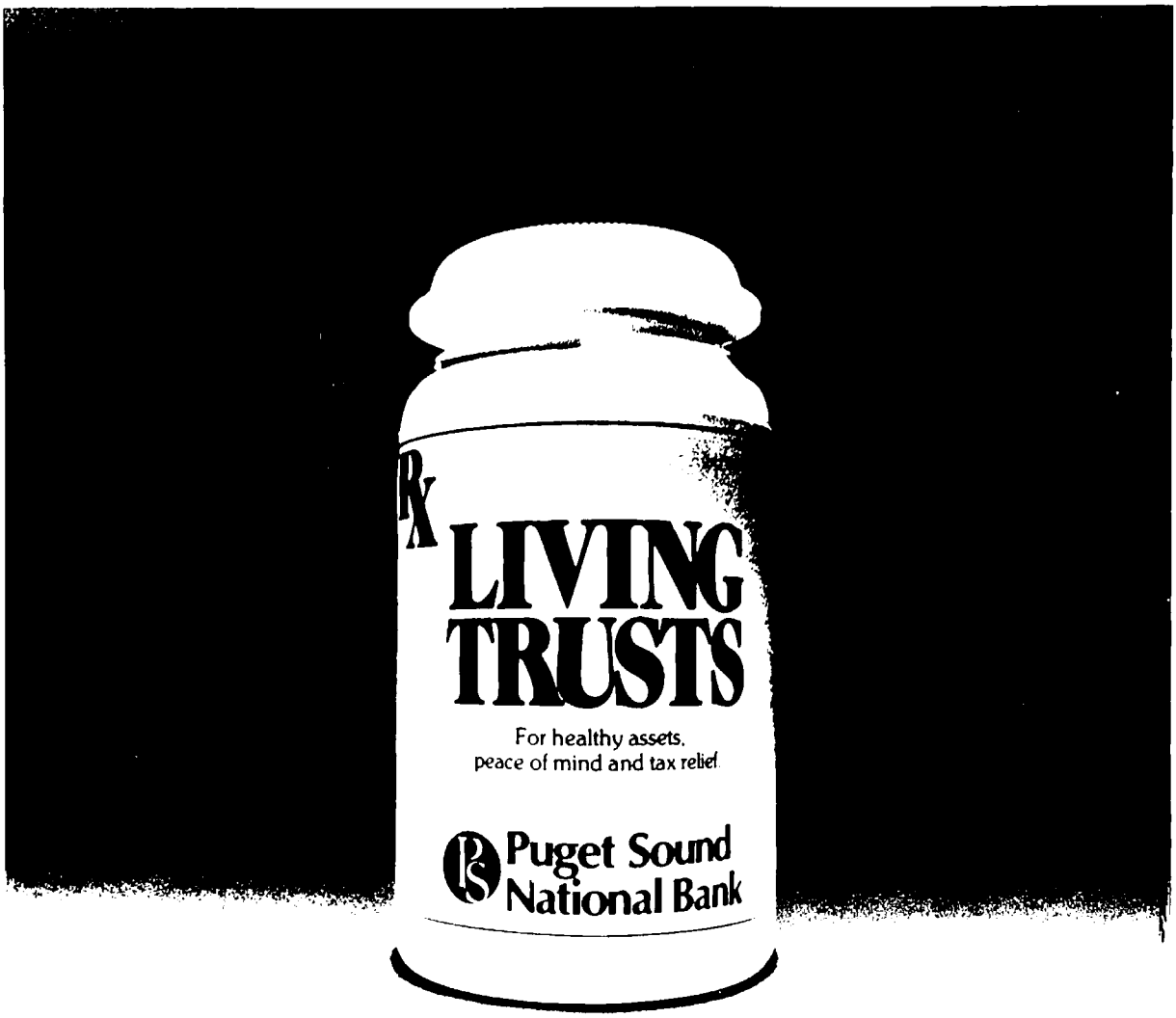
Medical Society of Pierce County

JANUARY 1981 Vol. LIII, No. 1, Tacoma, Washington

Chamber endorses Society position. . . See page 3

BULLETIN



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TRUST DEPARTMENT
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1980 President Charles C. Reberger presents 1981 President George A. Tanbara with his ceremonial gavel at the December meeting.

Society News Briefs

A summary of Medical Society, and local medical and health news

CHAMBER BOARD SUPPORTS SOCIETY ON MEDICAID, DISCIPLINARY BOARD ISSUES

The Tacoma-Pierce County Chamber of Commerce Board passed resolutions in December supporting Medicaid reform and disciplinary board funding. Both resolutions were recommended to the Chamber Board by the MSPC-Chamber Joint Health Issues Committee.

The resolutions stated:

"SUBJECT: REFORM OF THE STATE MEDICAID PROGRAM

The State Medicaid Program should be reformed by:

- Adopting a definition of medical coverage within the budget restraints of the program;
- Developing incentives to conserve resources, such as: incentives for out-patient care, incentives for continuity of care;
- Implementing an equitable reimbursement system compared to other government programs, i.e. Medicare, Department of Labor and Industries program.

BACKGROUND: An acute problem has developed in Washington State's Medicaid program. According to a survey by the Washington State Medical Association, 51% of the state's 7,300 licensed physicians are not participating in the Medicaid program. Another 16% are limiting their participation. The attributed reason is lack of adequate compensation compared to private or third-party reimbursements, even to other government medical programs, coupled with higher administrative costs and other administrative inefficiencies.

The result is a subsidization of fees by private and third parties. Additionally, regulations often force use of comparable but lower technology service, increasing overall costs. Medicaid recipients are thus directed to the least cost-effective, care, i.e. emergency room service, disrupting continuity of care."

"SUBJECT: FUNDING OF MEDICAL EXAMINER & DISCIPLINARY BOARDS

Since the State Legislature has increased the annual renewal license for physicians from $15 to $35, an adequate portion of the increase should be allocated to the Medical Examiner & Disciplinary Boards so that they may discharge their duties, protecting the reputation of the medical community and the health services consumer.

BACKGROUND: Funding for medical Disciplinary Board staff and investigators will be a major issue this legislative session. The 1979 legislature authorized added staff, but did not provide funding to hire the staff. The supplemental budget which contained the requested funding was not passed.

Recent "exposure" by local media indicates a media perception that physicians do not have adequate procedures for proper discipline. Physicians are anxious to change this image by insuring the Board is an effective instrument for dealing with aberrant practitioners."

MEDICINE'S LEGISLATIVE GOALS OUTLINED

The goals of the Washington State Medical Association for the 1981 session of the Washington State Legislature include proposals to improve health care delivery and protect the public health. Summarized, the WSMA legislative goals are:

MEDICAID — Serious problems confront Washington's Medical Assistance (Medicaid) Program, covering 260,000 eligible recipients, half of whom are children under age 21. Physician reimbursemet is currently so low that many physicians are economically unable to fully participate in the Medicaid program, and are either dropping out of the program or severely limiting the

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Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405 Telephone (206) 572-3666 Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is $10.00, which is included in the dues. Non-member subscription, $15.00 per year. Single copy $2.00

President's Page

George A. Tanbara, M.D.

WAKARIMASU? WAKARIMASU

The aspiration of our Medical Society is to be of maximum service to patients, our community and physicians. This can best be achieved by the participation of each and every member. Your knowledge, experience and time spent for the Society are invaluable assets. Please step forward and offer your suggestions and services to your elected and appointed representatives. The Medical Society is most accommodating when called upon.

Members have a responsibility to the Society as well as to each other. The more knowledgeable members are of how our Society functions, the less frustrations mutually. Everyone's opinions need to be respected. This should allow members to be supportive of each other. Judgement of another member's method of practice or opinion should only be made after very close and thorough scrutiny. Medical schools, licensing boards and specialty boards have done the basic investigations of the abilities of a physician and should not be easily discounted. Care must be exercised that physicians are not pitted against each other by specialty societies, governmental agencies, hospital staffs, lawyers or others who may select non-suspecting physicians to be used to their advantage regardless of the impact on our profession.

Physicians new or old may use the mantle of authority of a committee to require other physicians to conform to their views. New knowledge and technology may seem appropriate at the time of inception but one only need look at past knowledge and technology which have been discarded or eventually required refinement. Some of those in specialty and subspecialty practice may have narrowed their views as well as their practices—the whole patient requires consideration. Physicians who have been in practice a long period of time have seen many physicians mellow as they practice and have much respect and tolerance of the young physicians. The amalgamation of the energy and drive of the young physician with the experience and wisdom of the older and matured physician will continue to make our Medical Society more viable and necessary in our professional lives.

As a Society we are responsible to our community. One of the urgent needs is primary care physicians willing to accept new patients regardless of finance so that DSHS, Medicare, delayed fee, lowered fee or no fee patients can be equitably distributed among all physicians. Those physicians who choose not to do the paperwork or work under the restrictions of DSHS could see such patients at no fee. The problems such as failed or tardy appointments, and inadequate fees could be diluted in an individual practice if all physicians accepted a proportionate share of the population, at least 10% of their practice in a manner comfortable with the practice.

Care of the physicians' families, especially preventive and anticipatory care—appropriate periodic examinations, immunizations, health information (diet, exercise, smoking, alcoholism, drugs, mental and social health)—need re-emphasis and should set an example to the rest of the community. The physician, spouse, children, parents, grandchildren and other members of the household should enjoy good health and have easy access to medical care without hesitation and embarrassment.

Your help is needed and wanted to attain these goals.

I hope to meet and know each and every one of you, and that you also get to know each other more fully. I hope you want to meet and know me. The sooner the better.

G.A.T.

Interprofessional Committee

Herman S. Judd, M.D.

PHARMACISTS REQUIRED TO GIVE ADVICE

The December meeting of your Interprofessional Committee was one of the liveliest and most interesting we have had. Despite the 7:00 a.m. hour when it was still dark and cold outside, the 14 members were warmed by coffee and a good breakfast at the Country Squire Restaurant and immediately launched into some heated discussions.

A physician, invited to participate in the session because he had some specific questions to raise, pointed out that he would like to know what information the pharmacist was going to be giving his patient when he called to pick up his prescription. "Advice given to the patient by the pharmacist is sometimes seriously conflicting with the advice I have given him," he stated, "For example, I recently had a case of inappropriate ADH syndrome where I had cautioned the patient to markedly restrict his fluid intake and the pharmacist told him, when he received a prescription, to 'take this with lots of water!' " "Taking tetracyclines with milk products is another example; just how much do milk products interfere with the absorption of such drugs? The exact amount of interference has never been scientifically documented. Just how much do you avoid — total abstinence of milk products or none for an hour or two before or after taking the drug?" Yet the pharmacist is required by state law to tell the patient to avoid taking dairy products when using tetracyclines. The pharmacist is thus often in a difficult position trying to comply with this law, and if an inspector from the State Board of Pharmacy finds him not giving such advice he is subject to demerit (at the least).

It was generally agreed that the physician usually knows the patient better than does the pharmacist and can better judge what information the patient can assimilate with benefit to himself, and what might be superfluous and confusing and maybe even frightening. Several suggestions were offered which, while not totally solving every problem might ameliorate or modify most. One was for the physician to put on the prescription, "no added info." Another was for the physician to consult with the pharmacist(s) who fills most of his prescriptions to find out what they are telling patients regarding the drugs they are purchasing and then make such arrangements with those pharmacists that might be the most advantageous to all three parties. The physician attending our meeting is going to do this. Obviously, there needs to be a liaison between the pysician and the pharmacist so that auxiliary instructions and information given by either do not conflict and are in the best interest of the care of the patient.

We can help by putting on our prescriptions what the drug is for (such as "for the heart," "for gout", or "for diabetes"). This is important because so many drugs have multiple uses and confusion can result. Recently, a pharmacist filled a prescription for inderal and when the patient asked him what the medicine was for the pharmacist replied, "for your heart." "My! God!," the patient cried, "he didn't tell me I had heart trouble. I went to him because I have these migraine headaches!"

A recent survey of 1000 prescriptions from different drug stores in Pierce County revealed that some twenty five local physicians are still using the old prescription blanks that do not have the two places for signature on the bottom — on the left for "substitution permitted" and on the right for "dispense as written." The law specifies that such prescriptions cannot be legally filled by the pharmacist. Please check your prescription blanks.

To the physician who complained that when he was on call for his group and received a request for a prescription from a patient who said he was a patient of another doctor in that group — why not check with the pharmacist? Have him call you, if you wish. He probably has a profile on the person and can tell you if the request is legitimate. Don't send the patient to an emergency room. This only escalates the cost of medical care which we are all trying to be conscious about. At the least, one could prescribe enough medication to last until Monday when the patient could consult his own physician for any continuance.

Did you know that the latest "high" of the users is Talwin and one of the antihistamines like benadryl or pyribenzamine? I didn't until last week!

Herman S. Judd, M.D.
Chairman

SOCIETY NEWS BRIEFS continued

number of Medicaid patients they see. Reduced physician participation limits the availability of care for Medicaid patients, which leads to increased utilization of expensive emergency facilities by Medicaid patients.

The WSMA will support legislation to develop an equitable fee schedule for physicians. Equitable reimbursement for physicians' services will assure the availability of care for Medicaid patients and efficient utilization of health care services.

MEDICAL DISCIPLINARY BOARD/BOARD OF MEDICAL EXAMINERS — The WSMA strongly supported a 133% increase in physician license renewal fees in 1980. An increase in activity by the boards has been demanded by the profession and the public in the past few years, and rightly so.

The WSMA believes that the present statutes are adequate to properly examine and discipline physicians, but the boards continue to be inadequately funded and staffed to handle the workload.

The WSMA will support the boards' 1981 budget requests which ask that all revenues generated by physicians' license fees be appropriated to the baords to provide necessary funding to carry out their statutory mandates.

MIDWIFERY — The WSMA endorses the practice of midwifery, with the establishment of standards to insure healthy mothers and healthy infants.

Presently, "lay" midwives practice under an outdated statute, passed in 1917. The WSMA, with the help of an ad hoc committee of health care professionals, has developed legislation which will establish minimum standards for the training and education of midwives. The legislation which the WSMA will initiate will modernize the current midwifery statute and insure that midwives have the necessary background to safely undertake the care of mothers and their newborn infants.

LABOR & INDUSTRIES — The WSMA and the Department of Labor & Industries work jointly through a statutorily established advisory committee to develop procedures to assure quality care for injured workers.

Although the Labor & Industries Medical Aid Program is more progressive than the Medicaid program, the WSMA will support legislation for a statutory mandate of annual review of provider programs and reimbursement rates, with a tie to the cost-of-living index (Seattle-King County Index) to assure timely adjustments in rate setting. Annual review and adjustments will assure continued health care to injured workers.

MALPRACTICE AND PROFESSIONAL LIABILITY — The WSMA has undertaken a major risk management program for physicians to improve the quality of medical care and thereby reduce the incidence of malpractice.

Along with that program—initiated and paid for by the profession—the WSMA is seeking legislative approval of two professional liability measures.

The first measure will allow courts and juries to learn of any agreements between a plaintiff and one or more defendants regarding damages. Admission of such evidence will allow the court and jury to more fairly determine a proper monetary judgment in a lawsuit.

The second measure is self-insurance legislation. The bill will exclude physicians and other health care professionals for the definition of "insurer" for purposes of the insurance code, allowing them to organize as a mutual corporation for self-insuring against medical malpractice suits.

COMPREHENSIVE HEALTH EDUCATION CURRICULUM — There is concern within the medical community that basic health information is not addressed as comprehensively as it could and should be in grades K through 12. The WSMA will support adequate funding for this essential program.

HEALTH EDUCATION COORDINATORS — The WSMA will support funding for a health education coordinator position in each office of the nine regional Educational Service Districts to promote basic health education programs and provide expertise to the school districts in their development of comprehensive health curricula.

MEDICAL EXAMINER SYSTEM — Many counties of the state are not now provided with forensic medical services. The WSMA will initiate and support the establishment of a state-wide medical examiner system available to counties wishing to take advantage of such a system.

HOT WATER SYSTEM REGULATION — Children and adults, especially the elderly, are at risk for burns from tap water that is too hot. Hot water burns are less likely if the maximum temperature of hot water heaters is set at 125° F. The WSMA will introduce legislation to regulate hot water temperatures in public and private establishments, including new homes. (Besides safety, this measure would conserve energy.)

CHILD AUTO RESTRAINTS — The WSMA and the WSMA Auxiliary are already supporting a new voluntary program of safety carriers for newborns going from the hospital to the home: "The First Ride—A Safe Ride." The WSMA also supports legislation, similar to Tennessee's and Rhode Island's, mandating seat restraints for children under five years of age.

LEGISLATURE CONVENES

The 47th legislature convened on January 12. The state's lawmakers will have a regular session of 105 days to resolve a number of controversial questions (see "WSMA Issues" above for organized medicine's priority issues for the session), unless a 30 day special session is called by the legislators or Governor John Spellman.

Pierce County legislators play key roles in the 47th legislature. Senator R. Ted Bottiger, 2nd district, serves as democratic senate majority leader and caucus chairman. Representative Dan Grimm, 25th district, serves as caucus chairman for house democrats. Committee assignments for Pierce County legislators are:

Senators	Committee	Olympia Phone Number
2nd District		
R. Ted Bottiger (D)	Majority Leader Energy and Utilities Financial Institutions and Insurance Judiciary Rules	753-7602
25th District		
Marcus S. Gaspard (D)	Education (chairman) Ways and Means (1st Vice chairman) Agriculture	753-7684
26th District		
Art Gallaghan (R)	Natural Resources State Government Transportation	753-7650
27th District		
Lorraine Wojahn (D)	Financial Institutions and Insurance (chairman) Ways and Means (2nd Vice chairman) Judiciary	753-7652
28th District		
Ted Haley (R)	Ecology Natural Resources Ways and Means	753-7950
29th District		
A. L. "Slim" Rasmussen (D)	State Government (chairman) Natural Resources Parks and Recreation Ways and Means	753-7656

Legislative Mail Address:

Senator _____
Legislative Building
Olympia, WA 98504

Representatives	Committee	Olympia Phone Number
2nd District		
Wayne Ehlers (D)	Education State Government General Government (Appropriations)	753-7821
Phyllis Erickson (D)	Local Government Human Services Institutions	753-7826
25th District		
George Walk (D)	State Government Transportation Institutions	753-7806
Dan Grimm (D)	Democratic Caucus (chairman) Rules Education	753-7800
26th District		
Barbara Granlund (D)	Agriculture Ethics, Law and Justice Revenue	753-7918
Dan Dawson (R)	Financial Institutions and Insurance (chairman) Natural Resources Human Services	753-7926
27th District		
Jim Salatino (D)	Ethics, Law and Justice Financial Institutions and Insurance Education	753-7976
Art Wang (D)	Ethics, Law and Justice Energy and Utilities Human Services	752-1714 (home)
28th District		
Shirley Winsley (R)	Rules Ethics, Law and Justice Human Services	753-7838
Stan Johnson (R)	Education (Vice chairman) State Government Human Services	584-2490 (home)

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SOCIETY OFFICERS AND TRUSTEES INSTALLED AT JOINT DECEMBER MEETING

Newly elected Medical Society of Pierce County officers and trustees were installed at the annual joint Medical Society-Auxiliary December meeting. Two hundred sixty-five physicians and spouses attended the affair held at the Tacoma Yacht Club. The meeting also featured a performance by Ballet Tacoma.

Outgoing MSPC President Dr. Charles C. Reberger reviewed a number of issues and developments during his year as president in his farewell remarks. He noted the medical community's concern regarding sensible, economical health facilities planning and the need for full medical staff and physician input to hospital construction plans. The variety of Society programs undertaken in 1980 and concerns which will carry over to the future were reviewed by Dr. Reberger.

He made special note of Dr. Charles McGill's tenure as interim health department director and his efforts to improve health department and medical community relations. Dr. Reberger also presented plaques of appreciation to outgoing officers and trustees.

Following his installation as the 88th president of the Medical Society of Pierce County, Dr. George A. Tanbara thanked Dr. Reberger for his many efforts during 1980 and, looking ahead to 1981, outlined several goals for the Society. "As a Society we are responsible to our community. One of our urgent needs is assuring that all members of the community have access to quality care," he said. Dr. Tanbara reported that the Board of Trustees would meet in January to outline 1981 goals and objectives and he asked all members of the Society to complete the annual membership survey which would provide information useful to the Board in its work in establishing programs and priorities for the coming year.

Special mention was made of the newly established MSPC Speakers' Bureau and the many efforts of Jo Roller and her fellow Speakers' Bureau coordinators. Physicians were urged to participate in the Bureau as it continues to grow.

Auxiliary President Marny Weber expressed her thanks to the many volunteers who supported Auxiliary projects in 1980 and summarized activities of the Pierce County Medical Auxiliary.

The evening concluded with a performance by the Ballet Tacoma, introduced by Dr. Lloyd C. Elmer, president-elect.

Outgoing MSPC President Charles C. Reberger (left) receives a plaque of appreciation from 1981 President George A. Tanbara.

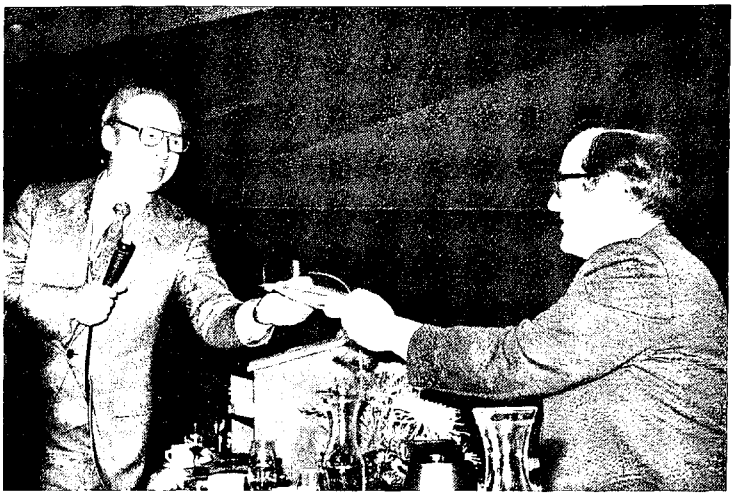
Auxiliary President Marny Weber outlined a number of 1980 activities and accomplishments of the Pierce County Medical Auxiliary.

1981 MSPC OFFICERS

President
George A. Tanbara, M.D.
President-Elect
Lloyd C. Elmer, M.D.
Vice President
Vernon O. Larson, M.D.
Secretary-Treasurer
Myra S. Vozenilek, M.D.
Past President
Charles C. Reberger, M.D.

TRUSTEES

Bruce D. Buchanan, M.D. (82)
James P. Duffy, M.D. (82)
Robert A. O'Connell, M.D. (82)
Robert E. Lane, M.D. (82)
Guus W. Bischoff, M.D. (83)
Juan F. Cordova, M.D. (83)
Dale L. Hirz, M.D. (83)
Marny Weber



Outgoing trustee Dr. Robert B. Whitney, receives a plaque of appreciation from Dr. Reberger.

Two hundred sixty-five physicians and their spouses attended the December meeting at the Tacoma Yacht Club. Dinner was followed by a special performance by Ballet Tacoma. The troope performed selections from the the Nutcracker Suite.

MSPC President George A. Tanbara previewed several Society goals for 1981.

STUDENT RECOGNITION, AUXIQUAD, SHELTER SHOWER AND MORE

IT WAS A GRAND PARTY

Indeed it was — The Children's Holiday Party was held in Gig Harbor December 9. Eighty children and 50 adults were entertained by "Mr. Magician," Dr. Harry Lawson and his assistant Sharon Lawson. All of us were delighted with the wonders of magic. The children decorated gingerbread men with frosting, one little guy skipped the gingerbread men and decorated himself with a neat shade of green! Pinatas were brought out for the children by age group and after much battering with a stick they were finally broken and out tumbled treasures for each child.

"We Wish You a Happy Holiday" and other songs were sung to the accompaniment of Cindy Wilson's guitar. Santa (Dr. Tom Miskovsky) finally came after much singing and visited with each child as moms and dads took pictures. Each family placed a gift for the Women's Support Shelter under the tree. Cookies and punch completed the party. The Auxiliary extends a "thank you" for the terrific party to co-chairmen Verna Bergman and Diana Dean and to the party committee — Peggy Padgett, Mary Anne Lee, Cindy Wilson, Karen Drum, and Susan Wulfestieg. "Thank you" to Dr. and Mrs. Harry Lawson, Dr. Tom Miskovsky, and all the cookie makers also.

TACOMA MALL HEALTH FAIR

Just a reminder. The Auxiliary will have a booth at the Health Fair to be held at the Tacoma Mall, February 6, 7, and 8. The booth will be co-sponsored with the Pierce County Dental Auxiliary. Each of the auxiliaries will have a volunteer staff the booth for a two hour block of time. Volunteers are still needed for the 6th and 7th (Friday and Saturday). Call Margaret Grandquist, community health chairman, 845-4745.

ATTENTION PARENTS OF GRADUATING SENIORS

Sydna Koontz, student recognition program chairman, reports that the Auxiliary will again present the Student Recognition Award. Eligible are Pierce County high school seniors who are children of auxiliary members. Applications will be available in the counselors' offices of the public and private schools in the county. The student recognition committee stresses that the applicants' names are not known to the committee during the selection process. The award is based on scholarship, leadership, service to the school and to the community.

FEBRUARY LUNCHEON MEETING

The February luncheon meeting will be held at the home of Mrs. Ralph Huff (Bart) on Friday, February 20. Richard Campbell, art, music and drama critic of the Seattle Post Intelligencer, will be the guest speaker. A shower for the Women's Support Shelter will be held on that day. So plan to attend.

HOLIDAY DINNER 1980

Members of the Auxiliary and the Medical Society enjoyed prime rib, some jokes, awards and the Tacoma Ballet at the Holiday Dinner December 9 at the Tacoma Yacht Club. Auxiliary President Marny Weber described what the Auxiliary is about this year in a poem which she sang and shared with us that evening.

"Auxiliary is a lot of caring
AMA-ERF Holiday Card sharing
Shape Up sweatshirts sold for wearing
Tel-Med Health Ed Volunteering
Children's Party Women's Shelter
Handicap — awaring
Newcomers oldcomers touring
here and there-ing
Telephoning, charities, sunshine,
and Health Fairing
Run for Fun, just begun, at health
costs we are starting
Hoedowns, cookbooks, high financing,
501-c3 preparing
Legislation, communication
health hazard we're bewaring!
Newsletters, bulletins, board meetings and
luncheons with a flare-ing
For all of this — a million "thank you's"
I am airing
Thank you thank you one and all
for quality health caring."

Marny Weber

"Thank you" to Bev Graham for coordinating the dinner and for the lovely center pieces.

SHOWER FOR THE SHELTER

February is the month the Auxiliary will shower necessary goodies on the Women's Support Shelter. Please bring your items to the February meeting . . . or, if you're unable to attend, call Debbie McAlexander, 588-1013, and she will make arrangements to pick them up (same for those items that are too big to take such as furniture). The shelter, located at the Tacoma YWCA, houses women and children until they can make safe arrangements for living. Their stay is as short as a few days to several weeks and until they move on it is home, so all things needed to make a home are appropriate. Here are some ideas: food — non-perishable, particulary canned meat, tuna, corned beef, canned milk, sugar flour, etc; household supplies — dishes, silver, glass-ware, pots and pans; linens — towels, sheets blankets; clothing — good wearable women's and children's clothing, not dressy but comfortable; furniture — beds, sofas, chairs, whatever. Debby will see that your contribution gets to the shelter. If you have any questions, call her.

The shelter is also in need of more volunteers, in many areas, and they provide training. Consider becoming a volunteer, working on the state-wide hot line, entertaining the children, being a hospital advocate and other jobs. Again, Debby is available to answer any questions that you may have.

AMA-ERF

Final report from Sharon Lawson — The total donations to AMA-ERF for the holiday sharing card was $10,105.00! Thanks to all of you who donated and to those who helped get the card out.

Mary Whyte Lenard

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

Chief resident in otolaryngology and head and neck surgery at University of Cincinnati seeks partnership or group practice opportunity. Will finish training in July, 1981. Medical school, University of Minnesota, 1977; internship, University of Minnesota Hospitals, categorical surgery, 1977-78; residency in otolaryngology, 1978-81. Listing #101.

Internist seeks practice opportunity. Currently in Air Force, available in mid-1981. George Washington University Medical School, 1975; internship and residency in internal medicine, Michigan State University Affiliated Hospitals, 1975-78. Licensed in the State of Washington, 1980. Board eligible, American Board of Internal Medicine, 1978. Listing #102.

Psychiatrist leaving Army to establish full-time Tacoma-Pierce County practice effective July 1, 1981, seeks office space. Provisional member of MSPC. Desires space adequate for two conference rooms for consultations. Currently practicing at Madigan Army Medical Center. For additional information contact MSPC office.

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE

Gerard W. Ames, M.D., Nephrology. Born in Joplin, Missouri, 8/13/47; The Chicago Medical School, Chicago, 1975; internship and residency, University of Minnesota Hospitals, Minneapolis, Minn., 1975-78; graduate training (nephrology fellowship) University of Washington Hospitals, Seattle, 1978-80. State of Washington license, 1978. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Ames is practicing at 1624 South I Street, Suite 303, Tacoma.

Kenton C. Bodily, M.D., Surgery. Winnemucca, Nevada, 4/22/46; University of Oregon Medical School, Portland, 1971; internship and residency, St. Paul-Ramsey Hospital, St. Paul; fellowship, peripheral vascular diseases, 1978-79. State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Lakewood General, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Bodily is practicing at A-233 Allenmore Medical Center, Tacoma.

J. Tim McNair, M.D., Emergency Medicine. Born in Fargo, North Dakota, 2/1/49; University of North Dakota Medical School, 1973-75; internship and residency, Akron City Hospital, 1975-78. State of Washington license, 1981. Dr. McNair is practicing at Madigan Army Medical Center, Tacoma.

Vernon J. Nessan, M.D., Pulmonary Disease. Born in South Dakota, 11/14/44; University of Oklahoma, Oklahoma City, 1971; internship and residency, Madigan Army Medical Center, Tacoma, 1971-74; graduate training, Fitzsimons Army Medical Center (pulmonary disease), 1974-76. State of Washington license, 1974. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Nessan is practicing at Puyallup Valley Medical Clinic, Puyallup.

SECOND NOTICE

Ross S. Kendall, M.D., Pediatrics and Pediatric Gastroenterology. Born in New York City, N.Y., 7/8/46; State University of New York, Buffalo, 1972; internship, St. Christopher's Hospital of Children, Temple University School of Medicine, Philadelphia, Pennsylvania, 1972-1973; residency, pediatrics at St. Christopher's Hospital for Children, 1973-75; graduate training (pediatric gastroenterology), UCLA Center for the Health Sciences, Los Angeles, CA, 1978-1980. State of Washington license, 1980. Has applied for staff membership at Allenmore, Lakewood General, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Kendall is practicing at 818 S. Yakima St., Tacoma.

Anthony J. Lemanski, M.D., Ob-Gyn. Born in Pontiac, Michigan, 8/1/47; Kansas University Medical School, 1973; internship, Madigan Army Medical Center, 1973-1974; residency, Madigan Army Medical Center, 1974-1977. State of Washington license, 1976. Has applied for medical staff membership at Allenmore, Lakewood General, Good Samaritan, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Lemanski is practicing at 34616 11th Place South, Federal Way.

Christopher R. Miller, M.D., Family Practice. Born in St. Louis, Mo., 5/1/45; University of Iowa, Iowa City, 1971; internship, Valley Medical Center, Fresno, CA, 1971-72; residency, Tacoma Family Medicine, 1978-1980. State of Washington license, 1973. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Miller is currently practicing at B-7005, Allenmore Medical Center, Tacoma.

William M. Priebe, M.D., Internal Medicine/Gastroenterology. Born in Muskegon, Michigan, 6/6/48; Wayne State University, Detroit, 1974; internship, St. Joseph Mercy Hospital, Ann Arbor, Michigan, 1974-1975; residency (internal medicine), St. Joseph Mercy Hospital, Ann Arbor, Michigan, 1975-1977; gastroenterology Fellowship, Queen's University, Kingston, Ontario, 1978-1980. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Priebe is practicing at 721 South Fawcett Street, Tacoma.

Roger S. Simms, M.D., Emergency Medicine. Born in Washington, D.C., 5/20/48; University of New Mexico, 1979; internship, Tacoma Family Medicine, 1979-1980. State of Washington license, 1980. Has applied for medical staff membership at Puget Sound Hospital. Dr. Simms is currently practicing at Puget Sound Hospital, Tacoma.

Stephen E. Steinberg, M.D., Internal Medicine. Born in Brooklyn, N.Y., 7/8/48; Johns Hopkins Medical School, 1974; internship and residency, Johns Hopkins, 1974-1976; fellowship in hematology/oncology, University of Washington, 1976-79. State of Washington License, 1976. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Steinberg is practicing at 1624 South I street, Tacoma.

SOCIETY NEWS BRIEFS Continued

29th District P. J. "Jim" Gallagher (D)	Rules Transportation Agriculture	753-7912
Wendell Brown	Local Government Labor and Economic Development Revenue	753-7936

Legislative Mail Address:

Representative_____
Legislative Building
Olympia, WA 98504

Olympia Telephone Numbers:

WSMA Olympia Office
(24 hr. answering for messages).....(206) 352-4848

Lobbyist Message Center
(Capitol Building — "Ulcer Gulch").....754-3206

State Legislative Toll Free Message Line 1-800-562-6000
(Quick and easy way to leave messages for your legislator urging a vote for or against or to request copies of bills.)

Physician "Issue" Mail List:

Physicians wishing to receive WSMA mailings on specific issues such as Certificate of Need, Mental Health, Midwifery, Medical Disciplinary Board, should write to the WSMA Olympia office and request their name be placed on a mailing list for that issue. Those listed will receive notice of hearings, summaries of legislation and status of legislation.

MARCH MEETING TO FEATURE PHYSICIAN OWNED INSURANCE COMPANY

On Tuesday, March 10, 1981 the quarterly Medical Society general membership meeting will feature a presentation on the proposed physician owned professional liablility insurance company. Dr. Loren C. Winterscheid, member of the WSMA ad-hoc board of the proposed company, will make the presentation. This promises to be an extremely important and informative program.

The WSMA House of Delegates will hold a special session on Saturday, May 16 to decide whether or not to proceed with such a physician owned company. More detailed program information, including reservation forms, will be mailed to the membership in February. Reserve the evening of Tuesday, March 10, on your office calendar now to attend a program of critical importance to each practicing physician.

WSMA LEGISLATIVE "AID" CLINIC

Physicians, particularly county and specialty society leadership, are encouraged to contribute a morning to the WSMA sponsored and run legislative first aid clinic. An RN is on duty, physician staffs clinic from 9:30 to Noon, handling legislative illnesses and accidents. Back-up service is available from St. Peter's Hospital, Olympia. Please call the Olympia office, 352-4848, and volunteer to serve a morning.

Classified

Classified and announcement copy may be mailed to: Grawin Publications, 1020 Lloyd Building, 603 Stewart Street, Seattle 98101, or phoned to Seattle (206) 624-4070. Deadline 25th of month prior to month of issue.

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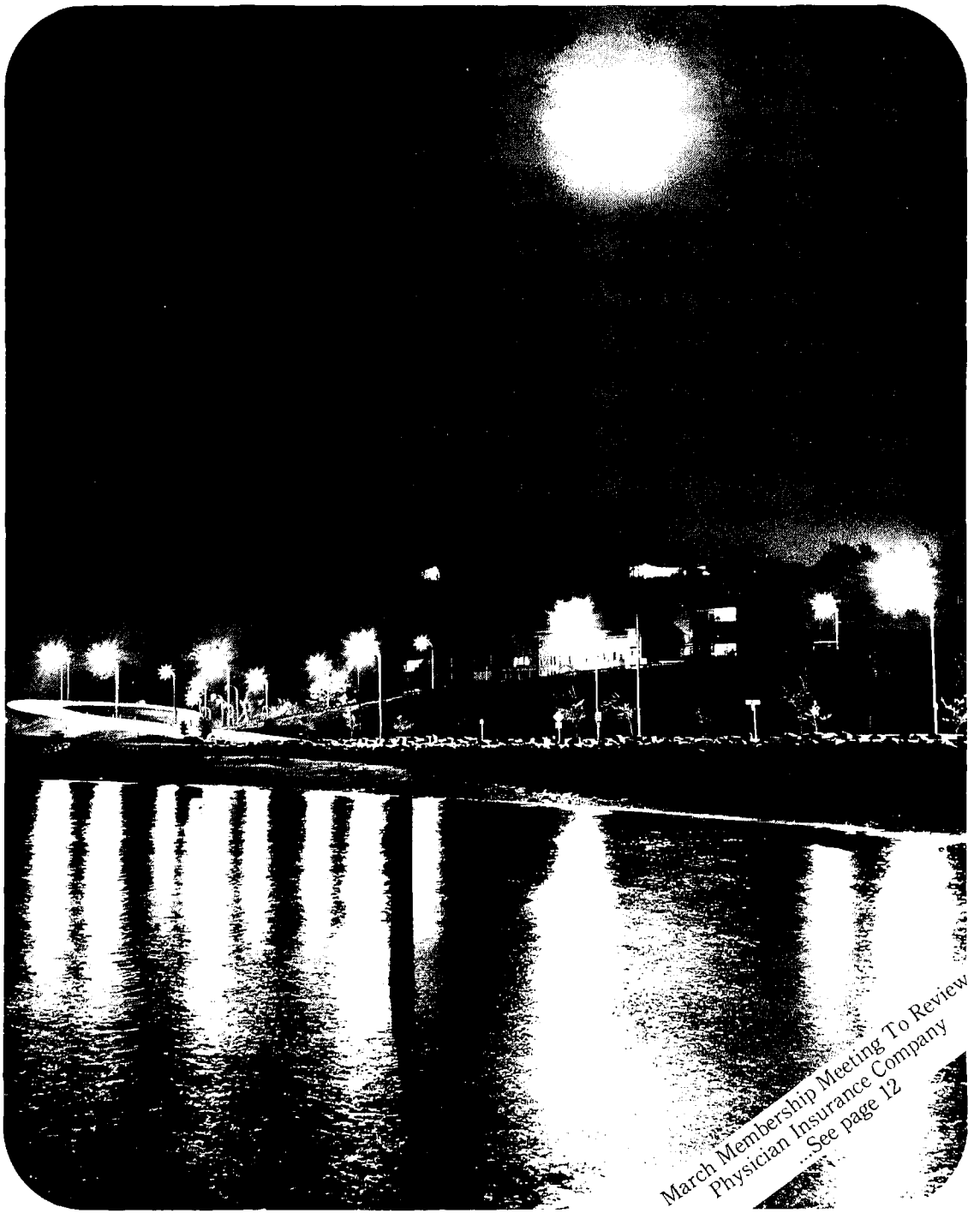
FEBRUARY 1981 Vol. LIII, No. 2, Tacoma, Washington



March Membership Meeting To Review Physician Insurance Company
...See page 12

BULLETIN

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Schuster Parkway on a wintery night
Photo by Marcel Malden, M D

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Stanley W. Tuell, M.D.

Society News Briefs

A summary of Medical Society, and local medical and health news

1981 CREDENTIALS COMMITTEE ESTABLISHED

Dr. Donald Mott, Puyallup orthopedic surgeon, will serve as chairman of the 1981 MSPC Credentials Committee. The committee reviews all applicants for Medical Society membership and local hospital medical staff privileges. Applicants are invited to committee meetings so that Society programs and benefits can be explained and to allow personal contact on the part of committee members and applicants. Hospital representatives serving as committee members are Drs.: William P. Miller, Allenmore; Byron Dodge, Doctors; William Burrows, Good Samaritan; Robert Whitney, Lakewood; Terry Torgenrud, Mary Bridge; Chris Reynolds, Puget Sound; Robert McLees, St. Joseph; and, Gilbert Roller, Tacoma General.

MEDICAL ASSISTANTS ORGANIZATION SEEKS SUPPORT

Physicians are asked to support the American Association of Medical Assistants (AAMA) which is currently experiencing severe financial difficulties. AAMA membership includes medical assistants, medical assisting educators and students. There are over 16,300 AAMA members nation-wide. Nearly 2,000 physicians serve as AAMA advisors at local, state and national levels.

The organization was established 25 years ago and has been supported by the American Medical Association. The AAMA is a national, non-profit organization and is an educational association intended to provide better service to physicians and their patients — it is not a union. Contributions are tax deductible. For additional information, please contact local chapter advisor Dr. George Tanbara.

PCMB CONDUCTS PHYSICIAN SURVEY

The Pierce County Medical Bureau has initiated a study to develop information, attitudes and opinions from local physicians which will help the Bureau plan for better service. Three group meetings have been held with doctors and a survey form has been sent to every physician in Pierce County. Physicians are urged to complete the survey form and return it promptly. If you have not yet received a survey form, call Susan Specht or Leonard Guss at Leonard Guss Associates, Inc., 759-3507, the Tacoma research firm assigned by the Bureau to perform the study.

ILLEGAL PRESCRIPTION BLANKS STILL IN USE

The continued use of illegal prescription blanks by local physicians was discussed at the most recent Interprofessional Committee meeting. Local pharmacists reiterated that they cannot legally fill a prescription written on a prescription blank that does not provide two places for physician signature — one for "substitution permitted" and the other for "dispense as written." State law specifies that pharmacists can fill prescriptions only when the blank provides the "substitution permitted" option, even when that option is not exercised by the prescribing physician.

PHYSICIANS ALERTED TO LATEST LOCAL DRUG ABUSE

Local pharmacists request that physicians be aware of patients phoning in requests for prescriptions for Talwin or PBZ, one drug or the other, or a combination of both. Members of the Interprofessional Committee report an increased incidence of abuse for those two drugs.

LEGISLATIVE COMMITTEE CHAIRMAN ELECTED WAMPAC SECRETARY-TREASURER

Dr. James Krueger, MSPC legislative committee chairman, has been elected secretary-treasurer of the Washington Medical Political Action Committee. The election took place at the January 22 WAMPAC Board meeting. Dr. Krueger has served as a representative from the sixth congressional district on the Board and as assistant secretary treasurer.

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405. Telephone (206) 572-3666. Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Graven Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is $10.00, which is included in the dues. Non-member subscription, $15.00 per year. Single copy $2.00.

President's Page

George A. Tanbara, M.D.

HAI!!

The first meeting of the 1981 Board of Trustees was an all day retreat at Olympia's Westwater Inn on Saturday, January 17. The main purpose of our retreat was to review the results of the 1981 membership opinion survey (see page 8 of this month's BULLETIN for complete survey results) and to establish goals and activities in support of the priority areas enumerated by the membership.

The goals and activities planned or already in place in support of the priorities outlined in the survey are:

Priority #1: Being involved with hospital and health planning.

Increase impact: The Board agrees with the need to increase medicine's impact on the hospital and health planning process. It was the consensus of the Board at our retreat that a position should be taken on the Certificate of Need applications of St. Joseph Hospital and Consolidated Hospitals. The full statement, reviewed by all Board members and presented at the Health Facilities Review Committee of the Pierce County Health Council at its hearings late in January and early February, is reproduced on page 10 of the BULLETIN.

The Board agrees that constructive alternatives must be offered to planning problems whenever possible. There is a need to involve primary care physicians in the planning process to a greater extent.

The extended amount of volunteer time put in by many physicians is appreciated. They must know that previous building efforts have also required equal time and energy. Excellence in medical care is a primary objective for all physicians. Equitable, affordable care for all residents of Pierce County must be resolved.

The Health Planning Committee, chaired by Dr. William Ritchie, has been given the following charge: Coordinate medical input and physician involvement in government health planning processes, and recommend to the Board on local Certificate of Need applications

Priority #2: Working to improve the local public image of the medical profession.

The Speakers' Bureau: Established by recommendation of the Communications Committee, the Bureau is off to a good start and is actively scheduling speaking engagements for physicians. It needs your support and further participation. This is one of the most effective things we can do to promote the private practice of medicine. The Bureau is also working with radio station KLAY on "Let's Talk About Your Health," a daily medical information feature. Jo Roller and her fellow Bureau coordinators are the prime movers on this project. Please contact the Speakers' Bureau through the Medical Society office if you are asked, and accept an invitation, to be a medical speaker before any group and are willing to represent the Society.

Press relations: We will continue our existing press relations efforts to tell medicine's story first. And, we'll aggressively respond to printed or broadcast errors or falsehoods.

The drug problem: It is important, also, that we urge positive medical support to address the local drug use problem such as was outlined in this fall's series in the Tacoma News Tribune about drug abuse in schools.

Communications Committee: General communications activities promoting a favorable image of the profession will be supported. The committee, chaired by Dr. Jacob Kornberg, is reviewing a number of projects, some of which could very favorably impact on the profession's image. WAKRIMASU? WAKRIMASU.

Priority #3: Establishing local medical policy and providing leadership.

Public Health/School Health: A wide variety of activities are supporting this priority. The Public Health/School Health Committee, chaired by Dr.David Sparling, has been meeting with school district and private school representatives to review matters of mutual concern. The committee is working with the health department on a variety of projects such as medical care for Southeast Asian refugees and the adolescent pregnancy project. A subcommittee is addressing county-wide coordination of infectious disease control activities.

The Health Department: Through an ad-hoc advisory committee, we have been involved in the selection process for the new director of the Tacoma-Pierce County Health Department. The committee, chaired by Dr. Sparling, has interviewed several applicants for the position and recommendations have been forwarded to the mayor's office. We have worked hard to improve relations with the Health Board and Health Department (Dr. McGill has been extremely helpful in this regard), and to maintain productive relationships with Pierce County legislators and our sixth district congressman. These activities will be strengthened in 1981. In addition, our Interprofessional, Joint Health Issues (with the Chamber of Commerce), Medical-Legal and Senior Citizens

committees all support this priority through their various activities.

Urban Health Initiative: We are establishing a quality assurance committee to the Urban Health Initiative program, the chairman of which has not yet been designated. This group will work with the UHI program to monitor services to recipients and to insure the services are commensurate, so far as is possible, with services available in the private sector.

Local coordination: The membership is clearly supportive of closer coordination with hospital medical staff and specialty society leadership, and Pierce County department chairmen. MSPC Executive Director Tom Curry and I have met with several local specialty societies and will try to attend at least one meeting of each early in 1981 to promote better coordination. Strategies to improve coordination are being reviewed.

EMS Control: Improving the local emergency medical services (EMS) system and establishing greater physician control is another important activity we are engaged in. The EMS Committee is chaired by Dr. Terry Kendrick and its activities is 1981 are going to be very important in helping us further establish local medical policy.

Priority #4: Providing medical library services.

Pierce County Medical Library: This is an excellent service and can serve as a model for other county medical societies. Trustee Juan Cordova, M.D., also serves as chairman of the Combined Medical Library Committee and I know he would appreciate your thoughts regarding the service.

Priority #5: Medical-political involvement (on the state legislative level).

Legislative Committee: The committee, chaired by Dr. James Krueger, continues to bo very involved in the legislative process. Our meetings with candidates for state legislative officer prior to last fall's primary and general elections were most productive. In December, members of the Society and Auxiliary met with several legislators to review medicine's priority issues for the current legislative session. One man or one committee can't do this alone, however, and your involvement is absolutely essential if we are going to increase our impact on the legislative process.

If you have an issue you are concerned about pick up the telephone and call your legislator. Committee assignments and Olympia phone numbers of Pierce County legislators were printed in the January BULLETIN as were priority WSMA and MSPC legislative issues for the current session. If you need another copy, call the Medical Society office today.

Priority #6: Working closely with hospital medical staff leadership.

A number of the activities outlined above are directly supportive of this priority. We continue to be dependent on each other and we must serve the community's best interests—medically and financially. One of the critical issues facing organized medicine is the fragmentation of the membership. We must work to have the Medical Society serve as a Society in the fullest sense of the word and to encompass the maximum number of physicians and specialty perspectives as possible.

Priority #7: The cost of care issue.

The cost of Care Committee is addressing this thorny issue. Many of our ongoing programs, proposed activities and committees also relate to the cost of care. Educating patients as to their responsibilities as a partner with their physician, physician education through programs offered by the College of Medical Education and specialty societies, activities of the Grievance Committee,and involvement in the health planning process all address the issue.

Priority #8: Providing membership services.

The Patient Referral Service, our group insurance plans, the Medical-Dental Placement Service and secretarial services for local specialty societies are in place and will be strengthened in the future. We are improving the quality and productivity of the Placement Service. A new director and placement service counsellor, Ms. Linda Carras, has joined the staff and will further develop the service. If you have a staff opening in your office, give the service an opportunity to serve you.

Priority #9: Providing a vehicle for peer contact.

Increasing membership involvement and recruiting younger physicians to committee activities are critical. Our vitality as an organization and ability to address all of the priority areas established by the membership are affected by your involvement. Physicians who expressed an interest in committee work on their responses to the membership opinion survey are being contacted as are other physicians. If you are interested on serving on a committee and have not yet been contacted, call the committee chairman directly or Mr. Curry at the Society office.

Priority #10: Providing local CME programs.

Our efforts over the past several years to establish a better financial foundation for the College of Medical Education are paying off. This is a real benefit of membership and we will continue to support its growth. We cannot become complacent regarding the programs offered by, and improved financial status of, the College in spite of the fact that 1980 was a successful year. Dr. Bob Modarelli has agreed to chair the CME Committee in 1981 and I know he and his colleagues serving on the committee are going to work very hard to produce the type of quality and pertinent CME programs locally which we have all come to enjoy in recent years.

Professional Standards, Quality Care.

Efforts to promote and maintain high professional standards and to promote the delivery of high quality, appropriate medical services in a cost efficient manner will continue in 1981. We plan to increase the size of our Grievance Committee and provide broader specialty representation on that important body. Efforts to counsel impaired physicians will continue and will be strengthened.

Many of the activities and committees outlined in this column directly impact more than one of the priority areas we will address in 1981.

If you feel this is the direction your county Medical Society should take please say "HAI!!" when asked by an elected official or committee chairman to serve.

Please join our pyramid. No financial pot of gold is offered but the experience can be very rewarding — professionally and personally. Officers, trustees and committee chairmen are listed on page 3 of the BULLETIN. Express your opinion to them. Get involved. You, organized medicine in Pierce County and, most importantly, our patients will be better for it.

HAI, Wakarimasu are the key words for this month.

G.A.T.

ANNUAL MEETING
TACOMA ACADEMY OF INTERNAL MEDICINE
INTERNAL MEDICINE POTPOURRI
March 12, 13, 1981 — Thursday and Friday

CATEGORY I
Credits: 14 hours

As an organization accredited for continuing medical education, the College of Medical Education, Inc., certifies that this offering meets the criteria for fourteen credit hours in Category I for the Physicians Recognition Award of the American Medical Association and for the relicensure requirements of the Board of Medical Examiners of the State of Washington.

ALSO: Accredited by the American Academy of Family Physicians for fourteen credit hours — Category I (Prescribed)

Tacoma General Medical Center Auditorium

MORNING, MARCH 12 — Thursday

8:30	DIABETES UPDATE: UNDERSTANDING THE NEW CLASSIFICATION OF DIABETES MELLITUS	*Gerald M. Reaven, M.D.*
9:15	OUTPATIENT MANAGEMENT OF DIABETES	*K. David McCowen, M.D.*
10:00	Break	
10:15	DIABETIC COMPLICATIONS & CONTROL	*Ronald J. Graf, M.D.*
11:00	THE NEW STUFF	*Gerald M. Reaven, M.D.*
11:30 to 12:00	PANEL — Question & Answer	

AFTERNOON, MARCH 12 — Thursday

2:00	HYPERTENSIVE THERAPY IN THE 80's	*Ronald Okun, M.D.*
2:45	OFFICE GYNECOLOGY FOR THE INTERNIST	*Michael R. Smith, M.D.*
3:30	Break	
3:45	THE IMMUNOLOGY OF INTERNAL MEDICINE FOR THE NON IMMUNOLOGIST	*Robert E. Ettlinger, M.D.*
4:30 to 5:15	USE & ABUSE OF PLASMA EXCHANGE THERAPY	*Suhail Ahmad, M.D.*

MORNING, MARCH 13 — Friday

8:30	OFFICE EVALUATION OF RENAL DISEASE	*Michael R. Kelly, M.D.*
9:15	TOXIC NEPHROPATHY	*William M. Bennett, M.D.*
10:00	Break	
10:15	DEALING WITH DEMENTIA	*Harvey Featherstone, M.D.*
11:00 to 12:00	CALCIUM ANTAGONISTS IN THE FUTURE PRACTICE OF CARDIOLOGY	*W.T. Steudel, M.D.*

AFTERNOON, MARCH 13 — Friday

2:00	SEXUAL DYSFUNCTION — THE INTERNIST'S ROLE	*Peter T. Capell, M.D.*
2:45	SEXUAL THERAPY — A PRACTICAL PERSPECTIVE	*Robert E. Sands, M.D.*
3:30	Break	
3:45	APPROPRIATE HEALTH MAINTENANCE PROGRAM	*R. Garth McBride, M.D.*
4:30 to 5:15	SKIN PROBLEMS THE INTERNIST SEES: "ARE YOU RECOGNIZING THEM?"	*Frank Parker, M.D.*

EVENING, MARCH 13 — Friday — TACOMA COUNTRY CLUB

7:00 Cocktail Hour

8:00 DINNER
Guest Speaker: Lawrence A. Siebert, Ph.D. — THE SURVIVOR PERSONALITY — 1980's

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Program Chairman: Paul D. Schneider, M.D.

To be held at: Tacoma General Medical Center Auditorium, 314 South 'K' Street, Tacoma.

Registration fee: $75.00 for non Academy members. Paid preregistration would be appreciated before March 10, 1981. Please address all registrations and correspondence to:

Maxine Bailey, Executive Director, College of Medical Education, Inc.
Medical Society of Pierce County, 705 So. 9th, #203, Tacoma, WA 98405, Phone: 627-7137

MEDICAL SOCIETY BOARD COMMENTS ON CON APPLICATIONS

The decision of the MSPC Board of Trustees to comment on the Certificate of Need applications of St. Joseph Hospital and Consolidated Hospitals generated considerable local comment and some misinformation. The statement presented to the Pierce County Health Council's Facilities Review Committee at its January 27 and February 3 hearings is as follows:

January 26, 1981

The Board of Trustees of the Medical Society of Pierce County has considered the Certificate of Need of St. Joseph and Consolidated hospitals. No formal indepth study has been made which would permit specific recommendations on bed need projections or program development. Also, no formal mechanism has been established for a concerted interchange of hospital developmental concepts and projections among the Society membership, hospital administrators and hospital staffs. These issues have been regarded as best worked out with individual hospital staffs in cooperation with their own governing boards and administrators.

The Society membership is dismayed by the costs presented by the various hospital projects underway or contemplated in Pierce County but recognizes that this is a problem not limited to hospitals. Considering these awesome costs, the immediate response was to question whether or not alternatives had been considered. We are assured, positively, that alternatives have been considered.

The main program demands are in specialty areas. These plans have been thoroughly worked out with specialty physician representation that has extended beyond individual hospital identification. The programs, so far developed, have been generally in response to already demonstrated need and the current utilization of these resources indicates that these programs are meeting a need. No new untried projects are entertained. Underestimating the need for development can be even more costly, in the long run, than overestimating. In the matter of general medical-surgical bed-need projections, these require consideration of the excellence of the already functioning programs that have increased demand for general hospital beds as well as for those required for effective utilization of the specialty programs to be provided.

The very careful and inclusive data acquisition and analysis by HSA staff has been called to the attention of the Society's Board of Trustees. The limitations of this type of analysis are recognized and it is felt that they should be considered a valuable working tool in guiding the process of health facilities review. It should be emphasized that these represent only one factor involved in the decisions of the Health Facilities Review Committee volunteers in assessing the needs of the community and the committee's capability to support the measures necessary to meet these needs.

(continued on page 10)

1981 MEMBERSHIP OPINION SURVEY

The 1981 MSPC membership opinion survey was conducted in late December and early January. Survey results were used by the Board of Trustees in establishing program goals and priorities for the year at its January 17 retreat.

Survey results indicate a continued strong sense of involvement and support on the part of the membership in local Society activities. Concern with the availability and affordability of medical care, and the need for increased communcations and coordination between hospital medical staffs, specialty societies and the Medical Society were strongly endorsed by the membership. Survey respondents also felt the Society should be involved in assisting patients who are seeking a physician and in assisting physicians through the Medical-Dental Placement Service in hiring medical office personnel. The 35.6% rate of response was consistent with response rates in previous surveys.

Full statistical results of the survey are (1980 and 1979 survey results are listed in parenthesis where applicable):

1. Where should the Society's priorities be in 1981?
   (Rated on a scale of 1 to 5, with 1 being least important and 5 being most important).
   1. (3/1) Being involved with hospital and health planning. *4.03 (4.12/4.22)*
   2. (1/3) Working to improve the local public image of the medical profession. *4.02 (4.27/4.15)*
   3. (2/2) Establishing local medical policy and providing leadership. *3.97 (4.13/4.18)*
   4. (6/7) Providing medical library services. *3.82 (3.74/3.84)*
   5. (4/4) Medical-political involvement (on the state legislative level). *3.80 (4.04/3.95)*
   6. (7/6) Working closely with hospital medical staff leadership. *3.73 (3.73/3.88)*
   7. (5/5) Addressing the cost of care issue. *3.71 (3.87/3.88)*
   8. (10/9) Providing membership services.*3.48 (3.33/3.47)*
      1. (1/1) Patient referral services. *3.46 (3.41/3.38)*
      2. (3/4) Group insurance plans. *2.97 (2.87/2.88)*
      3. (2/2) Medical office placement services. *2.90 (3.06/3.12)*
      4. (5/5) Addressing and mailing services. *2.54 (2.65/2.55)*
      5. (6/6) Travel packages. *2.01 (2.17/2.19)*
   9. (8/10) Providing a vehicle for peer contact. *3.32 (3.63/3.31)*
   10. (9/8) Providing local CME programs. *3.13 (3.62/3.67)*

2. The Medical Society should:

	Yes	No	No Opinion
A. Be involved in assisting patients who are seeking a physician	*92.7%*	*1.7%*	*5.6%*
B. Assist physicians, through its placement service, in hiring medical office personnel	*73.4%*	*12.0%*	*14.2%*
C. Increase communication and coordination with local medical specialty societies	*76.2%*	*10.5%*	*13.2%*
D. Increase communication and coordination with hospital medical staffs	*77.8%*	*10.8%*	*11.4%*
E. Be concerned with the availability of medical care	*89.0%*	*9.4%*	*1.6%*
F. Be concerned with the affordability of medical care	*85.2%*	*8.2%*	*6.6%*
G. Encourage closer physician and society liaison with the AAMA (American Association of Medical Assistants, sponsored in part by the AMA)	*44.4%*	*23.3%*	*32.2%*

3. What matters, if any, do you feel the Society has been involved in that it should not be dealing with? *Exhibit A*

4. Are there matters you feel the Society should become involved in that it currently is not dealing with? *Exhibit B*

5. Additional Comments: *Exhibit C*

6. How well is the Society doing in involving the membership in resolving problems?
   Excellent *10.6% (8.2%/3.1%)* Fair *28.4% (45.9%/46.0%)*
   Good *58.9% (39.7%/35.4%)* Poor *2.1% (6.2%/15.5%)*

7. Do you feel you have adequate access to Society committees and the Board of Trustees to express you views?
   Yes *91.0% (85.7%/76.5%)* No *9.0% (14.3%/23.5%)*

8. How would you characterize the effect of departmentalization on physicians' collective impact on medical affairs at the hospital level?
   Substantially enhanced physicians' impact *3.1%*
   Somewhat improved physicians' impact *34.4%*
   No change in impact *28.9%*
   Somewhat lessened physicians' impact *21.9%*
   Substantially reduced physicians' impact *11.7%*

Do you feel the Society should increase communication with departments established under its auspices?
Yes *41.1%* No *8.6%* No opinion *50.3%*

If you characterized the effect of departmentalization on physicians' collective impact as "somewhat lessened" or "substantially reduced", would you support a return to pre-departmentalization hospital medical staff meetings?
Yes *28.3%* No *33.7%* No Opinion *38.0%*

9. Society Bylaws require the nomination of at least two candidates for each elective office and provide that the candidate for president-elect receiving the second highest number of votes shall serve a one-year term as a trustee on the Board of Trustees. Both Bylaw provisions have generated considerable comment.

   Do you feel that at least two candidates should be nominated for each office? Yes *83.8%* No *16.2%*

   Do you feel that the candidate for president-elect receiving the second highest number of votes should serve a one year term as a trustee on the Board of Trustees? Yes *69.5%* No *30.5%*

10. How regularly do you read the Society's BULLETIN?
    Regularly *84.3% (90.3%/90.5%)* Sometimes *13.9% (9.1%/9.5%)* Never *1.8% (.6%/0.%)*

11. Where would you prefer to receive your copy of the BULLETIN? Home *30.7%* Office *69.2%*

12. Are the following categories of information published in the "Directory for Pierce County Physicians and Surgeons" useful for you?

	Useful	Not Useful	No Opinion
Physicians Listings	*94.1%*	*5.8%*	*0%*
Retired physicians	*50.3%*	*40.6%*	*9.0%*
Licensed Nursing Homes	*66.1%*	*25.6%*	*8.3%*
Health Agencies and Services	*75.6%*	*16.9%*	*7.5%*
Professional Pharmacists	*77.2%*	*18.4%*	*4.4%*
Pharmacies by Area	*77.1%*	*19.7%*	*3.2%*
Pharmaceutical Manufacturers Representatives	*51.9%*	*39.4%*	*8.8%*
Medical Laboratories	*57.9%*	*34.6%*	*7.5%*
Funeral Directors	*36.4%*	*53.3%*	*10.3%*
Physical Therapists	*56.5%*	*33.8%*	*9.7%*
Podiatrists	*49.7%*	*41.1%*	*9.3%*
Private Psychologists	*48.7%*	*40.9%*	*10.4%*

Comment *Exhibit D*

13. How would you characterize your involvement in local Society activities?
    Very involved *6.6% (6.6/6.1)* Seldom involved *48.5% (52.2/55.8)*
    Somewhat involved *33.5% (29.7/26.9)* Never involved *11.4% (11.5/11.2)*

14. If you have described yourself as being seldom or never involved, what is the reason for this?
    Not interested *9.7% (9.7/12.1)*
    Don't feel activities are relevant *10.7% (12.1/20.6)*
    Not enough time *56.3% (55.6/53.3)*
    Other *23.3% (22.6/14.0)*

    Would you like to become more involved than you are? Yes *28.1% (40/41.6)* No *71.9% (60/58.4)*

    In what way? Committee work *40.0% (46/39.5)*
    General membership meetings *50.0% (36.5/50.0)*
    Other *10.0% (17.5/10.5)*

15. Percentage of response: *35.6% (36.1/37.6)*

16. Average age of respondents: *47.4* years *(44.2/46.9)*

EXHIBIT A

3. What matters, if any, do feel the Society has been involved in that it should not be dealing with?

1. Too much concern with physician enhancement.
2. No real involvement in this area.
3. Too much concern with political action as opposed to more desirable education.
4. Dr. Ognall — House Call Service.
5. Do not believe we should list podiatrists in our physicians' directory.
6. There are enough trips, etc. with our planning therein. *(5 comments)*
7. Library services.
8. Debt collection. *(6 comments)*
9. All current functions have medical merit.
10. Personnel, family practice programs, promoting.
11. Employment service *(3 comments)*
12. All activities are pertinent.
13. Setting uniform fees — ceilings are important.
14. Drug company coziness.
15. CME (over-done)
16. Group insurance.
17. Poor, somewhat irrelevant approach to "cost of care". *(2 comments)*
18. PSRO.
19. Being a social club *(2 comments)*

EXHIBIT B

4. Are there matters you feel the Society should become involved in that it currently is not dealing with?

1. More active politically.
2. Area-wide health facilities planning and utilization.
3. Would it be feasible to have a MSPC answering service ie. like Dr's exchange?
4. Improve public image of physician — show how much care is donated, etc. or done at reduced medicaid rates.
5. Stop abortions!!!
6. Pressure PCMB to be more responsible.
7. Are we doing anything about the malpractice suit problem — liaison with lawyers, etc?
8. I am not aware of unaddressed problems.
9. Public opinion, informed public (when to seek advice or help?)
10. Cost of malpractice insurance.
11. Expansion programs of various hospitals.
12. Chiropractic! Liaison, communication seminars re. common ground. *(2 comments)*
13. Computer technology.
14. Support of jail/juv. delinquency health matters.
15. Cost of care to patient and the really poor.
16. More aggressive exposure of quackery including chiropractic to public and state legislation.
17. The Society should encourage all of its members to be active in community service. *(2 comments)*
18. Too many M.D.'s in county.
19. Yes — educating patients to obtaining a primary care physician first and foremost.
20. Update the pictoral directory — there are so many new physicians it is very difficult to know who people are.
21. Active denouncement of quacks and chiropractors/ aggressive information to local politicians.
22. Local — hospital building overkill. *(3 comments)*
23. Yes — investigate ways to reduce membership fees.
24. Widespread use of narcotics and drugs by the youth of county.
25. Education programs with medical office personnel.
26. More activity in patient referral services.
27. Repealing certificate of need regulations.
28. Availability of medical care.
29. State health policies/social welfare etc.
30. Effective public education about general needs of the public and medicine now and in future.

EXHIBIT C

5. Additional Comments:

1. Investigate possibility of forming an "HMO" type group plan, e.g. conversion PCMB to that.
2. Medical library is the most valuable service. Other than social and library I'm not aware of using services that much. On the other hand I feel the Society should be involved with local regulators.
3. Library is totally inadequate re: psychiatry and psychosomatic medicine.
4. Wish I had an answer for 4.
5. Need better service on developing and printing of medical directory.
6. Comments by president in newspaper should be stated as person or, if Society policy, then previously cleared by the Board of Trustees.
7. This questionnaire is too lengthy (should not exceed 10 questions).
8. We did not adequately tell congressman Dicks what we think of his voting record on medical issues — he glibly lied to us and we accepted it.
9. Good questions.
10. Schedule meetings in Eastern Pierce County.
11. Perhaps stronger lobbying in Olympia.
12. Do more in leadership to see that doctors get a better deal from Medicaid, Medicare, State - etc. *(2 comments)*
13. Should strengthen involvement with pre-hospital emergency care.
14. Push for AMA membership (as well as WSMA). Do *not* spread resources too thin (*more* committees are often *not* better committees!) eg. try to target efforts as much as possible; acknowledge dominancy of some committees and don't hold meetings).
15. I am concerned regarding the image of the physician as a businessman rather than healer. I feel more emphasis needs to be placed on what physicians give — donated time at "charity" clinics and public service.
16. I feel any officer of the Society should express (to the press, etc.) the views of the members as a whole and not his own specific desires or thoughts.
17. Re. Cost of Care: While physicians order the tests, procedures, hospitalizations, etc., in most cases they have no control over the costs of these. By continuing involvement with the cost of care issue, the medical profession is allowing itself to be given a black eye by Big Government. If we have no control over *costs* we should not be held responsible for them.
18. My concern is that of patients' abuse of social welfare and how we can overcome this.

EXHIBIT D

12. Are the following categories of information published in the "Directory for Pierce County Physicians and Surgeons" useful for you? Comment:

1. Time for a pictoral physician directory again. *(4 comments)*
2. Would be helpful to have an index for physicians according to specialties. *(6 comments)*
3. I do not feel podiatrists should be listed. *(5 comments)*
4. Don't like this year's size. *(3 comments)*
5. Very useful book. *(3 comments)*
6. I use the book every day I practice — I carry the older, smaller one in my coat pocket at work — highly useful. A simple listing in small type of physicians by specialty would be useful to me.
7. It is very convenient to have all this information readily available.
8. I have my own psychologist. A psychologist's training does not indicate if he is trained for patient work.
9. Unable to satisfy everyone.

COMMENTS ON CON continued

There is no unanimity of opinion within the Society regarding the details of the CON applications of either St. Joseph Hospital or Consolidated Hospitals. Fundamentally, the patterns of utilization current and projected reflect the directions of interest and support of local physicians. These are well documented, are readily avilable and speak for themselves.

Board of Trustees,
Medical Society of Pierce County

The March issue of the BULLETIN will include a report on the review committee's hearings and the CON applications of St. Joseph and Consolidated hospitals.

Early Notice — MARK YOUR CALENDAR — Plan to Attend
9th Annual — Days of Pediatrics — Mary Bridge Children's Hospital

REHABILITATION OF THE HANDICAPPED CHILD

Lectures
Thursday, March 19, 1981
Spina Bifida
Muscle Dystrophies
Rheumatoid Arthritis
Renal Disorders
Visual Rehabilitation
Behavioral Implications

Workshops (Choose 4)
Friday, March 20, 1981
Cerebral Palsy
Speech Evaluation
Developmental Assessment
Sensory Motor Integration
Pulmonary Function Evaluation
Inhibitive Casting

Workshops (Choose 4)
Saturday, March 21, 1981
Hearing Evaluations
Orthotics & Prostetics
Electro Diagnosis
Burn Rehabilitation of Children
The Limping Child
Rehabilitation Teaching

Credit Applied For: 7 Hours Each Day — Potential 21 Hours
AMA - Category I
American Academy of Family Practice — Category I
Physical Therapy — Occupational Therapy
WSNA — CERP
CEU

Registration fee: $85 Physicians
(Includes lunch first day) 35 Non physician

mary bridge children's health center

For further information call: College of Medical Education (Coordinating Agency), 206-627-7137

Medical Society of Pierce County

705 South 9th • Suite 203 • Tacoma, WA 98405 • (206) 572-3666

AN IMPORTANT INFORMATIONAL PROGRAM

Discussion of the Proposed Washington State Physicians Insurance Association (WSPIA)

This is a review of the reasons for, costs, and projected benefits of, a medical association sponsored physician-owned professional liability insurance company.

Presentation by Loren C. Winterscheid, M.D., Ph.D., former chairman of the WSMA Ad Hoc Committee on a Physician Owned Professional Liability Insurance Company. A lengthy question and answer period will be provided.

A final decision to proceed with establishing a company has not been made. The WSMA House of Delegates will hold a special meeting on May 16 to decide whether to implement the physician-owned company. Your input to the Pierce County delegation to the House of Delegates (Medical Society officers and trustees) will be very important.

DATE: Tuesday, March 10, 1981

TIME: 6:15 P.M.—Social Hour
7:00 P.M.—Dinner
7:45 P.M.—Program

PLACE: The Iron Gate Inn
8212 River Road, Puyallup

COST: Dinner, $11.75 per person

Register now. Space may be limited. Please complete the attached reservation and mail it, with a check for for the appropriate amount, to the Medical Society office. Or, call the Society, 572-3667, to confirm your reservation.

Reservations must be returned to the Medical Society by no later than Wednesday, March 4.

REGISTRATION

Yes, I have set aside the evening of March 10 to meet with my colleagues to discuss the proposed Washington State Physicians Insurance Association (WSPIA).

