

Bulletin

Editor: John W. Snead, M.D.

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LEE COUNTY
MEDICAL
SOCIETY INC.

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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Inserts: Mayhugh Realty
Million Mile Movement
Retiree Luncheon



Cover Photo:
The Butterfly Conservatory -
American Museum of Natural
History, Washington D.C.

CALENDAR OF EVENTS

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

FEBRUARY 10, 2017 - COCKTAIL HOUR AT CRU
6 P.M. - 7:30 P.M.

RSVP AT WWW.LCMSFL.ORG

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LCMS COCKTAIL HOUR
WILL BE EVERY 2ND FRIDAY OF EACH MONTH

TUESDAY, FEBRUARY 28, 2017
RETIREE LUNCHEON
11:30 - 1:00 P.M.

LCMS ALLIANCE WALK AT LAKES PARK
SATURDAY, MARCH 18, 2017
9:30 A.M.
7330 GLADIOLUS DR.,
FORT MYERS, FL 3390

♥ Happy Valentines Day ♥

Position Available for Bulletin Editor

The Lee County Medical Society will have an opening for a co-editor of our monthly newsletter starting in April 2017. We would love to hear from you if you have an interest in serving as one of our editors. Please contact the Medical Society office by email: valerie@lcmsfl.org or calling our office at 239-936-1645.

MEMBERSHIP NEWS

NEW APPLICANTS

Brian Schultz, MD – Dr. Schultz received his MD degree from John Hopkins University School of Medicine, Baltimore, MD in 2002. He completed an internship and residency at the Children's Hospital of Pittsburgh, Pittsburgh, PA from 2002-2006. Dr. Schultz completed a fellowship in Pediatrics Emergency Medicine at Texas Children's Hospital, Houston, TX from 2006-2009. He is in practice at Golisano Children's Hospital of SW Florida, 9981 S. HealthPark Dr., Fort Myers, FL 33908 Tel: 239-343-5319. Board Certified: American Board of Pediatrics and American Board of Pediatric Emergency Medicine.

ChauChau Pham, MD – Dr. Pham received her MD degree from Albany Medical College, Albany, NY in 2011. She completed an internship and residency at the University of Texas at Houston, Houston, TX from 2011 – 2016. She is in practice with ENT Associates, 9711 Commerce Center Court, Fort Myers, FL 33908 Tel: 239-939-2621.

Clay Duval, MD – Dr. Duval received his MD from St. George's University School of Medicine, Grenada. He began his residency last summer through the Florida State University College of Medicine Family Medicine Residency Program at LMHS.

Charles Fleisher, MD – Dr. Fleischer received his MD degree from Ross University School of Medicine, Dominica, West Indies. He is a family medicine resident through the Florida State University College of Medicine Family Medicine Residency Program at LMHS.

Elizabeth Duval, MD – Dr. Duval received her MD degree from St. George's University School of Medicine, Grenada. She is a family medicine resident through the Florida State University College of Medicine Family Medicine Residency Program at LMHS.

Kenneth O'Dell, MD – Dr. O'Dell received his MD degree from Florida State University College of Medicine, Orlando, Florida. He began his family medicine residency training last summer through the Florida State University College of Medicine Family Medicine Residency Program at LMHS.

Kristen Dimas, MD – Dr. Dimas received her MD degree from Florida State University College of Medicine, Ft. Pierce, Florida. She is a family medicine resident through the Florida State University College of Medicine Family Medicine Residency Program at LMHS.



MEMBERSHIP NEWS

Moved out of area
Deborah Gerson, MD
David Gerson, MD

Resigned
Orlando Castillo, MD
Ivan Olarte, MD
Stephen Helgemo, MD
Joseph Isley, MD

Retired
Lawrence Seidenstein

Reactivation
Steven Woodring, DO
Thomas Jacob, MD



LCMS ALLIANCE NEWS

By ANGELA ABUSHAHIN

The 2017 membership drive has started for the LCMS Alliance and dues were due January 1. In an effort to better communicate with our members we have a few announcements:

- We have a new website! Please visit us at <https://www.lcmsainc.org>. Our new website allows us to collect dues online and upcoming events will be posted here.
- We have a new member only Facebook group. You can join our closed group by visiting: <https://www.facebook.com/groups/LCMSAinc/>

LCMS Member Dues

The 2017 LCMS membership dues were payable by January 1, 2017. You or your group can pay at <http://www.lcmsfl.org/en/join> or call 239-936-1645. To pay your FMA dues, go to flmedical.org, and to pay your AMA dues go to ama-assn.org.

