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OKLAHOMA COUNTY MEDICAL SOCIETY

JULY/AUGUST 2021



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# THE BULLETIN

July/August 2021

Volume 94 Number 4

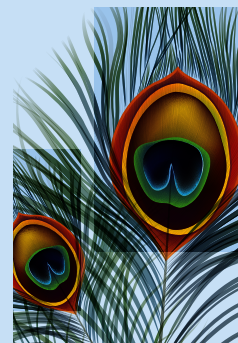
Six Annual Publications Circulation 1500

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## ON THE COVER

Oklahoma Sports Hall of Fame  
and  
Jim Thorpe Museum







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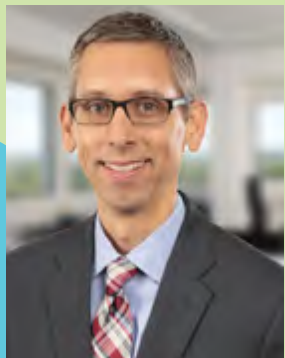
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*Basel S. Hassoun, MD*

# President's Page

BASEL S. HASSOUN, MD

THIS PAST YEAR HAS BEEN A DIFFERENT YEAR THAN WE HAVE EVER SEEN BEFORE. THE COVID-19 PANDEMIC UNMASKED OUR WEAKNESSES AND SHOWED US OUR STRENGTHS. IT CLEARLY SHOWED US HOW FRAGMENTED OUR HEALTHCARE SYSTEM IS COMPARED TO THE REST OF THE INDUSTRIALIZED WORLD. ON THE OTHER HAND, IT OPENED THE DOORS FOR CREATIVE AND INNOVATIVE WAYS TO PROVIDE CARE IN WAYS WE NEVER THOUGHT WOULD BE ACCEPTABLE SUCH AS TELEMEDICINE. THIS PANDEMIC ALSO DEMONSTRATED THAT COORDINATED EFFORTS BETWEEN PHYSICIANS, HOSPITALS AS WELL AS PHARMACEUTICAL COMPANIES ARE ESSENTIAL FOR OUR SURVIVAL.

Physician unionization, however, is frowned upon by the National Labor Board. This opened the door for the hospital to hire physicians and manage them as a business. Most medical administrators know very little about the time it takes to listen; do a careful physical examination; engender trust; to cultivate a deep relationship with a patient, each of whom has his or her own life story, pain, anxiety, and anguish. Over the last four decades, the number of healthcare administrators in the United States has grown by thirty-two hundred percent, while the number of doctors only increased by a hundred and fifty percent. Statistics from the 2019 Journal of Hospital Administration shows that since 1935, the number of hospitals managed by chief executive officers (CEOs) who are also physicians has decreased by 90%. Today, only 5% of hospitals in the United States are run by CEOs with medical degrees. However, higher-ranked hospitals are more commonly run by CEOs with physician backgrounds.

Increases in productivity in health care, have been used by managers and administrators to squeeze doctors, who are made to see more patients, read more scans, interpret more slides, and so on. Already, the emergence of machine learning has led some observers



to proclaim that, in the future, hospitals will be able to do without radiologists, pathologists, and other medical specialists. That isn't true—deep-learning algorithms have, at best, narrow capabilities—and yet it seems inevitable that managers will ignore medical realities in favor of the bottom line. Yet, overall quality scores in physician-run hospitals were 25% higher than those run by non-physicians.

This clearly shows that when a physician is at the helm, medical care is at its best because we can find the right balance between medical care, compassion, and business. Having said this, organized medicine provides an ideal solution to the challenges we face. Physician membership in organized medicine would increase during difficult times facing the House of Medicine – times in which medicine is facing more

intrusion by government regulation and restriction on how physicians can and do practice medicine, and the protection of patients' rights. However, it would seem more physicians are moving away from the strength-in-numbers unified front that organized medicine provides to policymakers and replacing it with conflicting voices.

We have a chance to affect the future of medicine; to advocate for patient interests; to restore the time doctors need to think, to listen, to establish trust, and build bonds, one encounter at a time. For these purposes, and in these times, an organization of all doctors is necessary.

I encourage all of you to invite your non-member colleagues to join our organization for all of us to be able to provide better care for our community.



*"You can't fight what you don't know about. If you know about it, you can fight it. You can beat it. You can survive."*

*- Cecilia, Breast Health Network Patient and Breast Cancer Survivor*

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*John P. Zubialde, MD*

## Dean's Page

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

I would like to take this opportunity to say how proud I am of our students and student leaders. Being in medical school during the COVID-19 pandemic has been a season like no other in the OU College of Medicine. Not only did they learn about a deadly virus in real time, but they eagerly volunteered in a variety of ways, most notably during public vaccination clinics.

Early in the pandemic, the students' schedules were dramatically altered. For a period of time, they didn't go into the clinics and hospitals, nor could they work with standardized patients. Their community efforts at free clinics, health fairs and schools came to a stop as well. Students initially helped by obtaining personal protective equipment, making face masks, rescheduling patient visits to telehealth, and other duties, and by the time vaccines became available, they were especially enthusiastic about contributing in person.

Their time and skills allowed our campus to vaccinate large numbers of people safely and efficiently, while keeping the majority of our physicians and nurses in their clinical settings to care for patients. Without our students, we simply could not have vaccinated as many people as we did.

When the time came to hold vaccination "mega-pods" for the public, our students already had an infrastructure

at hand to mobilize their efforts. In non-pandemic times, medical students regularly work alongside their peers in the other six colleges at the OU Health Sciences Center, along with the School of Social Work on the Norman campus, to learn interdisciplinary care and to treat patients as a team at several of Oklahoma City's clinics for the uninsured. Other interdisciplinary activities take them to community health events throughout central Oklahoma.

The students leveraged that existing framework to organize events where thousands of people were vaccinated in one day. Students oversaw the details inherent to planning large events, such as recruiting and scheduling volunteers, ensuring correct PPE, asking screening questions, registering people, giving shots and monitoring people after shots. Hundreds of students from numerous healthcare disciplines showed up at event after event to ensure everything ran smoothly. And they did their jobs amazingly well. At a vaccine mega-pod in Norman, for instance, they oversaw the vaccination of nearly 4,000 OU students, the wait time was minimal and, at the end of the day, there were no leftover doses. At a time when the stakes were so high and the logistics demanding, the students' commitment was clear.

