

## NOVEMBER GENERAL MEETING

William H. Straub, M.D., M.S.  
Senior Health Policy Analyst-  
Jackson Hole Group

Dr. Straub, on leave of absence from the University of Pittsburgh, is currently working with Dr. Paul Ellwood and the Jackson Hole Group-the health policy think tank responsible for developing the managed competition model for health care reform. His focus has been in developing a standard benefit plan, in evaluating physician requirements under managed competition, while also working on the rural health care problem and the development of health plan purchasing cooperatives.

In addition to practicing radiology in community hospital and academic medical center settings for over twenty years, and currently serves as Chief of Radiology at Presbyterian University Hospital, he has organized and run cost-containment programs at the hospital and medical society levels, as well as helped organize physician-hospital organizations.

Dr. Straub has a masters degree in management from MIT, is a Fellow of the American College of Radiology, and is Vice-Chair of Radiology at the University of Pittsburgh, where he also serves as a member of the Executive Committee of the University Health Network, a PPO. He has numerous publications and is a member of many medical organizations and societies. (Past county medical society president in Michigan.) ♦

## NOVEMBER MEDICAL SOCIETY MEETING

Royal Palm Yacht Club  
November 15, 1993

Social Time: 6:30 p.m.  
Dinner Time: 7:00 p.m.

### SPEAKER:

WILLIAM H. STRAUB, M.D.  
Senior Health Policy  
Analyst  
Jackson Hole Group

### TOPIC:

"Comparison of  
The Florida Health  
Care Plan with the  
Jackson Hole Plan"

DINNER BY RESERVATION ONLY

CANCELLATIONS:  
By Noon, Monday

## HOLIDAY PARTY

MONDAY, DECEMBER 13, 1993  
VERANDA RESTAURANT  
MARK YOUR CALENDARS FOR THIS  
SPECIAL EVENT

## PRESIDENT'S MESSAGE



PHILLIP E. ANDREWS, M.D.

### Where Are We Headed?

When this year began, I had some vague notions about where we in medicine were headed. Well, the year is almost over and the vague notions are still vague, they are just different. There are, however, a few that have become somewhat less cloudy.

Change always presents opportunity. For some, that means get what you can while you can, no matter what. Hopefully that attitude will not prevail. The area of opportunity that is quite clear is one of cementing and improving our own organizations. We have the platform in place. There are weak spots in it, it is certainly not perfect, but it is recognized and it can be bent to our will.

Just as we all have been pushing to allow patients to have a choice in who they see as a physician - we too must maintain some degree of options. The privilege of solo practice is at risk now and I feel it is important that we not all be forced into a group practice. By the same token, it is important to push our representatives on relief from the restrictions of restraint of trade laws.

It is awfully easy to sit back and feel that someone else will take care of it for us. "THEY" will help but only through organizations. It is the numbers of individual voices that really count.

Now to change horses - from medical politics to political medicine. This means AIDS - political football from the beginning. I would venture that if enough of us as individuals wrote to political leaders (in Tallahassee, Washington, as well as FMA and AMA) regarding real concerns, then something might be accomplished. There is no mandated follow-up on partners of HIV positives which is one of the bigger shortfalls. If mandatory testing were (for instance) to be tied to an annual or semi-annual duty such as taxes, license renewal, etc., the price per test would come down and a real effort could be undertaken to get a handle on the biggest threat that we face today. We should insist that it be treated as a disease. ♦

## 1994 LCMS COMMITTEES

If you have not advised the office of your choice for committees, please call the office at 936-1645. Dr. West will be putting together the committees within the next few weeks. We need strong commitment and participation by our members to meet the challenges facing medicine. ♦

## "DR. JOHN" On Call II

Being the conscientious, self-sacrificing person that I am, I never resented being on call at inconvenient times. Well, I would grumble some, but always the Good Soldier John, off I would go to wherever duty called.

I spent New Year's Eve in the O.R. with stabbed Mexicans, while Alice enjoyed the interns' party.

I was M.O.D. on Veterans' Day and saw 94 patients in 24 hours, which remains my personal best. I became a legend on Offutt AFB.

I was called away from Thanksgiving Dinner to see an orthopedic patient with anuria. After unhooking the catheter he lay on, the bladder worked just fine. The look on the nurse's face was worth the trip.

Christmas Eve midnight found me in a nursing home seeing a 90-year-old with vaginal bleeding. She went into pulmonary edema as I tried to examine her. Things happen.

