

# LEE COUNTY MEDICAL SOCIETY

# Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 26, NO. 10

FORT MYERS, FLORIDA  
Mary C. Blue, M.D., EDITOR

FEBRUARY 2003

## GENERAL MEMBERSHIP MEETING

### NO MEETING IN FEBRUARY

Thursday, March 20, 2003  
Royal Palm Yacht Club  
2360 West First Street  
6:30 p.m. - Social Time  
7 p.m. - Program

RSVP: LCMS, PO Box 60041, Ft Myers, FL 33906  
Tel: 239-936-1645 Fax: 239-936-0533

### 2003 LCMS MEETINGS

Board of Governors	General Membership
7:00 PM	6:30 PM
Society Conference Room	Royal Palm Yacht Club
2nd Tuesday of each month	3rd Thursday

February 11, 2003	-----
March 11, 2003	March 20, 2003
April 8, 2003	-----
May 13, 2003	May 15, 2003
June 10, 2003	-----
-----	-----
September 9, 2003	September 18, 2003
October 14, 2003	-----
November 11, 2003	November 20, 2003
December 9, 2003	December (HOLIDAY PARTY)

## Inserts

- 1 FPIC SEMINAR
- 2 DOCTOR OF THE DAY SIGN UP SHEET
- 3 FMA 2003 LEGISLATIVE AGENDA
- 4 RALLY AT THE CAPITAL

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# Happy Valentine's Day

## President's Message TIMING IS EVERYTHING

Ralph Gregg, M.D.



Recently, the media had begun to pick up on the escalating malpractice crisis in our state and across the nation. Relatively balanced pieces had appeared in the News Press, Orlando Sentinel, and national media outlets. I thought this was great; our message was beginning to be heard. The President, our Governor, and even several prominent bureaucrats had come out in favor of Tort Reform. But now, recent events in West Virginia have taken things to a new level. In case anyone hasn't heard, 18 surgeons in Wheeling, West Virginia, recently took a "leave of absence" to protest the rapid escalation of medical malpractice insurance. This has happened to a greater or lesser extent before. Pennsylvania and Las Vegas are other examples. But the effect in the media and amongst politicians has rarely been this great.

I think it's all about timing. As a reporter investigates a story about doctors protesting malpractice insurance costs, he is also hearing about hospitals and clinics that are having to reduce services. It is no longer just about doctors complaining. The double-digit escalation in costs speaks for itself and patients are already losing access to care. On January 5<sup>th</sup>, Robert Stein of the Washington Post reported on West Virginia's physicians, but to a much greater extent reported on the decreasing availability of emergency and high-risk services in many regions of the country. This included Florida. Finally, the media is picking up on the fact that it is not just doctors who are being affected. It is also patients.

Unfortunately, while we are getting this expanded media coverage, and politicians in other states are pushing to deal with this issue, our State Legislature still doesn't get it. FMA President Robert Cline recently reported on a December meeting with the Broward County delegation. These people represent the most severely affected area in Florida. Despite the fact that the Governor has declared Tort Reform a priority, Senators Steven Geller, and Debbie Wasserman expressed pessimism and implied that the Legislature may not act on Tort Reform this year. This is unacceptable. Our attorney-dominated legislature continues to have its head in the sand despite what is happening around them. Hopefully, no one in Florida will find it necessary to take a leave of absence in protest of malpractice insurance costs. But our Trauma Center is still in danger, and liability is a significant part of that problem.

Right now, several states are seriously attempting to address Tort Reform (Texas, West Virginia, and Pennsylvania.) The time is ripe for Florida to do this as well; but this will require a change of direction in our legislature. Can our representatives be made to see this necessity before Florida suffers major interruptions in Health Care? Only time will tell.

## 2003 MEDICARE PAYMENT UPDATE

Michael D. Maves, MD, MBA  
American Medical Association

The AMA has learned of a troublesome new development with the 2003 Medicare payment update. The Centers for Medicare and Medicaid Services (CMS) issued instructions to the Medicare carriers about the process for physicians to enroll as either participating or nonparticipating physicians for 2003. These instructions indicate that the period of time for physicians to make their decisions about 2003 Medicare participation will run from January 9, 2003 through February 28, 2003. The instructions further state, however, that the material carriers are now mailing to physicians was printed in October 2002, before Medicare announced the delay in the payment rule and its effective date of March 1, 2003. As a result, the dates on the printed material that physicians will be receiving in the mail this week will say that the participation decision period ended in December 2002.