PRESIDENT'S MESSAGE

BY JON BURDZY, D.O.



Our family recently returned from a cruise. We try to do one every year or so and find them relaxing. Beyond the uninterrupted time with my wife and kids, what I enjoy the most is being 'off the grid'. Of course a few family members have the ship's name and contact info, but to the larger world I am incommunicado.

No phone. No phone calls. No text messages. Of course I could pay extra for 'Cellular at Sea'. But why? As soon as we are settled in our stateroom, the iPhone is powered off and locked in the safe; EHR and email are disconnected.

Emails can involve patient care, corporate, medical staff, or medical society needs. Then throw in community activities, church/temple/synagogue/mosque, clubs, civic organizations, kid's sports or school activities. Eventually come the sales emails, not necessarily junk, but ones from the online stores we've patronized. Often they advertise gadgets and gizmos I don't need, but then start thinking would be fun to own and before long have been ordered and are on the way via Fed Ex.

Neither email nor EHRs shut down when you are away (EHRs usually shut down when you are in a room with a patient to review their lab results, running 45 minutes behind, and your IT guy is on vacation). With EHR, there is always something to address: a patient message, a lab result, consult notes from a specialist, a refill request, or a message that you have charts needing to be closed. It is a 24-hour electronic existence and we are pressured to be available for every second of it.

The next e-distraction is the Internet in general, the massive amount of information about our world. I am a bit of a news junkie, often checking ten or a dozen news sites daily. Some are medical ones I read in order to keep the medical knowledge base up to date. Then comes hard news, sports news, tech news, political news or items related to hobbies. Blogs. Pinterest. There is no end.

And finally social media. Facebook, Linked-In, Instagram, or Tinder (if that's your thing). All distractions, all sucking us in and stealing more time. Yes, some of it is marketing, some of it is educational, but mostly it is an odd social sphere that creates unhappiness.

Over the past few years' numerous studies have shown that social media use is not healthy behavior. The most recent I came across appeared on the BBC website in December ([<http://www.bbc.com/news/education-38392802>]) "The study of more than 1,000 participants, mostly women, says that "regular use of

social networking such as Facebook can negatively affect your emotional well-being and satisfaction with life".

The recent presidential election demonstrated this at its worst. Watching interactions between my Facebook friends was disheartening. One would think well educated, generally kind, and intelligent people would have meaningful discussions about the issues facing our country. The reality was far from the ideal. Ad hominem attacks. Ugly talking points repeated ad nauseam. Finally the vilification of those with opposing political views. Sad and telling. Rational discourse online, at least on Facebook, is dead.

Not that everything electronic is evil. To put this in perspective we could compare it to alcohol. Occasional sips here and there are not too harmful, but indulging for hours at a time without break can lead to real problems.

Which brings me back to vacation. I limit myself to only my Kindle reader and an iPod music player. Neither have Internet connectivity. The Kindle is much lighter than the stack of books I once dragged on vacation. The iPod allows music after the family has gone to sleep; I usually remain awake an hour or so longer.

With no one in the family absorbed by their electronics, we find we actually enjoy being with each other. Either on a cruise, or when we go hiking out west, we have fun doing family stuff. We focus on each other and not the world. Eyes are cast outward and upward not downward toward a screen.

Being off social media is relaxing. No arguments with people I knew 25 years ago. No inane posts from 'friends', a word whose meaning social media has changed. What is a friend? One of the best definitions of friend I could come up with is 'a person with whom you have a close relationship who will not be overly upset when you call them at 3 am needing a ride or just to talk.' I can think of very few of my social media 'friends' who meet this criterion. Most of our online connections have little or no bearing on our lives.