I spent evenings in the E.R. when I would rather have been at graduations, birthday parties or the championship football game when my son made the winning touchdown. We all have done such things, so you needn't throw flowers or play the violin for me.

But one time I did resent; really, truly resent. Bicentennial Day was the one I couldn't accept. I was in the E.R. all day. It was arranged differently in 1976, so one had to walk through the waiting area to get to Radiology. Each time I passed the TV set I would see tall ships or fireworks or Anita Bryant or some other wonderful sight. My family was on a picnic.

By evening, I was lost, alone, abandoned and forgotten; forgotten by my partners, my family, my country. In my mind, I was the only person in the entire U.S.A. who was not having a good time. My mood became worse as I sank into a blackness difficult to describe. Even food didn't help. A baloney sandwich would have been so much straw in my mouth. I tell you, I was down.

For some reason, I recently told this story to Lowell Hart. He listened respectfully and said, "Tell you what. For the Tricentennial, I'll take call for you."

If it weren't for friends, what would a man do?

John R. Agnew, M.D. ♦

## MEDICAID ANNOUNCES A NEW PROGRAM ENTITLED MEDIPASS

\* Medipass is a Physician care case management program developed by the Florida Medicaid program and supported by your state medical association.

\* Medipass allows you to control the volume of your Medicaid caseload and pays you \$3 per month for each individual enrolled plus your usual Medicaid fee-for-service reimbursement.

\* Medipass is an alternative managed health care program that contracts directly with you the physician.

\* Medicaid is now accepting physician enrollment for participation in Medipass, for more information on Medipass please contact Elizabeth Campbell at our local Medipass unit at 813-338-1345. ♦

## SUBPOENA COMPLIANCE

Most physicians are aware that patient records generally are to be treated as confidential and may not be released without the consent of the patient or the patient's legal representative. With this requirement in mind, many physicians face a dilemma when they receive a subpoena for the records of a patient who has not consented to the release of such records, as the duty of patient confidentiality conflicts with the physician's legal obligation to comply with the subpoena. As a result, the question frequently arises whether a physician should honor a subpoena for patient records. Pursuant to Florida Statute 455.241 (2), patient information may be disclosed "if permitted by written authorization from the patient or compelled by subpoena at a deposition, evidentiary hearing, or trial for which proper notice has been given. The Department of Professional Regulation may obtain patient records pursuant to a subpoena without authorization from the patient..." in certain instances. Failure to comply with a properly issued subpoena could result in the physician being held in contempt of court and punished by a fine and/or imprisonment until such time as the physician complies with the subpoena. See *Pedroso v. State* 450 So. 2nd 902, (Fla. App. 3 Dist. 1984).

Notwithstanding the above, there are several instances in which a physician should not immediately comply with a subpoena. The first of these exceptions occurs when the records are subject to the psychotherapist-patient privilege under Florida Statute 90.503; it is important to note that the records must be of treatment of mental or nervous disorders by a physician "who has primarily diagnosed and treated mental and nervous disorders for a period of not less than three years, inclusive of psychiatric residency." 455.241 (2) F.S. A second common exception involves records pertaining to physician's knowledge of a test result for the human immunodeficiency virus (HIV). In the event that either of these two types of records are requested, the physician should contact the patient and request that the patient execute a specific, written release if the patient does not object to the release of the records. If, however, the patient does not want the records to be released, the physician should notify the party which issued the subpoena that Florida law prohibits the release of these records without a specific court order. In these instances, the physician should not release the records until a specifically worded release from the patient or court order is received. The same procedure should be adhered to when an attorney notes a technical flaw in the subpoena.

continued on page 2

When finished with this issue . . .

Pass it on  
to staff!

TO:

INITIALS:

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**LEE COUNTY MEDICAL  
SOCIETY BULLETIN**3805 Fowler Street  
Fort Myers, Florida 33901  
Phone (813) 936-1645

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

**CO-EDITORS**Mary C. Blue, M.D.  
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The Editors welcome contributions from the members. Opinions expressed in the BULLETIN are those of the individual authors and do not necessarily reflect policies of the Society.

## Subpoena continued

In the majority of cases, however, the subpoena will be properly issued and request records which do not have the status of "super confidential." In these instances, it is advisable for the physician to inform the patient that the physician will produce the documents as requested by a specific date unless the patient obtains a court order preventing such a release. Of course, any authorization by the patient for the release of the records, whether it be oral or written, should be duly noted in the medical record. Finally, in the event that a properly issued subpoena does not request super confidential records and is not explicitly contradicted by a court order, the physician should release the records by the date indicated on the subpoena.