The carrier instructions about how claims for services provided in January-February 2003 will be processed and paid also may cause some confusion for medical practices.

Compounding these problems, CMS has not instructed its carriers to mail material to physicians with the correct dates. Instead, CMS has instructed carriers to make the correct date information available through their Web sites and similar venues. Anticipating that receipt of the mailed material with incorrect dates could cause a great deal of confusion for physicians, the AMA is asking CMS to instruct its carriers to provide the correct information to physicians, as well as to provide clear information about submission and payment of 2003 claims.

THE FINAL RULE, which was published in the December 31 Federal Register, will be effective on March 1, 2003. Services provided on or after January 1 and before March 1 will be paid under the 2002 fee schedule.

You may view the final rule at <http://cms.hhs.gov/REGULATIONS/PES/>.

## As I Recall...

### PRESIDENTS

Roger D. Scott, M.D.

February always reminds me of my elementary school days when we celebrated George Washington's (2/22) & Abraham Lincoln's (2/18) birthdays, as these were federal holidays and schools were closed. In addition, we always looked forward to Valentine's Day when we exchanged Valentines amongst the class members; it was always exciting to see who got the most Valentines. In 1971 President Nixon felt that the federal workers and schoolchildren were getting too many holidays so he proclaimed that we will celebrate all presidents' birthdays on the third Monday in February. This brings to mind what we know about presidents and gathered here are some little-known facts that might be of interest to all you learned physicians.

Grover Cleveland (1893-97 *tenure of office*) has been the only president to have a child born in the White House. Jimmy Carter (1977-81) was the first president born in a hospital, as all previous presidents were born at home or elsewhere. The most children (15) to live in the White House were those of John Tyler (1841-45). William Howard Taft (1909-13) takes the record for being the largest president; he weighed 350 lbs. & was over 6 ft. tall. James Madison (1813-17) was the smallest at 5 ft. 4 in. and 100 pounds. George Washington never lived in the White House, as it was not available until the second president, John Adams (1797-1801), was in office. James Buchanan (1857-61) never married. The first foreign traveling president was Theodore Roosevelt. Andrew Johnson (1865-69), as vice president, took office upon the assassination of Abraham Lincoln. President Johnson had been a runaway indentured servant who never attended school but later learned reading and writing when taught by his wife! In addition, Johnson (not to be confused with Lyndon B. Johnson who signed the 1966 Civil Rights Act) vetoed the Civil Rights Act of 1866, which Congress overturned. Impeachment proceedings against him failed by one vote; he was a very unpopular president. George Washington (1789-97) and James Madison (1809-13) were signers of the U.S. Constitution. John Adams (1797-1801) and John Quincy Adams (1825-29) were the only father-son presidents. William Henry Harrison (March 1841) served only one month, developed pneumonia & died (April 1841) & Benjamin Harrison (1889-93) were grandfather-grandson presidents. The first seven presidents were born in "English Colonies" & Martin Van Buren (1837-41) was the first President born in the United States. Woodrow Wilson (1913-21) was the first to speak on the radio and Franklin D. Roosevelt (1933-45) was the first to speak on TV (also the only three-term U.S. President). Lyndon Johnson (11/1963-69) was the only one sworn in on an airplane. Gerald Ford (8/1974-77) was the only one never to have won an election for the presidency or vice presidency. Richard Nixon (1969-8/74) is the only one to resign the office. Nixon is also the only president to have served as vice president not to succeed the



LEE COUNTY MEDICAL SOCIETY  
BULLETIN

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The editors welcome contributions from members.

Opinions expressed in the *Bulletin* are those of the individual authors and do not necessarily reflect policies of the Society.

## PRINTERS

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## MEMBERSHIP ACTIVITY

## NEW PRACTICE

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## NEW MEMBER

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Dermatology  
42 Barkley Circle, Ste 3  
Fort Myers, FL 33907  
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## MOVED TO COLLIER COUNTY

Dennis Stapleton, M.D.

