



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



Vol. 1, No. 1

Fort Myers, Florida

March, 1979



Dr. Alfred Coats

MARCH MEDICAL SOCIETY PROGRAM

By ROBIN C. BROWN, M.D.

Dizziness is the second most common presenting complaint in America today; exceeded only by headache.

The March County Medical Society program will be presented by Dr. Alfred Coats, Professor of Otolaryngology and of Neurology at Baylor College of Medicine in Houston.

Alfred Coats is an international authority of the evaluation of dizziness, the function of the labyrinth and its central connections and electronystagmography.

He is an entertaining and lucid speaker and comes to the Medical Society at the request of the neurologists and otolaryngologists of the area, most of whom have had professional contact with him in courses and lectures. He has published over 50 papers, written many abstracts and several chapters in books, dealing with evaluation and interpretation of vertigo.

He will talk to the society about vertigo in its broadest sense and should be able to bring us all up to date on diagnostic techniques and shed useful light on the place dizziness holds in commonly encountered diseases.

**PLEASE NOTE THIS CHANGE IN LOCATION
FOR THE MEDICAL SOCIETY MEETING.**

**ROYAL PALM YACHT CLUB
2360 FIRST STREET**

EDITOR'S MESSAGE

This will probably be the only time your present editor will write a column for the Bulletin. So I will take this opportunity to explain the format and some of our philosophies relative to what your news-letter should contain.

Foremost, it should be **READABLE**. This is why, after reviewing the publications of many of the County Medical Societies in Florida, we chose the present form - largely copied from Escambia County's issue. Some of the Counties circulated a monthly publication so full of advertisements that it simulates a County Fair booklet, and your board did not want that type. It is hard to find the news in these editions because of all the ads.

Contents: There will be regular features appearing each month. We are proud to announce that our very active and helpful Auxiliary will be featured with a front page m.n. Our President's page will be a frequent contribution on the Bulletin, as will a "Committee of the Month" report. Our standing committees will each have an

Continued On Page 3



Tina Ruilova

AUXILIARY NEWS

An International Dinner reflecting the multi-national flavor of our medical community will be prepared by the Auxiliary for the benefit of International Health. Tina Ruilova will orchestrate our culinary-oriented members in the planning of the Oriental culinary, and the Greek, and the Spanish, Indian and Arabian fare. Strains of paella, curry and baklava will be heard from the cooking get-togethers at Tina's, culminating in a feast of nations on March 30 at the Sidell home on Manuels Drive. Reservations are needed for limited seating and most of the \$25 tab per couple will go to projects such as INTERPLAST in International Health.

NEW MEMBERSHIP APPLICANTS



Carey Moss Peters, M.D. has applied for membership in the Lee County Medical Society.

A native of Lone Rock, Wis., Dr. Peters graduated from Colgate University, Hamilton, N.Y. and from Harvard Medical School in Boston, Mass.

He did his internship at Boston City Hospital in Boston, Massachusetts.



As an internist, he is practicing at Shell Point Village in Fort Myers.

Prior to coming to Lee County he practiced at Washington, D.C. and Boston, Massachusetts.

He also was an instructor, Department of Medicine at Harvard Medical School.

He and his wife, Clare will reside at 4705 Junonia, Shell Point Village.



Flora Consul Sakornsin, M.D. has applied for membership in the Lee County Medical Society.

A native of the Philippines, Doctor Sakornsin graduated from the Far East University in Manila, Philippines.

She did her internship at the St. Joseph Hospital, Loren Ohio, Sharon General Hospital, Sharon, Penn. Metropolitan General

Hospital, Ontario, Canada and completed her residency at Wayne State University, Detroit, Michigan and Toronto Sick Childrens Hospital, Toronto, Ontario Canada.

A pediatrician, she is practicing at 895 College Parkway, Fort Myers, Florida. Telephone 482-3544.

Prior to coming to Lee County she practiced at Elizabeth-Ludeman Center, at Forest Park, Illinois.

She and her husband, Chalut have two children, Philip and Paul. They are residing at 985 Cypress Lake Drive, Fort Myers, Florida 33907.



LEE COUNTY MEDICAL SOCIETY BULLETIN

2466 Hunters Terrace
Fort Myers, Florida 33901
Phone (813) 936-1645

The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

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Cecil C. Beehler, M.D.

EDITOR

Thomas M. Wiley, Jr. M.D.

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The Editor welcomes contributions from the members. Opinions expressed in the Bulletin are those of the individual members and do not necessarily reflect policies of the Society.



Barbara B. Freeman
(Mrs. John A.)
PRESIDENT
LEE COUNTY MEDICAL
SOCIETY AUXILIARY

SOCIETY MEETING

MARCH 19, 1979

ROYAL PALM YACHT CLUB

2360 FIRST STREET

SOCIAL HOUR - 6:30 PM

DINNER - 7:30 PM

SPEAKER: ALFRED COATS, M.D.

TOPIC: "VERTIGO"

Physician Assistants And Audiologists
Are Invited To Attend The Program.
Reservation For Dinner Is Necessary.
Cost Of Meal \$10.50

SPEAKING OUT

The Professional Standards Review Organization has had an ambivalent and confusing beginning in Florida. The Florida Medical Association initially voted to advise all members not to participate in PSRO. One year ago, the FMA modified its stand so that it would not censure members if they participated in PSRO, but would not encourage participation. This is still the position taken by the House of Delegates of the FMA.

Some of the leadership of the FMA and now of the Lee County Medical Society have, on their own, decided to encourage the participation in PSRO. PSRO is a cost containment arm of the Federal Government. It adds nothing to quality control in the practice of medicine which is not already provided by the Medical Audit and Utilization Review.

The purpose of PSRO is to set standards for the practice of medicine, such as length of stay for each illness or surgical procedure. If one of your patients vary from this norm, you will have to justify the variance or the hospital or

doctors bill will not be paid for the time that exceeds the "standard". These "standards" are set by bureaucrats, not physicians. The ruse that by participating we can influence these norms is fallacious.

At the present time the PSRO in our district has been set up by the Sarasota County Medical Society. That PSRO is responsible for all review in SW Florida. Each individual physician has the option of participating or not participating. There is no penalty for not participating. There is no advantage in participating. I feel that we should let the ones interested in government cost containment programs, those interested in increased paper work, those interested in being responsible for denying payment for "prolonged" hospital stays participate in P.S.R.O.'s.

Those who feel we have too much government in medicine now, should decline to participate.

Larry Garrett, M.D.

EDITORIAL

Cecil C. Beehler, M.D.

President

The annual F.M.A. leadership conference was held in Orlando on January 26th, 1979 at the Hyatt Regency Hotel. This meeting was attended by 139 medical society officers from throughout the state, representing 98% of the F.M.A. membership. The quality and dedication of the F.M.A. leadership especially impressed me. Our state officers give large portions of their time from their practices to accept these time consuming jobs. Speaker after speaker pointed out that private medicine is under heavy pressure from the government. The high cost of medical care has made the medical profession fair game for every ambitious politician and bureaucrat in the United States.

If we wish to preserve the practice of medicine in the form we now enjoy, physicians are going to have to exert themselves to help mold and guide the changes that are taking place today. For instance, our F.M.A. staff officers reported that government agencies have filed 7 individual law suits against the F.M.A. in the past 2 years, resulting in legal expenditures in excess of \$200,000.00. Our F.M.A. staff assures us that these suits are groundless and in their opinion are harassing in nature.

The Volusia County Medical Society, which is the same size as ours, and the Halifax Hospital have been named in an anti-trust suit filed by the U.S. Department of Justice which could result in legal costs alone in excess of \$100,000.00. Our legislators continue to push for action which could have a profound effect upon our practices. A certificate of need for physicians offices, a cap upon hospital expenditures and cost containment bills will all be reconsidered again this year. For these reasons, the F.M.A. officials have advised local societies to take steps to strengthen their societies by grass root action. They recommend that we take an active interest in the implementation of P.S.R.O. and that we closely monitor the activities of the H.S.A., "Health System Agencies". The F.M.A. legal council has further recommended that local societies incorporate so as to cover its officers with a corporate shield in event of a law suit.

To this end, I would like to recommend that each individual member of the Lee County Medical Society reconsider membership in the West Central Florida P.S.R.O. When 25% of any staff becomes a member of this organization it can conduct its own reviews, a task which Sarasota physicians are now expected to complete here. The possibility of the sunset law setting on P.S.R.O. now seems extremely remote. It should be noted that in December of 1978, the A.M.A. endorsed the concept of P.S.R.O. and that W.C.F. 9 P.S.R.O., ours, became conditional in January of 1979. There are 13 P.S.R.O. areas in Florida, many of which are now functioning.

Doctors Pascotho and Blumstein have expressed interest in monitoring the Health System Agency here in Lee County. Those of you who are interested in assisting in this important effort are urged to contact Dr. Isley who is already a member of our local H.S.A. The board of governors has asked Jim Franklin to investigate the steps necessary to incorporate Lee County Medical Society. You will be hearing more of this in the near future.



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EDITOR'S MESSAGE

Continued From Page 1

opportunity to bring their message to you, at intervals. We hope to have informative articles that are of general interest published from time to time. Any member of our Society who has a paper published in a state or national journal will be encouraged to write a "summary article" for . Other such ideas will be welcomed by your editor.

Cost: We have contacted most of the local printers and have contracted with Gulf Printing to do our work. The cost for 10 publications (we plan to have a mid-summer edition, especially to report important actions from the May FMA meeting) exceeds our budget by over 6 times. To off-set this, we are having limited advertising, so that we won't have to ask membership for still another assessment. The generous "fees" being paid by our advertisers puts us out of red, into black ink.

Advertising: We did not feel we could afford commercial help in securing ads, so much was left to the efforts of your editor. The Board backed me the intent to keep the number to a minimum, and to allow only one in a particular category to appear in an individual publication. This makes the ad more attractive to a particular firm, and subsequently more profitable to us. You MUST support your advertisers, and at every opportunity let them know you saw (and read) their contribution, and appreciate it.

Classified: There will be a limited number of this type accepted, and these only from members of our Society. There will need to be a nominal charge for these inclusions.

Pictures: There is no question that appropriate photographs accent "Readability" and we are happy to announce that John Bruno has volunteered his services as official photographer for our Bulletin. Thank you, John.

Success: There, again, is no question that the success of our efforts rest on YOU. Be alert to all editorials, news, scientific publications of general interest, or anything I have not mentioned, that can submit to us for possible reporting. We want to print what is of interest to you, for if we don't, we fail. HELP!!

Thomas M. Wiley, Jr.
M.D.

PLEASE!!!

L.C.M.S. Members: Please, If After You Make Your Reservations For Dinner, You Find You Will Not Be Able To Attend, Notify The Society Office By Noon Of The Day Of The Meeting So That Society Funds Can Be Conserved. The Society Must Pay For All Reservations Made.

**PLEASE NOTE THIS CHANGE IN LOCATION
FOR THE MEDICAL SOCIETY MEETING.**

**ROYAL PALM YACHT CLUB
2360 FIRST STREET**

Cecil C. Beehler, M.D.
President
Lee County Medical Society
Dear Dr. Beehler:

The Florida Medical Association Committee on HSAs would like to share with you and your members recent actions taken by the Board of Governors relative to health planning. We urge your participation in our efforts on your behalf by taking appropriate action:

*The AMA will be asked to put maximum emphasis on monitoring HSA activities both nationally and regionally in order to keep state and county medical associations and societies better apprised of what is taking place both at the national and state level relative to the implementation of PL 93-641.

*Each county medical society by this letter is being asked to inform their membership that PL 93-641 is the law of the land and each physician should become aware of this law and be willing to serve on HSAs so that the full burden of participation is not left to just a few physicians.

*Each county medical society by this letter is being asked to appoint a key contact physician for each officer and committee chairman of each HSA.

*Each county medical society has been asked by the Board of Governors to implement the attached state and local HSA monitoring plan.

*Each county medical society has been asked by the Board of Governors to send a member of their executive staff to each monthly HSA Regional Board Meeting whenever feasible.

Our committee is in hopes of receiving permission from the Board of Governors to develop a newsletter regarding health planning activities in the State. This newsletter will be sent to county medical societies on a regular basis so that you will be better informed relative to the extremely important issue of health planning.

In conclusion, the Committee on HSAs asked me to point out once more that the implementation of PL 93-641 and related health planning activities is of primary concern. The health planning effort if not monitored and subject to physician input and guidance could result in the destruction of the American Health Care Delivery System and the way each of us practice our beloved and chosen profession. Therefore, we need both your attention and support.

Charles F. Tate, Jr., M.D.
Chairman
Committee of HSAs

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LEGISLATIVE REPORT

BY
H. QUILLIAN JONES, JR., M.D.
Legislative Chairman

The 1979 Florida Legislature officially opens April 3, 1979. Most of the major issues of importance to medicine will have received initial committee action prior to then. There are two very vital issues that need all of our immediate attention: They are, (1) State Board of Medical Examiners, and (2) Hospital Rate Commission. Both of these issues were presented to the County Society prior to the meeting of February 19, 1979. The details of what is needed and expected of the membership can be obtained through our Executive Secretary or our Legislative Chairman. These and other issues will again be presented prior to the March Society meeting.

Our freedoms of private practice are being constantly attacked by the legislature. It is extremely important that we all get involved and stay involved. During the coming year there will be important issues that we need to respond to. Sometimes we will have only a few days notice. We all need to be ready and willing to contact the appropriate members of the legislature to voice our opinions when we are called upon to do so. Granted, sometimes it will be inconvenient, etc., but it is our freedom and our practice of medicine. PLEASE GET INVOLVED.

Along these lines, we need financial support. FLAMPAC needs our help and our money. For those who have paid their dues for 1979, THANK YOU. For those who have not, please take a moment, write your check, and mail it today to our Executive Secretary.

WE NEED EVERYONE'S HELP!!

COPY
DEADLINE
20TH
OF MONTH

Lee County Medical Society
2466 Hunter Terrace
Ft. Myers, FL 33901

We need one more family practitioner for a well equipped medical clinic on Estero Island, Ft. Myers Beach. At the present time there are two family practitioners here, both of whom are members of the Academy of Family Practice. Applicants must have a Florida license, no others need apply. There is an opportunity for partnership available. This is primarily a clinic type practice, with no hospital involvement regarding patient treatment. Any applicant must be eligible for and be granted courtesy privileges at Lee Memorial and Ft. Myers Community Hospitals.

Thank you.

Mitchell J. Hetman, M.D.
Michael H. Millward, M.D.



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FLIGHT OF FANCY

This little gem was sent to Dr. Warren Bostic by Daniel P. McMahon, M.D., of New York. Unfortunately, we cannot determine where it originally appeared. All we know is that it was authored by a Robert B. Howard, M.D., "Consulting Editor." Nevertheless, we are unable to resist sharing it. Our thanks, Dr. Howard.

Flying an aircraft is much too serious a business to be left to the pilot. For far too long, pilots have enjoyed a kind of

mystique which has permitted them to dominate the flight-care system in an unconscionable fashion. It is high time that we flight-care consumers asserted our fundamental rights.

I am tired of having the pilot tell me when I can board an aircraft, when I must buckle my seatbelt, at what altitude we will fly, and other comparable aspects of my flight-care consumption. The pilot, after all, is only one member of a flight-care team that also includes ticket sellers, boarding area personnel, cabin attendants, navigators, and copilots. The views of all these people, experts in their respective fields, should be taken into consideration when

flight care is being planned and executed. Obviously, the interests of the consumers must also be respected.

I suggest that what we need in the United States is a massive restructuring of the flight-care system that will free us of this unhealthy dominance by pilots, all of whom make too much money anyway. I believe that as every flight is about to depart, an appropriate Flight-Care Council should be formed. It would, of course, include the

pilot, whose technical expertise is undeniably required. The council would also include among its members appropriate representatives of the ground crew and the flight crew. The majority of the members, however, should be flight-care consumers, chosen on the basis of a careful consideration of the sexual, ethnic, and religious make-up on the flight in question.

The Flight-Care would be responsible for making key policy decisions with respect to the flight, including the time of take-off, the altitude at which the aircraft would fly, where the flight would stop along the way, and the ultimate destination.

After the landing, an Airstrip Utilization Review Committee would make a determination of whether the landing was indeed necessary. In the event that it is deemed to have been unnecessary, the pilot would be forced to take off again.

I urge that our lawmakers speedily enact appropriate legislation that will bring about these long overdue changes in the flight-care system and bring an end to the pilot tyranny that has resulted in maldistribution of flight-care service, unnecessary flights, and lack of attention to the real needs of consumers.

Robert B. Howard, M.D.
Taken From Escambia County Medical Society Bulletin

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LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



Vol. 1, No. 2

Fort Myers, Florida

APRIL 1979

PEER PUBLICATIONS

The following is a summary of an article by Peter M. Sidell, M.D., published in MAYO CLIN PROC, February, 1979. The Bulletin welcomes and solicits such articles by members. Editor

HORSESHOE KIDNEY ASSOCIATED WITH SURGERY OF THE ABDOMINAL AORTA

BY
PETER M. SIDELL, M.D.

Of 53 patients with horseshoe kidney (9 in the present series), 45 underwent operation for an abdominal aortic aneurysm; 40 electively and 5 on an emergency basis. The remaining eight patients underwent revascularization of the aorta. Of the 53 patients, 35 (66%) had renal artery anomalies. The anomalous arteries prevented aortic repair in 6 patients (17%), were left undisturbed in 9 (26%), were revascularized in 7 (20%), and were ligated in 13 (37%).

