Bulletin

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LEE COUNTY MEDICAL SOCIETY INC.

Physicians Caring for our Community

LEE COUNTY MEDICAL SOCIETY INC.

Bulletin

13370 Plantation Road, Ste. 1
Fort Myers FL 33912

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

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Lee County Medical Society Mission Statement

The mission of Lee County Medical Society is to advocate for physicians and their relationships with patients; promote public health and uphold the professionalism of the practice of medicine.

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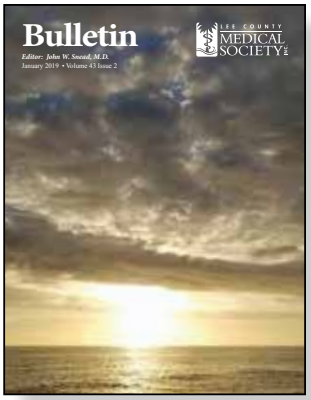

Photo Cover by
Julie Ramirez, LCMS
Executive Director
Pine Island Sound,
New Years Day 2019

Events RSVP online at www.lcmsfl.org

Friday, February 8, 2019 - Cocktail Hour at World of Beer
6:00 p.m. - 7:30 p.m.
Bell Tower Shops
13499 S. Cleveland Ave., Ste 111
Fort Myers, FL 33907

Friday, March 8, 2019 - Tacos & Tequilas
Combined Cocktail Hour with Collier County Medical Society
10952 Eagle Village Dr., Ste 425D
Fort Myers, FL 33913

Saturday, March 16, 2019
Second Annual Fun Run
Registration begins at 7:30 a.m.
5k Race at 8:45 a.m.
Walk at 9:00 a.m.

Lakes Regional Park
7330 Gladiolus Drive
Fort Myers, FL 33908

SAVE THE DATE

Friday, September 20, 2019
Annual Medical Service Awards

Membership News

Moved Out of Ara
Kembukem Amadi, MD
Joshu Raiten, MD
David Yu, MD

Retired
Paul Yudelman, MD
Mark O'Konski, MD
Richard Pry, MD

Reactivated
Joseph Salaz, MD - Retired

NEW APPLICANTS

Robert Allen, DO – Dr. Robert Allen received his medical degree and completed a General internship from Midwestern University, Downers Grove, IL from 1987-1992. He completed a Psychiatry residency at Rush-Presby St. Lukes, Chicago, IL in 1996. Dr. Allen is in practice at Advanced Psychiatry & Addiction Specialists, 9500 Corkscrew Palms Circle, Ste. 1, Estero, FL 33928. Tel: 239-275-6001 Fax: 239-275-6160. Board Certified: Psychiatry, Neurology and Preventative Medicine.

Donald Bruhn, MD – Dr. Donald Bruhn received his medical degree from Creighton University School of Medicine, Omaha NE in 1958. He completed an OB/GYN residency at Queens Hospital Center, Jamaica, NY in 1962. Dr. Bruhn is retired and is a Volunteer Clinic Physician at the Senior Friendship Center of Lee County, 5272 Summerlin Commons Way, Bldg. 6, #603, Fort Myers, FL 33907. Tel: 239-275-1881 Fax: 239-656-2760. Board Certified: Obstetrics & Gynecology.

Nancy Carlson, MD – Dr. Nancy Carlson received her medical degree from SUNY Upstate Medical University, Syracuse, NY in 1986. She completed an OB/GYN residency at the University of Vermont Medical Center in 1990. Dr. Carlson is in self practice at 10201 Arcos Ave., Ste. 103, Estero, FL 33928. Tel: 877-554-8035 Fax: 802-861-0210. Board Certified: OB/GYN.

