Jersey, where most pharmaceutical companies are headquartered) focused on persuading those companies to spend advertising dollars on Facebook.

Aside from Facebook's forays into our lives and possibly into our health data, why do I discuss the social network here? Facebook has pioneered and perfected a business model some call a "two-sided data banking market model.[4]" The business invites individuals to share personal data, but then the business sells or otherwise utilizes that data to make money.

We have such a company in the health care sphere. You may have seen their recent ad "Only One You" narrated by a gravelly, grandfatherly voice (that happens to be Warren Buffet[5]). Another ad proclaims "Celebrate your DNA." The company is **23andMe. Yes, request a $100 kit, spit in a plastic container, seal it, mail it back, and two months later you will receive a genetics report.**

A Harvard Business Review article from 2014 instructed that when analyzing a company, it is important to discern who is the true customer.[6] Facebook says its mission is to connect people, but it's not. The mission is to collect data and facilitate the sale of targeted ads on behalf of advertisers. The advertiser is their customer. The Facebook user is actually *the product. 23andMe says its mission is to educate you and help you "Celebrate your DNA" but it's not. Their mission is to bank genetic data to facilitate pharmaceutical company research and development. The drug company is the customer and*

Continues on page 6 …

the population's genetic information is the product.

Indeed, Genentech paid $60 million for data of three thousand 23andMe users with Parkinson's Disease, with the aim of generating new therapeutic targets. 23andMe has also struck a deal with Pfizer that has been disclosed.[7, 8]

23andMe's "terms of service," like Facebook's, is many pages[9] of difficult to decipher legalese, as is its "Privacy Statement." The company will state that it only shares anonymized data with its business partners, unless a user also signs an additional IRB-approved "Research Consent Document." 23andMe's IRB is a little-known for-profit IRB,[10] and I reviewed the document and found it vague and poorly written.

Now, we live in a free market society, and pharmaceutical companies generate many life-saving innovations. The pros and cons of 23andMe's business model certainly deserve a fair debate. Analysis of large population genetic data sets may (or may not) in the future drive medical progress. However, what is evident is that 23andMe (much like Facebook) does not present a clear picture to its users of the scope of the data collected, what measures are in place to safeguard that data, with whom that data is shared, and how that data is utilized by the company. As physicians, we all pledge first and foremost to do no harm. May we ask the same of these corporations?

1. https://abcnews.go.com/Technology/wireStory/facebook-users-public-data-scraped-54267222
2. https://www.bloomberg.com/news/articles/2018-04-06/facebook-s-data-crackdown-has-two-winners-facebook-and-google
3. https://www.cnbc.com/2018/04/05/facebook-building-8-explored-data-sharing-agreement-with-hospitals.html
4. https://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-016-0101-9
5. http://observer.com/2018/01/warren-buffett-secret-voice-dna-tester-23andme/
6. https://hbr.org/2014/03/choosing-the-right-customer
7. https://www.wired.com/2015/01/23andme-partners-big-pharma-find-treatments-hidden-genes/
8. http://revenuesandprofits.com/how-23andme-makes-money-understanding-23andme-business-model/
9. https://www.23andme.com/about/tos/
10. http://www.eandireview.com

DEAN'S PAGE

Russell G. Postier, MD, FACS
David Ross Boyd Professor and Executive Dean
University of Oklahoma College of Medicine

On April 4th, teaching excellence within the University of Oklahoma College of Medicine was honored at the thirty-fifth annual presentation of one of the most important and prestigious awards: The Stanton L. Young Master Teacher Award. Many of us will remember the late Stanton Young as a man with energy, insight, vision and an appreciation of complex relationships and partnerships. Mr. Young frequently organized and helped bring together influential and dedicated people who joined in his enthusiasm to see his city and state prosper and thrive. While Stanton did everything possible to foster development of and in the Health Center and the College of Medicine, he never lost sight of nurturing the fundamental teaching and education mission of the medical school. Thus, in 1983, Stanton L. Young and his wife, Barbara, established the Stanton L. Young Master Teacher Award. The first award was bestowed in 1984 and the objective of this award clearly stated upon its creation and steadfastly remains: *"To single out and reward the truly inspiring teacher; one who goes beyond excellence in the classroom or on clinical rounds, to touch lives and changes attitudes. Such master teachers are respected for their professional excellence and make effective contact with students because of their strong personal involvement. This inspire by the example of their commitment as physicians or scientists, often, both; and by their quality as human beings."*

The nomination process for this once-in-a-lifetime-award is broad-based with 3rd and 4th year class presidents (Oklahoma City and Tulsa campuses) and respective medical student councils serving as a conduit for surveying the student body and gathering the required information. Students are asked to think about their entire medical school experience with faculty and not just the current or last year of their education, as they consider their nominations. Upon review of this year's many gifted nominees, clearly the dedicated and inspiring teacher who was held in highest esteem by her students was none other than Molly R. Hill, Ph.D, Professor, Department of Microbiology and Immunology. Dr. Hill, who joined our faculty in 2007, had been recognized by students many times over the years for her superior teaching abilities and was considered in one of her many letters of nomination, to *be* a Master Teacher not only because she met but exceeded the criteria laid out in the prestigious award.

We remain very thankful to the family of the late Stanton L. Young – especially Mr. Lee and Mrs. Laura Young – who have kept us focused on the value and enormous impact of the great teachers who have graced our lives.

In a few weeks' time, we will have the pleasure of celebrating the graduation and commencement ceremony for the Class of 2018. This year's commencement speaker will be our Stanton L. Young Master Teacher Award recipient of 2011, Dr. David Lee Gordon, Professor and Chairman, in the Department of Neurology. Dr. Gordon has special interest and expertise in stroke, migraine, and medical education. Having received his medical degree from the University of Miami, Dr. Gordon completed his neurology residency at Mt. Sinai Hospital in New York City and a fellowship in cerebrovascular diseases at the University of Iowa. He served on the faculty of the University of Mississippi Medical Center and the University of Miami Miller School of Medicine before joining our University of Oklahoma College of Medicine in 2007. Named by his peers as one of the "Best Doctors in America®" on numerous occasions, he received the American Heart Association's national Award of Meritorious Achievement and led the development and implementation of Advanced Stroke Life Support (ASLS®), a course for paramedics and nurses. He has received numerous teaching awards – including but not limited to the American Neurological Association's Distinguished Neurology Teacher Award, in 2016; and the American Academy of Neurology Clerkship Directors Teaching Award, in 2014. Coupled with his expertise and dedication to medical education, his enthusiastic and thought-evoking teaching style is highly revered by his students.

