

# Bulletin

Editor: Ellen Sayet, M.D.

November 2018 • Volume 42 • Issue 9



*Physicians Caring for our Community*

*“The most important patient we have to take  
care of is the one in the mirror.”*

Robert Wah, M.D.



## 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 & Disclosure Policy

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

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Family BBQs at Lakes Park

Holiday Party

Annual Membership Meeting Notice

## MEMBER NEWS

### 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](mailto:kris@lcmsfl.org). You will be featured in our upcoming Membership Spotlight section.

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Tracy Sanburg 239-343-6523 • [Tracy.Sanburg@LeeHealth.org](mailto:Tracy.Sanburg@LeeHealth.org)



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**Friday, November 9, 2018**

Cocktail Hour  
FineMark National Bank & Trust  
12681 Creekside Lane  
Fort Myers, FL 33919  
5:30 p.m. - 7:30 p.m.

Sponsored by Associates in Dermatology &  
FineMark National Bank & Trust

**Saturday, November 10, 2018**

Family BBQ at Lakes Park  
7330 Gladiolus Dr.  
Fort Myers, FL 33908  
3:00 p.m. - 6:00 p.m.

**Tuesday, November 13, 2018**

Retiree Luncheon  
Mimi's Cafe  
5070 Bell Tower Shop Ave.  
Fort Myers, FL 33907  
11:30 a.m. - 1:00 p.m.

**Thursday, November 15, 2018**

Annual General Membership Meeting  
Hilton Garden Inn  
12600 University Dr.  
Fort Myers, FL 33907  
6:30 p.m. - Social Time  
7:00 p.m. Dinner & Presentation  
Speaker:

Markham Norton Mosteller & Wright and Company, P.A.

**Monday, December 10, 2018**

Holiday Party  
Gulf Harbour Yacht & Country Club  
14500 Vista River Drive, Fort Myers, FL 33908  
7:00 p.m. - 10:00 p.m.

**SAVE THE DATE**

**Friday, January 25, 2019**

LCMS 2019 Installation of Officers

**Saturday, March 16, 2019**

Second Annual Fun Run

**Friday, September 20, 2019**

Annual Medical Service Awards

## MEMBERSHIP NEWS

**Rabia Khan, DO** – Dr. Rabia Khan received her medical degree from Nova Southeastern University College of Medicine, Fort Lauderdale, FL in 2004. She completed an Internal Medicine internship at University of South Florida, Tampa in 2005. From there, she completed an Internal Medicine residency and Geriatric Medicine fellowship at MetroHealth Medical Center/CWRU, Cleveland, OH from 2005-2008. Dr. Khan is in practice with LPG Palliative Care, 8925 Colonial Center Dr., Bldg. A, Ste. 1000, Fort Myers, FL 33905. Tel: 239-343-9560 Fax: 239-343-9624. Board Certified: Internal Medicine, Geriatric Medicine and Palliative Care Medicine.

**Phyllis Neef, MD** – Dr. Neef received her medical degree from Wright State Univ. School of Medicine, Dayton, OH in 1994. She completed an Internal Medicine internship and residency at Kettering Medical Center, Kettering OH from 1994-1998. She completed an Infectious Medicine fellowship at Wright State University in 2003. Dr. Neef is in practice with Lee Health, 9800 S. HealthPark Dr., Ste. 200, Fort Myers, FL 33908. Tel: 239-343-6546 Fax: 239-343-6143. Board Certified: Internal Medicine.

