

LEE COUNTY MEDICAL SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 28, NO.4

FORT MYERS, FLORIDA
DANIEL SCHWARTZ, M.D.

JULY 2004

UPCOMING MEETING SCHEDULE

2004 FMA ANNUAL MEETING &
FLORIDA MEDICAL EXPO
SEPTEMBER 2-5, 2004
Marriott World Center, Orlando

THURSDAY, JULY 15, 2004

**ADVANCED ASSET/INCOME
PROTECTION MEETING**
Royal Palm Yacht Club
2360 West First Street
Downtown Fort Myers
6:30 p.m.

GENERAL MEMBERSHIP MEETINGS

THURSDAY, SEPTEMBER 23, 2004

Royal Palm Yacht Club
2360 West First Street
Downtown Fort Myers
6:30 p.m.

MONDAY, DECEMBER 6, 2004

**HOLIDAY PARTY
VERANDA RESTAURANT**
2122 Second Street
Downtown Fort Myers
7:00 p.m.

Inserts

- 1 JULY 15, 2004 MEETING
- 2 AMA'S PLAN TO COVER THE
UNINSURED
- 3 SWIMMING CLASSES
- 4 "ARE YOUR KIDS SAFE AROUND
WATER?" BROCHURE
- 5 FIDDESTICKS COUNTRY CLUB

OFFICE OF CIVIL RIGHTS WEBSITE ANSWERS HIPAA QUESTIONS

The Office of Civil Rights (OCR) has a website that will help you and your office staff with questions you might have regarding HIPAA. The OCR is the governmental agency that is responsible for HIPAA Compliance. Please visit their website at www.hhs.gov/ocr/hipaa.

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President's Message

ROAD TO FULFILLMENT

Douglas Stevens, M.D.



Recently I received a synopsis of the FMA accomplishments during the 2004 legislative session. It appeared to me that this year was mainly defensive in nature. Offensive action is not happening in this year's legislature – get ready for the big fight during the upcoming amendment battle. More on that issue next month.

This year the legislature of Florida considered a bill that would allow "naturopaths" to be licensed to perform medical and surgical treatment. Can you imagine that – surgery! It is amazing that the FMA needs to expend effort to defeat bills like these but so it is in today's world of "evidenced based medicine." Fortunately for the patients of Florida this was rejected by the legislature. The pharmacists wanted to prescribe medications and give injections, nurses wanted to have the ability to prescribe narcotics and Medicaid wanted to drop physician payments. It is hard to imagine getting paid less by this program but there appears to be no bottom. Another bill proposed re-fingerprinting all Florida physicians while increasing licensure fees to pay for the program. Don't these people realize how close many of us are to leaving this state? Fortunately, the FMA won on all of these issues.

In the face of this relatively uninspiring news, I would like to discuss options available to us in the face of the continued decline in medicine as a profession.

Most of us would not say that we are unsatisfied with our patients or with our role as healers. We are dissatisfied with the one sided, punitive, over regulated and under reimbursed Medicare program and with the monopolistic practices of large insurance companies. Add into this milieu the malpractice crises and you have the underpinnings of a profession in crises. We can control some but not all things. Given this, how can we possibly take back control of our lives if not the profession of medicine itself?

It is not unreasonable to consider outright retirement. In the past six months we have lost a cardiothoracic surgeon and a neurosurgeon to this option. Clearly, those physicians who are in the 55 and up range are talking about and likely to choose this path. The day of the gray haired, experienced physician who wants to work until he can no longer do it is over. As one excellent surgeon in our area told me, "I used to go on vacation and couldn't wait to get back to work. Now when I return to work I can't wait to go back on vacation." We will lose this group of seasoned physicians during what in the past were their prime working years.

For those of us who have young children, debt from medical school or other responsibilities, early retirement may not be an option. My advice – try to get out of debt before the storm worsens, as it will, so that the ability to walk away from clinical or insurance based medicine becomes possible. As drastic as it sounds, practices across the nation are beginning to post their fees and expect full payment from patients at the time of service. They can help their patients get paid by insurance but they no longer wait to face denials and the games we have all come to know so well. This would require a fair fee schedule and, of course, competition will tend to control our prices, as patients (consumers) become more costs ensitive. I see this competition as healthy and rather upbeat versus the current environment of depressing Soviet era price controls and the ever-worsening shortages that are a result of the socialization of medical care in this country. The new health savings account is going to be interesting to watch as it promotes precisely this kind of approach to medical care.