Any questions regarding the validity of subpoena should be directed to an attorney immediately. General questions may be directed to Christopher L. Nuland, Esq., FMA, Associate General Counsel.

Christopher L. Nuland, Esq. ♦

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**THE BULLETIN DEADLINE  
IS THE 15TH OF EACH  
MONTH. PLEASE SEND  
YOUR COMMENTS OR  
ARTICLES TO THE  
MEDICAL SOCIETY.**

**EXCEPTIONAL PROGRAM ON LEADERSHIP**

The LCMS was given the opportunity to participate with the Chamber of Southwest Florida's "Leadership Lee Class '93" by doing a Mini-Internship program. Seventeen members of the Class chose to intern with our members.

**PARTICIPANTS:****INTERNS**

Ms. Sue Fussell, Teacher, Bayshore Elementary  
Mr. Michael Neff, Senior VP, Relationship & Private Banking  
Ms. Cynthia Shafer, Associate Realtor, Lahaina Realty  
Ms. Kim Nolte, mgr. Cmnty. Dev., Southwest Florida Chamber  
Ms. Julie Husler, Senior VP, NationsBank  
Mr. Mark Geisler, Exec. Dir., AIDS Task Force  
Ms. Michele Schmoyer, Self Employed  
Ms. JoAnne Schultz, CPA  
Ms. Patricia Valz, Real Estate Broker  
Ms. Patricia Portman, Exec. Dir., Cape Coral Hospital Foundation  
Ms. Caroline Strauss, Alpha Engineering  
Ms. Julia Mays, Dir. of Mktg., Barbara B. Mann Hall  
Ms. Susan Pareigis, Exec. VP, Chamber of Southwest Florida  
Mr. Joe Blacketer, VP Mariner Properties, Inc.  
Ms. Trudi K. Williams, President, TWK Consulting Engineering  
Mr. Robert Risley, Florida Power & Light Company  
Mr. Michael Leonard, Associate Attorney, Pavese, Garner & Haverfield

**FACULTY**

Jonathan S. Daitch, M.D., Anesthesiology  
Brian Hoffmann, M.D., Surgeon  
Robert G. Sharkey, M.D., Emergency Physician  
Irwin J. Kash, M.D., Pediatrics  
Larry S. Eisenfeld, M.D., Orthopedic  
Stephen R. Zellner, M.D., Internal Medicine  
Paul Driscoll, M.D., Neurology  
John Fenning, M.D., Orthopedic  
Phillip E. Andrews, M.D., Otolaryngology  
Charles H. Curtis, M.D., Family Practice  
Patrick S. Bowman, M.D., Internal Medicine  
Michael R. Rubin, M.D., Cardiology  
Michael E. Steier, M.D., Cardiovascular/Thoracic  
Steven R. West, M.D., Cardiology  
William N. Harwin, M.D., Hematology/Oncology  
John S. Fifer, M.D., Orthopedic  
Joseph D. Lemmons, D.O., Emergency Physician

Here are some of their comments:

"I was in awe at the end of the day, not to mention pretty tired after 27 patients, 2 surgeries, and hospital rounds. ...I clearly have a new appreciation for what goes on in their daily lives, and the dedication it takes to pull that off." Julie Husler

"It was fascinating to me how everyone worked together, doing their own thing to achieve the one goal; that of helping the patients." ...it is an excellent program." Sue Fussell

"This was a great day! I was most impressed with my (doctor) and his concern for the patient as well as his concern for the costs they would have to incur." Patricia Portman

"...the providers, specifically physicians, are using "passion" and "feelings" to defend their positions. Facts, analytical data, conclusions and economic issues should be their goal." With regard to administering health care to patients - I found (doctor's) office to be superb! Jo Anne Schultz

"Big surprise was the amount of time Doctor spent in office doing patient care and the tremendous amount of paperwork. It was impressive noting he knew so much about the patients conditions from a brief glance at their charts. This was one of the best programs we have done in Leadership Lee '93. I don't know how much Drs. make per/annum but from my observation, they earn it." Caroline Strauss

Our special "thank you" to the Leadership Class and to the Physicians who participated in this program. We now have seventeen members of our community who understand medicine a little bit better. They will spread the word of their experience.

