

Lee County Medical Society

Bulletin

Physicians Caring for our Community



BULLETIN

Lee County Medical Society is a Virtual Operation
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Lee County Medical Society Mission Statement

The mission of Lee County Medical Society is to advocate for physicians and their relationships with patients; promote public health and uphold the professionalism of the practice of medicine.

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CALENDAR OF EVENTS

NOV 5th
6:00pm - 7:30pm

LCMS Cocktail Hour

Blue Pointe Oyster Bar and Seafood Grill
on the front patio. Bell Tower Shops.
13499 S. Cleveland Ave., Fort Myers, FL
Includes two drink tickets and appetizers.
*Please bring a bottle of wine to donate to the
Medical Service Awards wine toss.*

NOV 8th
8:30pm - 9:30pm

LCMS Foundation: Online Shopping

Fundraiser at Hollie's Boutique
LCMS Foundation will enjoy 20% of online sales.
Invite your friends & family to shop!
Register on www.lcmsfl.org or [HERE](#)

DEC 3rd
7:00pm - 9:00pm

LCMS Foundation: Art Gallery Event

*Fundraiser by Juli Bobman
of Behind the Buddha Art Studio*
Physician art for sale. Includes wine & appetizers.
Proceeds benefit Physician Wellness Program.

DEC 9th
7:00pm - 10:00pm

Annual Holiday Party

Marriott Sanibel Harbour Resort and Spa
17260 Harbour Pointe Dr., Fort Myers, FL

2022

JAN 22nd
7:00pm - 9:30pm

10th Annual Medical Service Awards

Lexington Country Club
16257 Willowcreek Way, Fort Myers, FL
Networking, dinner & awards.
See page 8 for details.

MAR 5th
8:00am

4th Annual LCMS Foundation 5k Fun Run & 2k Walk

Jaycee Park
4125 SE 20th Place, Cape Coral, FL

RVSP to LCMS events at www.lcmsfl.org

MEMBER NEWS

NEW APPLICANTS

Francesca Gesiotto, DO
Internal Medicine
Internal Medicine of SWFL
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Fort Myers, FL 33912
Tel: 239-275-0040

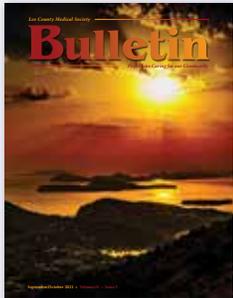
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Patricia Sareh, MD
Endocrinology
Endocrine & Diabetes Care
12559 New Brittany Blvd.
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Fax: 239-333-2581

DR. BADIA NAMED DERMATOLOGY RESIDENCY COORDINATOR

LCMS member and Florida Skin Center (FSC) founder and a medical director **Anais Aurora Badia, M.D., D.O.**, has been named Dermatology Subspecialty Coordinator for Lee Health's new Florida State University (FSU) College of Medicine Internal Medicine Residency Program at Lee Health, Cape Coral Hospital. In addition to educating residents in the clinical settings, and teaching them by hand-on experience, Dr. Badia will conduct educational lectures on dermatologic medical conditions and treatments commonly seen by internal medicine doctors. She will also perform grand rounds, an instructional method for presenting case studies of actual medical conditions and treatments. In addition, Dr. Badia will be a mentor for residents expressing the desire to conduct dermatology-based research.

The FSU College of Medicine Internal Medicine Residency Program at Cape Coral Hospital received initial accreditation and approval to begin recruiting its first class of residents, who are expected to begin training on July 1, 2022.



COVER IMAGE

The cover photo of a Croatian sunset in Dubrovnik was captured by Dr. Peter Sidell in July 2021.

Members are encouraged to submit photos to be considered for the *Bulletin* cover. Must be large format/300dpi. Email photos to valerie@lcmsfl.org

LEE HEALTH GREENLIGHTS ELECTIVE PROCEDURES

According to Lee Health CEO Dr. Larry Antonucci, COVID-19 hospitalizations have reached a level where they can safely restart elective procedures. The policy change took effect on September 27th.

