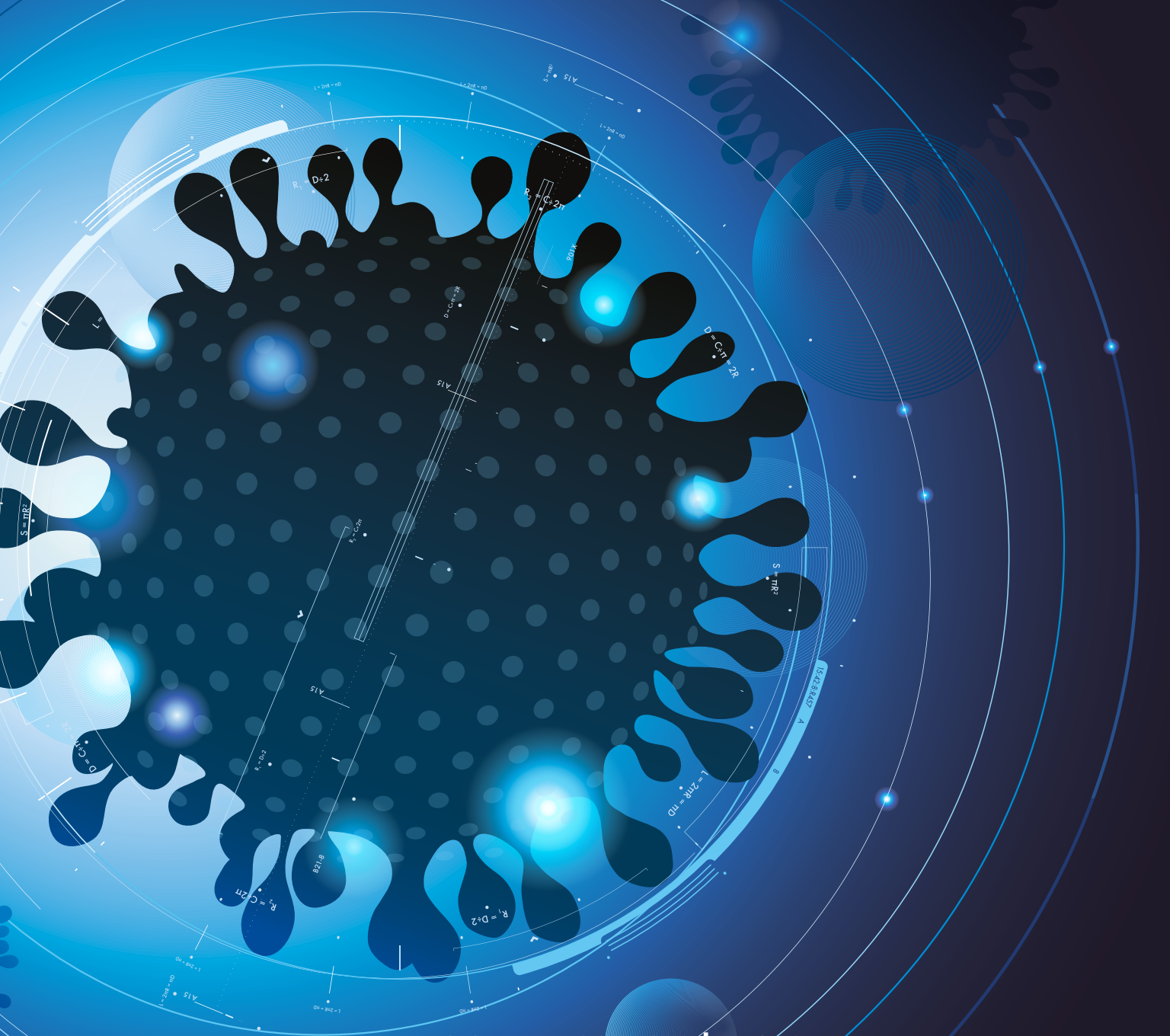
BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

MAY/JUNE 2020

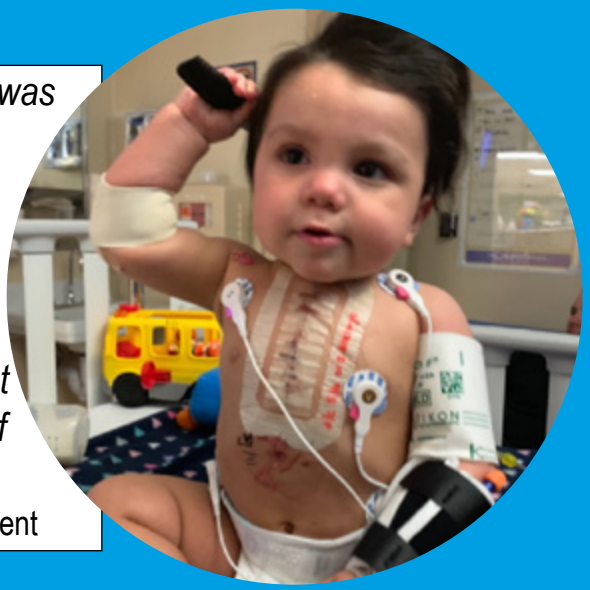


PANDEMIC | **COVID-19**

Did you know a single lifesaving transfusion for the smallest, preemie patient is a little as 5 teaspoons?

"Thank you for giving the blood donation that was used to care for my family member today. Because of your kindness and generosity; he has a chance to feel better and recover from surgery. After his surgery to repair his ventricular septal defect; he needed a blood transfusion and it was your donated blood that he received. Thank you for your selfless act of donation. God bless you."

- A Thank the Donor™ message sent by a grateful parent



Thank the Donor™

- Providing an anonymous way for patients, family members & healthcare providers to say, **"Thank You"** to blood donors.
- Unleashing the **Attitude of Gratitude™** to ensure a save blood supply is always available.

Make your appointment to give today.

Oklahoma Blood Institute

1-877-340-8777 • obi.org

If you want to learn more, please contact astrube@obi.org

OKLAHOMA COUNTY MEDICAL SOCIETY

313 North East 50th Street, Suite 2
Oklahoma City, OK 73105-1830
phone: 405-702-0500 fax: 405-702-0501
email: ocms@okcountymed.org
www.okcountymed.org

THE BULLETIN

May/June Volume 93 Number 3
Six Annual Publications • Circulation 1500

TABLE OF CONTENTS

THANK YOU TO OUR 2020 SPONSORS!

GOLD — **Oklahoma Blood Institute**

BRONZE
First Liberty Bank
McBride Orthopedic Hospital
OU Medicine
PLICO
Quail Creek Bank
Variety Care

THANK YOU TO OUR ADVERTISERS!

Commerce Bank
Epworth Villa
INTEGRIS Hospice
Oklahoma City Ballet
OK Allergy & Asthma Clinic
OSMA Health

Dr. Dean Atkinson

Dr. Laura Chong

Dr. Richard Hatch

Dr. Bret Haymore

Dr. Gregory Metz

Dr. Patricia Overhulser

Dr. Shahan Stutes

Karen Gregory, DNP

Oklahoma Allergy & Asthma Clinic

1925-2020

95 Years of Allergy & Asthma Innovation

Follow us on Twitter
@okallergyasthma
and like us on Facebook
for daily allergy reports
@oklahomaallergyasthmaclinic
on Instagram

Stefanie Rollins, APRN, CNP, AE-C

Elisa Thompson, APRN, CNP

Chelsea Robinson, APRN, CNP

Accepting New Patients!

Main Office
at the Oklahoma Health Center
750 N.E. 13th

Edmond at Fisher Hall
3560 S. Boulevard, Suite 150

Yukon
1601 Health Center Parkway, Building 1200

Norman
Healthplex Parkway in Medical Park West
3580 R.C. Luttrell Drive

Midwest City
8121 National Avenue • Midwest City, OK

Appointments 405/235-0040 • www.oklahomaallergy.com

ABOUT THE COVER

From the Editor:

As COVID-19 spreads across Oklahoma, we understand physicians are overloaded with messages, dealing with possible staff furloughs, loss of income, concern for the community, economy and patients, education of children, care for the elderly, and much more. Many of us are facing the greatest public health crisis during this time.

OCMS is working diligently from home to continue their services to physicians in Oklahoma County. I urge you to contact them if you have any concerns or questions.

At press time, funds for the small business loans were depleted. However, I encourage you to contact banks that sponsor OCMS and discuss your options. They are all featured in this issue and support physicians in Oklahoma County.

Member physicians, residents and medical students searching for mental health assistance to cope with stress during this time can still get free counseling. Our physician wellness program is providing telehealth counseling during the COVID-19 crisis. Visit www.okcountymed.org/pwp for more info. Remember – no reporting, completely anonymous from your employer.