This is my final Dean's Page for the OCMS Bulletin, as I am retiring at the end of June, 2018. I have spent 37 years as a medical school faculty member and during the last fifteen months, have been given the honor and privilege of serving first, as interim executive dean, and as of January this year, the executive dean of the University of Oklahoma College of Medicine. As Ruthann and I look forward to the new chapters of our lives' adventures, we would like to take this opportunity thank all of you for your friendship, collegiality, and support over the many years of our association with members of the Oklahoma County Medical Society. Best wishes!

OPIOD TREATMENT CONTRACT (AGREEMENT)

COMPILED BY

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

Opioid analgesics are neither recommended as first-line therapy nor mono-therapy for chronic pain. They should be used as part of a comprehensive treatment plan that involves the participation of various medical subspecialties and modalities. Physicians should include, among other therapies, acupuncture, massage, osteopathic and chiropractic manipulation, and hydrotherapy into pain management plans. Some patients may prefer such integrative and alternative treatment options for pain.

Acetaminophen, NSAIDs, muscle relaxants, antidepressants, anticonvulsants, and topical medications can often provide excellent results without the risk of dependence. **Opioids should therefore be tried only as a last resort**, even though they may ultimately prove to be the most effective treatment for a particular patient's pain.

The chronic pain opioid contract should reflect the wide range of treatments. **It can also be used to document a plan to taper or discontinue opioid medications as other pain management modalities gain effectiveness.** For legal protection, any progress made with non-opioid pain control should be clearly documented, especially when it prompts downward titration or discontinuation of opioids.

Physicians who treat patients with opioids for chronic pain are advised to complete a treatment contract. Individual opioid treatment contracts vary in terms of the

topics they include and the tone and methods of implementation. However, the common elements of the chronic pain contract include:

1. The contract may be ***bilateral*** between the patient and the primary care physician, or ***trilateral*** to include the consultant pain specialist as well.
2. Physician(s) and patient's name;
3. Specific diagnosis or diagnoses accountable for the patient's pain;
4. Frequency of office visits; and
5. Adherence to treatment.

The treatment contract presents a number of opportunities including:

1. Documentation of additional multidisciplinary and alternative approaches to chronic pain;
2. Documentation of behavioral expectations of pain management that may be minimally reflected in the existing opioid contracts.

These additions extend the definition of pain management between physician and patient, and they also serve to engage the patient in a more holistic approach to treatment.

An important measure of adherence is attendance at scheduled appointments. When reviewing the contract with the patient, the physician should stress that the pain contract is a commitment to working together.

Regularly scheduled appointments allow both parties to evaluate progress, to hone the pain management plan, and, if opioids are prescribed, to document ongoing need and monitor side effects and use.

Prescriptions should not be refilled ahead of the scheduled appointments. However, if existing pain persists or new pain develops, the patient should have an opportunity to be evaluated prior to the next scheduled appointment.

In addition, the physician who is responsible for developing the pain management plan should be the only person prescribing pain medications to the patient, unless another informed partner is specifically designated by the treating physician.

Patients should be encouraged to visit the emergency department (ED) in case of a medical emergency, but they should be discouraged from using ED visits solely to obtain pain medication.

Addressing Opioid Use

All opioid analgesics should be listed in the same chronic pain contract, along with dosages, start dates, and subsequent adjustments.

The patient must agree to take the medication at the dose and frequency prescribed by the provider and to refrain from voluntarily increasing the dosage.

Physicians should discuss potential adverse effects of opioid medications, such as drowsiness, nausea, confusion, constipation, tolerance, and increased sensitivity to pain, as well as the risks of physical dependence and addiction.

- Taking multiple types of opioids or combining opioids with benzodiazepines or alcohol can lead to severe respiratory depression or even death;
- No illegal or recreational drugs;
- Periodic, unscheduled drug screen for compliance.
- Opioid prescribing is federally and state-regulated;
- Stolen opioid medication ***must*** be reported to the police.

Integrating nonpharmacologic pain treatments

The physician should broaden the opioid contract to include other pain-treatment modalities. This requires discussing and documenting compliance with all aspects of treatment including – but not limited to:

1. Medical referrals;
2. Radiography;
3. Complementary/alternative therapies;
4. Psychological counseling;
5. Pain management classes; and
6. Physical therapy.

Successful treatment of chronic pain is contingent on a high level of patient commitment to these non-opioid measures, as well as the diligence of the physician, who must emphasize both opioid and non-opioid pain treatments equally.

When to dissolve the physician-patient relationship

When a patient initially breaches the chronic pain contract, this does not necessarily dictate patient discharge. Many patients who veer from the contract

Continues on page 10 …

will respond to reminders and clear limit-setting responses at the first instance.

But some patients may continue to break the agreement, to their detriment. **The patient discharge is undertaken only when the physician believes that partial adherence to the pain contract could result in harm to the patient.**

For example, patient behaviors that are common reasons to discontinue opioid use or even discharge the patient include:

1. Obtaining prescriptions from more than one physician or pharmacy;
2. Repeatedly reporting lost or stolen medications;
3. Frequently missing appointments;
4. Repeatedly increasing the dose/frequency of medications without physician approval; and
5. Using drugs illicitly.

Other reasons for opioid discontinuation or discharge from medical practice relate to non-adherence to other aspects of the chronic pain contract, such as failure to receive:

1. Radiologic testing;
2. Physical therapy;
3. Substance abuse assessment; or
4. Psychological testing.

The physician should not continue to prescribe opioid medication to a patient who repeatedly fails to get recommended diagnostic testing and physical therapy. Such patient failure may prohibit accurate diagnosis and inadvertently fosters medication dependence.

Termination of the Physician-Patient Relationship

• When the physician decides to terminate the doctor-patient relationship, he/she should maintain contact with the patient while tapering the medication dosage to minimize withdrawal symptoms.

• In addition, send the patient a written notice, preferably via certified mail, briefly explaining why the relationship is being terminated and continuing to provide access to treatment and services for a reasonable period of time – typically 30 days.

• The physician should be aware that patient abandonment, even in the context of non-adherence, is unethical. All efforts must be made to facilitate a smooth transfer to another provider.

