



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



January, 1981

Fort Myers, Florida

Vol. 2, No. 9

Auxiliary News

The joint dinner meeting with physicians and their spouses certainly added a nice respite in an otherwise hectic time of year.

We were certainly pleased with the sumptuous buffet provided by the Royal Palm Yacht Club — they always do such a nice job.

It was so refreshing to enjoy the music provided by the Choral Jazz Ensemble from Fort Myers High under the able direction of Mr. John Welch. It just proves that not all young people are having problems. We do indeed thank them for a fine performance.

I think the large turnout of both doctors and spouses proves that we should make a more combined effort to have our meetings together, with programs both entertaining and educational to all and work out a way where-by we can each have our separate business meetings.

Hop your holidays were Merry and your New Year will be a great one.

Marth Cox, President
Lee County Medical Society Auxiliary

!!NOTICE!!

Address-O-Graph service is available for membership use at a nominal cost. Contact Ann at the Society Office for specifics.

"And You Think You Have Troubles!"

Nurse: How would you like this assignment? This could have been yours in 1887. Thank goodness we've come a long way since then.

"In addition to caring for your 50 patients, each nurse will follow these regulations.

SOCIETY MEETING

JANUARY 19, 1981

ROYAL PALM YACHT CLUB
2380 First Street

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

SPEAKER: GARY DUNCAN, M.D.

Associate Professor of Neurology, Dept. of Neurology,
Vanderbilt University, Knoxville, Tenn.

TOPIC: "Non-Invasive Carotid Studies"

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

L.C.M.S. Members: All Reservations Must Be Made By Friday Noon Before The Meeting On Monday. Cancellations Should Be No Later Than Noon On Monday. The Society Must Pay For All Reservations Made.

GARY WILLIAM DUNCAN, M.D. was born in Nashville, Tennessee, and received his M.D. from Vanderbilt University, the latter in 1966.

His Internal Medicine residency was served at Vanderbilt and Fellowship and Residency in Neurology at Harvard Medical School. He served as Instructor in Neurology there in 1973-1975 and at the M.I.T. Clinical Research Center. For the next 3 years he was Assistant Professor in Neurology at Vanderbilt and since that time as Chief of Adult Neurology Service.

Dr. Duncan was Phi Beta Kappa, AOA, and is Certified by American Board of Psychiatry and Neurology. He is the author of numerous publications ranging in areas of interest from Endemic Psittacosis, Sturge-Weber Disease with subarachnoid hemorrhage and many other articles in the field of his special interest, Neurology.

"1. Daily sweep and mop the floors of your ward, dust the patient's furniture and window sills.

"2. Maintain an even temperature in your ward by bringing in a scuttle of coal for the day's business.

"3. Light is important to observe the patient's condition. Therefore, each day, fill kerosene lamps, clean chimneys and trim wicks. Wash the windows once a week.

"4. The nurse's notes are important in aiding the physician's work. Make your pens carefully; you may whittle nibs to your individual taste.

"5. Each nurse on day duty will report every day at 7 a.m. and leave at 8 p.m., except on the Sabbath on

which day you will be off from 12 noon to 2 p.m.

"6. Graduate nurses in good standing with the director of nurses will be given an evening off each week if you go regularly to church.

"7. Each nurse should lay aside from each pay day a goodly sum of her earnings for her benefits during her declining years so that she will not become a burden. For example, if you earn \$30 a month you should set aside \$15.

"8. Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop or frequents dance halls will give the director of nurses good reason to suspect her worth, intentions and integrity.

Cytologic Evaluation of Ocular Lesions

Evaluation was made of ocular cytologic specimens from 59 patients with clinically suspicious lesions: 47 conjunctival scrapes, 10 vitreous fluid aspirates, 1 corneal scrape and 1 iris cyst aspirate. Tissue correlation was available for 30 of the 59 cases. A control group of 20 normal conjunctival scrapes was also evaluated.

Cytomorphologic criteria for normal ocular specimens, inflammatory lesions, premalignant lesions and malignant lesions are present. These lesions included dysplasia (seven cases), carcinoma in situ (four cases), Squamous cell carcinoma (five cases), Meibomian gland carcinoma (three cases), basal cell carcinoma (two cases), metastatic adenocarcinoma (one case), melanoma (two cases) and retinoblastoma (one case). The remaining lesions were nonspecific inflammatory changes and normal variants. The results of this study indicate that cytologic examination of ocular specimens can be a valuable adjunct in the workup of suspected neoplastic eye lesions.

Acta Cytological Journal
Vol. 24 No. 5 Pages 391-400
September-October 1980

Tamara L. Sanderson, M.D., M.S.P.H.

EDITORS NOTE:

According to our policy of including a synopsis of articles written by our members, that are published in Journals with national or state circulation, the above is included. We are just proud to announce that this paper was awarded the resident physician's PRIZE PAPER AWARD of the American Society of Cytology for submitting the best resident's scientific paper in Cytology at the 27th Annual Scientific Meeting, San Francisco, Calif., November 2, 1979. Dr. Sanderson is in the Pathology Department of Lee Memorial Hospital.)

"9. The nurse who performs her labors, serves her patients and doctors faithfully and without fault for a period of five years will be given an increase by the hospital administration of 5 cents a day providing there are no hospital debts that are outstanding."

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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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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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PRESIDENT'S MESSAGE

Stephen R. Zellner, M.D.



It is always difficult to accept and fully understand the role of a newly acquired position. It's even more difficult when this is an elected position. It is gratifying to think that your peers have enough confidence to provide you with a role of leadership. What the year has to bring, is of course, at present unknown. Participation and cooperation, however, will have to be of necessity watchwords of the present administration.

All too often, physicians take a back seat and a watch-and-wait attitude toward the political factors which surround them. Recently, however, this has become more difficult and if allowed to continue will approach disastrous proportions. Your Medical Society is a main avenue to voice your feelings and complaints in the arena of medicine, its politics and economics.

It is not sufficient to merely be interested and concerned but also necessary to cooperate and participate. Perhaps to elaborate on the area of cooperation might be to include establishment of committee function, supporting Medical Society and Committee efforts, supporting the Florida Medical Association and the Lee County Medical Society. Cooperation, however, is not only for the few but for the many. This is perhaps where participation plays its largest role. If we can at least encourage participation at every level of Medical Society business, whether it be at the County Committee level, Board of Governors or State Medical Association level, then our time and efforts will have been well spent.

I look forward to an exciting year working with a newly elected Board of Governors, serving the membership of the Lee County Medical Society. We are continuing to rapidly grow and expand. Let's make this growth meaningful and exciting as well as productive. Cooperate, but most of all, participate.

REMINDER

The basis CPR course will be given January 28th and 29th. If you have not registered, and desire to, contact Ann Wilke at the LCMS Office. A request for 3 hours CME credit has been applied for... Editor.

AMPHETAMINES — 1980

An amendment was made to the Medical Practice Act by the 1980 Florida Legislature, of particular interest to all physicians who prescribe amphetamines. This establishes grounds for disciplinary action regarding prescribing, supplying or selling of amphetamines for any purpose other than treatment of 1) narcolepsy 2) hyperkinesia-behavioral syndrome in children (further defined and described) 3) psychiatric evaluation of depression 4) treatment of depression refractory to other modalities, and 5) clinical investigation under an approved protocol.

In practical terms, this eliminates the use of amphetamines in the treatment of obesity. In an era in which the major use of amphetamines is abuse,

it is hoped that this law will reduce the supply of drugs available for misuse.

The Law obligates the pharmacist to determine, insofar as he can, the use for which the drug is intended. The pharmacist shares the responsibility with the physician, so do not be surprised by a call about a prescription for this or any Schedule II controlled substance.

State inspectors will be monitoring prescriptions for patterns of over-prescribing by individual physicians. Those who claim to treat all the narcoleptics in the continental USA will be asked to document the claim, at the very least.

John R. Agnew, M.D.

EDITORS NOTE:

The intent of this legislation is to curtail the use or misuse of amphetamine and sympathomimetic amines for weight reduction. Two criteria are involved in determining if a drug falls under this law:

1. Is it an amphetamine, sympathomimetic amine or compound thereof?
2. Is it a C-II drug?
(eg. Ritalin, a C-II drug, does not fall into this law because it is not a sympathomimetic or an amphetamine.)

?? DID YOU KNOW ??

According to Chapter 458 of the rules of the Board of Medical Examiners, (pg. 11), it shall be grounds for disciplinary action for a physician to prescribe, dispense, or administer any medicinal drug to himself (as set forth in Ch. 893), except one prescribed, dispensed, or administered to the physician by another practitioner authorized to prescribe, dispense, or administer medicinal drugs. DRUGS THAT FALL INTO THIS CATEGORY:

Betamethadol	Morphine
Codeine Methylbromide	Mescaline
Heroin	Raw Opium

Methodone
Secobarbital
Methaqualone

There are many, many more, the complete list being on file in the Society office.

It shall also be grounds for disciplinary action for a physician being unable to practice medicine with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition.

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A DAY IN THE LIFE OF AN ASPIRIN

Why is a patient in a hospital charged 50¢ or more for a single aspirin? In tracing the steps it actually takes to deliver a hospital patient one aspirin tablet, Dr. Schenken discovered not one, but 10 answers to that question. Here is his account of the typical process hospitals must follow in order for a patient to receive an aspirin.

In order for a hospital patient to receive an aspirin tablet:

1. The aspirin must be purchased by the hospital pharmacy or the purchasing department.

A requisition and/or a purchase order is completed and forwarded to the vendor.

2. When the aspirin arrives, it must be checked into the pharmacy inventory system.

a. Bottles or units of doses must be unpacked, inspected for any damage, and placed on the shelf.

b. The purchase order or invoice must be approved for payment and forwarded to the hospital accounting department.

3. The hospital accounting department pays the vendor for the shipment of aspirin.

a. The invoice is audited and a check prepared.

b. The check must be signed.

c. The check has to be mailed to the vendor.

d. The invoice and accounting records that created the check must be filed.

4. The patient's physician must order the aspirin.

a. The physician determines the amount and strength of the dose of aspirin to be given to the patient, when and how often it is to be given, and the method of administration (tablet, liquid, suppository, etc.).

b. The physician's order must be written into the patient's chart. This may be done by the physician or the order may be given verbally to a registered nurse who then writes the order into the chart for the physician.

5. The aspirin must be ordered from the pharmacy, dispensed, and delivered to the patient's floor or nursing unit.

a. The physician's order is transcribed from the chart onto a requisition form.

b. The requisition is delivered to the hospital pharmacy.

c. The pharmacist uses the requisition to:

JOHN R. SCHENKEN, M.D.
Reprinted from Miami Medicine, Dec/80

(Editor - Many of us hear repeated complaints from patients about this or that ridiculous "over-charge", as shown on their hospital bills. It might be useful for each of you to have your secretary make copies of this article to pass out to the occasional disgruntled patient.)

(1) Prepare correct amount and type of aspirin.

(2) Prepare and affix a label to the container of aspirin to be given to the patient.

(3) Adjust the inventory records to reflect the disbursement of the aspirin.

d. The container label and contents are double-checked against the requisition before the medication leaves the pharmacy.

e. The aspirin is then delivered to the nursing unit.

f. The pharmacist prepares a charge ticket or form and forwards the charge to the hospital business office.

6. When the aspirin arrives at the nursing unit, it must be placed in the proper patient's box or bin in the drug room.

7. The registered nurse taking care of the patient must give the proper amount of aspirin to the patient at the correct time and in the manner prescribed by the patient's physician.

a. The nurse must check the chart and/or medication list to determine at what time, in what manner, and what dosage the aspirin is to be given.

b. The nurse then obtains the container of aspirin, checks the label to make certain that it is the correct container, and prepares the proper dosage.

c. The nurse takes the dose to the patient and administers the medication.

d. After the aspirin has been given to the patient, the nurse must observe the patient for any reactions to the medication.

8. The nurse must enter a notation into the patient's chart indicating that the patient received the aspirin.

a. The date, time, amount, type, method of administration, any reactions observed, and the nurse's name or initials must be entered into the chart in order to:

(1) Indicate to the physician that the order was completed.

(2) Provide an accurate record of the care given to the patient.

9. The hospital business office uses the charge ticket prepared by the pharmacist in item 5(f) to prepare a statement for the patient.

After the charge is posted to the account, the records must be filed for audit and other accounting procedures.

10. After the patient is dismissed from the hospital, the chart must be processed and filed by the medical records department. □



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Speak up today with your contribution.

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Contributions are not limited to the suggested amount. Members who send in the first of three suggested amounts receive a complimentary copy of the Florida Medical Political Action Committee (FLAMPAC) and Florida Medical Association (FMA) joint publication, "The Doctor's Voice".

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MEDICARE EDUCATIONAL SERIES

HOME HEALTH CARE

The Health Insurance for the Aged and Disabled Act (Title XVIII of the Social Security Act) has made available to the elderly or disabled American an insurance program to meet hospital, medical and other health costs, which includes home health care. To qualify for home health benefits under either Part A (hospital insurance) or Part B (voluntary supplemental medical insurance), a beneficiary *must be confined to his home, under the care of a physician and in need of skilled nursing, physical therapy or speech therapy on an intermittent basis.* A beneficiary who requires one or more of these services in the treatment of his condition is eligible to have payment made on his behalf, for other home health services, such as occupational therapy, medical social services, use of medical supplies and medical appliances and the intermittent services of home health aides.

The law required that the attending physician certify in all cases that the beneficiary is confined to his home. The patient does not have to be confined to his bed, but is expected that absences from the home would be

brief and for the purpose of receiving medical treatment. In addition, the patient should be seen by his physician at least once every sixty (60) days.

The dated signature of the attending physician must be obtained prior to

submission of bills to the intermediary. This certification is usually included in the plan of treatment form. It is the physician's responsibility to certify that the patient is *homebound*, and the services, supplies or appliances identified on the plan of treatment reflect the orders for the patient.

The reimbursement structure is a cost-based system which reimburses the Agencies for what they spend to provide services. The average cost to the Medicare Program per visit per discipline is \$25.00, however, it does range up to \$125.00 per visit per discipline including home health aides. The program depends on the physician's signature as bottom line control for goods and services and ultimately financial control. With minimal direct medical care by the physician, there is the potential for lack of interest in

direct control, leaving only the underlying desire of a physician to have the patient cared for.

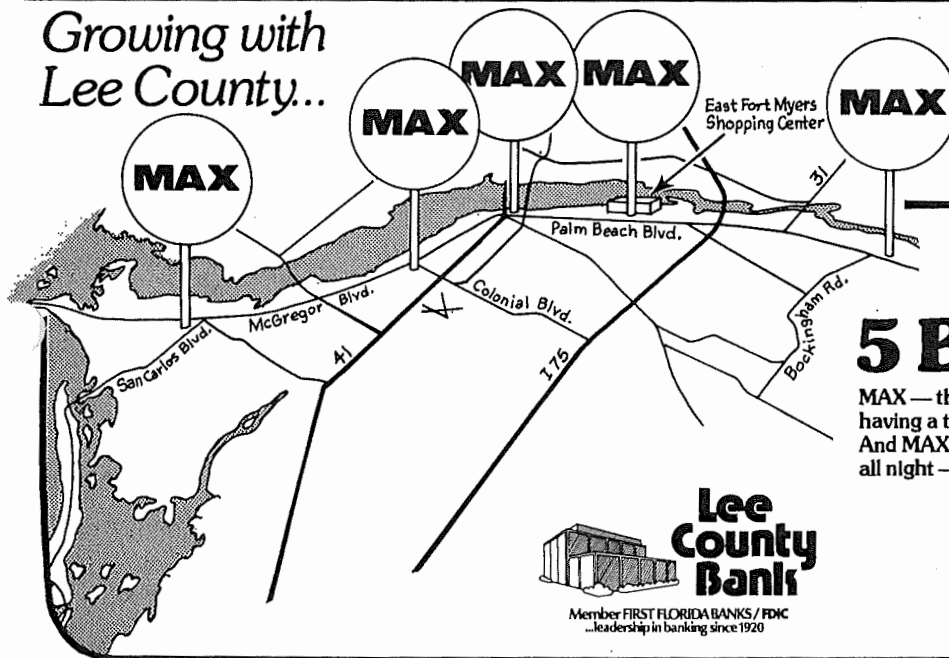
The busy schedule of a physician is appreciated, but the physicians must bear moral responsibility for the health care costs which they order for their patients.

1. Do not order or sign for services in excess of real needs.
2. Read what you sign!
3. Review carefully and delete or modify requests for services regularly as costs for continuing skilled care and home health aides can be immense within a few weeks' time.

(The above was supplied by BC/BC. They hope to have us include, on a regular basis, similar articles — hopefully to be helpful to us in dealing with such problems. If our members find this to be useful, please express it to me and we will comply.)

Editor)

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SOCIETY MEETING

JANUARY 19, 1981

ROYAL PALM YACHT CLUB
2380 First Street

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Dinner — 7:30 P.M.

SPEAKER: GARY DUNCAN, M.D.

Associate Professor of Neurology, Dept. of Neurology,
Vanderbilt University, Knoxville, Tenn.

TOPIC: "Non-Invasive Carotid Studies"

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February, 1981

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Vol. 2, No. 10

MEDICARE EDUCATIONAL SERIES #2

COSMETIC SURGERY

In discussing the ground rules for cosmetic surgery, it is essential that a definition of cosmetic surgery and reconstructive surgery be understood and accepted by all participants. Our definitions were developed by the Medical Division of Florida Blue Cross Blue Shield together with a committee of Plastic Surgeons and later approved by the Florida Society of Plastic Surgeons.

Reconstructive surgery is defined as surgery attempting to improve function or appearance to any area of the body which is altered by disease, trauma or congenital deformity as opposed to familial characteristics or aging phenomena.

Cosmetic Surgery

Cosmetic surgery is defined as surgery performed solely to improve the appearance of the individual, but not to restore bodily function or deformity. Cosmetic surgery does not become reconstructive surgery because of psychological or psychiatric reasons.

Cosmetic type ear, nose and throat surgery:

Removal of keloids of the ear lobes following ear piercing. Otoplasty solely for protruding ears. Complications of previous cosmetic noncovered services. Rhinoplasty for familial external nasal deformity without functional impairment of breathing. Mentoplasty with or without any type of implant for familial chin deformities without malocclusion or when malocclusion, if present, is not corrected. Hair implants or any type of hairplasty for male pattern baldness. Chemical peel of face or other areas for wrinkling or pigmentation. Dermabrasion of face or other areas for wrinkling or pigmentation. Rhytidectomy solely for aging skin. This includes all areas of face, forehead, eyelids and nose.

Cosmetic type obesity surgery:

Abdominoplasty (abdominal lipectomy) with or without repair of diastasis recti is almost universally considered to be a cosmetic procedure which is not eligible for reimbursement by almost all third parties including Medicare. This is listed as a cosmetic procedure by the American Society of Plastic and Reconstructive Surgeons. A diastasis is not considered a true ventral hernia. Reim-

bursement for the repair of this condition is made only when it is medically necessary in association with the repair of a true midline hernia or excision of a covered, symptomatic lower abdominal panniculus. The nature of each individual patient's clinical and surgical status must be documented by the attending physician.