**New Location**

Eileen de Grandis, MD  
Bayfront Health Medical Group  
2380 Harbor Blvd.,  
Port Charlotte, FL 33952  
Tel: 941-206-0325 Fax: 239-206-0326

**Resigned**

JacFranz Guiteau, MD

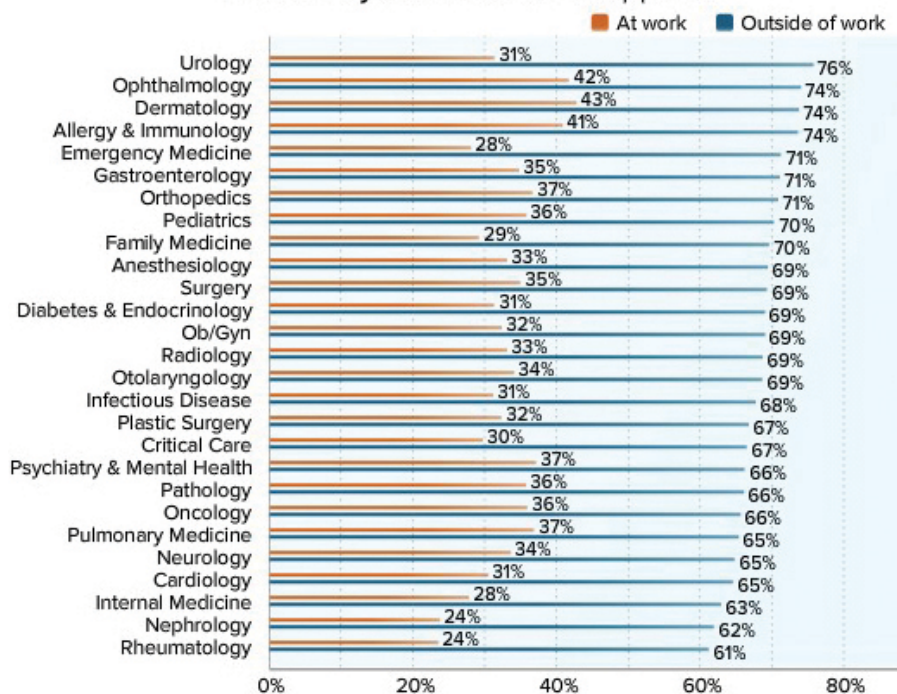
# PRESIDENT'S MESSAGE

BY F. RICK PALMON, M.D.

How are physicians coping with the stress of a busy medical practice, family life, and our own physical health? The answer is not very well. Here are some stark statistics.



## Which Physicians Are the Happiest?



### • Medical students:

Burnout: ..... up to 50%  
 Depression/Anxiety: ..... 25-50%  
 Suicidal Ideation: ..... 3-15%