• Substance abuse treatment referral, as well as referral of patients with co-morbid psychiatric disorders to mental health providers, may also be appropriate.

• Completion of a substance abuse program could be identified as a requirement to continue the doctor-patient relationship—or to re-establish it after termination.

Legal Ramifications of a Chronic Pain Contract

Does the signed pain treatment contract confer legal protection on the clinician treating chronic pain patients?

Opinions vary in this regard. Some authors believe that a modicum of legal protection may be afforded by:

1. Documenting the disclosure of potential risks associated with this type of therapy;
2. Delineating terms and conditions; and
3. Outlining the instances warranting discontinuation of opioid medication.
4. However, physicians may potentially incur some liability. They could be held liable for straying from the signed pain contracts or for taking different actions with different patients.
5. One of the main risks associated with the use of pain treatment contracts is under-treatment of pain. The strict terms of pain contracts could prevent physicians from augmenting medication, even if the patient's pain persists or is temporarily aggravated.
6. And finally, the patients may perceive pressure and distrust, along with the stigma of taking an opioid medication.

But a well-written chronic pain contract can help discourage drug abuse and build trust by providing clear guidelines, while alleviating feelings of stigmatization by underscoring non-opioid treatment modalities.

OCMS MEMBERSHIP MEETING

The OCMS Membership Meeting and Physician Celebration was held on Monday, March 26, 2018. Honored at the meeting include (from left to right): Hal Yocum, MD; John Ellis, MD; Gary Wilson, MD; E.N. Scott Samara, MD; Raymond Cornelison, MD; Kenneth W. Whittington; MD, David A. Neumann, MD; Roland A. Walters, MD.

In Memory of Neal Clemenson, MD

REMEMBERING A TITAN OF MEDICAL EDUCATION

BY TOMAS OWENS, MD

Neal Clemenson grew up in Indiana, graduated from Purdue in 1975 and Indiana University School of Medicine in 1979. He completed his residency in family medicine serving as Chief Resident at St Joseph's Medical Center in South Bend, IN in 1982. He worked as an emergency medicine physician for 2 years and practiced full-scope family medicine for 6 years in Lafayette, IN. In 1990, his wife, Denise Flori, PhD was recruited to the University of Oklahoma Department of Family Medicine and Neal came in tow.

I met Neal during his interview at OUHSC. His extraordinary intelligence and wit being immediately apparent, I later learned of his extraordinary fund of knowledge and formidable ability to teach. He promptly became residency director, spearheading a series of innovative training techniques. Dr. Clemenson became a resident favorite, winning Teacher of the Year awards and dazzling everyone with his insight and uncanny ability to keep-up-with and summarize recent medical research. His acumen and discerning judgment served us well as he walked us through the pitfalls of publications that sometimes concluded more than the data supported.

Neal foresaw a number of developments in medicine and had prescient understanding of the complex relationship between medicine and the pharmaceutical industry. His keen interest in pharmacology led to his publication of Drug Therapy Updates which was followed throughout the health sciences center and abroad, even before the magic of the internet became quotidian.

In 1994 he was recruited by (Integris) Baptist Medical Center and (Alliance Health) Deaconess Hospital to create and direct the jointly-sponsored *Great Plains Family Medicine Residency Program*. He was the first and only director until his passing. Along with Dr. Flori he put together a vibrant program with emphasis in behavioral health and comprehensive care.

Steadily solid and fair-minded, Neal was a great leader. He led with equanimity and creativity.

He was a champion of diversity and created a welcoming environment to all. Gentle and taciturn, his laconic demeanor belied a lively personality full of diverse interests. Neal was an amateur astronomer, powerful chess player, political guru and news enthusiast. He read extensively on world religions and science and was a computer crack, carrying the latest apparatus (e.g. Palm Pilot) before anyone else had heard of it, and restoring and donating dozens of units over the years. He was an outdoorsman and Boy Scout expert instructor, impressing everyone with his keen ability to make fire and the many gadgets he brought to camp. An inveterate hiker, he conquered the Sangre de Cristo mountains of New Mexico as often as time allowed. When not up the hills, he was on flat land riding his bicycle throughout rural Edmond, Oklahoma.

A conversation with Dr. Clemenson always empowered you with scholarship and sage advice. A true renaissance man, Neal was a humble erudite in a journey of life-long learning that inspired and guided all of us.

Dr. Clemenson will always be remembered for his sterling integrity, steadfast adherence to evidence-based medicine, respect for others regardless of status and devotion to his wife and family (son Andrew-NYC and daughter Leah-OKC).

Rest in peace Neal, we miss you dearly.

William (Bill) Gentry Thurman, MD

JULY 1, 1928 - FEBRUARY 10, 2018

William (Bill) Thurman was born July 1, 1928 to Theodosia Mitchell and Horace Edward Thurman, Sr., in Jacksonville Beach, Florida. He attended public schools in Jacksonville Beach, Brunswick, Georgia and Jacksonville. Upon completing high school, he served in the 101st Army Airborne Division (Screaming Eagles). Post military service, he graduated from the University of North Carolina (Chapel Hill) and McGill University School of Medicine (Montreal), completed a Pediatric residency at Charity Hospital, New Orleans followed by a Pediatric Hematology /Oncology Fellowship at Tulane Medical Center, Detroit Children's Hospital and Boston Children's Hospital.