The Medicare Program offers no benefits for the surgical or medical treatment of exogenous obesity. No Medicare benefits are available for lipectomies, even if performed to relieve functional symptoms.

The Medicare Program offers coverage for the performance of the Gastric Bypass procedure only if it is performed for *morbid* obesity where the primary purpose is to treat a serious medical condition which cannot be expected to improve without a drastic loss of weight. Examples are severe cardiac and pulmonary conditions and severe diabetes. The attending physician is responsible for the documentation regarding the pre-operative medical status of the patient. This must be available for review by the Medical Department of the Medicare Carrier if so requested. The intestinal bypass is not covered for any indication.

Some private insurance contracts will make reimbursement for specific surgery of a symptomatic patient. It is advisable to obtain *prior approval* for any such procedure from the private carrier involved.

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SOCIETY MEETING

FEBRUARY 16, 1981

ROYAL PALM YACHT CLUB
2380 First Street

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

SPEAKER: NORMAN R. TUCK

Blue Shield of Florida, Professional Relation Representative

TOPIC:

1. What it means to Blue Shield to be a participating physician.
2. How does Blue Shield develop profiles on physicians' charge.

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NATIONAL LEADERSHIP CONFERENCE

The AMA will hold the 9th annual National Leadership Conference in Chicago, February 12-15, 1981. This is a conference planned expressly for the Medical Society leaders. The emphasis will be on strengthening your leadership role, both within our medical society and in the medical federation as a whole. The focus will be on priority issues and will provide decision making information one needs to meet the diverse problems challenging the medical profession.

The 1981 Conference Theme — TRY-

ING IS WINNING . . . IT STARTS WITH YOU — has been chosen to capture the spirit felt around the nation last winter as the underdog U.S. hockey team rallied unexpectedly to win the Olympic gold medal — through an extraordinary amount of will power and working together all the way. The 1981 N.L.C. is designed to enhance your leadership ability and prepare you for the challenges that are ahead.

Complete information about reservations, attendance, program, etc. are on file at the Society office. Future presidents/leaders, here's your chance!!!

RESOLUTIONS FOR FMA

Larry P. Garrett, M.D.

Any action at the State or National Level of Organized Medicine must start from one individual who has an idea and desires change. A good idea can move quickly through the chain of the County and State on to the National Level. The best way to make organized medicine fail, is to say "they don't do what I like, so I just won't belong."

The FMA's Annual Meeting will be held in Hollywood, Florida the last week in April, 1981 (April 29 - May 3). If anyone has any business to be brought before the FMA or ultimately the AMA, please notify me or anyone of your local Delegates to the FMA.

Cecil C. Beehler, M.D.
Larry P. Garrett, M.D.
J. Stewart Hagen, M.D.
F. L. Howington, M.D.
H. Q. Jones, Jr., M.D.

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EDITORIAL

PRESIDENT'S MESSAGE

Stephen R. Zellner, M.D.

"The Complete Physician"

Remember when practicing medicine was fun?

Remember when there was that keen excitement, that uplifted feeling of making the correct diagnosis, edging out the attending physician or recognizing the unusual presentation of illness? Remember when we were all complete physicians?

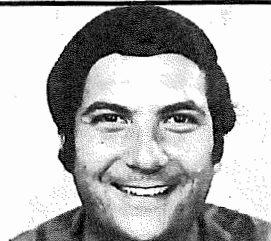
The practice of medicine has become progressively complex. Wealth of knowledge doubles every few years and one can easily recognize why it is impossible to keep up with all fields of medicine and be expert in every area. We live in an age of medical specialization where each of us is turned on to "doing our own thing." Obviously, there's a lot to be said for this brand of medicine wherein each of us has our own little niche of expertise. It is more comfortable for the physician to try to keep abreast of all developments in his field and it is similarly comforting to the patient to know that they are being cared for by one who is expert for their particular illness.

Although I am a proponent of specialty medical care and the consultative approach to evaluation of diagnostic problems, something is lacking. It does not happen often, but I am sure we are all aware of individual cases where specialty illness was diagnosed and treated correctly only to miss a concurrent problem of perhaps equal significance and import that was out of the specialty area of the attending physician. We have become so involved in our own specialty that we perhaps do not take the necessary time to view the patient over all. Obtaining a PAP smear should be as much a part of a urologic evaluation as it is for a routine physical examination in the gynecologist's office. Preparing the patient for cataract surgery does not obviate the need for auscultation of the heart.

Why are we perhaps falling into the subspecialty trap? Are we so busy caring for a large volume of patients that we don't have the time? Is it perhaps the loss of ability to perform these various tests of physical examination because we're out of practice? Is it perhaps our assumption that the patient's "other" physician will follow up on that aspect of care? Unfortunately, patients are also falling into the sub-specialty trap. Where they requested that their personal physician be responsible for their entire care in the past, a patient may now have as many as half-dozen physicians caring for each subspecialty area, each assuming that the other is taking responsibility for the patient as a whole.

Paying attention to detail and firming up a tentative diagnosis are only some of the qualities of a complete physician. We should not lose sight of the fact that specialization has its pitfalls. Taking a little more time to evaluate the patient fully, may be just the prescription that the doctor ordered.

Remember when practicing medicine was fun?



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"HOW TO KILL AN ASSOCIATION"

Don't participate beyond the paying of your dues — let "them" handle things,

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Decline all offices and committee appointments — you're too busy,

THEN OFFER VOCIFEROUS ADVICE ON HOW THEY SHOULD DO THINGS.

If appointed to a committee, don't work — it's a courtesy appointment,

THEN COMPLAIN BECAUSE THE ORGANIZATION HAS STAGNATED.

If you do attend management meetings, don't initiate new ideas,

THEN YOU CAN PLAY "DEVIL'S ADVOCATE" TO THOSE SUBMITTED BY OTHERS.

Don't rush to pay your dues — they're too high anyway,

THEN COMPLAIN ABOUT POOR FINANCIAL MANAGEMENT.

Don't encourage others to become members — that's selling,

THEN COMPLAIN THAT MEMBERSHIP IS NOT GROWING.

Don't read the mailouts and newsletters from the Association, it's not important,

THEN COMPLAIN THAT YOU'RE NOT KEPT INFORMED.

Don't volunteer your talents — that's ego fulfillment,

THEN COMPLAIN THAT YOU'RE NEVER ASKED, NEVER APPRECIATED.

And if by chance the organization grows in spite of your contributions,

GRASP EVERY OPPORTUNITY TO TELL THE NEWER MEMBERS HOW TOUGH IT WAS, HOW HARD YOU WORKED IN THE OLD DAYS TO BRING THE ORGANIZATION TO ITS PRESENT LEVEL OF SUCCESS.

Private Medicine is Terminal...

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But it takes a strong dose, and right now only 35% of the FMA supports the FLAMPAC/AMPAC team.

Your own private practice is the patient, doctor. We need your help to save it.



Contributions are not taxed to the extent of the amount of the FMA and the FMA will have a matching grant level upon the amount of all state and federal contributions. Copies of FLAMPAC and AMPAC reports are filed with the Federal Election Commission, Washington, D.C. Contributions are subject to the limitations of FRC Regulations 115.01, 115.02 and 115.03. Federal Regulations restrict the total.

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The Lee County Child Protection Team is hiring an Executive Coordinator. A college degree is preferred or comparable experience can be substituted. Some administrative secretarial skills are required. Please send resume to P.O. Box 06177, attn: Jill Turner, Ft. Myers 33906.



DAVID RICHARD LEHRER, M.D.

APPLICATION FOR MEMBERSHIP

Active members are requested to express to the Membership Committee any information or opinions they may have concerning the eligibility of the applicants.

Dr. Lehrer is a native of Sandusky, Ohio. He graduated from Kenyon College and Ohio State. He completed

his internship and residency at the Ohio State University Hospital.

He was in private practice in Sandusky, Ohio until 1970 at which time he opened an office at Clermont, Florida.

Dr. Lehrer is practicing his specialty of General Surgery at 6306 Corporate Court, S.W. He and his wife, Linda, live at 4815 Tudor Drive, Cape Coral.

CHAMPUS "DID YOU KNOW?"

The FMA Board of Governors at their October meeting expanded the responsibility of the Committee on Medicare/Medicaid to include CHAMPUS. If any of our members are having problems with this federal program, please provide our Committee on Medicare/Medicaid a brief explanation of the situation so that we may be able to take appropriate action.

CAROTID ARTERY ANEURYSMS: AN OTOLARYNGOLOGIC PERSPECTIVE.

RICHARD J. LANE, M.D.

Aneurysms of the extracranial carotid artery are relatively rare & can present difficult diagnostic problems. A literature review and assessment of ten cases of extracranial carotid artery aneurysms treated at the University of Pennsylvania during the years 1969 to 1979 was completed. The bifurcation of the carotid artery is the most frequently reported site of aneurysm formation in the extracranial portion of the carotid system. The internal is the next most common site, & the external carotid the least common. Petrous aneurysms are distinctly rare. Atherosclerosis and trauma account for the majority of extracranial carotid artery aneurysms.

Traditionally, the diagnosis has been dependent on finding a pulsatile expansile mass in the neck associated with pressure, pain or occasionally massive hemorrhage. Today, central neurologic manifestations including ischemia & stroke are among the most

common findings in patients with extra carotid artery aneurysms. Four of ten patients in this review presented with either transient or permanent central neurologic symptoms. Less frequently, peripheral neurologic signs including cranial nerve palsy occur because of local compressive phenomenon in the neck. Most commonly involved are the IX, X and XI cranial nerves. The VII cranial nerve may be affected by parapharyngeal aneurysms. A Horner's syndrome may also occur with compression of the cervical sympathetic plexus. Symptoms of headache, facial pain, tinnitus, vertigo, epistaxis, hoarseness & dysphagia may be seen with these aneurysms. Detection of the aneurysm prior to the development of irreversible neurological deficits or massive hemorrhage is essential in minimizing the morbidity & mortality associated with these lesions.

Reprint from *The Laryngoscope* Vol. XC, No. 6, Pg. 897-911 June 1980

Peer Medical Utilization Review: Conformity or Avoidance?

WHAT IS PEER REVIEW?

Peer review is the review of a physician's pattern of practice by his fellow physicians. It is as old as medicine itself and has constructive impact. Peer review for Medicare is a privilege granted by our government to permit other physicians to review a doctor's Medicare practice when a question arises regarding treatment rendered to Medicare recipients. When a doctor has a pattern of practice which differs significantly from that of his fellows in a similar field, this difference is detected by a routine computer review of physician "profiles", and an attempt is made by the Medicare barrier to understand these differences (this subject will be examined further in a future article). Occasionally these differences are not resolved, and Peer Medical Utilization Review is requested.

The doctor is greatly inconvenienced. Time, his most important commodity, is required to obtain charts; review his records; appear before a county committee and sometimes a state committee; and to explain further his practice pattern, to justify orders, certain lab tests, frequency and necessity of office visits, injections and special procedures. He may feel intimidated, anxious, harassed and that it is a waste of time which detracts from his patients and his income.

Continued on Page 4

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As previously stated, peer review is a privilege, and the doctor has a right to waive the process. If allowed this option, why should he subject himself to this consuming, anxiety provoking situation?

The advantages of review by peers are several. The doctor can use his own terminology, permitting greater ease of communication, and eliminating the need to define terms. He can obtain feedback about the current pattern of practice and learn additional concepts which may assist him in his practice. He can discover how he compares with his colleagues, which can be edifying. Since learning can be mutually beneficial, the doctor often aids the committee, and new issues can be discussed.

Perhaps most important in the peer review process is the opportunity it allows a doctor who appears to have overutilized certain benefits to show that his pattern of practice is necessary because of the type of patient he treats, and the complications he encounters. In the majority of the doctors reviewed, the committee resolves the conflicting patterns of practice after hearing a physician's reasons.

When the committee determines that a doctor has unjustifiably overutilized benefits it may offer guidelines to help him improve his pattern of practice and avoid future problems. This result of peer review alone is highly cost efficient for the doctor as well as the consumer. The educational value of such guidelines also allows the doctor to provide higher quality care.

Peer review affords the doctor an opportunity to explain his pattern of practice, to obtain guidelines when necessary, and help establish guidelines which are often constructive in future committee reviews. If the doctor being reviewed does not agree with the committee's findings, he has the option of appeal, and a hearing before a Medicare Hearing Officer (usually a lay person).

Peer review is not a waiver of due process. It is, rather, an additional process which offers a more objective review. Although it is not legally binding, the findings of the committee are usually respected and followed by the carrier.

The responsibility of the PMUR Committee is to conduct a highly objective review of a doctor's pattern of practice. Three guidelines help assure this aim: medical necessity, quality of care and reasonable cost.

In the experience of the Florida PMUR Committee, most doctors have derived benefit from the process despite anxiety and time consumed. On infrequent occasions very inept doctors have been discovered, and appropriate steps taken, which has resulted in benefits to all physicians and consumers.

Future articles in this series will deal with in-house review, concurrent care, how to prepare for peer review, the carrier's action upon receipt of a finding, and the Medicare Fair Hearing itself.

CHARLES B. MUTTER, M.D., CHAIRMAN

This is the 2nd in a series prepared under the auspices of the FMA Committee on PMUR.

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SOCIETY MEETING

FEBRUARY 16, 1981

ROYAL PALM YACHT CLUB

2380 First Street

Social Hour — 6:30 P.M.

Dinner — 7:30 P.M.

SPEAKER: NORMAN R. TUCK

Blue Shield of Florida, Professional Relation Representative

TOPIC: 1. What it means to Blue Shield to be a participating physician.

2. How does Blue Shield develop profiles on physicians' charges.

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LEE COUNTY MEDICAL SOCIETY

P.O. Box 1704

Fort Myers, Florida 33902



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



March, 1981 11

Fort Myers, Florida

Vol. 3, No. 1

"cis-DICHLORODIAMMINEPLATINUM (II) IN THE TREATMENT OF ESOPHAGEAL CARCINOMA"

Seventeen consecutive patients with untreated squamous cell carcinoma of the esophagus were treated with *cis*-dichlorodiammineplatinum(II) (DDP) by infusion at a dose of 3 mg/kg with mannitol diuresis. One patient had a partial response and six additional patients had subjective improvement in dysphagia and associated weight gain; however, no complete responses noted. Toxic effects were mainly . There were no drug-related deaths. We conclude that DDP alone is not effective in squamous cell carcinoma of the esophagus.

(Cancer Treat Rep 64:709-711, 1980)

Stephen Davis, *Muthukrishnapillai Shanmugathasa, and William Kessler*

AMA COMMITTEE APPOINTMENTS

Each year the AMA solicits recommendations from various sources for possible appointment to a variety of committees that respond to and reflect the AMA's continuing interest in medical education. There are a number of such committees on file in our Society Office, and as there are a number of our members who belong to the AMA and are well-qualified for such appointments, please step forward and be recognized. We will assist your getting the appointment in your special field of interest.

Congratulations To:

DONALD R. KRAWITT, M.D., on his motion picture "Congenital Valves of the Posterior Urethra" placed on the motion picture program of the forthcoming A.U.A. meeting in Boston.

M. SHAN MUGATHASA, M.D., on becoming a member of the American Society of Hematology.

MEDICAL MEMOROBILIA

The City of Fort Myers Historical Museum has requested members of the Lee County Medical Society to help participate in establishing a display commemorating the practice of medicine in Southwest Florida. They would be very much interested in obtaining suitable medical memorabilia either for loan or donation to the museum. Proper recognition would of course be provided.

Any one who is interested in participating or in making a donation please contact Mrs. Christine Roberts at the Museum, 2310 Edwards Drive, Ft. Myers, FL 33902 — Telephone 332-4288.

WHAT IS CIGUATERA?

Ciguatera is a disease of tropical marine fish which is responsible for causing severe pain and extended disability in persons having ingested fresh fish. The syndrome is characterized by nausea, diarrhea, and abdominal cramps, followed by neurological disturbances including a peppery taste of the tongue and lips, reversal of hot and cold sensations, aching jaws with a feeling of looseness in the teeth, severe pain in the joints, dizziness and muscular fatigue. Victims are frequently bedridden, with disability lasting from several days up to 25 years. Treatment is purely symptomatic.

!!NOTICE!!

Address-O-Graph service is available for membership use at a nominal cost. Contact Ann at the Society Office for specifics.

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

MARCH 16, 1981
PROGRAM NOT AVAILABLE
AT TIME OF PRINTING.

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NOTES FROM THE MEDICAL SOCIETY AUXILIARY

Stress is a part of everyone's life and no person is free of it. The most important part of stress is "what we do with it", according to Dr. Hans Selye author of *The Stresses of Life*. Mary Robinson, therapist and Director of Community Development for the Counseling and Growth Center spoke Monday night, February 16 to the Medical Auxiliary about ways of adapting to stress. In addition to information about the adaptation resource and other means of handling stress identified by Dr. Selye, Mrs. Robinson included concepts from Sidney Simon, author and innovator of values clarification concepts, Sidney Gould's *Transformations* and ways which have been personally helpful to her in handling stress.

(Editor's Note: Mary Robinson is Director of Community Development for the Counseling and Growth Center.)

The Auxiliary is very busy as the year comes to a close. The nominating committee is getting up the new slate of officers to work under incoming President, Barbara (Mrs. Mark) Mintz.

February 23 will be an all day leadership conference in Port Charlotte for old and new board members. This meeting will be held under the leadership of our District Vice-President Candy (Mrs. Michael) Murray.

Harriet Zaretsky reports a total of \$4,104.00 received through the Christmas Sharing Card. Thank you Doctors and your Spouses.

WE ARE VERY CONCERNED ABOUT THE DROP IN SPOUSE MEMBERSHIP IN THE AUXILIARY. WITHOUT MONETARY SUPPORT THE SPOUSES DO NOT RECEIVE THE NEWSLETTER OR YEARBOOK. PLEASE CHECK TO SEE IF YOUR SPOUSE HAS JOINED FOR 1981-82. YOU MAY CALL JOSIE (MRS. PAT) CULLEN AT 939-4235.

LEE COUNTY MEDICAL SOCIETY BULLETIN

2466 Hunters Terrace
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Phone (813) 936-1645

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

ROYAL CREST PRINTING
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EDITORIAL

PRESIDENT'S MESSAGE

Stephen R. Zellner, M.D.

Ask now what your County can do for you, but rather, what you can do for your County.

Although the above represents a trite play on words, it nevertheless represents a school of thought that should be examined once again. All too often, we, the practitioners of medicine in Lee County, take for granted what Lee County has provided us. We live in a beautiful area of warmth, water fun, outdoor experience and most of all, community acceptance. Practitioners of medicine still carry the respect of their fellow county residents. Several of our members have even been fortunate enough to be elected to public office by those whom we treat. This represents one of the highest forms of flattery.

Most of us take for granted the opportunity which has been provided us. Frequently, service organizations, non-professional groups and other area professionals request our medical expertise as well as our financial assistance. All too often, we, the County Medical Society, withdraw. Although we should certainly not play the role of philanthropist, I feel that we should make every attempt at community involvement and participation. One such inroad has already been initiated in the form of establishing educational scholarships at the high school and college level. We have established sports medicine programs to aid our public schools and we have made attempts to provide a speaker's bureau to assist in educating our children at the public school level. No longer should we accept the role of community non-involvement, but rather, step out into the forefront of community awareness and service.