Other physicians will opt to devote their talents and energies to new endeavors – some related to medicine and others not related to medicine at all. One older physician in our community told me that in the past insurance companies were begging for physician reviewers. Now, there are no positions left and he has had to continue with a surgical practice he finds physically challenging and spiritually unfulfilling. I have recently received word of several of our colleagues getting MBAs, real estate licenses, law degrees, etc. I encourage all of this – we are not trapped by our past decision to go into Medicine. We were all the top of our class. We did it once and we can go back and do it again. Only debt and fear can stop us!

If we do choose to continue in medicine we will need to gain control over the malpractice monster. This means asset protection allowing us to position ourselves to negotiate with the terrorists from a position of strength. This does not mean that I encourage you to drop malpractice insurance but it is important to realize that adequate insurance is financially out of reach if it is available at all. The remainder of the average million-dollar settlement is coming from you personally. The threat of financial ruin is utilized to soak insurance companies time and time again as physicians urge settlement and insurance companies agree to avoid even further liability even when experts agree no malpractice occurred. I am going to have a workshop on asset protection sponsored in part by the medical society and I hope all of you will attend.

Finally, I believe it is time for all of us to reconsider the services that we are willing to perform. Just as we assess interventions from a risk versus benefit basis for our patients we also will need to evaluate them on the same basis for ourselves. We do have the moral obligation to stabilize a patient but once this is accomplished if asked to do something out of our standard medical practice – I think we should now just say no. After all, in court we will be held to very high standards. If I have never performed a certain procedure or if it has been years since I have done it why should I risk everything only to have my performance compared with that of someone who does it all the time? Rather, I should just recognize my own limitations and pass the consult on to another physician in the area or recommend the patient be transported to a University Hospital where there are residents and sovereign immunity.

So, yes, this career was demanding and expensive personally and financially to attain. But, as always, we are asked to be smarter and work harder than our peers. It is up to us to determine our fate and, in the end our satisfaction with the life and gifts that have been given to us.

As I Recall...

Roger D. Scott, M.D.

LEE MEMORIAL HOSPITAL 1943-1968 PART V 1955

It was in 1955 that John Gadd (also referred to as J. G. or John) arrived at Lee Memorial Hospital to assume leadership of this hospital for the next 25 years. He had served as Administrator of Vanderbilt Hospital and was credited with having gotten that hospital back on its feet and operational after having been near bankruptcy. John has made me privy to his papers and thoughts over the years, and it is with his permission that much of the following information is revealed. He states that upon arriving in 1955, the new additions to the 1943 hospital previously described were being completed.

Before going any further with his experiences in Fort Myers, you will enjoy one episode that occurred at Vanderbilt. While thoroughly auditing the records of the hospital's (Vanderbilt) expenses, John noticed the enormous amount of ice (back then there weren't ice machines on every floor and ice was purchased from vendors) that was used by the Department of Pathology. In fact, this department was using more ice than all of the remainder of the hospital. When confronted with this information, the pathologist stated that the ice was necessary for frozen sections. John, in his inquisitive manner, decided to observe some frozen sections and found that they were done with carbon dioxide rather than with ice. Upon further investigation, it turned out that the pathologist had the concession for all of the Coca-Cola machines in the hospital, and he was obtaining the ice for his personal use in these vending machines! For those of you too young to remember, the older machines had the bottles on racks sitting on ice and you put in a nickel & you could pull one bottle out -- this was before electric refrigeration for these dispensers. Well at any rate, John seemed to get Vanderbilt straight, but later he had a "falling out" with the hierarchy. He decided to make a change and become administrator of little old Lee Memorial Hospital that was enlarging from 30 to about 100 beds.