**THOUGHT TO LEAVE WITH YOU: "BUILD BRIDGES OF COMMUNICATIONS WITH YOUR FAMILY, STAFF, PATIENTS, CIVIC GROUPS, GOVERNMENT AND ANYONE YOU COME IN CONTACT WITH THAT INFLUENCES PUBLIC OPINION."** ♦

**ALLIANCE ACTIVITIES****FOSTER PARENT APPRECIATION DINNER**

The "Hats Off" theme of this year's Foster Parent Appreciation Dinner offered a festive atmosphere for the annual banquet.

On November 5th, over 150 foster parents enjoyed a fun-filled evening in their honor. At one point in the evening all non-foster parents stood and "took their hats off" for foster parents.

The Lee County Medical Society Alliance was recognized for our continued support in obtaining door prizes for each of the foster families. Thank you again for your generosity which helped to make this year all possible.

**AIDS BOOK COVER**

The Lee County School Board approved the AIDS awareness book cover sponsored by the Florida Medical Association Alliance.

The abstinence basis book cover will be distributed to 10,500 middle school students. The book cover dispels many of the myths associated with AIDS, as well as messages on how AIDS is transmitted. Special thanks to Ann Wilke and Sally Joslyn for their efforts to get this book cover approved.

**MEDI-BAGS**

Volunteers gathered October 23rd at the home of Ana Gregg to assemble medi-bags for the homeless. Over 500 medi-bags containing hygiene and toiletry items were distributed to the area's homeless. Thanks to everyone contributing to this worthwhile project.

**LEGISLATIVE BREAKFAST**

For the past several years the Alliance has worked to build a strong, ongoing relationship with local legislators. Because of its success last year, the November General Meeting will once again be a **Legislative Breakfast**. It is a unique opportunity to meet area representatives and/or their legislative aides to discuss issues of legislative importance to organized medicine. A delicious breakfast will be catered by "Catering by Louis". ♦

**THE  
QUESTION  
MAN****OPINIONS - EDITORIALS  
LETTERS TO THE EDITOR****John W. Snead, M.D.****"HOW WILL THE QUALITY OF HEALTH CARE  
CHANGE?"**

"The quality of health care will decrease tremendously because of the imposition of global budgets and the benefit caps will result in a rationing of care to those who are stronger, healthier and more likely to receive the highest benefit from the treatments which are given. Americans who are used to receiving treatments no matter what their condition will see a dramatic decrease in their ability to receive certain forms of care if they do not fit the above profile. I am truly worried about these changes for my patients."

**John C. Kagan, M.D.**

"The political process has yet to fashion government's new health care system, but the objectives of the private systems managed competition are clear. There is no existing or proposed reformation that I know of which will result in a system-wide quality improvement in our citizen's medical care. Payors and politicians will perceive an increase in quality of care; patients and physicians will perceive a deterioration in quality of care."

**T. T. (Sam) Knight, M.D.****Angel O. Pietri, M.D.**

"Most likely overall quality will decline, since rationing is the only way to get the savings the government wants. Patients will also have to get used to longer waiting and less convenience when it comes to health care."

**NEXT MONTH'S QUESTION:****"DO YOU THINK A STATEWIDE FIPA/HMO IS  
A GOOD IDEA?"**

Send your comments to the Medical Society.

Bulletin deadline is the 15th of each month... we want to see you in the print media! ♦

**MEDICAL BOOKMARK**

The library concluded the year-long survey which was distributed to physicians with each literature search. Of the 198 surveys sent, 123 (62%) were returned. The returned surveys indicated that 73% of the searches were conducted for the purpose of patient care; and 92% of those stated that the search contributed to patient care, while 78% of those answered that it neither changed or impacted how the case was managed. The survey indicated that 99% of respondents were pleased with the quality of information and felt they received the results in a timely manner. The physicians said they received 96% new information through the search.