Organized medicine needs a shot in the arm. Support from within is lacking. Faltering American Medical Association membership, community responsiveness and awareness to organized medicine are in distress, perhaps as a result of our being so aloof. Community awareness and involvement, both at the personal and medical society level, need frequent reevaluation and assessment, and this I urge wholeheartedly.

CPR REPORT

The first CPR Course sponsored by our Society was held at Lee Memorial Hospital, January 28, 1981, attended by 32 people, mostly physicians, with a few family members included. Judging by the comments, it had an effect well worth the effort. Supervising the program was FRED BURFORD, M.D., assisted by BILL BESS, M.D. and JACK CARVER, M.D. Also involved in the instructions were JOHN SPICUZZA, CLYDE WILLEMS, and BILL CONRAD, all licensed instructors.

Due to stupidity on your Editor's part, the course was "planned" for one evening (actually we spent 4½ hours), when it should be divided into two consecutive nights. That will be the format for future courses.

We have had quite a few of our members asking about when future courses will be held. The indefinite target date is April. If you would like to be included, phone Ann Wilke and have her place your name on the roster. Class size will probably be limited to the first 50 enrollees.

(I felt it was appropriate to include the article on the insert sheet, copied from J.F.M.A., in case some of you skipped over, or did not see it. Editor)

Private Medicine is Terminal...

Well, not quite, but it's on the critical list, afflicted with a festering disease of government regulation.

The best known prevention and cure is the Florida Medical Political Action Committee (FLAMPAC), your voice in positive political action to preserve the practice of private medicine in Florida.

But it takes a strong dose, and right now only 35% of the FMA supports the FLAMPAC/AMPAC team.

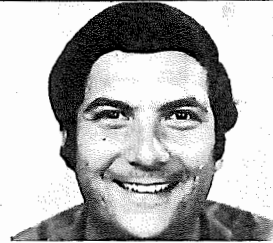
Your own private practice is the patient, doctor. We need your help to save it.



Contributors are not bound by the suggested amount. Neither the FMA nor the FLAMPAC will issue or disburse any money until the amount of it is fully received by the FLAMPAC. Copies of FLAMPAC and AMPAC reports are filed with the Federal Election Commission, Washington, D.C. Contributors are subject to the limitations of FEC Regulations 101.02, 101.03 and 101.05. Federal Regulations require the notice.

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Your horn goes off accidentally and gets stuck when you're following a group of Hell's Angels on the freeway . . .

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You call your answering service and they tell you it's none of your business . . .

You walk to work and find your dress is stuck in the back of your pantyhose . . .

Your income tax return check bounces . . .

You see the 60 Minutes News Team waiting for you in your office . . .

Your only son tells you he wishes Anita Bryant would mind her own business . . .

You put your bra on backwards and it fits better . . .

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LEGISLATIVE REPORT

On February 11, 1981 preliminary plans for 1981-82 Legislative program was discussed in a joint meeting of the Society and Auxiliary Leadership. Francis Coleman, M.D., President of FLAMPAC and Mr. Eugene H. Johnson, Manager of the South Florida office of FMA attended.

Each year over 400 bills are introduced in the State Legislature which effect medicine in one way or another. It is a tremendous task to monitor all of these bills to make sure we are prepared to act at the proper time and in the proper fashion for the benefit of medicine. Already filed is Senate Bill 61. A bill which if passed, will mandate all hospitals in Florida to use a system of "Problem-Oriented Medical Records." The FMA opposes this legislation. The bill has been assigned to the Senate HRS Committee. Don Childres, (D-Palm Beach) is the Chairman. He asked and received our support in this last election. Each of our membership can take a moment *NOW* and write him a brief note of opposition to this bill. Reasons for opposition are readily available in the Society Office.

A number of "Sunset" issues will be coming up this year and next year. We will try to keep you informed. When action is needed you will be asked to respond. I feel sure, we all know how important it is for all of us to be involved in the political arena. IT MEANS OUR VERY SURVIVAL.

In 1982 all the seats of the House and Senate will be up for election — reapportionment will also be involved. Hopefully, Southwest Florida will receive a Senate seat in the process. 1982 is vitally important to medicine. We need to get involved *NOW* with our money, resources, Auxiliary and personnel. We need to make sure those who are elected in 1982 are sympathetic to our viewpoint. This is a golden opportunity to accomplish this end. Right now, while you are reading this report, take out your check book and join FLAMPAC. This will be a start.

The FMA feels the future of our private practice of medicine depends greatly upon our own involvement. Dr. Coleman came here for the day, specifically to encourage us to increase our activities. Our membership and our Auxiliary appears to be developing apathy. Let's revitalize our efforts. After all, it is for us. If we will not become involved and fight for ourselves, why should anyone?

H. Quillian Jones, Jr., M.D.
Legislative Chairman

NEW MEMBER APPLICANTS

Active members are requested to express to the Membership Committee any information or opinions they may have concerning the eligibility of the applicants.



JAMES OTIS BRANNEN, M.D.

Dr. Brannen is a native of Homestead, Florida and he graduated from Ft. Myers High School in 1956. He attended the University of Florida and received his M.D. degree from Emory University. He did his internship at Grady Memorial Hospital and his residency at Emory University Hospital. He comes to Ft. Myers from Decatur, GA to practice his specialty of Adult Psychiatry at 3660 Central Avenue. He and his wife, Donna Royal Brannen will reside at 1147 Rose Avenue.



JUAN MANUEL VICUNA-RIOS, M.D.

Dr. Rios is native of Lima, Peru. He attended the San Marcos University and received his Medical Degree in 1973. He completed his internship at Henry Ford Hospital and did two residencies at Pontiac General Hospital and William Beaumont Hospital.

He and his wife, Sharon will reside at 2025 Cheryl Street, Matlacha, FL. Dr. Vicuna-Rios will practice his specialty of Family Practice in Matlacha.



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CONSULTANTS VS. ATTENDING PHYSICIANS

Two physicians rendering services for hospital visits (90240 through 90297) on the same day(s) will not be allowed coverage by Medicare on initial processing of the claims. The patient should have only one Attending Physician and he should be using the above codes so indicated. The other physician(s) would be considered consultants by Medicare. Consultants are those physicians called by the Attending Physician to render an opinion \pm care of a particular patient. Consultants should perform an initial exam and evaluation which is written and part of the hospital record. Different levels of initial consultant involvement are identified by codes 90600 through 90630.

Following the initial consult, the Consultant should communicate with the Attending Physician regarding his place in the continuing care of the patient. If the Attending Physician wishes the Consultant to continue to visit the patient, the Consultant, in that capacity, is allowed up to five (5) additional visits by Medicare. These do not need to be consecutive days. Level of care is identified by codes 90640 through 90643. At the termination of the five follow up consults, the Consultant's position must be reevaluated.

The Consultant should then have either achieved the purpose of a Consultant or have in effect become the Attending Physician. Please clearly state who is the Attending Physician when a change is made in your progress notes on the patient's chart. The previous Attending Physician should then *not* continue to charge the patient or Medicare. The previous Attending Physician may continue his personal contact with the patient, but his charges should cease when the Consultant assumes the patient's care. The Consultant then as Attending Physician has the responsibility for the patient's care. As Attending Physician, the Consultant should list his care as regular visits 90240 through 90270.

Continued care/visits by more than one physician is called concurrent care. Illnesses requiring continued care by the original Attending Physician and Consultant(s) must be documented as to the need. Remember, a surgeon is responsible for post-operative care and the continued visits by another physician is considered non-covered unless documented as to medical need for such services. A patient who has a diagnosis of Diabetes Mellitus, Hypertension, Ulcer, etc. which is controlled does not warrant care by a physician nor charges for visits for observation or to prevent problems. Concurrent care by two medical physicians must show need for different type expertise and continuing need for care. If one physician has the knowledge to care for the medical problems of the patient, then two physicians should not be charging for services and visits. This applies to family physician-consultant and internist-consultant.



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FEBRUARY 16, 1981

ROYAL PALM YACHT CLUB

2380 First Street

Social Hour — 6:30 P.M.

Dinner — 7:30 P.M.

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LEE COUNTY MEDICAL SOCIETY

P.O. Box 1704

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LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



April, 1981

Fort Myers, Florida

Vol. 3, No. 2

ORGAN DONOR COMMITTEE

As many of you know, both Lee Memorial Hospital and Ft. Myers Community Hospital are actively involved in the "Organ Donor Transplant Program", affiliated with the University of Miami and the Tampa West Coast Transplant Center, respectively.

There is presently a committee for the "Organ Donor Transplant Program" at Lee Memorial Hospital and one from the Medical Society. Drs. Cox, Bonnette, Butcher and myself are members of the Medical Society Committee, and will be happy to coordinate any questions, programs, etc. At the present time, Florida has a mortality rate from kidney disease exceeding the national average. There are over 1,000 patients on dialysis at this time with transplantation usually available to 10% or less per year.

We have been able to cooperate with this program several times since we've been affiliated with these groups. The general acceptance by the public has been quite good, particularly in response to talks to community groups.

Drs. Cox, Bonnette, Butcher and myself will be available to speak to any group (e.g. community service or club) to explain this general program.

We would all hope to see this type of program become established and highly accepted as one of the few ways that we can look upon a time of grief as having some beneficial aspect and at the same time minister to some very chronic and sometimes terminal disease. Thomas R. Connolly, M.D.

"NOTICE"

FMA ANNUAL MEETING
Diplomat Hotel
Hollywood-By-The-Sea, Florida

APRIL 29-MAY 3, 1981

Hospitality room open to all members. Room # will be posted in Convention Lobby.

There will be a Pimco Malpractice Seminar at the Annual Meeting for those who wish to attend.

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

APRIL 20, 1981

Speaker: DAVID FELICIANO, M.D.
Assistant Professor of Surgery
Baylor University, Houston, Texas

Topic: "TRAUMA"

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FUN WITH A PURPOSE

In our busy schedule, we often become so mesmerized by our daily and weekly routine that it is difficult to appreciate the variety of opportunities that are not immediately apparent.

Whether politically inclined or not, let me describe a typical day in the Legislature that is beneficial to each of us, individually as well as collectively.

The Legislature meets from April 7th through June 6th, 1981. During this period of time, a clinic is maintained in the Capitol Building and is open each day that the Legislature is in session. There is a Registered Nurse present who dispenses a variety of proprietary medicines for the usual maladies of politicians, i.e. headaches, sore throats, etc. As the Doctor of the day, your responsibility is as a consultant or more specifically a triage officer and is rarely called upon.

You will be introduced to the Legislature. You have the privilege of the floor (i.e. may enter the House or

Senate.) If the Governor is available, you may gain audience with him.

The experience is truly educational as well as fun, especially if you make it a family affair. As Doctor of the Day, you and/or your family are afforded an opportunity to observe and experience the Legislature at work and meet with your Legislators on an informal basis.

I would strongly urge each of you to consider taking the time from your usual merry-go-round to spend the day in Tallahassee as Doctor of the Day. The benefit to you and medicine in general is incalculable.

If you have questions, please contact me. Anne Wilke has appropriate forms or you may contact "Donna" at the Tallahassee FMA Office: Phone (904) 224-6496. The FMA will arrange housing, if needed, or I can recommend a delightful lodge South of Tallahassee which in itself is worth the trip. You can also fly commercially up and back in the same day, leaving at 7 a.m. and returning at 9 p.m. (not recommended)

Act now!!!! Time is short!

Francis L. Howington, M.D.
FMA Legislative Council

SPECIAL LEGISLATIVE REPORT

The FMA Legislative Junket to Washington was held March 24th and 25th. This was the 28th Annual Congressional visitation by the officers of the FMA and the Key Contact Physicians. For a change we came away full of optimism and enthusiasm.

The mood on Capital Hill has drastically changed with the new administration. Everyone seems to have received the message of the people. Not only are the politicians talking about the budget cuts across the board, but for the first time in years they are all doing something about it. As L. A. "Skip" Bafalis, our Congressional District Congressman puts it, "Up until two months ago, I would wake up in the morning wondering what battle I would lose today." Now he says, "I look forward each day to the battles I will win."

The Reagan Administration is cutting the budget across the board. In the medical field, he wants to:

- (1) Phase out federal funding of HSA's and ultimately repeal the underlying authority. (PL 93-641)
- (2) Terminate PSRO's over the next two years.
- (3) Phase out or freeze National Health Service Corp. Scholarship levels.
- (4) Repeal federal subsidies to HMO's.
- (5) Medicaid Cap and Block grants to be cut across the board.

There are other far reaching proposals to help bring this great country of ours back into a position of fiscal responsibility. For the first time in years, the mood in Washington is that we finally have a President who can and will do what he says. Needless to say, this Key Contact Physician came away from the visit with a great deal of enthusiasm.

H. Quillian Jones, Jr., M.D.

LEE COUNTY
MEDICAL SOCIETY
BULLETIN2466 Hunters Terrace
Fort Myers, Florida 33901
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August editions omitted.

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MESSAGE

Stephen R. Zellner, M.D.

Where Do We Go From Here?

Members of the Florida Medical Association met in Orlando last month to discuss that very idea. Perhaps highlighting some of the areas of concern may spur interest in local as well as national medical politics.

We, as physicians, have as our primary purpose the delivery of the highest quality medical care at the most reasonable cost. I personally feel that only through the maintenance of our free enterprise system can health care delivery be maintained at this high level. Activities by government which would interfere with the doctor/patient relationship will most assuredly adversely affect health care delivery. Recognizing our own shortcomings and then having the insight to correct them will allow us to police our own house rather than have "Big Brother" interfere.

In regard to the above, the FMA has established a peer medical utilization review system within the state of Florida. In addition, a health insurance review program is also in effect. The FMA is also involved in collection of health care data for further planning and encourages hospitals to provide patients and medical staff with copies of their hospital charges. Unfortunately, there are still too many uses and abuses of health care services. Patients and their lifestyles have greatly contributed to the costs of medical care. Ninety percent of all illness afflicting modern Americans is a direct result of their lifestyle. For instance, smoking-related illness will cost more than 18 billion and kill more than 320,000 people, 10% of our population have serious drinking problems. Adverse drug reactions account for 1:20 hospital admissions at a cost of 3 billion dollars annually, and of the ten leading causes of death, the first six are dietary-related. Clearly, the responsibility for control of rising medical costs falls on the sphere of private medicine. We are all too aware of the necessity to control costs from within but it is also necessary that we undertake a comprehensive public relations program to educate the public on how their lifestyle affects their medical costs.

Government regulation is not the answer. The present administration has fortunately seen the light and is well aware that less regulation throughout the economy is the answer. The President's Council on Wage & Price Stability, summed it up by saying, "It is all too apparent that with current reimbursement programs and the ubiquitous and often conflicting morass of regulation, the federal government, instead of being part of the solution, is a part of the problem

of rising health care costs." The Voluntary Effort is the only industry-wide program to work effectively and voluntarily toward the goal of holding down the rate of inflation and rising health care costs. This program should be allowed to continue to demonstrate its effectiveness without costly government regulation.

As one aspect of patient education, we have been investigating the possibility of working in conjunction with the news media. The plans for a local talk show are in their early stages. Input and comments, as well as suggestions and participation, will be necessary. It is hoped that we can call on our membership for their continued interest and support.

CPR ANNOUNCEMENT

The second CPR Course for this year will be given at Lee Memorial Hospital on June 10th & 11th, 1981. The first 50 registered will be enrolled for this session. Application has been made for approval for 3 hours of Category I CME credit. There will be a nominal charge made to cover expenses.

The ACLS Course will be given on May 9th & 10th, and those who hold a Basic Certificate could be considered for this instruction. It, too, is approved for CME Credit. FRED BURFORD, M.D. will be supervising both of these sessions.

To register, phone Ann at the Society office and have your name added to the growing list.

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Letter to Editor

I am writing you in my capacity as State Medical Consultant for the Florida Medicaid Program. I am enclosing a brief notice, which I would appreciate your publishing in your Medical Society Newsletter or otherwise circularizing as you see fit. I realize that most doctors have less than cordial feelings regarding Medicaid, however, that program is with us and does involve huge amounts of public funds, so we all need to at least be aware of what is going on. Here are a few facts about the prescribed drug program that I feel are worth observing. The appropriation for this program for the 1980-81 fiscal year was based on an anticipated caseload of 482,843 individuals, as utilization rate of 95.05%, estimated monthly prescriptions of 458,932, with a unit cost of \$7.10, for a total appropriation of \$39,079,785. It is faced with a significant deficit due to the fact that the actual caseload and utilization rate are greater than anticipated. It would appear that this is an area of expenditure over which we physicians can have some control. Your cooperation in disseminating this information is deeply appreciated.

James K. Conn, M.D.
State Medical ConsultantMEDICAID COST
CONTAINMENT
ASSISTANCE REQUEST

The Florida Medicaid Program is requesting the assistance of physicians in helping control Medicaid expenditures of prescribed drugs. Their budget analysis indicates that if the current expenditure rate continues until June of 1981, a deficit of \$1,015,503 is forecast. Your help in reducing this deficit is urgently needed.

One method of physician assistance in this cost containment effort is to prescribe generic drugs where possible. A review of patient drug regimen patterns by doctors may also help through elimination of prescriptions which may no longer be required for the patient. It is suggested that drugs which are known or suspected by physicians to be therapeutically ineffective or possibly ineffective, not be prescribed.

Any suggestions or further actions you can take to help conserve funds is requested.

Do You Know?? —

That the date a physician documents a patient is ready for alternate care, e.g. nursing home, is the date of change of insurance status, even though the review team does not note this until a later date?

That Medicare has very specific guidelines regarding the approved uses of computerized tomography? Your office staff can correctly file your claims by following guidelines in Section 50-12 of the Medicare Appendix — coverage issues.

Joyce Schmidt R.N., B.S.H.S.

LEGISLATIVE REPORT

The April 7th opening of the Florida Legislature is still a few weeks away, but already several bills have been filed that are of critical concern to Florida physicians and their patients. Among the bills filed to date that are being actively opposed by the FMA are:

1. State subsidy for employees enrolling in HMO's. This proposal in the Governor's budget would give an additional contribution of 10% of the cost of single coverage plus an additional contribution of 20% of the cost of family coverage for state employees that enroll in HMO's.
2. Hospital privileges for chiropractors (HB 242).
3. Establishment of a chiropractic college in Florida (HB 268).
4. Authorization for optometrists to use and prescribe drugs.
5. Licensure of Homeopathic physicians (HB 49).
6. State takeover of county health units (SB 162).
7. Mandated use of problem-oriented medical records in all Florida hospitals (SB 106).
8. Proposal to allow physicians to practice in areas of need as determined by the Federal Department of Health & Human Services, without taking Florida exam (SB 182).

With time left for the filing of bills, it is certain that other legislation of an adverse nature will be filed. If past patterns continue, there will be almost 400 bills filed that have some impact on medicine, with 40-50 of these being of critical nature.

As the 1981 Program was developed, we determined to give priority attention in the early stages to several budget issues. The biennial budget process used by the Florida Legislature requires approval in 1981, else an issue will be deferred until the 1983 session. Among the budgetary priorities established are:

- \$600,000 for the full-time medical direction and long-range planning for the EMS system.
- \$10,900,000 in increased funding for county health units.
- \$30,500,000 for increases in physician reimbursement under Medicaid.
- \$1,800,000 for prenatal and postnatal care for the indigent.
- \$8,900,000 for increased salaries for state-employed physicians and nurses.
- \$5,200,000 increase for school health services.