FMA CEO RESIGNS AFTER 25 YEARS

Tim Stapleton has resigned from his position as CEO of Florida Medical Association. "On behalf of our executive board and our more than 25,000 members, I want to personally thank Tim Stapleton for his many years of service to the FMA and his tireless efforts in making it one of the most respected and admired organizations in our state and our nation," said FMA President Dr. Douglas Murphy. A search to fill the position has begun.

NEW WIC CENTER OPENS IN LEHIGH

The Florida Department of Health in Lee County has relocated the Women, Infant, and Children (WIC) office in Lehigh Acres to 5220 Lee Boulevard, Unit 8, Lehigh Acres, FL 33971. The new location opened on September 27th.

Additional information on the WIC program in Lee County can be found on the [FDOH Lee WIC website](#) or by calling (239) 344-2000.

CLASSIFIED AD

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MEMBERSHIP STRENGTHENS OUR PROFESSION

PRESIDENT'S MESSAGE: Elizabeth Cosmai, MD



This year has certainly flown by. It's already October and before we know it the holiday season will be upon us. As a community, we have recently endured a spike in COVID-19 infections. However, the infection rate and hospitalization data are looking much better than what they were during the months of August and September 2021.

We have started our cocktail gatherings once again for this year and had a successful get together at the Luminary Hotel recently. It was great to see our colleagues relax and enjoy a night out together. I'm sure many professional connections were made, as well as new friendships.

We continue to plan for more upcoming activities, including the **Annual Medical Service Awards (AMSA)** which will now be held **January 22, 2022** at the Lexington Country Club (see page 8 for details). It will be a wonderful opportunity to celebrate your fellow physicians and community healthcare providers who have made valuable contributions to the healthcare delivery in Lee County. It will also be a perfect way to support (via our silent auction) the **Physician Wellness Program (PWP)**. All proceeds from this special event and from the auction will go to PWP.

The PWP continues to be available to all members of LCMS. During my tenure as President, I have encouraged our members and community to continue to support the PWP because it is **a program that supports the PHYSICIAN and our mental health and well being**. LCMS will continue to look for financial opportunities that will not only maintain this program's solvency but also strengthen it for years to come.

Now more than ever is the time to be involved in the LCMS. As physicians, this is an organization that has been created to serve YOU. Through social gatherings, networking, the PWP, as well as representation at the state level (annual Florida Medical Association), LCMS is working on YOUR behalf. Please be a part of this wonderful 'club' of physicians by either joining us or renewing your membership.



**KEEP
CALM
AND
RENEW
YOUR
DUES**

Invoices were emailed on October 1st
and mailed the week of October 4th.

2021 FMA LEGISLATIVE ACHIEVEMENTS

Your dues help us ensure positive outcomes for medicine. In 2021, LCMS supported FMA efforts to defeat these bad bills:

APRN Specialty Practice: Would have allowed APRNs and CRNAs to advertise and practice as medical specialists.

NICA Amendments: Would have increased the number of medical liability lawsuits that could be brought against physicians and force higher annual NICA assessment.

Wrongful Death: Would have removed an exemption that protects physicians from certain increases in lawsuits and insurance premiums.

Optometrist Laser Surgery: Would have allowed optometrists to perform certain laser and non-laser ophthalmic surgeries.

Psychologist Prescribing: Would have allowed full prescribing authority.

PA Autonomous Practice: Would have allowed PAs to practice medicine without physician supervision.

Limitation in Medical Payments: Would have limited the payment physicians receive for treating injured patients.

Pharmacist Independent Vaccination Authority: Would have removed necessity of written protocols with supervising physician.