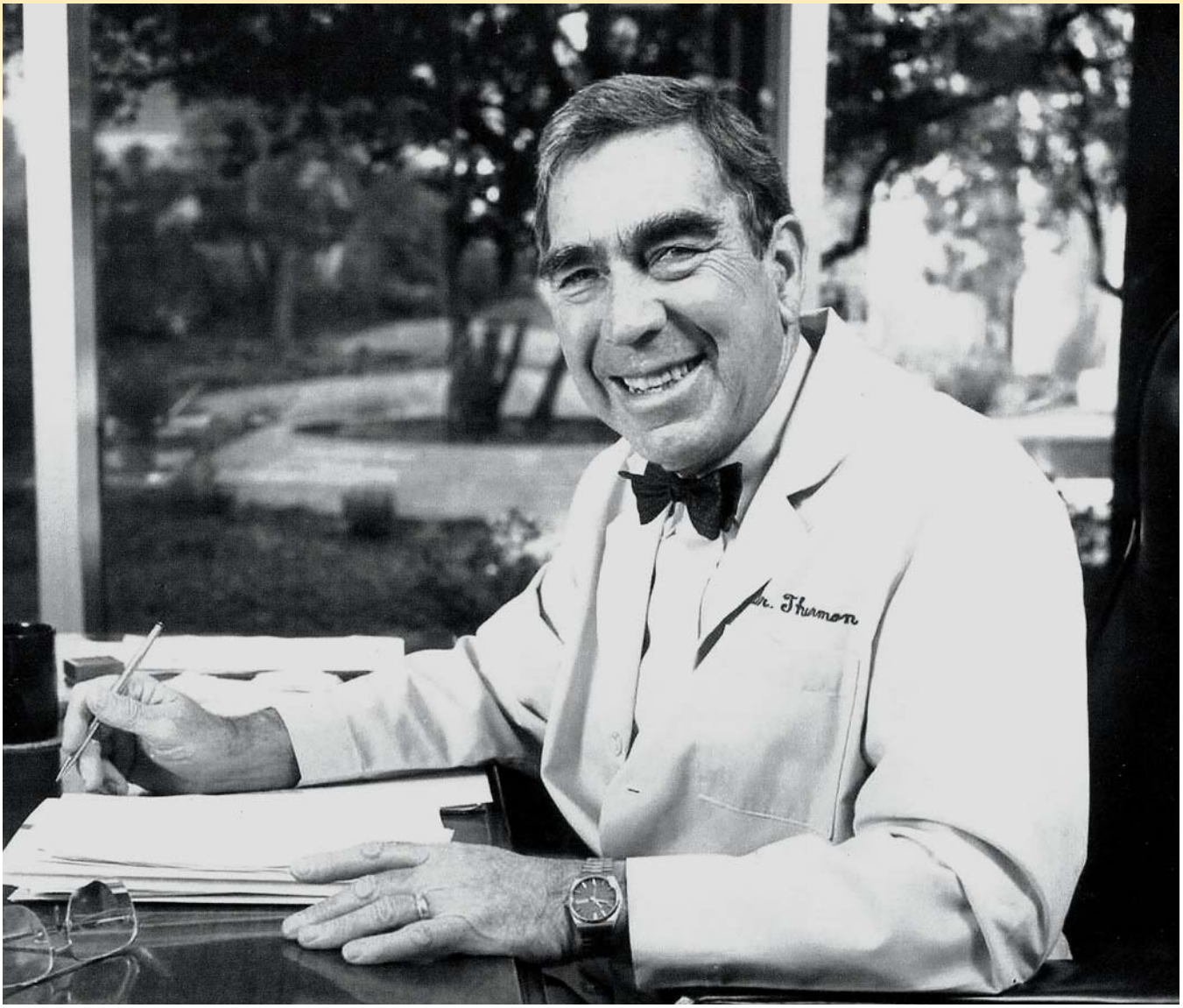
His academic career focused on teaching Pediatrics at Tulane, Emory University (Atlanta) and Cornell University (New York City) as well Memorial Sloan-Kettering Cancer Center (New York City) where he became the first Chairman of Pediatrics in the history of the Center. Subsequently he served as Chairman of the Department of Pediatrics at the University of Virginia for eight years, leaving to become Dean of the Tulane University Medical School. After Tulane, William served as the Vice President for Medical Affairs and Provost of the University of Oklahoma Health Sciences Center.

In 1981, he returned to research becoming the President of the Oklahoma Medical Research Foundation for 18 years. Research was always at the forefront of his interest; he served on numerous committees at the National Institutes of Health and as an assistant to the Surgeon General of the United States. Although academics was his central focus for numerous years, he never lost his desire to help children and promote awareness for the obstacles impaired children face in life. He actively organized and promoted fundraising events to ensure monies and awareness in the community for their needs, assisting with development and fundraising for the construction of a new campus for The Children's Center in Bethany, OK.

He took his civic responsibilities seriously working tirelessly for the American Red Cross, United Way and Children's Miracle Network. Heserved as the first physician to hold the office of Chairman of the Oklahoma City Chamber of Commerce.

A loving father and devoted husband, he is survived by his loving wife, Gabrielle, daughters Anne, Allison and Stephanie, eight grandchildren and numerous nieces and nephews. He was predeceased by a son, Andrew, a sister, Sara Cutchen, and a brother, H. E. Thurman, Jr. He has a surviving sister, Katie Allison living in Jacksonville, Florida.

Bill requested no memorial service or celebration of life as well as no flowers. In his memory, memorials may be made to Oklahoma Medical Research Foundation, 825 N. E. 13th Street, Oklahoma City, OK 73104, to the cardiovascular research program.



William G Thurman, MD

Russell F. Allen, MD
1933-2018

Clinton N. Corder, PhD, MD
1941-2017

Neal D. Clemenson, MD
1954-2018

Robert C. MacKay, MD
1933-2018

Herbert Reinhardt, MD
1932-2018

James A. Rosacker, MD
1946-2018

William G. Thurman, MD
1928-2018

IN MEMORIAM

alliance UPDATE

Oklahoma County Medical Society Alliance

Cara Falcon,
OCMSA President





The above is one part of the OCMS Alliance's mission statement…..One that the Alliance embraces through the volunteering efforts of our Community Service Team (CST). Since its inception in 2014, our CST has assisted through hands-on service or financial aid (usually both) some fourteen non-profit organizations including: Positive Tomorrows, Regional Food Bank, Infant Crisis Services, Skyline Urban Ministry, JDRF, Lottie House, Martha's House, the Bart and Nadia Sports Experience, SISU Youth Services, Mothers Milk Bank, Putnam City West H.S., OK Kids Korral, and the Ronald McDonald House. Our assistance to these organizations has been varied; sorting and packing food products or diapers, preparing and serving meals, shopping and delivering hygiene items or household items, hosting children's birthday parties or supplying manpower for staffing various events.

Our CST committee, composed of about 25 Alliance members, meets once a year to choose six or seven projects for that particular year. All projects must meet our criteria of assisting a non-profit organization with a health-related mission, and the project must be something that can be accomplished in a single morning or afternoon. All committee members have a voice, and various members volunteer to chair the chosen projects. Although, some of these projects have become favorites and have been repeated annually, the group has also enjoyed new experiences as well each year. Any member of the Alliance may volunteer for any project.