None of these were recommended by the Governor for funding at the full amounts, and the increase for physician reimbursement under Medicaid was deleted entirely. This

will make it much more difficult to develop legislative support for the increases sought.

As has been said so many times in the past, the Tallahassee-based efforts of the FMA are a conduit for the energies and impact generated at the local level. We are confident that Lee County will continue to be a leader in providing the local support necessary for success.

H. Quillian Jones, Jr. M.D.
Legislative Chairman

NEW MEMBER APPLICANTS

Active members are requested to express to the Membership Committee any information or opinions they may have concerning the eligibility of the applicants.



DONALD CADY WILLIAMSON, M.D.

Dr. Williamson is a native of Fort Hood, Texas. He graduated from LeMoyne College, Syracuse, N.Y. and in 1977 he graduated from College of Medicine, State University of N.Y. with a Degree of M.D. His internship and residency was completed at Shands Teaching Hospital, Gainesville, Fla. He has just completed a fellowship in Anesthesiology and Critical Care Medicine at Shands.

He will join the practice of Stubbs and Associates in his specialty of Anesthesiology.

He and his wife, Silvia will reside at 48 W. Mariana Avenue after arriving in Ft. Myers in July.

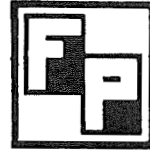


JEFFREY H. ROSEN, M.D.

Dr. Rosen is a native of Queens, New York. He graduated from Boston University with an A.B. degree in 1972. He received his M.D. degree from the University of Georgetown, Washington, D.C. in 1976. His internship and residency was completed at the Medical College of Virginia. In 1979-81 he did a fellowship at Georgetown University.

He will practice his specialty of Internal Medicine, Cardiology with Dr. Tritel and Dr. Danzig.

He and his wife, Deborah and son Mark will arrive in Ft. Myers in July.



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TYPE IIB VON WILLEBRAND'S DISEASE: UNUSUAL RESPONSE TO CRYOPRECIPITATE INFUSION

Michael S. Heller, M.D., et al
(ANNALS OF INTERNAL MEDICINE)
1981; 94: 47-50

A 16-year-old boy had IIB von Willebrand's disease. The disorder is characterized by prolonged bleeding times; normal plasma levels of factor VIII-coagulant activity, factor VIII-ristocetin cofactor activity, and factor VIII-related antigen; abnormal (anodal) mobility of plasma factor VIII-related antigen on two-dimensional crossed immunoelectrophoresis; and enhanced binding of plasma factor VIII-related antigen to normal platelets in the presence of ristocetin.

These variables were measured at time periods after an infusion of normal cryoprecipitate into the patient. The electrophoretic mobility of his plasma factor VIII-related antigen was normal 15 minutes after the infusion but became abnormal (anodal) by 4 hours. His bleeding times were normal after 24 hours and did not correlate with plasma levels of factor VIII-coagulant activity, factor VIII-ristocetin cofactor, factor VIII-related antigen, or the electrophoretic mobility of his plasma factor VIII-related antigen. These results imply that the abnormal factor VIII/von Willebrand factor multimers in the plasma of these patients can associate with normal factor VIII/von Willebrand factor multimers and delay the deposition of the normal multimers into subendothelial surfaces. This may require cryoprecipitate infusions 24 hours before elective surgical procedures.

Continuing Medical Education

The Lee County Medical Society is joining with the University of South Florida this year to present the Fourth Annual Family Practice Update.

Utilizing the resources available within the local medical community, this program will cover a wide range of medical and surgical topics of interest not just to family physicians, but to everyone providing primary care.

The format will be that of a seven hour segment on Saturdays/4 April, 2 May, 6 June, 12 Sept., 3 Oct. and 7 Nov. All the sessions will be held in the Lee Memorial Hospital Auditorium. The morning segment will be from 9 to 12:30, and the afternoon will be from 1:30 to 5 P.M.

The program has been approved for 42 hours of Prescribed hours by the

American Academy of Family Physicians and Class 1 by the Florida Medical Association.

Registration may be made in advance thru the Medical Society offices or at the time of attending. Tuition will be:

Entire \$200.00
Per day 50.00
Per session 30.00

Checks should be payable to Lee County Medical Society.

Please include your social security number for reporting the hours.

CONGRATULATIONS

Dr. Steven H. Paletsky has completed all the requirements and has been certified by the American Board of Urology.



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APRIL 20, 1981

Speaker: DAVID FELICIANO, M.D.
Assistant Professor of Surgery
Baylor University, Houston, Texas

Topic: "TRAUMA"

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LEE COUNTY MEDICAL SOCIETY

P.O. Box 1704

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LEE COUNTY MEDICAL SOCIETY BULLETIN

The Voice of Lee County Medicine



May, 1981

Fort Myers, Florida

Vol. 3, No. 3

ARE WE ONE SNAKE OR TWO SNAKES?

"The Serpent Symbol in Medicine" was the topic of a recent Hall of Fame Lecture given by Doctor Hymie Gordon, Professor of Medical Genetics at the Mayo Clinic. This symbol, which represents the medical profession, is a symbol of brotherhood, which is dedicated to the service of humanity, from healing and comforting the sick to promoting universal health. It is recognized as such, world-wide, and knows no barriers of race or religion. He said that there may be two different ideas as to what the correct serpent symbol is, but there can be no doubt about the high ideals of the medical profession.

He traced the serpent symbol down through the ages, noting the official symbol of the medical profession is the staff of Aesculapius, the god of healing in the Roman mythology. Dr. Gordon said that whether the symbol is two intertwined serpents around a staff and wings on the staff as well, or whether it is one serpent intertwined around the staff with no wings is a matter of controversy all over the world.

After discussing the various areas of controversy and how the two views came about, Dr. Gordon concluded the symbol of the single serpent and staff without wings is the correct symbol.

CONGRATULATIONS!!

Lee County has been honored by the appointment of **H. QUILL JONES, JR., M.D.** to the FLAMPAC Board of Directors and by the appointment of **LARRY P. GARRETT, M.D.** as the FLAMPAC District Representative for recognition of the outstanding job the physicians are doing in Lee County.

CONGRATULATIONS!!

H. QUILLIAN JONES, JR. has been appointed Chairman of Reference Committee I, Health and Education, at the 107th Florida Medical Association, Inc. Annual Meeting.

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

APRIL 20, 1981

SPEAKER: **FRANCIS C. COLEMAN, M.D.**
PRESIDENT, FLAMPAC

TOPIC: **WINNING FOR MEDICINE**

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

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AUXILIARY NEWS

The workshop on the impaired physician.

Mary Beth Weigand was chairman of the workshop for the impaired physician held 1/30/81 in conjunction with the FMA conference at the Dutch Inn. There were over 100 physicians and auxiliary members at the meeting. I mention the number as an example of increased interest in the impaired physician.

In 1979 the FMA formed the Impaired Physician Committee, headed by Dr. Mathews. Dr. G. Selander is the present chairman.

He stated the purpose of the committee is to change the ending for the sick doctor — prior feelings were to "leave the doctor alone and he will shape up" — no colleague wanted to jeopardize his practice. The sick doctor needs help to recover and resume the practice of medicine. Another purpose is to protect the public from the sick doctor.

Dr. Thames, president of the FMA

stated that \$55,000 were funded for the impaired physician committee. So far, the accomplishments include the following: 1. — a medical director was obtained (Dr. D. Morgan); 2. — establishment of a hot line — 305-667-8717; 3. — establishment of a liaison between the Dept. of Regulation so that the sick doctor may be treated and properly supervised by the department when resuming his practice.

Mary Beth Weigand told us that 44 states have an impaired physician committee. Georgia has an excellent program which has become a blue print for Florida to emulate. The aim of the program is to rehabilitate the doctor.

We, as auxiliary members can educate ourselves on addictions. We must reach out and help because the impaired physician is unable to ask for help, even denies the existence of a problem.

A 10 minute film entitled "Our Brothers Keeper" is available to County Societies.

The medical director of the program, Dr. Morgan, spoke about the

ALERT TO MEMBERS

There has been a significant decrease in problem prescriptions in Lee County over the past two years. The Drug Enforcement Administration office in Miami, today, has asked that the physicians be reminded that Methaqualone continues to be the most popular drug on the street. Although these are not all coming from prescriptions, Percodan and Dilaudid are being supplied by physicians writing prescriptions.

Drug Abuse Committee
Dianne Rechline, M.D., Chairman

program implemented in Florida. Our objectives are to educate ourselves. There will be a meeting in March for this purpose. We must move slowly and cautiously; otherwise the program can be destroyed. The steps we can now follow are to contact the impaired physician committee. Intervention is then done by committee members and of course, confidentiality is maintained. Treatment consists of one month at the Florida facility followed by therapy in the Georgia facility.

Now available to county societies is a slide presentation that describes the impaired physician: the characteristics of his disease; his family relationships; his relationship with colleagues, and hospital staff.

Two doctors spoke about their alcoholic and drug abuse problem. They stressed the early diagnosis as being important for the patient, family and colleagues. Part of therapy in the Georgia program is to allow the cured doctor to work under supervision. Thus, he proves to himself that he can do the job without undue pressure.

The State professional regulatory division and the medical examiners board work with the doctor under treatment. There is a 5 year follow up period.

In closing please remember that alcoholism and drug abuses are diseases and are treatable.

Terry Carver

LEE COUNTY
MEDICAL SOCIETY
BULLETIN

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

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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.

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PRESIDENT'S
MESSAGE

Stephen R. Zellner, M.D.



It's unfortunate that in today's sophisticated medical atmosphere not all patients are created equal. Government regulation and legislation would have us believe that all patients regardless of monetary constraints should have ability to obtain the medical care that is necessary for their continued health. Those same individuals who would urge us to care for less financially advantaged patients raise their eyebrows when confronted with the need to improve the reimbursement program that presently exists for State-supported Medicaid patients.

No matter how the data is analyzed, it becomes decidedly clear that physicians are being grossly underpaid for the services that they provide patients who are Medicaid recipients. Is it any wonder, therefore, that the physician provider is reluctant to see these patients on a routine basis and is willing to provide care only in an emergent situation.

If indeed the Federal bureaucracy is going to underwrite and support medical care to the indigent, then it need be done so that these patients can receive similar quality care to those patients better able to afford medical cost. The Florida Medical Association is supporting the Department of Health and Rehabilitative Services in requesting an increase over the next several years for the specific reason of increasing physicians' fees in the Medicaid program. Efforts to break down the economic and monetary barriers so that physicians can provide the quality of care that is necessary for maintenance of health without undue consideration to financial reimbursement are needed. If, indeed, the government is going to assume responsibility for financial support of the medically indigent, then the increase in physician fee support is certainly a step in the right direction. This will go a long way in assuming continued treatment of the recipients of this support and making sure that they stay within the main stream of medical care.

Stephen R. Zellner, M.D.

A 30-second quiz

Editor's Comment — Only 44% of our County Society members belong to A.M.A. This article is included to reach you other 56%.

As a busy physician, you probably haven't the time to do much more than teach, conduct research, or treat patients and manage your practice. Now imagine for a moment if there were no American Medical Association . . .

1. When would you find the time to analyze a bill pending before the Congress — to see how it might affect your practice or research?

During the 96th Congress (1979/1980) the AMA monitored all legislation and analyzed hundreds of health bills.

2. When would you find the time . . . to testify before a congressional committee or otherwise provide it with a physician's viewpoint?

. . . to tell a federal regulatory agency what you feel about certain rules and regulations which affect how you practice, teach, or do research?

The AMA testified and submitted statements to Congress and federal agencies 235 times in the past year.

3. When would you find the time to visit a congressman, a senator, or a member of their staff?

The AMA has a full-time staff in Washington who do so on an almost daily basis.

4. When would you find the time to help write the kind of health legislation you believe would help the profession and the public?

The AMA drafts and obtains sponsors for its own legislative bills to meet human needs in the health area.

5. When would you find the time to speak out in the media or in public forums on issues affecting health care, and give a physician's point of view?

The AMA, through its staff and elected leadership, is involved on a daily basis in representing your view by holding press conferences, and participating in interviews.

6. When would you find the time to answer letters, inquiries, and telephone calls from public officials, newspapers, magazine writers, and just ordinary people on every conceivable health question and problem?

The AMA does, more than a million times a year.

In addition to all these activities of representation at the national level, the AMA also shares scientific information, educates the public, litigates in the courts, and works closely with other organizations to accredit hospitals, medical schools, residency training programs, and the institutions offering continuing education.

If you are an AMA member, you are helping your national association support you. If you are not an AMA member — isn't it time that you joined your peers in strengthening the voice of organized medicine?

Your best practice-building ally:

AMA

A physician who wishes to improve an existing practice or set up a new one can draw upon a variety of aids available from AMA's Dept. of Practice Management.

Among publications offered are:

- The Business Side of Medical Practice (OP-410-\$5) — a detailed medical office management manual.
- Planning Guide for Physicians' Medical Facilities (OP-439-\$4.50) — basic planning and layout booklet for physicians' offices.
- Preparing a Patient Information Booklet (OP-441-30¢) — how to do it guide.
- Talking with Patients (OP-450-30¢) — leaflet on improving telephone communications.
- Winning Ways with Patients (OP-078-\$1.50) — guide for medical office assistants.

Other publications deal with medicolegal forms, professional corporations, obtaining financing for a medical practice, buying and selling a medical practice, and related topics.

AMA also offers five workshops at various locations and dates around the country designed to help physicians and spouses improve practice efficiency and financial planning. Workshops cover Starting Your Practice, Managing the Business Side, Closing a Medical Practice, Enhancing Your Financial Skills and Evaluating Group Practice. Four other workshops are designed to help medical assistants sharpen their office skills and are also given at various places around the country; they cover Team Building, Managing the Telephone, Medical Collection Management, and Scheduling the Doctor's Time.

A teaching cassette, "Handling Patient Telephone Calls Effectively" (OP-081-\$15) with accompanying worksheets also is available for use by medical office assistants.

For more information about workshops, publications, cassettes and related practice building materials, contact AMA's Dept. of Practice Management. Publications listed with order numbers and prices can be obtained from AMA's Order Dept., P. O. Box 821, Monroe, Wis. 53566.

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LEGISLATIVE REPORT

As a result of action taken at the March 14th FMA Board of Governors meeting, the Association is sponsoring legislation to correct the problems of inappropriate physician supervision for Advanced Registered Nurse Practitioners (ARNP). The law licensing ARNP's requires that these practitioners function under the general supervision of a physician in accordance with protocols entered into. Enforcement of this is the responsibility of the Board of Nursing. However, that board has no jurisdiction over M.D.'s.

In order to give the Board of Medical Examiners the responsibility for monitoring the supervising M.D. and the protocol entered into, the following changes are requested to the Medical Practice Act (HB 458):

1. The Board should approve each protocol and require them to be on file with the Board.
2. The physician should reside in the same community as the ARNP.
3. Each physician should be permitted to develop and supervise protocols for a maximum of two ARNP's.

The bill has been filed in both the House and Senate and we will receive number and committee reference in the next few days.

Likely to be the major health battle of the Session is the issue of whether to allow optometrists to prescribe drugs. Bills allowing prescription of drugs by optometrists have been filed in both the House (HB 482) and Senate (SB 349). The FMA is working actively with the Florida Society of Ophthalmology in an effort to defeat the bill.

We have been asked by the FMA to write our legislators urging defeat of the optometrist drug bill.

Drug prescribing should only be allowed for practitioners specifically trained in drug usage, patient management, and adverse drug reactions. Optometrists do not have the education nor clinical training to prescribe and administer drugs safely to Florida's health care consumers.

POINTS for DISCUSSION:

1. Current optometry school curriculum provides education in pharmacology, anatomy and physiology relating to the eye. These courses are given to optometry students to equip them to better recognize eye problems in order to refer for a definitive medical diagnosis and determination of a specific course of medical treatment.
2. The "clinical training" received by optometrists is with patients who need refractive services and does not involve the medical clinical training which emphasizes treatment of persons with eye disease or disorders.

3. Optometrists who graduated prior to 1965 (and over half in Florida did so) did not receive the above mentioned familiarization training in pharmacology. This skill cannot be developed through the continuing education process, as is claimed by the optometrists in Florida.

4. Optometrists, in statements to Legislatures in other states, claim that they are trained for diagnostic use of drugs, but not for prescribing. How can Florida optometrists, who graduate from these schools, substantiate their claim to have the qualifications to treat patients by prescribing?

5. It would be a disservice to Florida's patients if the Legislature gave their approval to this bill. If this state approval was given, many patients would think they are receiving a complete medical diagnosis and thereby delay their entry into the medical system for definitive diagnosis and treatment of disease.

H. Quillian Jones, Jr., M.D.

JUDICIAL COUNCIL

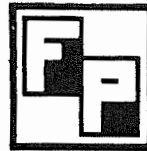
Physician Charges for Laboratory Services

Received, as information, the opinion rendered by the Judicial Council that physicians using medical laboratories should charge the patient exactly what the laboratory charges a physician, provided the physician may charge, in addition to the above, a reasonable charge for the acquisition of the sample and a reasonable handling charge.

Vote to reaffirm and submit to the House of Delegates the action taken by the Board regarding laboratory services in January 1970:

1. That it is preferable that the laboratory, not the attending physician, bill and collect from the patient or third payor for laboratory services. Where circumstances make this impractical or where increased costs to the patient would result, the bill submitted by the attending physician to his patient or third party payor should state the name of the laboratory performing the services for his patient and the exact amount of the charge paid or to be paid by the physician to the laboratory. Medical societies are urged to use all means legally available to them in effectuating the foregoing.
2. The attending physician is entitled to fair compensation for the professional services he renders. He is not engaged in a commercial enterprise, however, and any markup, commission, or profit on the services rendered by a laboratory is exploitation of the patient.

(Continued on Page 4)



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**GIFTS FOR
MUSEUM SOLICITED**

Gifts of memorabilia of yesteryear are now being requested for the Fort Myers Historical Museum by the Review (Acquisition) Committee.

If you have articles of historical significance to Southwest Florida which you are willing to give, or to place on loan, for exhibition at the Atlantic Coastline Train Station, which will be opening soon as a museum, call Florence Black, Chairman (334-4432). It is important to receive historical items now so that plans can be made for their display before the museum opens.

The City of Fort Myers expects work to get under way the first part of May to complete the interior of the Spanish type structure which served as the depot for many years. Funding for

this work was raised by a fund drive last summer through the efforts of the Museum Advisory Committee, Frieda Edwards, chairman; and fundraising co-chairman Lloyd and Jody Hendry, and others.

**Urodynamics of
Post-Radical
Perineal
Prostatectomy
Incontinence**

Steven H. Paletsky, M.D.

A series of post-radical perineal prostatectomy patients was studied to determine continence by carbon dioxide cystometry. Of 30 patients ques-

tioned, 17 were available for urodynamic assessment. All patients had shortened functional urethral lengths and decreased maximal closure pressure and incontinent patients had changes in the standing position. It is believed that such studies in the patients can be clinically contributory and are of academic interest, but history and cystourethroscopy remain more important in the overall patient evaluation and care. With the ever-growing enthusiasm for urodynamics it is important to reveal its limitations as well as its benefits.