TIPS TO INCREASE MENTAL HEALTH WELLNESS

THE RAMIREZ REPORT: Julie Ramirez, CAE, LCMS Executive Director



On Thursday, September 30th, Dr. Cori Caulkins from Associates in Family Psychology joined us virtually for a Physician Wellness Seminar. Here are some tips attendees learned during the webinar:

STRESS

What exactly is stress? It is your response to your environment that requires attention. It can involve your survival mechanism. On a chronic level, it causes problems. Make a list of all the things you are stressed about. Cross off what you can't or won't do anything about. Then separate short-term and long-term goals. Remember, not everything is your mission.

EXHAUSTION

You can have physical, mental, and emotional exhaustion—or all three—Yikes! You need to make sure you find rest for when you are exhausted. I know what you are saying in your head, "How am I going to find rest?!" Well, obvious for physical exhaustion is get some rest. For mental exhaustion, find activities that are out of your head and grounded in your body. Find sensory experiences such as gardening, music, meditation, journaling, exercise, entertainment, going to the beach—something that is unrelated to your normal day-to-day routine. For emotional fatigue, recognize the emotion.

SADNESS

Sadness is not a condition. It is a normal experience and does not make you depressed. If you get stuck in your sadness, that is when it can lead to depression and you'd be wise to consult with a professional.

MORAL INJURY

Moral injury can happen in the health world. It is an act that you engage in or witness that goes against your moral compass.

BURNOUT

Burnout is chronic workplace stress that can't be managed. It can lead to exhaustion, with physical ailments such as headaches. It is a mental distancing that can lead to lack of engagement, detachment, resentment and reduced productivity.

If you suffer from any of these, it is a natural action to withdraw. You must make sure to check in with people and if your personality is such that you don't reach out, make sure to have friends or coworkers who reach out to you. Weekly "friend checks" are helpful. Listen and don't try to fix the problem.

TRANSITION TIME

And the last tidbit Dr. Caulkins discussed is transition time. After a long stressful shift at work, you need time before and after commencing work for transition. I always wondered why my father-in-law sat in his car for about 30 minutes when he got home from work. That was his transition time. Use that time in the car to unwind. Remember that music, maybe an audio book or just silence can be your transition time.

Put boundaries around this important time to yourself and make sure to unplug. Focus on self-care. Sleep! (Not while you're driving home of course.) And remember to get out of your head and get grounded with sensory experiences.

For access to the Dr. Caulkins' recorded Physician Wellness Seminar, please contact LCMS Executive Director Julie Ramirez, CAE at jramirez@lcmsfl.org.



MORAL INJURY: WHAT IS IT, AND HOW IS IT RELEVANT POST-COVID?

BY: Tomi Mitchell, MD

The COVID-19 pandemic has been unprecedented as such an event has not happened on such a global scale since 1919, with the Spanish Flu. At the beginning of the pandemic, we sometimes heard muzzled voices of healthcare providers who experienced sheer horror due to the quickly escalating demand for urgent care, ICU beds, and ventilators.

It is important to note that these incidents were happening on an unprecedented scale due to the quickly escalating demand for urgent care, ICU beds, and ventilators—all three of which have seen unimaginable numbers as patients continue coming in waves from different parts of the country.

We have had more than 50 people per hour being admitted into hospitals with respiratory symptoms at some points.

Many policies and procedures were “thrown out the window,” for lack of better words, during the pandemic. We saw situations where we disregarded previous protocols, where healthcare providers were forced to reuse personal

protective equipment. This was a clear violation of health and safety standards.

We saw care providers make do with homemade masks instead of using medical-grade masks, items that pre-pandemic were readily available and frankly quite inexpensive to purchase. We heard the news of many states frantically begging the government to intervene and provide the much-needed aid.

We heard of heroic efforts made by prominent individuals to help charter planes to bring PPE from other countries. I still remember watching the New England Patriots plane landing with much-needed PPE and the heavy security presence as they guarded the precious cargo. I believe they had 1.2 million N95 masks from China.

So, in this article, I pose the question of moral injury. What exactly is it, and how is it relevant to the COVID-19 pandemic? The idea of moral injury is not new, but it is truly relevant in the context of COVID-19.

