

Bulletin

Editor: Mary C. Blue, M.D.

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Physicians Caring for our Community



Bulletin

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

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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 endorsement 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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*Cover Photo by
Dr. Howard Sheridan
Big Sky, Montana*

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General Society Meeting, September 22

CALENDAR OF EVENTS

rspv online at www.lcmsfl.org or call 239-936-1645

Membership Meeting - Thursday, Sept. 22, 2016

Social 6:30 pm 7:00 pm - Dinner & Presentation

FineMark National Bank & Trust
12681 Creekside Lane
Fort Myers, FL 33919

October 11, 2016 - Retiree Luncheon

LCMS Office - 13770 Plantation Road, Ste 1
Fort Myers, FL 33912

October 11, 2016 - Drs. Valerie Dyke, Janette Gaw & Veronique Fernandez-Salvador invites women physicians to attend:

Women in Medicine Wine Tasting

FineMark National Bank & Trust
12681 Creekside Lane
Fort Myers, FL 33919

October 20, 2016 - Presentation of MACRA

The Forest County Club
6100 Club Boulevard SW
Fort Myers, FL 33908

November 11, 2016 - Cocktail hour in the Cape

November 17, 2016 - General Society Meeting

December 5, 2016 - LCMS Annual Holiday Party

January 27, 2017 - Annual Service Medical Awards

MEMBERSHIP NEWS

NEW APPLICANTS

Rebekah Bernard, MD - Dr. Bernard received her MD degree from the University of Miami, Miami, FL in 1999. She completed her training at Florida Hospital, Orlando, FL from 1999-2002. She is board certified in Family Medicine by the American Board of Family Medicine. Dr. Bernard is in practice at Gulf Coast Direct Primary Care, 17595 S Tamiami Trail, Ste 227, Fort Myers, FL 33908 Tel: 239-322-3860.

David R. Butler, DO - Dr. Butler received his DO degree from West Virginia School of Osteopathic Medicine, Lewisburg, WV in 2005. He completed an internship and a residency at Charleston Area Medical Center, Charleston, WV from 2005-2008. He was board certified by the American Board of Pediatrics in 2008. Dr. Butler will join Physicians Primary Care of SWFL, 9350 Camelot Drive, Fort Myers, FL 33919 Tel: 239-481-5437 on September 1, 2016.

Shawn S. Carter, MD - Dr. Carter received his MD degree from the University of South Carolina, Columbia, SC in 2007. He completed an internship at Greenville Hospital System, Greenville, SC from 2007-2008 and a residency at Emory University School of Medicine, Atlanta, GA from 2013-2016. He is in group practice with Radiology Regional Center, 3680 Broadway, Fort Myers, FL 33901 Tel: 239-936-2316.

Ravi Dalal, MD - Dr. Dalal received his MD degree from the University of Miami Miller School of Medicine, Miami, FL in 2010. He completed an internship at Mount Auburn Hospital, Affiliated with Harvard Medical School, Cambridge, MA from 2010-2011 and a residency and an Interventional Radiology fellowship at the University of Miami/Jackson Memorial Hospital from 2011-2016. Dr. Dalal is in group practice with Radiology Regional Center, 3680 Broadway, Fort Myers, FL 33901 Tel: 239-936-2316.

Faithlore P. Gardner, MD - Dr. Gardner received her MD degree from the University of South Florida, Tampa, FL in 2007. She completed an internship and a residency at Vanderbilt University, Nashville, TN from 2007-2010 and a Hematology/Oncology fellowship at Mayo Clinic, Jacksonville, FL from 2011-2014. She is board certified by the American Board of Internal Medicine in Internal Medicine and Medical Oncology. Dr. Gardner is in group practice with Florida Cancer Specialists, 1708 Cape Coral Parkway W, Ste 10, Cape Coral, FL 33914 Tel: 239-541-4633.

Eileen C. de Grandis, MD - Dr. de Grandis received her MD degree from Temple University School of Medicine, Philadelphia, PA in 2009. She completed a residency at Mayo School of Graduate Medical Education from 2009-2014 and a Vascular Surgery fellowship at the University of Minnesota, Minneapolis, MN from 2014-2016. Dr. de Grandis is board certified by the American Board of Surgery in General Surgery. She is in group practice with Vascular & General Surgical

Specialists of SWFL, 13782 Plantation Road, Unit 103, Fort Myers, FL 33912 Tel: 239-936-8575.

Carolina Febres Alizo, MD - Dr. Febres Alizo received her MD degree from Universidad Central de Venezuela Luis Razetti, Venezuela in 2005. She completed her residency from 2011-2014 and a Hospice and Palliative Medicine fellowship from 2014-2015 at Lincoln Medical and Mental Health Center, Bronx, NY. She is board certified by the American Board of Internal Medicine in Internal Medicine. Dr. Febres Alizo is in practice with LPG Hospitalist Group, 2776 Cleveland Avenue, Ste 808, Fort Myers, FL 33901 Tel: 239-343-2052.

Ryan B. Lundquist, MD - Dr. Lundquist received his MD degree from St. George's University, Grenada, West Indies in 2008. He completed his residency at Orlando Regional Medical Center, Orlando, FL from 2008-2009, St. Vincent's Hospital, New York, NY from 2009-2010 and the University of Southern California, Los Angeles, CA from 2010-2013 and a Musculoskeletal Radiology fellowship at the University of Southern California, Los Angeles, CA from 2013-2014. He is board certified by the American Board of Radiology. Dr. Lundquist is in group practice with Radiology Regional Center, 3680 Broadway, Fort Myers, FL 33901 Tel: 239-936-2316.

Robert K. Minkes, MD - Dr. Minkes received his MD degree from Tulane University School of Medicine, New Orleans, LA in 1992. He completed an internship and a residency at Barnes Hospital, Washington University School of Medicine, St. Louis, MO from 1992-1997. He completed a Pediatric Surgery fellowship at St. Louis Children's Hospital, Washington University School of Medicine, St. Louis, MO from 1997-1999. Dr. Minkes is board certified by the American Board of Surgery in Surgery and Pediatric Surgery. He is in practice at Golisano Children's Hospital of SWFL, 15901 Bass Road, Ste 108, Fort Myers, FL 33908 Tel: 239-343-6050.