*Continues on page 12 ...*

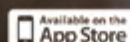
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The experience also gave our medical students further appreciation for the skills of their peers in other health-care disciplines. Medical students in their preclinical years were trained to administer vaccines, and they worked alongside nursing and pharmacy students to give the injections. They also gained insight into the role of pharmacists, who were charged with appropriate storage of the vaccines and the accounting of every dose drawn.

After the vaccine mega-pods concluded, students began organizing smaller vaccine clinics in the community. Those experiences, too, were meaningful to our students as they encountered people close to where they live. Our students understood that they were ambassadors to the community, and they represented themselves as the professionals they are. Even though the frequency of clinics has declined, the students aren't finished yet. They are now working to make the

process sustainable for the future, whether for additional COVID-19 vaccines, annual flu shots or other types of outreach.

Although the pandemic has challenged our students and deprived them of some medical school experiences, they have gained much from this time that will serve them well in their future careers. They learned to communicate and organize in new and important ways, and they experienced the public health implications of a global virus. They gained expertise in building public trust in the vaccine, and they conducted themselves skillfully in settings where there was a very small margin of error. I am proud of our students and excited for their future. They will never forget this time, and their experiences will no doubt make them more insightful, compassionate physicians for the patients who entrust them with their care.



## Cole Lindley: 2021 OCMS Medical Student Scholarship recipient



***Congratulations to Cole Lindley, winner of the 2021 Oklahoma County Medical Society Student Scholarship.***

Cole grew up on the north side of Oklahoma City and attended Deer Creek Schools. He grew up loving to watch and play sports. However, late into his junior year of high school, he developed a heart arrhythmia requiring two separate ablation procedures at The Children's Hospital. This experience was pivotal in his decision to pursue a career in medicine. He attended the University of Oklahoma for undergraduate education, majoring in mechanical engineering with a pre-medical emphasis. He is continuing his education and path to becoming a physician at the University of Oklahoma College of Medicine as an MD candidate in the Class of 2022. His future plans are to pursue a residency in anesthesiology and (tentatively) a fellowship in cardiothoracic anesthesia.

# 2022

## BOARD OF DIRECTORS ELECTION



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Basel S. Hassoun, MD

*Friday, August 6, 2021*

OKLAHOMA CITY GOLF & COUNTRY CLUB  
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*For the safety of attendees, masks are required if not fully vaccinated.*



# Baker Elected to AMA Council on Medical Education

Congratulations to former OSMA President Sherri Baker, MD, who was recently elected to a four-year term on the American Medical Association's Council on Medical Education. The Council helps establish AMA policy in the fields of undergraduate medical education, graduate medical education, continuing medical education and continuing professional development.

A practicing pediatric cardiologist, Dr. Baker also serves as the Associate Dean of Admissions for the OU College of Medicine. She has served at all levels of organized medicine and was elected the youngest president in OSMA's history. She will bring much needed experience and new perspective to the Council on Medical Education.



*When executives made the call to relocate  
the Oklahoma Sports Hall of Fame,  
it's safe to say they hit it  
out of the park—or at least to the park.*

The Hall of Fame, which for nine years was located on Lincoln Boulevard, was relocated in 2018 to the northwest corner of the Chickasaw Bricktown Ballpark complex in Oklahoma City. With more than 12,000 square feet of floor space, the new quarters rest in a perfect post – on the stadium grounds as well as in the center of Oklahoma City's prime sports and entertainment territory, Bricktown. The history-touting space is also shared by the Jim Thorpe Museum as well as the Oklahoma Tennis Hall of Fame.

Oklahomans love their sports and they love their sports legends. The Hall of Fame convincingly captures the heroics of Oklahoma's athletes and coaches for the past century. The gallery offers a stunning presentation of memorabilia as well as interactive devices to relive many of the great moments and to offer learning for the first time about those who came before us on the fields of glory.

One stop on the Hall of Fame walking tour is a "Hometown Heroes" display, a touchscreen that shows the 72 different hometowns (Oklahomans by birth or Oklahomans by adoption) attached to each of the 184 Hall of Fame honorees. The display gives a list of HOF athletes from each town featured, as well as historical information about each community, from Hollis to Henryetta and Caddo County to Commerce. It spotlights homegrown world class athletes from gymnastics and golf, basketball and bull riding, and seemingly every sport in between. There are obvious names like Barry Switzer and Barry Sanders, Mickey Mantle and Johnny Bench, and Shannon Miller and John Smith and Henry Iba. But there are also names like Geese Ausbie, Walt Garrison, Pepper Martin, Dr. Gil Morgan and Freckles Brown that help bring

back great memories for Oklahomans. The Hall of Fame brings these stories and scores of others back to life.

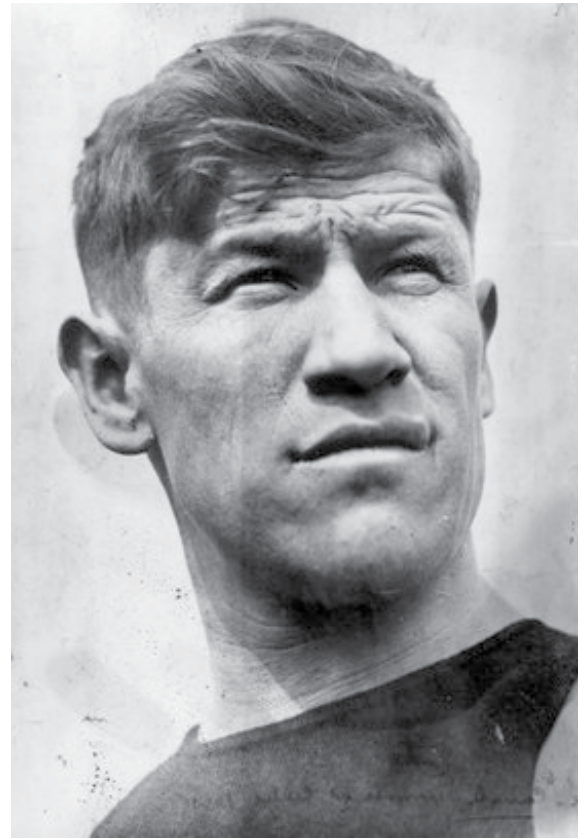
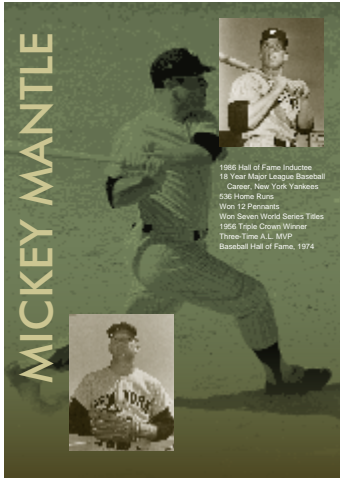
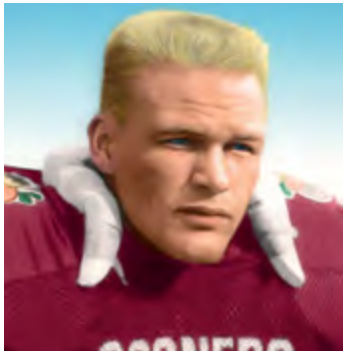
The Oklahoma Sports Hall of Fame annually hosts award ceremonies for the Paycom Jim Thorpe Award (presented to the best defensive back in college football), the Warren Spahn Award (presented to the top left-handed pitcher in Major League Baseball), as well as inductees to the Oklahoma Sports Hall of Fame and other events throughout the year. The 2021 Hall of Fame Induction Ceremony is scheduled for August 2 at the Riverwind Showplace Theatre in Norman. Scheduled for induction are Roy Clymer, Stacey Dales, Mike Gundy, Dan Hays, Robert Kalsu (posthumously) and Gene Stephenson.

