



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



Vol. 3, No. 9

Fort Myers, Florida

January, 1982

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

JANUARY 18, 1982

Speaker:

John Ackermann, M.D.

Topic:

"Renal Transplantation"

"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

SPEAKER:

John Ackermann, M.D.
Professor of Surgery, U.S.F. & Director
Kidney Transplant Service
Tampa General Hospital

Our speaker for the January Society Meeting, John Ackermann, M.D. is the Professor of Surgery, USF and Chief of Transplantation at VA of South Florida. He hails from Cape Town, South Africa, in which city he received his medical degree in 1965, and became F.R.C.S. in Edinburgh the following year. Part of his training was with Professor C. N. Barnard in Cardiac Surgery. He was a Fellow in Transplantation 1965-67, St. Mary's Hospital, London, England.

Dr. Ackermann's appointments include those in London, U. of Cape Town, Vanderbilt, Michigan State and Tampa, Florida. Dr. Ackermann supplied in his C.V. a list of 34 publications in the most prestigious of domestic and foreign journals, almost all with a transplantation theme.

(Editor's note: Lee County Medical Society has an Organ Donor Program. Interested persons can contact Tom Connelly, M.D. for information.)

1982 OFFICERS

President

Peter M. Sidell, M.D.

President-Elect

Ronald D. Castellanos, M.D.

Treasurer

John E. Thorn, M.D.

Secretary

Michael S. Heller, M.D.

Members-at-large

Marvin S. Porter, M.D.

G. Allen Ball, M.D.

Past President

Stephen R. Zellner, M.D.

Enclosed is a list of the Officers and Committees. Please check to see what committee you are on for 1982.

FOOD, FUN & FELLOWSHIP

The December meeting of the Lee County Medical Society was held at the Royal Palm Yacht Club, December 14, 1981, and as usual, the food was outstanding. Those members who missed this feast, also missed a superb musical program, by the Resident String Quartet. Many of our members and their wives were heard to utter their compliments to this group.

NOTICE OF DUES

**PLEASE PAY
YOUR SOCIETY DUES
NO LATER THAN
JANUARY 31, 1982.**

"SAME TIME THIS YEAR"

Those members who need to report their CME Cycle II have until January 31, 1982 to do so. Please send your reporting form to the Society office.

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.

Don't Miss

THE THIRD ANNUAL VENDOR'S FAIR

Knights Of Columbus Hall
1901 Park Meadow Drive

Friday — January 29, 1982

7:00 P.M. - 10:00 P.M.

*Cash Bar *Over 50 vendors *Free Admission
* All Major Companies *Free Refreshments

Presented By:
THE ASSOCIATION OF
SURGICAL TECHNOLOGISTS

If you invest in money market funds — who doesn't? — you should know about the Penn Central crisis of 1970.

MONEY MARKET FUNDS

By Ben Weberman

How safe are your money market fund investments?

A lot of people are so entranced with those 17% yields that they don't even want that question. However, it won't go away. There's \$136 billion involved — and the chances are good some of it's yours.

I'll answer the question about safety by asking another question: How secure are bank CDs and commercial paper? Nearly 60% of that \$136 billion is in those kinds of paper. The rest is in Treasury bills, Eurodollar deposits, overnight repurchase agreements and deposits in American branches of foreign banks. Keep in mind that neither commercial paper nor CDs are federally insured.

What happens if some banks cannot pay off or roll over their CDs when they come due? If corporations can't repay or roll their commercial paper?

If that happens and if — at the same time — worried investors try cashing in their money market funds you get a run on the fund. It probably won't happen. But it could.

I'm not just being fanciful, not just trying to scare people. We had such a situation in 1970 when Penn Central couldn't make good on its commercial paper and the whole commercial paper market collapsed. Even sound companies couldn't roll over their commercial paper and some of our best companies were close to bankruptcy. The Fed stepped in. It said it would open its discount window to any bank making loans to sound companies who were left high and dry by collapse of the paper market. Presumably the Fed would do the same thing again. Presumably...

What you had better understand then is that a money market fund is no better than its investment portfolio. And not all portfolios are created equal.

(Continued on Page 4)

There is still . . .

H.O.P.E.

(Hospice Oriented Program
for Everyone)

The hospice movement in Lee County is progressing slowly. When the program is underway, it will provide supportive care for the terminally ill primarily in the home. H.O.P.E.'s objective is to enable the dying patient to live as fully as possible and help families cope with the physical, emotional, psychological and spiritual stress of terminal illness, grief and bereavement. Highly trained volunteers will provide the needed services.

The program will not duplicate existing medical and nursing services. It is strictly a support system to provide consistent contact with the patient and his/her family or significant others throughout the course of illness into bereavement. H.O.P.E. representatives will work cooperatively with existing agencies in the community.

The H.O.P.E. office is located at 2635 Cleveland Avenue at St. Luke's Church. For further information, call 334-1157.

DOTTIE HUMMEL, RN
PRESIDENT

LEE COUNTY
MEDICAL SOCIETY
BULLETIN2466 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.

EDITOR

Thomas M. Wiley, Jr., M.D.

EDITORIAL BOARD

PRESIDENT

Peter M. Sidell, M.D.

PRESIDENT-ELECT

Ronald D. Castellanos, M.D.

SECRETARY

Michael S. Heller, M.D.

TREASURER

John E. Thorn, M.D.

MEMBERS-AT-LARGE

Marvin S. Porter, M.D.

G. Allen Ball, M.D.

PAST PRESIDENT

Stephen R. Zellner, 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.

ROYAL CREST PRINTING
FT. MYERS, FLA.

- Nurses
- Nurse Assistants
- Live-in Companions.
- Insurance Claims Processed
- 24-Hour Care Available
- Medicare Licensed

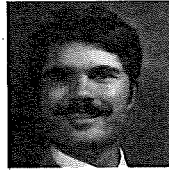
UPJOHN
HEALTHCARE
SERVICES™Call day or night
997-2407Medicare Number
995-2859DOCTORS
ARE YOU AWARE?**DATA
DOC**

There is a company in Ft. Myers who will not only lease you computer space but also do your patient and insurance billing for you?

A Security-Minded Computer
Leasing Corporation For
Use in Your Medical Practice

Gene Cox, M.D., President

939-3282

LEE CONVALESCENT
CENTER, INC.2826 Cleveland Avenue
Telephone: 334-1091Medicare, Medicaid, and VA
"WE CARE"PRESIDENT'S
MESSAGE

Peter M. Sidell, M.D.

Medical care is inexpensive when viewed from the point of view of the service delivered. If the amount of labor intensive service that is rendered in the usual medical setting is compared to that of other consumer services, I have little doubt that medicine as a service would look relatively cheap. It is the amount of service consumed by the average patient that makes costs high. That is not to say that we should ignore efforts to deliver medical care more economically, but that we should try to let the public know how much it is getting for its money.

The issue of rising costs has been used as an excuse to attack the integrity of people in the health care delivery field. The inference is made that the high consumption of health care services represents an abuse of public support. There is no doubt that the public has been influenced by all that has been said questions the sincerity of our commitment to the sick.

I believe we should wake up to the fact that it is the sincerity of the government's commitment to the sick which is open to question. There is no doubt that the government has set some real limits to the amount it is willing to commit to health care. The implementation of limits to third party support of health care is often cloaked in the guise of planning — but from a pragmatic point of view the function of planning is to limit access to health care.

Perhaps my objectivity is limited because of personal involvement, but I can think of no finer way to spend society's resources than in relief of suffering, and preservation of health. Certainly controls must be present to prevent abuse of the system either by patients or providers. But there must be checks on the controllers and planners as well.

CLASSIFIED

FOR SALE BY MEMBER — 4 BR, 3 1/2
BATH, SUPER HOME, WHISKEY CREEK.
OWNER WILL FINANCE — 936-3796.

SOUTHERN PENSION
CONSULTANTS, P.A.
Bill Rice, President

2381 E. Mall Dr.
P.O. Box 06153
Fort Myers, FL 33906
(813) 939-2646

From Newsletter of Florida B.M.E.

MEDICAL COMPETENCY IN
FLORIDA

The Legislature, through the enactment of the Florida Medical Practice Act, recognized that the practice of medicine is potentially dangerous to the public if conducted by unsafe and incompetent practitioners. Complaints against physicians may be filed by writing the Department of Professional Regulation or calling the toll free number 1-800-342-7940. Trained complaint analysts screen the complaints. Generally the complaints deal with drug and alcohol abuse and alleged malpractice. Complaints about fees are not under the Board's jurisdiction. Those complaints which appear to have merit and which appear to represent a violation of the medical practice act are passed on to investigators of the Department who go into the field to research the complaint. At this early time, the complaint is confidential. At the point that the investigative process is complete, the facts are compiled and referred to the Department's Division of Legal Services for evaluation and determination of probable cause. Upon determination of probable cause, the physician is advised of the proposed charges; and an informal conference may be held between the physician and the Departmental prosecuting attorney. At that time, the physician may propose to enter into a Stipulation of Facts and Imposition of Discipline in answer to the allegations against him. If the Secretary of the Department of Professional Regulation has reason to believe that an emergency situation exists, thereby creating an immediate danger to the health, welfare and safety of Florida's citizens, an emergency suspension of the physician's license may be issued. Ten days after the determination of probable cause, the complaint and investigative reports become public information and confidentiality is terminated. The physician may dispute the allegations contained in the complaint and elect a formal hearing before a hearing officer of the Division of Administrative Hearings or, the physician may not dispute the allegations and request an informal hearing before the full Board for entry of a Final Order and Imposition of Discipline. Should the Physician request a formal hearing, a hearing date is scheduled by the hearing officer at which time both the physician and the Department present evidence in support of their case. This formal hearing is conducted much the same as a case in civil court system. Following the hearing, a recommended order is rendered by the hearing officer for consideration by the full Board. In all cases, whether it be the physician who has elected a formal hearing, or the physician who has entered a proposed Stipulation in response to the complaint the matter is brought before the full Board membership for final disposition and imposition of discipline. Modifications by the

PLEASE SUPPORT
OUR ADVERTISERS —
OUR FRIENDS

Bio-Medical Consultants, Inc.

Data Doc

Jet South

Lee Convalescent Center, Inc.

Probe, Batson & Co., P.A.

Medicare Equipment of

SW Florida, Inc.

Merrill Lynch, Pierce, Fenner

& Smith, Inc.

Southern Pension Consultants, P.A.

The Charles Stedman Group

Upon Health Care Services

Vacation & Investment Properties, Inc.

West Paces Ferry Hospital will sponsor a seminar entitled "Update of Systemic Lupus Erythematosus: Current Concepts of Diagnosis and Treatment" in Atlanta, Ga. on May 21 and 22, 1982. Check Society Office for details.

Attend your
medical
society
meetings

Do you know that Medicare and Medicaid payment cease on the day a progress note indicates acute hospital care is no longer needed? In these instances, a denial of payment letter may be dated retroactively.

REHAB ASSOCIATES:
Martí Sheff, M.S., C.C.C.
Speech & Language Therapy
1425 Del Prado Blvd.
Cape Coral, FL 33904
For Appointment Call: 574-5828

REHAB ASSOCIATES:
MARTI SHEFF, M.S., C.C.C.

Board to a proposed Stipulation must be agreed to by the licensee and the Secretary of the Department. The Board may accept the Recommended Order as proposed or it may choose to decrease the severity of discipline. If the Board chooses to be more severe, then they must review the entire records of the case before them.

Most judgements against physicians who are found guilty of violating the Medical Practice Act involve varying lengths of suspension of their medical license and a period of probation. These probationers are required to appear before the Board at its semiannual meetings. Twenty-four physicians on probation appeared before the Board at its June, 1980 semi-annual meeting.

LEGISLATIVE REPORT

With the 1982 session only a month away, the Florida Legislature has begun to rapidly accelerate its activities. Both House and Senate committees are aiming to have reapportionment plans to the floor early in the session and the rewrite of Florida's Insurance Code will also hit the calendar at about the same time.

While these issues are of interest to medicine, the most critical medical issue shaping up may very well be the "Sunset Review" of Florida Hospital Licensure Law (Chapter 395). With this chapter are the statutes relating to hospital staff privileges and the Florida Hospital Cost Containment Board. The FMA has been actively working to preserve the strength of the medical staff in the process of granting and delineation of privileges. Psychologists, nurses, and chiropractors are seeking statutorily mandated staff privileges. The political problems are particularly critical in the case of the chiropractors who are trying to require all hospitals to accept referrals of their patients to hospital outpatient diagnostic facilities.

If we are to be successful in opposing the move by the chiropractors, it is essential that all of us contact our local delegation urging them to oppose changes in Chapter 395 which would give chiropractors access to hospital diagnostic facilities.

Another important issue is support legislation relating to physician supervision of Advanced Registered Nurse Practitioners. The major provisions of this bill are:

1. A physician who intends to supervise an ARNP in the performance of any of the medical acts set forth by law or by the Joint Committee must file a Notice of Intent with the State Board of Medical Examiners. The notice of intent will:
 - a. Identify the ARNP to be supervised and the names of any other nurse practitioners the physician presently supervises;
 - b. Describe the medical acts to be performed by the ARNP and the level of supervision to be provided by the physician;
 - c. Identify the location at which the ARNP will practice and;
 - d. Certify the existence of a written and signed protocol concerning the performance of such medical acts which complies with the various provisions of this bill and with relevant rules of the Board.
 2. Notice must be given to the Board when the medical staff of a facility (as opposed to an individual physician) approves a protocol for certain ARNP's (currently nurse anesthetists and nurse midwives) to perform medical acts within that facility.
- The bill sets forth minimum standards for the content and review of protocols and authorizes the Board to promulgate rules which supplement these standards. The

minimum criteria set forth in the bill are:

- a. The protocol must set forth the medical acts to be performed by the ARNP as well as the conditions and limitations for such performance.
- b. The level of supervision which the physician maintains over the ARNP as set forth in the protocol must be appropriate in terms of insuring proper patient care. The physician and the ARNP must practice in the same community unless the Board of Medical Examiners waives this requirement upon a showing that the physician's ability to supervise is not impaired by a greater distance.
- c. A physician may not supervise more than two ARNP's unless the Board of Medical Examiners waives this limitation based on the circumstances involved in a given situation.
4. The Board of Medical Examiners is given the specific authority to discipline a physician who enters into a protocol which allows an ARNP to perform medical acts if the physician has failed to submit the required notice of intent or if the physician fails to terminate supervision in the event that the protocol is disapproved by the Board.

There is expected to be a "rush" of bills filed prior to the January 18th opening date, and we will summarize these in our next column.

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

**COPY
DEADLINE
20TH
OF MONTH**

SPORTS MEDICINE
CLINICS

1. Sports and Ski Medicine Symposium - Steamboat Springs, Colorado March 20-27, 1982. Sponsored by Virginia Sportsmedicine and Rehabilitation Institute and Northern Virginia Consortium for Medical Education. Category I CME credit.
2. Sports and Tennis Medicine Symposium - November 7-12, 1982. Newk Tennis Ranch, New Braunfels, Texas. John Newcombe and Clarence Mabry Instructional Clinics.
3. Sports and Tennis Medicine Symposium. Hilton Head, South Carolina. May 17-24, 1982. Stan Smith Instructional Clinics.

For Information -
Contact Medical Office

Happy Holiday Season

SOUTHERN PENSION
CONSULTANTS, P.A.
Bill Rice, President

2381 E. Mall Dr.
P.O. Box 06153
Fort Myers, FL 33906
(813) 939-2646

939-3675
FORT MYERS



SERVING MEDICAL GROUP PRACTICE
EXCLUSIVELY SINCE 1958

LIFE INSURANCE • MAJOR MEDICAL
LONG TERM DISABILITY

John M. Dusek
EXCLUSIVE AGENT

LEE, COLLIER
& CHARLOTTE
COUNTIES

Bio-Medical Consultants, Inc.

SAVING YOUR MONEY IS OUR BUSINESS

(813) 936-8003

1520 WINKLER AVE.
FT. MYERS, FL 33901

JOHN F. BAUDER
President

W. MARTIN WESTMILLER
Vice President



Jet South
Inc.

FLORIDA'S FIRST ADVANCED LIFE SUPPORT
AIR AMBULANCE SERVICE

Cardiac Monitor & Recorder • Defibrillator
Two Respirators • Medical Oxygen
Hospital Telemetry Transmission Capability
Paramedic or Registered Nurses - All Flights
Air to Ground Telephone Link Anywhere USA

Based — Danley Drive, Page Field

936-7880

24-HOUR Phone • Call Collect

MEDICARE
EQUIPMENT

OF SOUTHWEST FLORIDA, INC.

1853 Commercial Drive • Fort Myers, Florida 33901

Phone 936-2717

All Authorized Medicare Convalescent Equipment
We Bill Medicare Direct!

Merrill Lynch Pierce Fenner & Smith Inc.

Merrill Lynch
Pierce Fenner & Smith Inc.

William J. Webb
Account Executive

2202 McGregor Blvd.
Fort Myers, FL 33901

813 334-6828
Punta Gorda 639-1022

DEFERRED COMPENSATION PLANS
INCOME TAX PLANNING & RETURN PREPARATION
ESTATE TAX PLANNING

PROBE, BATSON & Co., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

1456 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33907

CAPE CORAL
(813) 649-3313

FORT MYERS
(813) 482-5522

Funds differ by portfolio maturity, by investment and even by quality of investment. The \$6.4 billion Dreyfus Liquid Assets Fund and the \$5.7 billion Fidelity funds of Boston will not buy commercial paper unless it carries top rating of A-1 from Standard & Poor's and Prime-1 from Moody's. But the \$2 billion Kemper Money Market Fund purchases paper rated A-2 or Prime-2.

In practical terms, A-1 paper consists of companies such as General Motors Acceptance, Continental Illinois, New England Telephone and BankAmerica. The A-2 paper company roster includes Gulf & Western Industries, Mack Financial and Montgomery Ward Credit. They pay more interest than the A-1 companies but their paper is less marketable. In a period of crisis a la Penn Central,

marketability of A-2 paper suffers long before that of the high-quality paper.

As far as certificates of deposit are concerned, most money market mutual funds confine purchases to banks having assets of \$1 billion or more. A few funds limit such investments to the ten largest banks in the country. Those funds that want to enhance earnings by taking a chance on deposits will buy CDs in U.S. branches of foreign banks. These have been characterized as Yankee CDs. They include deposits in Canadian, Japanese and German banks.

The Merrill Lynch Ready Asset fund — \$18 billion in assets — insists that it has liquidity and safety of portfolio. The Merrill Lynch fund is almost one-third invested in Treasury bills and federal papers. Unlike commercial paper and bank deposits, Treasuries can be sold even under the worst market conditions. Another 5% of

Merrill's portfolio is invested in overnight repurchase agreements.

Because it places emphasis on marketability over yield, the Ready Asset fund carried a 7-day yield of only 15% Kemper had a 17.5% return. Kemper's higher yields were achieved by using up to 60% commercial paper. The remainder consists of 28% Eurodollar CDs and 15% Yankee CDs. Average maturity for the Kemper Fund is 32 days, one of the longer averages currently.

In selecting a money market mutual fund, I would emphasize safety and portfolio marketability over yield. The rate of return differences are not very large. They don't compensate for the risk of having a portfolio consisting of money instruments of less than top quality and top marketability.

You would have had a 17.7% return on the Oppenheimer Money Market Fund in the 30 days to July 22 and

16.3% on Merrill Lynch Ready Assets. Behind Oppenheimer is a portfolio that is 96% commercial paper. Ready Assets by contrast, has 28% Treasuries, 39% in bank certificates of deposit, and only 21% commercial paper. I'll take the Treasury participation over virtually all commercial paper. I'll take 16.3% from ML Ready Assets over 17.7% from Oppenheimer.

I doubt anyone will ever lose money in a money market fund. The risk is getting locked in if a panic occurs; and it's a nasty feeling knowing your money is there but you can't get at it.

I am telling you all this then, not to scare you, but to warn you that money market funds are not all alike. The least you should do before committing a great deal of money to one is take a peek at its portfolio.

Ben Webberman
Economics Editor
Forbes Magazine

VIP

REALTY GROUP, INC.

is
the original
and
exclusive
real estate firm
representing
South Seas Plantation.

Located on the resort
next to Chadwick's Restaurant

813-472-2523



LEE COUNTY MEDICAL SOCIETY

P.O. Box 1704

Fort Myers, Florida 33902

SOCIETY MEETING

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

JANUARY 18, 1982

Speaker:
John Ackermann, M.D.

Topic:
"Renal Transplantation"

"DINNER BY RESERVATIONS ONLY"
PLEASE!!!



LEE COUNTY MEDICAL SOCIETY BULLETIN

The Voice of Lee County Medicine



Vol. 3, No. 10

Fort Myers, Florida

February, 1982

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

FEBRUARY 15, 1982

Speaker:

Assistant Professor,
School of Nursing, Florida
State University, Tallahassee

Topic:

"Stress Modification &
Death Counseling"

PLEASE!!!

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.

PROGRAM

Our February speaker, Sally Karioth, R.N., Ph.D., is in private practice in Tallahassee as a grief and death therapist. She has a Florida State University faculty appointment, equivalent to department chairman. Last year, she traveled over 100,000 miles giving lectures and holding conferences relative to her field of interest.

Her impressive background includes: a B.S. degree in nursing from the University of Wisconsin (her home state) in 1967, and one in theater and dance, 1969. She has two master degrees: first, 1972, University of Florida, Family Nurse Practitioner; second, Minority Group Education (this focusing in on the disadvantaged learners and how to best meet their needs). She was an instructor in the St. Mary's School of Nursing, Madison. The Ph.D. was bestowed in 1977, in Educational Psychology.

The next mentioned of her achievements should insure excellent attendance. Sally was "Miss Wisconsin Student Nurse". Last year, she was voted one of the outstanding young women in America.

AD HOC COMMITTEE ON NURSING EDUCATION IN SOUTHWEST FLORIDA

Recently, three members of the medical society had the opportunity to attend the presentation given by the junior college on the Associate Degree Nursing program. In view of the existence of both a local and national shortage of nurses, the presentation was important to all of us that have dealings with nurses. The presentation was made to acquaint interested parties from South West Florida with the nuts and bolts details of nursing education as available locally.

As we have all learned we cannot depend on nurses coming to the area because of the climate. It seems a good man is worth more than a good tan.

Currently, sixty students are graduated annually from the junior college. The sixty students are selected from 100 students who are allowed to enroll into introduction to nursing each June. Efforts are being made to enlarge the nursing class. However, we are told that the state board of nursing will allow the class size to be increased by no more than 12 students annually. The rationale for that restriction is that it is difficult to assess adequacy of facilities for more than that number of additional graduates annually.

While it was not discussed at the presentation, it seems clear that we have a moral obligation to educate enough nurses to fill our own needs. Relying on a brain drain from foreign sources is at best haphazard, and at worst immoral as it takes a resource away from a resource away from those who need it.

Both Charlotte County, and Collier County are about to benefit from increases in the class size, and the development of satellite facilities.

There are two major obstacles to growth of the nursing program in addition to the intractability of the State Board. 1) Limitations of the current physical plant, and 2) the requirement the nursing education be faculty intensive. More buildings, and more

DOCTOR OF THE DAY

There are several opportunities for Lee County Society Members to serve as "Doctor of the Day" during the 1982 legislative session which begins January 18 and continues through March 18. If you desire to serve on a date of your choice, please notify the Medical Society office, 936-1645.

Many physicians throughout the State have volunteered to serve as Doctor of the Day during the 1982 Legislative Session. The original reservation calendar with the Doctor of the Day schedule details has been accidentally misplaced by the FMA Office. All efforts are being made to collect the information needed to accurately record the names of individuals and the dates they wish to serve. If you fall into this category, please contact the Society Office.

Editor

CELEBRITY SERIES FOR CME CREDIT

ERNEST MAZZAFERRI, M.D., Chief of Medicine, University of Nevada and renown Endocrinologist will be coming to Fort Myers February 22-23, 1982.

He will speak to the Joint FMCH and LMH Medical Staff meeting February 22 at 7:30 P.M. in the FMCH Cafeteria on "Pathophysiology of Diabetes Mellitus."

On February 23, 7:30 P.M., he will be giving a special lecture on "Thyroid Cancer" at FMCH Cafeteria. Refreshments will be served.

He will also conduct a Grand Rounds on several short cases at noon time on February 23 and this will be in the Executive Conference Room at Fort Myers Community Hospital.

All Lee County Medical Physicians are invited to attend and it is noted that Dr. MAZZAFERRI'S teaching exercises will initiate our having continuing medical education credit for such meetings.

All are urged to attend the upcoming meetings for (3) CME credit hours.

At our request, this article was kindly written by Bill Cox, Director of Medical Information Services.

— FINAL DIAGNOSIS — (Financial Help or Hinderence?)

Background

The Health Care Insurance Industry in the United States continues to be based primarily on the fee-for-service philosophy. This philosophy has survived strong challenges in the recent past and continues to thrive even in areas where alternate payment systems have proven themselves successful. A single theme, however, appears to have dominated all health care payment systems equally — collection of data for planning purposes —

In the United States a great deal of data concerning the population, its health, and how it uses the health care delivery system are collected. Thus we know a great deal about health, disease, and illness in the United States, and about the functioning of the health care delivery system.

... (Jonas, 1977)

The collection of health data has been facilitated by the introduction of the computer into the third-party-payor system. The data submitted to these health insurance agencies (by hospitals and physicians' offices) on the insurance claim form eventually finds its way into health care planning systems. Federally mandated health care planning systems have had wide publicity, both pro and con, while the insurance industry systems have operated with much less publicity. This is probably due to the acceptance of the health insurance industry's need to monitor the health care environment in order to establish equitable payment and premium rates.

Prompt Payment vs. Delayed Payment

The use of computer services has also had another impact on the operation of the health insurance industry. It is no longer common for a claims clerk to hand process each and every claim

(Continued on Page 2)

(Continued on Page 4)

LEE COUNTY
MEDICAL SOCIETY
BULLETIN2466 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.

EDITOR

Thomas M. Wiley, Jr., M.D.

EDITORIAL BOARD

PRESIDENT

Peter M. Sidell, M.D.

PRESIDENT-ELECT

Ronald D. Castellanos, M.D.

SECRETARY

Michael S. Heller, M.D.

TREASURER

John E. Thorn, M.D.

MEMBERS-AT-LARGE

Marvin S. Porter, M.D.

G. Allen Ball, M.D.

PAST PRESIDENT

Stephen R. Zellner, 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.

ROYAL CREST PRINTING
FT. MYERS, FLA.

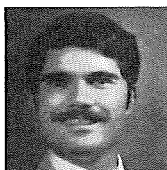
- Nurses
- Nurse Assistants
- Live-In Companions.
- Insurance Claims Processed
- 24-Hour Care Available
- Medicare Licensed

UPJOHN
HEALTHCARE
SERVICES™Call day or night
997-2407
Medicare Number
995-2859DOCTORS
ARE YOU AWARE?**DATA
Doc**

There is a company in Ft. Myers who will not only lease you computer space but also do your patient and insurance billing for you?

A Security-Minded Computer
Leasing Corporation For
Use In Your Medical Practice

Gene Cox, M.D., President 939-3282

LEE CONVALESCENT
CENTER, INC.2826 Cleveland Avenue
Telephone: 334-1091Medicare, Medicaid, and VA
"WE CARE"PRESIDENT'S
MESSAGE

Peter M. Sidell, M.D.

"SET THE EXAMPLE"

Along with modern realizations that disease prevention is more efficacious than disease treatment comes the realization that the preventative for most diseases is unknown. Perhaps the most healthful thing most people can do with their lives is to exercise discretion about what they eat and breath. Tobacco, alcohol, and calories seem to play central roles in many of the chronic diseases we see daily.

Self abuse is usually not so much an indication of individual ignorance as of a lack of personal commitment to good health. For reasons that perhaps can be explained by the psychiatrists our society has raised the concept of self abuse for relief of stress to an art form. Whatever the explanation many of the traditional escapes from stress and tension involve unhealthy behavior.

A personal commitment to good health can serve as an incentive to finding healthful approaches to rest and relaxation. While much remains to be learned about the risks and benefits of certain types of behavior, it seems clear that for many people the ability to rationalize unhealthy behavior is related to a lack of interest in controlling their own health.

While we can't offer people the assurance that they will remain healthy if they make the effort, we must make it apparent that medicine can't reverse the consequences of years of self abuse.

Physicians have a responsibility to make their lives models of commitment to good health. When our actions say to our patients that we believe health protection is important, then it will be easier to sell them on some of the things they need to do to maintain their own health.

It has been suggested that one of the reasons for the decline in the incidence of cardiovascular death rates has been that we have made the public aware of the importance of dietary restraint, and tobacco abandonment. And at least part of that educational effort has come not from Madison Avenue, but from a change in physicians' lifestyles and public image.

Perhaps the most important thing we can do in terms of preventative medicine is to set a good example.

AD HOC
COMMITTEE

Continued from Page 1

teachers - both cost money and require planning.

An Allied Health Building has been proposed for the JC, and in fact may become a reality. It would seem in the best interests of the medical society to support Edison in their efforts to improve their physical facilities.

Expansion of the faculty may be more difficult to achieve. Already some local hospitals have made the effort to underwrite some nursing educators. However demands placed on faculty time are large because of the need to travel to several affiliated institutions to provide adequate education experience. One teacher is required for each 15 students.

The incompleteness of nursing education in an ADN type program was acknowledged-although it was suggested that the practical orientation of that type program ultimately produces a better nurse. While one can debate the best format for the education of a nurse, from a practical point of view what we have to work with at this time is the ADN program. The end result will be satisfactory if it satisfies the student, serves the need of the patient, and can be interested into the health care system.

My comments are meant to acquaint the society of what I learned at the recent presentation, and to focus attention on a pressing local need so as to stimulate further dialogue.

LOST & FOUND

Tobacco pouch left at the last dinner — contact the Society office if it is yours!

REHAB ASSOCIATES:
Marti Sheff, M.S., C.C.C.
Speech & Language Therapy
1425 Del Prado Blvd.
Cape Coral, FL 33904
For Appointment Call: 574-5828

REHAB ASSOCIATES:
MARTI SHEFF, M.S., C.C.C.

APPLICATION FOR
MEMBERSHIP

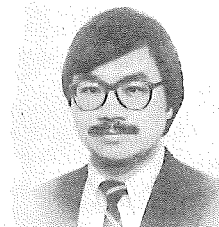
Active members are requested to express to the Membership Committee any information or opinions they may have concerning the eligibility of the applicants.