To request this, apparently useful service, the physician may contact the Medical Librarian, Narges Ahmadi, in person between 7:30 to 4:00 Monday to Friday, by phone: 334-5410 or by Telefax: 332-6422

Three new titles were added to the journal collection and are already on the shelves: **Abstracts of Clinical Care Guidelines, American Journal of Diseases of Children, and Laryngoscope.**

Among the new books acquired by the library, a reader may find the 4th edition of Taylor's **Family Medicine**; Barker's **Principles of Ambulatory Medicine**, as well as **Sectional Anatomy by MRI/CT**; **General Surgical Oncology**; **Reoperative Surgery**; **Managed Care**; and **Sex Abuse Hysteria**, by Richard A. Gardener. ♦

## PREPARING FOR HILLARY

Government, the major contributor to the "health care crisis", has decided everyone else is to blame, and they can fix it. I see no great virtue in debating the merit to the changes as they are announced; we can summarize easily what will happen. We will have socialized VA quality medicine for every American. The big decision for many physicians will be how to react personally. In Lee County we are witnessing the anticipated loss of quality and restriction of access to care with the introduction of Medicaid HMOs. Try to fathom taking Medicaid, an underfunded program, reducing its funding even more and then permitting a private for profit contractor to siphon off as profits a portion of any residual funds. Are we supposed to believe these people are delivering improved access and quality?

As this pattern continues, we will begin to see a devaluation of the "specialist" and specialty care. Since our medical community is half specialists, the limited access/generalist approach to saving money will dry up much of the participation of the specialist in quality care. We need to start planning for this day now.

For those more senior and experienced specialists this approach to health care most likely will trigger early retirements. The first loss of manpower in any crisis is the most experienced, most independent physicians. It happened with the "malpractice" crisis in the early 1980's; most of those that retired early simply felt it wasn't worth working for the lawyers and insurance companies. For those newly out of training it probably isn't too late to retrain as some sort of generalist or to hire into a salaried position. This lifestyle features no overhead, little or no administrative responsibility and nine to five medicine. With diminished reimbursement, increased hassles and little patient loyalty or trust, those of us who frowned on this type of institutionalized medicine in the past can understand why a younger physician would consider being an employee instead of an employer.

In the middle we have those fiercely independent physicians who are unlikely to make the compromises in quality and freedom necessary to fit comfortably into an institutional mold. Rather than try to fit square pegs in round holes or sit by and find the highest level of consultant utilized by the new system is either a nurse practitioner or a chiropractor, members of this group need to begin planning for the coming decades.

These practitioners were likely top students during training and have continued a tradition of personal study and development over the years. The only problem is that much of our gained knowledge and ability won't be valued in the future: we know too much and can generate too much expense. Is there any reason why we cannot continue to learn and work in enterprises that government has not yet socialized? We may need to retrain in other areas of endeavor.

More and more of us are studying for advanced degrees in law and business. The lawyers won the last election, and President Rodham will appoint Jennifer to be White House Social Secretary before we hear the words "Tort Reform" from her. Law looks like a safe bet for a long time. Many of us could retrain and specialize in litigating "legal malpractice" as a growth industry.

With an MBA we can go into business. With luck, Congressman Pete Stark will have a stroke before you graduate. This will allow you to continue practicing one or two days a week without being accused of having a joint venture when the food from your pizza enterprise sickens folk. Such a ruling would not be an intellectual challenge for those same regulators that decided a rapid strep test is "moderately complex" under CLIA, in spite of evidence that it can be performed with 96.7% accuracy by sixth graders.

Politics would be another interesting choice. This is an entirely unregulated growth industry. Not all politicians have to campaign for election. Lobbyists and activists are all unelected politicians who probably make more than any cardiovascular surgeon. Unfortunately, male angiosax on conservative activists are at the moment called bigots so employment demand is light.

Another option is to "retire in medicine". Here the idea is to hire ten or fifteen nurse practitioners, physician's assistants, pharmacists and holistic counselors at the new minimum wage of \$6.50 and set up a Hillary Mill, formerly known as a Medicaid Mill. This operates only nine to five weekdays with patients directed to call a phone number in Tallahassee for any after hour emergencies. During the weekday you don't actually see patients, but negotiate new contracts, find discounted generics and create new ways to attract government revenue for this "working pension plan". Note, all of this can be done with a cellular telephone and a FAX machine, so your personal office could float.

Finally, for those that refuse to give up quality medicine, we need to look at off shore alternatives. We live in the ideal locality for such an enterprise: we are a coastal, year round tourist community where much of what tourists enjoy is banned.

First, we buy up all of the old well equipped navy hospital ships; Les Aspen wouldn't send them off to the front in time of war anyway as that might give the wrong impression. We anchor them outside the twelve mile limit and presto, we are back in business in a free enterprise quality care

continued

system. We buy up a few resorts on Sanibel or Fort Myers Beach to use as recovery spas; no bed utilization review here. Cash and credit cards only accepted; both taken directly to an offshore bank.