Established in 1986, originally as the Jim Thorpe Association, the Oklahoma Sports Hall of Fame's main goal is to promote Oklahoma, while honoring and recognizing great Oklahomans who have represented the state positively at not only the state level, but also the national and international level. The organization's Board of Directors governs the Oklahoma Sports Hall of Fame. Two physicians (Jeffrey Cruzan, MD, and Kevin Hargove, MD) are part of the current board.

The Hall of Fame home in Bricktown was once occupied by a restaurant, Coach's. Visitors to the Hall of Fame can step out on the second-floor balcony and overlook the ballpark from the left field corner. The Hall of Fame is open Tuesdays thru Saturdays, 10 a.m to 5 p.m. Admission is free.

About  
the  
Cover









# Legislative Update

## **Medicaid Managed Care “Guardrail” Measure Becomes Law without Governor’s Signature**

– Governor Kevin Stitt refused to sign **SB 131 (McCortney/McEntire)** which provides statutory requirements for Medicaid Managed Care Organizations (MCOs). The measure goes into effect on **September 1, 2021**. Although the medical community continues to have grave concerns about the implications of managed care for Medicaid, the passage of **SB 131** provides some allowances for our concerns. The following represents some of the statutory constraints placed on MCO governance:

- Clean claims are to be processed within 14 days
- Minimum reimbursement fee schedule is based on the January 1, 2021 Medicaid fee schedule
- Audit & “scorecard” requirement
- Uniform review and appeals process
- “Peer to peer” review for denial cases

Although the current MCO contracts are said to have some of these or similar provisions, statutory requirements are extremely important since these contracts (or any new MCO contracts) must be re-negotiated annually.

**Overall Successful Session** – With COVID-19 still having a considerable impact on the state legislature, OSMA faced many measures which significantly addressed Oklahomans’ access to quality health care, both positively and negatively. Here are some of the victories in which OSMA played a significant role:

- Passed pay parity for telehealth services;
- Defeated several scope measures including:
  - ❑ Physician Assistant (PA) supervision from an unlimited number of physicians;
  - ❑ Psychologist to be considered physicians;
  - ❑ Physical Therapist expanding diagnosis and treatment authorization;
  - ❑ Allowing accredited nurse specialists to write prescriptions while under the supervision of a physician or independently
- Passed Denied Claims Processing reform;
- Defeated measure to disallow municipal mask ordinances;
- Passed Transparency in Health Care Pricing Act;
- Passed co-pay accumulator legislation for calculating total out-of-pocket pharmaceutical costs
- Passed needed opioid clean-up reform;
- Passed the Oklahoma State Health Information Network and Exchange (OKSHINE) creating and maintaining a digital platform for the sharing and exchanging health related information;
- Restored historic sales tax exemption allowing the University of Oklahoma Health Sciences Center to train 110 additional nursing graduates, 50 new nurse practitioners and 70 additional medical residents within three years;
- Passed requirement that public bodies which operate websites and utilize high-speed internet must stream and conduct meetings live.

*Continues on page 20 ...*



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**MANY THANKS TO THOSE  
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RESPOND TO OUR ACTION CALLS!**

OSMA had nine Action Calls resulting in approximately 700 contacts with legislators on issues important to the health of all Oklahomans.

Your participation and leadership is something in which to be proud!

## Legislative Issues Important to OSMA

### SCOPE OF PRACTICE

**HB 2009 (Townley/Coleman)** – Permits certain death certificates to be signed by advanced practice registered nurses. (Passed House; Passed Senate; **Signed by Governor**) **OSMA OPPOSES**

**HB 2164 (Roe/Pemberton)** – Allows psychologists to be considered as a class of physician (Passed House Public Health; Failed on House Floor; **Dormant**) **OSMA OPPOSES**

**HB 2595 (Roberts, S)** – Expands from 30 days to 60 days the time period allowing physical therapists to evaluate and treat a patient without a referral from a licensed health care practitioner. (Passed House Public Health; Failed on House Floor; **Dead this Session**) **OSMA OPPOSES**

**SB 388 (Rosino/West, Josh)** – Directs that home care eligibility for patients be certified and overseen by healthcare providers, including physicians, physician assistants, or registered nurses and makes such eligibility and oversight retroactive. (Passed Senate; Passed House; **Signed by Governor**) **OSMA OPPOSES**

**SB 516 (Montgomery/Pfeiffer)** – Allows a delegating physician to supervise an unlimited number of physician assistants. Note: The Medical Licensure Board currently limits physician supervision of up to six P.A.s (Title and Enacting Clause Stricken\*; Passed Senate; Passed House; Conference Committee Unable to Agree; **Dormant**) **OSMA OPPOSES**

### GENERAL GOVERNMENT

**HB 2874 (Wallace/Thompson)** – Restores historic sales tax exemption allowing the University of Oklahoma Health Sciences Center to train 110 additional nursing graduates, 50 new nurse practitioners and 70 additional medical residents within three years (Passed House; Passed Senate; **to Governor as part of budget**)

### OSMA SUPPORTS

**SB 79 (Thompson/Wallace)** – Provides for a tax exemption on the transfer of tangible property or services to federally tax-exempt nonprofit entities which have entered into joint operations agreements with the Hospitals Trust which helps fund residencies (Passed Senate; Passed House; **Signed by Governor**)