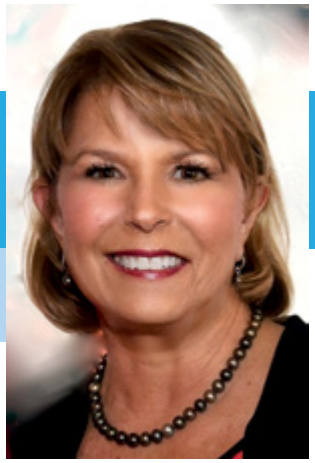
This issue features editorials from medical students and a resident on dealing with COVID-19 during training. In addition, OCMS Editor Bill Truels, MD, interviewed community leader Reverend Norman Neaves and posed the questions: Is the universe friendly? Why do bad things happen to good people?

Enjoy the issue and thank you for your support.

OCMS
OKLAHOMA COUNTY MEDICAL SOCIETY

PRESIDENT'S PAGE

Lisa J. Wasemiller, MD



A look at Corona: (it's not a beer)

Coronavirus will change the world permanently. Whether you like it or not, we are facing a new norm.

Worldwide, COVID-19 is rapidly becoming the leading cause of death in the world (MUCH worse than the flu). Current data indicates that Covid-19 is now the second leading cause of death in America. (Source: *The Washington Post*)

Presently, in a typical week in the United States, the leading causes of deaths are ranked as listed:

1. **Heart Disease** is still #1 -12,626 deaths
2. **COVID-19** -12,392
3. **Cancer** -11,437
4. **Chronic lower respiratory disease** —3,279
5. **Accidents** - 2,911

Suicide is ranked #10 at 876.

In comparison, the projection of 60,000 deaths in the first wave of the Coronavirus is more than the number of Americans killed in the Vietnam War.

According to the CDC National Center for Health Statistics, in the United States:

- the swine flu killed 12,500 in 2009
- the flu killed 61,000 in 2017, and 34,200 in 2018-2019
- the Asian flu killed 116,000 in 1957
- the Hong Kong flu killed 100,000 in 1968
- H1N1 (Spanish flu) killed 675,000 in 1918-1919

This has impacted all of us — financially / physically/emotionally/spiritually. It has forced innovations in how we work, how we teach, how we learn, how we listen, how we live, how we interact, and how we love. However, instead of focusing on the negative by tracking the figures of mortality and exponential rise of the virus, We can choose to water the seeds of optimism. We can choose to focus on the "Can Do" mindset.

Despite the adversity, there is reason for hope and to consider the best is yet to come. In the long run the pandemic has forced us to reconsider who we are and what we value as well as what we have taken for granted — with a revived appreciation for the simple pleasures (not the least of which is toilet paper!). Much work remains to minimize the health threat and to ensure we survive. Our capacity to stand together and reach new solutions is indicative of continued human spirit of ingenuity.

This is time for transformation and rebirth. A Phoenix rising so to speak.

However, the transformation that happened over a 3-day span over 2000 years ago STILL provides the peace that passes all understanding.

He arose.

We must come together — Even though we must stand six feet apart.

The virus will not defeat us.

Perhaps this poem should be named

"How the virus TRIED to steal Easter"

Continues on page 6 …

 Continued from page 5 …

How the Virus Stole Easter

By Kristi Bothur, with a nod to Dr. Seuss

Twas late in '19 when the virus began
Bringing chaos and fear to all people, each land.

People were sick, hospitals full,
Doctors overwhelmed, no one in school.

As winter gave way to the promise of spring,
The virus raged on, touching peasant and king.

People hid in their homes from the enemy unseen.
They YouTubed and Zoomed, social-distanced, and cleaned.

April approached and churches were closed.
"There won't be an Easter," the world supposed.

"There won't be church services, and egg hunts are out.
No reason for new dresses when we can't go about."

Holy Week started, as bleak as the rest.
The world was focused on masks and on tests.

"Easter can't happen this year," it proclaimed.
"Online and at home, it just won't be the same."

Maundy Thursday, Good Friday, the days came and went.
The virus pressed on; it just would not relent.

The world woke Sunday and nothing had changed.
The virus still menaced, the people, estranged.

"Pooh pooh to the saints," the world was grumbling.
"They're finding out now that no Easter is coming.

"They're just waking up! We know just what they'll do!
Their mouths will hang open a minute or two,
And then all the saints will all cry boo-hoo.

"That noise," said the world, "will be something to hear."
So it paused and the world put a hand to its ear.

And it did hear a sound coming through all the skies.
It started down low, then it started to rise.

But the sound wasn't depressed.
Why, this sound was triumphant!
It couldn't be so!
But it grew with abundance!

The world stared around, popping its eyes.
Then it shook! What it saw was a shocking surprise!

Every saint in every nation, the tall and the small,
Was celebrating Jesus in spite of it all!

It hadn't stopped Easter from coming! It came!
Somehow or other, it came just the same!

And the world with its life quite stuck in quarantine
Stood puzzling and puzzling.
"Just how can it be?"

"It came without bonnets, it came without bunnies,
It came without egg hunts, cantatas, or money."

Then the world thought of something it hadn't before.
"Maybe Easter," it thought, "doesn't come from a store.
Maybe Easter, perhaps, means a little bit more."

And what happened then?
Well … the story's not done.
What will YOU do?
Will you share with that one
Or two or more people needing hope in this night?
Will you share the source of your life in this fight?

The churches are empty – but so is the tomb,
And Jesus is victor over death, doom, and gloom.

So this year at Easter, let this be our prayer,
As the virus still rages all around, everywhere.

May the world see hope when it looks at God's people.
May the world see the church is not a building or steeple.
May the world find Faith in Jesus' death and resurrection,
May the world find Joy in a time of dejection.
May 2020 be known as the year of survival,
But not only that -
Let it start a revival.

2020 MEDICAL STUDENT SCHOLARSHIP RECIPIENT | ROBERT GONZALEZ

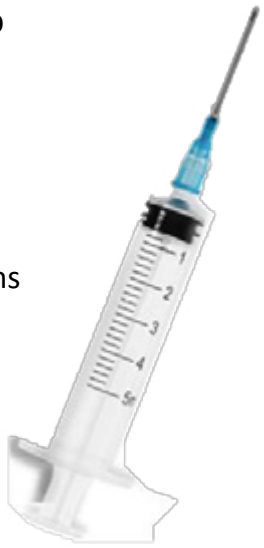
Robert Gonzalez was born in Coahuila, Mexico and immigrated to the United States alongside his family when he was 4 years old. Even at that young age, education was his prime interest; an interest that would soon evolve to a passion for medicine. He attended Eugene Field Elementary in Oklahoma City, and was then enrolled in Dove Science Academy in order to continue developing his interest in STEM. In his senior year of high school, he was awarded the Gates Millennium Scholarship and graduated as valedictorian. He attended the University of Oklahoma in Norman and obtained a Bachelor's of Science degree in Health and Exercise Science with a minor in Biology. In the year after completing his undergraduate degree and during his first year of medical school, he worked with the department of Biostatistics and Epidemiology at the College of Public Health as a project interviewer to help collect data for evaluation of state public health programs. It was through his work at the College of Public Health that he found his interest in conducting research. After leaving his job at the College of Public Health, in time to begin his second year of medical school, he was able to continue helping with research studies in the department of surgery. He presented a project about post-splenectomy vaccination compliance in trauma patients in the spring of 2019 at the Southwestern Surgical Congress. In his third year of medical school, he continues to work on research with the anesthesiology department, and has also worked with the Office of Diversity Inclusion and Community Engagement to help find ways to increase the number of underrepresented students applying to medical school. In the fall of 2019, he helped plan the first annual Representing Oklahoma and Diversity conference. This was a one-day conference encouraging undergraduate students from underrepresented backgrounds to apply to medical school. He has thoroughly enjoyed his third year of medical school and rotating through the different fields of medicine. Outside of medicine, he enjoys cooking and spending time with his family and pets. While he is still deciding between a career in Anesthesiology, Obstetrics and Gynecology, or Family Medicine, he plans to work with the growing Hispanic Latino population of our state. Oklahoma is his home, and where he plans to continue his career development and research after his training is completed.

OSMA HEALTH

people you know, coverage you can trust.