### • Residents:

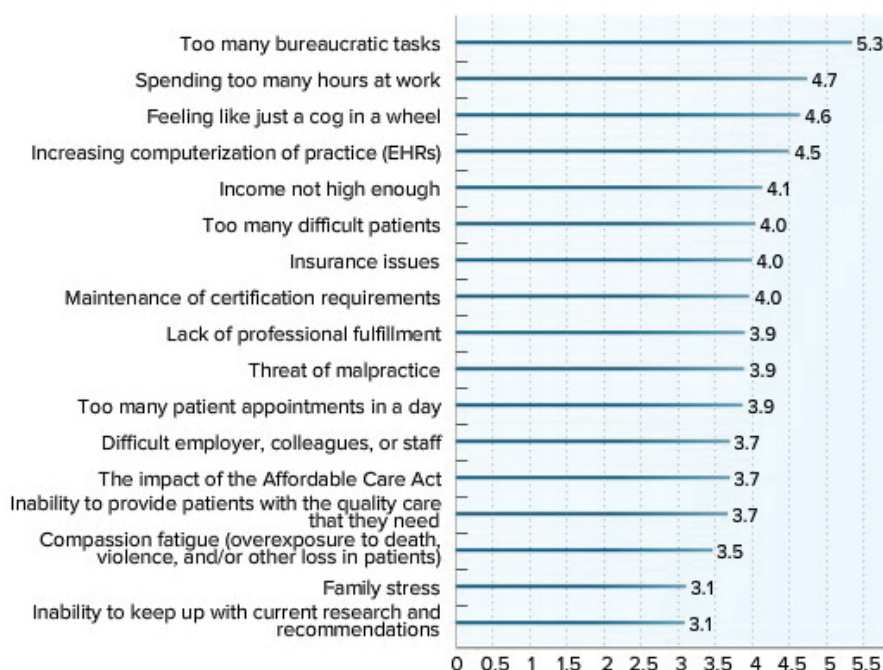
Burnout: ..... up to 75%

### • Practicing Physicians:

Burnout: ..... 30-70% and rising  
 Depression: ..... 39%  
 Suicide: ..... 400 per yr  
 (2x higher than population rate)  
 Substance Abuse: ..... 8-12%

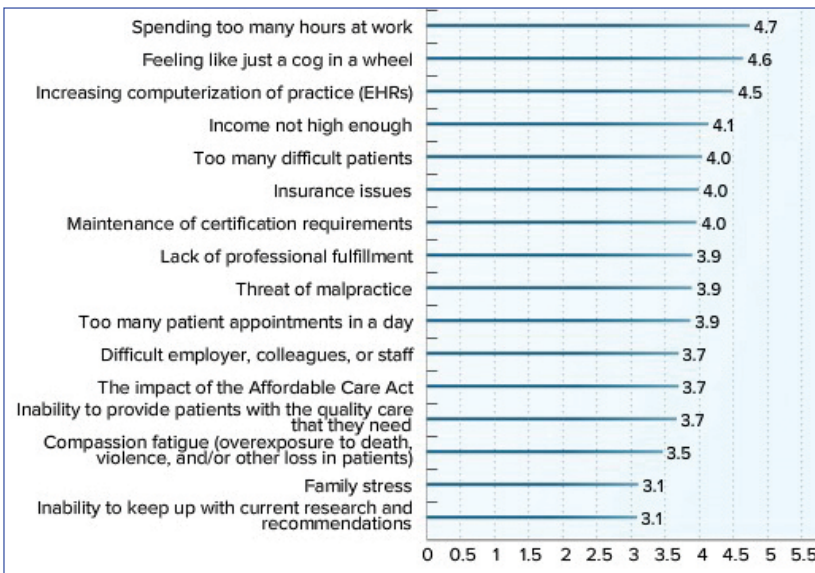
*From Medscape Lifestyle report 2017*

## What Are the Causes of Burnout?



*Cont'd on page 5*

## PRESIDENT'S MESSAGE CONT'D FROM PAGE 4



This is why the LCMS established the Physician Wellness Program, which is provided at no cost to our members. If you are feeling the stress of burnout or need stress management tips you can get an appointment with one of our participating local psychologists. They will see you in a timely fashion and all sessions are conducted in a confidential manner. After hour appointments are available upon request. We are pleased to announce that we have expanded the number of visits covered under the program from 6-8. In 2018, 17 physicians have participated in the program. Other counties in the state are following our template and establishing similar programs. Burnout affects all physicians, primary care physicians and specialists. The highest impact are physicians just out of training and those in their 50's who are at the busiest times of their careers. 400 physicians in the US commit suicide every year. Don't become a statistic.

### ANONYMOUS LCMS MEMBER WRITES ABOUT THE PHYSICIAN WELLNESS PROGRAM (PWP)

Dear Julie and LCMS Colleagues,

I am grateful to you and the physician leaders and administrative team of LCMS for initiating and coordinating the member benefit called the Physician Wellness Program. Perhaps those members who specialize in mental health and closely related specialties already know this, but perhaps some other members do not. There is such a thing as preventive mental health care. I am glad we have the opportunity to receive such care as a no-additional-cost member benefit. Our families and our patients depend on us, and I believe it is irresponsible to fail to care for our own health, both physical and mental. While it is great to simply know that this benefit exists and consider that we might use it to help in a crisis, I want to encourage other members to consider how preventive care may be appropriate for them, as it has been for me.