### OSMA SUPPORTS

**SB 548 (Daniels/Townley)** – Provides that no medical service care or entity shall report a healthcare debt to a credit bureau or pursue collection activities unless certain facts relating to the incurrence of such debt are demonstrable and limits charges. (Title Stricken\*; Passed Senate; Passed House State's Rights; Failed on House Floor 35-58; **Dead this session**) **OSMA OPPOSES**

**SB 574 (McCortney/McEntire)** – Creates the Oklahoma State Health Information Network and Exchange (OKSHINE), charged with creating and maintaining a digital platform for the sharing and exchanging health related information among healthcare system participants. (Title Stricken\* Passed Senate; Committee Substitute Passed House Public Health; Passed House Floor; Passed Senate as amended; Conference Committee report adopted; Passed House; Passed Senate; **Signed by Governor**) **OSMA SUPPORTS**

**SB 689 (Pugh/Miller)** – Limits the membership of the Health Care Authority's Advisory Committee on Medical Care for Public Assistance Recipients to 15 persons, adjusts member qualifications and prohibits any Medicaid/SoonerCare transit plan from harming

*Continues on page 22 ...*





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local transit. (Conference Committee Report Adopted; Passed Senate; Passed House; **to Governor**) **OSMA NEUTRAL**

**SB 1031 (Treat/Echols)** – Extends certain virtual meeting provisions established in response to the COVID-19 health emergency to until 30 days after the termination of the health emergency order (Passed Senate; Passed House; **Signed by Governor**) **OSMA SUPPORTS**

## **INSURANCE**

**HB 1006 (Bush/Pugh)** – Creates the “Transparency in Health Care Prices Act” which requires health care providers and facilities to make prices for certain health care services publicly available (Passed House; Passed Senate Health & Human Services as Amended; Passed Senate; Passed House; **Signed by Governor**) **OSMA SUPPORTS**

**HB 2323 (Frix/Pemberton)** – Prohibits insurers from removing medical providers from an existing insurance network while a policy is in effect for informing enrollees of the full range of physicians and providers available to them and requires certain notice upon referral (Passed House; Passed Senate; **Signed by Governor**) **OSMA SUPPORTS**

**SB 550 (Newhouse/Pae)** – Requires insurance providers to make certain notifications when clean claims are denied, and allows for the insured to appeal, if denied again the insurer must provide certain additional info, including contact info to speak to someone (Passed Senate; Passed House; **Signed by Governor**) **OSMA SUPPORTS**

## **MEDICAID MANAGED CARE**

**SB 131 (McCortney/McEntire)** – REDRAFTED – Provides requirements by which Medicaid Managed Care Organizations (MCOs) must comply. (Conference Committee Report Adopted; Passed Senate; Passed House; **Effective September 1, 2021 Without Governor’s Signature**)

## **PAIN MANAGEMENT/OPIOIDS/PHARMA**

**HB 1019 (Worthen/Simpson)** – Places a cap on required payments for insulin by insureds, regardless of total amount or type of insulin necessary, such provisions not to prevent providers from charging insureds less than the cap (Passed House; Passed Senate; **Signed by Governor**) **OSMA SUPPORTS**

**HB 2678 (Marti/McCortney)** – Co-Pay Accumulator: Makes failing to include certain payments on behalf of enrollees when calculating total contributions towards out-of-pocket maximums an unfair claim settlement practice for pharmacy benefits providers (Passed House; Passed Senate; **Signed by Governor**) **OSMA SUPPORTS**

**SB 57 (Rader/Echols)** – Permits access to certain information contained in the central repository regarding controlled dangerous substances to the members of the Opioid Overdose Fatality Review Board (Passed Senate; Passed House as Amended in Committee; Passed Senate; **Signed by Governor**) **OSMA SUPPORTS**

**SB 58 (Rader/Echols)** – Permits a practitioner to electronically order a controlled dangerous substance when administered through a hospice program (Passed Senate; Passed House; **Signed by Governor**) **OSMA SUPPORTS**

## **PUBLIC HEALTH**

**HB 2335 (Steagall/Jett)** – Prohibits government entities from mandating vaccinations (Passed House; Committee Substitute Passed Senate Health & Human Services; not heard on Senate Floor; **Dormant**) **OSMA OPPOSES**

**HB 2381 (Sterling/Simpson)** – Requires school districts to conduct an annual fitness assessment for students in grades three through twelve within a course that satisfies the physical education program

*Continues on page 24 ...*

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currently in statute. (Passed House; Passed Senate Education and Senate Appropriations; not heard on Senate Floor; **Dormant**) **OSMA SUPPORTS**

**SB 658 (Standridge/West K.)** – Requires the Dept. of Education and school districts to provide information on exemptions in any notice or publication regarding immunization requests and requirements; provides that no school district (common; career tech; institution for higher learning) can require a COVID-19 vaccination as a condition of admittance; provides mask mandate restrictions (Conference Committee Report Adopted; Passed Senate; Passed House; **to Governor**) **OSMA OPPOSES**

**SB 905 (Bullard/Davis)** – Provides a tax credit for employers that host blood drives for each donating employee. (Passed Senate; Title Stricken\*; Passed House as amended; Senate rejects House Amendments; to Conference Committee; Conference Committee Report Adopted; Passed Senate; Passed House; **Signed by Governor**) **OSMA SUPPORTS**

## TELEHEALTH

**SB 673 (McCortney/McEntire)** – Creates the Oklahoma Telemedicine Act which expands definitions and standards for telemedicine within statute (Passed Senate; Passed House; **Signed by Governor**) **OSMA SUPPORTS**

**SB 674 (McCortney/McEntire)** – Requires health care plans to provide coverage for telemedicine and remote care services (Passed Senate; Floor Substitute Passed House; Passed Senate; **Signed by Governor**) **OSMA SUPPORTS**

## WOMEN & CHILDREN

**HB 1102 (Olsen/Daniels)** – Makes performing an abortion that is not deemed medically necessary to

preserve the life or prevent irreversible impairment of a major bodily function of the woman, grounds for a physician to lose or have their license suspended (Passed House; Passed Senate; **Signed by Governor**) **OSMA OPPOSES**

**HB 2441 (Russ/Daniels)** – Prohibits the performance of abortions on pregnant woman after such time that the unborn child has a detectable heartbeat. (Passed House; Passed Senate; **Signed by Governor**) **OSMA OPPOSES**

**SB 778 (Daniels/Lepak)** – Creates the OK Abortion Inducing Drug Risk Protocol Act, which may only be utilized by physicians in specific settings and requires certain notification to be made to those receiving such drugs. (Conference Committee Report Adopted; Passed Senate; Passed House; **to Governor**) **OSMA OPPOSES**

