

Bulletin

Editor: Mary C. Blue, M.D.

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LEE COUNTY
MEDICAL
SOCIETY^{INC.}

Physicians Caring for our Community





Bulletin

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Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and enforcement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.

All LCMS Board of Governors and Committee meetings minutes are available for all members to review.

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FOMA Insert

About the Cover: Roses from the International Rose Test Garden, Portland, Oregon, July 2015

CALENDAR OF EVENTS



September 17, 2015 at 6:30pm

General Membership Meeting at Crown Colony Golf and Country Club (see insert for details)

September 24, 2015 at 6pm

Group Bowling and Fun at Head Pinz
14513 Global Pkwy. Fort Myers, FL 33913

Save the Dates!

October 20, 2015

Retiree Luncheon at Regions Bank

October 24, 2015

Family Friendly Deep Sea Fishing with Captain Tony's

November 8, 2015

Alliance Potluck in Paradise

November 19, 2015

General Membership Meeting at Paseo

December 14, 2015

Holiday Party at Gulf Harbour Yacht and County Club

January 29, 2016

Annual Medical Service Awards and Board Installation Dinner

If you have changed locations, added a new physician to your practice, or changed office managers, please call the Medical Society office. It's important to keep us up-to-date so that you receive the patient referrals and office communications for your practice from the Medical Society.

MEMBERSHIP NEWS

NEW APPLICANTS



Ernesto J. Del Valle Hernandez, MD – Dr. Del Valle Hernandez received his MD degree from the University of Puerto Rico School of Medicine, San Juan, PR in 2007. He completed a residency from 2007-2013 at the University of Puerto Rico School of Medicine, San Juan, PR and a Pediatric Orthopaedic Surgery fellowship at Orlando Health Pediatric Orthopaedic Surgery, Orlando, FL from 2013-2014. Dr. Del Valle Hernandez is in group practice with Pediatric Orthopedics of Southwest Florida, 15821 Hollyfern Court, Fort Myers, FL 33908 Tel: 239-432-5100.



Daanish A. Kazi, DO – Dr. Kazi received his DO degree from Nova Southeastern, Fort Lauderdale, FL in 2002. He completed an internship at Botsford General Hospital, Farmington Hills, MI from 2002-2003, a residency at St. Johns Macomb, Madison Heights, MI from 2005-2009 and a fellowship in Advanced GI at St. Vincent Hospital, Indianapolis, IN from 2011-2012. Dr. Kazi is board certified by the American Osteopathic Board of Surgery in Surgery. He is in group practice with Surgical Healing Arts Center, 6150 Diamond Centre Court, #1301, Fort Myers, FL 33912 Tel: 239-344-9786.



Jasmine M. Reese, MD – Dr. Reese received her MD degree from Ross University School of Medicine, Miramar, FL in 2009. She completed an internship at St. Joseph's Hospital and Medical Center, Phoenix, AZ from 2009-2012, a residency at Phoenix Children's Hospital, Phoenix, AZ from 2011-2012 and an Adolescent Medicine fellowship at the University of Alabama and University of Alabama at Birmingham School of Public Health, Birmingham, AL from 2012-2015. Dr. Reese is board certified by the American Board of Pediatrics in Pediatrics. She is in group practice with Physicians Primary Care of SWFL, 9350 Camelot Drive, Fort Myers, FL 33919 Tel: 239-481-5437.



Jonathan M. Brisson, DO – Dr. Brisson received his DO degree from Touro College of Osteopathic Medicine, New York, NY in 2011. He completed an internship and a residency at Largo Medical Center, Largo, FL from 2011-2014. He is board certified by the American College of Osteopathic Family Physicians in Family Medicine. Dr. Brisson is in practice with Lee Physicians Group, 16271 Bass Road, Fort Myers, FL 33908 Tel: 239-343-7100.



Orlando A. Castillo, MD – Dr. Castillo received his MD degree from Ponce School of Medicine, Ponce, PR in 2003. He completed his training at St. Luke's Memorial Hospital, Ponce, PR from 2003-2004 and Boston Medical Center, Boston, MA from 2004-2008. Dr. Castillo completed a Vascular Interventional Radiology Fellowship at Weil Cornell/Memorial Sloan-Kettering Cancer Center, New York, NY from 2008-2009. He is in group practice at Florida Radiology Consultants, 8791 Conference Drive, Fort Myers, FL 33919 Tel: 239-938-3500.



