



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



VOL. 5 NO. 9

Fort Myers, Florida

JANUARY, 1984

Michael E. Steier, M.D., Editor

Fort Myers, Florida

SOCIETY MEETING DATE CHANGED TO 4th MONDAY THIS MONTH ONLY

Due to a conflict in scheduling at the Royal Palm Yacht Club our meeting date will be changed to JANUARY 23, 1984 for this month only. Beginning February we will go back to the 3rd Monday.

SOCIETY MEETING

Royal Palm Yacht Club
2380 First Street

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

JANUARY 23, 1984

SPEAKER

Mr. Ron Thornberg
Executive Editor
Fort Myers News Press

TOPIC

"Preceptions of The,
Medical Profession"

"DINNER BY RESERVATIONS ONLY"

PLEASE!!!

L.C.M.S. Members: All reservations must be made by Friday noon before the Meeting on Monday. Cancellations should be no later than noon on Monday. The Society must pay for all reservations made.

**COPY
DEADLINE
20TH
OF MONTH**

Medical Society Members

The Health Care Financing Administration (HCFA) has instructed us as Medicare B Carrier in Florida and all other Medicare B carriers to prepare a list of physicians and suppliers indicating those who accepted assignment in the year 1982. For several years, a number of the beneficiary groups throughout the country have pressured the Health Care Financing Administration to provide the beneficiaries with this assignment information.

All physicians and suppliers who have a hundred or more claims recorded on the Medicare B file for the preceding calendar year will be included on the list. This list will contain the name of the physician or supplier, the address, and the assignment percentage range in 10% increments, in alphabetical order within each county. The listing will be distributed to the social security offices and the Blue Cross and Blue Shield field offices; it will also be available, upon request, from any senior citizen organization. Also, the Medicare B Communications Staff will respond to beneficiary inquiries on the assignment rate of specific named physicians or suppliers.

This list will not indicate or imply in any way that the physicians on the list must accept assignment. It is simply a list developed from Medicare

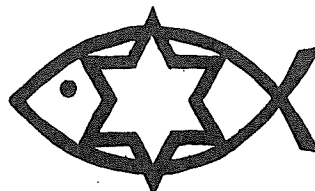
B records that the named physicians and suppliers have submitted 100 claims or more in the year 1982. Each page will have the statement:

"This information is based on claims assignment date from the preceding calendar year 1982 in Blue Cross and Blue Shield of Florida, Inc. Medicare B files. Because the physician or supplier chooses

on a case by case basis whether to accept assignments, assignments may not be accepted on your claim."

Should you have any questions, please do not hesitate to give me a call.

Sincerely,
George S. Lewis
Executive Assistant
Health Industry Services



FISH of SANIBEL

President, Lee County
Medical Society
3805 Fowler Street
Ft. Myers, FL 33901

Greetings:

FISH of Sanibel is a totally volunteer service group which performs neighborly services to those in need on these two islands. This includes driving to doctors or hospitals, etc., occasional emergency meals and providing aids to the handicapped. We want your doctors to know that we might help some of their patients. Also, it would be a reciprocal service if the time our

volunteers have to wait at the doctor's office could be kept to a minimum.

The main purpose of this letter, however, is to be sure that you all know about AIRLIFELINE, a group of pilots who are willing to transport medicines, organs for transplants, sera, even medical personnel for free in an emergency situation. For liability reasons; they cannot transport patients. Their address is: 1722 J Street, Suite 14, Sacramento, CA 95814, but they can be reached by telephone at (916) 442-5165 any time of day and any day of the year. Obviously our organization will probably never need such a service, but we felt it was important for you all to know about it, in case you didn't already. We hope this will be helpful to someone.

Sincerely yours,
E. Tremain Bradley, M.D.
Treasurer

PRESIDENT'S
MESSAGE

JOSEPH P. FIORE, M.D.

Over the past several months, we have all become aware on one level or another that the medical profession as we know it is in a process of change. Every day we hear about appalling health care budgets, the malpractice crisis, loss of respect and

prestige of the physician, and the government intrusion into the practice of medicine. We are truly now at a crossroad in American Medical Practice. Over the next few months our profession will be engaged in an on-going dialogue with our society in general. The outcome of this dialogue may be conclusive or clear cut for several years, but some things at the outset seem to be apparent.

First of all and most important, the public's image of the physician has been tarnished. The reasons for this are not simple and the reversal of this image will not be easy. But like it or not a big part of the general public perceive medicine more as a business than as a noble calling, physicians as being more interested in getting paid for services than in taking care of people, more interested in technologic scientific data than in the whole living, caring, feeling person.

Being fully aware of all of the challenges facing us however, I would like to digress from them and invite you to pause with me to take a short trip back through the years and focus again upon the golden opportunity we have been given as physicians, and continue to have daily.

Dr. William Osler has said, "We are here not to get all we can out of life for ourselves but to try to make the lives of others happier. It is not impossible for anyone to have better opportunities to live this lesson than you will enjoy. The practice of medicine is an art, not a trade, a calling, not a business. A calling which extracts from you at every turn, self sacrifice, devotion, love and tenderness to your fellow man. Once you get down to a purely business level your influence is gone and the true light of your life is dimmed".

Osler more than any other was the epitome of the humanistic physician practicing the art of medicine. These in brief are a few of his aphorisms which I believe are

as pertinent to medicine in 1984 as they were in the early 1900's.

Care more for the individual patient than for the special features of the disease.

Never believe that what a patient may tell you to the detriment of another physician even though you fear it may be true.

Punctuality is the prime essential of a physician—if invariably on time he will succeed.

The motto of each of you as you undertake the examination and treatment of a case should be: Put yourself in his place—realize so far as you can the mental state of the patient—enter into his feelings—scan gently his faults. The kindly word, the cheerful greeting, the sympathetic look—these the patient understands.

While some of these words seem dated and out of place in today's world, more and more we're reminded that the pendulum has begun swinging back to a value system that cherishes warmth, compassion and understanding in its physicians. There is a consumerism in medicine today as in all other facets of modern life. Patients want to share in the responsibility of their care. Holistic medicine is no longer a jingolistic catch phrase but a concept of total care, stressing every aspect of the patient's life not just the symptoms and signs of disease.

In the book Megatrends, the point is made that within the past few years in the United States most of the major trends have had their origins in the grass roots areas of the country. Movements, solutions and ideas have arisen on a local level and if they work, spread upward and outward.

Here in Lee County we have taken some first steps towards dealing with our image problem. We need to reach out to the public in a professional manner. To give of our time, thoughts and feelings: to be teachers, to counsel on preventing disease, to present examples of personal and

professional conduct that we can be proud of. It can be done, and with your help we can make a difference in the direction we're going—even if we don't, we'll all be better for having tried.

LIFE
EXPLAINED

Those whose philosophy will fit on a bumper sticker will probably want to pass this up; deep thinkers will find these carefully gleaned pearls a shortcut to the understanding of life and other things.

1. Life in general:

Bread cast upon the waters comes back as soggy bread.

Nobody questions a man wearing a tie.

It's hard to take yourself seriously when, at the end of the day, you find your fly open.

Nobody driving a station wagon ever robbed a bank.

2. Medicine:

An elderly smoker who quits voluntarily has cancer. When asked why he quit, he will reply, "I knew they wasn't doing me no good." Why they all say the same thing is unknown; it may be HLA-related.

The patient who requests you "spare no expense" has not paid a bill since Roosevelt's funeral.

According to reports on "60 Minutes," two bad things can happen if you get sick; one, you can't get a doctor to see you, and two, you can get the doctor to see you.

A patient with a complex medical problem, who has extensive records at hospital A, will always go to hospital B when acutely ill, "because it is closer." His primary doctor will not be on call.

3. Religion:

The ultimate proof of the existence of a Supreme Being: nobody could possibly feel as bad as I do, by accident.

John R. Agnew

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.

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

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WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

LEE MEMORIAL HOSPITAL

More than 1,500 people attended the OB Open House at Lee Memorial Hospital on Sunday, December 11. The open house marked the completion of the renovation and expansion of the Family Oriented Childbirth Center.

The Childbirth/Nursery facility is the newest, most modern in the state. In July 1983 Lee Memorial achieved Level III Neonatal Intensive Care status as designed by the State of Florida, Department of Health and Rehabilitative Services, becoming the 10th such unit in the state and the only one in Southwest Florida.

The new unit features 19 labor and delivery beds, including 4 private birthing rooms, a 4-bed outpatient testing room and facilities on the unit for Caesarean deliveries. The post partum area has 37 beds including several beds for high risk

mothers, a 5-bed recovery room including an intensive care bed, and a separate examination room.

In keeping with the national trend toward family oriented childbirth, special features of the OB unit include prenatal education for parents, birthing room where mother and father can share the experience of both labor and delivery, a separate recovery room to enhance family bonding where baby and both parents can share the first precious moments of life, rooming-in so babies can stay in the rooms with their mothers, sibling visitation to encourage youngsters to participate from birth in the welcoming of the new family member, gourmet meals, a baby care class for both parents and a prepayment maternity package to help families save on the costs of delivery.

Joan Clarkson,
Public Relations

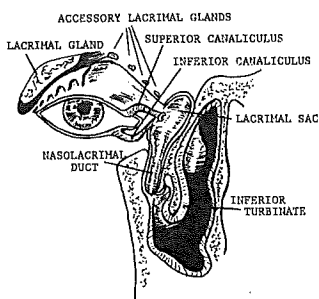
What Do I Tell The Patient About His Watering Eye?

By JOHN W. SNEAD, M.D.

For a tearing eye that is red and painful, the patient is given prompt attention because conjunctivitis, iritis or acute glaucoma are suspected. However, if the eye is not red, the cause of tearing is more difficult. The patient is often told that nothing seems wrong and to endure his symptom. After mechanical causes of irritation such as entropion, ectropion or foreign bodies have been excluded, this common problem should be analyzed physiologically as an imbalance between **inflow** (increased tear production) and **outflow** (outflow obstruction) of tears.

Increased Tear Production - This is a more common cause of tearing than obstructed

outflow. The most common cause of increased tear production is dryness of the eyes. Here's why: The accessory lacrimal glands normally produce the baseline



tear secretion (see Figure). When an eye becomes dry due to hypofunction of these accessory lacrimal glands, the irritation triggers a reflex



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(hyper) secretion from the main lacrimal gland, almost like crying. Thus, dryness of the eyes has actually caused excess tearing. Hypofunction of the accessory lacrimal glands is common in older age groups, especially women. Diagnosis is established by the Schirmer test where a strip of filter paper is inserted between the eyelid and the eye to measure tear production. Artificial tears with methylcellulose or polyvinyl alcohol are often helpful in reducing

tearing. Very rarely, some patients will have true idiopathic hypersecretion not caused by dryness of the eyes and may require partial removal of the lacrimal gland.

Outflow Obstruction - The passage for tear exit may become obstructed anywhere between its beginnings at the lacrimal puncta and the inferior turbinate where the nasolacrimal duct empties into the nose. Rarely a nasal mass may be the cause of

(Continued on Page 4)

What Do I Tell The Patient About His Tearing Eyes?

(Continued from Page 3)

obstruction, but usually obstruction is idiopathic. In children, the obstruction is often where the NLD enters the nose. For them, if tear duct sac massage is not successful, a simple probing is usually curative. In adults, mucosal changes, especially in post-menopausal women, may result in obstruction of the nasolacrimal duct, or even the lacrimal canaliculi.

Various tests are available to test the patency of the outflow passages, such as instilling a dye market into the tears and then attempting to recover the dye in the nose, or irrigating water through the tear passages into the nose. For true obstructions of the nasolacrimal duct, DCR (dacryocystorhinostomy) is indicated in which a passage is made directly from the tear sac into the nose through a bony window, bypassing the nasolacrimal duct. This is curative in greater than 90% of cases.

To summarize, tearing is best thought of as caused by increased tear production or decreased tear outflow. In children, obstruction is most common. In adults, both obstruction of drainage and

reflex tear production due to dry eyes are frequent causes of tearing.

ADDRESS-O-GRAPHY FOR SALE

The Society has an address machine for sale. Good for a small business. Call office for details.

CME

Continuing Medical Education Cycle II is due no later than January 15, 1984. Please return your forms to the Medical Society office. If you have any questions, please call and we will try to help.

1984 DUES

A reminder that your dues need to be paid by January 31, 1984 - If you have any questions or need help from the office, give us a call.

FMA LEADERSHIP CONFERENCE

The FMA is holding their Leadership Conference January 26-29, 1984 at the Sheraton on the St. John's, Jacksonville, Florida. The FMA House of Delegates has a

called meeting and we will have several attend both these functions. The meeting is open to all members to attend and provides good information on what some of the problems are facing medicine today.

COPY DEADLINE 20TH OF MONTH

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P.O. Box 1704
Fort Myers, Florida 33902

SOCIETY MEETING

Royal Palm Yacht Club
2380 First Street

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

JANUARY 23, 1984

SPEAKER

Mr. Ron Thornberg
Executive Editor
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FEBRUARY, 1984

Francis L. Howington, M.D., Editor

Fort Myers, Florida

SOCIETY MEETING

Royal Palm Yacht Club
2380 First Street

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

FEBRUARY 20, 1984

SPEAKER

Wallace M. Graves, Jr., M.D.
District 21
Medical Examiner

TOPIC

"Adventures Of A
Medical Examiner"

"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.

Contratulations!

THE FOLLOWING NEW MEMBERS WERE APPROVED FOR MEMBERSHIP AT THE JANUARY MEETING:

Charles Northup, M.D.
William Whitman, M.D.
Deogracias Caangay, M.D.
John Heiss, M.D.
Stephen Mullins, M.D.

The following members were voted to active status:

Kalkunte R. Suresh, M.D.
James A. Ferguson, M.D.
Valerie C. Moore, M.D.
Larry S. Eisenfeld, M.D.

PREPARING A PATIENT INFORMATION BOOKLET

By KAREN ZUPKO, American Medical Association

Right now you probably have a patient who's wondering:

...why your medical assistant asked for his symptoms on the phone when all he wanted was a simple appointment..

...exactly what a physician in your specialty does.

...why her "other doctor" doesn't schedule appointments six months in advance.

...if your assistant is going to ask him to pay now for today's visit.

...if she should call you at home if the baby is sick at 8p.m.

Whether you're a solo family practitioner or a specialist in a group practice, you'll find that a patient information booklet is a good way to answer these and other questions your patients have. It's an effective way to communicate and consider the benefits:

1. You can let patients know what to expect from you and your office staff before questions and/or problems arise. This can only improve patient relations.

2. Patient information booklets have been shown to be effective in reducing unnecessary telephone calls. In some practices booklets have cut incoming phone calls by as much as 20 percent. Think of the saved staff time!

Where to Begin...
First decide what areas your booklet will cover. Topics most often discussed are: specialty and philosophy of care; what to expect on a first visit if you're a specialist; appointments; telephone call backs; billing; insurance; hospital privileges; the reception room; and staff services. Some physicians also include a section on general clinical information and recommended first

aid procedures. Others have added a map showing the office location. What you decide to include depends on you, your specialty, and your style of practice.

Your medical assistant and office staff may be asked questions repeatedly that you never hear, so be sure to ask them for their ideas. Also keep in mind that the most effective patient information booklets are written using "I" or "We" and are conversational in tone. As for style, it's always a good idea to show the patient how following a policy or office routine benefits him or her. For example, it's better to say, "we ask that you call and cancel an appointment as far in advance as possible so we can give this time to another patient" than "please call and cancel an appointment if you can't make it so the doctor's valuable time isn't wasted." Booklets taking a "Thou shalt not..." approach are rarely effective and are most often offensive to patient-readers. *What Will It Cost?*

The cost of developing a patient information booklet is small. Your "first edition" can simply be typed on a standard sheet of 8½ x 11 inch paper, which is folded in half booklet style. You can take it to a duplicating service who can mimeo the sheets for a low cost on colored paper. Later you may decide to have the booklet set in type at a local printer. We'd advise checking with several print shops for cost estimates and choosing a type face that elderly patients can easily read.

Booklet Distribution

This is the last step in implementing a patient information booklet, but it may be the most important. It's best if you or a

member of your staff gives the booklet out and says: "We're sure as a new patient you have some questions about our practice that you may not have asked today. We may have answered your questions in this booklet. Please read it, keep it, and refer to it". This is much more effective than simply having copies available in the reception room. Some patients may decide National Geographic or McCall's looks more interesting and they may never read it. Some specialists mail their booklets in advance of a first appointment, which is an especially good idea if the patient has a one-time problem. And, it is advisable to distribute the booklet to established patients when they come in for an office visit. To sum up, your patients will think the booklet is important... if YOU do.

ATTENTION

Local Rotary Club has initiated an ongoing International Project with the Caribbean Island of Granada. They have a primary need for medical instruments, supplies, books, etc.

Please call me if you have any of the above or anything that you may feel appropriate for this country in need. These will be used for the public and will in no way be utilized by the "off shore medical school" at Granada.

Francis L. Howington, M.D.
939-1651

**COPY
DEADLINE
20TH
OF MONTH**

PRESIDENT'S
MESSAGE

JOSEPH P. FIORE, M.D.

SOME THOUGHTS ON
DIAGNOSTIC TESTING

Recently while reading through an essay by Dr. Stephen Goldfinger of Harvard Medical School, written in July, 1977, I was struck by the timeliness of his ideas on Diagnostic Testing Today in 1984.

With DRG's now a reality and the

highest emphasis being put on cost containment in medicine, this would be a good time to think about our personal attitudes towards Diagnostic Testing.

How often do we sit down and think about the tests we order and how often is it a kind of reflex?

Most of the time there is a fair amount of thought, although some tests such as Electrocardiogram for patients with severe chest pain do seem to be ordered instinctively. Basically, the main consideration should be whether the test can produce any information that will make a difference in the care of the patient. If not, then the reason for obtaining the test should be challenged.

A second factor is the cost of the test and whether even an abnormal finding is worth the price, and lastly whether the risk/benefit ratio is acceptable to the patient as well as the physician.

In the past, physicians have not been sufficiently trained to think in terms of cost benefits of tests but this is changing rapidly as it should.

Today every physician must ultimately recognize the impact of his individual decision on the health dollar. Depending upon how he orders tests, the bill can be very large or quite modest. The most compulsive physician who wants to explore every possibility may be acting wastefully and this indeed is a great dilemma. But it's one that we must solve somehow or it will be solved for us.