Affordable Health Coverage For Oklahoma State Medical Association Members and Their Employees

With an OSMA membership, you and your employees gain access to affordable health coverage options:



- Choose from several PPO plans priced within your budget
- Options for deductible and office visit copayments
- Qualified High-Deductible Health Plans with Health Savings Account options
- Insure Oklahoma compatible coverage available
- Prescription drug coverage
- Dental coverage available
- Network availability in all 50 states

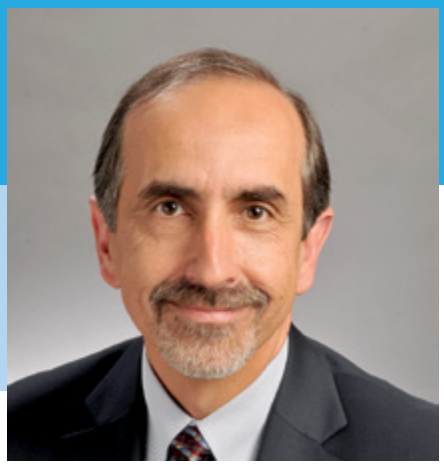
Contact OSMA Health for details today!

osmahealth@clfrates.com

405-290-5646

DEAN'S PAGE

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



As an academic medical center and as a global society, we are now living in a time that none of us has encountered before. Just as a novel coronavirus can drastically change our everyday lives and health, so can it alter our activities as a medical school.

The OU College of Medicine and our hospital partner, OU Medicine, have risen to the challenge that COVID-19 has presented. This is due in no small part to our dedicated faculty, our learners, our researchers and our staff. This pandemic has demanded that we all change, and I am grateful for all who have faced that reality and poured everything they have into keeping our mission alive and functioning at the same level of excellence.

For our learners, both residents and medical students, this year of their training is like no other. In normal times, our residents and fellows are the first to see patients when they present for care, and that has not changed in the face of COVID-19. They have stepped up and met challenges, despite the potential risks, and are demonstrating what it means to be true professionals in a crisis. There is also a high likelihood that we may need to reassign them from their primary specialty to other areas where physicians are needed. Residents with significant training in the ICU, such as internal medicine and surgery, may be pulled from scheduled rotations to cover in the ICU. And those without significant ICU training may be needed to cover the hospital wards. Residents in all specialties may need to provide care to patients outside of their general patient population.

Medical student education, too, has been significantly affected. The remaining preclinical courses for first- and second-year students are now delivered remotely through video-based lectures, and exams are remotely delivered and proctored as well. On March 19, similar to the vast majority of medical schools nationally, the College of Medicine removed all third- and fourth-year medical students from their clinical rotations. This occurred due to significant disruptions in clinical rotations and challenges surrounding personal protective equipment. Some of that education now continues through "virtual clerkships" that will address knowledge-based clerkship objectives. Other elements of clerkships will continue after students can resume contact with patients. Students in all four years of their medical education have been affected by these changes, and the Class of 2020 will miss the traditional fourth-year awards banquets and celebrations. However, because students and residents are undergoing their

Continues on page 10 …

education during this pandemic, they are gaining an unparalleled perspective on the important role of health professionals and insight into how they can carry that into the future.

OU College of Medicine researchers have been applying their expertise to a variety of projects that seek to unravel the mechanisms of COVID-19. William Hildebrand, Ph.D., a faculty member in the Department of Microbiology and Immunology, has launched a research collaboration with Pure MHC, an innovative biotechnology company that was commercialized from his research, to work toward the development of a vaccine. Dr. Hildebrand's expertise is in helping the body's protective immune cells target and kill virus-infected cells. His work on this project is to identify the targets that mark COVID-19, then steer the body's T-cells to those targets using a vaccine. Dr. Hildebrand has previously achieved tremendous success in this area, including the discovery of targets for West Nile Virus and melanoma.

Many other researchers are developing and submitting projects that will investigate various aspects of this novel coronavirus and the way it damages the body. It will take a global team of researchers to produce a vaccine and to understand the intricacies of the virus, and we are pleased to be among that dedicated group. The research mission of the college is poised to contribute meaningfully to patient care at a time when it is critical.

Our clinical mission in the OU College of Medicine has been changed like no other, and our dedicated physicians have demonstrated why the profession of medicine is such a noble calling. Our physician leaders, along with our leaders in the OU Hudson College of Public Health and in OU Medicine administration, are managing the challenges each day brings while planning for our response to the crisis as it continues.

Our primary goals during this pandemic are to maintain adequate levels of staffing for our healthcare workforce, and to ensure the safety of those providers so they can continue providing the highest-quality care for our patients. Through safe conservation strategies, new procurements and a decrease in elective services, we have maintained adequate supplies of personal protective equipment. To keep our workforce positioned to help patients most in need, some of our physicians may work in areas other than their usual clinical areas. We are also grateful to the many college alumni and community physicians who have pledged to help should we be faced with a surge situation beyond what we can handle, or should members of our healthcare team be stricken by COVID-19. Our physicians and other healthcare providers have the same anxiety that we all have about personal and family health, but they continue to provide compassionate, skilled care to our patients. Like first responders, they go toward a crisis to help those in need.

This is undoubtedly one of the most significant medical crises that we will see in our lifetimes and in our careers in medicine. I am proud to be leading a college that has never wavered in its responsibilities, and to be working within an enterprise that, day in and day out, strives to reduce suffering and provide healing.

OU Medicine and the OU Health Sciences Center worked together closely to develop a "surge plan," which involves accelerating the completion of two floors of our new bed tower to provide additional ICU beds. Other phases of the surge plan identify overall inpatient capacity throughout OU Medicine facilities in Oklahoma City and Edmond, including the conversion of non-traditional spaces, such as operating rooms and post-anesthesia care units, to house critical care beds.

IN MEMORIAM

by Jana Timberlake

Linda Larason

Linda Larason, former OCMS Associate Director and Managing Editor of the Bulletin, lost her battle with multiple myeloma on Saturday, April 11, 2020. She began her career with the Society in February 2003 and retired 9 ½ years later. Linda worked closely with Dr. Hampton to publish the Bulletin; she was responsible for the OCMS Inaugural dinner; staffed multiple committees; and planned the first OCMS family event at the Harn Homestead, complete with face painting, multiple craft opportunities for the children, an Easter egg hunt, live music and catering by Big Truck Tacos. Prior to joining the Society, Linda worked for the Community Council and was a state legislator from 1985-1995.

Her talents were many, but I most admired her honesty and dry sense of humor that was delivered with a straight face. Linda and I worked together on community issues for many years before she joined the OCMS staff. I owe many people for my career at the Society, but Linda actually taught me how to be an Executive Director. For that, I will be forever grateful. There was no assignment she could not tackle. During her tenure, the staff laughed a lot, leaned on each other and grieved together. She had many talents, contributed to the success of OCMS and will be missed dearly by those who knew her.

If you would like to make a memorial donation in Linda's name, please give to the Homeless Alliance, Sally's List, AIDS Walk OKC, CARE Center, Myriad Gardens Foundation. In lieu of flowers, Linda's family requests that everyone vote in the upcoming election.

COVID-19 CONVALESCENT PLASMA:

OLD IS NEW AGAIN

from the Oklahoma Blood Institute

As doctors scramble to treat patients severely ill from the new corona virus, Oklahoma Blood Institute (OBI) is collecting a new weapon, COVID-19 convalescent plasma (CCP), to help in the fight. Though a cutting-edge, experimental therapy in its current incarnation for this pandemic, this form of adoptive immunotherapy has been used for well over a century to treat other infectious diseases. As during the similar Spanish flu pandemic of 1918, physicians are again transferring antibodies from the blood of recovered patients to boost the defenses of currently sick ones.

OBI and other blood centers around the nation are now drawing plasma units from individuals who have fully rebounded from CV-19 infections that can be documented by their diagnostic lab results. Donors must be a minimum of 14 days beyond symptom resolution and qualify under the standard screening tests and questions required for regular blood donation. If a CCP donor is between 14 and 28 days beyond his or her recovery, then an additional test for the virus must come back negative as an indicator the immune response has been robust enough to fully neutralize the pathogen. As of now, there is no donation pathway approved for people who screen as CV-19 antibody positive, but they do not have a test proving the original infection.

Preliminary reports on ten patients from the Wuhan outbreak suggested that this modality of care might have promise. Seizing on this data and a smattering of positive, anecdotal outcomes from New York City, the US Food and Drug Administration (FDA) established a nationwide experimental protocol at the end of March that allows expedited access to CCP for clinicians and streamlines its production by blood collectors. Several Oklahoma hospitals have already stood up their programs and begun treating patients under this model. We expect access to continue to expand to many more sites across the state.