Alicia Cowan, MD – Dr. Alicia Cowan received her medical degree from Temple University, Philadelphia, PA in 2010. She completed a General Surgery internship at UCSF, San Francisco in 2011 and an Orthopaedic Surgery residency at St. Louis University, St. Louis, Missouri, in 2017. From there she completed a Hand Surgery fellowship at University of Miami/Jackson Health System, Miami, FL in 2018. Dr. Cowan is in practice with Orthopaedic Center of Florida, 12670 Creekside Lane, Fort Myers, FL 33919. Tel: 239-482-2663 Fax: 239-985-3372. Board eligible.

Amber Loyson, MD – Dr. Amber Loyson received her medical degree from Michigan State University, E. Lansing, MI in 2011. She completed a Pediatric residency at University of Florida, Gainesville, in 2014. Dr. Loyson is in practice with Mackoul Pediatrics, 206. S.E. 16th Place, Cape Coral, FL 33990. Tel: 239-573-2001 Fax: 239-573-2006. Board Certified: Pediatrics

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MEMBER NEWS
We are requesting that if you have information that you would like to share regarding yourself or your practice, to please e-mail kris@lcmsfl.org. You will be featured in our upcoming Membership Spotlight section.

Need help with life's difficulties?

Please visit our website at:
www.lcmsfl.org

Reefer Madness 2.0

The times they are a changing. Regardless of what you think of marijuana, it's clear that the national trend is towards liberalizing its use. Last November, Michigan became the 10th state to legalize recreational marijuana. In Florida, we are still struggling with the recent state amendment legalizing medical marijuana. Our new governor, Ron DeSantis, recently declared that he will not stand in the way of allowing the smoking of marijuana for legitimate medical purposes. What constitutes a legitimate medical purpose continues to evolve. Despite what the proponents promoted, A recent survey of marijuana "prescriptions" reveals it is most commonly used for PTSD. Among the patients I treat, interest Is high and concern for risk is low. Patients are often more concerned about starting a new blood pressure medicine than taking up medical marijuana. On the flipside, many of my colleagues, while not interested in "prescribing" medical marijuana, wonder what's the right thing to do for their patients. The well-intentioned treatment of pain and anxiety has in recent years been proven to have promoted as much harm as benefit.

Proponents of marijuana are eager to tout the benefits, but rarely discuss the risks. My patients who use marijuana offer anecdotal evidence of its benefits, but when the discussion turns to risk, accuse me of being in bed with the drug companies (to which I reply that marijuana stocks are much more lucrative these days). In the months leading up to the Florida constitutional amendment, I spoke in opposition to medical marijuana because I felt that doctors were not in a position to discuss benefits and risk for a substance whose use they had little evidence about, and whose dosage is widely varied. In a perfect world, marijuana would have been tested and refined like any of the medicinal alkaloids. Phase 1, 2, and 3 clinical trials would have identified appropriate uses and safe dosing regimens, as well as risks and contraindications. What we have now is a de facto phase IV trial with mounting evidence of greater risk than was widely purported. The available information, although inconclusive, is concerning.

Although legalization has not led to any significant increase in marijuana users, the number of people who use cannabis daily has quadrupled nationally in the past 10 years. Smoking remains the most popular delivery system.

While only population level data and surveys are available regarding psychiatric effects of marijuana, psychiatrist and epidemiologists have long noted a correlation between cannabis use, psychosis, and violence. The first four states to legalize recreational marijuana (Colorado, Washington, Alaska and Oregon) have experienced far greater increases in the rates of murder and aggravated assault than the national average in the past five years.

Accidents related to "driving high" remain a growing concern in states that have adopted marijuana use. Although the impairing effects of cannabis are widely acknowledged, meaningful data remains unavailable mostly because no practical method has yet been devised to distinguish marijuana use from marijuana associated impairment. The frequent presence of other substances, most commonly alcohol, further confounds the question.

Nonetheless, proponents respond that it's still better than opioids and benzodiazepines. Twenty years ago, the medical community embraced the liberal treatment of pain with opioids. Encouraged by well-meaning interest groups, government policy, and financial interests, we drove a trend that led us to the opioid crisis of today. Marijuana is neither a panacea nor a poison, but rather a two-edged sword we have not yet learned how to wield. Much research remains to be done. In the meantime, I remain hesitant to recommend anything that is neither tested nor controlled, especially one that involves inhaling combustion products. First do no harm.