How about the other side of the situation -- the patient who often wants "the best and the latest and the biggest"?

How do we try to change the public's opinion that more tests mean better medicine? Really, the only way to do this is honest information. We must be willing to take the time to explain that the tests themselves are not flawless. In some situations test results may confuse the issue and lead to other tests that may be costly or dangerous and still may not provide definitive information.

It is also important to make people aware that it can be perfectly

LETTER TO THE EDITORS
"Principle or Principal"

Dear Sir:

We note, and write to question, the recent tendency of pharmaceutical firms to pay physicians for listening to their presentations. The free meal has been supplemented by cold cash. We wonder, is this unethical or just tacky? What would Osler have thought? Eugene Stead?

Perhaps we could just establish a national day to mourn the passing of a learned profession.

Comments are solicited.

Sincerely,

John R. Agnew
John R. Agnew, M.D.

J. P. O'Bryan MD
Joseph P. O'Bryan, M.D.

Ed. Comment: Is this any different than "paid in full" trips by medical instrument companies?

appropriate in many circumstances to live with a problem that has not been completely diagnosed.

Some of the best, most intelligent physicians I know frequently settle for the "test of time" -- simple observation to see whether a minor symptom develops into a significant problem. In part, excellent clinical judgement can be defined on the basis of the tests a doctor doesn't order.

Some physicians as well as patients have said that in this modern era of extensive testing, medicine has been to a degree, dehumanized and testing has actually detracted from good patient care -- surely this is true when testing and technology dominate the scene. We all agree that newer tests have enabled us to give a level of care in a manner that wouldn't otherwise be possible. But a doctor who spends time with a patient only for the sake of knowing which tests to order, rather than provide a full evaluation and explanation is not offering the kind of care I'd wish to have personally.

One practice that should be reconsidered is the Rote, pre-physician examination testing some physicians demand before they

accept a new patient. Some patients have complained that they must have a chest X-ray, EKG, blood evaluation, urinalysis all completed before their physician will agree to see them for a routine physical examination. Where is the clinical judgement in this situation?

Small wonder that occasionally patients come to feel that tests sometimes are ordered to line the pockets of those who order them.

There certainly are times when frequent tests are necessary but all too often patients have gotten too many cardiograms, x-rays, and blood tests on a repeated basis for symptoms that are mild and stable. Even if insurance companies or the government has paid for them in the past, each of us ultimately pay in our own insurance premiums and taxes.

"The times they are a changin'" so the song goes, and we'd better continue to examine our reasons for obtaining diagnostic testing and be able to justify them in crisp, clear terms or lose the right to decide in the future.

"DR. JOHN"
MRS. MURPHY

The ambulance pulled up to the night depository at Denver General Hospital and left us Mrs. Murphy. She had been quaffing a few at a neighborhood bar, had fallen off the bar stool and, as we learned later, suffered a compression fracture of the spine and couldn't get up. Her screams discouraged business so the ambulance was called and here she was; but, by the time of arrival

(Continued on Page 4)

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WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

**THE WELLNESS CENTER AT
LEE MEMORIAL HOSPITAL**

Lee Memorial Hospital is proud to announce that construction has begun on its 10,500 square foot Wellness Center, located on the 5th floor of the Medical Office Center.

Although it's not in Webster's "wellness" is best described through five dimensions: Self-Responsibility, Physical Fitness, Nutritional Awareness, Stress Management, and Environmental Sensitivity.

Through its Lifestyle classes on weight control, stress management, smoking cessation, nutritional cooking, and exercise, Lee Memorial is already responding to this growing recognition that Americans do have some control over their health and is expanding this service.

The Wellness Center will be the most comprehensive wellness and rehabilitative hospital-based facility in the state and address community wellness, employee wellness, lifestyle, cardiac and pulmonary rehabilitation, low back and orthopedic rehabilitation, sports medicine, and prenatal and adult fitness. All programs will be previewed and sanctioned by a Medical Advisory Committee before they are implemented and a majority will be offered upon physician referral.

Why wellness? According to the Center for Disease Control in Atlanta, 54% of all deaths before the age of 75 are directly related to lifestyle. Dr. Richard Palmer, past president of the American Medical Association, has stated "that the American Medical system only affects 10% of the health of the American public, the other 90% is determined by the personal decisions individuals make in regards to no smoking, exercising, eating properly, and managing stress."

In its yearly report on U.S. health, the Department of Health and Human Services said the best hope all Americans have for making further significant improvements in their health is by shedding unhealthy lifestyles and exercising more.

Due to these trends, a new health care discipline has evolved that places much of the responsibility of a healthy life with the individual. At present, there are more than 2,000 hospital-based wellness programs throughout the country, many of which combine the elements of

health promotion, health education, patient education, and rehabilitation.

Sophisticated medical and technological advances and early disease detection have increased our life span. Ideally, wellness complements this success by increasing life's quality and productivity.

Programs at The Wellness Center will be developed and specifically for each individual, who will then be directly supervised. After physician referral, an evaluation will be performed, based on an exercise tolerance test, coronary risk profile, nutritional analysis, health risk analysis, and oxygen consumption testing.

The approximately 15-member staff will be trained and experienced health care professionals in the fields of cardiac rehabilitation, physical therapy, exercise physiology, athletic training, dietetics, psychology, health promotion and health education.

Equipment will include Nautilus Sports/Medical exercise and rehabilitation machines, Cybex II isokinetic machine, Cybex FITRON ergometers, Marquette treadmills, Hewlett-Packard telemetry, a Beckman metabolic cart, and a P-2000 aerobic testing program. There will be locker rooms, a testing room, exercise and rehabilitation areas, treatment room, classrooms, and staff offices.

Cost of enrollment at the Wellness Center will be comparable to other hospital-based wellness programs in the state. Hours will be 6:00 A.M. - 9:00 P.M., Monday - Friday, and 9:00 A.M. - 6:00 P.M. on Saturday.

The Center should be fully operational in early Spring.

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"DR. JOHN"

(Continued from Page 2)

she had forgotten why she was in the ambulance in the first place.

Mrs. Murphy was old by any standard: gray, snaggletoothed and boisterous; she had an opaque eye that worked independently of its fellow. She smelled like a bar rag. Actually, she looked like a bar rag!

"Mrs. Murphy," I said, "what is the problem?"

"I can't see good," she replied.

"Is that all?"

"Yes, I can't see good; I have a cataract."

"Do you have any pain?"

"No, I just can't see good."

"Have you been drinking?"

She cranked her good eye in my direction, assumed an air of dignity, and said, "It's the God's truth, honey, I don't drink."

She went on to develop an ileus as a result of the fracture, and that led to a strangulated umbilical hernia, and that resulted ultimately in her death.

The moral is: If you can't see good, drink on a low bar stool.

John R. Agnew

NOTABLE QUOTE:

By Dr. Robert H. Moser (New England Journal of Medicine, 4-21-77) entitled "KNOWLEDGE IS NOT ENOUGH" is good not only for its own value but because I think it describes the motivation behind our program to reach out to our community here in Southwest Florida.

"Aside from 'one on one' education in the office and at the

bedside, medicine must 'go public'. We must establish contact; we must become communicators. We can no longer delegate this function"...

"It is a new role for physicians but no less critical than treating patients. It is time we descended from Olympus and begin to address the people -- to educate them about the realities of health and disease, to teach them what they can do to help themselves, and what we cannot do. They must be taught about the marvelous capabilities and the serious limitations of medicine."

**NEW BOOKS IN THE
MEDICAL LIBRARY**

NELSON TEXTBOOK OF PEDIATRICS edited by R. E. Behrman, 12th ed., 1983.

DEVELOPMENTAL-BEHAVIORAL PEDIATRICS edited by M.D. Levine, 1983.

SCHAFER'S DISEASES OF THE NEWBORN edited by M.E. Avery, 5th ed., 1983.

CANCER EPIDEMIOLOGY AND PREVENTION edited by D. Schottenfeld, 1982.

DIAGNOSIS AND MANAGEMENT OF CUTANEOUS MALIGNANT MELANOMA by D. F. Roses, 1983.

**COPY
DEADLINE
20TH
OF MONTH**

JUVENILE RHEUMATOID ARTHRITIS by E.J. Brewer, 2nd ed., 1982.

THE SPINE edited by R. H. Rothman, 2nd ed., 1982.

GYNECOLOGIC AND OBSTETRIC UROLOGY edited by H. J. Buchsbaum, 2nd ed., 1982.

CLINICAL INTERNAL MEDICINE IN THE AGED edited by R. W. Schrier, 1982.

OPHTHALMIC SURGERY, PRINCIPLES AND PRACTICE edited by G. L. Spaeth, 1982.


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**SOCIETY
MEETING**

Royal Palm Yacht Club
2380 First Street

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

FEBRUARY 20, 1984

SPEAKER

Wallace M. Graves, Jr., M.D.
District 21
Medical Examiner

TOPIC

"Adventures Of A
Medical Examiner"

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



LEE COUNTY MEDICAL SOCIETY BULLETIN

The Voice of Lee County Medicine



VOL. 6 NO. 2

Fort Myers, Florida

APRIL, 1984

Francis L. Howington, M.D., Editor

**Date Changed For
Society Meeting
to Fourth Monday
April 23, 1984**

SOCIETY MEETING

**Royal Palm Yacht Club
2380 First Street**

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

APRIL 23, 1984

SPEAKER

**Charles P. Hayes, Jr., M.D.
Chairman, FMA Medical
Economics Committee**

TOPIC

**"Alternative Health Care
Delivery Systems"**

"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.

HMO/IPA, PPO'S Etc. Subject of Next Meeting

Have Your Questions Ready
On April 23, 1984, Dr. Charles Hayes, Chairman of the FMA Medical Economics Committee will speak on "Alternative Health Care Delivery Systems".

Dr. Hayes has done extensive research on HMO/IPA/PPO development on both a state and national level. He will discuss...

1) How they work: organization, management structure, Premium and re-imbursement schedules, and different types.

Medical Ethics

By James K. Conn, M.D.

Reprinted from Capitol Newsletter

The other day I saw through my mind's eye, a vision of medical practice, a helpless passenger in a horse drawn carriage, hurtling across the countryside at breakneck speed. The driver was leaning back with all his weight on the reigns of the lead horse, screaming, "whoa-a-a". At the same time his sidekick was whipping the wheel horse into a frenzy. The incident that conjured this vision was the notice of my malpractice premium, \$18,380. That amount would increase my practice overhead 66%.

I truly believe that medical practice is being propelled through time, by forces out of control, and we doctors are helpless to do anything about them. The helplessness, to a large degree, is caused by an unawareness of the hazard of our situation. Those propelling forces are many and varied but one strong one is the threat of litigation. That is the one I am addressing now and the one about which we should not be helpless.

The dilemma we are in is the same one that confronts all people when they are faced by an extortionist; pay protection and continue in business, refuse to

pay and risk the consequences, or simply give up and quit. Well, I refuse to believe that malpractice suits are an inevitable accompaniment of our times and I won't accept paying tribute as a normal cost of doing business. Continuing to increase fees, to increase volume, or both, cannot indefinitely be acceptable.

I also refuse to adopt organized medicine's preoccupation with tort reform and its single-minded desire to "bust" plaintiffs attorneys. I grant that relief will only come with some reforms and "busting" of some attorneys but recent history informs me that success will require a different emphasis. I say that the Profession must look inward. The FMA had a powerful program last year with which it approached the Legislature. It was described as consisting of three approaches: one for the Legislature, one for the Judiciary, and one for the Public. It was felt that the three approaches might get the job done whereas a single thrust at the Legislature had little chance. As was demonstrated, however, that still wasn't enough. A fourth program will be required, a program directed at us doctors ourselves.

We really can't expect a very sympathetic ear from the legislature since so many of them are lawyers. That was their reason for the appeal to the public. It was hoped that pressure could be brought from that sector. It really shouldn't be a shock, however, to learn that we don't have much sympathy there either, especially if we have been listening to the message they have been trying to give us. They can accept the fact that we have troubles, even that we may face a crisis, but their collective reaction is, "too bad but they brought it on themselves". The public has been begging for

evidence of personal concern kindly consideration, communication, and advocacy. What they are seeing is the appearance of greed, arrogance, and ostentation. They read the published figures purported to be doctors' average incomes and can't help but compare them with their own, with teachers, ministers, and others. They see the bills presented to them and/or their insurance companies and they resent it when they are treated in a cavalier fashion by someone within the profession. No, at this time we don't have their sympathy. We can't really count on their support and without it I see no lessening of the crisis.

We have adequate guidelines in the AMA "Principles of Medical Ethics". Individual doctors have been permitted to behave, however, in a manner that alienates society, and unfortunately, while they are not numerous they are very visible. Slick, well financed legislative programs will never be enough. A grass roots movement must accompany the other efforts and it must be sincere. Society is asking us to care for them. They will perceive this when they see unharried, controlled practices and the appearance of humility. They will be with us when they are convinced that service is the major motivating force of the Profession. A trusting patient who believes the doctor was fair and did the best he or she could, regardless of result is just not likely to sue. When that relationship is restored, legislative relief is possible.

(Editor's Note: Appropriate time to offer this for food for thought. Any and all comments encouraged. FLH)

**COPY DEADLINE
20th OF MONTH**

URGENT REMINDER \$300.00 ASSESSMENT

This is to remind all Lee County Medical Society Members that it is URGENT to return the \$300 Assessment before May 9, 1984 to begin the Constitutional process to make changes affecting all civil litigation.

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Florida Medical Association House of Delegates at a special Called Meeting on January 26, 1984, voted to approve a mandatory assessment of \$300 from all FMA active members in 1984 in addition to all current FMA dues and fees to be utilized in implementing the professional liability program approved by the House of Delegates.

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3805 Fowler Street
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Phone (813) 936-1645

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

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

PRINTERS INK
of Southwest Florida, Inc.

PRESIDENT'S MESSAGE



JOSEPH P. FIORE, M.D.

The future of health care is being threatened by rapidly developing problems at the national, state and local levels. As we discussed at the last Society Meeting, changes in reimbursement patterns, proliferation of alternate health care delivery systems and sites, greater emphasis on marketing and increased governmental control all may in some way affect our profession and deny our patients the right of free access to health care.

At this juncture, there seems to be two avenues open to us. One is to do nothing, to let others decide what becomes of us and our patients. The other is to join together, to act promptly and with vigor and to face, with creative approaches and constructive solutions the challenges that must be met if we are to have any hope of influencing the critical issues facing us.

By far, the preferable course is action. That this is the sentiment of most of the members of our society was evident by the support for the \$150 assessment at the March meeting.

This assessment however is only the beginning. If we are to succeed in influencing the direction of change in medical practice, to come to grips with the liability crisis, to have a voice in legislation affecting our profession, we need more.

We must have the commitment and financial support of all of our members on a day to day basis.

You, each and every one of you as never before in your professional lives must become keenly aware of the issues, know them to a greater degree than in the past.

I urge you to make your voice heard by making us aware of your problems, suggestions and ideas, and I promise you that each and every view will be given thoughtful consideration.

The establishment of the fund to study alternative health care

delivery systems by the Lee County Medical Society is truly significant. It is evidence of the mutual desire of our members to collectively assume a position of leadership and influence on what happens to health care in Southwest Florida. Together we can accomplish what individuals alone cannot. We are all physicians and what happens to one of us can affect all of us. We need and value your support.

Dedication of Library

Because a library has the ability to transcend time, it was fitting that the Lee County Medical Society Library was dedicated March 18, 1984, in memory of Thomas R. Connelly, M.D.

According to LMH President Jim Nathan, one of the speakers at the dedication ceremony, libraries are essentially immortal and by dedicating the library to Tom, the medical community gave its best effort in providing him with the essence of immortality.

Tom had long served area hospitals as a neurosurgeon before his untimely death in October 1983 and had served as President of the Lee Memorial Hospital Medical Staff in 1981-1982.

Dr. Mark J. Sweet, Chairman of the Medical Library Committee, presided over the ceremonies and paid tribute to Tom Connelly as an outstanding member and friend of the medical community. Nearly 100 family members, friends and associates of Tom's attended the dedication. Dr. Mike Tyler, one of Tom's partners, spoke of Tom's many humanitarian deeds and his drive to go beyond the call of duty to serve his patients and his profession. The Reverend Dolphus Allen of Covenant Presbyterian Church gave the dedication prayer.

Although a practicing physician, Tom was considered an educator because of his many scholarly and artistic abilities. His reputation as a source of information for colleagues and patients prompted his fellow physicians to request that the library be dedicated to his memory.

The need for an enlarged medical library, although contemplated for many years, was first acted upon in the fall of 1979 when the Lee County Medical Society and the Lee Memorial Hospital drew up an agreement of joint ownership. The new library, located on the second floor of the Medical Office Center at the hospital, opened in 1981.

"DR. JOHN"

VACATION TIPS

With vacation time fast approaching, it's time to review some timely tips and assure that yours will be a happy one.

GETTING THERE:

Avoid cruise ships that are unloading bananas when you arrive at the dock.

In the dining room, screaming racial epithets will not assure good service beyond the first day.

Exercise caution when the Social Director is a young woman wearing false eyelashes, hot pants and vinyl boots.

BEING THERE:

Do not exclaim aloud that Mr. Rushmore is the greatest natural phenomenon you ever saw.

Do not comment on your wife's weight while she is lining up a putt.

While looking at the Grand Canyon, do not ask "Is that all?"

Do not eat any food that is on fire, or served by a waiter in the same condition.

Do not order a drink that has a paper umbrella sticking out of it.

Do not drink from anything that contains more than four kinds of rum.

If a native boy invites you to meet his sister, he is probably not involved in a cultural exchange program.

When reaching for your wallet, do not express great dismay at finding another hand in your pocket—customs vary in different countries.

HOME AGAIN:

Even though you packed a JAMA in your bag, you might not be able to deduct the entire trip expense. Check with your accountant and bail bondsman first.

When you want to entice friends to see your slides one night, mention that you want to show them "some interesting material from Sweden."

Don't misplace the phone number of that Social Director.

Bon Voyage!

FMA ANNUAL MEETING

May 2-6, 1984

All members are encouraged to attend the annual meeting of the Florida Medical Association at Lake Buena Vista - Palace Convention Hotel, P.O. Box 22206, Lake Buena Vista, FL 32830-2203, Tel. (305) 827-2727.