_____ Please reserve_____dinner(s) for me, at $11.75 each (price includes tax and gratuity).
Enclosed is my check for $_____

_____ I regret I am unable to attend the dinner portion of the meeting. I will attend the program only, at 7:45 P.M.

DR: _____

Telephone Number: _____

RETURN TO THE MEDICAL SOCIETY BY NO LATER THAN WEDNESDAY, MARCH 4, 1981

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE

Douglas L. Attig, M.D., Family Practice. Born in Pontiac, Illinois, 7/16/49; University of Iowa, Iowa City, 1975; internship and residency, Madigan Army Medical Center, 1975-78. State of Washington license, 1976. Has applied for medical staff membership at Allenmore, Doctors, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Attig is currently practicing at 818 South Yakima, Tacoma.

Ronald C. Johnson, M.D., Family Practice. Born in Everett, WA, 6/27/46; University of Texas Medical Branch, Galveston, Texas, 1977; internship and residency, University of Texas Medical Branch, 1977-80. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Johnson is currently practicing at 331 So. Meridian, Puyallup.

Clinton F. Merrill, M.D., Internal Medicine. Born in Duluth, Minnesota, 3/12/28; University of Washington, Seattle, 1954; internship and residency, Virginia Mason Hospital, Seattle, 1954-59, Veterans Administration Hospital, Portland, Oregon, 1959-60. State of Washington license, 1955. Has applied for medical staff membership at Allenmore, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Merrill is currently practicing at 3611 South D Street, Tacoma.

Joseph C. Nichols, M.D., Orthopedics. Born in Chillicotle, Missouri, 2/2/48; University of Arizona, College of Medicine, Tucson, 1974; internship and residency, University of Arizona, 1974-78. State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Nichols is currently practicing at 5924 - 100th St. S.W., Tacoma.

James W. Reed, M.D., Internal Medicine/Endocrinology. Born in Pahokee, Florida, 11/1/34; Howard University College of Medicine, Washington, D.C., 1963; internship, Good Samaritan Hospital, Dayton, Ohio, 1963-64; residency, Madigan Army Medical Center, 1966-69; graduate training, University of California Medical Center, San Francisco (fellowship in endocrinology and metabolism), 1969-71. State of Washington license, 1966. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Reed is practicing at Madigan Army Medical Center.

John M. Samms, M.D., Family Practice. Born in Eugene, Oregon, 10/17/51; Jefferson Medical School, 1977; internship and residency, Doctors Hospital, Seattle, 1977-80. State of Washington license, 1978. Has applied for medical staff membership at Allenmore, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Samms is currently practicing at 5122 Olympic Dr. N.W., Suite 203, Gig Harbor.

James L. Patterson, M.D., Family Practice. Born in Idaho, 3/17/52; University of Nevada School of Medicine, Reno, Nevada, 1975; internship and residency, Doctors Hospital, Seattle, 1977-80. State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Mary Bridge Children's, St. Joseph, and Tacoma General hospitals. Dr. Patterson is currently practicing at 5122 Olympic Dr. N.W., Gig Harbor.

SECOND NOTICE

Gerard W. Ames, M.D., Nephrology. Born in Joplin, Missouri, 8-13-47; The Chicago Medical School, Chicago, 1975; internship and residency, University of Minnesota Hospitals, Minneapolis, Minn., 1975-78; graduate training (nephrology fellowship) University of Washington Hospitals, Seattle, 1978-80. State of Washington license, 1978. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Ames is practicing at 1624 South I Street, Suite 303, Tacoma.

Kenton C. Bodily, M.D., Surgery. Winnemucca, Nevada, 4/22/46; University of Oregon Medical School, Portland, 1971; internship and residency, St. Paul-Ramsey Hospital, St. Paul; fellowship, peripheral vascular diseases, 1978-79. State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Lakewood General, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Bodily is practicing at A-233 Allenmore Medical Center, Tacoma.

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NOMINEES SELECTED, AUXIQUAD, AND — MORE

BOARD MEETING AND BONUS TOUR

The Board met Tuesday, January 6 in Puyallup at Good Samaritan Hospital. Committee chairmen reported on the various committee activities. Nikki Crowley took 73 of our cookbooks (#2) to the Displaced Homemakers Progam at Fort Steilacoom. The Board, in accordance with the Auxiliary's By-laws, elected the nominating committee. Nominating committee members are, Lorna Burt, Shirley Murphy, Debby McAlexander, Lee Jackson, and Nikki Crowley. Kit Larsen, immediate past president, chairs the committee.

After the meeting Board members were invited to tour the Childrens' Therapy Unit, a regional neuromuscular center, located at Good Samaritan Hospital. The unit, established in 1966, is a non-profit out-patient program. The program is primarily structured to provide ongoing therapy for children with birth defects and/or developmental disabilities including cerebral palsy, muscular dystrophy, spina bifida and learning disabilities. It is secondarily structured to provide diagnostic services in the areas of pediatric neurology, orthopedics and pediatrics. The medical team of the unit includes a pediatrician, pediatric neurologist, and orthopedist. The treatment team is composed of pediatric therapists. The staff is trained in occupational therapy, physical therapy, speech and language pathology, with additional training in neurodevelopmental treatment and/or sensory integration.

Our "thank you" goes to Fran Jones, physical therapist, who conducted the tour and answered our many questions. We were impressed with the knowledge that children with developmental delays can be significantly helped and the earlier they begin treatment the better the outcome. The staff also stressed the importance of total family participation in the treatment program.

AUXIQUAD

One hundred and forty members of the dental, legal, pharmacy and medical auxiliary groups joined together for the Auxiquad Luncheon Friday, January 23 at the Tacoma Golf and Country Club. After a lovely luncheon Susie Duffy, medical auxiliary auxiquad chairman, introduced the committee members: Polly Hickman, Pierce County Pharmacy Auxiliary (they also made the decorative name tags), Joan Graves, Law League of Pierce County, and Judy Tooley, Pierce County Dental Auxiliary. The Presidents or their representatives of each organization described their purpose, goals and current activities. Susie Duffy, mistress of ceremonies, reminded us that in the day of ERA, NOW and all the other things related to the women's movement, we were together because we are the wives of professional men.

Our guest speaker was Miss Washington, Doris Hayes of Tacoma. She told us a bit about the Miss America Pageant, as one of the ten finalists, as well as the local (Pierce County) and State Pageant. She stressed that the Pageant is not a beauty contest; scholarship and talent are the most important factors in the competition. Miss Washington sang "Our Love is Here to Stay", the song that won her the talent competition.

It is difficult to describe our Miss Washington — but the writer will try — she is lovely, funny, an excellent and animated speaker, poised, vivacious, down to earth, a terrific singer — we enjoyed having her very much. The luncheon came to an end as the centerpieces, wicker baskets lined in red cellophane, topped with a red and white plaid bow, filled with Manfred Vierthaler wine, home baked bread (from Susie Duffy's kitchen), cheese and fruit, were received by the lucky winner at each table (the number wasn't under the saucer). Door prizes were awarded to those holding the right ticket, bottles of wine to some and Fredrick and Nelson gift certificates to others. The Auxiliary thanks all of those who worked to make this event a success, including the staff of the Tacoma Golf and Country Club who put it all together for us.

NOMINATIONS: 1981-1982 SLATE PRESENTED

The Nominating Committee, in accordance with the Auxiliary By-laws, presents the following slate to the members:

President Elect	Marlene Arthur
1st Vice President	Debby McAlexander (program)
2nd Vice President	Sharon Lukens (membership)
3rd Vice President	Judy Baerg (by-laws)
4th Vice President	Janet Fry (arrangements)
Treasurer	Gloria Virak
Dues Treasurer	Mary Whyte Lenard
Recording Secretary	Susie Duffy
Corresponding Secretary	Cindy Anderson

The slate was presented at the February general meeting and nominations were open from the floor. The membership will vote on the slate at the March general meeting.

HEALTH FAIR

Margaret Grandquist, community health chairman, wishes to thank those who worked on her committee to make the health fair booth a success: Teresa Jackson, Alberta Burrows, Shirley Kemman, Marny Weber, and Bernice Lazar, members of the Medical Auxiliary; and, Terry Cotant, Pat Berg, and Janet Lordahl, members of the Dental Auxiliary.

A "thank you" to those members who volunteered to staff the booth — and from the members, "THANK YOU to MARGARET GRANDQUIST" for the time, talent, and efforts she gave to the project!!

WSMA LEGISLATIVE CONFERENCE

On March 5 and 6, members of the Washington State Medical Association and Auxiliary will get a close look at our legislature, the process, and the activities at the annual leadership conference. The purpose of the conference is to give us additional skills in impacting the legislative process as it relates to medicine. Activities start at 10:00 a.m., March 5, at the Westwater Inn in Olympia. A bus will take us on a

(continued on page 17)

RECENT ADVANCES IN THE MANAGEMENT OF TRAUMA

At: Tacoma General Medical Center Auditorium, 314 South 'K' St., Tacoma March 6,7, 1981

March 6, Friday

8:00	**INTRODUCTION/ PRE-HOSPITAL CARE** Effect on morbity/mortality, epidemiologic trends, systems, stabilization/transportation	**Gregory P. Schroedl, M.D.**
8:45	**APPROACH TO THE CRITICALLY INJURED PATIENT** Triage, prioritization of injuries and methodology, monitoring techniques	**James K. Fulcher, M.D.**
9:25	**NEWER CONCEPTS IN THE PATHOPHYSIOLOGY OF SHOCK**	**Clifford M. Herman, M.D.**
10:00	Break	
10:15	**FLUID, ELECTROLYTES AND BLOOD COMPONENT THERAPY**	**Clifford M. Herman, M.D.**
11:00	**CEREBRAL RESUSCITATION**	**Allen S. Joseph, M.D.**
12:00	Lunch	
1:00	**RESPIRATORY DISTRESS SYNDROME FOLLOWING TRAUMA**	**Barry J. Weled, M.D.**
1:45	**RENAL FUNCTION IN TRAUMA**	**John A. Kennedy, M.D.**
2:25	**MAST**	
3:00	Break	
3:15 to 4:45	**WORKSHOPS** Pulmonary Aspects of Trauma Pediatric Trauma Management of Renal Insuffiency MAST SUIT Triage	**Bruce D. Buchanan, M.D.** **Peter B. Mansfield, M.D.** **John A. Kennedy, M.D.** **Marvin A. Wayne, M.D.** **Gee Gee Hathcock, R.N.** **Ann Chilton, R. N.** **Becky Graef, R.N.**

March 7, Saturday

8:00	**BLUNT AND PENETRATING INJURIES TO THE ABDOMEN** Management of spleen injuries in children and present opinions on peritoneal lavage	**Michael R. Oreskovich, M.D.**
8:50	**CARDIOTHORACIC TRAUMA** Epidemiology, early recognition and management	**Vincent J. Markovchick, M.D.**
9:40	**REIMPLANTATION**	**John T. Sack, M.D.**
10:10	Break	
10:25	**INJURIES TO THE GU SYSTEM/ ORGAN DONATION** Management of retroperitoneal hemmorhage and complications of pelvic fractures	**Robert O. Modarelli, M.D.**
11:15	**INJURIES TO THE MUSCULO-SKELETAL STRUCTURES**	**David W. Millett, M.D.**
12:00	Lunch	
1:00	**ANTIMICROBIAL TX/ INFECTIOUS DISEASE** Indications, prophylaxis, complications	**Alan D. Tice, M.D.**
1:35	**BODY IMAGING TRAUMA** CT Scanning Radionuclide Scanning Ultrasound Discussion/Questions and Answers	**Anthony S. Lazar, M.D.** **William B. Jackson, M.D.** **Robert D. Rich**
3:15 to 4:45	**WORKSHOPS** Resuscitative Thoracotomy in E.D. Autotransfusion Base Station/Field Rescue Air Rescue and Transportation Systems Triage	**Vincent J. Markovchick, M.D.** **Thomas H. Webster, M.D.** **Robert E. Stuart, M.D.** **William Kilpatrick, M.D.** **Gee Gee Hathcock, R.N.** **Ann Chilton, R.N.** **Becky Graef, R.N.**

Program Coordinator: D. Terry Kendrick, M.D.

CREDITS: 16 hours

AMA-As an organization accredited for continuing medical education, the College of Medical Education, Inc., certifies that this offering meets the criteria for sixteen hours in Category I for the Physician Recognition Award of the American Medical Association and for the relicensure requirements of the Medical Examiner of the State of Washington.

AAFP-Accredited by the American Academy of Family Practice for sixteen hours Category I (Prescribed)

ACEP-Accredited for sixteen hours by the American College of Emergency Physicians

CERP-Accredited for sixteen hours continuing education recognition points (CERP) by the Washington State Nurses Association.

CEU-Sixteen hours continuing education units

Registration fee: $60 Medical Society of Pierce County Members, $75 Non-Medical Society members, $40 All Other Health Care Personnel. Paid preregistration is required before March 4, 1981.

ACCOMMODATION INFORMATION AVAILABLE UPON REQUEST: 206/627-7137

Please address all registration and correspondence to:
(Make checks payable to COME)

Maxine Bailey, Executive Director
705 South 9th, #203
Tacoma, Washington 98405
Phone: 206-627-7137

IN MEMORIAM

Gerald C. Kohl, M.D.

1903-1981

Gerald Kohl, perhaps more than anyone of us, truly belonged to Tacoma. Not only did his medical career span a period of over 52 years, far longer than the time the rest of us have given service to this community, but he actually started his professional life here as an intern at Tacoma General Hospital in 1928.

The number of years that he lived here is made even more remarkable by the fact that he continued to practice clinical gynecology and was also able to competently perform major surgery up to the time of his final illness.

Although Gerald was a quiet and unassuming person, he possessed a great sense of humor and enjoyed nothing more than the "small talk sessions" with his peers and patients. That his fellow physicians held him in high regard was demonstrated by their electing him to the presidency of the Pierce County Medical Society and of the Tacoma General Hospital Staff, and to positions of responsibility in other societies to which he belonged.

As for the loyalty and affection his patients felt for him, I am privileged to have some first-hand knowledge. At the onset of his illness I took over the care of a number of his post surgical cases and through conversations with them, I realized that they depended on Jerry for more than just his professional skill. His willingness and patience to just listen to personal problems, whether or not related to the patient's pertinent medical or surgical situation, was a huge factor in their regard for him. Because he was willing to give more of himself than was actually required in his professional capacity, his patients perceived him as a truly concerned and caring person, as indeed he was. This concern and consideration carried over to the nursing staff also. He always showed his appreciation to them for the care they gave his patients; and in turn, the nurses not only respected him, but cared about him on a more personal level. This they proved by providing him with extraordinary care during his last illness.

I think of Jerry as being a "Man For All Seasons" so extraneous were his other talents. He was a master carpenter and used his ability in wood working to help finance his education when young. He continued it as a hobby and among many other projects built the cabinets which are in the kitchen of his church. Jerry was also a fine writer and some of his poetry is exhibited at Tacoma General Hospital. Few people are aware of his abilities which enabled him to apply for and be granted a number of patents for a variety of inventions. He was also an enthusiastic and expert fly fisherman but, for sheer physical enjoyment, golf was his first love.

I know the medical community shares this loss and offers our sincerest sympathy to his family. As for me, I have lost an old and dear friend. I shall miss him.

James L. Vadheim, M.D.

AUXILIARY Continued

tour of the Capital and the Governor's Mansion. Members will then attend a legislative committee meeting. Later that day WSMA leaders will give a legislative briefing on pending bills and the political climate. That evening there will be a legislative reception — a very opportune time to meet our senators and representatives.

Auxiliary members are invited to have dinner at the home of Dr. and Mrs. Robert Brunton, cost $3.50. Transportation will be provided from the Westwater Inn. The 2nd day (Friday, March 6) program participants are invited to attend a leadership conference starting with a continental breakfast. All auxiliary members are invited to attend for one or both days. Please contact Marlene Aurthur, legislative chairman, 1-845-5542, for additional information and to make your reservation for the tour, dinner, etc.

MEMBERSHIP

Our membership for 1981 is approximately 27.0 percent less (as of January 20th) than it was one year ago. For those who have not renewed your membership, we are missing you. You have received a dues reminder letter from President Marny Weber. Please consider renewing your membership.

MARCH GENERAL MEETING AND ELECTIONS

The March luncheon meeting will be held at the home of Mrs. William Martin, Tacoma. Sandy Griffith is the chairman and Eric Luria, M.D., will be the guest speaker. The topic will be "Relaxation Technique, Holistic Medicine and Nutrition". Election of the 1981-1982 officers will take place at the meeting.

FUN RUUUUUUN

The second Annual Fun Run will be held Saturday April 18 at Fort Steilacoom Park. The run will be open to the public. Cindy Anderson, run chairman, will have more information in the March BULLETIN.

MEMBERSHIP Continued

J. Tim McNair, M.D., Emergency Medicine. Born in Fargo, North Dakota, 2/1/49; University of North Dakota Medical School, 1973-75; internship and residency, Akron City Hospital, 1975-78. State of Washington license, 1981. Dr. McNair is practicing at Madigan Army Medical Center, Tacoma.

Vernon J. Nessan, M.D., Pulmonary Disease. Born in South Dakota, 11/14/44; University of Oklahoma, Oklahoma City, 1971; internship and residency, Madigan Army Medical Center, Tacoma, 1971-74; graduate training, Fitzsimons Army Medical Center (pulmonary disease), 1974-76. State of Washington license, 1974. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Nessan is practicing at Puyallup Valley Medical Clinic, Puyallup.

Classified

RENTAL BARGAIN - assume existing lease for remaining term at $400/month, $160 under market. 1,175 sq. ft. 565-4444.

St. Joseph Hospital
C.C. II Lake Tahoe 3/9-16/81
Information: T. AKAMATSU, M.D.
627-4101, Ext. 163.

FOR RENT, CORNER SUITE with balcony. 781 sq.ft. at Allenmore Medical Center. Call Leif Overby, D.D.S., days 752-0802; evenings, 1-858-2643.

UNIVERSITY PLACE PROFESSIONAL SQUARE. For rent or lease University Place area. 1175 sq. ft. suite, $560/month, call 565-4444.

PEDIATRICIAN / OBGYN / GENERAL INTERNIST board certified or eligible to associate with 8 man multi-specialty group in Tacoma, WA. Salary, $40,000 per annum leading to full partnership after first year. Please send curriculum vitae and inquiries to Clinton F. Merrill, M.D., c/o Puget Sound Clinic, 3611 So. "D" St., Tacoma, WA 98404 or telephone collect, 206-756-8591; after hours, 206-584-9499.

NORTH END MANSION FOR SALE Call 272-5115.

OFFICE SPACE. Excellent location by Good Samaritan Hospital in Puyallup. Readily accessible from freeway and Meridian Street. **To be built!** 10,000 sq. ft. of space designed for doctor's lease or own. Call Jerry Lawson, Crescent Realty, Inc. 848-4556 evenings 848-3841.

LOCUM TENENS — Emergency Room available full time this summer — part-time now. Have Washington license, 20 years experience in private practice; John Eufemio, M.D., S.A.E.S., 45 Broadway, Apt. 6, Tacoma, 627-4791.

TWO CLAY-ADAMS urine centrifuges, $70 each. Mayo stand, $70. Two Goodlite vision test boxes, $50 each. Six exam tables, birch, one with stirrups, step stools, $450 total. 584-8318 or 581-2110, 9-5.

Cooperation... the key to successful cost containment in the Northwest.

The fact that the region served by Blue Cross of Washington and Alaska leads the nation in holding down health care costs is no accident. Voluntary involvement in health planning, rather than forced compliance, has produced a model health care system in the area.

Under this system, physicians, hospital and clinic administrators and managers, governmental representatives, the public at large and even health care providers not directly involved in health planning, all have a say.

Another factor in the success of the system is the recent trend towards consolidation of hospitals; joint operation of hospitals; the addition of professional planners to the staffs of major hospitals and the increased importance given to the planning function; and the growing and easily recognizable relationship between hospitals, physicians and third party payors such as Blue Cross.

Blue Cross of Washington and Alaska applauds the success of voluntary planning in this area, and we're pleased to be a part of the process.

Blue Cross

of Washington and Alaska
Seattle, Spokane, Tacoma, Yakima, Richland, Wenatchee, Anchorage.

Good health coverage is up to us.
Good health is up to you.

An added complication... in the treatment of bacterial bronchitis*

Some ampicillin-resistant strains of Haemophilus influenzae—a recognized complication of bacterial bronchitis*—are sensitive to treatment with Ceclor.[1-6]

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.[7]

Ceclor®
cefaclor

Pulvules®, 250 and 500 mg

Brief Summary.
Consult the package literature for prescribing information.

Indications and Usage: *Ceclor* (cefaclor, Lilly)* is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae (Diplococcus pneumoniae), Haemophilus influenzae,* and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceclor.

Contraindication: Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS TO BOTH DRUG CLASSES (INCLUDING ANAPHYLAXIS AFTER PARENTERAL USE).

Antibiotics, including Ceclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Precautions: If an allergic reaction to cefaclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., *pressor amines, antihistamines,* or *corticosteroids.*

Prolonged use of cefaclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Ceclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Ceclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Usage in Pregnancy—Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in ferrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

Usage in Infancy—Safety of this product for use in infants less than one month of age has not been established.

Adverse Reactions: Adverse effects considered related to cefaclor therapy are uncommon and are listed below:

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients.

Cases of serum-sickness-like reactions, including the above skin manifestations, fever, and arthralgia/arthritis, have been reported. Anaphylaxis has also been reported.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain—Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200). [10Dec80R]

*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae.*

Note: Ceclor* (cefaclor) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

References

1. Antimicrob. Agents Chemother., *8*:91, 1975.
2. Antimicrob. Agents Chemother., *11*:470, 1977.
3. Antimicrob. Agents Chemother., *13*:584, 1978.
4. Antimicrob. Agents Chemother., *12*:490, 1977.
5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), II: 880. Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., *13*:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases (edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett), p. 467. New York: John Wiley & Sons, 1979.

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285

Lilly

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

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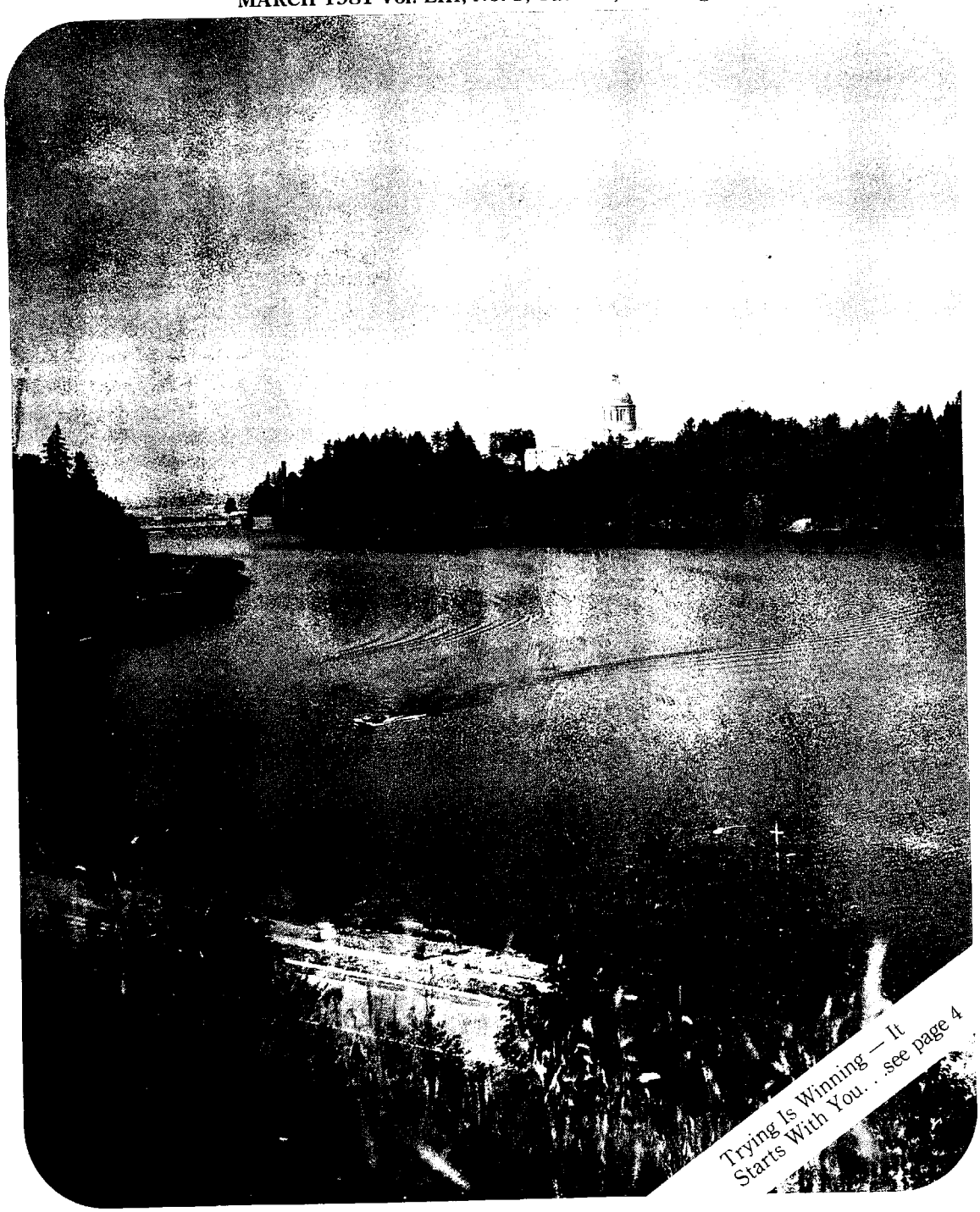
Medical Society of Pierce County

MARCH 1981 Vol. LIII, No. 3, Tacoma, Washington



BULLETIN

It's no accident.

The fact that our area leads the nation in holding down health care costs is no accident. It's the direct result of voluntary health planning.

Physicians, hospital and clinic administrators and managers, governmental representatives and the public at large have worked together to produce a model health care system in Washington and Alaska. Even health care providers not directly involved in health planning have a say.

The recent trend toward consolidation and joint operation of hospitals...the addition of professional planners to hospital staffs...the recognition of the importance of the relationship between hospitals, physicians and third party payors such as Blue Cross...have also contributed to the success of the system and the containment of health care costs.

We're proud of the success of voluntary health care planning in this area. We're pleased to be part of the process.

Blue Cross
of Washington and Alaska
Seattle, Spokane, Tacoma, Yakima, Richland, Wenatchee, Anchorage.

Good health coverage is up to us. Good health is up to you.

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View of the Capital. Photo courtesy of Bill Dugovich.

Staff

Editor ..... David S. Hopkins, M.D.
Managing Editor ..... Thomas J. Curry
Editorial Committee ..... W. Ben Blackett, M.D., Stanley W. Tuell, M.D.

Society News Briefs

A summary of Medical Society, and local medical and health news

COME BOARD DESIGNATED, OFFICERS ELECTED

Action taken at the March MSPC Board of Trustees meeting finalized physician composition of the 1981 College of Medical Education (COME) Board of Directors. Physicians designated by the Society to serve on the Board are: Drs. Carl Gerber, Robert Modarelli, Tom Clark, John Kemman, Ronald Graf, and Tom Miskovski. Hospital representatives on the Board are: Messers. Dan Russel, St. Joseph Hospital; Gene Prentice, Consolidated Hospitals; Craig Hendrickson, Allenmore Hospital; Bruce Yeats, Lakewood General Hospital; and, a representative yet to be appointed from Good Samaritan Hospital.

1981 COME officers are: Dr. Gerber, president; Mr. Hendrickson, vice-president; Mr. Yeats, treasurer; and, Mr. Tom Curry, MSPC executive director, secretary. COME Executive Director Maxine Bailey also serves on the COME Board.

TEL-MED CHAIRMAN NAMED

Anthony Lazar, M.D., has been named chairman of the Society's Tel-Med Committee. The committee reviews and approves all scripts subsequently recorded as the taped health and medical messages used by the Tel-Med Society. Since its inception in 1977, Tel-Med has responded to nearly 200,000 telephoned inquiries for health and medical information. The Tel-Med library currently includes over 290 taped messages.

UHI QUALITY ASSURANCE COMMITTEE ESTABLISHED

A quality assurance committee to the Urban Health Initiative program has been established by the Medical Society. The purpose of the committee is to assure that the services provided to the medically indigent using the UHI clinics, administered by the Tacoma-Pierce County Health Department, are commensurate with those available in the private sector, insofar as is possible.

Committee members are: Drs. John Kanda, Ken Graham, Robert Lane, Henry Retailliau, Johann Duenhoelter, Ovidio Penalver, Richard Robinson, George Race, George Tanbara, and Howard Boyd. Health Department representatives also serve on the committee. At the committee's first meeting on February 20, Dr. Kanda was appointed chairman. Quality assurance activities will include review of charts (open and closed case audits) at the four clinics operated through the UHI program — the Family and Eastside Clinics, Sumner and Lakewood Clinics.

PHYSICIANS ELECTED TO MEMBERSHIP

Fifteen physicians have been elected to membership in the Medical Society of Pierce County. The action, on recommendation of the Credentials Committee, was taken at the March Board of Trustees meeting. The following physicians were elected to membership:

Donald J. Bernhardt, M.D.
John D. Ehrhart, M.D.
James K. Flucher, M.D.
James D. Leitzell, M.D.
Jean Kay Gortner, M.D.
Ross S. Kendall, M.D.
John V. Ligon, M.D.
Jeffrey L. Nacht, M.D.
Daniel Neilson, M.D.
Robert L. Reeves, M.D.
Roger D. Robinett, M.D.
Donald R. Rose, M.D.
Anita D. Sliverman, M.D.
Clarence M. Virtue, M.D.
Barry J. Weled, M.D.

PHYSICIANS MEET WITH CONGRESSMAN DICKS

Health planning, PSRO, proposals promoting market place competition in the delivery of health services and Medicaid were among the issues discussed at a February meeting with the Medical Society's Congressional

(continued on page 6)

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405. Telephone: (206) 572-3666. Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is $10.00 which is included in the dues. Non-member subscription, $15.00 per year. Single copy $2.00.

President's Page

George A. Tanbara, M.D.

IISHŌKENMEI!!

"Trying is Winning — It Starts With You."

The theme of the American Medical Association's 1981 National Leadership Conference, held in Chicago in February, was built around the achievements of the 1980 U.S. Olympic Hockey team. They surprised and thrilled the nation. Their victory symbolized that one can buck the odds to reach his goal — through a combination of enthusiasm, hard work, strong leadership, individual effort and good, old-fashioned team work.

In the coming years, organized medicine will continue to need that same determination and teamwork.

Conference speakers included Otis R. Bowen, M.D., retired governor of Indiana; Theodore Cooper, M.D., executive vice-president, the Upjohn Pharmaceutical Company and former assistant secretary for health, HEW; Richard Hodes, M.D., majority leader, Florida House of Representatives, and president, National Conference of State Legislatures. Also, nationally known Richard Schweiker, secretary, U.S. Department of Health and Human Services; Richard Gephardt, U.S. representative, Missouri; Victor Fuchs, Ph.D., professor of economics, Stanford University; Walter Heller, Ph.D., regents professor of economics, University of Minnesota; and, Martin Agronsky, Hugh Sidey, Joseph Kraft and Elizabeth Drew made very effective presentations at general sessions held throughout the conference. A variety of "break-out" meetings were held for those of us with special needs or interests.

As your representatives, my time and Tom Curry's time in Chicago was well spent if we can increase your awareness of the following:

1. There will always be a need for physicians to be represented nationally. The AMA is our best voice. It has access to our elected members of congress and is listened to at the national level. No individual could possibly muster this much influence. The AMA is responsive to its members. Being a member is a responsibility but is one step toward being heard. No two individuals agree completely but we do have a common goal — the health of our nation. Please say, "HAI!!," when asked to join the AMA.

2. Robert Hunter, M.D., Sedro Wooley, is the current president of the American Medical Association. He needs the support of all physicians, especially from his home state of Washington. He is dedicated, tireless, eloquent and sincere. Dr. Hunter spends time and listens to the physicians from Washington. We are very proud of him.

3. The federation of county medical societies, state medical associations, specialty societies and the American Medical Association is the only currently effective means of being the guardian of our nation's health — medically, socially and economically. Being a member of each level of the federation increases our effectiveness exponentially. WAKARIMASU?

4. All for one and one for all? Only by each and every one of us striving our utmost — IISHŌKENMEI — can we attain our individual and mutual goals for our patients, city, county, state and nation.

HAI!! WAKARIMASU. IISHŌKENMEI!!

G.A.T.

Guest Editorial

CONTAINING THE COST OF HEALTH CARE

In the year ending March of 1979, expenditures for health (including health insurance, supplies, constuction and research) totaled $198 billion or 9 percent of the Gross National Product (HEW figures). Physicians directly affected at least $130 billion of that sum through hands-on care as well as prescribed tests, drugs, and hospitalizations.

There is *little* that can be done to cut the $500,000 to $750,000 price of a computed tomography scanner, or the $400,000 price of a radiation unity for cobalt treatments, or the wages of the hospital personnel who handle them. There is *little* that can be done to keep many of today's fixed expenses from getting bigger in the inflation of the 1980s.

But there are things that *should* be done, *can* be done, and *are* being done. Numerous hospitals, with physician support, have boosted their productivity while holding the *proper* line on hiring of personnel, examination of patients, length of patient stays, and so forth. "Proper line" means doing what can be done without cutting the quality and needed availability of care.

These cost-effective measures have been stimulated by a largely private initiative called the Voluntary Effort to Contain Health Care Costs—a coalition that includes the AMA, the two main hospital associations, health insurers, industry, labor, local government, and consumers. In 1978 and 1979 the Voluntary Effort was instrumental in savings consumers about $3 billion, and in convincing the U.S. House of Representatives that the voluntary way was the "way to go," as opposed to the White House proposal for rigid cost controls that could have reduced the level of hospital care. Also in 1978-79, in response to a plea from the then-president of the AMA, physicians kept their fee increases below the all-items component of the Consumer Price Index, despite steady erosion of their purchasing power. Right now the rate of fee increase is more than 3 points below. . . and the AMA is committed to keeping it *low*.

There are additional highways the health-care industry can take toward containment of costs—highways with a much clearer view of the road ahead than federal controls could allow. One route is insurable home care, when appropriate, as an alternative to relatively expensive institutional care. This has been advocated by the AMA as a formal policy.

Another route is for health insurers to offer consumers a greater marketplace choice in the patterns and costs of benefits. This was one of 48 recommendations made in 1977 by the AMA-sponsored National Commission on the Cost of Medical Care—a free standing body that included representatives from federal and state government, academia, and research as well as from industry, labor, health care, and insurance.

Still another highway is a long-term cost-containment program entailing changes in the ways hospitals, physicians, patients, and insurers behave and interact. The AMA is helping draw parameters for just such a program, in line with Cost Commission recommendations.

A working advantage of such voluntary approaches is that they are *natural* to the special character of health care—natural to its sensitivity, its interdependency, its complexity.

The 80s could well be decisive for the way in which health care is to be delivered in this country. We must have a strong and decisive voice in determining the direction of health care in the U.S. The AMA is that voice and your advocate. In order to continue our vital programs and activities and address the problems of our profession, we need your support. If you are not already one of the 221,000 physician or medical student members of the AMA, join us now!

For details on how to join, call the Medical Society office, 572-3667; or, simply include 1981 AMA dues with your remittance of 1981 MSPC and WSMA dues.

SOCIETY NEWS BRIEFS continued

Advisory Committee and Sixth District Congressman Norm Dicks. In attendance were Drs. David Hopkins (committee chairman), George Tanbara, Charles Reberger, Lloyd Elmer, James Krueger, and Auxiliary Legislative Committee Chairperson Marlene Arthur. Also attending was Mr. Dan Russell, St. Joseph Hospital and Medical Center president, who hosted the meeting.

The creation of incentives to promote cost effective delivery of health services to federal program beneficiaries and the medically indigent was emphasized at the meeting. The impact of the administration's proposed budget cuts, the potential for block grants to states for administration of federally funded health programs also were discussed. The committee plans to meet with Congressman Dicks again in May.

GROUP A STREPT CASES IDENTIFIED AS ERYTHROMYCIN RESISTENT

Ten percent of the Group A streptococci isolated cases treated at Madigan Army Medical Center have been identified as resistent to erythromycin, the Infectious Control Sub-committee of the Public Health/School Health Committee reports. At the sub-committee's January 28 meeting it was noted that for penicillin allergic people, clindamycin seems to be the alternate drug of choice. Also, reports the sub-committee, there is some increase in the number of influenza-like diseases in Pierce County. Information from MAMC indicates that up to 30 percent of people hospitalized in some wards have febril respiratory diseases. There have been no PPNG isolets identified recently.

OFFICE VISITS BEING MADE

Placement Service Director Linda Carras is conducting on-site visits to offices with employment needs. The visits are designed to familiarize the Placement Service with the physician's staff and office set-up. By understanding the specific needs of each office, the Placement Service is better able to refer qualified applicants for each specific job opening. If you have a job opening and are interested in having an office visit, please call Linda, 572-3709.

SURVEY RANKS DOCTORS HIGHEST IN ESTEEM

Physicians are held in the highest esteem by the public, according to a recent Roper report on 11 occupations and professions. Tied for second place are TV-newspaper reporters and businessmen. Following in order are educators, bankers, lawyers, U.S. senators, advertising people, and labor leaders. At the bottom are federal agencies/department officials and politicians.

Roper found that 85% of those questioned had a "high" or "fairly good" opinion of doctors. "Not too good" was the opinion of 10% and "poor" was the opinion of 4%. Only one percent of the poll respondents said they "didn't know." The public's opinion of most of the groups included in the survey has declined since a similar survey was made in 1977, the Roper organization found. In 1977, the "high" and "fairly good" total for doctors was 86%. Only businessmen and labor leaders showed gains in public esteem since 1977.

(continued on page 7)

TURN ACCOUNTS RECEIVABLE INTO CASH IN THE BANK BY MANAGING THE FUNDAMENTALS

by Frank Rossiter
President & General Manager
Puget Sound Collections, Tacoma*

The scene, a typical Northwest home. Wife and husband are reviewing the monthly bills.

SHE: The fuel company says they'll stop delivery if we don't pay them.
HE: Those dirty guys. Send them a check.
SHE: The phone company says they'll disconnect us if we aren't current by next week.
HE: Rotten monopoly. You'd better pay them.
SHE: Here's that bill from Dr. Softy again.
HE: Good old Dr. Softy; what a nice guy. Maybe we can pay him next month. What's the next bill?

And so the story goes. The image as a benevolent benefactor may be a doctor's worst enemy when it comes to getting paid. Yet by using sound credit management, many medical practices have substantially reduced the amount of money they have tied up in overdue accounts.

There are five simple guidelines that can keep you from becoming another Dr. Softy: (1) a clearly written credit policy; (2) a thorough initial interview; (3) consistent billing procedures; (4) systematic follow-up; and, (5) a professional collection agency.

THE CREDIT POLICY

First and foremost, you must establish a clearly written credit policy. Include billing dates, payment due dates, payment arrangements, cash or advance payment needs, policies toward charity, policy on medical insurance, use of credit bureaus, normal follow-up activities, finance charges, and when to call in a professional collection agency. Establish your policy, then follow it.

STARTING OFF ON THE RIGHT FOOT

The initial patient interview lays the foundation for good credit performance. Your patient information form should provide as much information as possible about the person, including full name and nickname, both home and work mailing addresses, home and work phone numbers, occupation and employment information, nearest relative and address, medical insurance information, Medicare and Medicaid data, and, of course, Social Security number. The form should be checked immediately for completeness and accuracy.

It is very important that your staff completely explain the credit policy to the patient. You will find it very helpful if a point is made of marking down the exact method of payment agreed upon. The patient should then acknowledge that he/she understands and agrees to the arrangement.

This is the best time to brief the patient on your way of handling health insurance claims. Make it clear that although you are happy to help with the paperwork, the final responsibility for payment still rests with the patient.

Don't neglect to get a credit report on the patient. Often your collection agency will offer this as a free service. For example, at Puget Sound Collections we have available the resources of the Retailers' Commercial Agency.

THE NUMBER ONE CAUSE OF SLOW PAYMENT

Bill on time and be consistent. Haphazard billings are the major cause of delayed payments and slow collections. If you itemize your statements, you will probably produce a greater number of timely payments than you will by simply billing a total amount due.

Rx FOR LATE PAYMENT — TAKE ACTION IMMEDIATELY

Nothing shows you mean business better than quick action when terms are not met. Be nice, but be business-like. A successful collection effort means: (1) getting the money; and, (2) keeping the good-will. Insist on a specific date and specific amount to be paid. Then send a note to the patient confirming the understanding.

WHEN TO CALL IN THE HEAVY ARTILLERY

When a patient constantly ignores calls and letters, breaks promises, and is indifferent about paying the bill, it is time to turn the account over to a professional collection agency. give them as much information about the account as possible, including the patient's credit information form and all itemized statements. Be sure to keep the agency informed of any subsequent information that might assist them in collecting your account.

By managing these few fundamentals, strained patient relationships can be kept to a minimum and, most importantly, your bank balance will begin to look a lot better.

*PSC is endorsed by the Medical Society of Pierce County. For information on how PSC can serve you, call the Society, 572-3667, or PSC, 383-5011.

SOCIETY NEWS BRIEFS Continued

ADOLESCENT MEDICINE PROGRAM PLANNED

The Northwest Chapter of the Society for Adolescent Medicine has announced an April 10 program at the University of Washington. The one-day program will include presentations on, "Health Care Consumerism, The Adolescent, and Substance Abuse," "Adolescent Pregnancy," and "Common Endocrine Disorders of Adolescents." The conference fee is $25.00 for non-NWSAM members, $15.00 for NWSAM members. For additional information contact, Tom Maschoff, Tacoma-Pierce County Health Department, 593-4100.

UNDERSTANDING THE APPEALS PROCESS

State industrial insurance cases may become especially onerous to both the treating physician and employer because of the complicated and generally unpleasant responses to the "appeal process." Uncomfortable experiences at the appeal hearing prompts many physicians to avoid seeing state industrial cases for evaluation, and so delays settlement of claims at considerable expense to the state and worker dissatisfaction.

If doctors understood the appeal process, it might expedite claim settlement. Dean Johnson, M.D., medical consultant to the Department of Labor and Industries, has prepared the following brief review to clarify the process.

Prior to enactment of the industrial insurance laws nearly 70 years ago, the only way an injured worker could receive compensation for economic and physical loss was to prove in court that the employer's negligence had caused the accident. Most workers could not afford the expensive legal battles necessary to prove this and fewer than 20 percent of the injured workers were successful in obtaining payment for medical expenses, lost wages or permanent loss of bodily function. Employers also found the legal battles to be expensive and, in some cases, damages awarded were major enough to bankrupt the firms.

BOARD OF APPEALS DEALS WITH UNRESOLVED DISPUTES

Although questions of fault were removed from consideration, the legislature recognized that disputes between the parties on other issues would inevitably arise. In 1949 a new state agency, the Board of Industrial Insurance Appeals, was created to deal with unresolved legal disputes in the workers' compensation arena. While outside of the control of the Department of Labor and Industries, the board receives funding for its operation directly from the legislature from industrial insurance premiums paid by employers and employees. The board is comprised of three members appointed by the governor to six year terms. These members include one representative endorsed by labor, another endorsed by business and a public representative who serves as chairman and who must be a member of the bar and acceptable to both labor and business. Administrative law judges (called hearings examiners) are hired by the board as well as the necessary support staff.

The worker, employer and the physician each enjoy certain legal rights to contest decisions made by the department in the form of orders within a period of 60 days from the date such a determination is received by one of those parties. The objection may either be presented to the Department of Labor and Industries as a protest to the action taken or in the form of an appeal directed to the Board of Industrial Insurance Appeals. The objection must be in writing whether the State Fund or a self-insuring employer is involved. No particular form is required although the reasons for the objection should be clearly spelled out.

Protests made to the department result in additional review of the worker's claim and must be followed by the entering of an additional order which either reaffirms, modifies or reverses the disputed decision. Although direct discussions may result from objections made in this manner, formal hearings are not utilized.

APPEALS FOLLOW FORMAL PROCESS

Appeals that are filed with the board follow a more formal process. Before any hearings are set, all appeals are automatically forwarded to the department to allow a final opportunity to review the dispute. By statute, the department is given 30 days to review the appeal and determine if further consideration should be given or additional information obtained. In approximately three-fourths of the cases, the department chooses to let the matter proceed into litigation without securing additional information. In the remaining 25 percent, an order is entered reassuming jurisdiction of the case and holding the decision appealed from in "abeyance." Up to 180 days is allowed for the state to obtain further medical, vocational or other pertinent opinion or information, when a final decision must be made, again in the form of an order, from which a new appeal can be taken by any party who remains dissatisfied.

Where the department declines giving further consideration to an appeal, the Board of Industrial Insurance Appeals assigns the matter to a hearings examiner in the area of the worker's residence where formal hearings are conducted. Normally, the party appealing the department's order bears the burden of proving that the determination made is incorrect and presents its case first. Although operating in a less formal atmosphere the hearings are, in a large part, conducted under rules of the Superior Court system and all testimony is given under oath and transcribed by a court reporter. This is generally the only level where "live" testimony is taken. Defense of the department's determination is made by the Office of Attorney General while the appealing party (or others having a direct interest in the outcome) may be represented by counsel or they may present their own case.

Upon conclusion of taking all testimony and hearing the evidence in the case, the hearings examiner issues a decision in the form of a "Proposed Decision and Order." Within 20 days a party aggrieved by this decision may petition the three board members to review the matter. These board members must rely solely on the transcripts of testimony before the hearings examiner and they do not have an opportunity to pose additional questions to the witnesses. In the event two or more of the board members agree to change that determination in whole or in part, a "Decision and Order" is entered which can be appealed to Superior Court within 30 days from the time it is received.

Additional testimony usually cannot be taken at the court trial as only transcripts are read and the matter decided upon the original testimony taken before the hearings examiner. Appeals beyond the Superior Court level may be made to the Court of Appeals or to the State Supreme Court solely on questions of law. Determinations and interpretation of the law at these latter two levels are considered to set precedent for the handling of future cases with similar factual make-up.

Inquiries regarding individual cases of this nature can be made in writing or by telephone to the Department of Labor and Industries, 753-6341, or the Board of Industrial Insurance Appeals, 753-6823, in Olympia.

Charles M. McGill, M.D., M.P.H.
Member, WSMA Industrial
Insurance Committee

DAFFODILS ARE HERE AGAIN, SPRING BRINGS FORTH NEW LIFE AS WE BEGIN OUR FAMILY FITNESS FOR CONTINUED LIFE

PAST PRESIDENTS HONORED AT FEBRUARY LUNCHEON

The February luncheon meeting was held at the home of Mrs. Ralph Huff. Jean Malden, chairman, introduced her committee which produced the lovely lunch: Nadine Kennedy, Donna Ferguson, Mary Johnston and Carol Hopkins. Jean Judd introduced the following past presidents: Anita Parrott, 1944-45; Hilda Lantiere, 1953-54; Helen Kittredge, 1955-56; Margaret Harris, 1959-60; Ruth Brooks, 1960-61; Ellen Pinto, 1964-65; Lorna Burt, 1967-68; Nadine Kennedy, 1971-72; Nancy Spangler, 1974-75; Marie Henry Thompson, 1976-77; Helen Whitney, 1977-78; Jo Roller, 1978-79; Kit Larson, 1979-80; and Jean Judd, 1962-63. Each was presented with a daffodil corsage from the Puyallup Valley.

Dottie Truckey reported that as of February 21 there were 196 paid members. The 1981-1982 slate of officers was presented and accepted. This meeting was the "kick off" for us to shape up for life. Glenna Blackett, co-chairman, presented the Family Fitness for Fun Program. This is the time for those of us who don't keep in shape to get in shape and help the Auxiliary's favorite charity — and who knows, we may feel better, and live longer! Sixty-six signed up for the program at our meeting.

Sharon Lawson reported that we have collected $10,630 for AMA-ERF via the Holiday Sharing Card, sweat shirt sales, Christmas card sales, and other donations.

At last we should be eligible for a bulk mailing permit. After much "to do" with forms and "proper wording" we at last have our by-laws in order and are in compliance with the IRS code as a non-profit organization, thanks to Barry Mott and Helen Whitney. Just at the time the postage rates are going up.

Debby McAlexander, Nikki Crowley, Ginny Miller and Mary Schaferle have completed training as hospital advocates for the Women's Support Shelter. Call Debby if you would like to be a hospital advocate or have another kind of volunteer role with the shelter. This was the day for the Women's Support Shelter shower and members brought enough food, clothing, kitchen goods and furniture to fill a van and station wagon. Richard Campbell, art, music and drama critic for the Seattle PI, and a Puyallup native, informed and entertained us about the world of critics. Some thoughts: what gives them (critics) the right to judge the efforts of others? There are lots of critics of the critics. Mr. Campbell sees his work as a literary exercise. He does not pretend to be an artist, musician or actor and wants to be thought of as a discriminating enthusiast who is first a journalist.

FAMILY FITNESS FUN

WHO — Auxiliary members and their families.
WHAT — A fitness program with a three month commitment. Exercise can range from breathing to football, three days a week, for 30 minutes each day.
WHEN — Beginning today and for three months.
WHY — You'll live longer, feel better and our Auxiliary may enrich by $100 our favorite charity.

The type of exercise is not that important; however, driving a car or peeling potatoes doesn't count. The ideal form of exercise is running, bicycling, tennis, jump rope, dancing, aerobic exercise, skating, swimming, racquet ball, walking, rowing, or skiing. What is important is that it be 30 minutes of steady exercise three times a week, with no breaks longer than 30 seconds. If all you can do is breathe — breathe hard and steady for at least 20 minutes. Remember one mile traveled consumes 100 calories — walking, running or crawling. Approximately fifteen minutes of walking is equal to a mile. For those of you who would like to participate, call Kate Rich or Glenna Blackett. All those completing the program will be given a certificate.

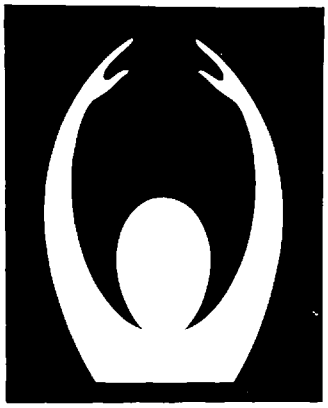
STUDENT RECOGNITION

Sydna Koontz, student recognition chairman, reports that applications are still available in all Pierce County high schools, in the counselors' offices. If your student is a graduating senior, please consider having him or her pick up an application. Again, the student recognition committee stresses that the students' names are not known at the time of selection. The award is based on scholarship, leadership, service to the school and to the community. Applications close Friday, March 27.

FUN RUN

The 2nd Annual Family Fun Run will be held Saturday, April 18 at Fort Steilacoom Park. The event is open to Auxiliary members and their families as well as the general public. The fee is $5.00 for those who pre-register (an application form is on the opposite page). For those who register on the day of the run, the fee will be $6.00. Cindy Anderson is the chairman for this event. Call her if you need more information or have any questions.

Mary Whyte Lenard



Shape Up For Life

"Fun Run"

Second Annual 5 mile and 1 predicted mile run

SATURDAY, APRIL 18, 1981

Start and finish at Fort Steilacoom Park, Waughop Lake
Special awards to each entry • All monies to support health projects

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ENTRY BLANK (Please Print)

Name _____ Sex: M ☐ F ☐

Date of Birth _____ Age on race day _____

Address _____ City _____

State _____ Zip Code _____ Phone ( ) _____

Predicted time for 1 mile _____ Five Mile _____ (put "X")

All must read and sign the following: In consideration of your accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims arising or growing out of my participation in this athletic event, against the Pierce County Medical Society Auxiliary and all other sponsors, persons and entities associated with the event.

I attest and verify that I am physically fit, have sufficiently trained for the completion of this event and have full knowledge of the risks involved in this event. I have read the entry information and certify my compliance by my signature. I also understand my entry fee is non-refundable. If I am under 18 years of age, my parents or guardian must co-sign.

Signature _____ Signature (parent) _____

SPONSORED BY: Pierce County Medical Society Auxiliary

MAIL TO: PCMSA, 8202 Garnet Ln. S.W., Tacoma, WA 98498

The run will have the following divisions for both male and female: 12 & under; 13-15; 16-19; 20-29; 30-39; 40-49; 50-59; and 60 & over

One mile run predict your time (you may walk)

Entry fee: $5.00 adults; $4.00 students (thru junior high only) (If postmarked by April 13)
Late entry fee: $6.00

Make checks payable to: Pierce County Medical Society Auxiliary

For further information contact Cindy Anderson, 581-1221

RACE DAY TIME SCHEDULE

9:00 - 10:00 ..... Late Registration
10:00 - 10:15 ..... Runners Report to Start
10:15 - ..... Start
12:00 - ..... Course Closes

ORTHOPEDICS & RHEUMATOLOGY FOR THE PRIMARY PRACTICE PHYSICIAN

Saturday, April 18, 1981
St. Joseph Hospital — 6th Floor Quad B

8:00	Continental Breakfast	
8:30	**THE TECHNIQUES OF JOINT INJECTION**	**George H. Krick, M.D.** Rheumatologist, Tacoma
9:15	**THE ELEVATED URIC ACID**	**Robert E. Ettlinger, M.D.** Rheumatologist, Tacoma
10:00	**THE NONSTEROIDAL ANTI-INFLAMMATORY DRUGS** — Which to use? When?	**Andrew Chubick, Jr., M.D.** Medical Director, Baylor Arthritis Center Baylor University Medical Center Dallas, Texas
10:45	Break	
11:00	**THE CARPAL TUNNEL SYNDROME** Diagnosis & treatment alternatives	**Surinderjit Singh, M.D.** Physiatrist, Tacoma
11:45	**SURGERY FOR THE MANAGEMENT OF EROSIVE JOINT DISEASE**	**Lance N. Brigham, M.D.** Orthopedist, Seattle
12:30	Lunch	
1:30	**DIAGNOSIS & TREATMENT OF THE ACUTE BACK PAIN PATIENT**	**Richard A. Hoffmeister, M.D.** Orthopedist, Tacoma
2:15	**INFLAMMATORY BACK PAIN**	**Andrew Chubick, M.D.**
3:00	Break	
3:15	**SURGICAL MANAGEMENT OF MECHANICAL BACK DISORDERS**	**R. Charles Ray, M.D.** Orthopedist, Tacoma
4:00 to 4:45	**PRACTICAL ALTERNATIVES FOR THE TREATMENT OF IDIOPATHIC OSTEOPOROSIS**	**K. David McCowen, M.D.** Endocrinologist, Tacoma

Program Coordinators: Robert E. Ettlinger, M.D.
Richard A. Hoffmeister, M.D.

CREDITS: 7 hours

AMA-As an organization accredited for continuing medical education, the College of Medical Education, Inc., certifies that this offering meets the criteria for seven hours in Category I for the Physician Recognition Award of the American Medical Association and for the relicensure requirements of the Medical Examiner of the State of Washington.

AAFP-Accredited by the American Academy of Family Practice for seven hours Category I (Prescibed).

Registration fee: $50 Medical Society of Pierce County Members. Paid preregistration is required before April 15, 1981.

Please address all registration and correspondence to:
(Make checks payable to COME)

Maxine Bailey, Executive Director
705 South 9th, #203
Tacoma, Washington 98405
Phone: 206-627-7137

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE

John A. Lincoln, M.D., Family Practice. Born in Dallas, Texas, 5/21/26; New York University, New York, 1952; internship, Temple University Hospital, Philadelphia, PA., 1952-53. State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan Hospital. Dr. Lincoln is currently practicing at 1518 Main St., Sumner.

Dennis L. Quiring, M.D., Family Practice. Born in Bellingham, WA., 8/10/44; University of Washington, 1970; internship, L.A. County Harbor General Hospital, Torrance, California, 1970-71; Epidemiology and Biostatistics, CDC Atlanta, Georgia, 1971. State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Doctors, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Quiring is currently practicing at #3 Professional Bldg., Gig Harbor.

James M. Wilson, M.D., Internal Medicine. Born in Warsaw, New York; University of Rochester School of Medicine, 1975; internship and residency, Madigan Army Medical Center, 1975-78. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Good Samaritan, St. Joseph and Tacoma General hospitals. Dr. Wilson is currently practicing at B-5003 Allenmore, Tacoma.

SECOND NOTICE

Douglas L. Attig, M.D., Family Practice. Born in Pontiac, Illinois, 7/16/49; University of Iowa, Iowa City, 1975; internship and residency, Madigan Army Medical Center, 1975-78. State of Washington license, 1976. Has applied for medical staff membership at Allenmore, Doctors, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Attig is currently practicing at 818 South Yakima, Tacoma.

Ronald C. Johnson, M.D., Family Practice. Born in Everett, WA, 6/27/46; University of Texas Medical Branch, Galveston, Texas, 1977; internship and residency, University of Texas Medical Branch, 1977-80. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Johnson is currently practicing at 331 So. Meridian, Puyallup.

Clinton F. Merrill, M.D., Internal Medicine. Born in Duluth, Minnesota, 3/12/28; University of Washington, Seattle, 1954; internship and residency, Virginia Mason Hospital, Seattle, 1954-59, Veterans Administration Hospital, Portland, Oregon, 1959-60. State of Washington license, 1955. Has applied for medical staff membership at Allenmore, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Merrill is currently practicing at 3611 South D Street, Tacoma.

Joseph C. Nichols, M.D., Orthopedics. Born in Chillicotle, Missouri, 2/2/48; University of Arizona, College of Medicine, Tucson, 1974; internship and residency, University of Arizona, 1974-78. State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Nichols is currently practicing at 5924 - 100th St. S.W., Tacoma.

James W. Reed, M.D., Internal Medicine/Endocrinology. Born in Pahokee, Florida, 11/1/34; Howard University College of Medicine, Washington, D.C., 1963; internship, Good Samaritan Hospital, Dayton, Ohio, 1963-64; residency, Madigan Army Medical Center, 1966-69; graduate training, University of California Medical Center, San Francisco (fellowship in endocrinology and metabolism), 1969-71. State of Washington license, 1966. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph, and Tacoma General hospitals. Dr. Reed is practicing at Madigan Army Medical Center.

John M. Samms, M.D., Family Practice. Born in Eugene, Oregon, 10/17/51; Jefferson Medical School, 1977; internship and residency, Doctors Hospital, Seattle, 1977-80. State of Washington license, 1978. Has applied for medical staff membership at Allenmore, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Samms is currently practicing at 5122 Olympic Dr. N.W., Suite 203, Gig Harbor.

(continued on page 14)

MEMBERSHIP continued

James L. Patterson, M.D., Family Practice. Born in Idaho, 3/17/52; University of Nevada School of Medicine, Reno, Nevada, 1975; internship and residency, Doctors Hospital, Seattle, 1977-80. State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Mary Bridge Children's, St. Joseph, and Tacoma General hospitals. Dr. Patterson is currently practicing at 5122 Olympic Dr. N.W., Gig Harbor.

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

Board certified internist and board eligible endocrinologist seeks practice opportunity. Presently a fellow at the University of Washington. Available June 30, 1981. Interested in group, clinic or association practice. Licensed, State of Washington. Listing #301.

Physician seeks cardiologist position, preferably non-invasive. Available mid-July, 1981. Currently fellow in cardiology at State University of New York. Member, American College of Physicians (associate membership). Passed FLEX examination, 1974. Listing #302.

General Practitioner, emergency room or house physician opportunity sought by physician. Available July, 1981. Graduate, McGill University. Internship at McGill's Royal Victoria Hospital, Montreal. Passed FLEX, 1980. Currently completing internship. Listing #303.

Board certified internist and cardiologist seeks group practice or partnership position. Graduate, University of Pennsylvania Medical College. Post graduate education includes research fellowship in cardiology, Columbia College of Physicians and Surgeons, New York, 1979-80. Holds several faculty appointments at University of Pennsylvania. Listing # 304.

Classified

Classified and announcement copy may be mailed to: Grawin Publications, 1020 Lloyd Building, 603 Stewart Street, Seattle 98101, or phoned to Seattle (206) 223-0861. Deadline 25th of month prior to month of issue. 50¢ per word; $10 minimum charge. Check must accompany copy.

TACOMA MEDICAL SUITES in established professional complexes near General Hospital. Tacoma Medical Center or Lakewood Professional Village. Call E.G. Leimbacher (206) 581-1313 mornings or 584-6856 evenings.

FOR SALE — Westhighland White Terrior Puppies, AKC and CKC Males, $250. 847-1274 evenings.

NORTH END MANSION FOR SALE Call 927-7655 or 759-7270.

BY OWNER. Contemporary View Home in Fircrest. Very Unusual. Send for flyer. 1545 Weathervane Court, Fircrest, WA 98466.

MEDICAL OR DENTAL OFFICE, approx. 2000 sq.ft., with x-ray room. Located on main thoroughfare near hospitals. Ready for use. $800/month negotiable. 572-7888 weekdays between 9 and 5.

SPECTACULAR NARROWMOOR VIEW home for sale. Unique contemporary home on quiet street offers custom decorated formal living room and dining room, 4 bedrooms, 3 baths, large family room with wet bar and indoor swimming pool. Call 564-4148.

PEDIATRICIAN / OBGYN / FAMILY PRACTITIONER board certified or eligible to associate with 8 man multi-specialty group in Tacoma, WA. Salary, $40,000 per annum leading to full partnership after first year. Please send curriculum vitae and inquiries to T.H. Skrinar, M.D., c/o Puget Sound Clinic, 3611 So. "D" St., Tacoma, WA 98404 or telephone collect, 206-756-8591 or 206-756-8569.

RENTAL BARGAIN -assume existing lease for remaining term at $400/month, $160 under market. 1,175 sq. ft. 565-4444.

St. Joseph Hospital
C.C. II Lake Tahoe 3/9-16/81
Information: T. AKAMATSU, M.D.
627-4101, Ext. 163.

PERMANENT HAIR REMOVAL

Helene Black, R.E.

3509 S. 14th St., Tacoma 98405 759-1151

Member: Washington State Electrolysis Assn. and Electrolysis International Assn.

Trained: Kree International Institute of Electrolysis, N.Y. and Wilshire Blvd. School, Los Angeles

LOCUM TENENS — Emergency Room available full time this summer — part-time now. Have Washington license, 20 years experience in private practice; John Eufemio, M.D., S.A.E.S., 45 Broadway, Apt. 6, Tacoma, 627-4791.

FOR RENT, CORNER SUITE with balcony. 781 sq.ft. at Allenmore Medical Center. Call Leif Overby, D.D.S., days 752-0802; evenings, 1-858-2643.

UNIVERSITY PLACE PROFESSIONAL SQUARE. For rent or lease University Place area. 1175 sq. ft. suite, $560/month, call 565-4444.

OFFICE SPACE. Excellent location by Good Samaritan Hospital in Puyallup. Readily accessible from freeway and Meridian Street. **To be built!** 10,000 sq. ft. of space designed for doctor's lease or own. Call Jerry Lawson, Crescent Realty, Inc. 848-4556 evenings 848-3841.

MEDICAL SOCIETY OF PIERCE COUNTY
[illegible] South 38th, Suite 205
Tacoma, Washington 98405
ADDRESS CORRECTION REQUESTED

Take as directed and call us in the morning.

Making money is one thing. Keeping it is another. And passing it on to your family is certainly something else again.

That's what a good living trust is all about—a plan for both today and tomorrow.

It's one part investment counselor. One part tax shelter. One part financial administrator.

While you're still here, a living trust will see that your estate is expertly managed. So you won't have to bog yourself down with paperwork, safekeeping responsibilities, capital growth.

And, after you're gone, a living trust will help your family thread their way through the labyrinth of will probate. Reduce estate settlement expenses and delays. Minimize estate taxes. Provide continued professional investment management.

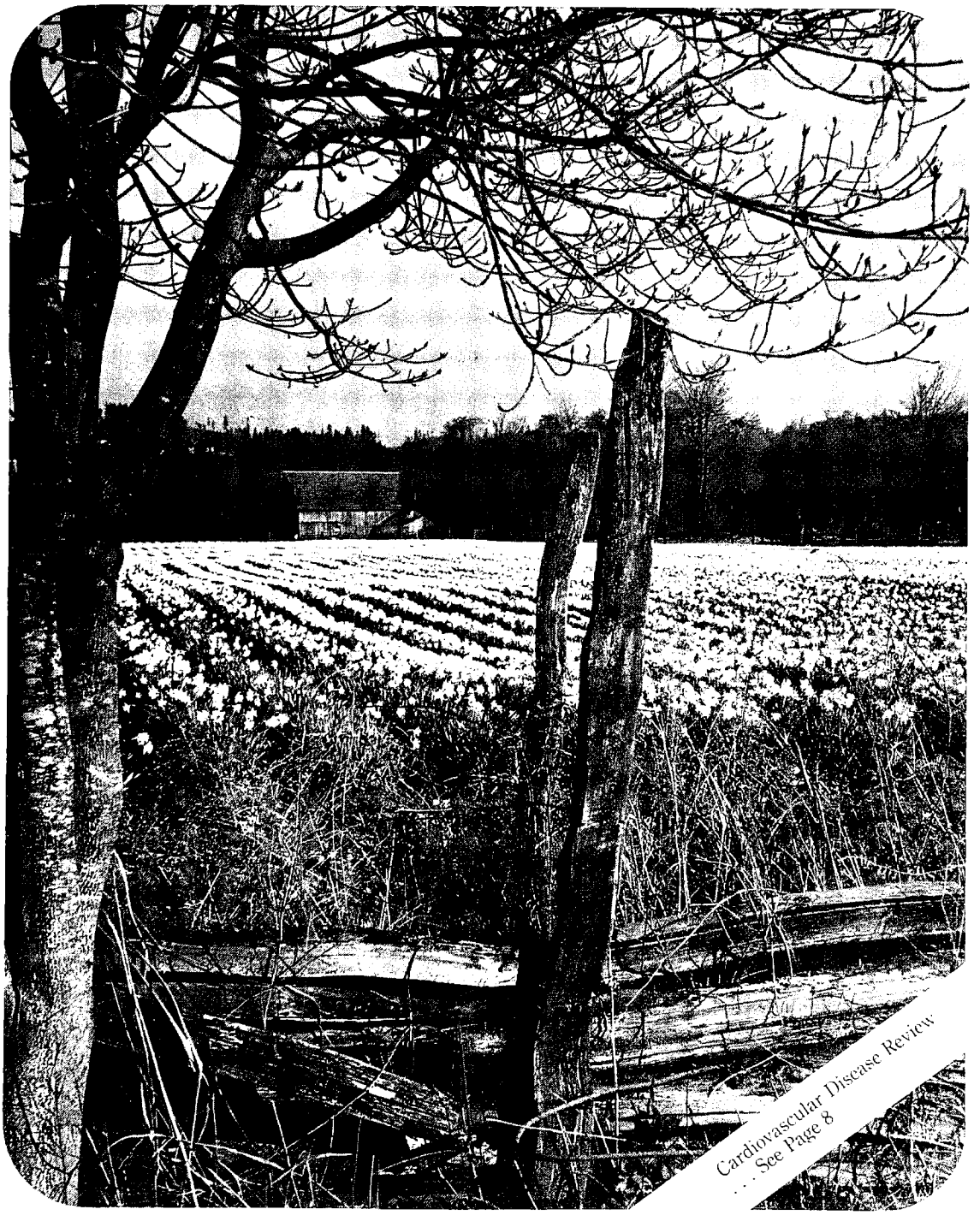
After all, a living trust keeps living. Always. Repeat: always.

So, if you haven't found out what a living trust can do for a busy physician, give us a call any time, morning or afternoon.

TRUST DEPARTMENT
(206) 593-3881

Medical Society of Pierce County

APRIL 1981, Vol. LIII, No. 4, Tacoma, Washington



Cardiovascular Disease Review
. . . See Page 8

BULLETIN

It's no accident.

The fact that our area leads the nation in holding down health care costs is no accident. It's the direct result of voluntary health planning.

Physicians, hospital and clinic administrators and managers, governmental representatives and the public at large have worked together to produce a model health care system in Washington and Alaska. Even health care providers not directly involved in health planning have a say.

The recent trend toward consolidation and joint operation of hospitals...the addition of professional planners to hospital staffs...the recognition of the importance of the relationship between hospitals, physicians and third party payors such as Blue Cross...have also contributed to the success of the system and the containment of health care costs.

We're proud of the success of voluntary health care planning in this area. We're pleased to be part of the process.

Blue Cross
of Washington and Alaska
Seattle, Spokane, Tacoma, Yakima, Richland, Wenatchee, Anchorage.

Good health coverage is up to us. Good health is up to you.

Contents

COVER

Photo courtesy of Lee Merrill and Custom Photographic Laboratories.

Staff

Editor ..... David S. Hopkins, M.D.
Managing Editor ..... Thomas J. Curry
Editorial Committee..... W. Ben Blackett, M.D., Stanley W. Tuell, M.D.

Society News Briefs

A summary of Medical Society, and local medical and health news

MAY HOUSE OF DELEGATES MEETING TO CONSIDER WSPIA

Saturday, May 16, the WSMA House of Delegates will meet to decide whether or not to implement WSPIA (Washington State Physicians Insurance Association), the proposed physician-owned professional liability insurance company. There will be a reference committee meeting open to all members immediately prior to the House of Delegates meeting at the SeaTac Red Lion. Dr. Jim Early, a past-president of MSPC and a member of the WSMA Board for several years, serves on the reference committee.

The MSPC delegation will meet on Tuesday, April 28 to review the House of Delegates Book. A representative from Aetna (the only other carrier considered by the WSMA Professional Liability Committee to be competitive with the WSPIA program) will be in attendance. All members are invited to attend. This is a major decision, which financially affects all physicians who will be in practice two years or more. Pierce County delegates — MSPC officers and trustees — are anxious to reflect the membership's wishes on this issue. For additional information, contact the Medical Society office, 572-3667.

MAY MAMC MEETING SET

Mark you calendars for Tuesday, May 12, 1981, the date of the annual Madigan Army Medical Center — Medical Society of Pierce County joint membership meeting. MAMC will host the meeting at the Ft. Lewis Officers Club. The program will follow the format established in recent years by offering three short presentations on a variety of medical subjects. One hour AMA category I credit will be awarded. See page 4 for details.

Monday, May 4, is the deadline for reservations. Please return your check to MAMC by no later than the 4th. If you have questions, contact the Medical Society office for further information.

CREDIT REFERENCE SERVICE AVAILABLE

A credit reference service is available from Puget Sound Collections (PSC), the Medical Society's endorsed collection service. There is no charge. Please call PSC, 383-5011, for further information. Your support of PSC is encouraged. Society members using the collection service receive a 10 percent commission discount and Society programs are supported in part by PSC based on physician use of the service.

PHYSICIANS ELECTED TO MEMBERSHIP

Seven physicians were elected to membership in the Medical Society of Pierce County at the April Board of Trustees meeting. The physicians added to the membership of the Society are:

David Pomeroy, M.D.
Gerard W. Ames, M.D.
Kenton C. Bodily, M.D.
Christopher R. Miller, M.D.
Vernon L. Nessan, M.D.
Anthony J. Lemanski, M.D.
Rosemary Crawford, M.D.