I find the evidence compelling that shows that more Life Change Units (as defined by Holmes and Rahe in their seminal work in 1967, "The social readjustment rating scale" Holmes, Thomas H. et al. Journal of Psychosomatic Research, Volume 11, Issue 2, 213 – 218, which has 14,974 recorded citations so far) correlates with higher risk of illness. I have observed it to be true in my own life and the lives of those close to me. You can add up your own "score" using the tool at this site: [https://www.mindtools.com/pages/article/newTCS\\_82.htm](https://www.mindtools.com/pages/article/newTCS_82.htm) (Screenshot shows the abstract of the original paper.)

Think about it...what do you say to your patients when you note their blood pressure is consistently elevated? You tell them to do something about it (other than just reading about it on the internet.) So when you know that you are at risk for illness (and not necessarily overtly ill) due to the levels of stressful change in your life (be they ordinarily considered happy or sad changes), make use of the professional mental health care benefit that the LCMS has so generously provided.

Signed,  
Anonymous LCMS Colleague

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# EVERYTHING YOU NEED TO KNOW ABOUT PHYSICIAN BURNOUT

By AMY WHITE, MEdEd ([WWW.MEDEDWEBS.COM](http://WWW.MEDEDWEBS.COM))

## The Current Landscape of Physician Burnout

Burnout in physicians has risen in recent years, resulting in just over half of all US physicians feeling the effects of burnout. The highest rates of burnout have been identified in emergency room physicians; however, increased burnout has appeared across all specialties.

The Mayo Clinic/AMA study, and a Medscape lifestyle survey of physicians that reported similar findings, defined burnout as “loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment.” Patients and coworkers are negatively affected by physician burnout, but the doctors experiencing serious burnout are at the highest risk of succumbing to the symptoms. Dr. Pamela Wible, an activist for suicide prevention and creator of innovative clinic designs, reports that the equivalent of an entire medical school commits suicide every year.

Pinning down just one cause of physician burnout can seem impossible, but it really comes down to workplace stress. While patients are complaining that modern-day medical practices aren't prioritizing their best interests, doctors are feeling the same depersonalization.

## Causes of Physician Burnout

Burnout in physicians can be initiated by a number of elements during the workday or after quitting time. Many times - especially for physicians in emergency medicine - professional life and personal matters become grudgingly intertwined. Causes of physician burnout may include:

### Need for Secrecy

Physicians tend to not seek help for depression or anxiety because most states require doctors to report even the most minute mental health-related diagnosis to their licensing board. A reported diagnosis can then sometimes lead to a restriction on a physician's license.

### Chaotic Work Environment

More than 70 percent of physicians in emergency departments have reported burnout, and rightly so. The ER is one of the most high-pressure environments to work in; even so, other specialties are not far behind in terms of burnout levels.

### Interrupted Personal Life

Frequent schedule changes, emergency cases, or a workload that can't be finished during office hours set the stage for burnout. These interruptions can put a strain on personal relationships, causing even more stress in a physician's life.

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## Too Many Bureaucratic Tasks

Bureaucratic obligations have ranked as one of the highest concerns of burned out physicians in recent years. Instead of face-to-face time with their patients, physicians have found themselves tied down to computerized processes.

## Symptoms of Physician Burnout

It's important to catch symptoms of physician burnout early on for the sake of the individual and those around them. Burnout can rear its head in different ways, but there are a few universal signs to look out for.

Fatigue is one of the most obvious and persistent symptoms of burnout for physicians. Work-related exhaustion is normally noticed first at home after quitting time (i.e. no energy to cook dinner or spend time with friends and family). However, if gone untreated, fatigue will make its way into your workday, resulting in mistakes that wouldn't normally be made.

Emotional detachment is another possible side effect of burnout. If you feel cynical or apathetic towards your work and patients, you may be suffering from physician burnout. Also, if you find yourself asking “What's the point?” in regards to your work as a physician, it's probably time to reach out for help.