Partial nephrectomy was required in 2 of the 13 patients undergoing arterial ligation. Symphysiotomy was performed in 16 (30%) of the 53 patients. The following approach to management of horseshoe kidney associated with disease of the abdominal aorta is suggested. 1. Whenever a horseshoe kidney is suspected, excretory urography, aortography, and, if necessary, selective renal arteriography should be obtained preoperatively. 2. Anomalous renal arteries

arising from resected segments of the aorta should be revascularized whenever technically possible, usually by reimplantation of the renal artery into the aortic graft. 3. If an anomalous renal artery is ligated, the kidney should be inspected for signs of ischemia, and partial nephrectomy should be performed if ischemia occurs. 4. Symphysiotomy should be avoided. If division is necessary, symphysiotomy is preferable to symphysiectomy. In either circumstance, care need be taken lest there be fusion of the urinary collecting system and the renal parenchyma. In most patients with horseshoe kidney, aortic surgery has been accomplished without complication and with only minor alteration in surgical technique, even when the renal anomaly is first detected at surgical exploration.

DRUG ABUSE PROGRAM

DIANNE RECHTINE, M.D.,

CHAIRMAN, DRUG ABUSE COMMITTEE

At the monthly meeting the members voted to adopt the following policy. This is modeled after a program which has been successful in Duval County and more recently in Orange County. We have been assured the cooperation of the Gulf Coast Pharmaceutical Association, Lee County Dental Society and the District 11 Southwest Florida Osteopathic Medical Association. This is a voluntary control program to curtail abuse of amphetamines and other drugs. This voluntary program places self-imposed strict professional controls on the prescribing and dispensing of certain controlled substances.

DRUG ABUSE PROGRAM GUIDELINES

1. Forty-eight hour delay in delivery of any amphetamine or methaqualone prescription. (These drugs will no longer be routinely stocked in South Florida pharmacies.)
2. Each prescription for these drugs will be verified by a telephone call to the doctor.
3. Dispensing in original package size; physicians are asked to prescribe only in original package size when medical necessity warrants use of these drugs.

This program was voted on and accepted at March Medical Society Meeting.

APRIL MEDICAL SOCIETY PROGRAM

JAMES W. WALKER, M.D.

President of PIMCO

The April County Medical Society program will be presented by Dr. James W. Walker, President of Professional Insurance Management Company in an update of the professional liability insurance of PIMCO.

Dr. Walker is a graduate of the University of Tennessee School of Medicine and has been a practicing pediatrician in Jacksonville, Fla. since 1958. In 1976 he assumed the Presidency of PIMCO full time. He is a 1977 recipient of the AMA Physician Recognition Award.

He has served the FMA as Secretary-Treasurer for five years and as Secretary for six years. A member of the American Medical Association's Committee on Nursing, serving as its Chairman for two years, he is a Past-President of the Duval County Medical Society, Assistant Clinical Professor of Pediatrics for the University of Florida and was on the Board of Directors of Blue Shield of Florida for six years.

Dr. Walker will welcome all questions regarding your malpractice insurance as well as other insurance coverage by PIMCO.

DATE: April 16, 1979

PLACE: ROYAL PALM YACHT CLUB
2360 FIRST STREET

AUXILIARY NEWS

BY MRS. BARBARA FREEMAN
PRESIDENT

The Lee County Medical Society Auxiliary wishes to share with you some of the many marvelous ways it has reached out to the Community and State Auxiliary.

We are very proud to announce that we have contributed over \$2,500 to AMA-ERF this year. Our hard working Chairman, Linda Ziegler, tells us that most of this money was raised through the December "HOLIDAY SHARING CARD" and the rest through the selling of individual holiday cards, memorial cards, and "Fun(d) Day". Just recently, we held our "Fun(d) Day" which included tennis, bridge, luncheon and a tennis fashion show. Linda has done a great



Mrs. Linda (Edward) Ziegler
AMA - ERF CHAIRMAN

job keeping up our enthusiasm for AMA-ERF fund-raising.

Equally important are several Community projects to which we have given much time and/or money. The American Heart Association's "Heart Ball", the local Chapter of the American Cancer Society, the Hopscotch

for Immunization, and the Community Health Fair are just a few. Donations were given to the Children's Home Society, the Easter Seal Society and the Counseling and Growth Center. We are especially proud of the three lounge chairs which we purchased for the Pediatrics Ward at Lee Memorial Hospital. Our donation to the Counseling and Growth Center was given in honor of DOCTOR'S DAY, March 30.

Last, but not least, we are urging our husbands to save and donate their medical journals and other periodicals to the future Lee County Medical Society Library.

The Auxiliary wishes to support the Medical Society's efforts whenever needed and we are grateful for the opportunity you have given us to tell you what we are doing through the "Bulletin".

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"A BUG IS NOT A VOLKSWAGON"

STEPHEN R. ZELLNER, M.D.

Infectious and communicable diseases is an area that transcends all of the medical specialties. THE MORBIDITY AND MORTALITY WEEKLY REPORT (MMWR), a publication of the Center of Disease Control (CDC), covers national and international areas of infection interest. The MMWR is sent weekly to physicians requesting it, free of charge.

As a monthly feature in the Lee County Medical Society Bulletin we will review the preceding months accumulated information published in MMWR. As this information pertains to local as well as international areas of infectious disease, there should be areas of interest to all members of the Society.

Those of you who are interested can obtain a weekly MMWR issue by writing:

Center for Disease Control
HS
Atlanta, Georgia 30333

Suggestions as to areas of infectious or communicable diseases that would be of County Membership interest will be appreciated.

EDITORIAL

Cecil C. Beehler, M.D.
President

Cost Containment

Medical costs have increased dramatically over the past few years. During the past decade, total costs have risen over one hundred percent with the result that 9% of our Gross National Product currently goes for health care. Despite the fact that hospital costs reflect, by far, the greatest increases, the American public believes the physician is the guilty party. The reasons for this are obvious. The patient relates cost to what he pays and fails to take into account what the third party pays.

Due to the huge health care burden that the government assumes, the administration has proposed a 9.7% "cap" on hospital expenditures. As an alternative to this plan, the AMA and the AHA have formed the Voluntary Effort, a voluntary cost containment program geared to state and local action. Since this program began, there has been a significant decrease in the cost increases. Through August of 1978, the rate of increase has been 13%, 3 percentage points below the 16% increase for the same period in 1977. However, if the Voluntary Effort ultimately fails, there is little doubt that the government will mandate controls. For these reasons, the AMA has encouraged local medical societies to initiate Cost Containment programs. This, primarily, consists of an educational program to orient physicians to current laboratory and hospital changes. As the purchasing agent of these items for our patients, we have a responsibility to them to be prudent in our expenditures. HEW Secretary Califano said, "The U.S. can no longer afford the doctors' insensitivity to costs. The physician is the central decision maker for more than 70% of health care services."

What does all of this mean to you? Just this: if mandatory hospital controls are implemented and work, then physicians' fees will be the next target of administrative action. We all have a stake in making sure that this type of bureaucratic action is not passed, nor needed.

*J.A. Califano - From an address delivered before the AMA House of Delegates, June 19th, 1977

PHYSICIANS CODE OF COST CURTAILMENT

PREAMBLE: Quality medical care to the patient is the physicians first commitment. In exercising prudence in delivery of this care, the physician prevents unnecessary expenditures for his patients. The physician alone is best able to decide the best quality of care for his patients.

- ARTICLE I.** Be aware of your patient's hospital cost and ancillary charges.
- ARTICLE II.** Delivery of care is best served for most patients in the physicians office, or on a hospital out-patient basis. Discourage use of emergency room facilities as out-patient non-emergency care centers.
- ARTICLE III.** Admit patients to hospitals when necessary, with insurance coverage not being a determining factor.
- ARTICLE IV.** Order laboratory and radiology tests not only with deliberation but, when necessary, with consultations with pathologists and radiologists. Never order studies at the request or whim of the patient unless medically indicated for quality care.
- ARTICLE V.** Initially order drugs in limited quantities until efficacy of the drug is established.
- ARTICLE VI.** Discharge patients on the basis of optimum care with consideration of daily hospital discharge time.
- ARTICLE VII.** Do not discharge patients at the patient's convenience or be coerced by family to keep the patient hospitalized.
- ARTICLE VIII.** Admit patients to coincide with usual hospital charge day and not late in the week if the patient will not benefit from the Saturday/Sunday hospitalization.
- ARTICLE IX.** Make every effort to shorten a patient's hospital stay without sacrificing quality medical care, and when possible, utilize extended care facilities.
- ARTICLE X.** When admitting patients, have a coordinated plan of action to assure diagnostic workups without delay. Ancillary departments can be consulted to help coordinate the action plans.

This is a guideline suggested by the Cost Curtailment Committee of the Harris County Medical Society.

NEW MEMBERSHIP APPLICANTS



Shreelal M. Shindore, M.D. has applied for membership in the Lee County Medical Society.

A native of Nasik, India, Dr. Shindore graduated from H.P.T. College and from B.J. Medical College, Poona-I, India.

He did his internship at the Aultman Hospital, Canton, Ohio and completed his residency at Kings County Hospital Center and State University of Brooklyn New York.

As an anesthesiologist he is practicing at Lehigh Acres General Hospital, telephone 369-2101.

Prior to coming to Lee County he practiced at Kings Highway Hospital, Brooklyn, New York.

He is a member of the American Society of Anesthesiology and the New York State Society of Anesthesiology.

He and his wife, Mary Catherine and two children, Renee and Lisa reside at 673 Travers Avenue, Fort Myers, Fla. 33901.



David Edward Stibbins, M.D. has applied for membership in the Lee County Medical Society.

A native of Muncie, Indiana, Doctor Stibbins graduated from Ball State University and from the University of Indiana School of Medicine in Muncie, Indiana.

He did his internship at the Ball Memorial Hospital in Indiana and completed his residency at the University of South Florida.

He also had fellowships at Harvard University and Baylor University.

An Internist specializing in Pulmonary Medicine he practiced prior to coming to Lee County at the Naples Community Hospital, Naples, Fla. and Herman Hospital, Houston, Texas.

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Department of Family Medicine, at the University of South Florida College of Medicine, its Affiliated Program for Family Practice and the Florida Academy of Family Physicians are co-sponsoring Year 11 of the six-

year Cyclic Core Review Course. The Year 11 Core Review will be from March 31, 1979 until September 16, 1979 in Fort Myers - Lee Memorial Hospital - Saturdays - 9:00 am - 12:30 pm (Bi-weekly)

FURTHER DETAILS CAN BE OBTAINED AT THE
MEDICAL SOCIETY OFFICE

CONTINUING MEDICAL EDUCATION APPROVAL FOR MANDATORY CREDIT I

Organizations wishing to apply for credit for a meeting of their members and have a scientific program planned, should obtain a form from the Medical Society office. After completing the form return it for evaluation to the Society's office. This procedure will save steps in getting approval. All applications must be approved by the local CME committee before approval by FMA. Any questions, call the Society office - 936-1645.

CONGRATULATIONS

The following members who were voted to Active Status at the March meeting.

Bipin D. Shah, M.D.
Ronald F. Giffler, M.D.
Robert P. Whittier, M.D.
John Pletincks, II, M.D.
Dionisio C. Bugarin, M.D.
Alejandra C. Bauzon, M.D.
Maximo G. Perez, M.D.

SOCIETY MEETING

APRIL 16, 1979

ROYAL PALM YACHT CLUB
2360 FIRST STREET

SOCIAL HOUR - 6:30 PM
DINNER - 7:30 PM

SPEAKER: JAMES W WALKER, M.D.
PRESIDENT, PIMCO

TOPIC: "FLORIDA PHYSICIANS
RECIPROCAL UPDATE"

Reservation For Dinner Is Necessary

PLEASE!!!

L.C.M.S. Members: Please, If After You Make Your Reservations For Dinner, You Find You Will Not Be Able To Attend, Notify The Society Office By Noon Of The Day Of The Meeting So That Society Funds Can Be Conserved. The Society Must Pay For All Reservations Made.

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LEGISLATIVE REPORT

By
H.QUILLIAN JONES, JR., M.D.
Legislative Chairman

The 1979 Legislative Session promises to be an active one for Florida medicine. More than seventy-seven bills of interest have already been prefiled, with many more sure to follow by the official opening of the Legislature on April 3rd.

Priority attention at this point is being directed toward cost containment, "sunset" of regulatory boards and Workmen's Compensation.

Cost containment legislation is being handled in the Senate by the Senate Committee on Health and Rehabilitative Services. This body has already filed a committee bill establishing a commission to regulate hospital rate increases. The proposal also contains a requirement that each hospital establish a "quality assurance program" which must utilize, as a minimum, standards and criteria established by the PSRO for their area. This program must include assessment of the necessity of admissions, length of stay, utilization of services and the quality of services. This marks the first time that total state regulation of the hospital medical staff activities has been proposed in Florida. The Health and Rehabilitative Services Committee has scheduled a hearing for early April on the bill.

In the House, cost containment legislation is being jointly developed by subcommittees from the HRS and Regulatory Reform Committees. No specific bill has been proposed by these committees, but hearings have been scheduled for March 26th and April 4th.

The first major decision in the "sunset" deliberations will be the question of whether regulatory boards will continue to have full authority for licensure, investigations and discipline or whether these functions will be turned over to the Department of Profession and Occupational Regulation. The FMA is working in cooperation with other professional organizations to maintain the integrity of licensing and regulatory boards.

Particularly important to the proper functioning of the State Board of Medical Examiners will be increased funding for investigative and prosecuting activities. Also involved will be attempts by some to open up the licensure provisions to full reciprocity and to allow temporary licenses to be issued for physicians practicing in areas of need as determined by the federal government through HEW.

Other issues of concern filed to date include:

Mandatory hospital privileges for M.D.'s, D.O.'s, dentists and podiatrists (SB 367)

Expanded authority for nurse practitioners (SB1, HB 601).

Posting of surgeon's performance records (SB 60).

"Truth in sickness" proposal that requires annual filing with HRS for physicians with ownership in health-care facilities or drug companies (HB 334, SB 77).

During the coming session from time to time, we will be called upon to notify our constituents in the legislature of our feelings regarding these and other matters. It is hoped that each member will get into the habit of writing our legislators each month regarding the items that are important to medicine. Also we hope that you will be prepared on short notice to voice same opinions on special issues that we are notified about from our Director of Legislative Affairs.

PLEASE GET INVOLVED.



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CHARITABLE ACTS

March 9, 1979

Sometime within the next year, we would like to publish a special issue of The Journal on various types of charitable or civic medical work done by members of the Florida Medical Association, both at home and abroad. This concept was developed by the FMA Council on Legislation and Regulations.

Examples of such service would include involvement as medical missionaries, service on hospital ships such as HOPE, volunteer service in disaster areas, medical care to underdeveloped countries, service in indigent clinics sponsored by churches or other organizations, Interplast, and many others.

We would be most grateful if you would advise us of any such activities by your members. Please supply the details so that we can contact them and request they write an article about their involvement.

Many thanks for your cooperation.

Gerold L. Schiebler,
M.D. Editor
The Journal of the
Florida Medical Association

Lee County Medical Society members should contact the Medical Society office with complete details.

DOCTOR OF THE DAY

"DOCTOR OF THE DAY" dates are still open for April and May. Physicians interested in devoting a day in Tallahassee to participate in this important aspect of the FMA legislative program will have an opportunity to witness the legislative process first hand. Dates open are: April 10, 17, 26, 30, and May 8, 15, 16, 23, 25, 28, 30. Please contact the FMA Capital Office (904) 224-6496

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LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



Vol. 1, No. 2

Fort Myers, Florida

APRIL 1979

PEER PUBLICATIONS

The following is a summary of an article by Peter M. Sidell, M.D., published in MAYO CLIN PROC, February, 1979. The Bulletin welcomes and solicits such articles by members. Editor

HORSESHOE KIDNEY ASSOCIATED WITH SURGERY OF THE ABDOMINAL AORTA

BY
PETER M. SIDELL, M.D.

Of 53 patients with horseshoe kidney (9 in the present series), 45 underwent operation for an abdominal aortic aneurysm; 40 electively and 5 on an emergency basis. The remaining eight patients underwent revascularization of the aorta. Of the 53 patients, 35 (66%) had renal artery anomalies. The anomalous arteries prevented aortic repair in 6 patients (17%), were left undisturbed in 9 (26%), were revascularized in 7 (20%), and were ligated in 13 (37%).

Partial nephrectomy was required in 2 of the 13 patients undergoing arterial ligation. Symphysiotomy was performed in 16 (30%) of the 53 patients. The following approach to management of horseshoe kidney associated with disease of the abdominal aorta is suggested. 1. Whenever a horseshoe kidney is suspected, excretory urography, aortography, and, if necessary, selective renal arteriography should be obtained preoperatively. 2. Anomalous renal arteries

arising from resected segments of the aorta should be revascularized whenever technically possible, usually by reimplantation of the renal artery into the aortic graft. 3. If an anomalous renal artery is ligated, the kidney should be inspected for signs of ischemia, and partial nephrectomy should be performed if ischemia occurs. 4. Symphysiotomy should be avoided. If division is necessary, symphysiotomy is preferable to symphysiectomy. In either circumstance, care need be taken lest there be fusion of the urinary collecting system and the renal parenchyma. In most patients with horseshoe kidney, aortic surgery has been accomplished without complication and with only minor alteration in surgical technique, even when the renal anomaly is first detected at surgical exploration.

DRUG ABUSE PROGRAM

DIANNE RECHTINE, M.D.,

CHAIRMAN, DRUG ABUSE COMMITTEE

At the monthly meeting the members voted to adopt the following policy. This is modeled after a program which has been successful in Duval County and more recently in Orange County. We have been assured the cooperation of the Gulf Coast Pharmaceutical Association, Lee County Dental Society and the District 11 Southwest Florida Osteopathic Medical Association. This is a voluntary control program to curtail abuse of amphetamines and other drugs. This voluntary program places self-imposed strict professional controls on the prescribing and dispensing of certain controlled substances.