Alliance bonds have been strengthened among this group from working together for our community, and the resulting camaraderie is evidenced by the surrounding pictures.

Dr. Atkinson

Dr. Chong

Dr. Hatch

Dr. Haymore

Dr. Metz

Dr. Overhulser

Dr. Stutes

Karen Gregory, DNP

Stefanie Rollins, APRN, CNP

Elisa Thompson, APRN, CNP

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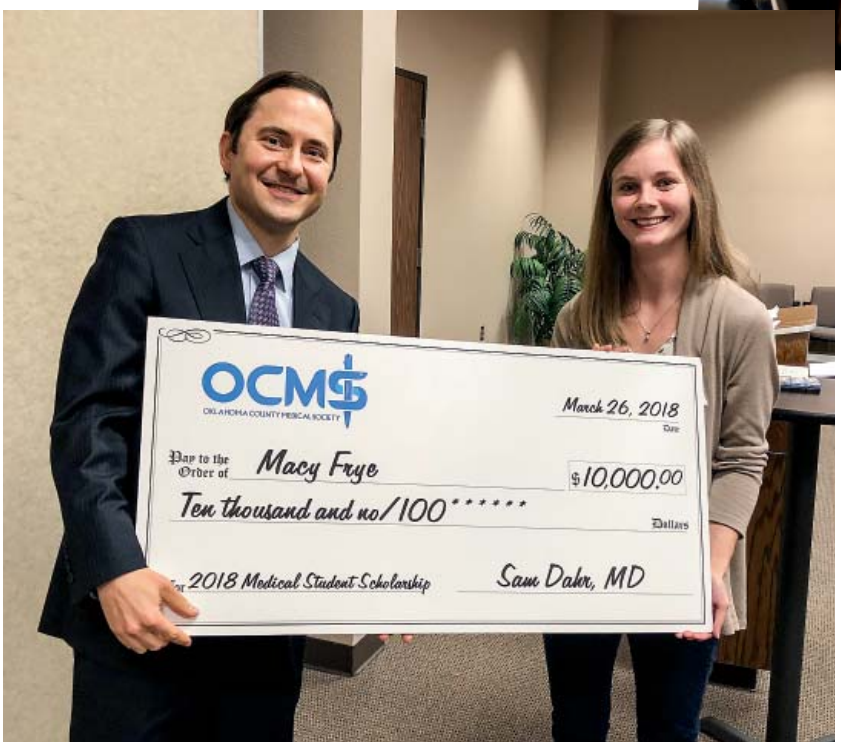
OCMS AWARDS MEDICAL STUDENT **SCHOLARSHIP**

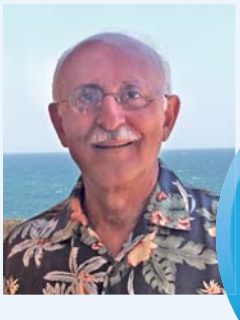
In March, **Macy Frye** was selected as the 2018 OCMS Foundation Medical Student Scholarship Review recipient. At the membership meeting on March 26, she was presented with a $10,000 check for her upcoming academic year. Macy grew up in the Oklahoma City metro area, and completed her undergraduate degree at the University of Oklahoma, graduating with a 4.0 GPA. She is currently in the first quartile of her class in her third year at the OU College of Medicine.

Macy knew she wanted to study medicine at an early age, but a life-changing event her freshman year in college set that decision into stone. Her father suffered a severe brainstem stroke, and she spent months in hospitals observing specialists. Macy said the experience allowed her to see the struggles physicians faced while attempting to improve her father's health. Financially, the injury hit her family hard, resulting in Macy paying for her education entirely.



Macy plans to pursue family medicine. In her words –

"Preventative medicine, in my opinion, is the most vital aspect of improving the health of our state. I want to be a doctor that instills trust and support in my patients and their families."



THE POET'S SPOT

A man is partial without his woman. Men want their missing ribs back because without them they feel incomplete. To be in love is to be one with your beloved.

Incomplete

I travelled wide to citadel and shrine
And washed my soul with music, verse, and wine
And cradled life, and leashed and tempered death
And climbed to peaks and felt the Maker's breath

To no avail, alas, I did not find
The depth of joy I sought, nor peace of mind
Until you lit my spirit and my eyes;
With grace and humble kindness beauty lies

All else is folly; only love is true
And happiness is naught unless with you
For you're the Adam's rib I must regain
Back to my chest that I may breathe again.

Like souls must pray and bodies rest and eat
I need you so that I can be complete.

HANNA SADDAH, MD

RANDALL HENTHORN, MD
& JESSIE BECKETT, MA

In June 2018 Oklahoma voters will have the opportunity to vote for or against the legalization of "medical marijuana" via Oklahoma State Question 788. This measure amends the Oklahoma State Statutes. A yes vote legalizes the licensed use, sale, and growth of marijuana in Oklahoma for medicinal purposes. A license is required for use and possession of marijuana for medicinal purposes and must be approved by an Oklahoma Board Certified Physician.

The State Department of Health will issue medical marijuana licenses if the applicant is eighteen years or older and an Oklahoma resident. A special exception will be granted to an applicant under the age of eighteen, however these applications must be signed by two physicians and a parent or legal guardian. The Department will also issue seller, grower, packaging, transportation, research and caregiver licenses. Individual and retail businesses must meet minimal requirements to be licensed to sell marijuana to licensees. The punishment for unlicensed possession of permitted amounts of marijuana for individuals who can state a medical condition is a fine not exceeding four hundred dollars. Fees and zoning restrictions are established. A seven percent state tax is imposed on medical marijuana sales.[8]

At the present time the State of Oklahoma does allow for of near pure cannabidiol (CBD) doe treatment resistant epilepsy and for spasticity pain associated with multiple sclerosis and paraplegia. CBD is one the multiple cannabinoids from the plant Cannabis sativa that does not have psychoactive properties. It has been especially beneficial for treatment resistant forms of epilepsy1. The major cannabinoid found in the Cannabis sativa plant is delta-9 tetrahydrocannabinol (delta-9 THC); it is the psychoactive. Extracts of cannabis that contain more than 0.3 % of delta-9 THC are not allowed in the state of Oklahoma.[9]

The author understands the 788 proposal would be at the sole discretion of the physician to determine if the patient is an appropriate candidate for "medical marijuana" (MM). The patient takes a signed form by the physician and completes application for a

Continues on page 22 …

license through the State Department of Health. If granted the patient would be able to legally to possess and use a limited amount of marijuana on his/her person and additionally have in residence a limited supply of liquid extract and plants. The patient buys marijuana for smoking and eating from dispensaries approved by the health department.