!!NOTICE!!

Address-O-Graph service is available for membership use at a nominal cost. Contact Ann at the Society Office for specifics.

JUDICIAL COUNCIL
(Continued from Page 3)

3. In billing patients for laboratory services which attending physicians perform for their own patients, the bill should provide information to show where such services were performed, as well as an adequate description of the services provided and the specific charges made.

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LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



July, 1981

Fort Myers, Florida

Vol. 3, No. 4

MALPRACTICE PREVENTION SEMINAR

Wednesday, October 28, 1981

7:00-10:00 P.M.

Holiday Inn
Fort Myers, Florida

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Pinellas County Medical Society
Tuesday, September 15, 1981, 7-10 PM
Location to be announced

Monroe County Medical Society
Saturday, September 19, 1981,
Indies Inn Duck Key
9-12 Noon

Martin County Medical Society
Wednesday, September 23, 1981,
7-10 PM
Martin Memorial Hospital
Stuart, FL

Manatee-Sarasota County Medical
Societies
Wednesday, October 21, 1981, 1-4 PM
Municipal Auditorium
Brandenton, FL

Marion County Medical Society
Saturday, November 21, 1981,
9-12 Noon
Ramada Inn, Ocala, FL

Charlotte County Medical Society
Friday, November 16, 1981
Day Inn, Punta Gorda, FL

For more information contact Emily
Mingledorff, R.N. at PIMCO,
(904) 354-5910

REPORT FROM THE 107th ANNUAL MEETING OF THE FLORIDA MEDICAL ASSOCIATION, INC.

GUEST EDITOR — Cecil C. Beehler, M.D.



LEE COUNTY DELEGATES PAUSE DURING BUSY WEEK TO POSE:
Left to right, top: Cecil C. Beehler, M.D.; Larry P. Garrett, M.D.; Bottom:
Ann Wilke, H. Quillian Jones, Jr., M.D.; J. Stewart Hagen, III, M.D. and
Francis L. Howington, M.D.

**NEXT
SOCIETY
MEETING
WILL BE IN
SEPTEMBER**

FMA DELEGATES REPORT

Your FMA delegates effectively represented your interest at the recent 107th Annual Meeting of the FMA at the Diplomat Hotel, April 29-May 3, 1981. Following are Reference Committee Reports:

REFERENCE COMMITTEE I HEALTH & EDUCATION

H. Quillian Jones, Jr., M.D.



HONORS!!

H. Quillian Jones, Jr., M.D. chaired the powerful Reference Committee I for the second year. Pictured, Dr. Jones presents the Committee report to the House of Delegates.

REFERENCE COMMITTEE II PUBLIC POLICY

J. Stewart Hagen, III, M.D.

REPORT OF HAPPENINGS AT THE FMA CONVENTION APRIL 1981

I attended Reference Committee #2 on Public Policy. Only two things of significance were discussed during this Reference Committee hearing. The first was a discussion of whether Public Health Physicians in each

(Continued on Page 2)

LEE COUNTY
MEDICAL SOCIETY
BULLETIN

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

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Thomas M. Wiley, Jr. M.D.

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PRESIDENT'S
MESSAGE

Stephen R. Zellner, M.D.



WHO "CARES"

With the mass exodus of nurses from hospital-based positions, who's caring for our patients? With more than two million licensed graduates, it is estimated that 25% no longer maintain a nursing license and 25% maintain one, but no longer practice nursing. It's time for the medical profession to look into this crisis in health care.

It should be correctly assumed that the medical staff should not directly concern itself with the administrative management of hospital nursing. The corollary however, is that physician input is needed in order to stabilize the nursing population and insure adequate personnel for ongoing, in-hospital health care of our patients. A recent survey of registered nurse attitudes provided by the Hospital Council of Southern California, reported the following attitudes of R.N.'s: 1) Unable to make full use of abilities, 2) little help, support or recognition from superiors, 3) little opportunity to learn new things, 4) little opportunity to make independent decisions, 5) inadequate fringe benefits, 6) no respect from physicians. . . If the above list is in fact accurate, it becomes readily apparent that of the first six items listed, only one, the 5th, related to compensation. It appears therefore, that finances are not the nurses' primary motivation. Areas of recognition, appreciation, educational opportunities, opportunity to choose own hours, and opportunity for advancement ranked highest as nursing needs.

To once again recall the list of survey attitudes, ranked right after inadequate fringe benefits was no respect from physicians. Have we done ourselves harm?

There may well be some problems in nursing administration and hierarchy, but we as physicians do not alleviate nor forestall the inevitable by showing less than professional courtesy and respect for our nurses. Working with interested personnel, showing continued support of their efforts and providing continued respect for a health cohort, will do much to alleviate what my fellow physicians have related to me as a crisis in medicine today.

FMA DELEGATES
REPORT

(Continued from Page 1)

county should be allowed to function without having a Florida Medical License. Discussion revolved around the fact that the counties were having a harder and harder time in getting good Public Health physicians and there were several well qualified physicians who could work as Public Health physicians but could not pass the Florida Medical Boards. The proposal to allow some of these physicians to practice was voted down in the House of Delegates on a strictly emotional basis that all physicians who practice in the State of Florida in whatever type of practice should be licensed Florida medical practitioners. I think that this deserves further study and very possibly may be brought up again at the Florida Medical Association.

The second was a poorly designed resolution from Brevard county which sought to severely cut back the utilization of physicians assistants. This resolution, if passed by the FMA and if lobbied through the Florida Legislature, would have severely restricted physician assistants. All testimony in the Reference Committee was against this particular resolution. When discussed on the floor, the attempt to completely kill the resolution was narrowly defeated. The resolution was referred to the Board of Governors which essentially means that the resolution is dead unless the Board of Governors sees a need to bring a new resolution in reference to physician assistants back to the next FMA meeting.

REFERENCE
COMMITTEE III
FINANCE AND
ADMINISTRATION

Larry P. Garret, M.D.

Due to inflation and the increasingly important role of monitoring and influencing state legislation, a dues increase was approved by the House of Delegates. Dues will increase from \$175 to \$225 on January 1, 1982.

A capital reserve account was established to be funded by the principal payments on the mortgage of the old FMA headquarters building in Jacksonville, which was sold. This reserve account will be used to meet future emergencies and decrease the possibility of a special assessment.

The primary responsibility for recording, maintaining and approving CME credits will remain with the local County Medical Societies. Lines of appeal for disagreements exist.

The next FMA meeting will be May 5-9, 1982. Total FMA membership is now 13,389.

The FMA will lobby for the following legislative goals:

- 1) Elimination of HSA's with future health planning to be carried out by the state and local

governments.

- 2) Elimination of PSRO's with support for suitable M. D. controlled, alternative peer review.

The House of Delegates rejected a request to approve special licensing for physician educators and public health physicians. There were strong feelings that these physicians should meet the same requirements as other physicians in Florida.

A resolution was adopted, directing the Board of Governors to prepare a by-law change to allow for the flexible interchange of Delegates and Alternates to participate in the meetings and sessions of the House of Delegates. This change will encourage the Alternate Delegates to attend and participate in the Annual Meeting. It will also provide a mechanism for the Alternates to substitute for the Delegate at any time after the Delegate is seated. Presently, once a Delegate is seated he may not be replaced at any time, for that or subsequent sessions, by his Alternate.

REFERENCE
COMMITTEE IV
LEGISLATION AND
MISCELLANEOUS

Francis L. Howington, M.D.

Reference Committee #IV reviewed the status of legislation affecting medicine as of April 29. Those of particular interest were 1) Chiropractic bill (has since died in Committee); 2) Optometrists bill (has since passed House and Senate but varying versions — presently in Conference Committee) and 3) Medical Practice Advanced Registered Nurse Practitioner Act Amendments (died in Committee).

There were no Resolutions of consequence or controversy.

REFERENCE
COMMITTEE V
MEDICAL ECONOMICS

Cecil C. Beehler, M.D.

Laboratory Services:

The Board of Governors recommended that the laboratory, not the physician bill and collect from the patient or third party payer. Where circumstances make this impractical, the physician should bill for the EXACT amount charged.

The Board contends that the attending physician is entitled to fair compensation for his services, not to any mark-up, commission or profit. It appears there has been considerable abuse in this regard by some physicians in Florida. However, it was pointed out to the reference committee in debate that the charge made by the physician was frequently lower to the patient than if the laboratory itself had made the billing. This is due to extremely poor collection rates by laboratories. This recommendation was returned to the Board of Governors for further study.

Legislative Report

The regular 1981 Session of the Florida Legislature has ended, and a special session for the budget and related items is set for June 15, 1981. The Governor still has time to act on several health measures passed in the final days, so a complete wrap-up will not be possible until July 1st.

The FMA was successful in most of its major legislative objectives for the 1981 session. The notable exception was failure to enact legislation relating to physician supervision of ARNP's. This was largely due to the misinformation distributed by the Florida Nurses Association to physicians, which resulted in contact from M.D.'s to legislators asking them to oppose the bills.

The Association was successful in defeating the following:

USE OF DRUGS BY OPTOMETRISTS

This bill died in the Senate. The House-passed version (HB 482) would have allowed optometrists to use and prescribe drugs for treatment of eye disease. The Senate version (CS/CS/SB 349) permitted use of certain classes of drugs for diagnostic purposes only. There was not sufficient support for either approach to get this controversial issue to a vote during the final days of the session.

ACCESS TO HOSPITAL FACILITIES BY CHIROPRACTORS

The Senate adopted an amendment on June 3rd permitting chiropractors to refer patients to hospital outpatient diagnostic facilities. This was kept off the House Calendar and never came to vote during the final days. Earlier, in the session an amendment on the House Floor to accomplish this was defeated by a vote of 45-40.

STATE FUNDING FOR HSA'S

Both House and Senate versions of this were killed in committee. It would have provided \$3.5 million for state funding of HSA's, with \$500,000 coming from fees assessed against hospitals.

OTHER ISSUES DEFEATED INCLUDE:

Subsidy for state employees enrolling in HMO's.

State takeover of county Health units.

Mandated use of problem-oriented medical records.

School of chiropractic in Florida.

Licensure of Homeopathic physicians.

ADDITIONAL AUTHORITY GRANTED TO THE BOARD OF MEDICAL EXAMINERS

One of the more significant measures to pass that the FMA supported, was a bill to grant additional authority to the State Board of Medical Examiners. Among the key provisions of this legislation are:

The boards will establish criteria for the selection of investigators and consultants who undertake

investigations.

Boards will be allowed (upon approval of the Attorney General) to retain independent legal counsel to provide advice on specific matters.

Persons under investigation will be notified of the investigation and the substance of the complaint. However, if the chairman of the board or the chairman of the board's probable panel and the secretary of the department agree that the notification will be detrimental to the investigation then notification would not be required. If a complaint involves a criminal offense, no notification is required.

Complaints to the department will be required to be in writing and signed by the complainant.

The 1982 Session of the Florida Legislature will convene on January 18, 1982. This is almost three months earlier than normal and is necessary in order to accomplish congressional and legislative re-districting as a result of the 1980 census. Florida will gain four new congressmen and almost all legislative district boundaries will be revamped. This, tied in with the "Sunset Review" of the Insurance Code, Hospital Licensure Law, and the Hospital Cost Containment Board promise an active year for the FMA and county medical societies.

Thanks for your help this year!

H. Quillian Jones, Jr., M.D.

Bulletin Takes First Place



L-R: Daniel B. Nunn, M.D., Thomas M. Wiley, Jr., M.D. and T. Byron Thames, M.D.

The Lee County Medical Society Bulletin took first place as MOST IMPROVED County Medical Society Bulletin in the State of Florida. Editor Tom Wiley was present to accept the award from T. Byron Thames, M.D., FMA President and Daniel B. Nunn, M.D., Editor of JFMA.

This marks the second year in a row that the LCMSB has taken top honors!



TOM ANTICIPATES



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"SCHOLARSHIP"

The Scholarship Program that the County Medical Society inaugurated by unanimous vote several months ago is well under way. After correspondence with the Lee County School Board, definition of criteria and review of six applicants, awards were presented to two deserving students. Although the scholarship program was originally designed to include one high school student, one medical student at the University of Florida and one nursing student at Edison Community College, the only aspect to so far be investigated, has been the high school area. The running was so close and the applicants so good, that it was the decision of the Board of Governors to award two separate students for their achievement.

In this regard, Melissa Kemp, a graduating senior at Cypress Lake High School and Paige Bonham, a graduating senior at Riverdale High School, each received checks in the amount of \$500.00 toward their continuing education.

Scholarship is all too often taken for granted. Perhaps in one small fashion, the achievements and dedication of rather gifted, graduating high school seniors can be recognized. The Medical Society's public image must also be considered. We have read previously in the pages of this bulletin of the need for community involvement and concern. Perhaps this is yet one further area of community service, participation, and involvement. It is the hope and expectation of the Scholarship Committee and the Board of Governors that the program that we have initiated will be ever increas-

ing in scope, as well as content. It should recognize not only the outstanding scholarship achievement of the various students but also the concern, consideration and dedication of the practicing physicians in Lee County.

APPLICATION FOR MEMBERSHIP

Active members are requested to express to the Membership Committee any information or opinions they may have concerning the eligibility of the applicants.

Dr. Charles is a native of Santo Domingo, Dominican Republic. He received his medical degree from Autonomous University of Santo Domingo. Completed his internship and residencies at Mount Sinai Hospital, Elmhurst, N.Y., Misericordia

Hospital, Bronx, N.Y., Santi Barnabas Hospital, Bronx, N.Y. Clinical Fellow in Cardiology, Jefferson University, Philadelphia, Pa.



NELSON L. CHARLES, M.D.

He has established his practice of Internal Medicine-Cardiology at 3722 Central Avenue.

He and his wife, Mercedes and children live at 913 Adelphi Court, Fort Myers.



Let us assist your newcomers in establishing a home and eliminate the hassle and aggravation involved in finding everything on their own. We'll provide the best collection of information about Fort Myers and Lee County that exists, containing all the answers an individual or family must have to accomplish the settling-in process: facts about education, recreation, taxes, utility service, automobile and driving regulations, and medical facilities, to name a few.

We'll be available during and after the move to answer questions, to help locate shopping and services, to assist in the solving of those inevitable problems that arise during a major transition.



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LEE COUNTY MEDICAL SOCIETY

P.O. Box 1704

Fort Myers, Florida 33902

MALPRACTICE SEMINAR
Wednesday
October 28, 1981
7:00-10:00 P.M.
Holiday Inn
Fort Myers



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



September, 1981

Fort Myers, Florida

Vol. 3, No. 5

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

SEPTEMBER 21, 1981

Speaker: SANFORD A. MULLEN, M.D.
President
Florida Medical Association, Inc.

Topic: "THE CHALLENGES AND
OPPORTUNITIES OF MEDICINE
IN FLORIDA IN 1981"

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

L.C.M.S. Members: All Reservations Must Be
Made By Friday Noon Before The Meeting On
Monday. Cancellations Should Be No Later Than
Noon On Monday. The Society Must Pay For all
Reservations Made.



PROGRAM

SANFORD A. MULLEN, M.D.
PRESIDENT, FLORIDA MEDICAL ASSOCIATION, INC.

**"THE CHALLENGES AND OPPORTUNITIES OF
MEDICINE IN FLORIDA IN 1981"**

Dr. Mullen, a native Floridian (Tampa), took his pre-medical at Mercer and received his M.D. from Columbia in 1949. Interning at Grady, he began his Pathology residency there, completed it at the University of Minnesota and is Board Certified.

He served as a Battalion Aide Station Physician, in combat, during the Korean War.

Attainments and Awards (Partial List)

Co-Chief, Dept. of Pathology, University Hospital, Jacksonville, FL

Past-President, Rotary

Recipient of A. H. Robins award for Outstanding Community Service
by a physician, Presented by the FMA, 1973

President, Duval County Medical Society, 1974

A Founding Director of FLAMPAC

Other Awards, Achievements, Honors, and Appointments are far too numerous to print in our limited space.

AUXILIARY NEWS

MRS. BARBARA (MARK) MINTZ
PRESIDENT

The Medical Society Auxiliary will be having its GOURMET LUNCHEON on Monday, September 21, 1981. If your spouse is not a member of the Auxiliary, but would like to join, the GOURMET LUNCHEON kicks off our year, and is a great way to meet others who are involved in the Lee County Community. Please have your spouse call BARBARA MINTZ, 549-3089 or CONNIE HOWINGTON, 936-6963 or MARY STEINMETZ, 332-3084 for more information.

A WELCOME PARTY FOR NEW MEMBERS

On Sunday, October 4, 1981 the Lee County Medical Society and Auxiliary will be hosting a Cocktail Party to welcome its new members. You will soon be receiving all the details. October 4th will be the date we let our "Southern Hospitality Flow" . . . Mark your calendars.

MEDICAL OFFICE BUILDING

The new Medical Office Building adjacent to Lee Memorial Hospital should be ready for occupancy by early 1982.

The first four floors of the building will house a number of patient and physician services, including the medical library, full-service inpatient and outpatient pharmacy, 24-hour cafeteria, medical records and transcription, respiratory therapy and pulmonary function labs and physicians' lounge.

The top four floors will be devoted entirely to physicians' offices. Suites will be individually designed to the specifications of each tenant, including room sizes and total office size. An estimated 60-70 suites are anticipated for the 80,000 square feet of leasable space.

Rent will be competitive and includes utilities and janitorial services as well as specified parking areas. Lease terms will be flexible and model

offices are scheduled for completion in late September.

The facility was built by Lee Memorial Inc., a non-profit foundation, for use by Lee Memorial Hospital and its staff physicians.

Contact John Mitchell, president of Mariner Property Management, Inc., the leasing and management agent, at 334-5549 or 472-5194 for more information. Brochures are available.



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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Thomas M. Wiley, Jr. M.D.

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Ann Wilke — 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.

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PRESIDENT'S
MESSAGE

Stephen R. Zellner, M.D.

PROFESSIONAL
LIABILITY

Professional liability — where do we stand?

The Professional Insurance Management Company "PIMCO" continues to keep us apprised of professional liability through its articles and editorials in the Journal of the FMA. We will, in the near future, have the opportunity to sit in seminar session to discuss the above problems with representatives of our insurance reciprocal. Although this has been termed mandatory attendance in order to prevent higher insurance premiums, an ounce of prevention is certainly worth a pound of cure.

Certainly, none of us can be so wise as to assume that we will never be the object of a medical malpractice suit. It behooves all of us to pay close attention to this continued problem of liability, medical malpractice and rising insurance costs.

Having attended a seminar on the above topic at the recent FMA meeting, the theme that seems to permeate all discussion is "rapport". A stand-off attitude, a reluctance to discuss diagnosis problems, medication side effects, etc., with their patients or their families, tends to cloud the doctor-patient relationship and allow questions without answers to be raised. Discussing openly with patients their problems and providing for a "team approach" where the patient is directly involved with his or her care, seems to this writer, to be a good idea.

I urge each of us to not only attend but actively participate in the upcoming professional liability discussions as they obviously affect each and every one of us directly.