Hedy G. Setyadi, MD - Dr. Setyadi received her MD degree from Baylor College of Medicine, Houston, TX in 2007. She completed an internship at Baylor College of Medicine Affiliated Hospitals, Houston, TX from 2007-2008 and a residency at Henry Ford Hospital, Detroit, MI from 2009-2012. She is board certified by the American Board of Dermatology in Dermatology. Dr. Setyadi is in group practice with The Woodruff Institute for Dermatology & Cosmetic Surgery, 14440 Metropolis Avenue, Ste 102, Fort Myers, FL 33912 Tel: 239-590-8894.

MEMBERSHIP NEWS

NEW APPLICANTS

Salwa Ahsan, MD – Dr. Ahsan received her MD degree from Medical University of The Americas, St. Kitts & Nevis in 2013. She completed her training at Hoboken University Medical Center, Hoboken, NJ in 2016. She is board certified by the American Board of Family Medicine in Family Medicine. Dr. Ahsan is in group practice at Lee Physician Group, 9131 College Pointe Court, Fort Myers, FL 33919 Tel: 239-343-9100.

Matxalen Amezaga, MD – Dr. Amezaga received his MD degree from Universidad Central de Venezuela in 2004. He completed an internship and a residency at Yale University, Griffin Hospital, Derby, CT from 2008-2011 and a Rheumatology fellowship at Baylor College of Medicine, Houston, TX from 2011-2013. He is board certified by the American Board of Internal Medicine in Internal Medicine and Rheumatology. Dr. Amezaga is in group practice at LPG Rheumatology, 8960 Colonial Center Drive, Ste 302, Fort Myers, FL 33905 Tel: 239-343-9633.

Lazaro Bravo, Jr., MD – Dr. Bravo received his MD degree from Universidad Central Del Este, Dominican Republic in 1983. He completed his training at Universidad Central del Caribe in Bayamon, Puerto Rico from 1997-1998 and a residency at The Jewish Hospital, Cincinnati, OH from 1998-2000. He completed a Pulmonary Disease and Critical Care Sleep fellowship at Wilford Hall Medical Center in Houston, TX from 2002-2005. Dr. Bravo is in group practice at Lee Physician Group, 13782 Plantation Road, Ste 201, Fort Myers, FL 33912 Tel: 239-343-1104.

Peter R. El Masry, MD – Dr. El Masry received his MD degree from St. Louis University School of Medicine, St. Louis, MO in 2012. He completed his training at the University of Texas Houston, Houston, TX from 2012-2016. He is in group practice with LPG OB/GYN 16271 Bass Road, Fort Myers, FL 33908 Tel: 239-343-7100.

Jacfranz J. Guiteau, MD – Dr. Guiteau received his MD degree from Emory University School of Medicine, Atlanta, GA in 2006. He completed an internship, a residency and a fellowship in Abdominal Transplant Surgery from Baylor College of Medicine, Houston, TX from 2006-2015. He is board certified by the American Board of Surgery in Surgery. Dr. Guiteau is in practice at Lee Physician Group, 13681 Doctors Way, Fort Myers, FL 33912 Tel: 239-343-0442.

Mohammed Z. Islam, MD – Dr. Islam received his MBBS degree from Sir Salimullah Medical College, Dhaka, Bangladesh in 2008. He completed his training at Sir Salimullah Medical College and Mitford Hospital, Bangladesh and New York Medical College, Hoboken University Medical Center, Hoboken, NJ in 2016. He is board certified by the American Board of Family Medicine in Family Medicine. Dr. Islam is in practice at LCH-Dunbar, 3511 Dr. Martin Luther King, Jr. Blvd, Fort Myers, FL 33916 Tel: 239-343-4910.

Adam G. Manko, MD – Dr. Manko received his MD degree from Wright State Boonshoft School of Medicine, Dayton, OH in 2010. He completed a residency at Case Western Reserve University Hospitals, Cleveland, OH from 2010-2013 and a Pulmonary/Critical Care fellowship at Ohio State University, Columbus, OH from 2013-2016. He is board certified by the American Board of Internal Medicine in Internal Medicine and Pulmonary Disease. Dr. Manko is in group practice with LPG Pulmonary, 13782 Plantation Road, Ste 201, Fort Myers, FL 33912 Tel: 239-343-1105.

Amit Parmar, MD – Dr. Parmar received his MD degree from VSS Medical College, India in 2000. He completed an internship at VSS Medical College in India in 2001 and a residency at SUNY at Buffalo, Buffalo, NY from 2008-2011. He is board certified by the American Board of Family Medicine in Family Medicine. Dr. Parmar is in group practice with LPG Hospitalists Group, 9981S. HealthPark Drive, Ste 159, Fort Myers, FL 33908 Tel: 239-343-2052.

Ana V. Salas-Vargas, MD – Dr. Salas-Vargas received her MD degree from Universidad de Costa Rica, San Jose, Costa Rica in 1996. She completed an internship and a residency at Bridgeport Hospital, Yale New Haven Health System, Bridgeport, CT from 2008-2012 and an Infectious Disease fellowship at Cleveland Clinic Foundation, Cleveland, OH from 2012-2014. She is board certified by the American Board of Internal Medicine in Internal Medicine and Infectious Disease. Dr. Salas-Vargas is in group practice with Lee Physician Group, 2780 Cleveland Avenue, Ste 809, Fort Myers, FL 33901 Tel: 239-343-9680.