RODOLFO M. SALUDO, M.D.

Dr. Saludo has practiced his specialty of Family Practice in Fort Myers since 1978. He is presently a member of the Palm Beach Medical Society and will transfer his membership to Lee County. He graduated from the University of St. Tomas, Manila, Philippines. He completed his internship at Lawrence Hospital and his residency at United Hospital, both in New York.

He and his wife, Aurora reside at 2234 Santiago Ave. S.E., Fort Myers.



GLENN L. WING, M.D.

Dr. Wing is a graduate of Tufts University, Boston, Mass. He completed his residency at Tufts New England Medical Center. He did a fellowship in Ophthalmology, Vitreo-Retinal diseases at the Massachusetts Eye and Ear Infirmary, and the Retina Associates and Retina Foundation-Eye Research Institute, Boston.

He will join Dr. Joseph Walker in the practice of Ophthalmology at 2675 Winkler Avenue.

He and his wife, Colleen will come to Fort Myers in the Spring.

OFFICE
FURNITURE
Et Design Center

CORDIALLY INVITES YOU TO VISIT OUR NEW CONVENIENT LOCATION. SPECIALIZING IN QUALITY OFFICE FURNITURE AND PROFESSIONAL INTERIOR DESIGN.

2232 CLEVELAND AVE.,

FORT MYERS, FLORIDA 33901

(813) 337-1212

LEGISLATIVE REPORT

The 1982 Legislature is set to convene on January 18th. While most of the attention has been directed toward development of the congressional and legislative reapportionment plans, action has not been lacking in the health arena. Both House and Senate committees have adopted basic drafts for the rewrite of the Florida Insurance Code, and the House Regulatory Reform Committee has adopted a rewrite of the Hospital Licensure Law.

The status of the FMA's priority objectives is as follows:

**OPPOSITION TO USE OF
DRUGS BY OPTOMETRISTS**

No legislation on this subject has yet been filed in the House or Senate.

**APPROPRIATE PHYSICIAN
SUPERVISION FOR
ADVANCED REGISTERED
NURSE PRACTITIONERS**

The House Bill (HB 239) was reported out of subcommittee on the 11th of January and a full committee vote is anticipated within 2 weeks. The Senate Companion should be introduced within a few days.

**OPPOSITION TO USE OF
STATE FUNDS FOR
SUPPORT OF HSA'S**

No final action on this issue is anticipated until the Appropriations Committees complete markup at the end of January. The HSA directors are actively seeking state funding, but no strong support has surfaced to date.

**OPPOSITION TO
CHIROPRACTORS' ACCESS
TO HOSPITAL FACILITIES**

No provision for this is in the Hospital Licensure Law re-draft adopted by the House Committee on Regulatory Reform. The Senate Committee of jurisdiction (HRS) has not yet taken action on the issue.

**"SUNSET REVIEW" OF
HOSPITAL COST
CONTAINMENT BOARD**

No legislation on the subject has been reported out of either the House or Senate Committees of jurisdiction. The FMA is seeking to:

1. Defeat efforts to give the commission rate regulatory authority and to include hospital-based physicians under its jurisdiction.
2. Simplify the data currently required of hospitals.
3. Eliminate the current tie-in with health planning at the state and local level.

**"SUNSET REVIEW"
OF THE FLORIDA
INSURANCE CODE**

Neither the House nor Senate bills contain mandatory insurance coverage for chiropractors, which is opposed by the FMA. The chiropractors have also not succeeded in getting recognition to certify disability on equal status with M.D.'s and D.O.'s.

Other issues of interest to physicians in Florida that have been prefilled to date include:

HB 140 - Establishes the Board of Homeopathic Physicians within the Department of Professional Regulation to examine and license homeopathic physicians; provides for registration of homeopathic schools, eligibility and licensing requirements, etc.

HB 156 - Transfers methaqualone from a Schedule II substance to a Schedule I substance.

Because of the federal budget cuts, it is unlikely that state funds for health programs will be increased. The two exceptions appear to be strong support for funding of the Perinatal and Improved Pregnancy Outcome (I.P.O.) programs. At this time, it appears that the new preoccupation with Reapportionment will preclude any new legislative initiatives for health care regulation. If this continues to hold true, and Congress phases out HSA's, perhaps we can look back on 1982 as a year in which government begins to realize the real need of a genuine partnership with the private sector. Wouldn't this be a blessing for Florida's health care consumer!

Confessions

This issue marks the end of our 3rd year of publishing the Bulletin. At the Annual Meeting of Editors last year, your editor asked the question: "Our issues look stereotyped, monotonous; issue 2 looks like 7, 17, 24 & 21 — how should we change it or modify it, to improve?"

The moderator responded that the sameness, the monotony had beneficial qualities; i.e., the membership can look in the same general area each Bulletin and find just what he might be looking for. The President's message should always be in the same location, the legislative message in its special place, and so on.

The general thrust of our publication is primarily to a F.Y.I. and educational purpose, with financial matters, medicare slants, and B.S., etc., thrown in. A discerning reader will quickly note the absence of any editorials by your editor. There is a reason for this — he has no great (original) thoughts to express on social or philosophical matters. His main talents lie along the lines of collecting (articles from other journals), mimicry, and plagiarism.

Surely out there somewhere, among our 300 members are at least several who could express their Great Thoughts in a most acceptable manner. The "pay" is not great, time involved modest, and criticisms few. But the opportunity for service is **HERE**. Your editor would gladly step aside for a capable volunteer. The society could be greatly served by that special person. Please come forward and be recognized.

EDITOR.

**MEDICARE
EQUIPMENT**

OF SOUTHWEST FLORIDA, INC.

1853 Commercial Drive • Fort Myers, Florida 33901

Phone 936-2717

All Authorized Medicare Convalescent Equipment
We Bill Medicare Direct!

Merrill Lynch Pierce Fenner & Smith Inc.

Merrill Lynch
Pierce Fenner & Smith Inc.

William J. Webb
Account Executive

2202 McGregor Blvd.
Fort Myers, FL 33901

813 334-6828
Punta Gorda 639-1022



Jet South
Inc.

FLORIDA'S FIRST ADVANCED LIFE SUPPORT

AIR AMBULANCE SERVICE

Cardiac Monitor & Recorder • Defibrillator

Two Respirators • Medical Oxygen

Hospital Telemetry Transmission Capability

Paramedic or Registered Nurses - All Flights

Air to Ground Telephone Link Anywhere USA

Based — Danley Drive, Page Field

936-7880

24-HOUR Phone • Call Collect

**SOUTHERN PENSION
CONSULTANTS, P.A.**
Bill Rice, President

2381 E. Mall Dr.
P.O. Box 08153
Fort Myers, FL 33906
(813) 939-2646

939-3675
FORT MYERS

**THE CHARLES
STEDMAN
GROUP**

SERVING MEDICAL GROUP PRACTICE
EXCLUSIVELY SINCE 1958

LIFE INSURANCE • MAJOR MEDICAL
LONG TERM DISABILITY

John M. Dusek LEE, COLLIER
EXCLUSIVE AGENT & CHARLOTTE
COUNTIES

Bio-Medical Consultants, Inc.

SAVING YOUR MONEY IS OUR BUSINESS

(813) 936-8003

1520 WINKLER AVE.
FT. MYERS, FL 33901

JOHN F. BAUDER

President

W. MARTIN WESTMILLER

Vice President

**DEFERRED COMPENSATION PLANS
INCOME TAX PLANNING & RETURN PREPARATION
ESTATE TAX PLANNING**

PROBE, BATSON & Co., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

1458 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33907

CAPE CORAL
(813) 649-3313

FORT MYERS
(813) 482-5522

submitted, properly completed claim forms will be processed by the computer and payment made automatically. The health insurance industry has also built in mechanisms to protect themselves against inappropriate claims. A recent survey by one third-party-payor resulted in:

— 24% of the claim records surveyed did not support the primary diagnosis listed, but supported a secondary diagnosis. (e.g., Diabetes mellitus listed as primary diagnosis when treatment for Bronchitis was rendered)

— 5% of the claims records audited had incomplete primary diagnosis in that complications of the disease had not been included in the primary diagnosis. (e.g., Cervical Fracture vs. Cervical Fracture with Anterior Cord Syndrome) (WCFPSRO, 1981)

This survey found no inappropriate claims against the third-party-payor;

however, each "suspect" claim identified by the computer program would be handled by a Claims Analyst which would delay settlement until it could be manually handled and the reason for its rejection by the automated claims processing system determined.

The principle cause for claim rejections by the computer was found to be a listing of diagnoses that was incompatible with the services actually rendered during that episode of care. This is felt to be due to a lack of understanding about the inability of a computer to rationalize inconsistent data. The computer is normally programmed to relate the Primary Diagnosis to the services provided through comparison with items listed in tables that indicate the acceptability of services rendered for the Primary Diagnosis. When a list of diagnoses is presented it will always identify the

first diagnosis on the list as the Primary Diagnosis responsible for that episode of care. All other diagnoses on the list will be considered by the program as contributing to the complexity of the care rendered, but not to the reason care was rendered; therefore, an inappropriate sequence of diagnoses can delay payment of a fee-for-service claim.

Rules for Avoiding Delayed Payment Due to Diagnoses Sequencing

A simple set of rules to minimize delays in claim settlement due to computer incompatibility with the human reasoning process, a set of rules based on the logic process of computer programs, is presented below:

1. Always list the Primary (Principle or Final) Diagnosis first. (Primary/Principle/Final Diagnosis is that condition which has been determined to have

caused the episode of care)

2. Always enter the complete diagnosis.
3. Always list Additional Diagnosis in the order of importance for the episode of care rather than their impact on the long term treatment of the patient.

Conclusion

You have the ability to use the health insurance agency computer to improve your own cash flow status by following the rules presented in this article. Would you prefer to earn the interest available from the prompt payment of claims, or are you willing to allow the third-party-payors to continue to earn it while your claim is delayed? Follow the rules for diagnosis sequencing and ensure your office staff is well trained in completing insurance claim forms and you will minimize delays in payment of the claims you submit.

VIP

REALTY GROUP, INC.

is

the original
and

exclusive

real estate firm

representing

South Seas Plantation.

Located on the resort
next to Chadwick's Restaurant

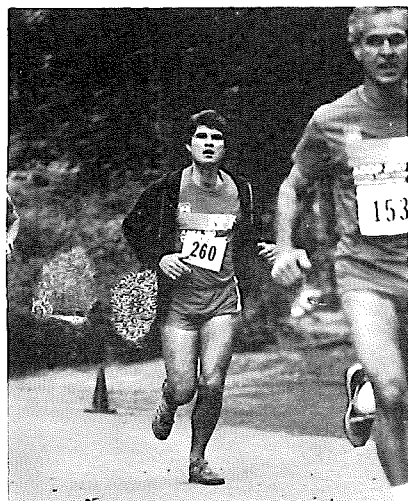
813-472-2523



COUNTY MEDICAL SOCIETY

P.O. Box 1704

Fort Myers, Florida 33902



SEE PRESIDENT'S MESSAGE



LEE COUNTY MEDICAL SOCIETY BULLETIN

The Voice of Lee County Medicine



Vol. 4, No. 11

Fort Myers, Florida

MARCH, 1982

JOINT MEDICAL-AUXILIARY MEETING

Meal for Physicians who are members of the Society are paid for in their dues. Auxiliary members and guests must pay at the door or send your check to the Medical Society office, 2466 Hunter Terrace, Ft. Myers, Fla. 33901

Doctor, please make reservations for your spouse on the enclosed reservation card.

PROGRAM SPEAKER

Guy P. Selander, M.D.
Chairman
FMF Committee On Impaired Physicians
TOPIC
"IMPAIRED PHYSICIANS"

OUR SPEAKER GUY SELANDER, M.D.

"The Impaired Physicians"

Dr. Selander is in Family Practice in Jacksonville, Fla.. He graduated from Seton Hall (M.D.) and has his Boards in his specialty. Also, he is a Charter Member of AAFP.

Honors include Past President in the Duval County Medical Society, Past President Academy of Family Practice and he is current Chairman of the Florida Medical Foundation Committee on the Impaired Physician. In addition, he is President-Elect of the FAFP.

MARCH 15, 1982
ROYAL PALM YACHT CLUB
2380 First Street

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

PLEASE!!!

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.

Letter To Legislature

Dear Representative Franklin Mann:

We are writing because of continued concern over lack of adequate enforcement of the statutes dealing with driving under intoxication. As physicians and citizens, we are constantly faced with the results of the tremendous damage and havoc brought about by drunk drivers.

On all sides, we see ourselves challenged about the cost of health care and the need to emphasize preventive medicine as a means to helping control cost. We certainly agree that disease prevention is laudable and important. However, it is our opinion that we have been let down in this regard with respect to this specific epidemic of drunk driving. Certainly other states, nations and localities have done a much better job than we do controlling this problem.

While it may be important for Florida to maintain its image as a vacation state, it is certainly our experience that the individuals involved in significant drunken driving events are not worthwhile contributors to the tourist economy. In fact, I would go so far as to suggest that the atmosphere of lawlessness and violence, which is developing in Florida Society is having a major negative impact on the tourist industry; and that the laissez-faire attitude that our law enforcement officers take toward drunken driving is only helping to contribute to that atmosphere.

Specifically, our main request is that individuals involved in accidents, in which alcoholic intoxication has played a role be promptly and appropriately prosecuted. Certainly this is not the case at the present time in Lee County. Thank you for your attention to this matter.

PETER M. SIDELL, M.D.
President, Lee County
Medical Society, Inc.

REMEMBER

The Sword of Hope Guild of American Cancer Society is sponsoring the play "Same Time Next Year", May 14, 1982, at the Naples Dinner Theater. □

Between The Covers

Need a journal article? Literature Search? Medline Search? Call, write or visit the Lee Memorial Hospital and Lee County Medical Society Medical Library located adjacent to the Medical Records Department at Lee Memorial Hospital. You may telephone your request to Mary Cloyd, Medical Librarian at 334-5410 or may send a written request to this address:

Medical Library
Lee Memorial Hospital
P.O. Drawer 2218
Fort Myers, FL 33902

There is no charge to physicians, who are members of Lee County Medical Society, for these services.

The library is currently subscribing to over 50 medical journals plus many nursing and hospital administration journals. On hand are the Index Medicus, Cumulative Index to Nursing and Allied Health Literature, and Hospital Index. If your request cannot be filled in the library, the library is a member of the Southeastern Regional Medical Library Program and your requests will be forwarded — with the final destination being the National Library of Medicine in Maryland.

New Journal subscriptions for 1982 include: Am. J. of OB/GYN; Ann., Rheumatic Disease; British Medical J.; Med. Clinics of N. A.; Plastic & Reconst-Surg.; Clinics of N. A. and others. □

MARY CLOYD, LIBRARIAN

CONGRATULATIONS NEW MEMBERS

ROLANDO JAMILLA, M.D.
FAUSTINO A. NATAL, M.D.
HEIMRICHP. VAN SCHOUWEN, M.D. □

LIBRARY

If you as an individual doctor or as a department head at one of the hospitals would like to have the Library Committee purchase books for your specialty — Please send a list to Dr. Mark Sweet or any members of the Library Committee. □

(The following, Part I, is the 1st of several parts to be published in our next few Bulletins. They include the reports and reactions our President, Peter Sidell, had in attending the FMA Leadership Conference. The impact of the thoughts and facts reported will have on our practice in the next few years is enough to compell us all to read and try to understand the problems (and threats) that are out-lined ... Editor)

FMA LEADERSHIP CONFERENCE 1982 PART I

It is said that there is an arab curse that goes "may you live in interesting times." If the message delivered at the recent (Jan. 30, 31) FMA Leadership Conference is correct the medical profession is about to fall on interesting times.

Each year the FMA holds a conference to inform the officers and execs of the society of important developments affecting the practice of medicine. I would like to take this opportunity to discuss my perceptions of and reactions to what was said at the meeting. Certainly it was the message of the meeting that future developments may impact on the way all of us practice.

As a caveat I should mention that the meeting was held at Disneyworld, where the boundary between fantasy and fact is often blurred.

The theme of the meeting was "Health Care Financing." The message was that major changes are coming in the way Physicians and others involved in providing health care will be reimbursed. An impressive panel of experts was convened to define current areas of change.

A pragmatic overview of the economic environment we as physicians will find ourselves in during the decade of the 80's was given by Eli Ginzberg, Ph.D. Dr. Ginzberg emphasized two factors that are likely to set the stage for what may almost be a

LEE COUNTY
MEDICAL SOCIETY
BULLETIN2466 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.

EDITOR

Thomas M. Wiley, Jr., M.D.

EDITORIAL BOARD

PRESIDENT

Peter M. Sidell, M.D.

PRESIDENT-ELECT

Ronald D. Castellanos, M.D.

SECRETARY

Michael S. Heller, M.D.

TREASURER

John E. Thorn, M.D.

MEMBERS-AT-LARGE

Marvin S. Porter, M.D.

G. Allen Ball, M.D.

PAST PRESIDENT

Stephen R. Zellner, 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.

ROYAL CREST PRINTING
FT. MYERS, FLA.

- Nurses
- Nurse Assistants
- Live-In Companions
- Insurance Claims Processed
- 24-Hour Care Available
- Medicare Licensed



UPJOHN
HEALTHCARE
SERVICES™

Call day or night
997-2407

Medicare Number
995-2859

DOCTORS
ARE YOU AWARE?

**DATA
DOC**

There is a company in Ft. Myers who will not only lease you computer space but also do your patient and insurance billing for you?

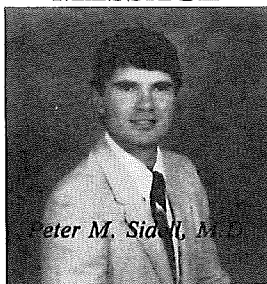
**A Security-Minded Computer
Leasing Corporation For
Use In Your Medical Practice**

Gene Cox, M.D., President 939-3282

LEE CONVALESCENT
CENTER, INC.

2826 Cleveland Avenue
Telephone: 334-1091

Medicare, Medicaid, and VA
"WE CARE"

PRESIDENT'S
MESSAGE*Medical Ethics vs.
Business Ethics*

After a recent discussion about the fact that a hospital must run itself like a business, it occurred to me that there is a fundamental difference between the ethics of medicine and those of business.

The premise of medical ethics is that the welfare of the patient comes first, while the premise of business ethics is that the welfare of the business comes first. Since the practice of medicine at some stage becomes a business, there must be a way to reconcile that fundamental conflict. Enlightened self interest is often spoken of as the mechanism assuring that the interests of business are in the public interest.

One reason medicine has endured so long as a "cottage industry" is that it is in the best interests of the physician working directly for the patient to be sure that his patient's best interests come first. As the health care delivery system grows, placing intermediaries between the physician and patient, the linkage between patient welfare and "provider" welfare blurs.

Patients continue to be interested in having a primary care physician so that they have an advocate in the health care system. When the doctor who recommends a procedure to a patient has nothing to gain but the continued welfare of the patient he remains a loyal ally and advisor.

As medical technology becomes increasingly complex, and specialized the patients need for a guide and confidant grow. Perhaps the most unfortunate thing about the negative publicity that the profession has been exposed to lately is that it undermines the trust so necessary in the doctor patient relationship.

It would be interesting to know whether more harm than good has been done by publicizing concepts such as "unnecessary surgery." Certainly the profession needs to guard against individuals who would take advantage of the trusting patient. On the other hand, how many patients have suffered disability because advice was ignored. Witness the patient with the abdominal aneurysm who refuses treatment and later dies when it ruptures, or the patient with the small lung cancer that refuses treatment until it becomes unresectable. Certainly examples can be drawn from every area of medical practice. It is my impression that more patients are hesitant to heed good ad-

GUIDELINES OF THE
JOINT BAR/MEDICAL
COMMITTEE OF
LEE COUNTY

This is a reprint of an article from the July, 1979 Bulletin (requested by our Board of Governors and the Joint Committee). This information is vital to our new members, and it will not hurt to remind our "old members" of the guidelines adopted by the Society. (Editor)

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

1) Guidelines for physicians fees were recommended as follows:

- For preparation time prior to deposition or court appearances: \$100 per hour, to be billed in increments of \$25 per 15 minutes.
- Minimum fee for deposition taken in the physician's office: \$100 per hour; additional time at \$100 per hour divided into \$25 per 15 minute increments. It was recommended by the committee that if at all possible, depositions are to take place at the physician's office.
- For court appearances: a minimum of \$200 for time up to and including the first hour (including travel time to the courthouse); subsequent time (including time from the courthouse back to the office) a \$150 per hour divided into \$37.50 per 15 minute increments.
- Physician charges for office conferences: \$100 per hour divided into \$25 per 15 minute increments.
- Copies of necessary documents supplied by physicians to attorneys should be charged at a reasonable fee.

2) The medical canons of ethics for physicians relative to discussing patient status and information with any attorneys involved in litigation concerning that patient were discussed and the following recommendation was made:

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

vice than used to be the case. Although it is reassuring that most patients respond well to advice given when it is clear to them that the physician is concerned about their welfare.

The message we must try to get across to the public is that we do care about our patients. The medical care environment needs to be presented as supportive and personal rather than complex and impersonal. We must guard against single institutions becoming so strong that we lose our ability to personally direct the care of our patients. □

3) The problem of unavailability of physicians needed for independent medical examinations was discussed. The necessity of a rotating list of specialists in certain categories was noted. A report will be made for the committee at the next meeting by Dr. Wade Garner concerning the subject.

4) The committee enthusiastically endorsed the concept of a committee or panel which would consider the complaints from either physicians or attorneys concerning fee disputes or professional mistreatment. It was the recommendation of the committee that this Ad-Hoc committee be made a standing committee of both the Bar Association and the County Medical Society for this purpose.

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

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.

CLASSIFIED

MEDICAL OFFICE

FULLY FINISHED AND FURNISHED,
READY TO MOVE IN, PRIME COLLEGE
PARKWAY LOCATION, 1,200 SQ FEET,
IMMEDIATE RENTAL. CALL 481-7200
or 482-1612.

939-3508
FORT MYERS

**THE
CHARLES
STEDMAN
GROUP**

SERVING MEDICAL GROUP PRACTICE
EXCLUSIVELY SINCE 1958

LIFE INSURANCE • MAJOR MEDICAL
LONG TERM DISABILITY
PROFESSIONAL FUNDING CORP.
EXCLUSIVE AGENTS
JOHN M. DUSEK, PRESIDENT

(The following article was solicited by your editor and promptly and affectively supplied by our friend, Frank Coleman, M.D.)

FLAMPAC, POLITICS, AND THE PHYSICIANS OF FLORIDA

In the past few months I have talked at meetings of County Medical Societies, Auxiliaries to County Medical Societies and other groups about the political activities of the Florida Medical Association. At these meetings, I always have questions from the audience.

Some of those most frequently asked and the answers that were given are given below:

1. What is FLAMPAC?

FLAMPAC (the Florida Medical Political Action Committee) is the political arm of the Florida Medical Association.

2. What does it do?

FLAMPAC identifies and supports candidates for the Florida Legislature and the Congress who will understand the problems of Medicine and its legislative programs.

3. How are these candidates selected?

By physicians and auxiliaries at the local level who make recommendations for support to the FLAMPAC Board of Directors.

4. What about this FLAMPAC Board of Directors?

The 13-member Board is appointed by the Board of Governors of the Florida Medical Association and includes both physicians and auxiliaries.

5. Does the Board of Directors have advisory committees?

Yes. There are District Representatives from throughout the state for both legislative and congressional races. At the present time there are 43 District Representatives. They are appointed by the Board of Governors of the Florida Medical Association and they make up the FLAMPAC Membership and Political Education Committees.

6. If FLAMPAC supports candidates, where does the money come from?

Candidate contributions can come only from membership dues under both state and federal election laws. There are three categories of membership: Sustaining at \$100 or more per year; regular at \$50 per year; and Associate at \$25 per year.

7. Is FLAMPAC membership limited to physicians?

No. Auxiliaries, office personnel, and others can join. Until recently, FLAMPAC was prohibited by the Federal Elections Commission from soliciting memberships from non-physicians. A recent ruling, however, permits FLAMPAC to seek membership from Auxiliaries. No solicitation is allowed for others, but they can be accepted if they ask to join.

8. Does the Florida Medical Association give any support to FLAMPAC?

Yes, it does give support for staffing, administrative and fiscal services and political education activities.

9. What is the relationship between FLAMPAC and the Council on Legislation of the Florida Medical Association?

The relationship is very close because success in reaching legislative goals of the Florida Medical Association is dependent on active participation by FLAMPAC in the campaigns of the legislators and congressmen who will be making these legislative decisions.

10. Are Auxiliaries actively involved in FLAMPAC's activities?

Auxiliaries at both the county and state level are assuming a major role in FLAMPAC's activities. They should be actively involved in the candidate selection process at the local level with physicians. They will be involved in voter registration drives, working in political campaigns and get-out-the-vote drives.

An Auxiliary FLAMPAC Committee has recently been established and is functioning very well. The Auxiliaries are expected to assume a major role in Medical Action Teams being developed in the 16 larger counties in Florida.

11. How many members does FLAMPAC have?

Last year there were 4780 members, an all-time high. The goal for 1982 is 5469.

12. Is 1982 a critical year for FLAMPAC and for Florida physicians?

It is indeed. As a result of reapportionment, legislative districts for both houses of the legislature are being redrawn, and Florida will get four additional congressmen, so congressional districts must be redrawn. Sentiment is running strong for single-member districts for the legislature. If this happens, up to 50% of the legislators that will be seated in 1983 will be new.

If the Florida Medical Association is to be in a position to address the crisis in professional liability insurance that will be the FMA's top priority in 1983, FLAMPAC must have a major role in the election of these legislators who will be making the decisions.

It is also expected that other issues, such as medical staff privileges for chiropractors, use of therapeutic drugs by optometrists and limitations on physicians' fees will still be active legislative issues.

13. Should Physicians and Auxiliaries support FLAMPAC?

Yes, physicians and their wives should become members of FLAMPAC and support its programs and activities. The opportunity to practice quality medicine and maintain economic freedom is dependent upon how well we do in politics in the Legislature and in Congress.

14. How do I join?

Call the office of your County

Medical Society and ask for application blanks — DO IT TODAY!

FRANK C. COLEMAN, M.D.
President
FLAMPAC

Quality Assurance, What Is It And What Can It Do For You As A Physician?

Is the newest JCAH standard on quality assurance just another paper tiger or could it possibly have some merit? Is IS a good idea; who could quarrel with a systematic evaluation and monitoring program which would assure quality patient care plus efficient institutional management. Findings would be used to document adequacy/excellence, take specific steps to make needed improvements, and to resolve issues on the basis of objective information. Even if P.S.R.O. were repealed, JCAH announced "no more surveys", and health care wasn't a political football, we would still have a goal; effectively treating patients in a well-managed institution that provides a good, safe environment in which to treat patients.

Quality Assurance in the 1980's concentrates on a broad-based concept of quality as a composite result of inter-related factors with more attention to valid interpretations and effective use of the information. The emphasis is clearly on problem identification and resolution of the issues which have the greatest impact on patient care.

We are here to help you whenever you encounter reoccurring problems such as delayed lab reports, tests/treatments not completed as ordered, or any other problems which interfere with the care and treatment of your patients. Our goal is for each patient to receive the optimum level of health care we can deliver within the available resources. We are ready and willing to help. Just give a call.

Pat Waite
Quality Assurance
FMCH

Letter To Editor

Dr. Pedrero's editorial in the Journal of the Florida Medical Association for January, 1982, "The Financial Charade of Home Health Care" compels me to respond.

The term, 'Home Health Care', has become synonymous with Medicare, and, in our thinking, we leave out the agencies who are providing care to the entire community. This includes the Visiting Nurse Associations, and the Health Departments with a combined Home Health Agency. Their acceptance of patients is based on a need for skilled care, and not whether or not there is a reimbursable mechanism.

The Agency in Lee County providing home nursing care to the entire community since 1965 has been the Nursing Advisory Council which is combined with the Lee County Health Department. They provide all of the services that other agencies do for Medicare patients who qualify as homebound and needing a skilled service. This includes nursing, physical therapy, speech therapy, occupational therapy, medical social services, home health aides, medical equipment and supplies. They also provide nursing services and home health aide services to Medicaid patients, as well as any patients for whom a physician has ordered the care. They receive no funds from the United Way or any other group, but accept donations in order to extend care to those who cannot pay.

I agree with Dr. Pedrero that there is a need for concern, but I hope that you will not forget that there are other agencies providing services to the entire community and to all age groups, not just the Medicare beneficiary.

Henry F. Fancy, M.D., F.A.C.P.

**COPY
DEADLINE
20TH
OF MONTH**

Different Kind of Drugstore Opens

It is most unusual for our Bulletin to give recognition, such as this, to the opening of a Drugstore, so an explanation is in order. Both the unique services offered and the fact that the BOTTLEBRUSH Pharmacy is first in line to sign a year's contract for advertising in the Bulletin, when space becomes available, allows us this special license.

Unique features include: Drive-up windows, maintenance of Patient Profiles and special ordering. We are informed that in addition to competitive prices, there will be significant professional discounts. This pharmacy will accept Mastercard/VISA, offer third party billing and very importantly will bill Workman's Compensation Comm. for those patients medications/supplies who have confirmed eligibility.

BOTTLEBRUSH Pharmacy is scheduled to open in late March.

New Dependency Facility Opens

The CLOISTERS at Pine Island, a new residential facility for treatment of stress and Chemical dependencies has recently opened. Their philosophies and treatment plans are interesting and should be very beneficial to some of our patients.

The staff is a hand-picked mix of professional and recovering individuals who were selected for their experience in the field of addictions, as well as other expertise. The Medical Director, Fausto A. Natal, M.D. (283-1019), will be happy to acquaint any interested physician as to what the facility offers, and a file is available at the Society Office for review. (The Cloisters is on the waiting list to become an advertiser when space becomes available . . . Editor)

DOCTOR FOR SALE
Physician Advertising

When is advertising unethical for a physician? Recently questions have been raised within our society about the proper limits to specialty listing in the telephone yellow pages. There have been murmurings about the types of newspaper notices that have appeared, the sections of the newspaper chosen for such notices, and the length of time over which such notices occurred. Several years ago, a sign appeared at an intersection of county roads directing passers-by to a medical office at least five miles away. To the best of my knowledge the sign still stands. More openly, promotional methods, like display ads in the yellow pages and newspaper or paid spots on radio and TV have not yet appeared here, but one gets the feeling that there is a shift in that direction as steady and as certain as the shift of sands across a desert. In surrounding cities the members of the legal profession have long since jumped into the advertising business in a big way — but then they always did seem to have their own private definition of the word "ethics".