WELCOME,
NEW ADVERTISER

Bio-Medical Consultants, Inc., one of our 2 new advertisers, offers our members a local unique organization capable of rendering services and professional advice on short notice. The owners have 10 years of education in Bio-medical Engineering, and 15 years expertise in this field.

Both owners of BCI have initiated and developed in-house bio-medical programs at local hospitals and elsewhere. They are familiar with malfunctions of patient oriented clinical equipment, capabilities and quality.

In Memorium

THEODORE W. WEEKS, JR., M.D.
1917 - 1981

Theodore W. Weeks, Jr., M.D. died on July 30, 1981 at the age of 64 from coronary occlusion. He had been a patient in Lee Memorial Hospital for a few days.

Dr. Weeks was engaged in the private practice of general medicine in Bonita Springs, Florida for the past 23 years. Immediately prior to settling in Bonita Springs he had served for several years as health officer for Highlands, Glades and Hendry counties with offices in Sebring. Before that he had served for a few years as Student Health Physician at Florida State University in Tallahassee and immediately prior, during the late 1940's, he conducted a general practice in Ft. Myers and environs. He was a graduate of the Duke University School of Medicine.

Dr. Weeks was a member of the Lee County Medical Society, the Florida Medical Association and the American Medical Association. He was a quiet, humane man, a member of the First Presbyterian Church of Bonita Springs, and was active in American Legion and Lodge affairs in Bonita Springs. His death is a distinct loss to medicine in that area. He is survived by his wife, three sons, two daughters and four grandchildren.

JCAH CHANGES
PERSPECTIVES

The Joint Commission on Accreditation of Hospitals (JCAH) has revised their official newsletter, now called *JCAH Perspectives*. The newsletter will regularly contain articles on the application of new standards, as well as articles on how to prepare for a successful accreditation survey.

The newsletter has been updated to "effectively cover new and revised JCAH policies and standards, as well as current health care issues and trends effecting voluntary accreditation."

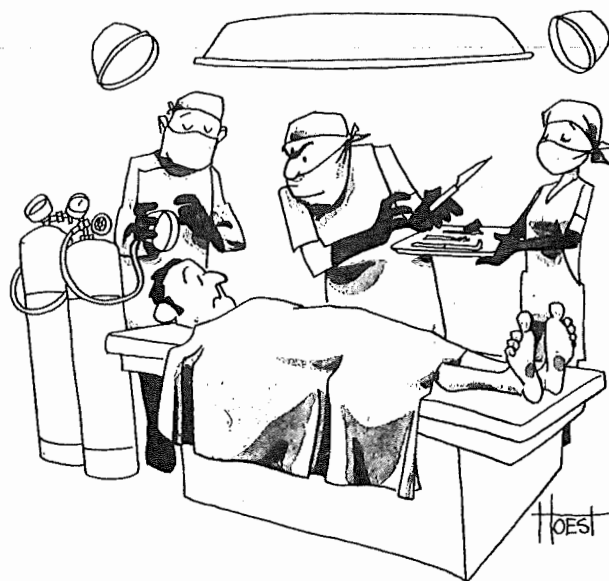
If you are interested in more information on *JCAH Perspectives* or wish to order a personal copy, contact the Department of Publications, JCAH, 875 N. Michigan Avenue, Chicago, Illinois 60611.

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For additional information write to James L. Breeling, Director, at the above address or telephone: (312) 751-6566.



"Did you know you took my parking place?"

NEW MEMBER APPLICANTS

APPLICATION FOR
MEMBERSHIP

Active members are requested to express to the Membership Committee any information or opinions they may have concerning the eligibility of the applicants.



Dr. Burns is a native of Chicago, Ill. He graduated from the University of Louisville. He had a general surgical practice in Cincinnati from 1949 to 1977 when he retired to Florida.

Dr. Burns will join the practice of Hagen, Hagen & Bacon.

He and his wife, Mary, live in Naples, FL.



ROBERT E. EID, M.D.

Dr. Eid is a native of Madison, Wisconsin. He attended the University of Wisconsin, School of Medicine for his medical degree. He also did his internship and residency there.

He will join the practice of Anesthesia Associates in August.



FRANK RICHARD KIRLEY, M.D.

Dr. Kirley is a native of Kewanee, Ill. He attended the University of Notre Dame for this BS and the University of Illinois for this medical degree. He completed his internship and residency at MacNeal Hospital, Berwyn, Ill.

He will join the Cape Coral Medical Clinic in Family Practice.

He and his wife, Catherine, will arrive in Lee County in August.



STEPHEN ROY LIFTIG, M.D.

Dr. Liftig is a native of Hartford, Conn. He graduated from the University of Miami and completed his internship at affiliated hospitals in Miami. His residency was completed at Baylor College of Medicine.

In 1980 he worked with the Hendry, Glades Health Services. He will open his office of pediatrics at 1920 Park Meadow Drive in August.



EUGENE S. PEARLMAN, M.D.

Dr. Pearlman is joining Rosier & Associates in the practice of pathology at Lee Memorial Hospital. He attended the University of Pennsylvania and the University of Chicago. He completed his internship at Roosevelt Hospital, New York and his residency at Rhode Island Hospital, Providence, R.I.

He and his wife, Gloria, will reside at 4574 Trawler Court, Apt. 303, Fort Myers, FL.

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OF MONTH**

TAX FACTS LOW INTEREST RATES

One of the many benefits of retirement plans is the availability of loans. A participant can borrow funds from his retirement plan if the plan is designed to permit participant loans.

Generally the loans are considered plan assets. As such, to be proper, the loans must provide for a reasonable maturity date, a "going rate" of interest and adequate security.

However the Internal Revenue Service has started to approve "ear-marked" loan provisions in profit sharing and other defined contribution plans.

Loans are not made from general plan assets under an earmarking provision; rather they are made from the individual's own account. In a sense, a person borrows his own money.

If an earmarked loan is used, the participant must still secure the loan and have a reasonable repayment plan; however the loan may be made at less than market interest rates. Why? The loan, being ear-marked, is not a plan asset subject to general fiduciary rules.

The Internal Revenue Service recently approved a 5% loan provision in a retirement plan.

Now, before making a low rate loan from your plan be sure to consider the following:

1. Interest on a loan is tax deductible and the interest built up in the plan is tax free. If your object is to build a large retirement fund low rate loans will not help.
2. Retirement plan assets can be estate tax free. Low interest loans reduce the amount of estate tax free assets.
3. Retirement plan assets are generally free from creditors. Low interest loans — and loans in general — reduce the amount of assets that are free from claims of creditors if, say, you get sued for malpractice.
4. Low interest loan provisions be approved by the Internal Revenue Service as a retirement

plan amendment.

But in the right circumstances, in a high interest rate market, such loans can be utilized productively.

Richard O. Jacobs, Esquire

Reprinted from

THE PICOMESO
Pinellas County Medical Bulletin

CONGRATULATIONS

JEROME P. McCOURT, M.D. was elected Fellow of the American College of Physicians.

STANLEY H. SPREI, M.D. became a diplomate of the American Board of Pathology.



Let us assist your newcomers in establishing a home and eliminate the hassle and aggravation involved in finding everything on their own. We'll provide the best collection of information about Fort Myers and Lee County that exists, containing all the answers an individual or family must have to accomplish the settling-in process: facts about education, recreation, taxes, utility service, automobile and driving regulations, and medical facilities, to name a few. We'll be available during and after the move to answer questions, to help locate shopping and services, to assist in the solving of those inevitable problems that arise during a major transition.



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SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street
Social Hour — 6:30 P.M.
Dinner — 7:30 P.M.

SEPTEMBER 21, 1981

Speaker: **SANFORD A. MULLEN, M.D.**
President
Florida Medical Association, Inc.

Topic: "THE CHALLENGES AND
OPPORTUNITIES OF MEDICINE IN FLORIDA
IN 1981"

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

LEE COUNTY MEDICAL SOCIETY

P.O. Box 1704
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LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



October, 1981

Fort Myers, Florida

Vol. 3, No. 6

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

OCTOBER 19, 1981

Speaker: H. HARLAN STONE, M.D.
Professor of Surgery
Emory University

Topic: SURGICAL INFECTIONS
"Three Generations Of Cephalosporin"

"DINNER BY RESERVATIONS ONLY"

PLEASE!!!

L.C.M.S. Members: All Reservations
Must Be Made By Friday Noon Before
The Meeting On Monday. Cancellations
Should Be No Later Than Noon On Mon-
day. The Society Must Pay For All
Reservations Made.

CONGRATULATIONS

We take note of B. King Tipton,
M.D.'s recent acceptance by the
American Board of Neurosurgery
(certification).

FAMOUS QUOTES

Justice Stone of Florida Supreme
Court, when asked to define justice,
replied "Justice is common sense, as
amended by the legislature."

MALPRACTICE PREVENTION SEMINAR

Wednesday, October 28, 1981

7:00-10:00 P.M.

Holiday Inn
Fort Myers, Florida

THESE SEMINARS ARE RE-
QUIRED BY MEMBERS
WHO HAVE PIMCO IN-
SURANCE.

PROGRAM

SPEAKER: H. HARLAN STONE, M.D.

SUBJECT: SURGICAL INFECTIONS
"Three Generations
of Cephalosporin"

Dr. Stone is Professor of Surgery
and Director, Surgical Bacteriology
Laboratory, Emory University School
of Medicine; and Director, Trauma
Service and Burn Service, Grady
Memorial Hospital.

A practicing surgeon, Dr. Stone
received his B.S. from Yale University
and M.D. from Emory University
School of Medicine. His professional
memberships include: American Burn
Association, American Academy of
Pediatrics, American College of
Surgeons, American Surgical Associa-
tion; and he is a past Chairman for the
Section on Surgery of the Southern
Medical Association.

The author or co-author of over
200 published papers dealing with
surgery, burns, and infections, Dr.
Stone is a consultant at the Veterans
Administration Hospital in Atlanta.

Our speaker is sponsored by Hoechst-Roussel
Pharmaceuticals, Inc.

AUXILIARY NEWS SPECIAL EVENT

HEALTH CAREERS FORUM,
FRIDAY, NOVEMBER 13, 1981 from
8:30 am to 2:30 pm at LEE
MEMORIAL HOSPITAL AUDI-
TORIUM. Sponsored by the Lee
County Medical Auxiliary in conjunc-
tion with the Lee County Schools.

The purpose is to acquaint high
school students with the various health
careers available to them, to inform
them of the training needed and where
training may be obtained.

If any physicians could spend time
in the morning talking with the high
school students, we would greatly ap-
preciate it! Please contact Ann
Carrasquillo, 549-1280 or Barbara
Mintz, 549-3089 or call the Society Of-
fice.

AUXILIARY IN THE NEWS

Connie Howington, President-
Elect of the Auxiliary, Martha Cox,
immediate Past-President, Terry
Carver, Florida Medical Association
Auxiliary Southwest District Vice-
President, and Candy Murray, State
Chairman for Health Projects, at-
tended the Fall Board and Conference
of the FMAA at the Host International
Hotel in Tampa, Sept. 16 - 18th. This
annual meeting set the stage for an ac-
tive year of health-related projects
under the capable leadership of Ruth
(Mrs. Frank) Coleman, FMMA Presi-
dent, of Tampa.

Workshops on legislation, com-
munication, public relations, volun-
teerism and long-range planning, were
conducted by top-notch experts in their
field. Key-note speakers held our in-
terest with tips on "Understanding
Misunderstanding", dealing with the
"Super Squeeze" (how to get monkeys
off your back) and confronting the
aging process.

State projects emphasize medical
education through the AMA-ERF con-
tributions, child abuse and child safe-
ty, health careers, international health
(Interolast-South), the impaired physi-
cian program (funded through the
Florida Medical Foundation seafood
and citrus sales), and legislation (LEGS
Alert and FLAMPAC).

Your Lee County Medical Society
Auxiliary, under President Barbara
Mintz, is actively involved in support-
ing and contributing to all these pro-
grams.

Candy Murray

In Memorium

JUSTIN A. RUBIN, M.D.

Justin A. Rubin, M.D. died on
August 14, 1981, at the age of 57,
after a long illness. He had been
engaged in private general practice
in Ft. Myers for the preceding four
years.

After graduation from Hahne-
mann Medical College in Phila-
delphia in 1952, Dr. Rubin took a
rotating internship at Queens
General Hospital, then conducted a
general practice in Little Neck, N.Y.
for 19 years. He then took a residen-
cy in therapeutic radiology at
Downstate Medical Center in
Brooklyn, was certified by that
board and served for two years as
staff radiation oncologist at Nassau
Hospital in Mineola, N.Y. He then
moved to Fort Myers, engaged in
general practice and for awhile com-
muted to Punta Gorda to do radia-
tion therapy.

Dr. Rubin was a talented musi-
cian. During World War II he
served in combat in the European
theatre until cessation of hostilities.
During de-escalation of activities he
toured the area as a pianist with
such celebrities as Bob Hope and
Jerry Lewis in special service shows.

He was a member of Temple
Beth-El, the Lee County Medical
Society, the Florida Medical
Association, the American Medical
Association and the American Soci-
ety of Therapeutic Radiologists.

He is survived by his wife, two
daughters, his mother and three
brothers.

cludes Interval Ownership in several
areas of South Florida, whole owner-
ship on the Islands: (South Seas Plan-
tation, Useppa Island, Safety Harbor
on Upper Captiva Island, Captiva and
Sanibel Island) and elsewhere. Future
advertisements will feature each of
their many diversified interests and of-
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Editor

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MEDICAL SOCIETY
BULLETIN2466 Hunters Terrace
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Phone (813) 936-1645The Lee County Medical Society Bulletin
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"WE CARE"PRESIDENT'S
MESSAGE

Stephen R. Zellner, M.D.

INVOLVEMENT

Those of us who attended the last County Medical Society meeting were privileged to hear Dr. Sanford Mullen, current President of the Florida Medical Association, speak on a variety of issues pertinent to Florida medicine. In particular, he took time and interest to comment on physician community involvement. This editorial section has in the past dealt with this topic in passing but it now deserves reiteration.

We have been presented with the potential for not only community involvement and patient education, but also the opportunity to present to the listening public an improved medical image. I'm speaking, of course, of the opportunity to start a radio show under the auspices of one of the local FM stations. About 20% of our membership have expressed interest in participating in the program. I look at this as a step in the right direction not only to add in community awareness of the problems that may exist in medicine today but also a way of educating patients as to medical problems, medical health care costs, hospital utilization, etc. I must admit I had some reservation in the initial discussions that there might be a lack of participation on the part of our membership. I'm glad to see that I was mistaken.

Other opportunities have also presented from time to time for area physicians to become involved in community effort. Previous areas of concern have been for education in the school system, lecture series at the area hospitals, etc. No one can state our position better than ourselves, no one can speak for organized medicine better than ourselves and no one can represent us to the public better than ourselves. I congratulate the County Medical Society on their awareness of community involvement.

SOUTHERN PENSION
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(813) 939-2646COLLIER COUNTY
SEMINAR

A fall seminar on Antibiotics and Emergency Treat of Surgical Trauma will be held at Naples Community Hospital, NOVEMBER 14, 1981, from 9:00 a.m. 'till noon. Speakers will be **Bienvenido Yanco, M. D.**, Professor of Internal Medicine, USF; **Joseph Darin, M. D.**, Professor of Surgery, Medical College of Wisconsin; **Joseph Davis, M.D.**, Professor Pathology, University of Miami. For more information (i.e. CME Credit hours, etc.) contact the Collier County Medical Society, 1-261-6560.

MEMBERS
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ACTIVE STATUS

Jeffrey Blum, M. D.
William Bess, M. D.
James E. Croley, M. D.
Thomas Carrasquillo, M. D.
Tamara L. Sanderson, M. D.
Richard L. Lane, M. D.
Alaquamalai Ka Swammy, M. D.
Michael S. Heller, M. D.
M. Shan Mugathasa, M. D.
Stanley H. Sprei, M. D.

NEW MEMBERS
APPROVED BY THE
SOCIETY AT THE
SEPTEMBER MEETING

J. Richard Kirley, M. D.
Eugene J. Burns, M. D.
Nelson L. Charles, M. D.
Stephen R. Liftig, M. D.
Eugene S. Pearlman, M. D.
Robert Eid, M. D.
Michael O. Tyler, M. D.
Donald C. Williamson, M. D.
Keith A. Derco, M. D.
James T. Oram, M. D.
William P. Evans, M. D.
Manuel J. Mon, M. D.
Michael Rosenberg, M. D.
Michael Tennison, M. D.
Michael J. Katin, M. D.

HERE WE GO AGAIN

During the most recent session of our Florida legislature we witnessed a public campaign to secure approval for the use of Immunoaugmentative Therapy to treat cancer. The campaign was at least partially successful but that is not the point of this editorial. I was impressed by the campaign techniques, inasmuch as they followed a familiar pattern which I recognized from the past. First came the testimonials, those heart rending tales of people who had been cured, or at least greatly benefited, after having been "given up" by traditional doctors following the failure of orthodox treatment methods. Then came the description of the treatment which is based on a concept so simple that even the laity can understand it and wonder why the scientists won't accept it. Alternatively, as with other miracle treatments in the past, there is a secret discovery involved which its detractors are trying to get their hands on. Finally, there is a conspiracy by organized medicine, cancer organizations, and drug companies in order to protect their very lucrative cancer treatment business.

Shades of the Hoxsey cure, Krebiozen, and Laetrile to mention but three in my memory. I heard the same techniques used in their promotion. Because of the propensity of mankind to exploit another's desperation, I am sure we are destined to see the cycle ever repeated, a new cancer "cure" being promoted to replace the most recent one that has been finally accepted as worthless, and with the same promotional patterns appearing which pushed the last "cure" into prominence.

So be it. The aspect of all this that distresses me, however, is the fact that when a quack promotes his treatment, he is obviously doing it for his own personal gain and yet he is perceived by society as doing it for the good of mankind. On the other hand, when doctors condemn quackery, they are doing it for the protection of mankind and yet they are perceived by society as being motivated by selfish and financial reasons. What are we doing wrong?

James K. Conn, M.D.

Assistant Editor

Tallahassee

J. FLORIDA M.A./AUGUST, 1981



"Now, I'm going to depend on
you to let me know when I touch a
tender spot!"

MEDICARE
QUALIFICATION

The insert (list and graphics) were supplied by Ms. Chris Light of FMCH at Editors request. We feel these would be helpful, especially to our newer members, and since changes have been fast, recently, with new additions to this area of health support, even to our older members. You might keep this on file for reference.

Editor

HOSPITAL UTILIZATION AND PHYSICIAN VISITS

Physician members of the hospital Utilization Review Committee must determine the medical necessity of continuing hospital services as per requirements of JCAH and Medicare A.

If, in the certification review of an admission or continued stay and after an opportunity for consultation is given the attending physician, the physician members of the Utilization Review Committee render a decision that an admission or further in-patient stay is not medically necessary, written notice must be given to the attending physician, the hospital and the patient (or where appropriate, his next of kin) no later than two (2) working days after the review date. Where the decision is made before the continued stay review date, the notice must be given no later than (2) days after the decision is made. These are Medicare A regulations.

If the Committee believes that the patient no longer requires hospital care but could receive proper treatment in a skilled nursing facility, the Committee is obligated to determine if a bed is available to the patient in a participating skilled nursing facility. If a bed is available, the continuing stay is not medically necessary and the patient should be transferred.