LCMS February Cocktail Hour
Friday, February 8, 2019

World of Beer
at Bell Tower Shops
6:00 p.m. - 7:30 p.m.

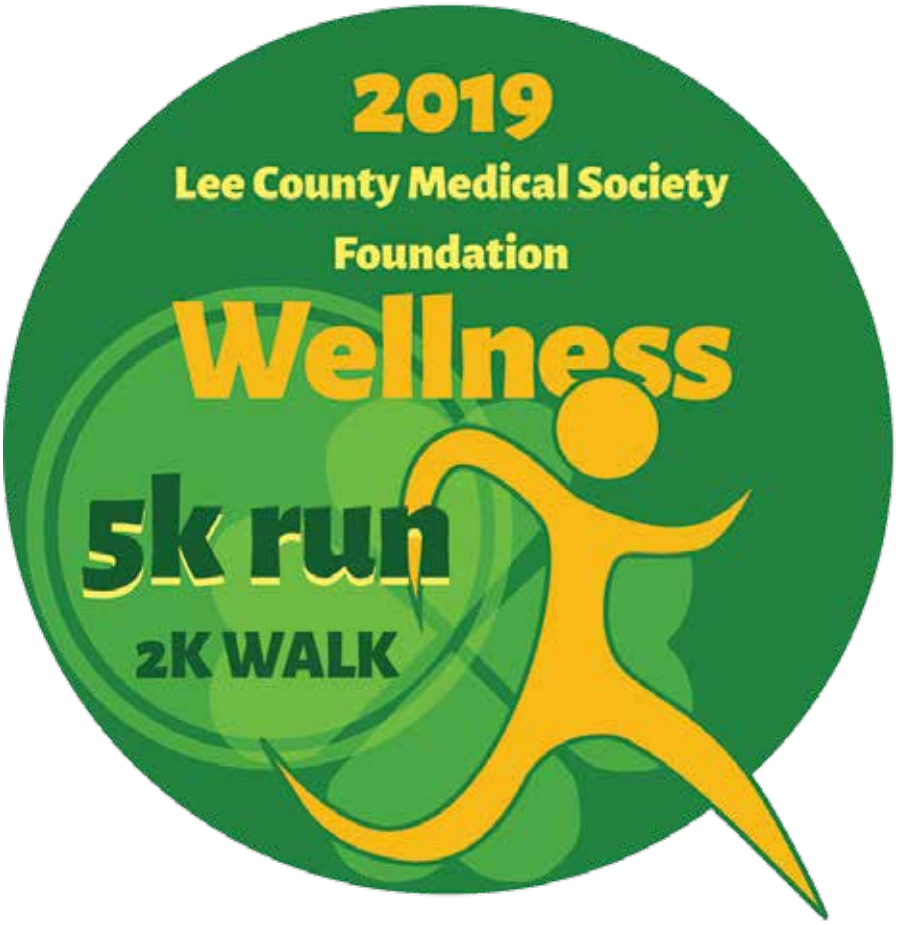
13499 S. Cleveland Ave., Ste 111
Fort Myers, FL 33907

WOB
WORLD OF BEER

Ramirez Report
By Julie Ramirez, Executive Director

Mark Saturday Morning of March 16, 2019 on your calendar! Our 2nd Annual 5K Fun Run and 2K walk is on that day at Lakes Regional Park and will be lots of fun! Last year was our first attempt of a 5K fundraiser for the Foundation's Physician Wellness Program and the race was a success. About 85 people came out with 50 people running and the rest of us walking and chatting. Our live DJ helped keep the mood happy and festive. The kids played on the playground and there was plenty of donated food to snack on and enjoy afterwards.