Shannon D. O'Hara, MD – Dr. O'Hara received her MD degree from University of Miami School of Medicine, Miami, FL in 2011. She completed a residency at University of South Florida, Tampa, FL from 2011-2015. Dr. O'Hara is in group practice with Physicians Primary Care of SWFL, 1265 Viscaya Parkway, Cape Coral, FL 33990 Tel: 239-574-2229.



Lucia Huffman, MD – Dr. Huffman received her MD degree from the University of Medicine and Health Sciences, Saint Christopher, W.I. in 2012. She continued her training at the University of Cincinnati, Clinton Memorial Hospital, Wilmington, OH from 2013-2014 and is currently participating in the Florida State/LMHS Residency Program at 2780 Cleveland Avenue, Ste 709, Fort Myers, FL 33901 Tel: 239-343-2371.



Michael D. Lee, MD – Dr. Lee received his MD degree from Jefferson Medical College, Philadelphia, PA in 2009. He completed an internship at Lankenau Hospital, Wynnewood, PA from 2009-2010, a residency at Thomas Jefferson University Hospital, Philadelphia, PA from 2010-2013 and a Procedural Dermatology fellowship at The Skin Institute of South Florida, Coral Springs, FL from 2013-2014. Dr. Lee is board certified by the American Board of Dermatology in Dermatology. He is in group practice with Riverchase Dermatology, 7331 Gladiolus Drive, Fort Myers, FL 33908 Tel: 239-437-8810.

MEMBERSHIP CHANGES

New Locations

Coastal Internal Medicine

Irit Hemed, MD
Allen Jacobs, MD
Brian Martin, DO
5172 Mason Corbin Court, Suite 1
Fort Myers, FL 33907
Tel: 239-936-7171
Fax: 239-936-7455

Thad Kammerlocher, MD

Surgical Specialists of Southwest FL
6821 Palisades Park Court, Ste 1
Fort Myers, FL 33912
Tel: 239-936-8555
Fax: 239-936-5611

Joseph Hobson, DO

LPG Family Medicine Plantation
13782 Plantation Rd, Bldg 4, Ste 201
Fort Myers, FL 33912
Tel: 239-343-1100
Fax: 239-343-1101

Peter Denk, M.D.

GI Surgical Specialist
14090 Metropolis Ave. Suite 102
Fort Myers, FL 33912
Tel: 239-313-7522
Fax: 239-244-9957

Reactivated

Rafael Climaco, MD
Lee County Health Department
3920 Michigan Avenue
Fort Myers, FL 33916
Tel: 239-332-9677

Moved from Area

George Blake, MD

Retired

Deogracias L. Caangay, MD

Deceased

Simeon P. Manalili, Jr. MD
LCMS Member since 1974

PRESIDENT'S MESSAGE

By Andrew Oakes-Lottridge, M.D.



Hello to all! I hope everyone has enjoyed this wonderful summer as much as we have in the Oakes-Lottridge household! Nevertheless, the Mrs. and I are certainly happy to have the kids back in school and back into a routine.

Suppose one of your patients dies at home, perhaps even a patient that you have not seen for months, and now you are being asked to sign a death certificate for them. In fact, the Lee County Medical Examiner's office may even be demanding that you sign the death certificate. What exactly are your responsibilities under the law?

To borrow a little bit from reality (I've taken a few liberties with the facts to make some points), an example is that of an older woman who died at home. Investigations by the police indicated no signs of foul play or trauma. The Medical Examiner's office declined to investigate the case and referred the funeral director back to the primary care physician. The patient had not been seen by the physician for 18 months, however prescriptions for an anti-hypertensive medication had been refilled 7 months prior to her death. The Medical Examiner's office determined that the primary care physician was legally the, "attending physician," and was required to sign the death certificate. Unclear and uncertain of the cause of death, that primary physician very reasonably refused to sign, which initiated a disagreement that eventually came to my attention. Was that position correct? What are his or her responsibilities? At what point does the Medical Examiner take over the responsible for signing the death certificate?