“Moral injury” is a term that comes from military medicine, and it refers to the emotional pain caused by witnessing, participating in or bearing responsibility for an event that causes serious physical harm.

It can happen during wartime or when someone has been exposed to traumatic situations. Moral injury is not about guilt. It is more like a wound than an infection. It can fester for decades without treatment before manifesting as PTSD or depression. Many physicians and other frontline workers experienced a moral injury due to the pandemic, policy changes, and inconsistencies in care. I am not blaming anyone but rather highlighting the repeat emotional and physical trauma care providers went through.

The moral distress that many healthcare providers are experiencing has left them feeling deeply distressed by their inability to “save” everyone they see, despite doing everything in their power.

In the face of this kind of moral injury—which I am using as shorthand because we have no other word for what these people experience—one might ask: What good am I? How does my healing matter? What do you say when someone says: “Why should I live if my baby died?”

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Ryan Harlacher, MD
Family Medicine
Fort Myers
(239) 482-1010

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Imagine knowing that the patients you care for will get poor treatment compared to another cohort of patients.

Through the grapevine, shared experiences of physicians worldwide, and even some news reports, we heard stories about how physicians were forced to make terrible decisions. They were forced to decide who gets to live or die based on life expectancy, comorbidities, and, unfortunately, in some cases, politics.

As a physician who swore the Hippocratic Oath, these actions arguably violate the oath core to the physician's identity. However, we were on the battlegrounds of a deadly COVID-19 pandemic—a battle that has killed over 3.8 million individuals in a short period of time. We might never know the true numbers as patients sometimes died in their homes before diagnosis, or in many countries, the systems to keep track of deaths were grossly inaccurate.

What the COVID-19 pandemic has taught us is that these types of events will happen again. The implications are global, and we need to be prepared for future outbreaks.

We live in a global world where travel is easy and relatively simple. I am not trying to be a pessimist, but there is a chance that another pandemic will occur in our lifetime.

As responders on the frontlines, it is important to remember our own mental health and well-being as caregivers to

continue doing this work with integrity. For those of you who experienced trauma, I implore you to seek help. It would be best if you talked to someone skilled. Sometimes, verbalizing and journaling the pain you witnessed is needed. One needs to offload these thoughts not to fester and cause us problems physically or mentally.

I will be remiss to discuss “the elephant in the room.” The fact is moral injury, for many of us, was present pre-pandemic. We struggled with providing the gold standard for health care for our patients when in many cases, individuals did not have sufficient insurance coverage, or in some cases, they did not have coverage at all. The pandemic affected the most vulnerable in our society. And in a modern world, I am saddened that this is still a common occurrence.

History will look back at us to comment on how we handled this pandemic. Let us learn from it. It's everyone's collective responsibility to do their part as many times our actions or lack thereof can adversely affect others.

The pandemic has shown us how the best of human intentions can turn out to be the worst. Addressing moral injury is our collective responsibility so that we do not repeat mistakes and create more harm in a world already ravaged by COVID-19. It is my hope, as a healthcare provider, advocate for social justice, and conscientious resident of this planet—we do better next time.

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PHYSICIAN

MEDICAL SERVICE & WE CARE

AWARDS

The **Lee County Medical Society Foundation** is proud to host the 10th Annual Medical Service and We Care Awards. This popular public service dinner event honors both physicians and residents of Lee County by recognizing outstanding contributions to healthcare in our community. Proceeds benefit the Physician Wellness Program. Awards presented will include:

- **Non-Physician Award of Appreciation**
- **Distinguished Layperson's Service Award**
- **Award for Citizenship & Community Service**
- **Award for Health Education**
- **Award for Leadership & Professionalism**
- **Lifetime Achievement Award**

NEW DATE & LOCATION!
SATURDAY, JANUARY 22, 2022
7:00pm - 9:30pm
Lexington Country Club
16257 Willowcreek Way • Fort Myers
Tickets on sale soon!