This is a great way to support mental health in our community, while having fun. The park opens at 7am, registration starts at 7:30am. The 5K race starts at 8:45am and the 2K walk starts at 9am. We will have unique medals for every racer and trophies for the overall winners. Visit our website at www.lcmsfl.org for more information on registering or sponsoring. And bring your clover leaf for good luck .



Become a 5K Fun Run Honor Roll Physician Sponsor

Current 2019 Honor Roll Physicians:
F. Rick Palmon, M.D. - Southwest Florida Eye Care
Dean Traiger, M.D. - Physicians Pimary Care of SWFL
Shari Skinner, M.D. - Associates in Dermatology

Honor Roll sponsorship Sponsor - $250 $500 $1000
Your name or Company name on race day banner

www.lcmsfl.org

 (Previously Published February 2001)

Perfect Landing

Captain Joseph Kittinger, my neighbor at Holloman Air Force Base, New Mexico 1953 -55, was a test pilot, experienced skydiver, and a jet fighter pilot. During these years there was talk that "we" might soon be going into space, and Joe became a "wannabee" astronaut. He took me flying for two hours in an F-89 Scorpion (twin engine jet night fighter plane) one day. Joe was doing all sorts of maneuvers and acrobatics creating such g-forces that produced nausea and the feeling that my tongue was protruding from a different orifice than usual. I felt that death was eminent! Now please REMEMBER this point.

As we headed back to the base to land, there developed a steady ta-pocketa-ta-picketa-ta-pocketa sound and then a sudden explosion in the starboard jet engine with fire and bits of engine flying around. One large metal fragment flew through the canopy and struck Joe's head rendering him unconscious. We were not at a very high altitude, and I had never flown this jet before (much less any other one) but had flown as copilot in several large USAF planes. Should I eject us both or should I, as the totally inexperienced jet jockey, try to land the plane? Neither alternative was appealing so I radioed the control tower and they recommended I attempt the landing. The waiting crash crews and the Base Commanding General watched as I almost made a perfect 3-point landing. The fire trucks, ambulance and command car chased us down the full length of the runway. The plane came to a stop and the general jumped up on the wing and congratulated me for such a perfect landing. Joe regained consciousness and could not believe we were down safe and sound; nor could I.

The plane came to a stop and the general jumped up on the wing and congratulated me for such a perfect landing.

The policy of As I Recall is to be truthful, and I must confess a slight deviation. If you will remember where you were asked to REMEMBER, everything from that point on is false, bogus, tall tale, B.S., fake and even a lie. I was having a Walter Mitty Moment. Psychiatrists will possibly remember the Walter Mitty Syndrome, but for those of you who are not psychiatrically oriented, this explanation is rendered. James Thurber (cartoonist and author for the New Yorker Magazine) wrote The Secret Life of Walter Mitty in 1947, and this was made into a tremendous movie (no cussin' or u-know what) with Danny Kaye as Walter Mitty. Walter was a henpecked milquetoast husband who relieved his real life situation by escaping reality with daydreams of grandiose fantasies as a great hero in perilous situations. The most outstanding episode to me was when he performed a feat as a great surgeon and he alone in the world could do it. There were several other fantasies presented and the ta-packeta sound (repeated over and over) appeared in each fantasy. Sometime after 1947 psychiatrists picked up this behavior pattern and dubbed it the Walter Mitty Syndrome.

Now in reality the engine didn't explode and Joe landed the airplane with my tongue hanging out my something. The plane did have an explosion in its starboard engine on the second flight of that day however.

Joe Kittinger, in 1960, became of fame when he was the first to parachute from a balloon at 102,800 feet and the first to break the sound barrier (>761 mph) in a free fall. He was at the edge of space and he survived the jump without any major injuries. It is noteworthy that without a pressure suit at 76,000 feet blood boils and if his suit had failed he would have been cremated. Not an astronaut, but a place in the Guinness Book for the highest altitude parachute jump and free fall.

After 483 combat missions and 28 years (one as a POW in Hanoi) of USAF service, he retired to his native Orlando.