If you're wary of seeking help for your burnout symptoms, the Physician Well-Being Index can accurately and 100% anonymously assess your well-being, then provide valuable resources for your areas of need. Allowing your burnout symptoms to spiral out of control will not be doing yourself, your patients, or your loved ones any favors.

## The Impact of Physician Burnout

Burnout is a gradual occurrence. It doesn't happen overnight. It's hard to pinpoint exactly when it starts and when it becomes a problem. Perhaps the most telling indicators are when burnout starts to affect patient care.

## How Physician Burnout Affects Personal Life

Physician burnout clearly affects patients and the institution greatly, but sometimes personal lives can be overlooked. The depression or anxiety that a physician may be battling due to burnout at work can easily transcend into more intimate parts of life.

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## PHYSICIAN BURNOUT CONT'D

### FROM PAGE 6

a physician may be battling due to burnout at work can easily transcend into more intimate parts of life.

Quality of sleep is a factor that is readily affected by burnout. If a physician is experiencing poor sleep quality, low energy levels will result, putting stress on relationships in and out of work. Additionally, sleep deprivation impairs language and math skills, weakens ECG interpretation, increases the amount of time it takes to perform surgical procedures, increases error rates in intensive care units and generates less empathy for patients.

A physician's personality can also be affected by feelings of burnout. After working long hours and dealing with stressful situations, you may be prone to sensitivity, anxiousness, and irritableness. These side effects will undoubtedly negatively affect your personal and professional relationships.

Lastly, your dietary habits can be majorly impacted by physician burnout. Stressed out physicians are more likely to eat quick, unhealthy options. Not only do physicians lack time to prepare healthy foods after a long day at work, but they are prone to the habit of "emotional eating." Poor eating habits result in stress, anxiety, high blood pressure and depression.

### How Physician Burnout Affects the Institution

Physician burnout not only affects the individual but the patient and the institution as well. In today's healthcare climate, physicians might find it difficult to focus on patient satisfaction. Overworked and understaffed, medical professionals may feel as if they are fighting a rising tide of professional and personal issues, pushing patient satisfaction further down the list.

When patient care and satisfaction are not priorities for the physician, the institution can suffer tremendously. Your organization may end up paying for a physician's mistake or the mistreatment of a patient. Moreover, considering the competitiveness of healthcare institutions today, there is hardly room for a PR crisis.

An institution will also end up paying - in dollars and reputation - for health-related expenses that accumulate if physician burnout is not addressed promptly. High turnover rates are also likely in an organization that does not unearth causes of burnout. If burnout symptoms are identified by institution leaders in a timely manner, resources can be put in place to avoid any financial or reputational blows.

### Physician Work-Life Balance

Balancing work and personal life can be a serious challenge for physicians in any specialty. Monitoring your well-being while trying to succeed at work, and being present in your personal life, can seem nearly impossible. With the right self-assessment tool and some

tips on creating a work-life balance, physicians have an exponentially greater chance of defeating symptoms of burnout.

Getting enough rest, spending time outdoors, and taking time off when sick are a few tactics physicians should use when combating burnout. It can become burdensome trying to monitor wellness levels while taking heed of these tips; however, with an accurate self-assessment tool, well-being can be monitored with ease. The Physician Well-Being Index helps physicians track their well-being, plus it provides resources to advance progress.

### The Importance of Addressing Physician Burnout

A recent study found that 54 percent of surveyed physicians of multiple specialties reported feeling burned out. Physician burnout can be fueled by insufficient staff, administrative demands, a severe education path, and higher patient loads. But, why are these feelings of stress and burnout kept a secret?

### Addressing Stigmas

Symptoms of burnout and stress do not hold prejudices, no matter the professional status, and can become dire if not addressed. Furthermore, the stigma surrounding mental health does not cease for healthcare professionals. One reason physicians may hold personal stigmas towards their burnout can be out of fear of losing their jobs. Trekking through the grueling process of medical school and residency and coming out the other end is a major achievement. Showing vulnerability by expressing feelings of burnout could possibly cost a physician their job.