## LCMS STATS

December 15, 2002-January 15, 2003		
	Current	YTD
PHONE CALLS RECEIVED	584	584
From Physicians and Office Staff	131	131
For Referrals	217	217
For Background Checks	33	33
Filing Complaints	5	5
Regarding Non-Members	26	26
Regarding Alliance	8	8
Regarding CMS, FMA, and AMA	21	21
Miscellaneous Calls	143	143
APPLICATIONS SENT TO PHYSICIANS	9	9
MEETINGS	3	3
Attended on behalf of LCMS	2	2
Society Meetings	1	1
DIRECTORIES DISTRIBUTED	10	10

LEE COUNTY MEDICAL SOCIETY  
ALLIANCE NEWS

Ann Shah, PhD, Corresponding Secretary

## Legislative Update

What a windfall for Medicine this past election cycle! In addition to the re-election of Governor Jeb Bush, other FLAMPAC endorsed candidates won 66 out of 69 races in the Florida House, 18 out of 20 races in the Florida Senate, and 15 out of 15 races for Congressional seats! The cumulative success rate for FLAMPAC endorsed candidates was an amazing 95% (99 out of 104). In addition, candidates supported by the 1000 Club won 13 out of 14 General Election races (a 93% success rate).

As for "medicine-friendly" State appointments, we are so fortunate to have: State Representative Bruce Kyle - Chairman of the State Appropriations Committee; State Representative Dudley Goodlette - Chairman of the new Committee on Medical Liability Insurance; State Representative Carole Green - member of Committee on Medical Liability Insurance and also Subcommittee on Health Appropriations. In addition, Bill Frist - a thoracic surgeon - has been appointed U.S. Senate Majority Leader!

Despite this windfall, this is not a year to let our guard down! The year ahead will still be a challenge for Medicine - with budget constraints, Tort Reform opposition, legal hurdles in the Medicare meltdown, etc. Now that we've elected a physician-friendly Legislature, it's time to educate them about the issues that will make physicians better able to care for the citizens of SW Florida.

The Legislative calendar for 2003 has been set. The Florida sessions begin on March 4th and run for approximately 8 weeks. During this period, Legislators will have to vote on hundreds of bills. We need to emphasize our issues so they don't get lost in the shuffle. We must be ready to call, e-mail or fax our Legislators before medical issues are voted on! If we don't, be sure that those who oppose us will!

RISK MANAGEMENT GUIDELINES  
ENTAILING ELECTRONIC  
COMMUNICATIONS

- Develop a policy and procedure entailing electronic communications
- Adhere to policy and procedure
- Do not overlook patients who do not have electronic access
- Develop a directory to ensure current and correct e-mail and website addresses
- Provide a disclosure statement specifically delineating the confines of the provider/patient relationship
- Publish disclaimers pertaining to emergencies, confidentiality, documentation, and alternative mechanisms for communication
- Ensure that e-mail is encrypted
- Do not use e-mail for emergencies or time-sensitive issues
- Consider initiating an e-mail triage system
- Avoid initiating unsolicited e-mail
- Prohibit "routing" of e-mail communications
- Include mechanism to block e-messages for non-patients
- Develop a component to ensure completion of the patient/provider/patient communication
- Include electronic communications in retention and documentation procedures
- Include the text of originating message in your response
- Develop secure patient identification/digital certification
- Ensure that patients can access their records
- Always obtain appropriate authorization and consent
- Adopt written privacy procedures
- Train employees and designate a privacy officer
- Limit disclosure of information to the request
- Adhere to stronger state laws pertaining to mental health, HIV and AIDS
- Review informational websites and edit when necessary before posting or a referral is made
- Insulate clinical website content from commercial content
- Obtain confirmation of message delivery
- Never allow electronic communication to usurp human interaction
- Employ a firewall to protect your website and data from unauthorized access
- Utilize encryption technology to protect the transmission of data to and from your website
- Comply with current and revised HIPAA mandates.

Taken from Preventive Action, The quarterly risk management newsletter for policyholders of FPIC, Fourth Quarter 2002.

## Motivating...

## WHAT ARE YOU WORTH?

A well-known speaker started off his seminar by holding up a \$20.00 bill. In the room of 200, he asked, "Who would like this \$20 bill?"

Hands started going up.

He said, "I am going to give this \$20 to one of you but first, let me do this." He proceeded to crumple the \$20 dollar bill up. He then asked, "Who still wants it?"

Still the hands were up in the air.

Well, he replied, "What if I do this?" And he dropped it on the ground and started to grind it into the floor with his shoe. He picked it up, now crumpled and dirty. "Now who still wants it?"

Still the hands went into the air.