Jordan K. Taillon, MD – Dr. Taillon received his MD degree from St. Matthews University, Grand Cayman in 2010. He completed an internship, a residency and a Pulmonary Disease and Critical Care fellowship at New York Methodist Hospital, Park Slope, Brooklyn, NY from 2010-2016. He is board certified by the American Board of Internal Medicine in Internal Medicine and Pulmonary Disease. Dr. Taillon is in group practice with Lee Physician Group, 5216 Clayton Court, Fort Myers, FL 33907 Tel: 239-343-8260.

Haris Turalic, MD – Dr. Turalic received his MD degree from Albert Einstein College of Medicine, Bronx, NY in 2004. He completed an internship and a residency at NYU School of Medicine, New York, NY from 2004-2007 and a Cardiology fellowship at North Shore-Long Island Jewish Health System, Manhasset, NEW from 2007-2010. He is board certified by the American Board of Internal Medicine in Internal Medicine and Cardiology. Dr. Turalic is in group practice at Lee Physician Group, 8960 Colonial Center Drive, Ste 302, Fort Myers, FL 33905 Tel: 239-343-9432.

MEMBERSHIP NEWS

NEW APPLICANTS, CONTINUED

Christopher Conner, MD - Dr. Conner received his MD from University of Tennessee College of Medicine, Memphis, TN in 2010. He completed an internship at university of Tennessee Health Science Center, Memphis, TN from 2010-2011. He completed a residency at Saint Louis University Hospital, Saint Louis, MO and a residency from Medical University of South Carolina, Charleston, SC from 2011-2012. Dr. Conner completed a fellowship in Vascular and Interventional Radiology at Emory University, Atlanta, GA from 2015-2016. He is in group practice with Florida Radiology Consultants, 8791 Conference Drive, Fort Myers, FL 33907 Tel: 239-938-3500.

Priyanka Handa, MD - Dr. Handa received her MD from University of Miami, Miami, FL in 2010. She completed an internship at Jackson Memorial Hospital in Miami, FL from 2010-2011. and a Residency at Jacobi Medical Center, Bronx, NY from 2011-2015. She completed a fellowship in Breast Imaging at Emory University Hospital, Atlanta, GA from 2015-2016. She is in group practice with Florida Radiology Consultants, 8791 Conference Drive, Fort Myers, FL 33907 Tel: 239-938-3500.

MEMBERSHIP NEWS

Retired

Edward Gillie, MD
Mark Mintz, MD
David Reardon, MD
Michael Rubin, MD

Reactivate

Benjamin Martin, Jr, MD (Retired)
Mauricio A. Ramirez, MD

Phone/Fax Number Change

LPG - South Cape Physicians
Hilario David, MD
Milena Loukanova, MD
Felix Mestas, MD
Tel: 239-541-4420
Fax: 239-541-4421

Moved out of Area

Maged Bakr, MD
Christopher Dawson, MD
Aboo Mannan, DO
Jasmine Reese, MD

Moving from Area

(FSU/ LMHS Family Medicine Residency Program Graduates)

Roy Klossner, MD
Jack Arnold, MD
James Toldi, DO

New Location

Syed Zafar, MD
Florida Cancer Specialist
8260 Gladiolus Drive
Fort Myers, FL 3398
Tel: 239-437-5755
Fax: 239-437-5776

Relocated

Sherry Farag, MD, a member of the FSU/LMHS Family Medicine Residency Program has joined Lee Physician Group 8960 Colonial Center Blvd., Ste 300 Fort Myers, FL 33905.
Tel: 239-343-9470
Fax: 239-343-9498

Lucia K. Huffman, MD, a member of the FSU/LMHS Family Medicine Residency Program has joined Physician Primary Care of SWFL, 1304 SE 8th Terrace, Cape Coral, FL 33990.
Tel: 239-574-1988
Fax: 239-574-7765

Alexander Martinez, MD
Physicians Rehabilitation
5668 Strand Court
Naples, FL 34110
Tel: 239-687-2165
Fax: 239-330-1358

Carolyn Langford, DO
David Harris, MD
Specialists in Urology
4571 Colonial Blvd., Ste 110
Fort Myers, FL 33966

PRESIDENT'S MESSAGE

By SHARI SKINNER M.D.



The annual Florida Medical Association meeting was held in July in Orlando, and I've served as a delegate for several years now. This year in addition to serving as a delegate, I also attended the Friday portion of CME. I was able to knock out the required CME on medical errors. I found the speakers at the meeting were engaging and informative. The CME

sessions are free if you are a member of the FMA, and the FMA website also offers free CME to members, so please take advantage of this benefit.

I'm happy to report the Lee County delegation worked hard to represent you. This was one of the most productive years in memory for our delegation. One of the issues we worked on was medical marijuana in Florida. It is abundantly clear that the effort to legalize marijuana for medical use is a step towards legalizing it for recreational use. These are two very different issues. This is clearly an attempt to use doctors to further the cause of recreational marijuana. The FMA house of delegates unanimously adopted a resolution for the FMA's position to oppose legalization for medical use without proper study.

Another important resolution "De-Linkage of Medical Staff Privileges from Hospital Employment Contracts" directly affects many physicians in Lee County. There was much discussion of this both in reference committee and on the floor of the house of delegates. Three members of our delegation argued valiantly in favor of this resolution which preserves a physicians' right to maintain hospital privileges regardless of employment status. In the end this was adopted and the FMA will be pursuing legislation on this.

Maintenance of Certification(MOC) was another hot topic. A resolution was passed that supports legislation to protect physicians from being dropped from hospital medical staffs based solely on Maintenance of Certification. MOC continues to be a thorn in our sides. A study published in the December 10, 2014 issue of JAMA compared performance data of physicians that were required to participate in MOC versus physicians that were MOC-grandfathered at 4 VA medical centers. The study looked at a 12-month span in 2012-2013. The results were summarized as follows: "Among internists providing primary care at 4 VA medical centers, there were no significant differences between those with time-limited ABIM certification and those with time-unlimited ABIM certification on 10 primary care performance measures".