Similarly, a weeklong lack of US or world news is of no consequence. Does it really matter which elected official said something stupid, if Manchester United won the ball game, or which celebrity was arrested after drunkenly running down a game show host in a crosswalk?

As for work, my wonderful and more than competent partner Van Winkle covers the EHR and the messages when I'm away. I am allowed time to breathe and undistracted be with those I most love. The world continues to spin without me. My patient's lives go on.

Be well !
Jon

PHYSICIAN WELLNESS PROGRAM

TAKE CARE OF YOUR PATIENTS BY TAKING CARE OF YOURSELF

The Physician Wellness Program (PWP) provides a safe harbor for physicians to address normal life difficulties in a confidential and professional environment.

HOW PWP WORKS

We have focused our program with two independent psychology groups. These groups provide counseling to active physician members of the Lee County Medical Society (LCMS), up to six vis-its per calendar year. Non-urgent sessions can be scheduled during regular business hours.

Our providers maintain a confidential file for each physician, but no insurance will be billed and LCMS will not be given any information about those who utilize the pro-gram. As such, this program is completely confidential. LCMS will pay a monthly bill based on the number of sessions provided. LCMS membership will be verified with the physician finder on the LCMS website.


TO MAKE YOUR APPOINTMENT

1. View our vetted Psychologist selections on our website at www.lcmsfl.org.
2. Then call and identify yourself as a member of Lee County Medical Society and that you wish to utilize this benefit.



SOME EXAMPLES OF THOSE DIFFICULTIES INCLUDE:

- ❖ Family Issues
- ❖ Relationship problems
- ❖ Work related difficulties
- ❖ Depression & anxiety
- ❖ Burnout
- ❖ Difficulty managing stress
- ❖ Mood Swings
- ❖ Suicidal thoughts



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

NOT IN MY BACK YARD

BY FLORIDA DEPARTMENT OF HEALTH (FL DOH) / PAMELA PETERS, MA FLORIDA SOUTHWESTERN STATE COLLEGE
BY BRUCE VANDERLAAN, ATTORNEY AT LAW, P.A.

According to the Ebers papyrus (Circa 1500 B.C.), opium was prescribed by ancient Egyptian physicians to treat various problems, including "the excessive crying of children." (Hart & Ksir, 2015) Hart & Ksir also indicated that Morphine was developed as an anesthetic and was widely used during the Civil war to help with the pain of amputations and other battlefield surgeries. OxyContin and Oxycodone became popular as a pain medication that has been so readily available that Florida became known as the "Oxy Express" until the State began to "crack down" on the "pill mills" that were dispensing pain killers without a prescription, like they were candy.

As the pill mills began to be shut down, and prescriptions for opioids became more tightly controlled, users began to turn to heroin to replace the pills because heroin was cheaper and more readily available. At the same time, drug dealers (or "street pharmacists" as they like to be called) were looking for a new drug to expand their markets and to replace marijuana which was becoming legal in some states. Opium derivatives, including heroin, are also highly addictive, thus providing an added benefit for a dealer who wants to sell more product.

Based on discussion with some of the providers at local treatment facilities, heroin addicts in treatment and recovery report that they began their drug use with marijuana. In fact, most, if not all, of the individuals who are being admitted for treatment for their heroin and/ or opioid addiction are multi-drug users- and most of them indicate that they began with marijuana. According to the National Survey on Drug Use and Health (NSDUH, 2012-2013), people who are addicted to alcohol are 2x more likely to also be addicted to heroin, 3x more likely on marijuana, 15x more likely on cocaine, and 40x more likely if addicted to opioid painkillers.

Is marijuana really a gateway drug? As of 2016 in Florida, marijuana for recreational use is still illegal and is primarily acquired "on the street" from a dealer who is obtaining product directly or indirectly from Mexico or other sources that originate outside of the US. Drug dealers are in business to make money and may or may not be supporting their own habit. Since marijuana users must still obtain their product

"from the street", they are buying from the same sources that sell heroin. According to one of the Lee County deputies, the quantity of Mexican marijuana has decreased since last year while Mexican heroin has increased by 50%.