DRUG ABUSE PROGRAM GUIDELINES

1. Forty-eight hour delay in delivery of any amphetamine or methaqualone prescription. (These drugs will no longer be routinely stocked in South Florida pharmacies.)
2. Each prescription for these drugs will be verified by a telephone call to the doctor.
3. Dispensing in original package size; physicians are asked to prescribe only in original package size when medical necessity warrants use of these drugs.

This program was voted on and accepted at March Medical Society Meeting.

Physicians will advise the patient that the pharmacist must order the medication and that this may take two or three days. This program is designed to prevent abuse, drugstore break-ins and the diversion of such drugs to illicit markets

APRIL MEDICAL SOCIETY PROGRAM

JAMES W. WALKER, M.D.

President of PIMCO

The April County Medical Society program will be presented by Dr. James W. Walker, President of Professional Insurance Management Company in an update of the professional liability insurance of PIMCO.

Dr. Walker is a graduate of the University of Tennessee School of Medicine and has been a practicing pediatrician in Jacksonville, Fla. since 1958. In 1976 he assumed the Presidency of PIMCO full time. He is a 1977 recipient of the AMA Physician Recognition Award.

He has served the FMA as Secretary-Treasurer for five years and as Secretary for six years. A member of the American Medical Association's Committee on Nursing, serving as its Chairman for two years, he is a Past-President of the Duval County Medical Society. Assistant Clinical Professor of Pediatrics for the University of Florida and was on the Board of Directors of Blue Shield of Florida for six years.

Dr. Walker will welcome all questions regarding your malpractice insurance as well as other insurance coverage by PIMCO.

DATE: April 16, 1979

PLACE: ROYAL PALM YACHT CLUB
2360 FIRST STREET

AUXILIARY NEWS

BY MRS. BARBARA FREEMAN
PRESIDENT

The Lee County Medical Society Auxiliary wishes to share with you some of the many marvelous ways it has reached out to the Community and State Auxiliary.

We are very proud to announce that we have contributed over \$2,500 to AMA-ERF this year. Our hard working Chairman, Linda Ziegler, tells us that most of this money was raised through the December "HOLIDAY SHARING CARD" and the rest through the selling of individual holiday cards, memorial cards, and "Fun(d) Day". Just recently, we held our "Fun(d) Day" which included tennis, bridge, luncheon and a tennis fashion show. Linda has done a great



Mrs. Linda (Edward) Ziegler
AMA - ERF CHAIRMAN

job keeping up our enthusiasm for AMA-ERF fund-raising.

Equally important are several Community projects to which we have given much time and/or money. The American Heart Association's "Heart Ball", the local Chapter of the American Cancer Society, the Hopscotch

for Immunization, and the Community Health Fair are just a few. Donations were given to the Children's Home Society, the Easter Seal Society and the Counseling and Growth Center. We are especially proud of the three lounge chairs which we purchased for the Pediatrics Ward at Lee Memorial Hospital. Our donation to the Counseling and Growth Center was given in honor of DOCTOR'S DAY, March 30.

Last, but not least, we are urging our husbands to save and donate their medical journals and other periodicals to the future Lee County Medical Society Library.

The Auxiliary wishes to support the Medical Society's efforts whenever needed and we are grateful for the opportunity you have given us to tell you what we are doing through the "Bulletin".



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



Vol. 1, No. 3

Fort Myers, Florida

MAY 1979

DEATHS FOLLOWING HIP FRACTURES

WALLACE M. GRAVES, JR., M.D.
DISTRICT MEDICAL EXAMINER

(The following letter, all though directed primarily to Orthopedic Surgeons, is considered to be of general interest to the medical community and thus is printed. Editor.)

Because of the geriatric nature of a sizeable segment of our community, accidental falls resulting in fractured hips are not uncommon. Usually such patients are hospitalized and hip pinning is accomplished.

Many of the elderly patients are already partially debilitated because of previous stroke, heart disease, etc., and die in hospital during the recuperative period.

Even though the immediate cause of death in these patients is often hypostatic pneumonia, arteriosclerotic and/or hypertensive cardiovascular disease, etc., the natural sequence of events leading to death is an accidental fall, and the accident and the hip fracture is a contributory cause of death.

These deaths, therefore, come under the responsibility

of Chapter 406, Florida Statutes, and need to be called to the attention of the Medical Examiner. Our office is not desirous of nor do we deem it necessary to perform autopsies on these cases, unless of course the possibility of criminal or civil negligence is involved. We do, however, request the opportunity to examine the subject prior to removal to a funeral home, obtain the necessary medical history from the attending physician and complete the death certificate.

This procedure will result in more accurate vital statistics, provide equity between families and insurance companies and, hopefully, avoid overlooking cases which may be litigated in the future. Thank you in advance. Your cooperation is greatly appreciated.

NEW MEMBERSHIP APPLICANTS



BENJAMIN KING
TIPTON, M.D.

Benjamin King Tipton M.D. has applied for membership in the Lee County Medical Society.

A native of Memphis Tennessee, Dr. Tipton graduated from the University of Tennessee and from the University of Tennessee, Center for Health Sciences in Memphis.

He did his internship at Baptist Memorial Hospital in Memphis and completed his residencies at Medical University of South Carolina, Charleston, S.C. in General Surgery and the University of Tennessee in Neurosurgery.

A Neurosurgeon, Dr. Tipton will be practicing with Doctors Lowell and Connelly at 3677 Central Avenue.

He and his wife, Sherry have two children, Julianne and Jennifer.



JOHN VARTY HUGIL,
M.D.

John Varty Hugil, M.D. has applied for membership in the Lee County Medical Society.

A native of Brazil, Doctor Hugil graduated from the University of Brazil in Rio de Janeiro, Brazil.

He did his internship at the Cook County Hospital, Chicago, ILL. and completed his surgery residency at Cook County Hospital and his Plastic and Reconstructive residency at Victoria Hospital, London, Ontario, Canada.

Prior to coming to Lee County he was in private practice with Dr. John Curtin in Chicago and was affiliated with Rush Presbyterian St. Luke Hospital and Mercy Hospital Medical Center.

He is Board Certified by the American Board of Plastic and Reconstructive Surgery.

His office in Fort Myers will

be located at 3900 Broadway, telephone 939-3434, he and his wife, Clowie and two children, John and Claudia will reside at 1393 Wainwright Way, Fort Myers.



LAWRENCE ALAN
GILBERT, M.D.

Lawrence Alan Gilbert, M.D. has applied for membership in the Lee County Medical Society.

A native of Philadelphia, Penna., Doctor Gilbert graduated from the University of Pennsylvania and from the Temple University School of Medicine in Philadelphia, Penna.

He did his internship at the University of Chicago Hospitals and Clinics in Chicago, Illinois and completed his residency at the University of Wisconsin, Madison, Wisc.

A Pathologist, he will be practicing with Rosier and Lefer, M.D., PA.

Dr. Gilbert will be coming to Fort Myers the first of July, 1979.

AUXILIARY NEWS

BY MRS. BARBARA FREEMAN
PRESIDENT

AUXILIARY MAY AUCTION FOR

THE SWORD OF HOPE CHAPTER OF THE AMERICAN CANCER SOCIETY

The Auxiliary will be closing the 1978-'79 year with its second Annual May Auction for the benefit of the Sword of Hope Chapter of the American Cancer Society. Items to be auctioned off include handmade arts and crafts, baked goods, antiques, and quality "white elephant" treasures.

Auxiliary Community members wish to contribute items to the auction, please contact Pat Brown or Terry Carver by May 12. Your donation is tax deductible, of course.

Special guest for this May meeting is Mrs. Connie Moore, past FMA-A President and present FMA-A

F.L.A.M.P.A.C. Chairman. She will install the new County Auxiliary Officers for the 1979-80 year. President, Terry Carver; Pres. Elect, Barbara Wallace; Vice-President, Martha Cox; Recording Secretary, Ann Thorn; Corresponding Secretary, Linda Ziegler; Treasurer, Mary Kay Sidell. These new officers are already busy planning many worthwhile projects and exciting programs for the coming year as the total Auxiliary membership approaches the 200 mark!

SOCIETY MEETING

MAY 21, 1979

ROYAL PALM YACHT CLUB
2360 FIRST STREET

SOCIAL HOUR - 6:30 PM
DINNER - 7:30 PM

SPEAKER: PETER INDELICATO, M.D.
Shand Teaching Hospital
Gainesville, Fla.

TOPIC: "SPORTS ORTHOPEDICS"
Reservation For Dinner Is Necessary

LEE COUNTY MEDICAL SOCIETY BULLETIN

2466 Hunters Terrace
Fort Myers, Florida 33901
Phone (813) 936-1645

The Lee County Medical Society
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the June and August editions
omitted.

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Cecil C. Beehler, M.D.

EDITOR

Thomas M. Wiley, Jr. M.D.

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The Editor welcomes
contributions from the members.
Opinions expressed in the Bulletin
are those of the individual authors
and do not necessarily reflect
policies of the Society.

**COPY
DEADLINE
20TH
OF MONTH**

DRUG ABUSE COMMITTEE

The DEA office in Miami said today, there is a very significant amount of Quaalude being purchased by the wholesalers and ultimately dispensed through retail pharmacies in this area. It is estimated to be three to five times greater than elsewhere in the state. These pills obtained through a doctor's prescription are being sold on the street for \$3.50 to \$5.50 per pill. They also said that 80% of narcotic treatment programs patient input is from Dilaudid and not Heroin.

EDITORIAL

Cecil C. Beehler, M.D.
President

Don't Kill The Messenger

In ancient times, messengers who brought bad news to the king were frequently executed. This messenger recently experienced a curious revival of this old custom upon returning from state and national medical leadership programs with some particularly unpleasant news. He was accused of having personal motives, threatened with impeachment and subjected to a forty-five minute lecture on the evils of P.S.R.O. The news was that the hope that the Sunset Laws would remove P.S.R.O. from the books was fading fast and that the state and national medical leaders now recommend that physicians assist in implementation of the program. In other words, we lost the battle to sink P.S.R.O.

In the months and years ahead, organized medicine faces many such challenges from the government in its effort to control delivery of medical care. It is far better to recognize a lost cause for what it is and take up the battle elsewhere.

Even now, H.S.A., (Health Systems Agencies) are assuming awesome powers over the health delivery system in the United States and are having additional powers urged upon them by cost-conscious legislators. As you should be well aware, these agencies control all applications for new hospital beds and nursing home beds. They are presently about to assume power to require a "certificate of need" for physicians' office equipment. It is not hard to imagine the next step, i.e., a "certificate of need" for a doctor to locate in any one area, or to obtain hospital staff privileges. The potential threat to medicine from these areas far exceed those from any peer review organization. However, the president's plea for help in monitoring these organizations received only two replies.

If you don't like the message, don't kill the messenger! They don't like bad news either.

"A BUG IS NOT A VOLKS"

STEPHEN R. ZELLNER, M.D.

Reye's Syndrome - Recent cases of Reye's Syndrome have been reported in clusters in at least 6 different areas of the county. In each of these clusters temporal and geographic association with influenza A activity has been reported.

Rabies transmitted from person to person in transplanted corneal tissue was responsible for the recipients death. The donor who gave no history of animal like exposure, presented with ascending paralysis and was diagnosed as Gullian-Barre Syndrome. The editors stress the need to screen donor corneas before transplantation.

Damaged overhead mercury

vapor lamps were reportedly responsible for 2 separate outbreaks of Conjunctivitis in spectators at sporting events. Overexposure to UV radiation can cause euphema and keratoconjunctivitis. Such exposure may also predispose patients to increased risk of skin cancer. Careful maintenance of UV bulbs is necessary to prevent such adverse occurrences.

Primary and secondary syphilis have increased 15% comparing November 1977 and 1978.

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CHILDREN'S DIABETIC CAMP BY DOCTOR MARCUS M. MOORE, M.D.

The Florida Camp for Children and Youth with Diabetes, Inc. provides a valuable opportunity for children with diabetes to learn more about their disease, to have an enjoyable two week camp experience which otherwise would probably be denied them and provides them with a unique opportunity to meet and relate to other children with the same problem. The camp is located at Lake Swan, 26 miles east of Gainesville. Medical supervision is provided by a volunteer staff of approximately 70 physicians, nurses and other health professional, largely drawn from the three medical schools in the state. Some 220 children and youth, ranging in age from seven to twenty years participate in the two week program each year. The session this year will be from June 17 - 30, and the cost per camper is \$200. Camperships are available for children who cannot afford this fee which actually provides only a little over half of the actual cost of running the camp (the remainder is made up by dona-

tions). The camp program is supervised by Dr. Arlan Rosenbloom, pediatric endocrinologist at the University of Florida Medical Center. The major emphasis is on a full camp experience, but a significant portion of time is devoted to educational activities concerning diabetes and its management.

FALLACIOUS FLORIDA FLORA -

"Look But Don't Touch"
By EDWIN G. GUTLERY, M.D.

During the past year there have been numerous articles which have appeared in both the medical and lay literature concerning the toxic effects of plants. Part of this interest stems from the enormous popularity in recent years in all sorts of greenery that is used for decorative purposes, primarily inside our homes. In

Continued On Page 4

UNIQUE HOSPITAL SERVICES

By Steven Bernstein, M.D.

With the proliferation of hospitals which has occurred in Lee County during the past few years, the scope of professional services available locally has expanded considerably. As one might expect, however, not every service is available at every hospital, and it is the purpose of this article to allow the physician to choose the most appropriate facility for his patients by outlining just which services are available at only one of the area's hospitals.

In preparing this review, I solicited information from the administrations of all four hospitals in the county; unfortunately, replies were not received in time from all, so that the following tabulation is likely to contain some omissions.

LEE MEMORIAL HOSPITAL is the largest hospital in the county; it offers obstetrical, psychiatric, and pediatric inpatient care, and is the only hospital in the county which currently does so. In addition, it is the only supply locally for human rabies immune globulin, coral snake antivenin, and crotalid antivenin.

Diagnostically, LMH is unique in offering gated cardiac scanning, thallium cardiac

scanning, and untrasonography, both obstetric and non-obstetric.

FORT MYERS COMMUNITY HOSPITAL, next largest in size, is the only hospital locally with facilities for cardiac catheterization and open-heart surgery. Additionally, inpatient hemodialysis, in a separate dialysis unit, is available.

Both FMCH and LMH have head and body CAT scanners, fully staffed emergency departments, full-time social service departments, automated clinical labs directed by full-time clinical pathologists, elaborate surgical suites, facilities for gastrointestinal and pulmonary endoscopy, and a host of other services one would expect in any modern general hospital.

CAPE CORAL HOSPITAL is Lee County's newest facility; insofar as I could determine, however, there are no services available at CCH which are not also offered at other hospitals in the area.

Similarly, I was unable to discover any unique services offered by the LEHIGH ACRES GENERAL HOSPITAL; I did not, however, receive a reply to my inquiry, and it may be that there are some special services available there of which I am unaware.



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NEW MEMBERSHIP APPLICANTS



RICHARD HOPSON WINGERT, M.D.

Richard H. Wingert, M.D. has applied for membership in the Lee County Medical Society.

A native of Manchester, New Hampshire, Doctor Wingert graduated from the University of Pittsburgh and from the University of Maryland in Baltimore, M.D.

He did his internship at the Tripler Army Medical Center in Honolulu, Hawaii and completed his residency at Madigan Army Medical Center, Tacoma, Washington.

An Otorhinolaryngologist, he will be practicing at 3500 Broadway with Doctors Robin C. Brown and Philip E. Crews.

For to coming to Lee County he was Chief, Otolaryngology Service, U.S. Army Hospital, Frankfurt, Germany.

He and his wife, Kay Louise will be in Fort Myers around August of this year.



LAWRENCE WILLIAM GARDNER, M.D.

Lawrence William Gardner, M.D. has applied for membership in the Lee County Medical Society.

A native of Detroit, Michigan, Doctor Gardner graduated from the University of Michigan Medical School, Ann Arbor, Michigan.

He did his internship and residency at Los Angeles County Hospital, University of Southern California Medical Center.

An Internal Medicine, Gastroenterology, he is practicing at the Cape Coral Medical Clinic, 542-3144.

Prior to coming to Lee County he practiced at Long Beach Veterans Administration and at the University of California in Irvine Medical Center, where he had a fellowship in Gastroenterology.

He and his wife, Pamela Ann will be coming to Fort Myers in June, 1979.



JOHN ALLEN WHITE, M.D.

John Allen White, M.D. has applied for membership in the Lee County Medical Society.

A native of Manhasset, New York, Doctor White graduated from the University of Pittsburgh and from the University of Loyola Stritch Medical School, Chicago Illinois.

He did his internship at the University of Hawaii, Honolulu, Hawaii and completed his residencies at Rancho Los Amigos Hospital, Downey, Calif. and the University of Pittsburgh, Penna.

As an orthopedist, he will be practicing at 3206 Del Prado Blvd., Cape Coral, Fla. 542-8889.

Prior to coming to Lee County he practiced at the St. Margaret Hospital and the St. Francis Hospital in Pittsburgh, Penna.



KENNETH LEIGH SANDERS, M.D.

PRESENT OFFICE: 3677 Central Avenue - Suite H, Ft. Myers - Tel: 939-4040.

PREVIOUS OFFICE: None
BIRTHDATE: 7-4-44

MEDICAL SCHOOL: Universidad Autonoma, Gaudelajara, Mexico/1973.

INTERNSHIP: Maimonides Medical Center, New York.

RESIDENCY: Maimonides Medical Center, New York.

FELLOWSHIP: Infectious Disease, University of North Carolina, N.C.