"Rescission of MACRA legislation" was also much discussed. The SGR was finally brought to an end. That's a good thing, but this 962-page behemoth known as MACRA that replaces it is significantly flawed and confusing. It places significant

administrative and financial burdens on all physicians, but will be particularly burdensome for small practices. In its current state, it will likely drive small practices out of business and force physicians to either join large groups, retire early, or move out of medicine to another career.

These are just a few of the many important issues that were addressed and debated. It's a long, tiring, and draining weekend, but somehow I always emerge hopeful that we can protect the practice of medicine. I am thankful to my Lee County colleagues for their participation. We do manage to sneak in some fun. Check out the LCMS Facebook page for evidence of that. It's a great opportunity, not only to get to know your local colleagues better, but also to make connections statewide. Perhaps the most important thing that I take away from the meeting is just how badly we need PAC money to fund our fights. Fighting to preserve the practice of medicine is expensive! Sadly, physicians are some of the worst professionals in regard to financial contributions for PACs. FMA PAC annual dues are \$250.00 - that's about \$20.00 monthly. If every physician member of the Lee County Medical Society were a member of the FMA PAC, we would raise \$150,000. That's a relatively small sacrifice per physician to protect our livelihoods and our ability to care for our patients.

LCMS Friends in Medicine

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.

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The summer is always a good time for learning. I had 8 weeks of summer to fit in conferences and fun time. During this time, I was able to travel to Baltimore this year for the Annual American Academy of Medical Society Executives (AAMSE) and to Orlando for the FMA Annual Meeting.

The underlying theme of this year's AAMSE conference was the betterment of our physicians and particularly their wellness. Burnout was the premier topic and surveys show that as of 2014, 54% of physician's state they have signs of burnout. What are those signs you ask? Internal signs include loss of enthusiasm for work, emotional exhaustion, feeling of cynicism, or low sense of personal accomplishment. External signs are getting into work late, strained relationships, short temper, distracted, negative, victim speak and sloppy/carelessness. As I was feverously writing these notes, I was shaking my head in agreement that these signs could happen to any of us. When they started to talk about the antidote to burnout, I cringed as I knew, just 2 days before while on vacation with my family, I had broken some of these rules.....



1. Be present in every moment. (put down the phone!)
2. Recognize the little things. Be aware of what steals your joy.
3. Take time off. (hard to do for high achieving altruistic people)
4. Set boundaries.
5. Be aware of triggers.
6. Write down and review what is important to you on a regular basis.
7. Have good time management. As you chuckle, check out these tips:
 - a. Value your discretionary time. It's okay to have time just for you.
 - b. Know your non-negotiables (know your no's). It takes away the angst of being unsure.
 - c. Prioritize the habits that support your sense of peace.
 - d. Put systems in place that support simplicity in your life. (like prep cooking)
 - e. Streamline the tedious yet essential tasks in your day.
 - f. Schedule an activity that brings you joy every day.
8. Take care of your health.
 - a. Take daily walks.
 - b. Leave the office for lunch or step outside and walk the parking lot.
 - c. Focus on the future.
 - d. Have a favorite theme song that re-energizes you.

This won't be the last time we talk about physician wellness. We are gathering more information to keep our members informed and educated on wellness. Your wellness is key to your future, your family and the patients of Lee County.

Wish Marian a Happy Retirement!

LCMS Secretary/ Membership Coordinator Marian McGary Retires

The LCMS will be wishing our secretary / membership coordinator, Marian McGary a happy retirement on September 22nd at our General Membership meeting. Please come out and join us in saying farewell.

Marian has been with the Medical Society for nineteen years after retiring from Ornet Corporation in Ohio in 1996 and moving to Florida with her husband Larry. Marian & Larry have two children and three grandchildren.



Thank you Marian! We will miss you!

OBESITY: A NATIONAL HEALTH CRISIS AND THREAT TO SAFE PATIENT CARE

CONTRIBUTED BY: DAVID B. TROXEL, M.D., MEDICAL DIRECTOR, THE DOCTOR'S COMPANY



Obesity continues to be a national crisis: Current research has found that 35 percent of men and 40.4 percent of women in the United States are obese.¹ The obesity crisis not only contributes to growing health costs but also raises serious patient safety risks.

Patients who have experienced an adverse medical event leading to a medical malpractice claim are frequently noted to be obese (based on documented height and weight). A review of 7,065 claims from 2011 to 2013 by The Doctors Company, the nation's largest physician-owned medical malpractice insurer, revealed that 28 percent were identified as having one or more comorbidities, and obesity was the most common (8.3 percent of total claims and 19.2 percent of total claims with a comorbidity). When closed claims were analyzed, 26 percent of claims that resulted in indemnity payments listed obesity as a comorbidity.

Increased Risks: Complications and Access Issues

Obese patients commonly have a variety of comorbidities. Many are associated with a metabolic syndrome, such as hypertension, dyslipidemia, and hyperglycemia, which increases the risk of stroke, ischemic heart disease, and diabetes mellitus. These patients also have increased risk of obstructive sleep apnea (which often contributes to opioid-induced respiratory depression), susceptibility to nosocomial and postoperative infections, and weight-associated wear and tear on joints that can lead to osteoarthritis. Additionally, bariatric surgery can be associated with both surgical and metabolic complications.

In addition to the risks of comorbidities, healthcare facilities also face risks if they are unprepared to accommodate obese patients. An inability to fit a morbidly obese patient into a conventional MRI machine or CT scanner is a unique problem necessitating use of an open MRI or CT. Healthcare facilities that are unable to accommodate morbidly obese patients in their MRI machine or CT scanner or if their MRI or CT isn't available at night or on weekends should have transfer agreements with open facilities in place so there are no delays in urgent MRIs or CT scans. The failure to transfer an obese patient to a facility with an open MRI machine or CT scanner in a timely fashion may result in a delay of diagnosis and/or surgical treatment—and, ultimately, in a malpractice claim.

Practices should have appropriately sized furniture in the waiting areas and exam rooms to meet the needs of obese patients. They should also have equipment—such as blood pressure cuffs, needles, and wheelchairs—designed for obese patients.