According to Florida statute 328.011, we as licensed physicians in the state of Florida are required to sign death certificates for our patients within 72 hours. Failure to do so is in fact punishable under Florida law and is a requirement in our own licensure requirements. A covering or partner physician is also held to that standard. Florida statute defines the treating physician per statute 328.008 as one who has treated through examination, advice, or medications in the 12 months preceding the death. So technically not seeing the patient for 18 months does not disqualify the physician in this case since he had refilled prescriptions 7 months prior to her death. If the physician were willing to sign the death certificate, Florida law requires it be signed within 72 hours of notification, and we must list the cause of death "to the best of our knowledge and belief," even if we turn out to be incorrect after the fact. It is important to note that even in the best of circumstances, the records available to the Medical Examiner's Office will be secondhand, and most often the primary care physician will be in the best position to estimate the cause of death even if they have not seen the patient recently.

In an effort to clarify some of these concerns of ours such as the concern of legal liability if a cause of death turns out to be incorrect, or uncertainty of the cause of death in the case of a patient that was lost to follow-up, I reached out to our local Medical Examiner's Office. I had several extensive conversations with Ms. Patti Wheaton, the operations manager at that office. I even received an email in reply from Dr. Rebekah Hamilton, our district 21 Medical Examiner, to some of the questions from the initial conversations. I'm afraid that follow-up requests from me, as your

medical society president, to meet with her in person, and even buy her lunch, went unanswered. How much can we rely on police reports to reassure us that there was no trauma or signs of foul play? What if we refilled the prescription for an antihypertensive medication in the last 12 months, but the patient died from an infection? Is the Medical Examiner's office being overwhelmed by its workload an appropriate reason for death certificate signing responsibilities to be pushed to the community doctors? Can we list a cause of death as possible or probable? I'm afraid none of these questions were answered by the examiner's office so I will refer back to the state statute myself.

Statute 328.011 is very clear in identifying the treating physician as one who has treated the patient in the last 12 months, to include simply refilling prescriptions. Statute 382.008 further delineates this responsibility, and also that the death can be referred to the Medical Examiner's Office by anyone and that the Medical Examiner's Office can delegate the responsibility of signing the certificate back to the primary or treating physician. However, statute 406.11 further clarifies the responsibilities of the Medical Examiner's Office in signing death certificate. As we all know those responsibilities include cases of violence, accident, suspicious or unusual circumstance, criminal activity, suicide, etc. It also specifies the Medical Examiner's responsibility in cases where the death was sudden in a patient who is in apparent good health, unattended by a practicing physician (such as no treatment of any kind in the last 12 months), or when a body is to be cremated, desiccated, or buried at sea.

I suppose it's worth mentioning, for those that haven't already guessed, that I don't have a legal degree and I have not cleared any of this through an attorney. So please save yourself some trouble and if you have a difficult situation with signing a death certificate, and do talk to your attorney. However statute 406.11 clearly gives us, as treating physicians, an out if we determine that the home death of a patient is not consistent with their medical history. Specifically statute 406.11, section 1a. In the initial example I referenced at the beginning, our colleague could determine the cause of death to the best of his ability and knowledge, and even list it as probable or possible on the death certificate. However if he was not comfortable with that, and especially if the body was going to be cremated (also section 1a), then it would be very appropriate to refer that case back to the Medical Examiner's Office.

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Many Travels

Where has the summer gone? School has already started again! While school might have been out, it doesn't mean we haven't been hard at work! In July, I had the privilege of traveling to Portland, Oregon to represent LCMS at the AAMSE- American Association of Medical Society Executive's - conference. I was a sponge soaking up as much information as possible in how to make our society better and reach out to more! After the conference I enjoyed being able to see the beautiful mountains and visit the Pacific Ocean for the first time as an adult! (background picture is the Haystack Rocks at Cannon Beach, Oregon)

Three days upon returning from the West Coast, we were on to the 2015 FMA Annual Conference, in Orlando at the Disney Yacht and Beach Club. I thoroughly enjoyed watching the process of legislation taking place. I was proud to represent our LCMS and our 13 delegates who were involved in this process.