**SB 779 (Daniels/Lepak)** – Creates the OK Abortion Inducing Drug Certification Program for physicians performing such services and requires them to report annually certain information regarding patients receiving abortions, also defines penalties for certain violations (Conference Committee Report Adopted; Passed Senate; Passed House; **to Governor**) **OSMA OPPOSES**

**SB 918 (Treat/McCall)** – Repeals sections of law relating to abortion, to be effective should the U.S. Supreme Court, or an amendment to the U.S. Constitution is adopted to overturn Roe v. Wade (Passed Senate; Passed House; **Signed by Governor**) **OSMA OPPOSES**

*\*"Title Stricken" means the language in the measure continues to be a work in progress.*



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## DIRECTOR'S DIALOGUE



*“We make a living by what we get, but we make a life by what we give.”*

– Winston Churchill

Recently, OCMS distributed surveys to non-members asking several questions, including one to gauge awareness and perception of OCMS. Most of the responses were unaware of our public health and community impact.

OCMS was founded on the need to promote the art of science and the betterment of public health. Our goal is not only serve the needs of our physician members, but serving the citizens of Oklahoma County as well. With that in mind, members in 1965 felt the need to establish the Community Foundation as a 501(c)3 public charity. Through the Community Foundation, OCMS receives contributions from members that support community organizations that help people in need. Additionally, the foundation helps support our Physician Wellness Program, which provides free counseling for member physicians and residents, and students at the OU College of Medicine.

Each year, member contributions provide a \$10,000 scholarship to a third-year medical student in need. The scholarship is awarded after a competitive interview cycle with interview and is based on financial need and academic performance.

In the summer, the OCMS Community Foundation provides grants to community organizations who are supporting the health of the community. Organizations that have received these grants include:

- **The Health Alliance for the Uninsured**, a catalyst for access to health care services for those who otherwise would be unable to obtain them. HAU is a community collaborative that makes quality health care available to Oklahoma County's vulnerable uninsured and under-insured populations. (originally founded by OCMS members)
- **Healthy Schools Oklahoma**, created in 1997 with an overall goal to combat Oklahoma's declining health status and currently impacting at least 64 elementary schools and 35,000 students. (originally founded by OCMS members)
- **The Independent Transportation Network of Central Oklahoma**, which provides low-cost rides to seniors and visually impaired adults in the county (originally founded by OCMS members)

*Continues on page 28 ...*



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- **INTEGRIS Hospice**, a program in Oklahoma County dedicated to caring for patients and families facing life-limiting illnesses (originally founded by OCMS members)
- **CARE Center**, Oklahoma County's only child advocacy center whose vision is to end child abuse in Oklahoma.
- **Special Care**, who serves children with high-quality early childhood education, specialized care and therapeutic services. Their mission is to nurture all children with and without special needs in safe, inclusive and supportive environments.

Soon, the foundation will begin its summer fundraiser for grants to award to programs like these. The gifts from our members will be used for the community and to help organizations expand programming. Donations will have a direct impact on improving a situation and is part of the OCMS mission. You, our member, may not be aware of the impact that OCMS and its member donations have on the community of which you practice.

— Alison Fink, Executive Director



## IN MEMORY

**John M. Carey, MD**

1920-2021

**John Michael Kelly, MD**

1939-2021





# Uncle Charley and Monkey Island



Monkey Island, Lincoln Park Zoo, Oklahoma City, Okla.

*Photograph Courtesy of Metropolitan Library System of Oklahoma County*

BY PHILIP MAGUIRE, MD

UNCLE CHARLEY WAS A BACHELOR. HE WAS A GENTLEMAN OF THE OLD SCHOOL. HE ALWAYS TIPPED HIS HAT WHEN HE PASSED A LADY AND STOOD UP WHEN ONE ENTERED THE ROOM. LUCKILY FOR MY TWO BROTHERS AND ME, HE LIKED TO GO TO THE ZOO. SUNDAY MORNINGS AFTER CHURCH WE WAITED HOPING MAYBE HE WOULD COME BY AND TAKE US TO THE ZOO. IF MOTHER TOLD US TO GET READY BECAUSE UNCLE CHARLEY WAS COMING BY FOR US, WE WERE AT THE FRONT DOOR IN SECONDS. THE ZOO WAS THEN KNOWN AS THE LINCOLN PARK ZOO. IT WAS ON THE EASTERN SIDE OF THE CITY NEAR A BIG LAKE. THE ENTRANCE WAS MADE OF LARGE RED SANDSTONE BLOCKS, PROBABLY A WPA PROJECT. THERE WERE PICNIC AREAS WITH TABLES AND PLENTY OF ROOM FOR KIDS TO RUN FREE.

Uncle Charley always drove down 23rd Street past the State Capitol. This was early in our involvement in World War II and at the tail end of the Great Depression. Times were tough and sometimes men would be standing along the side of the street selling bags of peanuts in an effort to make a little money. Of course, we waited hopefully to see if Uncle Charley was

*Continues on page 30 ...*



going stop and buy us some peanuts. Usually he did but we were never sure if he was going to.

In those days the zoo had a large deep pit maybe 40 feet deep and 100 feet across. It was full of monkeys and was called Monkey Island. Monkey Island was surrounded by a log railing from which people could look down at the monkeys. There was a large mound in the center of the pit. On the mound was a structure made to look like a ship. It had masts and a rigging chain and the monkeys ran up and down the chains making a lot of racket and fussing and sometimes grooming one another. When someone threw a peanut into the pit the monkey would clamor to it and spat over it. There must have been 20 or 30 monkeys there. They were always chasing each around the island and quarreling. The out base of the pit had a sort of moat filled with water that the monkeys waded in. People stood forever watching and laughing and pointing down at the monkeys. I think everyone had as much fun watching the monkeys as anything else in the zoo.

A paved walkway meandered through the zoo. One of the first enclosures I remember had ostriches, which were certainly bizarre birds to us. They would come up and stick out their long necks begging for peanuts. I was always afraid they would bite you and you should keep your fingers away from them if you knew what was good for you. But in fact, they deftly plucked the peanuts from your hand.