It's not over yet! From the cover of a 1984 Life Magazine a face extremely familiar stared at me. Joe Kittinger had ballooned solo across the Atlantic non-stop from America to Europe and added another first to his world records. In 2012, Kittinger served as CAPCOM (capsule communicator) for Felix Baumgartner's free-fall jump from 128,100 feet, with the Red Bull Stratos project. Baumgartner exceeded the altitude of Kittinger's previous jump during Project Excelsior.

Average Physicians are Extraordinary

By Amy Cho, MD KevinMD.com Jan. 3, 2019

I am just another average physician.

It wasn't my first return from maternity leave, but this busy ED shift wasn't going well. I kept putting off breast-pumping to complete "just one more thing." Then my son's school secretary called. I had told our nanny the wrong pick-up time. She wasn't answering her phone. I was disappointed in myself and frustrated that I couldn't leave. But I am a physician — I am responsible to patients.

I finally reached our nanny and took a break five hours into my shift, relieved to be in a quiet room. I pushed away my feelings of inadequacy and got back to work reviewing results. My heart sank again when I read the radiologist report: "mass suspicious for neoplasm." My 40-something-year-old patient had arrived with chest pain, shortness of breath, and palpitations. Everything had checked out normal except his chest radiograph which showed a possible infiltrate. He didn't have a cough, though, and I knew he needed a CT to rule out malignancy. It could have been done outpatient, but he accepted my offer to "just get it done today."

Average physicians grieve.

Now I would tell him he might have cancer. His wife had left to pick up one of their children from school. He was eerily calm. When his voice cracked slightly, he apologized. Meanwhile, I was fighting tears as I thought about my patient, in the same decade of life as myself, with his spouse and young children, and what he faced. I imagined facing the same diagnosis and the fear I would have for my family. I wondered if I would regret becoming a physician with the accompanying sacrifices that it has required.

When his wife returned, I steeled myself and delivered the news. I expected tears and anger, but her reaction shocked me. Without a pause, she said:

> *Thank you. I have been praying, and I know he will be fine. You probably don't believe this, but I am certain. He was meant to be here today — this is why he had a panic attack. His nurse told us that you just got back from maternity leave. I know it is really hard to leave your children and come back to work, but this is what you were meant to do in life. You were meant to save lives. This is the reason you were here today — to listen to your intuition, catch this early and save his life.*

Average physicians are "raised" in medicine to believe that we must be superhuman.

I did cry. It was a bad day for me, but worse for her. Yet she unexpectedly showed me great kindness and taught me about receiving gratitude.

It can be difficult to feel a sense of accomplishment or pride in being a physician. We have the highest expectations of ourselves and are asked to do impossible things. Anything less than perfect 100 percent of the time is unacceptable. Even when we face overwhelming odds, we feel we have failed when there is a bad outcome. Our health care system judges us with survey ratings rather than meaningful quality measures and constantly adds more administrative work and new ways to fail. And lately, physicians are viewed with suspicion as adversaries or villains. TV shows portray us as greedy and unethical. The public instead trusts celebrities and essential oil purveyors. Some nurses, colleagues who should be allies, have waged a PR war, promoting themselves by cutting down physicians, portraying us as overbearing, stupid, dangerous, and lacking in "heart." It is demoralizing.

When my patient's wife thanked me, I felt like a fraud. I didn't do anything special. I did what any physician would have done. I just happened to be the lucky one who got thanked.

Average physicians are extraordinary

I now realize that what we do as average physicians is not ordinary at all. An average physician:

Worked hard enough to be the ~5 percent to be accepted into medical school

Devoted 7–11 years, spent upwards of 20,000 hours and passed numerous high-stakes examinations

Owes more than $200,000 of educational debt

Jumps through incessant documentation and administrative hoops

Politely answers complaints from patients inconvenienced by factors out of her control or who didn't get what they wanted because it wasn't medically indicated

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Defers bathroom breaks, works through lunch, and spends hours of "pajama time" charting

Is sometimes threatened and assaulted by her patients

Faces malpractice litigation at least once but fears it for most of her career

Works weekends, evenings and overnights, caring for patients without regard for ability to pay

Misses important personal and family events frequently

Never calls in sick because she can't be easily replaced and has a duty to her patients

Suffers from bearing witness to the terrible suffering patients and their families sometimes experience

You, too, might be just another average physician, but you are extraordinary.