Other concerns surrounding admitting burnout are fear of failure, loss of patient trust or the physicians simply do not realize how bad the problems actually are. The tendency to keep burnout a secret is all too common for physicians; this is why it is so crucial to address the issue within the institution and let physicians know that it's a safe place to discuss mental health.

### How to Address Physician Burnout

The subsequent topic is how to address physician burnout. Some methods of addressing physician burnout that organizations have used include administering surveys, general purpose HR tools, and conducting casual conversations to identify any signs of burnout. However, these approaches do not often yield the statistics needed to track and improve physician burnout accurately.

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## Four Score"

"Four score and seven years ago our fathers brought forth on this continent, a new nation conceived in Liberty, and dedicated to" et cetera. Abraham Lincoln, Gettysburg, Pennsylvania November 19 1863. Four score years ago on November 5, 1926, my parents brought forth on this continent a new baby boy conceived in love, and named Roger David Scott; however, no record of the birth was obtained until December 6, 1941. This annual birthday article is presented as a time line (*personal thoughts italicized*) of only a few events of the past 80 years. (*Did you remember that a score is 20?*)

**1926** - Goddard invents liquid fuel rocket, Winnie the Pooh created. *I was born in the deep Florida pinewoods.*

**1927** - Lindbergh first to fly solo across Atlantic (*fantastic feat*); aerosol can, "Technicolor" & iron lung invented. Cancer, Flu & pneumonia greatest killers.

**1928** - Fleming discovers penicillin (*but not available until 1944*), bubble gum & electric shaver appear. Destructive unnamed, killer (2,000-3,500+ FL deaths) hurricane sweeps Florida & *I just about blew away mother said.*

**1929** - Car radio & Yo-Yo appear as Great Depression begins. Silent films die. *My early memory appears.* **1930** - Analog Computer & jet engine invented, sliced bread & frozen foods appeared.

**1931** - Empire State Bldg. opens. Electron microscope invented. *Memory now good. Late in year move out of the deep woods to smaller woods, Townsend, GA.* **1932** - Polaroid Camera & parking meters invented. *Move to Live Oak, FL & begin first school & find friends.*

**1933** - FM radio, stereo-records & Drive in Movie originate. **1934** - *First time ever saw a doctor.* Monopoly, first magnetic tape recording & road reflectors appear.

**1935** - Social Security Act, canned beer, radar appear & Prontosil (1st sulfa drug) used. **1936** - Boulder (Hoover) Dam completed, voice recognition machine developed, & "*Gone With The Wind*" published.

**1937** - Jet engine & photocopier developed. *First time I ever saw a dentist.* National Cancer Institute founded . Elixir of Sulfanilamide mixed in error with a toxic substance killed 107 people.

**1938** - National Institute for Infantile Paralysis founded. Polio was a significant problem (*see 1953*). Nylon, freeze dried coffee, turbo-prop engine, & ball point pen invented. "War of the Worlds" on the radio scared us half to death! **1939**