It's key to understand the importance of talking about weight with patients—the conversation should take place early for better prevention and treatment. Many factors can arise that inhibit a practitioner from speaking frankly about weight with

a patient. As obesity rates continue to increase, it is worthwhile for doctors and other healthcare professionals to recognize that they might have their own barriers to such communications.

Sensitive treatment of obese patients involves attending to their needs for comfort, safety, and respect. Obesity can be viewed as one of the many chronic health conditions afflicting patients. The person, not the obesity, should be the focus of treatment. As with any patient with a chronic health condition, a relationship with respectful caring forms the bedrock of medical care.

Reference

1Trends in obesity among adults in the United States, 2005 to 2014. JAMA. 2016;315(21):2284-2291. doi:10.1001/jama.2016.6458. <http://jama.jamanetwork.com/article.aspx?articleid=2526639>. Accessed June 9, 2016.

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety.



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I can only describe the end of my time here at Lee Memorial Health System (LMHS) as bittersweet. I was part of the first group of residents to make their ring debut here at LMHS in April 2014! Dr. Roy Klossner and I ran the inpatient medicine service at Lee Memorial Hospital for the first two months. This was an exciting time as we became familiar with the hospital, the clinical staff, and our consultants in caring for our new patients at that time. Our patients seen at Lee Memorial Hospital, HealthPark Medical Center, the Golisano Children's Hospital, and our own GME Clinic have been a very unique crew for this Kentucky kid who was trained amongst the bread and butter of diabetes and hypertension of the rural South.

I knew I was walking into quite the learning environment when the first patient I saw on the inpatient medicine service at Lee Memorial Hospital with Dr. Christy Cavanagh, had tertiary syphilis, a disease which I thought had not existed since the days of Napoleon Bonaparte in the early 1800's and that I thought was eradicated since penicillin was discovered in 1928. Dr. Christy Cavanagh, the attending physician on the inpatient medicine service, told me on that illuminating spring morning in 2014, "keep it in your differential diagnoses" since we still see some of these diseases from the past.

At the time I was very intimidated but learned to appreciate

the complexity and large volume of information presented during my residency training. The hard work and hours spent studying to become an outstanding family physician paid off when my fellow residents' United States Medical Licensing Exam (USMLE) Step 3 and American Board of Family Medicine board certification scores returned showing that we all passed these critical exams with scores above the national average.



I will be returning to my home state of Kentucky to practice, but leave this area thankful for the many great patients, faculty, and clinical staff who have taught me a great deal, been very patient with me, and who have helped me develop into a great family physician. Our departure from Fort Myers is truly bittersweet as we say "good bye" to our Fort Myers family but look forward to practicing family medicine, raising our family, and being closer to our families in Kentucky. The residents who continue to train in the program will provide great continuity of care for my patients and will also develop into excellent family physicians. Thank you for the opportunity to train and enjoy beautiful southwest Florida during these past two years!

Jonathan Daitch MD & Michael Frey MD Proudly Announce



The vertebral bones of the spine support the spinal column and protect the spinal canal. Vertebral fractures occur when a section of the bony vertebrae weakens and collapses, resulting in a "compression fracture".

For adults over age 65, vertebral fractures, also known as vertebral compression fractures are commonly found in patients with osteoporosis. Osteoporosis weakens the bones and makes older adults more susceptible to fractures. Patients, who have suffered trauma such as an automobile accident or a fall, can also fracture their spine.

Dr. Daitch and Dr. Frey have been performing *vertebroplasties* (also known as *kyphoplasties*) for over thirteen (13) years.

Collectively, they have repaired more than a thousand vertebral fractures; and they have pioneered the outpatient procedure in Lee County.

To see a video about the procedure, go to the APMSS web site: www.apmss.net, or if you have questions call: (239) 437-8000

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2016 LCMS FMA DELEGATES TO FMA ANNUAL MEETING JULY 28 - 31, 2016



*Front row: Stefanie Colavito, MD, Joanna Carioba, MD, Elizabeth Cosmai-Cintrón, MD, Peggy Mouracade, MD
Back row: James H. Fuller, MD, Shari Skinner, MD, Daniel de la Torre, Ray Kordonowy, MD, Stu Bobman, MD, F. Rick Palmon, MD, Chair, and Jon Burdzy, DO. Not pictured: Alexander Pogrebniak, MD and Michael Katin, MD*



LCMS WOMEN PHYSICIANS FASHION SHOW AT JENNIFER'S, AUGUST 25



*Thank you to our
sponsor, 5th 3rd Bank!
And to our Host,
Jennifer's*



FAMILY BEACH DAY AT SUNDIAL BEACH RESORT, AUGUST 27



FIFTY YEARS - A DINOSAUR IN MOTION

BY: RICHARD H. DAVIS, M.D., F. A. C. C.

As a young man growing up in Dayton, Ohio, searching for a profession, I was influenced by my uncle -an internist specializing in Pulmonary Medicine. He was our family doctor, available day and night.

So, after graduation from college, I went on to Saint Louis University School of Medicine. In those days, SLU emphasized the importance of clinical medicine, in caring for the patient. As I think back to our days in the mid-60s I remember the doctors returning for their medical school reunions and thinking to myself -these old folks should be grateful just to be upright, having a brain, let alone practicing medicine. After graduation from SLU in 1966 (50 years ago) I was accepted for specialty training in Internal Medicine and then Cardiology at Indiana School of Medicine, Indianapolis, Indiana. I was influenced by so many great doctors, realizing the importance of my teachers and mentors. Dr. John Hickam, Director of the Department of Medicine, assembled an amazing faculty. Midway through my residency Dr. Charles Fisch, Director of the Cardiology Department, asked me to be his personal Cardiology fellow. I was overwhelmed at the generous offer, even that he knew my name. So on to Cardiology where again so many outstanding academic physicians imparted their brilliance to me. This included Dr. Harvey Fiegenbaum - Father of Echocardiography -and then Director of the Cardiac Cath Lab and so many, many others. I am sure this background of training prepared me for whatever success I had in my ensuing years of practice. In between my years of fellowship, I served two years in the Air Force and still get misty on Memorial Day and July 4th. Back to I.U., I was given an opportunity to stay in academic Cardiology but really desired to practice clinical Cardiology, so on to Dayton, Ohio, for one year and then Fort Myers, Florida, where I remain to this day.