Members and Allied Business and Community Partners are encouraged to support this special event. Sponsor levels include many benefits to help you reach a target audience and start at:

- Platinum Level Sponsorship (\$10,000)**
- Gold Level Sponsorship (\$5,000)**
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- Auction Item Donation**

Full details and event updates, plus downloadable nomination and sponsorship forms and ticket information can be found at www.lcmsfl.org/Physician-Medical-Service-Awards



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From left: Nina Burt, O.D.; Sarah Eccles-Brown, M.D.; Kate Wagner, O.D.; E. Trevor Elmquist, D.O.; Yasaira Rodriguez, M.D.

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LOCAL PHYSICIAN LEADERS FEATURED IN LCMS VIDEO ABOUT IMPORTANCE OF VACCINE FOR COMMUNITY

We want to thank the physician members and healthcare leaders listed on the right who helped us produce a community awareness video in September about the importance of vaccination. The video has over 3,800 views.

We encourage you to display the video on your practice website, post it to social media accounts, or add it to video streaming services in your waiting/patient rooms.

- **Dr. Rabia Khan**, LPG Palliative Care
- **Dr. Nathan Landefeld**, Physicians Primary Care, Pediatrics
- **Dr. Colette Haywood**, Family Health Centers
- **Dr. Justin Burkholder**, Cape Coral Hospital/ER
- **Dr. Shannon O'Hara**, Premier Women's Care of SWFL
- **Dr. Krista Zivkovic**, Zivkovic Family Medicine
- **Dr. Arie Dosoretz**, Advocate Radiation Oncology
- **Dr. Stephanie H. Stovall**, Lee Health Interim Chief /Quality & Patient Safety
- **Dr. Rick Waks**, Millennium Physician Group



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PREVENT, COMMUNICATE, DOCUMENT: MEDICAL MALPRACTICE DATA HELP US MANAGE RISK

BY: David L. Feldman, MD, MBA, FACS, Chief Medical Officer, The Doctors Company,
and for the TDC Group of Companies

The good news about medical malpractice is that there isn't very much of it—which is the classic oxymoron of drawing insights from medical malpractice claims to improve patient safety. Nevertheless, medical malpractice data can focus our search for ways to succeed at three key aims of physicians, practices, and health systems: **(1) prevent adverse events, (2) prevent lawsuits if adverse events do occur, and (3) prevail in lawsuits when all else fails.**

Admittedly, analyzing medical malpractice data comes with obvious downsides. For one, many undesirable outcomes, adverse events, and near misses never result in a claim, so the claim data set, relative to the quantity of care provided that does not proceed optimally (or is perceived as not proceeding optimally) is quite small. And when compared to the total volume of care, it is miniscule. Further, if we wish to study closed claims, we must wait: By the time an event becomes a claim that completes the legal process, it is typically four to five years out from the originating event.

Still, the advantages of medical malpractice claims as a data source are indisputable—and powerful enough to overcome the drawbacks:

1. Relative to alternatives like peer review or root cause analysis, medical malpractice claims provide a much richer source of data. It is a sad yet helpful truth that people bare their souls when they are sued.
2. Because medical malpractice data have a direct correlation to large sums of money, it is easier to use medical malpractice claim-related findings to drive tangible, system-wide improvements to patient safety that no one wants to pay for.

Prevent, Preclude, Prevail

My approach to risk management is the three Ps:

Prevent adverse events.

"We can't fix what we can't see," says Dana Siegal, RN, CPHRM, CPPS, director of Patient Safety Services for CRICO Strategies. The Doctors Company employs CRICO's

Comparative Benchmark System when we code medical malpractice claims for our closed claims studies. She continues, "When we view that data across collective and comparative data sets, we validate the repeated patterns and trends across the care system, allowing us to focus resources and improvement initiatives on the most vulnerable risks."