"My friends, we have all learned a very valuable lesson. No matter what I did to the money, you still wanted it because it did not decrease in value. It was still worth \$20. Many times in our lives, we are dropped, crumpled, and ground into the dirt by the decisions we make and the circumstances that come our way. We feel as though we are worthless. But no matter what has happened or what will happen, you will never lose your value. Dirty or clean, crumpled or finely creased, you are still priceless to those who love you. The worth of our lives comes not in what we do or who we know, but by WHO WE ARE."

You are special - Don't EVER forget it.

Never be afraid to try something new. And remember...Amateurs built the ark. Professionals built the Titanic.

## 2003 DOCTOR OF THE DAY PROGRAM...

The 2003 Legislative Session begins Tuesday, March 4, 2003 and adjourns Friday, May 2, 2003. Physicians who are willing to spend a day in Tallahassee during the Legislative Session perform an invaluable service by providing health care for members of the legislature and legislative employees. In addition, the program continues to be a vital component in improving and strengthening physician-legislator relations. The FMA will schedule 2 physicians for each day of the legislative session, one for the House of Representatives and one for the Senate. If you are interested in serving as Doctor of the Day, please contact Michelle Jacquis by email at [mjacquis@medone.org](mailto:mjacquis@medone.org) or call her at (850) 224-6496. Thanks and have a very happy new year!!

## Continued from page 1 AS I RECALL

president under whom he served. John Adams and Herbert Hoover (1929-33) are the only ones to live past the age of 90 and John Kennedy (1961-11/63) was the youngest to die at age 46. John Adams and Thomas Jefferson (1801-09) died on July 4, 1826. Every president elected at the 20-year interval between 1840 and 1960 died in office: William Henry Harrison, Abraham Lincoln, James A. Garfield (1881-9/1881), William McKinley (1897-1901), Franklin D. Roosevelt, and John F. Kennedy. Abraham Lincoln, James Garfield, William McKinley, and John Kennedy were all assassinated while in office.

Hopefully all of you PRESIDENTS remembered in this article will look down with blessings upon our beloved country in our time of need. Did you think I forgot these next two? We now add to the record George H. Bush (1989-93) and George W. Bush (2001-continues) becoming the second father-son presidents.

In December 1799 Washington had a sore throat & high fever so his physicians gave him the usual & customary therapy — bleeding. Washington said, "better let me go quietly" and died.

We are saddened by the death of "Wes" Westerville (1937-2003) an all-around good fellow and orthopedist.

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HOSPITAL MEDICAL STAFFS NEED  
INDEPENDENT LEGAL COUNSEL

Jeffrey Cohen, Esq.

At a meeting not long ago with hospital and medical staff representatives, the legal counsel for the hospital, the hospital's lawyer stated: "We don't believe that medical staffs are independent legal entities." "Fine," I thought, "so what?" The fact that medical staffs may not be viewed as legally independent from hospitals (they are not in Florida) does not hit the issue of whether medical staffs should have their own legal counsel. They should. There is an old adage in the practice of law that one cannot serve two masters. It recognizes that lawyers are trained to advocate and to see things in the light most helpful to their clients. Put only one lawyer in a town and you have a starving lawyer. Put a second in the town and you have two thriving law practices. It is virtually impossible, in my experience, to do an adequate job of simultaneously representing a hospital and its medical staff.

For instance, a hospital sees granting an exclusive contract for emergency department services as largely a business issue, which it has the right to determine. A medical staff sees it as having significant clinical implications. As such, if the hospital takes the position that it is within its purview to decide the matter on its own without medical staff input, it completely undermines the legitimate and lawful function (and value) of the medical staff, which is in large part to set and maintain the standard of care in the hospital. Because the hospital does not possess the training or license to practice medicine, it must rely in very large part on the medical judgment of its medical staff.

The instances where the need for independent counsel commonly arises is in the following matters:

1. Peer review. Comply with applicable law and the medical staff receives all sorts of immunity under applicable law. Get it wrong, and the door to liability is opened wide.
2. Bylaw construction and revision. This is critical. For instance, how "clinical privileges" is defined can have a critical effect on the retention of one's privileges. Other things, like departmental closure and awarding an exclusive contract, are also key.
3. Policy development. For instance, developing policies on such things as professional courtesy among the medical staff has important legal implications. Discussing and negotiating payment from a hospital for taking ED call is similarly crucial. "Disruptive physician" policies are equally controversial. For instance, without linking the disturbing conduct to quality care issues, such policies can form the basis for hospital administration to quietly dissuading options. All such matters require the eye of a healthcare lawyer who can see things from the medical staff's perspective.
4. Legal safeguarding. For such things as antitrust compliance (e.g., when discussing a particular payer).