- N.Y. point pen invented. "War of the Worlds" on the radio scared us half to death! **1939** - N.Y. World's Fair began, we attended & *my first time in the North.* World War II begins. TV introduced. Electron microscope & helicopter invented. *About now Buick developed Dynaflo (sluggish) & Oldsmobile had Hydramatic (jerky) as the first automatic car transmissions later integrated into our modern smooth transmissions.* **1940** - Color TV developed. Jeep appears & method to produce usable form of penicillin was successfully used in **1941** when black & white TV was broadcast, aerosol spray cans along with the first computer using software appeared. *Attended Riverside Military Academy.* Pearl Harbor. **1942** - first atomic chain reaction. **1943** - Synthetic rubber developed, aqualung, slinky & silly putty invented. **1944** - Normandy invasion (D-day), streptomycin (*1st anti-TB drug*), kidney dialysis & synthetic cortisone invented. *Graduated from Riverside, best drilled cadet & least demerits.* **1945** - U. of F., Whip Topping (*1st. substitute whip cream invented & produced by Bob Rich from soy beans, very few know this!*) Atomic Bomb 1st exploded in New Mexico & then Japan. W.W. II ends. **1946** - Married @ U. of Va., microwave oven invented also 18,000 vacuum tube digital computer. **1947** - *Began med school at U. of MD,* mobile phones invented but not commercial until 1983 (*earlier in cars & expensive*) Chloromycetin (*researched at U. of MD*) a wonderful antibiotic discovered. **1948** - Velcro & Frisbee invented. **1949** - Cake mix invented, *1st son born in Florida.* **1950** - Diners Club (*1st credit card*), Terramycin invented, SMOKING NOTED AS CAUSE OF LUNG CANCER (*about time!*), Korean War begins. **1951** - *2nd son MD born,* DNA discovered, power steering, video recorder & super glue invented. *Graduated med. school (HALLELUJAH!).* *Rotating Internship U of MD* **1952** - First diet soft drink, hydrogen bomb, and bar codes invented. *Began surgical residency program,* first external cardiac pacemaker, severe polio epidemic throughout the nation. Isoniazide (*by mouth*) developed to replace streptomycin (*IM*) for TB. **1953** - flight recorder (*Black box*), radial tires, & transistor radio invented. First successful open-heart surgery using heart-lung machine & Salk (*injectable*) polio vaccine begins (*with some contaminated lots containing live virus*). *I enter US Air Force as a general*



Cont'd on page 9

## As I Recall

Cont'd from page 8

surgeon in Air Research and Development Command & 1st jet flight. **1954** - McDonald's hamburgers, Teflon as a nonstick pan, and oral contraceptives appear. In the Air Force on the desert in New Mexico 30 miles from Trinity Site where the first atomic bomb was exploded & the atomic age begun. **1955** - Birth of fiber optics leading to major changes in medicine and tetracycline appears. Return to Maryland to continue residency in surgery. **1956** - First computer hard disk drive appears & "Mistake Out" to whiteout typing errors. **1957** - first daughter born in Maryland. Chief Resident in surgery. "I Love Lucy" ends. **1958** - laser, modem, and Hula Hoop and we move to Ft. Myers July 1, 1958, I am the youngest of the doctors. Barbie doll (no Ken), internal pacemaker invented. **1961** - Sabin (oral) vaccine helped eradicate polio. **1965** - Medicare and Medicaid established & first coronary artery bypass vein graft performed. **1967**-I am the oldest of the young doctors. About 1974 I became the youngest of the old doctors and gradually progressed to being the oldest of the old practicing doctors about 1995. The birth of one daughter in 1972 and one in

1974, both in Fort Myers and native Floridians! In **1982** the AMA lost a court battle against advertising by physicians and look how the Yellow Page have swelled! **2006** I become the youngest of the old living retired doctors (Barry 4 score & 7, Glenn 86, Wiley 84, Isley & Stubbs 81, Scott 80).

An old Chinese proverb says: "Life just gives you time and space and it's up to you to fill it." My life has been filled with many joys and many sorrows, much learning and some forgetting, much aging but still some youth and a true love of God, family, and surgery.

# Happy Thanksgiving

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

## RED TIDE'S EFFECT ON PULMONARY DISEASE

BY HOUTAN SAREH, MD

In 2018, Southwest Florida has seen an unusually persistent bloom of red tide. Red tide is caused by the harmful algae *Karenia brevis*. It results in dramatic changes in our ecosystem. Many marine organisms including turtles, manatees, dolphins and numerous species of fish have died. Aside from the environmental and marine devastation, red tide can cause human illness.

*Karenia brevis* produces a potent neurotoxin called Brevetoxin. Brevetoxin kills marine life mainly through affecting their central nervous system. However, it can also impact other organ systems. The toxin can become aerosolized and get dispersed by ocean waves and wind. Those who are exposed to this aerosol can develop respiratory symptoms of both the upper and the lower respiratory tracts.