I have been acquainted and influenced by many past presidents of the A.C.C. - Dr. Charles Fisch, Dr. Suzanne Knoebel, Dr. John Williams, Dr. Sylvan Weinberg, Dr. Richard Popp, Dr. Doug Zipes, and our present president, Dr. Richard Chazal, all of whom imparted their special and unique wisdom to me in their own ways.

I have been grateful to so many for my career - my own doctors -yes, doctors need doctors. My internist, a fellow dinosaur who cares about his patients and is always available -you don't need much more than that. My other doctors include my ophthalmologist, gastroenterologist, and urologist and not, as yet, a cardiologist or neurologist.

I am grateful to my wife of 54 years who has always supported my endeavors, and who no doubt raised our family at times singlehandedly - patients do get sick at night.

I am grateful to my 3 daughters who have grown up to be 'good people' in spite of the times their father was not there for them. I am grateful to my grandchildren for being my grandchildren.

I am grateful to my-son- in law, an interventional cardiologist practicing in another community, who educated me on STEMI, TAVR, Mitral Clip procedures, and much more. I am grateful to my present colleagues and staff for letting me practice as I desire.

I am also very grateful to all my patients, present and past, who believed in me and in my ability to help them feel better. I have always felt the means to be a quality doctor is first of all to care about your patient. You knock on the exam room door and introduce yourself, realizing that the patient is apprehensive and anxious. You sit down, look them in the eye, and listen as the patient will more often than not convey the correct diagnosis. You offer probing questions, review past history, conduct a thorough examination, plan appropriate lab studies and arrange a follow-up visit to review your diagnosis and initial therapy.



I do realize that medicine is changing and that change is necessary for everything. I will not review all of these, I will only add that changes are not always valuable. I believe that the practice of medicine is an amazing and unequalled profession. Where else can you truly help your fellow man?

So, as I return for my 50th medical school reunion at Saint Louis University in October I will look at the medical students, both men and women, as it should be, and as they look at the old men, including myself, roaming the halls and classrooms of the past, I hope they will think - look at that - a dinosaur still in motion.

LOUIS J. SCALA, M.D. 7/1/1962 - 8/1/2016

Dr. Louis J. Scala, M.D., FACC, FASA, Of Cape Coral, FL passed away on August 1, 2016. Originally from Brooklyn, New York, Dr. Scala was raised in Staten Island. He was a well-known cardiologist and the Founder of Cardiac Care Group, serving the community of southwest Florida since 2007.



He completed his residency at Brown University and was awarded a Fellowship at Cedar Sinai UCLA. Dr. Scala will be dearly missed by his loving mother, Tina Scala, father, John Scala, twin sister, Josephine Scala Giordano and sister, Michele Scala Heitz, as well as his beloved daughter, Isabella Scala. A visitation will be held on Wednesday, August 3, 2016 from 3- 5PM and 6-8PM at the Fuller Metz Funeral Home on Del Prado Blvd., Cape Coral. Interment will take place in New York. Memorial contributions may be sent to the Dr. Louis J. Scala Memorial Foundation, which is in the process of being established. Please visit www.fullermetz.com to view the tribute page online.

*The Lee County Medical Society expresses
their deepest sympathy to his family.*

CONGRATULATIONS TO DR HOWARD SHERIDAN ON AWARD WINNING PHOTOS

PHOTOS SUBMITTED BY HOWARD SHERIDAN

Dr. Howard Sheridan, retired radiologist, who divides his time between Fort Myers and Montana, has recently received national recognition for his nature photography. His winning photograph, entitled "Fisherman in the Mist" was submitted to the 2015 Yellowstone Forever photography competition, which received entries from 9000 photographers. It was featured in the 2016 Spring/Summer edition of "Nature's Best Photography"; an award-winning magazine that exhibits the work of professional and emerging photographers, naturalists, and adventurers. In addition to the winning photo, two other photos, "Moose with Calf" and "Foxes with Ground Squirrel", received honorable mention.

Dr. Sheridan's photos have previously been published in "National Geographic", "Alaska", "Island Scene", "National Wildlife", and "Montana" magazines, and in several children's books.

Dr. Sheridan is a founder and retired CEO of Radiology Regional Center and co-founder and former chairman of the board of 21st Century Oncology. He is vice-president of 21st Century CARE, a nonprofit that assists cancer patients and promotes cancer research and education, and is chairman of Tulane University Medical School Board of Governors.

***Foxes with Ground Squirrel received
honorable mention***



***Moose with Calf earned
honorable mention out
of over 9000 submitted
photos***

*Fisherman in the Mist,
is featured in the
2016 Spring/Summer
edition of Nature's Best
Photography*



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From left: Nina Burt, O.D.; Sarah Eccles-Brown, M.D.;
E. Trevor Elmquist, D.O.; Kate Wagner, O.D.

MEDICAL MARIJUANA AND AMENDMENT 2

SUBMITTED BY JONATHAN DAITCH, M.D.



The Florida Medical Association (“FMA”) unanimously passed a Resolution opposing Amendment 2, the “medical” marijuana legislation that John Morgan has advocated on the Florida Ballot. I want to especially acknowledge our dedicated Lee County FMA delegates, who tenaciously promoted this Resolution through the subcommittees. It was then heard by the FMA General Body and voted upon.

Most people do not realize that Amendment 2 is a political ploy pushing toward the full legalization of marijuana in Florida. Ironically, the amendment has nothing to do with medicine. It would inevitably harm the patients that proponents of the amendment claim to desire to help.