Hospitals that balk at the idea of independent counsel usually make the following arguments:

- A. The medical staff is not a legally independent entity. This is true in Florida. In Florida, from an antitrust perspective, the hospital and medical staff are one and so are incapable of conspiring with each other for antitrust purposes. This is good news for both hospitals and medical staffs that are sued for antitrust violations. But so what? It does not in any way mean that a medical staff cannot or should not obtain independent counsel. The fact that it is not legally independent has no bearing on whether it should have independent counsel.
- B. The engagement must be strictly limited. There is simply no legal restriction that applies to the scope of representation, though the parties could agree to that if they want to. Moreover, limiting the scope of representation can hurt the parties. For instance, if the limitation is adverse regarding unitizing (because the lawyer is not able to advise the medical staff against it) which most healthcare lawyers would actually do).
- C. The engagement must be open to the hospital's legal counsel, CEO and Board (especially if the hospital pays for the counsel). Nope. Not true. In fact, the truth is that the Florida Bar prohibits a breach of confidentiality, though the medical staff may decide to share whatever they want with the hospital. Moreover, the Florida Bar even prohibits the attorney sharing a detailed bill with the hospital unless the medical staff has agreed to that.
- D. The Stark Law prohibits it. Not even close. It does not apply. The Anti-kickback law prohibits it. The law does apply, but if legitimate legal services are being rendered to the medical staff as a whole and not to individual members, then there is no problem.

## Conclusion

Medical staffs need independent counsel. The irony is that medical staffs and hospitals where both parties are well advised tend to have better relationships. Both parties feel empowered to make good decisions. The traditional fear of the hospital is generally unfounded with qualified counsel. In some instances independent counsel directly benefits the hospital.

Mr. Cohen worked as Associate General Counsel to the Florida Medical Association from 1989 to 1993. He is a shareholder in the Delray Beach law firm of Strawn, Kohnman & Cohen, P.A. and is Board Certified by the Florida Bar as a specialist in Health Law. Mr. Cohen may be reached by calling (561) 278-9400.

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## NEW MEMBER APPLICANTS

## Application for Membership

Active members are requested to express to the Committee on Ethical and Judicial Affairs or Board of Governors any information or opinions they may have concerning the eligibility of the applicants.

## LOIS MASTROFRANCESCO, M.D.—RADIATION ONCOLOGY

**Medical School:** Georgetown University, Washington, D.C. (1978-83)  
**Residency:** Walter Reed Army Medical Center, Washington, D.C. (1983-84)  
**Residency:** Georgetown University, Washington, D.C. (1985-88)

**Board Certification:** Certified by the American Board of Radiology in 1988.  
Dr. Mastrofrancesco is in group practice with 21<sup>st</sup> Century Oncology at 2234 Colonial Blvd., Fort Myers, FL 33908.

## JOHN MEHALIK, M.D.—ORTHOPEDIC SURGERY

**Medical School:** Medical College of Ohio, Toledo, OH (1992-96)  
**Internship:** Medical College of Ohio, Toledo, OH (1996-97)  
**Residency:** Medical College of Ohio, Toledo, OH (1997-2001)

**Fellowship:** S. California Orthopaedic Institute, Van Nuys, CA (2001-02)  
Dr. Mehalik is in group practice with Sports Medicine and Joint Replacement Specialists at 8350 Riverwalk Park Blvd., Fort Myers.

## THEY'VE GOT US WHERE THEY WANT US

Susan Alderman, M.D.

If I were a government trying to take over American medicine, here is what I would do:

Increase the number of medical schools and develop HMOs, so doctors will be driven to compete with each other. Develop an RBRVS, so that specialists and generalists would squabble among themselves over their comparative payments. Attack the good intentions, quality of care and stature of all doctors. Make the case in the press that nurses can deliver comparable care and are cheaper. Have lawyers argue repeatedly in courtrooms and in public that only lawsuits will prevent poor-quality doctors from harming hapless patients.

Then I would go after the American Medical Association. Doctors will look in their frustration to the AMA to fix all this, and I certainly would not want it to be effective. I would want specialty societies to grow larger and more important, forcing the AMA to compete with them for membership dues, for the right to represent doctors and for the claim to embody medical science.