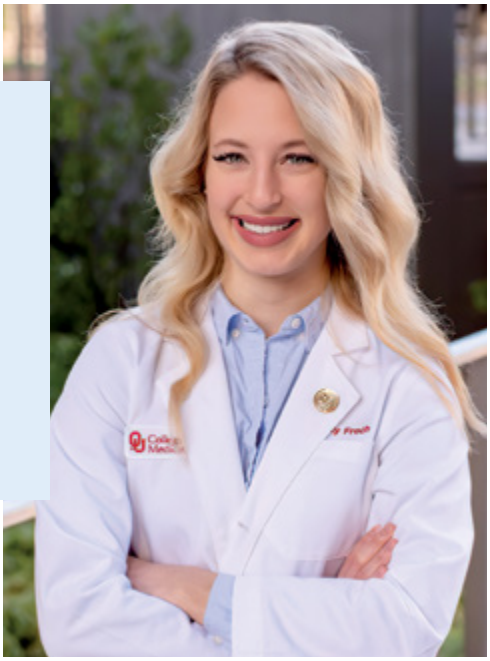
To build up an inventory of CCP to meet patient needs, OBI has partnered with the Oklahoma Department of Health, the Oklahoma State Medical Association and other healthcare organizations to create a secure, confidential registry of potential donors. By going to **my.bio-linked.org** directly or finding the link posted at **obi.org**, convalescing patients can sign up by answering a brief, self-administered questionnaire. It is very encouraging that in less than a week's time, more than 70 people have placed themselves on this roster. However, we need our medical community to refer additional prospects for our pool so that we can build up to a reserve that guarantees off-the-shelf availability.

Our staff follows-up with every registrant to discuss the qualification process in more detail and schedule donations for eligible volunteers. The OKC County-County Health Department allows us space away from our regular blood donor rooms to collect a nasal swab that is then CV-19 tested by Dr. Derek Irwin's DLO/Integris laboratory. Women who have been pregnant need to be additionally screened for anti-HLA (tissue transplant) antibodies that can cause a very rare lung injury syndrome (TRALI). Except those of the AB blood group, plasma units are screened for high anti-A and anti-B titers to avoid transfusing a product that might cause hemolysis by injuring the patient's RBCs. To maximize the yield from each collection, we use our apheresis (blood separator) machines to draw two or three doses of CCP.

We hope the FDA's Investigational New Drug (IND) study will prove CCP is an effective tool to fight CV-19. As such, it is remarkable as a fast-to-market, stopgap measure that effectively leverages existing transfusion infrastructure and our generous culture of volunteer blood donation. Ideally, it will quickly become outmoded as more modern, effective treatments emerge. Until then, there is something very biologically affirming that we are using a strength of our species, generosity in the form of donated plasma, to counter a new organism that causes us such harm.

Onions, Gatorade, Levothyroxine:

I began stocking up in late January. An avid reader of the news, I saw the United States COVID-19 crisis coming as soon as SARS-Cov-2 began ripping through Wuhan. My friends initially teased me, but once March rolled around, the teasing quickly stopped.



Emily Frech is a member of the class of 2022 at the OU College of Medicine. She is the President of the OSMA-MSS and Vice-President of the Emergency Medicine Interest Group. Below is her perspective of the COVID-19 crisis.

In the context of COVID-19, I am lucky when it comes to members of the healthcare team. I'm not a fourth-year medical student, graduating into a healthcare system groaning under the weight of an explosive pandemic. I'm not a third-year medical student, wondering how I will apply to residency programs, or how I will even finish my rotations. Nor am I a physician suffering on the front lines. No, as a second-year student (intending on entering emergency medicine), I have been studying since January for Step 1. Those who have taken Step 1 will understand that, essentially, I have been social distancing for months.

My emergency medicine mentors, spread coast-to-coast, detail their experiences caring for COVID-19 patients via social media and private conversations. I am determined to stay informed, but in this process, the joy I previously felt when I thought of emergency medicine is replaced by despair and dread. Physicians and nurses are falling ill in droves with COVID-19; statistically, some of them won't make it. I worry that someday my texts to them will go unanswered, that their Twitter feeds will stop abruptly.

In late March, the NEJM published "Fair Allocation of Scarce Medical Resources in the Time of COVID-19." The article details best practices for distributing critical medical equipment (e.g. ventilators) once there are too many COVID-19 patients flooding our ERs and ICUs. The article debates whether a lottery system might be fair, or a "first-come-first-served" approach. Save the most life-years? Or save the most lives? Do you give the ventilator to the 65-year-old cardiologist? Or the indigent 22-year-old?

The physicians on the front lines of this pandemic did not enter medicine to become grim reapers; they did not spend years in medical school, residency, and fellowship to flip a coin, picking whether Patient A or Patient B receives the last ventilator. They did not endure overwhelming debt, sleepless nights, and personal sacrifice to don garbage bags and week-old N-95s as PPE. They did not enter medicine to write

wills at age 30, as some residents are being asked to do. To pre-record bedtime stories for their children in case Mom or Dad doesn't make it out of this alive.

***

I can't stand beside my mentors and intubate patients on the front lines. I can't read chest X-rays with them, witnessing ARDS flash blinding white through lung fields. No one needs me on the front lines, asking a gasping, coding patient "Do you have sex with men, women, or both?" All I can do right now is fight like heck for this: we enter medicine to heal and to serve. Not to ration critical medical supplies and put ourselves at risk on the front lines due to government incompetence.

Oklahoma physicians and patients deserve better. Question your lawmakers. Challenge them. Demand better. Two of the eight "no" votes on the coronavirus response bill (HR 2601) were Oklahoma senators. U.S. lawmakers on both sides of the aisle dumped stock just before the COVID crisis exploded in the U.S. We are guided by a coronavirus czar who once asserted that smoking doesn't kill, an administration that prohibited the CDC from using the phrase "evidence-based medicine," and a leader who declared that SARS-CoV-2 would just go away, "like a miracle – it will disappear."

As I write this piece in early April, I suspect that the worst is yet to come for Oklahoma. I fear that, through no fault of our hardworking healthcare teams, we will not be ready. Importantly, the work will not end when the pandemic does. Your lawmakers work for you. If they are not helping you do your job, a job that is of the utmost importance during this pandemic: voice your anger. And then vote them out. Vote for lawmakers that believe in science and medicine and public health, for politicians that support measures that keep patients and physicians safe. Our healthcare system will be devastated by COVID-19. To protect our patients, our colleagues, and our families, and to prepare for (God forbid) the next pandemic, the house of medicine must learn from COVID-19. And never turn back.

PART 2 | OLDER DRIVER SAFETY
LEGAL ASPECTS

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

Part 1 of this article[1] presented the medical and ethical issues that relate to identifying impaired older drivers. This Part 2 depicts the legal aspects. All states have reporting laws which instruct physicians how to notify the licensing agency of medically unsafe drivers. Six states have mandatory reporting requirements (California, Delaware, Nevada, New Jersey, Oregon, and Pennsylvania). Mandatory reporting has the potential to discourage patients from seeking health care.

Physicians are often uncertain of their legal responsibility to report unsafe drivers. They have concerns also about damaging the clinician-patient relationship, violating patient confidentiality, engaging caregivers to lessen the burden of a driving restriction or cessation, and potentially losing patients.

Physicians have a legal duty to protect private patient health information from disclosure to anyone, including the patient's family, attorney, or the government, without authorization from the patient. But the nondisclosure requirement is not absolute, because safety of both the patient and the public are equally important.

Physicians who disclose medical information without patient authorization may be liable for breach of confidentiality. On the other hand, failure to disclose may make the physician liable to third parties who are injured by the patient. Thus, physicians who fail to follow the reporting laws may be liable for patient and third-party injuries and could face civil or criminal charges. This presents physicians with a confusing "take it or leave it" Hobson's choice situation.

Thomas Hobson (c. 1544 – 1 January 1631) lived in Cambridge and kept a large stable of

*Executive Director, Diplomate and Past Chairman, American Board of Legal Medicine; Vice President and Director of CME, Western Institute of Legal Medicine, California; Fellow and Past President, American College of Legal Medicine; and Adjunct Professor, Medical Education, OUHSC.

horses, with boots, bridles and whips, to furnish customers at once. He discovered that his fastest horses were the most popular, and thus overworked. In order not to exhaust them, he established a strict rotation system, allowing customers to rent only the next horse in line. When a customer came for a horse he was led into the stable, and was obliged to take the horse which stood next to the stable-door. "This one or none" (take it or leave it) policy became as "Hobson's choice." *When a person is asked to choose between two undesirable alternatives, that is a "Hobson's Choice."* In England, Hobson's Choice became known to barristers as the "Cab-rank rule"; the gentleman's agreement that a barrister take a client who is first in line, whether the barrister likes it or not.

Failure to advise patients about medical conditions (listed below) and adverse effects of medications that make driving unsafe can be considered negligent behavior, making the physician liable for monetary damages. Physicians may also have some responsibility for protecting the safety of the public, referred to as *third party liability*. The most important consideration is the existence of a *foreseeable* threat. If a physician believes or predicts that a patient is likely to inflict serious bodily harm on a third party due to unsafe driving, then the physician has a duty to warn or protect that person, for example – a family member or bystander.