Florida’s “Pill Mill” explosion proved that unscrupulous doctors do exist in Florida. Pill Mills delivered a devastating blow to the reputation of the Florida medical community. More importantly, Pill Mills harmed (and killed) thousands of Floridians with inappropriate prescribing of high dose opiates and sedatives.

Amendment 2’s impact would be more devastating. The latent Pill Mill Doctors will flock to participate in the legal pot market as so-called “Pot Docs,” so they can make a quick profit from anyone who wants to purchase pot.

The impact on teenagers must be considered as well. There will be fallout from high dose THC marijuana getting into the hands of our teenagers. Addiction rates can be as high as 28% for teenagers who habitually use marijuana.

A major problem with Amendment 2 is that there would not be any way to crack down on Pot Docs, as we were able to do with Pill Mills. Amendment 2 gives the State the right to control the growing of marijuana, but it lacks the specific details concerning dispensaries, distribution, prescriptions, and patient compliance.

Amendment 2 makes it a Constitutional right for “patients” to possess pot and Pot Docs to recommend it. Moreover, the Amendment fails to include any measure to hold these doctors accountable in any way. In fact, it gives them sweeping immunity to squeeze through every one of the Amendment’s loopholes.

However, the most detrimental aspect of Amendment 2 is the pretense of marijuana as medicine. Unfortunately, this misconception is widespread throughout the public. Dr. Bertha Madras, Professor of Psychobiology at Harvard Medical School, provided five valid reasons why marijuana is not medicine in the Washington Post on April 29, 2016.

In order to approve a medicine, the FDA requires five (5) criteria to be fulfilled:

1. The drug’s chemistry must be known and reproducible.
That is not the case with dispensary marijuana with regard to THC or CBD
2. There must be adequate safety studies. Dispensary marijuana is not standardized, so there can be no safety studies.

3. There must be adequate and well-controlled studies proving efficacy. Twelve (12) meta-analyses of clinical trials scrutinizing smoked marijuana and cannabinoids conclude that there is no evidence for the use of smoked marijuana for specific medical conditions.
4. The drug must be accepted by well-qualified experts. Medical associations do not endorse smoked marijuana as medicine, but instead realize it is a dangerous drug and a public health concern.
5. Scientific evidence must be widely available. The evidence for marijuana benefitting the medical conditions listed on state ballots did not conform to rigorous, objective clinical trials nor was it widely available for scrutiny.

Finally, it is simply inappropriate to allow medical decision making to be determined by public opinion of the voters. All medical decisions should be made by doctors and the medical community.

Most Floridians, including some physicians, are not aware that there is existing legislation allowing the use of medical marijuana.

Florida legislators passed the bill with bipartisan support, and Governor Rick Scott signed the “Compassionate Medical Cannabis Act of 2014” (SB 1030) into law on June 6, 2014. The Act is known as the Charlotte Web Law, and it allows patients with seizures and severe muscle spasms to use low THC marijuana. Patients also have the option to use oil drops lingually or utilize a vaporizer. However, the marijuana CANNOT BE SMOKED NOR INGESTED (as allowed in Amendment 2).

Another Act was also passed in March 2015. Governor Rick Scott signed HB 307, AKA the “Right to Try Act,” allowing patients with terminal cancer and other terminal illnesses to have access to high THC medical cannabis.

The real issue, as I have noted above, is that we DO have medical marijuana which has been cautiously introduced by our legislators, law enforcement, and the medical community. The public needs to understand that Amendment 2 as proposed is ultimately the gateway toward full recreational legalization of marijuana in Florida.

The FMA was correct to pass the Resolution in Opposition to Amendment 2. For the same reasons, the voters in the State of Florida must say no to Amendment 2.

As medical professionals it is imperative that Florida voters know we are vehemently opposed to Amendment 2, which is a sham, licentious, ungovernable constitutional ploy.

Finally, on Wednesday, August 24th at 6:30, we will be having an information session regarding the negative implications of Amendment 2 at Advanced Pain Management Specialists, 8255 College Parkway. Dr. Jessica Spencer, the spokesperson for VoteNo2, will be presenting. We hope you will be able to attend.

Article Cited: <https://www.washingtonpost.com/news/in-theory/wp/2016/04/29/5-reasons-marijuana-is-not-medicine/>

Annual Thomas Alva Edison Kiwanis Regional Science and Engineering Fair

We have a date for the 60th Annual Thomas Alva Edison Kiwanis Regional Science and Engineering fair. It will be held on Saturday, January 14th, 2017 at the Alico Arena on the FGCU Campus. Please save the date on your calendars. This date is earlier than usual because of the basketball team schedule.

I have a new email: timothy.jones.esquire@comcast.net
Please use this new email for all Science Fair matters.

I would also like to invite you to help us with fundraising to support the Science Fair by attending our annual Kool Science event on September 29th, 2016. The event details are shown below.

If you have any questions, please let me know!

Tim Jones
Kiwanis Judge Coordinator
239-940-5903
Timothy.jones.esquire@comcast.net

Join us for the Annual Kool Science Fundraising Event, Hosted by Fort Myers Kiwanis Club, Thursday, September 29th at 6:00 PM. Reception held in the breezeway at the Downtown Library, 2450 First Street, Fort Myers. Tickets are \$50.00 Florida Casual

Kindly RSVP by September 22nd to: timothy.jones.esquire@comcast.net

Event Sponsorships available for \$250 includes sign and 2 event tickets.
Sponsorships must be received by September 19th. All event proceeds directly benefit the Thomas Alva Edison Kiwanis Science & Engineering Fair

2016 LCMS FMA DELEGATES CORRECTIONS

Our apologies as some of the LCMS 2016 FMA Delegates were ommitted or incorrectly listed in the July Bulletin. Shari Skinner, MD, Stefanie Colavito MD, Elizabeth Cosmai-Cintron MD, and Daniel de la Torre MD.