PUYALLUP CONDUCTS CHILD-FIND SCREENING CLINIC

Puyallup Community agencies are working together with the Puyallup School District to accomplish a significant "1st" for their community — free developmental screening for children 0 thru 5 years of age. The screening will be conducted at Spinning Elementary School, 1306 East Pioneer, Puyallup, on Saturday, May 2 from 9:00 a.m. to 3:00 p.m.

The school district has been actively involved in providing free developmental screening for children 3 thru 5 years of age since August, 1980. The district provides developmental preschool programs, speech therapy, and occupational therapy for those children who meet the state eligibility requirement of a 25 percent or greater deficit in any two of the following

(continued on page 13)

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405 Telephone: (206) 572-3666. Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is $10.00, which is included in the dues. Non-member subscription, $15.00 per year. Single copy $2.00.

Medical Society/Madigan Army Medical Center

JOINT SPRING MEMBERSHIP MEETING

TUESDAY, MAY 12

Join your colleagues from the Medical Society and Madigan Army Medical Center for a filet mignon dinner and informative program of three 12- to 15-minute presentations (one hour AMA Category I credit will be awarded).

PROGRAM:

- **The Failure of Antibiotics to Eradicate the Group A Beta-Hemolytic Streptococcal Carrier State** by Warren A. Todd, Jr., MD, Colonel, MC.
- **Continuous Positive Airway Pressure Administered by Face Mask** by Henry Covelli, MD, LTC, MC.
- **Adolescent Pregnancies—Facts and Figures** by Joseph Sakakini, Jr., M.D., Colonel, MC.

DATE: Tuesday, May 12, 1981

TIME: No host cocktails 6:15 P.M. Dinner 7:15 P.M. Program 8:00 P.M.

PLACE: Fort Lewis Officers' Club

COST: $9.50 per person (includes gratuity)

Register now. Space will be limited. Please complete the attached reservation form and return it, with a check for the appropriate amount *made payable to the Fort Lewis Officers' Club* to the Society office. Or, call the Medical Society office, 572-3667, to confirm your attendance.

Due to the special arrangements necessary for this joint meeting, reservations must be made no later than Monday, May 4.

REGISTRATION:

Yes, I (we) have set aside the evening of May 12 to join my fellow Society members and physicians from Madigan Army Medical Center at the annual Spring Joint Meeting.

____ Please reserve _____ dinner(s) at $9.50 per person (gratuity included). Enclosed is my check for $_____.

____ I regret I am unable to attend the dinner portion of the meeting. I will attend the program only.

Dr.:_____

RETURN TO MSPC BY NO LATER THAN MONDAY, MAY 4.

President's Page

George A. Tanbara, M.D.

MAE MIMASU

Many years ago Bob Kallsen asked me to write on my leisure time activity, tennis. At the time I was not "into it" as much as I am now, thanks to the availability of my partner, Larry Larson.

1. **Watch the ball!!** Anyone playing any sport with a moving object knows this is the single most important rule. So easy to say, but so hard to remember in the heat of competition. Whoever really sees every ball coming off the strings of the racket every single time — service, base line, volley, overhead or half volley will improve his game 100 percent. There are so many distractions — service style, the opponent coming to the net, the ball hitting close to an outside line, a doubles opponent "poaching." It doesn't matter, if you hit the ball where you intend to, you will continue to control the rally or win the point outright.

In our practice of medicine there are many compelling variables that can detour us from looking ahead — **Mae Mimasu.** If we can remember that we are here to serve our patients and the community according to the most recently revised AMA Principles of Medical Ethics, we can improve our practice and our community medically 100 percent.

2. **Be prepared!!** Not just ready, but read the ball as it comes off your opponent's racket so that you will be moving as rapidly as possible from your ready position to where the ball is going. You want to arrive there ahead of the ball to make your preparation to return it in a meaningful manner rather than lunging at the last minute and hoping that you at least touch the ball or get it back over the net any which way.

Preparation in medicine also takes much time and anticipation. We learn from each other and nurture the good points and improve upon them. We should continue to be appreciative of those who have paved the way or cared for the patient prior to his or her coming under our individual care. Only physicians can appreciate another physician's judgement which requires a large amount of time and continuing medical education to arrive at a course of action to benefit the patient. If an equal amount of time in continuing medical education were spent prior to criticizing another physician there would be more appreciation of a fellow physician's worth and less comments which are irretractable once said.

3. **Confidence!!** As with anything, whatever is done confidently with high expectations is more likely to be accomplished. If you have taken care of the first two points, confidence will just flow from your brain, through your body and out your arm.

There is need for all of us in our practice to be supportive of the patient and family. If a physician knows what is happening, certainly this is most reassuring at a time of need. It does take dedication and sincerity to transmit this confident feeling. This is the art of medicine.

4. **Follow-through!!** For any stroke to be effective, the follow-through on your serve, forehand, backhand, volley and overhead is important. Just as your recorded voice may be a surprise to you personally, a videotape or movie of your strokes is a revelation. Arrange for it and it may be the biggest incentive for you to improve parts of your game — many times the follow-through.

In our practice, we feel that all our suggestions and advice are carried out implicitly by our patients. Compliance is so difficult, whether it be medications, therapy, referrals to consultants, or changing habits. Asking the patient or the family may reveal that your follow-up or follow-through needs shoring up, minimally or extensively. Patient and family responsibility is hoped for and can be encouraged by the interest and encouragement by the physician.

5. **Enjoyment!!** Tennis is a game for fun and life-time exercise. If it is played that way, it should relieve your stress, improve your body and your disposition. If it increases your stress and makes you go into theatrics, a better outlet should be considered. Camaraderie is encouraged, undesired character revelation is discouraged. Competition can be at a family or tournament level — local, state, regional, or national — whatever your interest or level of play may be.

Medicine is a life-time career that requires a total commitment to be a good physician. Physicians need to enjoy serving all people. There will always be a variety and only through this wide experience can a physician truly serve the community.

HI (yes), WAKARIMASU (I understand), ISHŌKENMEI (with the) utmost effort), MAE MIMASU (I will) look ahead.)

GAT

COVERAGE FOR PSYCHIATRIC SERVICES DEPLORED

The following letter, though longer than those normally accepted for publication in the BULLETIN, addresses an issue of importance for the Pierce County medical community and our Medical Bureau. For that reason, it is reprinted in its entirety for your information and comment — the editor.

W. Ben Blackett, M.D., President
Board of Trustees
Pierce County Medical Bureau, Inc.

Dear Doctor Blackett,

A little over a year ago I was involved with a group of colleagues in an effort to improve the services and operations of the Pierce County Medical Bureau (PCMB). Further efforts were abandoned after a meeting with the Board of Trustees when we were assured that many of the changes and recommendations that we made were going to be carried out and allegedly had already been planned for. At the time of the meeting with the Board I made it clear that the coverage for psychiatric disorders by PCMB, both in-patient as well as out-patient services, were horribly inadequate. Therefore, I was very much looking forward to the promised changes and improvements in that area.

The new Health Care Services Contract which went into effect on January 1, 1981 does not contain, what I consider, improved services to patients suffering from psychiatric disorders. Let me briefly summarize the highlights of what the contract does contain.

Section VI-C.1 covers 80% of reasonable charges of an approved Alcoholism Treatment Facility to a maximum of $1,000.00 per calendar year. No mention is made of the reimbursement of services by a physician. Furthermore, the facility has to be either operated under the direction and control of DSHS or be approved by it.

Section VII-B.5 *excludes* insanity, neuropsychiatric or mental conditions. Drug addiction and drug abuse are excluded under number 8 and any results such as injuries or illness from attempted suicide is excluded under number 9. All this, incidently, is on a par with venereal diseases, such as syphillis (number 4) and exogenous obesity (number 3), excluded under the same section.

Under the rider B-SP, Major Medical, section 2-I magnanimously allows for 50% of the charges by a physician and by the hospital for the treatment of insanity, neuropsychiatric or mental conditions, excluding drug addiction, to a maximum of $1,000.00 per calendar year. Three hundred dollars ($300.00) of that amount may be used for outpatient care by a physician with the same 50% of charges as applicable to in-patient services. Incidentally, the amounts covered under this section prior to this change were $500.00 for in-patient care or $250.00 for out-patient care with the same 50% limitation.

Section 4 places a maximum major medical benefit of one million dollars ($1,000,000.00) for a lifetime with, as I understand it, $10,000.00 per year. Again, I do not consider this change an improvement. At best, it is a token coverage and at worst it is a flagrant discrimination against, and insult to, patients suffering from psychiatric disorders and to the psychiatrists, your fellow physicians. Incidentally, I'm writing this letter, not only as a provider but also in the role of a subscriber and as a psychiatrist speaking for the many patients who are subscribers to PCMB. These patients have expressed their unhappiness with the limited coverage by PCMB on many occasions.

The American Psychiatric Association has consistently assumed the position that coverage for psychiatric disorders should be on an equal basis with coverage for other medical conditions. The AMA has shown an increasingly sympathetic ear to that position. I would have expected that the physicians who are, after all, controlling the PCMB would be similarly oriented and sophisticated enough to recognize that there is no reason why patients with psychiatric conditions should be discriminated against or treated on a less than equal par with patients suffering from other medical conditions. Unfortunately, this is not the case.

COST FOR COVERAGE NOT EXORBITANT

Purely fiscal considerations based on mythical and unfounded assumptions appear to be the primary guidelines for the decision makers in PCMB. The assumption has been frequently made that the cost for psychiatric coverage would be astronomical and therefore not feasible. However, a number of convincing facts should not be disregarded. I'm referring here to the 10 year experience in Canada where unlimited coverage for psychiatric in-patient and out-patient care has been on a par with coverage for other medical conditions. Surprisingly, the cost for all psychiatric services in that nation has not exceeded 10% of the total medical budget and, in fact, has remained closer to approximately 8%.

Furthermore, in the past year or more, the American Psychiatric Association has collaborated with the Aetna Insurance Company, as well as with Champus by providing Peer Review for psychiatric services at various check points during the course of treatment. These expriences have clearly demonstrated that costs for coverage are not exorbitant but reasonable and manageable and even reduced as a result of the Peer Review. Several other insurance companies are entering into a similar contract.

Another argument that may be raised against expanding the coverage under the PCMB contract is the claim that industries and unions, etc. do not want psychiatric coverage or do not want any expansion of it because of the increase of premiums. If that is so, I would seriously question the extent of increase in premiums proposed and wonder whether this might be exaggerated to the point that there is no choice but to turn down such a proposal.

WHO SPEAKS FOR THE SUBSCRIBERS?

Furthermore, as a subscriber, I cannot recall ever having been approached by PCMB as to whether I might want a higher coverage for psychiatric disorders under the Major Medical program. I don't think any physician in Pierce County covered under this contract has been approached on that issue. Therefore, I wonder who has

been the spokesman for the subscribers. Could it be the members of the Board of Trustees of PCMB?

The rationale for covering only 50% of the hospital and provider-psychiatrists' costs as compared with the 80% of the hospital and doctors' bills for other medical services is totally unclear. The implication obviously is that not only the patients are not worth it, but that also the hospitals and the physicians - psychiatrists - are not rated equal to other sections of the hospitals and to physicians in other specialities.

I cannot see this as anything other than as insult to psychiatrists and their patients. Of course, it already had been made clear in section VII-B, which implies that patients with mental conditions are not any different from patients suffering from syphillis. This implied attitude toward psychiatrists tells me that nothing has changed during the 23 years that I've been in practice in this community.

In 1957, when I started a practice in this city, I first became aware of this remarkable attitude. When I was accepted as a provider under the PCMB contract I was allowed to come in at end of a dinner-business meeting and seated with several othe physicians somewhere in the back of the room on hurriedly brought in straight chairs. After I had been introduced as a new member-provider of PCMB, Doctor Sam Adams got up and clearly stated that he did not object to my becoming a provider under contract with PCMB but under no circumstances should a psychiatrist be allowed to be a board member or an officer of PCMB because psychiatrists were not enough in touch with medicine to be able to function in that capacity. This historic statement was applauded with a warm and approving silence. Not much has changed since that day in the attitude of the ranks of PCMB towards psychiatry.

Another example of "no change" is the fact that outpatient services for psychiatric disorders are limited to $300.00 (only a $50.00 increase over the previous contract), thereby inviting psychiatrists to hospitalize their patients because they will get paid more for hospitalized patients than for patients treated on an outpatient basis. This is not too different from an earlier problem when physicians got paid more for doing a lumbar-puncture on a patient in the hospital than for doing one in the office.

I cannot help but sympathize with the public pointing the finger at physicians as the cause of increasing medical costs when such a trend is actively promoted by the physicians themselves. It saves money to treat patients in the office instead of in a hospital. There is no reason why the same amount should not apply to either in- or outpatient services.

ALCOHOLISM COVERAGE EQUALLY DEPLORABLE

Furthermore, I wish to point out that the very limited coverage for alcoholism is equally deplorable. As you know, there are many physicians who are impaired by alcoholism. They, too, are deprived of the possibility of optimal coverage by a program that is, after all, run by their own profession.

Those physicians who are suffering from drug addiction, of course, can look forward to no services at all. And finally, anyone suffering from a psychiatric disorder or from alcoholism cannot look forward to receiving a million dollars worth of coverage during his lifetime, as

(continued on page 12)

2nd ANNUAL CARDIOVASCULAR DISEASE REVIEW

Tacoma General Hospital
Medical Center Auditorium

Friday — May 15, 1981 — All Day
Saturday — May 16, 1981 — Morning

FRIDAY — May 15, 1981

7:45	Registration/Continental Breakfast
8:15	**SELECTION OF HIGH RISK PATIENTS FOR CORONARY ARTERY SURGERY** Melvin D. Cheitlin, M.D., F.A.C.C.
9:05	**CORONARY ARTERY SPASM: HORSE OR ZEBRA?** Bruce H. Brundage, M.D.
9:55	**CASE PRESENTATIONS**
10:20	Break
10:30	**CASE PRESENTATIONS**
12:00	Lunch — No Host
2:00	**POST MYOCARDIAL INFARCTION — VENTRICULAR ANEURYSM & DYSFUNCTION WHAT IS IT? HOW DO YOU IDENTIFY IT? WHAT DO YOU DO WITH IT?** Melvin D. Cheitlin, M.D., F.A.C.C.
2:50	**CASE PRESENTATIONS**
3:50	Break
4:00 to 4:55	**LONG TERM RESULTS OF BY-PASS SURGERY RELATED TO VARIOUS FACTORS: VENTRICULAR FUNCTION - SEX - DIABETES - AGE - SYMPTOMS** W. Dudley Johnson, M.D., F.A.C.C.

SATURDAY — May 16, 1981

8:00	**CALCIUM BLOCKERS FOR THE TREATMENT OF HYPERTROPHIC CARDIOMYOPATHY** Bruce H. Brundage, M.D.
8:50	**ROLL OF ENDARTERECTOMY IN BYPASS SURGERY** W. Dudley Johnson, M.D., F.A.C.C.
9:40	**CASE PRESENTATIONS**
10:15	Break
10:25	**WHEN TO OPERATE ON VALVULAR HEART DISEASE** Melvin D. Cheitlin, M.D., F.A.C.C.
11:05 to 12:00	**PANEL** Melvin D. Cheitlin, M.D., F.A.C.C. Bruce H. Brundage, M.D. W. Dudley Johnson, M.D., F.A.C.C.

Program Coordinator: Gail B. Strait, M.D.

(The program will proceed exactly as scheduled — on time)

REGISTRATION: $60.00 - Physicians
$40.00 - Non Physicians
Deadline for Registration: **May 11, 1981**

For further information or registration write or call:
College of Medical Education (coordinating agency)
705 South 9th, #203, Tacoma, Washington 98405
Phone: (206)627-7137

Enclosed is my registration fee $ _____

Name _____

Address _____

_____

Medical Speciality _____

CREDITS: 10 Hours — Category I

AMA — As an organization accredited for continuing medical education, the College of the Medical Education, Inc., certifies that this offering meets the criteria for ten hours in Category I for the Physician Recognition Award of the American Medical Association and for the relicensure requirements of the Medical Examiner of the State of Washington.

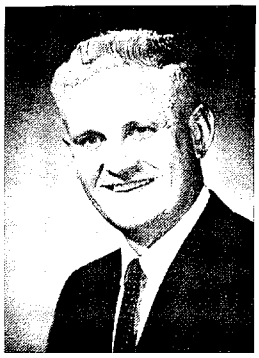
AAFP — Accredited by the American Academy of Family Physicians for 10 hours Category I (Prescribed)

Guest Faculty:

Bruce H. Brundage, M.D.
Associate Professor
Department of Medicine & Radiology
Director, Adult Cardiac Catheterization Laboratories
University of California, San Francisco
School of Medicine

Melvin D. Cheitlin, M.D., F.A.C.C.
Professor of Medicine
University of California
San Francisco
School of Medicine
Associate Chief, Cardiology Service
San Francisco General Hospital

W. Dudley Johnson, M.D., F.A.C.C.
Associate Clinical Professor of Surgery
Department of Thoracic-Cardiovascular Surgery
Medical College of Wisconsin



IN MEMORIAM

Frederick J. Schwind, M.D.

1915-1981

Fred Schwind was my friend. This is a statement that can be made by literally thousands of people and everyone of them feels fortunate to be included in the group.

Fred was one of those unique individuals who combine a multitude of talents, boundless intellectual curiosity, a warm sensitive personality, and a good sense of humor. The breadth of Fred's interests always amazed me. He loved the out-of-doors and was fascinated by all aspects of nature. He thoroughly enjoyed hiking, boating and fishing. He was very active in the Tacoma Zoological Society. He enjoyed growing things. He was a great handyman and he could do anything well if he put his mind to it. He was also a history buff and constantly amazed me with his knowledge of little known historic fact and trivia.

He enjoyed traveling and it was fun to travel with Fred and Elsie. It frequently involved side trips to a zoo or some local point of interest and invariably involved lots of laughter.

Fred Schwind was also an artist. He produced a few excellent paintings and some lovely wood carvings. He played and enjoyed classical guitar music and enjoyed photography in a variety of ways.

Another important item in Fred's life was his family. He came from a family that had developed strong ties. He took the roles of husband and father seriously. He gave unstintingly of himself, but expected each member to grow and develop to the best of their ability. He hurt when they hurt and took a quiet pride in their accomplishments.

But, perhaps as much as anything else, Fred Schwind was a Physician in the best and broadest sense. To me he was the embodiment of a Family Physician. His patients were also his friends. He provided a quality, comprehensive care that spanned 35 years.

When he stopped doing obstetrics Fred had begun to deliver the third generation. He had a fascination, curiosity, and thirst for knowledge that persisted through his many years of practice. He had a unique appreciation for the "whole patient" and his relationships with his environment. He remained open minded and optimistic without being gullible. The fondness, respect and love with which he was held by his fellow physicians spanned the generations — from his colleagues of thirty plus years to the new Family Practice residents with whom he worked so well and enjoyed so much. One of his favorite honors was the award presented to him by the Family Practice residents as the "Outstanding Teacher in Family Medicine for 1980."

Fred Schwind was active in many areas of organized medicine. He was a charter member of the American Academy of General Practice in 1948, and a charter Fellow in the subsequent American Academy of Family Physicians. He was a past president of the Medical Society of Pierce County and of the medical staff of Doctors Hospital. He served for many years on the Board of the Tacoma-Pierce County Blood Bank, was on the Board of the Family Practice Residency Foundation, and served with distinction on innumerable committees.

Dr. Fred Schwind was a hard working, sensitive man who liked to share with his friends. He had an abhorrence for waste and needless destruction, a deep appreciation for all of creation, and a warm and ready smile. I feel very fortunate and truly blessed that he was my friend.

Roy H. Virak, M.D.

ORGAN DONATION WEEK, NEW OFFICERS, DAFFODILS AND OTHER SIGNS OF SPRING!!

ORGAN DONATION WEEK

Governor John Spellman has proclaimed April 20-26 as the first annual Organ Donation Week of Washington. Organ Donation Week is coordinated by the Organ Donation Association, which originated in this state in 1976 through the cooperative efforts of numerous organizations including the Northwest Kidney Center, the Lion's Eye Bank at the University of Washington, the WSMA Auxiliary, Washington Department of Licensing, and many others.

It is a non-profit association whose purpose is to disseminate information about the need and procedures for obtaining organ donation, and arranging for retrieval and to support, assist, and promote cooperative relationships between participating retrieval and user organizations and those wishing to further the acceptance and the success of the donation concept. What does this mean to us? As members of the Auxiliary we are part of the Organ Donor Association and must have knowledge of the program and how we can help to make it work.

Certainly we are aware that kidneys, skin and corneas can be "transplanted" from the deceased to the living. This can happen only if we decide to give of ourselves after we die. How do we do it? Once the decision is made, and it's not that difficult, a donor card is filled out (cards are available from a variety of sources including the local department of licensing and the Medical Society). The card is completed by you and signed in the presence of two witnesses.

You can specify which organs you wish to donate; no others will be taken. Keep the card with you at all times. If you decide that you do not wish to be a donor, just tear the card up. Chances are you won't. Do tell your family, friends and physician of your decision so that after your death those close to you will know of your wishes.

Consider becoming an organ donor and talk to your friends about it.

To be able to give life and quality living to someone else after we are gone is one of the best gifts we can give, in life or death. Margaret Grandquist, community health chairman, is our contact person for this program. Please call her if you have questions or need any materials.

IRS DESIGNATES AUXILIARY 501C(3)

The IRS has approved our By-laws change. The Auxiliary now has a 501C(3) designation, which means we qualify for a less expensive bulk mailing permit. This was not an easy task and other auxiliaries are looking to our expertise in accomplishing this. Thanks are due to Helen Whitney, Barry Mott, and Gloria Virak whose perseverance with the IRS and its forms got us this all important designation.

MARCH MEETING — 1981-82 OFFICER SLATE ACCEPTED

The general membership approved the Nominating Committee's 1981-82 officers slate at the March 21 luncheon meeting held at the home of Mrs. William Martin. Our "thank you" goes to Sandra Griffith, luncheon chairman, and her members, Jan Gildenhar, Jeena Singh, Cathy Schneider, Nancy Kennedy, and Linda Stilwell.

Here are Auxiliary's 1981-82 officers:

President ..... Nikki Crowley
President-Elect ..... Marlene Arthur
1st Vice-President (Program) ..... Debbie McAlexander
2nd Vice-President (Membership) ..... Sharon Lukens
3rd Vice-President (By-laws) ..... Judy Baerg
4th Vice-President (Arrangements) ..... Janet Fry
Recording Secretary ..... Susie Duffy
Corresponding Secretary ..... Cindy Anderson
Treasurer ..... Gloria Virak
Dues Treasurer ..... Mary Whyte Lenard
Immediate Past President ..... Marny Weber

TEL-MED NEEDS YOU

Bernice Lazar, Tel-Med president, reported that at the end of its third year, Pierce County Tel-Med has one of the highest call volumes in the nation for its size category. We are currently averaging 2,500 to 3,000 calls each month.

Tel-Med has benefitted from excellent financial support from interested community groups and individual physician families. We must continue to educate the public about this service with promotion and publicity. Despite all the brochures distributed (well over 120,000!) and various types of publicity, there is and always will be a need to inform the public about Tel-Med. Interested individuals need to serve on the Tel-Med Board of Trustees. The basic requirement is an interest in the program.

There are four meetings a year, so the time commitment is minimal. Please call Bernice, 564-3034, if you would like to serve. The writer is a board member and has been impressed with the business-like approach of the Board while providing a terrific service to the community.

OTHER MEETING NEWS

Alice Yeh and Judy Robinette, telephone committee co-chairmen, were thanked for their help in keeping us reminded of meetings and other events. Dottie Truckey, dues treasurer, reported we now have 204 paid members. Membership dues are still being accepted.

The Finance Committee met in March to determine which organizations would receive Auxiliary support. Non-profit organizations were encouraged to submit a "need statement" for consideration. The committee reported its decisions as follows: Tel-Med, $1,000; Tacoma YWCA Women's Support Shelter, $500 for children's books and toys; Good Samaritan Hospital, Puyallup Children's

Therapy Unit, $500, for equipment. The committee's report was excepted by the membership.

HOLISTIC HEALTH DISCUSSED

Eric Luria, M.D., Gig Harbor, was our guest speaker at the March meeting. He practices the concept of holistic medicine and Dr. Luria shared with us the holistic medicine philosophy. Historically, holistic medicine is an outbranch of the humanistic movement. The word is derived from the Greek term halos meaning complete or entirety. The human being is looked at as a whole person. It is a system of care which emphasizes personal responsibility for health or wellness. Physical, mental, nutritional, environment, lifestyle and spiritual factors are considered parts of the whole and play an important role in the individual's wellness.

Dr. Luria stressed that medical school only teaches physicians about disease or illness; the concept of wellness is not taught. Dr. Luria feels that physicians don't heal patients, but that patients heal themselves. Health education is an important part of holistic medicine; medication may relieve the pain of an ulcer, but the underlying stress factors which cause the ulcer must be appropriately dealt with by the patient if the patient is to be well.

HANDICAPPED AWARENESS AND YOU

Handicapped Awareness is a health education project that began in 1977 through the joint efforts of the Medical Auxiliary and Pierce County Chapter of the March of Dimes. It is a program designed to introduce to pre-school and primary grade children the concept that people can be physically different, ie. physically handicapped, and that our common humanity is greater than the sum of any of our individual differences, especially any physical handicaps.

Handicapped Awareness consists of two thirty-minute presentations given on the same day, or within the same week. Each presentation requires one or two Auxiliary volunteers who have made prior arrangements with the individual teachers who have requested the program. The task of publicizing and scheduling the presentations is shared by the March of Dimes local office and the Auxiliary Project Coordinator. The requirements for the volunteers are a willingness to interact with sometimes unpredictable and challenging pre-school and primary grade children, and a positive feeling about physical handicaps and prosthetic devices. Important prerequisites are a desire to be and work with children, and the ability to discuss thoughts and feelings. Volunteer training consists of one or two introductory sessions and the observation of an actual presentation. A basic outline is provided, but individualization and creativity are encouraged and expected.

The project has been enthusiastically received. In the past three years it has developed from the organizational and training stage to a scheduling system with the purchase of books and other materials traveling throughout the state, assisting other auxiliaries to establish similar programs.

Now for the present. A video tape has been made of actual presentations to use in volunteer training as well as publicity for the project. There is still much to be done preparing new materials and in new areas of outreach. This cannot be done without *People. We Need Volunteers* who are willing to give their time and creativity. Perhaps you've been looking for a fulfilling opportunity to serve your community. *Handicapped Awareness Is Waiting For You!* If you would like to volunteer, or know more about the project, please call Sharon Lukens, project coordinator, 858-3725, or feel free to call and talk with any of the volunteers; Nikki Crowley, Cathy Schneider, Gayle Martin, Lee Jackson, Em Stern and Janet Fry.

Mary Whyte Lenard

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE

Antonio Gutierrez, M.D., Psychiatry. Born in Colombia, 1/21/47; National University of Columbia, Bogota, 1971; internship and residency, Worcester City Hospital/Worcester State Hospital, 1972-77. State of Washington license, 1979. Has applied for medical staff membership at Puget Sound Hospital. Dr. Gutierrez is currently practicing at Madigan Army Medical Center, Tacoma.

Dennis L. Quiring, M.D., Family Practice. Born in Bellingham, 8/10/44; University of Washington, Seattle, 1970; internship, LA County-Harbor General Hospital, Torrance, CA, 1970-71; Graduate, Epidermiology and Biostatistics, CDC, Atlanta, Georgia, 1971. State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Doctors, Mary Bridge Childrens, St. Joseph, and Tacoma General hospitals. Dr. Quiring is currently practicing at #3 Professional Building, Gig Harbor.

SECOND NOTICE

John A. Lincoln, M.D., Family Practice. Born in Dallas, Texas, 5/21/26; New York University, New York, 1952; internship, Temple University Hospital, Philadelphia, PA., 1952-53. State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan Hospital. Dr. Lincoln is currently practicing at 1518 Main St., Sumner.

Dennis L. Quiring, M.D., Family Practice. Born in Bellingham, WA., 8/10/44; University of Washington, 1970; internship, L.A. County Harbor General Hospital, Torrance, California, 1970-71; Epidemiology and Biostatistics, CDC Atlanta, Georgia, 1971. State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Doctors, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Quiring is currently practicing at #3 Professional Bldg., Gig Harbor.

James M. Wilson, M.D., Internal Medicine. Born in Warsaw, New York; University of Rochester School of Medicine, 1975; internship and residency, Madigan Army Medical Center, 1975-78. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Good Samaritan, St. Joseph and Tacoma General hospitals. Dr. Wilson is currently practicing at B-5003 Allenmore, Tacoma.

LETTER continued

anyone with an ulcer, hypertension, heart disease or psychosomatic illness are privileged to receive.

My hope is that this letter may be a stimulus to the Board of Trustees to stop the tokenism and to start providing psychiatric coverage, and coverage for alcoholism and drug addiction on an equal basis to any other medical condition. Hopefully during this year such a long overdue change in policy of the Health Care Service Contract will be implemented.

My fear, however, is that this letter may not be more than just a ripple in the pond which may briefly stir the members of the Board and attract their attention following which they will complacently relax, lean back and wait for the waters to resume their smooth and mirror-like appearance as if nothing had ever happened.

Thank you for your attention, I remain,

Sincerely yours
Hugo Van Dooren, M.D.

SOCIETY NEWS BRIEFS Continued

areas: expressive or receptive language, fine or gross motor, sensory or cognitive, social or self help development.

This is the first time the birth thru 2 year old age group has been included. Good Samaritan Hospital therapists (CDS, OT and PT), Tacoma Pierce County Community Health Nurses, therapists from Valley School of Special Education, and personnel from the Department of Developmental Disabilities and an audiologist will screen the 0 thru 2 year old children. The screening will involve communication, hearing, vision and motor development. Results will be sent to the child's physician.

The 3 thru 5 year old children will be screened in the areas of vision, hearing, dental, motor, communications (speaking and understanding), and concepts (pre-reading and math). A variety of screening devices will be used. Pre-screening will be done as needed and full psychological assessments will be provided for children determined to be in need of further assessment to determine eligibility for special education programming including speech only therapy.

Call Gwen Dewey, child-find coordinator, 593-8783, for further information.

PAMPHLETS AVAILABLE FOR REFUGEES

The health department, Maternal and Child Health Project, has a number of health information pamphlets translated into Laotian, Cambodian, and Vietnamese available. Brochures include "When Baby is Ill," "Child Health Record," and "Recommended Guide to Good Nutrition." For a list of additional brochures available and copies, call the department, 593-4807.

LIBRARY LOVERS

Governor John Spellman signs the proclamation designating April 5-11 as National Library Week in Washington State. Presenting the Governor with a "Love Your Library" poster in honor of the occasion are Marion von Bruck (right), founding member of the Washington Medical Library Association and Coordinator, Library Services, Pierce County Medical Library, Tacoma, and Betsy Sundell who works with the Library and Learning Services Project, funded by federal Library and Construction Act monies to provide bookmobile and other services to Cowlitz County citizens.

One of Governor Spellman's earliest public offices was as a library trustee. He was appointed to the King County Library System Board in 1960, and served as president of the Board of Trustees from 1961 through 1966.

Classified and announcement copy may be mailed to: Grawin Publications, 1020 Lloyd Building, 603 Stewart Street, Seattle 98101, or phoned to Seattle (206) 223-0861. Deadline 25th of month prior to month of issue. 50¢ per word; $10 minimum charge. Check must accompany copy.

TACOMA MEDICAL SUITES in established professional complexes near General Hospital, Tacoma Medical Center or Lakewood Professional Village. Call E G. Leimbacher (206) 581-1313 mornings or 584-6856 evenings.

NORTH END MANSION FOR SALE Call 927-7655 or 759-7270.

MEDICAL OR DENTAL OFFICE, approx. 2000 sq.ft., with x-ray room. Located on main thoroughfare near hospitals. Ready for use. $800/month negotiable. 572-7888 weekdays between 9 and 5.

SPECTACULAR NARROWMOOR VIEW home for sale. Unique contemporary home on quiet street offers custom decorated formal living room and dining room, 4 bedrooms, 3 baths, large family room with wet bar and indoor swimming pool. Call 564-4148.

PEDIATRICIAN / OBGYN / FAMILY PRACTITIONER board certified or eligible to associate with 8 man multi-specialty group in Tacoma, WA. Salary, $40,000 per annum leading to full partnership after first year. Please send curriculum vitae and inquiries to T H. Skrinar, M.D., c/o Puget Sound Clinic, 3611 So. "D" St., Tacoma, WA 98404 or telephone collect, 206-756-8591 or 206-756-8569.

FOR RENT, CORNER SUITE with balcony 781 sq.ft. at Allenmore Medical Center. Call Leif Overby, D.D.S., days 752-0802, evenings, 1-858-2643.

TAKE OVER ESTABLISHED FAMILY PRACTICE—equipped and furnished, 3 exam rooms, lab, work room and private office. Immediate occupancy available. Reasonable rent. Tacoma Medical Center 759-8681.

OUTSTANDING OPPORTUNITY to locate your professional office in Bonnie Lake. Build to suit professional office building with ownership participation available. Excellent central location. Call Larry Largent, Radford & Co. 206-454-4200.

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PEDIATRICIANS

Excellent practice opportunity for 1-2 pediatricians in rapidly growing Gig Harbor. Harbor Park, medical Bldg. "B", is now leasing. X-ray, lab and 5 other Drs. are established in Bldg. "A". Call or write Jon H. Kvinsland, D.D.S., 5122 Olympic Dr. NW A-201, Gig Harbor, WA 98335 (206)858-9171.

FAMILY PRACTICE openings at the Olympia Medical Center of Group Health Cooperative of Puget Sound. FPs have defined patient panels and are responsible for the inpatient and ambulatory care of their patients. Prefer interest in normal obstetrics. We hospitalize at nearby St. Peter with elective procedures coming to GHC hospitals in Seattle. Contact: F. Rodda, 200 15th Ave. E., Seattle, WA 98112 326-6200.

TWO OB TABLES complete with pads, stirrups and lamps, made by American Sterilizer Medical Equipment Company. For more information call 584-3466 or MA 7-2440.

MEDICAL OFFICE SPACE adjacent to St. Joseph Hospital for sub-lease, available on May 1, 1981. Total of 1500 square feet with 2 examination rooms, 460 square feet unfinished. Waiting room furniture available. Call 383-3081 between 8:00 AM and 5:00 PM Monday through Friday.

POSITION OPEN

MEDICAL DIRECTOR — Long-term-care facility-geriatric clients. Minimum 3 days week-4 hours day. Large Medical Directors suite is provided. Contact Mr. Ron Klipping, Administrator Tacoma Lutheran Home & Retirement Community, (206) 752-7112 ext. 117.

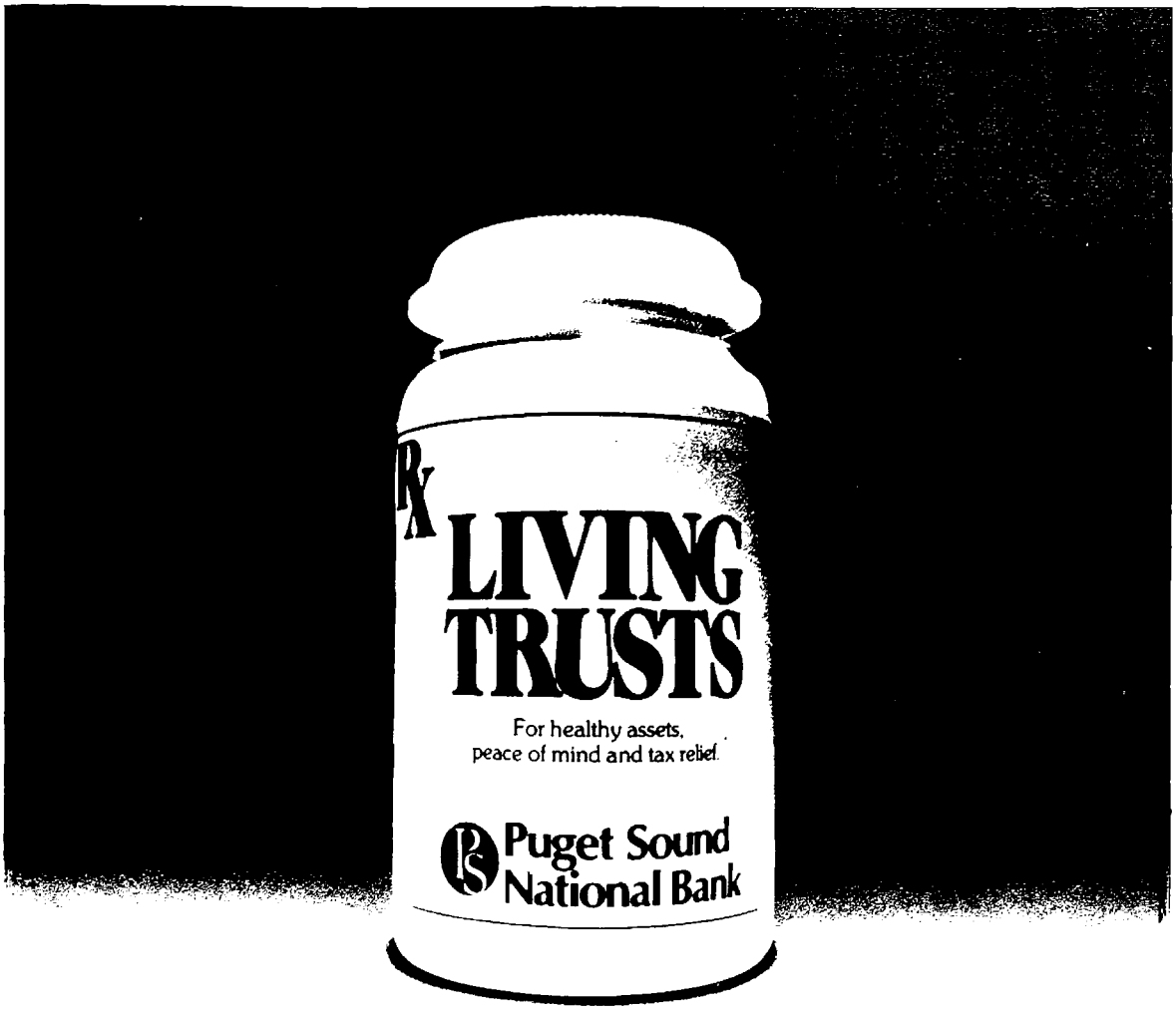
UNIVERSITY PLACE PROFESSIONAL SQUARE. For rent or lease University Place area. 1175 sq.ft. suite, $560/month/less on lease assumption; assumption of lease 1410 sq.ft. first floor, $650/month, and 910 sq.ft., $445 month. Call 565-4444.

MAUI CONDO — ocean front, 2 BR—2 Bath, 2 lanai. Will sell or trade over 1,000 sq.ft. for comparable condo in Tacoma area. Chris C. Reynolds, M.D. 564-7833, 474-0533.

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

Primary care physician assistant seeks practice opportunity, specializing in family medicine. Board certified, National Commission on Certification of Physician Assistants. B.S. Health Sciences, Physician Assistant Certificate, The George Washington University, Washington, D.C. Member, American Academy of Physician Assistants and Washington State Academy of Physician Assistants. Available now. Listing #401.



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An added complication... in the treatment of bacterial bronchitis*

Some ampicillin-resistant strains of Haemophilus influenzae—a recognized complication of bacterial bronchitis*—are sensitive to treatment with Ceclor.[1-6]

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.[7]

Ceclor®
cefaclor
Pulvules®, 250 and 500 mg

Brief Summary.
Consult the package literature for prescribing information.

Indications and Usage: Ceclor® (cefaclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms.

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceclor.

Contraindication: Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS TO BOTH DRUG CLASSES (INCLUDING ANAPHYLAXIS AFTER PARENTERAL USE).

Antibiotics, including Ceclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Precautions: If an allergic reaction to cefaclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g. pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefaclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Ceclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Ceclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Usage in Pregnancy—Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in ferrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

Usage in Infancy—Safety of this product for use in infants less than one month of age has not been established.

Adverse Reactions: Adverse effects considered related to cefaclor therapy are uncommon and are listed below:

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients.

Cases of serum-sickness-like reactions, including the above skin manifestations, fever, and arthralgia/arthritis, have been reported. Anaphylaxis has also been reported.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain—Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

(100961)

*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*."

Note: Ceclor® (cefaclor) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

References

1. Antimicrob. Agents Chemother., 8:91, 1975.
2. Antimicrob. Agents Chemother., 11:470, 1977.
3. Antimicrob. Agents Chemother., 13:584, 1978.
4. Antimicrob. Agents Chemother., 12:490, 1977.
5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), II:880. Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., 13:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases (edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett), p. 487. New York: John Wiley & Sons, 1979.

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

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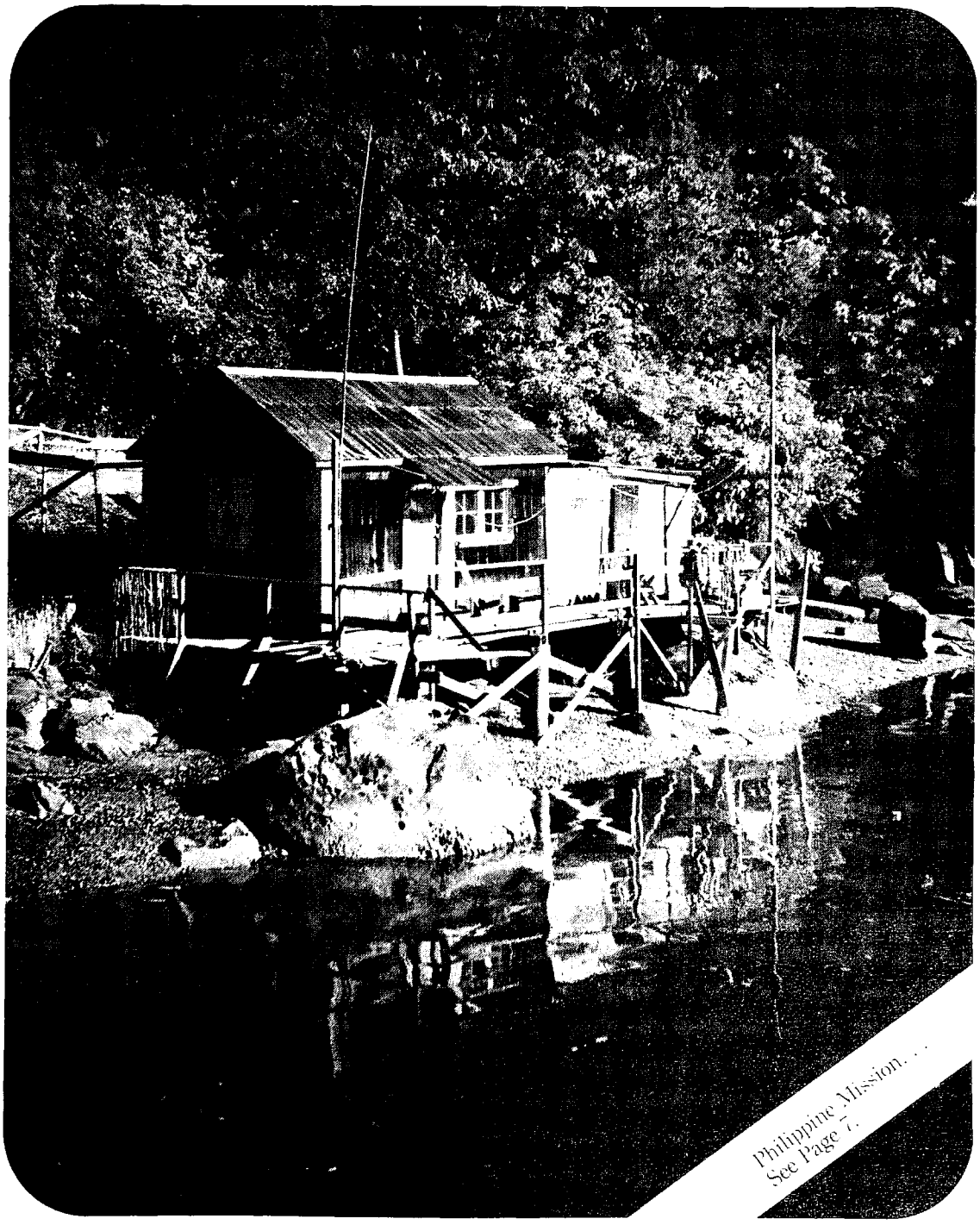
Medical Society of Pierce County

MAY 1981, Vol. LIII, No. 5, Tacoma, Washington



Philippine Mission. . .
See Page 7.

BULLETIN

It's no accident.

The fact that our area leads the nation in holding down health care costs is no accident. It's the direct result of voluntary health planning.

Physicians, hospital and clinic administrators and managers, governmental representatives and the public at large have worked together to produce a model health care system in Washington and Alaska. Even health care providers not directly involved in health planning have a say.

The recent trend toward consolidation and joint operation of hospitals...the addition of professional planners to hospital staffs...the recognition of the importance of the relationship between hospitals, physicians and third party payors such as Blue Cross...have also contributed to the success of the system and the containment of health care costs.

We're proud of the success of voluntary health care planning in this area. We're pleased to be part of the process.

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Good health coverage is up to us. Good health is up to you.

Contents

COVER

Photo courtesy of Fred Schwind, M.D.

Society News Briefs

A summary of Medical Society, and local medical and health news

1981-1982 DIRECTORY SURVEY LETTERS IN THE MAIL

Production of the "1981-1982 Directory for Pierce County Physicians and Surgeons" is underway with the mailing to all Society members of the annual survey questionnaire. Your response by June 15 is needed. If you have not received a questionnaire, please call the Society, 572-3667.

Your assistance in completing the questionnaire and returning it to the Medical Society office at your earliest convenience is appreciated. The questionniare includes essential information for the Society's Physician Referral Service. Also included is an order form for 1981-1982 Directories. All members of the Medical Society (active, associate, affiliate, provisional or honorary) will receive a copy free of charge.

JAIL HEALTH ADVISORY BOARD UNDERWAY

The Medical Society-sponsored Jail Health Advisory Board met for the first time late in April. The Board, chaired by Dr. Herbert C. Kennedy, has been established to review and/or suggest policy as it applies to the administration of jail health services and to act as an impartial arbitrator of issues and questions related to health services in the Tacoma-Pierce County Jail.

In addition to the Board's physician membership — Drs. Kennedy, Charles LeR. Anderson, Paul J. Nuccio, and W. Michael Priebe — representatives from the Pierce County Dental Society, Tacoma-Pierce County Bar Association, Pierce County Nurses Association, and Health Department serve on the Board. The Board is currently reviewing draft jail health protocols. For additional information, contact Tom Curry, Medical Society, 572-3667.

AA SUPERIOR PHYSICIAN CONTROLLER APPOINTED

The Medical Society's Emergency Medical Standards Committee has appointed Bernard I. Fouke, M.D., as physician controller to AA Superior Ambulance Company. The action, taken at the April EMS committee meeting, was ratified at the May 5 MSPC Board meeting.

PHYSICIANS ELECTED TO MEMBERSHIP

Eight physicians were elected to membership in the Medical Society of Pierce County at the May Board of Trustees meeting. The physicians are:

Daniel R. Bailey, M.D.	James L. Patterson, M.D.
Bernard I. Fouke, M.D.	John M. Samms, M.D.
Richard H. Johnson, M.D.	Roger S. Simms, M.D.
John A. Lincoln, M.D.	James M. Wilson, M.D.

CREDIT REFERENCE SERVICE AVAILABLE

A credit reference service is available from Puget Sound Collections (PSC), the Medical Society's endorsed collection service. There is no charge. Please call PSC, 383-5011, for further information. Your support of PSC is encouraged. Society members using the collection service receive a 10 percent commission discount and Society programs are supported in part by PSC based on physician use of the service.

TECHNICAL WRITER AVAILABLE

A technical writer and editor is available on a free lance, per project, basis for physicians desiring technical writing assistance on research projects. The writer has several years related experience and is qualified. For additional information, call Linda Carras, Medical-Dental Placement Service, 572-3709.

OFFICE VISITS AVAILABLE

Placement Service Director Linda Carras is conducting on-site visits to offices with employment needs. The visits are designed to familiarize the Placement Service with your staff and office set-up. By understanding the specific needs of each office, the Placement Service is better able to refer qualified applicants for each specific job opening.

If you have a job opening and are interested in having an office visit, please call Linda, 572-3709. See page 6 for additional Placement Service information.

(continued on page 13)

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405 Telephone: (206) 572-3666 Bulk Rate U.S. Postage paid at Tacoma, Washington The BULLETIN is published in the interest of medicine and allied professions The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101 Annual subscription rate for members of the Society is $10.00, which is included in the dues. Non-member subscription, $15.00 per year. Single copy $2.00.

NUTRITION AND HEALTH: STARVATION OR OVERFEEDING IN MEDICAL EDUCATION?

To the Editor:

Nutrition is the keystone to human health. It is an indispensable part of living and one of the physician's most important allies in maintaining health or managing illness. "Many problems associated with the 'usual American diet' and 'American food habits' reflect abandonment of the dictum of moderation," according to an American Medical Association report from the AMA Council on Scientific Affairs concerning concepts of nutrition and health.

The majority of chronic disease and deaths in the country have been linked to lifestyle, notes Dr. Phillip White, director of the AMA Nutritional Department, and the most important component is personal nutritional habits. Dietary goals for the nation point up the importance of consuming only as much energy as is expended and decreasing intake when overweight.

Reduction of fat consumption, particularly that portion representing saturated fat, and increasing poly-unsaturated and mono-unsaturated fat proportions are desirable goals. Limiting the intake of sodium by reducing salt intake to about 5 grams a day is recommended. Increasing consumption of fruits and vegetables and whole grains has been shown to be most important for all ages. Decreasing the use of refined and processed sugars in food and foods which contain them is another important nutritional area of concern.

It all makes dreary reading, particularly when you are puzzled as to how one can write it on a prescription form or administer it effectively in a busy office practice. Unfortunately, many of us have been "imprinted" during our earlier years with the misimpression that nutrition is both dull and unimportant in the practice of medicine. Another fantasy is that it (nutrition) simply cannot be compressed into acceptable or injectable forms for practice.

A recent College of Medical Education program held at Puget Sound Hospital focusing on health, nutrition and hemotology dispelled these notions for the audience who gathered to hear an outstanding faculty. First, physicians have many resources available which can help keep your patients nutritionally healthy as well as assist your patients who are not well. The consulting dietition is a professional colleague finding increasing value here in Pierce County as an adjunct to successful clinical practice.

The hospital dietitions available to your patients are outstanding and tireless in attempting to help your patients recover promptly through carefully regulated diets which are attractive, nutritious and invaluable in the recovery process. Their names and addresses are available from the Southern Puget Sound Dietetic Association, 588-8830 (Marilyn Brenner, chairman, Public Relations).

The physician's advice and example can be highly supportive to patients when it is appropriate. The office staff, literature available to the public, and the many community agencies concerned with nutritional health are easily accessible. The difference is you. Reinforcing patient responsibility is just another way of caring for our patients.

Sincerely,

Roger J. Meyer, M.D., MPh.

President's Page

George A. Tanbara, M.D.

SHIKATAGANAI

Physicians make many decisions every day which not only affect their own lives but others, especially patients, sometimes dramatically. There are situations which are truly beyond our control, others where effort may be expended but still not change the outcome, and still others where after much effort the outcome can be changed.

Genetically determined conditions we learn to acknowledge and attempt to help the patients and families accept, understand and live with. Unexpected events such as accidents, aging processes, and physiologic rhythms are usually beyond any control.

Compliance to our medical recommendations by patients should be an easily obtained goal. Why is there need for campaigns, laws, voluntary health organization education committees and other groups to urge or require immunizations, seat restraints, cessation of tabacco smoking, weight control, adequate nutritional habits, recognition and lowering of hypertension, adequate exercise, medically acceptable alcohol and drug intake, and periodic or self examination for malignancies? Salesmanship by physicians may promote a higher success rate rather than throwing up our hands and saying, "SHIKATAGANAI" — "It can't be helped."

Inflation is hard to measure. The cost of medical care can cause or be affected by it. Each of us in our own practice and fees feel that we have some control over it rather than just thinking in terms of raising fees to stay even with inflation. There are other ways that we can be effective, singly or collectively.

We are reminded constantly to monitor tests, studies, procedures and medications that are ordered in our office, hospital out-patient departments (including emergency departments) and for in-patients. A physician, being human, may equate size of income to worth as a practitioner or try not to be outdone by others in his or her specialty or by any physician. How best should a physician value his or her own worth? Each of us determines this for ourself.

Hospital construction costs may not be felt to be in a physician's prerogative or there is a silent "SHIKATAGANAI" feeling. But hospital costs do contribute to medical care costs. Over the years, the amount can be staggering and may outweigh whatever measures physicians can initiate to help control medical costs in their own practice. This does not mean to stop progress, only to monitor the costs of necessary construction.

I hope many of you are with your elected Medical Society officers and trustees in continuing to address and delve into the financial aspects of these issues. If you have opinions, please call, discuss, write or do something. "SHIKATAGANAI" in this last situation, I hope, does not continue to apply to our Society.

GAT

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— any other specialty you request —

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We are gearing up for summer vacation fill-in, or any other emergency temporary situation that arises. We have had over 20 temporary calls in the last three months, and we placed a qualified person in every office in timely fashion. Let us help you.

NEED A SPECIALIST?

Occasionally we receive applications from extremely specialized persons seeking work in the Tacoma-Pierce County area. At this time we have an x-ray technician with flouroscopy, nuclear medicine, ultrasound and other specialty skills. We have an RN with sign language and speech pathology degrees. We have a histologist, medical researcher, in house transcriptionist who picks up and delivers daily, and several other interesting specialists. Do you know anyone who needs a person like this?

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PHILIPPINE MISSION 6,000

Dr. and Mrs. M. L. Origenes, Jr.[1]

Dr. Maurice L. Origenes, Jr. made a medical mission to the Philippines in December, 1979. Dr. and Mrs. Origenes have provided the following article to the BULLETIN to relate their impressions of the health and medical care problems seen during his mission. —The Editor.

> "It makes no moral difference whether the person I can help is a neighbor's child ten yards from me or a Bengali whose name I shall never know, ten thousand miles away."

Six thousand miles from Tacoma, Washington, to the Far East, is the island of Leyte. It is one of 7,083 sun-drenched isles that make up the Philippine archipelago. Nestled on the northeastern coast of the island is the capital city of Tacloban. Serving about 200,000 to a million people is St. Paul's Hospital administered by the Missionary Sisters of St. Benedict.

These brief notes are impressions recorded over a month long mission in December, 1979.

COMMUNITY PEDIATRICS

St. Paul's Hospital, in cooperation with the College of Nursing of Divine Word University, has an outreach program of clinics in the barrios (suburban villages). It is primarily a system of maternal and child care. Growth and development are evaluated, appropriate immunizations administered when vaccines are available, illnesses are treated in an ambulatory setting, and antibiotics as well as other indicated drugs may be dispensed.

Trained volunteer paramedics and mid-wives are assisted by pediatric residents at the hospital and are guided by Sister Leonore, a pediatrician, and Sister Veronica, pediatric nurse practitioner.[2]

BARRIO CLINICS

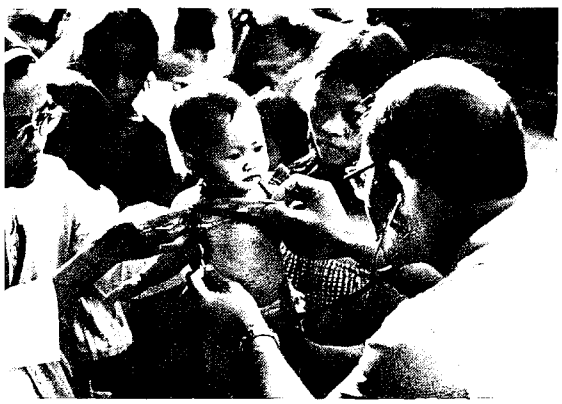
In rope-climbing style, five year old Pedro grabs the canvas strap of a spring balance hooked to a rafter of the bamboo-cogon grass shed. He holds on cooperatively for a few seconds while a trained volunteer mother reads his weight. The smaller children have the luxury of parachute-type home made cradle which suspends them from the balance.

All children under five years of age are evaluated for growth and development on grids used in western pediatric practice. The majority of the illnesses are respiratory diseases, diarrhea, and skin rashes. A hemoglobinometer, blood counting chamber, microscope, a urine centrifuge, qualitative strip tests, and a urinometer are much needed luxuries in these clinics. Vaccines and drugs are in very short supply.

Some specific diseases are discussed in these notes.

SCHISTOSOMIASIS JAPONICUM

The rainfall of eastern Leyte divides the year into the wet and the more wet season. In Tacloban, the rainfall ranges from 10 to 40 cm through the year, with a mean of 250 cm.[3] The climate, combined with the prevailing sanitation, promotes the endemicity of many helminths, particularly that of a blood fluke, the schistosome, *Schistosoma japonicum*.



Screening provided at an outdoor barrio clinic.

In schistosomiasis, the tremendous number of parasite eggs trapped in all the tissues of the body induces intense inflammation and excessive scarring around these ova.

Only 27 years of age, Carlos suffers from recurring convulsions because of schistosome eggs deposited in the brain. The body's effort to contain the eggs and to repair the tissue interferes with brain electrical activity. Estimates by the practicing physicians of the prevalence of schistosomiasis ranges from 60 to 90 percent. All organs of the body that are bathed with blood eventually succumb to the torrential egg invasive process.

Symptoms in children include fever, abdominal pain, diarrhea, night blindness, blood in stool, headache, vomiting, cough, chest pain, fainting, anorexia, and convulsions.[4]

The many children who come to the barrio clinics with pallor and palpable liver and spleen harbor schistosomes as well as other helminths. Much of the above features are non-specific and practically all the children who are examined in the clinics or who are in the hospital for various other illnesses have the manifestations in common with worm infestation. Of high prevalence in the area is pulmonary tuberculosis. It is always considered in the children and adults who present schistosomiasis.

Protuberant abdomens, stark emaciation, languid activity, and poor school performance haunt the afflicted children, adolescents, not to mention the many adults with schistosomiasis.

DIARRHEA

A major challenge to the management skills of the clinician is diarrhea in infants and young children. Lack of micro-laboratory methodology as well as a dearth of many other laboratory procedures, supplies, and equipment, handicap patient and doctor. Monitoring of serum and other body fluids and bacteriologic techniques would greatly aid management.

Around the Tacloban area, the majority of diarrheas for which the children are hospitalized is due to the presence of a one-celled animal, the amoeba. The children, and their parents who live in the ward, are in-patients for a long time because of amebic dysentery. With the prolonged illness, the children become more anemic and severly malnourished as adequate parenteral nutrition, more than glucose-salt-water solutions, is not on hand.

ANEMIA

Emilia is a slender build 2 year old who is easily spotted from a distance to be pale. She is representative of the more than 40 children seen in the Palo barrio clinic one afternoon.

The best that can be recommended is to enrich the diet with chicken and pork for all the infants and children. Meat is the best source of iron and many families have some fowl and hog in the backyard. Meat is not a daily viand among the barrio folk.

To provide vitamin C to enhance iron absorption, nature has gifted the place with many *kalamansi* trees. This is a citrus tree that bears fruit luxuriantly. Lemonade can easily be prepared and served at each meal.

Weighing in at a barrio clinic.

While iron deficiency is considered in the assessment of the children, one also wonders about the chronic parasitism that afflicts a very high proportion of the people. The ascaris, pinworm, hookworm, amoeba, and the schistosome are the usual culprits. Infestation leads to compromised iron metabolism.

INFECTIOUS DISEASES

In the government hospital at the time of my visit were ten infants below two years of age who had meningitis. The organisms were not identified and tuberculosis was strongly suspected in an older child. From the duration of the illness and the clinical appearance of the infants, one can make an educated guess that those who survive would be retarded. The resident physicians were eager to hear points on management but deeply regret that there were no antibiotics affordable or on hand for these infants.

A sidelight to my observations in community pediatrics is a trip to the northern Philippines, to the mountains of Ifugao and the rice terraces of Banaue (bah-nah-wey). These terraces are considered to the eighth wonder of the ancient world and are the only monuments of wonder that remain.

At 6:00 a.m., in the Immaculate Conception Clinic waiting room, the children are lined up for injections. The day starts early with Christmas thanksgiving (aguinaldo) liturgy at 5:00 a.m. Across the village church is the clinic run by the Sisters of St. Francis.

Measles is the major illness during our visit. This pediatric scourge has combed all the infants and children of the region, up and down the mountain side for a whole year. December, 1979 saw no end to the epidemic.

A marasmic infant presented with tuberculosis and diarrhea.

When two year old Pablo was hospitalized for measles pneumonia, the parents brought in his beddings, cooked the food for him, bathed and ministered to him day and night. The hospital could provide only the room and a bed. The parent slept with the child on the bed or under the bed.

A Dutch nun and nurse administered the few medications that were prescribed by a kind lady doctor who married the village chief. There was one angelic American nurse who has embraced the life of the region, has chosen to live after Franciscan ideals, and has assisted immensely in the health care of the people.

WORK AND HOPE

That the health professions attract so many Filipino men and women is a flame of hope. The reality of proper hygiene and urgently needed sanitation will not dissociate knowledge from implemented health measures to prevent the spread of disease. One can ask the student medical technologists to go out with hemoglobinometers, blood counters, culture swabs, urine densitometers, and a few other simple instruments, to the clinics for internship. Supplies and equipment must come from the First World. A consortium of health teams or hospitals can share more elaborate laboratory facilities.

The nurses and medics will build on their grasp of nutrition. The sanitation engineers will hope to dam the rivulets, build sewer systems, and spray molluscides to contain the helminths. Pharmacists, health economists and administrators will assist in the procurement of urgently needed antihelminths and antibiotics. The health educators will use all communications media to convert customs to hygienic practices. The Divine Word University serves as a bulwark and a hub for all these activities.

The crucial question[1] is asked: "If the scientists of the developed world with their advanced technology, scientific infrastructure, and educational systems do not investigate these problems, who will?"

Peter Singer's philosophy is firmly expressed: "I begin with the assumption that suffering and death from lack of food, shelter, and medical care are bad. My next point is this: if it is in our power to prevent something bad from happening, without thereby sacrificing anything of comparable moral importance, we are morally obliged to do it."[1,5]

The vast majority of the people are poor but have a very high regard for education and achievement. They remind of Gray's Elegy:

> *Let not ambition mock their useful toil,*
> *Their homely joys, their destiny obscure;*
> *Nor grandeur hear with a disdainful smile*
> *The short and simple annals of the poor.*

[*] Sponsored by the Direct Relief Foundation, Aesculapian International Division, 104 East Carrillo Street, Santa Barbara, California, the Benedictine Sisters of the Philippines; and the M. L. Origenes, Jr., M.D., Inc. P.S., Tacoma, Washington.

Peter Singer: Famine, affluence and morality. In W. Aiken and H. La Follette, eds.: World hunger and moral obligation. New Jersey: Prentice-Hall, 1977, pp 22-36.

Sister Leonore, M.D., O.S.B., spent her graduate training at Creighton University, Omaha, Nebraska. Sister M Veronica, O.S.B., has a Master of nursing from the University of the Philippines and is a Pediatric Nurse Practitioner from the University of Washington, Seattle. She is Dean of the College of Nursing, The Divine Word University, Tacloban City, Philippines.

[1] T P Pesigan, M Farooq, N G Hairston, J J Jauregui, E G Garcia, A T Santos, B C Santos, and A A Besa: Studies on Schistosoma japonicum infection in the Philippines. Geneva: World Health Organization, 1958.

K. S. Warren: The relevance of schistosomiasis. N Eng J Med 303: 203-206, July 24, 1980.

"FUN RUN", AMA AUXILIARY NATIONAL CONVENTION, AND OTHER NEWS

"FUN RUN"

The second annual "Shape Up For Life Fun Run" was held Saturday, April 18 at Ft. Steilacoom Park, Waughop Lake. Ninety-six participants took off for the Predicted Mile or the Five Mile Run under bright blue skies and warming sunshine. The Auxiliary wishes to thank the following for contributing to the success of the run: Coco-Cola for ice cold Coke, Bridgeport 75 Pharmacy, UpJohn, Drs. (and Mrs.) William B. Jackson, Donald C. Weber, W. Harry Lawson, Charles L. Anderson, James N. Crowley, and Robert B. Whitney for their donations to the general expense fund, and Running Unlimited for the sound system. "Thank you" also to Ernie Weigand, president, Ft. Steilacoom Running Club, for expert advice and assistance.

Spouses who assisted were, Drs. Bob McAlexander, leading on the bicycle, Charles Anderson, Vern Larson, and Bob Whitney, start and finish timers. Auxiliary members who worked on the committee were: Sharon Lawson, Gloria Virak, Joan Sullivan, Debby McAlexander, Nikki Crowley, Shirley Murphy, Jo Roller, and Helen Whitney. Our very special thanks go to Cindy Anderson, chairman of the committee, and to her son, Christopher, who made the ribbons for the medals. A quick head count indicated that six M.D.'s and nine auxiliary members participated in the event.

(Left to right) Fun Run volunteers Gloria Virak, Sharon Lawson and Nikki Crowley at the timers' table prior to the big event.

Helen Whitney, race volunteer, congratulates Dr. Bob Thiessen, a finalist in his age group.

Fun Run Committee Chairman Cindy Anderson makes an announcement while husband Charles looks on. Medalist Susan Benveniste is at right.

AMA AUXILIARY CONVENTION

The physician's marriage, stress management, medicine and the economy, and everything you want to know about auxiliary programs will be featured at the AMA Auxiliary Annual Convention, June 7-10, Drake Hotel, Chicago, Ill. Reference Committee hearings will give all auxiliary members an opportunity to give input into the policies and programs of the organization.

The hearings will be held on June 8 and recommendations will be given to the delegates on June 9 for voting. Registration forms were included in the April issue of "FACETS." For further information, contact Marny Weber, president, 863-4646, or write headquarters at 535 N. Dearborn St., Chicago, Ill. 60610.

PCMSA BOARD MEETING

The Board meeting was held April 7 at Allenmore Hospital. Dottie Truckey reported that we have 205 paid members. If you have not yet become a paid member for 1981, you can still do so by getting your dues to Dottie by May 31 — before the books close.

Sydna Koontz reported that applications for the Student Recognition Awards have closed and that winners will be announced in June. Alice Yeh, Telephone Committee chairman, and her committee are considering developing a questionnaire for the membership regarding those who wish to be called for meetings. It is felt the Telephone Committee could play a much larger role as the "life line" of our organization and this is being explored.

Bulk mailing is great! Our last mailing went out "bulk" at 3.3 cents per copy. What a difference this will make in our mailing costs. It was worth all the trouble it took to get that special status with the IRS.

This fall the State Auxiliary will be celebrating its 50th anniversary. Marny Weber is asking for information related to the Pierce County Auxiliary and the World War II era. If you have any knowledge of that era, please call Marny.

AMA-ERF: Pierce County contributed $11,000; the state donation was $20,000. Needless to say, once again we received a certificate for our large donation.

PLANNING COMMITTEE SPARKS REVIEW

The Long Range Planning Committee met in April to do some very serious thinking about our organization. It was decided that new job descriptions will be developed for all officers and committee chairmen. The Student Recognition Program will be re-evaluated.

The organization of community health which includes Handicapped Awareness, the Organ Donor Program, the Womens Support Shelter, child restraints for autos, the health fair, etc., is being evaluated in order to determine a more effective and efficient way of meeting these responsibilities.

1981-1982 BOARD TO MEET IN JUNE

The "new board" will have its first meeting Monday, June 1 at Allenmore Hospital. The agenda will focus on programs for the coming year, a fund raiser, and ideas about these subjects from the members.

Mary Whyte Lenard

Interprofessional Committee

Herman S. Judd, M.D.

Q.I.D.! (Q.I.D.?)

At the March quarterly meeting of the Interprofessional Relations Committee several interesting topics were discussed and suggestions made to facilitate the working relations between the three professions that comprise the committee: physicians, dentists and pharmacists.

The ambiguity inherent in the "Sig" on a prescription demands delineation by all of us as to what we really mean: "q.i.d." means four times a day as we all know, but does this mean every six hours which means awakening the patient, or do we intend it to be every four hours "when awake"?

We might do well, as physicians, to specify "q.i.d., a.c. and h.s., or p.c. and h.s. or every six hours" as we prefer. Or, at specified hours such as "8, 12, 4, and 8 o'clock."

Also, the directions, "until used up" are helpful as we all know that some patients, as soon as they are feeling better, decide they don't need any more medication and can save the rest for future use. We all know also what can happen under those circumstances. The pharmacists were cautioned, too, that "until gone" does not mean the same to some patients as, "until used up." "Until gone," might be interpreted as until the symptoms are gone, not the medication.

If you want the patient to take his medication for a specific number of days, don't hesitate to put that on the prescription. The pharmacists are glad to figure out how much of the drug you will need for that purpose and will dispense the right amount without you having to figure it.

Did you know that if you suspect a DSHS patient is getting prescriptions from physicians other than yourself, you can, by alerting your pharmacist, have a screen done on that patient by DSHS to see what prescriptions he is getting and from whom and from what pharmacies? This has been a problem with some DSHS patients and is the basis for the notice that we receive from time to time listing such patients and what doctors will be accepted for their care and to what pharmacies they may take their prescriptions.

A small number of physicians are still using the prescription blanks which do not have two places for your signature — "substitution permitted" on the left and "dispense as written" on the right. The law *specifically states* that the pharmacist cannot fill a prescription that does not contain these two places for your signature. So don't be surprised if your prescription is not filled for this reason.

If you are prescribing for an unusual amount of a drug, tell the pharmacist. For example, a man and his wife traveling to the Orient and India might be gone 60 or 90 days and enough vibramycin for them both would amount to one hundred or more tablets or capsules. A call to the pharmacist would dispell any misunderstanding. (It wouldn't necessarily reduce the cost of the drug, however!) And incidentally, if you are prescribing the same drug for more than one member of a family, it has to be prescribed for one member of that family, the directions to be the same for each member, unless you make duplicate prescriptions for each. This would raise the cost of the medication. In the case of children and adults, since the dosages would be different, it would require at least two prescriptions.

There is an increasing number of calls to our pharmacist friends by people claiming to be "Doctor So and So" and ordering controlled substances. They even have our narcotic numbers! So be patient with the pharmacist who calls you to verify such a prescription when he is in doubt. Most of the old timers in pharmacy know the voices of us old timers in medicine. But there are a lot of new pharmacists and a lot of new doctors in Pierce County. So let's all work together.

Herman S. Judd, M.D.
Chairman

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

SECOND NOTICE

Antonio Gutierrez, M.D., Psychiatry. Born in Colombia, 1/21/47; National University of Columbia, Bogota, 1971; internship and residency, Worcester City Hospital/Worcester State Hospital, 1972-77. State of Washington license, 1979. Has applied for medical staff membership at Puget Sound Hospital. Dr. Gutierrez is currently practicing at Madigan Army Medical Center, Tacoma.

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

Board certified internist and board eligible endocrinologist seeks practice opportunity. Presently a fellow at the University of Washington. Available June 30, 1981. Interested in group, clinic or association practice. Licensed, State of Washington. Listing #301.