TYPE OF PRACTICE: Internal Medicine/Infectious Disease/Board Certified/1977. He and his wife, Barbara and two children will reside at 6777 Winkler Rd., Apt. G 218, Ft. Myers as of July 1, 1979.

LEGISLATIVE REPORT

By
H.QUILLIAN JONES, JR., M.D.
Legislative Chairman

With the 1979 session of the Florida Legislature approaching the half-way mark, several of the key issues of concern to Florida physicians are surfacing for action.

The question of reform of professional boards is headed for joint conference committee to resolve the differences. Both bills give authority to professional boards for rule-making and licensure. Neither bill allows boards to hire their own legal counsel or executive director. These people, under both bills, would be hired by the Secretary of the Department of Professional Regulation.

The Key issue to be decided is who will handle complaints, investigations and determination of "probable cause". The Senate version (SB 727) gives full responsibility to the boards. The House bill (HB 1530) only involves the board in a final hearing on determination of the penalty to the guilty physician. Complaints, investigations, determination of "probable cause" and initial hearings are handled by the Department under HB 1530.

Committees in both bodies have adopted some form of hospital rate control. The house bill exempts physicians who bill on a fee for service basis. The Senate bill includes hospital associated physicians. It is likely that some form of hospital regulation will pass the House, but the issue is still in a state of flux in the Senate. Most observers feel that a conference committee will be necessary to resolve this issue.

Other issues of concern include:

1. Modification of language used by mediation panels in reporting findings to court (HB 1237, SB 498). This bill, if passed, would seriously diminish the effect of mediation panels. Under current law, the panel reports that "we find the defendant was not

actionably negligent . . .". The bill would change the reporting language to "we do not find probable cause to believe that the defendant was actionably negligent . . .". The trial lawyers are actively pushing this legislation.

2. Attachments to standard claim form (HB 894).

The FMA is sponsoring legislation to allow attachments to the standard health claim form. No visible opposition to this concept has surfaced, but active contact is needed to insure passage.

3. Delegation of tasks to medical assistants (SB 863, HB 1097).

This proposal is most important in light of a recent case before the State Board of Nursing. The hearing officer observed that many functions performed by personnel in a physician's office - e.g., shots, lab tests, etc. were nursing functions and should only be performed by a licensed nurse or physician's assistant. The issue was presented to the Attorney General and he stated that the determination as to whether functions were in fact nursing functions should be determined by the Board of Nursing. If this ruling were applied on a statewide basis, it would greatly increase medical costs and hamper physicians in their office practice.

HB 1097 and SB 863 add language to the Medical Practice Act to the effect that the Board of Nursing cannot interfere with the delegation of tasks by an M.D. to trained office personnel operating under his supervision. The Florida Nurses Association is opposing these bills.

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Continued From Page 2:

al Southwest Florida where nature allows us to grow these plants outdoors and keeps us busy trimming, pruning, weeding and mowing year round, physicians will sooner or later deal with toxic reactions to plants, be it in the office or perhaps in their own backyard.

In a short article such as this I would like to list only the most common plants that we might deal with in this part of the state. I am indebted to Joe Vance and his staff at Colonial Garden Center who helped me compile this list.

There are four plants that cause more trouble for more people than all the others combined. Two of these, the

Brazilian Pepper (Florida Holly) and the Cajepit (Paper Tree), cause respiratory problems for thousands of Southwestern Floridians annually. The Cajepit Tree may cause nasal and sinus congestion, throat and eye irritation and difficulty in swallowing and severe respiratory embarrassment for those afflicted with emphysema, bronchitis and asthma. The Brazilian Pepper when in bloom can have similar affects, as well as causing skin irritation and all-over rashes in people who trim or cut the plant. The other two plants that cause many to have misery are the ever present Poison Ivy plant and the not so well known offender, but even more common, Mango

Tree. These plants both cause irritant and allergic reactions. The allergic reactions may be delayed for hours to days and because of this, patients are often hardpressed to see a cause and effect between contact with plant or tree and a rash that occurs several days later.

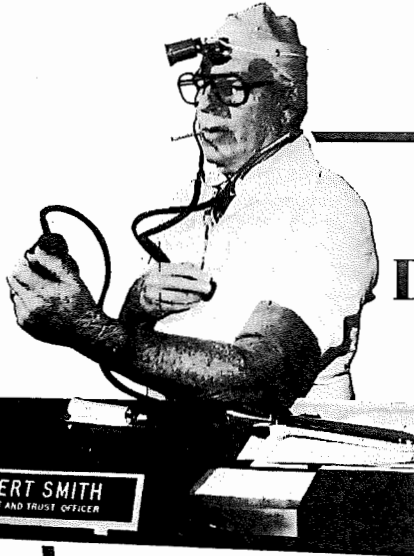
Plants that are so common as to be found as ornamentals around most homes in Southwest Florida, all of which can produce dermatitis from contact with the sap or thorns, include: Croton, Poinsetta, Crown of Thorns, Dieffenbachia, Hunter's Robe, Yellow Alamanda, Oleander, and Philodendrom. Other plants common to this area that cause toxic reactions from ingestion

include: Rosary Pea, Elephant's Ear, Coral Plant, Peregrina, Dieffenbachia, Castor Bean, and Oleander. Oleander is grown all over Florida and can cause violent poisoning, less than one ounce of leaves being a fatal dose for a horse. The Rosary Pea is exceedingly dangerous, whether soft or hard. There have been fatalities in young children from ingestion of the soft, unripe seeds and severe illness in adults from chewing on the hard seeds.

The principal hazard from toxic plants is not so much in the plants themselves, but in the public's unfamiliarity with their properties. We, as physicians and parents, need to alert ourselves and our children and patients to

respect toxic plants as much as common household hazards, such as, insecticides, hydrocarbons, matches and the contents of medicine cabinets. In any home where crawling, climbing, curious youngsters abide, in other words, any home with children age six months to perhaps six years, special care must be taken to prevent serious injury or illness.

The most useful series of articles to come along in quite some time on the problems related to plant toxicology appeared in the Journal of the Florida Medical Association, March, 1978. I would refer physicians to this issue and primarily to the beautiful color photographs accompanying the articles.



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LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



Vol. 1, No. 4

Fort Myers, Florida

July, 1979

REPORT FROM 105th ANNUAL MEETING OF THE FLORIDA MEDICAL ASSOCIATION, INC.

GUEST EDITOR - LARRY P. GARRETT, M.D.

SALUTE TO:

CECIL C. BEEHLER, M.D.

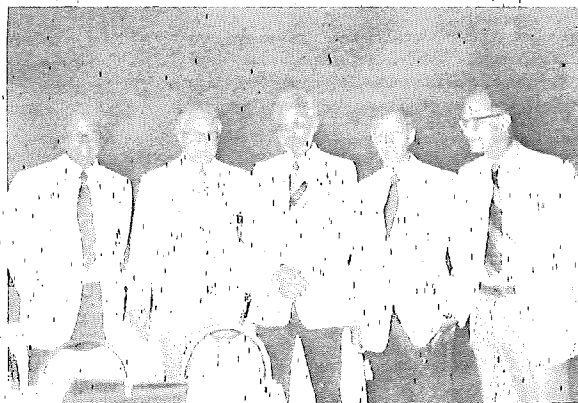
- Appointed to the Florida Medical Association's standing Committee on County Medical Societies by FMA President, Richard S. Hodes, M.D.

THOMAS M. WILEY, JR., M.D.

- Appointed Consulting Editor of THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION by the FMA Editor, Gerold L. Schiebler, M.D.

DAVID R. BUTCHER, M.D.

- Who is a member on the Network Relationship Committee of the Florida End Stage Renal Disease Network.



LEE COUNTY'S DELEGATES TO THE FMA

(from left to right) Cecil C. Beehler, M.D., H. Quillian Jones, Jr., M.D., Marcus M. Moore, M.D., Larry P. Garrett, M.D., Michael J. Murray, M.D.

(Absent at time of picture, J. Stewart Hagen, III, M.D.)

DELEGATES REPORT FROM REFERENCE COMMITTEE #V

BY LARRY P. GARRETT, M.D.

The 105th Annual Meeting of the FMA, held May 23-27, 1979 at the Diplomat Hotel, Hollywood was notable in its lack of controversy, none of the candidates for office had an opponent.

In all the Reference Committees a consensus was arrived at with little discussion or debate. Many important issues were decided but the delegates were all of the same accord.

Following a thorough discussion, the FMA and Blue Shield of Florida have agreed to restructure their 33-year relationship following a year-long study conducted by a committee composed of representatives of both organizations. In the past, the FMA House of Delegates served as the active voting membership of Blue Shield and participated in the elections of the Plan's Board of Directors. The change in the Charter and By-Laws of the Blue Shield Corporation makes the Board of Directors of Blue Shield the Active Membership. These changes are subject to the approval of the State Insurance Commissioner, Bill Gunter. Factors effecting the change include challenges from federal and state regulatory agencies and large ac-

ts regarding the corporate relationship of the Blue Shield which called for initiatives to be taken by the plan to develop a new and constructive voluntary relationship with the medical community without exposing the plan to involuntary change. Under the proposal approved by the House:

RESOLVED:

- 1) That it is desirable and advantageous for both physicians

and their patients that Blue Shield continue in its role as Fiscal Intermediary for Medicare Part "B" in the State of Florida.

- 2) That the House of Delegates reiterate FMA support of Blue Shield as a cost effective health insurance plan and encourage its members to continue as Participating Physicians.
- 3) That the FMA House of Delegates approves a mutually agreed upon dissolution of FMA sponsorship of Blue Shield and the implementation of an orderly transition providing for the legal autonomy of Blue Shield of Florida.
- 4) That a liaison committee of the Florida Medical Association be established to develop an adequate and effective forum for continued interchange between the organizations with special attention to the protection of the health insurance needs of the people of Florida.

Richard S. Hodes, M.D. of Tampa was installed as President of the FMA. Dr. Hodes was supported early in his campaign by the Lee County Medical Society. The Speaker of the House of Delegates is a powerful position in that he appoints the members of the Reference Committees. The Lee County Delegation plans to be active in the selection of the Speaker to insure our continued representation on a Reference Committee.

The Board of Governors of the FMA made a recommendation that a petition be initiated to up-date the Workman's Compensation Medical-Surgical Fee Schedule. This recommendation which was passed was, in essence, the same as the Lee County Resolution.

JOHN A. WRIGHT MEMORIAL LIBRARY

Following the death of her husband, Mr. John A. Wright, Florence Wright set up a fund for contributions in his memory which she designated was to be used in the Medical Complex at Shell Point Village.

We were deeply grateful for her thoughtfulness, and THE JOHN A. WRIGHT MEMORIAL LIBRARY is now being established in the Medical Center. Many regular medical publications are being amassed, as well as some dealing with subjects such as dentistry, nursing and therapy.

Under the guidance of Charles E. Lyght, M.D., Editor-in-Chief of The Journal of The American Geriatrics Society and a fellow Villager, we are purchasing some outstanding medical books based on various aspects of geriatric medicine.

It is of interest to note that recently the Lee County Medical Society established a medical library at Lee Memorial Hospital based on other medical subjects, but we believe this is the only library in the area based on the subject of geriatrics.

We again want to take this opportunity to thank Mrs. Wright for this very fine gesture of setting up a memorial fund in honor of her husband. The Wrights have always been more than patients to us — we consider them our good friends, and it is typical of their generosity and thoughtfulness to help the Village and their friends and neighbors in such a unique manner.

Arthur H. Svedberg, M.D.
Medical Director

LEE COUNTY MEDICAL SOCIETY BULLETIN

2466 Hunters Terrace
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Phone (813) 936-1645

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omitted.

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The Editor welcomes
contributions from the members.
Opinions expressed in the Bulletin
are those of the individual authors
and do not necessarily reflect
policies of the Society.

"A BUG IS NOT A VOLKSWAGON"

By

Stephen R. Zellner, M.D.
P.A.

A case of inoculation
associated hepatitis reported
as non-A, non-B is reported in
this month's M.M.W.R. Non-
A, non-B hepatitis is felt to be
the major cause of post-
transfusion hepatitis in the
United States. The disease
resembles Hepatitis-B
epidemiologically. It is
thought that a viremia occurs
from which virus can be
transmitted to susceptible in-
dividuals by transfusion or in-
oculation.

By 1975, tubal sterilization
had become the third most fre-
quently performed operation
on 15-44 year old women in
the United States. This was a
2.5 fold increase compared to
1970.

A total of 1,011 cases of
Rocky Mountain spotted fever
(R.M.S.F.) were reported to

Continued on Page 4

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EDITORIAL

Cecil C. Beehler, M.D.
President

FLORIDA MEDICAL ASSOCIATION ANNUAL MEETING

Your president considered it a distinct privilege to be able to represent the Lee County Medical Society as a delegate at the Florida Medical Association meeting this year. The meeting was well organized and conducted, revealing exceptional planning and work by our F.M.A. officers.

All resolutions and committee reports are referred to one of five reference committees for evaluation. Each committee hears testimony and compares each item to F.M.A. policy. These committees then make a recommendation for voting on each item to the entire House of Delegates. This process allows each issue to be thoroughly discussed and all views considered, but allows a tremendous quantity of work to be accomplished within a few days.

Doctors Moore and Garrett both testified before committees, while Dr. Jones, Jr. served on the reference committee. Lee County was well represented.

At a time when all physicians should unite together for our common interest, the F.M.A. can be recommended as being representative, concerned and interested in our welfare. It is therefore deserving of our total support.

PUBLIC POLICY

The Florida Medical Association House of Delegates endorsed a resolution calling for the governor to reconsider his decision regarding Vocational Rehabilitation in the state of Florida. He was urged to exercise positive leadership to assure undisrupted continuation of Vocational Rehabilitation within the state government. In making this recommendation, the Delegates pointed to the excellent work the agency has accomplished over the past 50 years. They also noted that services to 2,900 handicapped citizens could be severely jeopardized.

In view of an alarming increase in tuberculosis in the state of Florida, the House of Delegates went on record as encouraging the use of the tuberculin skin test as a routine examination procedure. Since 14% of the newly admitted inmates of Florida state prisons had been found to have tuberculosis infection, this constitutes a large reservoir of tuberculosis. The F.M.A. therefore encourages routine use of this test in all new inmates as well.

There are two ways of spreading light;
To be the candle or the mirror that reflects it.

Edith Wharton



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FMA COMMITTEE ON LEGISLATION MONITORED DURING THE FMA MEETING, THURSDAY, MAY 24th.

By

MICHAEL J. MURRAY, M.D.

It is the duty of the five-member legislation committee to garner input, hear debate and formulate resolutions for the House of Delegates regarding FMA actions and reactions toward state and several laws effecting medicine. During the 1979 FMA meeting 6 issues resulted in the FMA taking a specific action or position. The primary report to the committee came from Dr. James B. Perry who, as chairman of the Council on Legislation and Regulations, leads the FMA task force which monitors the governments in Tallahassee and Washington.

1. Resolution 78-3, regarding the confidentiality of medical records, directs the FMA to formulate a model statute forbidding sending any part of the medical record with the exception of face sheet and summary to any third party payer without specific permission.
2. Resolution 78-16, regarding impropriety of the questionnaire sent to prespective mediation panel members: An attempt was made to have the questionnaire revised or withdrawn on the basis that it was irrelevant and intended to harass. The recommendation was defeated and the questionnaire will remain unchanged.
3. Rewrite of the medical practice act. A provision in the new medical practice act under consideration at this time would mandate continuing education as a requirement to maintain the license to practice medicine. An all-out effort was being made to eliminate this provision and an update of the outcome will be available later, either in the Bulletin or via the News-Press.
4. Hospital staff privileges. The legislature has decreed that osteopaths, dentists and podiatrists must be given individual consideration on their eligibility for staff privileges, but the medical staff of the hospital still has authority to delineate privileges, such as by requiring a certain amount of AMA-approved residency training, etc.
5. Commission to regulate hospital rate increases. The reporting of fees of hospital-based physicians was eliminated from this bill, but the other reporting provisions were enacted and are being put into effect.
6. Mandatory pap smear law. This intrusive legislation enacted in 1978 has been reversed to the extent that it now applies only to patients in public hospitals, i.e., Lee Memorial (?). Efforts are continuing to obtain complete repeal.

A large number of bills in addition to those above were discussed but either had no practical significance for Lee County or there was no significant action taken this year either by the FMA or the legislature. In fact, 10% of the legislation this year dealt directly with medical care, whereas physicians represent only 0.5% of the population. Defeated or tabled in the legislation this year, but very likely to reappear on the horizon, were bills which would: Allow nurses to practice medicine without supervision (nurse practice act), take approximately 40% of the population out of the private medical sphere (HMO subsidies for governmental employees), require surgeons' performance records be published (hospital batting averages, may be required), reverse the efforts of the last three years in setting up malpractice mediation panels, and allow granting Florida medical license by endorsement of the license of any other state, even those which do not require graduation from an approved medical school.

If you have questions regarding legislation which I have not mentioned, please call and I will try to answer them and if you have new information which has developed since the FM meeting, please pass it on so that it can be disseminated.

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*H. Quillian Jones, Jr., M.D., Member of Reference Committee
at the Annual FMA Meeting at Hollywood, Florida*

In addition to serving on the reference Committee, Dr. Jones, Jr. was elected Councilor-At-Large for the Florida Association of General Surgeons, 1979-81. He was re-elected Secretary of the Florida Physicians Associations, Inc. and was elected President-Elect of the Florida Chapter of the American College of Surgeons. Dr. Jones, Jr. was made a member of the nominating Board of the FLAMPAC District #10. Under Dr. Jones, Jr.'s leadership, the Lee County FLAMPAC (%) membership has consistently been the highest in Florida.