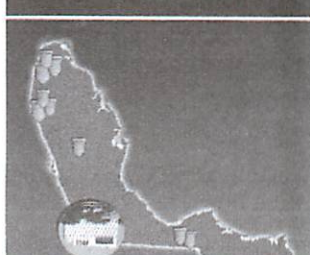
Proponents of science and ethics against proponents of hardball negotiating with employers and payers. Push specialty societies to go after geographic societies. Incite a series of internal political disputes. Have an endless series of restructuring proposals enough to let them press forward together with the same plan.

Then I would create a national healthcare budget with a fixed pot, setting doctors, hospitals, nurses, all components of the healthcare system against each other. After that, I would sit back, just waiting for them to come to me, lobbying for their own share of the pot. In they would troop, hospitals, nursing homes, nurses, and doctors, not coming in as one group, but appearing as many groups that disagreed with one another. The AMA would come in, then the specialty societies, even some state societies. Some of the specialty societies would form coalitions, announcing that together they command more members than the AMA. Then they would promote different proposals, with competing versions of how the pot should be split.

After that, if I were a government that wanted to take the whole thing over in the name of the people, this discord would be my rationale for saying that I have to solve it myself, since medicine cannot get its own act together. So, I would propose a nice, neat one-payer system of governmental medicine, and the public would cheer. They would cheer for a vision of health insurance for everyone, for free doctor visits, and for the end of HMOs.

At last, I would institute my nice one-payer system. Since it would represent one seventh of the entire economy, I would want to squeeze as much cost out of my new system as possible. So, I would franchise the whole thing out to a consortium of national managed care companies to administer. After all, that is the American way. Above all, I would not want to see American medicine united, strong, or focused enough to bargain effectively with my government, for fear it might get what it asks for to give the public the best possible care.

Funny, it almost seems as if most of this has already happened.

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## 2003 OFFICERS AND BOARD OF THE LEE COUNTY MEDICAL SOCIETY

At the January 16, 2003 General Membership Meeting the following physicians were installed as the new BOARD OF GOVERNORS FOR 2003.

## WE WOULD LIKE TO INTRODUCE YOU TO YOUR BOARD OF GOVERNORS...



**President**  
**RALPH GREGG, M.D.**  
Anesthesiology  
Medical Anesthesia & Pain Management  
4048 Evans Avenue Ste 303, Fort Myers  
332-5344

Dr. Gregg was born in Washington, D.C. and graduated from the University of Maryland with his medical degree in 1987. He completed his internship there, and finished his residency at the University of Florida from 1988-91. Dr. Gregg is American Board Certified in Anesthesiology.



**President-Elect**  
**DOUGLAS STEVENS, M.D.**  
Otolaryngology/Facial Plastic Surgery  
8380 Riverwalk Park Blvd, Ste 200, Fort Myers  
481-4911

Dr. Stevens was born in Alexandria, VA and attended medical school at Albany Medical College, in New York and graduated in 1986. He completed his internship at Bethesda Naval Hospital, in Maryland in 1987, and his residency at Bethesda Naval Hospital in Maryland from 1991-95. Dr. Stevens is American Board Certified in Otolaryngology and Facial Plastic and Reconstructive Surgery.



**Secretary**  
**JULIO RODRIGUEZ, M.D.**  
Family Practice  
Doctor's Family Clinic  
4901 Palm Beach Blvd, Ste 13, Fort Myers  
693-9191

Dr. Rodriguez was born in Cuba and graduated from the Medical School of Havana Cuba in 1974. He completed a Social Medicine Program (Internship) from 1974-76, and did a Residency in General Surgery from 1976-79. Dr. Rodriguez served as a general surgeon in Cuba from 1979-85, moved to the United States in 1985. He completed an internship and residency in Family Practice at Florida Hospital in Orlando from 1991-94. Dr. Rodriguez is American Board Certified in Family Practice.



**Treasurer**  
**RICHARD MURRAY, M.D.**  
Obstetrics/Gynecology  
1515 Colonial Blvd, Fort Myers  
275-4300

Dr. Murray was born in New York and graduated from medical school at the University of Florida in 1993. He completed his internship and residency there from 1993-97. Dr. Murray is American Board Certified in Obstetrics/Gynecology.