New Adventures

In following with the survey done earlier this year, we are implementing some new activities. For our next two general membership meetings we will be having a CME along with dinner at new locations! In the next two months we will have two different family friendly activities - bowling and deep sea fishing.

New Website!

We have a newly designed website in hopes of being better accessible and more user friendly for paying for events and membership dues. You should have received an email with your personal username and temporary password in order to register online.



LCMS Pictorial Directories Have Arrived!

The LCMS has mailed out a Pictorial Directory to each member and one to their designated office personnel. You are welcome to pick up copies at the LCMS office, Monday-Friday, 9am - 4pm. Our office address is 13770 Plantation Road, Suite 1, Fort Myers, FL 33912 (239)936-1645. If you need a large amount of directories for your office, please call us and we will deliver them to you personally. Our goal for this year is to deliver 2,500 copies to our community. If you know of a location that would be in need of this information, please let us know.

As with anything we do, we are here to serve you. If you have any questions or comments, please don't hesitate to contact us! Valerie @ valerie@lcmsfl.org and myself at jramirez@lcmsfl.org.

We Appreciate Your Referrals!



From left: Kate Wagner, O.D.;
E. Trevor Elmquist, D.O.; Nina Burt, O.D.

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FRIENDS IN MEDICINE

LCMS wishes to thank our Friends in Medicine for their support

Thank you to our Friends in Medicine

The LCMS Membership would like to say thank you to our Friends in Medicine for their generous contributions for 2015 and invite them to continue to be our Friends in Medicine for 2016

LCMS Friends in Medicine program is open to area businesses that can offer member only benefits and discounts. We encourage our members to patronize these businesses that have been selected by the LCMS for their outstanding services and products.



LCMS FRIENDS IN MEDICINE



Summer Events

June-Residency Reception / July - 2015 FMA Annual Conference / August - Miracle Baseball Game



Dr. Gary Goforth introducing the 2015 class of FSU/LMHS Medical Residents at FineMark National Bank and Trust, June 30, 2015



2015 Class of FSU/LMHS Medical Residents

Elleen Callaway, Alim Karin, Clint Walls, Shane Drahos, Tyler Hendricks, Ashley Wallace, and Gregg Stepp



FSU/LMHS Medical Residents



FMA House of Delegates



2015 LCMS FMA DELEGATES

Stu Bobman, M.D., Joanna Carioba, M.D., Jon Burdzy, D.O., Elizabeth Cosma-Cintrón, M.D., Rick Palmon, M.D., Valerie Dyke, M.D., James Fuller, M.D., Ray Kordonowy, M.D., Shari Skinner, M.D., Stephanie Colavito, M.D., Rich Macchiaroli, M.D., Cherrie Morris, M.D., and Peggy Mouracade, M.D.



Good Governor's Luncheon



Rick Palmon, M.D. and his daughter, Sarah, catching the foul ball at August 14th's Fort Myers Miracle Game.



The best giveaway at the FMA conference. Drink your milk, be healthy!



FMA RESOLUTION 15-103

BY CRAIG SWEET, M.D.

In early August, 2015, the Florida Medical Association (FMA) debated and then passed a set of resolutions denouncing the formation of cryopreserved embryo banks by corporate entities. Below is the background story.

Approximately 30-40% of all in vitro fertilization (IVF) cycles result in the creation of cryopreserved embryos. Disposition decisions regarding cryopreserved embryos include self-use, continued storage, discarding, abandoning, donation to science and donation to patients in need. This last option is commonly called embryo donation or embryo adoption. "Embryo donation" can be defined as the donation of cryopreserved embryos, from the patients who created them for scientific study or for other patients for family building (Ethics Committee of ASRM, 2013).



In contrast and for the sake of the current discussion, "embryo creation" is defined as the intentional creation of embryos by in vitro fertilization (IVF) facilities through the combination of donor eggs and donor sperm. In this example if the embryos do not have any available recipients, the excess embryos will be cryopreserved and the IVF facility retains all ownership rights and disposition decisions. The collection of such cryopreserved human embryos would be defined as an "embryo bank."

It is commonly accepted that human embryos should be due a greater level of respect than other human tissues because of their potential to become human beings as well as their symbolic meaning to many (Ethics Committee of the ASRM, 1994 & 2013).