Physician seeks cardiologist position, preferably non-invasive. Available mid-July, 1981. Currently fellow in cardiology at State University of New York. Member, American College of Physicians (associate membership). Passed FLEX examination, 1974. Listing #302.

General Practitioner, emergency room or house physician opportunity sought by physician. Available July, 1981. Graduate, McGill University. Internship at McGill's Royal Victoria Hospital, Montreal. Passed FLEX, 1980. Currently completing internship. Listing #303.

Board certified internist and cardiologist seeks group practice or partnership position. Graduate, University of Pennsylvania Medical College. Post graduate education includes research fellowship in cardiology, Columbia College of Physicians and Surgeons, New York, 1979-80. Holds several faculty appointments at University of Pennsylvania. Listing # 304.

Primary care physician assistant seeks practice opportunity, specializing in family medicine. Board certified, National Commission on Certification of Physician Assistants. B.S. Health Sciences, Physician Assistant Certificate, The George Washington University, Washington, D.C. Member, American Academy of Physician Assistants and Washington State Academy of Physician Assistants. Available now. Listing #401.

SOCIETY NEWS BRIEFS Continued

WSMA ANNUAL MEETING SET FOR SEPTEMBER

Physicians from throughout the state will gather September 24-27 in Spokane for the 92nd Annual Meeting of the Washington State Medical Association. The meeting will take place at the Davenport Hotel.

Planning for a full scientific program is proceeding, under the direction of WSMA Scientific Program Committee Chairman Dr. Donald D. Storey of Spokane. Sessions on psychiatry, family practice, obstetrics, pediatrics, internal medicine, ophthalmology, surgery and anesthesia will be held on Friday, September 25 and Saturday, September 26.

Dr. David Cullen, director of the intensive care unit at Massachusetts General Hospital and member of the Department of Anesthesia, will make a special presentation on "Intensive Care Management: Ethics and Practicality" on Friday, September 25. On Saturday, September 26 "Enjoying the Difficult Patient" will be the topic of a four hour workshop. The session will offer alternative techniques and language/emotional repsonses to the "normal" reaction physicians feel in dealing with difficult patients.

The socio-economic sessions will feature Dr. Daniel Maguire of the Department of Theology at Marquette University and Dr. Victor Fuchs of the National Bureau of Economic Research.

Dr. Maguire has written extensively about ethics, euthanasia, suicide and bioethics. His most recent book, "The Moral Choice," was published in 1978. He has served on the faculties of Villanova University and Catholic University, in addition to Marquette. He is expected to speak about the moral and ethical considerations in delivering high technology care. His talk is slated for Saturday, September 26 from 2:00 to 3:00 pm.

Dr. Fuchs, also a prolific writer, directs the research program in health economics of the National Bureau of Economic Research. He is a member of the Institute of Medicine of the National Academy of Sciences and has served on numerous advisory groups for the White House and the Department of Health, Education and Welfare. His best known book, "Who Shall Live? Health, Economics and Social Choice," was published in 1974. He will speak at the WSMA meeting on meshing the technological capabilities of medicine with the physician's moral, ethical and financial responsibilities to society. He is scheduled to talk from 11:00 am to noon on Friday, September 25.

At the close of the WSMA meeting, WSMA president Dr. Charles C. Strong of Vancouver will hand over the gavel to Dr. Donald M. Keith of Seattle, who will be installed as WSMA president for 1981-1982. The Washington State Medical Association Auxiliary will hold its meeting in conjunction with the WSMA meeting. Mrs. Mary Randolph of Olympia will succeed Mrs. Sandy Cleveland as president of the WSMA Auxiliary.

Classified

Classified and announcement copy may be mailed to: Grawin Publications, 1020 Lloyd Building, 603 Stewart Street, Seattle 98101, or phoned to Seattle (206) 223-0861. Deadline 25th of month prior to month ot issue. 50¢ per word; $10 minimum charge. Check must accompany copy.

TACOMA MEDICAL SUITES in established professional complexes near General Hospital. Tacoma Medical Center or Lakewood Professional Village. Call E.G. Leimbacher (206) 581-1313 mornings or 584-6856 evenings.

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PEDIATRICIAN / OBGYN / FAMILY PRACTITIONER board certified or eligible to associate with 8 man multi-specialty group in Tacoma, WA. Salary, $40,000 per annum leading to full partnership after first year. Please send curriculum vitae and inquiries to T.H. Skrinar, M.D., c/o Puget Sound Clinic, 3611 So. "D" St., Tacoma, WA 98404 or telephone collect, 206-756-8591 or 206-756-8569.

FOR RENT, CORNER SUITE with balcony. 781 sq.ft. at Allenmore Medical Center. Call Leif Overby, D.D.S., days 752-0802; evenings, 1-858-2643.

PROFESSIONAL BUILDING FOR SALE, Spokane, Wash. Doctor wishes to sell and lease back on a 10-year basis. Daylight basement apartment available in building 800 additional sq.ft. also available for office use. Contact Dr. W.P. Lynch, (509)327-9594.

LABORATORY MONEY MAKER, Cell Counter — 4 Fields, White, Red, Hcrit., Hgb. with diluter. original price $5000.00, sale $2000.00, Call Denny, 1-754-7872.

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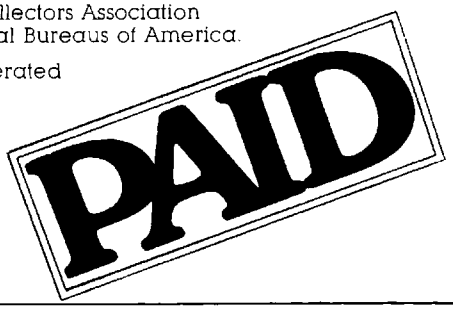

PEDIATRICIANS

Excellent practice opportunity for 1-2 pediatricians in rapidly growing Gig Harbor. Harbor Park, medical Bldg. "B", is now leasing. X-ray, lab and 5 other Drs. are established in Bldg. "A". Call or write Jon H. Kvinsland, D.D.S., 5122 Olympic Dr. NW A-201, Gig Harbor, WA 98335 (206)858-9171.

FAMILY PRACTICE openings at the Olympia Medical Center of Group Health Cooperative of Puget Sound. FPs have defined patient panels and are responsible for the inpatient and ambulatory care of their patients. Prefer interest in normal obstetrics. We hospitalize at nearby St. Peter with elective procedures coming to GHC hospitals in Seattle. Contact: F. Rodda, 200 15th Ave. E., Seattle, WA 98112. 326-6200.

TWO OB TABLES complete with pads, stirrups and lamps, made by American Sterilizer Medical Equipment Company. For more information call 584-3466 or MA 7-2440.

GENERAL PRACTITIONER with five years experience in ambulatory care seeks part-time association in a family practice setting. Currently on contract with Pierce County Health Department. Dr. Beverly A. Dronen.

MEDICAL OFFICE SPACE adjacent to St Joseph Hospital for sub-lease, available on May 1, 1981. Total of 1500 square feet with 2 examination rooms, 460 square feet unfinished. Waiting room furniture available. Call 383-3081 between 8:00 AM and 5:00 PM Monday through Friday.

POSITION OPEN

MEDICAL DIRECTOR — Long-term-care facility-geriatric clients. Minimum 3 days/week-4 hours day. Large Medical Directors suite is provided. Contact Mr. Ron Klipping, Administrator Tacoma Lutheran Home & Retirement Community. (206) 752-7112 ext. 117.

UNIVERSITY PLACE PROFESSIONAL SQUARE. For rent or lease University Place area. 1175 sq.ft. suite, $560/month/less on lease assumption; assumption of lease 1410 sq.ft. first floor, $650/month; and 910 sq.ft., $445/month. Call 565-4444.

MAUI CONDO — ocean front, 2 BR—2 Bath, 2 lanai. Will sell or trade over 1,000 sq.ft. for comparable condo in Tacoma area. Chris C. Reynolds, M.D. 564-7833, 474-0533.

WILL BUILD OFFICE with space for two physicians. Lease now and participate in design — Option to buy in 5 to 6 years. Located one block from Tacoma General Hospital. Contact Doctors BeMiller, Curl, or Huish at 383-2441.

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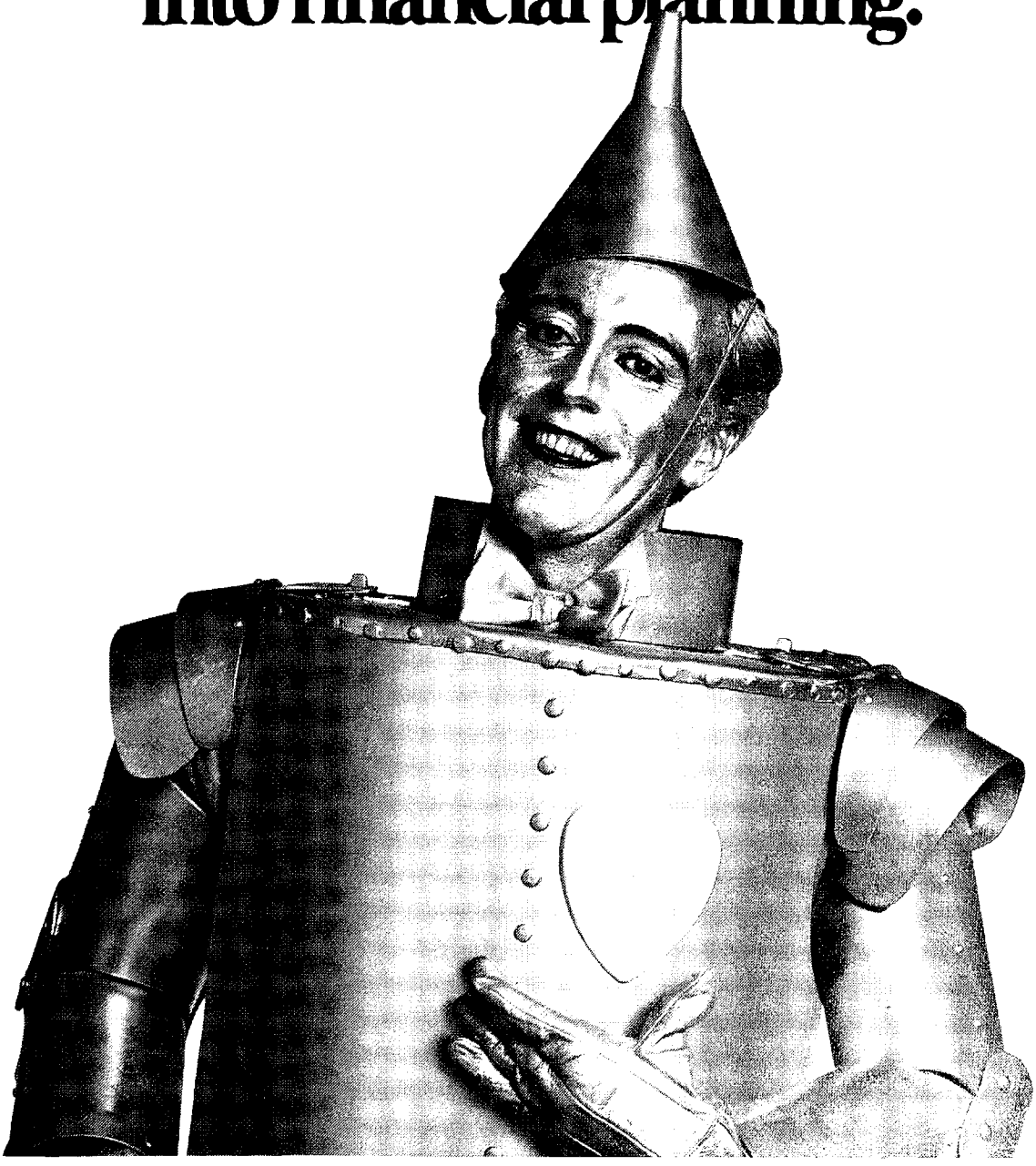

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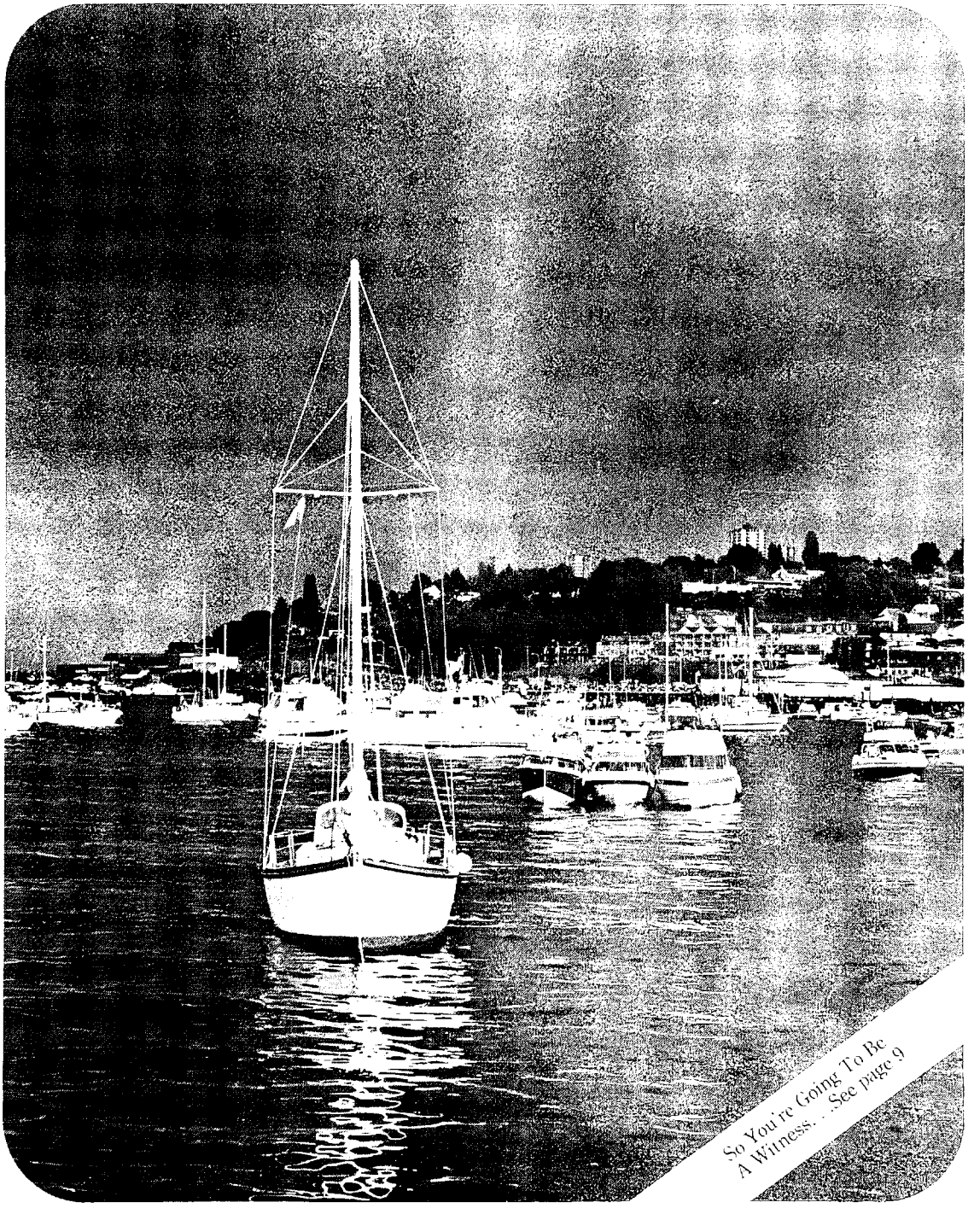
*Based on patient abstinence one year after treatment. Survey Source: Facts, Consolidated, Los Angeles, CA, 1980.

Medical Society of Pierce County

JUNE 1981, Vol. LIII, No. 6, Tacoma, Washington



So You're Going To Be A Witness. . . See page 9

BULLETIN

Even a famous movie star has to plan for the future. After all, healthy assets, peace of mind and tax relief are hard to come by these days.

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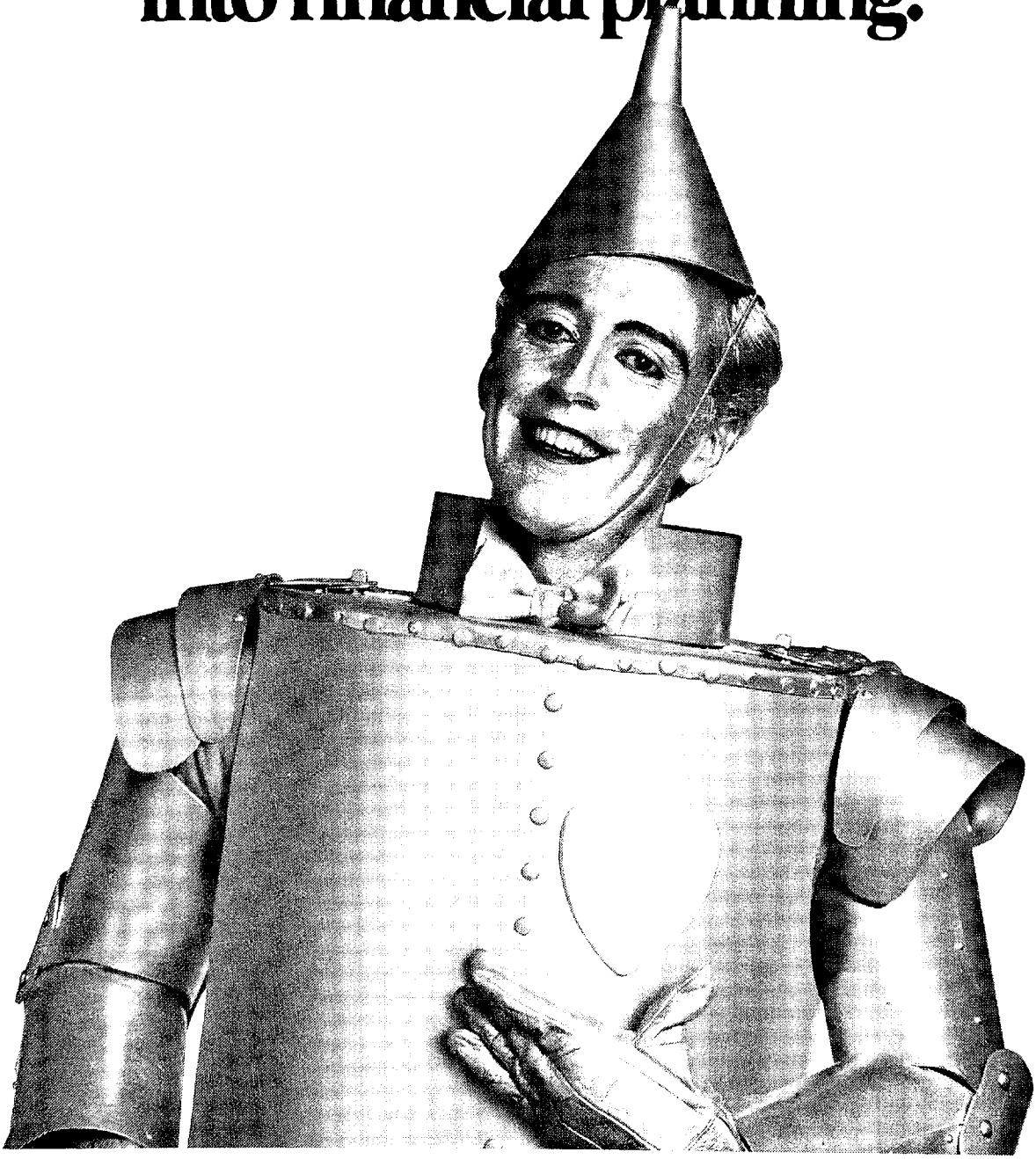

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"Part of the scene at Old Tacoma Dock, July 4, 1980." Photo courtesy of Marcel Malden, M.D.

Society News Briefs

A summary of Medical Society, and local medical and health news

HOUSE OF DELEGATES VOTES TO IMPLEMENT LIABILITY INSURANCE COMPANY

The WSMA House of Delegates voted overwhelmingly at its special May 16 meeting to implement the proposed Washington State Physicians Insurance Association (WSPIA). WSPIA will begin offering physicians professional liability insurance coverage effective January 1, 1982. The final vote by the House of Delegates, 113-21, followed a morning of deliberation by delegates on the company and its benefits and risks to individual physicians.

W. Ben Blackett, M.D., a past president of the Medical Society of Pierce County, will serve as one of the initial directors for the new corporation. Dr. Blackett also serves on the WSMA Professional Liability Committee which for several years has worked to represent physicians in negotiations with the AETNA.

WSPIA will offer Washington physicians a choice of occurrence or report-occurrence coverage. Substantial cost savings are anticipated for the report-occurrence form of coverage which will combine the cost advantage of claims-made coverage with occurrence coverage.

No capitalization by individual physician purchasers is necessary to establish the firm. A state-wide bank has agreed to meet WSPIA's initial capitalization needs.

Pierce County was represented at the May 16 meeting by 12 delegates and 5 WSMA elected officials. They were:

Delegates: Drs.	Bruce Buchanan	Thomas Clark
	William Dean	Vern Larson
	Myra Vozenilek	Ron Spangler
	George Tanbara	Robert O'Connell
	Carlos Manetti	Robert Lane
	Mian Anwar	Dale Hirz
WSMA Elected Officials:		Dave Hopkins
Drs.	Ralph Johnson	Jim Early
	Lloyd Elmer	Stan Tuell

Pierce County Delegates attending the WSMA House of Delegates meeting: (left to right) Drs. Buchanan, Dean, Anwar, Vozenilek, Tanbara, Clark, Manetti, Larson, and Spangler. Pierce County had 100 per cent delegate representation.

(continued on page 7)

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405. Telephone: (206) 572-3666. Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is $10.00, which is included in the dues. Non-member subscription, $15.00 per year. Single copy $2.00.

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President's Page

George A. Tanbara, M.D.

ITSUMO

Consistency and always performing in a known manner without ever forgetting or overlooking is a quality expected of a physician by patients, peers and other health providers. Thus it can be disconcerting to be told by others — whether it be office or hospital personnel — that directions always are given in a certain manner to all patients only to have a patient state it was never done in his case. Admission orders, drug dosages, follow-up appointment time, prescriptions, instructions on care, and referral appointment times are just a few of the things that allow misunderstanding or misinterpretation.

Patient expectation of the personal physician is enormous, especially in time of need. All patients want their physician to be knowledgeable and so time for self-education is commended. The physician as a caring, family person also is appreciated and time taken away from the stresses of practice is deemed necessary and applauded. However, these feelings may not be shared by all if a medical problem arises for a patient or a family during the absence of their personal physician.

The same feelings may surface at the hospital committee level when there can be a delay in decisions that have to be made. Medical societies can be hampered. Community organizations may be stymied.

A physician has to be available when needed or make arrangements for adequate coverage. Emergency departments for medical emergencies should apply not only to patients but also to physicians. Physicians, hospitals, and third party carriers deplore emergency department usage for the convenience of the patient but physicians also may utilize the emergency department for their convenience. Sending patients there because the length of a procedure (such as suturing) may interrupt the routine office flow, or not to inconvenience another physician does happen.

Physicians should be sure that all patients know what measures should be taken when they are not available in the office or at home when a medical problem arises. There still are patients who are not aware of how to contact their physician or designated covering physician.

Physicians agreeing to cover another physician should realistically arrange their schedule, and physicians requesting coverage should make arrangements sufficiently in advance as a courtesy to a fellow physician. These points, which should be self evident, are very exasperating for a patient faced with a communication problem at the time of medical need.

This type of longitudinal medical care is desired by both the physician and patient. A physician *can* assure continuity of care for the patient even in his absence.

The patient needs the comfort of knowing the physician will "ITSUMO" be able to help in time of medical need. Each will feel better of each other when expectations are realized.

GAT

SORTING THE WHEAT FROM THE CHAFF

The clinical laboratory revolution began 20 years ago with the introduction of automation and got a booster shot 10 years later with the application of computers. It stands now, however, on the threshold of a new technology that will in the 1980's dwarf all previous accomplishments and may, indeed, bring therapeutic in addition to diagnostic capabilities to the pathologist's realm.

Much that has happened has been good, some has been awful. Sorting the good from the bad, integrating the mass of data into clinical decisions, practicing cost effective medicine, the evaluation of new procedures — all are a major part of clinical pathology.

These pages, in this and succeeding issues of the BULLETIN, will attempt to sort the wheat from the chaff. New technology will be identified and critiqued. Cost issues will be addressed. Diagnostic problems will be explored. Screening profiles designed for instruments instead of patients (they're great for identifying sick instruments) will be debated. If you like, a question and answer section will be included. The intent is provocation — thought provocation. The forum is yours.

A discussion of specific laboratory tests usually bores the majority. Obviously, the obstetrician has few diagnostic problems of interest to the psychiatrist or the surgeon and vice versa. As a consequence, each "issue" will touch briefly on a new test or new approach to a diagnostic problem of as wide an application as possible. Some will be scientific (?), some strictly applied medicine, some will deal with anatomic path.— all will be opinionated!! Here we go.

WHAT'S NEW IN HEPATITIS TESTING?

Let's take a brief look at what's "old" first. The virus of Hepatitis A (HA), the "infectious" type, seen frequently in food contaminated epidemics, more common in children, was finally grown in marmosets which led in turn to antibody tests or Anti-HA. Some 35 percent of adult Americans have been exposed to Type A, have antibodies to it, are permanently immune, and by the old test method always give a positive antibody test.

Hepatitis B (HB), the "serum" type, occurs more commonly in young adults, is often associated with contaminated needles, is a much more serious disease than Type A, has been studied extensively with recognition of the "surface" antigen (HBs), the "core" antigen (HBc), and antibodies to both or Anti-HBs and Anti-HBc. Roughly 1-5 percent of adults have HB antibodies and are immune to HB.

Non A - Non B Hepatitis (NANB) is everything else, considered by some to be a single virus, by others to be one of several agents; currently is the leading cause of transfusion hepatitis since there are, as yet, no specific tests to exclude it from donor blood (under consideration, however, is testing all blood for ALT — formerly SGPT — to exclude donors with non-specific liver inflammations).

Recently a solid-phase radioimmunoassay has been developed to detect *acute*-phase *IgM* Type A antibodies (Anti-HA). IgM antibodies appear during the acute illness and persist for 3-4 months only before being replaced by IgG antibodies. Thus, for the first time it is possible to diagnose acute Hepatitis A by a single serum antibody determination. Remember that 35 percent of the population have IgG antibodies to Type A and will give a positive test, which previous to the IgM fractionation could be very misleading.

So, what's the significance of this "breakthrough"? First, you can firmly establish your diagnosis as acute Type A Hepatitis and your subsequent treatment and follow-up testing can be far more conservative than might be the case with Type B. Second, if your concern is prophylaxis against contact with known Type A, you can administer immune serum globulin which is relatively inexpensive and effective. However, if the contact is Type B, testing for Type B antibodies in the exposed person may eliminate the necessity for *hyper* immune globulin (which is far more expensive) if the individual already has HB antibodies. More important,

perhaps, it can be determined if hyper immune globulin is actually indicated.

If you're not concerned about expense, you can order any of a number of hepatitis "panels" that churn out multiple antigen-antibody combinations at up to $100 plus. If you're sensitized to the cost of things, the following rational may appeal to you:

In children, first order an Anti-HA, and if positive, have it fractionated (some labs do it automatically) for IgM. If IgM antibodies are present, the diagnosis is acute Type A hepatitis (test cost about $25.00). If the Anti-HA test is negative or contains only IgG antibodies, order HB surface antigens (HBs) and antibody to the core antigen (Anti-HBc). If either are positive, the patient has Type B hepatitis (total test cost about $60.00). For young adults, because of the higher incidence of Type B, you should reverse the order of testing and depending on the clinical picture, include a mono test. If all of the above are negative, the presumptive diagnosis is non A - non B hepatitis. There are other hepatitis antigens and antibodies but their interpretation and application are poorly established.

None of the local laboratories perform Hepatitis A antibody fractionation in-house, but all will send it out for you. Turn around time is 48 hours to one week. Be aware that some hospital laboratory fees are substantially higher than those quoted above.

Well, there it is. Send your good comments to the editor, the bad ones to me. In the next issue I'll bring you up to date on the clinical laboratory revolution coming in the 1980's — *monoclonal antibodies!!*

IISHOKENMEI!! (I don't know what that means, but George said I couldn't write in the BULLETIN if I didn't use it) HAI!!

Ed Wood, M.D., Ph.D.

[1] Snydman, D.R., Dienstag, J.L., et al. Use of IgM — Hepatitis A Antibody Testing. JAMA. 1981. 245(8):827-830.

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

Physician Interested: Physician seeks general practice, emergency room or house physician position. Available July. Basic and advanced cardiac life support qualified. Graduate, McGill University Medical School. Professional references available. Listing #601

SOCIETY NEWS BRIEFS Continued

TEL-MED ELECTS OFFICERS

Officers elected at the May Board meeting of the Pierce County Tel-Med Society are: Cathy Schneider, president; Carol Hopkins, vice-president; Dan Mallea, treasurer; and, Tom Curry, secretary. Tel-Med, the joint public health service project of the Medical Auxiliary and Medical Society of Pierce County, has entered its fifth year of service to Pierce County residents.

Since 1977, almost 200,000 public inquiries have been handled by the volunteer and paid Tel-Med switchboard operators. Each of these callers has heard a physician approved, pre-recorded health message concluding with, "brought to you by the physicians of Pierce County." Dr. Tony Lazar is chairman of the MSPC Tel-Med Committee.

1981 DIRECTORY PRODUCTION UNDERWAY

Production of the 1981-82 "Directory For Pierce County Physicians And Surgeons" has started. Please alert your staff that the directory publisher must receive a response to the directory questionnaire now. The questionnaire requests necessary corrections and/or revisions to current listing information.

Please note: the letter also requests information for Medical Society office use only which will not be published. Ordering information for additional directories has been included in the questionnaire.

LOCAL PHYSICIAN RECEIVES ACA AWARD OF MERIT

In recognition of 25 years of service to patients in the medical profession, the American College of Allergists presented its Award of Merit to Treacy H. Duerfeldt, M.D., at the ACA's 37th Annual Congress held in Washington, D.C. in April. Dr. Duerfeldt is an honorary member of the Medical Society of Pierce County. He established his practice in Tacoma in January, 1931 and retired in 1980. He was one of the original tenants in Tacoma's Medical Arts Building.

(continued on page 8)

NO MEDICAID REDUCTIONS IN JUNE

There will be no reductions in physicians' Medicaid fees during the month of June, and DSHS will continue to cover "optional" medical services such as oxygen, prescription drugs and eyeglasses for adults. In April DSHS announced that because of a budget shortfall, provider fees might be cut by 50 per cent and optional services eliminated entirely during June.

However, the legislature approved $1 million more for the Medicaid program in the second supplemental budget and the Department tightened its operations so the reduction in fees and curtailment of services are not needed. The budget picture is also brighter because of a leveling in the DSHS case load.

DSHS officials report they have received letters from a number of physicians pledging their co-operation in efforts at holding down costs in treating Medicaid patients.

EMS MEDICAL CONTROL PROJECT

Part-time physician positions possibly will be available as part of the Medical Society's EMS Medical Control project from approximately July 1, 1981 to June 30, 1982. The project is contingent upon state funding and would likely include a Program Director, Control Supervisor, and Training Supervisor. These positions would be part of a county-wide project to further medical control of pre-hospital advanced and basic life support services and transport, working in cooperation with the Pierce County EMS Council and others. For additional information, contact Tom Curry, Medical Society office, 572-3667.

DR. TOM CLARK NAMED "FAMILY DOCTOR OF THE YEAR"; ELECTED WAFP PRESIDENT-ELECT

Dr. Thomas H. Clark, Sumner, received the Washington Academy of Family Physicians (WAFP) "Family Doctor of the Year" award at the specialty society's May annual meeting. At the WAFP meeting he as also elected president-elect and will serve as president of the 1,100 member specialty group in 1982-83.

Dr. Clark, a family physician in Sumner from 1946 to 1975, has been very active in local medical activities. He is a member of the Board of Directors of the College of Medical Education, serves on the Medical Society of Pierce County Senior Citizens Committee, and Continuing Medical Education Committee, is a member of the Pierce County Health Planning Council, and has twice served as president of the medical staff at Good Samaritan Hospital. Dr. Clark also serves as chairman of the WAFP's Commission on Education.

HEALTH PLANNERS FOCUS ON COST CONTAINMENT

The Puget Sound Health Systems Agency (PSHSA) has accepted a recommendation from its Cost Containment Task Force to focus cost containment activities on helping develop local coalitions of major purchasers of health care. The effort is contingent upon receiving requests from groups such as the Chamber of Commerce for assistance in developing a purchaser's coalition, the planners report in a recent newsletter.

The PSHSA Task Force found that major purchasers are not organized to speak with a collective voice on cost containment issues. The Task Force is suspending its regular meetings with PSHSA board approval, to allow agency staff to prepare ground work.

The Pierce County Health Council, an affiliate of the Puget Sound Health Systems Agency, is currently conducting a survey in Pierce County of 122 businesses with 100 or more employees. The object of the survey is to determine what businesses are doing to promote healthier lifestyles among employees. PCHC representatives report that from the responses materials will be developed in a "How to..." kit for program development, workshops will be designed to assist employers in program implementation, resource materials will be developed and technical assistance will be provided employers who request such help.

VALUING A MEDICAL PRACTICE?

If you are thinking of buying or selling a medical practice, you will be interested in the new AMA booklet *Valuing a Medical Practice*. The booklet guides the reader through the complex process of assessing the many tangible and intangible elements that determine the worth of a practice. It covers assets from earnings and equipment to leases and good will. To order, write AMA Order Dept., OP-117, P.O. Box 821, Monroe, Wis. 53566. The booklet costs $5 for 1-10 copies. There is a handling charge of $1.50 for orders of $10.99 or less and $2.00 for orders of $11 or more.

SO, YOU'RE GOING TO BE A WITNESS

The following article was prepared for the BULLETIN by Mr. Donald E. Kelley, member of the Medical-Legal Committee established in recent years to facilitate local relations between the medical and legal professions. The Committee is co-chaired by Dr. W. Ben Blackett, representing the Medical Society, and Mr. James A. Krueger, representing the Bar Association. This article is intended to be one of a series exploring topics of medical — legal interest — The Editor.

So you've been asked to appear as a witness for your patient in a trial in the Pierce County Superior Court. Here's what you should know about scheduling your testimony.

Assuming you have been asked to appear in a civil (non-criminal) trial, you should know that the trial date is not guaranteed. Civil trials may be "bumped" from their pre-assigned courtroom by criminal cases. Criminal cases have priority under the law. Your case can also be "bumped" by prior litigants who use the courtroom for longer than expected.

If you are bumped, the trial will likely be re-set for one to two months later or delayed a few hours while the parties look for another available courtroom. There are 13 court departments so it may be possible to start the trial on the day scheduled even if your are initially delayed.

If the case goes to trial as planned, there can nevertheless be delays in the precise scheduling of your testimony, usually jury selection, opening statements and the like take up the preliminary part of the trial. Then there is generally the presentation of other issues preliminary to the medical issue for which you have been called. Physicians rarely testify until at least the second day of the trial and, in complex cases, they are often not called for many days.

Of course, the attorney tries hard to anticipate the order of presentation and to schedule your testimony so as not to unreasonably inconvenience you. He will often offer your testimony "out of order" to avoid inconvenience or delay to you. He knows you have a busy schedule.

Try to be sympathetic with the attorney's situation. Remember that the speed and timing of the case cannot be fully controlled by the attorney. The judges control their courtrooms in their own individual ways and each case presents different problems which can affect the scheduling of testimony.

The key thing in scheduling a physician's testimony is that the attorney and physician fully discuss the timing and length of the proposed testimony and try to anticipate any problems. The conscientious attorney will be flexible to your needs and do what he can to minimize inconvenience. The physician should also try to be as flexible as possible.

Leave a little space in scheduling your other commitments. Consider scheduling a long-awaited office catch-up for the first few hours after your expected return from court. And, most important, feel free to discuss your own scheduling considerations with the attorney at any time. He'll be only too happy to cooperate as best he can.

Donald E. Kelley, Esq.
Member, Medical-Legal Committee

A CASE REPORT ON A GRIEVANCE

Just three years short of Orwell's 1984 the old man got his bill from the computer for medical services to his infected finger. Across the sterile white sheet with its gray impersonal numbers stating his balance due was an ink pad stamped command, "you are responsible for this bill." In all of his 72 years this man had not thought otherwise than that he was responsible for the costs of services to him; his had been a lifetime of business transactions based on faith. Now the medical profession, a group he had always admired and respected, had questioned his integrity. Initially, he felt hurt. Eventually, he became angry.

It wasn't a matter of money. In fact he had insurance that took care of all of his medical needs and he anticipated no out of pocket expense. It was typical of his business relationships that he had been prudent and had arranged that this would be so. He was still angry because it was a matter of principle. But because he was experienced and basically tolerant, he waited until he wasn't mad anymore. Only then he went about the business of paying his bill.

Since it was 1980 and not 1930 or 1940 (both of which he could remember well), it wasn't a matter of just paying cash or writing a check. To pay a medical bill involved two third-party payors and separate claim forms for each. He had no formal education during the third party payor era; he had been well so he had no experience in filing insurance forms. So he went to his doctor for help.

But he didn't get to see his doctor. Instead his doctor's office staff made it clear that: 1) his insurance was a contract between him and his government (Medicare), or him and his insurance company (Blue Cross) and therefore he ought expect no help from *them* in filling out *their* forms; 2) he needed to pay in the first 30 days or his bill would go to a collection agency; and 3) he was made to feel guilty for bothering *them* with *his* problem.

Now he was indignant, frustrated and worried. he reviewed his bills again and found they looked exorbitant. Why x dollars for the emergency room, y dollars for the anesthesiologist, z dollars for the surgeon? Why not one bill for fixing his wound? And why so much for so short a time? He became convinced that his care, even though it resulted in a good finger, was too expensive. He knew that the doctor didn't care about him or his problems. The doctor was only concerned about money.

This man's case is another — and a representative — grievance. If the result had been less than ideal, this case would be ripe for a malpractice suit. Review of the daily grievances against physicians in our Society confirms that it isn't only the want of verbal communication that is our major problem. It is also the lack of common courtesy and/or a lack of expressed compassion.

Nola Mae Moore, M.D.
President, King County
Medical Society

Reprinted courtesy of the King County Medical Society Bulletin.

IN MEMORIAM

Charles H. Aylen, M.D.
1889-1981

Most present members of the Medical Society of Pierce County did not know Charles Aylen. We remaining few who did were privileged to know an outstanding physician and citizen.

Charlie was a North Dakotan. Graduating from the University of Manitoba Medical School in 1917, he immediately joined the Canadian army and served on the Western Front until the end of World War I. In England he met and married Bea Hopkinson, a lovely and gracious lady. They came to Puyallup in 1920.

My acquaintance with him began in 1936. It was a pleasure to learn of his medical and surgical abilities. He was one of the last of the old style general practitioner surgeons, good at everything. Myocardial infarctions, pneumonia, polio, surgery of all kinds, dermatology, fractures; he was treating them all well.

I had interned at Swedish Hospital in Seattle. We had specialists in general surgery and gynecology. Subtotal hysterectomies were a daily occurence but I had never seen either a total abdominal hysterectomy or a vaginal hysterectomy until Puyallup. Charlie had been doing these both for years. In those pre-antibiotic days mastoiditis was common. He did the mastoidectomies. Prostatectomies and other urologic surgery, all sorts of abdominal and pelvic procedures, rib resections for empyema, etc., were done in the old Puyallup General Hospital. In the early 1930's, many years before obstetricians would lose their fear of infection and do appendectomies with caesarean sections, Charlie was doing them routinely without infection. He was a swift, competent and confidant operator. Back in the thirties his routine for most cases of breast cancer was simple mastectomy followed by radiation. He was criticized for this, even by the radiation therapists, for radical mastectomy was then the universal operation. His answer was, "My results are as good as anyone's". He was a man ahead of his time.

Charlie was a civic leader being active in Kiwanis, the Chamber of Commerce and the Episcopal Church, and he was a long time member of the school board. Aylen Junior High School is named for him as is the Charles H. Aylen Orthopaedic Guild. He was an avid golfer until arthritis of one knee stopped this in his later years.

His patients loved and respected him. I also admired and respected him. Even after years of acquaintance it was difficult for me to call him "Charlie". He was always "Dr. Aylen", my professional example and surgical teacher.

Although failing in sight and hearing, his mind was sharp and active until the end on April 18th. His earlier retirement was a professional loss to the Valley. His death, even at 91, was a very personal loss to his family and friends.

K. H. Sturdevant, M.D.

RAINBOWS AND ROSES

The 1980-81 and 1981-82 officers and board members met at the Tacoma Golf and Country Club on May 5 to prepare for the coming year. Table decorations of rainbows emerging from pots of gold and fluffy clouds symbolized the "blending and passing on" of the role of the Auxiliary in serving the community.

Marny Weber, 1980-81 president, passed to Nikki Crowley, 1981-82 president, the gavel tied with a rainbow of ribbons and a new President's Book decorated with rainbows. Nikki presented Marny with a beautiful green and tan afghan to keep warm at cold meetings as well as her "R and R." Past President Kit Larson presented Marny with the golden gavel from her Board. The Auxiliary thanks her for an excellent year under her leadership.

Marny's favorite person, her husband Don, surprised her that day with a dozen red roses packed in the car trunk with all the "transition materials" (Auxiliary papers). He certainly said it best and for all of us.

Committee chairmen presented final reports which will be used by new chairmen to promote continuity. It is not possible to summarize each committee's final report in this page. Highlights include the Fun Run with money earned of $408.85. Tel-Med volunteers for this year totaled 59 — 11 from the Dental Auxiliary and 10 new volunteers from the Medical Auxiliary. The Womens Support Shelter was able to purchase three playpens, and porta-cribs and high chairs from the money given to them by the Auxiliary. (Preistleys' Baby News store donated crib pads as our money didn't go that far.)

In closing Marny said this was a year she will never forget! Marny is writing the history of State Auxiliary, and shared several interesting highlights of the past with us.

No further business was conducted. The meeting adjourned at 11:00 a.m. followed by a delicious luncheon.

We were treated to some special entertainment. Jo Roller brought three lovely ladies from her church choir and they sang for us. They were very talented, especially Jo, and we enjoyed them very much.

SPRING BOARD MEETING

The Great Hall at Annie Wright Seminary was the scene of our final Auxiliary meeting of the Spring. A delicious dessert luncheon was served.

Retiring President Marny Weber greeted everyone and turned the meeting over to our new President, Nikki Crowley. Nikki introduced the new officers and chairmen present. She thanked hostess-chairman Barbara Lindblad and her committee for the lovely lunch.

Shirley Kemman introduced Frank Guhr formerly of Pooles Nursery who gave us some helpful tips on tools, and a demonstration of effective pruning. You might even say radical pruning!

A special "thank you" to all the 1980-81 board who carried out their duties so faithfully. The unlimited talent, brilliance and dedication of the members has made it a very stimulating challenging and rewarding year to serve you as President.
Thank you,
Marny Weber

STUDENT RECOGNITION AWARD WINNERS

Each year the Pierce County Medical Society Auxiliary takes pleasure in recognizing an outstanding senior son and daughter of a physician who is a member of the Medical Society. The award is based primarily on scholarship, but also includes leadership and service to school and community. The Student Recognition Selection Committee congratulates Anne Elizabeth Sobba and Jeff Hopkins, recipients of this year's awards.

Anne Elizabeth Sobba, a graduate of Rogers High School, Puyallup, is the daughter of Dr. Walter L. and Mrs. Anne Sobba. Anne's major fields of interest are music and math. She plans to attend Western Washington University next fall.

Jeff Hopkins, a graduate of Bellarmine, Tacoma, is the son of Dr. and Mrs. David S. Hopkins. Jeff's major field of interest is international relations. He plans to attend Georgetown University next fall.

1981-82
Pierce County Medical Auxiliary
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Nominating ..... Marny Weber
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Sunshine ..... Jeanne Judd
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Auction ..... Helen Whitney
Holiday Dinner with MSPC ..... Marge Ritchie
Remembered ..... Joan Sullivan
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PEDIATRICIAN / OBGYN / FAMILY PRACTITIONER board certified or eligible to associate with 8 man multi-specialty group in Tacoma, WA. Salary open and competitive, leading to full partnership after first year. Please send curriculum vitae and inquires to T.H. Skrinar, M.D., c/o Puget Sound Clinic, 3611 So. "D" St., Tacoma, WA 98408 or telephone collect, 206-272-0486 or 206-756-8569.

UNIVERSITY PLACE PROFESSIONAL SQUARE. For rent or lease University Place area. 1175 sq.ft. suite, $560/month/less on lease assumption; assumption of lease 1410 sq.ft. first floor, $650/month; and 910 sq.ft., $445/month. Call 565-4444.

OB/GYN: A multi-specialty group practice in Tacoma seeks employment, with partnership opportunity, of OB/GYN physician, excellent benefits and compensation — guarantee and incentive. For information call Don Reddington, (206) 627-9151, or write, P.O. Box 5467, Tacoma, Washington 98405.

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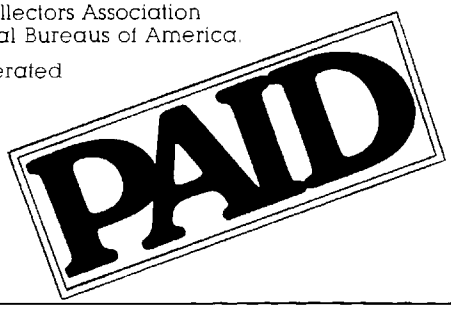

EVERETT GRAND PIANO. Excellent condition - $4,000. William Morrison, M.D. — 848-7297.

FAMILY PRACTICE openings at the Olympia Medical Center of Group Health Cooperative of Puget Sound. FPs have defined patient panels and are responsible for the inpatient and ambulatory care of their patients. Prefer interest in normal obstetrics. We hospitalize at nearby St. Peter with elective procedures coming to GHC hospitals in Seattle. Contact: F. Rodda, 200 15th Ave. E., Seattle, WA 98112. 326-6200.

MEDICAL OFFICE SPACE adjacent to St. Joseph Hospital for sub-lease, available on May 1, 1981. Total of 1500 square feet with 2 examination rooms, 460 square feet unfinished. Waiting room furniture available. Call 383-3081 between 8:00 AM and 5:00 PM Monday through Friday.

WATERFRONT — 184 feet no bank bulkheaded waterfront on Fox Island. 3000 feet plus all cedar contemporary home. Heat pump and electric furnance. Three bedrooms, recreation room, sewing room, three lanais. Protected deep water moorage. 549-2642 for appointment.

1,000 SQUARE FOOT BUILDING for lease. Includes waiting room, business office, 2 examining rooms, private office, and lab space. Call 588-3809.

BY OWNER: Charming rambler on ½-acre near Gravelly Lake and Country Club. 3-4 bedrooms, 1½ baths, large family room, 2 fireplaces, 20x40 heated pool with removable cover, shuffleboard, etc., in secluded back yard. $110,500. 588-7142.

WILL BUILD OFFICE with space for two physicians. Lease now and participate in design — Option to buy in 5 to 6 years. Located one block from Tacoma General Hospital. Contact Doctors BeMiller, Curl, or Huish at 383-2441.

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Trained: Kree International Institute of Electrolysis, N.Y. and Wilshire Blvd. School, Los Angeles

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"THE WOODS"
Gig Harbor
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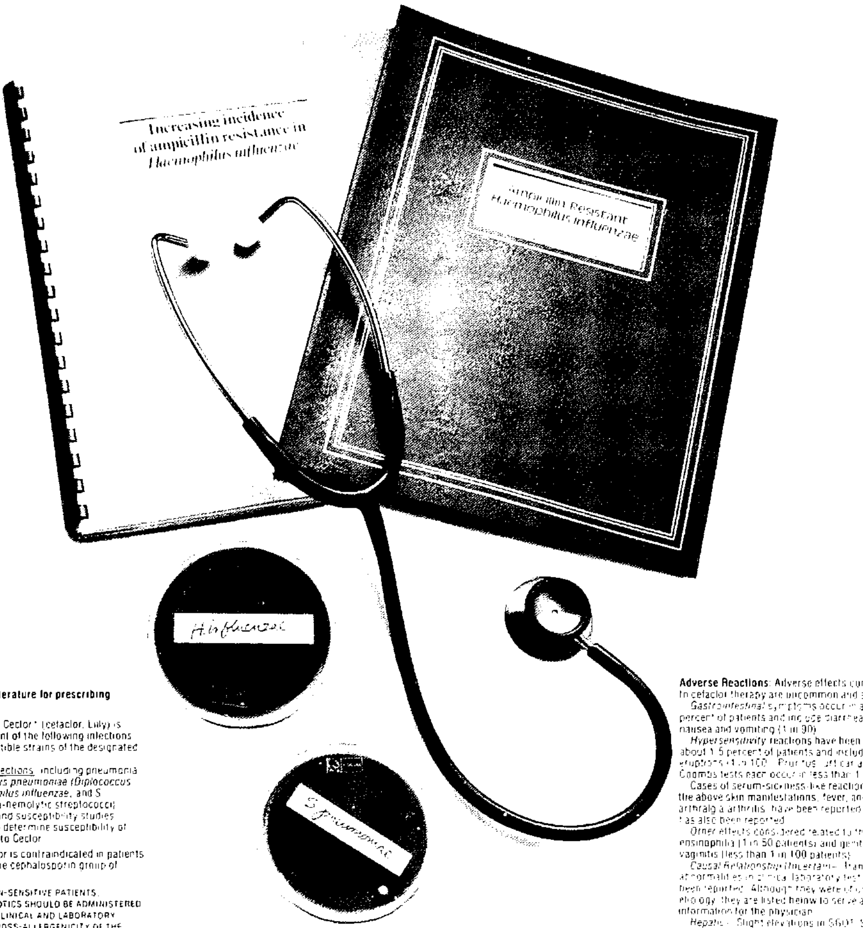
William R. Kellis & Co.
206/272-5183

An added complication... in the treatment of bacterial bronchitis*



Brief Summary.
Consult the package literature for prescribing information.

Indications and Usage: Ceclor* (cefaclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms.

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae (Diplococcus pneumoniae), Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceclor.

Contraindication: Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS TO BOTH DRUG CLASSES (INCLUDING ANAPHYLAXIS AFTER PARENTERAL USE).

Antibiotics, including Ceclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Precautions: If an allergic reaction to cefaclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefaclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Ceclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Ceclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest* tablets but not with Tes-Tape* (Glucose Enzymatic Test Strip, USP, Lilly).

Usage in Pregnancy—Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in ferrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

Usage in Infancy—Safety of this product for use in infants less than one month of age has not been established.

Some ampicillin-resistant strains of Haemophilus influenzae—a recognized complication of bacterial bronchitis*—are sensitive to treatment with Ceclor.[1-6]

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.[7]

Ceclor® cefaclor

Pulvules*, 250 and 500 mg

Adverse Reactions: Adverse effects considered related to cefaclor therapy are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients.

Cases of serum-sickness-like reactions, including the above skin manifestations, fever, and arthralgia/arthritis, have been reported. Anaphylaxis has also been reported.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain—Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal—Slight elevations in BUN or serum creatinine (less than 1 in 500) or [illegible] (less than 1 in 200).

*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either S. pneumoniae or H. influenzae.

Note: [illegible] (cefaclor) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

References

1. Antimicrob. Agents Chemother. [illegible] 1975.
2. Antimicrob. Agents Chemother. [illegible] 1977.
3. Antimicrob. Agents Chemother. 13:584, 1978.
4. Antimicrob. Agents Chemother. 12:490, 1977.
5. Current Chemotherapy (edited by W. Siegenthaler and R. Lüthy), [illegible] Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother. 13:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases (edited by G. L. Mandell, R. G. Douglas, [illegible] E. Bennett), p. 487. New York: John Wiley & Sons, 1979.

Additional information available to the profession on request from [illegible]

Lilly

Eli Lilly Industries, Inc.
[illegible] Puerto Rico [illegible]

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Tacoma, Washington 98405
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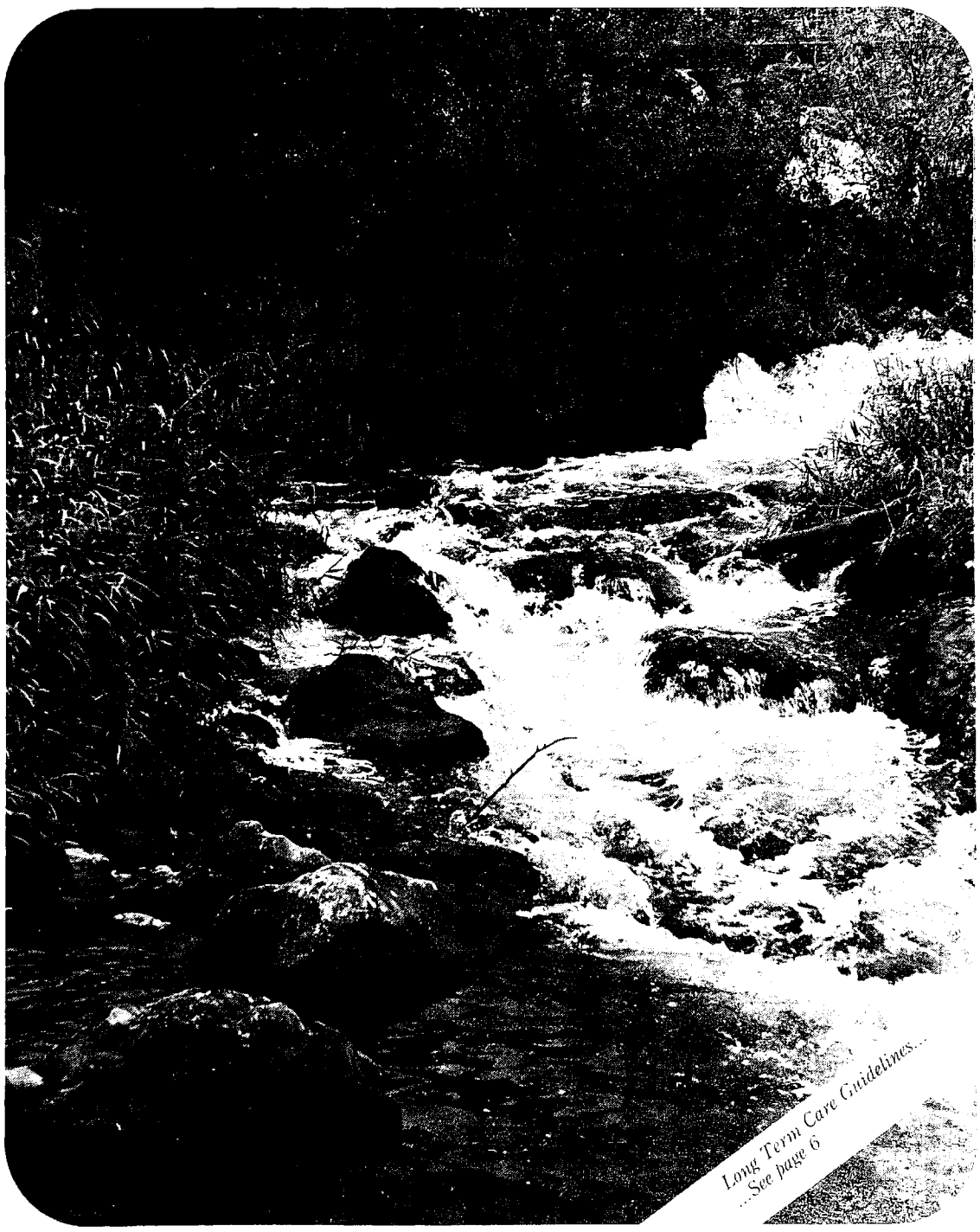
Medical Society of Pierce County

JULY 1981, Vol. LIII, No. 7, Tacoma, Washington



Long Term Care Guidelines...
...See page 6

BULLETIN

Even a famous movie star has to plan for the future. After all, healthy assets, peace of mind and tax relief are hard to come by these days.

Thank heavens for the trust officers at Puget Sound National Bank. They're expert financial administrators. And you can trust them to keep on top of your investments.

So if you're looking for sound financial planning, take my advice. Call Doris Warner at (206) 593-3881.

A bank with a heart™ can be your biggest asset.

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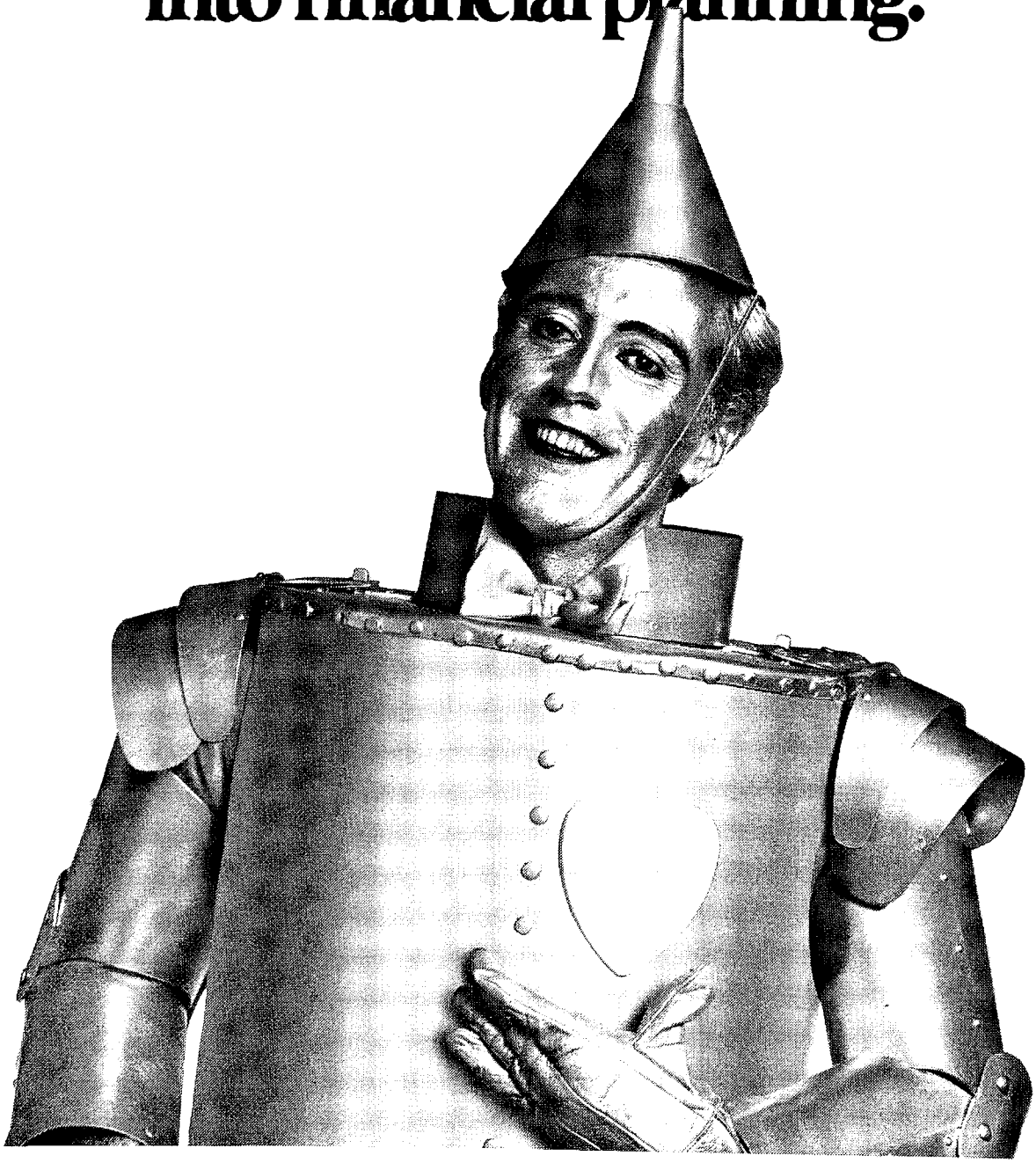

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Photo courtesy of Mrs. Chris Reynolds.

Staff

Editor ..... David S. Hopkins, M.D.
Managing Editor ..... Thomas J. Curry
Editorial
Committee ..... W. Ben Blackett, M.D., Stanley W. Tuell, M.D.

Society News Briefs

A summary of Medical Society, and local medical and health news

BOARD MEETS WITH HOSPITAL STAFF PRESIDENTS; ACTS ON VARIETY OF ISSUES AT JUNE MEETING.

Medical Staff presidents (or representatives) from Pierce County hospitals met with the Society's Board of Trustees at its June meeting. Greater coordination between the Society's Grievance Committee and hospital medical staff review activities was supported as was increased formal interchange between the Society and hospital medical staffs.

Expansion of the joint Medical Society-hospital credentialling process also was discussed as was physician impact on hospital programs. Representing hospital medical staffs were Drs. Wouter Bosch (Allenmore), Robert Johnson (Tacoma General), Kirk Starr (Mary Bridge), James Symonds (Good Samaritan), Joseph Latona (Lakewood), Warren Smith (Doctors), Chris Reynolds (Puget Sound). Dr. Robert O'Connell, board member, served as liaison for St. Joseph Hospital.

The Board also acted on these issues:

WSMA

Reviewed the 1981 WSMA legislative summary report and tentative plans for the September 24-27 WSMA annual House of Delegates meeting to be held in Spokane.

Placement Service/PSC

Accepted a report from Dr. Dale Hirz, president of Membership Benefits, Inc., regarding the Society's Medical-Dental Placement Service and the Society's relationship with Puget Sound Collections. The placement service is performing well and gaining financial strength, Dr. Hirz reported. Support of Puget Sound Collections, the Society's endorsed collection service, also was discussed.

Health Needs Task Force

Approved a summary statement for the proposed Health Needs Task Force to be established by the Society.

EMS Report

Approved with commendation the minutes of the May Emergency Medical Standards Committee, and approved Dr. Robert Hollison to serve as physician controller of Hill Ambulance Company.

Grievances

Accepted a Grievance Committee report noting recent expansion of the committee, proposed cooperation with hospital medical staff review activities, and status of cases currently under review.

1981-82 Directory

Approved an Editorial Committee recommendation that the "1982-83 Directory for Pierce County Physicians and Surgeons" be a single volume publication with reduced page size necessitating possible deletion of the following listings: retired physicians, podiatrists, private psychologists, and funeral directors. Actual deletions will be predicated on advertising and other space considerations.

New Members

Voted into membership six provisional members as recommended by the Credentials Committee. The Board also approved the committee's recommendation that the credentialling process be expanded to include formal correspondence with medical disciplinary boards in states where applicants have practiced.

Jail Health

Accepted a Jail Health Advisory Board report of the group's initial meeting. The Advisory Board has completed review of draft jail health protocols. Future projects include dental protocols, psychiatric protocols, and establishment of a drug formulary.

(continued on page 8)

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405. Telephone (206) 572-3666. Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is $10.00, which is included in the dues. Non-member subscription, $15.00 per year. Single copy $2.00.

President's Page

George A. Tanbara, M.D.

ICHIBAN - NUMBER ONE

In America, being ICHIBAN seems to be a way of life and a great motivator.

Polls among healthy individuals show that health as a priority ranks quite low after nutrition, shelter, employment, education and exercise. However, when a person is ill, for that person and the family everything else takes a back seat.

My personal experience started one day in the middle of June with the onset of abdominal discomfort. It got to the point where I had to leave the office in mid-afternoon. Thinking the discomfort was merely a gastrointestinal upset which would rectify itself shortly I went home to bed but the cramps continued in spite of the continued reassurance of my family. Reluctantly, in the late night my personal physician (who had started practice at the same time I had) was called and he met me at the hospital emergency room. It really was comforting to see him as we arrived simultaneously. Posthaste he examined me and a radiological examination was accomplished.

The surgical consultant was my tennis doubles partner when we won an annual club tennis championship. One of his sons is a surgical resident at Seattle's Harborview Hospital with whom I had talked only a week previously regarding a patient who was born with a jejunal atresia and who was obstructed again (when she was younger an incisional hernia had been well taken care of in Tacoma by a surgeon who is currently a Medical Society committee chairman). Another son is a lawyer in town and had played tennis for Santa Clara as number one on its team. I had played with him from his junior school days. The youngest son is a nationally ranked tennis player for his age with whom I started to play from his grade school days.

After nasogastric tube placement and sedation, intravenous fluids were started. The next day because of continued obstruction, after radiological examination by a Medical Society committee chairman, a decision for surgery was made. Within 15 minutes a gurney arrived to transport me to surgery. Many times I had been in the surgical suite as standby to receive an infant delivered by cesarean section and also as the pump operator for the early open heart surgeries. Never previously was I in such a situation as a patient.

It was reassuring to have a friend administer the anesthesia. The next thing I remember was being in the recovery room. An adhesion of the upper jejunum to the posterior abdominal wall had been separated. Over the next two days many friends and hospital personnel came by to give me encouragement so that I was able to leave feeling good. Ambulation was accomplished with much nudging. Recovery seemed to have gone well to the extent that I spent a short time in the office six days after surgery.

My appetite decreased after that and over the following weekend there was a gradual increase in discomfort leading to the return of peristaltic spasms that required re-hospitalization. Small bowel examination with barium, done by another radiologist, also a Medical Society committee chairman, revealed an obstruction again that would not be resolved with nasogastric suction and intravenous fluids. It was disheartening to see 50-100 cc of gastric fluid being removed hourly. Surgery was a necessity again 11 days following my initial surgery. Another anesthesiologist and close friend took over. It was reassuring to have friends and colleagues assuming the responsibility for my care. Three feet of midileum which was matted together was removed with the gall bladder which had stones in it as well as the appendix. Frozen section and permanent sections of the ileum showed no malignancy—a friend and colleague had willingly come to the hospital during surgery to verify that.

My recovery after this surgery was much more painful and prolonged but the assistance and encouragement of so many friends and co-workers certainly was and is appreciated. What a relief to have the urinary catheter removed. I could hardly wait to remove the nasogastric tube. I left the hospital one week after surgery and returned to my office 20 days after surgery.

I am grateful to all of my colleagues, friends and hospital personnel—some I took care of as patients and some were parents of patients—relatives, and of course the family. I wish there were an appropriate way to thank each and every one of you. Familiar and concerned faces certainly were helpful.

Needless to say, I feel the care in Tacoma and Pierce County is ICHIBAN. Whenever one is incapacitated one knows your health takes priority over everything else.

Health personnel should continue to be proud of their ICHIBAN status in the care of patients.

Thank you.

GAT

ESTABLISHING MEDICAL ETHICS FOR A CHANGING PROFESSION

As a physician, you automatically have a strong vested interest in medical ethics. Ethics are a traditional frame of reference for society's attitude toward physicians. Today in America, there is more reference to that frame than ever before.

That's because so many of today's health care issues are ethical challenges. As outstanding examples, consider the moral right and wrong involved in:

- Seemingly excessive or needless costs of medical services—at a time when cost is the chief health care issue and the chief basis for government intervention in care.
- Medicine's enhanced ability and obligation to prolong the lives of the terminally ill—versus pressures for mercy killing and for limits on the expenditure of health care resources.
- Rules and procedures that could make medical records more accessible to outsiders. The moral conflict here is between the principles of confidentiality and the stake of third parties (notably government) in medical oversight and review.
- The question as to where various biomedical advances, such as genetic engineering and test-tube fertilzation will lead us?

Those and similar questions involve the very character of medical practice, including your own. Ethically wrong answers could distort that character.

Physicians have to do their best to provide answers that are both high-minded and sure-footed. Acting in concert, we have to come forth with sound ethical principles and applications.

The AMA has stood for traditional moral values from its very beginnings but has been flexible enough to keep adapting to new needs. In order to adapt, the AMA (by vote of its House of Delegates) revised its Principles of Medical Ethics last July—the fifth time it has done so.

Here are some of the ways in which the AMA has been applying medical ethics to relevant current issues...on your behalf:

- Stimulation of ways to cut down on needless or excessive health services and costs. This includes peer and utilization review, physician participation in PSROs, cost-benefit analysis, and alternatives to hospitalization whenever feasible.
- Model state legislation for disciplining the wayward or incompetent physician, who can be an economic as well as a medical problem. Twenty-three states now have laws that wholly or partially resemble the AMA model.
- New ethical standards on such topics as genetic engineering, test-tube fertilization, and euthanasia...as set forth in the latest edition of the AMA Judicial Council Opinions and Reports.
- Tireless legislative and legal efforts to protect the confidentiality of patient records.
- To maximize our effectiveness, we need YOUR MEMBERSHIP. The larger our membership (230,000 now), the bigger our influence. We need influence in coordinating the ethical commitment of American medicine...and in clarifying that commitment to government, to society, and throughout our profession.

We need YOU...if we're to give you all the help that you need.

For details on how to join, contact the Medical Society of Pierce County, 572-3667.

A Special Report From The Senior Citizens Committee

GUIDELINES FOR PHYSICIANS ATTENDING PATIENTS IN LONG-TERM CARE FACILITIES

The cost, ethics, medical appropriateness, and impact on the physician-patient relationship of the care often provided in today's nursing home setting have been addressed at recent meetings of the Medical Society's Senior Citizens Committee. The resulting guidelines, approved by the Society's Board of Trustees at its June meeting, are offered to all Pierce County physicians with the hope that related issues may be clarified and patient care benefited — the editor.

FORWARD

Impaired health forces patients to surrender personal control and care of their bodies to insitutional medicine. The goal of treatment is to restore the patient to sufficient health so that he or she can again function as an independent individual.

Skilled nursing facilities providing long-term care are an important step in rehabilitation. They are less expensive than hospitals but more expensive than other modes of patient care. A patient who is no longer benefiting from the treatment available in a long-term care facility should be discharged. Those who do not recover sufficiently to care for themselves should be sent to custodial care facilities. This frees beds needed by patients requiring more skilled nursing services.

A physician is responsible for all care given his or her patient in a long-term care facility. The physician may not delegate his or her responsibilitiy for seeing the patient, monitoring the patient's progress and signing orders. Specialists accustomed to rendering only short-term therapy may prefer to send their patients to another physician or to the medical director of the long-term facility.

Adequate records are essential in our litigious society. Third party payment for services requires documentation of the patient's condition and need. State and national accreditation and licensure of long-term care facilities mandate inspection and other, often seemingly superfluous, procedures.

Individual skilled nursing home regulations vary. Physicians are strongly urged to familiarize themselves with the specific regulations of each facility to which they admit patients.

The following guidelines are to assist physicians. There may be additional protocols required by particular institutions. A list of licensed facilities in Pierce County and each facility's medical director is also provided.

THE PHYSICIAN'S ROLE

Patients are admitted to a long-term care facility only upon the recommendation of a licensed physician.

Patients can remain in such a facility only as long as they are under a physician's supervision.

The admitting physician will be the attending physician unless the patient is ethically referred to another physician and that physician agrees to accept the patient.

Attending physicians must designate an alternate and/or an emergency physician who has agreed to provide services. Emergency care is called upon only when the patient's attending physician is not available.

The attending physician will visit as often as warranted by his or her patient's condition. During the first 90 days in the facility, the patient must be visited at least once every 30 days. An alternate, less frequent, visiting schedule may be adopted later when so justified in the patient's medical record. This change will require

the concurrence of the facility's utilization review committee.