LEGISLATIVE REPORT

By
H. QUILLIAN JONES, JR., M.D.
Legislative Chairman

The 1979 Legislative Session was a successful one for the Florida Medical Association and its members. There were more than 400 bills introduced in the House and Senate of interest to Florida physicians. A large number of these required the active involvement of Capital Office staff and legislative contact physicians. Testimony was normally handled by staff of the Capital Office, but on many of the key issues, physician witnesses were brought in from around the state to testify.

The rewrite of the Medical and Nurse Practice Acts required the bulk of Association activity during the final two weeks of the Session. The Medical Practice Act, HB 1814, was the last bill to pass the Senate on Friday night, June 1, prior to adjournment of the regular Session.

In the new Medical Practice Act, the FMA was successful in getting several key issues resolved:

1. The controversy with regard to whether the Board of Nursing had authority to take action against persons operating under the supervision of a physician, because they were performing "nursing" functions, was resolved by a prohibition against the Nursing Board or any other board taking action against a physician for delegation of tasks to trained persons working under his direct supervision.

2. The Board of Medical Examiners will continue to be composed of 11 members. The House-passed version, only had a board of 7 members (5 M.D.'s and 2 laypersons).

3. The grounds for discipline were considerably tightened up in order to make prosecution more feasible.

4. The process for licensure by endorsement was maintained in substantially the same form as previous Medical Practice Act. The version as passed by the House Committee on Regulatory Reform, contained wide-open licensure by endorsement for any physician who is licensed in another state.

5. Continuing education as grounds for licensure was NOT included in the rewrite.

The rewrite of the Nurse Practice Act, HB 1803, was substantially changed by the time it cleared the Floor of the House of Representatives. The Joint Advisory Committee continues to have the authority to determine the advanced acts which can be performed by a nurse practitioner. In addition, the functions authorized for nurse anesthetists and nurse midwives must be tied in with protocol approved by the medical staff of the facility in which the nurse practitioner is operating.

In addition to being successful in the rewrite of the Medical Practice Act, the FMA prevailed in getting the Legislation to amend the standard health claim form law to allow attachments. We were able to gain exemption from hospital cost containment bill for physicians who bill on a fee-for-service basis.

We were also successful in getting the management structure for Florida's Medicaid Program elevated within the Department of HRS. It is anticipated that through this change, increased visibility for the program will bring about much needed management improvement. On a long-term basis, this change should result in an improved climate for more appropriate reimbursement for physicians treating Medicaid patients.

Among the issues the FMA was successful in defeating were:

1. Changes in the language to be used in reporting mediation panel findings to the court (SB 498, HB 1237).

2. Subsidy for state employees who choose to enroll in HMOs.

3. Requirement for relicensure of physicians and other health professionals (HB 632).

4. Increased authority for advanced registered nurse practitioners (SB 1).

5. Requirement for posting of surgeon's performance records (SB 680).

6. Truth in sickness legislation (SB 77, HB 334) - This proposal would have required extensive reporting of financial information by physicians who have ownership in health care facilities or drug companies.

CONGRATULATIONS

The following members were voted to active status:

MARK A. MINTZ, M.D.
JEROME P. McCOURT, M.D.
MICHAEL D. DANZIG, M.D.
LAWRENCE J. GIROUX, M.D.

CONGRATULATIONS

The following new members were approved for membership at the May 21, 1979 meeting:

SHREELAL M. SHINDORE, M.D.
BENJAMIN K. TIPTON, M.D.
KENNETH L. SANDERS, M.D.
JOHN V. HUGILL, M.D.
LAWRENCE GARDNER, M.D.

**DEADLINE
SEPTEMBER
BULLETIN
WILL BE
AUGUST 20, 1979**

COMMITTEE REPORT THE JOINT LEE COUNTY BAR AND MEDICAL SOCIETY AD HOC COMMITTEE

The following Committee Report was presented to the Lee County Medical Society on 21 May 1979. Paragraph 1 (a-e) was not approved by the Society since it constitutes fee setting. The second paragraph was adopted by the Society.

By

WALLACE M. GRAVES, JR., M.D.
Chairman

This report will be submitted to the membership of both organizations with the recommendation of the committee for their approvals. It should be pointed out that one of the specific recommendations is that this Ad-Hoc Committee be made a standing committee of both the Bar Association and the County Medical Society.

The Ad-Hoc Committee at its last meeting made the following recommendations to be acted upon by both the Lee County Bar Association and the Lee County Medical Society:

- a. Guidelines for physicians fees were recommended as follows:
 - a. For preparation time prior to deposition or court appearances: \$100 per hour, to be billed in increments of \$25 per 15 minutes.
 - b. Minimum fee for deposition taken in the physician's office: \$100 per hour; additional time at \$100 per hour divided into \$25 per 15 minute increments. It was recommended by the committee that if at all possible, depositions are to take place at the physician's office.
 - c. For court appearances: a minimum of \$200 for time up to and including the first hour (including travel time to the courthouse); subsequent time (including time from the courthouse back to the office) at \$150 per hour divided into \$37.50 per 15 minute increments.
 - d. Physician charges for office conferences: \$100 per hour divided into \$25 per 15 minute increments.
 - e. Copies of necessary documents supplied by physicians to attorneys could be charged at a reasonable fee.
- 2) The medical canons of ethics for physicians relative to discussing patient status and information with any at-
- 3) The problem of unavailability of physicians needed for independent medical examinations was discussed. The necessity of a rotating list of specialists in certain categories was noted. A report will be made for the committee at the next meeting by Dr. Wade Garner concerning the subject.
- 4) The committee enthusiastically endorsed the concept of a committee or panel which would consider the complaints from either physicians or attorneys concerning fee disputes or professional mistreatment. It was the recommendation of the committee that this Ad-Hoc committee be made a standing committee of both the Bar Association and the County Medical Society for this purpose.
- 5) Guidelines for physicians

torneys involved in litigation concerning that patient were discussed and the following recommendation was made:

The canons governing medical ethics promulgated by the American Medical Association and the Florida Medical Association will prevail, as will the canons of ethics of the Florida Bar Association.

and attorneys regarding the setting of depositions and subpoenaing expert witnesses for trial should include advising the physicians at least 14 days prior to the trial date with as much continuing communication between attorney and physician as is necessary in order to give the physician the best advance estimate of the time of the trial and the time at which he will be needed. Whenever practicable, the physician should be notified at least two hours prior to the time he is expected to testify. The absence of the physician is in the eyes of the court, no cause for postponement by the party subpoenaing him and the physician must therefore, promptly appear at the appointed date and hour to testify.

**NEXT BULLETIN WILL BE
PUBLISHED IN
SEPTEMBER**

Report of the Activities of Reference Committee III at the FMA meeting.

By Marcus M. Moore, M.D., Delegate

The full proceedings of the Florida Medical Association meeting will be published in an upcoming issue of the FMA Journal. The matters considered by Reference Committee III on Finance and Administration, and the actions taken on its recommendations by the House of Delegates are far too numerous to mention each in this report. I shall try to select a few pertinent points from the reports considered and actions taken.

I thought the most interesting and perhaps one of the most important matters covered was the apparent harassment of the Florida Medical Association by the federal government in the past year.

- A. The Anti-Trust Division of the U.S. Department of Justice started action against the FMA relating to alleged violations of the Sherman Anti-Trust Law, specifically as it pertains to health maintenance organizations. The case remains open, but the FMA feels that there has been no violation of federal law.
- B. Federal Trade Commission versus The Florida Medical Association. This was similar to A: there had been no violation of law and after considerable expenditure of time and expense by the FMA the complaint was dismissed.
- C. The Federal Elections Commission investigation is pending in the federal courts in its action against FLAMPAC and cannot therefore be discussed. It was noted that the investigation has cost the FMA "a small fortune" and that there has been no violation of the election law to the best of our leaders' knowledge.
- D. Federal Trade Commission investigation alleging restraint of trade due to FMA's relationship to Florida Blue Shield.
- E. The U.S. Postal Department advised the FMA that it was revoking its third class postal permit

which has been held in access of 26 years. This is currently on appeal to Washington.

- F. Investigation and audit by the Internal Revenue Service into activities of the FMA and various of its organizations (Florida Medical Foundation, FLAMPAC, PIMCO, etc.).

- G. Internal Revenue Service investigation of the Florida Medical Foundation.

The resolution tendered by Lee County: "Resolved that officers of the FMA when speaking as an officer adhere to the official policy of the Florida Medical Association concerning PSRO as stated in FMA resolution 74-M-1" was considered by the Reference Committee. The Committee felt that the current FMA policy as contained in the actions of the House of Delegates of 1977 was adequate and that our resolution was unnecessary and therefore recommended that it not be adopted. This recommendation was accepted by the House of Delegates. The official position of the FMA with regard to PSRO then remains: That no county medical society may form a PSRO or actively participate in the formation of a PSRO unless 50% of the active and life membership of the county society have voted in favor of such participation; and that individual physicians are encouraged to exercise their option to participate or

NEW MEMBERSHIP APPLICANTS



**ERNEST H. KAWAMOTO,
M.D.**

Ernest H. Kawamoto, M.D. has applied for membership in the Lee County Medical Society.

A native of Honolulu, Hawaii, Dr. Kawamoto graduated from the University of Hawaii and the University of Colorado, Denver, Col.

He did his internship and residency at the University of

not participate in PSRO.

This by no means covers all the actions of the Reference Committee, but I think hits a few of the high spots.

I also attended a portion of the meeting of Reference Committee II on Public Policy. The Board of Governors of the FMA had recommended to this Reference Committee a change in the currently used School Health Examination Forms. After reviewing the new form, which was only provided in Miami at the start of the meeting, I felt it was a very definite step backwards. After reviewing the matter with the Executive Committee of the Florida Pediatric Society I spoke against the new form at the Reference Committee meeting and am very pleased to report that the Committee recommended that it be referred back to the Board of Governors and the House concurred in this recommendation.

continued from Page 2

"A BUG IS NOT A VOLKSWAGON"

The Center for Disease Control in 1978. The southeastern states accounted for 53% of all cases. Although the sensitivity and specificity of the Weil Felix reaction is questionable, it is the only widely available laboratory method for confirming a suspected case.

Penicillin resistant gonorrhea continues to be reported. Tests of cure cultures, taken 3 to 5 days after therapy that remain positive and patients who have traveled to the Far East should be suspects. Spectinomycin should be regarded as therapy of choice in treating the resistant strain.

Colorado.

A Pathologist, he will be practicing with Pathology Associates Laboratory, 3949 Evans Avenue.

He had a fellowship at the Medical College of Virginia in Surgical Pathology and Cytology.

He and his wife, Debra Sue will reside at 6020-D Kenwood Lane, Ft. Myers.



**MICHAEL LEWIS
CARLINO, M.D.**

Michael L. Carlino, M.D. has applied for membership in the Lee County Medical Society. A native of Niagara Falls, New York, Dr. Carlino graduated from Hillsdale College, Michigan and from the University of Miami, Fla. He did his internship at the Jackson Memorial Hospital in Miami and completed his residency at Brooke Army Medical Center, Texas. A Radiologist, he is practicing at 861 College Parkway with Radiology & Nuclear Medicine. Prior to coming to Lee County he was on the Teaching Staff of Brooke Army Medical Center. He and his wife, Cindy have two children, Jennifer and Michael. They will reside at 1643 Whiskey Creek Drive, Ft. Myers.



**DOUGLAS ALAN
NEWLAND, M.D.**

Douglas A. Newland, M.D. has applied for membership in the Lee County Medical Society. A native of Bay City, Michigan, Dr. Newland graduated from the University of Michigan and from the Wayne State University in Detroit, Michigan. He did his internship at the Wayne State University affiliated hospitals and completed his residency at the University of Michigan Hospital. A Neurologist, he will practice at 3661 Central Avenue with Dr. Steinmetz and Dr. Bonnette. He and his wife, Sheila Diane will reside at 1655 Swan Terrace, North Fort Myers, Fla.

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AUXILIARY NEWS

BY MRS. BARBARA FREEMAN

May I please take this opportunity to share with you a few words of introduction from the enthusiastic, new President of the Medical Auxiliary, TERESA CARVER:

"It's an honor and a privilege to be the new Lee County Medical Society Auxiliary President.

For those of you who do not know me personally, I received my B.S. and R.N. degrees from Northwestern University in Chicago.

After marrying Jack, we moved to Massagueua, N.Y. for ten years prior to settling in Cape Coral. We have four children, ages 15 to 22. Our hobbies include swimming and gardening.

As leader of the Medical Auxiliary, I believe that its main goal should be to "unite through communication" - that is communication within our group, with the Medical Society and the Community. We hope to accomplish this goal by preparing a variety of meetings both social and educational; working closely with the Medical Society; and hopefully, assisting in Community projects such as Heart Association, Cancer Society and other local endeavors."

As departing President of the Medical Society Auxiliary, I leave with full confidence in the leadership abilities and enthusiasm of Terry Carver. The Auxiliary will continue to gain strength and importance under her guidance. She needs the support and co-operation of the Medical Society for her to fulfill her goals. Let's all work together to make each year's accomplishments surpass the last!

MRS. TERESA (JACK) CARVER
1979-'80 PRESIDENT
LEE COUNTY MEDICAL
SOCIETY AUXILIARY



CLASSIFIED AD

For Sale:

Two I.B.M. Dictating Machines with foot pedals and microphones at \$100 each; one dual-action (transcriber/dictator) machine with foot pedal, microphone and ear plugs at \$150; two extra foot pedals and one extra set of ear plugs at \$35.

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F. M. A. POLICY

Continued from Page Six

ment Programs, etc.

- h) Hospital affiliation(s)
- i) Affiliation(s) with nationally recognized professional associations
- j) Educational history, including specialty training
- k) The physicians competence with a foreign language

It shall not be considered unethical for a physician to permit dissemination to the public legitimate, factual and undistorted information in accordance with the policy established herein, regarding the practice of medicine and where and from whom health services may be obtained, so long as such information is in no way fraudulent, false deceptive or misleading.

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NEWS FLASH FROM THE MEDICAL AUXILIARY

BY TERRY CARVER, PRESIDENT

Lee County Medical Auxiliary was aptly represented at the FMA-Auxiliary annual convention by the following delegates: Mrs. John Freeman (Barbara), Mrs. Robert Wallace (Barbara), Mrs. Gene Cox (Martha), Mrs. Quillian H. Jones, Sr. (Marie), Mrs. Michael Murray (Candy), and Mrs. Jack Carver (Terry).

The Auxiliary meetings were held concurrently with the FMA convention. Thursday the House of Delegates elected their slate of officers for 1979-80. We are very happy to say that Mrs. Michael Murray (Candy) was elected S.W. First Vice-President, and Mrs. Jack Carver (Terry) was elected to the State Nominating Committee.

Much to our surprise and pleasure, Lee County Auxiliary received a scroll for the largest increase in membership for counties in the 100-200 membership category.

The noted commentator, Jack Kilpatrick, spoke at a joint meeting of the Medical group and Auxiliary. His comments on the proposed National Health Program were very enlightening. He feels that neither the Kennedy plan nor the Carter plan will provide adequate National medical care for the general population. And he definitely approves of the AMA formula for Health Care.

We all attended the fabulous FLAMPAC luncheon. It is always impressive to see a large group of members support political action. Senator Dole was the keynote speaker. He hopes the Senate Finance Committee will formulate an adequate health plan which will be amenable to all physicians as well as the general public. He also feels the Kennedy and Carter Plan will not be passed by the Senate.

We all left the convention with a great deal of "Spirit de Corp", enthusiasm and desire to implement the post-convention theme of "pearls of wisdom" gained through education, motivation and communication.

And in conclusion I want to mention the Lee County Medical Auxiliary officers for 1979-80: President: Mrs. Jack Carver (Terry), President-Elect: Mrs. Robert Wallace (Barbara), Vice-President: Mrs. Gene Cox (Martha), Corresponding Secretary: Mrs. Edward Ziegler (Linda), Recording Secretary: Mrs. John Thorn (Ann), Treasurer: Mrs. Peter Sidell (Mary-Kay).

We will all strive to implement the theme of the State Auxiliary in all our future projects.



JORGE MARTIN MESTAS, M.D.

PRESENT

OFFICE:

PREVIOUS

OFFICE:

BIRTHDATE:

MEDICAL

SCHOOL:

INTERNSHIP:

RESIDENCY:

3800 Evans Avenue, Ft. Myers, Fla.

University of Texas

September 14, 1951

Baylor College, Houston, Texas

Scott & White Hospital, Temple Texas

Scott & White Hospital, Temple Texas

Fellowship in Pulmonary Disease at the

University of Texas

TYPE PRACTICE:

LOCAL

RESIDENCE:

Internal Medicine, Pulmonary Disease

He and his wife, Cynthia Ann have one

child, Nyssa. They will reside at 5417

Brandy Circle, Ft. Myers, Fla.



JOHN EDWARD MOENNING, M.D.

PRESENT

OFFICE:

PREVIOUS

OFFICE:

BIRTHDATE:

MEDICAL

SCHOOL:

INTERNSHIP:

RESIDENCY:

TYPE PRACTICE:

LOCAL

RESIDENCE

Hancock County Hospital, N. State

Street, Greenfield, Indiana 46140

June 26, 1934

Indiana University

Marion County General Hospital,

Indiana

Same

General Surgery and Endoscopy

He and his wife, Jean will reside at 1220

Wales Drive by September 1, 1979.



GILBERT JOSEF DRAULANS, M.D.

PRESENT

OFFICE:

PREVIOUS

OFFICE:

BIRTHDATE:

MEDICAL

SCHOOL:

INTERNSHIP:

RESIDENCY:

3900 Broadway, Ft. Myers, Fla.

Lloyd Noland Hospital, Fairfield, Ala.

April 11, 1946

K. University, Leuveh, Belgium

Lloyd Noland Hospital, Fairfield, Ala.