Now back to LMH where a heated dispute was occurring between the Board and Dr. John S. Stewart (hospital employed radiologist) who had decided to also open a private office in Fort Myers. The Board wanted to fire John Stewart, but could not do this and so John Gadd was brought in to straighten this out as well as with getting the hospital progressing towards modernization. In his notes, J.G. states that the following list of hospital facilities and programs were not existing here when he took over: steam boilers, fluorescent lights, emergency electric power, pharmacy or pharmacist, central sterile supply, EKGs, electroencephalograms, physical therapy, morgue, blood bank, many departments (purchasing, accounting, engineering, payroll, medical record, medical transcription, personnel, public-relations, legal), pediatric and obstetrical units respiratory therapy, x-ray tech school, patient tech training, registered nurse and L.P.N. schools, central bedside oxygen & suction, nurse call system, electric patient beds, delivery room, full-time ER physicians, employee health services, infection control, P.B.X., ICUs, cafeteria, air-conditioned rooms, CONTINUED ON PAGE 2.....

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

Distinct Impressions 482-6262

LCMS ALLIANCE AND FOUNDATION NEWS

Submitted by Ann Shah and Karma Marino, Co-Presidents

Installation of 2004-2005 Officers

The 2004-2005 Lee County Medical Society Alliance and Foundation Officers were installed by Rita Seymore, FMAA President, on May 5th at Mama Pasta in Fort Myers. Please join us in congratulating our new leadership:



Co-Presidents

Tami Traiger

Sherri Zucker

Glynn Garramone

Tammy Sadighi

Corresponding Secretary

Karma Marino and Ann Shah

Michele Tyson

Garden Shower Fundraiser

If you haven't done so already, please consider a contribution to the Foundation's no-show fundraising event. Proceeds from this Garden Shower will be used as "seed money" for our charitable community projects, including the Stride Right, Buckle Bear and Medi-bags programs. Your support of our health-related endeavors in the year ahead would be greatly appreciated.

Welcome Newcomers

The Alliance and Foundation welcome new physicians and their spouses to the area this summer. In addition to their spouses becoming regular members, LCMS physicians may also join as associate members. If your practice is hiring any new physicians, please provide Ann Wilke with their names, marital status and contact information so that we can send them our award-winning In Touch newsletter and invite them to special events.

This year, our annual Welcome Brunch will be held on September 22 at the home of Dr. Michael and Mrs. Karen Weiss. Co-Chairs Franky Margolin and Barb Lutarewicz are planning a fun and relaxing luncheon to greet the newest members of our medical community. Help us introduce the Alliance and Foundation to our growing Medical Family.

LEE COUNTY MEDICAL SOCIETY HAPPENINGS

TRAVEL MEDICINE

GENERAL MEMBERSHIP MEETING

The Lee County Medical Society General Membership Meeting was held Thursday, May 20, 2004 at the Royal Palm Yacht Club. Seven new physician members were unanimously approved. Dr. Rudolf Kotula spoke on the topic of Travel Medicine. We would like to thank Dr. Kotula for his wonderful presentation.



Dr. Kotula is speaking with Dr. Ed Guttery & Dr. John Ritrosky Jr.

LEGAL/MEDICAL GOLF TOURNAMENT

The 9th Annual Legal/Medical Golf Tournament was held Saturday, May 15, 2004 at the Renaissance Country Club in Fort Myers. The Lee County Medical Society defeated the Lee County Bar Association and we helped raise over \$9,000 for Partners For Breast Cancer Care. A special thank you to Dr. Bruce Lipschutz, Ken Jones, Esq., and Dinah Leach from the Bar Association. We also would like to thank the following sponsors and contributors:



Dr. Lipschutz & Ken Jones Esq. are presenting Mrs. C.B. Rebsamson with a check.

Contributed to Raffle Prizes-

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Harolds on Bay Street
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Broadway Palm Dinner Theater
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SWFL Heart Group
Travis Legalgraphics
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LEGAL/MEDICAL TENNIS TOURNAMENT

The Lee County Medical Society and Lee County Bar Association met on the tennis courts of the Ace Tennis Club on Saturday, May 22, 2004 at 4056 Princeton Street in Fort Myers for the 4th Annual Legal/Medical Tennis Tournament. Unfortunately, the lawyers took home the trophy this year but there is always next year. A special thank you to Dr. Linda Gardiner and Jim Neel, Esq., for the work on the Tournament.