The A.M.A.'s *Principles of Medical Ethics* adopted in 1957 stated in Section 5 that "A physician . . . should not solicit patients." When these *principles* were revised in 1980, this statement deleted. Even before 1980, however, the Judicial Council of the A.M.A. had taken pains to draw a distinction between "solicitation," which was considered unethical, and "advertising" which was not necessarily so. In the 1981 edition of *Current Opinions of the Judicial Council*, the statement is made that: "There are no restrictions on advertising by physicians except those that can be specifically justified to protect the public from deceptive practices. A physician may publicize himself as a physician through any . . . form of public communication . . . provided that the communication shall not be misleading because of the omission of necessary material information, shall not contain any false or misleading statement, or shall not otherwise operate to deceive." They go on to state that patient testimonials would be misleading, as would other references to the quality of medical services provided since they would be difficult, if not impossible, to verify by objective standards and would deceive the public by implying a guarantee of results that cannot be given in the practice of medicine. They also warn against any implication of an "exclusive and unique skill or remedy."

All of this new-found liberality on the part of the A.M.A., is, of course, in response to rather intensive pressure from federal government and so-called "consumer advocate" groups to allow physician advertising in the hopes of increasing physician competition and thereby reducing the costs of medical care. I'm not sure how they can possibly believe that increased advertis-

ing expenses are going to make doctors cheaper, but that is another whole editorial in itself. Let it suffice to say that I believe that it is certainly consistent with the American ideal of individual freedom that a man should be allowed to publicize objective information about himself if he so desires.

On the other hand, those who are relatively new to medical practice would do well to remember another American ideal — that an informed majority will generally know and do what is best. It has been the experience of medical practitioners over the years, that a physician's reputation is made by the word of mouth reports of his patients and his colleagues. Objective statements of his education, fees, range of services, etc., are not likely to make very effective advertising campaigns and will do little to change that. Anything beyond such objective statements would tend to become the unethical "solicitation" warned against by the A.M.A. and would tend to alienate the physician from his colleagues, who would see it as such. It is no longer a matter of rules or regulations. It is simply a matter of common wisdom. We who practice medicine daily are aware enough of our own limitations to know that any implication of unique ability or sure cure is basically dishonest. We would have serious doubts about the quality of a medical practice that had to be sold in the market place. And most of all, we would be disappointed with a colleague who seemed to abandon the ancient ideals of service which Hippocrates said earned the respect of "all men at all times" in order to take his place in the commercialized "health care industry" about which our detractors all talk. □

Henry L. Harrell, Jr., M.D.

This editorial was reprinted from the Marion County Bulletin.

ORANGE - you glad you live in Florida? SHARE IT!

FMA AUXILIARY, INC. is selling citrus until the first of May and seafood all year round.

Honey tangerines, grapefruit and valencias available now: ½ bushel only \$16.95 shipped! Free gift wrapping.

4 lbs. swordfish steaks for \$51.50, 6 lobster thermidors in the shell for \$60.50 and more!

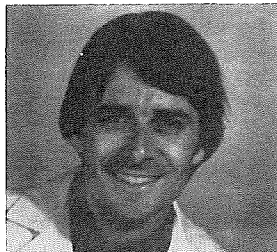
Deadline for Easter delivery is March 27th, for Mother's Day is April 24th.

And best of all, 25% of your total expense is tax deductible as a contribution to the FMA Impaired Physicians fund.

Contact Marcia Walker for brochures and order forms: 481-3929 after 8 P.M. □

APPLICATION FOR MEMBERSHIP

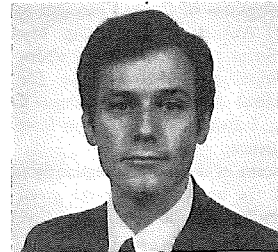
Active members are requested to express to the Membership Committee any information or opinions they may have concerning the eligibility of the applicants.



SCOTT L. GELLER, M.D.

Dr. Geller is a graduate of Ohio Wesleyan and Rush Medical College. He completed his internship at Presbyterian Hospital, San Francisco, Calif. and his residency at Sinai Hospital, Detroit, Mich. He completed a fellowship with William Myers, M.D. in Southfield, Mich.

Dr. Geller will open his office in the practice of Ophthalmology at 2780 Cleveland Avenue. He and his wife, Deborah reside at 12538 Barrington Court, S.W. □



ALAN J. RICHMAN, M.D.

Dr. Richman graduated from Albany Medical College with a medical degree in 1976. He completed his internship at Albany Medical Center Hospital and his residency at Miriam Hospital, Brown University, Rhode Island. He completed a fellowship in Rheumatology at Indiana University. He is Board Certified in Internal Medicine and a Diplomate of the National Board Medical Exam.

Dr. Richman and his wife, Linda and Children will arrive in Fort Myers this summer. □

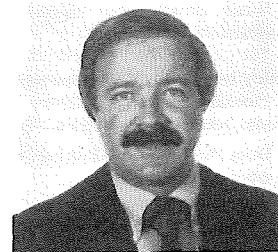


MARK S. GOROVY, M.D.

Dr. Gorovoy graduated from Duke University and attended George Washington University for his Medical Degree in 1977. He completed an internship in surgery at North Shore University Hospital, Cornell. His residency was done at George Washington University. He completed a fellowship in Cornea & External Disease at the University of Florida, 1981-82.

He will be joining the practice of Dr. Cecil C. Beeher in the practice of Ophthalmology.

He and his wife, Lynda will arrive in Fort Myers in June. □



BERT van BEEVER, M.D.

Dr. van Beever is a graduate of Mt. Sinai School of Medicine, New York. He completed his internship and residencies at Roosevelt Hospital, New York City. In 1975 he did a fellowship in Pediatric Urology at the Hospital for Sick Children, London, England. He has been in private practice in Wassenaar, Holland.

Dr. van Beever will practice his specialty of Urology with Dr. Donald Krawitt. He and his wife, Isabelle will arrive in Fort Myers in June. □

MEDIC ALERT

"Any physician who would like a free supply of Medic Alert enrollment forms may request them by writing to Medic Alert, 600 Courtland Street, Suite 410, Orlando, FL 32804 or calling (305) 647-2497. Medic Alert is the nonprofit, charitable organization which for 25 years has provided a three part system of emergency medical identification for those persons with "hidden" medical conditions: bracelet or necklace, yearly wallet card, and 24 hour Emergency Answering Service." □

Flampac Needs Involvement

Frank Coleman, M.D., informs us that there will be an important workshop on "Election of Candidates" (favorable to our needs) held in Ft. Lauderdale on Saturday, March 20. Any of our members who desire to attend this meeting can get further details from the Society Office. □

LEGISLATIVE
REPORT... QUILLIAN JONES, JR., M.D.
Legislative Chairman

Now that the date for filing of individual bills in the House and Senate have passed, we can see that once again medicine has its hands full in the legislative arena. The issues of concern run the gamut from licensure of homeopaths in Florida to giving the Florida Hospital Cost Containment Board authority to review individual physician charges and hold public hearings on them. This is a dramatic change from the outlook of only a month ago, when Capital experts were predicting little activity other than Reapportionment and budget matters.

Among the more critical issues of most immediate concern are:

PHYSICIAN SUPERVISION OF ARNP'S (CS/CS/HB 239 and SB 500).

The House version is out of both committees of reference and is now ready for floor action. (Rep. Franklin Mann was helpful to us in getting the bill out of the Committee on Health Care Cost Containment.) SB 500 is referred to only one committee and should be ready soon for the Senate floor.

OPTOMETRY DRUG BILLS (HB 909, SB 901).

Bills allowing optometrists to use drugs for treatment of eye disease have been filed in both the House and Senate. The FMA and Florida Society of Ophthalmology are actively working to defeat these measures.

FLORIDA HOSPITAL COST CONTAINMENT BOARD OF JURISDICTION OF PHYSICIAN CHARGES PROPOSED.

Both the House Committee on Regulatory Reform and the Senate Committee on Health and Rehabilitative Services are considering proposals to bring physician charges under the rate review jurisdiction of the Florida Hospital Cost Containment Board (HCCB).

This will include not only the reporting of information on physician charges, but the authority to conduct public hearings at the local level on the issue.

The Senate Committee on Health and Rehabilitation Services will be voting next week on SB 850, which recreates the current HCCB. The issue of physician charges will be raised at that time by means of an amendment to be offered to the bill which will give the HCCB jurisdiction to review physicians whose primary location of practice is the hospital setting.

The House Committee on Regulatory Reform will vote Feb. 10th, on a subcommittee proposed bill that gives the HCCB authority to review physician charges, and does not confine the concept to any specific type of practice.

THIS IS A VERY SERIOUS SITUATION AND EVERY POSSIBLE EFFORT BY THE FMA, COUNTY MEDICAL SOCIETIES AND CONCERNED SPECIALTY ORGANIZA-

TIONS IS NECESSARY IN ORDER TO DEFEAT THESE PROPOSALS.

DISCLOSURE OF OWNERSHIP IN HEALTH CARE FACILITIES (HB 733, SB 380)

Bills are filed in both the House and Senate that require disclosure of physician-ownership in health care facilities, clinical labs, optical facilities, pharmacies, etc. An annual reporting is required to the Department of Health and Rehabilitative Services and a statement acknowledging such ownership must be given to each patient. SB 380 has been referred to the Senate Health and Rehabilitative Services Committee and Commerce Committee, Rehabilitative Services Committee.

I.A.T. LEGISLATION INTRODUCED (HB 785, SB 790)

In view of the lack of support to override Governor Graham's veto, supporters of authority for use of Immuno-Augmentative Therapy (I.A.T.) in Florida have filed new legislation in the House to accomplish this purpose. HB 785 has been referred to House HRS Committee and Appropriations Committee and SB 790 has been referred to the Senate HRS Committee.

With these and the other issues that will face us this year in Tallahassee and Washington, it is apparent that we must develop an increasingly strong political capacity. The Florida Medical Political Action Committee (FLAMPAC) was formed to enable physicians in Florida to effectively participate in the elections process. We hope you are already a member — if not, take the time now to join with your colleagues who are members. □

**"A
ONE TIME
ANNOUNCEMENT
ONLY"**

For your convenience another telephone line has been installed in the Society office. This number shall be for your use and should not be given to anyone else. If you wish to leave a message you will have to dial 936-1645 as the recorder will continue to be on this line only. Please make note of this number as it will not appear again in this publication.

936-2623
□**COPY
DEADLINE
20TH
OF MONTH**

The 1982 Florida Relative Value Studies is scheduled for distribution to Florida Medical Association members in March. (Be on the outlook for it.) □

**MEDICARE
EQUIPMENT**

OF SOUTHWEST FLORIDA, INC.

1853 Commercial Drive • Fort Myers, Florida 33901

Phone 936-2717

All Authorized Medicare Convalescent Equipment
We Bill Medicare Direct!**Merrill Lynch Pierce Fenner & Smith Inc.**Merrill Lynch
Pierce Fenner & Smith Inc.Stowe T. Gardner
Assistant Vice President2202 McGregor Blvd.
Fort Myers, FL 33901813 334-6828
Punta Gorda 639-1022**Jet South**
Inc.

FLORIDA'S FIRST ADVANCED LIFE SUPPORT

AIR AMBULANCE SERVICE

Cardiac Monitor & Recorder • Defibrillator

Two Respirators • Medical Oxygen

Hospital Telemetry Transmission Capability

Paramedic or Registered Nurses - All Flights

Air to Ground Telephone Link Anywhere USA

Based — Danley Drive, Page Field

936-7880

24-HOUR Phone • Call Collect

Bio-Medical Consultants, Inc.

SAVING YOUR MONEY IS OUR BUSINESS

(813) 936-8003

1520 WINKLER AVE
FT MYERS, FL 33901JOHN F. BAUDER
PresidentW. MARTIN WESTMILLER
Vice President**DEFERRED COMPENSATION PLANS
INCOME TAX PLANNING & RETURN PREPARATION
ESTATE TAX PLANNING****PROBE, BATSON & Co., P.A.**
CERTIFIED PUBLIC ACCOUNTANTS1456 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33907FORT MYERS
(813) 462-5522**OFFICE
FURNITURE**
*Et Design Center*CORDIALLY INVITES YOU TO VISIT OUR NEW CONVENIENT
LOCATION. SPECIALIZING IN QUALITY OFFICE FURNITURE AND
PROFESSIONAL INTERIOR DESIGN.

2323 CLEVELAND AVE.,

FORT MYERS, FLORIDA 33901

(813) 337-1212

**F.M.A.
LEADERSHIP CONFERENCE***Cont'd from Page 1*

revolution: 1) there will be a thirty per cent increase in the per capita availability of physicians by 1990 which will mean greatly increased competition; and 2) Because government, business, and big labor are the major purchasers of medical care, they, rather than the patients, will be the group that has to be satisfied by the medical care system. In other words increasing competition between physicians will result in coalitions of large money interests being able to get groups of physicians to do what they want them to do. Dr. Ginzberg did emphasize that only 4 years ago he predicted there would be no major changes in patterns of practice in the coming decades. So he has changed his opinion completely, and may change it again. He indicated a variety

of possible developments including: increased hiring of physicians by hospitals, limits on bills that can be presented to medicare patients, increased need to distinguish between dying care and health care, and an accelerating fight for those patients with the dollars to pay for their health care.

I would like to state at this point that the scenario described by Dr. Ginzberg and some of the other speakers was not necessarily one they felt was desirable, rather one that seemed likely in view of current political and social realities.

Gary J. Clarke, J.D., the deputy assistant Secretary for Health Planning and Development for the State of Florida next spoke on regulatory and legal controls. His message was that controls are not about to go away — their form may change, but as long as government is involved in health care financing it will have regulations to structure that involvement.

The fraction of the GNP attributable to health care has grown from 4.9% to 9.4% over the past 9 years, and demands for health care dollars are growing faster than government revenues. In the State of Florida government finances 62% of hospital care. The predicted response of government will be: increased responsibility thrust on the states to supervise programs, caps on government expenditures, an end to tax subsidies of health insurance (i.e. they will no longer allow health insurance premiums to be deductible). He indicated he believes that a 2 class system of health care will definitely come. One means of fostering increased competition will be to blur the distinction between medicine and other health care professions.

The conflict between cost containment and quality assurance was addressed by Samuel Tibbitts, Co-chairman of the National Voluntary Effort

to Contain Health Care Costs. He began by stating that he had no solution to the conflict — but went on to say that greater use of less expensive modalities is essential. Physicians will be increasingly required to demonstrate that medical care is selected and delivered appropriately.

One effort will be to give patients an increased economic incentive to stay healthy, and to control health care consumption. That will be both by increased deductibles for health care coverage schemes, and positive reimbursement for limiting utilization of health care.

Physicians will also be forced into giving more care for less money. Big business and big labor will form coalitions to negotiate for services at reduced fees. That is already happening.

One check to the reduction in the quality of care will be the realization that over the long run it is more costly to give poor care than to give good care. □

VIP**REALTY GROUP, INC.**

is
the original
and
exclusive
real estate firm
representing
South Seas Plantation.

Located on the resort
next to Chadwick's Restaurant

813-472-2523**PROGRAM****SPEAKER**

Guy P. Selander, M.D.

Chairman

FMF Committee On Impaired Physicians

TOPIC

"IMPAIRED PHYSICIANS"

MARCH 15, 1982

ROYAL PALM YACHT CLUB

2380 First Street

Social Hour — 6:30 P.M.

Dinner — 7:30 P.M.

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.

LEE COUNTY MEDICAL SOCIETY

P.O. Box 1704

Fort Myers, Florida 33902



LEE COUNTY MEDICAL SOCIETY BULLETIN

The Voice of Lee County Medicine



Vol. 4, No. 2

Fort Myers, Florida

APRIL, 1982

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

APRIL 19, 1982

Speaker:

ROY D. ALTMAN, M.D.

Professor of Medicine
University of Miami

Topic:

**"PAGET'S DISEASE
UP DATE**

"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.

*The speaker for our April meeting is
Roy D. Altman, M.D., Professor of
Medicine at the University of Miami
School of Medicine. He also is Chief of
Arthritis Division at the Miami V.A.
Medical Clinic.*

*His subject, Paget's Disease-Update,
is one in which he is well qualified to
speak to us. □*

Again -

Thank You Frank Mann

A letter from Donald S. Fraser, Jr.,
FMA's Director of Legislative Affairs,
points out the assistance Frank Mann
has given in support of FMA's position
regarding physician supervision of the
Advance Registered Nurse Practi-
tioners (ARNP'S) - (CS/HB 239). Of
course, this bill was opposed by the
Florida Nurses Association. We con-
tinue to owe Frank a debt of gratitude.
Editor □

Pedicare and the Satin Shoe Dilemma

by

John M. Corboy, MD

Once upon a time, people wore shoes
made of genuine or imitation leather.
They were satisfied with this footwear,
because they neither needed nor could
afford expensive satin slippers.

Then an insurance company started
selling "foot insurance." Strangely,
people began to suffer from
traumatosis, solescuff, heelhives, and
other maladies, which were occasion-
ally relieved by wearing satin slippers.
In time everybody who had any problem
with their feet was demanding satin
slippers, rationalizing that "the in-
surance company will pay for them,
anyway."

When the shoemakers protested this
extravagance, their customers replied,
"We know of someone who almost
died of shoe allergy, until she started
wearing satin slippers. If we're forced
to take and chance and we get the
allergy, we'll sue!"

Shortly thereafter, a man with an in-
grown toejam consulted his attorney,
who conceded that it might be due to
shoeshock. Luckily the shoemaker had
malcobbler insurance, and his com-
pany advised settling out of court.
From then on the shoemaker, his in-
surance rate climbing, took no
chances; he turned out nothing but
satin slippers.

Naturally, the cost of satin zoomed,
so the government predictably sent in
an army of clerks with money to the
rescue: Pedicare helped senior citizens,
while Medicaid would foot the bills of
the poor. As expected, federal involve-
ment soon kicked up the cost of
everything; foot insurance, slippers,
malcobbler policies, shoehorns, at-
torney fees, and especially, taxes.

When the national cost of footwear
really began to pinch, everyone — shoe
customers, insurance companies, even
some attorneys—concurred that
shoemakers were causing the high cost
of footwear. They demanded that the
federal government regulate footwear
and "Footcare Providers" (the new
term for shoemaker). Regulation re-
quired a host of new agencies, another

Farewell To The Troops

It is with pleasure that I introduce to
you the new Co-Editors for the
Bulletin, Lee Howington and Mike
Steier. I take pride in pointing out that
it will take at least two to replace me.
No, seriously, I know they will do an
excellent job and offer some refreshing
insights and thoughts. They are both
very busy doctors and plan to alternate
months of responsibility, or any other
plan they choose, so that it will not be
too big a burden.

My three-plus years have been en-
joyable and I want to thank all of you
who have contributed, when requested,
for that is what it is all about -- CON-
TRIBUTION.

TOM WILEY

army of clerks and jillions of dollars.

Congress poured billions more into
Professional Shoemaker Review
Organizations (PSROs) and subsidies
for experimental Healthfoot Main-
tenance Organizations (HMOs) which
peddled shoeettes, preventive massage
and pedicure. Opportunists proffered
biofeedback, cornplasters, and feet-
puncture, while demanding
"provider" status. Footometrists lob-
bied for diagnostic drugs. While foot-
care costs threatened to bankrupt the
nation, eager politicians proposed
National Foot Insurance.

Meanwhile, the shoemakers pro-
tested that all this bureaucracy had
nothing to do with the quality of foot-
care, and simply added to the cost.

Finally, people got tired of op-
pressive footcare taxes and long lines
waiting for expensive satin slippers;
some went back to wearing what they'd
always worn before, and which, they
discovered, worked almost as well
most of the time. Still, they couldn't
help wondering why shoemakers didn't
know this. They began to suspect that
shoemakers had preferred making
satin slippers all along, because they're
so much more expensive. After all,
everybody knows, "they're only in it
for the money." □

*Reprinted from the
Hawaii Medical Journal*

Auxiliary News

Your Legislative Alert System has
been activated twice during this ses-
sion. The specific auxiliarian contacted
her list of physicians. Letters were re-
quested and sent to both the Senate
and the House urging our legislators to
oppose placing physicians under the
authority of Hospital Cost Contain-
ment Board (fee fixing) and taxing pa-
tients and/or health care facilities to
finance Health System Agencies (Sick
Tax).

The physician involvement under the
jurisdiction of HCCB has been
abolished, however, legislation is still
trying to finance HSA's.

Congress and the Reagan Ad-
ministration have determined that the
current regulatory approach to health
planning through the HSA system has
not worked and that the HSA funding
should be phased out. The reason the
State is addressing this issue is so that
HSA's can attain state dollars to con-
tinue a non-productive system that has
lost its federal support.

With the session, now in overtime,
concentrating on re-apportionment, it
is doubtful any action will take place at
this time.

The Medical Family has an oppor-
tunity to implement favorable medical
legislation next election day. It is our
responsibility to become informed and
involved in the up-coming campaigns.
This is the most effective vehicle to in-
fluency legislation through our elected
officials.

Mrs. Joan Pascotto
Aux. legislative Chairman □

CME

The American Heart Association,
Southwest Area Council will present a
seminar on VENOUS DISEASE, April
30 - May 1, 1982 for physicians, nurses
and technicians. 12 hours of Category I
credit has been applied for thru the
American Medical Association. Con-
tact the American Heart Association,
P.O. Box 1318, Ft. Myers, FL for
more information. This seminar will be
at SOUTH SEAS PLANTATION,
CAPTIVA ISLAND. □

LEE COUNTY
MEDICAL SOCIETY
BULLETIN2466 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.

EDITOR

Thomas M. Wiley, Jr., M.D.

EDITORIAL BOARD

PRESIDENT

Peter M. Sidell, M.D.

PRESIDENT-ELECT

Ronald D. Castellanos, M.D.

SECRETARY

Michael S. Heller, M.D.

TREASURER

John E. Thorn, M.D.

MEMBERS-AT-LARGE

Marvin S. Porter, M.D.

G. Allen Ball, M.D.

PAST PRESIDENT

Stephen R. Zellner, 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.

ROYAL CREST PRINTING
FT. MYERS, FLA.

- Nurses
- Nurse Assistants
- Live-In Companions
- Insurance Claims Processed
- 24-Hour Care Available
- Medicare Licensed



UPJOHN
HEALTHCARE
SERVICES™

Call day or night
997-2407
Medicare Number
995-2859

DOCTORS
ARE YOU AWARE?

DATA
DOC

There is a company in Ft. Myers who will not only lease you computer space but also do your patient and insurance billing for you?

A Security-Minded Computer
Leasing Corporation For
Use In Your Medical Practice

Gene Cox, M.D., President

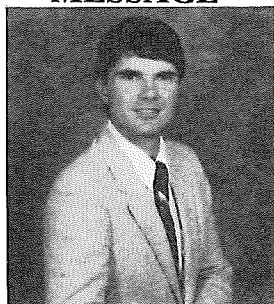
939-3282

BOTTLEBRUSH PHARMACY
3660 CENTRAL AVE. FT. MYERS, FL 33901
939-7772 939-5955

8:30 AM TO 6:30 PM MON. - FRI.

8:30 AM TO 1:00 PM SAT.

Friendly Service
Drive-up Window
Competitive Prices
Professional Discount
Special Ordering
Patient Profiles

PRESIDENT'S
MESSAGE

Peter M. Sidell, M.D.

Continuing
Medical Education

Speaking out against continuing medical education is almost like speaking against motherhood — however in this age of overpopulation that may not be so bad. My concern is that the practicing physician has been given the role of subsidizing the academicians, without any evidence that the formal approach to education espoused as category 1 is any more beneficial than what the individual physician will plan.

It has struck me as a strange coincidence that professional medical educators were handed the job of continuing education at the same time the funding for research and medical school support was drastically reduced. Income from teaching at continuing education courses became the substitute for lost research grants.

Unfortunately the studies which have been done indicate that the efficacy of formal certified continuing education courses is no greater than unstructured self directed continuing education

Perhaps there is even a danger in having a formal established continuing education requirement. The establishment of a minimum requirement implies that completion of that minimum is adequate. Indeed the need to take formal courses may discourage individual efforts at self education.

The continuing debate about the need for support of an adequate medical library in Lee County is symptomatic of reduced concern for self education by physicians.

I personally found that reviewing a problem presented by a clinical event had the longest lasting impact on my career. That was (and is) especially true when I had the opportunity to present my findings to colleagues.

We will best serve the community needs for continuing education by developing local programs, with the involvement of local physicians. These programs can be ongoing events such as the cardiology conference at Fort Myers Community Hospital, or recurring courses such as the family practice update.

Currently the medical society is equipped to review and approve courses for category 1 credit acceptable

MEDICAL PIONEER
RETIRES

The 17th of March, **HARVIE J. STIPE, M.D.** closed his medical office -- one that had been opened continuously since 1935 (except for 3 years in U.S.A.F., Africa/Italy, 1942-45). When he drove over the Edison Bridge, at twilight the first time, he knew he was "home".

Harvie was born in 1905 in Carrollton, Ga., graduated from high school there, attended Mercer University and received his M.D. at Emory in 1933. This was followed by a 2 year internship at Grady and Crawford Long Atlanta. He was in solo practice for all but one of those 47 years, doing surgery, OB, and general practice. The surgery he stopped performing approximately 6 years ago, gave up the OB over 25 years ago - which included quite a few home deliveries. Most of his surgery was in conjunction with Dr. Quill Jones, Sr. and it is reported they were quite a team!

Myrtle Mai, R. N. is now married to Harvie. She practiced private nursing duty in Lee Memorial Hospital. Harvie had 2 children, the daughter now deceased, his son in engineering and real estate in Fort Myers.

Though golf was his hobby in early years, Harvie has been an avid hunter for over 25 years, primarily quail and turkey. He has leased hunting camps for all of these years.

When asked to recount some of his early experiences, he revealed that his first patient to receive penicillin was himself -- from which he had a anaphylactic reaction. This first patient he gave this drug to, 1947, was for a badly infected ear following traumatic rupture of the drum. His eyes light up when he expresses the wonderment of how rapidly the infection responded. He treated her with 25 "units".

The first chemotherapeutic agent, sulfanilamide, used in S.W. Fla. was given by Harvie to an old drunk with pneumonia. His friend, Dick Richards obtained this for him to use. His patient was so sick, the death certificate was filled out except for signature, when the patient miraculously recovered to go on to bigger and better bottles.

There were many more interesting experiences he had to tell, and hopefully he will at a later date.

Enjoy your retirement, Harvie ---you have earned it!!!! □

on a statewide basis. If there is sufficient interest we can also develop a mechanism for granting AMA category 1 credit - albeit at some expense.

Please inform the Medical Society Office if you have any specific interests you would like to see pursued with regard to CME.

There is now a CME column in the Bulletin. Anyone with a local program to announce may take advantage of that avenue. □

MEDICOLEGAL
DECISIONS

A federal trial court ruled that the proceedings of a medical review committee conducting peer review weren't subject to discovery in a medical malpractice suit.

The patient who had filed the suit against a physician served a subpoena on the administrator of a hospital where the physician had staff privileges. The subpoena requested production of the proceedings of a peer review committee. The trial court ruled that state law governed the case, and that a Connecticut statute barred discovery of peer review proceedings unrelated to the subject matter of the suit.

The court said the purpose of the statute was to encourage physicians to evaluate their peers without fear of disclosure and that this purpose would be hampered by public release of any proceedings, not just those involving the patient who sued.

The overriding importance of the review committees to the medical profession and the public required then to be conducted in an atmosphere of complete confidentiality, the court said.

— *Morse V. Gerity*, 520 F. Supp. 470 (D.C., Conn, June 4, 1982)

ATTENTION DOCTORS

The Cape Coral YMCA will be conducting a 6 week course entitled "The Y's Way To A Healthy Back" at the Cape Coral Hospital Staff Development Building. The course is designed for your patients who suffer back discomfort. A nationally certified YMCA instructor will lead the participants through exercises designed to relieve tension, increase abdominal and back muscle strength.

The 6-week class will be held Tuesday and Thursdays, April 13th thru May, from 6 to 7 PM. Cost is \$25.00 for members, \$50 for non-members (Adult membership \$15.00/yr.) Call the Cape Coral YMCA for more information: 549-7171. □

MEDICAL OFFICE

FULLY FINISHED AND FURNISHED,
READY TO MOVE IN, PRIME COLLEGE
PARKWAY LOCATION, 1,200 SQ FEET,
IMMEDIATE RENTAL. CALL 481-7200
or 482-1612.

939-3508
FORT MYERS



SERVING MEDICAL GROUP PRACTICE
EXCLUSIVELY SINCE 1958

LIFE INSURANCE • MAJOR MEDICAL
LONG TERM DISABILITY
PROFESSIONAL FUNDING CORP.
EXCLUSIVE AGENTS
JOHN M. DUSEK, PRESIDENT

LEGISLATIVE REPORT

As the Florida Legislature comes down to its last two weeks it is beginning to appear impossible for them to adjourn by March 18th. There are still significant differences in the House and Senate posture on major issues, e.g. reapportionment, tax and budget and Sunset Review of the Insurance Code that must be resolved.

One of the major concerns to all of medicine is the issue of HSA funding and local health planning. The House and Senate both have proposals moving forward to put state funds into local health planning by imposing a fee on certificate of need applications. The Senate version, CS/SB 683, would use the current HSA system, while the House version creates "local health planning councils" to replace the HSA's (HB 1110).

The concerns the FMA has for both these versions are:

1. The Certificate of Need program, and the planning necessary to accomplish the CON objective will continue to function in Florida without enactment of the bills.
2. Current health planning program through HSA's is losing federal funding because they have been found by Congress and the General Accounting Office to be producing mediocre (at best) health plans which include unrealistic objectives. Despite expenditures of hundreds of millions of dollars, they have been ineffective in implementing their plans. In Florida, for example, HSA's have been clearly unsuccessful in providing improved access to health services in rural areas. These problems will still exist in the mechanisms proposed by CB/HB 211 and CS/SB 683.
3. CB/HB 211 and CS/SB 683 propose EXPANSION of the activities by HSA's beyond those necessary to develop a local forum for CON applications. They mandate state and local agencies to promote price competition in the health care field. This may very well adversely affect the current private sector efforts through local business, labor and provider coalitions.
4. A fee assessed against health care facilities is ultimately a TAX ON PATIENTS and will further inflate health care costs.
5. The Florida Medical Association opposes taxing hospital patients to fund a system shown to be efficient and ineffective.