Required laboratory, x-ray and other diagnostic services are provided only on the order of the attending physician.

Many routine or unordered evaluations performed in the nursing home *are not* medically indicated and are provided in spite of not being ordered by the attending physician. While some things may be dictated by law, the need for physician communication and control is urgent. When a physician admits a patient to the nursing home he or she should write on the patient's records, *"no screens unless ordered by me."*

It should be noted that Medicare and other third party payors have varying definitions of skilled and custodial care. Benefits may be contingent upon the provision of certain services regardless of their medical appropriateness. For example, if the physician does not order a physical therapy assessment, the patient may not receive Medicare benefits.

Evaluation, referral and the utilization of all services for patient care are the responsibilities of the attending physician.

Only a physician may enter or authenticate opinions that require medical judgement in medical records.

MEDICAL RECORDS

Current medical findings, diagnosis and the physician's orders for the immediate care of the patient must be given to the long-term care facility before or at the time of admission.

Information about the rehabilitative potential of the patient and a summary of prior treatment should be available at the time of admission or no later than 48 hours thereafter.

Medical evaluation of the patient must be based upon a physical examination performed within five days before admission or two days after. A hospital discharge and transfer summary will usually suffice.

At each visit, the attending physician must evaluate the patient and review the patient's total program of care. This will include diet, medication, other treatment and activities. A progress note must be written and signed.

All orders must be written in the patient's record and signed by the physician. When verbal orders have been properly given and recorded between visits, they must be countersigned by the physician at his or her next visit.

The medical record must document sufficient pertinent information about the patient's condition and need in order to justify the use of diagnostic procedures and rehabilitative services.

Drugs are administered in accordance with the written orders of the attending physician. When not specifically limited as to time and number of doses, medication will be discontinued by the "stop order" policy of the facility. The attending physician should be notified prior to the administration of the last dose.

Verbal orders for Schedule II drugs are permitted only in case of a bonafide emergency. Such orders must be countersigned by the physician within 48 hours.

MEDICAL DIRECTORS OF LICENSED NURSING HOMES IN PIERCE COUNTY

Abilene House, 564-1643 ..... William Wright, M.D.
BelAir Nursing & Convalescent
Center, 564-7111 ..... Chris Reynolds, M.D.
Bellevue Sanitarium Inc.,
472-4481 ..... John F. Comfort, M.D.
Brentwood Manor,
572-8141 ..... George A. Moosey, M.D.
Caldwell Health Center,
824-4600 ..... Vernal Norine, M.D. (Bellevue)
Clearview Manor Convalescent & Rehabilitation
Center, Inc., 474-9496 ..... Bryan M. Archer, M.D.
Cottesmore Nursing Home, Inc.,
383-1268 ..... Buel L. Sever, M.D.
Delcrest Convalescent Center,
922-0444 ..... Not Available
Esther Rose Care Center,
752-5677 ..... George A. Moosey, M.D.
Federal Way Convalescent Center,
1-839-2400 ..... Bertold Bruell, M.D. (KCMS)
Georgian House of Lakewood,
588-2146 ..... Chris Reynolds, M.D.
Heritage Nursing & Convalescent
Center, 474-8456 ..... Chris Reynolds, M.D.
Jefferson House,
383-5495 ..... Bryan M.Archer, M.D.
Laboure Nursing Home,
537-7857 ..... Thomas L. Bowden, M.D.
Marine View Convalescent Center,
1-839-3782 ..... Robert T. Lundeen, M.D. (KCMS)
McKenna Home,
1-458-3801 ..... Bryan M.Archer, M.D.
Midland Manor Care
Facility, 537-5395 ..... Thomas L. Bowden, M.D.
Northwood Convalescent
Home, 272-1206 ..... George A. Moosey, M.D.
Orchard Park Convalescent
Center, 475-4611 ..... Chris Reynolds, M.D.
Parkland Care Center,
537-3022 ..... Thomas L. Bowden, M.D.
Puyallup Manor Convalescent & Rehabilitation
Center, 845-6631 ..... Thomas H. Clark, M.D.
Resthaven, 627-4142 ..... Bryan M.Archer, M.D.
Riverwood Care Center,
848-4551 ..... John V. Merrick, M.D.
Sherwood Terrace Convalescent Center,
582-4141. Robert Klein, M.D., Bryan M.Archer, M.D.
Springhaven Care Center,
472-9027 ..... Kenneth J. Ritter, M.D.
Sumner Lodge, 863-4425 ..... William G. Marsh, M.D.
Tacoma Terrace Convalescent
Center, 475-2507 ..... Bryan M.Archer, M.D.
Valley Terrace Nursing
Center, 845-7566 ..... Thomas H. Clark, M.D.
Viewcrest Convalescent
Center, 474-0733 ..... Thomas L. Bowden, M.D.
Westwood Care Center,
752-7713 ..... George A. Moosey, M.D.

SOCIETY NEWS BRIEFS Continued

Medical Library

Discussed Medical Library Committee activities and concurred with the committee's recommendation that Pierce County should cooperate with the WSMA in support of a statewide library network *without* disrupting the Pierce County library or burdening local physicians with additional financial commitments to a statewide network.

Long-Term Care

Approved guidelines for physicians attending patients in long term care facilities as proposed by the Senior Citizens Committee. Committee efforts to work with the Tacoma-Pierce County Health Department to resolve referral problems and address other facets of the department's adult health clinics were endorsed.

Public/School Health

Accepted a Public Health/School Health Committee report which included the status on the proposed task force on unmet health needs, recommended support for continuation of the funded physician position in the Office of Superintendent of Public Instruction, and status of the Society's Infectious Control Committee. The Board concurred with the committee's recommendation that the Infectious Control Committee be strengthened with more physician involvement.

WSMA Survey

Concurred with WSMA's survey of physicians in the Puget Sound region of their interest in accepting additional low or part fee patients.

PHYSICIANS ELECTED TO MEMBERSHIP:

Six physicians were elected to membership in the Medical Society of Pierce County at the June Board of Trustees meeting. They are:

Douglas L. Attig, M.D.	James W. Reed, M.D.
Ronald C. Johnson, M.D.	Dennis L. Quiring, M.D.
William M. Priebe, M.D.	Dan A. Wiklund, M.D.

SOCIETY TO MEET WITH PIERCE SCHOOL LEADERS

Sports physicals, special education needs, immigrant students' health status, and the Pierce County adolescent pregnancy program will be among the issues discussed when the Public Health/School Health Committee meets with Pierce County public and private school representatives on Thursday, August 27. The annual meeting will be held at Jackson Hall Auditorium from 4:00 - 6:30 p.m. Over 30 school representatives met with physicians at the committee's last meeting held in January. Physician comments and participation are invited. For further information contact the Society office, 572-3667.

WSMA ANNUAL MEETING SEPTEMBER 24-27

The annual WSMA House of Delegates meeting will be held in Spokane, September 24-27. MSPC officers and trustees serve as your delegates. Contact them, or the Society office, with your concerns or suggestions regarding WSMA policies or programs.

MARK SEPTEMBER 8 ON YOUR CALENDARS

September 8 is the date of the next Medical Society general membership meeting. Items of business to conduct include election of at-large members of the nominating committee, review of the emergency medical services medical control project, and continuing medical education. Meeting details (location, guest speaker, et. al.) will be mailed to all members in August.

PHYSICIANS SEEING FEWER PATIENTS AND SPENDING MORE TIME WITH EACH

American physicians are spending more time with their patients in the 1980s.

In the new 10th Edition of the American Medical Association's *Profile of Medical Practice, 1981* the AMA reports that physicians in 1980 had an average of 112 patient visits per week, which is less than the average of 122.7 patient visits in 1979 and 130.6 in 1978.

But the physician's work week continues about the same: 44.5 hours of direct patient care in 1980 as compared with 44.9 hours in 1979 and 45.5 hours in 1978.

Profile of Medical Practice is published by the AMA as a reference guide to those interested in health care issues. It contains current data describing physicians' medical practices in the United States, and articles analyzing the social, economic and policy issues relevant to health care.

The AMA survey that served as a basis for the guide reported 78.7 patient visits per week in the office and 33.1 patient visits per week in the hospital in 1980. Doctors in metropolitan areas saw fewer patients than those in non-metropolitan areas. In counties of more than one million persons, patient visits averaged 99.6 per week; in counties under one million the average rose to 116, and in non-metropolitan areas physicians saw an average of 144.6 patients per week.

Average waiting time in the physician's office was 19.7 minutes in 1980. New patients had to wait 8.1 days for an appointment for a routine visit. Established patients waited 4.5 days for an appointment.

Fees for an initial office visit averaged $33.28 in 1980.

Physicians' net income from medical practice rose by an average of 7.2 percent each year from 1970 to 1979. The average income in 1979 was $78,400. Surgeons topped the list with an average net income of $96,000. General practice doctors earned $62,000.

SALARY SURVEY COMING

A rapidly changing job market and salary levels have necessitated a revised salary and fringe benefit survey by the Medical-Dental Placement Service. A survey questionnaire will be mailed to offices in August or September and your response will be appreciated. All survey results will be kept confidential and are released to physicians only upon request and to your home address.

MSPC
GENERAL MEMBERSHIP MEETING
Tuesday, Sept. 8, 1981
Lakewood Terrace Restaurant

Ed Wood, M.D. Ph.D.

MONOCLONAL ANTIBODIES
Part 1

When Neil Armstrong made his first lunar step for mankind, he completed an epic achievement in the physical sciences unparalleled in human history. Some 10 years later researchers at the Cambridge Medical Research Council Laboratory of Molecular Biology made an equally impressive (but less publicized) step in the biological sciences — they, in essence, achieved immortality! This is the story of their achievement and what it will mean to mankind on earth and to you in your medical practice in the 1980s.

All of us are cognizant, in a general way, of the role of antigens and antibodies in the control of disease. When an organism breaches the body's outer defenses, the immune system reacts by producing antibodies which hopefully overcome the offending agent. Usually any foreign organism consists of multiple antigens and the typical immune response results in multiple types of antibodies of varying effectiveness.

Our understanding of the immune response and the advances in immunology over the past 20 years have been nothing less than spectacular. The immune "space-step" was made in 1975 by George Kohler and Cesar Milstein when they and their colleagues produced the world's first "hybridoma"!

So what's a hybridoma?

First a few essential concepts:

1) Cell cultures prepared from normal tissues grow for a limited number of generations only when for unknown reasons they deteriorate and cease to multiply.

2) Cell cultures from some tumors proliferate indefinitely.

3) Fusion of cells in culture can be achieved by treatment with killed Sendai or other membrane-coated viruses which apparently promote cell fusions by attaching simultaneously to adjacent cells. The precise mechanism is unknown.

4) Fused cells in which nonidentical nuclei fuse to form a single nucleus are called "hybrids." Usually hybrid cells can replicate indefinitely.

5) Hybrids can be formed from cells of the same species or from cells of two different species.

Antibodies are produced primarily by B lymphocytes which are the precursors of plasma cells. There are, in any single animal, an infinite number of different cells lines of B lymphocytes *each capable of producing specific antibodies to a single antigenic component.* Kohler and Milstein reasoned that if a single lymphocyte could be isolated and successfully propagated, the resulting clone would produce only one antibody against a single antigen. Further, if it were possible to sensitize that lymphocyte to a specific antigen, it should be possible to produce antibodies of a single type against that one antigen.

While a number of cell culture techniques are available to select individual cells, B lymphocytes do not maintain themselves in a culture medium and will not form a permanent clone. In contrast, myeloma cells (malignant plasma cells) can be grown indefinitely in either culture medium or in the host from which they originated. Unfortunately, myeloma cells cannot be sensitized to produce specific antibodies.

In an unrelated experiment, Kohler, Milstein and their associates attempted to fuse myeloma cells from a mouse with myeloma cells of a rat. The success of that experiment suggested the possibility of fusing a normal lymphocyte or plasma cell with a myeloma cell to produce a hybrid that hopefully would grow in a culture media indefinitely and produce only the one specific antibody characteristic of that lymphocyte.

In their first epic attempt they chose sheep red cells as the immunogen since it is easy to detect antibody to such cells by the subsequent lysis that occurs. They immunized mice against the sheep cells, then prepared a suspension of spleen cells (which contain a high percentage of B lymphocytes) from the immunized mice. The last step was an attempt to fuse the spleen cells with mouse myeloma cells. To their delight, the fusion was successful and some of the resulting "hybridomas" produced antibodies against sheep red cells.

They were then able to isolate and produce clones that secreted only that specific antibody and maintained themselves indefinitely in culture media. They had for the first time developed a technique for the continuous culture of fused cells, hybridomas, for the production of monoclonal antibodies of predefined specificity. They soon found that once the desired clone was isolated, it could even be frozen for long term storage. At any time a sample of the clone could be thawed, grown in culture and the pure antibody harvested from the medium in unlimited amounts. They had, indeed, achieved immortality!

Continued successes followed. Various experiments demonstrated that propylene glycol is an ideal fusing agent and easier to use than Sendai virus. By a variety of ingenious techniques, researchers simplified the isolation of the desired antibody secreting clones produced by the mixture of spleen and myeloma cells. As a consequence, the resulting availability of pure antibody reagents is revolutionizing the analytical methods of the clinical laboratory.

The clinical applications to *in vivo* human use were limited, however, by the foreign protein character of the mouse hybridomas. The first attempts to produce human lymphocyte-mouse hybridomas were characterized by poor survival, since the resulting cell lines showed a rapid loss of human chromosomes. Further, there are obvious ethical problems in producing sensitized human lymphocytes by injecting a variety of antigens into humans for that purpose.

The development of human-human hybridomas was next and is now well advanced. Olsson and Kaplan have reported the fusion of human lymphoid cells from spleens of Hodgkins patients with cells from a human myeloma cell line.[2] The resulting hybridomas produced antibodies to 2,4-dinitrophenyl to which the patients had been previously sensitized.

Most importantly, they were able to sensitize the human cells *in vitro* to sheep red cells and a lipid fraction of endotoxin. The resulting hybridomas produced antibodies to those antigens, opening the way to unlimited horizons of diagnosis and therapy.

Producing specific monoclonal antibodies for more effective antiserums against specific diseases is the least important use of this powerful technical advance. Part 2 in the next issue of the BULLETIN will review the almost endless applications for both diagnosis and therapy in the 1980s.

[1]Kohler, G. and Milstein, C. 1975: Continuous cultures of fused cells secreting antibody of predefined specificity. *Nature* 256:495.

[2]Olsson, L. and Kaplan, H.S. 1980: Human-human hybridomas producing monoclonal antibodies of predefined antigenic specificity. *Proc. Natl Aca. Sci. USA* 77:5429.

Ed Wood, M.D., Ph.D.

C. C. Reberger, M.D.

MEDICAL SOCIETY GRIEVANCE PROCESS STRENGTHENED

The Grievance committee traditionally has included the three immediate past presidents of the Medical Society. This year, responding to the increase in complaints requiring processing by the committee, the membership was expanded. Dr. Ted Baer kindly volunteered to remain on the committee with Drs. Ralph Johnson and Ken Graham. Drs. John Sack and Bill McIlroy have rounded out the committee in areas of particular specialty needs.

An appreciable number of complaints are efficiently straightened out by the Society office staff. Complaints exceeding the misunderstanding level are screened by the Executive Director. Some are resolved at this point. If the aggravated party is still persistent and dissatisfied, a request is made for a formal complaint to be written and signed along with appropriate release statements. Complaints from the WSMA Review Committee working with the Washington State Department of Social and Health Services are automatically included on the agenda of the Grievance Committee as are complaints referred from the State Attorney General's office and WSMA Grievance Committee.

COMPLAINTS VARY

The screened complaints coming to the attention of the committee include variable levels of requirements for investigation and documentation. These minimally include complaints which may be resolved by communication with the involved physician. Responses to these requests are usually timely. Roughly half of the complaints handled by the committee are more complex, involving not only the attending physician but possibly emergency room visits, surgical complications, and confusing hospital records. When the investigation is slowed by the requirements of extensive documentation, the complaining party is notified from time to time that he or she has not been forgotten.

Complaints at the doctor's office level usually involve communication problems. Much of the investigation could have been prevented by careful explanation, preferably written, as to who is responsible for what, but particularly in regard to items not covered by insurance programs such as allergy extracts, pre-existing conditions, and the like.

In the more complex cases, the committee often finds itself duplicating the work of hospital committees that may have even earlier records of deliberation about the same physician who has come to the attention of the Grievance Committee.

CASE DEVELOPMENT

It is our responsibility to report such cases as involve disciplinary action to the Washington State Medical Disciplinary Review Board. This responsibility, however, requires careful documentation that would be appropriate to the case-building of a prosecuting attorney. Accordingly, there is a strong inhibition against cursory accusations, both in the hospital's committees and the Grievance Committee. The importance of careful case development is underscored by the often litiginous, defensive and uncooperative to hostile attitude of the involved physician. These, fortunately, are rare, but they cause a great deal of trouble for the patient, our review committees and our Grievance Committee.

The chairman wishes to express his sincere thanks to the committee members for their careful and immaculate reviews and evaluations of the complaints, often involving extensive consultative workups of patients at no charge. Especially gratifying has been the response of the membership of the Society in providing the same kind of service when called upon in those cases where particular specialty problems, felt to be beyond the expertise of the committee, are involved. The committee attendance has been gratifying and the awareness of the details of the complaints reflects hours of homework. This tedious preparation has facilitated sensible compromise and resolution of all of our current cases (as of mid June).

The committee does recommend increased formal interchange of information between the Society and its committees and hospital medical staff review committees, properly supported by release statements and supportable documentation.

Charles C. Reberger, M.D., Chairman
Grievance Committee

A FANTASY ON THE THEME OF THE INCOMPLETE PHYSICIAN

It is time for my nightly feeding. About the best I can say for this nasogastric tube is that at least I cannot taste the pulverized mixture of proteins, vitamins, and other things that drain into my stomach. Discomfort in various forms is my constant companion. My blood vessels are punctured regularly in order to obtain laboratory specimens and to infuse medicines. After nearly three weeks this urinary catheter is no bargain and it is embarassing to empty my bowels in bed. My cardiac monitor beeps relentlessly and my efficient respirator won't let me finish dying. Maybe I'm vain, but I don't think it is too much to expect from those who care for me to pull my blankets back into place when they are finished. After all, since I am unable to move my body,I can't re-cover myself.

Another thing, during the day doctors, nurses, and others often laugh and joke when at my bedside; but then, maybe I'm over sensitive on that point. After all, there is no way they can understand what this is like for me. If they knew that I was perched on the console above the bed or watching them from atop the oxygen wall plug, I think they'd be pretty surprised.

You must understand my position. I've been trying to leave ever since I arrived in this intensive care unit and so far no one will permit that. What those in charge regard as my death, namely the cessation of my heartbeat, has not occurred. That's not quite true. My heart has stopped several times, but unfortunately for me it responds very well to jolts of electricity and certain drugs. This physiological disadvantage keeps me tethered to my mindless, physical wreck of a body which I no longer want or need. But the rules say I can't leave until my heart stops and stays stopped. So, having no power to remove myself and my loved ones from this misery, we all wait for the inevitable.

Let me back up and fill you in on what happened. I am a victim of "Quick Response Time". One night, about three weeks ago, I was fast asleep when suddenly I felt like a horse was standing on my chest. My pain was indescribable. I couldn't breathe except in short gasps and I was desperately weak. My wife heard my moaning, quickly determined my distess, and called for an Aid Car. She held my hand and tears welled in her eyes as I dropped off into a coma. My spirit and mind were already outside my body when paramedics arrived.

They were magnificently efficient and skilled. Within moments they zapped my body with electricity which restarted my heartbeat and then placed a tube down my throat and into my lungs through which one of them forced air by squeezing and releasing an attached hand-held bag. Medicine was injected into my veins. But, since I was unconscious, I couldn't tell them that my mind and spirit could not re-enter my severely damaged brain and that if my brain could no longer house my mind and spirit, then my body was useless.

Off I went to the hospital in a large van equipped for emergency care with sirens blaring and red-lights swirling. It was the most exciting ride I'd ever taken. Thinking back, I can understand the diligence and heroic efforts of the paramedics and the young doctors in the emergency room. After all, I shouldn't have expected them to have had the experience or judgement necessary to decide that I was finished. In fact, they were very excited about something called my blood gases.

And I can indulge my attending physician, a jolly man with an extraordinary number of credentials, up to a point. But, he has enough gray hair, earned the hard way I suspect, to know better than to let me linger week after week. At first, I couldn't understand why he didn't let me go, but once, during one of thse cardiac arrests, I looked closely into his eyes and I could sense his fear — as if by somehow preventing my death, he could prevent his own.

He did call in several other physicians, for consultation, and in some strange way I still haven't figured out, each one was content to take care of that part of my body which he regarded as his specialty and to ignore the rest of me. Each day my wife receives reports on how well my various organs are doing. And it continues this way.

Of course, I have no way to make them realize that the spirit and mind can only express themselves in the temporal world through functioning brain cells. To be what is considered unconscious is to approach part of the spirit world, which is where we really dwell anyway except for our brief biological intrusion into planetary life. Not that I didn't enjoy myself, mind you. I was fortunate to be raised by stern and loving parents. They provided me with a "good education", a warm home, and what they regarded as, opportunities.

My wife and children were mixed blessings to me as I was to them, although we found enough love and patience to sustain us against the infirmities and hazards of temporal life. Right now, I wish I'd sought more about what life expected from me rather than worrying so much about what I could get for myself. Now it is hard to watch my family mourn at my bedside. Their grief cannot proceed until my body finally gives out. My wife, who always was the stronger of the two of us — although I would never admit it, can't understand my doctor's fear. Her sense of death as the completion of my life doesn't fit well with his sense of perfectly balanced laboratory sheets and efficient heartbeats. He told her no

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Reprinted courtesy of the King County Medical Society Bulletin.

one can be sure about cases like mine; but she is sure and now I know another reason why I love her so much. Nevertheless she seemed powerless to make him stop my care. It was as though the machines were in charge. Finally, they did agree not to treat my next serious complication.

Maybe my doctor will go on vacation soon and leave me to another who is not so terrified of me. The responsibility is so overwhelming for him and I have no way to tell him to let me go. Maybe I sound rather cavalier (some say that was one of my character defects), but it is very hard to watch this useless suffering when all of us have more important and fulfilling things to get on with.

My doctor is quite dedicated and I don't know how he stands the long hours and heavy burden of what he does. Although doctors seem to hide the strain pretty well, I'm not sure it's such a good idea. In my case, he tries hard, but he can't see the obvious. He should use his skills and energies on those whose minds and spirits still reside in their bodies. I know he will be greatly relieved when my body finally overcomes his efforts and he doesn't have to look at my wretched mass everyday. Part of him knows that but he doesn't seem able to respond. I've tried to contact his spirit but I keep getting pushed away by his extensive medical bibliography. He takes such pride in my electrolyte balance which, under different circumstances, would be something to be proud of.

You must understand that we in the spirit world can only help when we are called upon to do so. Another of those silly rules. Our usual expression is in what the temporal world calls creativity: the arts, nature, and religion which are somehow all confused these days.

What I regret the most about leaving is that I spent more time watching football than birds, that I felt silly when I was moved to tears by a piece of music or a poem, and that I missed most of the symbols of my life which are constant reminders that we humans are more than the sum of our parts.

Now I understand the night my father died; when, after I received the phone call, I fell back asleep and there he was — in my dreams — young and happy, celebrating freedom from his agitated, senile brain, stumbling gait, poor vision, deafness, and hospital bed-restraints. "I'm free and I'm fine," he told me. Later at his funeral and during visits to his grave when I wept, I knew I wept for my loss and that much of my grief was rather selfish even though I pretended it wasn't. I was never very noble.

Meanwhile, I wait and I wait and I wait . . . .

EDITOR'S NOTE — Following the publication of "A Fantasy on the Theme of The Incomplete Physician," both the Medical Society office and my own received many inquiries from those who thought I had actually suffered a coronary occlusion.

Happily for me, I have not. As far as I know, my health is excellent despite the fact I don't jog and still eat butter. The article was a fantasy in which I brought together in a first person narrative voice some of my views about patients with devastated brains who are kept "alive" by physiological support systems. I did not try to fool anyone, and I am deeply appreciative of those who are so concerned about my health.

Robert H. Colfelt, M.D.
Editor, KCMS Bulletin

Classified

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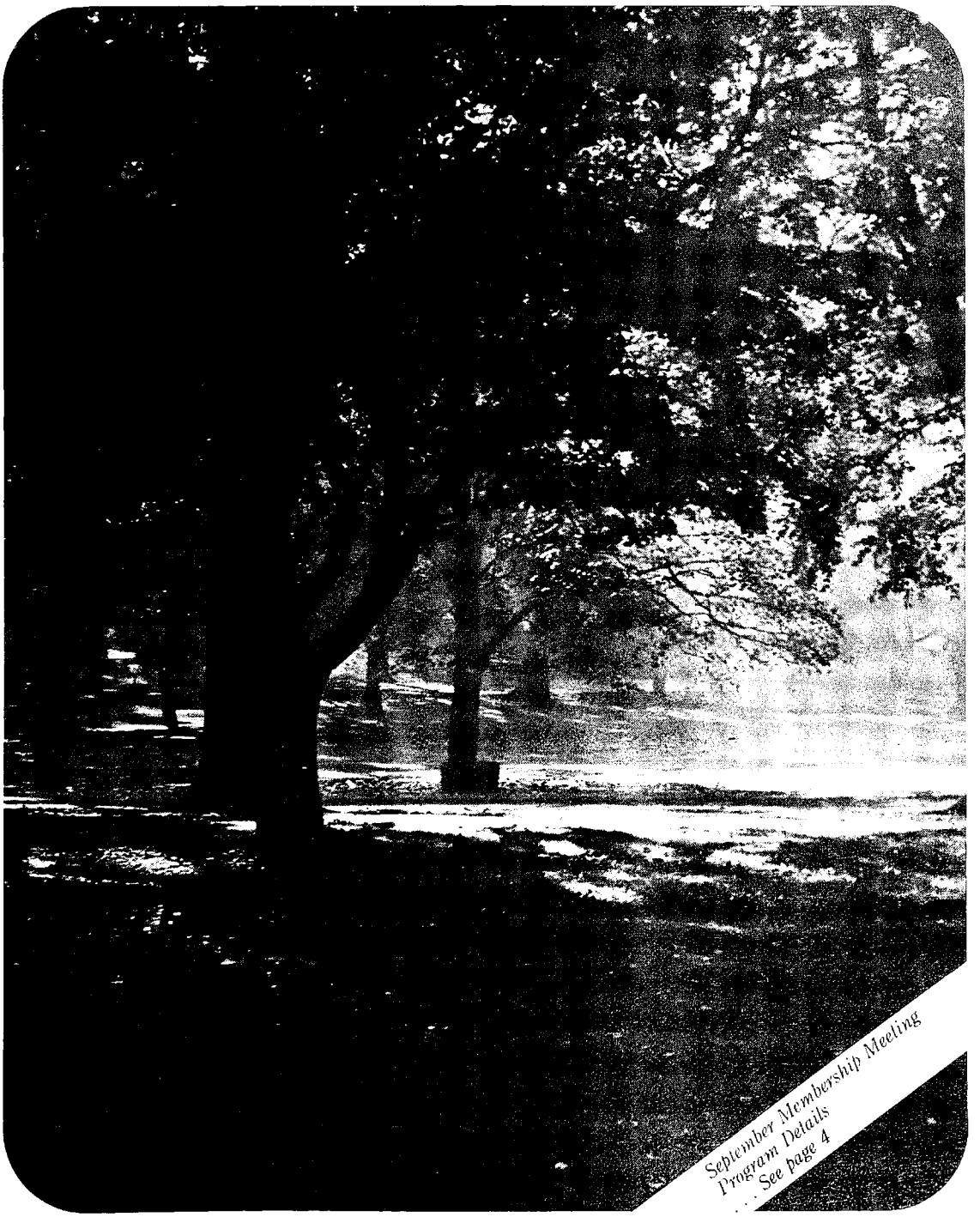
AUGUST 1981, Vol. LIII, No. 8, Tacoma, Washington



BULLETIN

It's no accident.

The fact that our area leads the nation in holding down health care costs is no accident. It's the direct result of voluntary health planning.

Physicians, hospital and clinic administrators and managers, governmental representatives and the public at large have worked together to produce a model health care system in Washington and Alaska. Even health care providers not directly involved in health planning have a say.

The recent trend toward consolidation and joint operation of hospitals...the addition of professional planners to hospital staffs...the recognition of the importance of the relationship between hospitals, physicians and third party payors such as Blue Cross...have also contributed to the success of the system and the containment of health care costs.

We're proud of the success of voluntary health care planning in this area. We're pleased to be part of the process.

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Contents

COVER

Photo courtesy of Glenn McBride, M.D.

Society News Briefs

A summary of Medical Society, and local medical and health news

MEDICAL SOCIETY RECEIVES GRANT FOR EMS MEDICAL CONTROL PROJECT

The Medical Society's Emergency Medical Services Medical Control Project has received $54,000 in state EMS funding for a twelve month effort to further medical control of pre-hospital emergency medical services provided in Pierce County.

Training of EMS personnel, formalization of certification and testing administration, establishment of a grievance procedure and authority base for EMS personnel, standardized record keeping, service level review and evaluation, and the establishment of treatment triage and transfer guidelines are key priorities for the project. A full-time EMS Medical Control Project coordinator and secretary will be added to the Medical Society staff for the duration of the project. Dr. D. Terry Kendrick, EMS Committee chairman, has been designated as project director.

The project was defined by the Medical Society's Emergency Medical Standards Committee, and was endorsed by the Society's Board of Trustees and volunteer Pierce County EMS Council. Funds are distributed by the Washington State Emergency Medical Services Committee on a regional basis. Of the $86,000 awarded for the Western Region (Lewis, Thurston and Pierce Counties) $54,000 was for the Pierce County project.

The Medical Control Project will be explained more fully at the September 8 Medical Society general membership meeting. Additional details will be published in future issues of the *Bulletin*.

HEALTH PLANNING FUNDING CONTINUED BY CONGRESS

The House/Senate Conference Committee voted late in July to retain state and local health planning through federal fiscal year 1982. This action *probably* extends federal funding for the Puget Sound Health Systems Agency through at least April of 1983, pending appropriation committee action on funding, reports the PSHSA Newsletter.

Sixty-five million dollars will be authorized during FY1982 for grants to HSAs (down from the current $185 million authorization), $35 million for grants to state agencies [SHPDAs] (down from the current $45 million), and $2 million for grants to the Centers for Health Planning (down from the current $10 million). In addition, the minimum size of a grant to an HSA would be reduced from $260,000 to $150,000.

The HHS Secretary will be permitted to waive the requirements that an HSA conduct proposed use of federal funds (PUFF) reviews, appropriateness reviews, and collection of hospital rate data. Also, HSAs will now be allowed to accept outside funding from employer groups.

The dollar triggers for certificate-of-need review have been increased as follows: major medical equipment (from $150,000 to $400,000), institutional health services ($75,000 to $250,000), and capital expenditures ($150,000 to $500,000). The bill will also extend the deadline for states to enact complying CON laws to one year beyond the current deadline.

MEDICAL ASSISTANT CLINICAL INTERNSHIP OFFERED

Local medical offices can benefit from a medical assistants clinical internship offered by Clover Park Vocational Technical Institute, reports the Medical Society's Placement Service. The CPI program offers qualified, trained MA students at no charge to work in physician offices for a short period of time.

Students participating in the internship program have completed the classroom training portion of the 1100 hour MA course at Clover Park.

(continued on page 15)

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405 Telephone (206) 572-3666 Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101 Annual subscription rate for members of the Society is $10.00, which is included in the dues. Non-member subscription, $15.00 per year Single copy $2.00

GENERAL MEMBERSHIP MEETING NOTICE

—THE PROGRAM—

Ethical Considerations of Care for the Terminally Ill.
When is Death an Acceptable Alternative?
Dr. Bruce Buchanan.

Recent Developments In Pierce County's Emergency Medical Services System.
Current Status of the EMS system.
Explanation of the Medical Society's EMS Medical Control Project.
Dr. D. Terry Kendrick.

Election of Members to the Medical Society's Nominating Committee.

Other Items of Society Business.

DATE: Tuesday, September 8, 1981

TIME: 6:15 P.M.—Social Hour
7:00 P.M.—Dinner
7:45 P.M.—Program

PLACE: Lakewood Terrace Restaurant
6114 Motor Avenue Southwest

COST: Dinner, Center Cut Top Sirloin, $13.00
(price includes tax and gratuity)

Register now. Please complete the reservation form and mail it, with a check for the appropriate amount, to the Medical Society office. Or, call the office, 572-3667, to confirm your attendance. Make check payable to Medical Society of Pierce County.

Reservation must be returned to the Medical Society by no later than Wednesday, September 2, 1981.

REGISTRATION

Yes, I have set aside the evening of September 8 to meet with my colleagues to review issues vital to medicine and the Medical Society of Pierce County.

____ Please reserve _____ dinner(s) for me at $13.00 each (price includes tax and gratuity).
Enclosed is my check for $_____.

____ I regret I am unable to attend the dinner portion of the meeting. I will attend the program only at 7:45 P.M.

DR: _____ Telephone Nbr:_____

President's Page

George A. Tanbara, M.D.

GAMAN (SELF-RESTRAINT)
IS IT A QUALITY OF THE "QUIET AMERICAN"—NISEI? WHAT ABOUT PHYSICIANS?

In 1942 President Roosevelt signed Executive Order 9066, following only 10-15 minutes of deliberation, which affected 120,000 persons of Japanese ancestry on the West Coast. Eighty thousand of those were U.S. citizens, myself included (my birthplace being Portland, Oregon).

Hearings are currently being held by the Congressional Commission on Wartime Relocation and Internment of Civilians. These national hearings, established in large part through the efforts of the Japanese-American Citizen's League Committee for Redress, have again raised our consciousness of the internment—the moral issues it raises and its impact on the American experience.

Was it, is it still appropriate that this chapter in our history be reviewed once again? The Issei (immigrants) who came to America accepted the hardships and the marked restrictions imposed on them economically and socially. They may well have wondered if the Nisei (those born in America) had the ability to gaman—self restraint—as they had been forced to endure. The Nisei had in turn wondered about the Sansei and the Yonsei (the third and fourth generations).

Prior to the war my personal educational experience was marked by an increased realization of the social and economic limitations Nisei experienced in spite of the ideals learned in school and supposed unlimited opportunities available to all citizens. Certainly my experience was by no means unique.

The impact of Executive Order 9066 was devastating. Evacuation in 1942 caused early termination of my school year (I had earned a freshman and varsity tennis letter as a "walk on." The athletic scholarship at a major college sports school was never utilized because of the evacuation). Everything in the family home was sold; no more than $15 was received for any possession. We were evacuated to the Santa Anita Assembly Center with 20,000 other evacuees. Half were housed in horse stables, the other half were housed in temporary Army barracks. Of course there was no privacy. There was forced employment producing camouflauge nets for the military. I was fortunate enough to leave the assembly center while others were being moved to relocation centers so that I could finish my studies and receive a degree in pharmacy (at what is now Idaho State University).

My experiences since that time—service in the military, medical school, and working to establish a medical practice—have been marked on many occasions by exposure to the gap between the rights and privileges of citizenship as written in the Constitution and Bill of Rights and the realities of our social and economic limitations.

Mine has been just one experience of 120,000. Election to the presidencies of the county medical society, two hospital medical staffs and other health organizations, many excellent current friendships, involvement in activities associated with medicine, community, Temple, and youth have been most rewarding. There has been much recognition. My concerns continue for the non-caucasians, low income, and especially currently for the Southeast Asians in our community.

Hopefully, the Nisei have lived up to the expectations of the Issei. Much has been gained by gaman. The Nisei should feel proud and fortunate that the Issei started them on the current road and can look ahead to the Sansei, Yonsei and ensuing generations to carry on this tradition that yields huge and lasting returns.

The internment hearings are a reminder that never should a citizen's rights be removed for emotional or personal reactions. Not even a president should be allowed to sign such an executive order again. We are all responsible for the equitable application of the rights guaranteed by our constitution.

Similarly, all physicians of Pierce County can be responsible for the health of the residents of our county. There are frustrations and aggravations dealing with some patients and third parties which become magnified with Medicare, Medicaid, lowered fee or no fee patients. Can gaman help alleviate this problem?

Physician education and many medical advances have been subsidized directly or indirectly by government and each of us has benefited in some way. In turn, if each of us would devote a minimum of 10 percent of our practice to Medicare, Medicaid, lowered fee or no fee patients it would ease the need (particularly for treatment of Southeast Asians and teenage pregnancies) for specialized physician rotation systems.

No primary care physician would need to allow his patient load for that type of patient to go beyond 30 percent (which would jeopardize the practice's financial structure). Those who object to administrative regulations can still include such patients in the practice in a manner comfortable for him outside of governmental restraints if so desired. This could ease the inappropriate use of medical facilities and manpower and hopefully help contain increasing medical costs.

I hope to hear from you on matters that affect our community. The Board of Trustees and I look forward to your contacts with us. The avenue of the *Bulletin* is open to you as well as to me.

G.A.T.

COLLEGE OF MEDICAL EDUCATION

COME LEADS OFF ACADEMIC YEAR WITI

The College of Medical Education (COME) begins its twelfth year of physician program sponsorship with a September 26 seven hour program on Orthopedics/ Rheumatology. The course will be held at the UPS Law School.

It is the first of eight COME sponsored physician Category I programs scheduled for the 1981-82 academic year. In addition, COME will be involved in the production of six additional Category I physician courses. The College will also sponsor and produce fourteen continuing medical education programs for allied health personnel.

The September program, "Orthopedics and Rheumatology for the Primary Practice Physician", includes talks on such subjects as "The Elevated Uric Acid", "The Carpal Tunnel Syndrome, Diagnosis and Treatment Alternatives," and "Non-surgical Management of Chronic Back Disorders." A complete course outline, including registration information, is contained on page 8 of this month's *Bulletin*.

Physician Category I courses offered by the College are designed and implemented by the Medical Society's Continuing Medical Education Committee, chaired by Robert O. Modarelli, M.D. Allied health professional courses are planned through an Allied Health Professions Committee. The College is guided by a Board of Directors of six physicians and five hospital administrators.

All Pierce County physicians will receive written information regarding each physician program approximately three weeks in advance of the course.

For additional information regarding the College or specific COME programs, physicians are asked to contact Maxine Bailey, COME Executive Director, 705 So. 9th Street, Suite 203, Tacoma, WA, 98405, (206-627-7137).

1981-82 COME BOARD OF DIRECTORS

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)RTHOPEDICS/RHEUMATOLOGY COURSE

1981-82 Academic Year

A = Allied Health Personnel
P = Physicians
( ) = Credited Hours

Date	Course Topic/Credits	Coordinator(s)
September		
22, 29, Oct 13, 20, 27	POTPOURRI (10)A	Allied Health Professions Committee (AHPEC)
23	SUPERVISING THE PROBLEM EMPLOYEE (8)A	AHPEC
24	COMMUNICABLE DISEASES (7)A	D. Absher, R.N./R. Croft, R.N.
26	ORTHOPEDICS/RHEUMATOLOGY (7)P	R. Ettlinger, M.D./ R. Hoffmeister, M.D.
October		
5, 6, 7, 8	SPECIAL PROBLEMS OF S.E. ASIAN PEOPLE (8)P/A	R. Ratigan, M.D.
20, 27	FAT — WHO ME? (6)A	D. Case, R.D.
21	THE PATIENT NOBODY WANTS (6)A	AHPEC
open	TIME STUDIES FOR PERSONNEL JUSTIFICATION ( )A	M. Critch, R.R.A.
November		
7	CRITICAL ISSUES IN MEDICAL ETHICS (8)P/A	P. Schneider, M.D.
open	HYPERALIMENTATION (8)P/A	D. Case, R.D.
12, 19	WHY DO I WORK? STRESS? MOTIVATION? Time Management ( )A	B. Granquist, R.N.
January		
open	PRACTICAL PATIENT ASSESSMENT (16)A	B. Granquist, R.N.
7, 8, 9	ADVANCED CARDIAC LIFE SUPPORT (16)P/A	T. Kendrick, M.D./ K. Dier, R.N.
23	THE LAW & MEDICINE (7)P	D. Pearson, M.D.
open	INTENSIVE CARE (7)P	B. Weled, M.D.
February		
open	NEUROLOGY CONFERENCE (8)A	N. Sender, R.N.
10	BURNS (4) Paramedics	B. McDonald, R.N.
25, 26	BURNS (16)P/A	P. Schneider, M.D./ B. McDonald, R.N.
March		
5, 6	EMERGENCY MEDICINE (16)P/A	T. Kendrick, M.D.
11, 12	TACOMA ACADEMY OF INTERNAL MEDICINE Annual Meeting (16)P	J. Fry, M.D.
19, 20	DAYS OF PEDIATRICS Infectious Diseases (16)P/A	R. Scherz, M.D.
open	SURVIVOR PERSONALITY (5)A	AHPEC
April		
23	SURGICAL CLUB — Annual Meeting (10)P	H. Kennedy, M.D.
30	T.G.H. — 100th Birthday (6)P	D. Houtz, M.D.
May		
20, 21, 22	3rd ANNUAL CARDIOLOGY CONFERENCE (16)P/A	G. Strait, M.D.
20	ESTROGEN CONTROVERSY (4)P	Open

(Programming is subject to change — individual notices will be sent prior to each program)

MSPC COMMITTEE FOR CONTINUING MEDICAL EDUCATION

Robert Modarelli, M.D., Chairman
Herbert Zimmermann, Jr., M.D.
Alan Tice, M.D.
Robert Scherz, M.D.
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ORTHOPEDICS & RHEUMATOLOGY FOR THE PRIMARY PRACTICE PHYSICIAN

Saturday, September 26, 1981
University of Puget Sound — Law School

CATEGORY I Credits: 7 hours

As an organization accredited for continuing medical education, the College of Medical Education, Inc., certifies that this offering meets the criteria for seven credit hours in Category I for the Physicians Recognition Award of the American Medical Association and for the relicensure requirements of the Board of Medical examiners of the State of Washington.

ALSO

Accredited by the American Academy of Family Physicians for seven credit hours—Category I (Prescribed)

8:45	Continental Breakfast	
9:00	THE TECHNIQUES OF JOINT INJECTION	*George H. Krick, M.D.* *Rheumatologist, Tacoma*
9:45	THE ELEVATED URIC ACID	*Robert E. Ettlinger, M.D.* *Rheumatologist, Tacoma*
10:30	Break	
10:45	THE CARPAL TUNNEL SYNDROME Diagnosis & treatment alternatives	*Surinderjit Singh, M.D.* *Physiatrist, Tacoma*
11:30	SURGERY FOR THE MANAGEMENT OF EROSIVE JOINT DISEASE	*Lance N. Brigham, M.D.* *Orthopedist, Seattle*
12:15	Lunch	
1:00	THE NONSTEROIDAL ANTI-INFLAMMATORY DRUGS — Which to use? When?	*Andrew Chubick, Jr., M.D.* *Medical Director, Baylor Arthritis Center, Baylor University Medical Center, Dallas, Texas*
1:45	DIAGNOSIS & TREATMENT OF THE ACUTE BACK PAIN PATIENT	*Richard A. Hoffmeister, M.D.* *Orthopedist, Tacoma*
2:30	NON-SURGICAL MANAGEMENT OF CHRONIC BACK DISORDERS	*Andrew Chubick, M.D.*
3:15	Break	
3:30	SURGICAL MANAGEMENT OF MECHANICAL BACK DISORDERS	*R. Charles Ray, M.D.* *Orthopedist, Tacoma*
4:15 to 5:00	PRACTICAL ALTERNATIVES FOR THE TREATMENT OF IDIOPATHIC OSTEOPOROSIS	*K. David McCowen, M.D.* *Endocrinologist, Tacoma*

Program Coordinators: Robert E. Ettlinger, M.D.
Richard A. Hoffmeister, M.D.

SPONSORED BY:

The Committee for Continuing Medical Education of the Medical Society of Pierce County
College of Medical Education, Inc.

To be held at:

University of Puget Sound
Law School

Registration fee: $50.00 ($60.00 for non-MSPC members). Paid preregistration would be appreciated before September 20, 1981. This program is subject to cancellation if less than the minimum number of participants have registered by September 20, 1981. Please address all registrations and correspondence to:

Maxine Bailey, Executive Director
College of Medical Education, Inc.
Medical Society of Pierce County
705 South 9th, #203
Tacoma, Washington 98405
Phone: 627-7137

REVISED PATIENT DISTRIBUTION GUIDE APPROVED

The Tacoma-Pierce County Patient Distribution Guide has been approved in revised form by the Medical Society. The guide was approved by the Pierce County Hospital Council in May, 1981 and Pierce County Emergency Medical Services Council in June. Approval was granted by the Executive Committee at its July Meeting.

The guide is intended to assist physicians, paramedics, EMT's and others in charge of pre-hospital treatment and transportation of emergency patients in Pierce County. It is also intended to summarize some of the special capabilities of the local hospitals; however, it is not intended to interfere with the specific desires of the patient or the patient's physician.

The format of the guide and the hospital groupings are categorized in such a way that the user will find close similarity to the information found in the Seattle-King County Patient Distribution Guide.

HOSPITAL GROUPINGS

Group A: A Group A Hospital is a hospital with major categorical capabilities that include a 24 hour emergency department physician trained in resuscitative and stabilization measures. The emergency department units will be staffed and operating at all times. A laboratory and x-ray service are available on a 24-hour basis. The technicians may or may not be in the hospital. The major subspecialty services are available on call within one hour of notification. They include categories of emergency department coverage at levels 1 and 2 (see State of Washington Profile on Critical Care Hospital Facilities, January, 1980).

At times during a 24-hour period, any Group A Hospital may have staff resources sufficient to provide the surgical care to treat the critically injured and should be utilized. Patient acceptance may be made by discussion with the emeregency room physician and the paramedic in the field.

Group B: Group B Hospitals are those hospitals which have the same categorization as Group A; however, in addition, a neurosurgeon is actively involved with the hospital and will examine and operate on the patients in that hospital if it becomes necessary. The decision for a hospital to receive a neurotrauma patient will be based on the decision that facilities are available to treat a given patient at that time. Patient acceptance will be by the physician in the emergency room and discussion with the paramedic in the field.

Group C: Group C Hospitals have the same major categorization as identified in Group A, but in addition have operating room staff in the hospital 24 hours a day and a surgical team available to do the appropriate operative procedure as soon as is necessary.

Group D — "Burn Center": The facility provides very intensive burn patient care, long term support, and rehabilitative care.

Group E: Group E Hospitals are those with special diagnostic or treatment capabilities for such conditions as alcohol, psychiatric, neonatal, pediatric, intensive care and cardiac bypass.

General Comment Regarding Hospital Groupings:
The hospital groupings include both military and civilian hospitals in Pierce County. Since hospital capabilities are subject to change, the Patient Distribution Guide will be subject to annual review.

ONSITE MEDICAL CARE AND TRANSPORTATION

The first paramedic unit on the scene which may be from the Fire Department or an ambulance company is in charge until the patient is assigned to a transporting unit. Transport of non-critical group 1 and 2 patients is primarily the responsibility of private units. Patients of group 1 status are those who are ambulatory, and include minor trauma or minor medical problems. They may be transported by private units to hospitals in the Group A listing, or another hospital not categorized as appropriate (i.e., Doctors Hospital, other general hospitals). Group 2 patients are those with urgent but non-life threatening problems with stable vital signs. They also may be transported to a Hospital A of the choice of the patient or physician. If they express no choice, an appropriate hospital, based on proximity, should be used. Depending on the problem, group 2 patients may also be directed to other hospitals. Patients who are critical should be transported by units that have the capability of maintaining life support during the transport period. The critical or non-critical decision is the responsibility of the unit in charge. The transporting unit for critical patients relies on frequent interactions by radio telephone between the physician at a base hospital providing backup for the paramedic or EMT and the observing paramedic/EMT in the field. Critical patients are in a group 3 category; that is, they have immediate life threatening medical conditions, single or multiple system trauma, severe burns, suspicion of myocardial infarction, or special problems. Capability of the care of the patient should be determined by direct radio contact with the appropriate hospital.

PATIENT DISTRIBUTION FOR SPECIFIC PROBLEMS

1. Uncontrolled Bleeding and/or Hypovolemic Shock.

If there is evidence that the patient is either undergoing or has undergone massive hemorrhage which cannot be controlled by the usual direct pressure method, is inaccessible to control by direct pressure, or has hypotension not corrected by intravenous fluid replacement, the patient should go to a Group C Hospital or a Group A Hospital if it has the appropriate staff and facilities to treat the patient at that time.

2. Neurotrauma.

If there is evidence of neurotrauma, sequential questions should be asked and the appropriate pathway taken. In all of the four questions about neurologic problems, [(a) abnormal neurovital signs, (b) circulatory changes, (c) seizures, or, (d) spinal cord injury] if the answer is yes, the question of lateralizing signs needs to be asked before the final decision regarding where to take the patient. The patient should be transferred to a B or C Hospital; however, if an A Hospital has an appropriate staff and facilities available to treat at that time, an A Hospital may be used.

(continued on next page)

3. Burns Greater than 20%, Second and Third Degree Burns, and Airway Problems.

If the patient has burns greater than 20% or second and third degree burns or burns with airway problems, he should be taken to a hospital identified as Group D where specific burn facilities are available. If the burn extent is less than 20%, the patient should go to a Group A Hospital.

4. Chest Pain or Myocardial Infarction.

If the patient has chest pain that results in a paramedic or EMT being suspicious of a myocardial infarction, the patient should go to a Group A Hospital with a coronary care unit. The capability to care for the patient should be confirmed by the transporting service prior to arrival at the hospital.

5. Alcohol, Neonatal, Psychiatric, Cardiac Bypass.

A. Severe Alcohol Problems:

They should be medically screened at a Group A facility and then transferred as appropriate with a copy of the medical evaluation to a detoxification center. Associated medical problems needing hospital admission should be cared for in the usual manner in the Group A Hospital. In general, pediatric patients with acute alcoholism will be retained at a facility with pediatric capabilities.

B. Neonatal Difficulties:

Patients of less than 30 days of age where there is no physician choice involved should be sent to Tacoma General Hospital Neonatal Intensive Care Nursery, or to Madigan Army Medical Center Neonatal Nursery if the infant is a military dependent. Transportation and admission of the infant to the Tacoma General Hospital facility can be arranged by calling 597-7971. Similar arrangements can be made for admission to Madigan Army Medical Center by calling 967-6878.

C. Psychiatric Problems:

Patients who are combative or have obvious psychosis with which it appears that detention may be necessary may be screened at any Group A Hospital; however, it is advisable that a mental health professional screen the patient for possible hold at an involuntary treatment center. The wishes of the patient's physician, family members and those of the patient should be considered prior to transport.

D. Cardiac Bypass:

Patients who have known or suspected penetrating or trauma which involves the heart with physical signs suspecting cardiac involvement should be seen at a facility with a heart-lung bypass capability. The emergency room physician and the cardiac bypass team should be consulted early to confirm the availability of the team to receive the patient.

HOSPITAL NOTIFICATION AND ACCEPTANCE

Once the patient's clinical problems and injuries are determined, the proposed receiving hospital emergency department physician and/or triage nurse should confirm prior to patient transport that appropriate staff and facilities suitable to the patient's need are available for that patient at that time. This notification, acceptance and confirmation is the responsibility of the transporting service. When the patient's injuries and clinical problems are not critical, the emergency room coordinator rather than the physician may confirm.

GENERAL COMMENTS

1. The patient's well being must be the primary concern of the paramedic and EMT. Particularly in the case of critical patients in Group 3 (and specifically in the case of infants and the elderly), the status of the patient, as determined by the EMT and paramedic, may be the principle determinant of the type of onsite and enroute treatment required and the facility to which the patient should be admitted. Whenever possible, the wishes of the patient, his family and his personal physician should determine the facility to which he is to be transported. In cases where the patient's condition dictates transport to the nearest facility or to a specialized facility, radio consultation may appropriately be used to assist and support the decision of the paramedic and EMT.

2. The EMT or paramedic should be in frequent communication by radio or telephone with the physician providing backup for the services and with the facilities which are to receive the patient. Generally, enroute treatment orders are best obtained from the facility to which the patient is to be admitted.

3. There should be an annual evaluation of the use of the Patient Distribution Guide by the Pierce County Area Hospital Council, the Medical Society of Pierce County, and the Pierce County Emergency Medical Services Council.

Group A — Self Category 1 and 2, 24-Hour ER Physicians

1. Allenmore Community Hospital
2. Good Samaritan Hospital
3. Lakewood General Hospital
4. Madigan Army Medical Center
5. Mary Bridge Children's Health Center
6. Puget Sound General Hospital
7. St. Joseph Hospital and Health Care Center
8. Tacoma General Hospital

Group B — Neurosurgeons Available
1. Madigan Army Medical Center
2. Mary Bridge Children's Health Center
3. St. Joseph Hospital and Health Care Center
4. Tacoma General Hospital
5. Good Samaritan Hospital (effective October, 1981)

Group C — 24 hour OR Staff
1. Madigan Army Medical Center
2. St. Joseph Hospital and Health Care Center
3. Tacoma General Hospital

Group D — Burn Center
1. St. Joseph Hospital and Health Care Center

Group E — Alcohol (Screen Medically in Group A Hospital, Transfer to Detoxification Center at The Doctors Hospital of Tacoma)

Psychiatric-Involuntary Treatment Centers
1. Puget Sound General Hospital
2. Western State Hospital

Psychiatric-Voluntary Treatment Centers
1. Veterans Administration Hospital
2. Mary Bridge Children's Health Center
3. Puget Sound General Hospital
4. St. Joseph Hospital and Health Care Center
5. Western State Hospital

Neonatal Services
1. Madigan Army Medical Center Chief of Service, 967-6521/ Nursery, 967-6878 or 967-6812.
2. Tacoma General Hospital Neonatal Services Transport and/or Consultation Service, available by calling 597-7971

Cardiac Bypass
1. St. Joseph Hospital and Health Care Center
2. Tacoma General Hospital

Pediatric Services
1. Good Samaritan Hospital
2. Lakewood General Hospital
3. Madigan Army Medical Center
4. Mary Bridge Children's Health Center

Pediatric Intensive Care
1. Madigan Army Medical Center
2. Mary Bridge Children's Health Center

Obstetrical Services
1. Good Samaritan Hospital
2. Lakewood General Hospital
3. Madigan Army Medical Center
4. St. Joseph Hospital and Health Care Center
5. Tacoma General Hospital

Renal Dialysis — Acute
1. Madigan Army Medical Center
2. St. Joseph Hospital and Health Care Center

Ed Wood, M.D. Ph.D.

MONOCLONAL ANTIBODIES
Part 2

This discussion will explore the impact of monoclonal antibodies on the practicing physician and his patient in the 1980s. To most of us, antibodies connote a reaction to disease. In the almost endless applications of monoclonal antibodies, disease resistance, per se, is only a minor part of the vast spectrum of potential uses.

Antibodies combined with radioisotopes represent the single most important analytical development in the clinical laboratory over the past 20 years, so-called radioimmune assay (RIA). In the analytical process, the antibody tagged with isotope combines with the antigen of the specimen. The amount of antigen present is then determined with great precision by measuring the radioactivity of the attached isotope.

The RIA technique has made it possible to analyze for many components present in blood and serum in concentrations far too low to be detected by ordinary chemical tests. In addition, the antibody-antigen reaction is much more specific than the average chemical reaction which may be influenced by many interfacing contaminants.

However, the production of pure antibody reagents is extremely difficult. In a typical example for the analysis of parathyroid hormone, a suspension from human parathyroid gland is injected into a rabbit which produces antibodies to the parathyroid hormone. In addition, the rabbit also produces antibodies to all the other human antigens injected with the parathyroid tissue and these extra antibodies interfere with the hormone analysis. In the past, the problem was attacked from two directions. First, the initial suspension was subjected to a variety of laborious procedures to eliminate as many of the other antigens as possible before injection of the rabbit. Then, after sensitization occurred, the resulting mixture of antibodies was again purified as much as possible to select only the parathyroid hormone antibodies.

After all of this, the antibodies from a single rabbit vary to some extent from the antibodies produced by any other rabbit injected with the same antigen. Small wonder, then, that analytical results from different laboratories show significant variation. In addition, once a rabbit is sensitized to a specific antigen, the rabbit itself has a very limited life span. When accidents or catastrophies shorten that already limited life span, the whole process of antibody production must be repeated with all the inherent variation of the method.

Monoclonal antibodies are rapidly changing that scenario. In the immediate future B lymphocytes from a sensitized animal (or human) spleen will be fused with myeloma cells. The resulting hybridomas that produce only parathyroid hormone antibodies will be cloned for a permanent unvarying source of highly specific antibodies. Not only will this enormously simplify the production of reagent grade antibodies, it will also standardize techniques of the most sophisticated analytical methods now reserved to a few large centralized reference laboratories. This, in turn, will make these procedures feasible for any modern community laboratory at a substantially reduced cost with markedly improved turn-around time.

Closely associated with analytical techniques utilizing antibodies are purification techniques of complex biological compounds. A number of physical-chemical methods utilizing ion exchange resins or affinity chromatography systems are utilized to selectively bind specific compounds and separate them from a mixture of similar biological materials. By manipulating pH, solvents or other factors, it is possible with considerable effort to partially purify such compounds as interferon or human growth hormone that are present in extremely low concentrations. The amount of these materials produced is very small and their purification is extremely complex and expensive. By producing specific antibodies to interferon, for example, it has been possible to utilize an "immunoadsorbent column chromatography" technique which under experimental conditions resulted in a purification of approximately 5,000 fold in a single step.

Originally, the production of specific anti-interferon antibodies was itself limited by the highly impure interferon mixtures which, when injected into animals, resulted primarily in antisera against contaminants. Monoclonal technology completely obviates this problem with the unlimited production of pure anti-interferon antibodies making possible large scale purification of interferon and many similar compounds.

It is difficult to categorize a single monoclonal application as more exciting than any other, but certainly one of the most fascinating is in the area of immune response control. Consider for a moment the control of an undesired immune reaction by the production of an antibody against the very antibody producing the undesired reaction — termed anti-idiotypic antibodies. The entire gamut of autoimmune diseases, perhaps the most frustrating to treat by current modalities, will be subjected to a new group of therapeutic agents-anti-idiotypic antibodies. In addition, organ transplantation with its rejection problems will focus on this powerful tool that offers the control of a specific target antibody, while leaving the rest of the immune response intact.

Classical methods in microbiology depend largely on the growth and metabolic characteristics of bacteria to establish their identification. Every clinician is familiar with the 24-48 hour time delay while these characteristics develop. We are but an eye-blink away from antibodies with an exquisite specificity for genus and species that will introduce an entirely new technology for bacterial identification.

The clinical laboratory has no exclusive claim to monoclonal technology. The anatomic lab is already

utilizing monoclonal antibodies in tumor diagnosis, particularly of the lymphomas. Classification of lymphomas is shifting rapidly from the morphologic characteristics of yesteryear to the basic cellular types that determine whether the malignant process arises from T or B cells, an identification easily made by monoclonal antibodies tagged with fluorescent markers. In the near future such tests as estrogen and progesterone receptor assays of breast malignancies will almost certainly be done, as well, with monoclonal antibodies — and in the pathologist's local laboratory!

Most provocative of all applications, however, easily remains in the area of therapeutics, particularly of malignancies. Already, the technology is at hand to culture the individual patient's tumor and determine its sensitivity to chemotherapeutic agents much as bacterial sensitivities are performed. The next step will herald a new partnership between surgeon and pathologist that will result in monoclonal antibodies with an exquisite specificity for the surface receptors of an individual patient's tumor cells. Those antibodies will be coupled to isotopic or selected chemotherapeutic agents that will seek out and eradicate malignant cells with a specificity not previously imagined.

This discussion has barely scratched the surface of a new technology that will markedly affect your practice and mine. Most certainly, the laboratory world of the 1980s will bear little resemblance to our current facilities!

Next issue: An examination of therapeutic drug monitoring — the state of the art — what to expect — how to get the most out of it.

Ed Wood, M.D., Ph.D.

Tacoma General Hospital

FIFTH ANNUAL CANCER SYMPOSIUM

"Followup of the Cancer Patient: Psychosocial Issues and Are the American Cancer Society Guidelines Practical?"

SATURDAY, OCTOBER 3, 1981

Jackson Hall Medical Center Auditorium
Tacoma, Washington

Accreditation: 6 hours CME credit pending
6 hours AAFP prescribed credit approved
For Nurses — 6 hours CERP credit pending

PROGRAM

8:30 a.m.	**Registration**
9:00 a.m.	**Program Introduction**
9:05 a.m.	**ACS Guidelines — Why? Practical? Cost Effective?** Dr. William Dugan, Jr.
9:45 a.m.	**Psychosocial Issues in Cancer Care** Dr. Melvin Krant
10:30 a.m.	Coffee Break
10:45 a.m.	**Concurrent Workshops** **WORKSHOP ONE:** Unaddressed psychosocial issues of patient/family. Dr. Melvin Krant; Dr. Robert Johnson; Dr. John Larsgaard; Dr. Richard Dickson **WORKSHOP TWO:** Guidelines for the primary physician in the followup of the cancer patient. Dr. William Dugan, Jr.; Dr. Robert Ferguson; Dr. Gilbert Roller; Dr. Kerry Watrin
12 noon	Lunch at the Bavarian
1:30 p.m.	**Repeat of Workshops One and Two**
2:45 p.m.	**Question and Answer Period** Panel: William Dugan, Jr., M.D.; Melvin Krant, M.D.; Gale Katterhagen, M.D., Rapporteur
3:30 p.m.	**Adjournment**

Registration Fee: $35 (non-refundable), includes lunch

Mail form, with fee, no later than Sept. 25, 1981, to

Karen Tilley, Dept. of Oncology
Tacoma General Hospital
315 So. K St., Tacoma, WA 98405

Name _____ Specialty _____

Address _____ Phone _____

City _____ State _____ Zip _____

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE

James L. Littlefield, M.D., Internal Medicine, Nuclear Medicine. Born in Philadelphia, Pennsylvania, 1944; Temple University, Philadelphia, 1976; internship and residency, Albert Einstein Medical Center, Philadelphia, 1967-78; residency at University of Washington Hospitals, Seattle, 1978-80. State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan Hospital. Dr. Littlefield is currently practicing at 622-14th Ave. S.E., Puyallup.

Edmund E. Lewis, M.D., Radiology. Born in Rochester, New York, 1938; S.U.N.Y. Upstate Medical Center, Syracuse, New York, 1964; internship; S.U.N.Y. Upstate Medical Center, 1963-64; residency, University of Michigan, Ann Arbor, 1964-69. State of Washington license, 1969. Has applied for medical staff membership at Doctors, Puget Sound, St. Joseph and Tacoma General Hospitals. Dr. Lewis is currently practicing at 702 South K Street, Tacoma.

SOCIETY NEWS BRIEFS Continued

Many participants in the internship are currently seeking permanent full-time employment.

The on-the-job evaluation of prospective employees can be very convenient for employers. For further information regarding the internship program, call Linda Carras, Medical Society Placement Service, 572-3709, or Clover Park Vocational Technical Institute, Marie Pape, R.N., instructor.

WSMA ANNUAL MEETING SEPTEMBER 24-27

The annual WSMA House of Delegates meeting will be held in Spokane, September 24-27. MSPC officers and trustees serve as your delegates. Contact them, or the Society office, with your concerns or suggestions regarding WSMA policies or programs.

Auxiliary Page

TIME TO WELCOME OUR NEWCOMERS AND RENEW OUR FRIENDSHIP WITH EACH OTHER AS SUMMER COMES TO A CLOSE

NEWCOMERS COFFEES—CALENDAR MARKER

Newcomers will be welcomed at three coffees in September. Mary Schaeferle and Alberta Burrows, newcomers chairmen, are identifying potential new members who will be contacted by invitation. Auxiliary members are encouraged to attend their area coffee, and more if possible.

The coffees will be located as follows: Thursday, *September 10*, at the home of Mary Rinker, 13522 118 St. E. Puyallup; Friday, *September 11*, at the home of Virginia Miller, 4629 N. Mullen, Tacoma; Tuesday, *September 15*, at the home of Cathy Schneider, 8824 90th N.W., Gig Harbor. All coffees are at 10:00 a.m. No reservations are necessary.

1981-1982 BOARD MEETS

Members of the "new board" met for the first time in June at Allenmore Medical Center. Marny Weber, chairman of the Long Range Planning Committee, reported that the committee has developed specific job descriptions for each officer and committee chairman. They are being distributed to the respective members. The 1981-1982 program schedule has been developed and will be published in the membership booklet (available to paid members in August) and in the September *Bulletin*. Debby McAlexander, program chairman, will start the year with the program, "Did It Really Happen in Tacoma?" Find out in October.

The Board nominated the 1981-1982 Nominating Committee. The members will be announced when Nominating Committee Chairman Marny Weber receives confirmation from the nominees.

The Finance Committee was also formed. The members are Juley Hoffmeister (chairman), Gloria Virak (treasurer), Nikki Crowley, Shirley Kemman, and Ane Fulcher. The Board was solicited for input concerning a fund raiser tentatively scheduled for January. There were many excellent ideas presented to the group. The final decision will be made by the committee chaired by Helen Whitney.

MEMBERSHIP DUES DUE

A new year is beginning and that means 1981-1982 dues are now being accepted. *There will not be an increase in cost.* Dues remain the same, $34.50

Please enclose your payment in the envelope which was tucked in the President's newsletter, or bring your check to the first fall meeting you attend. Mary Whyte

Lenard, dues treasurer, will be available at the meetings to accept payment and by telephone to answer any questions. The membership booklet will be given to each member as dues are paid.

PLAN TO ATTEND STATE CONVENTION

The WSMAA Annual Convention will be held in Spokane, September 24-26, at the Davenport Hotel. The medical marriage, health education, the annual business meeting, a 50th Jubilee Luncheon and a dinner evening of special surprises are all part of the convention.

Tentative Pierce County delegates are Marny Weber, Mary Whyte Lenard, Nikki Crowley, Sharon Lawson, Nancy Spangler, Marlene Arthur, and Helen Whitney. Debby McAlexander, and Stephanie Tuell are alternate delegates. Jo Roller and Cindy Anderson will be attending as state officers. If you are planning to attend, or are thinking about it, call Nikki Crowley regarding questions and transportation.

NOW ABOUT THE BULLETIN PAGE. . .

Members committee chairmen and officers—*You* are the news reporters. This page could not exist without your regular and timely input; the writer only takes what news is given and puts it together.

So, in starting out a new year and as each of you assume your responsibilities, be thinking about what you would like and need to share with the rest of the membership. The Auxiliary Page is one way of doing it,, and it is painless. My personal "thank you" to all who contributed to the page last year. Your cooperation, telephone calls, and timely response made this task a real pleasure!!! Thanks again.

Mary Whyte Lenard

Classified

Classified and announcement copy may be mailed to: Grawin Publications, 1020 Lloyd Building, 603 Stewart Street, Seattle 98101, or phoned to Seattle (206) 223-0861. 50¢ per word; $10 minimum charge. Check must accompany copy.

OB/GYN: A multi-specialty group practice in Tacoma seeks employment, with partnership opportunity, of OB/GYN physician; excellent benefits and compensation — guarantee and incentive. For information call Don Reddington, (206) 627-9151, or write, P.O. Box 5467, Tacoma, Washington 98405.

FOR SALE: FAMILY HOME near Annie Wright. 4-5 bedrooms, 3½ baths, modernized throughout. $200,000. Phyllis Gill 272-6701.

TACOMA MEDICAL SUITES in established professional complexes near General Hospital. Tacoma Medical Center or Lakewood Professional Village. Call E.G. Leimbacher (206) 581-1313 mornings or 584-6856 evenings.

MEDICAL OFFICE SPACE adjacent to St. Joseph Hospital for sub-lease. Total of 1500 square feet with 2 examination rooms, 460 square feet unfinished. Waiting room furniture available. Call 383-3081, Mrs. Hedlund, between 8:00 AM and 5:00 PM Monday through Friday.

OUTSTANDING OPPORTUNITY to locate your professional office in the growing North Pierce County area. Build to suit professional office building with **ownership participation available.** Excellent central location. Call Larry Largent, Radford & Co. 206-454-4200.

UNIVERSITY PLACE PROFESSIONAL SQUARE. For rent or lease University Place area. 1175 sq.ft. suite, $560/month/less on lease assumption; assumption of lease 1410 sq.ft. first floor, $650/month; and 910 sq.ft., $445/month. Call 565-4444.

ELECTROLYSIS

Helene Black, R.E.

3509 S. 14th St., Tacoma 98405 759-1151

Member: Washington State Electrolysis Assn. and Electrolysis International Assn.

Trained: Kree International Institute of Electrolysis, N.Y. and Wilshire Blvd. School, Los Angeles

EIGHT YEARS POST INTERNSHIP RESIDENCY or equivalent training including four years sub-specialty training in pulmonary medicine and non-invasive cardiology completed 1978. Desire association with one or more internist for weekend and/or alternate nights reciprocal coverage. Joining well established partnership or small group. Purchase of existing business practice or association with another busy physician who wished to share expenses. Contact Vance Kelly, Management Consultant, 4091 - Summerhill Square, Texarkana, TX 75503 (214) 792-5463.

WANTED PEDIATRICIAN, OB-GYN AND FAMILY PRACTITIONER. To join Multi-speciality group in Pacific Northwest. Excellent coverage, benefits and compensation. First year guarantee and incentives. Outstanding recreational and living opportunities. Area serves as Regional OB-Perinatal referral center. New clinic facilities. Send C.V. or inquiries to Thomas H. Skrinar, M.D., Puget Sound Clinic, 3611 South "D" Street, Tacoma, Washington 98408, or phone collect 206-756-8569 or 206-272-0486 after hours.

SALTWATER FRONTAGE, 563 ft. (6.8 acres). Ideal investment for pension fund or Group. Low Down Pmt. Reasonable Price. Contract Terms. Call Sandi at TBI 752-7768.

Extraordinarily fine view home in Tacoma's North End. Five Bedroom brick classic on very private ½ acre lot. Very close to major medical centers. Attractive contract terms available. $287,000. Gary Allyn: 752-3565/272-0657

Old house lovers will love this house! Built in 1904 for Governor Lister. The beautiful floors and woodwork are burnished wiht age but flawless. Four bedrooms, 1½ baths, plus large unfinished attic. $129,000 with good asssumption terms possible. Mary Steenson: 752-3565/272-5502

Comfortable and stately North Tacoma home with lustrous golden oak staircase, natural wood floors, three fireplaces, master suite with beautiful bath. $157,000 with contract terms. Gary Allyn: 752-3565/272-0657

The Golden Age

752-3565

BC

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Even a famous movie star has to plan for the future. After all, healthy assets, peace of mind and tax relief are hard to come by these days.