General Surgery, Berchem and Brugge,

Belgium OB/GYN - Lloyd Noland

Hospital, Ala.

TYPE PRACTICE: OB/GYN

LOCAL

RESIDENCE:

1345 Sheffield Way, Fort Myers, Fla.

Dr. Draulans and his wife, Natalie have two children and they will be coming to Fort Myers in July.

F.M.A. POLICY STATEMENT REGARDING ADVERTISING

Any advertisement, or advertising, shall be deemed to be fraudulent, false, deceptive or misleading if it:

- Contains testimonials
- Is intended or likely to create inflation or unjustified expectations of favorable results
- Is self-laudatory or implies that the physician, or groups of physicians, or a specific office, clinic or center has skills superior to other physicians, offices, clinics or centers.
- Contains incorrect or incomplete facts or representations or implications that are likely to be misunderstood or be deceiving.

This policy supercedes and rescinds the:

- Policy of the F.M.A., Inc., Governing the Listing of Members in Telephone Directories (White and Yellow Pages) adopted by the House of Delegates, May 1974 and amended in January 1976 and May 1977.
- Statewide Standards for Paid Newspaper Announcements by Members of the F.M.A., Inc., adopted by the House of Delegates, May 1974.

Recent changes in the law have necessitated that certain F.M.A. ethical policies be reviewed to bring these policies in accord with existing law

and the evolving ethical considerations. In recommending this policy to the House of Delegates the Judicial Council recognizes that the F.M.A. has consistently advocated the right to physicians to present and the public to receive basic and pertinent information regarding physicians who offer their professional services to the public.

The F.M.A. recognizes that the public is entitled to, and should have available, legitimate information regarding physicians who offer their professional services to the public. Physicians may furnish legitimate information through various print communications and electronic

media, such as, but not limited to: office signs; professional cards; office opening, closing; and relocation announcements; telephone directories; radio and television. While such advertising is permitted, physicians are cautioned that use of radio and television are particularly subject to distortion by use of special effects and subliminal devices and are extremely expensive. Physicians, when advertising, should be guided by their interest in facilitating patient access to medical care by providing the public with factual, undistorted information. Accordingly, the F.M.A. finds no reason to question the ethics of its

members who may wish to provide the public with factual, undistorted information, including, but not limited to:

- Name
- Professional office address(es) and telephone numbers
- Home address and telephone number(s)
- Answering service telephone number
- Office Hours
- Medical Specialty and recognition by Examining Boards or National Medical Society
- Type of Practice (Group or Solo), and affiliation with HMO's, Health Insurance Plans, Govern-

Continued on Page Five



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LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



Vol. 1, No. 6

Fort Myers, Florida

October, 1979

MEDICAL SOCIETY PROGRAM



G. Robert Nugent, M.D.

TOPIC: "PAIN"

G. Robert Nugent, M.D., Professor of Surgery and Chairman of the Division of Neurosurgery, West Virginia University Medical Center, Morgantown, West Virginia, will speak to the Medical Society dinner meeting on October 15, 1979. His topic will be "PAIN".

Dr. Nugent was born in Yonkers, New York. He graduated with a Medical Degree from the University of Cincinnati in 1953, doing most of his training there and at Duke University. In 1961 he joined the Neurosurgery Department at the University of West Virginia becoming Professor and Chairman of the department in 1970, maintaining this position until the present time. He served in the U.S. Maritime Service.

Dr. Nugent has numerous articles published in Medical Journals, with a great variety of neurosurgical topics.

He is considered as a world authority on Trigeminal Neuralgia.

SOCIETY MEETING

OCTOBER 15, 1979

ROYAL PALM YACHT CLUB

2380 First Street

Social Hour — 6:30 P.M.

Dinner — 7:30 P.M.

SPEAKER: C. ROBERT NUGENT, M.D.

TOPIC: "PAIN"

**"DINNER BY RESERVATIONS ONLY"
PLEASE!!!**

L.C.M.S. Members: Please, If After You Make Your Reservations For Dinner, You Find You Will Not Be Able To Attend, Notify The Society Office By Noon Of The Day Of The Meeting So That Society Funds Can Be Conserved. The Society Must Pay For All Reservations Made.

"TEL-MED"

FRANK DIPLACIDO, D.D.S.
Chief - Medical Staff
Ft. Myers Community Hospital

Recently, Fort Myers Community Hospital initiated a program called "Tel-Med." What is it and why did this hospital choose to initiate it?

In 1972, the San Bernadino County Medical Society pioneered "Tel-Med." It utilized taped messages — written by physicians and dentists which persons may hear, free of charge, by simply calling a local telephone number.

These taped messages are intended to help callers maintain good health, recognize early signs of illness and adjust to serious illness or health problems. The tapes, which have an average length of three to seven minutes, do not diagnose or replace medical advice.

From the initial installation in San Bernadino, "Tel-Med" has grown dramatically throughout the country to where nearly 150 communities offer it to the public today. This means that approximately sixty million people now have access to "Tel-Med" tapes, accounting for almost one million calls each month.

The subjects covered are as diverse as cancer, diabetes, heart problems, alcoholism, drug abuse, arthritis and rheumatism, sexuality, VD, first aid and dozens more. All tapes have been reviewed and prepared by physicians for accuracy and clarity. The tapes in use at Fort Myers Community Hospital have been reviewed by various members of the medical staff.

"Tel-Med" works very simply. The caller dials 939-4100. When the operator answers and says "Tel-Med," the caller asks for the tape request by

Continued on Page 2

AUXILIARY NEWS



KERRY WATERMAN
Auxiliary News Reporter

September has been a busy month for all of us in the Auxiliary. I would like to report that all committees mentioned in last month's Bulletin are making good progress.

I have a correction to make in regard to the September Bulletin. I reported that Cris Thompson, Irma Perez, and others were establishing a child abuse "clinic"; rather, they have organized a child trauma team. The purpose of the team is to coordinate various agencies dealing with abused children and their parents. The team consists of Cris, Irma, Dr. Bartlett, pediatrician, with alternate, Dr. Moore, Dr. Perez, psychiatrist, Mr. Rubenstein, an attorney and representative from Children's Medical Services, pediatric nurses, HRS Hospital Social Services, Public Health nurses, and a school representative. They are working on establishing a crisis nursery and plan to work on education programs as well.

Pat Brown reported that the \$230.75, which was collected from the White Elephant Auction last May, was donated to the Cancer Society. Nine Auxiliary ladies; Jane Wiley, Connie Howington, Ernie Bruno, Linda Ziegler, Vivian Lang, Dorothy Flax, Teddi Hendra, Pat Brown and Debbie Brown worked as hostesses for Burdines in August and donated their earnings to the Cancer Society in the Auxiliary name. Approximately \$100.00 was earned.

Linda Sweet has beautiful Christmas cards which she will bring to the gourmet luncheon. The cost of the cards will be \$30.00 this year. Funds will be given to the AMA-ERF. She will also have an "Open House" on September 25, 10:00 a.m. - 12:00 p.m., for those who would like to select cards at their leisure. Linda lives in Whiskey Creek at 5331 Shalley Circle. Order your cards now.

September 24th is the day for our gourmet luncheon at Pat Brown's, honoring new members and past presidents. Dr. Beehler, Medical Society President, and Ann Wilke, Secretary of the Medical Society have been invited. Committee chairmen have been asked to wear hats representing each particular committee to raise interest for their group, and to welcome help from new members. Chairmen will state their goals for each committee to all those present.

Continued

LEE COUNTY MEDICAL SOCIETY BULLETIN

2466 Hunters Terrace
Fort Myers, Florida 33901
Phone (813) 936-1645

The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

PRESIDENT

Cecil C. Beehler, M.D.

EDITOR

Thomas M. Wiley, Jr. M.D.

EDITORIAL BOARD CHAIRMAN

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Jack C. Carver, M.D.

Harry Lowell, M.D.

Jerome P. McCourt, M.D.

Ann Wilke, Administrative
Secretary - 936-1645

The Editor welcomes contributions from the members. Opinions expressed in the Bulletin are those of the individual authors and do not necessarily reflect policies of the Society.

Continued from Page 1

ifying either tape subject or tape number. The requested tape is then inserted in a semi-automatic, multi-channel, play-back system. When the tape is over, it pops out and the caller is disconnected. The caller remains completely anonymous.

Personally, "Tel-Med" is working as an outstanding public relations vehicle for the medical profession, helping to educate the public on health and medical subjects.

EDITORIAL

Cecil C. Beehler, M.D.
President

"COMFORT ALWAYS"

Years ago, when I served as chairman of the Grievance Committee, we considered 4 or 5 patient complaints during the entire year. This year, this same committee has conducted nearly this many investigations every month. True, the medical society has increased greatly in recent years, but this alone is not sufficient to account for an increase of this dimension.

Although the complaints generally center on high fees or accusations of poor medical practice, on closer scrutiny they are actually based more on a "lack of communication" — a simple, but complete misunderstanding of the problems involved. This deficit, in the final analysis, must be laid at the feet of the provider.

Inflation has not only pushed our fees to record highs, but has put a great pressure on us to increase our productivity. Thus, we may be giving "short shrift" to patients without apparent "serious disorders" or who we feel are through the critical periods. We must remember, however, the old injunction, "The physician's place is to cure rarely, relieve frequently, but comfort always."

It would certainly behoove all of us in these difficult times to make sure our patients clearly understand our reasoning and expectations regarding their illnesses. And please, let's not allow our patients to feel we've changed our creed from: "comfort always" to "over-charge always."

At a time when more health education is needed as a real source of "preventive medicine," "Tel-Med" goes a long way in providing the answer. I have a strong feeling that the real answer to keeping people healthy is in public education and a personal commitment by the individual for his or her own well-being. We hope that "Tel-Med" is helping to do this.

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BY-LAW CHANGE

CHAPTER IV - BOARD OF GOVERNORS
SECTION 2 - ELECTION - MEMBERS AT-LARGE
(2 members)

LINE 6-

One candidate designated prior to election shall be elected for a one year term. The second candidate elected shall be for a two year term. Following this first annual election, one member and its member-at-large shall be elected to the Board of Governors at the annual meeting each year. The term of office for the member-at-large shall be two years. A vacancy in a member-at-large seat shall be filled by an appointment by the Board of Governors and approved by the general membership at its next meeting. This interim member to serve only the unexpired term so as to maintain staggered two year terms for the two members-at-large on the Board of Governors.

(Delete last two words of line 6 and all of lines 7, 8, 9, and 10 in section 2 of Chapter IV)

Published in September Issue of Bulletin to members:
Published in October Issue of Bulletin to members.
Read to members at the General Membership meeting, September 17, 1979.

Voted on at the General Membership meeting, October 15, 1979.

RIGHTS FOR THE PHYSICIAN

Now that the new Patients' Right Act is in effect in Massachusetts (AMN, Sept. 7, 1979), it might start a national trend. This is great. But now that everyone has a "right" — the patient, the hospital, the government, the insurer — it is not unfair to formulate and display in our offices the "Physician's Right."

I propose that the physician has 1) The right to choose his own patient; he should not be forced to provide service against his will. 2) The right to select the diagnostic and therapeutic method according to his individual judgment and skill. 3) The right to demand compensation for his services and to reject arbitrary fee schedules by outsiders. 4) The right to absolute privacy of his records and protection against abuse and meddling by government and insurers. 5) The right to protect his patient against exploitation and neglect by hospital personnel and trustees whose loyalty is primarily to the institution. 6) The right to protect his practice and patient against currently fashionable and profitable legal exploitation. 7) The right to preserve the freedom of his profession.

JAMES SCOTT, M.D.
Streator, Ill.

PROGRESS NEW LABORATORY PROCEDURE

Due to an increase in requests for drug screening, the atory of the Fort Myers Community Hospital is developing a procedure using THIN LAYER CHROMATOGRAPHY to detect the presence of an overdose of drugs.

Using urine, blood or gastric contents, an organic extract is made for neutral and acid base drugs. The extract is then evaporated thus concentrating the drug if it is present. This concentrated extract is placed on a chromatography plate, which has tract is placed on a chromatography plate, which has been prespotted with known drugs, and allowed to migrate. The unknown compound is then compared with spots produced by the known compounds thus giving presumptive evidence of the drugs identification. At the present time our known drug list of compounds already on the plates exceeds 30 compounds. We have rf. values for over 70 compounds using this method.

The method is comparatively fast and does not require extensive instrumentation. We will continue to send out specimens for confirmation. This procedure requires approximately one hour to complete and will only be used for diagnostic purposes and not litigation. The results are purely qualitative and not quantitative. When ethyl alcohol or phenobarbital determinations are requested, we will use our DuPont ACA analyzer for much faster quantitative results.

Many drugs, such as PCP, will be detected as the metabolite of the compound, but will still be detectable. While this is not a quantitative test result, it is felt to be some aide for our emergency room staff and physicians in management of drug overdoses. Other new procedures now being offered are ANA, anti-DNA, C₃, C₄, and haptoglobins.

Ed Wagner
Technical Director of
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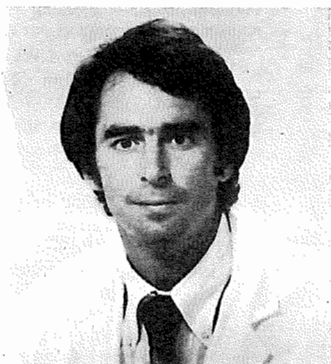
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APPLICATION FOR MEMBERSHIP



GEORGE ALLEN BALL, M.D.

A native of Fort Myers, Doctor Ball graduated from the University of Florida and from Tulane Medical School in New Orleans, La.

He did his internship and residencies at Charity Hospital-Tulane Division, Louisiana.

With his specialty of Internal Medicine, he will be practicing at 3677 Central Avenue, Suite G in Ft. Myers.

He and his wife, Jane Grace Ball have one son, George Allen Ball, Jr.

CONGRATULATIONS

The following members were approved for active status with the Medical Society:

Wade H. Allain, M.D.
Jack G. Beaulieu, M.D.
Vincent J. Belcastro, M.D.
Robert A. Buchholz, M.D.
Eileen L. Schwartz, M.D.
Robert Schwartz, M.D.
Patrick A. Cullen, M.D.
Philip F. Waterman II, M.D.

WELCOME NEW MEMBERS

Approved for membership at the September meeting were the following new physicians:

Gilbert J. Draulans, M.D.,
OB/GYN
Michael L. Carlino, M.D.,
Radiology
John A. White, M.D.,
Orthopedic-Sports Medicine
Jorge M. Mestas, M.D.,
Internal Medicine, Pulmonary
Richard H. Wingert, M.D.
Otorhinolaryngology
Douglas A. Newland, M.D.,
Neurology
Lawrence A. Gilbert, M.D.,
Pathology
John E. Moenning, M.D.,
Surgery
Ernest H. Kawamoto, M.D.,
Pathology

"A BUG IS NOT A VOLKSWAGON"

STEPHEN R. ZELLNER, M.D.

Due to the fact that there have been several issues of the M.M.W.R. in the past several months that have not previously been reviewed for the news letter, this month's addition will try to encompass highlights of these past re-

Of most recent international note is the fact that yellow fever has been noted in Trinidad and Columbia. The Center for Disease Control now recommends yellow fever vaccination for all travelers to the Island of Trinidad, particularly those people who may be visiting the rural areas of the country.

An epidemic of Staphylococcal food poisoning was recently reported from the State of Delaware. Continued public education in the proper handling of food, specifically in the area of refrigeration may again be appropriate. Approximately twenty-five percent of all food born outbreaks of known etiology have been attributed to Staphylococcal toxin. The illness is caused by the presence of an enterotoxin produced by the Staphylococcus. The vehicle of transportation is almost always a protein containing food and contamination is most usually assumed to be from food handlers, use of improper holding temperatures or preparation utensils. Incubation of the illness may

range from 30 minutes to eight hours with vomiting being the predominant symptom. The illness is usually short lived.

Tuberculosis epidemics continue to be a problem, and a recent collection of cases was reported from the State of Tennessee. Of interest in this particular outbreak was the involvement of young adults and children. In the pre-chemotherapy era, tuberculosis was a common disease of children, adolescents and young adults. However, disease in this age group is much less common since the introduction of chemotherapy. Tuberculosis, therefore, arising in young people is usually an indication that recent transmission has been occurring in their environment. If left untreated, some of these infected persons could become clinical cases and potential sources of transmission in later years. For that reason, prompt and thorough contact examination followed by preventative treatment with Isoniazid for

infected contacts is a critical component for the containment process in tuberculosis control.

A hospital epidemic of Pseudomonas Cepacia has been attributed to the use of commercially available transfer packs for blood products provided by the Fenwall Corporation. The specific outbreak in question was occurring in patients receiving cryoprecipitate contained in frozen units. Apparently water became accumulated in the tabs that protect the outlet port. The water became contaminated with the Pseudomonas organism allowing for free entry when the unit was provided for administration. Careful handling of this type of material is necessary, particularly in frozen units of cryoprecipitate and/or plasma so that stagnant water is not allowed to accumulate in the outlet port area.

A new statement on the treatment of Penicillin resistant viridans streptococcal endocarditis has been suggested by the American Heart Association.

Patients continuously receiving oral Penicillin as secondary prophylaxis for rheumatic fever often carry viridans streptococci that are relatively resistant to Penicillin. Because a few cases of endocarditis caused by relatively resistant streptococci have been reported in persons taking long-term Penicillin prophylaxis, the American Heart Association has indicated that physicians may choose oral Erythromycin or a combination of Penicillin and Streptomycin as endocarditis prophylaxis before dental procedures. The A.H.A. has set up a registry of patients who contract endocarditis despite attempts at prophylaxis.