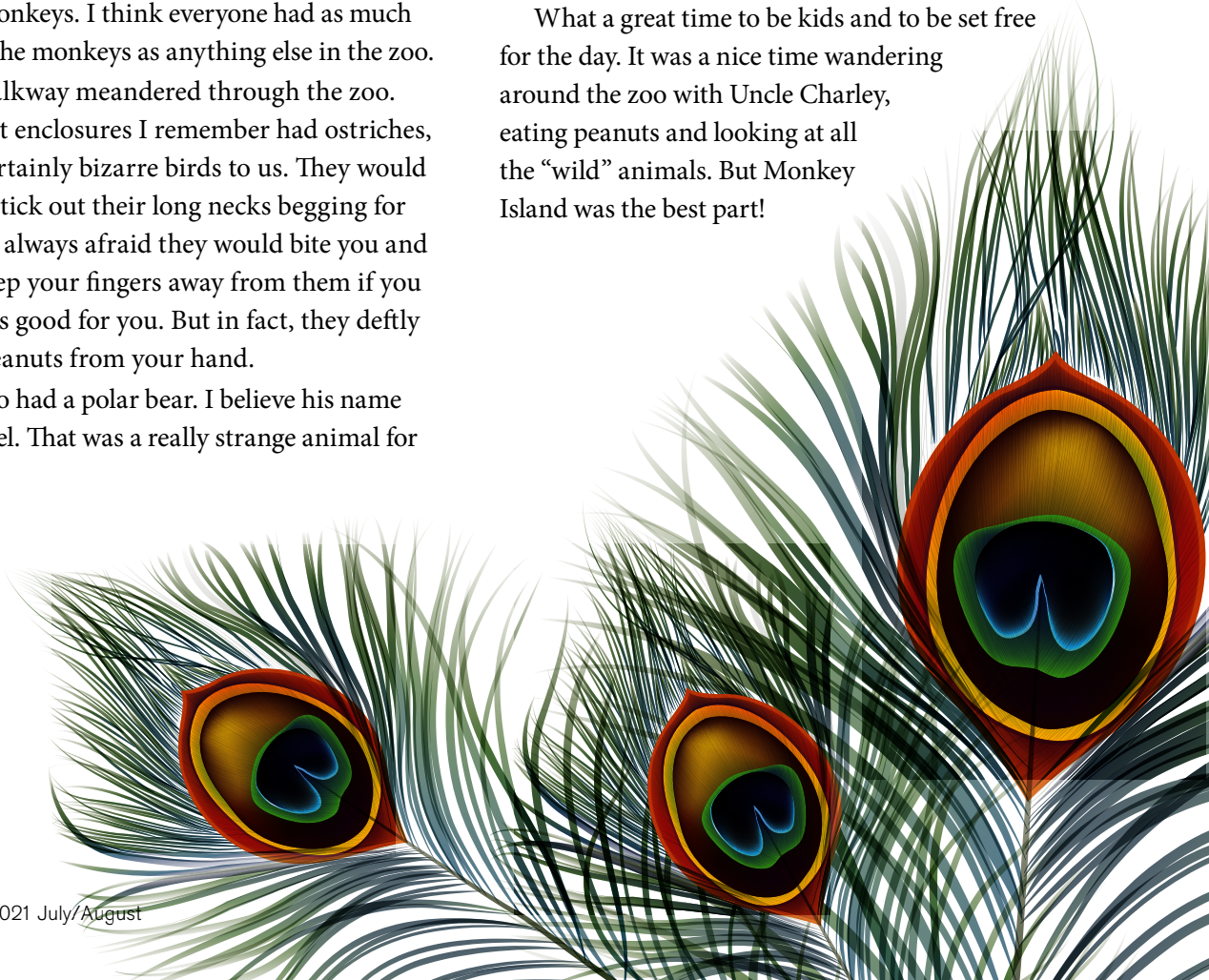
The zoo also had a polar bear. I believe his name was Carmichael. That was a really strange animal for

Oklahoma. The bear had a small pool in his cage. He would circle around and around in the cage and everyone watched while hoping to see him get into the pool.

Furthermore, there were a lot of peacocks roaming free in the zoo. The males would fan their fancy tails trying to impress the hens. If you found one of their long tail feathers you had a treasure. Two very tall fenced-in cages held a large number of noisy tropical and African birds. Another pit had alligators, but they didn't hold much interest for us because they never did anything.

The zoo had lions and tigers and bears which were in cages built out of formed concrete made to look like caves. Each enclosure had a log railing and a moat to keep them in their cages and keep us safe from them. Once a snow leopard did escape from the zoo and was big in the daily news until it was found in the woods across the lake.

What a great time to be kids and to be set free for the day. It was a nice time wandering around the zoo with Uncle Charley, eating peanuts and looking at all the "wild" animals. But Monkey Island was the best part!



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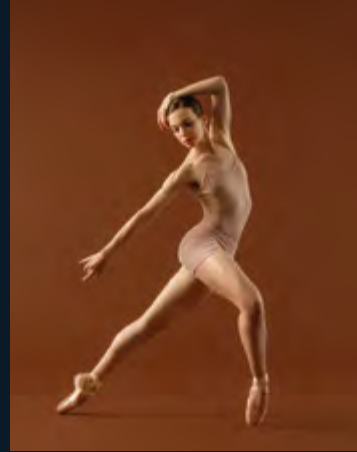
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# MR. CAUCHEMAR

OKLAHOMA CITY VA HOSPITAL, 2018

I happened to be in the ER when Mr. Cauchemar walked into the Oklahoma City VA Hospital agitated, incoherent, unfocused, and babbling unintelligibly about being shot. It took us quite a while to calm him down before we could understand what he was saying.

“They shot and mugged me; they did, I tell you; they did it in my own neighborhood.”

With no bloodstains on Mr. Cauchemar’s shirt, delirium was our initial diagnosis.

“Were you shot in Vietnam, sir?” inquired the ER provider.

“No, sir, I was never wounded in Nam although I was shot at more times than you have hair on your head. But they did shoot me today, close to my home, and then they mugged me when I collapsed. They took all my money and left me for dead. The police picked me up and brought me here. Someone must have heard the shots and called them.”

“We were in his neighborhood when we heard the shots, but we couldn’t verify that he was shot. He was lying by the roadside, screaming, when we picked him up,” said the police officer.

On removing Mr. Cauchemar’s shirt, we found a small bullet-entry hole on the right side of his chest with a tiny amount of bleeding.

“It must have been a .22 caliber,” said the officer, relieved that he had made the right decision to bring Mr. Cauchemar to the ER.

His chest exam was normal, and the chest x-ray did not show a bullet. We were baffled.

“Sir, are you sure you were shot, not stabbed?” asked our ER provider.

“I tell you, they shot me and mugged me and took all my money,” barked Mr. Cauchemar, still wearing a frightened aspect.