In 1976, the California Supreme Court ruled in Tarasoff that once a psychotherapist determines, or pursuant to his professional standards reasonably should have determined, that a patient presents a serious danger of violence to others, he bears a duty to exercise reasonable care to protect the ***foreseeable victim*** from that danger.[2] In 1983, the Michigan Appellate Court stated that there was a duty to warn non-patient but limited the duty only to potential victims who are ***readily identifiable***.[3] However,

Continues on page 18 …

the majority of states follow the Lipari Court which limited the therapist's liability to those persons ***foreseeably endangered by the negligent conduct***, but did not limit it to persons whose literal identity could have been known to the hospital's staff.[4] Therefore, as a general rule, a defendant physician owes a duty of care to all persons who are foreseeably endangered by the physician's conduct with respect to all risks which make the conduct unreasonably dangerous.[5]

In 1990, the Supreme Court of Oklahoma adopted the "Tarasoff Doctrine."[6] The Court stated that a duty to warn arises if (1) a special relationship exists between the physician and the patient that imposes a duty upon the physician to control the patient's conduct, or (2) a special relationship exists between the physician and the other injured non-patient which gives to the non-patient a right to protection. The psychotherapist/patient relationship has been found to be a sufficient basis for imposing a duty on the therapist and the hospital for the benefit of persons foreseeably injured by a released patient.

The Oklahoma Department of Public Safety[7] (ODPS)has regulations called the *Medical Aspects of Driver Licensing*[8] which set the standards for licensing individuals with health problems or physical impairments. The ODPS regulations are promulgated under the Oklahoma Administrative Procedures Act based upon information from licensed medical doctors who serve on its Medical Advisory Board.

The ODPS monitors the following medical conditions or ailments: Alcohol and/or other Intoxicating Substance Abuse; Any Condition which would cause Loss of Control/ Partial Control of a Motor Vehicle; Behavioral Changes; Chronic Violator; Cardiovascular Diseases; Cerebral Palsy; Diabetes or Hypoglycemia; Disorientation; Impaired Balance Recovery or Reflexes; Lapses of Attention; Mental Ability; Mental Confusion; Multiple Sclerosis; Musculoskeletal Problems; Neurological Disorders; Orthostatic Hypertension; Parkinson's Disease; Neuromuscular Disorders; Senility; and Visual Problems.

Prior to reporting a patient to the state licensing agency, the physician should inform the patient of his/her intent and explain the legal responsibility to make the report. The physician should (1) send a letter to an elderly driver documenting a cease-driving recommendation; (2) document the ability of the patient to drive a motor vehicle, and include if available, a consult note, a driver rehabilitation specialist (DRS) report, and a Clinical Assessment of Driving Related Skills (CADReS), including the CADReS scoring sheet; (3) document the specific danger posed by the patient's driving to other individuals on the highway; and (3) document all attempts made to contact the patient's family members or guardian, including the means used to make contact and the content of the communication.

[1]Sanbar, S.S., BULETIN, OCMS, March-April 2020
[2]*Tarasoff v. Regents of Univ. of California*, 17 Cal.3d 425, 131 Cal. Rptr. at 25, 551 P.2d at 345 (1976).
[3]*Davis v. Lhim*, 124 Mich. App. 291, 335 N.W.2d 481, 489 (1983).
[4]*Lipari v. Sears, Roebuck & Co.*, [795 P.2d 519] 497 F. Supp. 185, at 195 (D.Neb. 1980).
[5]*Soutear v. United States*, 646 F. Supp. 524 (E.D.Mich. 1986)
[6]*Wofford v. Eastern State Hospital*, 1990 OK 77, 795 P.2d 516
[7]www.ok.gov/dps/
[8]Oklahoma Administrative Code 595:10-5-1 et al., and 47 O.S. Sections 6-207 and 6-119.

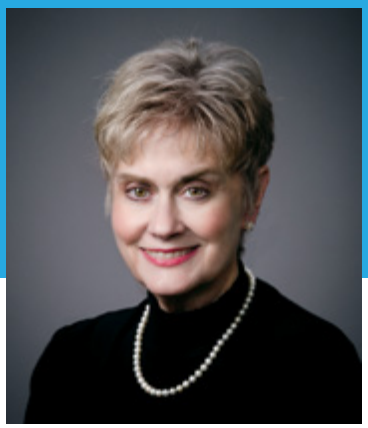
LEARNING IN THE TIME OF COVID-19: **A MEDICAL STUDENT PERSPECTIVE**

Ana Mohammad-Zadeh is third-year student at the OU College of Medicine. Below is her perspective of the COVID-19 crisis.

I wake up without an alarm. It is Quarantine Day 19. Or is it 22? These past few weeks have been a blur. As a third year medical student, my main job right now is to stay at home and tune into weekly Zoom lectures. I am not qualified enough to be helping on the front lines, yet the rotation curriculum is not quite adaptable to an online setting. My daily discussions with classmates reveal that we are all experiencing a similar feeling—helplessness. We wish we could play a role in patient care, but we also acknowledge our limitations in clinical knowledge. So, we do what we can to help: sew face masks for healthcare providers, volunteer at the Oklahoma Health Department Coronavirus Hotline, and help OU clinics call and check up on their patients.

In my continued search for purpose, I start with focusing on what is taking place in the world. The ubiquitous, age-old advice from attendings to "read more" has never been more important. I spend a few hours every day scouring COVID-19 updates that have surfaced overnight—epidemiological statistics, pharmacological treatments, and personal accounts from physicians caring for critically ill patients. I see which countries have better contained the outbreak, and through what means. My friends and I try to educate ourselves and those around us. Being learners during this unprecedented time puts us in a unique position to soon address and improve a healthcare system that is not prepared for many current and future challenges. We will remember this once we are members of the workforce and we will hold ourselves accountable for ensuring a better response next time, lest we face another pandemic in our lifetimes.

DIRECTOR'S DIALOGUE



"Heroism is endurance for one moment more."

– George F. Keenan

By Jana Timberlake,
Executive Director

When contemplating what constitutes a hero, what are your criteria?

Having been employed by the Oklahoma County Medical Society for almost 35 years, physicians rank at the top of my "hero" list. Think about it. Physicians make life-altering decisions each day while practicing the art of medicine. Especially during this time of the COVID-19 pandemic, they are on the front battle lines without the necessary equipment but that does not stop them from caring for patients. And while the pandemic is raging around them, physicians are continuing to treat patients presenting with cardiac difficulties, detached retinas, kidney failure, pregnancies, and the list goes on and on. Telemedicine has become necessary because of social distancing guidelines when delivering routine patient care when appropriate.

But there are many heroes during this unprecedented time – all health care workers, including those providing janitorial services; those who prepare and deliver Meals on Wheels to the elderly population are heroes; those who continue to serve the homeless; those volunteers who sew surgical masks that are in short supply for hospitals; the EMTs who are first on the scene of an accident; the Oklahoma companies that utilize their ingenuity to retool to provide necessary goods and services; the grocery store workers who stock the shelves with food; the educators who continue to teach while their students are at home; and the parents who juggle working off site while making certain their children do not lag behind in their education. And the list of heroes goes on and on.