The purposeful creation of human embryo banks surfaced in 1997 and again in 2006 (Kolata G, 1997 and Stein R, 2007). These embryo banks were eventually closed. More recently, a facility in California started combining donated eggs with donated sperm creating human embryos, which were then given to recipients in early 2012 (Zaremba A, 2012). Any leftover embryos were then cryopreserved and were owned and sold by the California facility creating a human embryo bank. These embryos are also marketed as "donated embryos," which is misleading, could be considered false advertising and unethical.

As a Reproductive Endocrinologist and member and Past-President of the LCMS, I became aware that there may be more cryopreserved human embryo banks being created. There is one IVF facility in the state of Florida that recently combined donated eggs with donated sperm on a small scale and did indeed market them as donated embryos. There may be another facility doing the same in Tennessee.

The state of New York currently bans the combining of donated eggs with donated sperm creating embryos, except at the request of patients for their own treatment [NYS 52-8.7(h), Part 52, 2007]. I suggested that the FMA support a similar action.

The resolutions asked for the following:

- The FMA support legislation that ensures human embryos would only be created at the request of patients; and
- The FMA would denounce the purposeful creation of human cryopreserved embryo banks through the combination of donated oocytes and sperm at the request of an in vitro fertilization facility, or other business/corporate entity; and
- That the FMA clearly state that labeling "embryo creation" as "embryo donation" purposefully misleads the infertile patient into believing the embryos were actually donated by patients and that this should be considered false advertising and fundamentally unethical

The resolutions were submitted for review, presented by myself at the Lower West Coast Caucus and then argued before the Health, Education and Public Policy Reference Committee on August 1, 2015, before being passed, without further debate, in the FMA House of Delegates on August 2, 2015.

I am continuing to encourage similar resolutions speaking this past year to numerous organizations across the country as well as Canada.

References:

- Ethics Committee of the American Society for Reproductive Medicine. The moral and legal status of the preembryo. *Fertil Steril* 1994;62:325-45.
- Ethics Committee of the American Society for Reproductive Medicine. Defining embryo donation- a committee opinion. *Fertil Steril*. 2013 Jun;99(7):1846-7.
- Kolata, Gina. "Clinics Selling Embryos Made For 'Adoption'" *The New York Times*. The New York Times, 22 Nov. 1997. Web. 22 Mar. 2015. <<http://www.nytimes.com/1997/11/23/us/clinics-selling-embryos-made-for-adoption.html?pagewanted=all&src=pm>>.
- NYS 52-8.7(h), "Part 52, Tissue Banks and Nontransplant Anatomic Banks Official Compilation of Codes, Rules and Regulations of the State of New York." Effective February 24, 2007:1-86.
- Stein, Rob. "Embryo Bank' Stirs Ethics Fears." *Washington Post*. The Washington Post, 06 Jan. 2007. Web. 22 Mar. 2015. <<http://www.washingtonpost.com/wp-dyn/content/article/2007/01/05/AR2007010501953.html>>.
- Zaremba, Alan. "An Ethics Debate over Embryos on the Cheap." *Los Angeles Times*. Los Angeles Times, 19 Nov. 2012. Web. 29 Mar. 2015. <<http://articles.latimes.com/2012/nov/19/local/la-me-embryo-20121120>>.

FMA Delegate's Letter

by Ray Kordonowy, M.D., 2015 LCMS FMA Delegate

Dear Society Members:

I believe all of our county delegates attended the annual FMA meeting in Orlando. This year's agenda seemed smaller and in many ways less controversial than last year. The referendum our society submitted last year regarding patient safety and electronic prescription system deficiency was not pursued by the Board of Governors (it was referred to the board last year). The board of governors indicated they didn't perceive the issue as a real concern and that the referendum lacked clarity. I won't pursue this any further but it remains my understanding that when any of us designate a medication to be discontinued in our patients' electronic records, there occurs no such communication to the patients' pharmacy of record. It is imperative that we doctor's understand this is a potential and likely source of prescription error especially for our more passive patients who rely on the "system" to inform them of their medication use.