A report on the adverse reactions of smallpox vaccination was included in the June issue of M.M.W.R. Three separate cases were reported and the editors suggest several important points before providing smallpox vaccination. Specifically, smallpox vaccine is contra-indicated in persons with hemotological or other

Continued

Bill Rice

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malignancies or in patients on immunosuppressive therapy and in pregnant women. Secondly, smallpox vaccine apparently continues to be used by physicians for treatment of herpetic infections despite the failure to demonstrate efficacy and the proven danger of this therapy. Airlines, travel agents, health facilities and others who provide advice to travel should be certain that their information regarding need for smallpox vaccination conforms to the latest international travel regulations. Smallpox vaccination of active duty and active reserve U.S. military personnel is continuing and the military is not yet discouraging smallpox vaccination of dependents.

Finally, fetal vaccinia, although very rare, can occur in offspring of vaccinees. The United States no longer requires smallpox vaccination of any travelers. There are no current medical or epidemiological reasons for countries to require smallpox vaccination for anyone except a few laboratory workers likely to have contact with the virus. Routine smallpox vaccination of U.S. children was discontinued in 1971, and of hospital employees in 1976. Despite these limitations, 4.4 million doses of smallpox vaccine were distributed in the United States during 1978. Use of smallpox vaccination should be limited to persons with valid indications.

AUXILIARY NEWS Continued

Roxana Azam and her committee made caftans to take to the International Health Bazaar. Proceeds of \$45.00 will go to Interplast. Extra caftans will be auctioned off at the Charity Auction in October.

Educating the Auxiliary as to aim and purposes of Flampac and current legislation is Joan Pascotto's main emphasis the year. She will be attending as many state meetings as possible to better prepare herself for this task.

On October 15, at the Spanish Main Restaurant, we will have our Charity Auction. Members are asked to donate any items valued at \$10.00 or more to be auctioned off. Handmade, bought, and used items may be donated for this purpose. Proceeds will go to the Cancer Society.

Other news: The Florida Auxiliary won the top membership award in the Southern Region. Florida tied with Texas for the National Membership Award (182 member increase).

On the legislative scene: We are planning on having a coffee reception with legislators to keep in touch with what is going on. Please be aware of legislation concerning the following issues:

- promote public health education
- voluntary cost containment
- mass health data system
- certificate of need in doctor's office
- major change in mediation panels
- expand HMO
- mandatory relicensing of M.D.'s by exam

Our next Auxiliary Board Meeting will be October 29th.

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LEE COUNTY MEDICAL SOCIETY

2466 Hunters Terrace,
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LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



Vol. 1, No. 7

Fort Myers, Florida

November, 1979

MEDICAL SOCIETY PROGRAM



ROBERT T. WATSON, M.D.

TOPIC: "DEMENTIA"

Dr. Watson is Professor of Neurology at the College of Medicine, Shands Teaching Hospital, Gainesville, Florida. He has received awards for his teaching accomplishments and numerous publications, contributing significantly to the understanding of "higher cortical functions". His paper "The Differential Diagnosis of Dementia" has been in high demand by neurologists and other medical specialists for its clarity in covering a complex subject.

Dr. Watson received his premedical education at the University of Florida, and interned at the University of Alabama, Birmingham. He returned to University of Florida for his Neurology Residency, remaining there on the Teaching Faculty.

SOCIETY MEETING

NOVEMBER 19, 1979

ROYAL PALM YACHT CLUB
2380 First Street

Social Hour — 6:30 P.M.
Dinner — 7:30 P.M.

SPEAKER: ROBERT T. WATSON, M.D.

TOPIC: "DEMENTIA"

**"DINNER BY RESERVATIONS ONLY"
PLEASE!!!**

A.C.M.S. Members: Please, If After You Make Your Reservations For Dinner, You Find You Will Not Be Able To Attend, Notify The Society Office By Noon Of The Day Of The Meeting So That Society Funds Can Be Conserved. The Society Must Pay For All Reservations Made.

GUEST EDITORIAL

Medical-student loans guaranteed by the AMA Education and Research Foundation are important in themselves — and also for a reason that goes beyond money.

This reason is that they demonstrate — in clear, bottom-line terms — that our AMA Federation is interested in nurturing tomorrow's physicians.

Lately, however the program's resources have been severely pinched. The demand for loans has been mounting — to a great extent because federal and other sources of financial assistance for medical education have been drying up while the educational expenses continue to escalate.

Last year more than 4,000 students and physicians-in-training borrowed through the ERF program. This year there can be no more than 2,000.

It would be a sad day indeed if the program were to languish for lack of sufficient resources to meet the loan demand. In the words of AMA Executive Vice President James H. Sammons, M.D.:

"The program of aid dramatically affirms medicine's confidence in, and unselfish support for, the future of health care in America. The physician contributors and their spouses of the Auxiliary, whose dedicated efforts and generous gifts over the years have provided the resources and energy that make the program live, merit special recognition."

Just a little extra effort from medical families and from all of the state and county societies would do much to proclaim that confidence in health care's future.

Hoyt Gardner, M.D.
President, AMA

AUXILIARY NEWS AMA-ERF

By Linda Sweet, Chairman



This is a busy time of year for AMA-ERF (American Medical Association — Education and Research Foundation) due to our "Holiday Sharing Card" project. This is the most successful, widely used, totally tax deductible fund raiser to date. It's a very clever and thoughtful way of wishing each other a happy holiday season. A card is selected which will be sent to all members of the Medical Society and their families. Enclosed within the card is a printed list of names of those who have contributed to this project. We are presently in the process of printing and mailing what are called our "Greetings Letter." This form letter further explains the purpose of this project and includes a detachable form and return envelope for those wishing to participate. The suggested contribution amount this year is \$30.00. Your entire, tax deductible donation goes to the AMA-ERF Student Loan Fund or to the Medical School of your choice. I'd like to see tremendous support of this project and encourage your participation.

By joining the list of participants of the "Holiday Sharing Card" project, the job of organizing, addressing,

and mailing those cards to friends in the Medical Community has been taken care of. For those friends and relatives still on your holiday card lists, you're on your own! We can, however, offer you a beautiful assortment of Christmas and New Year's cards to choose from and, when purchased through your Auxiliary, there is a 40-50% profit for AMA-ERF. The same applies to stationary items...they make lovely holiday gifts. Contact me for further information.

Another AMA-ERF project which needs to be publicized more is the availability of "Remembrance Cards." These include "Congratulations", "Get Well Soon", "Thank You", "In Memoriam" and "Physician Courtesy Cards." By using such cards you may remember a person at any appropriate occasion by sending a donation to a Medical School in that person's name. Of particular appeal is the "Physician Courtesy Card."

It's a great way to say thank you to those fellow Physicians who have been so helpful in treating you and/or members of your family. Keep these thoughts in mind and help us make this a successful year for AMA-ERF.

LEE COUNTY MEDICAL SOCIETY BULLETIN

2466 Hunters Terrace
Fort Myers, Florida 33901
Phone (813) 936-1645

The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

PRESIDENT

Cecil C. Beehler, M.D.

EDITOR

Thomas M. Wiley, Jr. M.D.

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The Editor welcomes contributions from the members. Opinions expressed in the Bulletin are those of the individual authors and do not necessarily reflect policies of the Society.

NEEDED

Donations of furniture and file cabinets for Trauma Team and the Hispanic Society. Phone Terri Carver — 542-4959.

MEDICAL PERSONNEL POOL

RN, LPN, Aides - Shift Relief, In Home, Hospital, Office.

CALL 334-4144

EDITORIAL

Cecil C. Beehler, M.D.
President

ITEM:

All licensed hospitals are hereby required to maintain performance records of surgeons performing elective surgery and are further required to publish such records in a local newspaper and post them conspicuously in the hospital. (SB-680)

ITEM:

All patients are allowed to recover triple damages when a physician adds to the price charged by any third party, except for a service charge representing the actual cost incurred. (SB-58)

ITEM:

Licensed nurses are now authorized to render nursing services on a fee-for-service basis and receive reimbursement for such nursing services from any government program or insurance company. (SB-1)

ITEM:

All physicians are required to furnish a statement to the patient entering the hospital showing an estimate of charges for such care, including medical services provided by the hospital and which charges are covered by the patient's insurance. (HB-1339)

ITEM:

Incredible? The above bills will be introduced at the coming session of the Florida Legislature. Three of these bills are authorized by Senator Jack Gordon of Miami. Senator Gordon is no "light-weight"! He chairs the Ways and Means Committee and sits on the powerful Health and Rehabilitative Services Committee as well as the Rules and Calendar Committee. He is an active, energetic and persuasive legislator. Any or all of the above bills could easily be passed. Senator Gordon's preoccupation with medical matters is of long standing and his intentions are quite clear!

If the medical profession is to make reason prevail, it is going to have to put forth a tremendous effort in the upcoming elections. Medicine needs your help! We need every physician to become politically active and knowledgeable if we are to preserve our heritage. We need key contact physicians! We need members on the legislative committee! We need money! It is our obligation to help preserve the practice of medicine as we know it and love it.

Get interested! Get informed! Get involved! It is your profession.

SUPPORT YOUR ADVERTISERS

TINY BUBBLES

The Lee County Medical Society honored the new doctors with a Champagne Party, September 29, 1979, at the home of Dr. and Mrs. Cecil Beehler.

The new Doctors and wives attending were: Drs. and Mrs. Draulans, White, Tipton, Hugill, Sanders, Carlino, Mestas, Moenning, Kawamoto, Wingert and Newland.



Above are some of the honorees, along with Dr. Beehler. (Second from right on back row)

TAKE TIME

*Take Time to think . . . It is the source of power.
Take Time to play . . . It is the secret of perpetual youth.
Take Time to read . . . It is the fountain of wisdom.
Take Time to pray . . . It is the greatest power on earth.
Take Time to love and be loved . . . It is a God-given privilege.
Take Time to be friendly . . . It is the road to happiness.
Take Time to laugh . . . It is the music of the soul.
Take Time to give . . . It is too short a day to be selfish.
Take Time to work . . . It is the price of success.
Take Time to do charity . . . It is the key to heaven.*

ADDRESS-O-GRAPH

The Society has purchased an Addressing Machine and will be available for membership use for a minimal fee to cover expenses and supplies.

NOTICE

The 1980 budget for the Medical Society was approved at the October meeting. The Medical Society dues will be increased by \$25.00 for 1980.

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The program consists of a large variety of video cassettes from Case Western Reserve University School of Medicine through the MEDICINE TODAY Video Cassette Library.

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CONGRATULATIONS

The following New Members were approved for membership at the October meeting of the Medical Society.

Muhammad Javed S.
Akhtar, M.D.
Ricardo Bendeck, M.D.
Randolph S. Geslani,
M.D.
Glenn Gidseg, M.D.

ATTENTION

Roxana Azam will be coming to Society members' offices to gather Sample Drugs which will be donated to people, in need, both here and abroad.



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THE CASE OF THE CARELESS CRITIC

By: Robert C. McCurdy

Dr. J. _____ requested a consultation from Dr. F. _____ for an evaluation of a patient who had presented with particularly puzzling signs which suggested peripheral vascular disease. Following Dr. F. _____'s examination of the patient, Dr. J. _____ was shocked to find Dr. F. _____'s note in the patient's chart stating that Dr. J. _____'s failure to request consultation earlier would result in permanent impairment of function in the patient's lower extremities, and amounted, in Dr. F. _____'s words, to "gross negligence!"

The above anecdote is an example of a serious and, unfortunately, frequently-encountered situation which confronts hospital risk managers and defense attorneys and which physicians should recognize as involving a grave risk of professional liability.

There is general agreement among attorneys that quite commonly the primary impetus to the bringing of a medical malpractice suit is an adverse comment made by a physician about the work of a predecessor on the case.

Oftentimes, such comments are made casually and without rancor, sometimes they are made in anger at another physician's apparent "botch-

ing" of the case. Most of the time, they are not intended to encourage litigation.

Remember, however, that criticism of another physician's handling of the case will always be received with utmost seriousness by the patient or his family. There is a belief that is a physician says another doctor did wrong, then there must be grounds for a malpractice suit.

The problem becomes even more acute when adverse comments are written in the patient's hospital chart. Under present Florida law, the hospital chart is freely available to the patient and his attorney, with only very limited exceptions.

A note in the chart provides "grist for the mill" for the malpractice plaintiff's attorney. It indicates a possible source of expert medical testimony favorable to the plaintiff. It also may be the starting point for the creation of a situation which the plaintiff's attorney finds ideal: two or more physicians accusing each other of being the cause of the lawsuit.

Best of all for the plaintiff, written statements are normally accorded more weight than the spoken word, and chart entries often prove quite convincing to a jury.

Ironically, albeit tragically, such notes frequently backfire and draw the physicians who wrote them into malpractice actions as co-defendants. This is because the note may suggest to the plaintiff's attorney that there is some fault on the part of the physician who wrote it, or the attorney may decide that joining him as a party will make expert testimony available without expert witness fees. In addition, the possibility of getting two doctor-defendants into a finger-pointing contest is a very attractive proposition from the plaintiff's viewpoint.

This is not to say that there should be a cover-up of improper or incompetent behavior by physicians. Every physician has a responsibility to maintain and improve the quality of care rendered by the medical profession. Legitimate criticism is essential to achieve that objective.

What should be avoided is the off-hand or emotionally-charged remark that has no firm foundation in fact and which may ignite an unfounded lawsuit.

The best course to follow, of course, is to make no critical remark about another physician in the presence of the patient or family.

When circumstances require the patient to be advised of an apparent error on the part of another physician, it is imperative that one be sure of the facts and avoid, at all costs, the use of words like "negligence" or "criminal" which might convince patients, their families and attorneys, that the basis for a lawsuit exists.

It is also imperative that written criticism of another physician or health professional not be made a part of the patient's clinical chart.

Discretion is the key, and the exercise of quiet discretion is the best armor physicians possess against unwarranted litigation.

(Mr. McCurdy is house-counsel at LMH. In addition to degrees in pharmacy and law, he holds a masters in Health Law. He is the author of the MEDICAL STAFF chapter of Aspen Systems' Hospital Law Manual and a guest lecturer in Medical Jurisprudence at Stetson University College of Law. — Editor)



PHYSICIAN'S INCOME

Doctors do make a lot of money. The typical physician earned \$65,430 from his practice in 1977, and that's not chicken feed. But the median income for major league baseball players is \$68,000. Granted, there aren't many big league ballplayers out there, but there are plenty of lawyers, corporate executives, and other professionals whose earnings are right up with those physicians... Doctors' practice earnings put them at the top in net income, but they also put in more hours of work per week. Thus both corporate executives and corporate attorneys are ahead of M.D.'s in hourly pay... Airline pilots — all cockpit crew members — really do well on the hourly pay scale, although they're likely to argue that it's unfair not to take into account the hours they spend on the ground during layovers on their standby time on call. If a pilot hits you with this argument, tell him you also have a number of hours on call. And, though he may hold the lives of people in his hands too, it took you 23 years of formal education and a lifetime of continuing education to qualify for your job.

Marianne Dekker Mattera; senior associate Editor, MEDICAL ECONOMICS (June 11, 1979)

REGISTER TO VOTE

Joan Pascotto has been certified to register voters and will do so at the November Medical Society Meeting and the December Joint Meeting with the Auxiliaries.

If you are a U. S. Citizen bring your drivers license or Birth certificate. If you are not a U. S. Citizen you need your naturalization number and date.

Let's all register to vote!

Nominating Committee's Slate of Officers 1980

PRESIDENT-ELECT

- ☐ Charles Eby, M.D.
- ☐ Stephen Zellner, M.D.

TREASURER

- ☐ Quinon Purvis, M.D.
- ☐ John Thorn, M.D.

SECRETARY

- ☐ Jack C. Carver, M.D.
- ☐ James H. Fuller, M.D.

GRIEVANCE CHAIRMAN

- ☐ H. Brent Mundy, M.D.
- ☐ Michael J. Murray, M.D.

BOARD OF CENSORS (3 year term - select two)

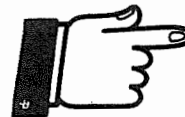
- ☐ John Agnew, M.D.
- ☐ Bruce Bacon, M.D.
- ☐ Muhammad Rashid, M.D.
- ☐ Ellen Sayet, M.D.

MEMBERS-AT-LARGE (select two)

- ☐ James Cornish, M.D.
- ☐ Charles Shook, M.D.
- ☐ Edward Steinmetz, M.D.
- ☐ Edward Ziegler, M.D.

FMA DELEGATES AND ALTERNATES (select 10 names)

- ☐ Cecil C. Beehler, M.D.
- ☐ Larry P. Garrett, M.D.
- ☐ J. Stewart Hagen, M.D.
- ☐ F. Lee Howington, M.D.
- ☐ Quillian H. Jones, Jr., M.D.
- ☐ Marcus M. Moore, M.D.
- ☐ Carey N. Barry, M.D.
- ☐ Michael J. Murray, M.D.
- ☐ Joseph Zeterberg, M.D.
- ☐ Samuel Smith, M.D.
- ☐ Charles Eby, M.D.
- ☐ Edward Laird, M.D.
- ☐ Phillip Andrews, M.D.



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The head of the \$45 billion agency that oversees Medicare and Medicaid said today the government cannot be sure "where all the money is going" because recipient states use conflicting reporting procedures. Leonard Schaeffer, 33, who runs the Health Care Financing Administration, told the National Conference of State Legislatures that even though his agency is responsible for health benefits for 50 million poor and elderly Americans, he cannot say for certain whether the task is being performed well. "I'm not sure we understand where all the money is going... And when I say we, I mean we," Schaeffer

said with a gesture that included himself and others in the room. We are not able to tell the Congress what is the national error rate, or which states have the best and worst records," he said. "Our inability to respond to those questions undermines our support in Congress."