RALLY FOR REPRESENTATIVE JOHNNIE BYRD

Dr. Steve West hosted a Rally for Representative Johnnie Byrd, Speaker of the Florida House of Representatives. The rally was held at the Southwest Florida Heart Group at 8540 College Parkway. The local media, physicians, Jim Nathan (representing Lee Memorial Health Systems), Betty Rubenstein (from the Alliance), the staffs of physicians' offices, most noticeably the staffs of Advanced Pain Management Consultants, the Heart Group and Retina Consultants all gathered under the portico of the Heart Group.

Dr. Erick Burton introduced Rep. Byrd as a proponent for medicine, as the first representative to sign his pledge for tort reform and as a staunch supporter of the Constitutional Amendment. The media was in attendance as Rep. Byrd, wearing a dark suit and red power tie, spoke briefly to the crowd of physicians and ancillary personnel. He encouraged doctors to fight and he believes that the constitutional amendment is the right thing for Florida. He ended his seven-minute speech with his call to run for U.S. Senate.

Refreshments were served as those in attendance had the opportunity to meet and speak with U.S. Senate candidate, Representative Johnnie Byrd.

PRINCIPLES OF DOCUMENTATION

1. The medical record should be complete and legible.
2. The documentation of each patient encounter should include: the date; the reason for the encounter; appropriate history and physical exam; review of lab, x-ray data, and other ancillary services, where appropriate; assessment; and plan for care (including discharge plan, if appropriate).
3. Past and present diagnoses should be accessible to the treating and/or consulting physician.
4. The reasons for and results of x-rays, lab tests, and other ancillary services should be documented or included in the medical record.
5. Relevant health risk factors should be identified.
6. The patient's progress, including response to treatment, change in treatment, change in diagnosis, and patient non-compliance, should be documented.
7. The written plan for care should include, when appropriate, treatments and medications, specifying frequency and dosage; and referrals and consultations; patient/family education; and specific instructions for follow-up.
8. The documentation should support the intensity of the patient evaluation and/or the treatment, including thought processes and the complexity of medical decision-making.
9. All entries to the medical record should be dated and authenticated.
10. The CPT/ICD-9 codes reported on the health insurance claim form or billing statement should reflect the documentation in the medical record.

(AS I RECALL CONT.) from page 1

Chapel, surgical assistants, drug formulary, bedside telephones & TVs, poison control center, pathologist, TV production studio, overhead lights, public address system, emergency radio and fire alarm systems, in-service training, admitting office, urological operating room, S. M. A. automatic lab testing machine, incinerator, automatic x-ray film developers, medical director, one-day surgery, and amazingly a quiet racial integration. All of the above were developed during John's 29-year administration, as well as construction of the eight-story building we work in now. I arrived here 46 years ago this month and noted that a few of these had been accomplished, but believe you me it was still archaic in my early days here.

By now you are probably wondering how Gadd overcame the problem of getting a new radiologist for the hospital! It seems that each time a new radiologist planned to come to work at the hospital, they were frightened because John Stewart thought he had an exclusive contract with Lee. Gadd researched radiology ethics and found reason to dismiss John Stewart from his contract, and then they hired a contract hospital radiologist. There was "bad blood" for many years between the hospital board, Gadd and John Stewart and some of the local physicians over this action. I was friends with all of them when I came years later.

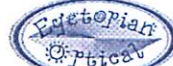
Future articles will continue from 1958 through 1968 when this hospital closed. There are many stories yet to be told!

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Jeff Comer, M.D.
Craig MacArthur, M.D.
Emad Salman, M.D.

Resigned
Viguel Mandoki, M.D.

Moved Out of State
Christopher Gaskin, M.D.

****Corrections****
In the April Issue the Bulletin listed
"PIC's" phone number incorrectly. The
correct number is 800-741-3742.

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.



SANDRA B. COLLINS – ORTHOPEDIC SURGERY/HAND SURGERY
Medical School: University of Maryland, Baltimore, MD (1990-94)
Internship: University of Maryland, Baltimore, MD (1994-95)
Residency: University of Maryland, Baltimore, MD (1995-99)
Fellowship: Duke University, Durham, NC (1999-2000)
Board Certification: American Board of Orthopedic Surgery
Dr. Collins is with Sports Medicine & Joint Replacement Specialists at 8350 Riverwalk Park Blvd., Fort Myers, FL 33919.