“Let’s take a look at your back, then. Please, sit up, sir,” said our ER provider as he helped Mr. Cauchemar sit.

“There [sic] ain’t nothing wrong with my back, I tell you. They shot me right here,” reiterated Mr. Cauchemar, pointing to the right side of his chest where the tiny, entry hole was.

Our trauma-experienced ER provider, finding a small exit hole on the right side of the spine, explained that the .22 caliber bullet must not have had enough power to penetrate the rib, but did have enough momentum to travel along the rib’s arc and exit through the back.

BY HANNA A. SAADAH, MD

*Continues on page 34 ...*





"You mean you're not going to treat me?" inquired Mr. Cauchemar with gaping eyes.

"There's nothing to treat, sir. The bullet went in and out without causing any harm. You'd be better off at home."

"But, how about my money? How can I get home without money?"

"The police will handle that part, sir, and they will be happy to drive you home. Who lives with you?"

"I live alone."

"Do you have family?"

"I have a son in Dallas."

"Would you like us to call him?"

"Yes, please. I'm afraid to be home alone anymore because that's where I was shot and mugged. I was walking in my own neighborhood when they attacked me," he reiterated. "There were three of them. I'm 77 and they were just a bunch of street kids."

Before Mr. Cauchemar was to be driven by the police to his home, we offered him sleeping pills and he was happy to receive them. We offered him psychiatric help, which he eagerly accepted. We also called his son who told him that he would leave right away and would be with him in about three hours.

"Would you come pick me up from the ER?" pleaded Mr. Cauchemar with a supplicating voice.

When his son agreed, Mr. Cauchemar became suddenly calm and conversant.

"When I came back from Nam, I was equally frightened and it took me years to calm down," he explained. "For a long time, every noise or sudden sound startled me. This mugging may not be Nam, Doc, but it sure feels like it."

"Why don't you write it as a story," I suggested when I couldn't get him to smile.

"What would I do with a story like that?" he retorted.

"It may help you find closure."

"Closure? What does that mean?"

"When you finish writing your story, you'll be able to put the incident behind you and forget all about it."

"Sure enough?" He blurted with raised eyebrows.

"You mean it won't linger in my mind for many years, like Nam did."

"That's what I mean by closure. It won't go away nor will it stay. It'll remain buried, deep in your memory, and won't bother you as much," I encouraged.

"Sure enough?" He quizzed with a skeptical smirk.

"Sure enough," I affirmed.

Time, like sea waves, ebbed and flowed between us as I resumed my work, hardly thinking of Mr. Cauchemar. It was several months later that he surfaced in our Geri-PACT clinic, wanting something for sleep, reported our nurse. His doctors had tried many treatments and so did his psychiatrists, but to no avail. He appeared frail, unkempt, malnourished, frustrated, and cognitively impaired.

"Mr. Cauchemar," I jested, trying to diffuse his alarmed frowns. "Have you written your story yet?"

"I'm not sure it'll do any good, Doc. There's no closure to my insomnia. I had it for several years when I returned from Nam and now it's back with a vengeance."

"And the sleeping pills?"

"They do no good. It's like taking water."

"Do you have trouble falling asleep or staying asleep?"

"Both. I'm afraid to fall asleep because my nightmares are horribly frightening. And when they wake me up, I'm afraid to go back to sleep for fear of having them again."

"When did you start having these nightmares?" I asked, surprised.

"I had them for several years after I returned from Nam and now, they're back again."

"Do you still live alone?"

"No. My son and daughter-in-law sold their house in Texas and moved in with me. They take good care of me, but they can do nothing about my nightmares. I hate to wake them up every night, but I have to because they talk to me and calm me down. No one sleeps at my house anymore, Doc. No one, not even the dog."





Mr. Cauchemar had lost weight and muscle because the alarm of daily nightmares caused him to lose his appetite. He walked with fast, little steps like someone who is constantly falling forward. His frailty was doubly dangerous because it wrecked his energy and predisposed him to falls. One fall and his frail skeleton would crack. A broken hip would bring his end.

He ate well, walked well, and slept well before the shooting, hardly noticing his age or his loneliness, even though he lived alone. Now, in spite of the fact that he has live-in family and is never alone, his health has steadily declined. The shooting must have resurrected his Nam, which he had carried within him for the past fifty years. When his Nam demons re-awakened, they brought back with them vivid nightmares, which tortured Mr. Cauchemar's nights, and horrifying anxiety, which tormented his days.

My mind buzzed with sayings that I had collected over the years, sayings that I had only half understood until I witnessed what was happening to Mr. Cauchemar. Understanding him also made me understand what these sayings meant and how wise were the sages who said them:

*"It is the future that decides whether the past is living or not,"* said John Paul Sartre.

*"We know that memory requires forgetfulness—if we were to note down and store everything, we should have nothing at our disposal,"* said Simone de Beauvoir.

*"I saw that pain itself was the only food for memory: for pleasure ends in itself,"* said Lawrence Durrell.

Indeed, Mr. Cauchemar's past was undermining his future. The way he had declined portended doom with worsening frailty, malnutrition, insomnia, anxiety, depression, fatal falls, and utter exhaustion.



"Is there nothing we can do about these nightmares?" asked his son with a half-upset, half-desperate tone.

"There's one medicine that can work if we could give it," I replied, with my mind spinning the pros

and the cons of Prazosin, which is a blood pressure medicine, a prostate medicine, and a nightmare medicine.

"And why can't we give it?" retorted the son with glaring eyes.

"Because he's taking blood pressure and prostate medicines," replied the pharmacist, "and adding Prazosin is an absolute contraindication because it can cause a sudden drop in blood pressure with fainting and falls."

"And why can't we stop his blood pressure medicines?" retorted the son.

"Because uncontrolled blood pressure causes strokes, especially at his age," affirmed the pharmacist.

"And why can't we stop the prostate medicine?"

"We could stop his prostate medicine," I replied after a pensive pause. "Prazosin will not be as good for his prostate, however, and he may end up with a swollen bladder and frequent urine infections, which could also be very dangerous at his age."

"So, what are we waiting for then?" protested the son, still glaring at me with tired eyes. "His nightmares are killing us all. His bladder problems would surely be easier to fix."

"The VA computer has put a red flag on adding Prazosin," said the pharmacist after checking her laptop, "and we're not allowed to go past it."

"Could I buy the medicine for him from an outside pharmacy?" pleaded the son.

"That would violate the VA regulations, sir," I said apologetically as I stood up and motioned to the pharmacist to follow me. "Let me please have a private moment with our pharmacist and we'll be back."