This should prove to be an exceptional meeting and affords many hours of CME credits as well as fellowship - BRING YOUR FAMILY.

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

Fort Myers Community Hospital Highlights

***The Community Hospital Ambulatory Surgery Center which scheduled its first cases the 26th of March, held Open House celebrations March 23-25. The four general surgery and two laser surgery rooms include the newest and most up-to-date equipment available. If you were unable to attend the preview showing for physicians, please stop by anytime for a tour of the new facility.

***Fort Myers Community Hospital's tenth anniversary celebrations will be getting underway next month to coincide with the April 28, 1974 Opening Day of the hospital. It's hard to believe that ten years have gone by since Dr. Quill Jones admitted that first patient to the former 200-bed hospital. A variety of activities have been planned for the physicians, employees, and the general public during the entire month of April. Specific details will be outlined later in March.

***The Medical Explorers Post 104 of Fort Myers Community Hospital recently was honored at the Annual Southwest Florida Boy Scouts Recognition Dinner. The FMCH group received an award for the best activities record for 1983 for an explorer post in Southwest Florida. Currently there are 48 high school-aged youngsters involved in monthly activities throughout the hospital as they learn about the various health careers open to them. The group will be sponsoring its second annual fitness-related poster contest for all area Cub Scouts and Brownies to coincide with Living Well in Florida Month. The Explorers will award prizes to the top three posters in each age division for both the Cub Scouts and Brownies. This year's theme: Fort Myers Community Hospital Wants You to Stay Healthy. . . by Practicing Good Health Habits. All posters will be displayed in the Edison Mall during National Hospital Week in May.

***Fort Myers Community Hospital's poison prevention program is still going strong. Recently the Emergency Room nurses completed their campaign in the Lee County Schools for the 1983-84 school year. Every third grade class in the public school system was visited by our E.R. team and received brochures and luminous stickers to identify poisonous products in their homes. The information presented to the third

graders has been designed for them to share what they learned with their parents and particularly their younger brothers and sisters.

Since the program began last fall, the hospital has received numerous inquiries about the program from all over the state as well as requests from some Collier County and Hendry County Schools for presentations in their classrooms. During Poison Prevention Week in March, the E.R. staff traveled to the private schools as well.

Lee County School officials have been extremely pleased with the success of this joint educational venture and future programs for all grade levels are currently being developed. Any groups wishing a presentation should contact the Community Relations Department at 939-8444.

THE GEORGE M. COX CANCER CENTER AT LEE MEMORIAL HOSPITAL

Lee Memorial Hospital proudly announces the establishment of the George M. Cox Cancer Center.

Made possible through an endowment from the estate of the late George M. Cox, the Cancer Center is located on the third floor of the hospital.

Lee Memorial has had a specialized cancer unit since January 1980, meeting not only the needs of the patient, but also the psychological and emotional needs of the patient and the patient's family. This endowment will further enhance the hospital's continuing commitment to its comprehensive cancer program, including education and treatment.

The George M. Cox Cancer Center has 22 patient beds. Therapeutic treatment available includes surgery, chemotherapy and radiation therapy. There is also a designated area for outpatient diagnostic procedures, transfusion services and chemotherapy. It is estimated that over 800 outpatients and 1200 inpatients will be treated at the Cancer Center this year.

Other aspects of the George M. Cox Cancer Center include close affiliation with HOPE-Hospice of Lee County and 334-LIFE, the cancer information line to answer the public's questions about cancer.



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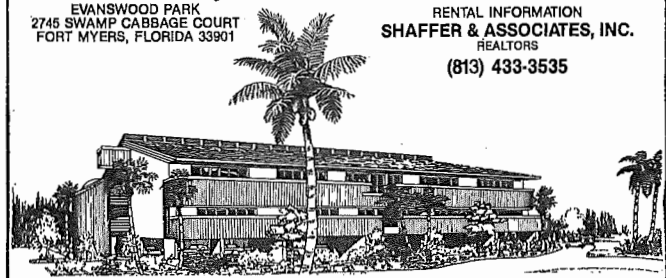
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With physician support, the Cox Cancer Center will continue Lee Memorial's tradition of community cancer education and screening. A two-part cancer series is scheduled for April, Cancer Control Month, featuring Dr. Ellen Sayet and Dr. Michael Katin speaking on treatment update and Dr. James Penuel speaking on colon and rectal cancer. A five-county hemocult screening done in conjunction with Lee Memorial, WBBH-TV and Eckerd Drugs will conclude the month's activities and continue during May.

Lee Memorial's Cancer Care Committee is actively involved in cancer education, prevention, screening, detection, diagnosis, treatment and rehabilitation, and the Tumor Registry continues its

cancer reporting, studies and follow-up.

Lee Memorial's Cox Cancer Center is a member of the Florida Cancer Data Systems, Florida Cancer Network, Association of Community Cancer Centers, the local unit of the American Cancer Society and is awaiting final accreditation by the Commission on Cancer of the American College of Surgeons.

George M. Cox was committed to the health needs of the people of Lee County. In 1956, a wing of the hospital was named after this community philanthropist. The Cancer Center endowment was presented at the hospital's March 23 board of directors meeting.

Trustees of the Cox estate who

(Continued on Page 4)

George M. Cox Cancer Center
(Continued from Page 3)

be administering the endowment are Charles Edwards, chairman; Frank Bryan, M.D.; Quillian Jones, Jr., M.D.; Edward Salko, Sr., M.D.; and C. Michael Jackson.

Lee Memorial Inc., a private foundation, purchased land from the Cox estate for \$200,000 and this will serve as the principle for the endowment.

**FLORIDA STATUTE
PERTAINING TO
"BRAIN DEATH"**

At the March meeting of the Society, Dr. James L. Bernat spoke on the ethical and legal aspects of a Brain Damaged patient. He used as some of his material the legal aspects and stated that each state has set their own statute concerning this issue. The following is the Florida Statute pertaining to this subject as submitted by Dr. Wallace Graves for your information:

382.085 Recognition of brain

death under certain circumstance (1) For legal and medical purposes, where respiratory and circulatory functions are maintained by artificial means of support so as to preclude a determination that these functions have ceased, the occurrence of death may be determined where there is the irreversible cessation of the functioning of the entire brain, including the brain stem, determined in accordance with this section.

(2) Determination of death pursuant to this section shall be made in accordance with currently accepted reasonable medical standards by two physicians licensed under chapter 458 or chapter 459. One physician shall be the treating physician, and the other physician shall be a board-eligible or board-certified neurologist, neurosurgeon, internist, pediatrician, surgeon, or anesthesiologist.

(3) The next of kin of the patient shall be notified as soon as practicable of the procedures to determine death under this section. The medical records shall reflect

such notice; if such notice has not been given, the medical records shall reflect the attempts to identify and notify the next of kin.

(4) No recovery shall be allowed nor shall criminal proceedings be instituted in any court in this state against a physician or licensed medical facility that makes a determination of death in accordance with the accepted standard of care for such physician or facility set forth in s. 768.45. Except for a diagnosis of brain death, the standard set forth in this section is not the exclusive standard for determin-

ing death or for the withdrawal of life-support systems.

History.—s. 1, ch. 80-216.

FYI

At the last meeting of the Medical Society the majority of the membership of the society voted for a mandatory assessment of \$150.00 per member. The assessment will be used to fund a study to determine the feasibility of an alternative health care system (HMO/IPA, PPO, etc.) in Lee County.

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**SOCIETY
MEETING
Date Changed
to Fourth Monday
April 23, 1984**
SOCIAL HOUR - 6:30 PM
DINNER - 7:30 PM
APRIL 23, 1984
SPEAKER
Charles P. Hayes, Jr., M.D.
Chairman, FMA Medical
Economics Committee
TOPIC
"Alternative Health Care
Delivery Systems"
"DINNER BY RESERVATIONS ONLY"
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LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



VOL. 6 NO. 3

Fort Myers, Florida

MAY, 1984

Michael E. Steler, M.D., Editor

SOCIETY MEETING

Royal Palm Yacht Club
2380 First Street

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

MAY 21, 1984

SPEAKER

Norman E. Thagard, M.D.
NASA Astronaut

TOPIC:

"Past & Future
Space Activities"

"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.

Doctor From Outer Space To Speak At Next Medical Society Meeting

Astronaut Norman Thagard, M.D. from the National Aeronautics and Space Administration will be sharing his experiences in the NASA program including his role on the June 8, 1983 Orbiter Challenger Mission. Ongoing and future NASA Space activities will be discussed along with space physiology and research projects.

Dr. Thagard is scheduled to fly on the November 1984 Space Shuttle Mission.

Numerous slides and a fifteen minute film from on board the Orbiter Challenger Mission will be included. DON'T MISS THIS OPPORTUNITY!!

LEGISLATION '84

Cecil C. Beehler, M.D. Chairman

Below are a few of the bills filed for section by the 1984 State Legislative Session. Be sure to make contact with your Senators and Representatives giving them your views.

Senator Frank B. Mann
330 Senate Office Bldg.
Tallahassee, FL 32301
(904) 487-3350

Representatives
J. Keith Arnold (D-73)
232 House Office Building
Tallahassee, FL 32301
(904) 488-1541

Fred R. Dudley (R-74)
26 House Office Building
Tallahassee, FL 32301
(904) 488-2047

Vernon Peoples (D-72)
18 House Office Building
Tallahassee, FL 32301
(904) 488-9175

Authorization For Pharmacists To Prescribe Drugs (SB 45/HB 104)

The bill (HB 104, SB 45) creates a new category of pharmacist - "pharmacist health-care consultant" - that is authorized to prescribe legend drugs for treatment of disease. The drugs that are allowed to be prescribed would be based upon a formulary developed by a seven-person committee (three from the Board of Pharmacy, one doctor of osteopathy, two medical doctors and the Secretary of the Department of Professional Regulation). The education standards are to be determined by the Board of Pharmacy. The bill is non-specific as to either education standards or criteria for the formulary committee.

WHAT SB 45/HB 104 ACTUALLY DOES

GENERAL:

This proposal will encourage people to bypass appropriate treatment regime. It appears to give the Legislature's stamp of approval to doing this, thus giving rise to false security among health care consumers and possibly resulting in delay of necessary medical treatment. It will raise costs in several ways, a major reason being that it will set up a system for reimbursement for a service that is now being provided free by community pharmacists. Most pharmacies are owned by pharmacists, therefore, another cost factor could be the motivation to shift the customer from use of an inexpensive OTC preparation to a more expensive legend drug for a minor symptom.

SPECIFIC: (Numbers are keyed to marked sections in the attached bill)

1. The title "pharmacist health care consultant" is misleading. It implies that pharmacists are capable of serving as a treatment resource for all health care problems, thus creating another primary care practitioner.

2. This language does not require any specific additional training (though seems to indicate intent) and doesn't require the advance training and education to be in a formalized setting. As worded, "experience", and also continuing education, could be used in lieu of formal advanced education.

3. The joint committee is specifically authorized only to develop a formulary. The bill does not give authority for the joint committee to set limits on supply or quantity of drugs to be dispensed, kinds of conditions to be treated, notification to patient's physician, collaboration with patient's physician,

etc.

4. This language does not really restrict the ordering pharmacist, although language appears to do so. It only is there to prevent the order by one pharmacist from being refilled by another. The original "health care consultant" pharmacist could reorder the same drug again or write an order for another drug on the formulary. A different "health care consultant" could "later" write a new order for any drug on the formulary for the same patient -- all of this without examination by or consultation with a physician.

Other Bills of Interest

***SB 97--Medical Assistants --** by Myers -- Amends Chapter 458 to prohibit anyone from practicing as a "medical assistant" without being certified by the American Association of Medical Assistants or by the American Society of Medical Technologists; prohibits physicians from employing an uncertified assistant to help with patient care management and clinical procedures. Referred to: HRS

***SB 279--Chiropractic Insurance --** by Jennings -- Requires any health insurance policy, health care services plan or other contract that provides for the payment of medical expenses shall be construed to include payment to a chiropractic physician; provides any limit placed on chiropractors shall apply equally to all licensed physicians. (HB 475). Referred to: Commerce

***SB 386--Nursing--** by Fox -- Prohibits a licensed hospital from denying staff membership or professional clinical privileges to a nurse anesthetist solely because the applicant is certified under Chapter 464 (Nursing) (HB 620)

***SB 407--Hospital Privileges--** by

(Continued on Page 2)

**PAMPHLET FOR YOU
WAITING ROOM**

The Society office has available a pamphlet, designed by Dr. Fiore and the Society, entitled "Common Sense When Taking Drugs". You are encouraged to place these pamphlets in your waiting room. We received a good response from the public when the pamphlet was offered on the health segment of TV 11, Close-Up News.

If you are interested in this pamphlet, contact the Society office.

RECOGNITION

Recently the AMA publication "Connections" wrote an article on the pamphlet, "Common Sense When Taking Drugs" in the last communications to Medical Societies across the nation and the AMA News, April 6, 1984, carried the editorial comments of the Fort Myers News Press on the AMA Fee Freeze.

Let us all continue to work for positive recognition of our efforts for medicine in Southwest Florida.

**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.

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Francis L. Howington, M.D.

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

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of Southwest Florida, Inc.

**PRESIDENT'S
MESSAGE**

JOSEPH P. FIORE, M.D.

EXCITING TIMES

Recently, I came across the Charles Dickens phrase "It was the best of times, it was the worst of times" and thought how appropriate this concept is to our professional lives today.

It is the best of times because we are doing things in medicine that would have been thought of as miracles a few short years ago. We have the best medical care system in the world and physicians by and large continue to enjoy the respect and admiration of a majority of our society.

It is the worst of times too. In the past few months we have thought about, discussed, read about and begun to act upon problems that are no longer irrelevant to any of us. It has been said that physicians have all lived in a beautiful and complacent world and have been peculiarly myopic and oblivious to certain economic facts of life in health care. As a result we are now contemplating accepting less money for our services and to the rationing of health care. Many in organized medicine have voiced the opinion that physicians no longer will control the practice of medicine after the dust has settled in current economic upheavals unless we rather suddenly awake to view the world around us.

Well this is happening and it's happening daily.

We see positive effects of this turmoil manifested by an increased awareness of costs, increased communication between physicians and hospital administrators and more careful scrutiny of expensive new technologies and procedures.

We are letting our patients know of our concern not only in treating their diseases but in our concern that they do not get disease to begin with. We are setting better examples of healthier life styles and encouraging good preventive medicine or ways to

enhance wellness.

We've said it before, there are rough times ahead for our profession but exciting and challenging times are seldom serene.

It is the best and the worst of times.

**Letter to the
Editor**

Dear Dr. Howington:

You asked for it!

"Physicians were dragged kicking and screaming by the Truman Administration into Medicare and Medicaid... opposed to government intervention as a third party in medical care costs. (And subsequent history has proved our position).

Public opposition to increased medical costs were muted by the ability of Organized Labor to include them as fringe benefits in labor contracts... a process now reversed by deflation and foreign competition.

Liberal influences in Congress over the years has added huge costs to government by inclusion of new medical techniques such as renal dialysis (2 billion), liberal attitudes toward disability payments, and even today threatens escalation of costs for transplantation of organs, etc.

Government mistakenly thought to lower medical costs by increasing competition among physicians by encouraging foreign medical graduates and increasing the number of medical schools in this country. (A recent incident in Granada focused public attention on this aspect).

Spread of organized labor into hospitals stimulated increased labor costs unopposed by administration since government reimbursement was based on costs.

The weighed membership of political bodies by lawyers has prevented any action to control irresponsible malpractice actions, skyrocketing insurance costs (\$20,000-\$40,000 annually) to each physician.

Steady growth of private for-profit hospitals (now competing for physicians) for some years due to government reimbursement of hospital costs.

The spread world wide of the concept that medical care is a right not a privilege is slowly forcing society to assume more control. . . and although the problem is not of our making but of government, some solution is obligatory either led by the profession or by government."

Avery P. Rowlette, M.D.

**COPY DEADLINE
20th OF MONTH**

LEGISLATION '84

(Continued from Page 1)

Malchon -- Prohibits a licensed hospital from denying staff membership or professional clinical privileges of a psychologist or an advanced registered nurse practitioner because of the scope of their license. (HB 565)

*SB 277--Hospital Privileges-- by Malchon -- Amends section 395.011 relating to hospital staff membership to provide licensed hospitals may not deny staff membership or professional clinical privileges to psychologists and midwives solely on the basis of the scope of their license. (HB 418) Referred To: HRS

*SB 176--Health Care Cost Containment--by Thomas -- Amends Chapter 395 to greatly increase the powers of the Hospital Cost Containment Board; authorizes the Board to review the relationship between total expenditures and rates and services provided by hospitals, to approve or disapprove hospital budgets and rates, to audit hospital books and records, and to order refunds to individual patients; amends procedures for hospitals filing information, budgets and rates; provides hospitals which do not file information and reports will be reported to the Department of HRS for disciplinary proceedings against their license. (HB 506) Referred to: HRS Commerce Appropriations.

*SB 120--Civil Action Referees-- by Cox -- Amends Chapter 53 to allow a trial court judge to refer a civil matter or proceeding to a referee if both parties agree; allows the court to refer a matter to a referee when the parties do not consent when the trial of an issue requires the examination of a long account on either side of when a question of fact, other than upon pleadings, arises upon motion or otherwise in any stage of the action; provides for written reports by referees and provides the findings of referees stand as the findings of the court; provides for exceptions and review of referees' decisions. Referred to: Judiciary-Civil

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June 15, 1984**

(Individual announcements
to all members of the
Society at a later date)

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

Rehabilitative Services
Expand At Lee Memorial

Lee Memorial Hospital's rehabilitative services center is currently undergoing an extensive renovation project in a move to centralize all in-patient rehabilitation services and to provide treatment seven days a week.

Physical therapy, occupational therapy and speech pathology will all move to the new 5,200 square foot rehabilitation center located in the south wing of the hospital in May. Treatment will be more convenient for patients requiring rehabilitative services when all three disciplines are centrally located.