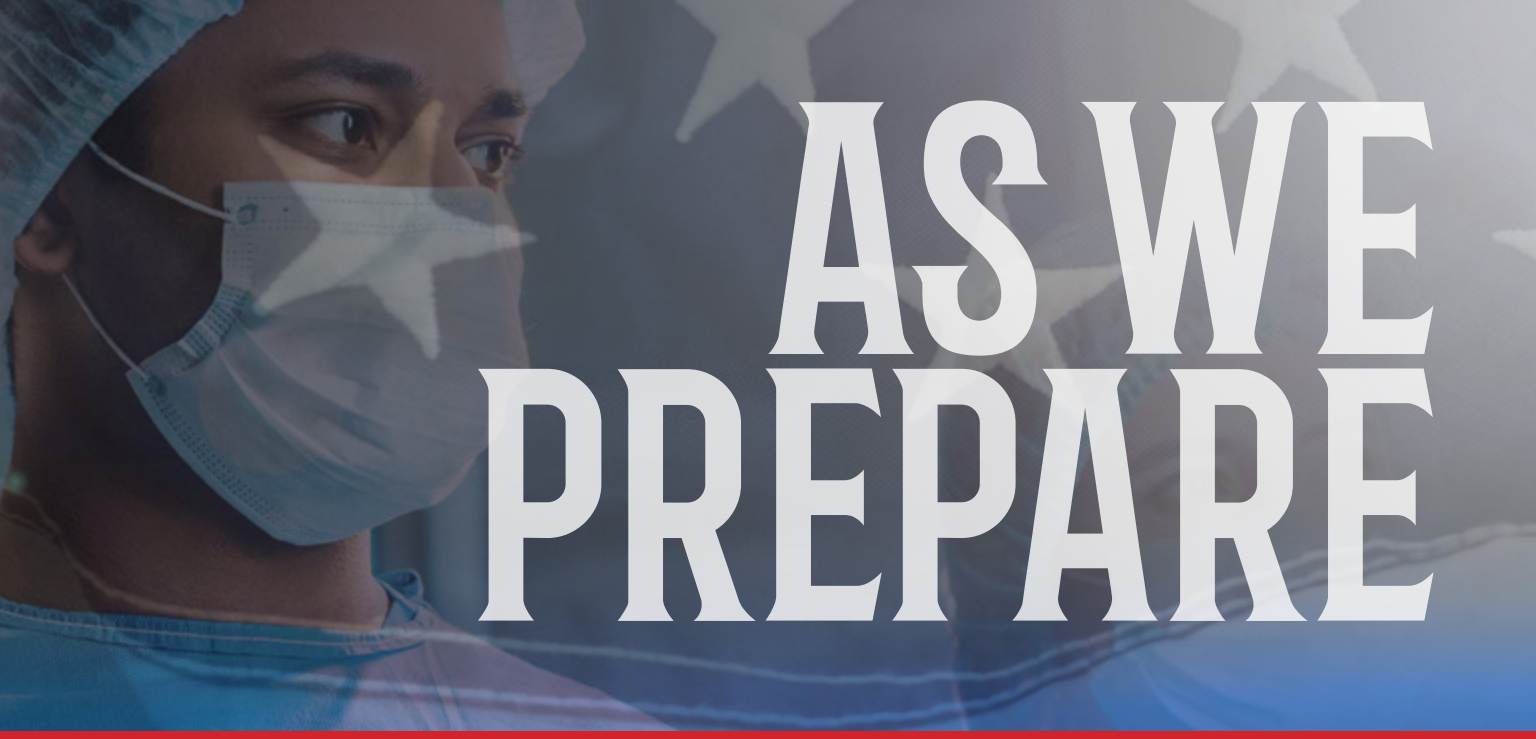
It DOES take a village, and I am proud that this community has come together to follow the rules and hopefully lessen the effects of COVID-19 in Oklahoma. My greatest wish is that after our self-isolation is over and a vaccine is developed to protect us from this virus that people remember what is really important – being kind towards each other. And that costs nothing! I hope we can remember to put aside differences and begin to respect people's religious and political preferences without being hateful or degrading. Our country is divided in many ways. I believe the only way we can continue this beautiful experiment called democracy is to treat each person with decency and respect and to be honest – and expect that behavior from our elected officials. If one of us doesn't count, then none of us count. And do not let those with the loudest voices continue to sow discourse.

To all OCMS members and their spouses who read this publication, please forward your stories to the Society as a means of preserving your experiences during this pandemic. If an abundance of stories is received, they will be included in a special edition of the Bulletin.

In closing, I refer you to the book, "All I Really Need to Know I Learned in Kindergarten," by Robert Fulghum. His words are so simple:

"Everything you need to know is in there somewhere.
The Golden Rule and love and basic sanitation.
Ecology and politics and equality and sane living."

What a wonderful world this would be only if ... it was filled with a bunch of heroes like the people of Oklahoma.



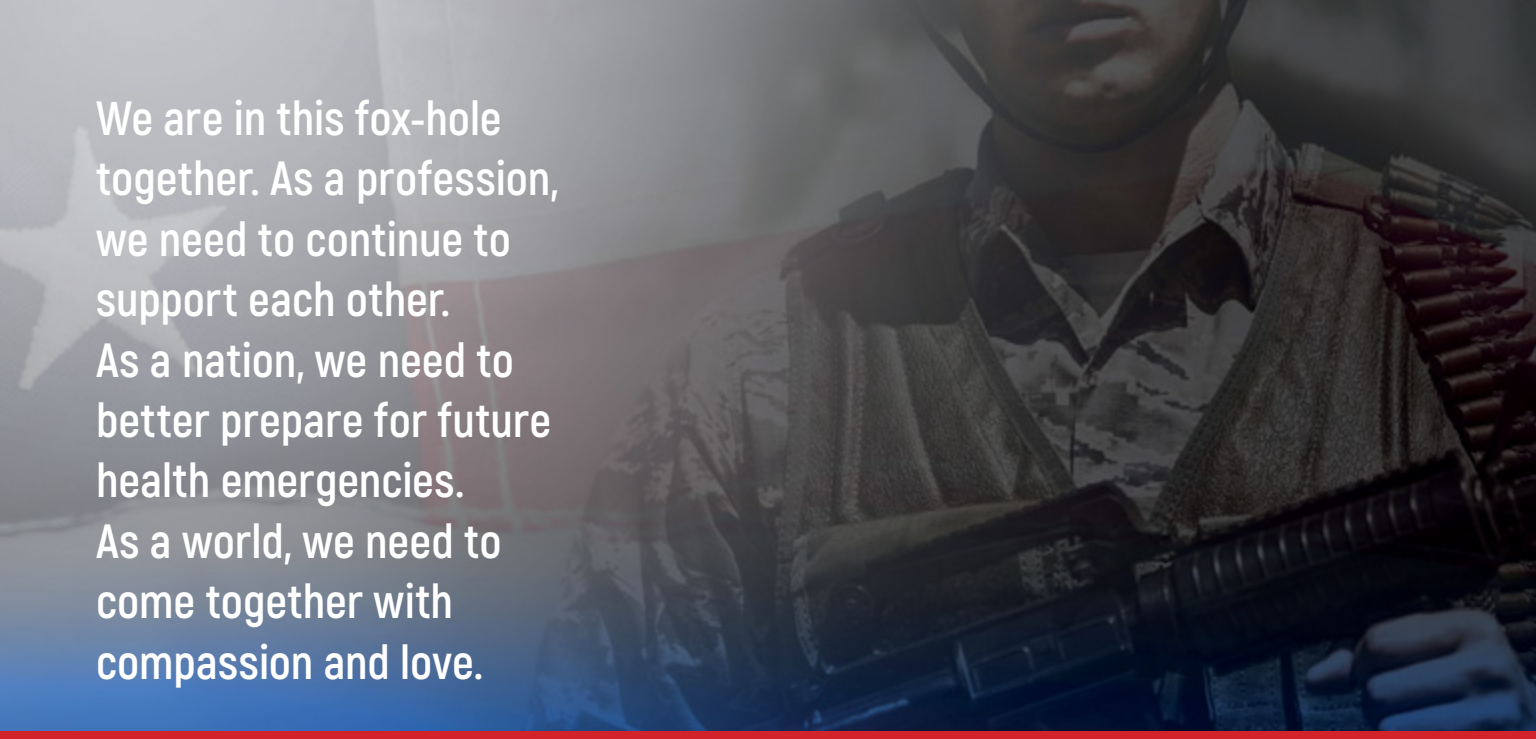
AS WE PREPARE

My neck was raw from the stiff collar. My muscles ached from the weight of the casket. My shoes were dusted with a fine coat of red dirt from the graveside. I would need to clean them. I slowly removed my uniform, stifling back tears in the rental house my wife and I called home. It was 2007 and I felt we had just started our life together. I was preparing to be deployed to Iraq in support of Operation Iraqi Freedom. As a couple, we were anxiously awaiting the call for me to leave for a year-long deployment. "Sometime in the next month or two" was the guidance we received regarding when this might happen. This time was spent with months of intense physical and combat training, leadership courses, Arabic courses, filling out powers of attorney, wills, etc. It was agonizing for my family. The invasive fear of what could be was overwhelming.

It was during this time a Marine Lance Corporal I had trained was killed. He was chosen to go to Iraq before the main group, and was within 12 days of returning home, when his vehicle struck an IED. He was 21 years-old. Weeks before going to Iraq myself, I was one of the six pallbearers who laid him to his final rest.

Recently, my wife and I have been discussing the situation we are currently living through, and these are familiar emotions with eerily similar circumstances. There seems to be a world-wide and universal fear and anxiety that is palpable. Through the radio, on television and social media, we are bombarded with a constant barrage of COVID 19 news. We have watched, with horror, the steady and inevitable march of the pandemic from China, to Italy, the UK, and now New York, California, Louisiana. Every day yields breaking news of rapid escalations of positive cases and deaths. We hear heart-wrenching stories involving otherwise healthy young people who are doing far worse than anyone expected and, may not "make it." Some people are feeling trapped, not only within their homes, but

Anton Dreier, MD
Great Plains
Family Medicine, PGY3



with their anxiety and fear knowing the inevitable march will continue. It feels as if we are watching a foreign war but knowing that soon, it will be here too.

Parallels can also be seen with personal protective equipment, or lack thereof. It is frustrating our nation was not prepared for this situation. I remember the early days of the wars in Afghanistan and Iraq. As my unit prepared for a combat deployment, we were told stories of marines and soldiers having to find pieces of scrap metal to reinforce fabric-sided HUMVEEs or place sandbags in the floorboards to try and soften the blow of explosions, and not knowing if we too would need to resort to scavenging protective gear. We are one of the most advanced and prosperous nations in history. To fight this battle underequipped and to be reliant on anyone but ourselves for vital equipment seems misguided and potentially disastrous. We should have known better.