CANDRA CUMMINGS, MD – ANESTHESIOLOGY
Medical School: Albert Einstein College of Medicine, Bronx, NY (1989-93)
Internship: Englewood Hospital and Medical Center, Englewood, NY (1993-94)
Residency: University of Maryland Medical Center, Baltimore, MD (1997-2000)
Board Certification: American Board of Anesthesiology
Dr. Cummings is with Anesthesia and Pain Consultants of SWFL, 3949 Evans Avenue, Fort Myers, FL 33901.



RICHARD MACCHIAROLI, MD – EMERGENCY MEDICINE
Medical School: Georgetown University, Washington, DC (1994-98)
Internship: Orlando Regional Medical Center, Orlando, FL (1998-99)
Residency: Orlando Regional Medical Center, Orlando, FL (1999-01)
Board Certification: American Board of Emergency Medicine
Dr. Macchiaroli is with Lee Memorial Emergency Physicians at HealthPark Emergency Dept., 9981 S. HealthPark Drive, Fort Myers, FL 33908



ALEJANDRO MARTINEZ, MD – FAMILY PRACTICE/GERIATRICS
Medical School: Universidad Iberoamericana, Dominican Republic (1995-98)
Residency: N. E. Alabama Regional Medical Center, Anniston, AL (2000-03)
Fellowship: University of South Florida, Geriatric Medicine, Tampa, FL (2003-04)
Dr. Martinez is with Physicians Primary Care of SWFL at 1501 Viscaya Parkway, Cape Coral, FL 33990.



ANDREW OAKES-LOTTRIDGE, MD – FAMILY PRACTICE
Medical School: University of Florida, Gainesville, FL (1996-2000)
Internship: Mount Sinai Medical Center, Miami Beach, FL (2000-01)
Residency: St. Vincent's Medical Center, Jacksonville, FL (2001-04)
Dr. Oakes-Lottridge is with Physicians Primary Care of SWFL at 1304 SE 8th Terrace, Cape Coral, FL 33990.



**MAURICIO RAMIREZ, MD
INTERNAL MEDICINE/INFECTIOUS DISEASE**
Medical School: University of the East, Quezon City, Philippines (1986-90)
Internship: University of the East, Quezon City, Philippines (1990-91)
Woodhull Medical and Mental Health Center, Brooklyn, NY (1993-94)
Residency: HealthKard-International Hospital, Manila, Philippines (1992)
St. Barnabus Medical Center, Livingston, N.J. (1994-96)
Fellowship: Columbia Presbyterian Medical Center, New York, NY (1996-98)
Dr. Ramirez is with Internal Medicine Associates at 1528 Del Prado Blvd, Cape Coral, FL 33990.



JERRY V. THOMAS, MD – FAMILY PRACTICE
Medical School: Louisiana State University, Shreveport & New Orleans, LA (1997-2001)
Internship: St. Vincent's Hospital, Jacksonville, FL (2001-02)
Residency: St. Vincent's Hospital, Jacksonville, FL (2001-04)
Dr. Thomas is with Physicians Primary Care of SWFL at 1501 Viscaya Parkway, Cape Coral, FL 33990.



WILLIAM S. WITTENBORN – PLASTIC SURGERY/HAND SURGERY
Medical School: St. Georges University, Grenada, WI (1991-95)
Internship: Medical Center of Delaware, Newark, DE (1995-97)
Residency: Mercy Catholic Medical Center, Darby, PA (1997-2000)
Fellowship: University of Florida Medical Center, Tampa, FL (2000-01)
University of Oklahoma, Oklahoma City, OK (2001-03)
Dr. Wittenborn is with Institute For Plastic and Hand Surgery at 13691 Metro Parkway, Suite 110, Fort Myers, FL 33912.

Applications were sent to the following physicians, please encourage them to join the Lee County Medical Society.

- ohn A. Ardesia, D.O.
evin W. Berger, M.D.
uan Bustillo, M.D.
driana Lukanova, M.D.
edro Marcucci, M.D.
drian Medina, M.D.
- Meir Daller, M.D.
Samen Javeda, M.D.
Heidi L. Kunstman, M.D.
Nancy Palis, M.D.
Andrew Podos, M.D.
Robert Scappa, D.O.
Gerald Tuite, M.D.