Efforts in both the House and Senate to eliminate physician charges from the jurisdiction of the Florida Hospital Cost Containment Board were successful. It is not anticipated that this issue will resurface.

The status of other key issues is as follows:

Disclosure of Ownership in Health Care Facilities (HB 733, SB 380)

The Senate Bill (SB 380) was reported unfavorably by the Senate HRS Committee, this kills this proposal for the 1983 Session.

Seat Restraint Devices for Infants (HB 154, CS/SB 298)

The Senate Bill has passed favorably by the Senate on a vote of 19-12. The House Bill has been placed on the Calendar. During debate, a fiscal note was attached to the bill and due to their action, House Bill (HB 154) was removed from the Calendar and placed in the Appropriations Committee.

State Takeover of Country Health Units (HB 741, SB 851)

The House bill passed the House Health and Rehabilitative Services Committee and now goes to the Appropriations Committee. The Senate bill (SB 851) has not been scheduled for a hearing in the Senate HRS Committee.

I.A.T. (Cancer Treatment) (HB 785, SB 790)

Attempts are expected soon to override the Governor's veto on CB/HB 747 passed in the 1981 Session. Efforts were made to amend I.A.T. onto a food and drug bill in the House HRS Committee, but the amendment failed. However, I.A.T. proponents were successful in amending I.A.T. onto the food and drug bill (SB 681) in the Senate Committee on Agriculture by a vote of 6 to 5. (SB 681 now goes to the Senate HRS Committee).

H. Quillian Jones, Jr., M.A.
Legislature Chairman ☐

LETTER TO EDITOR

Dear AMA Member:

THANK YOU ONCE AGAIN!

...for your decision to continue to support the American Medical Association. Through your membership, you contribute to an organization which promotes better health care for all Americans, while representing the rights and interests of all physicians and medical students.

(If you received this letter, good for you. If you did not, shame-shame. We MUST all support our parent organization for mutual salvation, and protection of our rights to practice medicine in the manner which is best for our patients---Editor) ☐

Epilepsy Foundation Chapter Forming In Fort Myers

An Epilepsy Sub-Chapter is being formed in Fort Myers. Meeting is scheduled for Wednesday, April 28, 1982 at 7:30 P.M. at the Lee Memorial Hospital Auditorium. Request all interested physicians to attend. Contact Mr. Walter J. Wilson evenings at 728-2895 or Frankie Tester Mon-Wed at 936-5000. Professional assistance is necessary for the chapter to be formed. ☐



MEDICARE EQUIPMENT

OF SOUTHWEST FLORIDA, INC.

1853 Commercial Drive • Fort Myers, Florida 33901

Phone 936-2717

All Authorized Medicare Convalescent Equipment
We Bill Medicare Direct!

Merrill Lynch Pierce Fenner & Smith Inc.

Merrill Lynch
Pierce Fenner & Smith Inc.

Stowe T. Gardner
Assistant Vice President

2202 McGregor Blvd.
Fort Myers, FL 33901

813 334-6828
Punta Gorda 639-1022



Jet South Inc.

FLORIDA'S FIRST ADVANCED LIFE SUPPORT AIR AMBULANCE SERVICE

Cardiac Monitor & Recorder • Defibrillator
Two Respirators • Medical Oxygen
Hospital Telemetry Transmission Capability
Paramedic or Registered Nurses - All Flights
Air to Ground Telephone Link Anywhere USA

Based — Danley Drive, Page Field

936-7880

24-HOUR Phone • Call Collect



For further information call
Robert M. Tindale, M.D.

Luxurious Retirement
Living at an Affordable
Price

The Pines of Ft. Myers
1896 Park Meadow Dr.
Ft. Myers, FL 33907
(813) 939-5421

DEFERRED COMPENSATION PLANS INCOME TAX PLANNING & RETURN PREPARATION ESTATE TAX PLANNING

PROBE, BATSON & Co., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

1456 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33907

FORT MYERS
(813) 482-5522

OFFICE FURNITURE *Et Design Center*

CORDIALLY INVITES YOU TO VISIT OUR NEW CONVENIENT
LOCATION. SPECIALIZING IN QUALITY OFFICE FURNITURE AND
PROFESSIONAL INTERIOR DESIGN.

2323 CLEVELAND AVE.,

FORT MYERS, FLORIDA 33901

(813) 337-1212

REPORT FROM AUXILIARY COMMITTEE ON GRIEVING

The Lee County Medical Society Auxiliary, Committee on Grieving reports that their appeal for donations from auxiliaries to begin training sessions for the Hospice Oriented Program for Everyone (H.O.P.E. of Lee County) produced more than the \$600 minimum needed. Fifty-four auxiliaries responded, some giving as much as \$40, for a total of \$645. Donations are still being received by Mona Eid, 12308-3 Park Meadows Dr., Ft. Myers, 33907. Mrs. Virginia Hanna, B.A., M.A., counselor and instructor in continuing education at Edison Community College, will conduct the volunteer training program.

After the training sessions, supportive in-home care for terminally ill patients will be available under the direction of Diann Seals, R.N., Patient Care Coordinator, and the H.O.P.E. Board of Directors. Referrals may be given to the H.O.P.E. office at 334-1157.

Leprechauns A-Coming

At the L.C.M.S. office on Hunter Street, a decorated Leprechaun looking suspiciously like Joan Pascotto and Joan's friend Ann Dodson, surprised Ann Wilke with a five-played tune, an Irish Jig, and a green carnation the morning of St. Paddy's Day. Leprechaun and friend continued the parade to Canterbury and Bishop Verot and various businesses and offices known to be friendly to such folk. At Verot, it is reported, one junior student gentleman protested that he had on green underwear when the pair began advancing menacingly toward him whose wearing-of-the-green was not obvious. Seeing that no green meant a quick kiss on the cheek, another junior raised his hand to admit that he wore no green. Leprechaun left a carnation stem as an Irish switch for the teacher's use on unruly students. The wee parade ended at Clancey's for lunch and thirst-quenching Irish-green beer. □

CLASSIFIED AD

FLORIDA KEYS LOT FOR SALE
Marathon, Ocean-side, Sea-walled canal with deep water access. \$27,775.00 - 936-1645

The Lee County Health Department compiles a complete list of physicians in Lee County. If you are interested in such a list contact the Vital Statistic Department - 332-9501.

Lee County Medical Society Auxiliary

CONSTANCE HOWINGTON
President

Terry Carver, Vice-President of the Southwest District, FMA-A, and the Lee County Medical Society Auxiliary hosted a District Leadership Workshop at the Sheraton Inn from 9:00 a.m. to 3:00 p.m. on Tuesday, March 23rd. Nine state auxiliary officers attended, including Gloria Nunn, FMA-A President Elect, Russ Berge, FMA-A Executive Secretary, and Lee County's own Candy Murray, FMA-A Project Bank Chairman. Besides Lee County, the S.W. District includes Collier, DeSoto-Hardee-Glade, Charlotte, Highlands, Manatee, and Sarasota counties.

REMEMBER

The Sword of Hope Guild of American Cancer Society is sponsoring the play "Same Time Next Year", May 14, 1982, at the Naples Dinner Theater. □

LIBRARY

If you as an individual doctor or as a department head at one of the hospitals would like to have the Library Committee purchase books for your specialty — Please send a list to Dr. Mark Sweet or any members of the Library Committee. □

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.



JOSEPH R. PUGH, M.D.

Dr. Pugh is a graduate of the University of Kentucky College of Medicine. He completed his internship at Letterman Gen. Hosp., San Francisco, Calif. and his residency at Brooke General Hosp., San Antonio, Texas. He was in the U.S. Army Medical Corps from 1967 to 1974, and was Chief of Radiology Dept. at Martin Army Hosp., Ft. Benning Ga. Before coming to Ft. Myers he was with Graves-Gilbert Radiology Clinic, Bowling Green, Ky.

He will join Dr. Isley and Associates in the practice of Radiology.



RICHARD E. SCHMIDT, M.D.

Dr. Schmidt is a graduate of the University of Florida receiving his MD in June 1971. He completed his internship and residency at Georgia Baptist Hospital, Atlanta, Georgia.

He practiced Emergency Medicine at the Georgia Baptist Hospital and Sam Howell Memorial Hospital, Cartersville, Ga. before coming to Fort Myers to manage the Lee Memorial Hospital Emergency Room.

He and his wife, Joan and children live at Rt. 13, Box 812, Anderson Lane, Ft. Myers, 33908. Dr. Schmidt graduated from Charlotte High School, Punta Gorda. □



STUART D. LEVY, M.D.

Dr. Levy is joining the practice of Yankopolus, Waterman & Cowden for the practice of OB/GYN in July of this year. He is a graduate of Mount Sinai School of Medicine, New York. He completed his internship and residency at Jackson Memorial Hospital. □.



MICHAEL P. METKE, M.D.

Dr. Metke will be joining the practice of Pascotto, Steier & Sidell in Thoracic & Cardiovascular Surgery in July. He is a graduate of the University of Oregon with a MD in 1974. He completed his internship and residencies at Mayo Graduate School of Medicine.

He and his wife, Catherine, and children will arrive in Fort Myers this summer. □

Guest Editorial ASSOCIATE DEGREE NURSING

Editor's Note: Guideline for admission to ECC'S Program is on File at the Soc. Office

The national celebration of the 30th Anniversary of Associate Degree Nursing was held during November 1981. The official Bulletin of the Florida Nurses' Association acknowledging the celebration noted that one of the first Associate Degree Nursing programs in the country began 28 years ago in the State of Florida and that Florida pioneered in the development of a statewide community college system of nursing education. Florida has continued to be in the forefront of Associate Degree Nursing education and currently has 23 Associate Degree Nursing Programs within the community college system. Recognizing that better than 80% of the Associate Degree Nursing graduates remain in the work force, the Florida Nurses Association formally acknowledged the substantial contribution of the Associate Degree Nurse in providing nursing care to the citizens of the State of Florida.

The current document from the Department of Education, Division of Vocational Education, "Associate Degree Nursing Education: Assumptions and Competencies for Entry to Practice", states that nursing education programs, like those of other professions, have moved gradually into the public educational system of our country. The Associate Degree Nursing Program has been designed for the community/junior college and in all instances is found in these educational institutions in Florida.

In a American Nurse Association position paper in 1965 the Associate Degree Nursing Programs were noted to have been integrated into the community college system and standardized. The curriculum was structured to fit the pattern of other technical curricula, faculty and students had to meet the same standards as others in the college setting. The organization of the curriculum was innovative. The fragmentation of nursing courses that was the pattern in the '50's was not possible in the community college setting. Curricula was no longer organized

around the geography of the hospital (neuro, cardiac) but around the nursing needs of patients.

Along with these changes in curriculum have come changes in the kinds of students who enroll. Prior to the community college nursing program, nursing students were mainly 18-35, single, white and female. In contrast the open door equal opportunity policy of community colleges attracted older women, married women, minorities, men and those with a wide range of intellectual abilities.

In 1976 a seminar sponsored by the Florida Department of Education was held in Orlando involving the representatives from each of the then twenty community college Associate Degree Nursing Programs and fifty-one hospital directors of nursing service. The purpose of this meeting was to receive input from the employers of newly graduated Associate Degree Nurses in order to assure that the expectations of the employers were consistent with the competencies identified by the educators. A final committee sponsored by the Department of Education reviewed and finalized the competency statements. The documents of competencies approved by this committee was subsequently approved by the Florida Society of Hospital Nursing Services Administrators and the Committee of Deans and Directors of Schools of Professional Nursing, and the Florida Nurses Association.

On the local level, the Nursing Faculty at Edison Community College and the Directors of Nursing Services in all health care facilities utilized by the Nursing Program met to review their job descriptions for a beginning staff nurse position, the curriculum objectives for the Nursing Program and the ADN (Associate Degree in Nursing) competencies.

Edison Community College's ADN Program, until recent curriculum changes, consisted of 66 credit hours with 36 credit hours in nursing courses. The recent change increased the total hours to 70 credit hours with the nursing component to 44 credit hours. These changes came about as a result of observations and evaluations. A change in time sequence now will have the nursing students graduate in April with the rest of the college. Interested students now can take the Introduction

to Nursing and Health Related Fields during the summer session. Those students not eligible for the Nursing Program can choose other fields which typically begin in the fall.

Graduate and employer evaluations have consistently requested more clinical experience time for the development of confidence in skills. In the fall 1981 two nursing practicums have been started in the college lab which enables students to practice procedures prior to patient care. An increase in the Medical-Surgical Nursing 1 course by two (2) credits adds an additional lecture hour and an additional three hours in the clinical setting.

Edison Community College is the only Associate Degree Nursing Program in a service district roughly the size of the State of New Jersey. At the present time Edison Community College is approved by the Florida State Board of Nursing for a Freshman class enrollment of sixty (60) students and a Sophomore class enrollment of seventy-two (72) students. The additional twelve students represent transfer students and LPN "challenge" students.

Edison Community College is seeking an expansion of the size of the Nursing Program from Lee, Charlotte and Collier Counties to include an additional twelve (12) students in each of the three Counties. Strict guidelines must be followed in requesting these increases: verification that sufficient potential applicants to the program are available, means of funding the increases, availability of classroom and lab space, need for employment increase in the community are required to be documented.

A thank you to Dr. Thomas Wiley, Chairman of the Edison Community College Board of Trustees, for this editorial opportunity to give some updating information to the Medical Society regarding the ADN Program at Edison Community College.

Margaret M. St. Aubin, R.N., B.S., M.Ed.
Interim Head Of Allied Health Studies Department
Edison Community College

The A.M.A. works
FOR YOU
Support it.

The following is a continued report on the Conference attended by our President begun in the March Bulletin. . . Editor

FMA Leadership Conference 1982

PETER M. SIDELL, M.D.
President

Dr. James S. Todd M.D., Vice President Physicians Insurance Association of America spoke on the impact of professional liability on the cost of health care. He suggested that there is no answer to the question at the present time. If defensive medicine improves the quality of health care or reduces the risk of patient injury, than as long as the cost of prevention is less than the cost of treating complications, the malpractice problem is not really adding to the cost of care. While the profession spends 1 billion dollars annually on premiums, that represents only 0.4% of the total national cost of health care, and 2.5% of physicians incomes.

Other factors that need consideration of course include: effectiveness of professional liability in preventing injury; and the fraction of the medicolegal bill that goes to the legal profession without ameliorating illness or disability.

Dr. Vernon B. Astler, M.D., Chairman Florida Physicians Insurance Reciprocal discussed the professional liability situation as it exists in Florida. It would seem the crisis is far from over, and that another looms on the horizon. Certainly, the costs of professional liability insurance are passed on. It has been noted that each increase in premium has been associated with an increase in physician fees. While not stated explicitly it was suggested that insurance costs might serve to limit the number of physicians providing various types of services - since it

would not be cost effective to be insured in an area of only limited activity for a given physician.

All of that was before lunch. Lunch was highlighted by U.S. Senator Dave Durenberger (R)-Minn speaking on the Pro-Competition concept. I had the feeling Sen. Durenberger felt he was addressing an hostile audience as he spent 80% of his time telling jokes, and just touched tangentially on the so called pro-competition legislation that he has introduced. His thesis would seem to be that the medical care system needs to be made to compete to increase the level of wellness among the population. The mechanism for doing that would be to reduce that amount business may deduct for providing health care benefits, and to insist that employees of large corporations have the option to select lower levels of coverage, and receive re-imbursement for staying well. He also indicated that medicare caps are coming in the near future.

Dr. Richard S. Hodes, M.D. - State representative from Tampa - discussed the block grant program which is part of the new Federalism. Apparently the current administration in Washington wants the states to take over administration of some of the entitlement programs (aid for dependent children, and food stamps) in return for having the federal government assume responsibility for medicaid. It was suggested that medicaid will be a better program, but that the states may have a hard time funding those programs they will become responsible for. While the new Federalism may in the long run do what it was designed to do - get government off of the backs of the American people - it is going to require patience on the part of everyone before it can be expected to work. Dr. Charles Hayes, Jr., M.D. discussed the role of the FMA in health care financing. He outlined the existing mechanisms in the society to deal with problems in health

care financing - the structure was complex enough that I must admit to not understanding it by the time he was done explaining it. He further suggested that we get about the business of developing coalitions to deal with the major interest groups in the state - for if we don't, they will take action without our input.

Mr. Stephen Doiron, Boca Raton, President and Chief Executive Officer of Caribbean Atlantic Resource Enterprises, Inc. discussed the HMO/IPA Concept. By and large his talk was obtuse and difficult to make any sense out of. I should note however, that an IPA is a new kind of HMO prepaid group that functions by contracting with independent physicians. The physician agrees to provide a service for an agreed upon fee whenever the IPA presents a patient to him. There are other niceties, and subtleties to it but basically it seemed to me it depended on being able to predict the degree of utilization by patients, and fixing costs. I am sure we will hear more about this concept. Perhaps the waters have been muddled to confuse us and perhaps because the concept is still immature.

Mr. Roy Pfautch, President Civic Services, Inc. St. Louis, Mo. - discussed the public's view of health care financing and delivery. He was discussing conclusions drawn from the results of various opinion polls - mainly those conducted on commission by the AMA. 60% of physicians believe that they are loosing the fight to control their own destiny. The public's greatest concern about health care remains its cost. In 1979 that was stated to be the major issue by 65% of those polled while only 55% felt that way in 1981. However only 8% related that high cost to physicians fees. The second biggest concern the public expressed about medical care was its quality. The percent expressing concern about that item had risen from 7% in 1977 to 14% in 1981. 90% of patients expressed

satisfaction with their last visit to the doctor. 39% of patients are willing to be treated by one of a group rather than a single personal physician, and 49% would be willing to see a trained assistant rather than the MD. It was suggested that may make it difficult for us to maintain strict boundaries between ourselves and other independent paramedical professionals.

60% of patients believe that government regulation has raised health care costs - but many feel that the good of regulation outweighs the bad. The physician continues to be highly regarded as an opinion leader. The public continues to express confidence in the AMA regarding health care matters. The public is beginning to look upon hospitals and institutions as the major controllers of health care delivery.

My personal reaction to those statistics was that our public relations efforts should be directed towards educating the public about what goes into medical competence. Stress that modern medicine does have a high level of competence, and educate the public about those measures that indicate that the quality of care is continuing an upward spiral.

The final session of the first day was a discussion about the need to change the way peer review is done in those cases when it is done at the request of Blue Cross-Blue Shield. The funding for the program has been drastically reduced so that only a minimal amount will be available to fund review on a county level. The majority of the review - if not all of it will be done on a state level - with the proviso that 1 - 3 members of the local society may be asked to travel to the meeting of the state peer review committee. □

LEE COUNTY MEDICAL SOCIETY

P.O. Box 1704

Fort Myers, Florida 33902

SOCIETY MEETING

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

APRIL 19, 1982
Speaker
Roy D. Altman, M.D.

Topic: SURGICAL INFECTIONS
"Three Generations Of Cephalosporin"
"DINNER BY RESERVATIONS ONLY"
PLEASE!!!



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



Vol. 4, No. 3

Fort Myers, Florida

MAY, 1982

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

MAY 17, 1982

Speaker:

**ROBERT C.
McCURDY, Esq.**

Topic:

**"PHYSICIANS'
BASIC RIGHTS"**

"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.

(The following is a continued report on the Conference attended by our President, begun in the March Bulletin . . . Editor)

PART III FMA LEADERSHIP CONFERENCE 1982

PETER M. SIDELL, M.D.
President

Dr. Edward N. Brandt Jr., M.D., Assistant Secretary for Health, Washington, D.C., opened the Sunday morning session by discussing government's role in health care financing. He indicated that it is the goal of the current administration to gain control of the 'health care delivery machine.' Federal spending on health care has increased 14 fold since 1965. Currently the major cause of that increase is felt to be inflation; and major concern was expressed over the fact that health care costs rose by 12.5% last year while inflation was held to 8.9%. An example of gaining control of federal spending is the reduction of funding for the public health service. He did express the feeling that Washington based health planning is an idea whose time has passed. He did emphasize that planning will need to be continued on a local level, and that disbursement of federal funds to the states will depend on demonstration of

Law Degree from Stetson University College of Law, 1973, and a Master of Science Degree in Hygiene, 1974, at the University of Pittsburgh, Graduate School of Public Health. He was admitted to the Florida Bar in 1973, is a member of numerous legal and hospital administrators associations and has contributed several chapters to THE HOSPITAL LAW MANUAL.

He is eminently qualified to speak on the subject of the "Physicians' Basic Rights".□

AUXILIARY NEWS

AUXILIARY OFFICERS FOR
JUNE 1982-JUNE 1983

PRESIDENT - Mrs. Francis L. (Connie) Howington.
PRESIDENT-ELECT - Mrs. Bruce (Lynne) Bacon
VICE-PRESIDENT - Mrs. Patrick (Josey) Cullen.
RECORDING SECRETARY - Mrs. G. Allen (Jane) Ball.
CORRESPONDING SECRETARY - Mrs. Edward (Mary) Steinmetz.
TREASURER - Mrs. Thomas (Ann) Carrasquillo.

1982-83 Nominating Committee:
Mrs. Edward (Linda) Ziegler, Mrs. Mark (Barbara) Mintz, Mrs. Jack (Terry) Carver.□

planning.

The public is to be offered a wider range of choices to stimulate competition in the health care field. It was suggested that a well informed public will choose wisely.

I guess that means we will have to educate people not to gamble with their health and future health problems.

Mr. Robert A. Carpenter, Manager, Health Care Cost Containment, Republic Steel Corporation, Cleveland, Ohio, spoke on business and industries role. Business wants to bring health care cost inflation into line with the general rate of inflation. Business wants to improve the effectiveness of its use of money, and to develop a working partnership with the providers. (they call us providers when they want to demean our profession and avoid calling us physicians or doctors.)

He indicated that it is his belief that each community needs to form a coalition to address the question of community needs and what changes can be made. He indicated that big business is going to insist on utilization review that will identify those physicians that have abnormal practice patterns. We will have to

(continued on page four)

New Editorial Staff

Some three years ago, **Dr. Tom Wiley**, recognizing the growing sophistication of our medical community, felt it deserving of a county medical society bulletin.

Tom created the Bulletin from a one page newsletter, nurturing it to statewide acclaim, and receiving two awards for his journalistic efforts.

New civic roles have forced Tom to relinquish the editorship of the Bulletin. We will always regard him as editor emeritus, and again wish to thank him for his wisdom and insight.

Lee Howington and I are assuming the role as co-editors and will be alternating editorial duties.

I have taken primary responsibility for this issue and as might be seen by its thrust, will emphasize happenings within the community of interest and import to the Medical Society members.

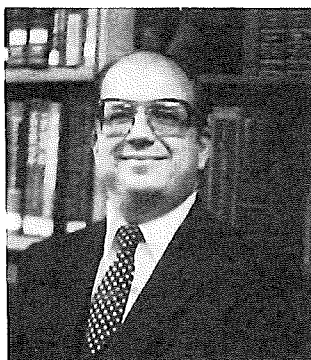
Our national and state medical society bulletins and newsletters are strongly informative of events at their respective levels and our hospital bulletins are primarily geared toward the employee. This leaves the Bulletin as the prime mode of communication within our medical community.

We hope for more input from our physicians and would be pleased to publish news concerning new physician associations, relocations, publications, honors, lectures, new certifications, and the like.

Also of interest would be information concerning the offspring of physicians who are currently attending medical school.

We hope to be of continued service in the traditions set down by Tom Wiley.

Michael E. Steier, M.D.



Robert C. McCurdy, Esq., staff attorney and general council at Lee Memorial Hospital, will be guest speaker at our May meeting.

Mr. McCurdy received a Degree in Pharmacy at the University of Florida in 1962, a

**THE A.M.A. WORKS
FOR YOU . . .
SUPPORT IT !**

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.

CO-EDITORS

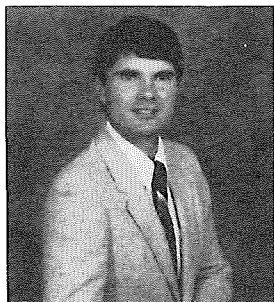
Michael E. Steier, M.D.
Francis L. Howington, M.D.EDITORIAL BOARD
PRESIDENTPeter M. Sidell, M.D.
PRESIDENT-ELECT
Ronald D. Castellanos, M.D.SECRETARY
Michael S. Heller, M.D.TREASURER
John E. Thorn, M.D.MEMBERS-AT-LARGE
Marvin S. Porter, M.D.
G. Allen Ball, M.D.PAST PRESIDENT
Stephen R. Zellner, M.D.ADMINISTRATIVE SECRETARY
Ann Wilke - 936-1645The 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.PRINTERS INK
of Southwest Florida, Inc.

- Nurses
- Nurse Assistants
- Live-In Companions
- Insurance Claims Processed
- 24-Hour Care Available
- Medicare Licensed

UPJOHN
HEALTHCARE
SERVICES™Call day or night
997-2407
Medicare Number
995-2859DOCTORS
ARE YOU AWARE?DATA
DOCThere is a company in Ft. Myers who will
not only lease you computer space but
also do your patient and insurance bill-
ing for you?A Security-Minded Computer
Leasing Corporation For
Use In Your Medical Practice

Gene Cox, M.D., President 939-3282

BOTTLEBRUSH PHARMACY

3660 CENTRAL AVE. FT. MYERS, FL 33901
939-7772 939-59558:30 AM TO 6:30 PM MON. - FRI.
8:30 AM TO 1:00 PM SAT.Friendly Service
Drive-up Window
Competitive Prices
Professional Discount
Special Ordering
Patient ProfilesPRESIDENT'S
MESSAGE

Peter M. Sidell, M.D.

PATIENT'S DAY

Recently we enjoyed the flattery of doctor's day. It was nice to be given a boutonniere by the hospital, and receive extra recognition. The positive feedback was a nice change from what we seem to get from the media so much of the time.

The warm feeling we experienced at the recognition is a strong reminder of the effectiveness of good public relations. One physician suggested to me that we should be celebrating a patient's day since they are really what the system is all about. And perhaps we should also have a nurse's day, and an associate's day (for the paramedical and support personnel who do so much to help us), and of course a volunteer's day. If there is any interest in such a concept, we will see what can be done locally to get it off the ground.

I continue to hope that we can find some way to reach out to the public through the media. It seems that the public still holds physicians as individuals in high esteem, but has become increasingly suspicious of medicine as a profession. Perhaps that is due to the difficulty inherent in trying to project bedside manner through the mass media. The public is exposed to impersonal statistics, and confusing information, and it is hard to find an easy way to counter that by saying "we care about you".

Most patients evaluate their physicians on the basis of how well he or she projects concern for the patient's welfare. Because they really do care about their patients, most physicians do a good job of communicating their interest to their patients.

In contrast, many of the public positions taken by organized medicine are not as clearly identified with patient welfare as they should be. It is essential that public positions taken by the organizations representing us emphasize that it is our concern with patient welfare, and self interest that motivates us. □

Editorial . . .

Good News Is
No News

By MICHAEL E. STEIER, M.D.

Recently, I among others, was asked to contribute to a series of articles concerning the crises within the nursing profession.

I confessed ignorance to many of the issues: salary disputes, benefits, unions, the physician's position on advanced registered nurse practitioners.

However, I did have a feel for the humanistic aspects of this dilemma and from whence they arose. I sensed their origin within the major teaching hospital where, traditionally, a pyramid of interns and residents buffer the attending physician from the nurse. The house staff, charged with carrying out the more complex aspects of patient care, leave only the rote and menial for the nurse. Fawning obedience is encouraged. How easy it is, within this setting, for the nurse to develop a deprecated self image, to want change.

I wanted to contrast this with the manner in which nurses are perceived and treated at a community hospital level, the setting for medical practice within Lee County. Within the non-teaching

hospital, the nurse and physician work as co-professionals, sharing the many roles of intern and resident. Intelligence and assertiveness are the qualities needed, sought after, and encouraged.

This was the substance of my input into this planned series of articles. It was not particularly brilliant, nor terribly original. However, I felt it to be a sincere and thoughtful reflection of our community's nursing situation; hopefully typical of many community hospital settings, nationwide.

Alas, the series appeared. It was stylishly written and factual, but bleak and pessimistic in outlook and lacking in relevance to our community. It presented more the situation as exists at the major teaching hospital; the outlook of a nurse at Denver General rather than Cape Coral Hospital.

None of my input survived the series. I was disappointed, but not because the material was ignored, nor because of the considerable time involved in its preparation. I was disappointed because the message I had was a positive one, one that most of our physicians share and one that most of our nurses perceive as true.

But when will I learn . . . good news is no news! □

LEGISLATIVE
REPORT

The 1982 Session of the Florida Legislature adjourned without taking action on the budget, reapportionment, "Sunset Review" of the insurance code or "Sunset Review" of Florida's Emergency Medical Services Law. All of these issues were required to be handled in various special sessions.

There were, however, several issues of special interest to physicians that received special consideration. These included:

Passage of:

1. CS/CS/HB 239 - Physician Supervision of ARNP's. Mandates that standards be established for supervision of ARNP's and gives the State Board of Medical Examiners authority to discipline physicians failing to meet these standards.
2. CS/HB 931 - Hospital Licensure, Health Planning and Certificate of Need Revisions, Hospital Cost Containment Board. Creates local health councils to replace HSA's.
3. CS/SB 298 - Seat restraint devices required for infants four years of age and younger.

Defeat of:

1. Physician Disclosure of Ownership in Health Care Facilities (HB 733, SB 380).
2. Optometry Drug Bills (HB 909, SB 901).
3. Hospital Cost Containment Board's jurisdiction over physicians charges.
4. Use of state funds for support of HSA's.
5. State takeover of county health units (HB 741, SB 857).
6. Licensure of Homeopathic Physicians (HB 140).

Unfortunately, the Governor's veto of the I.A.T. cancer treatment bill was overridden during the final days. We were one vote short of sustaining the veto in the Senate.

1983 is the year for addressing the professional liability insurance crisis. Maximum effort of the FMA, County Medical Societies, and all available allies will be directed towards this initiative. We hope to have detailed legislative proposals soon.

In the meantime, remember to get involved in the 1982 elections. The results will have significant impact on your ability to practice private medicine in a stable environment over the coming years!