I spoke up on numerous issues during the weekend and one particular issue was hard-pressed by me. This is the issue of addressing the price-fixing status of Medicare as a premier priority for the FMA and AMA to address. What came out of this debate and referendum related to this issue is that the phrase "balance billing" is now more politically correct to call "patient cost-sharing" legislation. The FMA governors/delegates to the AMA suggested they didn't wish to make this a prime priority but I argued arduously that physician's rights to engage the market and pass regulatory costs on to the consumer could no longer be ignored by our physician lobby. I kept the House of Delegates feet to the fire and was able to get an addendum to resolution 15-204 which forces the governors to prioritize allowing private contracting in the Medicare program. I demanded they acknowledge the seriousness and urgency of doctors to be able to charge market prices for our services and that doctors and patients should be legally allowed to come to payment agreements outside of the subsidies Medicare is willing to provide. I explained that one of their "more urgent" concerns for residency program financing is directly linked to our inability to command market prices for our services. Proper payment is more important than begging for taxpayer money for residencies. If you value being available in practice for your patients, I highly recommend you inform the FMA governors directly of your support for such changes at the federal level.

One very troublesome development that occurred during the meeting was an endorsement to pass resolution 15-304. I was truly surprised and disappointed to see the Academy of Pediatrics succeed in passing a resolution which if it were to result in actual legislation would remove individual rights at the most basic level, namely religious freedom. The academy in its frustration in dealing with immunization success has called for the FMA to support legislation to ban personal and religious exemptions for immunizations. Our forefathers fought to have this country for the very reasons of religious and personal freedom! Now doctors apparently feel it is acceptable to act as statist and force individuals to be inoculated with any immunization we deem appropriate? I pointed out to the house that last year's influenza vaccine was only 47% efficacious and somehow providers of such poor therapy wish to be the conduits of forced compliance? I find this truly startling and a rapid slippery slope to tyranny by the collective. I feel this will need to be addressed next year as a topic of resolution. I would call on our county members to consider resolutions to bring out support for individual rights over our profession's well-intended but overpowering/violating position.

Respectfully submitted,

Ray Kordonowy MD LCMS Delegate

FMA Installs New President



The Florida Medical Association installed Ralph J. Nobo, Jr., M.D., as its 139th President on Saturday, Aug. 1 during the 2015 FMA Annual Meeting at Disney's Yacht & Beach Club Resort in Orlando. Dr. Nobo is an obstetrician/gynecologist in private practice in Bartow, Florida.

Dr. Nobo earned his medical degree from the University of Santiago de Compostela and completed his residency at the University Of Illinois, Peoria, and St. Agnes Hospital/Johns Hopkins. He has served the FMA in numerous roles over the last three decades, including FMA PAC President, FMA President-Elect, Vice President, Secretary, and Delegate to the American Medical Association. Dr. Nobo succeeds Alan B. Pillersdorf, M.D., who served as the FMA's 138th President from 2014-2015.

Other FMA officers are: President-Elect David J. Becker, M.D.; Vice President John N. Katopodis, M.D.; Secretary Michael L. Patete, M.D.; Treasurer Ronald F. Giffier, M.D.; Speaker Corey L. Howard, M.D.; and Vice Speaker Joshua D. Lenchus, D.O.

LIFE AS A RESIDENT

BY ROY KLOSSNER, MD., CO-CHIEF RESIDENT, FSU/LMHS MEDICAL RESIDENCY PROGRAM



A few years ago, I found myself in a foreign country on a mission trip. It was then that my wife and I began discussing going back into residency with the intention of serving overseas. You see, I had graduated medical school quite some time ago and had to resign my first residency spot due to medical reasons.

I spent the next several years on the other side of the health care system - as a patient. While that was certainly difficult, I knew the rigors of graduate medical education would be equally so. The decision to become a resident again was daunting. But, I knew if I was going to practice overseas in a mission hospital, it would be necessary.

Sixteen months ago a group of six residents began. Three months later, the first intern class arrived. Now another year has passed and we have a full complement of residents. I have had the honor of serving as one of the co-chief residents from the beginning. We have had our share of "growing pains", but I would choose this program again in a heartbeat. From the onset, other than writing schedules and serving as a liaison between the residents and faculty, there are many things we intentionally try to do. Here are some of our co-chief resident goals.