Where it is determined that a bed is *not* available, the Committee should find that continued stay is medically necessary, and the basis for the decision should be documented in the Committee records. When the attending physician is advised by the Committee of this fact, it is his responsibility to attempt on a continuing basis to place his patient in a skilled nursing facility as soon as a bed becomes available. This may be accomplished with the assistance of the hospital discharge planning personnel. A patient's preference for one skilled nursing facility versus an available facility or the family's request for continued hospitalization may *not* be considered when determining the medical necessity.

The utilization Review Committee may not take into account a patient's ability to pay for services or his coverage or lack of coverage under the health insurance program when determining the medical necessity for continuing in-patient stay.

The attending physician, when a bed is not available, must determine what is medically necessary for his patient in terms of his continued hospital visits. If the patient qualifies as needing skilled nursing facility care (SNF), the physician should limit his frequency of billed visits to the number that is medically necessary for that type care. Daily visits would most likely not be medically necessary. In addition, the level of care rendered the patient must be at the level that is medically necessary for a patient in a skilled nursing facility. The hospital chart must document necessity for both the physi-

cian's frequency of visits and his level of care.

When the Utilization Review Committee determines that lesser care facilities such as custodial, outpatient, or home health care may be utilized, the continuing hospital stay is considered not medically necessary and Medicare payment is no longer applicable for the inpatient stay for Medicare A. The Medicare B coverage (physicians) for a custodial care patient is one visit per month to a nursing home. The physician must document *medical necessity* for any hospital visits which exceed this frequency. The fact that the patient is in a hospital setting instead of the nursing home bed does *not* provide Medicare B coverage for daily visits as a hospital patient. In addition, the level of care should reflect only what is medically necessary and would *not* usually be at the level of a regular hospital visit.

HOSPITAL PEER REVIEW GROUP CLEARED OF CHARGES

A jury cleared a seven-member peer review group of charges filed by an obstetrician-gynecologist whose privileges had been suspended.

A Cook County (IL) Circuit Court cleared members of a hospital-medical staff executive committee who suspended Richard Wayne Anderson, MD for being incompetent. The suit for \$1 million stemmed from suspension of Anderson's surgical privileges in 1974. The suspension was based on 25 cases in which Anderson perforated or lacerated internal organs at Community Memorial General Hospital in LaGrange, IL.

At a preliminary hearing in 1976, a judge ruled that Anderson's due process rights had been violated and reinstated his privileges. However, at the conclusion of the trial in March 1981, the jury cleared the physicians of the charges. Anderson claimed that the physicians had willfully disregarded the medical staff bylaws and interfered with his ability to make a living.

Two physicians were also cleared of charges of conspiracy to deprive Anderson of his medical privileges and to drive him from the community.

Attorneys for the group said this case was unusual because there are few reported decisions in which a physician sued a peer review group for monetary damages as a result of disciplinary action.

Anderson's attorney said they had not yet decided whether to appeal the decision.

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OF MONTH**

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NEW FACES

In the summer of 1975 Herb Dorsett arrived at Fawcett Memorial Hospital. There he remained as the Chief Executive Officer until September of this year when he moved to take the reins of Fort Myers Community Hospital.

Mr. Dorsett is originally from Branford, Florida. He holds a Bachelor of Music Degree (Stetson) and a Masters in Hospital Administration (Baylor).

He spent 13 years with the U. S. Army Medical Services Corps, including Administrator (Department of Medicine) at Walter Reed, an administrative position at Fitzsimmons General Hospital and Tripler General Hospital and the U. S. A. R. General Hospital, Fort Benjamin Harrison, Indiana.

Mr. Dorsett is a most active man to

say the least. As past president of the Florida League of Hospitals and a Director of the Federation of American Hospitals, he is keenly aware of the many concerns and opportunities for the future in health care.

We certainly offer our warmest welcome to Mr. Dorsett, his wife, Cheri, and his 3 children, Jon, Andrew, and Johanna, as they make Fort Myers and Fort Myers Community Hospital their new home.

OSLER'S ART IN 1981

What characterizes a great physician? Sir William Osler when asked that same question replied, "The Art of Detachment, The Virtue of Method and the Quality of Thoroughness are necessary to be a successful practitioner of the Art of Medicine."

tioner of the Art of Medicine."

The Art of Detachment is summarized by the term objective. A physician needs to be objective, needs to separate the emotions he feels to be able to study his patients and find the answers he seeks.

The Virtue of Method. I've often been told that good medicine is good habits. Conducting diagnostic studies in an orderly and logical fashion you miss little.

The Quality of Thoroughness goes hand in hand with the Virtue of Method. Webster defines thoroughness as complete in all respects. The physician must be painstaking and exhaustive in his search for clues which will enable him to accurately interpret his patients symptoms.

It is these three qualities which will enable us to become successful physicians. To a certain degree these

qualities can be learned and developed. However Osler also mentioned one other quality which he said was possessed by all truly great physicians, and that quality he called the Grace of Humility. In my brief experience I have found few professions to be as humbling as medicine. Just when we have the disease arrested, the acute process stabilized, that's when the tables turn. The physician who realizes the limitations of his knowledge and of the present state of our art does his patients the greatest service.

A closer look at Osler's four qualities shows that they can be easily divided. The first three, the Art of Detachment, the Virtue of Method and the Quality of Thoroughness are characteristics of a great mind. They require mental discipline. Equally important is the Grace of Humility which comes from the heart.



Let us assist your newcomers in establishing a home and eliminate the hassle and aggravation involved in finding everything on their own. We'll provide the best collection of information about Fort Myers and Lee County that exists, containing all the answers an individual or family must have to accomplish the settling-in process: facts about education, recreation, taxes, utility service, automobile and driving regulations, and medical facilities, to name a few.

We'll be available during and after the move to answer questions, to help locate shopping and services, to assist in the solving of those inevitable problems that arise during a major transition.



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SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street
Social Hour — 6:30 P.M.
Dinner — 7:30 P.M.

OCTOBER 19, 1981

Speaker: H. HARLAN STONE, M.D.
Professor of Surgery
Emory University

Topic: SURGICAL INFECTIONS
"Three Generations Of Cephalosporin"

"DINNER BY RESERVATIONS ONLY"
PLEASE!!!



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



November, 1981

Fort Myers, Florida

Vol. 3, No. 7

GUEST EDITOR FOR NOVEMBER, JOSEPH K. ISLEY, M.D.

PROGRAM

SPEAKER:
PETER PAIROLERO, M.D.
Assistant Professor of Surgery
Mayo Medical School

TOPIC:
**"EARLY DETECTION
OF LUNG CANCER"**

Born April 21, 1938 in Bessemer, Michigan. Attended the University of Michigan, Ann-Arbor 1956-1963. Received his medical degree in 1963. He has been on staff at Mayo Clinic since July, 1974.

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street
Social Hour — 6:30 P.M.
Dinner — 7:30 P.M.

NOVEMBER 16, 1981

Speaker: Peter Pairolero, M.D.
Assistant Professor of Surgery
Mayo Medical School

Topic:
"Early Detection of Lung Cancer"

"DINNER BY RESERVATIONS ONLY"
PLEASE!!!

L.C.M.S. Members: All Reservations Must Be Made By Friday Noon Before The Meeting On Monday. Cancellations Should Be No Later Than Noon On Monday. The Society Must Pay For All Reservations Made.

**COPY
DEADLINE
20TH
OF MONTH**

AUXILIARY NEWS

BARBARA MINTZ, PRESIDENT

Your Auxiliary would like to thank you for hosting such a lovely dessert October 4th. It was attended by over 80 physicians and their spouses.

A big thank you to **MRS. NORMA KAY (BUD) DANSBY** for organizing our October Auxiliary meeting at the Racquet Place. Norma Kay is our proof that glowing health and physical fitness go together.

Avoid the crowds, send Florida Citrus for those Holiday presents. **MRS. MARCIA (JOSEPH) WALKER**, at 481-3929 will be happy to tell you what's available and take your orders.

DON'T FORGET!!!

**HEALTH CAREERS FORUM
FRIDAY,
NOVEMBER 13, 1981
8:30 A.M.-2:30 P.M.
LEE MEMORIAL HOSPITAL
AUDITORIUM**

This Forum is sponsored by the Medical Society Auxiliary in conjunction with the Lee County Schools and providers of health care throughout the community. We plan to acquaint high school students with the various health careers available to them, and to inform them of the training needed and where the training may be obtained.

If you can give us some time to speak with the students, please call the Society Office, or **ANN CARRASQUILLO** (549-1280), or **BARBARA MINTZ** (549-3089).

We would like to have physicians available between 9:30-12:00 a.m. and appreciate any time you can give us.

Ann Carrasquillo, Chairman

**MEMBERS ADVANCED
FROM PROBATIONARY TO
ACTIVE STATUS**

RANDALL P. COWDIN, M.D.
JOSEPH P. WALKER, M.D.

ELECTION OF OFFICERS

The Nominating Committee presents the following slate of nominations for 1982.

Nominations will be taken from the floor and are encouraged — please speak with the nominee for his or her approval before nominating them for office. The election will be at the November meeting and a copy of the slate of officers will be available at the meeting:

PRESIDENT
ELECT. Ronald D. Castellanos, M.D.
SECRETARY Michael Heller, M.D.
TREASURER John E. Thorn, M.D.
MEMBER-AT-LARGE G. Allen Ball, M.D. (2 yrs.)
CHAIRMAN, GRIEVANCE COMMITTEE Michael D. Danzig, M.D.
BOARD OF CENSORS (2) David G. Gaar, M.D. (3 yr. terms) John T. Butler, M.D.

DELEGATES:
Cecil C. Beehler, M.D.
Larry P. Garrett, M.D.
F. L. Howington, M.D.
H. Q. Jones, Jr., M.D.
Stephen R. Zellner, M.D.
Joseph P. O'Bryan, M.D.

ALTERNATES
Edward Laird, M.D.
Michael Murray, M.D.
Howard M. Sheridan, M.D.
Anthony Migliore, M.D.
Robert Pascotto, M.D.
Lawrence W. Gardner, M.D.

MARK YOUR CALENDAR FOR THESE MEETINGS

FMA Leadership Conference
January 29-31, 1982
Contemporary Resort Hotel
Lake Buena Vista, Fla.

AMA Leadership Conference
February 25-28, 1982
Chicago, Ill.

FMA Annual Meeting
May 5-9, 1982
Diplomat Hotel
Hollywood, Fla.

SERVICES OFFERED BY THE LEE COUNTY UNIT AMERICAN CANCER SOCIETY

The American Cancer Society provides special services, information and guidance for cancer patients and their families.

The Lee County Unit of the American Cancer Society offers the following services:

1. Transportation may be provided to and from treatment centers.
2. Wheelchairs, beds and other physical comfort items.
3. Surgical Dressings
4. Blood Credits are supplied to cancer patients anywhere in Florida

The American Cancer Society assists the patient and their families in adjusting to the new lifestyle after cancer surgery.

There are 3 specific Rehabilitation Programs:

1. Reach to Recovery: This is a program for Breast Cancer patients which allows trained volunteers who have had a mastectomy to visit patients, give emotional support, helpful hints on clothing and exercises to help the patient return to her normal activities.
2. Laryngectomy Visitation program: This program was generated to provide assistance to patients with laryngectomies.
3. Ostomy Visitation Program: This program was generated to assist those who have colostomus.

MAJOR CHILD KILLER

More than 30,000 children under five die each year of respiratory diseases, more than 15,000 of them in the first year of life. Christmas Seals help the American Lung Association combat respiratory distress syndrome and other hazards to very young lungs.

LEE COUNTY
MEDICAL SOCIETY
BULLETIN2466 Hunters Terrace
Fort Myers, Florida 33901
Phone (813) 936-1645The Lee County Medical Society Bulletin
is published monthly with the June and
August editions omitted.

EDITOR

Thomas M. Wiley, Jr. M.D.

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Stephen R. Zellner, M.D.

PRESIDENT ELECT

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Howard Harris, M.D.

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Richard Hendra, M.D.

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Edward Ziegler, M.D.

Marvin S. Porter, M.D.

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Joseph P. O'Bryan, M.D.

ADMINISTRATIVE SECRETARY

Ann Wilke — 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.

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"WE CARE"PRESIDENT'S
MESSAGE

Stephen R. Zellner, M.D.

EDITORIAL
HOW QUICKLY WE FORGET

Perhaps we have grown so rapidly and so quickly and expanded our membership roles to the point that we no longer feel the individual is important. Over the past several months, I have become increasingly concerned about the disregard that we as physicians and co-workers have for one another. We are apt to take issue with another physician's expertise and may even criticize him in the presence of non-physicians. We have grown to the point of allowing jealousies to at times blind our decision-making and lastly, and perhaps most importantly, have forgotten the art of conversation with one another.

Although in the best of all worlds, individuals work harmoniously, those situations do arise where tempers flare and eyebrows raise. Have we become so impersonal that we cannot discuss these matters between ourselves? Must we gain support from our fellow physicians for our point of view in every situation? What has happened to the social grace of decency and consideration in dealing with one's peers?

Certainly our community is growing. More physicians are coming to the area to practice. Our patient population continues to grow and we become busier and busier. Perhaps it is this lack of time to deal on a personal basis with each other that has fostered some of the problems that are related to the above. Patients as well as other physicians cue on this impatience and intolerance. Once again, I call your attention to the FMA-sponsored malpractice seminar scheduled in October and hope that all of you were able to attend. Specific points were raised for the need to discuss physician as well as patient problems in open and frank manner without innuendoes or second thoughts being left open for speculation. It is this area of interpersonal relationship that is perhaps lacking in and amongst the membership of our own society. We have tended to form small groups within ourselves and have frequently allowed personalities to interfere with rational judgement.

These are faults of which we are all certainly guilty at one time or another. While differences of opinion continue to occur, the art of conversation and discussion should not be a lost one. We should not grow so quickly and so rapidly that we would be guilty of having to speak through our attorneys. Perhaps it's time to get back to a one-on-one approach so that we may all deal effectively and thoughtfully with one another.

CLASSIFIED

OFFICE RENTAL-CAPE CORAL — Want-
ed, Physician to share office space in
Cape Coral near Hospital. Very reason-
able terms. Call 542-4552 or 481-7200.

AVAILABLE JANUARY 1, 1982 — Pro-
fessional Office Space located on Del
Prado Boulevard, 1 block north of Cape
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ANNOUNCEMENT

FOSTER MEDICAL CORPORATION
presents1981 MEDICAL EXPO
A DURABLE EQUIPMENT SHOW
FOR THE PHYSICIAN PRACTICE

NOVEMBER 19, 1981

HOLIDAY INN —

DOWNTOWN FT. MYERS

10 a.m. - 7 p.m.

Cocktails 5-7 p.m.

TOM'S TIDBITS

Southwest Florida Office of the
Cystic Fibrosis Foundation opened in
Fort Myers February, 1981 — Direc-
tor, **MONA MOFFAT**, 939-7443.

Congratulations to the **SWEET'S** on
their latest arrival.

Congratulations to the **THORN'S**
on their latest arrival.

Medical Society will move up the
December meeting one week to Decem-
ber 14, 1981. This will be a joint
meeting of the Auxiliary and Society . .
Make your plans now to attend.

From an Editorial in the Palm Beach
Times:

The Cost Containment Board has
done something of a cheapie, paper
job. There is an aspect of quality care
which the Board ignored . . . it is the
average patient time in the hospital . .
the hospital cost comparisons are, in
sum, an incomplete useless joke . . .
Hospital savings could well start with
abolition of the costly Board and its ex-
pensive publications.

SHOTGUN WEDDING
FOR 124 YEAR OLD MAN
ANNOUNCED:

"For a man of 60 you're in
remarkable shape."

"Did I say I was 60? I'm 83."

"My goodness, your father must
have lived a long life."

"Did I say my father was dead? He's
104."

"Good grief, man, how long did
your grandfather live?"

"Did I say my grandfather was
dead? He's 124 and he's getting mar-
ried next month."

"Why on earth would a 124-year-old
man want to get married?"

"Did I say he wanted to get
married?"

— Contributed by Mrs. Arthur Szarejho
Reader's Digest

SMOKING MEANS RISK

Chances of dying from chronic
bronchitis and emphysema are 20 times
greater for smokers than nonsmokers,
according to the American Lung Asso-
ciation, the Christmas Seal people.

FURTHER
MALPRACTICE
PREVENTION
SEMINAR

Marion County Medical Society
Saturday, November 21, 1981,
9-12 Noon

Ramada Inn, Ocala, FL

Charlotte County Medical Society
Monday, November 16, 1981
Holiday Inn, Punta Gorda, FL

7-10 PM

For more information contact Emily
Mingledorff, R.N. at PIMCO,
(904) 354-5910

FEWER SMOKERS NOW

Since publication in 1964 of the first
of the smoking and health research
reports of the U.S. Surgeon General,
the number of Americans who are non-
smokers increased by 22.4 million. The
number of smokers declined by 2.8
million, according to the American
Lung Association, the Christmas Seal
people.

NEW MEMBER APPLICANTS

APPLICATION FOR MEMBERSHIP

Active members are requested to express to the Membership Committee any information or opinions they may have concerning the eligibility of the applicants.



ROLANDO C. JAMILLA, M.D.

Dr. Jamilla is a native of the Philippines. He graduated from the University of Santo Tomas with a Medical Degree in 1961. He completed his internship at St. Mary's Hospital, Saginaw, Michigan and his residency at Broward Medical Center, Ft. Lauderdale, Fla. and Hurley Hospital, Flint, Mich.

He will open an office for General Practice at 6837 Cleveland Ave. N.E. He and his wife, Juana and children will reside at 1818 S.E. 5th Street, Cape Coral, Fla.

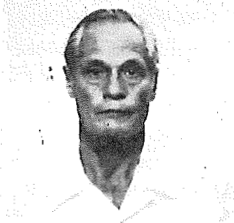


FAUSTINO A. NATAL, M.D.

Dr. Natal is a native of Utuado, Puerto Rico. He attended the University of Puerto Rico, School of Medicine in Cadiz, Spain and graduated with a Medical Degree from Madrid Medical School, Madrid, Spain in 1962.

He interned at Bon Secours Hospital, Baltimore, Md. and completed his residencies at Springfield Mental Hospital, Md. and Letterman Medical Center, Calif.

He comes to Ft. Myers from a private practice in Ocala. He will practice his specialty of Psychiatry at 3376 Cleveland Avenue with Dr. Maximo Perez. He and his wife, Maria-Jesus reside in Cape Coral.



HEIMRICH P.
VAN SCHOUWEN, M.D.

Dr. Van Schouwen is a native of Bandoeng, Indonesia. He attended the University of Amsterdam and received his Medical Degree in 1945. He practiced his specialty of surgery in Aruba, Netherlands, Antilles. Dr. Van Schouwen is interested in opening an office for General Practice in the Fort Myers area. He now resides at 453 Stipe Street, N. Ft. Myers.

CME Programs of Local Interest

The Society will use this space monthly to publicize programs of potential interest to members. Announcements should be submitted to the Society office by the 10th of each month.