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

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

**FORT MYERS
COMMUNITY HOSPITAL***Diane Barnes, Public Relations Director*

We know you're busy and we're trying to help. Fort Myers Community Hospital has now expanded several services in an effort to meet your patients' needs, especially in the areas of time and convenience.

Last month F.M.C.H. officially opened an out-patient physical therapy department. While we have always offered this service to our patients, it is now more convenient. We have acquired a suite in the Winkler Professional Building (suite 102) which is located next to the Hospital. Our hours of operation are from 7:30a.m. 'till 4:00p.m. and appointments may be made by calling 939-8407 or 939-8517. We are still operating from our former location for all in-patient physical therapy needs.

F.M.C.H. has also expanded its out-patient nutritional counseling service. For your convenience, consultations may now be scheduled with a registered dietitian, Monday through Friday from 8a.m. to 3p.m. Appointments may be made by calling 939-8511 or 939-8368. We request that the patient be given a copy of the diet prescription to bring with them. The patient should report to the Emergency Room 30 minutes before the appointed time. This allows adequate time for processing and payment of the fee. The fee covers the cost of materials and the instruction. There is no time limit for each session and upon completion a letter will be sent to you with the results.

We sincerely hope that the addition of our admitting nurse has assisted you and your patients as they enter the Hospital. **Nancy Brangaccio, RN** has assumed those duties and is assisted by **Terri Haugh**, Unit Clerk. They are located in the main lobby - in the old Tel-Med Booth - Sunday through Thursday, 9a.m. to 5:30p.m. In addition to receiving and processing patients, they will also take telephone orders for your convenience.

If you have any comments or suggestions with regard to these or other services offered by Fort Myers Community Hospital, we would like to hear them. Your assistance is valued and certainly most welcome. □

The Administration and Staff of Fort Myers Community Hospital is pleased to announce the installation of the Medical Staff Executive Committee for 1982. Elected as

President was **Michael E. Steier, MD**; President-Elect, **Mark J. Sweet, MD**; Secretary, **Howard M. Sheridan, MD**; Chairman, Department of Medicine, **Jerome P. McCourt, MD**; Chairman, Department of Surgery, **Warren E. Hagen, MD**; and Member-at-Large, **Michael D. Danzig, MD**.

We congratulate these Physicians on their new positions. Their dedication and assistance enable Fort Myers Community Hospital to offer the finest health care possible. □

LEE MEMORIAL HOSPITAL*Linda Moorey, Publications Coordinator*

Balloons, buttons and boasting! "Sixty-five years of caring," is the theme of Lee Memorial's anniversary celebration and open house scheduled from 10 a.m. to 6 p.m., Sunday, May 16.

The big event is the culmination of National Hospital Week and the public is invited to tour the recently opened Medical Office Building and other selected areas of the hospital. There will also be a hospital history exhibit to mark the occasion.

In addition to the new, modern Doctors' Lounge on the first floor, the Medical Office Building houses a number of ancillary services. A large Gift Shop/Drugstore combination with Outpatient Pharmacy is also on the ground floor, along with a new, larger Inpatient Pharmacy.

As an educational center, the second floor boasts the spacious Lee Memorial Hospital and Lee County Medical Society Medical Library; Nursing Education and Staff Development classrooms and a simulated patient room for instruction; and the modern well-equipped television studio for the videotaping of staff and patient education programs. Respiratory Therapy and the Pulmonary Function Lab are also on this floor.

Purchasing, the warehouse and Central Services occupy floor three; and Medical Records, Medical Transcription with new computerized dictation equipment, and Doctor's Charting are on the fourth floor, along with the administrative offices.

The top four floors of the building are leased for physician offices and there is space available.

The Medical Office Building was built by the non-profit foundation, Lee Memorial, Inc. for use by Lee Memorial Hospital and the Medical Staff.

Other areas of the hospital have recently been remodeled and will be

(Continued on page four)

**MEDICARE
EQUIPMENT**

OF SOUTHWEST FLORIDA, INC.

1853 Commercial Drive • Fort Myers, Florida 33901

Phone 936-2717

All Authorized Medicare Convalescent Equipment
We Bill Medicare Direct!**Merrill Lynch Pierce Fenner & Smith Inc.**Merrill Lynch
Pierce Fenner & Smith Inc.Stowe T. Gardner
Assistant Vice President2202 McGregor Blvd.
Fort Myers, FL 33901813 334-6828
Punta Gorda 639-1022**Jet South**
Inc.**FLORIDA'S FIRST ADVANCED LIFE SUPPORT
AIR AMBULANCE SERVICE**Cardiac Monitor & Recorder • Defibrillator
Two Respirators • Medical Oxygen
Hospital Telemetry Transmission Capability
Paramedic or Registered Nurses - All Flights
Air to Ground Telephone Link Anywhere USA

Based — Danley Drive, Page Field

936-7880

24-HOUR Phone • Call Collect

For further information call
Robert M. Tindale, M.D.The Pines of Ft. Myers
1896 Park Meadow Dr.
Ft. Myers, FL 33907
(813) 939-5421**Luxurious Retirement
Living at an Affordable
Price****DEFERRED COMPENSATION PLANS
INCOME TAX PLANNING & RETURN PREPARATION
ESTATE TAX PLANNING****PROBE, BATSON & Co., P.A.**
CERTIFIED PUBLIC ACCOUNTANTS1456 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33907FORT MYERS
(813) 442-5522**OFFICE
FURNITURE**
*Er Design Center*CORDIALLY INVITES YOU TO VISIT OUR NEW CONVENIENT
LOCATION. SPECIALIZING IN QUALITY OFFICE FURNITURE AND
PROFESSIONAL INTERIOR DESIGN.

2323 CLEVELAND AVE.,

FORT MYERS, FLORIDA 33901

(813) 337-1212

WHAT'S NEW?

(continued from page three)
on the tour.

The Surgical Suite has been expanded to 13 operating rooms and has a 13-bed holding area separate from the 12-bed post anesthesia recovery area.

Over 40,000 patients go through the Doctors' Clinic/Emergency Department annually. The lobby now has a colorful, modern look and has been completed with partitions, providing separate interviewing rooms to enhance patient privacy and comfort.

Lee Memorial's separate Outpatient Surgery Department was established two years ago in response to physician interest and the impact of outpatient services on cost containment. At the anniversary celebration, the public will have the opportunity to visit the department and learn more about outpatient surgery.

Patient safety is of concern to everyone. Within the past year, the Radiology Department has acquired fluoroscopic equipment which reduces radiation exposure to the patient and has implemented a new film/screen system also reducing patient risk. The most recent acquisition has been a digital subtraction angiography unit which not only reduces risk to the patient but also can reduce cost since arteriograms can now be performed on an outpatient basis. The public will also get an inside look at this department.

Lee Memorial has provided quality health care to the citizens of Lee County for 65 years. You have been part of our success and progress. Please be part of our celebration! □

CAPE CORAL HOSPITAL

Mary Deffet, Public Relations Director

As many of you are on our

Consulting Medical Staff but don't get across the river often, the suggestion of a monthly column from Cape Coral was a welcome one. This will give us an opportunity to bring you up to date on what is happening over here, thereby dispelling any erroneous rumors.

Of most vital importance is, of course, our expansion. Two months ago, after careful deliberation by the Institutional Planning Committee, Herman Smith & Associates were contracted as Functional Planners for the facility. Not only are we planning for 80 additional Medical/Surgical beds but virtually all the ancillary areas will be expanded as well.

John Gehlman, Consultant for that company, is meeting with each department head and the following physicians will be meeting with John to add their expertise in the following areas: JACK BEAULIEU, M.D. - Physical Therapy; BILL WORTHINGTON, M.D. - Emergency Department; VINCENT BELCASTRO, M.D. and ED ZIEGLER, M.D. - ICU; SMITH, HENDRA & GERSON, M.D. - Radiology; MARK MINTZ, M.D., V. BELCASTRO, M.D., & LARRY GARRETT, M.D. - Operating Room; HARRIS BONNETTE, M.D. - Rehabilitative Services; PETER ROSIER, M.D. AND TAMARA SANDERSON, M.D. - Laboratory; LARRY GARDNER, M.D. - G.I. Lab.

This by no means eliminates input from other medical staff members as all ideas are welcome. Dr. Belcastro is the medical staff representative to the Institutional Planning Committee and Ed Ziegler, M.D., as President of the medical staff will be heavily involved in the entire planning process. Any suggestions may be directed to them.

Also chosen as construction

managers was Mellon Stuart Company. This is a slightly different concept in that this company will manage the construction process and hire sub-contractors for a set fee.

Last week, again after hours of interviews and much deliberation, an architectural firm was chosen; that of Hansen, Lind, Meyer. They are based in Orlando.

As you can imagine, this is a very exciting time for everyone at CCH and the next two months of planning will be crucial.

Barring unforeseen hurricanes, earthquakes, sinkholes, or similar acts of God, we plan on December 31st of that year for "80 More in 84"!!! □

FAM LEADERSHIP CONFERENCE
(continued from page one)

demonstrate that service is appropriate to the diagnosis.

Bess Myerson, Consumer Advocate -- spoke on the patient's role. She recognized that the personal health of the consumer, and the professional health of medicine are inseparable. She did, however, lament that some of the small intimacies had disappeared from the doctor patient relationship with the development of big business aspects to the profession. The spirit of the importance of the individual must be maintained even if the forms of health care delivery need be different. She also emphasized that for the poor, health is the ultimate hope -- for even if all else is lost, you still have hope if you have your health. Health is visualized as a passport to opportunity. She also indicated that 1 in 12 dollars spent on health care is for a smoking related illness.

James Sammons, M.D., Executive Vice President, AMA --

spoke on the physician's role in health care financing. He pointed out that it isn't just the practicing physician that faces a crisis. Medical schools are faced with a sudden loss of funding, and funds for research have been drastically curtailed. He indicated a feeling that there is a growing group of dishonest people with the profession, and that we must work to expell them. Perhaps the biggest change we are currently facing is the willingness of organized labor to get together with us and to help in assessment of goals and patterns. He indicated that we must return the locus of health care to the individual from the institution -- to get the practice of medicine back into the doctor's office. Also the 'pre-competition' legislation doesn't have anything to do with competition -- it's just a new set of regulations and regulators. Physicians will have to absorb some of the cost of federal economixing -- but that is to be preferred to national fee schedules. Also we must be wary of hospital costs due to hospitals with top heavy administrations -- and time wasting activities for hospital personnel. □

Sword Of Hope Guild
Presents Play

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 P.M. 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, 481-6116, or send checks, made out to Sword of Hope to her at 23 Brynwood Lane, Fort Myers, Fla. 33907.

LEE COUNTY MEDICAL SOCIETY
P.O. Box 1704
Fort Myers, Florida 33902

SOCIETY MEETING

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

MAY 17, 1982

Speaker

Robert C. McCurdy, Esq.

Topic:

"Physicians' Basic Rights"

"DINNER BY RESERVATIONS ONLY"

PLEASE!!!



LEE COUNTY MEDICAL SOCIETY BULLETIN

The Voice of Lee County Medicine



Vol. 4, No. 4

Fort Myers, Florida

JULY, 1982

REFERENCE COMMITTEE NO. I

HEALTH AND EDUCATION

Cecil C. Beehler, M.D.

The Florida Medical Association House of Delegates endorsed the development of a state-wide donor health service similar to that presently operating within the Sarasota Senior Friendship Center. This provides health care for the indigent senior citizens and is subject to the following criteria:

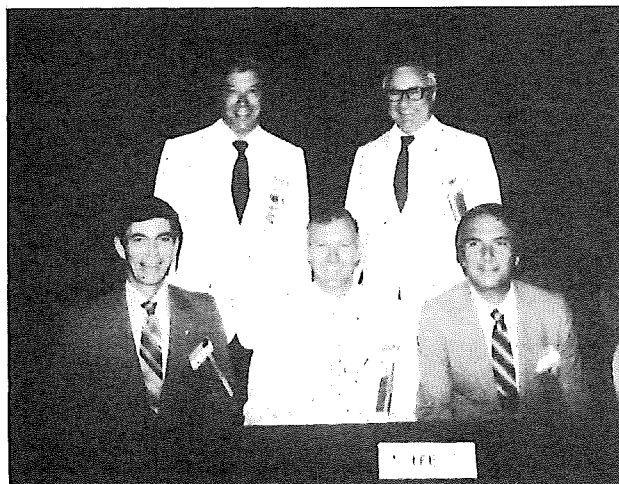
1. That the physicians engaged are strictly on a voluntary basis and do not receive any remuneration.
2. Only licensed physicians be allowed to participate in the program.
3. That the program provides screening to determine indigent eligibility.
4. That the health care provided by these physicians to patients be limited to medical education, nutrition, self care, health screening, diagnosis and referral.
5. That the program serve only the medically indigent senior citizens and that these physicians practice with the approval of a local medical society.

In other actions, delegates approved the Florida Society of Ophthalmology's resolution that optometrists not be reimbursed for the treatment of the condition of aphakia.

**IF YOU ARE NOT
REGISTERED TO
VOTE, PLEASE
DO SO -- IT IS
IMPORTANT TO
MEDICINE AND YOU.**

REPORT FROM THE 108th ANNUAL MEETING OF THE FLORIDA MEDICAL ASSOCIATION, INC.

GUEST EDITOR - STEPHEN R. ZELLNER, M.D.



LEE COUNTY MEDICAL SOCIETY DELEGATES AT FMA ANNUAL MEETING. Left to right, top: Cecil C. Beehler, M.D.; H. Quillian Jones, Jr., M.D. Bottom: Francis L. Howington, M.D.; Larry P. Garrett, M.D.; Stephen R. Zellner, M.D.

SOCIETY OFFICE MOVED

THE MEDICAL SOCIETY
OFFICE HAS MOVED TO:
3805 Fowler Street, Suite 1
P.O. Box 1704
Fort Myers, Florida
Telephone: 936-1645

We are north of Steego Auto Parts and across from Bill Branch Chevrolet.

The Society Office Conference Room is available for use by physicians for conferences, meetings, depositions, etc.. Please schedule your meeting with the office..

REFERENCE COMMITTEE NO. II PUBLIC POLICY

Larry P. Garrett, M.D.

Since Florida is one of the few remaining areas where measles is still endemic, a resolution was passed supporting the efforts of the Department of HRS and Department of Education in the implementation of the new school immunization law.

The FMA encourages its members to NOT have their DEA number pre-printed on prescription pads to prevent forged prescriptions in obtaining Schedule II drugs.

The reference committee noted that dilandid is the second most frequently abused narcotic, second only to heroin. Since dilandid is almost always obtained by prescription and not by theft or manufacture, the committee urged care in the prescription use of dilandid.

A resolution was passed urging that the quantity of drug dispensed be placed on prescription labels. It was felt that this would aid in

1. Determining the amount of drug taken in case of overdose by adults or children and

2. monitoring compliance when a patient makes a return visit.

Perhaps this could be taken care of by a simple liaison meeting with the leaders of the local pharmacist society.

won a similar award one year ago for his series on "The Cancer Time Bomb."

The Lee County Medical Society Bulletin is no stranger to awards presented for Journalism at the annual FMA meeting. During the infancy of our bulletin, Dr. Wiley, our first Editor, was awarded recognition for improvement of a County Medical Society Bulletin and Dr. Cecil Beehler was awarded a prize for an editorial he wrote during his tenure as President. Although we are

(Continued Page 4)

"AWARDS"

Lee County medicine once again distinguished itself at the annual meeting of the Florida Medical Association, recently held at the Diplomat Hotel in Miami. Two awards for Journalism were presented to Lee County, one directly to the Medical Society for an editorial entitled: "The Complete Physician," written by Stephen Zellner, M.D. and appearing in our County Medical Bulletin. The other award was presented to Mr. Al Reuchel of WBBH-TV, Channel 20, for his five-part series on the cost of medical care. This was a repeat performance for Mr. Reuchel who had

LEE COUNTY
MEDICAL SOCIETY
BULLETIN3805 Fowler Street
Fort Myers, Florida 33901
Phone (813) 936-1645The Lee County Medical Society
Bulletin is published monthly with the
June and August editions omitted.

CO-EDITORS

Michael E. Steler, M.D.
Francis L. Howington, M.D.

EDITORIAL BOARD

PRESIDENT

Peter M. Sidell, M.D.

PRESIDENT-ELECT

Ronald D. Castellanos, M.D.

SECRETARY

Michael S. Heller, M.D.

TREASURER

John E. Thorn, M.D.

MEMBERS-AT-LARGE

Marvin S. Porter, M.D.

G. Allen Ball, M.D.

PAST PRESIDENT

Stephen R. Zellner, M.D.

ADMINISTRATIVE SECRETARY

Ann Wilke - 936-1645

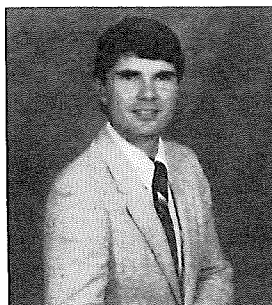
The Editor welcomes contributions
from the members. Opinions expressed in
the Bulletin are those of the individual
authors and do not necessarily reflect
policies of the Society.PRINTERS INK
of Southwest Florida, Inc.

- Nurses
- Nurse Assistants
- Live-in Companions
- Insurance Claims Processed
- 24-Hour Care Available
- Medicare Licensed

UPJOHN
HEALTHCARE
SERVICES™Call day or night
997-2407
Medicare Number
995-2859DOCTORS
ARE YOU AWARE?DATA
DocThere is a company in Ft. Myers who will
not only lease you computer space but
also do your patient and insurance bill-
ing for you?A Security-Minded Computer
Leasing Corporation For
Use In Your Medical Practice

Gene Cox, M.D., President 939-3282

BOTTLEBRUSH PHARMACY

3660 CENTRAL AVE. FT. MYERS, FL 33901
939-7772 939-59558:30 AM TO 6:30 PM MON. - FRI.
8:30 AM TO 1:00 PM SAT.Friendly Service
Drive-up Window
Competitive Prices
Professional Discount
Special Ordering
Patient ProfilesPRESIDENT'S
MESSAGE

Peter M. Sidell, M.D.

FREEDOM ISN'T FREE

Personal freedom is perhaps one of the greatest assets of medicine as a career. Certain major social forces are now acting to reduce that freedom. A great deal of pressure is being brought to bear in an effort to alter the organization of medical practice so as to reduce the cost of treating the sick. Another restriction comes from the judicial system's use of the tort law to shift responsibility for disability to liability insurance carriers.

The tremendous efforts being directed towards cost containment are of course laudable. But in the final analysis any substantial cost containment will require restriction in the type and availability of care. The right and opportunity for physicians to deliver care in the manner they desire may become severely limited. There just is not enough waste in the system as it stands today to allow medical care to consume a progressively smaller fraction of the gross national product.

The professional liability crisis is to a large extent due to an acceptance by society of the concept that if someone becomes disabled, someone else should provide for them. It increasingly seems that liability is based not so much on negligence as it is on the ability to provide financial aid. The system seems to say if you have money and are associated with someone that becomes disabled, then you should pay for the disability. The burden imposed by the conversion of the physician patient relationship to an adversary relationship has a major negative impact on the freedom of a medical practice.

There are probably no simple solutions for either problem. Alternative health delivery systems will not solve the cost problem, and legislative gimmicks such as arbitration panels or abolition of contingency fees are at best only holding actions. The solution to both problems will require a change in the

Counter-Malpractice
Law Suit

The Lee County Medical Society office recently received a letter from Dr. William E. Wallace with respect to the status of his counter-malpractice suit that was filed in the Spring of 1979.

The case apparently went to trial January 4, 1982, and after some arguments the defendant attorney asked for a "Directed Verdict" and after overnight review by the court, the judge granted the defendant's plea for a Directed Verdict, no negligence or no liability. Apparently, precedent case law establishes that if a cause of action is present then the Appellate Court has the right to dismiss an action in a counter-malpractice suit. Apparently, by law, before a lawyer can file a malpractice suit against a doctor, he must have "Cause of Action" preceded by "reasonable investigation." It was the opinion of Dr. Wallace and Mr. Rubin, his attorney, that the key phrase there is "reasonable investigation." Mr. Rubin and Dr. Wallace suggest that there are cases in which clearly there is no reasonable investigation, i.e., cases in which numerous physicians are named in the suit without care being taken to be sure that they were actually involved in any way in the care of the case under consideration.

Dr. Wallace notes his fees almost \$32,000 in pursuing this kind of malpractice suit. Most of that money was contributed to the cause by colleagues throughout the State of Florida. He further suggested that the future responsibility for financing such suits should lie with the Florida Medical Association and PIMCO. He suggests this matter should be raised through Mr. John Thrasher, who is the attorney for the Florida Medical Association.

This has been a real rough summary of a letter sent by Dr. Wallace. Anyone who desires may read the entire letter at the Medical Society Office.

way people think about medicine, and the manner in which society deals with the disabled.

Physicians are a small minority and can only hope to impact on public attitudes if a tremendous effort is expended. It will be up to us to prove we are best able to control and allocate the health resources that have been made available by the new technology. While we can't always hope to be believed a sincere effort must be made to educate the public.

The public must also be educated to the fact that the tort system is an expensive way to provide for the disabled.

The price of continued freedom in medicine may indeed be eternal vigilance.

Judicial Council
Report 1982

During the past year the Council rendered or adopted the following opinions:

Opinion 82/1: It is the opinion of the Judicial Council that every physician is ethically bound to assist a colleague who is perceived to be impaired. (See Principles of Medical Ethics Number II -- "A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.") It is further the opinion of the Judicial Council that there are a variety of mechanisms available to appropriately meet the various situations of impairment, including, but not limited to the Florida Medical Foundation program for Impaired Physicians.

Opinion 82/2: It is the opinion of the Judicial Council that it is not in the best interest of the public or the profession to charge interest on an unpaid bill, or charge a penalty on fees for professional services not paid within a prescribed period of time. (See Opinions and Reports of the Judicial Council of the American Medical Association, 1981, Number 607).

Opinion 82/3: It is the opinion of the Judicial Council that a physician may ethically charge a service charge for rebilling an unpaid account, provided that the physician has closely scrutinized the time frame for such rebilling as to its reasonableness and that the charge for such rebilling reflects, as closely as possible, the actual expense. (See Opinions and Reports of the Judicial Council of the American Medical Association, 1981, Number 607).

Opinion 82/4: It is the opinion of the Judicial Council that it is not ethical for a physician to require a patient to sign a contract or agreement that provides that the patient shall pay legal fees and court costs should legal action be required to collect a past due account of the patient.

Opinion 82/5: It is the opinion of the Judicial Council that the medical record is a confidential document involving the physician/patient relationship and should not be communicated to a third party without the patient's prior consent, unless it is allowed by law or is necessary to protect the welfare of the individual or the community.

The Fort Myers Historical Museum is seeking memorabilia either on loan or as a gift to complete the medical section. If you can help out call Dr. Sidell. We also need to fill in some data on the Medical Society history and would appreciate any help with this project.

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

THE SOUTHWEST FLORIDA HEART INSTITUTE AT FORT MYERS COMMUNITY HOSPITAL

It is with great pleasure that Fort Myers Community Hospital announces the establishment of the Southwest Florida Heart Institute at this facility.

As I am certain you are aware, Fort Myers Community Hospital has been the regional center for open heart surgery for many years. The extent to which this particular specialty has evolved, now permits us to establish a heart institute. The extremely high calibre of professionals involved in the diagnosis and treatment of heart disease at Fort Myers Community Hospital has afforded us the opportunity to create the Southwest Florida Heart Institute.

In our continuing effort to offer the highest level of health care available to the community of Southwest Florida, we hope this new addition will be a great benefit to all who require this type of health care. It is, of course, critical that our community is aware of the quality and availability of this service in Southwest Florida.

If you would like more information on the Southwest Florida Heart Institute at Fort Myers Community Hospital, please let me know.

Fort Myers Community Hospital
Diane Barnes,
Community Relations Director

NEW DICTATION SYSTEM INSTALLED AT LMH

The tapes are turning, and Lee Memorial's recently acquired computerized dictation system by Dictaphone has added a new dimension to physician reporting.

You'll find increased convenience, versatility, clarity and reliability with the system, which became operational when the Medical Transcription Department relocated to the hospital's new Medical Office Building.

Now the same handset can be used for all dictations; surgical reports can be dictated from locations outside the Operating Room; and if a report that is being dictated is needed stat, a transcriptionist can be reached via the handset and the work will be transcribed immediately.

Maybe you dictated a consult an hour ago, it hasn't been transcribed yet, and a situation suddenly arises and the information is needed stat. Thanks to the system's "Mastermind" video and printer, if you

entered your three-digit physician identification code and the one-digit document code, the dictation can be located on the recorder in minutes and transcribed without delay.

Has a history and physical you dictated been transcribed yet? If you entered your I.D. code and the document code, it takes only a few minutes for a transcriptionist to check the status of a report to determine if it's still in the recorder, being transcribed or finished.

Anywhere you are, anytime you want to, you can dictate via the two outside lines. However, outside recording capabilities are tremendously increased with a true touch-tone telephone. You can stop, reverse, correct and listen to the tape, as well as talk with a transcriptionist, all by pushing the appropriate buttons.

Also, with the new system, sound quality is enhanced and interference is nil.

Lee Memorial's Medical Transcription Department is proud of the quality and speed of service it provides and invites you to visit its new quarters and take a look at this exciting new equipment.

Lee Memorial Hospital
Linda Moorey,
Publications Coordinator

NEW MEMBER



JACOB H. GOLDBERGER, M.D.

Dr. Goldberger was born in Czechoslovakia. He attended the University of Indiana, Indianapolis, Ind. He completed his internship and residencies at Rhode Island Hospital, Providence, Rh. I. Completed a fellowship in Surgery-Biology at Brown University.

He will be associated with Dr. H.Q. Jones, Jr. and Dr. D. Bernstein at 3707 Broadway.

Dr. Francis L. Howington has been appointed by the FMA President Robert Windom, M.D. to serve another year on the FMA Legislative Committee. Dr. Howington will be glad to assist anyone interested in legislative information or to answer any questions.



MEDICARE EQUIPMENT

OF SOUTHWEST FLORIDA, INC.

1853 Commercial Drive • Fort Myers, Florida 33901

Phone 936-2717

All Authorized Medicare Convalescent Equipment
We Bill Medicare Direct!

Merrill Lynch Pierce Fenner & Smith Inc.

Merrill Lynch
Pierce Fenner & Smith Inc.

William J. Webb
Assistant Vice President

2202 McGregor Blvd.
Fort Myers, FL 33901

813 334-6828
Punta Gorda 639-1022



Jet South Inc.

FLORIDA'S FIRST ADVANCED LIFE SUPPORT
AIR AMBULANCE SERVICE

Cardiac Monitor & Recorder • Defibrillator
Two Respirators • Medical Oxygen
Hospital Telemetry Transmission Capability
Paramedic or Registered Nurses • All Flights
Air to Ground Telephone Link Anywhere USA

Based — Danley Drive, Page Field

936-7880

24-HOUR Phone • Call Collect



For further information call
Robert M. Tindale, M.D.

The Pines of Ft. Myers
1896 Park Meadow Dr.
Ft. Myers, FL 33907
(813) 939-5421

Luxurious Retirement
Living at an Affordable
Price

DEFERRED COMPENSATION PLANS INCOME TAX PLANNING & RETURN PREPARATION ESTATE TAX PLANNING

PROBE, BATSON & Co., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

1456 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33907

FORT MYERS
(813) 462-5522

OFFICE FURNITURE Ex Design Center

CORDIALLY INVITES YOU TO VISIT OUR NEW CONVENIENT
LOCATION. SPECIALIZING IN QUALITY OFFICE FURNITURE AND
PROFESSIONAL INTERIOR DESIGN.

2323 CLEVELAND AVE.,

FORT MYERS, FLORIDA 33901

(813) 337-1212

Sports Medicine Committee

The Sports Medicine Committee is pleased to announce that the Lee County Board of Public Instruction has organized a Sports Medicine Advisory Committee to meet periodically and discuss possible ways of improving the care and treatment of athletes in the Lee County School system. It is anticipated that this committee will serve the community in the same way that the School Health Advisory Committee has functioned for several years. The details of this and our recommendations to the school administration are outlined in the committee minutes.

The development of this committee began in 1978 when the School Health Advisory Committee began looking into this avenue of school health. In 1979 the FMA sent a memorandum to all county Medical Societies strongly suggesting that we involve ourselves and to use influence in this area. To that end the Sports Medicine Committee recommended that an advisory committee be formed and that we would help in its development. Although many of our suggestions are unattainable at present, we feel that an important step has been taken.

A major object of the FMA was that we concern ourselves about who is performing the preparticipation physical exams throughout the state. Therefore, the Sports Medicine Committee has agreed to work with the Athletic Department of the school system to organize a preparticipation history and screening exam for all athletes. The Lee County Medical Society helped with this function for many years in

the past, but in recent years it has been haphazardly done. On August 14, 1982 the first multidisciplinary exam has been planned. The location will be in the auditorium at Lee Memorial Hospital. Lee Memorial is also donating its laboratory facilities. It is hoped that the membership of the Society will help in this undertaking which should be well publicized and give physicians a good press.

The school administration has been very receptive of all our suggestions. It is hoped that we can work with them for the betterment of our community and its health.

If you will give a few minutes of your time and help your Medical Society in this project, please have your secretary call Sheila at 936-5669 and we will later contact you concerning the details. If you cannot participate this summer but will do so in the future, please call so that a roster of physicians may be started.

Robert E. Arnall, M.D.

Physician's Assistants Rules Adopted

The Board of Medical Examiners has adopted rules that pertain specifically to Physician's Assistants. These rules establish a Physician's Assistant advisory committee, define the responsibilities of the supervising physician for Physician's Assistants, define direct and indirect supervision, set the continuing education requirements for Physician's Assistants and set a limitation on the number of Physician's Assistants that can be certified to a physician.

Following is the full text of these rules:

The Chairman of the Board of Medical Examiners shall appoint a physician's

assistant advisory committee which shall be composed of not less than two (2) members of the Board. In addition the committee shall consist of expert staff retained by the Board. Said staff shall be individuals who have knowledge and experience with physician's assistants and be comprised of not less than one (1) representative from the Florida Academy of Physician's Assistants and one (1) representative from each approved Physician's Assistant Training Program in the State of Florida, if possible. The Physician's Assistant Advisory Committee shall examine and review all physician/physician's assistants' applications prior to their submission to the Board, and make recommendations to the Board with respect to the applications. Additionally, the Committee shall review the annual questionnaires submitted by all physician's assistants in compliance with Board rules.