The author's concerns about the 788 proposal:

1. Patients seeking MM for symptom relief; be it, chronic pain, fibromyalgia, chronic migraine headaches, arthritis and etc., may not have tried more conservative treatments like physical therapy, behavior modification, and non-habituating and safer medicines first. He/she needs to be encouraged to seek therapies that have a goal of improving function. MM should be a last resort as a therapy. Most systematic reviews on the use of opioids for neuropathic pain show with marijuana extracts have low strength of evidence for pain relief.[2,3] There is no robust change.
2. Physicians may out of expediency recommend MM rather than explore more conservative treatments. MM is chronic therapy. Long-term marijuana use inevitably leads to physical dependence making discontinuance difficult. Withdrawal syndrome from marijuana is not trivial with first irritability/anxiety, insomnia, poor oral intake and at least one of these physical symptoms: abdominal pain, shakiness/tremors, sweating, fever, chills and headache. Withdrawal lasts about 4 weeks, but craving may be persistent. Treatment may require intensive behavioral/pharmacologic treatment.[4]
3. There are troubling studies showing impaired learning and driving ability for up to 3 hours after smoking a single joint. Marijuana users were 25% more likely to be in an car accident than non-users[5]. There has been a steady progressive rise in the delta-9 THC content of dry marijuana from 4% in 1995 to 14 % in 2014.[6] This rise is likely to lead to more driving impairment in users. It would be prudent for physicians prescribing MM to counsel their patients not drive for at least 3 hours after smoking marijuana.
4. Marijuana is now becoming a risk factor for acute coronary syndrome and cardiovascular disease. Alarming are the recent reports of young men dying from the use of potent synthetic cannabinoids. It has been determined that massive vasospasm caused the deaths.[7]

It should also be noted that for many years a synthetic form of delta-9 THC (dronabinol) has been available in tablet form for treating nausea/vomiting caused by cancer chemotherapy and appetite stimulation in patients with wasting disease.

It is the author's opinion that passage of the MM proposal will medically benefit few patients and is more than likely to foster dependence and many health problems for which only a few have been mentioned. It is hoped that soon that more FDA approved cannabinoid pharmaceuticals in oral form along with well-designed studies showing efficacy and harms.

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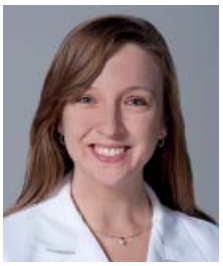
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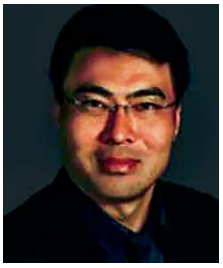
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Mr. Lungblood

BY HANNA SADDAH, MD

"Doctor," whispered my nurse after a shy knock on the examination room door. "Mrs. Mirabelle Morganson wants to talk to you. When I told her you were with a patient, she began sobbing and mumbling in French."

"Go ahead, doctor. It must be urgent," said Mr. Marshall, lying half naked on the examination table.

I thanked him and scurried to the phone.

"Mrs. Morganson?"

"Oh, Doctor. He has much lung blood."

"You mean he's coughing blood?"

"Oh, yes, Doctor, many lung blood."

"Call 911 and take him to the ER."

"He only *viseet* your office."

"Bring him in then."

"He *forbeed* me to drive."

"Call a taxi."

"He *inseest* he drive."

Mr. Morganson waved off the receptionist, marched straight into my office, sat down, and began: "I asked Chatte to stay in the car. At sixteen, after the Nazi occupation, she joined the French Resistance. She has been easily alarmable since then and overreacts to everything. As you can see, I'm fine."

"But, she said you coughed blood."

"I did, but ever since I survived the Normandy landing, I've stopped worrying. Having seen so much death and having lived for forty more years with a survivor's guilt, there is no room in my soul for worry," he smiled.

Mr. Morganson's physical examination was normal and so was his lab, however, his chest x-ray showed an angry, fuzzy, baseball tumor in the left lung. I gave him the available options: bronchoscopy, fine needle aspiration, mediastinoscopy, or early surgery.

"No, thank you," he answered with a knowing smile.

"But we can't let a highly suspicious lung tumor go untreated."

"Perhaps the Doctor can't, but I can."

"What on earth do you plan to do then?"

"I'll smoke for one more month and then you can repeat my x-ray."

"But, that's not very wise, sir. A lot can happen in a month."

"Indeed, Doctor, a lot can happen even in an instant. But those who haven't been to war don't realize it."

"But we're no longer at war."

"Life is always at war, Doctor, but I am ready for peace, if you know what I mean."

A month later, the tumor had grown and his cough had worsened, but he still felt fine and refused further investigation or intervention.

Continues on page 28 …

"Mr. Morganson. Let's not taunt fate," I admonished.

"It's fate that taunts us," he giggled, "and we're but fate's puppets."

"Your lung cancer may still be curable if you would allow intervention."

"You don't know that, Doctor. You're just presuming."

"And you're just delaying," I reparteed.

"Well then, let me continue to delay and you may continue to presume."

"Is that going to be your strategy from now on?"

" 'Men are the sport of circumstances, when
The circumstances seem
the sport of men,' said
Lord Byron in Don Juan."

"I had no idea you were a literary man."

"After I lost my friends at Normandy, I befriended the dead poets who have helped me find a peaceful oasis in the midst of life's interminable wars."

Two months later, he had lost weight, looked pale and frail, but he still came alone to the office wearing a remarkably cheerful aspect.

"Mr. Morganson, is your cough keeping you awake at night?"

"It's getting worse, I admit, but it bothers Chatte more than it bothers me."

"Would you like something for it?"

"What kind of something?"

"For your kind of cough, opioids work best."

"But opioids are addicting."

"We don't worry about addiction at this stage of the game."

"What stage of the game is that, Doctor?"

"Your presumed, terminal, lung cancer stage," I muttered.