However, we continue to work. I witness the care being provided by physicians and medical staff. I am heartened to see residents and attending physicians care for patients. There is something, dare I say, sacred in the relationship physicians have with their patients. The people we provide care for will continue to need us, regardless of what else is going on in our lives or the world. These are the people sitting in their homes wondering what will happen to them, who are wondering how they will afford the essentials to feed their family since being laid off. These are the people, who are, right now, looking to us for answers, for calmness, and for resolve. I am heartened when I see my fellow medical residents band together to solve problems. All the comparisons to "battles," "front-lines," and "attacks," in the news are accurate. As for my group of fellow residents, we are in this fox-hole together. As a profession, we need to continue to support each other. As a nation, we need to better prepare for future health emergencies. As a world, we need to come together with compassion and love.

I do not know what will happen in the coming weeks and months for me and my fellow Family Medicine residents. I do not know if a surge of COVID19 patients will overwhelm Oklahoma hospitals, stretching the medical infrastructure of our state. I do not know if we will be called to serve in some capacity that wasn't foreseen even a few months ago, but as we wait … we prepare. As we prepare … we improve. And when we are called, we will continue to be here, with compassion and love.

Bill Truels, MD

INTERVIEW:

Reverend Norman Neaves

Recently, OCMS Bulletin Editor Bill Truels, MD, sat down with Reverend Norman Neaves, the pastor who started the Church of the Servant and is now retired. Periodically, Dr. Truels will be interviewing a prominent Oklahoman who has shaped our culture and will ask a few philosophical questions that apply to everyone in all walks of life. This interview, conducted just before the COVID-19 crisis was exploding in Oklahoma, reminds us that we must take a moment and focus on what is most important to us.

INTERVIEW: **REVEREND NORMAN NEAVES**

Bill Truels, MD: Tell us about your family, your education.

Reverend Norman Neaves: I was born and reared in Oklahoma City and have lived here almost all my life. I went to Edgemere Grade School, Harding Junior High School, Harding Senior High School, Oklahoma City University, Duke University, and Drew University. I have a bachelor's degree in history and philosophy, a master's degree in systematic theology, a doctoral degree in organizational behavior and applied strategic concepts, and another honorary doctorate in divinity. I am happily and proudly married to Kipp with whom I dated for seven years before we were married and now celebrate fifty-seven years together as husband and wife.

Kipp is a wonderful human being who was named the "Queen of Friendship" in high school and which describes her to this day perfectly. She is a super friend to so many who genuinely and deeply cares for everyone and is the glue who has held our family together all these years and helped us truly thrive.

We have three children, Kelly, Todd, and Trent, all who are graduates of the Putnam City school system and the University of Oklahoma. Kelly is a graduate AOA of the OU Medical School and twelve years ago started Breast Imaging of Oklahoma along with Debra Mitchell located in Edmond. Todd is the vice president of an employee benefits insurance company headquartered in Chicago. Trent is a CPA in practice at Olson Neaves where he also does major estate planning and accounting. We also have three spouses-in-law and six grandchildren.

Truels: What childhood events shaped you?

Rev. Neaves: I had two brothers and a mom who grew up on an Oklahoma farm and a father who was a traveling salesman. We lived on a modest income in a one-bedroom home – the bedroom is where my grandmother slept.

We learned basic and strongly individualistic principles from our mother and started throwing papers in the third grade at 2:30 every morning and again every afternoon after school. We played very competitive Little League baseball and later high school football and track, and was on a track team that broke a nineteen-year-old state record in the 880 relay that still holds today, though one of the reasons why is because a few years ago they stopped running the 880 yard relay and now run the 800 meter relay! We were active in the Cub Scouts of America and the Boy Scouts of America and attended a little Baptist Church three blocks from the little home in which we lived.

We were a very hardworking and patriotic family who stood together through thick and thin.

Truels: Tell us about the Church of the Servant.

Rev. Neaves: The Church of the Servant is a United Methodist Church which began on September 8th, 1968. We rented space in the Center for Christian Renewal until we built our first building on the Northwest Expressway, a few blocks west of MacArthur. We had three building programs there until in 1993 we moved into our new facility on North MacArthur, a half-mile north of the Kilpatrick Turnpike, right across the street from Gaillardia.

Continues on page 26 …

We now have 7800 members, and Kipp was the first one 51 years ago. It is a wonderful assemblage of people from many different walks of life who are deeply and happily bonded with one another. Our gift shop began in 1976 and has generated close to $1 million dollars for all kinds of worthy non-profit organizations; a preschool that has been described by so many as one of the very best in all of OKC, and too many other programs and ministries too many to describe now.

Truels: To what do you attribute your amazing success in growing Church of the Servant?

Rev. Neaves: Well you know, I can answer that question but I'm afraid it might not be what you are looking for and to some it might even sound a little falsely modest and too religious, but it's the truth and I must answer it this way. Even though I was the guy who went around knocking on doors in 1968 looking for people with whom to begin Church of the Servant, I am very convinced that I am not the one who started the church nor the one who has grown the church nor the one who can take any credit for it. I mean that most sincerely. Someone else started Church of the Servant, someone else has grown it and developed it and guided it across all these years, and I simply got to help. Where do ideas and dreams and inspirations and thoughts and ideas come from anyway? And where does energy come from too, the spirit and life that lives in each human being? You're a surgeon, you've been around a lot of people who have passed away, so let me ask you how many of them have ideas and dreams and inspirations and thoughts and ideas, how many of them exude energy and spirit and life? None, right? Because all these things ultimately come from someone else and are implanted in the brains and souls of each one of us. Our task is to try to get in touch with them and to be aware that really, they're not ours at all but rather from

Another who lives in us and yet who is utterly beyond us too. And it that One who really began Church of the Servant, and who has mysteriously and graciously and caringly guided and corrected and shaped us over the years, and not me at all. I got to help, sometimes I did a pretty good job helping, sometimes an okay job, and sometimes truth be known I flopped and failed and didn't help at all. But still, that someone else prevailed and still does to this very day.

Truels: Let's get more philosophical. Why do bad things happen to good people?

Rev. Neaves: There are many classical and creative answers to that question, far more than I can do justice to in this short interview. I would not presume to have a definitive answer as that would presume upon the mind of God which no human can appreciably define, but I would suggest that perhaps its meaning is wrapped up in the idea that finally the whole point of our existence has not to do with our comfort so much as with the development of our character, not with what happens to us so much as with how we handle what happens to us and how we develop as a human being through our encounters with all of life's experiences.

Good things happen to bad people, and bad things happen to good people, both good and bad things happen to all people, and it seems to me what finally matters is what we do with what happens to us and who we become in and through them.

Truels: Is the universe friendly?

Rev. Neaves: That's not something any of us can answer definitively, is it? To do so would presume we sat on a loft out beyond space and time and could make such judgments from our lofty perch. We're all but mere human beings and none of us can be definitive about such things. But what we can do is "faith" it. And what does that mean? It means on the basis of how we size

Continues on page 28 …

up things and how we receive what billions have come to regard as revelation in an invaluable writing such as the Holy Bible, we can get a hint and even more that there is someone behind the great scheme of things and that this being who is God himself is an utterly gracious and good being and that he created everything (even all that is beyond our supposed sophisticated scientific presumptions, way beyond those!) … and that finally what he has made is indeed a good and wonder-full and beautiful and blessed realm that we can trust completely and that indeed is "friendly."

And you know, Bill, finally everyone by the very way they go about living their life – everyone! – has faith statement hidden behind their life's projection whether it is declared and owned or just there with little other consideration. It's impossible to live, whether you're a religiously oriented person or a supposedly utterly secular one, without assuming a certain faith assumption as to whether it's all worth it or not. As a person of faith, I have no problem whatsoever believing that we do live in a wonderfully beneficent realm and that the One behind it all is utterly trustworthy and good and knows me personally – and you too and everyone! – and that real joy of life lies in coming to this point and accepting that claim and learning how to love the One behind it all and then doing your best to live accordingly. I do not know of any other life projection worth living apart from that one, which might be why so many never really find joy and fulfillment in their lives at all. It's so simple, and yet for so many, so difficult and unnecessarily complicated.

Truels: What advice do you have for someone with a spouse with a chronic illness?