Responsibilities of Supervising Physician.

The physician to whom the Physician Assistant is certified shall be ultimately responsible for the supervision of his Physician's Assistant whenever the Physician's Assistant functions. Whenever the certifying physician is completely unavailable, it is the certifying physician's responsibility to ensure proper supervision of his Physician's Assistant. If no proper supervision is available, the Physician's Assistant cannot and shall not function. The Board of Medical Examiners does not recognize or bestow any level of competency upon the Physician's Assistant to carry out specific tasks. Such recognition and endowment of skill to carry out specific tasks is the responsibility of the supervising physician.

Direct Supervision.

The physical presence of the supervising physician on the premises so that the supervision physician is immediately available to the physician's assistant when needed.

Indirect Supervision.

The supervising physician must be easily available to the physician's assistant and must have a pre-arranged plan of activity or treatment for specific patient problem, which the physician's assistant may carry out in the absence of any complicating features. Tasks or procedures which have a reasonable potential for resulting in morbidity or mortality shall not be delegated except under direct supervision.

Continuing Education.

All certified physician's assistants shall

obtain 100 hours of continuing medical education biennially that meets the standards of and is approved by the National Commission on Certification of Physician's Assistants (NCCPA), or the Florida Academy of Physician's Assistants.

Number of Physician's Assistants

Not more than two Physician's Assistants shall be certified to any one physician due to the difficulty in ensuring responsible supervision.

NEW MEMBER



DAVID M. BERNSTEIN, M.D.

Dr. Bernstein was born in Montreal, Canada. He attended the University of Montpellier, France for his medical degree. He completed his internship and residencies at St. John's, Newfoundland, Canada, Montreal General Hospital, Jackson Memorial, Miami, Fla. He is a Fellow of the Royal College of Physicians and Surgeons of Canada.

He will be associated with Dr. H. Q. Jones, Jr. and Dr. J. Goldberger at 3707 Broadway.

"AWARDS"

(Continued from Page 1)

short on time, we are long on talent. Continued contribution and awareness on behalf of the physicians of Lee County will only improve the quality of our bulletin and make other physicians around the State of Florida aware of us as participants in Florida medicine.

SOCIETY
OFFICE
CLOSED
FOR
VACATION
AUGUST 2 -
AUGUST 16

LEE COUNTY MEDICAL SOCIETY
P.O. Box 1704
Fort Myers, Florida 33902



LEE COUNTY MEDICAL SOCIETY BULLETIN



The Voice of Lee County Medicine

VOL. 4, NO. 5

Fort Myers, Florida

SEPTEMBER, 1982

Francis L. Howington, M.D. - Editor

ATHLETIC SCREENING PROGRAM

On Saturday, August 14 at Lee Memorial Hospital, Medical Society physicians and auxiliary members, school nurses and hospital personnel combined their time and talents to provide free sports physicals for over 550 students.

The young men and women athletes from the area's five public high schools submitted brief medical

histories to the Auxiliary members before undergoing the screening. The physical included vision and blood pressure checks performed by the school nurses, orthopedic and general medical exams performed by the physicians, and urinalyses and hematocrits provided by LMH Lab personnel.

Each school was assigned a time slot and teams were accompanied by their coaches. Among the many types of athletes represented were football players, volleyball players, runners, swimmers and cheerleaders.

The purpose of the screening was to check the students for any health problems that might restrict athletic participation.

We wish to thank the following participants in the Athletic Screening Program:

Lee County School Board and School Nurses - Mollie Robinson, Dixie Slack, Kay Shera, Jan Posch, Mary Waldron, Sharon Ondrejka, Rose Williams, Shirley Meade, Bonnie Mon, Lynn Hanson, Margrit Skoefield.

Lee Memorial Hospital: Dr's Clinic & Emergency Dept.: Keith Knight Manager. Security: Sgt. Walt Smith, Officers: Tom Johnson, Ellis Epling, Peg Hoffman, Jerry Stelzer. Laboratory: Eleanor Logue, Marilyn Kissinger, Sharon Weatherhead. Public Relations: Sandy Watson, Linda Moorey.

LCMS Auxiliary: Sam Arnall, Nina Barry, Jane Lane, Bonnie Mon, Connie Howington.

Physicians: Spearheading the project: Drs. Robert Arnall, F. L. Howington, Ed Guttery and John Kagan.

Physician Participation: Drs. Wade Garner, Jack Warnock, Harold Westervelt, Larry Eisenfeld, Stephen Zellner, Michael Lowrey, H.P. Dansby, Manuel Mon, Edward Salko, Carey Barry, Williams Evans, Stuart Levy, Bipin Shah, Warren Hagan, Stuart Harrison, James Oram and James Taylor, D.O.

Special thanks to Gwen Arpasi, R.N. and Jennifer Bruce.

Mrs. Francis (Connie) Howington, President, LCMS Auxiliary

Robert E. Arnall, M.D.
Chairman, LCMS Sports Medicine Committee.

SOCIETY OFFICE MOVED

THE MEDICAL SOCIETY
OFFICE HAS MOVED TO:

3805 Fowler Street, Suite 1
P.O. Box 1704
Fort Myers, Florida
Telephone: 936-1645

We are north of Steego Auto Parts and across from Bill Branch Chevrolet.

The Society Office Conference Room is available for use by physicians for conferences, meetings, depositions, etc.. Please schedule your meeting with the office.

NEW DOCTOR'S PARTY

To Welcome New Members
and Spouses

**THE LEE COUNTY
MEDICAL SOCIETY
& AUXILIARY**

Cordially invite you
to Dessert

**Sunday, October 3, 1982
6:30 to 8:30 p.m.**

Royal Palm Yacht Club

R.S.V.P. by Sept. 30
Cindy Castellanos 936-5594
Becky Bess 334-0611
Marcia Gates 997-5744

AUXILIARY NEWS

AMA-ERF (American Medical Association Education Research Foundation) is the only philanthropic fund-raising endeavor of the AMA-Auxiliary. Your tax deductible gift is put to good use -- for student financial aid, research, faculty and student recruitment, purchase of research equipment, library acquisitions, course and program development, for the loan guarantee program, for the unrestricted fund to support specific projects.

The Auxiliary will sell Christmas cards, stationery, note paper, memo pads, postcards, T-shirts with specific specialty logo imprinted on them. In addition you may want to make a specific contribution for services rendered, congratulations, in-memoriam and thank you. A card with your name will be sent to the recipient.

All your contributions will be tax deductible. Your support is needed and would be most welcome.

Terry Carver
AMA-ERF Chairman

C M E

December 2-5, 1982, Florida OB/GYN Society Annual Meeting, South Seas Plantation, Sanibel Island, Fla. 8 Credit Hours. For more information write - P.O. Box 6339, Ft. Myers, 33901, F. Lee Howington, M.D.

REGISTER TO VOTE

At the September meeting, Mrs. Joan Pascotto will be present to register you to vote in the coming election. Please have some identification.

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

SEPTEMBER 20, 1982

MEET THE
CANDIDATES
FOR THE
1982
ELECTIONS

"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.

Lee County Medical Society Legislative & Candidate Review Committee met with the local candidates for the upcoming election over the past several weeks. Information regarding the Committee's findings will be circulated to you in the near future for your information. Many of the individuals interviewed will be at our next Society Meeting, September 20, 1982. To be better informed, please make a special effort to attend.

LEE COUNTY
MEDICAL SOCIETY
BULLETIN

3805 Fowler Street
Fort Myers, Florida 33901
Phone (813) 936-1645

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

CO-EDITORS

Michael E. Steier, M.D.
Francis L. Howington, M.D.

EDITORIAL BOARD
PRESIDENT

Peter M. Sidell, M.D.
PRESIDENT-ELECT
Ronald D. Castellanos, M.D.
SECRETARY

Michael S. Heller, M.D.
TREASURER

John E. Thorn, M.D.
MEMBERS-AT-LARGE
Marvin S. Porter, M.D.
G. Allen Ball, M.D.

PAST PRESIDENT
Stephen R. Zellner, 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.

PRINTERS INK
of Southwest Florida, Inc.

- Nurses
- Nurse Assistants
- Live-in Companions
- Insurance Claims Processed
- 24-Hour Care Available
- Medicare Licensed



UPJOHN
HEALTHCARE
SERVICES™

Call day or night
997-2407

Medicare Number
995-2859

DOCTORS
ARE YOU AWARE?

**DATA
DOC**

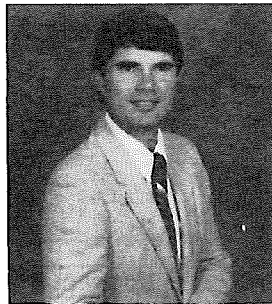
There is a company in Ft. Myers who will
not only lease you computer space but
also do your patient and insurance bill-
ing for you?

A Security-Minded Computer
Leasing Corporation For
Use In Your Medical Practice

Gene Cox, M.D., President 939-3282

BOTTLEBRUSH PHARMACY
3660 CENTRAL AVE. FT. MYERS, FL 33901
939-7772 939-5955

8:30 AM TO 6:30 PM MON. - FRI.
8:30 AM TO 1:00 PM SAT.
Friendly Service
Drive-up Window
Competitive Prices
Professional Discount
Special Ordering
Patient Profiles

PRESIDENT'S
MESSAGE

Peter M. Sidell, M.D.

Personal acquaintance with one of the political candidates this year made me aware of the need to do more than read political literature to understand a political campaign. Because the informed opinion of our area's physicians is potentially important to the political process, the Medical Society will be surrendering time to the political candidates on our next meeting night to give members a chance to meet them.

Of course, since the meeting will be after the primary, we can't be sure who will be there - however, the local candidates for state and national office have been invited.

Some of the members of the Medical Society and Flampac took time this summer to establish a committee that met with and interviewed the candidates. The plan is to share the experience with our colleagues to further improve their level of information.

Of course, objectivity and politics are nearly contradictory terms so that there will naturally be differences of opinion both among members of the committee and members of the Society. The important thing is to assess a political contest, and to participate at least to the extent of voting. I was recently told of an exiled Cuban Physician who admitted that while he lived in Cuba, he left politics to others. He now says he will never do that again - "that he doesn't want to lose another country."

**COPY
DEADLINE
20TH
OF MONTH**

COMMUNICABLE
DISEASES

(The following article will be included in the Bulletin periodically in order to disseminate vital statistics referable to communicable diseases, as a joint effort by the Lee County Health Department & Lee County Medical Society. Ed. F. L. Howington, M.D.)

Reported to the Lee County Health Department as of June 30, 1982:

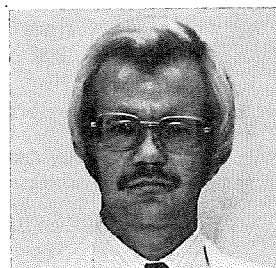
1. Meningitis
Meningococcal - 1
H. Influenza - 6
Pneumococcal - 2
Other Bacterial - 5
Aseptic (Viral) - 12
2. Hepatitis A - 6
3. Hepatitis B - 12
4. Unspecified - 12
5. Salmonellosis - 23
6. Shigellosis - 1
7. Tuberculosis (incl. reactivations) - 12
8. Gonorrhea - 540
9. Syphilis (primary & secondary) - 59
10. Animal Rabies - 2 (raccoon)

In order to keep the medical community better informed as to the communicable illnesses in our area, please report as promptly as possible suspected or confirmed reportable illnesses, which include pesticide poisoning, communicable diseases and chemical spills, to the Lee County Health Department.

Adrian Pollock, M.D.
Assistant Medical Director
Communicable Disease/
EPI Specialist
332-9596

NEW MEMBER
APPLICANTSAPPLICATION FOR
MEMBERSHIP

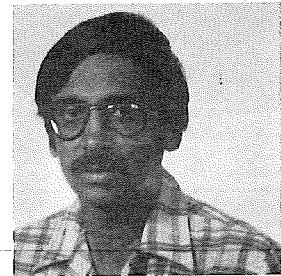
Active members are requested to express to the Membership Committee any information or opinions they may have concerning the eligibility of the applicants.



THOMAS B. POULTON, M.D.

Dr. Poulton was born in Fort Myers. He attended the University of Miami and completed his internship and residency at St. Thomas Hospital, Akron, Ohio.

He will be joining the Beach Medical Clinic with Dr. Michael Millward in Family Practice. He and his wife, Jo Ann will reside in Fort Myers.



KALKUNTE R. SURESH, M.D.

Dr. Suresh was born in Bangalore, India. He graduated from Bangalore Medical College. Completed his internship and residency at Upstate Medical Center, Syracuse, N.Y.

He will be joining the practice of Dr. John Pletinck in General Surgery.

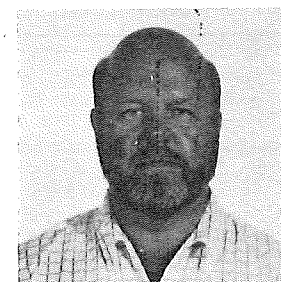
He and his wife, Jaishree and children will reside at 5578 Amoroso Dr., Ft. Myers.



DANIEL E. DOSORETZ, M.D.

Dr. Dosoretz was born in Buenos Aires, Argentina. He completed his Medical School at the University of Buenos Aires. He did his internship at Suburban Hospital, Bethesda, Md. and his residency at Mass. General Hospital, Boston.

He will join the practice of Kyle, Kyle, Sheridan & Thorn in Therapeutic Radiology in October.



AUSTIN A. AARDEMA, M.D.

(Continued on page 4)

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

**LEE MEMORIAL'S
CANCER PROGRAM**

Created and developed from an awareness of the special needs of cancer patients and their families, Lee Memorial Hospital's Cancer Program was inaugurated several years ago with the opening of the specialized Oncology/Hematology (O/H) Unit.

The unit continues its phenomenal success and is currently underdoing additional expansion, almost doubling its size to 37 inpatient beds and two outpatient treatment rooms. Members of the highly skilled O/H nursing staff are among a select group in the area who have accepted the challenge and undergone intensive training to become certified to administer chemotherapy. They also have extensive medical/surgical experience and the keen ability to provide the emotional and psychological support essential for the cancer patient and the patient's family.

Frequently cancer outpatients are former and/or future O/H inpatients. Therefore, due to the special relationship and trust that develops between the cancer patient and the O/H staff, the cancer outpatient is treated directly on the unit rather than in the general outpatient area.

Lee Memorial actively participates in the State of Florida Tumor Registry. An accurate accounting of the number and types of cancers being treated at the hospital is supplied by the tumor registrar. All malignancies, including the anatomical site and type of tumor, and the patient's general condition are reported to the Florida Cancer Data System at the University of Miami Medical School. Data is also compiled for internal studies conducted by physicians and nurses. Currently the registrar is compiling statistics on breast cancer and cord compressions. The Tumor Registry enables lifetime follow-up of cancer patients, and physicians are contacted annually for status reports on these individuals.

From hospitalization to discharge planning, the needs of the cancer patient are diverse. Lee Memorial's multidisciplinary Cancer Committee was formed to help meet these needs, to plan and to assess cancer activities in the hospital and to provide cancer education and information. Members share ideas and offer perspective in all areas of a patient's care.

Physicians on the Cancer Committee represent the specialties of internal medicine, surgery,

gynecology pathology, pediatrics, therapeutic and diagnostic radiology, family practice and of course, oncology/hematology. Other members include unit nursing personnel, the tumor registrar and representatives from administration, Patient and Family Services (social services) and Pharmacy.

The committee oversees all cancer care at Lee Memorial; it is concerned with prevention, early diagnosis, pretreatment evaluations, staging, optimal treatment, rehabilitation, surveillance and care, including the support system for the dying patient. A standing committee of the Medical Staff, the Cancer Committee will periodically form subcommittees.

Education is another vital ingredient in Lee Memorial's Cancer Program. Dr. Ellen Sayet of the Cancer Committee has collaborated with Stanley Freeman, Pharm. D., director of the hospital Pharmacy, in writing a nationally recognized, award-winning booklet on "Cancer Therapy and the Pharmacist." Sponsored by the American Cancer Society, the publication serves as resource material for pharmacists involved with drug therapy and has proven to be a valuable educational tool for physicians as well.

O/H nurses utilize resource personnel at M.D. Anderson in administering treatment protocols, and they study new concepts in cancer care at both Anderson and another world renown cancer research facility, Sloan Kettering. The staff is currently being trained to teach outpatients how to maintain their subclavian catheters. Educational inservices are provided at the hospital and community education programs are being expanded.

Lee Memorial's Tumor Board is a recent addition to the Cancer Program and its purpose is strictly educational. The pathologist selects a case of note and the attending physician is invited to present it to the board and other interested professionals for review and study.

The hospital is a member of the

(Continued on Page 4)

939-3508
FORT MYERS



SERVING MEDICAL GROUP PRACTICE
EXCLUSIVELY SINCE 1958

LIFE INSURANCE • MAJOR MEDICAL
LONG TERM DISABILITY
PROFESSIONAL FUNDING CORP.
EXCLUSIVE AGENTS
JOHN M. DUSEK, PRESIDENT

**MEDICARE
EQUIPMENT**

OF SOUTHWEST FLORIDA, INC.

1853 Commercial Drive • Fort Myers, Florida 33901

Phone 936-2717

All Authorized Medicare Convalescent Equipment
We Bill Medicare Direct!**Merrill Lynch Pierce Fenner & Smith Inc.**Merrill Lynch
Pierce Fenner & Smith Inc.Stowe T. Gardner
Vice President2202 McGregor Blvd.
Fort Myers, FL 33901813 334-6828
Punta Gorda 639-1022**Jet South**
Inc.FLORIDA'S FIRST ADVANCED LIFE SUPPORT
AIR AMBULANCE SERVICECardiac Monitor & Recorder • Defibrillator
Two Respirators • Medical Oxygen
Hospital Telemetry Transmission Capability
Paramedic or Registered Nurses • All Flights
Air to Ground Telephone Link Anywhere USA

Based — Danley Drive, Page Field

936-7880

24-HOUR Phone • Call Collect

For further information call
Robert M. Tindale, M.D.Luxurious Retirement
Living at an Affordable
PriceThe Pines of Ft. Myers
1896 Park Meadow Dr.
Ft. Myers, FL 33907
(813) 939-5421**DEFERRED COMPENSATION PLANS
INCOME TAX PLANNING & RETURN PREPARATION
ESTATE TAX PLANNING****PROBE, BATSON & Co., P.A.**
CERTIFIED PUBLIC ACCOUNTANTS1456 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33907FORT MYERS
(813) 462-5522**OFFICE
FURNITURE**
*Ex Design Center*CORDIALLY INVITES YOU TO VISIT OUR NEW CONVENIENT
LOCATION. SPECIALIZING IN QUALITY OFFICE FURNITURE AND
PROFESSIONAL INTERIOR DESIGN.

2323 CLEVELAND AVE.,

FORT MYERS, FLORIDA 33901

(813) 337-1212

WHAT'S NEW

(Continued from page 3)

Cancer Care network of Florida, which is involved with cancer treatment, control and research on a statewide basis. Lee Memorial has also applied for membership in the Association of community Cancer Centers, which provides the medium for discussing innovative approaches to practical cancer management problems and issues. The hospital is awaiting a formal survey by the Commission on Cancer of the American College of Surgeons for official certification of the LMH Cancer Program.

Seminar Schedules

Lee Memorial Hospital and Bristol Laboratories are co-sponsoring a seminar on ovarian and urological malignancies, to be held at the hospital, Friday, September 24, 4-6p.m., in rooms S-246 and 247.

Dr. Mark Soloway, professor of urology at the University of Tennessee, will speak on the "Treatment of Bladder Cancer," and Dr. Dennis Cavanagh, chief of gynecologic oncology at the University of South Florida, will speak on "Current Approaches to Ovarian Cancer."

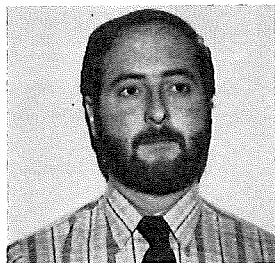
Linda Moorey
Publications Coordinator

NEW MEMBERS

(Continued from page 2)

Dr. Aardema was born in Muskegon, Michigan. He attended Wayne State University and received his MD in 1963. He completed his internship at Hackley Hospital, Mich. He has been in private practice in Muskegon since 1964. He will be joining the practice of Dr.'s Purvis & O'Brian in September.

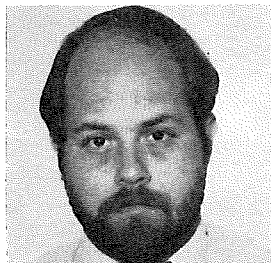
He and his wife, Adele and children will reside at 1311 San Mateo Dr., Fort Myers.



LEE MICHAEL KATIMS, M.D.

Dr. Katims was born in St. Louis, Mo.. He attended the Washington University in St. Louis. He received his medical degree from the University of Miami in 1978. Completed his internship at Mt. Sinai Medical Center, Miami and his residency at Brigham & Women's Hospital in Boston, Mass.

He will join the practice of Smith, Hendra & Gerson in the practice of Radiology in July. He and his wife, Diane will reside at 1430-3 Park Shore Circle, Fort Myers.

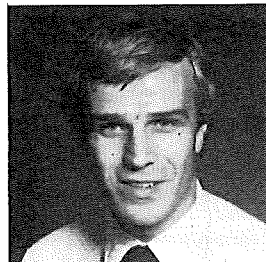


JAMES W. PENUEL, JR., M.D.

Dr. Penuel was born in Tampa, Fla. He attended Eckerd College and the University of Miami. Completed his internship and residency at Ochsner Clinic, New Orleans, La. 1980-82 he did a fellowship in Gastroenterology.

He will join Dr. Mufidi in his practice of

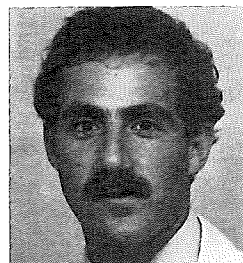
Internal Medicine/Gastroenterology. He and his wife, Debra, will reside at 1414-4 Park Shore Circle, Fort Myers.



ROGER W. SHAVER, M.D.

Dr. Shaver was born in Winnipeg, Manitoba, Canada. He attended the University of Minnesota and received his M.D. from the University in 1978. His internship and residency was done at Shands Teaching Hospital, University of Fla.

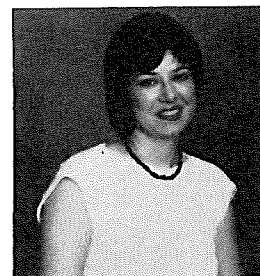
He will be joining the practice of Radiology & Radiation Therapy Regional Center.



STEVEN E. LEVINE, M.D.

Dr. Levine was born in New Brunswick, N.J.. He attended the Indiana University where he received his medical degree. He completed his residency and fellowship at Duke University Medical Center.

He will join the practice of Pathology Associates Laboratory in July.



KATHLEEN R. BATES, M.D.

Dr. Bates was born in Pittsburgh, Pa., She attended the University of Miami for her Medical Degree. Her internship and residency was completed at the University of Miami Affiliate Hospitals & Clinics.

She will be joining the Practice of Rosier & Associates in Pathology at Lee Memorial Hospital in July.

CLASSIFIED ADS

OFFICE SPACE FOR RENT, CENTRALLY LOCATED BETWEEN FT. MYERS COMMUNITY HOSPITAL AND LEE MEMORIAL HOSPITAL. CALL 936-4107.

FOR SALE - Thriving OPHTHALMOLOGY satellite practice in Glades. Easy access from either East or West Coast of Florida. Good surgical volume and good office income. Visits scheduled at your convenience. Call for details: 305-832-6113.

SENIOR FRIENDSHIP CENTER - Those who could receive patient referrals, please contact the Center at 332-3273.

LEE COUNTY MEDICAL SOCIETY
P.O. Box 1704
Fort Myers, Florida 33902

SOCIETY MEETING

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

SEPTEMBER 20, 1982
MEET THE
CANDIDATED
FOR THE
1982 ELECTIONS

"DINNER BY RESERVATIONS ONLY"
PLEASE!!!



LEE COUNTY MEDICAL SOCIETY BULLETIN



The Voice of Lee County Medicine

VOL. 4, NO. 6

Fort Myers, Florida

OCTOBER, 1982

Michael E. Steler, M.D. - Editor

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

OCTOBER 18, 1982

SPEAKER:

James W. Walker, M.D.
President, PIMCO

SUBJECT:

Rapid Changes in Medical
Malpractice Insurance

"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.

APHERESIS

The ancient practice of bloodletting was once believed to purge the body of bad humors and was considered health-restoring. Until the development of a proper anti-coagulant material, there was no way to preserve the fluidity of blood once removed from the patient and if one were healthy, to transfuse that blood into an ailing patient. Medicine and the technology of the 1960's and 1970's, has combined those two aspects into a modern version of bloodletting, known as apheresis.

Apheresis, for the purpose of blood fractionation and collection, can be performed by various methods, mechanically or manually. Credit goes to the Biomedical Systems Group of the IBM Corporation which developed the blood cell separator in the 1960's using a closed centrifuge system combining a mixture of blood and anti-coagulant.



James W. Walker, M.D.
President and
Chief Executive Officer PIMCO

Dr. Walker will be talking to the membership on the rapidly changing malpractice situation in Florida. Each member has received from the FMA a copy of the report and recommendation to the 1983 Legislature entitled "REASON". Please make yourself familiar with this important program as Dr. Walker will discuss the individual proposals and answer your questions concerning malpractice insurance for the future.

An alternative means of examining pheresis, however, is whether it is performed *non-therapeutically* or *therapeutically*. Commonly non-therapeutic pheresis enables the safe and efficient fractionation of whole blood into separate components, plasma, platelets, white blood cells (granulocytes or lymphocytes), or red blood cells. It is a desirable procedure for volunteer donors as they can donate plasma without losing red blood cells. In addition, large amounts of Type AB fresh frozen plasma, which is a universal donor plasma can be made available to community blood centers such as the Edison Regional Blood Center which supply numerous health facilities. Potential donors are excluded with low white blood cell, red blood cell or platelet counts, and reactions encountered from the pheresis procedure are attributed to

★ Season's Greetings

★ Merry Christmas

★ Happy Holidays

It's that time of year and we are looking forward to this wonderful season. Again, this year, your medical auxiliary will have THE CHRISTMAS SHARING CARD. Your contribution to the AMA-ERF fund will add your name to this card which will be sent to all physicians in Lee County. The suggested donation this year is THIRTY-FIVE

DOLLARS. However, any amount will be greatly appreciated. Your contribution is tax deductible and benefits the medical school of your choice. Our deadline is NOVEMBER 15, 1982.

Make your check payable to AMA-ERF. On your check please designate the medical school of your choice.

Send your checks to:

Mrs. Jack C. Carver
1509 S.E. 43rd Terrace
Cape Coral, Florida 33904

In the past, we have appreciated your support of this charitable project, and we hope you will join us again this year.

Terry Carver
AMA-ERF Chairman

News From The Medical Library . . .

The Medical Library has just ordered 112 new medical books. Some arrived this week including the two-volume CECIL TEXTBOOK OF MEDICINE (16th edition), THE MERCK MANUAL (14th edition), THE YEAR BOOK OF MEDICINE - 1982, the two-volume DAVIS-CHRISTOPHER TEXTBOOK OF SURGERY (12th edition), CURRENT - 1982, and CURRENT DIAGNOSIS - 6. The new books will be placed on the "New Book Shelf" just to the right of the Card Catalog.

Mary Cloyd
Medical Librarian

fluid accumulation with hydroxyethyl-starch or use of corticosteroids for stimulating white blood cell donors. Citrate toxicity is also another consideration when using large amounts of anticoagulant. Deficiency of coagulation factors, immunoglobulins or other essential proteins can easily be avoided in non-therapeutic procedures.

The automated technique, using IBM's versatile machine (#2997) can also generate single donor cryoprecipitate from plasmapheresis. Granulocyte collection is most

(Continued on page 2)

MEMBERS ADVANCED FROM PROBATIONARY TO ACTIVE STATUS

Keith A. Derco, M.D.
Manuel J. Mon, M.D.
Mike O. Tyler, M.D.
Michael J. Katin, M.D.
Nelson Charles, M.D.
Stephen Liftig, M.D.
William P. Evans, M.D.
Robert E. Eid, M.D.
James T. Oram, M.D.
Michael Rosenberg, M.D.
F. Richard Kirley, M.D.

NEW MEMBERS APPROVED BY THE SOCIETY AT THE SEPTEMBER MEETING

Thomas B. Poulton, M.D.
Steven E. Levine, M.D.
Richard E. Schmidt, M.D.
Kathleen R. Bates, M.D.
Daniel E. Dosoretz, M.D.
James W. Penuel, M.D.
Lee M. Katims, M.D.
David M. Bernstein, M.D.
Austin Aardema, M.D.
Jacob. H. Goldberger, M.D.

LEE COUNTY
MEDICAL SOCIETY
BULLETIN3805 Fowler Street
Fort Myers, Florida 33901
Phone (813) 936-1645The Lee County Medical Society
Bulletin is published monthly with the
June and August editions omitted.

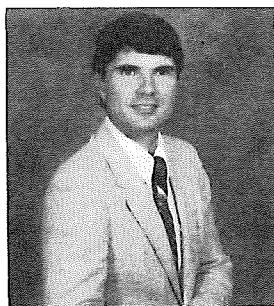
CO-EDITORS

Michael E. Steler, M.D.
Francis L. Howington, M.D.EDITORIAL BOARD
PRESIDENTPeter M. Sidell, M.D.
PRESIDENT-ELECT
Ronald D. Castellanos, M.D.
SECRETARYMichael S. Heller, M.D.
TREASURERJohn E. Thorn, M.D.
MEMBERS-AT-LARGE
Marvin S. Porter, M.D.
G. Allen Ball, M.D.PAST PRESIDENT
Stephen R. Zellner, M.D.
ADMINISTRATIVE SECRETARY
Ann Wilke - 936-1645The 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.PRINTERS INK
of Southwest Florida, Inc.