To compound the problem of drug use by adolescents, according to Erickson's theory of psychosocial development, adolescence is a time of "Identify vs Role Confusion" which states that children and teens from 12-18 are searching for a way to establish their own identify outside of the family of origin. They want to find a way to "fit in" and are still in process of working through their personal ethic while they attempt to differentiate themselves from their parents.

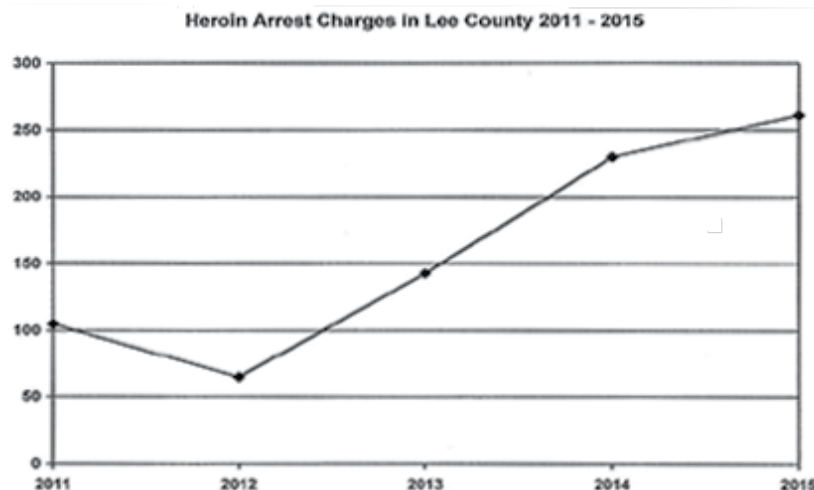
This phase often includes some experimentation that could include drugs and / or alcohol. In addition, most adolescents consider themselves invincible. Although there may be adverse consequences (physical addiction and deterioration; auto accidents; declining performance in school; problems with parents and others) that happen as a result of drug use,

an adolescent generally believes that those consequences will only happen to someone else, not to them. Because of the normal adolescent desire to challenge authority, coupled with the need to "fit in", the adolescent is often more strongly influenced by peers than by parents and other authority figures. If their peers are experimenting with marijuana, they may see no harm in trying it too. If a peer hands them a marijuana cigarette to try, they may not realize that it contains heroin

at first and may look to repeat the "high" until they find that they are unable or unwilling to stop using. The dangerous increase in heroin use is no longer confined to lower income neighborhoods- it is now spreading across all economic and social classes and is no longer "not in my back yard."

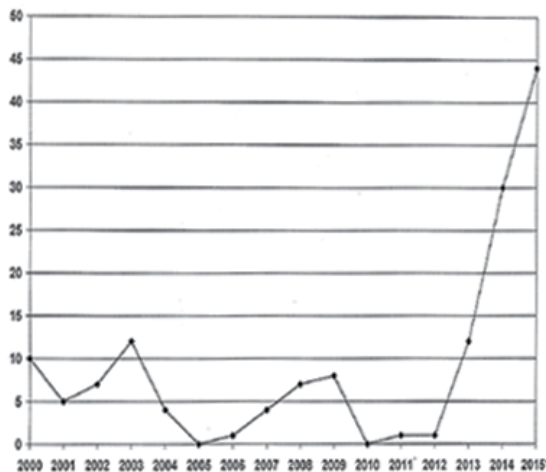
Is Heroin a growing problem in Lee County Florida? Absolutely! According to one of the Deputy's from the Lee County Sheriff's department, the amount of Mexican Heroin in Lee County has increased by 50% over last year, even while marijuana quantities have decreased.

According to statistics provided by the Lee County Sheriff's office, Heroin arrest charges in Lee County have been increasing.



Heroin related deaths by overdose are also increasing. In fact, according to Dr. Omar Rieche, a local Psychiatrist, death by overdose has overtaken automobile accidents as the leading cause of death among adolescents in their late teens.

Heroin Related Deaths by Medical Examiner District 21, 2000 – 2015*



Medical Examiners Commission 2015 Interim Drug Report. District 21 includes Lee, Hendry, and Glades Counties. *2015 data is for Jan-Jun 2015 annualized.