A shy gleam shone from his tired eyes. He fondled the cigarette pack in his shirt pocket and after a moment's reflection, quoted:

" 'Cowards die many times before their deaths. The valiant never taste of death but once. Of all the wonders that I yet have heard, It seems to me most strange that men should fear, Seeing that death, a necessary end, Will come when it will come.' Do you recognize the quote, Doctor?"

"No, but I do understand what you're trying to tell me."

"The quote is from Shakespeare's Julius Caesar, uttered by Caesar before he went to the Senate where he was butchered."

"Do you long to die, Mr. Morganson? Being a military man, I thought you would prefer to fight rather than surrender."

"I am fighting, Doctor, but I'm fighting for peace, not for war. *'Each man bears Death within himself, just as a fruit enfolds a stone,'* said Rilke. I prefer death with dignity to death with iatrogenic infirmity. And to answer your earlier question, yes, I would take opioids for my cough at this stage of the game."

The pen froze in my hand. I worried that if I were to prescribe opioids, he would take an overdose and not show up for his next month's appointment. He smiled when he discerned my hesitation and demurred.

"Perhaps, we should try a non-opioid first?"

Three months later, Mr. Morganson limped into my office, looking like a relic of his former self, and his smile no longer hid his suffering. He moved with caution because of bone pain but his mind was still sharp and intimidating. What quotes from his dead-poet friends is he planning to use against me today, I wondered?

"Mr. Morganson, how do you feel?" I asked with a cliché tone.

"Chatte tells me that I look horrible, but I actually feel fine."

"How's she handling your illness?"

"With stubborn denial. That's how she survived imprisonment by the Nazi's. The more they tortured her and the more they …" he paused to swallow a tear, "the more she convinced herself that they were temporary and she was permanent. And she was right. When we rescued her with the rest of the prisoners, she came out cheering: 'I knew it, I knew it. They were temporary and I'm permanent.' "

"Why do you call her Chatte? Isn't that a female cat in French?"

"Because that was her underground name when she worked with the French Resistance. They dubbed her Chatte because she was fast and furtive like a cat."

"And how are your dead-poet friends doing?"

"They keep me company and never stop teaching me. Lately, I have developed a fascination for Epictetus."

"I've never heard of Epictetus, but what did he teach you?"

"He was one of the stoics who taught me that I'm being returned."

"Returned? What does that mean."

"Epictetus said: *'Never say of anything, I have lost it, but I have returned it. Is your child dead? It is returned. Is your wife dead? She is returned.'* Therefore, I'm just being returned, Doctor. That thought has brought me great peace."

"What's to happen to your wife after you're returned?"

"Her sister has come to live with us for the while and after I am returned, they would both return to France. I've taken care of everything and she'll want for nothing, if you know what I mean."

"But, have you discussed your dying with her?"

"Oh, no," he croaked with a deep, hoarse voice. "She likes to think that I'm also permanent and I'm not about to shatter that salutary delusion for her. Her sister and I, however, have had sober discussions. All will be well when I'm gone."

Awkward silence droned as I composed my last burning question.

"Mr. Morganson. Why did you refuse treatment when I first saw you? We had a chance, then."

"Doctor, would you have accepted chemotherapy, radiation therapy, lung surgery, and all the painful indignities that were surely to follow if you had had an angry, fuzzy, baseball tumor in your lung?"

I gulped my answer, and then gave him 30 tablets of an opioid for his bone pain.

One month later, his wife called and said that he was asking for me. I found him in bed, feeble, hardly able to move, but still smiling.

"Would you like me to call hospice?"

"Oh, no, they will make me take opioids."

"Hospice will only make you have a good end and they can do it without opioids."

"But, I am already having a good end without opioids."

He reached for the bottle of opioids, which I had given him earlier, and said, "Count them, Doctor. I haven't taken any."

"But why? Would you rather hurt?"

"Yes."

"But why?"

"Because I wish to remain alert during my return so that I may experience all the joyful feelings of my last voyage. I'm where I need to be, and I'm going where I need to go. Just wish me a *bon voyage*."

Mr. Morganson went smiling into death. He asked that the following Ghalib quote be engraved on his tombstone:

"*Ghalib, I think we have caught sight of the road to death now. Death is the string that binds together the scattered beads of the universe.*"

OKLAHOMA COUNTY MEDICAL SOCIETY

IMPORTANT DUES CHANGE

Your Oklahoma County Medical Society & Oklahoma State Medical Association bill date for dues is changing. You will now receive your first 2019 Dues Invoice in July of 2018 and your second notice in October 2018. Your membership year will remain intact throughout 2018 even though you'll receive a bill.

Why is the dues bill date changing?
Some members expressed concern about many professional memberships being billed late in the calendar year, resulting in financial hardships. Other members found it difficult to renew or join in the middle of an academic year. This decision came from the OSMA Membership Task Force.

What is the dues cycle?
The dues cycle will remain the same – January 1 through December 31 of each calendar year. We will simply begin billing earlier.

Is the price of dues changing?
No.

Can I still pay with the OCMS Easy Pay option (split into three monthly payments)?
Yes. Find out more information at **www.okcountymed.org/pay**.

How do I pay my dues?
Pay online at www.okcountymed.org/pay and to see other ways to pay.

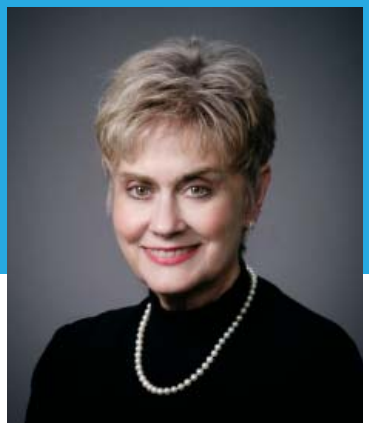
Who do I contact for questions?
Please contact Eldona Wright, OCMS Membership Coordinator at 405-702-0500 or ewright@okcountymed.org.

When is the due date?
Members will be dropped from membership if payment for the 2019 dues are not received by March 1, 2019. The change in billing is a convenient option for those who prefer to renew earlier.

LOOK FOR THE OCMS ENEWS IN YOUR EMAIL!

It's a monthly email newsletter that we send to all of our members with news and information. It's short and easy to read, just right for our busy members. It is distributed in the middle of the month, so if you don't remember seeing it, please check in your spam email folder!

DIRECTOR'S DIALOGUE



"The foundation of every state is the education of its youth."