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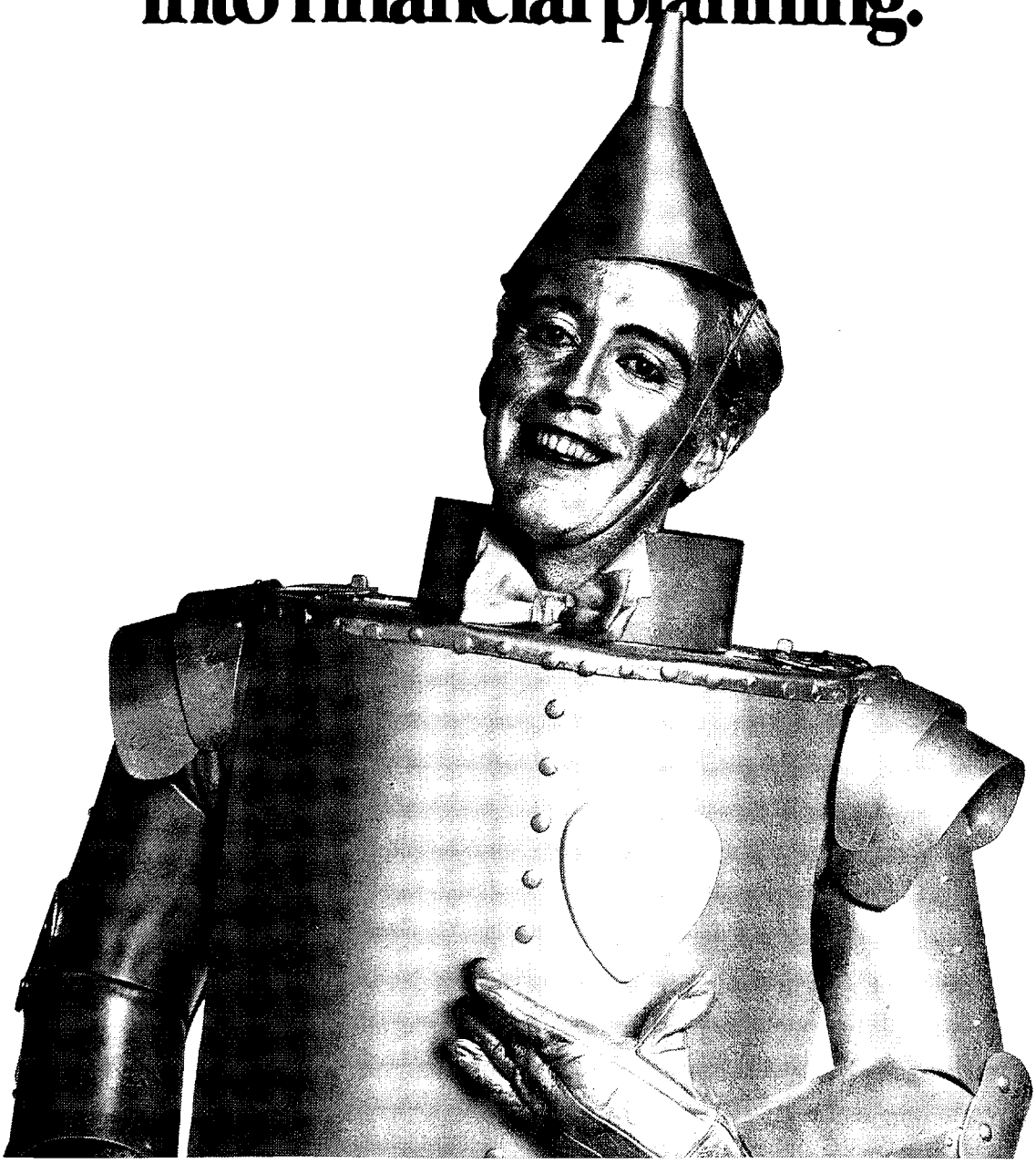

MEDICAL SOCIETY OF PIERCE COUNTY
705 South 9th, Suite 203
Tacoma, Washington 98405
ADDRESS CORRECTION REQUESTED

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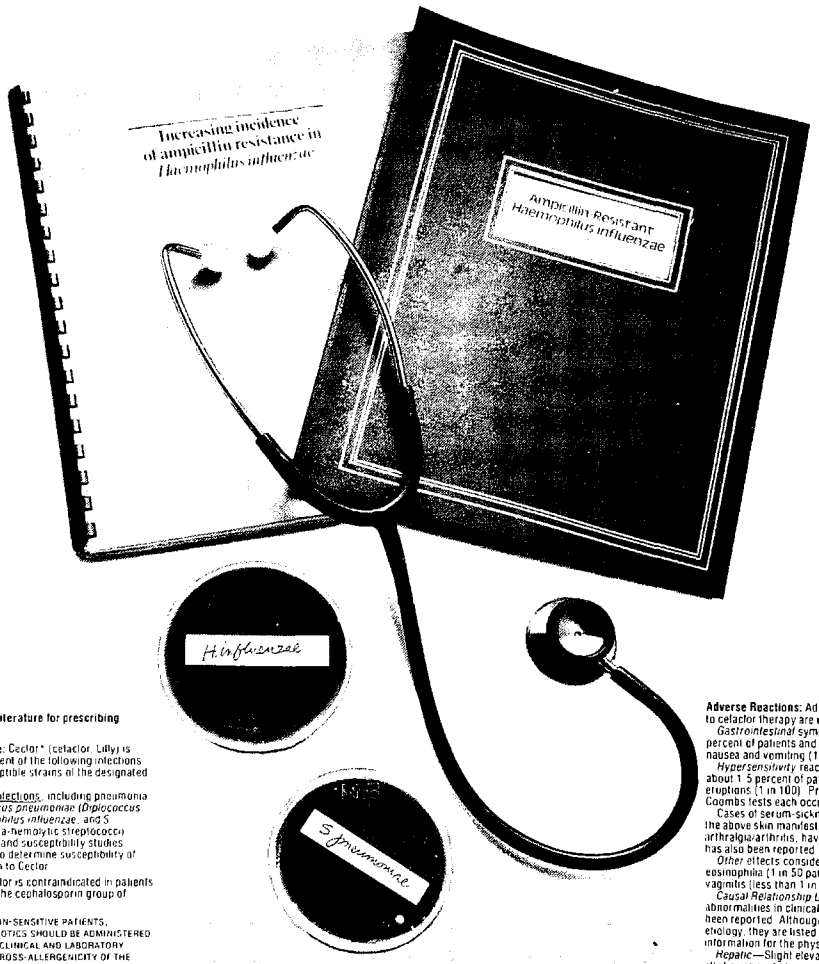
An added complication... in the treatment of bacterial bronchitis*



Some ampicillin-resistant strains of Haemophilus influenzae—a recognized complication of bacterial bronchitis*—are sensitive to treatment with Ceclor.[1-6]

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.[7]

Ceclor®
cefaclor

Pulvules®, 250 and 500 mg

Brief Summary
Consult the package literature for prescribing information.

Indications and Usage: Ceclor* (cefaclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae (Diplococcus pneumoniae), Haemophilus influenzae,* and *S. pyogenes* (group A beta-hemolytic streptococci)

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceclor.

Contraindication: Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS TO BOTH DRUG CLASSES (INCLUDING ANAPHYLAXIS AFTER PARENTERAL USE).

Antibiotics, including Ceclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Precautions: If an allergic reaction to cefaclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefaclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Ceclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Ceclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Usage in Pregnancy—Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in ferrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

Usage in Infancy—Safety of this product for use in infants less than one month of age has not been established.

Adverse Reactions: Adverse effects considered related to cefaclor therapy are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients.

Cases of serum-sickness-like reactions, including the above skin manifestations, fever, and arthralgia/arthritis, have been reported. Anaphylaxis has also been reported.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain—Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[10/1980]

*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

Note: Ceclor* (cefaclor) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

References

1. Antimicrob. Agents Chemother., *8*:91, 1975.
2. Antimicrob. Agents Chemother., *11*:470, 1977.
3. Antimicrob. Agents Chemother., *13*:584, 1978.
4. Antimicrob. Agents Chemother., *12*:490, 1977.
5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), II: 880. Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., *13*:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases (edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett), p. 467. New York: John Wiley & Sons, 1979.

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285

Lilly

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

100061

Medical Society of Pierce County

SEPTEMBER 1981, Vol. LIII, No. 9, Tacoma, Washington

Laboratory News
. . . See page 16

BULLETIN

America's most experienced alcoholism treatment hospitals are as close as your phone.

(206) 244-8100

Out of state, call toll free, 1-800-426-5065

Why do professionals everywhere choose Schick Shadel Hospitals?

Because only Schick Shadel Hospitals offer nearly half a century of experience in the medical treatment of alcohol addiction.

Using the effective "counter-conditioning" methods developed by Schick Shadel, in conjunction with support therapies and appropriate medical care, our patients now achieve a documented recovery rate* of over 75%.

More reasons? Hospitalization is brief (usually 14 days), and the Schick Shadel Aftercare program permits patients to return to their jobs and families sooner.

Treatment is covered by most major medical plans. Each hospital is fully staffed with medical and alcoholism professionals.

Our three locations are convenient to airports, and we're ready to answer your questions 24 hours a day, from anywhere in the country.

But the best reason is that no other treatment program for alcohol addiction can equal Schick Shadel Hospitals' record of effectiveness.

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Santa Barbara
45 Alamar Ave. E. (93105)

Dallas/Fort Worth
4101 Frawley Drive (76118)

*Based on patient abstinence one year after treatment. Survey Source: Facts, Consolidated, Los Angeles, CA, 1980.

Contents

COVER

Waterfowl, Stanley Park, Vancouver, B.C.
Photo Courtesy of Cliff Johnson

Society News Briefs

A summary of Medical Society, and local medical and health news

PHYSICIANS INSURANCE MEETING SET FOR OCTOBER 13

A special Medical Society general membership meeting has been scheduled for Tuesday, October 13 to acquaint physicians with the new physician sponsored, WSMA endorsed professional liability insurance company, PHYSICIANS INSURANCE. The meeting will be held at the Iron Gate Inn, 8212 River Road, Puyallup. See page 7 for details.

Meal expense is $13.50. If you have not already done so, call the Medical Society office today to reserve a meal, 572-3667.

PHYSICIANS INSURANCE [formerly called Washington State Physicians Insurance Association (WSPIA)] will begin offering coverage to physicians on January 1, 1982. W. Ben Blackett, M.D., of Tacoma, has been elected vice chairman of the management company, WSPIA.

Subscriber Advisory Committees have been established state-wide on a congressional district basis. Representing the Sixth Congressional district are Drs. Robert M. Ferguson and Robert Johnson of Tacoma. Dr. David Hopkins, Federal Way, serves on the advisory committee from the Seventh Congressional District.

PARAMEDIC AND EMT DISCIPLINARY GUIDELINES ESTABLISHED

The Medical Society's Emergency Medical Standards Committee has established guidelines for disciplinary action for paramedics and EMTs operating within Pierce County. The guidelines were approved at the September MSPC Board of Trustees meeting.

The guidelines list causes for disciplinary action, define who is responsible for disciplinary action, and outline methods of disciplinary action. In addition to establishing an authority base for EMS personnel, the Society's EMS Committee is working to formalize certification and testing administration, establish a grievance procedure, standardize record keeping, and establish treatment triage and transfer guidelines. The activities are part of the Society's Medical Control Project.

SENIOR CITIZENS COMMITTEE MEETS WITH STATE OFFICIALS

The Medical Society's Senior Citizens Committee met with representatives of the Department of Social and Health Services, Bureau of Aging, in August to discuss the Adult Health Screening program. Several concerns were reviewed: The establishment of standards for screening tests given through the Adult Health Clinics; definition of the appropriate individuals to give the tests (data collection vs. judgmental evaluation); determining which tests should be retained as generating meaningful results for the people screened; and, determining which data collected about the program will provide a meaningful appraisal of its effectiveness.

The Senior Citizens Committee will be making recommendations to the MSPC Board of Trustees regarding the above issues. Chaired by Dr. Edwin J. Fairbourn, the committee also includes Drs. Ken Graham, George Krick, John Bargren, Bud Nicola, Chris Reynolds, and Max Brachvogel.

MEDICAL ETHICS SUBJECT OF NOVEMBER COME PROGRAM

Practical ethical concerns associated with modern medical technology will be examined at a special College of Medical Education program planned for Saturday November 7. The program will be held at the UPS Law School. Seven hours of category I credit will be granted.

(continued on page 13)

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405. Telephone (206) 572-3666. Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is $10.00, which is included in the dues. Non-member subscription, $15.00 per year. Single copy $2.00.

President's Page

George A. Tanbara, M.D.

ŌSHINPAI—BIG WORRIES

(Some Thoughts on the Experience of Being Sued)

ŌSHINPAI is inherited by a physician who practices the art of medicine. Ill patients increase our concern. Hospitalization heightens it more. Having a patient in a critical care unit increases it geometrically and surgery increases it logarithmically. Suspecting a fatal outcome increases it infinitely.

Added ŌSHINPAI can be generated by comments or actions taken by physicians who have not been asked to participate in the case, or well meaning health personnel. Nothing adds to ŌSHINPAI as does being involved in a malpractice suit.

The length of time in practice does not make a physician immune to a malpractice suit. When such a situation strikes, the initial feelings of indignation, anger and unfairness take a long time to get over. The immediate inspection of the patient's charts may affirm the thoroughness and appropriateness of the medical care provided, but it does not lessen the anger or pain of being involved in the suit.

Review of the case and investigation by esteemed peers (the WSMA's Risk Management Claims Review Committee, for example), county society, and hospital committees is appreciated. The process leads to good and improved patient care. It is more appropriate than curbstone comments.

Having colleagues rally to your support is heartening and very much needed at such times. Physicians for the plaintiff frequently are not found within our community and may be difficult for a plaintiff's lawyer to locate. There are physicians who are known to welcome plaintiff lawyers' inquiries. How one physician can determine another's competency without personal discussion seems like a formidable task. It certainly requires a very wise and knowledgeable physician.

Sometimes more information needs to be given to hospital Boards of Trustees and others when there are several parties involved in a malpractice situation so that a settlement by one party does not adversely impact the others. When a physician on the hospital staff is involved, it might be best for the board to hear his side of the story rather than being influenced only by the monetary savings as presented by the hospital's lawyer. It may illustrate that physicians spend a great deal of time not only serving on hospital committees but also protecting the institution from the patient's (or family's) real or imagined complaints about such things as lack of sensitivity or the inappropriateness of care given by hospital personnel.

Your defense lawyer can be very knowledgeable. If the physician can somehow lay aside his personal feelings and listen very closely from early in the association with the lawyer he may save himself much agonizing. Signing an agreement to allow a settlement takes much soul searching when one honestly feels that he has given his best effort in caring for the patient. It is an individual choice, but it does give latitude to your lawyer.

Your personal lawyer can be asked to participate in the case but this can be an expensive request. Thoughts of a countersuit probably pass through the mind. This can also be time consuming and expensive with no assurance of success.

The plaintiff's lawyer appears to try to bring out the worst in a physician. To begin with, having your wife named "Jane Doe" on the summons may be legally appropriate but it is a sad commentary. The discovery phase of the investigation never seems to end on time and seems scheduled (and rescheduled) without regard to practice requirements. The use of crash course medical terminology and knowledge by the plaintiff's lawyer in an obviously inappropriate manner would seem comical at times if it were not for the deadly attack on the physician's intent and abilities.

More frustration occurs with trial dates being scheduled and cancelled over a period of years even on the very day of the trial. After two years of ŌSHINPAI it is easy to be worn down and to accept any settlement so that further time is not lost going through a two week or longer trial or further delay and harassment.

I would suggest for members of our Society that:

1. Knowledgeable physicians who have gone through the experience volunteer to be on a list of physicians available on a one-to-one basis to any doctor who receives a summons and complaint. In addition, our state association's risk management program is moving in this direction with its regional claims review panels.

2. A physician-owned and controlled insurance company must be responsive to us. This is one of the great promises of our new Physicians Insurance (previously referred to as WSPIA) Company.

3. All physicians, especially those new to practice, must be made aware of the hazards of inadvertent comments. So many unnecessary suits are brought on by an inappropriate comment of a physician who may not know the facts surrounding care provided by another

physician. There are many ways to administer good and appropriate medical care. Most physicians conscientiously pursue their own continuing medical education with or without credit. We still are the most respected profession.

4. Plaintiff's lawyers appear to seek out younger physicians to testify. Younger physicians should ask who has previously been contacted for testimony and wonder why established physicians choose not to participate and not allow their egos to be stroked by a lawyer seeking to gain his own ends.

5. Hospitals should educate their personnel regarding inadvertent remarks that may lead to problems for themselves, the institution, or physicians. Critical care units, surgical floors and terminally ill patients have highly qualified personnel. They are responsible for the patient during their shift. The physician is responsible 24 hours a day and has the data base, knowledge and experience to pass the best judgement in the care of the patient. Hopefully, our association's risk management program will address this issue as well.

6. Hospital Boards of Trustees should talk to the physician(s) involved in a case in which the hospital is also named to be aware of the steps taken by the physician to protect the hospital. Settling a hospital's portion of a multi-party lawsuit may result in prolonging the suit, increasing the subsequent settlement, or allowing the suit to go to trial. The hospital probably would not like to be on the other end of this type of situation.

I hope this form of ŌSHINPAI never invades your life.

GAT

Even a famous movie star has to plan for the future. After all, healthy assets, peace of mind and tax relief are hard to come by these days.

Thank heavens for the trust officers at Puget Sound National Bank. They're expert financial administrators. And you can trust them to keep on top of your investments.

So if you're looking for sound financial planning, take my advice. Call Doris Warner at (206) 593-3881.

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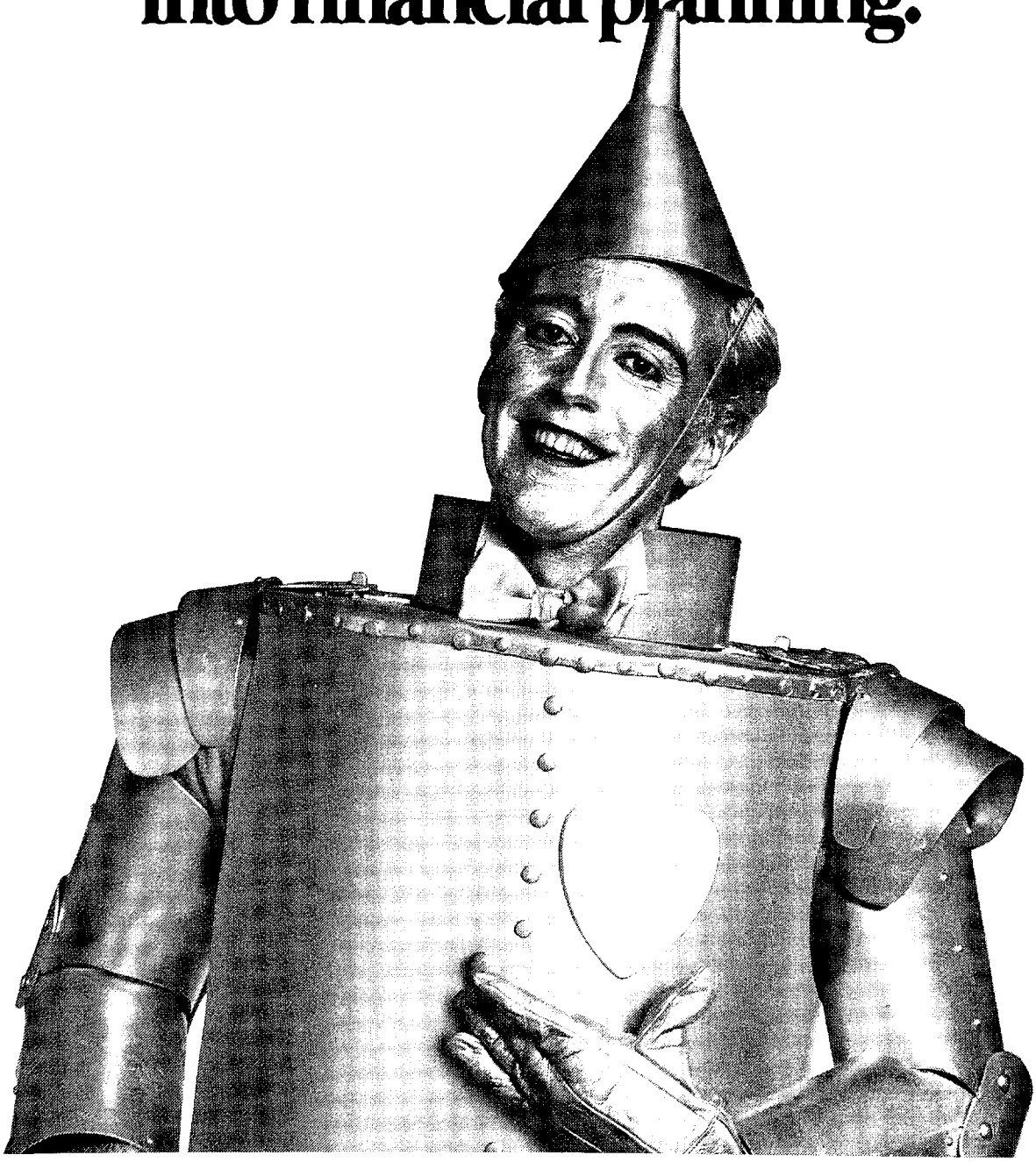
"My trust officer puts more heart into financial planning."



GENERAL MEMBERSHIP MEETING NOTICE

—THE PROGRAM—

presentation of

PHYSICIANS INSURANCE

[formerly Washington State Physicians Insurance Association (WSPIA)]

Presentation of policies, forms of coverage to be made available, proposed rates, and Subscriber Advisory Committees. General information about the new physician owned, WSMA sponsored professional liability insurance company.

Speaker to be announced.

Other Items of Society Business.

DATE: Tuesday, October 13, 1981

TIME: 6:15 P.M.—Social Hour
7:00 P.M.—Dinner
7:45 P.M.—Program

PLACE: The Iron Gate Inn
8212 River Road East, Puyallup

COST: Dinner, Prime Rib, $13.50
(price includes tax and gratuity)

Register now. Please complete the reservation form and mail it, with a check for the appropriate amount, to the Medical Society office. Or, call the office, 572-3667, to confirm your attendance. Make check payable to Medical Society of Pierce County.

Reservations must be returned to the Medical Society by no later than Wednesday, October 7, 1981.

REGISTRATION

Yes, I have set aside the evening of October 13 to meet with my colleagues to review PHYSICIANS INSURANCE.

____ Please reserve _____ dinner(s) for me at $13.50 each (price includes tax and gratuity). Enclosed is my check for $_____.

____ I regret I am unable to attend the dinner portion of the meeting. I will attend the program only at 7:45 P.M.

DR: _____ Telephone Nbr:_____

RETURN TO THE MEDICAL SOCIETY BY NO LATER THAN WEDNESDAY, OCTOBER 7.

AN OPEN LETTER TO THE MEDICAL COMMUNITY

Dear Colleagues:

It never ceases to amaze how quickly one year can go by. It seems that only the cyclical nature of the Tacoma Family Medicine Program prompts me to realize that yes, indeed, another year has transpired. This last year has been very significant for us. We graduated our second group of residents, but this group was special in that they were the first class to go through the entire three years of our program.

Dr. Bill Kintner has settled in Port Angeles, and will be joining his father's group practice in January. Dr. Kevin Murray has moved his family to North Bend, and will be practicing in Snoqualmie, Washington. Dr. Sarah Isto has returned to her native state of Alaska, where she will be starting her own practice in Juneau after the first of next year. Dr. Bill Roes joined the Key Center Health Clinic as their very first physician and will be practicing, naturally, in Key Center just across the bridge.

Again, we matched with an outstanding class of first year residents. We are very fortunate to continue to attract high caliber physicians for training in our community. Dr. Joseph Jasper joins us as a graduate of the University of Cincinnati School of Medicine. Dr. Donald Lehmann is from the University of Minnesota School of Medicine. Dr. Roger Schechter joins us from the University of California program at San Diego. Dr. D. Andrew Loomis, a graduate of Stadium High School, graduated from the University of Washington School of Medicine. And Dr. Janet A. Johnstone has replaced Dr. Gene Sine as a second year resident. She joins us after completing her first year of residency at the University of Nevada, at Reno.

As you read this, we will already have begun our interviewing process for next year's class. As in the past, we have had an overwhelming number of inquiries regarding our program, and we anticipate that once again we will be able to continue to interview, recruit and match with the best physicians available in this country.

Dr. Steven S. Goluboff, who joined our faculty in May of 1979, has returned to his home town of Saskatoon, Saskatchewan. He has joined a group practice in Saskatoon, where he plans to continue his career in family medicine. We wish Dr. Goluboff success with this new endeavor.

We have replaced Dr. Goluboff with Dr. Frank A. Chapman. Dr. Chapman grew up in Bellingham, Washington, attended the University of Washington School of Medicine, and just completed a four year residency in family medicine at the University of Utah College of Medicine, in Salt Lake City. During this residency, Dr. Chapman also earned a masters degree in community medicine. Dr. Chapman has brought with him a new sense of enthusiasm and ambition for our program, and we look forward to his association with us.

In retrospect, as I ponder over the last few years, I am not surprised, but very pleased with the overwhelming success our program has enjoyed. At best, it is difficult and sometimes clumsy to integrate the rigors of academic medicine into the private medical community. Our program has done very well in achieving a balance between education, training and patient care. I cannot mention this success without further acknowledging the participation and contributions made by the medical community in Pierce County. We have had outstanding cooperation and contributions from our local physicians. Due to this, we have virtually unlimited training and learning opportunities for our residents. I cannot thank you enough for what you have done to help make this program the success that it is.

Drs. Eugene Wiegman (left) and Roy Virak discuss the annual TFM Foundation Giving Campaign.

However, all is not well with our program. As with training programs throughout the country, many of us are faced with dramatic cutbacks in funding. The end of our third year also signified the end of our HHS Start-Up Grant money. Through this HHS grant, the federal government annually contributed over $160,000 to our program. We are now faced with the problem of replacing that money with money from the community. It is not enough to raise fees or generate additional productivity from our residents. We are committed to keeping our fees in line with what is usual and customary in the medical community. From the standpoint of patient care, Tacoma Family Medicine is already the most productive and efficient community based program in the University of Washington Network of Family Medicine Residencies. No program, regardless of size, is more productive or more efficient in the collection of patient care revenues.

Therefore, we must look to the community for additional support for our program. We have had the good fortune to retain Dr. Eugene Wiegman as campaign chairman for our annual giving campaign. He has already contacted over 1,000 businesses and foundations locally and throughout the nation.

It is too early to tell how successful this fund drive will be, but one thing has become very clear to us. Everyone

wants to know "How well is the medical community supporting this program?" Therefore, we again appeal to you to please consider becoming a member of the Family Practice Residency Foundation. Our annual meeting is coming up in October, and we would like as broad a base of support and input as to the future direction of the program as possible. We hope to warrant your continued support. Again, a community based program is only as successful as the community allows it to be. I am proud to acknowledge that the success of this program is largely due to your understanding, participation and support.

Roy H. Virak, M.D.
Director, Tacoma Family Medicine

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

Board eligible Ob-gyn seeks single specialty (Ob-Gyn group) group practice opportunity. Presently employed on salaried basis for multi-specialty clinic in northern Montana. Completed residence training in December, 1979. Listing #901

PHYSICIANS MEET WITH SCHOOL REPRESENTATIVES; VARIETY OF ISSUES ADDRESSED

Members of the Medical Society's Public Health/School Health Committee met with Pierce County school representatives late in August to review a number of issues of mutual concern. Ten districts were represented as was the health department and the Pierce County Medical Auxiliary.

Issues of particular importance to practicing physicians discussed at the meeting were:

Revised Health Report Form: The draft revised form, previously distributed, was reviewed. Districts with a supply of existing forms indicated they would continue to use those until the supply is depleted. It was agreed this would be appropriate. Forms have been generously provided by the Tacoma School District for reproduction or use elsewhere in Pierce County.

Sports Physicals: Dr. Stan Mueller discussed the WIAA regulations and their impact on sports physicals, and related forms. The new WIAA regulations provide that, "an authority licensed to perform a physical examination" may do so for the purpose of sports physicals. It was stressed that such individuals include only physicians (M.D.), doctors of osteopathy (D.O.), certified nurse practitioners (C.R.N.), and medex—physician assistants (P.A.). The PH/SH Committee requests that when the examination is performed by a non-physician, the name of the responsible physician be reported.

An update form must be completed annually. The committee recommends use of the existing Health Report form for the required update. Districts can introduce the new form as old supplies are depleted.

Programs for the Handicapped: The importance of the child's physician being involved in program definition and assessment was stressed as was the need to reduce as much as possible the delay between initial assessment and introduction to a special program. The Medical Society is committed to assisting in the assessment of children.

Congratulations are in order for all of those involved in the improved referral program enjoyed locally.

Dr. Josephina Vallarta discussed the multi-disciplinary assessment approach used at Mary Bridge Childrens Health Center. Learning language disabilities, seizure, cerebral palsy, mental retardation, and autism are the major difficulties discovered through the assessment program (in order of frequency). The team approach used at Mary Bridge was discussed as were various types of assessment. Assessments at Mary Bridge are generally on infants and children under school age. It was noted that although the Mary Bridge infant stimulation program has been dropped due to budgetary considerations, therapy programs are still available.

The Mary Bridge program tries to refer the child into school districts for follow-up evaluation and treatment after three years of age. The program will evaluate children 3-5 years of age. For children over 5 years of age, the referral is made to the school district for evaluation. The desire of the Mary Bridge program not to overlap existing Child-Find programs was noted.

School districts may not realize that they have the capacity to provide a team approach for assessment and treatment when they really do. The problem is one of communications in many instances. A resource guide is being prepared, reported Dr. Roger Meyer. He was asked to forward a copy of the guide to school nurses when it is completed. Madigan Army Medical Center has a developmental program which is open to all. There are some problems being experienced locally in coordination with school districts outside of Pierce County it was noted.

The group reviewed assessment and special education programs currently in place at various school districts within Pierce County. The impact of military dependents was noted and the need for federal support for programs to address military dependents was discussed.

Standardization of assessment programs was urged by several participants. A workshop for various assessment teams would assist in standardization and will be pursued.

Adolescent Pregnancy Program: The program's status was reviewed. Since February 9, 1981, the program has handled 263 referrals. It employs 4 outreach workers and currently is assisting 200 pregnant adolescents (the program trys to follow infants until 3 years of age). A teen hot-line is available. It is open 7 days a week, from 3:00-9:00 p.m. Prenatal classes are being offered at Bates. Pierce County has the second worse rate in the state of Washington for getting people into prenatal care.

Referral Mechanisms: Ways of referring patients to physicians were discussed. They include: The Medical Society's Physician Referral Service, the special rotating list of Ob/Gyn's for adolescent teenagers and women on medicaid or welfare, a special rotating list being established with the Pierce County Chapter of the Washington Academy of Family Physicians for Asian Refugees; and, information which is hopefully to be derived from a survey conducted by the WSMA of local physicians and their ability to absorb additional Medicaid, lowered or no fee patients into their private practices.

Regarding pregnant teenagers, the importance of identifying any physician (pediatrician, family physician, etc.) with which the patient or her family may have a relationship was stressed. Doing so can be very helpful in referring the individual to an Ob-Gyn.

Dr. Bud Nicola discussed the community clinics operated by the health department and funded by the Urban Health Initiative program, and other sources. He

noted that two NHSC family practice physicians and a full-time medical director have been added to the clinics. The clinics can absorb an additional 7-10 pregnant adolescents each month, although the program is close to saturation regarding care for these individuals, he added.

Office of the Superintendent of Public Instruction: Dr. Vivian Harlin reported on activities of the Office of the SOPI. There are problems in having physician input into the special education departments. She commented on the good liaison exisiting between physicians and the nursing community relative to school health.

She also commented on the immunization program which is achieving its goals. Scholiosis screening and infectious disease control consultation is available from the state, she added.

Dr. Harline predicted further reduction of physician input into the SOPI in the future as funding for her position is scheduled to run out late in December.

Drug use in the Schools: Various efforts underway locally for effective drug abuse education were reviewed. Elements of effective programs include information, decision making skills, coping skills, and self-esteem and self-image building. A health education curriculum is part of a total approach to effectively educating students about drug and substance abuse. Mr. Clay Roberts, ESD #121, gave a detailed presentation of the Star Project in Sumner. Funding for this unique program likely will be reduced and the planned four year project will probably last two-three years.

Services for Military Dependent Students: Dr. Meyer noted the MAMC pediatric specialty clinics, 22 in all, which are available to all students. He asked that interested individuals contact the clinics at 967-6036. On November 14 a sports medicine program will be held at MAMC.

Supplemental Education and Consultation for Health Staffs: The possibility of inservice programs being conducted on a county-wide basis was discussed. It was agreed that smaller sized programs would likely be more successful due to the staffing needs of the schools during the day.

Health Screening: Peggy Zurfluh, health department, noted that many requests have been received for continuing education for those involved in health screening. Planning for such a program, including the College of Medical Education, will proceed.

Health Education Programs: Health education was briefly discussed. It was the consensus of the group that the Medical Society should help promote further cooperation and development among local school districts over the next 12 months to improve quality of health education. Those in attendance were asked to identify individuals within school districts who are involved in health education and who should be invited to a planning meeting.

Next Meeting: Those present agreed such meetings are useful. It was agreed that the group should meet annually. The next meeting will be held in late August, 1982.

If physicians have comments or concerns regarding the meeting and issues discussed, please contact me, c/o the Medical Society of Pierce County, 705 So. 9th, Suite 203, Tacoma, WA 98405.

David Sparling, M.D., Chairman
Public Health/School Health Committee

Letters

To the Editor:

We — the Washington Association for Children and Adults with Learning Disabilities — are in the process of developing a network of professionals and services in Pierce County to promote the general welfare of learning disabled adolescents and adults.

We would like to contact physicians interested in the special needs of adults and adolescents who demonstrate disorders which manifest themselves in an imperfect ability to listen, think, read, spell, write, or to do mathematical calculations in the absence of physical impairment or mental retardation, but including such conditions as dyslexia, dysgraphia, minimal brain dysfunction, and attentional deficits.

Individuals interested should contact Dennis Williams at 565-6098 or Jack Geringer at 845-1750 for further information.

Yours truly,

Dennis Williams
WACALD, Adult Division

Tacoma General Hospital

FIFTH ANNUAL CANCER SYMPOSIUM

"Followup of the Cancer Patient: Psychosocial Issues and Are the American Cancer Society Guidelines Practical?"

SATURDAY, OCTOBER 3, 1981

Jackson Hall Medical Center Auditorium
Tacoma, Washington

Accreditation: 6 hours CME credit pending
6 hours AAFP prescribed credit approved
For Nurses — 6 hours CERP credit pending

PROGRAM

8:30 a.m.	**Registration**
9:00 a.m.	**Program Introduction**
9:05 a.m.	**ACS Guidelines — Why? Practical? Cost Effective?** Dr. William Dugan, Jr.
9:45 a.m.	**Psychosocial Issues in Cancer Care** Dr. Melvin Krant
10:30 a.m.	Coffee Break
10:45 a.m.	**Concurrent Workshops** **WORKSHOP ONE:** Unaddressed psychosocial issues of patient/family. Dr. Melvin Krant; Dr. Robert Johnson; Dr. John Larsgaard; Dr. Richard Dickson **WORKSHOP TWO:** Guidelines for the primary physician in the followup of the cancer patient. Dr. William Dugan, Jr.; Dr. Robert Ferguson; Dr. Gilbert Roller; Dr. Kerry Watrin
12 noon	Lunch at the Bavarian
1:30 p.m.	**Repeat of Workshops One and Two**
2:45 p.m.	**Question and Answer Period** Panel: William Dugan, Jr., M.D.; Melvin Krant, M.D.; Gale Katterhagen, M.D., Rapporteur
3:30 p.m.	**Adjournment**

Registration Fee: $35 (non-refundable), includes lunch

Mail form, with fee, no later than Sept. 25, 1981, to

Karen Tilley, Dept. of Oncology
Tacoma General Hospital
315 So. K St., Tacoma, WA 98405

Name _____ Specialty _____

Address _____ Phone _____

City _____ State _____ Zip _____

SOCIETY NEWS BRIEFS continued

Issues to be presented include ethical obligations of physicians, the process of making ethical decisions, and a review and definition of the dilemmas of technological medicine. Case presentations will be included.

Dr. Paul Schneider is program coordinator. Complete program information will be mailed to Pierce County physicians in October. For further information call the College of Medical Education, 627-7137.

JAIL HEALTH PROTOCOLS ESTABLISHED

Medical, dental, and psychiatric care protocols have been approved by the Society's Jail Health Advisory Board. The Board — including representatives from the county dental society, nurses association, jail staff, bar association, and health department — has been reviewing all aspects of the health services provided in the Pierce County Jail. The group is chaired by Dr. Herbert Kennedy.

Yet to be considered is a drug formulary for the institution. For additional information regarding the Jail Health project contact the Medical Society office.

PHYSICIANS VOTED INTO MEMBERSHIP

Three provisional members were voted into Medical Society membership at the September Board of Trustees meeting. They are: Drs. Stirling H. Smith, Joseph C. Nichols, and Robert E. Stuart.

In August the Society's Credentials Committee met with 14 applicants for membership to explain Society programs and activities. The committee meets on a monthly basis with applicants and to review files and make recommendations to the Board of Trustees regarding applications for membership. The committee is chaired by Dr. Donald Mott.

BOARD ESTABLISHES ANSWERING SERVICE/RADIO PAGING STUDY GROUP

In response to many recent expressions of concern by Society members, the Board of Trustees, at its September meeting, established a study group to investigate the feasibility of establishing a Medical Society owned or endorsed physician answering service/radio paging service. Dr. Bruce Buchanan, trustee, will chair the study group.

JOINT DECEMBER MEETING SET FOR DECEMBER 15

The annual joint Medical Society-Auxiliary meeting featuring installation of 1982 MSPC officers and trustees will be held on Tuesday, December 15, at the Bicentennial Pavilion. All Medical Society and Auxiliary members are invited. Meeting notices will be mailed in late October or early November.

HELPFUL TIPS FROM YOUR PLACEMENT SERVICE

Personnel turnover can be frustrating and often confusing to any physician or office manager. Here are some hints from your Placement Service that may ease the tension in your office during such a transitionary period:

1. Start looking for a replacement as soon as you are notified that there will be a position opening in your office or clinic. New replacements should be given a week or two to work with the current employee if at all possible. It is also helpful to give the Placement Service time to properly interview and screen applicants before referring them to your office.

2. Develop a job description if you do not have one, or update your current job description if specifics have changed. This tool enables you to give an accurate overview of the job's duties and your expectations of the prospective employee. A job description also serves as a convenient format for reviewing employee performance.

3. Cross-train each employee to give your staff flexibility and to fill in wherever possible in case of an emergency.

4. Maintain fairly close supervision of new employees. Don't let errors accumulate without discussing them with the employee.

For assistance in your office staffing needs — for temporary or permanent, full or part-time employees — contact the Medical Society's Placement Service. Placement Service Director Linda Carras is conducting on-site visits to offices with employment needs.

The visits are designed to familiarize the service with your staff and office set-up. If you have, or anticipate, a job opening in your office, please call Linda, 572-3709. See page 18 for additional Placement Service information.

SPECIAL PROBLEMS OF THE SOUTHEAST ASIAN PEOPLE

October 5, 6, 7, 8, 1981 — 8:00 a.m. to 10:00 a.m. each day
Tacoma General Medical Center Auditorium — Jackson Hall
314 South K Street — Tacoma

CATEGORY I Credits: 10 hours

As an organization accredited for continuing medical education, the College of Medical Education, Inc., certifies that this offering meets the criteria for ten credit hours in Category I for the Physicians Recognition Award of the American Medical Association and for the relicensure requirements of the Board of Medical examiners of the State of Washington.

ALSO

Accredited by the American Academy of Family Physicians for ten credit hours—Category I (Prescribed)

Monday, October 5

8:00 a.m.	PARASITOSIS — MALARIA	*James J. Plorde, M.D.* *Chief, Infectious Disease Section* *Microbiology Section* *Veterans Administration Hospital, Seattle* *Professor of Medicine and Laboratory Medicine* *University of Washington*
9:15 a.m.	TRADITIONAL ATTITUDES & BELIEFS	*Marjorie Muecke, R.N., Ph.D.* *Assistant Professor —* *Community Health Care System* *School of Nursing & Community Health* *University of Washington*

Tuesday, October 6

8:00 a.m.	SPECIAL CONSIDERATIONS FOR THE PEDIATRIC PATIENT	*William Richard Ludwig, M.D.* *Internist, Public Health Hospital, Seattle*
9:15 a.m.	ANEMIA AND THE HEMOGLOBINOPATHIES	*Alan D. Mease, M.D., F.A.A.P.* *Chief, Pediatric Hematology* *Madigan Army Medical Center*

Wednesday, October 7

8:00 a.m.	LEPROSY	*James P. Harnisch, M.D.* *Dermatologist, Seattle*
9:15 a.m.	TUBERCULOSIS	*James G. Billingsley, M.D.* *Pulmonary Specialist, Tacoma*

Thursday, October 8

8:00 a.m.	HEPATITIS	*Alan D. Tice, M.D.* *Infectious Disease Specialist, Tacoma*
9:15 a.m.	DEVASTATION OF CULTURES	*Ngo Ngam Song, M.D.* *San Francisco, California*

Friday, October 9

8:00 a.m.	DEATH/DEPRESSION	*Carol Mortland, Ph.D.* *Refugee Resettlement* *Catholic Community Services, Tacoma*
9:15 a.m.	COMMUNITY RESOURCES	

Program Coordinator: Richard D. Ratigan, M.D., Tacoma Family Medicine

SPONSORED BY:
Tacoma Family Medicine
Family Practice Residency Foundation

COORDINATED BY:
College of Medical Education

REGISTRATION:
$65.00 Medical Society of Pierce County Members
$75.00 Non-Member Physicians
$35.00 Registered Nurses
$10.00 All Others

Deadline for Registration: September 30, 1981

Mail To: **College of Medical Education**
705 South 9th, No. 203
Tacoma, WA 98405
Phone: (206) 627-7137

ANSWERS TO QUESTIONS ASKED BY WASHINGTON PHYSICIANS ABOUT PHYSICIANS INSURANCE

Will Physicians Insurance have the lowest premiums?

It will set its premiums in a responsible, business-like manner. It cannot prevent another company from charging a lower price. To the extent the company's income from premiums and investments is greater than the costs of claims and expenses it can, with the approval of the Washington In surance Commissioner, return the excess to physicians as a dividend. With strict underwriting, strong claim defense, a strengthened risk management program and low administrative expenses, the company should be able to provide coverage at the lowest net cost over the long run.

Will Physicians Insurance be able to exclude the high-risk physician?

Yes. It will have a professional underwriting staff assisted by physicians. This is important to keep insurance costs down.

Will Physicians Insurance continue to cover for claims that arise after I retire?

Yes. These claims are automatically covered by Occurrence coverage at any retirement age. They will also be covered at no extra cost, after 65, for physicians who have purchased low-cost Report/Occurrence coverage for five consecutive years. If Report/Occurrence coverage has been purchased for less than five years, it can be converted to Occurrence coverage upon retirement by paying an extra premium.

Regardless of the type of length of coverage, the claims against a physician who dies or becomes permanently disabled while a Physicians Insurance policyholder will be covered at no extra charge.

Will Physicians Insurance defend against nuisance claims?

Yes. Settling invalid claims merely to avoid the cost of defense increases costs in the long run.

Have other physician-owned companies proven successful so far?

More than 25 have been created and these insure a substantial number of physicians. None has been liquidated or gone into bankruptcy.

Will Physicians Insurance's losses be limited by reinsurance?

Yes. Reinsurance will be purchased by Physicians Insurance to cover losses over a certain level on individual claims.

Will Physicians Insurance rate each specialty according to its own risk?

This is a goal, but one not easily attained. Rates will be set by the professional staff in consultation with the physicians active in the company's affairs. For example, the company could take the following steps if the physician leadership wished:

- Lower the premium rate for psychiatrists to a level competitive with the psychiatrists' national program.
- Lower the premium rate for Public Health Medicine and similar types of practice.
- Establish a new class for gynecology only with a premium rate lower than that of ob/gyn.
- Reduce the premium differential between family practice — no obstetrics and family practice — limited obstetrics.
- Charge lower premiums for part-time work.

Not all physicians would support all of these changes. But many physician-sponsored companies have taken steps like these. The choice would be in physicians' hands if you build a physician-owned company.

Will Physicians Insurance charge lower premiums to physicians who don't have claims and higher premiums to physicians who do?

There is no simple answer. But several points seem clear:

1. The company's system must not be arbitrary or discourage the prompt reporting of possible claims.
2. Spurious claims will not increase the physician's premium. Cases will be reviewed individually.
3. If the facts surrounding a claim suggest a problem with the way the physician practices medicine, the physician will be surcharged, not permitted to renew his coverages, cancelled or required to make specific changes in his practice.

Will Physicians Insurance's debts be debts of its physician members?

No. One basic advantage of establishing a licensed reciprocal insurer instead of a loose cooperative or private club is that policies will be non-assessible; i.e. physicians cannot be charged extra premiums in retrospect to cover an operating loss of the company.

Have you solicited advice from other physician-owned companies?

Yes. We have been in touch with the leadership of most of the largest companies. We have had valuable advice from the companies in Alabama, California, Illinois, New Jersey and Tennessee, among others.

Will it be possible to pay premiums either monthly or annually?

Yes. Monthly premiums will include a 6% service charge on the annual amount due, on a prorated basis.

Will Physicians Insurance provide, as Aetna does, optional coverages for professional equipment and excess personal liability over the amounts provided by individual liability policies on automobiles, watercraft, defamation of character, invasion of privacy, etc. etc.?

Yes. The Physicians Insurance coverage options will be identical to those offered by Aetna.

Provided by: Physicians Insurance

Ed Wood, M.D. Ph.D.

CURRENT STATUS—? VERY NEARLY A COMPLETE BUST!

Highly touted as the laboratory achievement of the '70's, the really valid clinical applications of TDM can be counted on the fingers of one hand. In an era of exquisite analytical sophistication when almost any drug can be quantitated rapidly and accurately, why are there so few clinical applications?

The answers do not come easily. The questions do. Probably at the head of the list: "Just what is a 'therapeutic drug'?" Or easier — "What isn't?" And therein may lie the gist of the problem. For the last 50 years or so we have monitored the *effects* of drugs and perhaps that's what being a doctor is all about. Now we can monitor the quantitative blood level of the drug and it has, so far, offered very little additional benefit. Perhaps it's just as well.

The analytical "breakthroughs" looking for a unique diagnostic application abound. The laboratory aides for monitoring diabetes, for example, are proliferating ad nauseam. So now we can measure insulin — fantastic! For $108.25 you can get a series of ten insulins on the same patient; mind you sent in at the same time. Obviously the diagnosis and management of diabetes is no longer a problem — hmmm? A blood glucose still costs $3.25.

A quick look at the drugs most often monitored quantitatively by local laboratories includes Digoxin, Dilantin, Theophylline, Phenobarbital and Lithium. That list tells you a lot about therapeutic drug monitoring. In almost every case the assay is ordered primarily to exclude toxicity and occasionally to check patient compliance. Way down the list is an attempt to *titrate* the drug level to the specific therapeutic needs of the individual patient — which is really what TDM is designed to accomplish.

Well, accepting the fact that we can analyze almost anything for a price; instanteously, for an additional price, what are the problems in using this modality for patient treatment and will it really ever be worth the effort?

The big problem, of course, is the patient. No two are alike. They vary in age, size, sex, genetics, previous disease, current drug therapy, existing organ damage, etc. and every one of these factors has a significant impact on the interpretation of therapeutic drug levels. Obviously an appropriate drug level in a neonate has little bearing on desired levels in the adolescent let alone the geriatric patient. Therapeutic blood levels (not dosage) of Dilantin in the patient with normal renal function may be toxic in the patient with uremia. For that reason some laboratories routinely perform a BUN with each Dilantin reported. Similarly, when additional theophylline is indicated during an acute asthmatic attack in a patient already on some type of sustained release theophylline medication, how do you interpret the subsequent theophylline blood level at a specific time interval? — very carefully!

I suppose the answer appears obvious: one needs a neonatologist, a neurologist, a respiratory therapist or what have you depending on the age of the patient or the disease he harbors. That may be a good idea, but in spite of the negativism expressed thus far, there are some general guidelines that may be helpful.

With intermittent drug administration a pattern of high (peak) and low (trough) blood levels will occur. When the administration is started, it usually takes several days to reach a steady state equilibrium at which time drug excretion or metabolism is roughly equal to the amount administered. The time equired to reach equilibrium depends on the "elimination half-life" of each drug, a figure usually available in the literature (PDR). It generally takes about five half-lifes to achieve the steady state at which time the dosage interval is equivalent to the drug half-life. If the primary concern is toxicity, the specimen should obviously be timed for the peak concentration — an additional timing characteristic of each drug. If the primary concern is maintaining a minimum therapeutic level, the specimen should be obtained at the trough which usually occurs just before the next dosage interval.

A look at gentamicin monitoring may help to put all this in perspective. The drug is both nephrotoxic and ototoxic and has a low therapeutic index; the difference between efficacy and toxicity isn't very much, a so-called narrow therapeutic window. Therapeutic failures occur when peak concentrations are less than 4ug/mL and toxicity at levels above 12ug/mL. Peak levels occur one-half hour after IV administration or 1 hour after IM administration. Levels are affected by extracellular fluid volume, renal clearance rate, mode of administration, diuretics, etc., in addition to dosage. The half-life is 2-4 hours with normal renal function — much longer with impaired function. Nephrotoxicity can be detected by proteinuria, casts and elevated creatinine levels. In any event, effective gentamicin monitoring requires a lot of laboratory testing in addition to multiple gentamicin assays at $35 plus.

And is it worth the effort? Of the aminoglycosides, gentamicin is the most widely used in the United States for serious gram negative infections. We are able to use it only because of the development of TDM and it

represents, indeed, the tip of the proverbial iceberg as we move into the '80's.

If all this sounds complicated, it's because it is. It points up the need for a specialist in drug monitoring. One who has the tools to integrate all of the variables of the patient and his environment; and the where-with-all to monitor the laboratory as well. Fortunately such an individual already exists. Wander down to the catacombs of your hospital and get acquainted with your born again clinical pathologist and his handy dandy computer. You'll be amazed at what a little encouragement down there will accomplish.

One problem not yet fully addressed in TDM is availability and cost. Stat testing can rarely be justified but a delay of over 24 hours is even harder to justify. The local hospital laboratories send out a significnat amount of their TDM assays to Seattle and California because their individual test volumes are too low to cost justify the instrumentation and personnel for a relatively few tests. The resulting delay in result reporting leaves a lot to be desired and is partially responsible for the relatively low usage of TDM. Most TDM assays are relatively high profit items for the commercial laboratories who are not particularly anxious to change the status quo.

Obviously both turn-around-time for results and cost would respond to an intelligent pooling of community efforts to perform the assays locally. Gad! What a unique idea!

Ed Wood, M.D., Ph.D.

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WHAT DO WE DO?

We advertise
test applicants
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POSITIONS WE PLACE:

RN's	physical therapists
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WHY USE US?

We are your own personal agency, designed with you in mind. Owned by the Medical Society, we concentrate our energy at giving you our utmost consideration. If our endeavors do not find what you want or meet with your satisfaction, tell us, that's why we are here.

We are also the most reasonable agency in fee charges, so qualified applicants turn to us first!

TEMPORARIES?

We are gearing up for summer vacation fill-in, or any other emergency temporary situation that arises. We have had over 20 temporary calls in the last three months, and we placed a qualified person in every office in timely fashion. Let us help you.

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Occasionally we receive applications from extremely specialized persons seeking work in the Tacoma-Pierce County area. At this time we have an x-ray technician with flouroscopy, nuclear medicine, ultrasound and other specialty skills. We have an RN with sign language and speech pathology degrees. We have a histologist, medical researcher, in house transcriptionist who picks up and delivers daily, and several other interesting specialists. Do you know anyone who needs a person like this?

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572-3709

Auxiliary Page

THERE WAS NO SUMMER, THEN THERE WAS. AND NOW ITS FALL—TIME TO MARK YOUR 1981-1982 AUXILIARY CALENDARS!

WEATHER PREDICTION INFALLIBLE?

Sorry about the heat wave in August. Early newsletter deadlines and a cool rainy July caught me redfaced. This was a welcome for our newcomers to the Pacific Northwest, I guess. Did you survive the back to school rush without any permanent damage? Are you ready for the Auxiliary activities for 1981-1982? —*Nikki Crowley*

1981-1982 AUXILIARY ACTIVITIES

Mark your calendars for a busy, interesting, and fun year. The year started out with three area newcomers coffees. (A report on the coffees will be in the October *Bulletin*).

OCTOBER—(Friday the 16th): General Meeting. Gary Reece from the Tacoma Public Library, Northwest History Department, will present "Did it Really Happen in Tacoma?" In addition to Mr. Reece's presentation, Cindy Hammer, representing the League of Women Voters, and as a physician's spouse, will present the ballot issues for the November election. Cindy has offered to register all non-registered votes at that time. The meeting will be at the home of Dr. and Mrs. W. Ben Blackett (Glenna).

NOVEMBER—(Friday the 13th): General Meeting. Betsy Snodgrass of the Cuisinart Cooking School and Catering Service will demonstrate holiday cocktail and buffet party cooking. Recipes will be available. This is a bonus for those of us who would like to do something different for this year's holiday entertaining. The meeting will be at the home of Dr. and Mrs. Peter Kesling (Pat) in Gig Harbor.

DECEMBER—(Thursday the 3rd): Childrens Holiday Party, University Place Presbyterian Church; and Tuesday, December 15, Medical Society of Pierce County and Auxiliary Holiday Dinner.

JANUARY—(Saturday the 23rd): *Time Talent and Treasure Auction.* This will be Auxiliary's fund raiser. Be thinking of what you will donate in the way of Time, Talent, or Treasures.

FEBRUARY: Bob Jones of Vinicole Wine Distributors will give a dissertation on wines. Tasting, an important aspect of wine, will be done and lunch will compliment the wines presented. This general meeting will be at the home of Dr. and Mrs. Robert McAlexander (Debbie) in Tacoma.

MARCH—(Friday the 19th): General Meeting at the home of Dr. and Mrs. Charles (Deva) Vaught, Puyallup. Diane Schaak from Money Matters of Bellevue will tell us some "how to's" about financial planning for the 80's.

APRIL: Family Field Day and Picnic, tentatively scheduled for Saturday the 17th.

MAY: A very different fashion show will be presented by the State Capitol Museum at the Tacoma Country and Golf Club. The fashions date from 1835. The Vogues and Vittles Event will be an opportunity for members to bring guests.

NEEDED: MORE LIFELINE VOLUNTEERS

The Telephone Committee needs more members. This committee is the lifeline of our Auxiliary. It provides a communication network and should be more appropriately named the Communication Committee. Its purpose is to inform the membership of Auxiliary events, happenings, concerns, as well as information about the Medical Society. It provides members with information about legislative concerns and problems that relate to us as a group and as individuals.

It provides for feedback and serves as a mechanism for members to express concerns and/or complaints about the Auxiliary. Each Telephone Committee volunteer is given a small list of members to contact for general meeting reservations and for the other necessary communication aspects of the organization. Call Judy Robinette or Donna McLees, Telephone Committee chairmen, if you feel our communication network is representative, needs five to six auxiliary members to

THE HEALTH DEPARTMENT NEEDS YOU!

The Tacoma-Pierce County Health Department needs volunteers to assist with its hypertension control program. This program is one of ten federally funded programs for hypertension control in Washington State, managed by the Department of Social and Health Services, Adult Services Division, and implemented at the county level by the local health department.

The primary purpose of the program is to identify individuals at risk for hypertension via screening, referral and follow-up to reduce morbidity and mortality. The volunteer positions are: Blood Pressure Screener/ Recorder for one weekday (2-3 hours) a month (qualifications are knowledge of taking blood pressures or a willingness to learn); and Clerical Assistant to assist the full time secretary with the processing of computer tracking forms (a minimum of 4 hours per week, 2 hours per day).

The screening clinics are located throughout the county, in health clinics, community centers and libraries. Contact Maureen Williamson or Janet Bowen at the health department, 593-4186, for additional information or to volunteer.

(continued on page 22)

Interprofessional Committee

Herman S. Judd, M.D.

COMMITTEE MEMBERSHIP EXPANDED

Three new faces appeared at the June breakfast meeting of the Interprofessional Committee and their owners added zest and interest to the usual lively discussion. Robert McBride, D.P.M., represented the podiatrists of Pierce County. Shirley Coursey, who improves the look of the prescription counter at Payless from time to time, and Judy Sloan, a nurse practitioner, living in Tacoma but working in Arlington, also were present.

As you may recall, the purpose of the committee is to explore problems occuring in each of the professions of pharmacy, medicine and dentistry which have inter-relationships with not only their own but the other professional groups.

Judy Sloan pointed out that the nurse practitioner's main job is to promote health. She has the authority to prescribe drugs (but not scheduled drugs). Nurses in her specialty try to fill in the gaps in rural areas where a shortage of physicians exist. "They are not needed in Pierce County, except in the Indian Clinic," she said, "because there is an adequate supply of medical doctors. There is still a shortage in many rural areas and the nurse practitioners seem just as reluctant to go out to these areas as the young physicians are."

Dr. McBride reminded us that podiatrists have many of the same problems that medical doctors do, particularly in the disciplinary field, calling our attention to the article in a recent issue of the TNT where a member of his profession has been accused of performing unnecessary surgery for an exorbitant fee.

Most of our deliberations involved the inappropriate prescribing of controlled substances which has again reared its ugly head. Our Medical Society's Impaired Physician Committee and Grievance Committee, and the State Disciplinary Board all work together on these problems. Quietly and with candor the members of these committees spend many hours, without remuneration, serving our profession in a manner that no external agency could or would ever do. We owe them all a debt of gratitude.

Herman S. Judd, M.D.
Chairman

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE

Gregory P. Schroedl, M.D., Emergency Medicine. Born in Everett, WA, 1949; University of Washington School of Medicine, 1974; internship, University of California, San Diego, 1974-75; residency, UCSD, 1975-76 and LAC-USC, Los Angeles, 1977-79. State of Washington license, 1979. Has applied for medical staff membership at St. Joseph Hospital. Dr. Schroedl is currently practicing at St. Joseph Hospital.

Joseph Sakakini, Jr., M.D., Ob-Gyn/Maternal-Fetal Medicine. Born in Norfolk, VA, 1932; Medical College of Virginia, Richmond, 1959; internship, Norfolk General Hospital, 1959-60; residency, Ireland Army Hospital, Fort Knox, Ky., and William Beaumont Army Hospital, El Paso, Texas, 1959-67. State of Washington license, 1980. Has applied for medical staff membership at Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Sakakini is currently practicing at 314 So. K Street, Tacoma.

Ronald H. Hodges, M.D., Ob-Gyn. Born in Sedalia, MO, 1948; University of Missouri, Columbia, School of Medicine, 1975; internship and residency at Madigan Army Medical Center, 1975-79. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, St. Joseph, and Tacoma General hospitals. Dr. Hodges is currently practicing at 1811 So. K Street, Tacoma.

Michael L. Halstead, M.D., Family Practice. Born in Philippi, W. VA, 1949; West Virginia University School of Medicine, Morgantown, W. VA, 1975; internship and residency, Dwight David Eisenhower Army Medical Center, Ft. Gordon, GA, 1975-78. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Halstead is currently practicing at 1624 So. I Street, Tacoma.

SECOND NOTICE

James L. Littlefield, M.D., Internal Medicine, Nuclear Medicine. Born in Philadelphia, Pennsylvania, 1944; Temple University, Philadelphia, 1976; internship and residency, Albert Einstein Medical Center, Philadelphia, 1967-78; residency at University of Washington Hospitals, Seattle, 1978-80. State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan Hospital. Dr. Littlefield is currently practicing at 622-14th Ave. S.E., Puyallup.

Edmund E. Lewis, M.D., Radiology. Born in Rochester, New York, 1938; S.U.N.Y. Upstate Medical Center, Syracuse, New York, 1964; internship; S.U.N.Y. Upstate Medical Center, 1963-64; residency, University of Michigan, Ann Arbor, 1964-69. State of Washington license, 1969. Has applied for medical staff membership at Doctors, Puget Sound, St. Joseph and Tacoma General Hospitals. Dr. Lewis is currently practicing at 702 South K Street, Tacoma.

Classified

Classified and announcement copy may be mailed to: Grawin Publications, 1020 Lloyd Building, 603 Stewart Street, Seattle 98101, or phoned to Seattle (206) 223-0861. 50¢ per word; $10 minimum charge. Check must accompany copy.

OB/GYN: A multi-specialty group practice in Tacoma seeks employment, with partnership opportunity, of OB/GYN physician; excellent benefits and compensation — guarantee and incentive. For information call Don Reddington, (206) 627-9151, or write, P.O. Box 5467, Tacoma, Washington 98405.

FOR SALE

G.E. X-RAY EQUIPMENT
X-ray film hangers (6-2 each size)
Developing Tanks
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X-ray Cassettes (with screens)
2 of each size (6)
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LABORATORY EQUIPMENT
Sterilizer—Market forge STM-E
Incubator, Thelco, Model #2
Centrifuge—Hematocrit, Ccay-Adams
Balance (2), Van Waters and Rogers
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ALL HARDLY USED — ALMOST NEW CONDITION. Call 759-1486.

UNIVERSITY PLACE PROFESSIONAL SQUARE. For rent or lease University Place area. 910 sq. ft. suite, $480/month; 965 sq. ft., $450/month. Call 565-4444.

UNION AVENUE MEDICAL-DENTAL CENTER — Space available for lease, approx. 840 sq. ft. Available Sept. 1 (near Allenmore Hosp.) Call 752-6336 (Mon.—Thurs.) Tacoma

OUTSTANDING OPPORTUNITY to locate your professional office in the growing North Pierce County area. Build to suit professional office building with **ownership participation available.** Excellent central location. Call Larry Largent, Radford & Co. 206-454-4200.

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Helene Black, R.E.

3509 S. 14th St., Tacoma 98405 759-1151

Member: Washington State Electrolysis Assn. and Electrolysis International Assn.

Trained: Kree International Institute of Electrolysis, N.Y. and Wilshire Blvd. School, Los Angeles

FOR LEASE, in downtown Puyallup, new medical clinic — 1200 square feet available — will finish to suit — call Armand Moceri 848-4511.

WANTED PEDIATRICIAN, OB-GYN AND FAMILY PRACTITIONER. To join Multi-speciality group in Pacific Northwest. Excellent coverage, benefits and compensation. First year guarantee and incentives. Outstanding recreational and living opportunities. Area serves as Regional OB-Perinatal referral center. New clinic facilities. Send C.V. or inquiries to Thomas H. Skrinar, M.D., Puget Sound Clinic, 3611 South "D" Street, Tacoma, Washington 98408, or phone collect 206-756-8569 or 206-272-0486 after hours.

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Call 829-0575 or 927-4000.

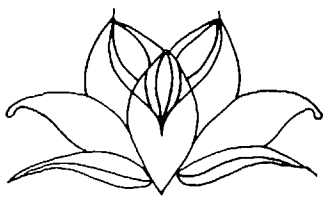
AUXILIARY PAGE continued

SPEAKERS BUREAU

Jo Roller, Pierce County Medical Society Auxiliary representative, needs five to six auxiliary members to assist her with the Speakers Bureau. The Speakers Bureau is a sub-committee of the Society which provides physician speakers to community, civic, service, and other groups that request speakers from the Society. A list of speakers is kept in the Society office. The volunteers' job is to contact physician speakers about speaking requests. Each volunteer will be responsible for about one-two requests per month. Volunteers are also needed to make arrangements for physicians to give brief presentations on News Radio KLAY. Call Jo if you wish to help.

Until next month —

Mary Whyte Lenard



Extraordinarily fine view home in Tacoma's North End. Five Bedroom brick classic on very private ½ acre lot. Very close to major medical centers. Attractive contract terms available. $287,000. Gary Allyn: 752-3565/272-0657

Unusual investment opportunity — Marine view duplex/triplex in Stadium Historic District. Immaculate. $80,000 listed price with $20,000 down-payment — owner contract. **Or** make equity offer. For details & showing, call Mary Steenson: 752-3565/627-7037

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The Golden Age
752-3565

It's no accident.

The fact that our area leads the nation in holding down health care costs is no accident. It's the direct result of voluntary health planning.

Physicians, hospital and clinic administrators and managers, governmental representatives and the public at large have worked together to produce a model health care system in Washington and Alaska. Even health care providers not directly involved in health planning have a say.

The recent trend toward consolidation and joint operation of hospitals...the addition of professional planners to hospital staffs...the recognition of the importance of the relationship between hospitals, physicians and third party payors such as Blue Cross...have also contributed to the success of the system and the containment of health care costs.

We're proud of the success of voluntary health care planning in this area. We're pleased to be part of the process.

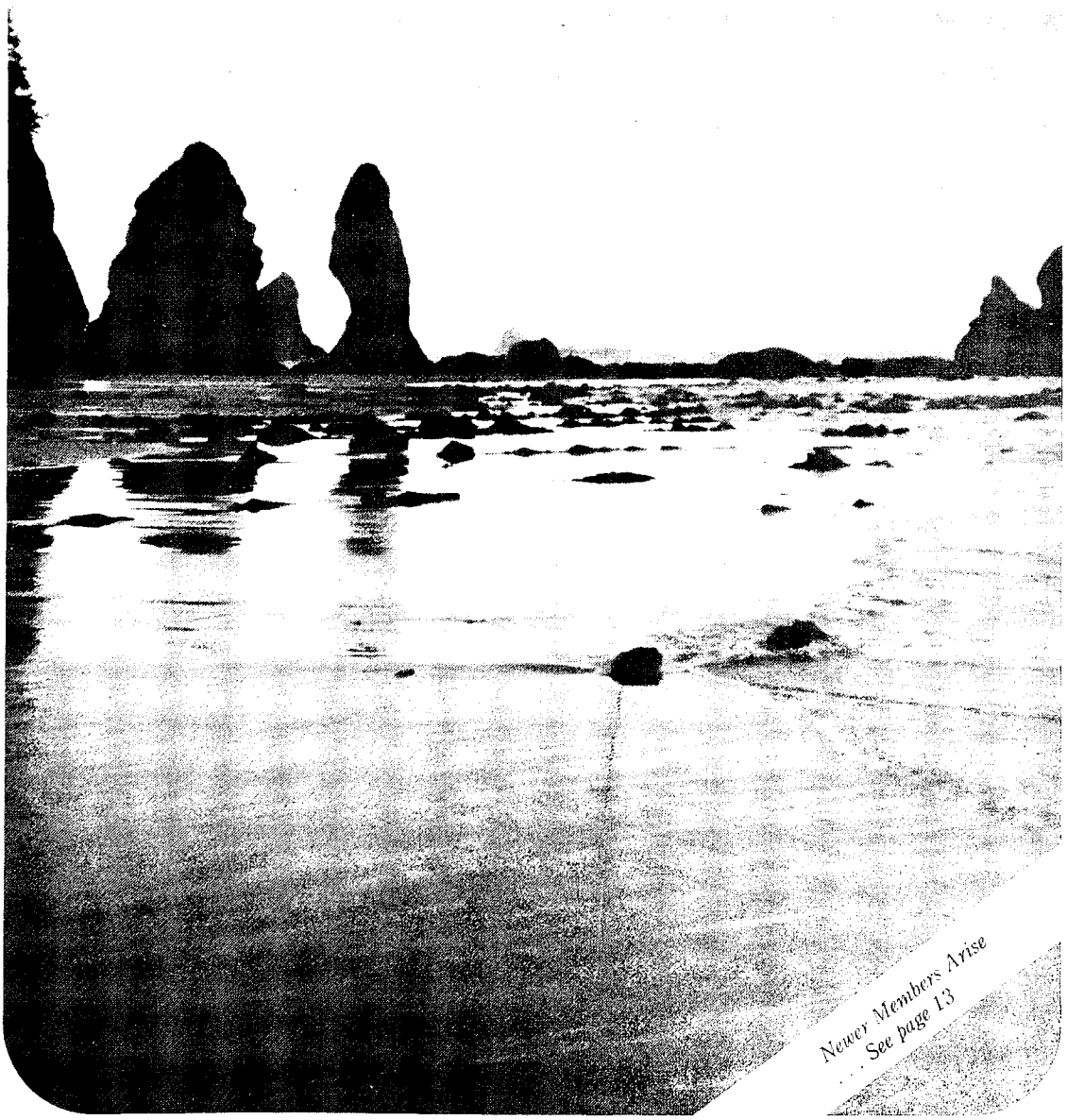
Blue Cross
of Washington and Alaska
Seattle, Spokane, Tacoma, Yakima, Richland, Wenatchee, Anchorage

Good health coverage is up to us. Good health is up to you.

MEDICAL SOCIETY OF PIERCE COUNTY
705 South 9th, Suite 203
Tacoma, Washington 98405
ADDRESS CORRECTION REQUESTED

Medical Society of Pierce County

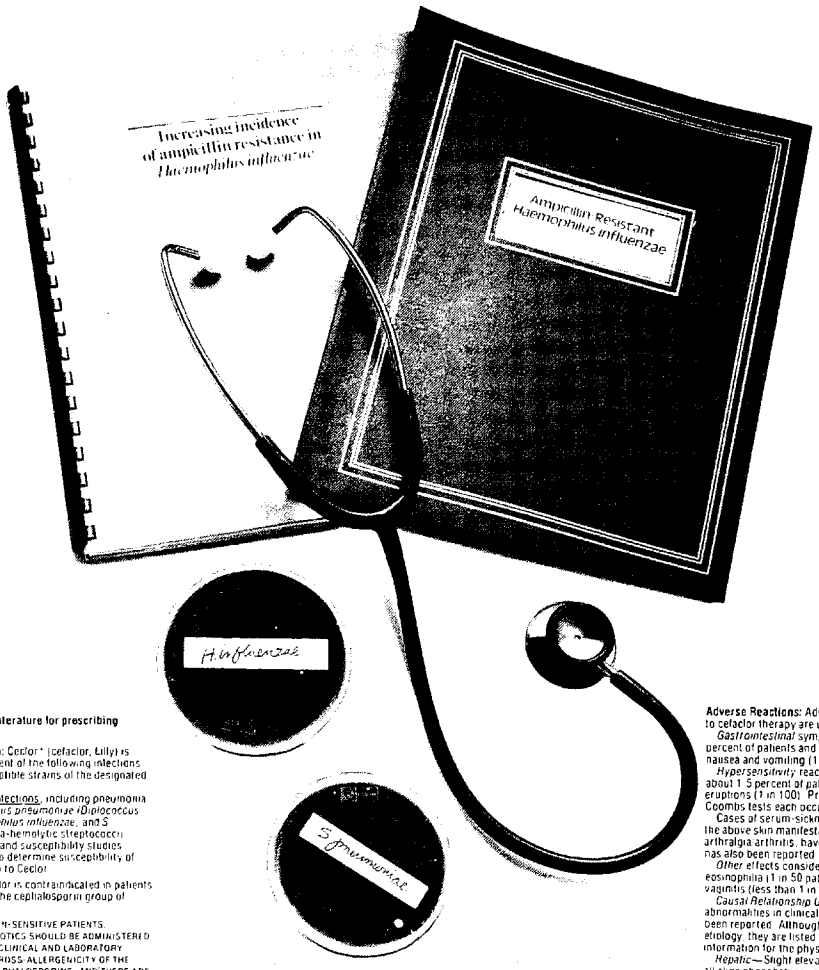
OCTOBER 1981, Vol. LIII, No. 10, Tacoma, Washington



Newer Members Arise . . . See page 13

BULLETIN

An added complication... in the treatment of bacterial bronchitis*



Some ampicillin-resistant strains of Haemophilus influenzae—a recognized complication of bacterial bronchitis*—are sensitive to treatment with Ceclor.[1-6]

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.[7]

Ceclor®
cefaclor

Pulvules®, 250 and 500 mg

Brief Summary.
Consult the package literature for prescribing information.