Huddling in the hall, the pharmacist and I had a sober discussion. If he were to take Prazosin and faint, he could surely break his hip and die from it. If he were to stop his blood pressure medicines,

*Continues on page 36 ...*



his pressure could go out of control and he would have a stroke and die from it. And if we were to do nothing, he could die of his malignant insomnia. The psychiatrists had tried all kinds of medicines, but nothing has assuaged his resurrected PTSD. We were his last and only hope and we did have an idea that was worth trying.

Silently, we walked down to the VA Pharmacy and asked to talk to the chief pharmacist. We presented our case and then suggested that we be allowed to replace Mr. Cauchemar's current prostate medicine, Tamsulosin, with the nightmare medicine, Prazosin, which also happens to be a fair prostate medicine. The Chief Pharmacist, seeing our dilemma, agreed to override the red flag and allow the even exchange to take place because it did not jeopardize Mr. Cauchemar's immediate safety.



Back in the examination room, we informed Mr. Cauchemar and his son of our collective decision to replace his prostate medicine with Prazosin, which we hoped would work for both his prostate and his nightmares. To be safe, I ordered the smallest possible dose and asked Mr. Cauchemar to start by taking one tablet at bedtime. He was to call me if he felt lightheaded upon standing up or if he had trouble passing urine.

"On your way out, please stop by the pharmacy and pick up your Prazosin so you can start it tonight," I said with an encouraging smile. "I shall call you daily to make sure you're tolerating the medicine and to increase your dose by half a tablet every few days until your nightmares stop."

"Are you sure this medicine will stop my nightmares, Doc?" asked Mr. Cauchemar with a trembling voice.

"It's the best and the safest option we have," I reassured.

"But will it work?" he asked again, wanting absolute reassurance.

"No medicine works 100% of the time, sir. To know, we have to try."

"So, what you're telling me is that it might not work," he retorted with a disappointed face.

"No, Mr. Cauchemar. I'm telling you that it usually works. Think of it as a car. It usually takes you where you want to go, but no one can guarantee that it always will because engines occasionally fail."

"But what if it doesn't work?" he asked for the third time, demanding absolute reassurance. "These nightmares are making me desperate, Doc. I don't think I have enough life in me to fight them any longer."

"If you can trust your car to take you home, you can trust this medicine to stop your nightmares."

"You have to think positive, Dad," added his son, looking both exhausted and exasperated.

"I'm telling you that I can't live like this anymore," snapped Mr. Cauchemar. "I can't and I won't. That's why I need to know for sure if the medicine is going to work."

"Are you having suicidal thoughts, Mr. Cauchemar?" I firmly asked.

"Suicidal thoughts? What on earth do you mean, Doc?"

"I mean are you thinking of killing yourself?"

"Killing myself?" he reiterated with an angry tone.

"Have you made a suicide plan, sir?" I pressed on, seeing that he was getting more irate at my insistence.

"Oh, no, no, sir. I would never do that. I have my son and his family to think about."

"That's all I needed to hear you say," I added, patting him on the back. "And, please don't forget to stop by the pharmacy and pick up your Prazosin so you can get started tonight."



The next day, Friday, I called Mr. Cauchemar's home several times, but no one answered the phone. They must have taken him out, I surmised. I was not worried because I knew that his son would have called me if anything had gone wrong. I called again on Monday and still no one answered. My mind began to wander, but I was able to reassure myself that his son would have called me if things were not going well. On



the next Friday afternoon, one long week after I had last seen Mr. Cauchemar, I was walking down the hall when I heard someone call my name.

"Mr. Cauchemar," I exclaimed excitedly, as he walked toward me, smiling and looking well.

"They're gone, Doc," he chortled. "My nightmares are gone. They went away after the first pill. This Prazosin is a miracle medicine."

"I'm thrilled to hear your great news," I said with a sigh of relief. Then, after shaking his steady hand, I asked, "What brings you here today? Do you have an appointment with one of your other doctors?"

"No. I just came to see you, Doc."

"How nice, but you could have called and saved yourself the two-hour drive."

"Oh, no. I couldn't do by phone what I came here to do. I have a delivery to make."

Saying that, Mr. Cauchemar pulled a handgun out of his satchel, and handing it to me, said, "I was going to kill myself, Doc, if your pill hadn't worked. I was that desperate. Here, please take my gun away. I never want to see it again."

"Let's go down together to the security office," I suggested, shoving the gun back into his satchel. "The security officers would be happy to take it from you."

On the way to the security office, I asked Mr. Cauchemar, "Why, when I asked you if you were thinking about killing yourself, you denied it and told me

'Oh, no, no, no. I would never do that. I have my son and his family to think about?'"

Mr. Cauchemar suddenly stopped walking, looked me straight in the eyes, and replied, "I was desperate, Doc, and ready to blow Vietnam right out of my head. I also knew the rules. If I had told you that I was planning to kill myself, you would have admitted me to the Psych Ward and asked my son to hide my gun."

"Where are your son and daughter-in-law?" I asked after we had resumed walking.

"I sent them back to Texas to repurchase their home," he giggled. "I prefer my own company when I'm feeling good. Many of us who survived Nam became loners. Something about having seen so much jungle rot and jungle death forever separates us from the rest of unsuspecting humanity."

After Mr. Cauchemar surrendered his handgun to the security officers and signed the necessary papers, I walked with him to the outside door, shook his hand, and asked him to come see us in three months.

"Oh. I almost forgot," he cheered. Then, pulling a wad of papers from his back pocket, he handed it to me with a knowing smile and said, "Here's my story, Doc, and you were right, it did help with closure."



*"Ideas come and go; stories stay,"* said Nassim Taleb.

# 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

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Check the homepage for the latest CME offerings:  
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## OKLAHOMA ACADEMY OF FAMILY PHYSICIANS CHOICE CME PROGRAM

Contact: **Kari Webber, CAE**, Executive Director  
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## ORTHOPAEDIC & RECONSTRUCTION RESEARCH FOUNDATION

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# THE FOOL

*Sometimes, I wonder  
Will the Homo sapiens brute  
Decline, destruct, or evolve  
Into a nobler institute than we  
Where love might be a little less dilute  
And where there is a place for fools like me  
Fools who are simple, nonetheless, diverse  
Who with compassion for their universe  
Reach out to mend the future with a verse  
Untouched by fashioned thoughts or views  
Inclined to meditate and muse  
Who seldom read the press or watch the news.*



HANNA A. SAADAH, MD



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