- Nurses
- Nurse Assistants
- Live-in Companions
- Insurance Claims Processed
- 24-Hour Care Available
- Medicare Licensed

UJOHN
HEALTHCARE
SERVICES™Call day or night
997-2407
Medicare Number
995-2859DOCTORS
ARE YOU AWARE?DATA
OCThere is a company in Ft. Myers who will
not only lease you computer space but
also do your patient and insurance bill-
ing for you?A Security-Minded Computer
Leasing Corporation For
Use In Your Medical Practice
Gene Cox, M.D., President 939-3282

BOTTLEBRUSH PHARMACY

3660 CENTRAL AVE. FT. MYERS, FL 33901
939-7772 939-59558:30 AM TO 6:30 PM MON. - FRI.
8:30 AM TO 1:00 PM SAT.
Friendly Service
Drive-up Window
Competitive Prices
Professional Discount
Special Ordering
Patient ProfilesPRESIDENT'S
MESSAGE

Peter M. Sidell, M.D.

Maintaining proper communication between physicians is more than courtesy during the care of a critically ill patient. Coordinating patient management may make the difference between life and death. It is nice to be notified when your patient has been admitted for elective repair of an inguinal hernia--but it may be essential for the nursing staff to know who is taking responsibility for the patient in gram negative sepsis at three in the morning.

The more complex a patient's problem, and the more physicians involved in a patient's care, the more important it is that all physicians involved in the care of that patient be kept up to date on what is happening to the patient. When new orders are written, or old orders cancelled, all those concerned should be notified.

Notification, is best performed verbally, however, when that doesn't work out, the services of the ward clerk or your office secretary can be utilized. A simple order to have other physicians involved in the care of the patient notified of new orders is far better than leaving their discovery of those orders to chance.

While the growing tendency towards multiple specialty consultation is sometimes criticized, the best evidence is that it improves the quality of care received by the patient. However, a multiplicity of physicians sometimes gives the patient the feeling of being without a doctor. Effective communication between consultants and the directing (primary care) physician make it easier for coherent explanations to be given to the patient.

Patients and their families also have an important role to play in helping to maintain communication. The directing physician should explain to the patient and family which questions, (and also be sure the consultants understand their role vis-a-vis patient communication.) Patients also have a responsibility to learn to use their physician's time wisely, and should

be taught what information may be of use to the attending physician in assessment, and therapy.

Hospitals could help with communication by maintaining an attending and consulting physician list for each patient. When a physician sees a patient in consultation he could request his name be added to the consultant list, and when his contribution is finished he could request being removed from that list. That list could be used to supplement the lists of patients now generated by the hospital for each staff member. One benefit of such an approach would be to help assure that patients were seen by all appropriate physicians especially at night and on weekends when alternate physicians may be making round.

By explicitly defining his responsibility towards a patient it becomes easier to be sure coverage also understands their responsibility towards the patient. That should make it easier for the nurses to know who to call at three in the morning.

As we become a community of increasing medical specialty we owe it to our patients to be sure that we don't neglect the coordination of our efforts.

APHERESIS

(Continued from page 1)

beneficial for management of infected neutropenic patients such as those receiving anti-leukemic therapy. The same applies to single donor platelets which can also be used in bleeding situations unrelated to cancer treatment, such as during or after open heart surgery.

When considering therapeutic pheresis, the same components are harvested but apheresis is used as a treatment modality for the patient. Cytopheresis of platelets is readily applied to the management of the acute phase of thrombocytosis. Similarly, successful management of leukostasis with leukopheresis, in acute and chronic leukemia, has been demonstrated. This can be incorporated with subsequent anti-leukemic therapy. Exchange transfusion for patients with intrinsic red blood cell defects (sickle cell anemia) is also possible.

Use of plasmapheresis or plasma exchange as a technique to change or modify immune, autoimmune and non-immune diseases is rapidly finding a place in current clinical therapeutics. The terms, plasmapheresis and plasma exchange, actually refer to separate procedures. Plasma exchange involves the removal of plasma for a patient with return of plasma or its equivalent to the patient, whereas plasmapheresis refers to the removal of plasma from the patient, in order to avoid hypovolemic changes in the patient.

The terms are often used interchangeably, however. The principle in the plasma exchange allows the removal of large amounts of the patient's plasma in short periods of time and is especially useful in antibody or immune complex diseases. The list of diseases is becoming larger as the immunologic nature of the basis of many illnesses is being uncovered. It currently includes Goodpasture's syndrome, glomerulonephritis, systemic lupus erythematosus, rheumatoid arthritis, myasthenia gravis, Rh hemolytic disease, immune thrombocytopenia purpura, red cell aplasia, cold agglutinin disease and others.

Comprehensive, controlled studies are in progress to determine the benefit of plasma exchange in patients suffering from Guillain-Barre syndrome, multiple sclerosis and pemphigus vulgaris. Published reports with short-term, high frequency lymphoplasmapheresis have been shown to be of temporary benefit in patients with refractory rheumatoid arthritis and has been more effective than lymphapheresis alone. Plasmapheresis is still effective in life threatening complications of rheumatoid arthritis.

The technique for plasma exchange, using the IBM cell separator is also beneficial in non-immune settings where organ damage secondary to hyperviscosity syndrome, a toxin-related constituent of the plasma, or drug poisoning, can be averted. Successful application of plasma exchange has occurred with multiple myeloma, macroglobulinemia, fulminant hepatitis with liver failure, TTP, and various drug overdoses.

The technique for plasma exchange is generally faster than cytopheresis and can be accomplished quite readily on an out-patient basis. Combinations of fresh frozen plasma, albumin and saline are the commonly used replacement fluids. The potential hazards of hepatitis and episodes of urticaria exist with the use of fresh frozen plasma. Plasma exchange, like all pheresis procedures should only be performed by properly trained personnel under the supervision of experienced clinicians. This past June, the IBM 2997 became part of the Fort Myers Community Hospital Multidisciplinary Cancer Program. Close cooperation has been attained at FMCH which engages the efforts of teams of specialized nurses, the Coagulation Laboratory and blood bank personnel of the Edison Regional Blood Center. Additionally, the extensive donor recruitment program of ERBC affords medical and surgical patients at FMCH with selective blood component products

(Continued on Page 4)

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

Cape Coral Hospital Has Lifeline

LIFELINE is a personal emergency response program based in our Emergency Department and monitored by the staff there.

The Auxiliary provided the initial donation of \$10,500 to purchase the Base Station (located in the outpatient area of the ER) along with 10 Home Units. The Board of Trustees, being aware of the need in our community for this kind of service, voted unanimously to match the funds, thereby providing us with a total of 33 units. We plan to have 10 home units installed by the end of the month but, at this point, we are minimizing publicity and marketing efforts until our staff becomes comfortable with the system.

LIFELINE is electronic equipment that calls for help when the subscriber can't. Designed by Andrew Dibner, Ph.D., an Associate Professor of Psychology at Boston University, specializing in gerontology, it is a communications and response system which allows people who might otherwise be in nursing homes, special care centers, or hospitals to live independently. A home unit attached to the subscriber's telephone can automatically dial the hospital 24 hours a day, if help is needed. A small portable help button which is kept with the subscriber at all times can be pushed and will also initiate direct contact with the hospital.

The system is simple. Each day the subscriber is required to push the LIFELINE button once every 24 hours to reset the timer. If the machine isn't reset a coded signal is sent through the telephone directly to our Emergency Department. There staff members respond to the signal by checking an index card file of subscribers and calling the house. If no one answers the call, our personnel then call the first person listed on the card as a "responder". That person may be a friend, neighbor, or relative who has been designated by the subscriber and given a key to the house. When the responder arrives at the home he or she will signal the hospital by resetting the LIFELINE unit. The hospital will then call to see if help is required, and if so, proper steps will be taken. The system does not provide standing orders or medical management or diagnosis and responder management of medical needs depends upon the usual procedures, i.e., phone call to family physician, EMS, etc. In some situations, because of the subscriber's medical condition, emergency medical aid is summoned immediately.

The cost of each home unit is \$450.00. The hospital is offering the unit at the cost of \$5.00 installation fee and \$10.00 per month. This is to insure affordability for those citizens on a fixed income. Although there are similar systems available, most of them are cost prohibitive to those who are most in need. LIFELINE is a non-profit enterprise undertaken strictly as a service.

One of the most widespread fears of

an elderly person living alone is that of sustaining a disabling injury which would prevent them from calling for help. That, coupled with the fear of dying and not being discovered for several days, is a constant source of anxiety.

LIFELINE is a system which allays those anxieties by providing reassurance through the button which is always within reach and the time which, if not reset within the 24 hour period, will initiate the same protocol.

We are pleased to be able to offer this invaluable service.

Mary Deffet,
Community Relations Director

The LMH Team Specializes In Rehabilitation

Lee Memorial's Stroke Team is a caring, concerned, trained group of professionals with expertise in dealing with stroke or brain-injured patients.

Dr. Edward F. Steinmetz, neurologist, directs the multi-discipline team, which is composed of representatives from rehabilitative nursing, physical therapy, occupational therapy, speech pathology, nutrition and diet management, and patient and family services.

The patient's physician requests the team's services as soon as feasible. Before any rehabilitative program is planned, team members work together to evaluate the patient's condition. They then develop a program geared specifically to the patient's needs and continue to combine efforts, meeting weekly to discuss the patient's progress and to make any recommendations concerning rehabilitation. Members of the Stroke Team have specific roles in the rehabilitative process and in accordance with the patient's physician's orders, coordinate individual efforts to provide the best care possible. They are concerned with providing education and emotional support to the patient's family as well as to the patient.

As medical director of the Stroke Team, Dr. Steinmetz attends weekly team meetings and is available to team members for direction and guidance in resolving any questions pertinent to the diagnosis of stroke/brain traumas and to the patient's individual problems.

Joyce Todd, R.N., is the Stroke Team coordinator and rehabilitative nurse. She coordinates the nursing care of the patient with the patient's physician, nursing staff and the Stroke Team

(Continued on Page 4)

939-3508
FORT MYERS



SERVING MEDICAL GROUP PRACTICE
EXCLUSIVELY SINCE 1956

LIFE INSURANCE • MAJOR MEDICAL
LONG TERM DISABILITY
PROFESSIONAL FUNDING CORP.
EXCLUSIVE AGENTS
JOHN M. DUSEK, PRESIDENT



MEDICARE EQUIPMENT

OF SOUTHWEST FLORIDA, INC.

1853 Commercial Drive • Fort Myers, Florida 33901

Phone 936-2717

All Authorized Medicare Convalescent Equipment
We Bill Medicare Direct!

Merrill Lynch Pierce Fenner & Smith Inc.

Merrill Lynch
Pierce Fenner & Smith Inc.

Stowe T. Gardner
Vice President

2202 McGregor Blvd.
Fort Myers, FL 33901

813 334-6828
Punta Gorda 639-1022



Jet South
Inc.

FLORIDA'S FIRST ADVANCED LIFE SUPPORT

AIR AMBULANCE SERVICE

Cardiac Monitor & Recorder • Delibrillator

Two Respirators • Medical Oxygen

Hospital Telemetry Transmission Capability

Paramedic or Registered Nurses • All Flights

Air to Ground Telephone Link Anywhere USA

Based — Danley Drive, Page Field

936-7880

24-HOUR Phone • Call Collect



For further information call
Robert M. Tindale, M.D.

Luxurious Retirement
Living at an Affordable
Price

The Pines of Ft. Myers
1896 Park Meadow Dr.
Ft. Myers, FL 33907
(813) 939-5421

DEFERRED COMPENSATION PLANS INCOME TAX PLANNING & RETURN PREPARATION ESTATE TAX PLANNING

PROBE, BATSON & Co., P.A.

CERTIFIED PUBLIC ACCOUNTANTS

1456 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33907

FORT MYERS
(813) 482-5522

OFFICE FURNITURE Et Design Center

CORDIALLY INVITES YOU TO VISIT OUR NEW CONVENIENT
LOCATION. SPECIALIZING IN QUALITY OFFICE FURNITURE AND
PROFESSIONAL INTERIOR DESIGN.

2323 CLEVELAND AVE.,

FORT MYERS, FLORIDA 33901

(813) 337-1212

WHAT'S NEW*(Continued from page 3)*

members. She develops a written plan of care, based on the patient's needs, to guide the nursing staff; visits the patient regularly to note progress or problems; and suggests changes in the plan of care as necessary.

After evaluating the patient, the physical therapist recommends the treatment of the physical injuries and works with the patient to relieve pain, to improve circulation, to strengthen muscles, to correct deformities and to restore impaired motion. If continuing treatment at home is necessary, the physical therapist develops a home program and provides family instruction when needed.

Since occupational therapy is concerned with maximum self-care independence for the stroke patient, the occupational therapist helps the patient to improve or restore arm/hand functions, self-care skills and/or perceptual motor abilities, which may have been impaired by the stroke. The patient's ability to perform tasks that are required for independent, productive functioning is evaluated and then a treatment program is recommended. The occupational therapist concentrates on arm/hand movement, the coordination of arm/hand muscle groups, eye-hand coordination and endurance.

The speech pathologist evaluates the communication skills of the patient, including listening, speaking, reading, writing and non-verbal communication. The speech pathologist's rehabilitation plan may include helping the patient to understand speech, to write, to read or to improve the movement of the muscles involved with speech and swallowing. If the patient is non-verbal, the speech pathologist will devise a means of communication so that he/she can express basic needs through gestures or through the use of pictures.

Under the direction of the team physician, the dietitian on the Stroke Team assesses the patient's nutritional needs. Family input about the patient's food preferences is encouraged. If the patient's physician orders nutritional counseling, the dietitian will work with

both the patient and the patient's family.

The representatives on the Stroke Team from the Patient and Family Services Department provide emotional support to the patient and his/her family and are responsible for evaluating the patient in order to make appropriate discharge plans. The staff explains all of the community services and facilities available and with the help of the other Stroke Team members makes the transition from hospitalization to discharge as smooth as possible.

Lee Memorial's Stroke Team was established in 1978 and additional needs of stroke patients are continually being evaluated. For more information, call Joyce Todd, R.N., Stroke Team Coordinator, Lee Memorial Hospital, 334-5442.

Linda Moorey
Publications Coordinator

**SHOW YOUR
CREATIVITY**

An Arts & Crafts Exhibit by physicians, spouses and children will be featured at the Christmas Society/Auxiliary Dinner, December 13th.

Woodworking, weaving, stain-glass, sculpture, poetry, photography, painting, pottery, ceramic, needlecraft, etc. are welcomed. If interested in entering or helping, please call Joan Hagen at 481-2223. More details in the next Bulletin.

APHERESIS*(Continued from Page 2)*

when urgently needed. These procedures are currently being coordinated by Drs. Seidenstein and Levine in the Department of Pathology at Fort Myers Community Hospital.

In recognition of the widespread interest in application of apheresis, a special seminar is jointly being sponsored by the Biomedical Systems Group of IBM and Fort

Myers Community Hospital on October 6th at the Holiday Inn Downtown. Any interested physicians are welcome to attend and obtain more information on this rapidly expanding field which deals with the complications and management of malignancies and other diverse medical disorders.

Michael S. Heller, M.D.

**Salute to
GUSTAVE F. BIEBER, M.D.**

Graduated from Duke University in 1943. Practice OB/GYN in Fort Myers since 1955. Dr. Bieber is retiring from practice this year and we wish him fun filled days.

CLASSIFIED ADS

FOR SALE - RIVERFRONT - TOWN & RIVER: Magnificent custom built 5 bedroom, 3 bath, pool, 6,000 sq. ft. home. Dream kitchen. The finest of everything. Mint condition - \$495,000. 482-6779.

FOR SALE OR RENT - LANDINGS - Luxurious Townhouse condo, 3 bedrooms plus study, 3½ baths, garage, lake view, high vaulted ceilings, 3,200 sq. ft. end unit, complete privacy. Free golf, marina, tennis. Below Builders price. Assumable fixed rate mortgage plus seller financing, \$198,000 - 482-6779.



asolo
state theater company of florida

ON TOUR

PRESENTS

**ANGEL
STREET**

(also known as GASLIGHT)

date: Saturday, November 6, 1982
time: 7:30 p.m.
place: Cape Coral High School
tickets: \$10, \$8, \$6 (balcony) reserved seating
\$9, \$7 (senior citizen discount)

for more information call
Temple Beth-El 574-5115

Sponsored by the Cultural Events Committee
of Temple Beth-El

This tour, sponsored by the Asolo State Theater, Inc., is supported in part by the State of Florida, Department of State, Division of Cultural Affairs; the National Endowment for the Arts, a federal agency; American Express; The William G. Selby and Marie Selby Foundation; and the State Theater Board of Florida.

SOCIETY MEETING

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

OCTOBER 18, 1982

SPEAKER:

James W. Walker, M.D.
President, PIMCO

SUBJECT:

Rapid Changes in Medical
Malpractice Insurance

"DINNER BY RESERVATIONS ONLY"
PLEASE!!!

LEE COUNTY MEDICAL SOCIETY

P.O. Box 1704

Fort Myers, Florida 33902



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



VOL. 4, NO. 7

Fort Myers, Florida

NOVEMBER, 1982

Francis L. Howington, M.D., Editor

Florida Medical Association Auxiliary Fall Board Meeting

Florida Medical Association Auxiliary Fall Board Meeting was held in Jacksonville September 29--October 1, 1982. The following Lee County members were present: Connie Howington, Presidnet; Martha Cox, State Chairman of Substance Abuse; Candy Murray, State Secretary; and Terry Carver, S.W. District Vice-President.

The business affairs of the State were handled with "streamline" efficiency. There was a FLAMPAC breakfast and the speaker was James White M.D., Vice Chairman, State Legislation FMA. Mrs. John Bates, President-Elect AMA-A spoke about Florida as a winning team and The Challenge of the 80's. This was followed by an open forum on membership, and a skit, "We Really Do Have Something In Common". Later Bryon Googins topic was "Who's Got The Time"--

practical suggestions were given to handle a daily schedule of events.

In the afternoon B. Thames, M.D. spoke on "Further Thoughts on Professional Marriages". Ideas were given on how to enhance marriage skills. We thought our husbands should have been in the audience to gain more understanding of this serious problem.

On the last day, Friday, there was a forum on Learning Disabilities. A group of distinguished doctors discussed the topic.

There was time to socialize at two cocktail parties and 2 dinner meetings. T-Shirts, cookbooks were on sale during the entire three day meeting.

Everybody returned to their counties with a great deal of enthusiasm and many new ideas.

Terry Carver
S.W. District Vice-President

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.

PRESIDENT-ELECT: Joseph P. Fiore, M.D.

SECRETARY: Marvin S. Porter, M.D.

TREASURER: Douglas A. Newland, M.D.

MEMBER-AT-LARGE: Stephen Lukowicz, M.D. (2 yrs.)

CHAIRMAN, GRIEVANCE COMMITTEE: Harris L. Bonnette, M.D.

BOARD OF CENSORS (2) (3 yr.

term) Edward Salko, M.D., Richard J. Lane, 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.

ALTERNATES: Joseph P. O'Bryan, M.D., Robert Pascotto, M.D., Ronald D. Castellanos, M.D., James L. Bradley, M.D., Robert Mandraccia, M.D.

MEMORANDUM

The 1982 Workers' Compensation Fee Schedule should be available October 1, 1982, or soon thereafter, and can be obtained by writing to:

Department of Labor and Employment Security, Division of Workers' Compensation, Mr. Baxter

November's Speaker

Michael E. Steier, M.C.
Program Chairman

Mr. Larry Nielsen, 31, has just returned from Tibet following an assault on the north face of Mount Everest as part of the Everest China Expedition. The north face has never been climbed before and is considered, technically, the most difficult route.

Mr. Nielsen, a teacher and lecturer, is also one of the foremost mountaineers in the United States and has made a number of first ascents within the Pacific Northwest and Canada.

He will discuss the effects of hypoxia and hypothermia while presenting the story behind the China-Everest Expeditions in an attempt to reach the summit of Mount Everest.

Swing, Director, Suite 201 Ashley Building, 1321 Executive Center Circle, Tallahassee, Florida 32301.

As you may know, this new schedule reflects a change in direction by the Division. In April 1982, the Division accepted our recommendation that they update the fees according to a percentile, rather than by an across the board increase. The across the board increases had perpetuated the inequities among the five sections of the book.

The 1982 Fee Schedule, at the 66-2/3 Percentile, effects a 66% increase in surgery and medicine (office visits, hospital visits), a 31% increase in anesthesiology and a very small percent increase in pathology and radiology fees.

We have already commenced study and testimony anticipating any changes required in the 1983 revision. We invite your input to the Committee on Workers' Compensation so that if there are any problems in the 1982 Schedule, we will be able to address those problems timely and appropriately.

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

NOVEMBER 15, 1982

SPEAKER:

Mr. Larry Nielson

SUBJECT:

"China Everest
Expedition" 1982

Subtitle: "Effects of Hypoxia &
Hypothermia at High Altitudes"
"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.

"CASE OF THE MONTH"

September, 1982

The "Case of the Month" is a synopsis of a medical malpractice suit taken from PIMCO files. Each one illustrated specific points or problems in the case and presents the circumstances leading to the suit. These cases can be used as a teaching tool in departmental or medical staff meetings.

Two of the most probable reasons for a medical malpractice suit recognized from PIMCO files of closed cases are failure to communicate among treating physicians and lack of communication with patients as to test results and lab reports. A recent case in Florida, which was settled out of court, involved these two deficiencies in patient care as

(Continued on Page 4)

LEE COUNTY
MEDICAL SOCIETY
BULLETIN3805 Fowler Street
Fort Myers, Florida 33901
Phone (813) 936-1645The Lee County Medical Society
Bulletin is published monthly with the
June and August editions omitted.

CO-EDITORS

Michael E. Steier, M.D.
Francis L. Howington, M.D.EDITORIAL BOARD
PRESIDENTPeter M. Sidell, M.D.
PRESIDENT-ELECT
Ronald D. Castellanos, M.D.
SECRETARYMichael S. Heller, M.D.
TREASURERJohn E. Thorn, M.D.
MEMBERS-AT-LARGE
Marvin S. Porter, M.D.
G. Allen Ball, M.D.

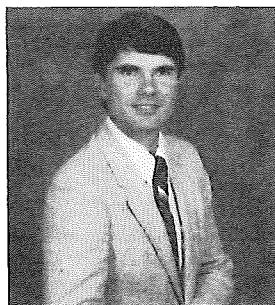
PAST PRESIDENT

Stephen R. Zellner, M.D.
ADMINISTRATIVE SECRETARY
Ann Wilke - 936-1645The 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.PRINTERS INK
of Southwest Florida, Inc.

- Nurses
- Nurse Assistants
- Live-in Companions
- Insurance Claims Processed
- 24-Hour Care Available
- Medicare Licensed

UPPOHN
HEALTHCARE
SERVICES™Call day or night
997-2407
Medicare Number
995-2859DOCTORS
ARE YOU AWARE?DATA
DOCThere is a company in Ft. Myers who will
not only lease you computer space but
also do your patient and insurance bill-
ing for you?A Security-Minded Computer
Leasing Corporation For
Use In Your Medical Practice
Gene Cox, M.D., President 939-3282

BOTTLEBRUSH PHARMACY

3660 CENTRAL AVE. FT. MYERS, FL 33901
939-7772 939-59558:30 AM TO 6:30 PM MON. - FRI.
8:30 AM TO 1:00 PM SAT.Friendly Service
Drive-up Window
Competitive Prices
Professional Discount
Special Ordering
Patient ProfilesPRESIDENT'S
MESSAGE

Peter M. Sidell, M.D.

WORKING TOGETHER

One of the privileges I have had during this year of my tenure as President of the medical society has been the opportunity to meet the physicians moving to the Lee County area. I have tried to convey to each applicant something of the flavor of the Lee County Medical Society as I see it - its functioning and purpose. The more I have thought about it the more I have come to realize that the medical society is a public expression of the fact that we are all in it together, that especially in medicine, no man is an island.

No matter what type of format we practice under (private - solo, multispecialty group clinic, etc.) there is a time when in dealing with the patient it is a one-on-one thing. Yet the expectations both patient and physician bring to that time are based on a lot of prior physician-patient relationships. When physicians behave in such a way as to be respected, then the patient expects to be able to respect you.

How you treat your patients will have some bearing on how well I get along with my patients. What sort of fees they receive from you and how you explain those fees to the patient will have some bearing on how comfortable the patient feels going to doctors.

The converse is, of course, equally

true - the physician who has the good fortune to deal with informed patients that care about preserving their health will have a different approach than the physician who deals mainly with patients who want to be fixed, and don't have a concerned approach towards their health.

People being what they are and medicine being what it is, we all wish that we could do something differently and better from time to time. The Medical Society serves as a reminder that we are all in it together, and that what you do has implications above and beyond the health of the patient you are dealing with at that point in time.

We are at a disadvantage in dealing with news media that takes a systematical - malicious - slant towards the practice of medicine, and a government that is trying to gain control of our profession to make medical care a political football. Nonetheless, how we behave as individuals will have a lot to do with what the public thinks of us as a group.

LEGISLATIVE
REPORT

Newsletter Article on PAC's

The First and Second Primary elections were highly successful with 75.2% of FLAMPAC - endorsed candidates winning. Following a pattern set in the 1980 elections, FLAMPAC provided early support for many political newcomers. Sixteen of these won party nomination and six were elected without need for a General Election contest.

Particularly significant is the sizeable number of physicians and physician-spouses who were nominated. David Lehman, M.D. was elected to the 98th District seat in the Florida House of Representatives. The following physicians and spouses received their party's nomination and will be on the

General Election ballot:

FLORIDA SENATE

District 27 - Wm. G. "Doc" Myers, M.D. (R), Hobe Sound.

FLORIDA HOUSE OF
REPRESENTATIVES

District 35 - Bettye D. Smith (D), Sanford.

District 84 - Bernard Kimmel, M.D. (R), West Palm Beach.

District 114 - Theresa "Terry" Ashkar (R), Miami and Elizabeth (Betty) Metcalf (D), Coral Gables.

We still have much to be done between now and the General Election on November 2nd. The extra effort that all of us put forth these next few days will be critical in determining the effect that medicine can have on the elections and ultimately upon the legislative climate that we will be dealing in.

Physicians and their wives in Lee County have generated extensive efforts in researching the candidates and their campaigns. Based upon this work, FLAMPAC has endorsed a slate of quality candidates in this area.

With the small number of ballots expected to be cast in the General Election, the "Medical Family" can make a significant difference.

In the First Primary, a FLAMPAC endorsed candidate in Broward County won by only 15 votes! With the large number of hotly contested races in the General Election, it is likely that many will be extremely close. Thus, the critical importance of making certain that the "Medical Family" goes to the polls.

What can you do to assist this effort?

1. Make certain that your spouse, as well as yourself, votes.
2. Physicians should consider giving their employees time off during the day to go to the polls.
3. IF YOU ANTICIPATE A BUSY SCHEDULE ON ELECTION DAY, GET AN ABSENTEE BALLOT. This will insure that unexpected emergencies do not keep you from voting. A call to the Supervisor of Elections Office will get an absentee ballot sent to you, or you can go to the Supervisor's Office and cast your absentee ballot prior to Election Day.

WE CAN MAKE A DIFFER-
ENCE ON NOVEMBER 2ND!!

FLAMPAC has endorsed the following candidates in our area:
CONGRESS: District 13 - Connie Mack (R), Cape Coral.
SENATE: District 38 - Frank Mann (D), Cape Coral.

HOUSE: District 72 - Jim Murphy (R), Charlotte Harbor; District 73 - Dan Royal (R), Fort Myers; District 74 - Fred Dudley (R), Cape Coral.

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

SPONSORED BY

FLORIDA MEDICAL
ASSOCIATION, INC.

FOR MEMBERS ONLY

FMA
INSURANCE
PLANSFLORIDA MEDICAL
INSURANCE TRUSTGROUP COVERAGE FOR THE
PHYSICIAN AND EMPLOYEES

- LIFE
- HEALTH
- DENTAL
- DISABILITY

ADMINISTERED BY

PROFESSIONAL INSURANCE
MANAGEMENT COMPANYINSURANCE PLANS
FOR MEMBERSBUSINESS AND FAMILY COVERAGE
FOR THE PHYSICIAN

- RETIRED LIVES RESERVE
- TERM LIFE • OFFICE OVERHEAD
- INCOME REPLACEMENT
- PROPERTY AND CASUALTY
- WORKERS COMPENSATION

FOR INFORMATION CALL

PIMCO (904) 354-5910 • WATS 1-800-342-8349

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

Community Hospital Update

First of all, thanks to all of you who have been so considerate during our Lobby "facelift". Believe it or not, we're ahead of schedule and will be announcing "complete recovery" very soon!

Along with much renovation, FMCH has begun adding technology to meet your expressed needs. As most of you know by now, our Out-Patient Physical Therapy Department is in full operation in the Winkler Building. We have also added an IMB Cell Separator to our rapidly expanding Oncology Program and will be able to offer an extensive tour of this newly developed area in the very near future.

A Certified Medical Diagnostic Ultrastenographer has joined our staff to offer you and your patients the most exacting interpretations from this valuable diagnostic tool.

In addition to these services, we can now offer your patients ambulatory EEG and therapeutic drug monitoring. We hope this new Emit Syva System will aid you in monitoring the toxicity levels for specific drugs.

FMCH has made a firm commitment to you, our Medical Staff, to do all that is possible to meet your needs. By adding the previously mentioned equipment and much more, such as laser surgery, we hope we are doing just that.

In addition we have sought the opinions and particular needs of the Southwest Florida community. One of the first visible signs in answer to those needs is the Bonita Springs Medical Center which opened about six weeks ago. This emergency stabilizing center will be opened initially ten hours a day/seven days a week. It is located immediately south of the Springs Plaza Shopping Center on the east side of US 41. If you have not had the opportunity to do so, please drop by and enjoy a grand tour. Our staff will welcome the opportunity to show off their brand new satellite facility.

Advanced Nuclear Gamma Camera Installed at Lee Memorial

Lee Memorial Hospital has recently acquired the most technologically advanced computer-assisted gamma camera available in the field of nuclear medicine. The Technicare Omega 500 gamma camera has been especially designed-in terms of size,

stability, camera mobility and other critical physical characteristics-to perform single photon emission computed axial tomography and to increase the comfort and to shorten the time of standard nuclear medicine studies.

The gamma camera is mounted on an electronically controlled C-arm and the head of the camera can rotate 360 degrees on an axis perpendicular to the C-arm. This allows imaging over, under and on either side of the patient without moving the patient at all. This greatly facilitates all types of scans on trauma patients and on patients in pain from any cause.

Furthermore, the camera computer is programmed to perform data acquisition and manipulation required for the most sophisticated types of non-invasive cardiac nuclear medicine studies--techniques which have become increasingly reliable and accurate in the evaluation of cardiac structure and function, including wall motion studies, cardiac aneurysm detection, calculation of ejection fraction and myocardial perfusion analysis.