Indications and Usage: Ceclor® (cefaclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceclor.

Contraindication: Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS TO BOTH DRUG CLASSES (INCLUDING ANAPHYLAXIS AFTER PARENTERAL USE).

Antibiotics, including Ceclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Precautions: If an allergic reaction to cefaclor occurs, the drug should be discontinued and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefaclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Ceclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Ceclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip; USP, Lilly).

Usage in Pregnancy—Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in ferrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

Usage in Infancy—Safety of this product for use in infants less than one month of age has not been established.

Adverse Reactions: Adverse effects considered related to cefaclor therapy are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients.

Cases of serum-sickness-like reactions, including the above skin manifestations, fever, and arthralgia/arthritis, have been reported. Anaphylaxis has also been reported.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain—Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[10/30/80]

*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

Note: Ceclor® (cefaclor) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

References

1. Antimicrob. Agents Chemother., *8*: 91, 1975.
2. Antimicrob. Agents Chemother., *11*: 470, 1977.
3. Antimicrob. Agents Chemother., *13*: 584, 1978.
4. Antimicrob. Agents Chemother., *12*: 490, 1977.
5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), II: 889. Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., *13*: 861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases (edited by G. L. Mandell, R. G. Douglas, Jr., and J. E. Bennett), p. 487. New York: John Wiley & Sons, 1979.

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285

Lilly

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Carolina, Puerto Rico 00630

100061

Contents

COVER
Cover by R. Helm

Society News Briefs

A summary of Medical Society, and local medical and health news

PIERCE COUNTY PHYSICIANS ELECTED TO WSMA LEADERSHIP

At the September 1981 Washington State Medical Association House of Delegates meeting the following Pierce County physicians were elected to leadership positions:

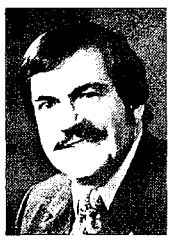
Dr. Stanley W. Tuell, re-elected to serve his 13th term as WSMA Speaker of the House.

Dr. Ralph A. Johnson, re-elected to serve a second term as WSMA Vice President.

Dr. Lloyd C. Elmer, MSPC president-elect, re-elected to serve a one-year term as a WSMA Trustee.

Dr. David S. Hopkins, elected to serve as two-year term as an AMA Delegate.


Dr. Tuell


Dr. Johnson


Dr. Elmer


Dr. Hopkins


Dr. Early

At the September meeting *Dr. James F. Early* concluded his term as a WSMA Trustee. Dr. Early was first elected to the WSMA Board in 1976. He is past president of the Medical Society of Pierce County.

Medical Society President Dr. George Tanbara discusses the State's Medicaid program with Mr. Gerald J. Reilly, director of the Division of Medical Assistance, DSHS. Mr. Reilly spoke at length with physicians at a Reference Committee hearing during the annual House of Delegates meeting.

(continued on page 8)

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405 Telephone: (206) 572-3666 Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is $10.00, which is included in the dues. Non-member subscription, $15.00 per year. Single copy $2.00.

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and The Edwin C. Yoder Memorial Trust

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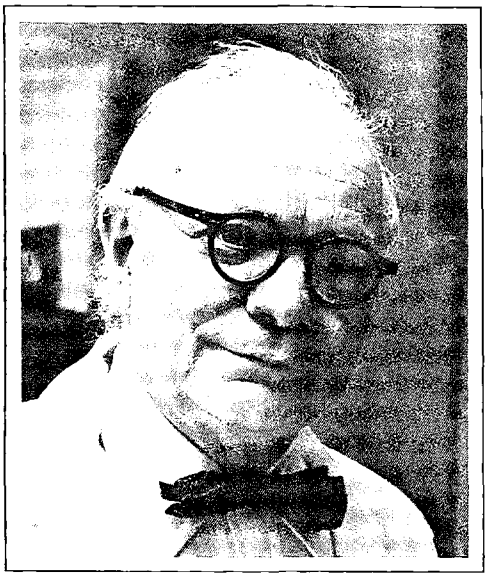
THE EDWIN C. YODER MEMORIAL LECTURE

1981 Guest Lecturer



The Controversies in Diagnosis and Management of Pulmonary Emboli

Eugene D. Robin, M.D.

Dr. Robin has been professor of Medicine and Physiology at the Stanford University School of Medicine since 1970. Before that he was professor of Medicine at the University of Pittsburgh. He is a graduate of George Washington University in Washington, D.C., and interned at Peter Bent Brigham Hospital in Boston where he later served as chief medical resident. He is author or co-author of over 200 papers and has been guest lecturer and visiting professor at a score of institutions including Toronto General Hospital, Washington University School of Medicine (St. Louis), the University of Edinburgh, Duke, Tufts and Harvard Universities and Tripler Army Medical Center in Honolulu.

Friday, November 13, 1981

Schedule

10:00 a.m.	"The Patient First: Decision-making, Iatrodemies and Clinical Management"
12:15 p.m.	Complimentary Luncheon
1:15 p.m.	"Pulmonary Emboli"

Location
5th Floor Center
Old Hospital Building

For Further Information or Reservations
Office of the Medical Director
597-6767

President's Page

George A. Tanbara, M.D.

KIMOCHI — Feelings

The KIMOCHI of the patient, family, physician, other health care providers, office and other hospital personnel, social agencies, and voluntary health agencies all help determine the outcome of a patient's illness or particular encounter with the health profession.

The expectations of each are influenced by the interaction at the time of the encounter. Understanding or misunderstanding, facial expressions, body language, promises inferred, made, kept, or not kept, all influence the outcome.

Of course, the patient would like to have the problem alleviated as rapidly as possible with a quick return to health and a minimal interruption of his current living plans. Nothing is more important than his health when he is not healthy. Technological advances have led him to believe there will always be a means to remove or rectify a condition. Whenever the outcome is not to his satisfaction frustration can be vented against himself or towards others.

The family will expend its efforts and time in support of the patient. Its vexation when a satisfactory outcome is not forthcoming can be turned within itself or be directed towards others.

The physican with the best of training, knowledge, intent and judgement may also feel helpless at times when an unsatisfactory course of events cannot be stopped, slowed or diverted.

Office personnel cannot help but feel that they want not only to share in the responsibility for the care of the patient, but are more than willing to assist the physician in attaining a satisfactory outcome. Less than that is not likely to be dealt with at length.

Hospital personnel willingly accept the challenge of medical catastrophies and soothe worried and grieving families. Fatal outcomes and pressure situations are not conducive to morale. They may be responsible during their shift and worry until their return to work but only the physician has 24 hour responsibility and has the extensive data base from which he can draw upon along with his education to make his decisions and judgement in the care of the patient. At those times, there are twinges of conscience, not only of what more one could have done but also what someone else, physicians included, may have been able to do.

Other health care providers, social agencies and voluntary health agencies multiply the number of contacts a patient or family may have from the simpliest to the most complex medical problem.

How to orchestrate the feelings of the multitude of personalities involved can be a monumental undertaking for anyone. There is a need for an organization with willing members to work towards accomplishing this formidable task. Your Medical Society at the local level, with the expertise of your colleagues serving on numerous committees, tries to steer a course compatible with the feelings of most physicians.

At the state level, active participation by Pierce County physicians, exemplified by Dr. Stan Tuell, re-elected again as speaker of the WSMA House of Delegates, helps improve the health of Washington by encouraging physicians to practice good medicine and by helping to promote productive interaction with other groups that influence health care. At the WSMA meeting in September it was made abundantly clear that no individual can cloister himself and be oblivious of other highly intelligent non-physicians who have equal concerns for the patient, family, and community. They also are articulate and many times give guidance and insight to physicians who may feel no one else has or understands the physicians' problems. Education of the public was made a high priority at the September meeting.

Nationally, Dr. Dave Hopkins was elected to be an AMA delegate from Washington State. In terms of absolute numbers, Washington's representation at the AMA House of Delegates is small compared to other states, but our impact is much greater due to the tireless representation of our AMA delegates. Their effectiveness is made all the more greater with support from the county and state societies. Physicians as individuals can never mount even a small fraction of this type of representation.

Also elected at the annual WSMA meeting were Drs. Ralph Johnson, elected to a second term as WSMA vice president, and Lloyd Elmer, elected to a second term as a WSMA trustee.

The KIMOCHI of the Medical Society of Pierce County, Washington State Medical Association, and the American Medical Association is developed from individual physicians and is reflected in their actions. Many active members are needed to continue to give organized medicine the verve and vitality necessary to have everyone hear its loud voice.

The KIMOCHI in an organization should and must be yours.

GAT

CONGRATULATIONS TO VERNON O. LARSON, M.D., WINNER, 1981 WSMA TENNIS TOURNAMENT!!

It's no accident.

The fact that our area leads the nation in holding down health care costs is no accident. It's the direct result of voluntary health planning.

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We're proud of the success of voluntary health care planning in this area. We're pleased to be part of the process.

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COLLEGE OF MEDICAL EDUCATION

1981-82 Academic Year

A = Allied Health Personnel
P = Physicians
( ) = Credited Hours

Date	Course Topic/Credits	Coordinator(s)
October		
5, 6, 7, 8	SPECIAL PROBLEMS OF S.E. ASIAN PEOPLE (8)P/A	R. Ratigan, M.D.
20, 27	FAT — WHO ME? (6)A	D. Case, R.D.
21	THE PATIENT NOBODY WANTS (6)A	AHPEC
November		
7	ETHICAL CONCERNS ASSOCIATED WITH MODERN MEDICINE	P. Schneider, M.D.
19	HYPERALIMENTATION (8)P/A	D. Case, R.D.
12, 19	WHY DO I WORK? STRESS? MOTIVATION? Time Management (12)A	B. Granquist, R.N.
21	SCREENING (7)A	P. Zurfluh, R.N.
January		
open	PRACTICAL PATIENT ASSESSMENT (16)A	B. Granquist, R.N.
7, 8, 9	ADVANCED CARDIAC LIFE SUPPORT (16)P/A	T. Kendrick, M.D./ K. Dier, R.N.
23	THE LAW & MEDICINE (7)P	D. Pearson, M.D.
February		
18	NEUROLOGY CONFERENCE (8)A	R. Dickman, B.S.N./N. Sender, R.N.
20	PERIPHERAL VASCULAR DISEASE (P)7	T. Apa, M.D.
25, 26	BURNS (16)P/A	John Kennedy, M.D./B. McDonald, R.N.
March		
5, 6	EMERGENCY MEDICINE (16)P/A	T. Kendrick, M.D.
11, 12	TACOMA ACADEMY OF INTERNAL MEDICINE Annual Meeting (16)P	J. Fry, M.D.
20	DAYS OF PEDIATRICS Infectious Diseases (16)P/A	R. Scherz, M.D.
open	SURVIVOR PERSONALITY (5)A	AHPEC
April		
15, 16	INTENSIVE CARE (P)14	B. Weled, M.D.
23	SURGICAL CLUB — Annual Meeting (10)P	H. Kennedy, M.D.
30	T.G.H. — 100th Birthday (6)P	D. Houtz, M.D.
May		
20, 21, 22	3rd ANNUAL CARDIOLOGY CONFERENCE (16)P/A	G. Strait, M.D.
20	ESTROGEN CONTROVERSY (4)P	J. Sakakini, M.D.

(Programming is subject to change — individual notices will be sent prior to each program)

MSPC COMMITTEE FOR CONTINUING MEDICAL EDUCATION

Robert Modarelli, M.D., Chairman
Herbert Zimmermann, Jr., M.D.
Alan Tice, M.D.
Robert Scherz, M.D.
Roger Meyer, M.D.
Harold Johnston, M.D.
H. Irving Pierce, M.D.
James G. Billingsley, M.D.
D. Terry Kendrick, M.D.
Edmund Kanar, M.D.
Dudley Houtz, M.D.
Carl Gerber, M.D.
James Gillespie, M.D.
Robert Reeves, M.D.
Robert Ettlinger, M.D.
Thomas Clark, M.D.
Theodore Apa, M.D.
Toshio Akamatsu, M.D.
K. David McCowen, M.D.
Ms. Maxine Bailey
Mr. Thomas Curry

SOCIETY NEWS BRIEFS continued

WSMA HOUSE ACTS ON PIERCE COUNTY RESOLUTIONS

Several resolutions reviewed by WSMA Reference Committees and referred to the House of Delegates for final action were sponsored by Pierce County. Resolutions from Pierce County passed at the September 23-27 meeting were:

Immunization—Day Care Centers: Encourages physicians to continue to assist patients in obtaining original certificate of immunization status forms as required for school files.

Immunization—Beyond Age Twelve: Directs the WSMA, in cooperation with the DSHS, to develop an immunization education program to encourage all individuals to obtain proper immunization and to support appropriate legislative and regulatory changes to implement such a program if necessary.

Providing Access To Quality Care For All: Directs the WSMA through its membership to continue to strive to provide high quality medical care for all citizens regardless of ability to pay.

Maintaining the Office of Director of Health Service Within the Office of the Superintendent of Public Instruction: Directs the WSMA to urge, and work for, the continuation of the position of the Director of Health Services.

WSMA Support of the Establishment of Maternal and Child Health Administration: Directs the WSMA to support state efforts consistent with federal establishment of the Maternal and Child Health Administration within the Department of Human and Health Services.

MSPC REPRESENTED BY FULL, DIVERSE DELEGATION

Pierce County continued its record of active House of Delegates representation at the 1981 WSMA annual

(Left to right) Pierce County Delegates Drs. Vern Larson, Walt Arthur, and Bob Lane review a Reference Committee report at one of the MSPC delegation's breakfast caucuses.

MSPC Delegates Drs. Ron Spangler, Ted Baer, and MSPC President-Elect Dr. Lloyd Elmer (left to right) were among 18 physicians representing Pierce County at the House of Delegates meeting.

meeting. The following physicians, in addition to the WSMA leaders from Pierce County, represented local physicians: Drs. George Tanbara, Myra Vozenilek, Robert Lane, Bruce Buchanan, Vernon Larson, Charles Anderson, Ron Spangler, Joseph Lloyd, Roy Virak, Walter Arthur, Ted Baer, and Jim Krueger. At the meeting, Drs. George Tanbara and Lloyd Elmer served on Reference Committees B and D, respectively.

FREE STOMA CLINIC PLANNED

The Medical Society has agreed to co-sponsor with Everett, Tacoma, Seattle Enterostomal Therapists (ETS) a free one-half day clinic for Stoma patients. The clinic has been scheduled for Saturday, March 6 and will be held at Tacoma Community College (room to be announced).

It is anticipated the program will run from 10:00 a.m. to 2:00 p.m. and will include: Displays of stoma equipment now available; classes taught by enterostomal therapists instructing patients on skin care, irrigation and ileostomy management; and, free stoma evaluations by ET's.

The clinic will be promoted thoughout southwest Washington. Physicians are encouraged to make their patients who have undergone an ostoma surgery aware of the clinic. Additional information is available from the Medical Society office.

PHYSICIANS VOTED INTO MEMBERSHIP

Three provisional members were voted into Medical Society membership at the October Board of Trustees meeting. They are: Drs. James L. Littlefield, Edmund E. Lewis, and J. Tim McNair.

DR. DUERFELDT JOINS 50 YEAR CLUB

Dr. Treacy H. Duerfeldt, Tacoma, was installed as a member of the 50 year Club of the Washington State Medical Association during the WSMA Annual Meeting in Spokane. Dr. Duerfeldt was recognized for having begun the practice of medicine 50 years ago.

An allergist, Dr. Duerfeldt has practiced in Tacoma since 1931. He graduated from Rush Medical College, Chicago, in 1929 after receiving a masters degree in pathology from the University of Chicago. He did his internship and residency at Los Angeles County Hospital.

Dr. Treacy H. Duerfeldt, left, receives his Fifty Year Club pin from State Medical Association Incoming President Dr. Don Keith. Dr. Duerfeldt was one of two physicians installed in the WSMA's Fifty Year Club during the annual House of Delegates meeting in Spokane.

In 1931 Dr. Duerfeldt promoted and organized the first scientific exhibits to be presented at an annual meeting of the WSMA. Dr. Duerfeldt is a member of local, regional and national chapters of the American Society of Internal Medicine, American College of Allergists, and National Mental Health Association. He is a fellow of both the American College of Physicians and College of Allergists and recently received an award of merit from the latter.

ELIMINATION OF MEASLES UPDATE; YOUR HELP IS NEEDED

It is a goal of the United States to eliminate indigenous measles in this country by October, 1982. This appears to be a realistic target, judging from the decline in occurrence of measles cases since 1980. In the U.S., from the first of the year to mid-September, there have been only 2,668 measles cases. In a whole year, in Washington State, there has not been one case of indigenous measles (three cases were imported from foreign countries but did not spread).

Efforts to interrupt measles transmission have met with even greater success than anticipated. A major factor has been Washington's new immunization law first implemented in 1979.

Physicians are reminded of the importance of informing parents about immunizations, seeing to it that immunization schedules are completed, and keeping and providing parents with accurate records. In order to continue to achieve this fine level of success, private physicians must report promptly by telephone any suspected case of measles. Susceptibles among well contacts must be identified; records of day care centers

(continued on page 11)

WHAT'S NEW — AND USEFUL

Ed Wood, M.D. Ph.D.

With almost daily announcements of technological "breakthroughs" leading to more esoteric and complex probing of our inner genes, it is sometimes difficult to catch-up on what's new for old test problems. How long has it been, for example, since you ordered an O and P to evaluate a persistent case of diarrhea or wondered about your world traveler patient who picked up a critter in Zimbawee, but what kind of critter?

Well, there's a brand new technology that is rapidly replacing the microscope in diagnosing parasitic infestations ranging from amoebiasis to trichinosis. It's called ELISA, which stands for Enzyme-Linked Immunosorbent Assay. Briefly stated, the procedure utilizes an enzyme tag as contrasted to an isotope in radio immune assay (RIA). In actual use a microtitration plate is coated with specific antigen which is then exposed to the patient's serum. If the suspected antibodies (human globulin) are present, an antigen-antibody reaction occurs. The amount of antibody is then quantitated by adding anti-human globulin tagged with an enzyme which subsequently reacts with an appropriate substrate to produce a colored reaction product which is read on a colorimeter.

If the technique is modified by using specific antibody, then the actual antigen can be identified during the acute phase of infestations. This modification has already been successfully applied to the identification of amoeba in stool specimens. If you've ever experienced the frustration of an exhaustive microscopic search of a stool prep for amoeba, you will appreciate the significance of this approach. It is considered five to ten times more sensitive than a conventional ova and parasites examination.

It is apparent that the usefulness of ELISA depends on the availability of pure antibody and antibody and antigen reagents. If you're up on your *Bulletin*, you will have already guessed that hybridomas with their "immortal" antibodies will produce not only reagent grade, highly specific antibodies in unlimited amounts, but will purify the antigens as well with immuno-absorbent columns — okay?

One of the first applications of ELISA was to detect trichinosis in pigs. The system was so successful that is was quickly automated and is now widely used. The test is equally applicable to humans, of course, and a lot more simple than muscle biopsy. Just remember ELISA when that McCleary bar hunter comes in.

One of the diagnostic problems with all serological tests is differentiating old infections with residual antibody levels from an acute process. In parasitology an

interesting approach is being applied to schistosomiasis which utilizes specific antigen prepared from the cercariae and from the adult worms. In the acute case the cercarial antigen has higher reactivity than the adult antigen with the converse occuring in the chronic case.

ELISA is now routinely used for screening perinatal infections in the so-called TORCH panel — Toxoplasmosis, Rubella, Cytomegalovirus, Herpes virus — all four agents are now detected by a single ELISA procedure.

ELISA has become the procedure of choice for ocular toxocariasis to differentiate this infestation from retinoblastoma. The test is highly specific at titers as low as 1:2 and 1:4.

The future applications of ELISA technology in parasitic diagnosis is almost unlimited. The parallel development of monoclonal antibodies will rapidly expand the availability of diagnostic reagents. In relatively short order look for a screening panel to evaluate your eosinophilic patient and his uninvited guests.

One of the interesting aspects of ELISA is its availability in kit form complete with reagents, controls and titration plates. The techniques will therefore be available in your local laboratories. They will cost less, however, and be performed with more accuracy if they are all performed in one facility — any *one* facility. Think about it.

Follow-up note: did you notice that Cesar Milstein was awarded one of the annual General Motors Cancer Research Foundation grants for his hybridoma discoveries considered as one of the most important biological advances of the past decade. That award — $100,000.

Next time: What's New — and Useless.

Ed Wood, M.D., Ph.D.

Letters

To: Dr. George A. Tanbara, president

Dear George:

Congratulations on your recent (GAMAN) editorial. It was marvelous and I hope many doctors read it and do as you say!

You are doing the medical profession a great service by serving as our president.

Keep up the good work.

Sincerely,
Charles P. Larson, M.D., J.D., FCAP, FCLM

SOCIETY NEWS BRIEFS Continued

and schools will have this information. Plans must be made to protect these individuals through vaccination or other means such as gamma globulin. If there is an outbreak, identified or suspected susceptibles will be excluded from schools and day care centers until they can provide proof of vaccination or immunity.

Vivian Harlan, M.D., Member,
MSPC Public Health/School Health Committee
Director of Health Services,
Office of the Superintendent of Public Instruction

THE 50TH ANNUAL WSMAA CONVENTION — AND START GETTING READY FOR THE HOLIDAYS

"AND THEN THERE WAS THE SPOKANE CONVENTION"

On Wednesday, September 23, nine delegates from the Pierce County Medical Society Auxiliary left home by auto and plane and headed toward eastern Washington.

On Thursday morning the 50th Annual House of Delegates session opened. The 1981-82 Nominating Committee was elected. Of the seven members, two are from Pierce County: Marny Weber, representing the House of Delegates, Southwest Region; and, Jo Roller, representing the State Board of Directors. Jo was also elected southwest regional vice president and Nancy Spangler is our new recording secretary, State Auxiliary Board.

Pierce County was the proud winner of three awards: The AMA-ERF Award for the highest Auxiliary contribution; the Shape-Up-For-Life Fitness Award for the greatest number of participants; and, a March of Dimes award for the Project Awareness video-tape.

The day ended with a birthday dinner and comical review of the past presented by the Spokane County Medical Society Auxiliary. Most of our delegates were dressed in old hats and gloves as part of the 50th anniversary celebration. We looked terrific and have the photographs to prove it!

On Friday, we attended a "Life Planning, Male/Female Season" seminar conducted by Alene H. Moris of the Individual Development Center, Inc. (Seattle). Later we joined the WSMA members for a socio-economic session. Our new state officers were installed at a luncheon. The afternoon gave us time to see Spokane or attend educational health project workshops.

The New Presidents' Reception Friday evening gave us an opportunity to greet the incoming WSMA and WSMAA presidents. The convention closed on Saturday and the nine delegates from Pierce County returned a little weary but feeling good about the Auxiliary; its purpose and members, and about the new friends we had made.

AMA-ERF PROJECT

The AMA-ERF holiday greeting project is underway. If you have not yet received your letter explaining the Christmas card, as well as the request for your donation, you will shortly. Congratulations are again in order for the Pierce County Medical Society Auxiliary. We will receive the award for the largest amount donated to the American Medical Association-ERF! Your support is greatly appreciated and counted on by the students and deans of medical schools. Please send your 1981 donation to Sharon Lawson by November 1.

HOLIDAY GREETING CARDS

The holidays are fast approaching. You can assist AMA-ERF through purchasing your personal Christmas cards from either the Virginin Lyons Collections or the Francoise Company. AMA-ERF receives 40% of all card sale proceeds. Personalized stationary also is available. Lee Jackson has samples for you to review. Call her at 1-857-4390 to set a time to browse through the samples.

NEWCOMERS WELCOMED

Three coffees were held in September to welcome new and prospective Auxiliary members. Our warmest welcome was extended to about 20 individuals. Gift bags given to the newcomers were stuffed with such "goodies" as the Auxiliary Cookbook, maps, Tel-Med information and other things. A special "thank you" is due to the Newcomers Committee, Mary Schafferle and Alberta Burrows, and to the hostesses, Mary Rinker (Puyallup), Virginia Miller (Tacoma), and Cathy Schneider (Gig Harbor). "Thank you" also to the big sisters who made being new easier.

MEMBERSHIP BOOK AND DUES

Our thanks are extended to Sharon Lukens for the good job done on the 1981-82 Membership Book. By the end of September almost 100 members had paid their dues for this year. If you were not one of those marked "paid," dues are still being accepted and welcomed. Send your check for $34.50 to Mary Whyte Lenard, Rt. 1, Box 1047, Buckey, WA 98321.

For those of you who have paid your current dues and did not attend the October meeting, pick up your membership book at the November meeting to save mailing costs.

TELEPHONE COMMITTEE

Judy Robinette, 582-2917, and Donna McLees, 1-857-6260, chairmen of the Telephone Committee, need more volunteers to assist with contacting members. This is our "hot line" and it needs your help!

HEALTH FAIR

Margaret Grandquist, Health Fair chairman, reports that we will again have a booth at the Health Fair which will be held at the Tacoma Mall late in January or early in February. It is a fun project that gives Auxiliary a good deal of visibility. If you would like to serve on the Health Fair Committee or staff the booth (for about two hours) please call Margaret at 845-4745.

AUCTION! AUCTION! AUCTION!

Plans for our 1981-82 fund raiser have been finalized. Helen Whitney, auction chairman, reports that we now have a location for the auction to be held on January 23. It will be held at the Commons at Charles Wright Academy. Two of the donations that have been secured are: Two waitresses for your cocktail or dinner party; and, a luncheon for 6 aboard a 27 foot sloop. Start thinking about your talents, time and treasures for the Auxiliary Auction.

JOINT HOLIDAY DINNER DATE CHANGE

Change your calendar now for the December Joint Medical Society-Auxiliary Dinner Meeting. It will be held on Tuesday, December 15 (not December 8) at the Bi-Centennial Pavillion. Invitations will be in the mail soon.

(continued on page 15)

Guest Editorial

NEWER MEMBERS ARISE, UNITE

For the past two years I have had the privilege of sitting on the Board of Trustees of the Medical Society of Pierce County. When initially approached to be nominated for the board, I was ambivalent as I was already serving on a variety of committees and I frankly had reservations about the productivity of the Medical Society.

I since have come to realize that the Society serves a variety of important functions and that those of us elected to represent the membership are given substantial responsibility. As a member of the board, I automatically became a delegate to the annual Washington State Medical Association House of Delegates Meeting. I was very impressed with the quality of the participants and the legislation enacted at the meetings held during my tenure.

Locally, the Society sponsors a wide variety of committees and oversees a number of programs affecting all of us. The board meeting provides an open forum where active discourse is encouraged. Unanimity among the members is by no means assumed. Virtually no subject is sacrosanct and at times controversy precludes successful resolution of problem areas. In spite of this, the Society's direction is consistently forward.

It is for these reasons, that I am compelled to write to the membership. The Medical Society of Pierce County has 533 active members. Of this number, 149 have been in practice less than five years. In contrast, the mean years of membership among the 12 board members is 20 years. During the past two years, I was the only individual representing physicians in practice less than ten years.

I would hope that the next assumption is not that I am critical of the representation on the board, for that is not the case. If I were to direct criticism, it would be toward those of us in practice for less than five years. We have often been faultfinding of the board and the Medical Society without becoming actively involved and/or suggesting reasonable alternatives.

My plea in writing this for the *Bulletin* is to urge the nomination of newer physicians for office and then to urge your support of them in the elections. Since those of us in practice less than five years are a significant component of the Society's membership, it is time we exercise more influence over policy and the direction the Society is to take in the future. The decisions made today will far outlive those soon to retire. Let us nominate and elect representation that will speak for us both now as well as in the years to come.

Bruce Buchanan, M.D.

ETHICAL CONCERNS ASSOCIATED WITH MODERN MEDICINE

Saturday, November 7, 1981
University of Puget Sound — Law School

A program for physicians and interested health care personnel

CATEGORY I Credits: 7 hours

As an organization accredited for continuing medical education, the College of Medical Education, Inc., certifies that this offering meets the criteria for seven credit hours in Category I for the Physicians Recognition Award of the American Medical Association and for the relicensure requirements of the Board of Medical examiners of the State of Washington.

ALSO

Accredited by the American Academy of Family Physicians for seven credit hours—Category I (Prescribed)

8:30	THE ETHICAL DELIMAS OF MODERN MEDICINE	*Charles Brodemer, Ph.D.* *Professor & Chairman, Bio-Medical History* *University of Washington School of Medicine*
9:20	Question/Answer	
9:30	ETHICAL PROBLEMS FOR ALLIED HEALTH PROFESSIONALS	*Ruth Purtilo, R.P.T., Ph.D.* *Associate Professor* *Health Care Ethics & Humanistic Studies* *Mass. General Hospital, Boston*
10:20	Question/Answer	
10:30	Break	
10:45	THE THERAPEUTIC ALLIANCE More Than Dx & Rx	*Brian Goodale, M.D.* *Internist — Oncologist, Seattle*
11:20	Question/Answer	
11:30	Lunch — Judges Judical Annex	
	Presentation: JUSTICE and LIBERTY Implications for Humane Health Care	*Ruth Purtilo, R.P.T., Ph.D.*
2:00	ETHICAL DECISION MAKING A Practical Approach	*Darrell Reecke, Ph.D.* *Professor & Chair* *Department of Religion* *University of Puget Sound*
2:35	Question/Answer	
3:00	WORKSHOPS — CASE PRESENTATIONS	
4:00 to 4:30	REGROUP, REVIEW CONCLUSIONS OF CASE DISCUSSIONS Question/Answer	*Charles Brodemer, Ph.D.*

Program Coordinator: Paul D. Schneider, M.D.

SPONSORED BY:

The Committee for Continuing Medical Education of the Medical Society of Pierce County
College of Medical Education, Inc.

To be held at:

University of Puget Sound
Law School

Registration fee (lunch included): $60 Medical Society of Pierce County members, $75 non MSPC members, $35 all other health care personnel. Paid preregistration would be appreciated before November 1, 1981. This program is subject to cancellation if less than the minimum number of participants have registered by November 1, 1981. Please address all registrations and correspondence to:

Maxine Bailey, Executive Director
College of Medical Education, Inc.
Medical Society of Pierce County
705 South 9th, #203
Tacoma, Washington 98405
Phone: 627-7137

Interprofessional Committee

"LOOK-ALIKES" MAY NOT BE REALLY ALIKE

Recently, several so-called pharmaceutical firms have popped up that are manufacturing pills that look like amphetamines or like valium or like Tylenol #3 except that they contain no amphetamines or no valium or no Tylenol #3. And, they can cost as much as $117.00 per thousand for the ingredients, often starch or sugar which costs about $2.00 per thousand to manufacture.

In some states, and fortunately Washington State is one of them, to sell or even give away a pill which is represented as a controlled substance is a violation of the law, and such a person can be subjected to a fine or imprisonment or both. Unfortunately, due to the recent reductions in government spending, there are only two Drug Enforcement Agency investigators in the Pacific Northwest.

This makes it even more mandatory that we are careful, as physicians, to prescribe controlled substances with careful discretion. Our friends the professional pharmacists are ready and willing to help us control this problem.

ABOUT THOSE WEEKEND CALLS...

How about the patient who calls you on a week-end when you are on call for several others of your group and asks you for a controlled substance such as ASA with Codiene? Don't give him enough until his personal physician returns on Monday for if you do, he may receive like prescriptions from six other physicians and his supply will be renewed. Prescribe a non-controlled drug and tell him that if that drug does not control his pain he should go to the Emergency Room.

FORGED PRESCRIPTION PROBLEMS INCREASING

With the influx of so many new faces into the medical community, the problem of the forged prescription is rapidly increasing. Don't leave your prescription blanks where patients can pick them up. And while most of the pharmacists recognize our signatures on our prescriptions, if there is any doubt they will inform the patient that they must confirm the prescription with the doctor. If the prescription is a forgery, the "patient" will leave the store immediately. If not, he won't mind waiting for your confirmation. Your pharmacist can spot them easily this way.

Don't forget to check the credentials of anyone you may hire as a nurse or office employee. Failure to do so has cost more than one physician embezzeled money.

Such are the deliberations of your Interprofessional Committee composed of physicians, dentists, pharmacists and other health care professionals. We meet quarterly to discuss common problems and to try to find solutions. Anyone in any of the three societies wanting to attend one of our meetings is most welcome. Just call me and I will inform you of the date and time of the next one. Sorry, though, you'll have to pay for your own breakfast!

Herman S. Judd, M.D.
Chairman

AUXILIARY PAGE continued

NOVEMBER GENERAL MEETING; GET READY FOR THE HOLIDAYS!

The November program will feature a potpourri of holiday entertaining ideas as Betsy Snodgrass demonstrates her cocktail buffet delights. The meeting will be held at the home of Mrs. Peter Kesling, Gig Harbor.

SPECIAL NOVEMBER 10TH MEETING

A special invitation has been received from Madigan medical officers wives to hear Booth Gardner, Pierce County executive, speak on "Life in Pierce County in the 80's." The Ft. Lewis Officers Club will be hosting the 11:30 a.m. social hour and noon luncheon (pay at the door).

Please make your reservations through Betsy Buck, 588-6548, by 12:00 noon November 6, 1981. Cancellations will be accepted no later than 12:00 noon November 9, 1981.

Mary Whyte Lenard

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE

Alan D. Mease, M.D., Pediatrics. Born in College Park, PA, 8/9/46; University of Missouri School of Medicine, Columbia, MO, 1973; internship and residency, Fitzsimons Army Medical Center, Denver, CO, 1973-75; hematology/oncology residency, Walter Reed Army Medical Center, 1975-77; State of Washington license, 1980. Has applied for associate membership. Dr. Mease is currently practicing at Madigan Army Medical Center, Tacoma.

Maurice E. Lindell, M.D., General & Thoracic Surgery. Born in Warren, PA, 11/25/30; University of Pennsylvania School of Medicine, 1956; internship, Presbyterian Hospital, Philadelphia, 1956-57; residency in general surgery, Letterman Army Medical Center, San Francisco, 1959-63; residency in thoracic surgery, Fitzsimons Army Medical Center, 1966-68. State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Lindell is currently practicing at B-5010 Allenmore Medical Center, Tacoma.

George G. Johnston, M.D., Cardiac, Thoracic & Vascular Surgery. Born in Las Vegas, NV, 1/11/43; University of Tennessee, 1969; internship, straight medicine, Baptist Memorial Hospital, Memphis, 1969-70; residency, general surgery, University of California, San Diego, 1972-78; residency, cardiopulmonary surgery, University of Oregon, Portland, 1979-81; cardiac surgery, D.S. Sharp Memorial Hospital, San Diego, 1978-79. State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Johnston is currently practicing at B-5010 Allenmore Medical Center, Tacoma.

Thomas A. Heller, M.D., Family Practice/Public Health. Born in Washington, D.C., 8/3/48; University of Illinois, 1974; internship, Jewish Hospital of St. Louis, 1974-75; residency, University of Iowa, 1977-79; University of Washington School of Public Health, 1979-81. State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan, Lakewood General, St. Joseph and Tacoma General hospitals. Dr. Heller is currently practicing at Eastside Community Clinic, Tacoma.

Donald E. Maurer, M.D., Emergency Medicine. Born in Little Rock, Ark., 2/1/48; University of Arkansas for Medical Sciences, 1976; internship, Medical College of Virginia, Richmond, VA, 1976-77. State of Washington license, 1981. Has applied for medical staff membership at Lakewood General and Tacoma General hospitals. Dr. Maurer is currently practicing at Lakewood General and Tacoma General hospitals.

David M. Brown, M.D., Family Practice. Born in Oak Park, IL, 5/25/50; University of Health Sciences/The Chicago Medical School, 1978; internship, The Doctor's Hospital, 1978-79; residency, The Doctor's Hospital/Swedish Hospital, Seattle, 1979-81. State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctor's, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Brown is currently practicing at 1212 So. 11th St. #37, Tacoma.

William F. Roes, M.D., Family Practice. Born in St. Louis, MO, 12/17/50; Washington University School of Medicine, 1978; internship, Virginia Mason Hospital, 1978-79; residency, Tacoma Family Medicine, 1979. State of Washington license, 1978. Has applied for medical staff membership at Allenmore, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Roes is currently practicing at A-314 Allenmore Medical Center, Tacoma.

Scott L. Havsy, D.O., Family Practice. Born in Brooklyn, NY, 5/4/53; College of Osteopathic Medicine & Surgery, 1978; internship, Madigan Army Medical Center, 1979-80. State of Washington license, 1980. Has applied for medical staff membership at Good Samaritan and Puget Sound hospitals. Dr. Havsy is currently practicing at 1410 Meridian S., Puyallup.

SECOND NOTICE

Michael L. Halstead, M.D., Family Practice. Born in Philippi, W. VA, 1949; West Virginia University School of Medicine, Morgantown, W. VA, 1975; internship and residency, Dwight David Eisenhower Army Medical Center, Ft. Gordon, GA, 1975-78. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Doctors, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Halstead is currently practicing at 1624 So. I Street, Tacoma.

Gregory P. Schroedl, M.D., Emergency Medicine. Born in Everett, WA, 1949; University of Washington School of Medicine, 1974; internship, University of California, San Diego, 1974-75; residency, UCSD, 1975-76 and LAC-USC, Los Angeles, 1977-79. State of Washington license, 1979. Has applied for medical staff membership at St. Joseph Hospital. Dr. Schroedl is currently practicing at St. Joseph Hospital.

Joseph Sakakini, Jr., M.D., Ob-Gyn/Maternal-Fetal Medicine. Born in Norfolk, VA, 1932; Medical College of Virginia, Richmond, 1959; internship, Norfolk General Hospital, 1959-60; residency, Ireland Army Hospital, Fort Knox, Ky., and William Beaumont Army Hospital, El Paso, Texas, 1963-67. State of Washington license, 1980. Has applied for medical staff membership at Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Sakakini is currently practicing at 314 So. K Street, Tacoma.

Ronald H. Hodges, M.D., Ob-Gyn. Born in Sedalia, MO, 1948; University of Missouri, Columbia, School of Medicine, 1975; internship and residency at Madigan Army Medical Center, 1975-79. State of Washington license, 1980. Has applied for medical staff membership at Allenmore, St. Joseph, and Tacoma General hospitals. Dr. Hodges is currently practicing at 1811 So. K Street, Tacoma.

Classified

Classified and announcement copy may be mailed to: Grawin Publications, 1020 Lloyd Building, 603 Stewart Street, Seattle 98101, or phoned to Seattle (206) 223-0861. 50¢ per word; $10 minimum charge. Check must accompany copy.

OB/GYN: A multi-specialty group practice in Tacoma seeks employment, with partnership opportunity, of OB/GYN physician; excellent benefits and compensation — guarantee and incentive. For information call Don Reddington, (206) 627-9151, or write, P.O. Box 5467, Tacoma, Washington 98405.

FOR SALE

G.E. X-RAY EQUIPMENT

X-ray film hangers (6-2 each size)
Developing Tanks
Film Dryer
Film Bin with Films
Wall mounted chest X-ray holder
X-ray file
G.E. Timer
Safe Light

LABORATORY EQUIPMENT

Sterilizer—Market forge STM-E
Incubator, Thelco, Model #2
Balance (2), Van Waters and Rogers
Card Test Rotater, Hynson-Westcott
ALL HARDLY USED — ALMOST NEW CONDITION. Call 759-1486.

UNION AVENUE MEDICAL-DENTAL CENTER — Space available for lease, approx. 840 sq. ft. Available Sept. 1 (near Allenmore Hosp.) Call 752-6336 (Mon.—Thurs.) Tacoma

WANTED PEDIATRICIAN, OB-GYN AND FAMILY PRACTITIONER. To join Multi-speciality group in Pacific Northwest. Excellent coverage, benefits and compensation. First year guarantee and incentives. Outstanding recreational and living opportunities. Area serves as Regional OB-Perinatal referral center. New clinic facilities. Send C.V. or inquiries to Thomas H. Skrinar, M.D., Puget Sound Clinic, 3611 South "D" Street, Tacoma, Washington 98408, or phone collect 206-756-8569 or 206-272-0486 after hours.

ELECTROLYSIS

Helene Black, R.E.

3509 S. 14th St., Tacoma 98405 759-1151

Member: Washington State Electrolysis Assn. and Electrolysis International Assn.

Trained: Kree International Institute of Electrolysis, N.Y. and Wilshire Blvd. School, Los Angeles

DYNAMIC INNOVATIVE PSYCHOTHERAPEUTIC group is looking for a psychiatrist or psychologist to join the practice and share expences. In the south Seattle area, well established practice, growing community. Call Maria E. Pietrzyk, M.D. 255-0920 Maxine, Sec.

JACKSON HALL MEDICAL CENTER. Space available for lease across from Tacoma General Hospital. Design and finish to your requirements. Variable lease rate if desired. Call 627-0031.

PUYALLUP, Medical space in new building now occupied by dentist and pediatrican. Lease terms. Interior finished to suit. Mr. Rake 848-5511 or 845-1278 evenings.

VACATION RENTAL: Friday Harbor, waterfront condo, 3 bedroom, 2 bath, WID, completely furnished, moorage, 23' cruiser available, seasonal rates. Call 572-2134 or (1) 378-2909.

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PROFICIENT INVESTORS — Gig Harbor area. 1 to 4 duplex sites, all or part, excellent light and location, builder/owner with custom homelike plan and good reputation. Needs presale or joint venture with or without buyout option. Management and maintenance program possible. You enjoy all writeoffs. To start — $3500 earnest now, $9500 additional by January with clear title to one site. Reply: 6525/Ray Nash Drive, Gig Harbor, WA 98335, 265-3879.

BUILDING SITE in prestigious Wescliffe subdivision of University Place. Area of splendid custom homes in wooded settings. Also view 225x195 home site near Good Samaritan. All utilities available. 848-2864.

TAX SHELTER Investment. 2074 sq.ft. quality trilevel house located at 2401 34th Ave. S.E., Puyallup. Near new electronics plant in Manorwood subdivision. $97,950. 848-2864.

Seminar on Movement Assessment of Infants
14-15 November 1981
University of Puget Sound
For brochure/registration information
Contact Dorothy Wood
5426 - 119th Ave. S.E.
Bellevue, WA 98006
(206) 746-2595

UNIVERSITY PLACE PROFESSIONAL SQUARE. For rent or lease University Place area. 910 sq.ft. suite, $480/month; 965 sq.ft., $450/month; 1175 sq.ft. suite, $565/month. Call 565-4444.

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VICTORIAN SHOWPIECE! Italian marble fireplaces — fine Commencement Bay view. Great location — 401 North E. — Priced in mid $100's — Gary Allyn: 752-3565/272-0657.

Even a famous movie star has to plan for the future. After all, healthy assets, peace of mind and tax relief are hard to come by these days.

Thank heavens for the trust officers at Puget Sound National Bank. They're expert financial administrators. And you can trust them to keep on top of your investments.

So if you're looking for sound financial planning, take my advice. Call Doris Warner at (206) 593-3881.

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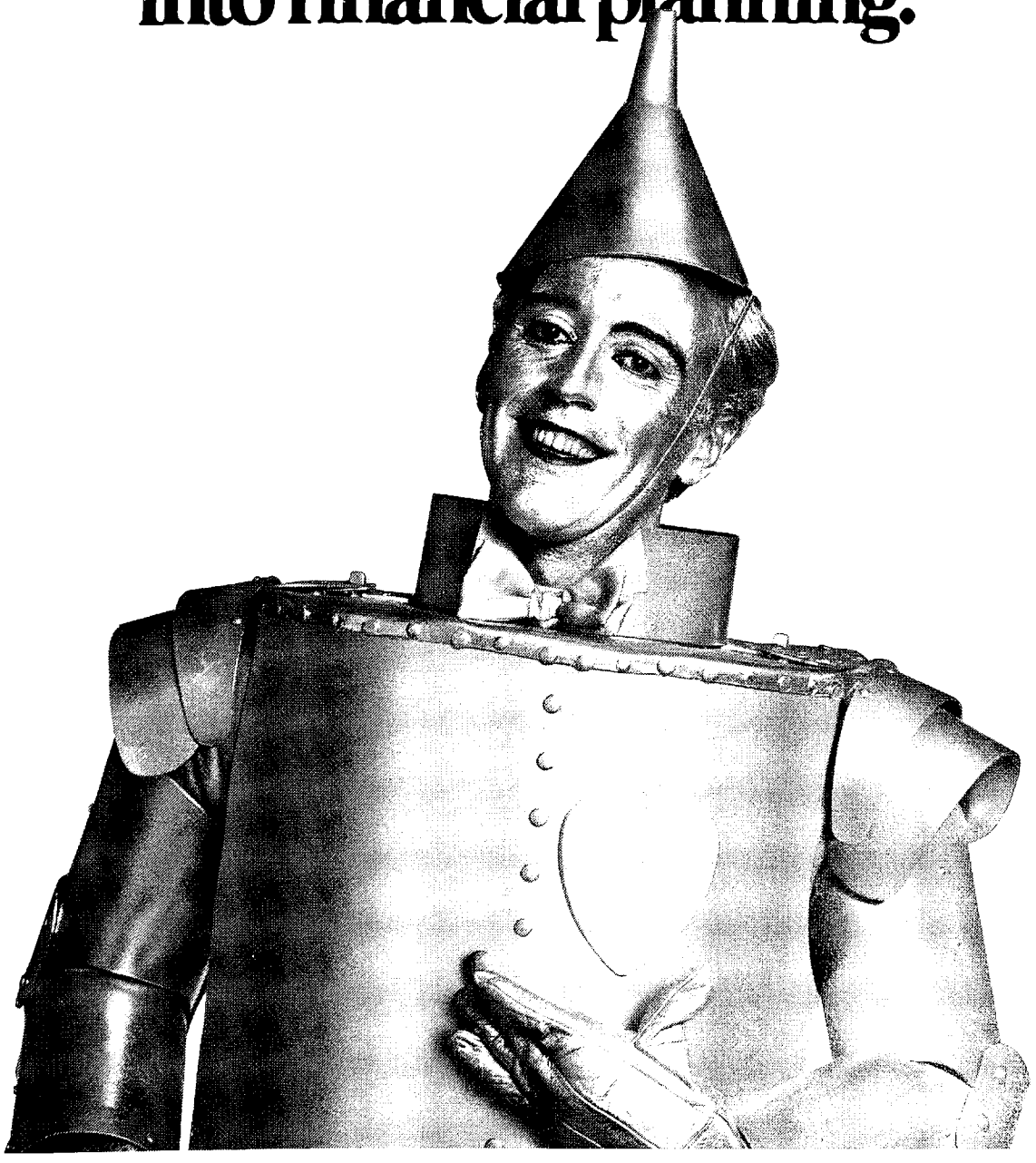

MEDICAL SOCIETY OF PIERCE COUNTY
705 South 9th, Suite 203
Tacoma, Washington 98405
ADDRESS CORRECTION REQUESTED

Medical Society of Pierce County

NOVEMBER 1981, Vol. LIII, No. 11, Tacoma, Washington

The Medical Society's Budget
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An Open Letter
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BULLETIN

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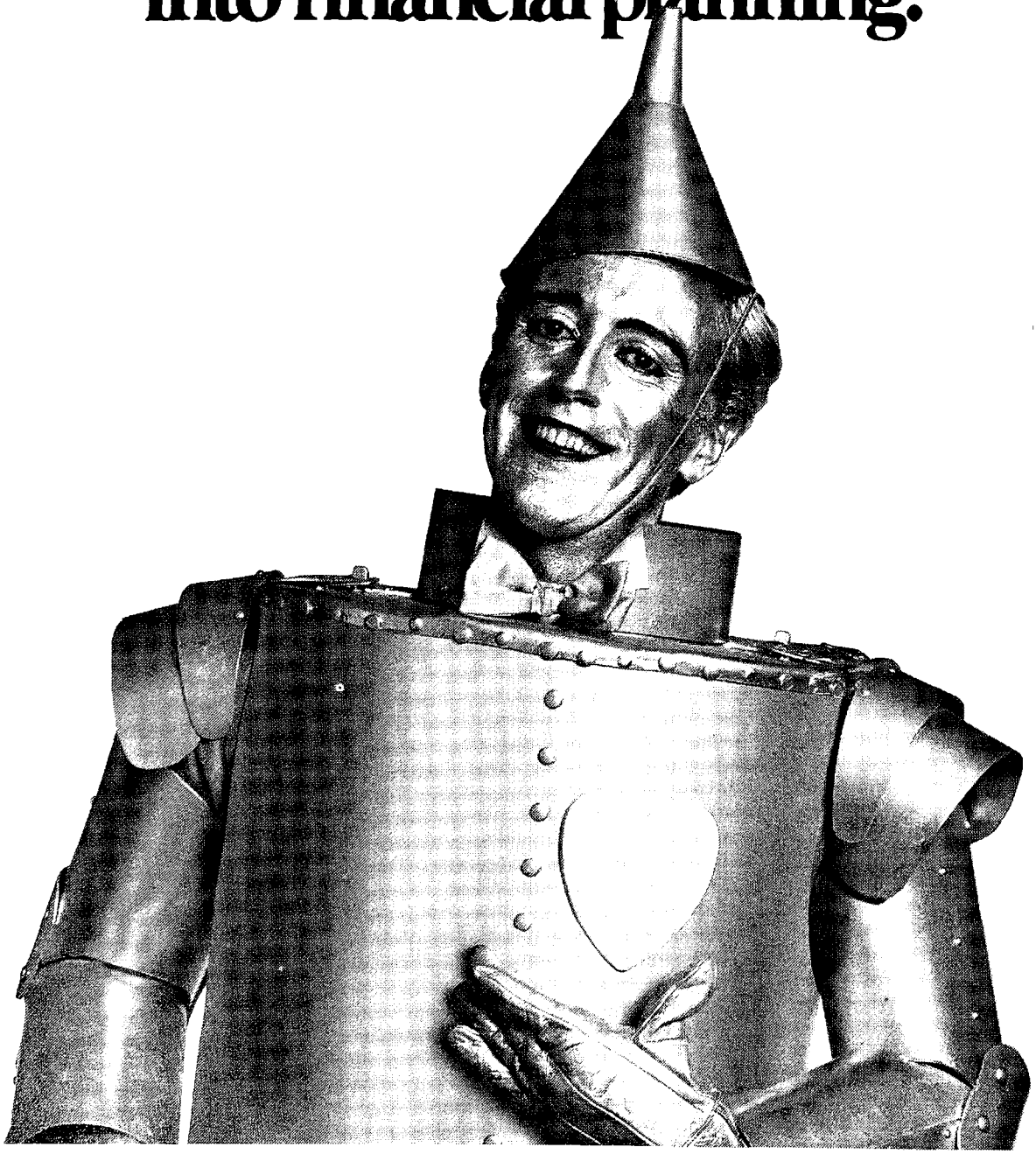

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Cover photo by Frederick Schwind, M.D.

Staff

Editor ..... David S. Hopkins, M.D.
Managing Editor ..... Thomas J. Curry
Editorial
Committee..... W. Ben Blackett, M.D., Stanley W. Tuell, M.D.

Society News Briefs

A summary of Medical Society, and local medical and health news

BOARD APPROVES 1982 BUDGET; HOLDS LINE ON DUES (WSMA DUES TO DECREASE)

A 1982 Medical Society budget continuing programs to improve the quality and delivery of medical care and Society services offered to physicians was approved at the November Board of Trustees meeting. Budget highlights include:

- A net increase in expense of 7.4%;
- Maintaining dues at their current rate *for the third consecutive year*, $255 per active member;
- Washington State Medical Association dues will decrease by $48 next year, to $225 per active member.

Members will be sent a billing for 1982 dues later in November. Payment of the tax deductible dues prior to December 31 is encouraged.

For additional budget information, this issue of the *Bulletin* includes a report from the secretary-treasurer. See page 6.

EMS COMMITTEE WARNS ON "THROAT-EVAC"

"Throat-Evac", being aggressively promoted by local Amway sales people, was discussed at the October Emergency Medical Standards meeting. The principle incorporated in "Throat-Evac" is that of placing a clamp over the nose and a mask over the mouth of an individual incurring an airway obstruction, followed by use of a hand-held pump to create a negative pressure on the oropharynx.

The committee concurred with the opinion of many that there is no known documentation of the product's effectiveness and safety.

The committee has taken the position, subsequently approved by the Board of Trustees, that the device not be recommended and that use of existing recognized methods of clearing an obstructed airway—including the heimlich maneuver, back blows, and manual clearing of the airway—be encouraged.

ANNUAL JOINT DINNER (AND DANCE!) SET FOR DECEMBER 15

The annual joint Medical Society-Auxiliary dinner meeting will be held on Tuesday, December 15, at the Bicentennial Pavilion. A prime rib dinner, brief installation of officers ceremony, and music by the Art Doll Combo highlight an evening of medical community camaraderie.

The price of $36 per couple ($18 per person) includes the prime rib dinner, tax, gratuity and complimentary wine, in addition to music for your listening or dancing pleasure. If you have not made a reservation for the holiday dinner, please contact the Society office, 572-3667, at your earliest convenience.

MEDICAL CONTROL PROJECT UNDERWAY, ADMINISTRATOR HIRED

The Society's Emergency Medical Services Medical Control Project is underway. Mr. David Vance joined the Society staff on Monday, November 9 as project administrator. Vance is a former EMT and paramedic from Pierce County who for several years has been emergency medicine programs manager for a large midwestern hospital.

Vance joins the Society project following a formal interview with Drs. Terry Kendrick, project director, Bud Nicola, Health Department director, Greg Schroedl, EMS Council Systems and Program Development Committee chairman, and Bob Scherz, EMS Council chairman, and Mr. Tom Curry, MSPC Executive Director. The project's telephone number is 272-7581 and office hours will be maintained in accordance with the Society—8:30 a.m. to 4:30 p.m., Monday-Friday.

(continued on page 14)

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405. Telephone (206) 572-3666. Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is $10.00, which is included in the dues. Non-member subscription, $15.00 per year. Single copy $2.00.

President's Page

George A. Tanbara, M.D.

KOKORO—Soul

Periodically it is good to search your KOKORO when your emotions carry you away with feelings of satisfaction, frustration, anger, or helplessness. It is particularly good when you feel you have been taken advantage of.

There are gut level feelings about many things, but no one should dare question an individual physician's feelings regarding the needs of patients, patients' families, the community, hospitals, or a physician's worth (self and/or monetary).

Patients entrust their health needs to us and rightfully expect competent and considerate care. In our community every effort has been expended to provide this opportunity to everyone, either in private offices or through the health department (which includes the community clinics commonly referred to, if somewhat incorrectly, as the UHI clinics as they are partially funded by an Urban Health Initiative grant). Each of us should assume that all physicians are conscientiously serving all segments of our community, regardless of race, color, creed or financial situation.

The community looks to us to insure that there is adequate foresight and that inappropriate recommendations are not carried out. For physicians, it may seem time consuming and at times inconvenient, but if policies, goals and objectives are not formulated by physicians, or with our strong advice, not only will the public lose but physicians will be saddled with more cumbersome administrative procedures.

With regard to the community clinics, Dr. Tom Heller, medical director for the clinics, requests your participation as a consultant on a no fee basis and/or as a physician accepting patients referred from the clinics when patient finances permit some fees to be paid. (Dr. Heller reports on the status of the clinics elsewhere in this issue of the *Bulletin).*

We need to be continually knowledgeable about all facets of our local hospitals. Appreciation of administration will help keep harmony. It is time consuming, but it would be helpful for each physician to be knowledgeable of community needs, rather than just the needs of his or her individual practice, specialty, or subspecialty.

The cost effectiveness and anticipated benefit of any procedure must be considered and discussed with other physicians in other disciplines after listening to their suggestions for improving the hospital care of patients. There is a monetary limitation to everything today, including medical care. Consideration should be given to longevity and quality of life, and rehabilitation issues, not just the potential for financial remuneration to the hospital. The Pierce County Medical Service Corporation (Bureau) may want to have a voice in hospital planning given the tremendous impact of hospital expenses on its overall financial health. Much emotion will be evoked, but your fellow physicians also are as intelligent, compassionate and considerate as you.

Physicians can have a tremendous impact on hospitals if we apply our years of experience (which is often more than most administrators, hospital personnel, or board members). Your time spent on hospital staff committees and in teaching hospital personnel is invaluable and must continue. Monetary contributions to fund drives demonstrate to the community our additional commitment.

Physicians must feel deeply in their KOKORO that fellow physicians are the best teammates that they can ever have. Confidence such as this can only enhance the esteem the public and health personnel have for physicians.

If each physician looks in his KOKORO to be sure each patient is given competent and considerate care we will be doing our fair share. Consideration must be given to fees charged, laboratory tests ordered, prescriptions written, hospitalization ordered, consultations requested and surgery or procedures ordered so that costs can be contained.

Your knowledge should always be shared and the wider and deeper the sharing the better. Young voices are needed in our Medical Society; older experience is required as well. No one will have all suggestions accepted at all times. The Board of Trustees is entrusted by you to make reasonable judgements on behalf of the entire Medical Society so who you elect is important. There is a need to continually share our experience.

The contribution of so many local physicians in sharing their knowledge and experiences with residents being trained at the Tacoma Family Residency Program has been a tremendous asset to the entire medical community. It is important that we appreciate the needed stimulus the residency program has provided all of us. The program's objectives and goals are continually being refined.

At this time, given reductions in funding the program has experienced, additional physician support is needed.

(continued on page 9)

THE MEDICAL SOCIETY'S 1982 BUDGET AND YOUR DUES

Myra S. Vozenilek, M.D.

At its November meeting, the Board of Trustees adopted a budget for 1982 that provides sufficient funding for the Society to maintain the wide variety of programs to improve the quality and delivery of medical care and services offered to physicians.

I am pleased to report that *for the third consecutive year* the budget does not include an increase in dues. In fact, the combined county and state association dues will be reduced by $48 next year (more about that later).

INCOME, EXPENSES, AND RESERVES

The overall budget projects a net increase in expenses of 7.4%. With regard to income, non-dues sources will equal 21% of the total in 1982.

In 1979, the Board adopted a Budget Committee recommendation that cash reserves equivalent to 15-20% of basic operating expense be maintained. We project that the Society will conclude 1982 with reserves equivalent to about 21% of basic operating expense (the approximate figure in 1979 was 15%).

Society expenses are grouped into four categories. The first, Membership Benefits, includes funding of the Pierce County Medical Library, the College of Medical Education (COME), and the Placement Service (MBI).

Library support is budgeted at $29,340, a per member contribution of approximately $54 (compared to $50 per member in 1981). The Society is obligated for 40% of the library's net operating expense under the terms of the agreement negotiated with the Pierce County Hospital Council in 1974.

For comparison, the 1982 per physician library contribution in Spokane 1982 is projected at $80, and in central Washington local library support now equals approximately $100 per physician.

Budgeted funding of the College of Medical Education is approximately $14,300. Under the terms of our agreement with Pierce County Hospital Council, the Society funds 55% of the College's net operating expense and the hospitals fund 45%. This ratio reflects the composition of the College's Board of Directors.

Society support of the College has decreased substantially since 1979 and, economic conditions permitting, decreased funding is projected for the future. The College has broadened its course offerings to physicians and allied health personnel in order to lessen the need for direct Society-Hospital Council funding.

Since the sale of the Society's collection service to Puget Sound Collections (PSC) late in 1980, Placement Service operations have been strengthened. The service has required a greatly reduced level of Society support in 1981 and a further reduction is projected for 1982.

Membership support of PSC is important as PSC returns to the Society a modest amount of money reflecting the volume of business placed with it by Society members. In return, Society members who use PSC receive a 10% discount on the fee charged by PSC.

The second category of expenditures is Policy and Program Development which includes support of the annual WSMA House of Delegates meeting, the annual Board Retreat, and related general travel and administration. Pierce County has become known for its very effective representation at House of Delegates meetings in recent years.

The policy of having officers and trustrees pay for their own direct expenses for the WSMA Annual Meeting, Board meetings, and other regularly scheduled Society activities will be continued. A great deal of time and effort is contributed to committees and the Board without personal gain.

The major expense category (71% of the budget) is Internal Support which includes the expenses of maintaining the Society office, staff and necessary support for the many committees, programs and activities. The budgeted increase in internal support expense next year is 7.7% which is very commendable in light of inflation.

The size of the Medical Society staff has remained essentially constant over the past six years (the equivalent of 2.7 employees in 1982 compared to 2.5 employees in 1977) while membership has increased by approximately 25% and the level of Society activities and workload have increased.

GENERAL MEMBERSHIP MEETINGS TO BE INCREASED

A major increase in the Internal Support budget is in the area of general membership meetings. We plan to expand to five general membership meetings next year in addition to the annual joint meeting with Madigan Army Medical Center. Funds have been added for guest speaker expense and this will be a major project of the Program Committee next year.

In summary, the 1982 budget of $181,686 provides for increased funding of the medical library, continued support of the College of Medical Education, and decreased funding of the Placement Service. Support service expense (Internal Support) will increase, but at a rate well below the rate of inflation in 1981 and what can be expected in 1982. The Society should conclude 1981 with a modest contribution to reserves in accordance with policy previously set by the Board of Trustees.

(continued on page 7)

YOUR MSPC DUES

Over seven years ago the basic Medical Society of Pierce County dues were set at $160 per member. In 1982, dues (excluding that portion devoted by resolution to the medical library) equal approximately $200. Over the same period, the government's own CPI figures for this area reflect an increase of approximately 80%. In spite of this, the current dues rate of $255 will be maintained in 1982.

WSMA DUES

In 1982 annual WSMA dues have been *decreased* by $48, from $273 to $225. When WSMA dues were increased last year a portion of the increase was designated for possible development of the WSMA sponsored, physician owned professional liability insurance company—Physicians Insurance. Now that Physicians Insurance has been started the dues have been adjusted accordingly.

The Board continues to review programs and activities to ensure that they support the Society's basic objectives.

Myra S. Vozenilek, M.D.
Secretary-Treasurer

MEDICAL SOCIETY PROGRAM AREAS AND RELATED COMMITTEES

MEMBERSHIP BENEFITS
- Pierce County Medical Library Committee
- College of Medical Education Board of Directors
- MSPC CME Committee
- Membership Benefits Inc. Board of Directors (Placement Service)

COMMUNITY SERVICE
- Public Health/School Health Committee
  - Annual Meeting with School Representatives
- Senior Citizens Committee
- UHI Quality Assurance Committee (health department community clinics)
- Emergency Medical Standards Committee
- Jail Health Advisory Board
- Tel-Med Committee
- Sports Medicine Committee

PROFESSIONAL AFFAIRS
- Ethics Committee
- Grievance Committee
- Credentials Committee
- Professional Relations Committee (formerly Impaired Physicians Committee)
- Interprofessional Committee

POLICY DEVELOPMENT
- Board of Trustees
- Executive Committee
- Legislative Committee
- Congressional Advisory Committee
- WSMA Delegation
- Health Planning Committee

INTERNAL SUPPORT (PROGRAMS/ACTIVITIES)
- Communications Committee
- Budget Committee
- Program Committee

AN OPEN LETTER TO THE PIERCE COUNTY MEDICAL COMMUNITY

Thomas A. Heller, M.D.

Dear Colleagues:

A crisis is brewing in American medicine. Growing numbers of people have *no* medical insurance and simply cannot pay for health care. Locally, unemployment is officially at 9.4% and this estimate does not include huge numbers of people who have simply quit looking for work. Thousands of people who formerly qualified for medical coupons have been cut off, and for many others who still qualify the deductible has been increased to $1,500, which these people simply don't have.

Demographically, this group—the low income population—tends to be the sickest. Now they are also the least able to get medical care. As a Medical Society we cannot allow the medical needs of a large segment of our society to go unattended. Nor can the private medical community carry the full burden of caring for this population without reimbursement. What to do?

Just as "creative financing" of homes has permitted the real estate business to continue in the face of shrinking mortgage markets, so, too, we hope "creative financing" of health care in Pierce County can permit the poor to obtain needed medical attention in the face of diminished insurance coverage. Our form of "creative financing" is a grant awarded to the Tacoma-Pierce County Health Department by the federal Urban Health Initiative Program, supplemented by United Way, the March of Dimes, revenue sharing, and the Cooper-Levy Foundation.

CLINICS ESTABLISHED TO MEET COMMUNITY NEEDS

With this grant, four clinics have been established, a medical director (myself) and two National Health Service Corps physicians (Drs. Doug Jeffrey and Charles Weatherby) have been hired, and a physician's assistant (Mr. Shinobu Inoue) and three nurse practitioners (Ms. Deborah Smith, Ms. Louise Kaplan, and Mr. Don Hardin) have been recruited. Together we are providing comprehensive care for patients on a sliding fee scale.

More than 80% of our clients fall into our lowest income category and are charged $3.50 for an office visit. We are committed to the goal of "doing more with less"—of practicing comprehensive but cost-effective medicine. We provide the full range of ambulatory and in-patient services. Each clinic is open 40 hours per week, each operating one evening clinic per week. We have a call system for after hours and emergency services and have been granted admitting privileges at a number of the local hospitals.

Drs. Weatherby and Jeffrey are board certified family practitioners and include obstetrics in their practices. We have already enrolled more than 90 prenatal patients and have been busily delivering babies. In fact, we cannot meet the full demand for obstetrical care from women with no income and no insurance and have already had to turn women away. I am an internist, so hopefully I am able to offer "in-house" care of some adult patients who would otherwise require an "outside" specialist consultant.

We also have included in our grant a small stipend for laboratory, x-ray, and pharmacy services, but these are insufficient to meet the need. We have relied heavily on services donated by Puget Sound Hospital, Tacoma General Hospital, Upjohn Lab and St. Joseph's Hospital, as well as the x-ray services of Gross, Larson & Whitney and Tacoma Radiological Associates.

On behalf of the health department and the entire community we serve, I wish to publicly thank each of you for the tremendous donations you have made. Without your help we could not survive. We also are tremendously indebted to the donated services of a number of community physicians and specialists who have long been friends of the community clinics.

MORE HELP NEEDED

We need more help. We have relied on the donated services of a few extremely generous consultants. It is time for the entire medical community to join in. The purpose of President Reagan's tax cut program is not simply to give us a bit of personal relief to counter the effects of inflation on our earning power. No, the purpose is to assure that enough capital stays in the community so that new solutions to social and economic problems can emerge from the private sector.

This is the great challenge President Reagan has given us. If we do not meet the challenge, the critics who charge that the President has given to the wealthy and taken from the poor will be quite right. If, however, we do meet the challenge, we have the opportunity to forge a new sense of community—a community in which we "take care of our own."

I therefore urge every member of the Medical Society to make a pledge of support to our clinics. Our clinics cannot operate as a system working parallel to, but separated from, the private community. This will not produce excellent health care. We need your very tangible support. Specifically, we need pledges for donated service from surgeons, orthopedists, obstetricians, ENT specialists, opthalmologists, urologists, neurologists, pediatricians, alcohol treatment programs, and medical subspecialists.

TAKE CARE OF OUR OWN

We request that *before Christmas* you make a pledge to provide up to one, two, three, or more donated consultations to the community clinics per month and send your pledge to the Medical Society office (see below). The office will compile a roster of specialists willing to provide free consultations or care. Every time one of our indigent patients requires a referral to a particular specialty, we would ask the staff at the Medical Society whose "turn" it is to take a consultation. The Medical Society staff will make sure that the list is kept current. In this way we can as an entire medical community "take care of our own."

(continued on page 9)

AN OPEN LETTER continued

In return we will gladly accept into our practice patients who simply cannot pay for private care. We will accept referrals from emergency rooms, private physicians, and the Medical Society, and we will redirect these patients back to the private community as their financial status improves.

Our clinics are: The Family Clinic at 1206 S. 11th, Suite 8, Tacoma, 627-9182; the Eastside Clinic at 1720 East 44th, Tacoma, 472-9647; the Lakewood Clinic at 9112 Lakewood Drive S.W., Lakewood, 593-4023; and the Sumner Clinic at 1110 Fryar Ave., Sumner, 863-0406.

I am looking forward to working with all of you to help assure that all members of our community have access to the kind of health care that Dr. Tanabara calls Ichiban.

Sincerely
Thomas A. Heller, M.D.
Tacoma-Pierce County Health Department
Community Health Care Delivery Systems

COMMUNITY CLINIC RESPONSE FORM

____ Yes, I am willing to help "take care of our own." I will provide, on a rotating basis with my fellow Pierce County physicians, consultations without charge for patients referred to my practice by the Health Department's Community Clinics.
Patients referred to me should not exceed ____ per month.

NAME _____

Office Telephone Number _____

PLEASE RETURN TO THE MEDICAL SOCIETY OFFICE BY DECEMBER 15, 1981.

PRESIDENT'S PAGE continued

The residency program has a goal of $80,000 in physician support. Consultants may want to consider a contribution of $200 or more to the Residency Foundation; primary care physicians perhaps $100 or more. The program needs your help now.

There are many things that can be accomplished in our community if each of you were to participate actively in your Society. The Medical Society needs you, but I am sure you need the Society more given the tremendous range of programs and support services the Society offers. More committees or subcommittees can be created in your areas of interest.

Board members and I eagerly want to discuss your concerns at any mutually convenient time. We will make time at the hospital, over the telephone, on the curbstone, or at Board and committee meetings. Use of the magic word KOKORO entitles you to a cup of coffee, or, you name it.

SUPPORT PHYSICIANS INSURANCE!

Physicians Insurance requires your serious consideration and early action. The new physician owned, Society sponsored professional liability insurance company was very ably explained at our special October general membership meeting. This physician directed company is looking out for our best interests as only fellow physicians can do. I have applied. I hope you do as well.

GAT

AUTOMATION OF SERVICES CONTINUES

Automation of many library services is taking place with alarming speed, and the Pierce County Medical Library has made prudent strides in that direction. This year, 87 computer searches have been executed against the data bases of the National Library of Medicine, Bethesda, and of the State University of New York (SUNY) with very positive results and time savings.

For additional training in searching, Librarian Marion von Bruck attended the Advanced On-Line Class at UCLA, Los Angeles in July, and the one-day continuing education course "Online Search Optimization" at the annual Pacific Northwest Group meeting of the Medical Library Association in October.

Since June, the library's computer has also been used for transmitting Interlibrary Loan requests electronically and for exchanging messages with some of the 100 hospital, university, and business libraries in the Pacific Northwest participating as a group in electronic mail service.