**Past President**  
**ELIOT HOFFMAN, M.D.**  
Cardiology  
SWFL Heart Group at 8540 College Parkway, Fort Myers  
433-8888

Dr. Hoffman was born in St. Louis MO and attended medical school there at St. Louis University School of Medicine, he received his MD degree in 1981 and completed his internship, residency and fellowship at the University of Texas Medical School in Houston, Texas 1981-86. Dr. Hoffman is Board Certified in Internal Medicine, Cardiovascular Disease.

## MEMBERS-AT-LARGE



**M. Erick Burton, M.D.**  
Cardiology  
SWFL Heart Group  
8540 College Parkway, Fort Myers  
433-8888

Dr. Burton was born in Grand Fork, ND and graduated from medical school at Emory University of Medicine in 1987. He completed his internship and Residency at the University of Alabama Hospital from 1987-90. He went on to complete a fellowship at Emory University Hospital. He is Board certified by the American Board of Internal Medicine in Internal Medicine, Cardiovascular Disease, and Electrophysiology.



**Daniel Dosoretz, M.D.**  
Radiation Oncology  
Radiation Therapy Associates  
7341 Gladiolus Drive, Fort Myers  
489-3420

Dr. Dosoretz was born in Buenos Aires, Argentina and graduated from medical school at the University of Buenos Aires in 1975. He completed his internship at the Suburban Hospital in Maryland in 1977 and did his residency and a fellowship at Massachusetts General Hospital from 1977-81. Dr. Dosoretz is American Board Certified in Radiology.



**Ronica Kluge, M.D.**  
Infectious Disease  
Internal Medicine Associates  
2675 Winkler Avenue, Ste 300, Fort Myers  
936-1343

Dr. Kluge was born in St. Petersburg, FL and graduated from medical school at the University of Florida in 1967. She completed her internship, residency, and a fellowship at the University of Maryland from 1967-73. Dr. Kluge is American Board Certified in Internal Medicine and Infectious Disease.



**Cherrie Morris, M.D.**  
Obstetrics/Gynecology  
Lee Physician's Group  
9981 Health Park Circle, Ste 465, Fort Myers  
432-3500

Dr. Morris was born in Saddle Brook, NJ and graduated from New Jersey Medical School in 1994. She completed her internship and residency at the University of South Florida in Tampa from 1994-98.



**Daniel P. Robertson, M.D.**  
Neurosurgery  
Lee Neurosurgery  
2780 Cleveland Avenue, Suite 819, Fort Myers  
336-6800

Dr. Robertson was born in Fairfield, CA, graduating from the University of Tennessee in 1988. He completed his internship and residency at Baylor College of Medicine in Houston, Texas from 1988-94. Dr. Robertson is American Board Certified in Neurological Surgery. He lives in Ft. Myers with his wife Janet, and their children, Leigh, Lauren, and Alison.



**Dean Traiger, M.D.**  
Family Practice  
Physician's Primary Care  
1304 SE 8th Terrace, Cape Coral  
574-7344

Dr. Traiger was born in Far Rockaway, NY. He graduated from Medical School from Technion University, Israel Institute of Technology in Haifa, Israel in 1997. He completed his Internship at Long Island Jewish Hospital, Glen Cove, NY from 1997-2000. He is American Board certified in Family Practice.

## .....AND YOUR ELECTED OFFICERS



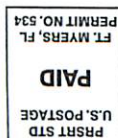
**Chair, Grievance Committee**  
**R. Thad Goodwin, M.D.**  
Ophthalmology  
Goodwin Eye Center  
4755 Summerlin Road, Ste 4, Fort Myers  
939-3937

Dr. Goodwin was born in Bryan, TX, graduating from medical school at the University of North Carolina in 1979. He completed his internship and residency at the University of Florida from 1979-83. Dr. Goodwin is American Board Certified in Ophthalmology.



**Chair, Committee on Ethical and Judicial Affairs**  
**MICHAEL RAYMOND, M.D.**  
Hematology/Medical Oncology  
Florida Cancer Specialists  
15681 New Hampshire Court, Fort Myers  
437-4444

Dr. Raymond was born in Lafayette, IN, graduating from medical school at Indiana University 1979. He completed his internship, residency, and a fellowship at the University of South Florida from 1979-1985. Dr. Raymond is American Board Certified in Internal Medicine, with subspecialty certification in hematology, and medical oncology.



LEE COUNTY MEDICAL SOCIETY  
P.O. BOX 60041  
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