The expansion of the rehabilitative services center indicates Lee Memorial's continued commitment to rehabilitation and total wellness. With the recent opening of the Wellness Center at Lee Memorial, the hospital's 10,500 square foot fitness, rehabilitation and health education facility, and the MedCenter Out-patient Physical Therapy Clinic in the Gulf Point Square Shopping Center at Miners Corner, Lee Memorial will be dedicating over 16,500 square feet of space and 43 employees to help promote the well-being of Lee County citizens.

Along with the new location of rehabilitative services comes new, state-of-the-art equipment including an Arjo butterfly hydro therapy tank and an Arjo hip tank. Both pieces of equipment will have hydraulic lift transport systems to help facilitate the movement of patients from their rooms to the tanks, meaning less discomfort and inconvenience for the patient. Motorized parallel bars are also being installed to assist in balance, gait and daily activity training for the patients. The centralization project also calls for an eight-bed modality treatment area, exercise and gym area, conference room for therapists and physicians, and both an in-patient and out-patient waiting area.

Occupational therapy will have approximately 1000 square feet of space in the new rehabilitative center to reacquaint patients with the day-to-day activities for normal living such as self-care, work, and recreation. To help in the provision of these occupational services, both a kitchen and bathroom are being constructed. Occupational therapy, which provides guidance in tuning fine

motor skills, particularly of the extremities, will have a new work bench installed to help accomplish this therapy.

After having been located in several areas during the past few years, speech pathology will find itself in a new home within the rehabilitative services center. With both a testing room and an office for evaluation and assessment, plus new equipment for the treatment of voice disorders and a computer which translates spoken messages into a visual picture, the speech pathology department will be one of the most comprehensive in southwest Florida.

According to the American Hospital Association and the American Medical Association, the number of persons requiring comprehensive rehabilitative services has increased 37 percent over the last ten years. In recognition of this fact, Lee Memorial is striving to provide high-quality services to meet that need. Services not only in the rehabilitative center, but community service projects such as the upcoming colon-rectal cancer screening to begin on April 30. Co-sponsored by Lee Memorial Hospital, Eckerd Drug Stores and WBBH-TV, the screening is expected to reach more than 10,000 residents in five-counties in an effort to seek early detection of the disease in citizens who would not normally undergo testing for the cancer.

Tenth Anniversary
of Fort Myers
Community Hospital

Fort Myers Community Hospital's Tenth Anniversary was celebrated on April 28, 1984. Throughout the weekend the hospital invited special guests, employees and the general public to a host of activities to highlight the hospital's decade of progress. All employees, volunteers, and their families were treated to a daylong celebration at the Lee Civic Center with sports competition, games, derbies, food, and entertainment for all ages.

The public was invited for free testing and tours and a brief commemorative ceremony was held to mark this milestone in hospital's history.

The Community Hospital Ambulatory Surgery Center now features both the Argon and YAG lasers for ophthalmic procedures. The YAG laser (named for its

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components of yttrium, aluminum, and garnet) is currently being used to supplement cataract surgery and retinal problems. An inservice for local ophthalmologists was recently conducted by Jim Mulligan of Coopervision, Inc., manufacturers of the laser. The latest estimates indicate that there are fewer than 400 of these available for use in the United States. This nonthermal laser will be used primarily for posterior capsulotomies at the present time. One point that both the ophthalmologists and the YAG representative wanted to emphasize is the fact that this laser does not remove cataracts as some people have mistakenly believed.

The first YAG procedures were recently performed by Drs. Mark Gorovoy and Richard M. Davis.

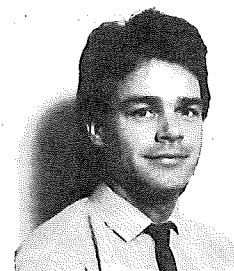
The Fort Myers Community Hospital Auxiliary recently opened a thrift shop called the Double Take. The shop's location is 3592 Evans Avenue in the Carrell Corners Shopping Center just north of the hospital. Operated strictly on donations of clothing, small appliances, housewares, and miscellaneous articles, the shop's proceeds will be used strictly for the scholarship fund and designated charities. The shop's business hours are as follows: Monday-Friday from 10:00 am to 4:00 pm and Saturday from

10:00 am to 1:00 pm. Any and all donated articles for the shop will be accepted in the auxiliary office or at the shop itself.

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.



JOHN JOSEPH DUSSEAU, M.D.

Dr. John Joseph Dusseau is a native of Toledo, Ohio. He attended Medical College of Ohio in Toledo, Ohio. He completed his internship at Baptist Memorial Hospital in Memphis, Tennessee and his residency at the University of Tennessee.

(Continued on Page 4)

Dr. Dusseau will be practicing Neurology at 3677 Central Avenue with Doctors Lowell, Tipton, and Tyler.



REX ELLIOT STUBBS, JR., M.D.

Dr. Rex Elliot Stubbs, Jr. was born in Savannah, Georgia. He graduated Fort Myers Senior High School. Dr. Stubbs attended the Medical College of Georgia in Augusta, Georgia. He completed his internship and residency at the University Hospital of Jacksonville in Jacksonville, Florida.

Dr. Stubbs will be practicing Obstetrics and Gynecology at 3707 Broadway with Dr. Marilyn Young.



THOMAS LEE SCHAAR, M.D.

Dr. Thomas Lee Schaar is a native of Cleveland, Ohio. He attended Albion College in Albion, Michigan. He completed his internship and residency at the University Hospital of Cincinnati in Cincinnati, Ohio.

Dr. Schaar will be practicing Emergency Medicine at Fort Myers Community Hospital.

DONN O. FULLER, M.D.

Dr. Donn O. Fuller is a native of Maquoketa, Iowa. He attended the University of Iowa in Iowa City, Iowa. He completed his internship and residency both at the Mayo Graduate School of

Medicine, Minnesota.

Dr. Fuller will be practicing Orthopedic Surgery at 708 Del Prado Boulevard, Cape Coral.

CME

"STROKE: 1984. Presented by the American Heart Association, Florida Affiliate Stroke Council June 15-17, 1984, Holiday Inn Surfside, Clearwater Beach, Florida. Designed specifically for primary care physicians, the three day course will cover how to deal with the high risk asymptomatic patient, recognition of the early warning signs of stroke and its treatment, and the day-to-day

management of the stroke patient. CME credits in Category 1 are being applied for. For more information call American Heart Association, Mrs. Louise Boudreau, 813/522-9477".

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SOCIETY MEETING

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JULY, 1984

Francis L. Howington, M.D., Editor

FLORIDA MEDICAL ASSOCIATION, INC. 110th ANNUAL MEETING MAY 2-6, 1984

The following physicians represented the Lee County Medical Society as Delegates to the FMA Annual Meeting:

Ronald D. Castellanos, M.D.
Larry P. Garrett, M.D.
Francis L. Howington, M.D.
H. Quillian Jones, Jr., M.D.
Joseph P. O'Bryan, M.D.
Stephen R. Zellner, M.D.

REFERENCE COMMITTEE NO. I

Stephen R. Zellner, M.D.

Much of the discussion at the recent Florida Medical Association meeting in Orlando centered around HMO and PPO physician participation. Brochures are readily available to physicians through the Florida Medical Association. Physicians should be wary of participation in plans that are not only superficial but have less than the patient's well being at heart.

My other involvement at the FMA meeting was as a participant on Reference Committee No. 1, having to deal with health and education. Discussion focused primarily on off-shore medical schools and the qualifications of their students for externships and medical licensure within the state. There was a strong feeling that further regulations may be necessary and the matter was referred to the Department of Professional Regulation and Board of Medical Examiners for further consideration.

REFERENCE COMMITTEE NO. II

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

Reference Committee II - Public Policy heard testimony on the

Prescription Abuse Data Synthesis (PADS) and recommended that the FMA continue to be involved in this program. This program is composed of a representative of the FMA, Florida Pharmacy Association, DPR or Drug Enforcement Agency. The Committee will receive data from the DPR after drug diversion has been determined. It will assist the state of Florida in the development of an intervention policy designed to identify and assist non-criminally involved physicians, such as the impaired physician.

A great deal of testimony was heard on the Florida High School Activities Form. It is the objective of the FMA to consolidate into one standard form the number of pre-participation athletic forms presently being utilized in the state.

The Report of the Council on Medical Services was adopted. This Committee deals with issues which impacts virtually all citizens of Florida. They addressed several subjects on the delivery and cost of health care, aging, substance abuse, school health, public health and Emergency Medicine Services.

Resolution 84-3 Therapeutic Substitution was adopted:

(Resolved, the FMA assume an official position of opposition to therapeutic substitution of drugs by pharmacists unless the substitution is approved by the prescribing physician in each instance, and that the FMA communicate this position to the Florida HRS, Hospital Association and JCAH.)

REFERENCE COMMITTEE NO. III

Joseph P. O'Bryan, M.D.

Reference Committee No. III was concerned with Finance Fund Administration. Some of the following were pertinent recommendations and resolutions adopted by Reference Committee III and passed by the House of Delegates.

- (1) "Approved an amendment to the bylaws to provide that each member of a recognized Specialty Society, serving as

(Continued on Insert)

SCHOOL PHYSICAL SCREENINGS

Your Sports Medical Committee is presently planning for the Annual Lee County School Sports Physicals. Physicals for the student entering the 9th grade is scheduled for the night of August 15th in the Auditorium at Lee Memorial Hospital.

Dr Robert Arnall is coordinating this endeavor endorsed by the Society. We need your help in making it a success. Contact the Society office now! 936-1645
PLEASE VOLUNTEER - ANOTHER PUBLIC IMAGE PROJECT.

FMA - PRO Of Florida

The PRO of Florida is working at this time to organize the review process that is essential to the program. The Area Peer Review Committee will be composed of physicians selected by the PRO Board upon recommendation by the county medical societies in each Peer Review Area.

We need as many physicians as possible to participate and the involvement will vary in degrees

such as part-time Medical Directors, Reviewers, administrative activities, and physician advisors.

Please notify the Society office of your interest in the PRO so that we may forward your name and recommendation to the PRO of Fla. as soon as possible. 936-1645.

THOMAS R. CONNELLY LIBRARY

CIRCULATION POLICY:

Books will be circulated for a period of 2 weeks and may be renewed for an additional 2 week period. If books are not returned two overdue notices will be sent, followed by a phone call. Books overdue 3 months will be considered lost and the borrower will be charged the replacement cost. Reference books and journals do not circulate. Reprints of articles or chapters may be requested. Circulation is limited to the members of Lee County Medical Society and Lee Memorial Hospital Staff physicians, hospital personnel, and auxiliaries.

New Books in the Library:
Management of Labor - Wayne R. Cohen, University Park Press, 1983.

Management of Common Problems in Obstetrics and Gynecology - Daniel R. Mishell, Medical Economics, 1983.

Color Atlas of Life Before Birth: Normal Fetal Development - Marjorie A. England, Year Book, 1983.

Perinatal Medicine: Management of the High Risk Fetus and Neonate - Ronald J. Bolognese, Williams & Wilkins, 2nd ed., 1982.

Emergency Pediatrics - Roger M. Barkin, Mosby, 1984.

A Child Dies: Portrait of Family Grief - Joan H. Arnold, Aspen, 1983.

Ethical Decisions in Medicine - Howard Brody, Little, Brown, 2nd ed., 1981.

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of Southwest Florida, Inc.Society's HMO
Considerations

Previous discussions among the membership of the Lee County Medical Society afforded the opportunity, after a membership assessment, to fund a feasibility study in the Lee County area. The effort is in concert with the Lee County Osteopathic Society. The effort has met with good response and approximately 287 M.D.'s and 27 O.D.'s have contributed their assessed evaluation.

The firm of Jurgovan and Blair has been engaged to assist the County membership in the feasibility study. A list of large employers was collected and contacts accomplished. During the first two weeks in June, interviews with J&B representatives and key contacts were conducted. In addition, each of the four hospitals' representatives were interviewed and appraised of our efforts. Individual physicians within the community were also interviewed, trying to get a good physician mix by specialty representation as well as geographic distribution.

The results of the study will be forthcoming and will be available, hopefully, for presentation at the September Society meeting.

Stephen R. Zellner, M.D.

PRESIDENT'S
MESSAGE

JOSEPH P. FIORE, M.D.

Recently I had the opportunity to address the participants at the Second Media Health Conference at Lee Memorial Hospital. Some of the thoughts on physician communication might be of interest for consideration by our membership at large.

Ladies and gentlemen, I am very pleased to welcome you to the Second Physician Media Health Conference, sponsored by the Lee County Medical Society in conjunction with Lee Memorial Hospital Media Services. You are in for a very busy day. But the best thing about it is that it will also be fun. No grades will be given. Nobody can fail this course. You will get out of it everything each of you is capable of getting, because everything we promised you, will be here. You will be in the hands of an outstanding faculty of experts assembled by the society, specifically and only for this conference. I am not going to name them all but they are listed and briefly credentialled in the program you all have received.

As the day unfolds, you will see that these communicators bring us not only their own unique knowledge and experience, but share an interest and expertise in areas of our own field of medicine and health. Our representatives today include experts in all phases of radio, television and communications, plus producers and on-air personalities from the local television stations.

You may be aware that this is the second conference sponsored by the Lee County Medical Society. Over the past year, physicians have raised the question of why the society should sponsor a meeting like this. The answer is simple and clear. Because it is vitally important to the people of this county. The importance lies not in our holding the meeting, but in what the meeting represents, helping physicians prepare themselves to be

communicators to the public through the broadcast media.

People want and need health information. They need to learn what is new in medical care. They need to learn what they can do to help themselves maintain their good health. They need to learn more about what is good for them and what might be bad or is bad for them. Most important of all, they need to learn that kind of information from the best possible source—that source, is a physician. Not that other people can't give good information, many do, but they're giving it more or less, second hand. They do their research among physicians and then report to the public. The best approach is to let people get knowledge from the horse's mouth, so to speak. Let the people know that through their local television and radio stations they can turn to real physicians for the kind of information they're seeking.

There is another aspect to it too. The things you can learn in this conference can help you prepare to be a more effective representative of your profession and a more credible advocate of our patients. The people who like to criticize medicine, who accuse physicians of all kinds of things, from incompetence to excessive fees to unnecessary surgery—don't seem to have any trouble finding a forum on the talk shows. Sometimes when a physician is invited to take part in such a program, the opposition seems to win the debate because they are more accustomed to the broadcast media. They also have the advantage that it is easier to criticize and accuse without facts than it is to defend and explain the truth. You can learn here some techniques you need in an interview situation—a friendly one or a hostile one.

You have a tremendous opportunity and a tremendous responsibility. Your credentials and the history of your profession give you credibility. The influence you have can be awesome. Let me touch on just one small facet of the power you may wield. The influence you have on the demand for medical care and secondly, the cost to society for medical care. Each time you touch your patients or viewers, you alter, to some degree, the demand for care.

You can further rationalize the demand by calling for appropriate self-care, preventive care or more expensive but cost effective care, such as insurance and mammography. Or, you can sell short your professional integrity by highlighting interventions that may be news worthy but not rational from the standpoint of

societies finite resources.

I say this, not to suggest that some topics are to be taboo, nothing in acceptable form is taboo. But simply to say that you have the opportunity and the responsibility to assist society in sorting its priorities in the best possible way. To help society understand the price tag, because society will assign far more to your work than just being show biz. In short, we don't merely condone the idea of physician appearances on radio and television. We applaud it. We encourage it. And through conferences of this kind, we are doing what we can to make it easier to make it more effective and to make it happen through physician action to go out and find the opportunities.

I welcome you to this conference. I thank you for coming. And I congratulate you for having the foresight to think about preparing yourself to be a better spokesperson for the medical profession and to the people all of us are trying to serve.

(Editor's Note: The Society should congratulate Dr. Fiore on his efforts to promote this worthwhile project. It is concerning that only 16 members applied, but more concerning that only nine attended. Then we wonder why we have a poor public image! FLH)

FOR YOUR
INFORMATION

The Medical Society has received numerous calls from the public regarding interest charges and finance charges. Listed below is the AMA Judicial Council opinion:

6.07 INTEREST CHARGES AND
FINANCE CHARGES.

Although harsh or commercial collection practices are discouraged in the practice of medicine, a physician who has experienced problems with delinquent accounts may properly choose to request that payment be made at the time of treatment or add interest or other reasonable charges to delinquent accounts. The patient must be notified in advance of the interest or other reasonable finance or service charges by such means as the posting of a notice in the physician's waiting room, the distribution of leaflets describing the office billing practices and appropriate notations on the billing statement. The physician must comply with state and federal laws and regulations applicable to the imposition of such charges. The Judicial Council encourages physicians who choose to add an interest or finance charge to accounts not paid within a reasonable time to make exceptions in hardship cases. (11)

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

FORT MYERS COMMUNITY HOSPITAL

The Community Health Care Center of Fort Myers Community Hospital has been opening in stages since January, 1984. The new center is now home to the following departments:

Medical Engineering, Inc., a data processing subsidiary of Basic American Medical, Inc.; Human Resources Department; Staff Services; Nursing Development; Corporate Accounting; Business Office; Community Relations; Ambulatory Surgery Center; South Florida Rehabilitation Center.

The South Florida Rehabilitation Center encompasses outpatient physical and occupational therapy, cardiac and pulmonary rehabilitation, industrial medicine, and special services including social, dietary, and psychological evaluations. An Open House for the center was held on June 20; however, all physicians who were unable to attend are cordially invited to tour the new facilities at your convenience. For client scheduling and any other information, please contact the Center at 939-8407.

In addition to the departments mentioned above, the Community Health Care Center now houses a 300 seat capacity auditorium with the capability of subdividing the auditorium into three separate classrooms for small group usage.

The Physician Health Lecture Series was moved from the hospital cafeteria to the new auditorium in June. Also in June, the first area medical conference, Topics in Cancer Control, was sponsored in the auditorium, which accommodated an overflow registration of 250+ participants.

If your group is interested in scheduling information, please contact the Marketing/Community Relations Department at 939-8444.

LEE MEMORIAL HOSPITAL

Disease of the heart and blood vessels kills more Americans each year than all other causes of death combined. Due to the increased numbers of survivors of an acute myocardial infarction and the advances in modern medicine, a visible increase in the need for cardiac rehabilitation has become firmly established.

As a result of this need, The Wellness Center at Lee Memorial

Hospital has developed the most comprehensive Cardiac Rehabilitation program in southwest Florida.