CURRENT DATA BASES AND COSTS

The following is a revised list of currently accessible data bases and the cost for their respective use:

MEDLINE (The five most recent years, 1977 to-date)

1. $10.00 per on-line search. Instant retrieval of up to 30 citations, including author, title, and source ($15.00 prime time, if imperative).
2. $12.00 per on-line search up to 30 citations and off-line print-out up to 300 citations without abstracts (non-prime time).
3. $15.00 per on-line search up to 30 citations and off-line printout up to 300 citations with abstracts (non-prime time).
4. Backfiles 66/68; 69/71; 72/74; 75/76; $3.00 per backfile without abstracts; $5 per backfile with abstracts (75/76 only).

CANCERLIT ..... $6.00 per search plus 15¢ per page off-line.

CANCERPROJ ..... $6.00 per search plus 15¢ per page off-line.

CLINPROT ..... $6.00 per search plus 15¢ per page off-line.

SDILINE ..... Monthly update of references in your area of interest and automatically processed. One-time initial charge for connect-time and charge per page of printout.

AVLINE ..... Same as MEDLINE.

BIOETHICS ..... Same as MEDLINE.

CHEMLINE ..... Straight time charge - $59.00 per hour prime-time; $52.00 per hour non-prime time; these charges include copyright royalties leveled at the National Library of Medicine.

HEALTH FILE .... Same as MEDLINE.

HISTLINE ..... Same as MEDLINE.

RTECS ..... Straight time charge.

TOXLINE and TOXBACK ..... Straight time charge - $35.00 prime-time; $28.00 non-prime time. These charges include copyright royalties leveled at the National Library of Medicine.

PHYSICIAN USAGE

For your interest and information, the library statistics listed below indicate our level of service provided between January 1 and September 30.

Number of visits:	
by physicians:	1,973
by other health professionals and private members:	726
Total	2,699
Number of physicians using the service:	270
Literature requests	
furnished by the library (70%):	1,938
furnished by other libraries (30%):	825
Items loaned to participating hospitals:	536
References requested by patrons:	1,946
References	
furnished by librarian on request:	1,102
In Pierce County Medical Library Bulletin:	466
By computer:	1,951
Total	3,519
Manual literature searches:	287
Medline searches:	87
Total	374

Marion von Bruck,
Librarian

ARE YOU READY FOR AN OFFICE COMPUTER?

There is a sign in my office which says "To err is human but to really louse things up requires a computer." We all have had a bad experience of one kind or another with a computer, but also their capacity and ability are legendary.

The computer revolution has carried into small business, and systems are now available for a few thousand dollars which will do your private billing, general accounting, payroll, scheduling, and recall patients according to some prearranged plan. In fact, "rainbow" systems are available which will store patient medical data and do most any job in our office short of replacing us and trusted help entirely. This "rainbow" system commands a rainbow price and has not had the experience or magnitude of application of the simpler systems.

What does a simple system for the small office consist of? The heart of the system is the central processing unit (CPU). Also needed is a cathode ray tube (CRT) for video display. This element is the least expensive component and may take the form of a screen similar to a black and white TV. A keyboard not unlike a typewriter keyboard and an external storage device round out our basic system.

The external storage probably will be one or several disk drives, either soft or hard. The hard disk drive carries a much expanded memory, often 5-20 times the storage of the soft disk. These components fit together similar to that seen in a stereo set. As with a stereo set, they may be linked together, or in some cases, be entirely separate.

The microcomputer of today has the capacity of the very large, expensive IBM mainline systems of just a few years ago. This micro is not much bigger than a typewriter and is sufficient in size to service the small office adequately. Hooked to a printer this system can do the billing and, through wordprocessing, write referral letters as well. These letters can be written faster and more efficiently than by the old typewriter and a word or a paragraph can be changed so Doctor Tom can get an individualized letter from Doctor Harry.

When is an office big enough to get a computer for billing and other simple tasks? This, of course, is a difficult question to answer; but there are some guidelines. A small one doctor office may not generate enough work for a computer, but if over 500 statements a month go out, a computer should be considered.

There are other criteria worth considering as well. If the present system is pure bedlam, then it should be gotten into some order before a transfer is affected. Also, consider that time and cost savings of the computer are not instantaneous. Generally advised is a dual system for one-two months utilizing the old system (pegboard) and the computer. Thus, together with the job of familiarizing with the system, inputing office data such as master files (names and addresses) plus debugging, there will be no laying off of employees at the time of purchase of the computer. Hopefully, the practice will have grown and other jobs can be found to make up for the increased efficiency of the new system.

These sound like real negatives for a new system, and they are. However, there are many positives as well. Fifty doctor visit charges can be input into the computer in one-half to one hour. Five hundred computerized statements can be run off the computer in about one hour; all this without the need for direct attendance.

Just start the billing program and the computer does the rest. While elimination of the pegboard system and creation of a new billing system are probably the most important job of the new system, other tasks can be added or utilized according to the needs of the office and the capacity of the software (or new software can be easily added to serve these functions as they become desirable).

What about the expense of present systems? Aren't smaller systems over-priced and inadequate at present? This is a half-truth. Many price cuts have occurred and very good reasonably priced equipment is available today. In the near future we probably will see advancement in capacity rather than cuts in price.

Next Month — How to Pick a System

James M. Blankenship, M.D.

IN MEMORIAM

WILLIAM EDWARD AVERY, M.D., F.A.C.S.
1915 - 1981

Bill was born April 22, 1915, in San Jose, California, where he attended St. Mary's Grade School and Bellarmine High School and then went on to Santa Clara University for his pre-medical study. After finishing Santa Clara, Bill attended Creighton University Medical School and graduated in 1940. He then came to Tacoma and served his internship here at St. Joseph Hospital from 1940 to 1941.

After completing his internship, Bill worked for The Bridge and Western Clinic in Mineral, Washington and also Enumclaw until 1944 when he joined the Army and served two years to 1946. After completing his military duty, Bill went on with his surgical training, starting with the Graduate School of The University of Pennsylvania basic surgical course which he completed in 1951. From there he served as a fellow in resident surgery at the City of Detroit Receiving Hospital from 1951 to 1955. He returned to Tacoma to practice general surgery from 1955 until he retired on June 1, 1980.

He died September 17, 1981, of cancer of the pancreas. He is survived by his wife, Esther, whom he married in 1940, and by his daughters, Dorothy Ann Matthews, Mary Sue, Julie Marie Reifel, and son, James Avery.

During his surgical practice in Tacoma, Bill was a very hard worker, continuing his study of surgery. He became certified by the American Board of General Surgery, and also became a fellow of the American College of Surgeons, the Creighton University Surgical Society, the American Society of Abdominal Surgeons, the International Academy of Proctology and the American Board of Abdominal Surgery.

Bill was also an active member in the Tacoma Surgical Club and we did several surgical dissections together. He was active in the community, being a member of the Tacoma Chamber of Commerce. As an avid sports fan, Bill followed the local as well as the national sports, not only as a spectator but also as a participant in that he was an avid fisherman, tramping the hills in Mineral to the fresh water lakes and streams.

We also got together and obtained some Rainbow trout and raised them to fingerling size in my pond and then transferred them to his pond at Olalla. Bill was very active in the Rhododendron Society and he developed a 30 acre woodland garden at Olalla with many beautiful rhododendron species over the last twenty year period. He was instrumental in obtaining several trees for planting at University of Puget Sound on Arbor Day.

I have missed Bill in surgery — his counsel and technical help, as well as helping him since his retirement. I will miss him likewise in our fishing, Isaak Walton League, and rhododendron activities.

William W. Mattson, Jr., M.D.

HERE COME THE HOLIDAYS AND THE AUXILIARY IS READY

CHILDRENS' HOLIDAY PARTY

Kathleen Bitseff, party chairman (scheduled for Thursday December 3, 4-6 p.m. at the University Place United Presbyterian Church, 8101 27th St. West, Tacoma) reports that planning for the party is well underway.

The Magician, Harry Lawson, M.D., will be with us again and we have reports that he has a whole new bag of tricks. The children will be making Christmas cards and decorating cookies; help is needed to assist with these activities. Kathleen would appreciate older children, and Moms and Dads as volunteers to assist the younger ones with their decorating activities.

Call Kathleen if you or one of yours would like to help. Each family is asked to bring a gift wrapped gift (label contents and appropriate age) to be placed under the tree and donated to the Tacoma Y.W.C.A. Women's Support Shelter.

We're hoping that Santa will again visit that day and, of course, there will be cookies and punch. So Auxiliary members, mark your calendars and don't forget to bring Dad — they really enjoy this event!

HOLIDAY DINNER

The joint dinner of the MSPC and Auxiliary will be held December 15 at the Bicentennial Pavilion. The Auxiliary has been asked to have a display of their projects. If you haven't made your reservation with the society office, it's time to do so.

THE AUCTION — AN UPDATE

The Auction Committee, chaired by Helen Whitney, met for the first time in October. Planning has been almost completed; work has been assigned to the committee members who are: Sharon Lawson, Nikki Crowley, Debby McAlexander, Jean Judd, Norma Smith, Beverly Graham, Shirley Murphy, and Mary Lenard.

Committee members will be calling Auxiliary members for their donations. Items donated to date include: a special order afghan made from Irish wool, oil paintings, a cocoa set, old fashioned school desks, and ... the list goes on. Tangible donations are to be delivered to one of the following persons before January 6: Norma Smith, Helen Whitney, Nikki Crowley, Bev Graham, Donna McLees, or Shirley Murphy.

Tickets will be $5.00 per person with complimentary wine, beer and goodies. Guests are very welcome. The Auction will be held on Saturday, January 23, 1982 at Charles Wright. More auction news will be forthcoming next month.

OCTOBER GENERAL MEETING

A "thank you" to the hostess Glena Blackett and to the luncheon committee, chaired by Kay North, Kathy Miskovsky, Helen Whitney, Mary Johnston and Kathleen Bitseff. Gary Reece, historian, Tacoma Public Library, entertained and informed us with tidbits of local history. One could imagine Hudson Bay Fur Company traders, claim jumpers, soldiers and Indians all as a part of our local history.

Women were scarce and were simply not here to play a part in history until the late 1800s. The library has over a quarter million photographs, rare books and writings which have been preserved to tell the story.

1981-1982 NOMINATING COMMITTEE

Marny Weber, chairman, reports the following as members of the committee: from the Board, Dottie Truckey, Susie Duffy, and Marlene Arthur, president-elect; from the membership at large, Nancy Spangler and Stephanie Tuell.

HOLIDAY SPECIAL — AUXILIARY COOKBOOK

The Auxiliary cookbooks will be available at a special price of $3.00 until December 25. These cookbooks make excellent stocking stuffers for teachers, babysitters, neighbors, the paper girl, your hair dresser, and the dog or house sitter. Contact Susie Weise, 584-2887, to place our order.

MEMBERSHIP DUES

Dues ($34.50) are still being accepted. The deadline is March 15, 1982. Mary Whyte Lenard, dues treasurer, reports that the payments have been coming in and we now have almost 200 members who are current.

Mary Whyte Lenard

SOCIETY NEWS BRIEFS continued

EMS COUNCIL ADOPTS SOCIETY DRAFTED DISCIPLINARY GUIDELINES

Disciplinary guidelines for EMT's and paramedics working in Pierce County have been approved by the Pierce County EMS Council. The guidelines, drafted by the Society's EMS Committee, were approved at a Board of Trustees meeting in September. Copies are available at the Medical Society office.

AUXILIARY SHOWS STATE LEADERSHIP; WINS THREE OF FOUR POSSIBLE AWARDS

The Pierce County Medical Society Auxiliary cemented its reputation as a leading force in the Washington State Medical Association Auxiliary when it received three of four possible awards made at the September WSMAA State Convention. The Auxiliary received awards relating to its physical fitness program, level of AMA-ERF contributions (aproximately 50% of the total contributed in the State of Washington), and handicap awareness program.

At its October meeting, the Society's Board of Trustees unanimously passed a motion of appreciation of the Auxiliary for its many efforts. Auxiliary achievements are not limited to those awards granted at the WSMAA meeting. The Medical Society's Speaker Bureau, its Public Health/School Health Committee activities and the Pierce County Tel-Med Society are among other programs and projects which benefit from Auxiliary involvement.

ECONOMIC UNCERTAINTIES AFFECT OFFICE STAFFING

During unsettled economic times, office staffing is more critical than ever. For assistance in finding the "right person" for a job opening at your office, helpful tips on effective interviewing and job definition, and related personnel counselling, call the Medical Society's Placement Service at 572-3709.

Linda Carras, Placement Service director, is anxious to help physicians in any way possible. Job orders are urged as qualified applicants in almost all job categories are available for interviews.

Results of the annual salary and fringe benefit survey have been compiled. For a copy, mailed to you at your home address, call Linda Carras, 572-3709.

McNEIL ISLAND PHYSICIAN WANTED!

A primary care physician is sought by McNeil Island; full-time position, island residence included if desired (at nominal rental). For additional information contact Mr. Dick Alright, health care administrator, McNeil Island, 588-5281, ext. 297.

HAWAIIAN TRIP CANCELLED

Thanks are expressed to members who responded to the recent survey regarding a possible Society sponsored trip to Hawaii in December, 1982. The Board of Trustees has concurred with an Executive Committee recommendation that the trip not be conducted.

One hundred seventy questionnaires were returned for a 28% response rate. Of those returned, 26% were favorable; 74% indicated no interest in the trip. Of those responding in the negative, 31% indicated their response was due to the time of year, 14% reacted negatively to the destination, 18% to the expense and 50% indicated they were just not interested.

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE

Charles M. Weatherby, M.D., Family Practice. Born in Seattle, WA, 3/30/52; University of Washington, 1978; internship and residency, St. Luke's Hospital, Milwaukee, Wisc., 1978-81; State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan, Lakewood General, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Weatherby is practicing through the health department's community clinics.

Gregory E. Arnette, M.D., Internal Medicine. Born in Geneva, Ohio, 6/9/49; Medical College of Ohio, Toledo, 1978; internship and residency, USC Medical Center/Los Angeles County Hospital, 1978-81; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Arnette is practicing at 3611 South "D" Street, Tacoma.

Michael Gutknecht, M.D., Radiology. Born in Waterloo, Iowa, 7/11/49; Vanderbilt Medical School, Nashville, Tenn., 1975; internship, William Beaumont A.M.C., El Paso, Texas, 1975-76; residency, Tripler A.M.C., Honolulu, Hawaii, 1976-79; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood, and Mary Bridge Children's hospitals. Dr. Gutknecht is practicing at 7424 Bridgeport Way West, Suite 103, Tacoma.

Needham E. Ward, M.D., Cardiology. Born in Portland, Oregon, 4/29/46; University of Oregon Medical School, Portland, 1972; internship and residency, Fitzsimons Army Medical Center, Denver, CO, 1972-76; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Ward is practicing at B-5010 Allenmore Medical Center, Tacoma.

Douglas P. Jeffrey, M.D., Family Practice. Born in Corvallis, Oregon, 4/29/52; University of Oregon Health Science Center, Portland, Oregon, 1978; Internship and residency, University of Oregon Health Science Center, 1978-81; State of Washington license, 1981. Has applied for medical staff membership at St. Joseph and Tacoma General hospitals. Dr. Jeffrey is practicing at 1206 So. 11th, #8, Tacoma.

Ray M. Nicola, M.D., Public Health. Born in Portland, Oregon, 10/1/47; University of Oregon Medical School, 1973; internship, University of Oregon Medical Center Hospitals, Portland, 1973-74; residency, University of Michigan School of Public Health, Ann Arbor, 1974-76; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Nicola is the director of the Tacoma-Pierce County Health Department, 3611 South "D", Tacoma.

Matthew S. Newman, M.D., Emergency Medicine. Born in Chicago, Ill, 11/17/55; Tulane University School of Medicine, New Orleans, LA, 1979; internship and residency, Tulane University Affiliated, 1970-81; State of Washington license, 1981. Has applied for medical staff membership at Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Newman is practicing in Tacoma.

James D. Buttorff, M.D., Surgery. Born in Seattle, WA, 2/7/49; Albany Medical College, 1975; internship and residency, St. Louis University Hospitals, 1975-80; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Buttorff is practicing at 1212 South 11th, #39, Tacoma.

James E. Dunn, M.D., Family Practice. Born in Poplar Bluff, MO, 7/7/47; The Medical College of Wisconsin, Milwaukee, WI, 1978; internship and residency, Kansas University Medical Center, 1978-81; State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan, Mary Bridge Children's and Tacoma General hospitals. Dr. Dunn is practicing at 2209 E. 32nd, Tacoma.

Chang J. Lee, M.D., Obstetrics/Gynecology. Born in Korea, 4/6/46; Yonsei University College of Medicine, Seoul, Korea, 1972; internship and residency, South Baltimore General Hostpital, Baltimore, Md., 1977-80; State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood General, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Lee is practicing at 10109 Plaza Drive, S.W., Tacoma.

Kenneth C.J. Scherbarth, II, D.O., Family Practice. Born in Detroit, Michigan, 8/23/51; Kansas City College of Osteopathic Medicine, 1979; internship, Osteopathic Hospitals of Detroit Inc., 1979-80; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Scherbarth is practicing at A-114 Allenmore Medical Center, Tacoma.

Margaret Kitazawa, M.D., Family Practice. Born in Washington, D.C., 4/22/49; Pennsylvania State University, Hershey, PA, 1975; internship and residency, UCLA, 1978-81; State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan, Mary Bridge Children's and Tacoma General hospitals. Dr. Kitazawa is practicing at Puyallup Indian Community Clinic, Tacoma.

John R. Harbour, M.D., Pathology. Born in Pullman, WA, 2/28/51; University of Washington, Seattle, 1977; internship and residency, University of California, San Francisco, 1977-81; State of Washington license, 1981. Has applied for medical staff membership at Doctors, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Harbour is practicing at Tacoma General Hospital, Tacoma.

Richard E. Waltman, M.D., Family Practice. Born in Florida, 5/12/45; Albert Einstein College of Medicine, Bronx, New York, 1975; internship; San Francisco General Hospital, 1975-76; residency, Harbor-UCLA Medical Center, 1978-80; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, St. Joseph and Tacoma General hospitals. Dr. Waltman is practicing at A-224 Allenmore Medical Center, Tacoma.

David B. Bork, M.D., Diagnostic Radiology. Born in Vancouver, WA, 9/17/48; University of Washington, Seattle, 1974; internship, William Beaumont Army Medical Center, El Paso, Texas, 1974-75; residency, Walter Reed Army Medical Center, Washington, D.C., 1975-78; State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood General and Mary Bridge Children's hospitals. Dr. Bork is practicing at 7424 Bridgeport Way W., Suite #103, Tacoma.

Charles G. Hubbell, M.D., Dermatology. Born in Bennington, Vermont, 7/12/47; University of Vermont, College of Medicine, Burlington, VE, 1973; internship and residency, Wilford Hall USAF Medical Center, Lackland AFB, San Antonio, Texas, 1973-79; State of Washington license, 1975. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Hubbell is practicing at A-116 Allenmore Medical Center, Tacoma.

John R. Huddlestone, M.D., Neurology. Born in Detroit, Michigan, 8/16/44; University of Michigan Medical School, Ann Arbor, 1971; internship, 1971-72, University of Michigan Hospital, Ann Arbor; residency, University of Colorado Medical Center, Denver, 1972-75; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Huddlestone is practicing at 1106 So. 4th St., Tacoma.

Robert W. Osborne, Jr., M.D., General/Vascular Surgery. Born in Pierre, South Dakota, 12/15/48; George Washington University, Washington, D.C., 1975; internship, University of Colorado Medical Center, Denver, 1975-76; residency, University of Colorado, Denver, 1976-77 and University of Arizona Medical Center, Tucson, 1977-80; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General Hospitals. Dr. Osborne is practicing at 424 South "K" Street, Tacoma.

Peter K. Marsh, M.D., Internal Medicine. Born in Chicago, Ill, 3/30/49; Jefferson Medical College, Philadelphia, PA, 1976; internship, Albert Einstein Medical Center, Philadelphia, 1976-77; residency, Thomas Jefferson University Hospital, Philadelphia, 1977-79; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Marsh is practicing at 1624 South "I" Street, Tacoma.

Thomas K. Jones, Jr., M.D., Therapeutic Radiology. Born in Youngstown, Ohio, 10/31/34; The Johns Hopkins University School of Medicine, 1959; internship and residency, Union Memorial Hospital, Baltimore, MD, 1959-61; residency, Medical College of Virginia, 1967-70; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Jones is practicing at 314 South "K" Street, Tacoma.

John M. Hautala, M.D., Pediatrics. Born in Seattle, WA, 7/4/50; University of Washington, Seattle, 1973; internship and residency, Oklahoma University Health Science Center — Children's Memorial Hospital, 1977-81; State of Washington license, 1981. Has applied for medical staff membership at Lakewood General, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Hautala is practicing at 1106 South 4th Street, Tacoma.

SECOND NOTICE

Alan D. Mease, M.D., Pediatrics. Born in College Park, PA, 8/9/46; University of Missouri School of Medicine, Columbia, MO, 1973; internship and residency, Fitzsimons Army Medical Center, Denver, CO, 1973-75; hematology/oncology residency, Walter Reed Army Medical Center, 1975-77; State of Washington license, 1980. Has applied for associate membership. Dr. Mease is practicing at Madigan Army Medical Center, Tacoma.

Maurice E. Lindell, M.D., General & Thoracic Surgery. Born in Warren, PA, 11/25/30; University of Pennsylvania School of Medicine, 1956; internship, Presbyterian Hospital, Philadelphia, 1956-57; residency in general surgery, Letterman Army Medical Center, San Francisco, 1959-63; residency in thoracic surgery, Fitzsimons Army Medical Center, 1966-68. State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Lindell is practicing at B-5010 Allenmore Medical Center, Tacoma.

Thomas A. Heller, M.D., Family Practice/ Public Health. Born in Washington, D.C., 8/3/48; University of Illinois, 1974; internship, Jewish Hospital of St. Louis, 1974-75; residency, University of Iowa, 1977-79; University of Washington School of Public Health, 1979-81. State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan, Lakewood General, St. Joseph and Tacoma General hospitals. Dr. Heller is practicing at Eastside Community Clinic, Tacoma.

Donald E. Maurer, M.D., Emergency Medicine. Born in Little Rock, Ark., 2/1/48; University of Arkansas for Medical Sciences, 1976; internship, Medical College of Virginia, Richmond, VA, 1976-77. State of Washington license, 1981. Has applied for medical staff membership at Lakewood General and Tacoma General hospitals. Dr. Maurer is practicing at Lakewood General and Tacoma General hospitals.

David M. Brown, M.D., Family Practice. Born in Oak Park, IL, 5/25/50; University of Health Sciences/ The Chicago Medical School, 1978; internship, The Doctor's Hospital, 1978-79; residency, The Doctor's Hospital/ Swedish Hospital, Seattle, 1979-81. State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctor's, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Brown is practicing at 1212 So. 11th St. #37, Tacoma.

William F. Roes, M.D., Family Practice. Born in St. Louis, MO, 12/17/50; Washington University School of Medicine, 1978; internship, Virginia Mason Hospital, 1978-79; residency, Tacoma Family Medicine, 1979. State of Washington license, 1978. Has applied for medical staff membership at Allenmore, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Roes is practicing at Key Peninsula Health Center, Route 1, Box 104B, Lakebay, WA.

Scott L. Havsy, D.O., Family Practice. Born in Brooklyn, NY, 5/4/53; College of Osteopathic Medicine & Surgery, 1978; internship, Madigan Army Medical Center, 1979-80. State of Washington license, 1980. Has applied for medical staff membership at Good Samaritan and Puget Sound hospitals. Dr. Havsy is practicing at 1410 Meridian S., Puyallup.

George G. Johnston, M.D., Cardiac, Thoracic & Vascular Surgery. Born in Las Vegas, NV, 1/11/43; University of Tennessee, 1969; internship, straight medicine, Baptist Memorial Hospital, Memphis, 1969-70; residency, general surgery, University of California, San Diego, 1972-78; residency, cardiopulmonary surgery, University of Oregon, Portland, 1979-81; cardiac surgery, D.S. Sharp Memorial Hospital, San Diego, 1978-79. State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Johnston is practicing at B-5010 Allenmore Medical Center, Tacoma.

THE LAW AND MEDICINE

January 25, 1982 — Saturday — 8:30 a.m. to 12:00
University of Puget Sound — Law School

* FEE SCHEDULES
  How to bill attorneys
  What to bill for
* MEDICAL RECORDS
  Patients' rights
* COURT ROOM TESTIMONY
* IMPACT OF THE NEW TAX LAW

Credit: 3 hours — AMA — AAFP — Category I

Registration fee: $25.00
Paid preregistration required before January 20, 1982

Mail to:
College of Medical Education
Medical Society of Pierce County
705 South 9th, #203, Tacoma, Washington 98405

Program coordinator: Don C. Pearson, M.D.

Classified

Classified and announcement copy may be mailed to: Grawin Publications, 1020 Lloyd Building, 603 Stewart Street, Seattle 98101, or phoned to Seattle (206) 223-0861. 50¢ per word; $10 minimum charge. Check must accompany copy.

WANTED PEDIATRICIAN, To join Multi-speciality group in Pacific Northwest. Excellent coverage, benefits and compensation. First year guarantee and incentives. Outstanding recreational and living opportunities. Area serves as Regional OB-Perinatal referral center. New clinic facilities. Send C.V. or inquiries to Thomas H. Skrinar, M.D., Puget Sound Clinic, 3611 South "D" Street, Tacoma, Washington 98408, or phone collect 206-756-8569 or 206-272-0486 after hours.

OB/GYN: A multi-specialty group practice in Tacoma seeks employment, with partnership opportunity, of OB/GYN physician; excellent benefits and compensation — guarantee and incentive. For information call Don Reddington, (206) 627-9151, or write, P.O. Box 5467, Tacoma, Washington 98405.

DYNAMIC INNOVATIVE PSYCHOTHERAPEUTIC group is looking for a psychiatrist or psychologist to join the practice and share expences. In the south Seattle area, well established practice, growing community. Call Maria E. Pietrzyk, M.D. 255-0920 Maxine, Sec.

JACKSON HALL MEDICAL CENTER. Space available for lease across from Tacoma General Hospital. Design and finish to your requirements. Variable lease rate if desired. Call 627-0031.

VICTORIAN SHOWPIECE! Italian marble fireplaces — fine Commencement Bay view. Great location — 401 North E. — Priced in mid $100's — Gary Allyn: 752-3565/272-0657.

UNIVERSITY PLACE PROFESSIONAL SQUARE. For rent or lease University Place area. 910 sq.ft. suite, $480/month; 965 sq.ft., $450/month; 1175 sq.ft. suite, $565/month. Call 565-4444.

NEW FEDERAL WAY Medical Office Space. Ideal for family or pediatric practice. 1500 sq.ft. Excellent opportunity for rapid growth. Good referral base. Phone: 1-952-5547.

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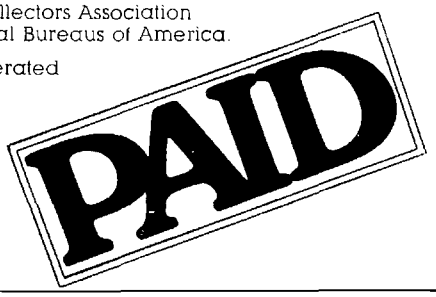

PUYALLUP, Medical space in new building now occupied by dentist and pediatrican. Lease terms. Interior finished to suit. Mr. Rake 848-5511 or 845-1278 evenings.

VACATION RENTAL: Friday Harbor, waterfront condo, 3 bedroom, 2 bath, WID, completely furnished, moorage, 23' cruiser available, seasonal rates. Call 572-2134 or (1) 378-2909.

UNION AVENUE MEDICAL-DENTAL CENTER — Space available for lease, staff lounge facilities, central vac., air, and storage (near Allenmore Hosp.) Call 752-6336 (Mon.—Thurs.) Tacoma.

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Private and group lessons
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PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

Family physician practicing in the Lakewood area seeks young family physician as an associate. Has 3,000 square foot, two-man office with lab and x-ray. No start-up expense for new physician and arrangements are open to discussion. Listing #1001.

1982 Directory for Pierce County Physicians & Surgeons

A limited number of 1982 directories are available at $5.00 each.

A check, accompanying order, may be sent to:

GRAWIN PUBLICATIONS
1020 Lloyd Building
Seattle, WA 98101
(206) 624-4070

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Tacoma, Washington 98405
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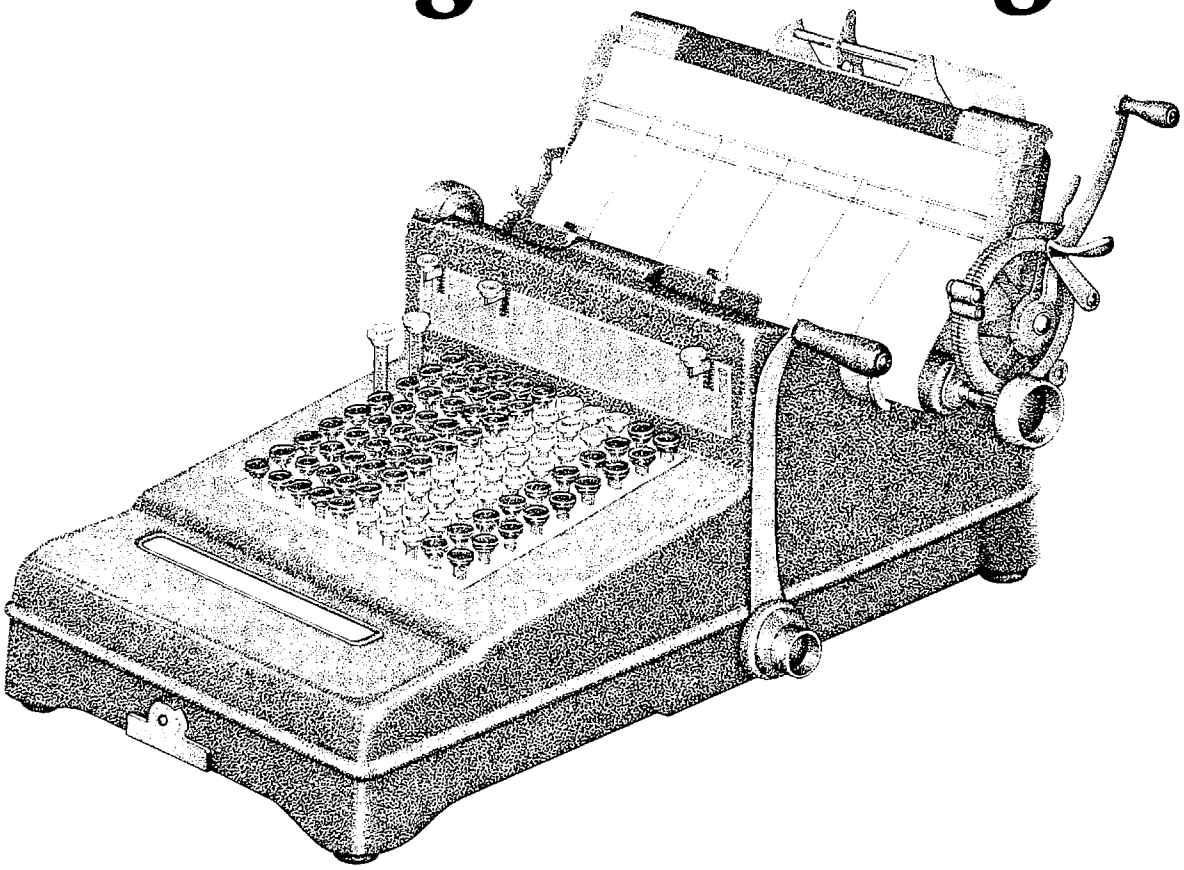

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Blue Cross prides itself on fast claims payments. And on prompt payment reports both to you and your patients. Clear, concise and complete reports that practically eliminate send-backs and minimize correspondence.

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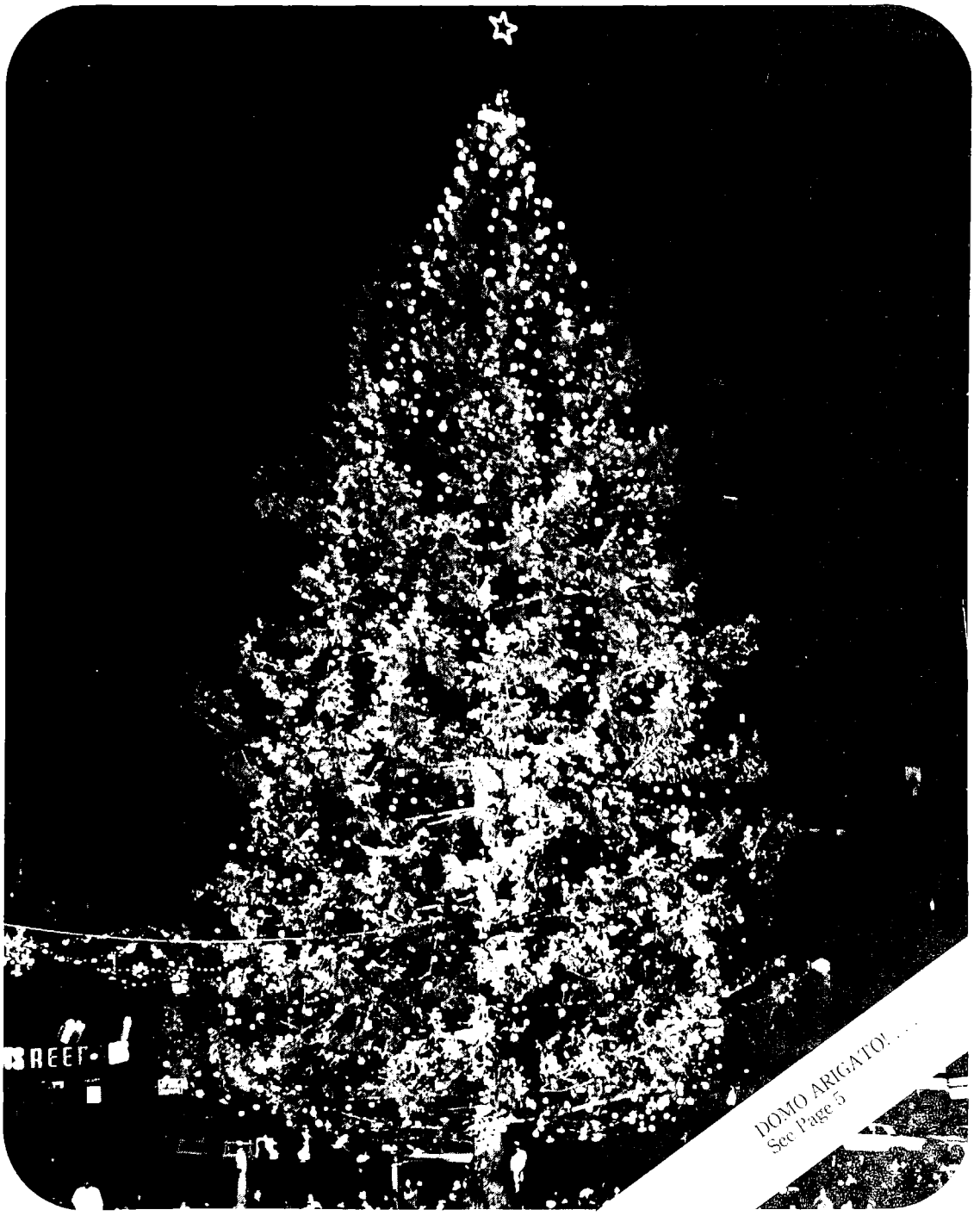
Medical Society of Pierce County

DECEMBER 1981, Vol. LIII, No. 12, Tacoma, Washington



DOMO ARIGATO!
See Page 5

BULLETIN

Even a famous movie star has to plan for the future. After all, healthy assets, peace of mind and tax relief are hard to come by these days.

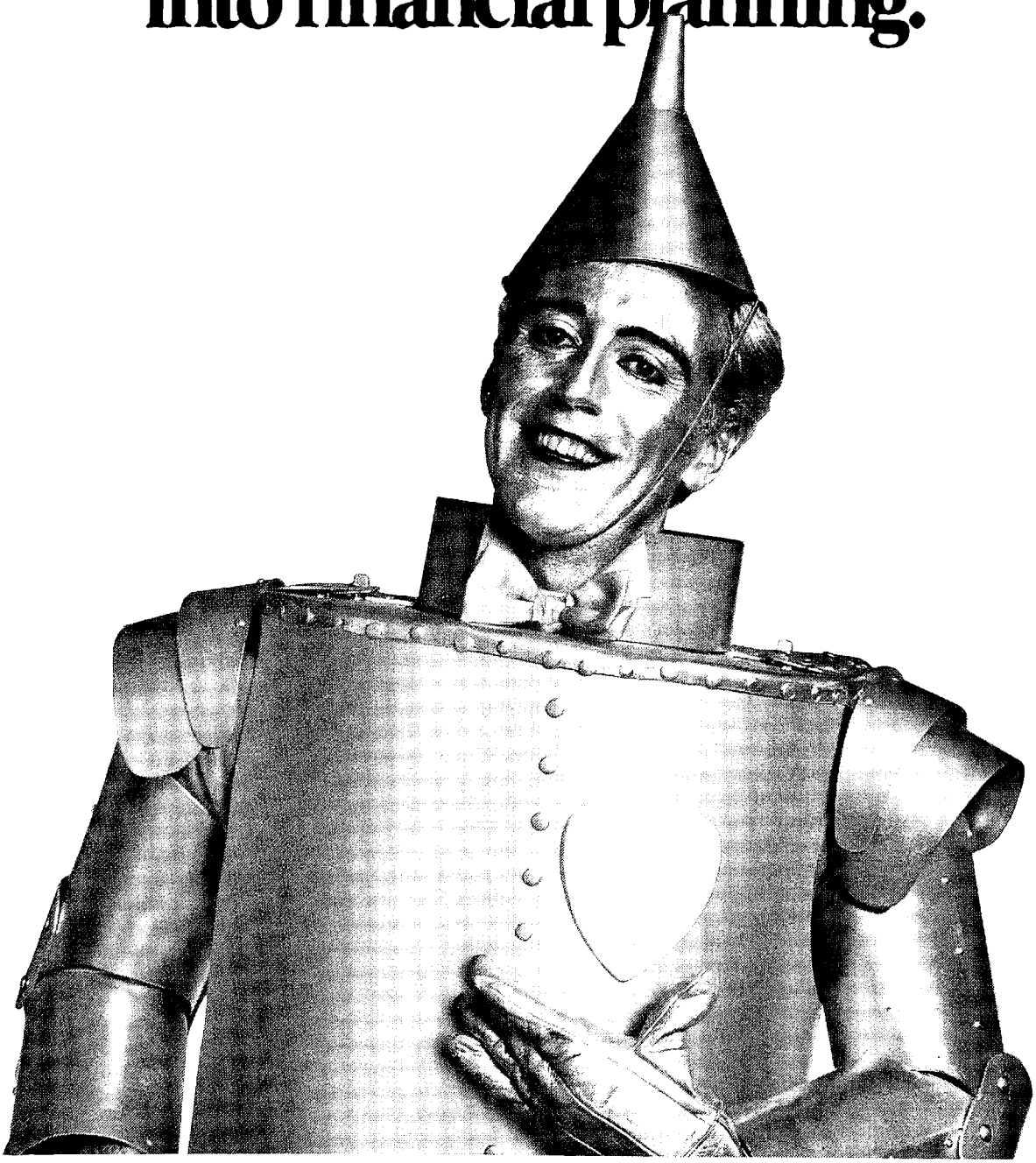
Thank heavens for the trust officers at Puget Sound National Bank. They're expert financial administrators. And you can trust them to keep on top of your investments.

So if you're looking for sound financial planning, take my advice. Call Doris Warner at (206) 593-3881.

A bank with a heart™ can be your biggest asset.

PUGET S♥UND NATIONAL BANK
Trust Department
MEMBER F.D.I.C.

"My trust officer puts more heart into financial planning."



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Cover photo: Christmas in Tacoma

Staff

Editor ..... David S. Hopkins, M.D.
Managing Editor ..... Thomas J. Curry
Editorial Committee..... W. Ben Blackett, M.D., Stanley W. Tuell, M.D.

Society News Briefs

A summary of Medical Society, and local medical and health news

YOUR HELP IS NEEDED

As outlined in an open letter to the medical community published in the November *Bulletin*, physician support of the community clinics operated by the Tacoma-Pierce County Health Department is needed. The clinics cannot operate as a system working parallel to, but separate from, the private medical community.

Pledges for donated service from surgeons, orthopedists, obstetricians, ENT specialists, ophthalmologists, urologists, neurologists, pediatricians, alcohol treatment programs, and medical subspecialists are needed.

Physicians are requested to make a pledge to provide up to one, two, three, or more donated consultations to the clinics per month. You are asked to send your pledge to the Medical Society office. The office will compile a roster of specialists willing to provide free consultations or care and the load will be spread among the maximum number of physicians possible.

In return, the clinics will accept into their practice patients who cannot pay for private care. They will accept referrals from emergency rooms, private physicians, and the Medical Society. These patients will be redirected back into the private medical community as their financial status improves.

The clinics are: The Family Clinic, 1206 So. 11th, Suite 8, Tacoma, 627-9182; The Eastside Clinic, 1720 E. 44th, Tacoma, 472-9647; The Lakewood Clinic, 9112 Lakewood Drive S.W., Lakewood, 593-4023; and, The Sumner Clinic, 1110 Fryar Ave., Sumner, 863-0406. Dr. Thomas A. Heller, an internist, is medical director of the clinics. Drs. Charles M. Weatherby and Douglas P. Jeffrey, board certified family physicians, are National Health Service Corps physicians serving at the clinics. All three physicians are currently provisional members of the Medical Society of Pierce County and have applied for active membership.

Physicians are urged to complete the form below and return it to the Society office.

COMMUNITY CLINIC RESPONSE FORM

_____ Yes, I am willing to help "take care of our own." I will provide, on a rotating basis with my fellow Pierce County physicians, consultations without charge for patients referred to my practice by the Health Department's Community Clinics.
Patients referred to me should not exceed _____ per month.

NAME _____

Office Telephone Number _____

PLEASE RETURN TO THE MEDICAL SOCIETY OFFICE BY DECEMBER 31, 1981.

SPEND AN ENLIGHTENING DAY IN OLYMPIA

You can spend an enlightening day in Olympia during the 1982 legislative session as a volunteer in the WSMA legislative clinic. Meet a legislator (or three) from your home district. Drop by a committee meeting. In short, help make medicine's presence felt in Olympia.

You can achieve all of this impact by calling the WSMA toll-free num-

(continued on page 6)

Published monthly by the Medical Society of Pierce County, 705 South 9th, Suite 203, Tacoma, WA 98405. Telephone (206) 572-3666. Bulk Rate U.S. Postage paid at Tacoma, Washington. The BULLETIN is published in the interest of medicine and allied professions. The opinions herein are those of the individual contributor and do not necessarily reflect the official position of the Society unless so stated. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. Advertising rates may be secured from Grawin Publications, 1020 Lloyd Building, Seattle, WA 98101. Annual subscription rate for members of the Society is $10.00, which is included in the dues. Non-member subscription, $15.00 per year. Single copy $2.00

COLLEGE OF MEDICAL EDUCATION

1981-82 Academic Year

A = Allied Health Personnel
P = Physicians
( ) = Credited Hours

Date	Course Topic/Credits	Coordinator(s)
January		
13, 14	PRACTICAL PATIENT ASSESSMENT (16)A	*D. Gallagher, R.N.* *B. Granquist, R.N.*
23	THE LAW & MEDICINE (7)P	*D. Pearson, M.D.*
30	SCREENING	*P. Zurfluh, R.N.*
February		
20	PERIPHERAL VASCULAR DISEASE (7)P	*T. Apa, M.D.*
18	NEUROLOGY CONFERENCE (8)A	
25, 26	BURNS (16) P/A	*B. McDonald, R.N., T. Irish, M.D.*
March		
4	BASE STATION (7)P	*M. Jergens, M.D.*
5, 6	EMERGENCY MEDICINE (16) P/A	*T. Kendrick, M.D.*
11, 12	TACOMA ACADEMY OF INTERNAL MEDICINE ANNUAL MEETING (16)P	*J. Fry, M.D.*
20	DAYS OF PEDIATRICS — INFECTIOUS DISEASES (16) P/A	*R. Scherz, M.D.*
April		
1, 2, 3	ACLS	*T. Kendrick, M.D., J. Fulcher, M.D.*
14	ALCOHOLISM 5(P)	*C. Reynolds, M.D.*
15, 16	INTENSIVE CARE (14)P	*B. Weled, M.D.*
23	SURGICAL CLUB — ANNUAL MEETING (10) P	*H. Kennedy, M.D.*
30	T.G.H. — 100TH BIRTHDAY (6)P	*D. Houtz, M.D.*
May		
20, 21, 22	3RD ANNUAL CARDIOLOGY CONFERENCE (16)P/A	*G. Strait, M.D.*
20	ESTROGEN CONTROVERSY (4)P	*J. Sakakini, M.D.*

A detailed brochure will precede each program with approximately one month's advance mailing.

For further information write or call: Maxine Bailey, Executive Director
COLLEGE OF MEDICAL EDUCATION
705 South 9th, Suite 203
Tacoma, Washington 98405
Phone: (206) 627-7137

(Programming is subject to change — individual notices will be sent prior to each program)

President's Page

George A. Tanbara, M.D.

DOMO ARIGATO (Thank You!)

I wish to thank each and every member of the Medical Society for giving me the privilege and opportunity of serving you and, hopefully, the community over the past year. The variety of issues being addressed by the Society, the range of activities and programs it is involved in, and the amount of information that is made available by the Society office is so great that every member can be accommodated on a working and worthwhile committee.

It would be with trepidation that I state what was accomplished in 1981. The tremendous amount of time and knowledge contributed individually, in committees and at meetings, is the pulse of our Society for which I am very grateful. There is a niche for everyone. It certainly is a good way to meet your fellow members, share ideas and at the same time serve our community.

We hope that we have listened to you. We may not have always done your bidding but everyone's point of view(s) was considered before arriving at a collective decision. Each committee is important or it would not exist. New ideas or thoughts are always welcome and, with the large number of new members coming into our community anyone interested can easily serve on the committee of his or her interest.

More communication to and from the membership through the *Bulletin* is encouraged. The need for the physician to be concerned for the community is becoming more evident daily with the economic constraints which affect everyone. Health needs must be guided by physicians. We must be visible and available to help make policies and decisions and not rise to the occasion only when a policy or decision would adversely affect our practice.

If each of us continues to participate in the Medical Society of Pierce County, the Washington State Medical Association and the American Medical Association we will be that much more visible and stronger. Participation on hospital committees, specialty organizations, voluntary health agencies, plus avocational interest will add to the stature of physicians. We have a strong organization and a dedicated staff. The organization requires your continued support and input.

1982 will be another exciting year with new challenges. I very much appreciate the thoughts each of you have shared with me and I hope that I was helpful to you and our community.

Urban Health Initiative, hospital construction, Family Practice Residency, Physicians Insurance, optometrists' use of eye medication, emergency medical services, office personnel, medical library, medical education, collections, Tel-Med, Auxiliary, Tacoma-Pierce County Health Department, Health Services Agencies, infection control, physical examination of children, jail health, and nursing homes were among the issues addressed by the Society in 1981. One or more of these affected you and your practice. There are other physicians in our Society helping you by addressing these problems.

Do you understand? WAKARIMASU?	*Yes* HAI!!	*Striving our utmost* IISHŌKENMEI!
Look ahead MAE MIMASU	*It can't be helped* SHIKATAGANAI	*Always* ITSUMO
Number one ICHIBAN	*Self restraint* GAMAN	*Big worries* ŌSHINPAI
Feelings KIMOCHI	*Soul* KOKORO	*I understand* WAKARIMASU

Thank you very much
DOMO ARIGATO

Anyone able to arrange these words in a meaningful way will be entitled to a dinner.

GAT

ber, 1-800-552-0612, and volunteering to serve a day in the legislative clinic.

Clinic staff will handle the routine cases while you, on call, make your opinions known to your local representatives. Volunteers are urgently needed for this beneficial program which generates considerable goodwill in the state capitol.

ANNUAL MEDICAL SOCIETY OPINION SURVEY UNDERWAY

All members of the Society are encouraged to respond to the annual membership opinion survey questionnaire mailed to offices in December. Your responses are important and help shape Society policy and programs.

Included in the 1982 survey are questions regarding establishment of a physician owned or directed answering/paging service, and a centralized laboratory service for Pierce County physicians.

PHYSICIANS VOTED INTO MEMBERSHIP

Four provisional members were voted into Medical Society membership at the December Board of Trustees meeting. They are: Drs. Gregory P. Schroedl, Michael L. Halstead, Joseph Sakakini and Ronald H. Hodges.

SALARY AND FRINGE BENEFITS SURVEY RESULTS AVAILABLE

The annual salary and fringe benefit survey conducted by the Society's Placement Service has been

(continued on page 7)

THE LAW AND MEDICINE

January 23, 1982 — Saturday — 8:30 a.m. to 12:00
University of Puget Sound — Law School

* FEE SCHEDULES
  How to bill attorneys
  What to bill for
* MEDICAL RECORDS
  Patients' rights
* COURT ROOM TESTIMONY
* IMPACT OF THE NEW TAX LAW

Credit: 3 hours — AMA — AAFP — Category I

Registration fee: $25.00
Paid preregistration required before January 20, 1982

Mail to:

College of Medical Education
Medical Society of Pierce County
705 South 9th, #203, Tacoma, Washington 98405

Program coordinator: Don C. Pearson, M.D.

Are You Ready For An Office Computer?

PICKING A SYSTEM

Last month, I discussed the components of a small medical office computer system. Also, some of the criteria for deciding if a computer was desirable was mentioned.

This month, we'll discuss how to pick a system. After an analysis of needs is made; there are really three parts to a small system:

1. Hardware.
2. Software.
3. Consultant/support.

Surprising to many, the hardware is not the primary consideration. Software and support for the system come first. A good consultant can look at your office, recommend software, and give valuable, essential instruction and support for the entire system during the "debugging and start-up phase. Good medical business software is available and the vendor of this software can provide some backup support.

I'm assuming that an "off the shelf" system is picked. The cost and convenience really beat a "custom" system. The hardware vendor also should provide service and it should be available locally. However, modern micro-circuitry is quite reliable and gives a minimum of service problems. It's plain to see that a local consultant/support is all-important.

Ideally, this person or company should stand independently and not be associated with either the software or hardware firm. A more objective opinion and recommendation can be given if there is no direct connection.

Finding support for the system that is available quickly when you yell "help" is difficult but not impossible. Another start for this whole idea is to purchase a personal home computer. Then you can speak the language.

Here the choice is easier and can start with the hardware. By far the leaders in this field are "Apple" and "Trs 80", the latter put out by Radioshack.

Are you ready to pick a system? Remember, if the system bombs, it's not my fault! I'm just a FP.

Happy Computing!

James M. Blankenship, M.D.

SOCIETY NEWS BRIEFS continued

tabulated. For a copy, mailed to you at your home address, call Placement Service director Linda Carras, 572-3709.

The Placement Service is anxious to help members in any way possible. For assistance in finding the "right person" for a job opening at your office, helpful hints on effective interviewing and job definition, and related personnel counselling, call the Placement Service.

Plan To Address Local Needs

SOCIETY ESTABLISHES HEALTH TASK FORCE

Because of increased unemployment and present and expected reductions in federal and state funding, many Pierce County residents, particularly the neediest, face increased difficulty in obtaining health services. The services which are being affected run the gamut from primary care to environmental programs. In order to better understand and minimize the impact of reduced funding the Board of Trustees has authorized, in cooperation with the Tacoma-Pierce County Board of Health and the United Way of Pierce County, the establishment of the Pierce County Health Needs Task Force.

Local health agency response has been enthusiastic. Twenty-five voluntary agencies have so far indicated a desire to participate in its discussions and have submitted initial data regarding health needs.

A questionnaire completed by members attending the Medical Society's October meeting gave an indication of physicians' current ranking of health services by importance (see table below). Physician comments made in answer to several questions were revealing:

"Many physicians' services are unnecessary."

"How can you refuse care of the sick?"

"Many of these people, not by their own choosing but due to loss of job, are forced to go on public assistance."

"We will accept medicaid patients for no fee if needed."

"More part pay patients; more contract payments."

"Find out who is in need and take care of them."

"I believe it is the moral responsibility for all of us to help with the care of people in our area — thus sharing the burden —M.D.'s still make a damn good living."

Continuing need for translators and for an accessible out-of-office financial screening service was also mentioned.

It is proposed that during the coming several months the Task Force should intensively study the health needs of the county, establish goals for health services within the county, foster methods of cooperation, and issue a report to the public including appropriate recommendations to the participating organizations and others. The initial Task Force meeting is tentatively scheduled for early in 1982. Members of the Task Force Executive Committee—representatives of the Medical Society, health department, and United Way — have met in December with individual agency administrators to acquire additional data regarding needs and services offered.

It has long been the position of the Medical Society of Pierce County that access to services required for maintaining and protecting the health of each county resident should be continued and improved. The Task Force will hopefully help all of us achieve this objective. Any data or suggestions from members would be most welcome.

HEALTH NEEDS TASK FORCE
Physician Questionnaire Response

1. Many services important for the protection and maintenance of health of Pierce County residents are threatened by funding and/or economic conditions. From your point of view *what are the three most* important services? (Choose three of the service areas listed below or add any you feel are important):

% of Respondents Indicating Top Priority	Service Area
10.8%	Health Screening Services
15.2%	Health Education Services
21.7%	Health Referral Services
47.8%	Primary Medical Care
30.4%	Preventive Medical Services (water quality control, for example)
8.7%	Work Related Health Services (occupational health)
0%	School/Day Care Health Services
4.3%	Health Planning Services
17.4%	Services for the Developmentally Disabled
23.9%	Services for the Handicapped
30.4%	Services for those with chronic disorders (cancer, heart disease, crippling conditions, for example)
28.2%	Mental Health Services
19.6%	Substance Abuse Services
6.5%	Other Prenatal. Contraception. Transportation to and from doctor.

David Sparling, M.D., Chairman
Public Health/School Health Committee

BEST WISHES FOR THE HOLIDAYS AND A SUPER 1982 TO ALL!
START OUT THE NEW YEAR WITH THE AUCTION

TIME — TALENT AND TREASURES AUCTION

January 23, 1982 7:30 p.m.

Charles Wright Academy Commons

Silent and Oral Auction

Tickets are $5.00 per person and include wine, beer and snacks. Guests are welcome.

Some donations to be listed in the auction catalogue are: • Guitar lessons • Sewing for you • Knitting for you • Painting • You cut wool • Dog obedience lessons • Pottery • Wall papering instructions • Ice skating lessons • Food • Boating experiences • Airplane tour over Mt. St. Helens • Video taping of your special event

Call Auction Chairman Helen Whitney, 564-4345, for you donation. Sponsored by the Pierce County Medical Auxiliary. Reservation envelopes will be included in the January Auxiliary newsletter.

NOVEMBER GENERAL MEETING

The November meeting was held at the Gig Harbor home of Dr. and Mrs. Peter Kesling (Pat). After the business meeting and luncheon, the Auxiliary was highly entertained by Betsy Snodgrass of Cusinart. Betsy demonstrated holiday cooking delights (or for any time) to assure "oohs" and "ahhs." She made a curried cream cheese mold (always line your molds with plastic wrap), hoisin-sauced pork decorated with radish fans, and challah decorated with a santa face and filled with a hot ham mixture. The highlight was a large basket tray artfully laden with vegetables for dipping, shrimp and juniper branches.

"Thank you" to the committee, co-chaired by Judy Baerg and Martia Ohme. The committee members were Jan Thiessen, Mima Jergens, Ane Fulcher and Lee Jackson. "Thank you" to the Keslings for the use of their home.

AMA-ERF CARD TOTAL IS GRAND!

"Thank you" for your generous donations to the AMA-ERF Holiday Sharing Card Project. The grand total is $11,405. Pierce County, you're terrific!

Thanks for suggesting that we list first names on our holiday card. It is a more personal greeting from one medical family to another. We appreciate your input.

Sharon Lawson

DUES-MEMBERSHIP

Mary Whyte Lenard, dues treasurer, reports dues are still coming in. For those of you who haven't yet written that check, get it done (a good part of your 1982 resolutions). Mail your dues check for $43.50 to Rt. 1, Box 1047, Buckley, WA 98321. This is one cost that hasn't gone up this year. Take advantage of it!

Mary Whyte Lenard

Membership

In accordance with the Bylaws of the Medical Society of Pierce County, Chapter Seven, Section A, MEMBERSHIP, the following physicians have applied for membership, and notice of their application is herewith presented. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the society.

FIRST NOTICE

Keith E. Demirjian, M.D., Family Practice. Born in Portland, Oregon, 5/31/52; University of South Alabama, 1978; internship and residency, Moses Cone Hospital, Greensboro, N.C.; 1978-81; Washington State license, 1981. Has applied for medical staff membership at Allenmore, St. Joseph and Tacoma General hospitals. Dr. Demirjian is practicing at 1811 South "K" Street, Tacoma.

Alan P. White, M.D., General Surgery. Born in Winchester, VA, 6/28/48; Bowman Gray School of Medicine of Wake Forest University, Winston-Salem, N.C., 1974; internship and residency, Madigan Army Medical Center, 1974-79; Washington State license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. White is practicing at 314 South "K" Street, Tacoma.

Thomas G. Griffith, M.D., Orthopedic & Hand Surgery. Born in Fresno, CA, 10/24/46; University of Washington, 1973; internship and residency, Tripler Army Medical Center, Honolulu, Hawaii, 1973-77; Washington State license, 1981. Dr. Griffith is practicing at Madigan Army Medical Center.

Hugh A. Larkin, Jr., M.D., General Practice. Born in Tacoma, 9/8/49; University of Washington, 1980; internship, Swedish Hospital, 1980-81; Washington State license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Larkin is practicing at 1301 N. "I" Street, Tacoma.

Rob R. Roth, M.D., Pathology. Born in Denver, CO, 6/16/47; University of Colorado School of Medicine, 1974; internship and residency, Madigan Army Medical Center, 1974-78; Washington State License, 1981. Has applied for medical staff membership at Doctors, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Roth is practicing at 315 South "K" Street, Tacoma.

Paul L. Chan, M.D., General Surgery. Born in Canton, China, 6/25/36; School of Medicine, National Taiwan University, 1973; internship, Halifax Infirmary, Nova Scotia, Canada, 1963-64; residencies, Providence Hospital, Southfield, MI (surgical) 1965-67; St. Joseph's Hospital, Toronto, Canada (emergency medicine), 1964-65; St. Paul's Hospital, Vancouver, Canada (surgical), 1967-68; St. Paul's Hospital (pathology), 1968-69; Providence Hospital, (4th year surgical resident), 1971-72; Washington State license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Chan is practicing at 5122 Olympia Drive N.W., Gig Harbor.

John E. Goodpasture, M.D., Anesthesiology/ Hyperbaric Medicine. Born in San Antonio, Texas, 4/1/47; University of Texas Medical Branch, Galveston, 1974; residency, University of Texas, 1975-78; Washington State license, 1981. Has applied for medical staff membership at Lakewood General Hospital. Dr. Goodpasture is currently practicing at Lakewood General, Lakewood.

Frank A. Chapman, M.D., Family Practice. Born in Chicago, Ill, 5/27/51; University of Washington, 1977; internship, San Bernardino County Medical Center, 1977-78; residency, University of Utah Dept. of Family and Community Medicine, Salt Lake City, 1978-81; Washington State license, 1979. Has applied for medical staff membership at Allenmore, Doctors, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Chapman is currently practicing at A-314 Allenmore Medical Center, Tacoma.

Robert V. Hollison, M.D., Family Practice/ Internal Medicine/Emergency Medicine. Born in Honolulu, Hawaii, 11/9/47; University of Washington, 1973; internship and residency, Madigan Army Medical Center, 1973-80; Washington State license, 1974. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood General, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Hollison is practicing in Tacoma.

SECOND NOTICE

Charles M. Weatherby, M.D., Family Practice. Born in Seattle, WA, 3/30/52; University of Washington, 1978; internship and residency, St. Luke's Hospital, Milwaukee, Wisc., 1978-81; State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan, Lakewood General, Mary Bridge, St. Joseph and Tacoma General hospitals. Dr. Weatherby is practicing through the health department's community clinics.

Gregory E. Arnette, M.D., Internal Medicine. Born in Geneva, Ohio, 6/9/49; Medical College of Ohio, Toledo, 1978; internship and residency, USC Medical Center/Los Angeles County Hospital, 1978-81; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Arnette is practicing at 3611 South "D" Street, Tacoma.

Michael Gutknecht, M.D., Radiology. Born in Waterloo, Iowa, 7/11/49; Vanderbilt Medical School, Nashville, Tenn., 1975; internship, William Beaumont A.M.C., El Paso, Texas, 1975-76; residency, Tripler A.M.C., Honolulu, Hawaii, 1976-79; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood, and Mary Bridge Children's hospitals. Dr. Gutknecht is practicing at 7424 Bridgeport Way West, Suite 103, Tacoma.

Needham E. Ward, M.D., Cardiology. Born in Portland, Oregon, 4/29/46; University of Oregon Medical School, Portland, 1972; internship and residency, Fitzsimons Army Medical Center, Denver, CO, 1972-76; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Ward is practicing at B-5010 Allenmore Medical Center, Tacoma.

Kenneth C.J. Scherbarth, II, D.O., Family Practice. Born in Detroit, Michigan, 8/23/51; Kansas City College of Osteopathic Medicine, 1979; internship, Osteopathic Hospitals of Detroit Inc., 1979-80; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Scherbarth is practicing at A-114 Allenmore Medical Center, Tacoma.

Ray M. Nicola, M.D., Public Health. Born in Portland, Oregon, 10/1/47; University of Oregon Medical School, 1973; internship, University of Oregon Medical Center Hospitals, Portland, 1973-74; residency, University of Michigan School of Public Health, Ann Arbor, 1974-76; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Nicola is the director of the Tacoma-Pierce County Health Department, 3611 South "D", Tacoma.

Margaret Kitazawa, M.D., Family Practice. Born in Washington, D.C., 4/22/49; Pennsylvania State University, Hershey, PA, 1975; internship and residency, UCLA, 1978-81; State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan, Mary Bridge Children's and Tacoma General hospitals. Dr. Kitazawa is practicing at Puyallup Indian Community Clinic, Tacoma.

John R. Harbour, M.D., Pathology. Born in Pullman, WA, 2/28/51; University of Washington, Seattle, 1977; internship and residency, University of California, San Francisco, 1977-81; State of Washington license, 1981. Has applied for medical staff membership at Doctors, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Harbour is practicing at Tacoma General Hospital, Tacoma.

Richard E. Waltman, M.D., Family Practice. Born in Florida, 5/12/45; Albert Einstein College of Medicine, Bronx, New York, 1975; internship; San Francisco General Hospital, 1975-76; residency, Harbor-UCLA Medical Center, 1978-80; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, St. Joseph and Tacoma General hospitals. Dr. Waltman is practicing at A-224 Allenmore Medical Center, Tacoma.

Douglas P. Jeffrey, M.D., Family Practice. Born in Corvallis, Oregon, 4/29/52; University of Oregon Health Science Center, Portland, Oregon, 1978; Internship and residency, University of Oregon Health Science Center, 1978-81; State of Washington license, 1981. Has applied for medical staff membership at St. Joseph and Tacoma General hospitals. Dr. Jeffrey is practicing at 1206 So. 11th, #8, Tacoma.

Matthew S. Newman, M.D., Emergency Medicine. Born in Chicago, Ill., 11/17/55; Tulane University School of Medicine, New Orleans, LA, 1979; internship and residency, Tulane University Affiliated, 1979-81; State of Washington license, 1981. Has applied for medical staff membership at Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Newman is practicing in Tacoma.

James D. Buttorff, M.D., Surgery. Born in Seattle, WA, 2/7/49; Albany Medical College, 1975; internship and residency, St. Louis University Hospitals, 1975-80; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Buttorff is practicing at 1212 South 11th, #39, Tacoma.

James E. Dunn, M.D., Family Practice. Born in Poplar Bluff, MO, 7/7/47; The Medical College of Wisconsin, Milwaukee, WI, 1978; internship and residency, Kansas University Medical Center, 1978-81; State of Washington license, 1981. Has applied for medical staff membership at Good Samaritan, Mary Bridge Children's and Tacoma General hospitals. Dr. Dunn is practicing at 2209 E. 32nd, Tacoma.

Chang J. Lee, M.D., Obstetrics/Gynecology. Born in Korea, 1/6/46; Yonsei University College of Medicine, Seoul, Korea, 1972, internship and residency, South Baltimore General Hostpital, Baltimore, Md., 1977-80; State of Washington license, 1980. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood General, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Lee is practicing at 10109 Plaza Drive, S.W., Tacoma.

David B. Bork, M.D., Diagnostic Radiology. Born in Vancouver, WA, 9/17/48; University of Washington, Seattle, 1974; internship, William Beaumont Army Medical Center, El Paso, Texas, 1974-75; residency, Walter Reed Army Medical Center, Washington, D.C., 1975-78; State of Washington license, 1979. Has applied for medical staff membership at Allenmore, Good Samaritan, Lakewood General and Mary Bridge Children's hospitals. Dr. Bork is practicing at 7424 Bridgeport Way W., Suite #103, Tacoma.

Charles G. Hubbell, M.D., Dermatology. Born in Bennington, Vermont, 7/12/47; University of Vermont, College of Medicine, Burlington, VE, 1973; internship and residency, Wilford Hall USAF Medical Center, Lackland AFB, San Antonio, Texas, 1973-79; State of Washington license, 1975. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Hubbell is practicing at A-116 Allenmore Medical Center, Tacoma.

John R. Huddlestone, M.D., Neurology. Born in Detroit, Michigan, 8/16/44; University of Michigan Medical School, Ann Arbor, 1971; internship, 1971-72, University of Michigan Hospital, Ann Arbor; residency, University of Colorado Medical Center, Denver, 1972-75; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Huddlestone is practicing at 1106 So. 4th St., Tacoma.

Robert W. Osborne, Jr., M.D., General/Vascular Surgery. Born in Pierre, South Dakota, 12/15/48; George Washington University, Washington, D.C., 1975; internship, University of Colorado Medical Center, Denver, 1975-76; residency, University of Colorado, Denver, 1976-77 and University of Arizona Medical Center, Tucson, 1977-80; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General Hospitals. Dr. Osborne is practicing at 424 South "K" Street, Tacoma.

Peter K. Marsh, M.D., Internal Medicine. Born in Chicago, Ill, 3/30/49; Jefferson Medical College, Philadelphia, PA, 1976; internship, Albert Einstein Medical Center, Philadelphia, 1976-77; residency, Thomas Jefferson University Hospital, Philadelphia, 1977-79; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's, Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Marsh is practicing at 1624 South "I" Street, Tacoma.

Thomas K. Jones, Jr., M.D., Therapeutic Radiology. Born in Youngstown, Ohio, 10/31/34; The Johns Hopkins University School of Medicine, 1959; internship and residency, Union Memorial Hospital, Baltimore, MD, 1959-61; residency, Medical College of Virginia, 1967-70; State of Washington license, 1981. Has applied for medical staff membership at Allenmore, Doctors, Good Samaritan, Lakewood General, Mary Bridge Children's Puget Sound, St. Joseph and Tacoma General hospitals. Dr. Jones is practicing at 314 South "K" Street, Tacoma.

John M. Hautala, M.D., Pediatrics. Born in Seattle, WA, 7/4/50; University of Washington, Seattle, 1973; internship and residency, Oklahoma University Health Science Center — Children's Memorial Hospital, 1977-81; State of Washington license, 1981. Has applied for medical staff membership at Lakewood General, Mary Bridge Children's, St. Joseph and Tacoma General hospitals. Dr. Hautala is practicing at 1106 South 4th Street, Tacoma.

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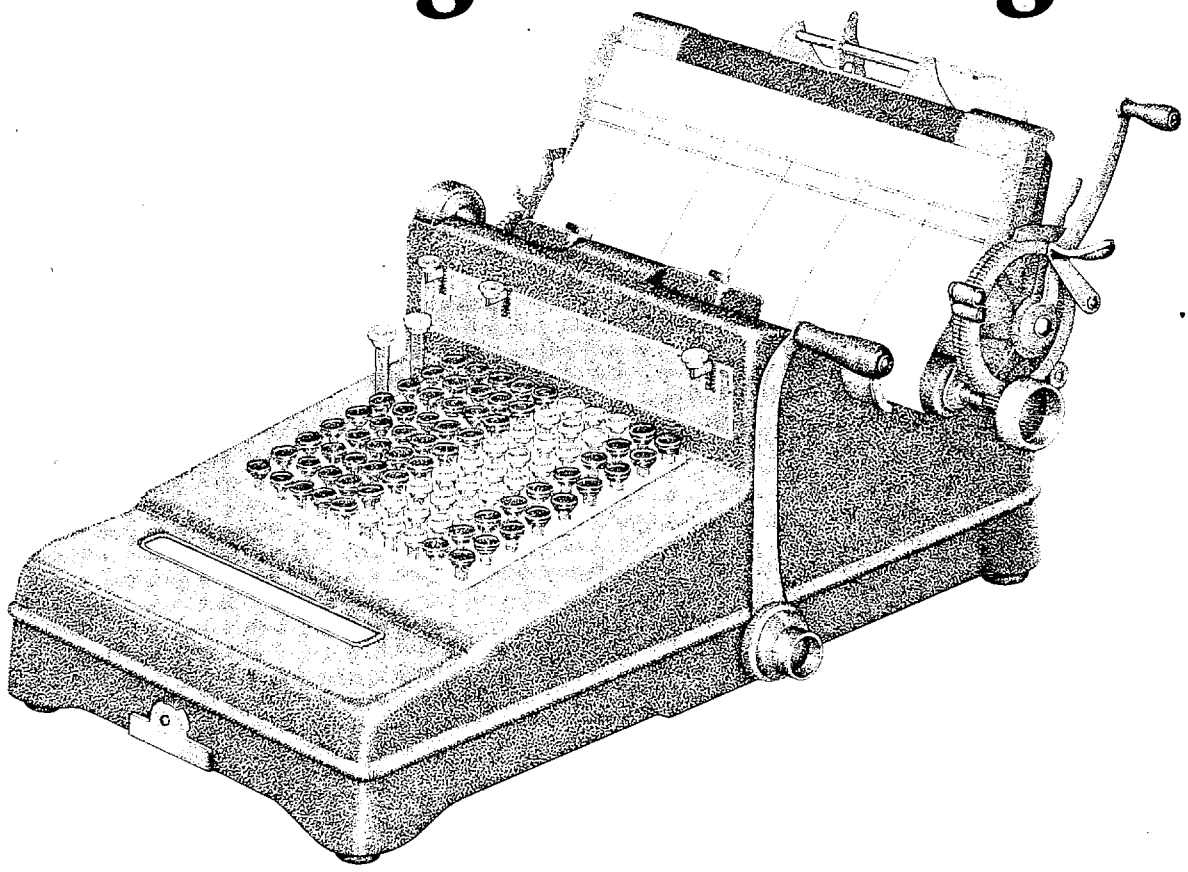

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