Another group that has been adversely impacted by heroin and other opiate drugs: newborns. According to an article in Medline, Neonatal Abstinence Syndrome (NAS) occurs in newborns who have been exposed to addictive opiates in utero. The infant is born drug dependent and will suffer from withdrawal symptoms within 1-3 days after birth. (Medlineplus.com, n.d.) Lee Health has seen a significant increase in the number of these births, based on an ICD9 search for the NAS diagnosis.

Total Number of NAS babies born in HP and CCH and Transfers In from GCMC

What can we do about the growing problem with heroin and opiates? According to interviews that were conducted by students in the Drug and Alcohol classes at FSW, with a wide variety of individuals in helping professions, the best way to combat drug abuse is to increase prevention efforts! This may involve encouraging our local schools to implement a concentrated program targeted toward kids in every grade, to ensure that they have the information about drugs, particularly about heroin, so that they understand how dangerous drugs can be! Until drug use, like cigarette use, becomes socially unacceptable to adolescents, use of illicit drugs is likely to continue to increase.

In addition, we need to improve opioid painkiller prescribing practices and do a better job of recognizing individuals who may be at risk. Optimize use of E-Force (Electronic – Florida Online Reporting of Controlled Substance Evaluation Program) which is Florida's Prescription Drug Monitoring

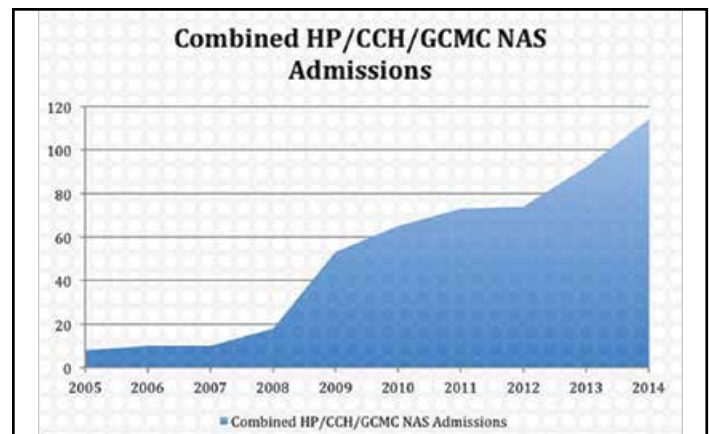
Program. According to their website, "this program was created by the Florida Legislature to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the state of Florida." Ensure that patients who will receive a prescription for a pain killer are pre-

screened through the database. (Contact Deb Comella at the Coalition for a Drug Free Southwest Florida if you need more information on this program or would like to arrange training for your staff.

Our community can and should do a better job of promoting safe drug storage and disposal. Painkillers that are prescribed should not remain in a medicine cabinet for other members of the household to find and use once the patient has no further need for the medication.

At present, there are Drop boxes available at the Lee County law enforcement substations, and Walgreen's has recently begun to provide Drop boxes at their 24 hour pharmacies on Cape Coral Parkway in Cape Coral and on Cleveland Avenue in Fort Myers. Expanding the Drop box program to medical offices and additional pharmacy locations would help to encourage safe disposal of medications, especially opioid painkillers and other potentially dangerous addictive drugs, including the benzodiazepines. At minimum, providers can educate patients on safe disposal of any unused prescription medications by providing a list of the available Drop box locations.

Combined HP/CCH/GCMC NAS Admissions



According to anecdotal evidence provided by caregivers at some of the local treatment facilities, the number of heroin and prescription pill addicts seeking treatment is increasing rapidly. According to a local treatment professional, the average age of the individuals seeking treatment is dropping from the middle-aged to adolescents. The same individual provider indicated that some of the teenagers who were participating in their program have been through treatment more than once, and most recently, a group of adolescents in treatment decided to simply walk away from the program, stating that they would "rather get high."

There is no easy solution to this problem! Be alert. Be informed. And support education as the best path to prevention!



FLORIDA RX PROGRAM

BY GREG HEILIK



Florida RX Card is a statewide discount prescription assistance program partnered with the Florida Medical Association. This program works with clinics, hospitals, medical & health organizations, schools & colleges, early learning programs, family support & childcare resources, ministries, disability assistance services, mental health & counseling resources, refugee & immigrant health services to help reach the uninsured and underinsured in Florida to afford their prescription medications.