Patient and family education, as well as physical conditioning, have been incorporated into the program through a multidisciplinary approach. The Wellness Center Cardiac Rehabilitation program, which began in May, is initiated upon referral by the attending physician. During the course of the program, the rehabilitation team, comprised of an exercise physiologist, critical care nurse, nutritionist, pharmacist and psychologist, assist the patient in understanding his or her condition through a structured educational program. The goals of the program are to assist the individual in recognizing and controlling risk factors through lifestyle modification, maintaining family equilibrium, and finally, reducing the cost of health care by shortening treatment time and preventing disability.

During the program, the patient is required to exercise on a regular basis as an outpatient. The recommended exercise sessions last approximately 90 minutes, three times per week for 12 weeks. Each exercise session consists of warm-ups, telemetry monitored exercise and a cool-down period involving relaxation techniques. The patient's progress is reviewed periodically throughout the program with adjustments being made accordingly.

When the 12-week Cardiac Rehabilitation program is completed, the bulk of the responsibility is placed back into the hands of the patient. The patient may elect to continue exercising at The Wellness Center (Phase III), where he or she will be monitored by telemetry on a once-a-month basis. Medical personnel will be available for continued support and guidance. In addition, programs devoted to weight loss, stress reduction, smoking cessation and nutrition are presented in the evenings on a monthly basis for both the patient and the family.

As many as 1.5 million Americans will suffer an acute myocardial infarction this year, and in most cases, the incident occurs during the 4th, 5th and 6th decade of life. These are the peak years of creatively intellectual function and financial reward. Therefore, any physical limitations affecting a person during this time period has a significant impact on the



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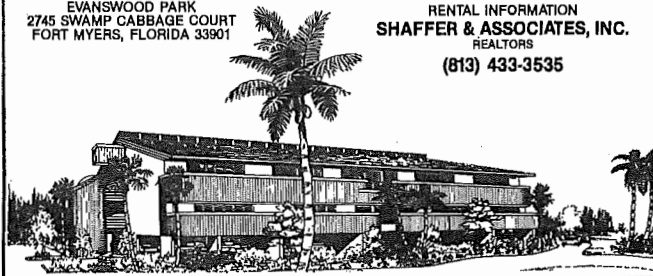
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individual and the family.

The beneficial effects of The Wellness Center's comprehensive rehabilitation program include psychological, social and physical improvements. While there is no conclusive evidence to support exercise as a means of preventing a myocardial infarction, there is evidence to support the reduction of other risk factors such as smoking, hypertension, obesity, hyperlipidemia and glucose intolerance. Psychological well-being is enhanced by exercise. Social and vocational influences are positively effected as the individual is able to return to normal daily activities and function as a contributing member of society.

MEDICAL/LEGAL CODE

COPIES OF THE MEDICAL/LEGAL CODE ARE AVAILABLE FOR YOU TO READ. THIS CODE WILL BE VOTED ON AT THE SEPTEMBER MEETING.

PLEASE CALL THE OFFICE FOR US TO SEND YOU A COPY, WHEN COMPLETED READING RETURN TO OFFICE SO THAT ANOTHER PERSON MAY HAVE ACCESS TO IT OR YOU MAY STOP BY AND PICK UP A COPY.

PUT YOUR SUGGESTIONS FOR CHANGES, DELETIONS AND CORRECTIONS IN WRITING.

"DR. JOHN" My Operation

Everyone likes to talk about his illnesses, but few of us like to listen unless paid for it. I learned a lot about medicine by watching others work on me, and early enough in my career to benefit from it. For you, this may already be too late. If so, you are excused.

As a college student, I had a sudden painful swelling under my jaw while eating a crunchy peanut butter sandwich. I recognized that this must be a salivary gland, and figured a crunch must have fallen into the duct; that kind of thinking later got me into Internal Medicine. The swelling subsided, returned later especially with sour foods or tart drinks, and I became able to maneuver a little lump away from the orifice of the Wharton's duct with my tongue. It was of a size and color that made it visible through the mucosa, with a mirror and strong light. Even though it obviously was not going to kill me, I decided in favor of removal.

The college infirmary physician was a Board-certified internist

who did not inspire confidence when he examined the chest through the overcoat, but always seemed to be sure of his diagnosis. He came bustling into the examining room, and as I pointed to my mouth and said, "I have a . . ." he poked a tongue blade in and said, "Strep throat, penicillin daily for three days." I didn't go back.

"Listen to the patient," Osler said, but he didn't practice in the infirmary.

After another year or two of annoying recurrences, I referred myself to an ENT man in Miami. He listened to my story, did not look in my mouth, and took a bunch of X-rays that did not dem-

onstrate the stone.

"Can't help you," he said, and gave me a professional discount for the X-rays.

"A finger in the mouth and a finger in the rectum is the sign of a good consultant."

W. Osler

"Preferably not the same finger."

J. Agnew

By now I was near graduation, knew enough to understand my problem, and figured out how to solve it. I made an appointment with an oral surgeon, and told him, "I have a stone in my Wharton's duct; can you take it out?"

"Sure," he said.

I probably learned enough to make the aggravation worthwhile. I never saw the infirmary physician again, but I read about him in Medical Economics last year. The story was about his malpractice suit. It was a beaut.

John R. Agnew

*It's sad for a girl to reach
the age*

*Where men consider her
charmless,*

*But it's worse for a man to
attain the age*

*Where the girls consider him
harmless.*

... Author Unknown

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ATTENTION
SOCIETY
MEMBERS

REASON '84
DEADLINE
JULY 15th

PLEASE CONTINUE
TO SOLICIT
PETITIONS FROM
YOUR FRIENDS
AND PATIENTS



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



VOL. 6 NO. 5

Fort Myers, Florida

SEPTEMBER, 1984

Michael E. Steier, M.D., Editor

SOCIETY MEETING

Royal Palm Yacht Club
2380 First Street

SOCIAL HOUR - 6:30 PM

DINNER - 7:30 PM

SEPTEMBER 17, 1984

SPEAKERS

William R. Bess, Jr., M.D.
Director of ER, Ft. Myers
Community Hospital and
LCMS, Disaster Chairman
and

Jon Cecil, Vice President
Institutional & Employee
Services

Lee Memorial Hospital

TOPIC:

"Lee County Disaster Planning"

"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.

MEDICAL/LEGAL CODE

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PLEASE CALL THE OFFICE FOR US TO SEND YOU A COPY, WHEN COMPLETED READING, RETURN TO OFFICE SO THAT ANOTHER PERSON MAY HAVE ACCESS TO IT OR YOU MAY STOP BY AND PICK UP A COPY. PUT YOUR SUGGESTIONS FOR CHANGES, DELITIONS AND CORRECTIONS IN WRITING.

**COPY
DEADLINE
20TH
OF MONTH**

THINK REASON '84

AUXILIARY NEWS

1984-1985 promises to be an exciting year for the Lee County Medical Society Auxiliary. Plans are already underway for some special service projects and we hope to continue in the tradition of the past with great social events as well.

This year's Auxiliary Board has been hard at work this summer and I'd like to introduce them to you:

President - Michele Heller
President-Elect - Elizabeth Kagan
Vice-President -

Michele Domres-Hon

Treasurer - Terri Eisenfeld

Corresponding Secretary -

Linda Sweet

Recording Secretary -

Jeannie Eby

Nominating Committee -

Sue Burford

Shirley Butler

Nancy Antonio

NOTICE FOR LEE COUNTY MEDICAL SOCIETY MEMBERS

Only 30 school days to complete a school entry health examination.

F.S. 232.0315 requiring a school entry health examination for all first time enterers has been revised to state that a school board may permit a student up to 30 days to present a certification of health examination.

Previously in the absence of any state authority in regard to a time limit Lee County schools allowed a new student 40 school days to complete the examination.

As a result of the revised legislation, it is now necessary to adhere to the 30 school day time limit. Students who cannot meet the requirement for a school entry health examination within 30 school days of enrollment must be excluded from school.

Students entering Florida schools for the first time in Kindergarten or any other grade level are affected.

Physicians' offices are requested to make every effort to expedite scheduling of examinations for students.

For further information or questions contact: Margaret Skolfield, Lee County Schools, 334-1102, Ext. 244.

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THIRD ANNUAL CARDIOLOGY UPDATE CORONARY ARTERY DISEASE 1984

October 11 - 14, 1984

Program Directors:

Harvey Tritel, M.D. and Michael D. Danzig, M.D.

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For more information call: (813) 936-3353

16 Credit Hours: Covering Drug Treatment of Acute Myocardial Infarction patients, Angioplasty, Streptokinase, Anticoagulants, Programmed Electrical Stimulation, Heart Surgery.

Guest Faculty: Drs. Donald Brater, Albert Del Negro, Daniel Deykin, James Dillon, William Frishman, Stephen Glasser, Jonathan Himmelhoch, and Robert Wallace.

Wine/Cheese Reception

We hope you all plan to attend our joint Medical Society/Auxiliary event, and Wine and Cheese Reception honoring the new doctors in Lee County.

The reception will be held at the Royal Palm Yacht Club, Sunday, October 7, 1984, 5:30 to 7:30 p.m.

Invitations to be mailed.

*Michelle N. Heller
Auxiliary President*

**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.

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Francis L. Howington, M.D.

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

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**CONTINUING
MEDICAL EDUCATION
INFORMATION**

The American Lung Association
of Florida/Florida Thoracic
Society will be held January 24-
27, 1985. Seventh Annual
Pulmonary Wintercourse at the
Contemporary Hotel in the Magic
Kingdom, Lake Buena Vista,
Florida.

Contact: Milton S. Braunstein,
M.D., P.O. Box 8127, Jackson-
ville, Florida 32239.

The printed program will be
ready for distribution in early
September.

**5th ANNUAL
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**PRESIDENT'S
MESSAGE****TIME FOR A PEP TALK**

At the March, 1984 meeting of
the Lee County Medical Society a
discussion was held on the out-
look for the practice of medicine.
At that time, a rather bleak picture
was painted in the medical envi-
ronment of tomorrow with antici-
pated surpluses of physicians,
the proliferation of alternate
health care delivery systems,
government intervention in con-
trol of health care financing and
probable loss of freedom of
choice by the physician.

Well, we've already seen some
of these things occur and others
are going to be here shortly.
Unfortunately, many physicians
are becoming disenchanted and
are feeling powerless to stop what
appears to them to be the inevita-
ble dismantling and irreparable
damage to our profession.
Against this background of
gloom and doom, let us pause a
moment, as this long hot summer
begins to come to an end and
reflect upon the things that make
the practice of medicine a joyous,
fulfilling and noble calling.

Everyday, every physician has
uncounted opportunities to dis-
pense the best of what medicine
stands for and represents. This
we can and should continue to
do.

Each of us, regardless of our
years in the profession has
acquired knowledge as we have
experienced life, and this knowl-
edge assumes meaning which
cannot be arrived at through the
operation of reason.

When I get a little discouraged
at events, however frustrating, I
like to remember the following.

"What a man knows at fifty that
he didn't know at twenty boils
down to this ----- the knowledge
of age is not the knowledge of
formulas or forms or words, but of
people, places and actions, a
knowledge not gained by words
or rules or regulations but by

touch and sight and sound, victo-
ries and failures, sleeplessness,
devotion and love ----- the human
experiences and the emotions of
this earth. And perhaps too, a lit-
tle faith and reverence for a
greater spiritual presence we
cannot see."

At a time when the outlook for
medicine looks grim, take heart.
Don't dwell upon the negatives
but continue to strive to make
positive changes in our profes-
sional lives.

Remember that William Osler
lived by the creed "Our main busi-
ness in life is not to see what lies
dimly at a distance but to do what
clearly lies at hand".

**NEW MEMBER
APPLICANTS**

Application For Membership
Active members are requested to ex-
press to the Membership Committee
any information or opinions they may
have concerning the eligibility of the
applicants.

**JEFF R. COMER, M.D.**

Dr. Jeff R. Comer is a native of
Tupelo, Mississippi. He attended
the University of Mississippi in
Oxford, Mississippi. He com-
pleted his internship and resi-
dency at the University of Florida in
Gainesville, Florida.

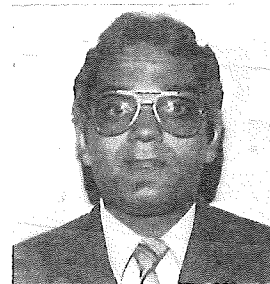
Dr. Comer will be practicing
Otolaryngology at 3500
Broadway.

**JANICE MARIE HERBERT, M.D.**

Dr. Janice Marie Herbert is a
native of Rochester, New York.
She attended Barnard College in
New York, New York. She com-
pleted her internship and resi-
dency at the Shands Teaching
Hospital in Gainesville, Florida.

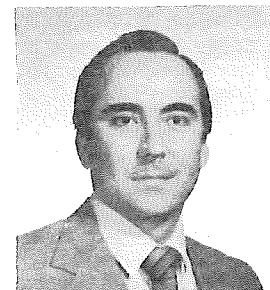
Dr. Herbert will be practicing
Pathology at 3949 Evans Avenue
with Dr.'s Graves, Levine, Seiden-

stein & Schultz.

**KRISHNA D. VALJEE, M.D.**

Dr. Valjee D. Krishna is a native
of Durban, South Africa. He
attended the University of Natal in
Durban, South Africa. He
completed his internship and
residency at the Henry Ford
Hospital in Detroit, Michigan.

Dr. Krishna will be practicing
General Surgery at 304-C Del
Prado Boulevard in Cape Coral.

**HORACIO GONZALEZ, M.D.**

Dr. Horacio Gonzalez is a
native of Columbia. He attended
Caldas Medical School in
Bucaramanga, Columbia. He
completed his internship and
residency at the Sisters of Charity
Hospital in Buffalo, New York.

Dr. Gonzalez will be practicing
Internal Medicine at 3071
Anderson Avenue.

**MICHAEL J. SWEENEY, M.D.**

Dr. Michael J. Sweeney is a
native of Rhode Island. He
attended the University of
Florida. He completed his
internship and residency at the
Ochsner Foundation in New
Orleans, Louisiana.

Dr. Sweeney will be practicing
General Surgery with Dr.'s
Hagen, Hagen & Bacon at 3596
Broadway.

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

FORT MYERS COMMUNITY HOSPITAL HIGHLIGHTS

Beginning Saturday, September 8, FMCH will begin airing a 13-week radio talk show on WCAI-1350 AM from 11:30 a.m. to 12:00 noon. Area physicians will be interviewed with audience questions sent in ahead of air time on a variety of topics from diabetes to plastic surgery. The program, entitled "Your Health Matters," will be hosted by Diane Barnes, the Director of Marketing/Community Relations for Fort Myers Community Hospital.

For more information on the full programming schedule, please call 939-8444.

The Fort Myers Community Hospital Emergency Room will once again sponsor a wide variety of activities in honor of Emergency Medicine Week. September 16-22.

The hospital's weekly physician health lecture series will feature emergency care topics throughout the month of September.

On September 15-16 Emergency Room personnel will set up a display at the Edison Mall. The Emergency Room staff will be on hand to take blood pressures, answer questions, and demonstrate various pieces of E.R. equipment.

In addition to the mall display, the Emergency Room will hold an Open House for the public on Thursday, September 19, from 1-3 p.m. and 5:30-7:30 p.m. Free testing, displays, and tours will be featured. Emergency Medical Services will provide an ambulance on display near the entrance and the emergency transport helicopter will be on hand as well, if available during those hours.

As an added feature this year, the Emergency Room nursing staff will sponsor a two-hour Emergency Clinic for Babysitters on Monday, September 17, from 7:00-9:00 p.m. in the Community Hospital Auditorium in the Community Health Care Center at 3935 Fowler Street. All middle school students (ages 11-15) will be invited to learn about a variety of emergency situations that they might encounter while babysitting. The class will be open to all Lee County middle school age youth with reservations required. For more information or for registration details, please contact the Marketing/Community Relations Department at 939-8444.

CAMPAIGN DAY '84

Fort Myers Community Hospital hosted all area candidates for election in the Community Hospital Auditorium on Thursday, August 30, from 11:00 a.m.-4:00 p.m. Employees, physicians, and volunteers had an opportunity to meet the candidates and learn more the qualifications of local candidates.

Over 50 candidates accepted invitations to attend this second election year event sponsored by Fort Myers Community Hospital.

LEE MEMORIAL HOSPITAL

Two new programs were implemented at Lee Memorial Hospital during June and July, both in Fort Myers' only obstetric unit.

June saw the beginning of one of the areas most unique services, Lee Memorial's Neonatal Transport. Formed to meet the needs of the critically ill infants, the transport team covers a 75 mile radius from Naples to Arcadia to Sarasota bringing babies to Lee Memorial's Level III nursery—the tenth CMS supported nursery of its kind in Florida, and the only Level III unit in Southwest Florida. The Level III nursery recently celebrated its first anniversary, having first opened in July 1983. To date, the unit has seen 175 babies.

The neonatal team transporting the infants is comprised of one registered nurse, a respiratory therapist, a neonatologist and the emergency vehicle driver. Currently, additional nurses are accompanying the team in an effort to obtain on-the-job training to qualify them for the team. State standards require nursing members to the neonatal transport team to have two years of experience in a neonatal intensive care unit level III nursery as a Florida certified nurse and to have completed six physician-accompanied transports.

The transport team has made eight runs in its short existence, carrying the infants in its 300-pound Neonatal Infant Transport Incubator equipped with a warmer, ventilator, blood pressure monitor, IV pump, oxygen supply and thermometer.

Also new to Lee Memorial this summer is the introduction of fathers to the Caesarean birth rooms in the Labor and Delivery Unit. For the first time in the his-



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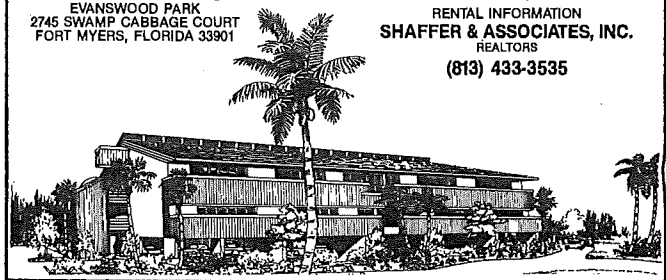
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tory of the hospital, fathers are allowed in the Labor and Delivery operating room to witness the birth of their child. Previously, all Caesareans had been done in the hospital's main operating rooms.