- Be patient, understanding and fair
- Maximize the strengths of a variety of personalities
- Attempt to inspire and encourage while reinforcing established guidelines and expectations
- The best interests of the group are paramount
- Communicate well (which is easier said than done)
- Be available and listen
- Foster a team-spirit mentality
- Stay positive

We came here with a desire to make a difference in the community and launch a brand new residency while training to be excellent family physicians. It has been an honor to have the opportunity to be an architect in building a program that will impact the future of Southwest Florida and beyond. In only eight months, I may be heading overseas to put into practice not only the medical knowledge I have learned, but also the knowledge of how to be a leader in a new environment. The vision of our program is, "to prepare world class family doctors to serve, lead, teach, and heal the SW Florida community." I believe we are well on our way.

WHERE IS THIS?

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Last month's landmark was the Ted Williams statue at Jet Blue Park. It is a replica of the original statue that stands off Yawkey Way near Fenway Park in Boston, MA. We had no winners last month.



YOU CAN MAKE A DIFFERENCE

BY ANGELA ABU SHAHIN, LCMS ALLIANCE TREASURER AND KELLY SAWCZYN, M.D.

Every three minutes in the U.S., someone is diagnosed with a blood cancer such as leukemia or lymphoma. For many patients, a bone marrow transplant offers the best chance for cure. While 30% of patients can find a matching donor in their families, 70% must rely on a benevolent stranger to step up and donate.

One example is 7 year old Parker Jones. Parker was diagnosed with very severe aplastic anemia (VSAA) in September of 2013. Parker's bone marrow, where normal blood cells are made, was empty, attacked by an unclear cause, possibly his own immune system. He was fortunate enough that his sister was a full match for bone marrow transplant. This was, however, unsuccessful and Parker relapsed in February of 2015. Parker will not survive without another transplant, this time from an unrelated donor. Out of the 12.5 million people registered with the National Marrow Donor Program (NMDP) only one partially matched donor qualifies as a potential match making complications of transplant more likely. Parker's transplant is currently scheduled for mid September, but there is still time to find Parker the perfect match.

During the months of August and September "Delete Blood Cancer" and "Be the Match" drives are being set up here in Fort Myers. A promo code has been linked to these drives where all collection kits will be screened first as a match for Parker then entering the pool of potential donors in the NMDP registry.

By reading this you are already helping. Please help me spread awareness about the NMDP registry and how bone marrow donation can save a life. Taking the next step only requires cheek swab. Are you ready? To learn more about dates and times of the "Delete Blood Cancer" and "Be the Match" drives please find me on Facebook: <https://www.facebook.com/angela.abushahin>, or Twitter: <https://twitter.com/AngelaAbuShahin>

If you cannot make the physical drives, please visit <https://bethematch.org/Support-the-Cause/Donate-bone-marrow/Join-the-marrow-registry/> and register as a potential donor. Use promo code SAVEPARKER. By registering YOU can give this child, and other patients, a second chance at life.

About the author(s):

Angela Abu Shahin has been a resident of Fort Myers since 2009. Angela is a CPA and has been the treasurer for the Lee County Medical Society Alliance since 2013.

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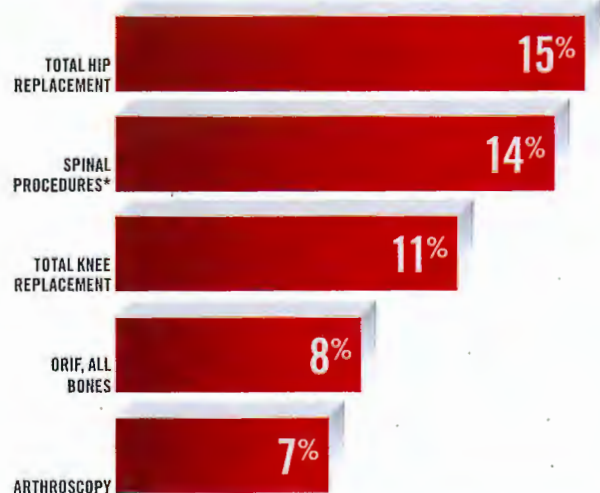
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