SERVING AS YOUR DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION
Steve West, M.D., Delegate to the AMA from Florida

Serving as your delegate to the American Medical Association, I attended The AMA Annual Meeting in Chicago. Our FMA President, Dr. Rick Lentz, made several presentations explaining the malpractice liability insurance crisis in Florida. Many AMA delegates, states, and specialty societies after hearing about our constitutional initiative to place limitations on attorney contingency fees contributed to Citizens for a Fair Share. The President of the AMA, Dr. Donald Palmisano, was very vocal in his support of Florida's constitutional amendment effort. He said several times "The FMA is making history as the FMA drives a spike through the heart of the greedy plaintiffs attorneys."

We learned from Dr. Cecil Wilson a member of the AMA Board of Trustees that for the first time in 40 years AMA membership has increased. There are 5,000 more AMA members than last year. Dr Wilson's task force on membership is working to make the AMA more member-centered.

During the meeting Dr. Chris Hawk from South Carolina highlighted the seriousness of the liability crisis by a resolution he sponsored to have the AMA inform it's members that physicians are not required to treat plaintiff attorneys for non-emergency problems. Dr Hawk made national TV and the front page of the USA Today. The AMA House rejected Dr. Hawk's resolution as discriminatory against a class of people. Individual physicians have a right to refuse to treat any individual patient for non-emergency problems but to suggest that physicians should refuse to treat all trial lawyers is not appropriate or ethical. Dr Hawk, however, was very pleased that his resolution stimulated debate and earned media attention highlighting the liability crisis.

There were many very important items discussed to improve the practice of medicine, public safety, public health, and to address the uninsured; too numerous to mention in detail. The AMA is working to promote the private ownership of health insurance plans with a defined employer benefit or contribution. This concept with health savings accounts should provide choice, increase access to care and make insurance more affordable. Much discussion focused on ways to preserve Medicare Part B for physician reimbursement. Moving wheelchairs (durable medical equipment) and drugs out of Part B would help preserve physician reimbursement. Part A, the hospital component of Medicare needs to be adjusted since more and more procedures are being done by physicians in their offices or other outpatient settings. These procedures traditionally are in the hospital and the funding comes out of Medicare Part A. Now physicians are doing them but the funding comes from Part B. The money is budgeted in Part A. Therefore, physicians do more and are paid less. Hospitals do less and are paid more.

Dr. Edward Hill from Tupelo (the Birth place of Elvis), Mississippi was elected President-Elect of the AMA. His message is that the next decade is one of opportunity for the AMA to be a catalyst for change to improve the health care delivery system in America. Dr. Bob Cline, the immediate past president of the Florida Medical Association was unsuccessful in his campaign to be elected to the AMA Council on Medical Services. This was Dr. Cline's first AMA election. He did a great job and I am sure that in the future he will be successful.

I want to thank all of you for the opportunity to represent you at the AMA. If you have, any questions please feel free to call me at 851-4896 or e-mail me at stewest@comcast.net.

FARWELL ADDRESS

Excerpts from AMA Update of Donald J. Palmisano, M.D.,
AMA Immediate Past President

When you feel exhausted -- remember George Washington crossing the Delaware to Trenton -- giving a ragtag army its first taste of victory after a string of defeats -- and turning the tide of the war that won American independence.

Remember the heroics of the Army Rangers at Point du Hoc in Normandy -- as we celebrate the 60th anniversary of D-Day this month.

These stories will invigorate you and remind you of the American soul -- the pursuit of liberty and the belief in fair play. Never forget that blood was shed -- so we can be free -- and speak up for what is right. Never forget the brave Americans -- many buried in foreign soil. Don't dishonor them by giving up.

The world is again a dangerous place. Let's make sure the ills afflicting Medicine are fixed so we can be ready with full medical support if terrorists again strike America. We need every single one of our doctors.

If we remain united -- if we continue to awaken our colleagues -- we are invincible! Triumph is ours!

Now I enter the twilight of my tour on the AMA board. For Robin and me, what lies ahead are undiscovered adventures, choices, and challenges. The end of one journey merely signals the start of another.