Fathers were first allowed to take part in the prepared child-birth labor and delivery in 1976, and since then it has been obvious that fathers also desire to share in the Caesarean birth of their babies.

The trend in hospitals over the past ten years has been to introduce the fathers to Caesarean births. Following a recent decision by the Lee Memorial Hospital medical staff executive committee with the approval of the

departments of anesthesiology, obstetrics and pediatrics, fathers will now be allowed to participate in scheduled, repeat Caesarean births.

The labor and delivery department has had a dedicated operating room for the continuity of patient care since that unit was built. The Labor and Delivery Department anticipates taking over all routine Caesarean births in their operating room by January 1985. The operating room was first utilized in July 1983, and now with the sanction of the executive committee, the operating room will see a marked increase in usage.

"DR. JOHN"**THE HERO**

You may find this hard to believe, but I was once the hospital hero.

I had been an intern for fifteen minutes when a patient died, before we had even reached his bed on rounds. I had to call the family and explain why this man I knew nothing about had died. Rattled by such a start, I determined to do better.

Fred caught my ambitious eye. He had been on the ward for **three years**. A bilateral amputee, he had been admitted with pneumonia, recovered promptly but remained in the hospital because his family *liked his railroad pension checks* better than they liked him. There was a three month gap in his chart where one intern had overlooked him completely.

After some deliberation, I had the ambulance crew take him home, deposit him on the doorstep, ring the bell and leave. It worked! The word got out that this guy from the East could get things done. Hero!

Flushed with success, I directed my attention to Rose. Rose weighed over three hundred pounds and had been positioned crossways on two beds wired together, for a year. She had been admitted with phlebitis. One day she decided she couldn't walk, sat down right in the middle of the hall, and was carried back to bed by eight orderlies. There she remained, staring out of two little eyes that looked like raisins on a Moon Pie. She had moniliasis that wouldn't quit, in the absence of air-conditioning; we tried to stay upwind at all times. The last intern who tried to examine her had to be retrieved with grappling hooks. She was a suitable challenge for the Hero.

I decided we **must** ambulate this lady. The first day, she sat on the side of the bed with much help; no syncope, no complaints. The next day she was to transfer to a chair with the entire staff in attendance. She stood, blinked at the world, turned her body towards the chair with feet firmly planted, and her leg broke off. Oh, God! She collapsed in a heap, with a spiral fracture of the tibia and a spiral laceration right down

to the bone, blood running out in a puddle which she stared at in her Moon Pie way, while making little squealing noises. The head nurse ran, screaming, down the hall. I couldn't think of anything to say.

The orthopedists repaired the leg, but Rose died with a pulmonary embolus. I kept to the middle of the road the rest of that year, and opted against fame and glory ever since.

John R. Agnew

IMPORTANT

If you fail to notify the Department of Professional Regulation of changes of office address, you may find yourself without a Florida license. License renewals are mailed out every two years to the last address on record. If you have moved, this notice may never reach you and your renewal period may pass without your knowledge.

To avoid practicing medicine without a valid license, remember to send you change of address to the Department of Professional Regulation, 130 N. Monroe Street, Tallahassee, FL 32301.

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LEE COUNTY MEDICAL SOCIETY

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SOCIETY MEETING

Royal Palm Yacht Club
2380 First Street
SOCIAL HOUR - 6:30 PM
DINNER - 7:30 PM

SEPTEMBER 17, 1984
SPEAKERS

William R. Bess, Jr., M.D.
Director of ER, Ft. Myers
Community Hospital and
LCMS, Disaster Chairman

and
Jon Cecil, Vice President
Institutional & Employee
Services
Lee Memorial Hospital

TOPIC:

"Lee County Disaster Planning"

"DINNER BY RESERVATIONS ONLY"

PLEASE!!!



LEE COUNTY MEDICAL SOCIETY BULLETIN



The Voice of Lee County Medicine

VOL. 6 NO. 6

Fort Myers, Florida

OCTOBER, 1984

Francis L. Howington, M.D., Editor

SOCIETY MEETING

Royal Palm Yacht Club
2380 First Street

SOCIAL HOUR - 6:30 PM
DINNER - 7:00 PM
OCTOBER 15, 1984

SPEAKERS:

Mr. JEFF GARVIN, Attorney
Local Trial Attorney
and

REASON '84

Campaign Representative

TOPIC:

AMENDMENT #9
PRO'S & CON'S

TOPIC:

Lee County Charter
Commission

SPEAKER:

Mr. Robert Doragh

"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.

McCourt Scholarship Fund



KAREN HARTMAN

I would like to thank you and all who made it possible for Karen to go to Diabetic Camp for Children and Youth. Karen enjoyed her camp experience and is more committed to good control. Another big plus for her is that she lost a much needed 5 pounds. She looks terrific! Thanks again for your help.

Sincerely,
Miriam R. Hartman



TIFFANY ANDREA CARTEE

We want to express our heartfelt gratitude for your assistance in sending our daughter, Tiffany to Diabetic Camp this year. She enjoyed it immensely, and learned a lot.

Sincerely,
Glenn and Sharon Cartee

(Note: Tiffany Cartee and Karen Hartman attended the Florida Camp for Children and Youth with Diabetes, Inc. through a scholarship from the McCourt Scholarship Fund. We would like to continue this worthwhile program established in honor of Jerry McCourt, M.D. We accept donations to this Fund the year around and appreciate your support.)

Bonnie Goddard (Courtesy of the Children's Clinic) and two Auxiliaries, "Sam" Arnall and Terry Carver assisted along with nurses and personnel from Lee Memorial Hospital and the Lee County School Board.

The program seems to be working as it is set up and we will be meeting soon with the new school superintendent, Jim Melvin, to discuss new plans.

Overall, the response from both the families and the school officials has been very positive and I feel we should continue with this activity from the standpoint of service and Public Relations.

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

Auxiliary News

Within the next few weeks the Florida Medical Association and the Florida Medical Association Auxiliary will be promoting "Medi-File", as part of its public relations and education program.

The primary purpose of "Medi-File" is to encourage Senior Citizens to carry with them at all times a complete list of prescription drugs that they are taking plus any allergies they may have. This listing is particularly valuable in the event that the patient's physician is not available in a medical emergency.

Many of you will be contacted by a Lee County Medical Society Auxiliary representative with cards for distribution to your patients 65 years of age or older. If this pilot project is successful, then it will be extended to all physicians and all interested citizens.

Thank you for your cooperation.

Michelle N. Heller
Lee County Medical
Society Auxiliary President

Pension Plan Seminar for Physicians

Tuesday, October 23
Auditorium • Community Health Care Center
Fort Myers Community Hospital, Inc.

Presented by

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5:30 - 6:00 P.M.
Hot hors d'oeuvres
with open bar

6:00 - 8:00
Seminar

Sports Screening Exam

The Sports Medicine Committee conducted the fourth Pre-Participation Sports Screening Exam and approximately 125 students were screened.

The following physicians were involved: Manny Mon, Ed Guttery, Irwin Kash, Mike Morgan, Jack Carver, Bipin Shah, John Kagan, John Fizer, Pat Cullen, and Larry Eisenfeld. In addition, two nurses, Gwen Arpasi and

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.

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Francis L. Howington, M.D.

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Anne 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.The
Opposite EffectWe drank for joy and became
miserable.We drank for sociability and
became argumentative.We drank for sophistication
and became obnoxious.We drank for friendship and
made enemies.We drank for sleep and awa-
kened exhausted.We drank to feel exhilaration
and ended up depressed.We drank for "medicinal pur-
poses" and acquired health
problems.We drank to get calmed down
and ended up with the shakes.We drank for confidence and
became afraid.We drank to make conversa-
tion flow more easily and the
words came out slurred and
incoherent.We drank to diminish our prob-
lems and saw them multiply.We drank to feel heavenly and
ended up feeling like hell.We drank to cope with life and
invited death.HCMA BULLETIN,
Sept. 1984-Vol. 30, No. 1PRESIDENT'S
MESSAGE

JOSEPH P. FIORE, M.D.

"LET'S STOP
APOLOGIZING"

In these troubled times, when
medicine is being attacked by
business government and the
general public because of escalat-
ing health costs, we should take
a few minutes to examine who we
are, where we fit in society and
what we stand for.

All too often I have heard phys-
icians speaking self defensively
and self deprecatingly, but we
have a lot too, to be proud of.
These words I recently came
across in the Bulletin of the Amer-
ican Academy of Dermatology
are certainly timely. These
remarks were written by Stephen
E. Silver, M.D., a dermatologist in
New London, Connecticut, in
reply to a newspaper column
deploring the element of greed
which the author felt had begun
to dominate the health
profession.

"In our attitudes, if not in real-
ity, we have begun to treat each
other as numbers. Feelings of
personal responsibility and
genuine concern have begun to
disappear---not just from our
hospitals, but from our super-
markets, factories, schools, and
everywhere." "It did not start with
doctors. As a matter of fact, doc-
tors have resisted this trend more
than one might expect. Of course,
it is especially tragic when the
mores of impersonality invade the
medical profession, since caring
is absolutely central to the heal-
ing arts, but this new 'lurch' is
simply part of a larger picture.
The impersonality and lack of
individual attention that you
decri in the modern hospital is
but a manifestation of a general-
ized social phenomenon which
has engulfed us all and, although
this does not condone the behav-
ior of health professionals, it does
place it in its proper perspective."

"I would not default a shop-
keeper who took necessary steps

1985 BUDGET

The 1985 Budget will be
VOTED ON at the OCTOBER
general meeting. A copy is
available on request from the
Society office for your review.
Copies will be available at the
meeting.

to protect his goods from being
stolen, neither would I fault a phy-
sician who took measures to pre-
vent his services from being
'shop-lifted.'

"Doctors, unfortunately, have
very few ways they can keep their
services from being pilfered. Just
about the only means they have at
their disposal is to demand pay-
ment at the time of service.
Agreed, it somehow doesn't seem
right, doctors hate it, too, it goes
deeply against the grain.

"You would be astonished to
know the proportion of decent-
appearing citizens who provide
doctor's offices with phony
addresses and telephone
numbers, expired or false health
insurance coverage, or who go to
the doctor with every intention of
never paying, and who will ignore
repeated polite requests for
payment.

"This 'cash on the barrel' policy
is demeaning for both patients
and physicians. Unfortunately,
given the times we live in, it has
become an economic necessity.

"The professional daily life of
doctors involves the reflex distri-
bution of countless unre-
compensated kindnesses. How-
ever, as functioning members in
the economic life of our society,
doctors provide a service and
have every right to expect pay-
ment for it. That expectation does
not constitute greed.

"As for Medicare and Medicaid,
how can you profess surprise at
the astronomic cost of these pro-
grams? When drinks are on the
house, are you surprised at how
many people make the most of it?
The utilization of these programs
is immense, so no wonder they
are so costly. Doctors did not
invent these programs to suit
their own financial purposes; as a
matter of fact, individual pay-
ments to physicians from these
sources are not at all generous.

"Of course, there are some truly
greedy doctors in the medical
profession, but they are few and
far between. That is a totally dif-
ferent issue. But please do not try
to turn the whole class of doctors
into scapegoats and hold them
responsible for things which are
beyond their control."

(Ed's. note:) Apologies for context.

"ASK
DR. JOHN"

The Bulletin offers frank and accu-
rate answers to questions from our
young readers. We tackle anything.

Dear Dr. John;

When my mother and father go into
their bedroom, they always lock the
door. What are they ashamed of?

Patty

Dear Patty;

I'm not sure. Send me a picture of
your mother.

Dr. John

Dear Dr. John;

In my family, nobody is consti-
pated, or if they are, they don't talk
about it like they do on the TV. Is that
normal?

Harold

Dear Harold;

That's all right. In MY family, eve-
ryone has diarrhea and I wish to God
they would STOP talking about it.

Dr. John

Dear Dr. John;

I think I have AIDS. What should I
do?

Bruce

Dear Bruce;

I'm sorry, I lost your address when I
burned the letter. Why don't you write
again in about a year.

Dr. John

Dear Dr. John;

Why do I get all these zits? Some of
my friends don't have any.

Melvin

Dear Melvin;

It's a difficult problem. Wash your
face twice a day, and don't do dis-
gusting things. Decent people don't
have zits.

Dr. John

Dear Dr. John;

Why do they put Penthouse behind
the counter at the 7-11? Is there
something in it I shouldn't know?

Bobby

Dear Bobby;

No, it's quite educational. Only
recently you could have learned how
a girl's standards improved after she
became Miss America.

Dr. John

Dear Dr. John;

How do I get rid of warts?

Priscilla

Dear Priscilla;

Compound W is pretty good. Rub-
bing them with a dry bone sometimes
works. Remember not to pick at
them---that makes them spread. And
don't do disgusting things; decent
people don't have warts.

Dr. John

Dear Dr. John;

I have been working on an offshore
oil rig continuously for eighteen
months. My wife wrote that she had a
baby. Is that all right?

Fred

Dear Fred;

If you wife's name is Mary Jane,
that's all right and do not try to con-
tact me again at this address.

Dr. John

Ed's Note: Is this grounds for censorship?

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

**FORT MYERS
COMMUNITY HOSPITAL
HIGHLIGHTS**

Surviving in Private Practice in the 80's — Fort Myers Community Hospital offered physicians the opportunity to attend a three-hour practice enhancement seminar in September in the Community Hospital Auditorium. The program was presented by Greg Korneluk, internationally recognized consultant, author and professional speaker on the topic of Successful Practice Management. Mr. Korneluk was formerly the program director for the department of practice management of the American Medical Association. In addition to the Fort Myers Community Hospital seminar, Mr. Korneluk has appeared on programs sponsored by the American Dental Association, the American Medical Association, the American College of Radiology, the American Academy of Pediatrics, and the American Society of Plastic and Reconstructive Surgeons, among others.

More than 75 physicians listened to Mr. Korneluk discuss marketing techniques, professional image, market research, location, staff, and more. The program emphasized ideas on how to satisfy patients, increase referrals, and create more efficient offices.

Respiratory Therapy Endowment — Fort Myers Community Hospital in cooperation with Rehabilitative Health Services, Inc. have responded to meet one of the community's educational needs in the form of funding for the continuation of a local respiratory therapy program through Edison Community College. On hand to present a \$10,000 check to Dr. David Robinson, president of Edison Community College, were Herbert Dorsett, executive director of Fort Myers Community Hospital, and Tracy Gregg, vice president of Rehabilitative Health Services. The hospital continues to serve as a clinical affiliate for the local program, which was initiated largely due to the efforts of Don Finney, the Director of Cardiopulmonary Services, and Jeff Elsberry, the Administrator of the Southwest Regional Rehabilitation Center.

Walk for Your Heart — Beginning Monday, October 15th at 9:00 a.m. Fort Myers Community Hospital will begin its third season of Walk for Your Heart at The Bell

Tower Mall. The program is provided as a public service by the hospital in conjunction with the American Heart Association and The Bell Tower Mall.

Every Monday — Friday from 8 - 10 a.m., Fort Myers Community Hospital staff provide free blood pressure checks before and after walks throughout the outdoor concourse on several premeasured routes ranging from .1 to .6 of a mile. Last year's participants numbered in excess of 250 registered walkers with a daily average of 75. Awards are presented periodically throughout the season for those completing 15, 20, 25, 50, 75, 100, and 200 miles respectively. Last year more than 15 walkers logged in excess of 300 and 400 miles each!

Medical Explorers — During September, Fort Myers Community Hospital began its fifth year in sponsoring Medical Explorers Post 104. This organization, affiliated with the BoyScouts/Explorers, is open to all youth ages 14-21 who are interested in pursuing health careers. Throughout the year the students have the opportunity to observe in a variety of hospital departments, attend bi-monthly meetings to learn about medical careers, and to participate in health-related activities with their peers.

If you know of any young students interested in the field of medicine who might be interested in the Explorers' program, please have them call the Marketing/Community Relations Department at 939-8444.

On the Air — This fall Fort Myers' Community Hospital began airing "Your Health Matters," a 13-week radio series devoted to health care. Hosting this half-hour weekly series is Diane Barnes, the Director of Marketing/Community Relations. The talk show features local physicians answering questions sent in by area listeners on topics ranging from heart disease to foot problems. The program airs every Saturday morning from 11:30 a.m. to 12:00 noon on WCAI 1350 AM.

**LEE ADOPTS
NO-INCREASE
BUDGET**

Even before the 1984 Legislature could put its cost containment legislation into effect, factors were lining up at Lee Memorial Hospital that would allow the board of directors to

(Continued on Page 4)

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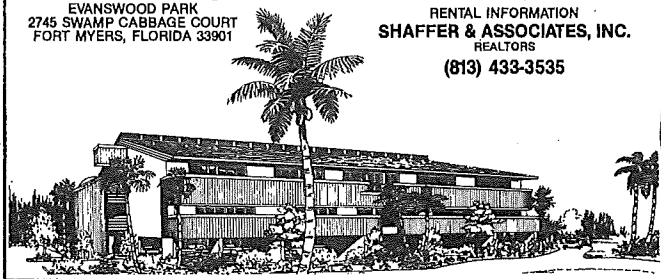
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**LEE ADOPTS NO-INCREASE
BUDGET**

(Continued from Page 3)

pass a budget that would hold the line on rate increases for the coming year. This unprecedented move not only guarantees that basic charges will remain the same, but it also provides that certain charges will be lowered significantly. The "no-charge increase budget," according to Lee Memorial President Jim Nathan, was made possible by a number of factors.

There has been an increased utilization of Lee Memorial Hospital over the past two years. This has come about through more physician, patient, and public support. Further, there has been a significant increase in the number of full-charge paying patients admitted to the hospital.

Nathan also points out the introduction of many new services at the hospital as well as the expansion of several existing programs. In the past year, LMH opened a very comprehensive childbirth center, including a state-designated Level III Neonatal Intensive Care Unit. The intensive care nursery—the tenth such Children's Medical Society (CMS) supported nursery in Florida, and the only Level III unit in Southwest Florida, opened in July, 1983, and has seen nearly 200 babies to date.

Other factors contributing to the lowering of overall charges are the establishment of the George M. Cox Cancer Center, the enhancement of outpatient services such as Same Day Surgery, Rehabilitative Therapy, outpatient testing and minor emergency MedCenters, and the commitment to improving indi-

vidual lifestyles through the Wellness Center and Lifestyle Classes.