Finally, on the forefront of the field of nuclear medicine, the new camera is capable of performing single photon emission computed tomography (SPECT)--a technique which allows display of cross-sectional images in transverse, coronal or sagittal planes of any organ which can be imaged with radioisotopes. Thus, a cross, sectional slice image of the left ventricle can be obtained at any level of the chamber, or a coronal section of a liver scan through the region of the hilum can be displayed--thus allowing more precise imaging of ill-defined or questionable defects.

Some of these more advanced and sophisticated types of studies have, until now, been available only in a few academic centers. They are now available in the Department of Radiology at Lee Memorial Hospital.

*Richard Guidus, Manager
Department of Radiology*

*Don Gouger, Senior Nuclear
Medicine Technologist*

939-3508
FORT MYERS



SERVING MEDICAL GROUP PRACTICE
EXCLUSIVELY SINCE 1958

LIFE INSURANCE • MAJOR MEDICAL
LONG TERM DISABILITY
PROFESSIONAL FUNDING CORP.
EXCLUSIVE AGENTS
JOHN M. DUSEK, PRESIDENT



MEDICARE EQUIPMENT

OF SOUTHWEST FLORIDA, INC.

1653 Commercial Drive • Fort Myers, Florida 33901

Phone 936-2717

All Authorized Medicare Convalescent Equipment
We Bill Medicare Direct!

Merrill Lynch Pierce Fenner & Smith Inc.

Merrill Lynch
Pierce Fenner & Smith Inc.

Alex Lambros Sr.
Account Executive

2202 McGregor Blvd.
Fort Myers, FL 33901

813 334-6828
Punta Gorda 639-1022



Jet South Inc.

FLORIDA'S FIRST ADVANCED LIFE SUPPORT
AIR AMBULANCE SERVICE

Cardiac Monitor & Recorder • Defibrillator
Two Respirators • Medical Oxygen
Hospital Telemetry Transmission Capability
Paramedic or Registered Nurses - All Flights
Air to Ground Telephone Link Anywhere USA

Based — Danley Drive, Page Field

936-7880

24-HOUR Phone • Call Collect



For further information call
Robert M. Tindale, M.D.

Luxurious Retirement
Living at an Affordable
Price

The Pines of Ft. Myers
1896 Park Meadow Dr.
Ft. Myers, FL 33907
(813) 939-5421

DEFERRED COMPENSATION PLANS INCOME TAX PLANNING & RETURN PREPARATION ESTATE TAX PLANNING

PROBE, BATSON & Co., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

1456 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33907

FORT MYERS
(813) 482-5522

OFFICE FURNITURE Et Design Center

CORDIALLY INVITES YOU TO VISIT OUR NEW CONVENIENT
LOCATION. SPECIALIZING IN QUALITY OFFICE FURNITURE AND
PROFESSIONAL INTERIOR DESIGN.

2323 CLEVELAND AVE.,

FORT MYERS, FLORIDA 33901

(813) 337-1212

EDITOR'S NOTE:

The following is offered as an adjunct to the previous article on Apheresis.

In March of 1980, Lee Memorial Hospital anticipated the greater use of blood component therapy by area physicians, especially in the treatment of cancer patients, and selected the IBM 2997 Cell Separator. This instrument was chosen because of its quality, safety features, low extra corporeal volume, and continuous flow centrifugation.

For close to two years a variety of procedures have been performed. These include the collection of single donor platelets and white cells (granulocytes), white cell depletion in leukemic patients, platelet depletion in marked thrombocytosis, and plasma exchange in immune disease (i.e., cold agglutinin disease, dermatomyositis, etc.) A recent and exciting innovation is the introduction of software for the removal and processing of three blood components simultaneously.

CASE OF THE MONTH

(Continued from Page 1)

well as negligence in test interpretation.

The case involved a 35 year old male who had previously undergone treatment for a berry aneurysm. He received continuous therapy following "clipping" of the aneurism with the medications Phenobarbital and Dilantin. The recovery was uneventful until several years later when the patient began experiencing motor function impairments including slurred speech and a staggering gait.

The patient consulted his physician, an internist, who called in

a neurosurgeon to examine the problem. The neurosurgeon who had originally treated the aneurysm was also consulted. The patient subsequently underwent a serum Dilantin test in order to determine the level of the drug present in the blood.

Although the serum level was found to be 49, which is two and one half times higher than it should have been, none of the physicians connected this result with the consistent administration of the drug, Dilantin, and its adverse reactions which may affect the nervous system. In addition to the fact that none of the three physicians recognized the indication of the test results, they did not confer with each other about the results nor did they discuss the results with the patient.

Three months after the serum test was performed, another neurosurgeon decided that Dilantin was the cause of the patient's impairment and immediately halted the use of the medication in the patient's treatment. Soon thereafter, the patient filed suit against the internist and the two neurosurgeons alleging negligence as a result of excessive prescription of Dilantin and failure to properly monitor the drug.

As stated previously, lack of communication between attending physicians can have serious results which may not only cause harm to the patient, but can also cause the physician to be held negligent.

James W. Walker, M.D., President
PIMCO

EDITOR'S NOTE: This article is most apropos following your President's Message of last month.

EDITORIALS

This is your bulletin and it is open to any editorial by you on any subject of interest to the membership -- let's hear from you!!!

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.

JAMES FERGUSON, M.D.

Dr. Ferguson is with the Veterans Administration Outpatient Clinic where he is a staff physician. He retired from Private Practice of Colon & Rectal Surgery. He graduated from the



University of Michigan with a Medical Degree. Completed his internship at St. Joseph Hospital, Lexington, Ky.; Residencies at Multnomah Co. Hosp. U. of Oregon, and University of Michigan Hospital, Ann Arbor, Michigan.

He and his wife, Margaret, reside at 9844 Madera Road, Ft. Myers Beach.

STILL TIME TO SHOW
YOUR CREATIVITY

An Arts & Crafts Exhibit by physicians, spouses and children will be featured at the Christmas Society/Auxiliary Dinner, December 13th.

Woodworking, weaving, stain-glass, sculpture, poetry, photography, painting, pottery, ceramic, needlecraft, etc. are welcomed. If interested in entering or helping, please call Joan Hagen at 481-2223.



LARRY S. EISENFELD, M.D.

Dr. Eisenfeld has joined the practice of Drs. Garner, McCall & Wrobel in the specialty of Orthopedic Surgery. He graduated from George Washington University School of Medicine with a Medical Degree. He completed his internship and residency at George Washington Univ. Hospital. He completed post graduate education in Lower Extremity Prosthetics and Orthopedic Pathology.

He and his wife, Terri and family will reside at 5805 Cordwood Lane, S.W., Ft. Myers.

CLASSIFIED ADS

FOR SALE - RIVERFRONT - TOWN & RIVER: Magnificent custom built 5 bedroom, 3 bath, pool, 6,000 sq. ft. home. Dream kitchen. The finest of everything. Mint condition - \$495,000. 482-6779.

FOR SALE OR RENT - LANDINGS - Luxurious Townhouse condo, 3 bedrooms plus study, 3½ baths, garage, lake view, high valuted ceilings, 3,200 sq. ft. end unit, complete privacy. Free golf, marina, tennis. Below Builders price. Assumable fixed rate mortgage plus seller financing, \$198,000. - 482-6779.

MEDICAL OFFICE - A modern, well finished medical office, in the Broadway-Carrell area, available for rent January 1, 1983. 1280 square feet. Call 939-1170.

To make this interesting and a success, we need your participation. CALL TODAY...

SOCIETY MEETING

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

NOVEMBER 15, 1982

SPEAKER:
Mr. Larry Nielson

SUBJECT:
"China Everest Expedition"
1982

Subtitle: "Effects of Hypoxia &
Hypothermia at High Altitudes"

"DINNER BY RESERVATIONS ONLY"

PLEASE!!!

LEE COUNTY MEDICAL SOCIETY

P.O. Box 1704

Fort Myers, Florida 33902



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



VOL. 4, NO. 8

Fort Myers, Florida

DECEMBER, 1982

Michael E. Steier, M.D., Editor

SOCIETY MEETING

ROYAL PALM YACHT CLUB
2380 First Street

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

DECEMBER 13, 1982

ENTERTAINMENT "Pro Arte Ensemble"

Director:
George Cripps

"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.

"PRO ARTE ENSEMBLE" TO ENTERTAIN

The Pro Arte Ensemble will entertain the Joint Medical Auxiliary Meeting. The Ensemble is under the direction of George Cripps. Other members are:

George Cripps, Director
Aileen Cripps
Kris Adams
Beverly Waters
Julie Stewart
Pat Peterson
Barb Klacking
Phyllis Fiore
Ed Book
Bud Klacking
Forrest Wells
Art Bouman

Reservations must be made in advance. Please return the enclosed card by Friday, December 10, 1982.

1983 OFFICERS

PRESIDENT - Ronald D. Castellanos, M.D.
PRESIDENT-ELECT - Joseph P. Fiore, M.D.
SECRETARY - Marvin S. Porter, M.D.
TREASURER - Douglas A. Newland, M.D.
MEMBERS-AT-LARGE - G. Allen Ball, M.D., Stephen Lukowicz, M.D.
CHAIRMAN GRIEVANCE COMMITTEE - Harris L. Bonnette, M.D.
BOARD OF CENSORS - 3 YEARS - Edward Salko, M.D., Richard J. Lane, M.D.
DELEGATES - Cecil C. Beehler, M.D., Larry P. Carrett, M.D., F.L. Howington, M.D., H.Q. Jones, Jr. M.D., Stephen R. Zellner, M.D.
ALTERNATES - Joseph P. O'Bryan,

M.D., Robert Pascotto, M.D., Ronald D. Castellanos, M.D., James L. Bradley, M.D., Robert Mandraccia, M.D.

THE 1982 FMA ASSESSMENT DELINQUENCY DATE

Determined that the provisions in the FMA Bylaws applicable to the collection of dues and assessment for members of the assessment and provisions dealing with delinquency payment be applied to the collection of the 1982 assessment for professional liability.

The delinquency date for the assessment will be April 1, 1983. If payment is not received before October 31, 1983, the delinquent member shall be subject to loss of membership in the Association.

In Memoriam

Dr. John C. Garland of Shell Point near Fort Myers died of pneumonia on October 24, 1982 at the age of 81.

He had graduated from the University of Illinois Medical School receiving his M.D. degree in 1932. After an internship at Swedish Covenant Hospital in Chicago and further postgraduate work in surgery at University of Illinois Research Hospital he entered the Medical Corps of the United States Army. He was discharged from the army in 1941 due to a leg injury, and opened a private practice in Elgin, Illinois. He was active there in General Practice, OBG and Surgery until 1956 when he moved to Naples, Florida. In Naples he conducted a General Practice until 1970, during which time he served as President of the Collier County Medical Society and engaged in Rotary Club activities.

In 1970 he moved his practice to Shell Point Village where he became the first permanent full-time physician. He practiced there until retirement in 1976, but continued to live at Shell Point. Dr. Garland is remembered as a quiet, unassuming, dedicated physician, a member of the Christian Missionary Alliance and both Lee and Collier County Medical Societies.

He is survived by his wife, four children and one sister.

Charles E. Peres, Jr., M.D.

In Memoriam

Dr. Jerry P. McCourt died on November 4, 1982 at the age of 35. Jerry, his wife Donna, and their four children were killed when their plane crashed in a field near Myakka City, Florida. They were returning from a trip to Disney World.

Dr. McCourt received his M.D. degree from Pittsburgh University Medical School in 1973. He served an internship, then a residency in internal medicine at Rhode Island Hospital in Providence, finishing there in 1976. He followed this with a two years fellowship in endocrinology in the Department of Medicine of Florida University School of Medicine in Gainesville.

He came to Fort Myers in 1978 and was associated with Drs. Zellner, Mestas, and Heller, practicing internal medicine and endocrinology. In addition to conducting an active practice, he organized and engaged in programs of continued medical education. At the time of his death, he was chairman of the Department of Medicine at Fort Myers Community Hospital. He was an active staff member at Lee Memorial Hospital and a consultant at Cape Coral Hospital. He was a member of the Diabetic Advisory Committee of the State of Florida.

He was certified by the American Boards of Internal Medicine and Endocrinology, and a Fellow in the American College of Physicians.

He was a member of the Lee County Medical Society, the Florida Medical Association and the American Medical Association, and St. Cecelia's Catholic Church.

He is survived by his mother and father, four brothers and three sisters.

Dr. McCourt's death is a distinct loss to medicine in this area.

Charles E. Peres, Jr., M.D.

LEE COUNTY
MEDICAL SOCIETY
BULLETIN3805 Fowler Street
Fort Myers, Florida 33901
Phone (813) 936-1645The Lee County Medical Society
Bulletin is published monthly with the
June and August editions omitted.

CO-EDITORS

Michael E. Steier, M.D.
Francis L. Howington, M.D.

EDITORIAL BOARD

PRESIDENT

Peter M. Sidell, M.D.

PRESIDENT-ELECT

Ronald D. Castellanos, M.D.

SECRETARY

Michael S. Heller, M.D.

TREASURER

John E. Thorn, M.D.

MEMBERS-AT-LARGE

Marvin S. Porter, M.D.

G. Allen Ball, M.D.

PAST PRESIDENT

Stephen R. Zellner, M.D.

ADMINISTRATIVE SECRETARY

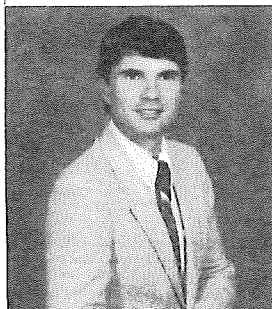
Ann Wilke - 936-1645

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.PRINTERS INK
of Southwest Florida, Inc.

- Nurses
- Nurse Assistants
- Live-In Companions
- Insurance Claims Processed
- 24-Hour Care Available
- Medicare Licensed

UJOHN
HEALTHCARE
SERVICES™Call day or night
997-2407
Medicare Number
995-2859DOCTORS
ARE YOU AWARE?DATA
DOCThere is a company in Ft. Myers who will
not only lease you computer space but
also do your patient and insurance bill-
ing for you?A Security-Minded Computer
Leasing Corporation For
Use In Your Medical Practice
Gene Cox, M.D., President 939-3282

BOTTLEBRUSH PHARMACY

3660 CENTRAL AVE. FT. MYERS, FL 33901
939-7772 939-59558:30 AM TO 6:30 PM MON. - FRI.
8:30 AM TO 1:00 PM SAT.Friendly Service
Drive-up Window
Competitive Prices
Professional Discount
Special Ordering
Patient ProfilesPRESIDENT'S
MESSAGE

Peter M. Sidell, M.D.

MEDICAL PROGRESS

Specialized high speed data processing techniques have made it easier to deal with medicine, and biology as a quantitative science. Many of the best researchers, indeed are people with a background in engineering as well as in biology. The result has been many new medical technologies that are highly device oriented. Because we as physicians frequently lack expertise in engineering, it has become increasingly difficult to put these new technologies in their proper prospective and role.

We must continually use caution and care in trying to assess the safety and efficacy of these technologies. Assessing new medical technologies continues to be a major dilemma of modern medicine. The dilemma is not new as witnessed by the old saw: Be not the first to try out the new, nor the last to discard the old.

It does seem however, that the level of technical expertise needed to make a good judgement has increased markedly in the past two decades. To draw an example from my own area of clinical interest, we now find ourselves dealing with cardiac pacemakers so complex in their response patterns that the surgeons and cardiologists dealing with them on a daily basis have a hard time understanding them,

meaning that the dissemination of that expertise throughout the medical and nursing profession becomes increasingly difficult. Sometimes it is hard to tell when a complex pacemaker is working right, and when it is malfunctioning.

When is a new procedure an advance, and when is it a gimmick used in an attempt to set a competitive advantage. I certainly don't know the answer to that question. When technology becomes as expensive as it has with instruments such as lasers retailing for more than 100,000, then the question impacts us all. The easy answer of taking a wait and see attitude doesn't satisfy since many of these technologies have an immediate impact on health and well being. CT scanning is an outstanding example of a technology that was inappropriately restricted by government intervention.

Perhaps it is only in the continuous analysis of medical practice and patient care that we can work to resolve that dilemma.

Peter M. Sidell, M.D.

NOTICE

For ENTRIES in our Dec. 13th exhibit: Please bring them to the Royal Palm Yacht Club between 1 and 4p.m., Dec. 13th . . . the earlier, the better. If that is just impossible, call JOAN HAGEN at 481-2223. Remember to take your items home after the dinner.

New Column

Elizabeth Kagan, a local attorney, who was an RN prior to becoming an attorney and who has the opportunity to deal with many medically related issues has kindly consented to periodically submit some information to the Bulletin. Since many of these cases are related to the questions and problems that have occurred to local physicians, we thought this would be a valuable source of information for the Society. . .

AUXILIARY NEWS

FMA-A Fall Board Meeting in Jacksonville was attended by Terry Carver, Lynne Bacon, Martha Cox, Josy Cullen, Connie Howington, and Candy Murray. Candy is current FMA-A Secretary, Terry is the S.W. District (6 counties) Vice President, and Martha is Substance Abuse Chairman for FMA-A. The next leadership conference is in late January at the Contemporary Hotel in Disney World.

November elections saw many of the pro-medicine candidates elected, and from Lehigh, Barbara Wallace was elected to the school board in her first bid for elective office.

December and January meetings will be super-fun times. Art, hobbies, and crafts of physicians, spouses, and children will be shown the evening of Dec. 13th, at the Royal Palm Yacht Club. George Cripps' Pro Arte Ensemble will entertain with singing and music and explanations of the merry olde musical instruments they use. Following their meeting at 10:30a.m. on Wed., Jan. 19th, the Auxiliary invites spouses to hear our 11:00a.m. guest speaker and attend the champagne/gourmet lunch at noon at Chateaux Robert with fashions by Yves Saint Laurent. "Overcoming the Super-Squeeze to become President of your own Company" by Tampa TV producer/hostess/home-economist Ruth Ann Fowler is very entertaining, informative, and encouraging toward becoming the most good any man or woman can be, a wonderful beginning for the new year.

February, Health Month, will feature programs in CPR and Family Survival Planning. An evening forum in March will cover Learning Disabilities and Doctors' Day is March 30th. April brings deadlines for entries in the Annual FMA Art & Crafts Exhibit with awards at the Diplomat Hotel in Early May, and local auxiliary election of officers. The local installation of officers follows in May.

Bulletin Articles

The Editorial Board of the Bulletin would like to take this opportunity to remind the members that they are encouraged to submit articles on areas of interest to the Bulletin. Certainly the value of the Bulletin to all of us is enhanced by publishing information of interest provided by our own members in contrast to information from a less known or distant source. These articles of course, are subject to review by the Editors. They should be items of interest to the medical community. . .

Peter M. Sidell, M.D.

SPONSORED BY

FLORIDA MEDICAL
INSURANCE TRUST

FOR MEMBERS ONLY

FMA
INSURANCE
PLANS

ADMINISTERED BY

PROFESSIONAL INSURANCE
MANAGEMENT COMPANYFLORIDA MEDICAL
INSURANCE TRUSTGROUP COVERAGE FOR THE
PHYSICIAN AND EMPLOYEES

- LIFE
- HEALTH
- DENTAL
- DISABILITY

INSURANCE PLANS
FOR MEMBERSBUSINESS AND FAMILY COVERAGE
FOR THE PHYSICIAN

- RETIRED LIVES RESERVE
- TERM LIFE • OFFICE OVERHEAD
- INCOME REPLACEMENT
- PROPERTY AND CASUALTY
- WORKERS COMPENSATION

FOR INFORMATION CALL

PIMCO (904) 354-5910 • WATS 1-800-342-8349

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

**GROUNDBREAKING SET
FOR CAPE CORAL HOSPITAL**

The big news at CCH is the initiation of our long awaited and much needed expansion. Invitations are being sent to all medical staff members, members of the Auxiliary, local dignitaries and media representatives; as well as an open invitation being issued to the general public for the OFFICIAL CEREMONY to be held on WEDNESDAY, DECEMBER 8, at 2:00 P.M.

As those of you who have donated many hours in long meetings with architects and planners know, we have been largely dependent on physician expertise for the planning of the ancillary areas targeted for expansion. We would like to thank the following physicians for helping us to get to this juncture:

Drs. Ed Ziegler, Vincent Belcastro, Mark Mintz, Larry Garrett, Bill Worthington, Sam Smith, Rich Hendra, Bob and Don Gerson, Harris Bonnette, Jack Beaulieu, Tammy Sanderson and Pete Rosier, and Larry Gardner; these in particular, but all of you who have made suggestions along the way.

We would also like to thank Drs. Dansby, Gates, Carrasquillo, Lukowicz, Dawson and Tate who made themselves available on very short notice, for meetings with the "financial wizards" from Arthur Young & Company, Moody's Investor Services, and Standard & Poor's Corporation.

We hope that as many of you as are able will join us on DECEMBER 8TH for the commencement of "80 More in 84"!!

Mary Deffet,
Community Relations Director

**OPERATING ROOM
ADDITIONS AT
LEE MEMORIAL**

Lee Memorial Hospital is pleased to announce that Georgia Larke, R.N., has joined the staff as director of the Operating Room/Post Anesthesia Recovery. She comes to LMH from Leila Hospital and Health Center in Battle Creek, Michigan, where she was director of Surgery Services and had been a member of the OR staff since 1958.

Helen Marr, R.N., remains as acting head nurse of the OR and Minnie Jackson, R.N., continues as head nurse of PAR.

Lee Memorial has recently installed a Sharpplan 743 80-watt CO2 Laser in the OR. In addition to its use in eye/nose/throat and gynecological surgery, the 743 delivers

enough power for use in neurosurgery and in vaporizing methylmethacrylate in orthopedic surgery.

A specialized six-member team of three R.N.'s and three techs is being trained to assist in laser surgery. Lee Memorial is sponsoring a laser inservice January 22 for professionals in Southwest Florida. The in-depth seminar includes a hands-on workshop and enrollment is limited.

Another new acquisition in the OR is a stone disintegrator by Northgate Research. In many instances this device eliminates the need for surgery to remove bladder stones. A cystoscope is inserted into the bladder and electrodes are activated shattering the stones for removal by cystoscopic evacuation.

Lee Memorial is also establishing a "bone bank" to provide replacement bone and bone fragments for use in orthopedic surgery. The bone is frozen in double sterile containers and strict guidelines must be followed for storage and use.

An Operating Room Open House was held on November 14 in recognition of OR Nurses Day and to acquaint the public with pediatric, joint replacement, laser and other types of surgery at Lee Memorial Hospital.

Linda Moorey
Public Relations,
Lee Memorial Hospital

**NEWLY RENOVATED LOBBY
AT FT. MYERS COMMUNITY
HOSPITAL**

With the opening of our newly renovated lobby at Fort Myers Community Hospital, comes the opportunity to begin some enforcement of our visitation policies. We are actively trying to control the number of visitors for many reasons, but primarily for the welfare of our patients. At this time we have hired receptionists for the front lobby who are on duty from 7a.m. until 9p.m., seven days a week. Our receptionists will issue two passes per patient between the

(Continued on Page 4)

(813) 433-3132
FORT MYERS



SERVING MEDICAL GROUP PRACTICE
EXCLUSIVELY SINCE 1958

LIFE INSURANCE • MAJOR MEDICAL
LONG TERM DISABILITY
PROFESSIONAL FUNDING CORP.
EXCLUSIVE AGENTS
JOHN M. DUSEK, PRESIDENT

**MEDICARE
EQUIPMENT**

OF SOUTHWEST FLORIDA, INC.

1853 Commercial Drive • Fort Myers, Florida 33901

Phone 936-2717

All Authorized Medicare Convalescent Equipment
We Bill Medicare Direct!

Merrill Lynch Pierce Fenner & Smith Inc.

Merrill Lynch
Pierce Fenner & Smith Inc.

Alex Lambros Sr.
Account Executive

2202 McGregor Blvd.
Fort Myers, FL 33901

813 334-6828
Punta Gorda 639-1022



Jet South
Inc.

FLORIDA'S FIRST ADVANCED LIFE SUPPORT
AIR AMBULANCE SERVICE

Cardiac Monitor & Recorder • Defibrillator
Two Respirators • Medical Oxygen
Hospital Telemetry Transmission Capability
Paramedic or Registered Nurses - All Flights
Air to Ground Telephone Link Anywhere USA

Based — Danley Drive, Page Field

936-7880

24-HOUR Phone • Call Collect



For further information call
Robert M. Tindale, M.D.

The Pines of Ft. Myers
1896 Park Meadow Dr.
Ft. Myers, FL 33907
(813) 939-5421

Luxurious Retirement
Living at an Affordable
Price

**DEFERRED COMPENSATION PLANS
INCOME TAX PLANNING & RETURN PREPARATION
ESTATE TAX PLANNING**

PROBE, BATSON & Co., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

1456 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33907

FORT MYERS
(813) 482-5522

**OFFICE
FURNITURE
Et Design Center**

CORDIALLY INVITES YOU TO VISIT OUR NEW CONVENIENT
LOCATION. SPECIALIZING IN QUALITY OFFICE FURNITURE AND
PROFESSIONAL INTERIOR DESIGN.

2323 CLEVELAND AVE., FORT MYERS, FLORIDA 33901 (813) 337-1212

Macular Degeneration

Glen L. Wing, M.D.
Joseph P. Walker, M.D.

Macular degeneration is the leading cause of new blindness in the United States. In its most common form, the disease is bilateral and is associated with the aging process, and is called senile macular degeneration (SMD). Until recently, the diagnosis of SMD usually implied a hopeless prognosis for the patient and left the ophthalmologist with no significant therapeutic options. Advances in the optical technology and awareness of the benefits of low vision aids have offered help in visual rehabilitation in the visually handicapped individual. Presently, laser photocoagulation has been shown to be promising in the treatment of SMD.

The macula is an area of the retina approximately 1500 microns in diameter located directly in the back of the eye in the visual axis. Central visual acuity (20/20 vision) occurs when the visual images are focused onto the macula and its center, the fovea.

As the eye begins to age, the deepest cellular layer of the retina, the retinal pigment epithelium (RPE), starts to show signs of cellular decompensation. Lipofuscin, the "wear-and-tear" aging pigment, begins to accumulate throughout the entire RPE, but preferentially in the macula. At the same time, the RPE progressively loses its melanin pigment granules and the RPE cells atrophy and die. The neurosensory retina overlying the diseased RPE in the macula soon deteriorates and scar formation develops in the macula with a concurrent loss of central vision. Often, abnormal

subretinal vessel formation can grow from the vascular layer of the eye, the chorioid, through the degenerated macular RPE and into the subretinal space. These abnormal vessels can exude plasma and blood. Serious loss of vision may result from subretinal hemorrhage or transretinal vitreous hemorrhage originating from the subretinal neovascularization.

Ophthalmoscopic findings in the macula include RPE pigmentary clumping, retinal atrophic geographic lesions, yellow RPE excrescences (known as drusen), macular elevations secondary to RPE or neurosensory detachments and subretinal hemorrhages.

There are many ways to examine the macula and retina and to evaluate the amount of damage in the patient with SMD. Often, the only way to determine the full extent of the macular degeneration and to determine whether the eye might be treatable is with the use of specialized photography, known as fluorescein angiography. Ocular ultrasonography is useful in evaluating eyes with vitreous hemorrhage secondary to subretinal new vascularization bleeding.

A certain number of patients with SMD are candidates for laser photocoagulation. Laser treatment works only in selected cases that involve subretinal neovascular membranes. Using specific techniques and methods, laser light can be used to burn and destroy abnormal new vessel membranes. Treatment may only serve to stabilize the condition and to keep the disease and vision from getting worse, rather than improve vision.

Patient awareness of early SMD symptoms caused by subretinal neovascularization is important. Early observations by the patient of

vision distortion, central blind spots and blurred or decreased vision can indicate the onset of activity of the SMD process. Early recognition and treatment of this disease in certain patients has shown to be beneficial in the national multicenter studies.

WHAT'S NEW

(Continued from page 3)

hours of 1p.m. and 5p.m. and 7p.m. and 8p.m. Our visiting hours for private rooms are the same with the exception of the beginning time which is 11a.m. daily. This program has been implemented to offer you and our nursing staff uninterrupted time to treat the patient, and the patient time to rest.

We are also asking all children under the age of twelve not to leave the front lobby area. All clergy, those with authorized appointments in the hospital, and outpatients will be issued appropriate passes as well.

Naturally, we understand that there are exceptions to every rule and certainly we will make every effort possible to accommodate our patients and their families. If there is a need to make an exception and we have your authorization as the patient's physician, there will be no problem at all.

We really appreciate your cooperation and understanding that our program is designed to assist, not irritate, those who come to Fort Myers Community Hospital. Our goal is to offer the most comfort and shortest stay possible to our patients and the most convenience possible to you. If you have any suggestions, please let me know.

Diane Barnes,
Community Relations Director

CHRISTMAS SHARING CARD

It's that time of year and we are looking forward to this wonderful season. Again, this year, your medical auxiliary will have THE CHRISTMAS SHARING CARD. Your contribution to the AMA-ERF fund will add your name to this card which will be sent to all physicians in Lee County. The suggested donation this year is THIRTY-FIVE DOLLARS. However, any amount will be greatly appreciated. Your contribution is tax deductible and benefits the medical school of your choice. Our deadline is DECEMBER 10, 1982.

Make your check payable to AMA-ERF. On your check please designate the medical school of your choice.

Send your checks to:

Mrs. Jack C. Carver
1509 S.E. 43rd. Terrace
Cape Coral, Florida 33904

In the past, we have appreciated your support of this charitable project, and we hope you will join us again this year.

Terry Carver
AMA-ERF Chairman

CME NOTICE

A reminder that the CME Reporting Period of 1980, 1981, 1982, Cycle I is due in the Medical Society Office no later than January 15, 1983. Reporting Forms have already been mailed to you by the FMA.

CLASSIFIED ADS

FOR SALE - Home near Lee Memorial Hospital - Manuela Dr. - 4 bedroom, study, pool. Contact Dr. Peter Sidell, office 939-1767, Home 332-4249.

LEE COUNTY MEDICAL SOCIETY
P.O. Box 1704
Fort Myers, Florida 33902

SOCIETY MEETING

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

DECEMBER 13, 1982
ENTERTAINMENT
"Pro Arte Ensemble"

Director:
George Cripps

"DINNER BY RESERVATIONS ONLY"
PLEASE!!!