~ Diogenes

By Jana Timberlake, Executive Director

Do you find it amazing that this quote was written by a Greek philosopher who lived from 412 BC until 323 BC? His words could be no more relevant today.

As I write this column, the Oklahoma Education Association has declared the Oklahoma teacher walkout to be over. Some believe teachers should be satisfied with the Legislature's salary increase and additional funding for education-related expenses. But many teachers have expressed a desire to continue their walkout to demonstrate their cause – making education the best it can be in Oklahoma. Add to that the fact that additional funding will need to be secured within the next two years in order to retain the teacher pay increases.

Over the last decade, funding for public education in Oklahoma has fallen 30%. A direct result of the funding cuts have resulted in schools open four days each week; larger class sizes for teachers; and a short supply of textbooks and materials. It has been reported for many years that teachers pay for supplies out of their own woefully shallow pockets.

I ask you to remember your "favorite" teacher and how that individual positively impacted your life. Mine was Mrs. Hazel, and she taught the combined 3rd and 4th grades in my small country grade school in southwestern Oklahoma. My father died in the spring of my 3rd grade year. While I managed to end that school year without many problems, the 4th grade was a different story. I began to neglect homework assignments that resulted in C's rather than A's. Mrs. Hazel had a quiet conference with Mother, explaining she felt dealing with the loss of my father was the root of the issue. The two of them worked together to get me back on track ... and it worked. It was through Mrs. Hazel's encouragement and extra attention that I regained my joy of learning.

Healthy Schools Oklahoma, formerly Schools for Healthy Lifestyles, a program founded by the Oklahoma County Medical Society, is providing a new program that cultivates the joys of learning with physical activity – Action Based Learning (ABL) labs. A total of 29 HSOk schools now have ABL labs that combine teaching academic concepts while incorporating kinesthetic movement in a lab setting. According to the Healthy Schools Oklahoma website, "This combination allows a positive learning experience that has been proven to increase academic scores, decrease discipline issues and increase attendance. Research has shown that action based learning improves memory retention, reinforces academic concepts and balances brain chemicals." To learn more about action based learning, click on the HSOk website link: **https://www.healthyschoolsok.org/action-based-learning**

I also want to take this opportunity to introduce you to Kelley McGuire, the new HSOk Executive Director. Kelley is energetic, a self-proclaimed fitness nut, and eager to increase HSOk's influence throughout Oklahoma. Fund-raising is a top priority for her so more students can increase their knowledge about health while enjoying the benefits of learning and exercising at the same time! **Donations to HSOk are tax deductible and can be mailed to:** 500 N. Broadway, Suite 225, Oklahoma City, OK, 73102.

This Director's Dialogue concludes with a final quote attributed to Robin Cook:

"Education is more than a luxury; it is a responsibility that society owes to itself."

My hope is for Oklahoma to live up to that responsibility.

COMMONLY REPORTED DISEASES — Monthly

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
E. coli 0157:H7	0	3	0	0	1	2	5	0	2	0	0	0
Ehrlichiosis	0	0	0	0	0	0	4	0	1	0	0	0
Haemophilus influenzae Type B	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae Invasive	4	3	2	1	1	0	1	3	1	1	0	0
Hepatitis A	0	0	0	1	0	0	1	0	0	0	0	0
Hepatitis B	2	1	5	6	2	2	2	4	2	4	3	2
Hepatitis C	20	19	22	18	20	19	20	23	18	18	16	22
Lyme disease	0	0	0	0	0	1	0	0	0	0	0	0
Malaria	0	0	0	0	0	0	0	1	1	0	0	0
Measles	0	0	0	0	0	0	0	1	0	0	0	0
Mumps	0	0	3	5	1	2	1	0	0	0	0	0
Neisseria meningitidis	0	0	0	0	0	0	0	0	0	0	0	0
Pertussis	2	0	1	2	1	1	4	0	1	0	0	0
Strep pneumo invasive, children <5yr	0	0	0	0	1	0	0	0	0	1	0	1
Rocky Mtn. Spotted Fever	0	0	2	0	0	5	5	1	2	1	0	0
Salmonellosis	7	7	7	12	5	15	10	16	25	10	6	4
Shigellosis	6	1	0	7	6	4	3	1	1	2	1	1
Tuberculosis ATS Class II (+PPD only	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis ATS Class III (new active cases)	0	0	0	0	0	0	0	0	0	0	0	0
Tularemia	0	0	0	0	0	3	0	0	0	0	0	0
Typhoid Fever	0	0	0	0	0	0	0	0	0	0	0	0

RARELY REPORTED DISEASES/Conditions

West Nile Virus Fever	0	0	0	0	0	0	0	1	1	1	0	0
Pediatric influenza Death	1	0	1	0	0	0	0	0	0	0	0	0
Influenza, Hospitalized or Death	105	203	71	8	2	2	0	1	5	7	22	169
Influenza, Novel virus	0	0	0	0	0	0	0		0	0	0	0
Strep A Invasive	0	0	0	0	0	0	0	0	0	3	1	1
Legionella	0	2	0	1	1	2	2	0	0	0	1	0
Rubella	0	0	1	0	0	0	0	1	0	0	0	0
Listeriosis	0	0	0	0	0	0	1	0	1	1	1	0
Yersinia (not plague)	0	0	0	0	0	0	0	0	0	0	0	1
Dengue fever	0	0	0	0	0	0	0	0	0	0	0	0

* Over reported (includes acute and chronic) ** due to HIPAA Privacy concerns patient counts under 5 are not released

***Beginning in June 2012 medical health record was transitioned to the electronic format PHIDDO.

Data for newly identified infections is not available at this time. OSDH is being consulted on obtaining data.

YTD totals are updated quarterly to reflect cases that have a reporting delay due to laboratory confirmation or symptom assessment.

CME INFORMATION

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Elisa Thompson, APRN, CNP

** Diplomate, American Board of Allergy and Immunology ™*

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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**.

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To schedule an appointment for Adult Services call

405-271-4864

Adult Services

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- Nose Reshaping
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- Liposuction
- Breast Augmentation
- Breast Reconstruction
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- Microsurgery
- Burn Reconstruction
- Skin Cancer Excision
- MOHs Reconstruction

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OU Children's Physicians Building
1200 N. Phillips Ave., 2nd Floor Suite 2700
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To schedule an appointment for Pediatric Services call

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Jonathan Heinlen, MD, Urologic Oncology/Robotics

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