But perhaps the most significant contributor to cost containment has been the incentive now provided by the Medicare Prospective Payment System which serves to reward more efficient hospitals like Lee Memorial. Since Diagnosis Related Groups (DRGs) set prescribed reimbursement amounts for 460 acute care treatments, as well as predetermining the length of stay, it is to the hospital's advantage to follow these guidelines. According to the American Hospital Association, Lee Memorial expenses per patient stay were 21.75 percent below hospitals of similar size in Florida and 15.55 percent below hospitals in the United States.

SOCIETY IN NEED

Recently the Medical Society has moved into larger offices at the same location and is in need of several items of furniture, pictures, table for waiting room, etc. If you have the above, call the Society office.

**WHITE HOUSE
FELLOWSHIPS**

Mr. William L. Roper, Special Assistant to the President of the United States for Health Policy is looking for candidates for the White House Fellowships. The program is open to all U.S. citizens with the exception of Federal employees. Leadership, intellectual and professional ability and commitment to public services are the broad criteria employed in the selection of Fel-

lows. Interested candidates for the 1985-86 fellowships may contact the President's Commission on White House Fellowships, 712 Jackson Place N.W., Washington, D.C. 20503. Application deadline is December 1, 1984. Information is in the Society office.

**NOMINATIONS TO
AMA COUNCILS**

Please let the Society Office know if you wish to submit a nomination to the AMA Councils. Nominations must be submitted to the AMA by January 15, 1985 for the 1985 committees.

CORRECTION

Under "New Member Applicants" in the last Bulletin, Dr. Janice Herbert was incorrectly listed with the wrong associates. Dr. Herbert is an associate of Dr. Wallace Graves.

CLASSIFIED

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- Sarasota
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- Call 625-5502

- Cape Coral
- Fort Myers
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SOCIETY MEETING

Royal Palm Yacht Club
2380 First Street

SOCIAL HOUR - 6:30 PM
DINNER - 7:00 PM

OCTOBER 15, 1984

SPEAKERS:
Mr. JEFF GARVIN, Attorney
Local Trial Attorney

and
REASON '84
Campaign Representative

TOPIC:
AMENDMENT #9
PRO'S & CON'S

TOPIC:
Lee County Charter Commission
SPEAKER:
Mr. Robert Doragh

"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. 6 NO. 7

Fort Myers, Florida

NOVEMBER, 1984

Michael Steier, M.D., Editor

SOCIETY MEETING

Royal Palm Yacht Club
2380 First Street

SOCIAL HOUR - 6:30 PM
DINNER - 7:00 PM

NOVEMBER 19, 1984

SPEAKER:

Bob Atlas
Jurgovan & Blair, Inc.

TOPIC:

Phase II
Feasibility Study for
Alternative Health Care
Delivery

This will be a joint meeting with
the Osteopathic Physicians in
Lee County who are participat-
ing with us in this endeavor.

"DINNER BY RESERVATIONS ONLY"

PLEASE!!!

L.C.M.S. Members: All reserva-
tions 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.

1985 BUDGET

The 1985 Budget was approved
by the Membership at the
October meeting with no dues
increase. The Society dues have
only been increased once in the
last 8 years and this was for meals
only. Copies of the Budget are
available from the office.

**COPY
DEADLINE
20TH
OF MONTH**

BY-LAW CHANGE

The following By-Law was
announced at the October meet-
ing and will be voted on at the
November meeting. Please read
carefully and let the Society office

know your comments regarding
this change:

NEW BY-LAW CHANGE

CHAPTER IV BOARD OF GOVERNORS

Section 1. BOARD OF GOVER- NORS

Except as otherwise provided
in the Constitution and Bylaws,
the financial affairs of this Society
shall be under the supervision,
and subject to the management
of, the President of the Society for
the time being in office and seven
other members to be elected as
hereinafter, who shall be styled
the Board of Governors.

Section 2. ELECTION - MEMBERS AT-LARGE

At the first annual election, fol-
lowing the adoption of this Con-
stitution and Bylaws, a ballot shall
be cast by each active member
present and voting, for not more
than two members at-large of the
Board of Governors. The names
balloted upon shall not include
the newly elected President-
elect, the President of the
Society, nor the immediate past
President, the newly elected
Secretary, nor the newly elected
Treasurer, these persons being
automatically members of the
Board of Governors. One candi-
date designated prior to election
shall be elected for a one year
term. The second candidate
elected shall be for a two year
term in odd years, and two
members at-large shall be elected
to the Board of Governors for a
two-year term in even years.

OLD BY-LAW

CHAPTER IV BOARD OF GOVERNORS

Section 1. BOARD OF GOVER- NORS

Except as otherwise provided
in the Constitution and Bylaws,
the financial affairs of this Society

shall be under the supervision,
and subject to the management
of, the President of the Society for
the time being in office and six
other members to be elected as
hereinafter provided, who shall
be styled the Board of Governors.

Section 2. ELECTION - MEMBERS AT-LARGE

At the first annual election, fol-
lowing the adoption of this Con-
stitution and Bylaws, a ballot shall
be cast by each active member
present and voting, for not more
than two members at-large of the
Board of Governors. The names
balloted upon shall not include
the newly elected President-
elect, the President of the
Society, nor the immediate past
President, the newly elected
Secretary, nor the newly elected
Treasurer, these persons being
automatically members of the
Board of Governors. One candi-
date designated prior to election
shall be elected for a one year
term. The second candidate
elected shall be for a two year
term. Following this first annual
election, one member at-large
shall be elected to the Board of
Governors annually for a two-
year term.

Update: Lee County Medical Society, Inc. Telephone Answering Service

Qualicom Inc. has made a
proposal to undertake an exclu-
sive answering service for Lee
County Doctors at considerable
cost savings compared to the
present service. Furthermore, the
quality of service should be sub-
stantially improved. These
improvements would include:

1. Exclusive boards attended by
their more experienced operators
answering only medical calls.

(Continued on page 4)

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.

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

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Anne 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.

Announcement From
One of Our Charter
Advertisers

Medicare Equipment of S.W.
Florida, Inc., has acquired the
Fort Myers branch of STAT Medi-
cal Homecare, and has assumed
service for existing STAT patients
as of October 1, 1984.

M. Clay Judy, RRT, formerly
with STAT, joins Medicare Equip-
ment as Vice President and Direc-
tor of Respiratory Services.
STAT's Transcutaneous Elec-
tronic Nerve Stimulator (TENS)
service, supervised by Jean
Popoli, will also continue under
Medicare Equipment manage-
ment.

Tim Sanders, President of Medi-
cal Equipment, told the LCMS
Bulletin, "We are extremely
pleased to add the professional
expertise of Clay Judy to our res-
piratory program. Clay will be
available at all times for consulta-
tion with physicians and service
to our patients."

The Society wishes to thank Medicare
Equipment of S.W. Florida for remember-
ing us in our quest for furniture, pictures,
etc. for our new office.

PRESIDENT'S
MESSAGE

JOSEPH P. FIORE, M.D.

REFLECTIONS

In another six weeks, 1984 will
come to an end. For me it's been a
year of opportunity and educa-
tion. The opportunity to be
involved in an active way in the
process of organized medicine,
and an education in the reality of
health care delivery in a world
that is troubled by factors it can-
not control.

I'd like to share with you some
things I've learned over the past
months, many of which you are
already aware of, some you may
not be. The thoughts have been
gathered from many sources:
AMA leadership meetings, cur-
rent literature, medical and lay
press, friends, patients and politi-
cians. If they appear somewhat
disjointed it is for this reason. I
apologize for any lack of conti-
nuity, but ask that you sit back a
few minutes and reflect upon the
following ideas:

"The rope around the neck of
American health care continues
to tighten with the alliance of big
business, labor unions and
government looking for a way to
control costs."

"Politicians are saying health
care is sick because they refuse to
pay the real costs of a program
that is out of control at a time
when the economy is itself sick."

"Politicians have promised
more than they can deliver and
now must depend upon physi-
cians to provide these services at
a reduced fee." (Rationed care
must ultimately ensue)

"It is a widespread assumption
that physicians across the coun-
try are gouging and overcharging
patients and making too much
money. (Our image problem)

"There has been a remarkable
and startling erosion of the rights
and privileges traditionally asso-
ciated with delivery of health
care. The right of confidentiality
of medical information has been
legislated away in the name of fis-
cal responsibility. Patient's medi-

cal information now or soon will
be widely disbursed by auditing
agencies of the government."

"The situation today is that the
patient will not need to be
informed nor consulted and will
probably have no idea that his or
her medical information will be
exposed to any number of non-
medical financial investigators."
(we must let patients know that
this is happening and will con-
tinue to happen)

"The physician's right to deliver
care he or she feels necessary
and prudent will be, (and already
is) restricted by committees.
These are set to audit and enforce
standards set up for financial rea-
sons, disregarding individual cir-
cumstances, and penalizing
physicians for practicing by their
consciences rather than financial
regulation." One great danger is
obvious. The patient is dispo-
sessed of protection offered by
Hypocratic principles. The Hypo-
cratic ethic is to care for each
patient according to their specific
requirements. This will soon be
replaced by what has been called a
"Veterinary" ethic, which con-
sists of caring for a sick patient,
not according to his needs, but
according to the dictates and
requirements of the agency
responsible for meeting that
patient's health costs.

"Politicians, not doctors, are
deciding on what kind and how
much health care the public will
get. Physicians need the will and
courage to resist, otherwise the
public will end up with physicians
with the work hours, dedication,
commitment and public relations
attitudes of post office
employees."

"Society is ageing and the abil-
ity of the work force to pay for the
care of non-workers soon will be
strained beyond its means."

"Better technology increases
health costs. At some point,
somewhere we must face up to
rationing, triage or call it what you
will."

"Doctors are politically vulner-
able because of public image.
They are natural scapegoats."

"Apathy is the real enemy of the
medical profession. Many doc-
tors display the lassitude of the
condemned, some are hostile,
many are confused, all are
uncomfortable. What can we do?"

We may as well admit there's no
turning back the clock. We must
learn to live with more govern-
ment involvement in our lives, but
to continue to strive and fight for
the rights of our patients while at
the same time trying to remain
independent.

Whether we win or lose, we are
all going to pay a price; a reduc-
tion of income almost certainly, a
change in our professional stand-

ards quite possibly, altered life
styles, and for some, adoption of
a new career. But this above all:
"AS LONG AS WE GOVERN OUR
ACTIONS BY OUR PRINCIPLES
WE SHALL PREVAIL ---
WHETHER WE WIN OR LOSE."

"ASK
DR. JOHN"

ANNIE BELLE

Annie Belle B. was the fattest,
ugliest, black person I had ever
met. I later met her husband, the
second fattest, ugliest etc. For
those who take affront, remember
that we already had a story about
an ugly white lady. I am nothing if
not even-handed. Annie Belle
lived on G--- street, the second
worst address in Ft. Myers. This
street is not on the wrong side of
the tracks, but directly beneath.

Annie Belle had uncontrolled
hypertension and angina, and
often came to the ER to be given a
Demerol injection and instruc-
tions to follow up with "the physi-
cian of your choice" (i.e. not me).
At that time, one physician was
responsible for everything in the
ER for 24 hours, with variable
quality and results.

On one of the ER visits my
group was on call, and I admitted
her to try and bring her dilapi-
dated cardiovascular system
under control. It was a big project.

She proved to be a "good"
patient: she kept her appoint-
ments, followed the instructions,
and improved a little. She proba-
bly never paid anything, but she
never asked me for a loan either.
Not bad, for internal medicine.

Frank Rawl admitted her once,
described her as "torpid," and I
learned a new word. She had
more negative thyroid workups
than any patient we had.

About a year later, Annie Belle
suffered a myocardial infarction.
She got along fairly well, and was
nearly ready for discharge when I
made rounds one evening, while
her husband was visiting. The two
of them made quite a tableau.

"Doc," he said, "when Annie be
coming home?"

"Pretty soon," I answered, "but
she's pretty sick and won't be able
to do much."

"That's all right; just so's I can
look at her."

I haven't heard that in the fif-
teen years since. She died later
that year, but I think of her often.

Some things, money can't buy.
John R. Agnew

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

MEDICAL SERVICES DIRECTOR NAMED

Mr. James Langley, Jr., has accepted the position of Medical Services Director for Fort Myers Community Hospital. He is a graduate of the University of Florida with a master's degree in health care administration from George Washington University in Washington, D.C. He comes to Fort Myers from Fraser Memorial Hospital in Jacksonville. Mr. Langley will be responsible for the following departments: laboratory, radiology, pharmacy, cardiopulmonary, and rehabilitative services.

HEALTH RUN PLANNED

Fort Myers Community Hospital will host its sixth annual health run weekend with a slightly different twist in 1985. FMCH along with the Fort Myers News-Press and the Fort Myers Track Club will sponsor the Edison Pageant of Light Health Run on Saturday, February 23, 1985 at 6:00 p.m. The race, which promises to be one of the largest field of entrants ever held in Lee County, will once again feature a world class runner leading the pack along the downtown parade route.

A full weekend of running activities is being planned for the entire family. A seminar featuring the celebrity runner and a former cardiac patient-turned marathoner will kick off the weekend on Friday night in the Community Hospital Auditorium. Saturday morning a variety of family activities and sports competition will be held for all ages at the Community Health Care Center at 3935 Fowler Street.

In addition to the 3.2 mile distance classic, a running expo will be sponsored in the registration area of the Fort Myers News-Press parking lot on Anderson Avenue near the race starting line. As the city of Fort Myers begins plans to celebrate its 100th Anniversary, this classic event promises to be a highlight to the Edison Pageant activities. More details will be available concerning the race weekend activities in the next few months.

Lee Memorial Lowers Charges for Outpatient Testing

As part of its continuing effort to hold the line on health care costs, Lee Memorial Hospital has substantially reduced charges for certain outpatient diagnostic testing. On October 1, all rates for laboratory and radiology tests done on an outpatient basis at the

hospital were lowered by 50 to 70 percent. Other rates were lowered earlier this year. The operating room charge has been reduced by 17 percent; emergency room charges were reduced 13 percent.

The reduced rates are one of several measures being instituted by the hospital as part of its overall commitment to cost containment.

Information about the reduced outpatient rate schedule, along with representative prices, has already been distributed to area physicians and will be updated periodically. In order to facilitate patient flow for outpatient testing, separate registration and waiting areas have been established for outpatients adjacent to the existing emergency department.

McDonald's Says Thanks for Years of Family Service

In recognition of its 25th Anniversary in the Fort Myers area, McDonald's Corporation recently pledged \$10,000 to be used to redecorate and furnish two family waiting areas at Lee Memorial Hospital. Called the "McDonald's Family Hospitality Suite," the waiting areas will serve the families of patients in the hospital's medical/surgical intensive care units and the pediatrics unit and neonatal intensive care units.

These rooms will be completely redecorated and furnished with sleeper chairs, television, and coffee service. McDonald's will keep the rooms stocked with coffee for the benefit of the waiting family members.

The more comfortable waiting areas are needed at Lee Memorial because of the hospital's expanding role as a regional center for the treatment of critically ill infants, children, and adults. Lee Memorial has served the area with pediatric care since 1969, adding the Level III intensive care nursery in 1983. McDonald's decided to offer the donation of the refurbished waiting rooms, according to Elaine Smart, marketing agent for McDonald's, because both McDonald's and Lee Memorial have been serving the people of this area for quite some time.

The refurbishing of the waiting areas to accommodate families of critically ill and pediatric patients is, according to Smart, hopefully the first step toward the possible establishment of a Fort Myers Ronald McDonald House in the future.



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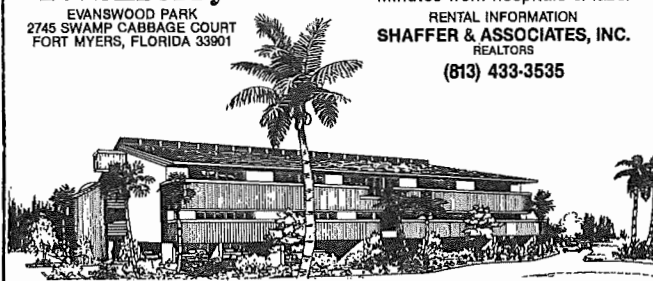
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Auxiliary News

The Lee County Medical Society Auxiliary is currently organizing our annual Holiday Sharing Card. This card is sent to all members of the Lee County Medical Society with donations for this project benefiting the medical school of your choice.

If you are interested in being part of our holiday sharing, please call Shiela Whitman at 939-0050.

Michele Heller
President

Dr. Joseph Fiore's editorial "Time For A Pep Talk" which appeared in the LCMS BULLETIN in September will appear in the October issue of the Florida Medical Association Journal. If you did not by chance read it in the BULLETIN, be sure to read THE JOURNAL. Congratulations Dr. Fiore!

UPDATE: LEE COUNTY MEDICAL SOCIETY, INC. TELEPHONE ANSWERING SERVICE

(Continued from Page 1)

2. Fewer lines per board (60 or 70 instead of the usual 100) to avoid "on holds" and delays.

3. Equipment updates including new technically advanced boards.

4. Time delays in receiving pages could be avoided by choosing the optional digital-read-art pages. Rarely would one wait more than 60 seconds compared to 5 to 10 minutes with the voice pages during peak hours. Also, up to four separate numbers can be stored silently and numbers are not lost. Call backs to the answering service cost money when a message is missed or distorted.

5. We would still share the same frequency as other businesses as an exclusive page frequency would be prohibitively expensive with a smaller radius.

6. In the next few years Qualcomm beepers will work from the east to the west coast of Florida and as far north as Orlando.

Proposed fees include two options:

1. Plan A - Answering Service Charge

a. \$100.00/month per Doctor group.

b. 133 calls free then 40¢ per call.

c. No charge for extra Doctors in group.

d. \$50.00/month for each additional line answered plus 67 more free calls.

2. Plan B

a. \$67.00/month for one Doctor and one line plus 20¢ per call.

b. Additional lines \$40.00 each up to three more, then \$15.00 for each thereafter.

c. Additional Doctors in group \$15.00 each up to three more, then \$5.00 each thereafter.