So, shut up and listen! Take a pause to truly hear when your patient says thanks. Believe it. Savor it.

It is true, though, that average physicians don't listen … when patients thank us.

We remember every complaint, regardless of how absurd, but we don't really hear when patients thank us. We should stop minimizing ourselves and reclaim our sense of pride in the work we do, even though we have come to think of it as ordinary and expected. We are doing extraordinary things — even if it is "just our job." Few in our society are capable or willing to do this work. We chose the long road, did the hard work, paid a high price, and continue to make daily sacrifices to fulfill our oath. What we do truly matters to our patients.

So, shut up and listen! Take a pause to truly hear when your patient says thanks. Believe it. Savor it. Tell them how much their gratitude means to you. Write it down, so you remember. And share it with one another, because a thank you to one of us, is really a thank you to all of us.

Amy Cho is an emergency medicine physician and founder, The High Yield Script.

EHRs Can Advance Good Medicine -- IF Doctors are Aware of the Risks
By David B Troxel, MD, Medical Director, The Doctors Company

The EHR has introduced patient safety risks and unanticipated medical liability risks. According to a new study from The Doctors Company, the nation's largest physician-owned medical malpractice insurer, the number of EHR-related medical malpractice claims has risen over the past 10 years.

Factors Behind EHR Errors

For the most part, the EHR is a contributing factor in an EHR-related claim and not the primary cause. This and their low frequency (0.9 percent of all claims) suggest that EHRs infrequently result in adverse events of sufficient severity to develop into a malpractice claim.

When EHRs are a factor in a claim, the study showed that user factors (such as data entry errors, copy-and-paste issues, alert fatigue, and EHR conversion issues) contributed to nearly 60 percent of claims. As computer users, we all copy and paste. Therefore, it's no surprise that time-pressured physicians embrace the same habits when using EHRs.

System factors (such as data routing problems, EHR fragmentation, and inappropriate drop-down menu responses) contributed to 50 percent of claims. EHR fragmentation was among the most prominent system factors, contributing to 12 percent of errors. This factor means that different components of a single patient encounter might not be located together in the EHR. Consequently, doctors must check in different places to find laboratory and x-ray results, histories and physicals, etc.—resulting in important information being overlooked or unidentified.

Re-Claiming the Doctor-Patient Relationship

One overwhelming response to adjust to burdens introduced by EHRs has been the rapid growth of medical scribes. Nearly 20 percent of medical practices are using scribes to help untether physicians from the EHR. Yet, according to a survey of hundreds of physicians from The Doctors Company, the lack of standardized training and variability in experience among scribes poses risks to data accuracy and delivery of care—which could increase liability for the patient and physician alike.

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With or without scribes, lowering risk begins with each patient visit. At the beginning of each new session, doctors should inform patients of the purpose of the EHR and emphasize they are listening closely even though they might be typing during the appointment. Practices can set up treatment rooms so the patient can watch the screen and see what is being typed. It is also helpful to summarize or read the note to the patient to demonstrate that you have listened, and ask, "Do I have it right?"

What the Future Holds

As with any challenge of major proportions, progress will take time. But I'm optimistic that the EHR will evolve over the next 5 to 10 years and improve both the quality of medical care and patient safety.

Today, what I hear from The Doctors Company's 80,000 member physicians is encouraging. Doctors are eager to "reclaim" their profession and refocus patient relationships amidst the new demands of today's digital age. Into the future, new protocols, policies, and training programs must take these small successes to a large scale.

LEE COUNTY MEDICAL SOCIETY INC.
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CHANGE SERVICE REQUESTED

Together We Are Stronger