Florida RX Card is a national partner with Children's Miracle Network and a donation is made to the local Network Hospital each time a prescription is processed through Florida RX Card. Savings with Florida RX Card can be up to 25-75% off retail price for most brand & generic FDA approved medications, and this is completely free to everyone. Florida RX Card is HIPAA compliant, no personal information is gathered nor shared. This program can be used as a standalone discount card or receive discounts on non-covered drugs.

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MILLENNIAL MEDICINE: PERSPECTIVES FROM THE ETHOS OF THE MILLENNIAL GENERATION

BY CLAY DUVAL, M.D.

January is a month of transformation. Each year millions of Americans take a rare pause in our busy schedules to reflect on goals, both those met and unmet within the last year. We reflect on those aspirations and dreams that have been painted only upon the canvas of our imaginations and steel ourselves to take whatever steps necessary to see them come to pass. As healthcare providers, we have a unique opportunity to leverage this rare season of reflection and motivation to partner with our patients to take ambitious action in the pursuit of better health. To that end, I believe there are three words we must focus on in 2017 in order to make transformation possible: Leverage, Liberation and Leadership.

Leverage. First we must leverage the societal momentum towards positive growth and change with the turn of the new year to help patients take the leap to make some healthy changes. As we all know, people all around the nation begin taking actions towards personal development in January but by March often their passion has waned. Thus, there is temporal element that is limited, a window of opportunity in which patients will be more receptive to health goals that have long been discussed but have not yet been realized. These can include things like weight loss, improved diabetic control, increased medication adherence. Whatever it is, I suspect that if we leverage the "New Year, New Me" phenomenon appropriately, we may be surprised by how effective of a motivator it can be.

Liberation. A big obstacle to people making positive change is that they are so used to being stuck in routines. We all have routines that are functional, some that are quasi-functional, others that are dysfunctional yet sustainable to some extent, and unfortunately sometimes we have routines that are just downright destructive. Often times, even an extremely motivated patient with a high-level of leveraged buy-in will

still struggle to execute that change. One of the best motivational interviewing questions we could ask is "What routines are helping you to live the life you're dreaming of? Which routines do you feel are holding you back from accomplishing your unreached goals?" By fostering the identification of obstacles to change, we can help a patient liberate themselves from the old habits that have them feeling trapped— which often is just as important on helping them to establish the new ones.



Leadership. Ultimately, the best way we can serve patients in 2017 is to lead by example. Accomplishing hard goals is part and parcel of being a physician, as none of us made it to where we are today without persevering through a long and tedious educational and vocational process. Nonetheless, achieving work-life balance is something that physicians are notoriously bad at doing and so often times we have pursued some goals at the expense of others. Many of us have goals to lose weight, exercise more, eat better, spend more time with our families; others know they need to invest in some scheduled leisure or in some personal development or rejuvenation. One of the best ways we can inspire change in our patients is by leading by example. When the patients come in and exclaim "Doc, you look great! What are you doing?" It becomes a marvelous opportunity to share what is working and to partner with the patient. So tomorrow morning, skip your normal morning routine and instead for a moment, become your own patient. Motivationally interview yourself. Identify areas that need liberation. Leverage the newness of a fresh new year. And embark confidently towards your new goals, knowing that your leadership is going to set the pace for the many whom are entrusted to your care. Its 2017... ready, set, go!

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.



GET SERIOUS ABOUT FITNESS AND WEIGHT LOSS

BY LEADING EDGE BENEFIT ADVISORS, LLC

Are you into fitness? Yeah, fit'n dis slice of pizza into my mouth. If your New Year's resolution was to get fit and lose weight, then I've got some news for you. If it were easy, everyone would do it. The problem is that everyone tries to do it, especially right after the holidays, but fails miserably. If you've gone to the gym recently, then you know everyone and their cousin is crammed into the aerobics area, spin class, or waiting to use the treadmills, ellipticals, bicycles, etc. So, what's a person to do who's truly serious about getting fit and losing weight?