To put things in perspective, Neurology Associates of Lee County (five doctors, one line) paid \$299.25 in September for answering service (Beeper rental

not included). Under Plan A our fee would have been \$125.47, Plan B \$188.00. The majority of physicians present at the October 15, 1984 Medical Society meeting expressed an interest in going with this plan. The Ad Hoc Committee believes this plan is a better choice than the expensive and potential disadvantages of forming our own answering service. A minimum of 70 participating Doctor Groups are needed to obtain the above favorable rates. We will have the best bargaining power if all of the 140 Doctor groups in our Medical Society participate.

Please notify the Medical Society office on or before

November 19, 1984 Society meeting of your interest in this plan. We will all benefit with improved service at a lower cost.

Douglas A. Newland, M.D.

Douglas A. Newland, M.D.

CLASSIFIED

NEW OFFICE BUILDING - Summerlin Center. Prestige office space, Summerlin Road. One block south of Colonial Blvd., minutes from hospitals and labs. Complete with tenant package and flexible terms. For brochure and rental terms, call 936-1245, Denise.

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Insurance Pay or Private Pay

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 PM
DINNER - 7:00 PM
NOVEMBER 19, 1984
SPEAKER:
Bob Atlas
Jurgovan & Blair, Inc.
TOPIC:
Phase II
Feasibility Study for
Alternative Health Care
Delivery
This will be a joint meeting with
the Osteopathic Physicians in
Lee County who are participat-
ing with us in this endeavor.
"DINNER BY RESERVATIONS ONLY"
PLEASE!!!



LEE COUNTY MEDICAL SOCIETY

BULLETIN

The Voice of Lee County Medicine



VOL. 6 NO. 8

Fort Myers, Florida

DECEMBER, 1984

Francis L. Howington, M.D., Editor



COMBINED MEDICAL/AUXILIARY SOCIETY MEETING

Ft. Myers Exhibition Hall
Edwards Drive

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

DECEMBER 17, 1984
INSTALLATION OF
OFFICERS 1985

Entertainment by
The Dennis Hill Trio
Edison Community College

Dinner will be catered by
The Royal Palm Yacht Club

"DINNER BY RESERVATIONS ONLY"
PLEASE!!!

L.C.M.S. Members: All reservations must be made by Friday noon before the Meeting on Monday. Cancellations should be no later than noon on Monday. The Society must pay for all reservations made.

**COPY
DEADLINE
15TH
OF MONTH**

PRESIDENT'S MESSAGE



JOSEPH P. FIORE, M.D.

1984 "THE YEAR THAT WAS"

To borrow a phrase from a popular song of a few years ago, "It seems like only yesterday", that we were starting off on a journey into the world of 1984. Here we are at the end of the year, as is customary at this holiday season, we might reflect upon where we have come from, where we are and where we'd like to go from here.

Saying that this was a year that shook the foundations of organized medicine in the U.S.A. might be somewhat of an understatement. Who would have thought at the beginning of this year that the aloof, dignified and august American Medical Association would be recommending that its

members support a voluntary fee freeze. Who would have expected that organized medicine would recommend that physicians explore ways to market their services in a competitive fashion or that physicians go head to head with business, government and labor to attempt to maintain control of the medical profession. Yet as we all know, that is precisely what has happened this year.

In many ways it has been a year of growth and knowledge. We became abruptly aware that the environment in which we practice our profession has changed drastically. This awareness has had its benefits. Physicians are today more cost conscious of their health provider decisions and this has been a plus. Physicians are aware that in years past their air of authority and aloofness has produced an image of public resistance or resentment and have recognized the need to demystify our calling. They have done this by taking the steps to explain and simplify and instruct the public on medical matters through every available forum, at every available opportunity. These are some of the good things that have come from this new physician awareness. Add to this a new sense of professional unity in the medical community. The concern of Society members about all the issues, moral, political, and economic, has never been greater and this too is good.

The wheels are in motion for organized medicine to continue

to explore all available avenues in a quest to maintain the superb quality of care and compassion our profession has always delivered.

Today we are finding ways to live within the constraints of a cost factor that is now and will continue to be of paramount importance to every health care provider.

It's been a challenging, busy year, but one full of rewards; for projects tried and completed, for goals set and yet to be attained.

On a personal note, I'd like to wish all of you a peaceful and joyous holiday season and leave you with this parting thought of Dr. Albert Schweitzer's, "One thing I know; the only ones among you who will be really happy are those who will have sought and found how to serve." I urge you to stay involved!

HMO FEASIBILITY

As Chairman of the Joint Medical and Osteopathic Society Steering Committee, I wish to thank the physicians who served and considered the task at hand. Many hours of discussion and deliberation were spent before arriving at the finally presented product which 160 members heard November 19.

As you recall, the initial charge of the Committee was to help in the evaluation and selection of a research firm to determine the feasibility of an alternative health care system in Lee County. I feel that the Committee and its

(Continued on Page 2)

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of Southwest Florida, Inc.

**HMO
FEASIBILITY**

(Continued from Page 1)

members did their job and I applaud their efforts. The culmination of their deliberations may not be acceptable to all parties concerned but they, nevertheless represent the distilled thoughts of a reputable research and marketing firm. No endorsement of the presented plan was intended nor suggested. Each member got what he paid for, a determination of HMO feasibility.

The urgency originally felt was for one of evaluation. How the information which was presented is used remains for those physicians still concerned and interested.

The Steering Committee has fulfilled its responsibility by not only completing its task but also by generating much discussion and interest. I wish to thank them for their efforts, their concerns, their deliberations and their time.

Stephen R. Zellner, M.D.

**Auxiliary
News**

The Lee County Medical Society Auxiliary recently participated in its Sixth Annual Health Careers Day at Lee Memorial Hospital. This event, coordinated as a joint venture between the Auxiliary, the hospital, and the Lee County Schools was a tremendous success.

Approximately 150 high school students had the opportunity to tour the hospital and meet 36 professionals who provided information about various health careers.

The continued interest in this Auxiliary project and the number of students who attended this year, has created the demand for a two day project in 1985.

Our appreciation goes to Josey Cullen and Terry Carver for planning the day and to the 18 Auxiliarians who helped make the event so successful.

Best wishes from the Auxiliary for a happy holiday season.

Please mark your calendar...

This year's combined Medical Society/Auxiliary Christmas dinner is scheduled for December 17 at the Fort Myers Exhibition Hall.

We are sure that this will be a perfect way to begin your holiday season and welcome in the incoming Medical Society Board of Directors.

Dinner will be catered by the Royal Palm Yacht Club and we hope to see all of you there.

Happy Holidays!
Michelle N. Heller

**NATIONAL
HOSPICE
MONTH**

November is set aside as the month to give recognition to the more than 1200 hospice programs nationwide. Hope Hospice of Lee County officially joined this group last month, and I am proud to inform my fellow Society members that I have been chosen as the Medical Advisor.

Our dedication is to provide a means to meet the needs of terminally ill patients and their families. We have been doing that, unofficially, since May 1982, but now we are licensed by the state to provide comprehensive services, including home medical, nursing, social, and counseling services.

We now have a staff of 7, expected to expand to 12 by the end of the first year, and we have a volunteer roster of more than 100 individuals, including retired and

active business and health professionals. Statistically, 300 Lee County residents will die from cancer this year, so this figure is probably very conservative.

Hospices in Florida are required to serve patients/families without regard to ability to pay. This is common Hospice philosophy and will keep Hope Hospice dependent on charitable donations.

Full services can be provided for patients with a life expectancy of six (6) months or less; both life expectancy and services require physician certification. It must be emphasized that there are NO penalties for "guessing" wrong. Also, please remember--pain CAN be managed at home (with your help and blessings) so that patients can live their last days as comfortably as possible in their own homes surrounded by family and friends.

Hope Hospice--its staff, Board of Directors, and volunteers--are dedicated to providing a significant new component to the health care system in Lee County. Hospice nurses are on call 24 hours a day, 7 days a week, and an interdisciplinary team of committed professionals and volunteers ensures that the last days and hours of life are as full and complete as possible.

Wanted: Volunteer secretarial assistance several hours weekly. Contact Jose Feliz, Hope Hospice, 2635 Cleveland Avenue, 334-1157.

Tom Wiley

**1985 Slate of Officers
Lee County
Medical Society, Inc.**

PRESIDENT: Douglas A. Newland, M.D. (already elected)

PRESIDENT-ELECT: Robert J. Brueck, M.D.

SECRETARY: William R. Bess, Jr., M.D.

TREASURER: Joseph P. Walker, M.D.

MEMBERS-AT-LARGE: Michael Morgan, M.D. (1 yr.) Already elected; William Evans, M.D. (2 yrs.); Austin A. Aardema, M.D. (elect if we secure By-Law change for one more).

CHAIRMAN, GRIEVANCE: Robert Pascotto, M.D.

BOARD OF CENSORS (2) (3 year terms): Jacob Goldberger, M.D.; Wallace M. Graves, Jr., M.D.

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O'Bryan, M.D.; Joseph P. Fiore, M.D.; Benjamin Martin, M.D.; Stewart Hagen, M.D.; Robert Pascotto, M.D.

**"ASK
DR. JOHN"****CLINICAL TRIALS**

Not long ago, Dr. John Darsee rediscovered an old research trick (make it up) but was found out and Dr. Arnold Relman had to apologize to the readers of the NEJM. Dr. Relman's chief concern was that readers would lose their faith in the validity of the articles in the future. Not to worry, Arnold: nobody pays any attention to them anyway. We learned long ago that if it comes from Houston and has twenty authors, file it in the round one. If it comes from Boston and has ten authors, divide the results by two which compensates for half of the authors being out of town when the study was done.

My first exposure to the controlled clinical trial was during my internship. Our OB-GYN unit did a study on an antiemetic which proved to be completely worthless but was marketed anyway and has been a best seller ever since (name available on request). That really impressed me.

The I moved to Miami, where they were studying intranasal aerosol steroids for allergic rhinitis. I volunteered, filled out the form, and was given a bottle marked "placebo." After two weeks I told the investigator it didn't seem to be doing much good. He handed me another bottle, said "This one's better," and it certainly was. The Nobel Committee passed us by that year.

My real biggie is the Harvard Physician Drug Study of low-dose aspirin and beta carotene. I am honor-bound not to determine if either medicine is real or placebo. However, the "aspirin" crumbles when pushed out of the blister pack, and my taste buds can't be persuaded that these tablets might be Bufferin. And you can't fake a beta carotene burp.

I realized that if I didn't croak in three years Harvard is in trouble, and have fantasies of the study director coming to his office on Monday and asking his secretary, "Anything on Agnew yet?" "No report," she answers. "Oh, crap."

My only consolation is, if I take my chalk tablets faithfully and stroke out on schedule, they'll report it in the NEJM and nobody will believe it.

Boy, will I have the last laugh!
John R. Agnew

WHAT'S NEW ?

CURRENT NEWS & HAPPENINGS AT AREA HOSPITALS

LEE MEMORIAL OFFERS CONVENIENCE OF HEALTH EXPRESS

In order to speed up the often painstaking process of hospital admission and discharge, Lee Memorial Hospital has instituted a new service--"Health Express". The Health Express is a courtesy card, available through application to the Business Office, which allows the holder to eliminate some of the delays typically associated with hospital admissions and discharges.

Most of the necessary paperwork is completed at the time of application for the card. Demographic and insurance information is gathered and stored confidentially. At the time of actual hospital admission, outpatient or emergency service, should the need ever arise, all the necessary information can be accessed immediately through the patient history number on the Health Express card.

One of the convenient features of the Health Express card is the fact that it allows for hospital admission without prepayment (with the exception of the Maternity Prepayment Program). No payment is due at discharge, either. When insurance is billed, the card holder will be billed, and the balance remaining after insurance is due within 30 days of the billing.

For further information on Health Express, please call the Business Office at Lee Memorial Hospital, 334-5412.

"MEDICAL MAGAZINE" SCHEDULED FOR WSFP

"Medical Magazine", the innovative 30-minute healthcare television series produced by the Media Services Department of Lee Memorial Hospital, is now scheduled to run on WSFP-TV, Channel 30.

With topics ranging from Sports Medicine to Geriatrics, Cancer, and Laser Surgery, Medical Magazine is a 12-part series which features many area physicians and health care professionals discussing, in depth, advances and new technologies in the various fields of medicine. Medical Magazine, hosted by award-winning broadcast journalist, Al Ruechel, first aired on WEVU-TV in 1983.

The first broadcast of Medical Magazine on WSFP is scheduled for Thursday, December 13, at 10 p.m. Additional programs are scheduled for 10 p.m. each Thursday thereafter, running through February 28. Each pro-

gram will be re-broadcast sometime over the following weekends. Exact time schedule for the re-broadcasts will be announced later.

Programs scheduled for December include: December 13 -- "Diabetes: Fact and Fiction," featuring Zenaída Javier, M.D. and Diana Norbury, R.N.; December 20 -- "Arthritis," featuring Alan Richman, M.D. and John Fenning, M.D.; December 27 -- "Emergency Medicine," featuring Richard Schmidt, M.D., Larry Carley, D.D., Phillip Andrews, M.D., Larry Garrett, M.D., and Keith Knight, vice president of Ambulatory Services at Lee Memorial.

For more information on Medical Magazine or complete schedules and topics of upcoming programs, please call 334-5314.

FORT MYERS COMMUNITY HOSPITAL HIGHLIGHTS

A new charge structure for non-emergent care is being developed for the Emergency Room at Fort Myers Community Hospital. This non-emergent care system is scheduled to go into effect December 1.

A basic charge of thirty (\$30) dollars would be initiated for the use of the Emergency Room, equipment, minimal nursing and medical care. Some types of diagnoses that would be considered under the Non-emergent care charge are as follows:

Earache, Sore Throat, URI, UTI, Acute coryza, Skin Rash, Insect Bites, and Puncture Wounds.

The new system will also be opened to private patients who may qualify as requiring only minimal care. This would enable patients in non-emergency situations to be billed at a less costly rate than for emergency care.

RENOVATION OF 1-NORTH PROGRESSING

An Open House is being planned for Sunday afternoon, December 9, to give everyone an opportunity to tour the renovated 1-North prior to admitting patients. The following is a list of the departments that will be located on 1-North:

Oncology/Hematology, Endoscopy, Vascular Lab, Neurodiagnostics.

The renovation is scheduled for completion the first week of December with the first patients being admitted to the Oncology/Hematology area.

(Continued on Page 4)



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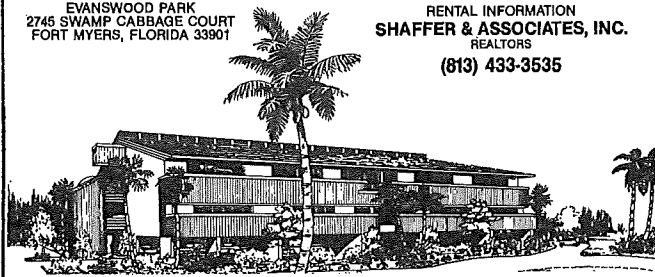
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WHAT'S NEW?

(Continued from Page 3)

**DORSETT FHA
CHAIRMAN-ELECT**

Herbert F. Dorsett, executive director of Fort Myers Community Hospital, was elected and installed as vice chairman/chairman elect of the Florida Hospital Association, November 12, during the association's annual meeting at the Hyatt Regency Hotel, Tampa.

At the 1985 annual meeting, Dorsett will succeed Jack T. Stephens, Jr., executive director, Lakeland Medical Center, Lakeland, as chairman of the statewide association of 220 not-for-profit, investor-owned and governmental hospitals.

The Florida Hospital Association, with offices at Orlando and Tallahassee, provides membership services including educational programs, information, research, consultation, liaison with government and other activities.

**OPERATING ROOM
FAIR**

Saturday, November 10, 1984: The Fort Myers Community Hospital Operating Room staff hosted nearly 900 visitors at their sixth annual OR Fair. The fair was open to the general public with special tours arranged for youth groups throughout the day. Scouting groups, particularly, took advantage of the specially arranged tours and mock-surgery that they were able to witness. Six specialty rooms were set up with equipment and supplies in addition to a variety of films and slide presentations. Free glaucoma and blood pressure tests were offered as well.

**LEE COUNTY
MEDICAL SOCIETY
MEETINGS**

January 1985, Executive Board Meeting, 7:30 p.m., LCMS Office (to be announced)

January 21, Regular Membership Meeting, 6:30 p.m., Royal Palm Yacht Club.

1985**LEADERSHIP CONFERENCE
FEBRUARY 1-3
AIRPORT MARRIOTT HOTEL
TAMPA, FLORIDA**

February 5, Executive Board Meeting, 7:30 p.m., LCMS Office.

February 18, Regular Membership Meeting, 6:30 p.m., Royal Palm Yacht Club.

March 5, Executive Board Meeting, 7:30 p.m., LCMS Office.

March 18, Regular Membership Meeting, 6:30 p.m., Royal Palm Yacht Club.

April 2, Executive Board Meeting, 7:30 p.m., LCMS Office.

April 15, Regular Membership Meeting, 6:30 p.m., Royal Palm Yacht Club.

**1985 FMA
ANNUAL MEETING
MAY 1-5****DIPLOMAT HOTEL
HOLLYWOOD, FLORIDA**

May 7, Executive Board Meeting, 7:30 p.m., LCMS Office.

May 20, Regular Membership Meeting, 6:30 p.m., Royal Palm Yacht Club.

June 4, Executive Board Meeting, 7:30 p.m., LCMS Office.

June , Regular Membership, NO MEETING.

July 2, Executive Board Meeting, 7:30 p.m., LCMS Office.
July , Regular Membership, NO MEETING.

August 6, Executive Board Meeting, 7:30 p.m., LCMS Office.

August , Regular Membership, NO MEETING.

September 3, Executive Board Meeting, 7:30 p.m., LCMS Office.

September 16, Regular Membership, 6:30 p.m., Royal Palm Yacht Club.

October 1, Executive Board Meeting, 7:30 p.m., LCMS Office.

October 21, Regular Membership Meeting, 6:30 p.m., Royal Palm Yacht Club.

November 5, Executive Board

Meeting, 7:30 p.m., LCMS Office.

November 18, Regular Membership Meeting, 6:30 p.m., Royal Palm Yacht Club.

December 3, Executive Board Meeting, 7:30 p.m., LCMS Office.

December 16, Combined Membership Meeting with Auxiliary, 6:30 p.m., (to be announced).

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SOCIETY MEETING**

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