Dean Reynolds, UNITED PRESS INTERNATIONAL (June 1, 1979)

The federal government has so many complex programs it is impossible to measure the extent of fraud, abuse and mismanagement, but the Justice Department estimates as much as 10% of the tax dollar is wasted or stolen,

Congress was told today. Deputy Attorney General Benjamin R. Civiletti told the Senate Budget Committee that the Justice Department guesses between \$1 and \$10 of every \$100 in federal expenditure is lost to fraud and abuse. That would mean a loss of at least \$5 billion and up to \$50 billion this year. Fraud and abuse in the handling of federal programs and money are so widespread they can be found "wherever we look deeply," said Civiletti, the nation's no. 2 law enforcement officer. (Civiletti has been elevated to Attorney General.)

Jim Luther, ASSOCIATED PRESS (March 16, 1979)

The good news is that the latest version of Sen. Edward Kennedy's would-be national health insurance plan isn't quite as silly as those that have gone before. The bad news is that it is plenty silly enough and represents the Massachusetts Democrat's continuing triumph of hope over experience. One wonders occasionally whether the senator, for all his other engaging qualities of leadership, has slept unmolested through the major economic lessons of the 1970s.

Louis Rukeyser, THE ATLANTA JOURNAL (May 30, 1979)

In Maryland, a state law requires hospitals to keep hot water in patients' rooms at no less than 110 degrees while a federal regulation requires that it be kept at no more than 110 degrees.

NEW YORK TIMES MAGAZINE (June 10, 1979)

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SOCIETY MEETING NOVEMBER 19, 1979 ROYAL PALM YACHT CLUB 2380 First Street

Social Hour — 6:30 P.M.
Dinner — 7:30 P.M.
SPEAKER: ROBERT T. WATSON, M.D.
TOPIC: "DEMENTIA"

"DINNER BY RESERVATIONS ONLY"
PLEASE!!!

L.C.M.S. Members: Please, if After You Make Your Reservations For Dinner, You Find You Will Not Be Able To Attend, Notify The Society Office By Noon Of The Day Of The Meeting So That Society Funds Can Be Conserved. The Society Must Pay For All Reservations Made.

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Fort Myers, Florida 33901



LEE COUNTY MEDICAL SOCIETY BULLETIN

The Voice of Lee County Medicine



Vol. 1, No. 8

Fort Myers, Florida

December, 1979

SOCIETY MEETING

DECEMBER 17, 1979

ROYAL PALM YACHT CLUB
2380 First Street

Social Hour — 6:30 P.M.
Dinner — 7:30 P.M.

**"DINNER BY RESERVATIONS ONLY"
PLEASE!!!**

L.C.M.S. Members: Please, If After You Make Your Reservations For Dinner, You Find You Will Not Be Able To Attend, Notify The Society Office By Noon Of The Day Of The Meeting So That Society Funds Can Be Conserved. The Society Must Pay For All Reservations Made.

OBITUARY

Our members will readily perceive the relationship of the above title to this editorial. A Dr. James M. Cupoli, Associate Professor of Pediatrics University of South Florida, accepted an invitation several weeks ago to be our guest speaker at the Society-Auxiliary meeting this month. He phoned our Secretary 16 days prior to his commitment (late Friday) stating "It is a bad time of year for me and I won't be able to come." This, after your Staff

had gone to considerable trouble and some expense to commit C. V. to proper form and have type setting and photographing done, we were at our deadline to "go to press."

I phoned his Chief, Dr. Barness, to explain our extreme displeasure with his show of irresponsibility, but he was out of town. Copies of this will be mailed to them, and to the other Medical Schools in our State, hopefully to prevent this type of conduct being repeated.

Editor

JULIA ROSEKRANS, M.D.
GUEST SPEAKER

SUBJECT: "TRAUMA TEAMS"

Dr. Rosekrans was born in Green, N.Y. Her undergraduate training was at the University of Rochester, where she received her B.S. degree, 1967, majoring in Geology. She received her M.D. at Boston University School of Medicine, 1971. Internship and Pediatric Residency were completed (2 years) at Boston City Hospital.

She had a two year Ambulatory Fellowship at Boston Children's Hospital the next 2 years and for the past two years has been Assistant Professor of Pediatrics at the University of Miami School of Medicine.

Her major areas of interest are Ambulatory Pediatrics and Child Abuse. She is married and has two children.

We are deeply grateful to Dr. Rosekrans for accepting this engagement on short notice.

AUXILIARY NEWS

THE LEE COUNTY TRAUMA TEAM

The Child Trauma Team has been trying to establish a public awareness program. Irma Perez has spoken to several groups of School Guidance Counselors and she has also spoken to several school faculties. We have also contacted the local radio stations and cablevision companies to make a public service announcement regarding Florida Law 827.07. This law states that any person, who has reason to believe a child has been abused or neglected, is required to report the incident to HRS.

On November 27, the Child Trauma Team and HRS Children and Youth sponsored a visit from Michael Cupoli, M.D., Assistant Professor of Pediatrics, University of South Florida. Dr. Cupoli spoke on "The Medical Indicators of Child Abuse and Neglect", in the Lee Memorial Hospital Auditorium. Among the invited guests were Pediatricians, HRS staff workers, Emergency Room Personnel, School Nurses, Public Health Personnel, local Judges and Law Enforcement members and others.

The Child Trauma Team, with the help of our volunteer Attorney member, Alan Rubinstein, has filed for incorporation as a non-profit organization. By this action, it is hoped that we may receive funding from several sources. This will enable us to establish some needed community resources such as Parents Anonymous Group, A Friend-To-Friend Program and eventually a crisis nursery.

Irma Perez, Chris Thompson, Ann Miller
LCMSA Trauma Team Coordinators

JOINT DINNER

**BE SURE TO SIGN.
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AND YOUR SPOUSE
FOR THE JOINT
DINNER ON
DECEMBER 17 AT
6:30 PM AT THE
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TO ATTEND!**

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Bruce Bacon, M.D.
(3 year term)
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(1 year term)
Edward Ziegler, M.D.
(2 year term)
FMA DELEGATES —
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Larry P. Garrett, M.D.
J. Stewart Hagen, M.D.
F. Lee Howington, M.D.
H. Quillian Jones Jr., M.D.

ALTERNATES —
Phillip Andrews, M.D.
Carey N. Barry, M.D.
Edward Laird, M.D.
Michael J. Murray, M.D.
Samuel Smith, M.D.

The above officers were elected at the November 19, 1979 general meeting of the Society.

96 OUT OF 225

The Lee County Medical Society has a current membership of 225, of which 96 are not members of the American Medical Association. James H. Sammons, M.D., Executive Vice President of AMA, commented on a similar situation in New York, in a speech to that Medical Society earlier this year.

Dr. Sammons noted that elected officials at all levels of organizations in medicine, from county to national, must attempt to represent all physicians, and cannot make a distinction between members and non-members. Nobody else in this country is likely to lift a finger in the interest of physicians, so the non-members get a free ride. The cost of the work being done is becoming a burden to those willing to pay; it would be a much lighter burden if all participated.

The Federal Trade Commission, he added, hired 186 newly graduated lawyers last year for the purpose of pursuing the medical profession as a target for the FTC. To combat this trend takes time, people and money, all in large amounts. Those are difficult goals when 52 per cent of the physicians in the country are willing to take on the job.

Those who always think "Let George do it" may over-estimate the number of Georges around, and certainly underestimate the magnitude and scope of the problems that must be met and solved.

John R. Agnew, M.D.

CONGRATULATIONS

M. J. Akhtar, M.D. has recently been certified by the American Board of Otolaryngology.

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The Editor welcomes contributions from the members. Opinions expressed in the Bulletin are those of the individual authors and do not necessarily reflect policies of the Society.

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THE PRESIDENT'S MESSAGE

CECIL C. BEEHLER, M.D.

The past year has been a busy and productive one for your Lee County Medical Society. This has been the result of a lot of effort on the part of many individuals. Attendance at our monthly meetings has improved dramatically due to Dr. Cornish's facilitating our relocation to the Royal Palm Yacht Club. Improvement in the quality of our meals has been greatly appreciated by all.

Projects such as the Drug Alert, spearheaded by Dr. Rehtine and the Medical Legal Committee organized by Dr. Graves represents significant advances in our activities.

I would like to identify two members who have worked especially hard on society projects. Dr. Sweet, against all odds, obtained society approval for a medical library, put a workable plan together and has the library open and functioning all within the span of one year. The hardest working member of our society has to be our bulletin editor, Dr. Tom Wiley. After agreeing to take on this difficult job last winter, Tom collected copies of every county medical society bulletin in the state. From these he developed the format for our own bulletin and went to work to promote it. His campaign for advertising was so successful that the bulletin has been self-supporting from its inception. It is now an established and important part of our society. But most of all, this year's success belongs to the members whose tireless committee work and support have contributed so much.

Ladies and gentlemen, it has been an honor and a pleasure.

COURT RULES IN FAVOR OF PATIENT'S PRIVACY

A California appellate judge recently ruled that a patient's right to privacy outweighs the right of a state agency to examine hospital records. In overturning a lower-court decision that ordered Mount Helix Hospital in La Mesa, CA, to release five patients' medical records to the Board of Medical Quality Assurance, Justice Robert O. Stanforth of the Fourth District Court of Appeals said that "a governmental administrative agency is not in a special or privileged category, exempt from the right-of-privacy requirements which must be met and honored generally by law enforcement officials." The BMQA was attempting to gain access to the records as part of its investigation of a San Diego physician accused of gross negligence and incompetence.

THE PHARMACY

by

STEPHEN R. ZELLNER, M.D.
and LEIGHTON CLUFF, M.D.

As it appears in *Hospital Infections*
published by
Little Brown Company, 1979

In the area of special concern section of this newly published text on nosocomial infections, the authors deal with the hospital pharmacy and its role in control of nosocomial infections. The role of the hospital pharmacist, the hospital pharmacy, and the therapeutics committee are outlined and reviewed. Dispensing and compounding of drugs are discussed and their role in the occurrence of hospital acquired infections is outlined. Antibiotics surveillance and control is reviewed in some detail. Continuing education of physicians in the correct use of antibiotics is felt to be necessary in order to avoid inappropriate use. The hospital pharmacist, the therapeutics committee, hospital infection control committee, should collaborate in controlling nosocomial infections. The pharmacist can discharge this responsibility by controlling techniques in the pharmacy that may contribute to contamination, monitoring the use of antimicrobial agents in the hospital, serving as a source of drug information pertinent to the hospital staff and infections committee, and establishing an effective formulary system.

UNITED WAY NEEDS OUR SUPPORT

A goal of \$450,000.00 has been set for the United Way campaign. They need the help of the Medical Society members to meet this goal.

The twelve agencies served by the United Way have been carefully selected after proof of need by a Board of Directors made up of conscientious citizens from a cross-section of Lee County. Each agency is reviewed yearly to insure that it is still eligible to receive the funds allocated, and the United Way is audited annually. Operating costs of all the agencies are a matter of public record.

The over-all campaign is divided into categories. One of these is titled "Professional" and a category under that is "Medical." Let's enhance our community image by making that category one of the largest totals!

We all have our likes and dislikes, so if there is one or more of these agencies (listed below) that you would prefer your donation not be allocated to, you may designate this on your contribution.

Save yourself the bother of being solicited by twelve individual charities! Mail your check or pledge today to UNITED WAY OF LEE COUNTY, INC., P.O. BOX 1573, FT. MYERS, 33902.

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Lee Co. Association for Retarded Citizens
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Y.M.C.A.

Please. When you're called on to give this year, remember that your one gift to United Way helps support 12 different agencies. Thank you, doctor.



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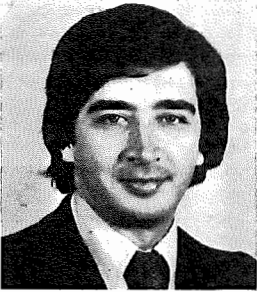
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NEW MEMBERSHIP
APPLICANT

ROBERT PHILIP ANTONIO, M.D.

Robert Philip Antonio, M.D. has applied for membership in the Lee County Medical Society.

A native of Kingston, Jamaica, W. I., Dr. Antonio graduated from the University of the West Indies, Kingston, Jamaica.

He did his internship at the University Hospital of the West Indies and completed his residency at Massachusetts General Hospital, Boston, Mass.

He had a fellowship in Anesthesia at Massachusetts General Hospital and was an instructor of Anesthesia at Harvard Medical School, Boston, Mass.

He will be practicing with the Anesthesia Associates, 3949 Evans Avenue, Fort Myers. He and his wife, Nancy will arrive in Ft. Myers in December.

CONGRATULATIONS

Harriet Coleman had officially announced her retirement from her work with the medical profession. Harriet is Past Executive Secretary of this Medical Society and has served many dedicated years in the medical community. We wish Harriet many happy retirement years with her husband, Ed.

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ADDITION TO THE LEE
COUNTY MEDICAL SOCIETY
BY-LAWS

CONSTITUTION

Article V — Standing Committees

Section 1. STANDING COMMITTEES

(ADD) (12) Joint Committee of the Lee County Bar Association and the Lee County Medical Society.

BY-LAWS

Chapter V — Committees

Designated — The Committees of this Society shall be standing committees on:

(ADD) (12) Joint Committee of the Lee County Bar Association and the Lee County Medical Society.

(A) Chairman — The Chairman shall be elected by the Membership of the Committee. The Chair will alternate annually between the physician members and the attorney members.

(B) Members — The physician members of the committee will be appointed annually by the President of Lee County Medical Society. The number of physician members will be set by the President of the Medical Society after conferring with the President of the Lee County Bar Association in order to keep the number equal from the two groups.

(C) Function

(1) The Committee will consider complaints from physicians or attorneys concerning fee disputes or professional mistreatment. The Committee will attempt to solve these problems through consultation. The Committee may make recommendations to the parties in the dispute. The findings and recommendations of the Committee will be binding only if agreed to by the disputing parties.

(2) Any complaint involving professional misconduct of a serious nature will be referred to the appropriate disciplinary committee of the Bar or Medical Society.

(3) The Committee may make recommendations concerning the general interactions of attorneys and physicians, which will improve, aid, or facilitate these interactions. There are many areas in which physicians and attorneys must work together. This joint committee should feel free to speak to any of these areas.

(4) The Committee shall report periodically to the Board of Governors.

Read at the November Society Meeting
Published in the January Bulletin
Vote at the January Meeting

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WORK COMP
LAW CHANGES

(Due to recent, drastic changes in the W/C Law, we felt it would be apropos to inform the membership about those changes affecting us and our patients. We have asked two experts, both local attorneys, to summarize these changes for us — This they have done in a remarkably clear fashion. The first article, below, is by a man who represents the majority of insurance carriers in S. W. Florida. The one offered next month will be by a lawyer whose practice is limited to W/C litigation on behalf of the plaintiff...Editor)

The 1979 Legislature made sweeping changes to Florida's 44-year old Workers' Compensation Law.

Of interest to the medical profession is the fact that the emphasis in making a determination of permanent disability was shifted from "medical impairment" or anatomical loss to "wage loss" or economic disability. No longer will payments to injured workers be based largely upon the number of percentage points awarded by

Continued on Page 4



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Continued from Page 3

the doctor as has been the case in the past.

Under the 1979 revision there are only three classes of impairment for which compensation is payable regardless of wage or economic loss. They are (1) impairment due to amputation; (2) loss of 80 percent or more of vision, after correction; and (3) serious facial or head disfigurement. No other class of permanent impairment entitles an injured worker to compensation unless that impairment results in a wage loss.

Under the new law the injured worker is entitled to receive

compensation based upon a percentage of the difference between his pre-injury and post-injury earnings. The wage loss benefit is payable for a period not to exceed 350 weeks after the employee reaches maximum medical improvement for injuries on or before July 1, 1980. The wage loss benefit is payable for a period of 525 weeks after the employee reaches maximum medical improvement for injuries occurring after July 1, 1980. No wage loss benefit is payable after the injured employee reaches age 65. One of the prerequisites for entitlement to wage loss benefits is that the injured worker has sustained or suffered a permanent impairment even

though such impairment is not one of the three listed above for which impairment benefits are payable.

In establishing a rating of permanent impairment the Legislature has decreed that the *Guides to the Evaluation of Permanent Impairment*, copyright 1977, 1971, by the American Medical Association shall be used until or unless the Division of Workers' Compensation established a different schedule for determining the existence and degree of permanent impairment.

The new law makes no changes to the existing Medical & Surgical Fee Schedule. However, the Florida Medical

Association has recently filed a petition for an increase across the board and hearings on that petition are expected to commence next month.

The Florida Medical Association was also instrumental in getting the Legislature to adopt the "peer review" system for evaluating inappropriate utilization of health care and services. A finding of "inappropriate utilization of health care and services" requires a hearing before a peer review committee. A finding by the peer review committee that a health care provider improperly overutilized or otherwise rendered or ordered "inappropriate" treatment or services may

result in non-payment for medical services rendered.

The 1979 revision to Florida's Workers' Compensation Law included many other provisions affecting the legal profession and also placing tighter controls on the insurance industry. The philosophical shift in emphasis from a medical impairment basis of compensating for an injury to an economic or wage loss basis will be watched with interest by the other states to see whether the Florida experiment has the overall effect of limiting and concomitantly reducing the costs of administering the system.

Albert M. Frierson

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Social Hour — 6:30 P.M.
Dinner — 7:30 P.M.

TOPIC: "TRAUMA TEAMS"

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L.C.M.S. Members: Please, if After You Make Your Reservations For Dinner, You Find You Will Not Be Able To Attend, Notify The Society Office By Noon Of The Day Of The Meeting So That Society Funds Can Be Conserved. The Society Must Pay For All Reservations Made.

LEE COUNTY MEDICAL SOCIETY

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