Shari Skinner, MD
Associates in Dermatology
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Daniel de la Torre, M.D.
LPG Hospitalist
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HOT OFF THE PRESS! PICTORIAL DIRECTORIES HAVE ARRIVED

By now you should have received a copy of Pictorial Directory by mail. These are distributed to the public free of charge and to many local businesses. If you would like more copies of the directory, please drop by our office to pick them up. You may call ahead to have them ready for you at 936-1645. Due to cost, we are unable to mail or deliver after our initial mailing of one to each member and office manager on file.



Physicians Now Have the Right Tools to Do the Right Thing After an Adverse Event

In the past, hospitals and physicians could appear cold and distant after adverse events. The fear of malpractice lawsuits created a culture in which physicians were expected to avoid most contact with a patient or family who might have reason to sue—and physicians certainly weren't supposed to accept blame.

The actual effect of this way of thinking was just the opposite of what hospitals and doctors desired. Rather than shielding them from liability, patients and family members perceived this culture of silence as callous and uncaring, in some cases encouraging them to file lawsuits.

That was then. Over the past decade the healthcare community has embraced the idea that saying "I'm sorry this happened," or at least acknowledging that an unanticipated adverse event occurred with genuine sympathy and concern, can go a long way toward healing the relationship between the healthcare provider and patient. Physicians have moved progressively toward a culture that expects an adverse event—a medication error, for instance, or a death during routine surgery—to be followed by a full disclosure of the facts to the patient and family.

This is not just the right thing to do; it also helps the hospital and physicians avoid malpractice litigation, especially the lawsuits motivated not by actual errors or substandard care but by patients and family members who were left angry and abandoned.

The Agency for Healthcare Research and Quality (AHRQ) developed the Communication and Optimal Resolution (CANDOR) Toolkit with the input of healthcare professionals who studied the different tools, policies, and procedures in use at various hospitals, including the disclosure resources offered by The Doctors Company. David B. Troxel, MD, medical director at The Doctors Company, served on the oversight committee, and I served on the technical advisory committee, which assessed expert input and lessons learned from AHRQ's \$23 million Patient Safety and Medical Liability grant initiative launched in 2009.

CANDOR calls for a prompt response and specific actions after an adverse event. Within one hour, specially trained hospital staff should:

1. Explain the facts, and what might still be unknown, to patients and family members.
2. Contact the clinicians involved and offer assistance, because the stress and grief of the healthcare professionals can easily be overlooked in these incidents.
3. Immediately freeze the billing process to avoid further stressing the patient with a bill for the services that may have caused harm.

CANDOR calls for the hospital to complete a thorough investigation within two months, keeping patients and relatives fully informed along the way. When the investigation is complete, the patient and family are provided with the findings and engaged in a discussion of how the healthcare organization will try to prevent similar adverse events in the future.

The investigation will not always find that the physician or other clinicians failed to meet the standard of care, and in those cases the patient and family members can still benefit from understanding what happened. In many cases, they will not sue despite their loss because they are satisfied that the hospital and physicians did their best and were forthcoming with information.

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety.

8 STRATEGIES TO PROTECT YOUR ASSETS FROM CREDITORS

BY DANIELLE LUCHT

A common concern for many professionals is the fear of losing wealth as a result of lawsuits. The good news is that everyone can utilize these 8 strategies to help protect some or most of their assets, making it difficult for creditors to reach them.

1. Review liability coverages, limits, and exclusions. A simple way to protect against loss is to increase premises and E&O liability coverage.
2. Avoid conducting business as a general partner or sole proprietor. These titles are personally liable for the obligations of the business. Conduct business as an LLC or as a corporation. In general, your personal assets will be protected from claims to the business, as long as you do not commingle personal assets with business assets.
3. If possible, create multiple business entities so that the debts or obligations of one business cannot be imputed to another company.
4. Purchase business owned liability and fiduciary insurance to protect against legal claims by employees for discrimination or wrongful termination.
5. Save money into 401k or 457 plans and under ERISA rules, the account of a participant of an employer-sponsored retirement plan is generally not subject to claims of personal or business creditors.

6. Create an IRA which is covered by state law, not ERISA. Most states have enacted statutes that protect IRAs from creditor claims.
7. Title assets in the name of a spouse, which in general, is not liable for the debts and obligations of his or her spouse. Of course, in the event of a divorce or a death, the property is subject to the terms of a divorce decree or a will, trust, or laws of intestate distribution.
8. Here in Florida, certain types of personal assets are exempt from creditors. The common types are cash value life insurance, non-qualified tax-deferred annuities and a personal residence.

For More Information, Contact Danielle Lucht, (239) 410-3597, danielle_lucht@afgfl.com

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LCMS McCourt Scholarship Sends Child to Diabetes Camp 2016

November 4, 1982, Jerome P. McCourt, M. D., his wife, Donna and their four children were returning from a visit to Orlando when their plane crashed near Arcadia, FL. Dr. McCourt was the first endocrinologist in Lee County. A scholarship was set-up in his family's name by the Lee County Medical Society Members to send children and youth with diabetes to camp to learn how to live a normal life with this disease.

This camp helps these young people to adjust to this disease providing for a fun camping experience in a medically supervised environment. They learn diabetes management and receive important psychological support from professionals and especially from their peers. They come away knowing they can accomplish any goal to which they set their minds; that there are many others with the same disease, and they establish a large support system.

The camps are staffed with over two hundred volunteers -- college students, medical personnel, teachers and professionals. They all work together to ensure a successful program that allows eligible youngsters to attend without regard to the family's ability to pay. Sponsorships come from civic-minded individuals, organizations and businesses.

The McCourt Scholarship Fund, in honor of the McCourt Family, is pleased to be a part of this life changing experience for our youth. The LCMS received a letter from, Charlie, one of our Lee County children that attended this year's camp. We are happy that he benefited from the camp experience.

Dear Lee County Medical Society,

I had fun at camp. My favorite thing at camp was GoGo Ball. I learned to count carbs with a calculator. It was nice because everyone there has diabetes just like me. Thank you for helping me go to camp.

From,
Charlie Waszkowski





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