Inhalation exposure can impact individuals with pulmonary disease as well as healthy individuals. In otherwise healthy persons, exposure can increase self-reported respiratory symptoms. These symptoms include but not limited to dyspnea, cough, and chest discomfort. The degree of symptoms also depends on the level of exposure. Once the exposure is withdrawn, however, symptoms typically resolve. This was best studied in a 2005 paper published in the Environmental Health Perspective looking at the impact of Brevetoxin on healthy Florida lifeguards. Subsequent pulmonary function testing in these individuals did not reveal any significant decline or chronic effects.

In contrast, individuals with chronic pulmonary disease (specifically asthma) not only developed more severe respiratory symptoms, but also had decline in lung function noted on spirometry. In asthmatics, there was a dose-response relationship to symptoms and changes in spirometry. Those individuals who lived within 1 mile of the affected coast had more pronounced changes. Also, the decline in lung function was noted on subsequent weeks (FI Journal of environmental health 2004; 186: Follow-up study of red tide associated respiratory illness.) Eventually the spirometry appeared to normalize. Pulmonary diseases other than asthma (ie COPD, pulmonary fibrosis) were not studied, though similar respiratory effects were suspected.

When it comes to treatment, an ounce of prevention is worth a pound of cure. Those individuals with respiratory disease should try to stay at least 1–2 miles from the coast during the blooms. Ideally, they should minimize exposure by staying indoors with the windows shut and

air conditioning on. CDC has issued basic guidelines on preventative measures to avoid harmful algal bloom ([www.cdc.gov](http://www.cdc.gov)). Adherence to chronic pulmonary medications should always be emphasized. Additionally an action plan should be in place for exacerbation. This typically includes short acting bronchodilator therapy along with corticosteroid treatment.



Despite all of the above recommendations, we still have much to learn. Red tide has had a detrimental effect to both our environment and residents of South West Florida. Hopefully in the coming years, we can discover more preventative and treatment options.

Dr. Sareh is a LCMS Member, and a Pulmonologist at PCS: Pulmonary Critical Care Sleep Medicine on Gladiolus Drive in Fort Myers.





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## 2019 LCMS NOMINATIONS OF OFFICERS

### LEE COUNTY MEDICAL SOCIETY NOMINATIONS FOR 2019 OFFICERS

The following slate of nominations for the 2019 officers of the Lee County Medical Society is presented for your consideration. The membership will vote at the November 15, 2018 Annual Membership Meeting. If you wish to nominate someone else for an office, please be sure to have that person's approval before nominating him or her from the floor

#### Board of Governors

President: Daniel de la Torre, MD  
President-Elect: Elizabeth Cosmai, MD  
Treasurer: Annette St. Pierre MacKaoul, MD  
Secretary: Tracy Vo, DO  
Past-President: F. Rick Palmon, MD

#### Newly nominated Members-at-Large:

Gamini Sorri, MD, (2021)  
Asif Azam, MD, (2021)  
Omar Benitez, MD, (2021)

#### Previously elected Members-at-Large:

Scott Caesar, MD (2020)  
Imitiaz Ahmad, MD (2020)  
E. Trevor Elmquist, DO (2020)  
Joanna Carioba, MD (2019)  
Arie Dosoretz, MD (2019)  
Ryan Lundquist, MD (2019)

#### Grievance Committee

R. Thad Goodwin, MD, Chair

#### Legislative Committee

Stuart Bobman, MD, Chair

#### Committee on Ethical & Judicial Affairs

Ryan Lundquist, MD, Chair

We wish to thank the physicians who will be leaving our Board and who gave their time and decision making for the Medical Society.

#### Leaving the Board:

Cherrie Morris, MD

#### Leaving the Ethical & Judicial Affairs:

Darius Biskup, M.D.

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