An article on CNN's website titled, "How to keep your New Year's fitness resolution from failing," (<http://www.cnn.com/2017/01/11/health/new-years-fitness-resolution-metzl/index.html>) reveals that a study has shown nearly one out of four people has made a resolution to increase fitness and activity, yet 67 percent of people in their 20s and a whopping 84 percent over 50 didn't meet their fitness goals. Don't be one of those people! Make fitness social, assign deadlines to your goals and commit to them, have fun, and, like an ad for Nike says, "Just do it!"

Not everyone works out the same way, has the same goals, or uses the same motivation to stay committed. That means you're free to choose what works best for you. One potential way to stay engaged is to join a group, class, or club. That way, if you don't show up to work out, then you may feel that you're letting down the rest of the team. Another way is to pay in advance, or even hire a personal trainer. By not using those workout sessions, then you may feel you're wasting money. Once you determine the best solution to keep you active, it's time to quantify results.

Goals are nice, but if I were to say that my goal was to spend 30 minutes in the gym three days a week, I could accomplish that, but hardly do any activity at all other than talking to people there. What you need are measurable numbers such as losing a certain amount of weight, running so many miles, or slimming down to a specific size of clothing. Once you've determined a number, specify a difficult, but attainable, deadline. Losing 10 pounds is easy if you have an entire year in which to do it. To help you measure your progress, you can keep a log, enter data in an app, or purchase a FitBit or other wearable device that keeps track of your activity.

All of this may still not be enough to keep you from quitting early. A comedian once said that she doesn't run because, "have you ever seen a runner with a smile on her face?" If the exercise or diet routine you're doing isn't fun, then stop doing it and find something that is. With the plethora of options available these days, there's no reason not to find something that makes you happy while you're doing it while on your way to keeping that New Year's resolution.

So, you're having fun and you're making progress, but watch out for injuries. If you're just dieting, make sure you're still getting all the nutrients your body needs. Starving yourself or using a fad diet that neglects essential vitamins can cause more harm than good. If you're exercising, there will always be aches and pains associated with it as long as you're pushing your limits. The problem is when mild discomfort turns into a serious injury. If the pain causes you to alter normal day-to-day activities, or doesn't go away after a few days, then it may be time to scale back your workout routine or even see a doctor depending on the severity of the pain.

Finally, remember that you're probably not going to win any medals or even be at the top of your fitness class, but it's important not to stop. Again, don't be one of those people who quit! Find what works, what makes you happy, and then stick with it. Good luck!

Leading Edge online newsletter:

<http://campaign.r20.constantcontact.com/render?m=1102701982953&ca=06d2c14b-a34f-46bd-b2b1-9233aa3009d6>

Jonathan Daitch MD & Michael Frey MD

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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 "compression" of the vertebra.

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

With every month that passes during residency I find myself learning something that I never learned in medical school. This past month I learned a hard lesson – you can't always save your patients. Obviously this was something that I was very much aware of, we are all mortal and we will all pass someday, but before last month I had never experienced the loss of a patient of my own.

A couple of times during this month I found myself in a place where I knew that no matter what I could offer, my patient would not survive. As a physician, I felt completely helpless. I joined this profession to bring healing and to fix what ails people, but in this situation I could bring no healing, I could not fix the problem. I am thankful to my attending, Dr. Christy Cavanagh, for reminding me that there was still something that I could do in this situation, that even though I felt helpless there was still something that I could offer to my patients and their families.

My role as doctor, healer, expanded to include the role of comforter. I learned that sometimes silence is the best

thing you can offer while you hold the hand of a wife losing her husband. That sometimes giving a hug to a daughter losing her mother is the only healing touch you can provide. Often, we get caught up in the hustle and bustle of our day to day lives and forget that as physicians we have a very unique role in this society that allows us to touch so many lives. I find myself humbled to be in this position to be a part of such as confirmation that I am right where I should be.

While we cannot always bring healing, we are not helpless. We can still provide comfort and peace to a family during the most difficult time. And in the end what will matter is not that you could not provide a cure, but that in a time of need you were there for your patient. That you provided a listening ear and an open heart to a family that was hurting.



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