I started my AMA tour with my Dad's advice to me in medical school: Do your homework, have courage, and don't give up. No better advice can I leave you as a gift. Always, may the wind be at your back and your heart filled with hope and determination.

Godspeed and good health to all of you. God bless America, our land of freedom and courage, and our AMA. This isn't goodbye -- but as we say in New Orleans, "you're beautiful -- catch you later."

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FLEXIBILITY***Brad J. Cherkin, Senior Vice President, IronStone Bank*

Contrary to what you have probably learned, a will may not be the best estate planning tool for you, as well as your family. As a stand-alone instrument, a will does not avoid probate when you die for assets distributed under its dispositive provisions.

There is a much greater probability you may become physically or mentally incapacitated rather than passing away. A will provides no protection in the event of incapacity. A Revocable Living Trust avoids probate and lets you keep control of your assets while you are living, even if you become incapacitated, in addition to many benefits after your death, which could save taxes if set up properly.

Probate is the legal court proceeding whereby your debts are paid and your assets are distributed under the terms of your last will and testament. If your will isn't valid, your assets are distributed under state law which may not correspond to the best interests of you and your family. Probating an estate can cost as much as 5 percent. Having your estate settled with a Revocable Living Trust could save your family as much as \$150,000 for a probate estate valued at \$3,000,000.

Probate is expensive and time consuming. Because probate is a public process, any interested party can easily see what your estate was worth, in addition to any debts you were obligated to pay. Generally, most individuals would not want these matters available for the public to view. This process creates an environment for unhappy heirs in addition to un-welcomed solicitations.

A properly drafted Revocable Living Trust is a document that like a will contains specific instructions for the distribution of your assets owned by the trust. You determine who will be the beneficiaries and when the assets are distributed. Because it is revocable, you can change the terms of the trust during your lifetime.

In many cases, being your own trustee is fine during your lifetime, as long as you are to be involved in the process of managing your financial affairs. Naming a successor trustee is critical should you no longer choose to manage your affairs or become incapacitated. A most popular arrangement is to name a close family member along with a corporate trustee to handle the daily details of managing your assets. Corporate trustees have the experience, impartiality and technical expertise that is necessary when managing the complex duties of your trust. By naming a family member independently, you invite the possibility of family disagreements whereby an unhappy family member may inherit the services of a very unfriendly counsel.

The primary purpose of sound planning is to maintain peace within your family. Revocable Living Trusts are designed to balance your needs during the constant changes that occur during your lifetime in conjunction with the future needs of your family when you are no longer in the picture. Always allow the successor trustee to dismiss the corporate fiduciary should they be less than satisfied with their service.

As we do not practice law, we suggest you always seek the proper legal advice needed to make well-informed decisions.

This article was provided by Brenda Dolan, Vice President and Medical Financial Specialist of IronStone Bank, which until March of 2004 was known as Atlantic States Bank. For more information or to answer any questions you might have please call Brenda at (239) 985-2205 or Brad J. Cherkin, senior vice president, manager, IronStone Bank Wealth Management Services @ 239-850-7164. Advertisement.

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*"We take care of our own"***REMIND YOUR PATIENTS ABOUT WATER SAFETY***By Michael Barnaby*

Six children drowned in Lee County in 2003, four in 2002. Five died in pools, one in a lake and one in a bathtub. Ten unnecessary deaths.

In America, approximately 900 adolescent lives are claimed each year by drowning – all preventable tragedies. Research shows that 88 percent of children who drowned nationwide between 2001 and 2002 were under the supervision of another person, and a recent study entitled *Clear Danger: A National Study of Childhood Drowning and Related Attitudes and Behaviors*, found that many adults are not properly fencing pools, requiring the use of personal flotation devices, or teaching their children how to swim.

Your patients need knowledge, and they need to be reminded to keep their children safe around water. You can help by impressing upon them the following:

- Adults should take turns serving as a "water watcher," constantly observing children playing in and near water.
- Install and properly use four-sided fencing around pools, which can prevent 50-90 percent of residential drowning.
- Always dress children with properly fitting life vests and other appropriate gear during water recreation.
- Enroll children in swimming lessons with a certified instructor by the age of eight.



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