Rev. Neaves: What a good question, Bill, for you and those in your line of work who deal with this all the time and for someone like me who did too when I was active in the ministry. And you know what, the answer to that doesn't lie in cookie cutter piece of wisdom as if one could go along mouthing words of theological or philosophical import. I mean, all you'd have to do would be to refine and memorize your little words of advice or supposed wisdom and then go around delivering it to those in such need. But that would miss everything, wouldn't it? I mean, here's a person who is struggling and anxious and afraid and all we must give to them at that time is quasi-philosophical neatly packaged words of wisdom. It misses, doesn't it, it really misses big time. What the person might need most of all is someone who will come alongside them simply as a friend, someone who is more into listening and empathizing than someone who needs to start talking and explaining and fixing things. A warm and heartfelt hug can communicate so much more than a philosophical dictum, eyes that are soft and sincere and maybe even tearful, a person who allows himself or herself to be in the same boat as the person hurting and struggling. There's so much reassurance there, so much that is communicated out of the heart and soul rather than out of the head and mind, and I've learned over the years that that is what counts most of all. Now please, I don't mean to say that words of faith aren't relevant at all. Not at all. But sometimes we mistake that that is what really gets through to someone suffering as you suggest rather than those words that can come across as empty and beside the point.

Truels: You work with a talented group of people. Is there a common factor that has led to their success?

Rev. Neaves: Well indeed, I have been wonderfully blessed to work alongside some amazing folks over the years and I think if there's any common factor that might have led to their success it would be this – that what's most important in staffing is getting each person situated in the right place for them.

Everyone has certain gifts and talents that are theirs and theirs alone in their own unique way, but if we're not in touch with who that person really and deeply is and they themselves are also not in touch with that (and I'm amazed at how many people aren't!), then almost

Continues on page 30 …

KEEP ON *dancing*

OKLAHOMA CITY BALLET

Please consider a donation to Oklahoma City Ballet at this time

OKCBALLET.ORG/DONATE

always they are put in a position that is not altogether suited for them and they wind up being a loser there instead of a winner. The fit is what's key, matching skills and dispositions and attributes with a very particularly crafted job description that gives them every chance to succeed and flourish and soar.

Truels: What advice would you give to a young church member about picking a career?

Rev. Neaves: I believe this, that every single person is given two things with their birth (and put there incidentally by God himself) that are unique to them in their own special way. One is a certain prevailing gift which might collectively be a series of related gifts that go into the making of that one overall gift, and that gift is absolutely unique to them and has never been given to any other person in exactly the unrepeatable and unique way that it is given to them. And secondly, the converse is also true and a gift - namely, that every single person is NOT given other things that other people are given and that it's just as important to be in touch with the latter as it is with the former.

I like to say it this way: God wants to guide us through our lives, and one of the ways he does that is by giving us certain gifts and NOT giving us other gifts, and when we begin to discern who we are almost from birth by slowly getting in touch with what we've been given and what we've not been given, what we have to offer and what we don't have to offer, we are on our way to discovering the reason we're alive and we're in the world and therefore how we ought to go about putting together our lives and developing our careers.

Who we are cut out to be is already hidden in our deepest wants and not in our supposed oughts. In other words, we don't need to go to a career consultant to find out what we ought to do with our lives or scan all kinds of vocational possibilities, so much as we need to look inside and deep inside find out who we are and who we aren't, what we really like to do and want to do rather than what someone else looking in from the outside thinks would be a good thing for us to do, and therein we'll begin to see what our life is deeply and finally all about and who God made us to be in the first place.

Truels: What would you like to be your legacy? How would you like to be remembered?

Rev. Neaves: That's a simple one for me, Bill. I'm not into legacies all that much, it's not what my life is all about. But there is one simple set of deep feelings inside of me that are almost too deep for me adequately to express, but I'll share it like this. More than anything else, bar none, I want Kipp to feel that I loved her as deeply and purely as I was capable of doing and that truly I felt blessed to be her husband. And then right after that, the same thing for my three kids, too – I hope they'll know that despite my imperfections and shortcomings, the one thing that means more to me than anything else is that they also know that my feelings of love for them, each one, go down inside of me, deeper than anything else along with my feelings for their mother. Those four people are the core and crux of my life. But right behind them are their spouses and our six grandchildren and three dogs that we have had in life, Boomer and Mac and Little Buddy. It's amazing to me that dogs can get so deeply inside of us like they do, but those three have.

Finally, I just hope that others will know that I gave everything I had to the creation of our church, that I gave it my very best, and that even though I'm human and certainly didn't do everything perfectly and things I wish I could do over, I will always count it my greatest blessing along with my family that I got to be a helper alongside the Lord in bringing into being a place where people are loved and enjoyed and celebrated and where the Good Lord himself is honored and deeply loved.

CME INFORMATION

INTEGRIS HEALTH
Contact: **Jill Mayes, M.Ed.**, System Director of Continuing Medical Education
Phone: 522-0926

MERCY HOSPITAL OKC
Contact: **May Harshburger**, CME Coordinator
Phone: 752-3390

ALLIANCE HEALTH MIDWEST
Contact: **Pam Spears**
Medical Staff Services Coordinator
Phone: 610-8363

SSM HEALTH ST. ANTHONY HOSPITAL
Contact: **Sam McAdams**, Director of Medical Staff
Phone: 272-6053

OUHSC-IRWIN H. BROWN OFFICE OF CONTINUING PROFESSIONAL DEVELOPMENT
Contact: **Susie Dealy** or **Myrna Rae Page**
Phone: 271-2350
Check the homepage for the latest CME offerings:
http://cme.ouhsc.edu

OKLAHOMA ACADEMY OF FAMILY PHYSICIANS CHOICE CME PROGRAM
Contact: **Kari Webber, CAE**, Executive Director
Phone: 842-0484
Email: webber@okafp.org
Website: www.okafp.org

ORTHOPAEDIC & RECONSTRUCTION RESEARCH FOUNDATION
Contact: **Kristi Kenney**, CME Program Director
or **Tiffany Sullivan**, Executive Director
Phone: 631-2601

PROFESSIONAL REGISTRY

Physicians interested in advertising in the Professional Registry should contact the Executive Office at 702-0500.

ALLERGY

OKLAHOMA ALLERGY & ASTHMA CLINIC, INC.

Dean A. Atkinson, M.D. *
Laura K. Chong, M.D. *
Richard T. Hatch, M.D. *
Bret R. Haymore, M.D.*
Gregory M. Metz, M.D. *
Patricia I. Overhulser, M.D. *
Shahan A. Stutes, M.D. *
Karen Gregory, DNP
Chelsea Robinson, APRN, CNP
Stefanie Rollins, APRN, CNP
Elisa Thompson, APRN, CNP

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

750 N.E. 13th St.
Oklahoma City, OK 73104
405-235-0040

ENDOCRINOLOGY DIABETES & METABOLISM

MODHI GUDE, M.D., MRCP (UK), FACP, FACE

Diplomate, American Boards of Internal Medicine and Endocrinology, Diabetes & Metabolism

South Office:
1552 S.W. 44th
Oklahoma City, OK 73119
405-681-1100

North Office:
6001 N.W. 120th Ct. #6
Oklahoma City, OK 73162
405-728-7329

Practice limited to Endocrinology, Diabetes and Thyroid only.

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

PLASTIC SURGERY

OU PHYSICIANS PLASTIC SURGERY

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

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

To schedule an appointment for Adult Services call

405-271-4864

Adult Services

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

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

To schedule an appointment for Pediatric Services call

405-271-4357

Pediatric Services

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

UROLOGY

Urologists
at
OU Medicine

Adult Urology

Michael S. Cookson, MD, Chairman
Urology Department, Urologic Oncology/Robotics
Ash Bowen, MD, General/Oncology/Robotics
Nathan Bradley, MD, General Urology
Brian Cross, MD, Urologic Oncology/Robotics
Daniel Culkin, MD, Men's Health/Stones/Oncology
James Furr, MD, Male Reconstructive/Robotics
Jonathan Heinlen, MD, Urologic Oncology/Robotics
Daniel Parker, MD, Urologic Oncology/Robotics
Sanjay Patel, MD, Urologic Oncology/Robotics
Mohammad Ramadan, MD, General/Oncology/Robotics
John Ross, MD, General Urology
Kelly Stratton, MD, Urologic Oncology/Robotics
Gennady Slobodov, MD, Male/Female/Reconstructive/
Incontinence/Neurogenic Bladder
James Wendelken, MD, General Urology

OU Physicians:
Adult Urology 405-271-6452
Edmond 405-340-1279
Stephenson Cancer Center 405-271-4088

Pediatric Urology

Dominic Frimberger, MD
Pediatric Urology/Reconstructive Surgery/Spina Bifida
Pediatric Urology/Robotics
Adam Rensing, MD, Pediatric Urology/Robotics
Bhalaajee Meenakshi-Sundaram, MD, Pediatric Urology/Robotics

OU Children's Physicians:
Urology 405-271-2006
Edmond 405-340-1279

OKLAHOMA COUNTY MEDICAL SOCIETY

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

Address Service Requested

PRESORTED STANDARD
U.S. POSTAGE
PAID
OKLAHOMA CITY, OK
PERMIT NO. 381