P. Divya Parikh, MPH, CAE, vice president of Research and Education for the MPL Association, agrees: "[Medical malpractice data offer insight into high-risk specialties, medical conditions, and procedures that result in claims, allowing physicians and healthcare systems to direct their risk management programs for safer delivery of care.](#)"

This last point is key—that healthcare systems can and do direct resources to improving patient safety based on insights derived from medical malpractice data—because it is easier to convince large systems to change when they can see not only a patient safety benefit, but also a strong financial incentive.

Preclude lawsuits with good communication.

"Communication issues are a great example of the power of studying malpractice data to shed light on the multiple factors contributing to errors and harm," says Ms. Siegal. When we analyze closed medical malpractice claims across specialties and settings, communication gaps crop up again and again. Those gaps can stem from medical team members miscommunicating with each other or with families. While the former may result in an adverse event (see the first P: Prevent), the latter may result in a lawsuit. [A patient's desire to pursue litigation after an adverse event frequently derives from a misunderstanding about possible outcomes.](#) As a mentor once told me, "When you talk about potential complications before surgery, that's informed consent. When you talk about them after the procedure, that's an excuse."

A *New York Times* article sifted decades' worth of studies to conclude, "Doctors sued most often were complained about by patients twice as much as those who were not, and poor communication was the most common complaint."¹ Note that poor outcomes was not the most

common complaint—it was poor communication. If your institution participates in a disclosure program, follow it carefully when responding to adverse events. A swift, compassionate, effective response to a patient’s needs in the aftermath of an adverse event or undesirable outcome is both ethically superior and practically advantageous for all parties, when compared to a lawsuit as the likely alternative.

Prevail when there are lawsuits via documentation.

While undesired outcomes—even those that fall within the realm of a known complication for the treatment or procedure—may motivate patients to sue, it is often poor documentation that motivates a plaintiff’s attorney to take a case.² The Doctors Company’s Vice President and Associate General Counsel Richard F. Cahill, JD, addresses this potential pitfall in “The Defensible Medical Record”:

Patient grievances may be filed based on an individual’s faulty recollection of events, or a failure to understand the course of treatment or the underlying reason that an adverse consequence occurred. When a medical record is well documented, many allegations are often readily resolved—frequently before a formal administrative process is even initiated.³

All of this is otherwise phrased as:

Prevent, Communicate, Document

Experience has taught us that patients may bring suit either in the presence of actual medical error or in their perception of medical error. Either way, we have an opportunity to learn how to prevent the next claim. Ms. Parikh summarizes: “Every claim is, in essence, a patient complaint, and therefore an opportunity to learn where improvements can be made.”

References:

1. Carroll AE. To be sued less, doctors should consider talking to patients more. *New York Times*. Published June 1, 2015. <https://www.nytimes.com/2015/06/02/upshot/to-be-sued-less-doctors-should-talk-to-patients-more.html>
2. Mazzolini C. How to prevent a malpractice lawsuit. *Medical Economics*. Published June 11, 2020. <https://www.medicaleconomics.com/view/how-prevent-malpractice-lawsuit>
3. Cahill RF. The defensible medical record. The Doctors Company. Updated June 2020. <https://www.thedoctors.com/articles/the-defensible-medical-record/>



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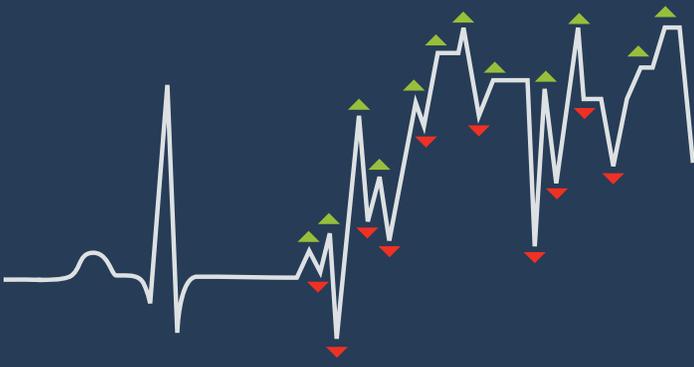
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2021 PWP Donation Goal

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WHOSE INTERESTS

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