AMA VIDEO CLINIC LIBRARY — 17 programs in videocassette format are now available for rental or sale. Two to six hour study courses recognized by the AMA for Category I credit towards the Physician's Recognition Award. Contact: AMA, 535 North Dearborn St., Chicago, Ill. 60610.

FRED J. WOODS LECTURE SERIES #8 — February 5-6, 1982, St. Joseph's Hospital, North Wing Auditorium, Tampa. Sub: Breast Cancer. 10 hours of credit. Category I.

SINO-AMERICAN EXCHANGE COUNCIL is searching for capable professionals to participate in educational exchanges with their peers in China. Contact Society Office for particulars.

LOCAL PHYSICIANS ARE ENCOURAGED TO SET UP PROGRAMS WHICH CAN BE APPROVED FOR STATE CME BY THE SOCIETY...

MEDICAL OFFICE BUILDING

The new Medical Office Building adjacent to Lee Memorial Hospital should be ready for occupancy by early 1982.

The first four floors of the building will house a number of patient and physician services, including the medical library, full-service inpatient and outpatient pharmacy, 24-hour cafeteria, medical records and transcription, respiratory therapy and pulmonary function labs and physicians' lounge.

CME REPORTING

All MEMBERS ON CYCLE III, (1979,80,81) of the Florida Medical Association Continuing Medical Education are due to report your credit hours by January 1982. Notices will be sent to all Lee County Members on this Cycle by the end of November.

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The Christmas Seal People Launch Unique Self-Help Programs

The American Lung Association of Southwest Florida has launched two major self-help programs this year to combat lung disease. They are SUPERSTUFF and FREEDOM FROM SMOKING.

SUPERSTUFF is an innovative, "cut-apart and use" 86-page book that teach young people about their asthma, helps them to relax and control their disease. It is designed for the elementary school child with asthma (ages 6-12) who is receiving medical care, and whose ailment is severe enough to disrupt his or her lifestyle. The aim of SUPERSTUFF is to help children with asthma help themselves

— to control their asthma, to build self-esteem, to lead as near normal lives as possible.

Riddles, rhymes, puzzles and games are methods of teaching the child how to recognize the causes, triggers and warning signals of asthma. A T-shirt iron-on, a mobile, stickers, a paper doll with costumes, a mystery story about a haunted house, a poster and a musical record, "Ease Up," are among the items packaged in the SUPERSTUFF kit. There's also a 16-page tabloid size news magazine for parents chockful of information on how parents can help the asthmatic child.

FREEDOM FROM SMOKING is a dynamic self-help program for smokers of all ages. It is one of the most thoroughly researched and evaluated cessation programs ever developed. Packed into two manuals, FREEDOM FROM SMOKING represents the culmination of four years of research,

development and evaluation.

In the first phase, the smoker is guided step-by-step through a 20-day program of self-monitoring and behavior modification exercises specifically designed to help him or her quit smoking. The smoker is addressed in an intensely individual and personal way. Smokers are helped to understand: precisely why they smoke; what people, places, and things trigger the urge to smoke; what elements determine their own smoking pattern; and what action can be taken to break that pattern. Smokers are encouraged to begin to break these patterns. During the final four days, they are shown a new system designed to reinforce their new habit of not smoking. If a smoker quits successfully before the full 20 days, he or she may move directly to the second phase, a maintenance program.

A vital feature of FREEDOM FROM SMOKING, the maintenance

program offers continued help and support until nonsmoking becomes an affirmative way of life for the former smoker. Since most people who quit smoking go back to it within a year, effective maintenance is critical. The maintenance manual addresses itself to the temptations that may lure the novice back to cigarettes. It offers suggestions for coping with the tensions and social situations that once prompted the smoker to light up. It helps him find the most effective alternatives to smoking, and to build reward systems.

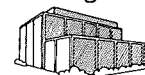
SUPERSTUFF and FREEDOM FROM SMOKING were together produced with \$650,000 of Christmas Seal funds.

Both programs can be obtained from the American Lung Association of Southwest Florida, 2300 Euclid Avenue, Fort Myers, FL 33901. Phone: 334-1556.



Let us assist your newcomers in establishing a home and eliminate the hassle and aggravation involved in finding everything on their own. We'll provide the best collection of information about Fort Myers and Lee County that exists, containing all the answers an individual or family must have to accomplish the settling-in process: facts about education, recreation, taxes, utility service, automobile and driving regulations, and medical facilities, to name a few.

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LEE COUNTY MEDICAL SOCIETY

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SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street
Social Hour — 6:30 P.M.
Dinner — 7:30 P.M.

NOVEMBER 16, 1981

Speaker: Peter Palorero, M.D.
Assistant Professor of Surgery
Mayo Medical School

Topic:
"Early Detection of Lung Cancer"

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LEE COUNTY MEDICAL SOCIETY BULLETIN



The Voice of Lee County Medicine

December, 1981

Fort Myers, Florida

Vol. 3, No. 8

JOINT MEETING MEDICAL-AUXILIARY SOCIAL MEETING

DECEMBER 14, 1981
ROYAL PALM YACHT CLUB
2380 First Street

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

JOINT MEDICAL-AUXILIARY MEETING

ENTERTAINMENT:

Resident String Quartet
S.W. Florida Symphony

NEED BY RESERVATIONS ONLY

PLEASE!!!

L.C.M.S. Members: All Reservations Must Be Made By Friday Noon Before The Meeting On Monday. Cancellations Should Be No Later Than Noon on Monday. The Society Must Pay For All Reservations Made.

There will be New Voter Registration available at the December meeting — Bring your previous voters card and Florida Drivers License.

THE UNUSUAL CHRISTMAS GIFT

If you have that someone special you never can find the right gift for — the colleague or friend who has everything — consider an evening out on the town.

The, SWORD OF HOPE GUILD of the American Cancer Society presents a play "SAME TIME NEXT YEAR," at the Naples Dinner Theater, May 14, 1982. Included will be gourmet dinner from 6-8 PM and a professional theater production. Many door prizes and champagne cast party will follow. Tax deductible donation of \$30.00 per person. Ticket information: Phone VIVIAN LANG, 481-61 or send checks, made out to Sword of Hope to her at 23 Brynwood Lane Fort Myers, Fla. 33907

AUXILIARY NEWS

Mrs. Barbara Mintz
President

We are truly pleased to note that of the Society's new members, fifteen of their wives joined the Auxiliary. It looks like we have many new people ready to involve themselves in our medical community activities. We are pleased to have you here.

Your Auxiliary has planned another joint meeting with your Society. The traditional joint December Meeting will be entertained by the RESIDENT STRING QUARTET OF THE S.W. FLORIDA SYMPHONY
1st Violin Frank Farago
2nd Violin Rosemarie Perrotto
Violist Betty Haines
Cillist David Gasch

As many of you know this is one of our nicest joint meetings of the year. We hope to see all of our Auxiliary members joining their spouses at the Royal Palm Yacht Club on December 14th.

The third annual Health Careers Forum was held Nov. 13, 1981, at Lee Memorial Hospital Auditorium. Special thanks go to:

Irwin Kash
Tom Carrasquillo
Steve Zellner
Ellen Sayet
K. Yankapolus

These doctors gave of their time to come and speak to the approximately 130 students who attended the forum. This forum is sponsored by the Medical Society Auxiliary in conjunction with the area high schools and various health care professionals. The day was a big success and we wish once again to thank all the persons who helped! Make plans now to come and help next year!

Our thanks to MRS. ANN CARRASQUILLO.

October meant travel for three Lee County Auxiliaries. JOAN PASCOTTO, Legislation Chairman, MARTHA COX, Immediate Past-President, and CONNIE HOWINGTON, President.

Thank You Joe Isley

Joe volunteered to be the guest editor while your old editor was away on vacation during October. The outcome was very commendable! Any other member desiring to try his or her hand at it will be welcomed.

Editor

*Attend your
medical
society
meetings*

Elect, attended the legislation workshop in Tampa, October 23-24. In Chicago in mid-October Connie was among fifteen presidents-elect from Florida at Confluence, the AMA-Auxiliary intensive training session for their officers, state presidents and presidents-elect, and county presidents-elect throughout the U.S.A. Over 300 Auxiliaries heard addresses by Daniel T. Cloud, M.D., President of the American Medical Association, James H. Sammons, M.D., AMA Executive Vice President, and Isobel Dvorsky, President, AMA-Auxiliary. Leadership and community health seminars covered home and street safety, life stress management without substances, the aging population, parliamentary procedure, motivation, and other relevant topics. Connie thanks BARBARA MINTZ, President, and RUTH COLEMAN, FMA-A President, for including her in the "off-year" invitations of an every-other-year invitational sequence among Florida counties attending Confluence.

The next training session for county Auxiliaries will be held in Tallahassee, Feb. 10-11. Isobel Dvorsky, President of AMA-A, will be the guest speaker.

In Memorium

RICHARD W. PLUMMER, M.D.

Richard W. Plummer, M.D. died on October 29, 1981 at the age of 59 from carcinoma of the lung. He had conducted a family practice of medicine in Ft. Myers for 22 years, coming here in 1959 after graduation from Univ. of Miami Medical School in 1958 and an internship at Mobile General Hospital in Mobile, Ala.

Prior to entering the medical field, Dr. Plummer had a distinguished military career spanning 14 years. During World War II he served as a pilot and received several decorations for heroism. Among these awards were the Air Medal and two Distinguished Flying Crosses with Oak Leaf Clusters. After the war he served as an Air Force Intelligence Officer and wrote a manual on nuclear energy.

He was a member of the Covenant Presbyterian Church, the Lee County Medical Society, the Florida Medical Association, the American Medical Association and was a Fellow in the American Academy of Family Physicians.

He is survived by his wife, a son, a daughter, his mother and father, and two grandchildren.



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"WE CARE"PRESIDENT'S
MESSAGE

Stephen R. Zellner, M.D.



It's been an interesting year. When I started in the capacity of President of the Medical Society, I had hopes of achieving several goals and implementing several programs that would hopefully benefit not only the membership of our Society but also the population and patients that we serve in Lee County. I think we have been able to achieve a great many of these goals.

With the theme of community and social involvement, many of our membership have been active in the school health program, continuing education within the public school system, initiating a scholarship program and actually awarding two scholarships to scholastically qualified high school students and making attempts to begin a talk show program for community education.

Unfortunately with the good comes the bad. We, as a Medical Society, continue to receive grievance and complaint letters from patients. Certainly, we all agree that personalities being what they are cannot always get along without friction or misunderstanding. Hopefully, our roles as community involved physicians, the recent PIMCO malpractice seminars, and more awareness of the need to communicate with patients will lessen these complaint letters. Even more disconcerting, however, is the friction that unfortunately exists within our membership. It is hoped that these personality differences can be rectified and controlled with the passage of time.

It has certainly been an honor and privilege for me to be associated with a most outstanding group of physicians as exists in Lee County. I have learned a great deal and hope that we can move forward to become a stronger voice within Florida medicine. I wish each and every one of you and your families a most happy and healthy new year.

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Lee County Medical SocietyAs we are all aware and recall from
our recent visit with Dr. Sanford
Mullen, the President of the FMA's
main thrust during 1981-82 is in the
area of community service.

Your Society has been questioned
by the Florida Medical Association in
regard to areas of community involve-
ment by our Physicians. Since we
have no record of various positions of
community service engagements, it
would be most helpful if information
relative to the above could be for-
warded to the Society office so that a
list can be compiled and sent to the
Florida Medical Association. We in
Southwest Florida are very much in-
volved in community service and I
think we need to demonstrate to the
President of Florida Medical Associa-
tion our concern and endorsement for
this undertaking.

Physician Name _____

Organization _____

Position Held _____

Dates _____

Florida Medical Association, Inc.
Physicians in Community Service

The staff has been asked to compile
a list of FMA member physicians in-
volved in community service in their
respective areas. I have discussed this
with Mr. Thrasher and he has indicated
your assistance should be sought in this
project. Let me give you an example of
the type people we are looking for.

There is a physician in Duval County
who was seriously burned as a child.
Recovering with the aid of somewhat
primitive therapy, he went on to serve
in the U.S. Navy during World War II
and used the GI Bill to go through
medical school. After setting up practice
in Duval County he founded the
Pop Warner Football League in Duval
County and has served for 16 years as
the team physician for one of the high
schools. He gives free physicals to
junior high and high school athletes
and started this before it became a pro-
ject of the county society. He has gone
on to be a member of the Duval County
school board and for the past two
terms has served as chairman of the
board.

You might consider this somewhat
of an unusual case but I am confident
there are many more just as interesting
and probably some even more so. I
would hope you can work with the
county society in uncovering such in-
formation that we might be able to
have a good picture of these type in-
dividuals by the first of the year.

**COPY
DEADLINE
20TH
OF MONTH**

CME REPORTING

All MEMBERS ON CYCLE III,
(1979,80,81) of the Florida Medical
Association Continuing Medical
Education are due to report your
credit hours by January 1982. Notices
will be sent to all Lee County
Members on this Cycle by the end of
November.

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LEGISLATIVE REPORT

The 1982 Session of the Florida Legislature will begin on January 18, almost 90 days ahead of its usual convening date. This creates a serious time "crunch" for physicians and auxiliary members in getting legislative contacts accomplished prior to the opening day. While the time frame is rather short, it is apparent that a great deal less legislation will move through the legislature than in previous years because of the attention being devoted to Reapportionment and Redistricting. As a result of the 1980 Census, Florida will gain four new congressional seats, and in addition the population shifts make it virtually certain that every state legislative district boundary will have to be redrawn. The dynamics of this situation will divert a great deal of attention away from the flow of normal legislative matters.

1982 LEGISLATIVE PRIORITIES
ESTABLISHED

The FMA Board of Governors has approved the issued that will be given priority emphasis by the FMA during 1982 Legislature. There Are:

Opposition to hospital staff privileges or access to hospital diagnostic facilities by chiropractors.

Opposition to use of drugs by optometrists for treatment of eye disease.

Passage of legislation to require filing of written protocols with the State Board of Medical Examiners and appropriate physician supervision for Advanced Registered Nurse Practitioners.

Opposition to use of state funds for support of HSA's.

"Sunset Review" of Florida Hospital Licensure Law. (Includes key issue of how hospital staff privileges are granted.)

"Sunset Review" of the Florida Insurance Code. (Includes issues such as mandated third party payments for chiropractors, psychologists, nurses, etc.)

SPECIAL REPORT ON
PROFESSIONAL LIABILITY
INSURANCE ADOPTED BY
BOARD OF GOVERNORS

At its Fall Meeting, the Board of Governors adopted the report of the Special Committee on Professional Liability which recommends that:

1. The FMA continue:

a. An aggressive public relations program and attempt to educate the public regarding the seriousness of the medical professional liability problem; it affects them both medically, surgically, emotionally, and financially.

b. An aggressive program directed to the public, the legislature, and the judiciary of the current abuses of the

contingency fee system with an attempt to drastically modify the current system to eliminate the abuses.

2. The FMA embark on a massive educational program directed to the public, the legislature (at the appropriate time) and all appropriate parties with information and facts regarding the need of the legislature to correct abuses of bad faith demands, punitive damages, pain, suffering, and enforce the use of structured settlements.

3. The Patient's Compensation Fund be made actuarially sound by the legislature so as not to create another Professional Liability crisis in this program when it can be prevented.

By now every member of the Lee County Medical Society has received his 1982 dues notice with request to join the Florida Medical Political Action Committee (FLAMPAC). Lee County was one of the leaders in the entire state last year in contributions to FLAMPAC, and we look forward to giving even greater support in 1982. As you consider your contributions, I hope that you will pay the \$100 dues to become a Sustaining Member. Because of the large increase in the number of contested legislative races and the four new congressional seats, FLAMPAC has had to project an increase in campaign expenditures of more than 35 per cent over the totals contributed in 1980. This means that physicians throughout the state will be called upon to increase their contributions to FLAMPAC in order that the desired campaign budget can be met.

H. Quillian Jones, Jr., M.D.

Where Fitness Dares Not Go

"Have you notice," asked the head of a firm that sets up fitness programs for corporations, "that there is one place where there are no fitness programs?"

No, I had not noticed. "Where is this place?" I asked.

"The hospital," he answered.

I knew he was right. Except for an occasional cardiac rehabilitation unit, most hospitals do not have fitness programs for their personnel or their patients. Aerobic exercise is seldom used in a hospital setting. Very seldom is a patient encouraged to make the effort to become fit. Those concerned with protecting our health and dealing with disease don't use exercise themselves or prescribe it for their patients.

I soon learned this truth firsthand. I injured a calf muscle and was unable to run. So I went to the hospital physiotherapy department to work out on the exercise bicycle while the muscle healed. I mounted the lone exercise bike and pedaled furiously for about 30 minutes. Then a therapist came over to me. "Doc," he said, "you are the first one to use that bike in two years." The one training

(Continued on Page 4)

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(Continued from Page 3)

machine in the department, the mainstay of any fitness program for the diseased or handicapped, had not been used in two years.

Why don't physicians urge patients to use exercise as well as medicine? For quite good reasons. However little physicians know about exercise physiology, they know a great deal about disease. They treat it daily and study it constantly. They are suspicious of any therapies that arise outside of their orthodoxy. They demand solid scientific proof of claims for benefits from any new treatment—including exercise.

That scientific proof is not forthcoming. Physicians' reading confirms that suspicion. "There is no definitive evidence," states Victor F. Froelicher, MD, a prominent heart researcher, "that exercise is effective in the

primary or secondary or tertiary prevention of coronary heart disease."

The effects of exercise on disease remain speculative, and medicine is not a speculative profession. Physicians are doubters who know cures are hard to come by. These potential purveyors of fitness are a profession of skeptics and cynics. The optimistic promises of the jogging proponents turn them off.

This suspicion even includes cardiac rehabilitation, the one fitness program that seems to have caught on in hospitals. But even here physicians are dragging their feet. Most patients are self-referred, frequently against the advice of their physicians or at best with their reluctant consent.

And here too physicians are on fairly solid ground. According to Ezra Amsterdam, MD, in a review article in the June 1981 *American Heart*

Journal, and exercise program will have no effect on the diseased heart. All the changes occur in the periphery—in the capillaries and the muscles. "Numerous studies," writes Amsterdam, "have failed to identify a direct cardiac mechanism in association with improved functional capacity following exercise training in coronary patients."

But functional improvements alone should bring exercise programs into the hospital. Exercise can induce the trained state, regardless of disease. Every patient can be made fit, and that fitness will result in increased physical work capacity, increased oxygen uptake, and reduced stress on the heart. It is understandable if physicians are unaware of this. In the average American medical school only four hours in the four-year curriculum are spent on the effect of exercise on the body.

So there it is. Exercise programs have gained no foothold in hospitals for two reasons: Physicians know too much about disease, and too little about exercise physiology. Physicians have yet to elevate their consciousness about fitness capabilities in their patients and to their own opportunities to develop them. When frustrated because their patients ignore injunctions to stop smoking, drinking, and overeating, they can induce them to do something positive for their health.

Physicians have been told from their first year in medical school to treat the whole patient. They just have never been taught how. Once physicians learn the basics of exercise physiology they will be able to offer total care—and then fitness programs will become routine in our hospitals.

George Sheehaw, M.D. Columnist Sheehan is a practicing cardiologist in Red Bank, New Jersey



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