Think of the other shunned industries that can become part of our "off shore city". Criminal elements like gambling, topless night clubs, bungee jumping, jet skis, health insurance companies, laboratories, and joint ventures all can anchor with us. There would only be three rules:

- No checks
- No lawyers
- No politicians

John Donaldson, M.D. ♦

LEE COUNTY MEDICAL SOCIETY  
NOMINATIONS OF 1994 OFFICERS

The following slate of nominations for the 1994 officers of the Lee County Medical Society is presented for your consideration. The membership will vote at the November 15, 1993 General Membership Meeting. If you wish to nominate someone else for an office, please be sure to have that person's approval before nominating from the floor.

President-Elect  
Treasurer  
Secretary  
Members-At-Large

Grievance Committee Chairman  
Board of Censors (3 years)

## FMA Delegates:

Phillip E. Andrews, M.D.  
Robert E. Arnall, M.D.  
Ronald J. Delans, M.D.  
Larry P. Garrett, M.D.  
Francis L. Howington, M.D.  
Valerie C. Moore, M.D.  
James H. Rubenstein, M.D.  
David M. Shapiro, M.D.  
Rodger W. Shaver, M.D.  
Steven R. West, M.D.

Previously elected members of the LCMS

## Board of Governors:

1994 President, Steven R. West, M.D.  
1993 President, Phillip E. Andrews, M.D.

## Board of Governors

Members-At-Large:  
Alan D. Siegel, M.D. (94)  
Charles H. Curtis, M.D. (94)

Ronald J. Delans, M.D.  
Rodger W. Shaver, M.D.  
Thomas E. Teufel, M.D.  
Bruce J. Lipschutz, D.O. (1994)  
George C. Kalemeris, M.D. (1995)  
R. Thad Goodwin, M.D.  
Stephen E. Hannon, M.D. (1996)  
John M. Petersen, D.O. (1996)  
Joel T. Van Sickle, M.D. (1996)

## Alternates:

Cecil C. Beehler, M.D.  
John S. Bruno, M.D.  
Donn O. Fuller, M.D.  
William P. Evans, M.D.  
Mark S. Gorovoy, M.D.  
T. T. Knight, M.D.  
Steven E. Levine, M.D.  
Felix R. Mestas, M.D.  
John W. Snead, M.D.  
Joseph P. Walker, M.D.

## Board of Censors:

Daniel R. Schwartz, M.D. (94)  
Rex E. Stubbs, M.D. (94)  
Stanley V. Schwartz, M.D. (94)  
Zenaida Javier, M.D. (95)  
Richard G. Kilfoyle, M.D. (95) ♦

## 1994 LEGISLATIVE PRIORITIES REAFFIRMED

The FMA Board of Governors reaffirmed certain key issues as priorities for the 1994 session. Those priorities include:

1. Strengthening Florida law to assure patient choice of physician and to assure physicians have access to AHPs and other managed care networks; that physicians be given due process when AHPs and managed care plans attempt to remove the physician from their panel.
2. Support professional liability reform legislation that authorizes the resolution of medical liability disputes between health care providers and patients through contract law.
3. Create a Department of Health that would place the Agency for Health Care Administration as a division within the Department of Health; other divisions with the Department would include public health, children's medical services and mental health/substance abuse.
4. Repeal the transfer of the Division of Medical Quality Assurance from DPR, which includes the Board of Medicine, to the Agency for Health Care Administration.
5. Support exemptions for physicians from state and federal antitrust laws to permit collective negotiations by physicians. ♦



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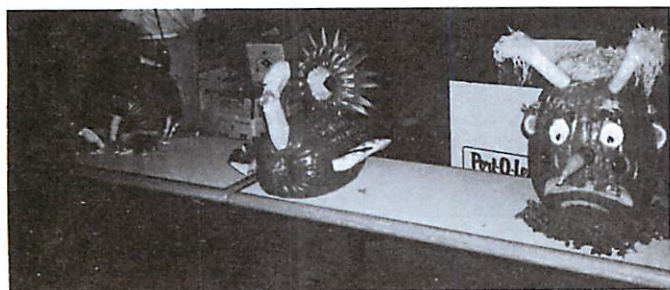
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**PUMPKIN CARVING FOR THE  
MARCH OF DIMES**

FIVE PHYSICIANS AND FIVE CHEFS squared off to carve pumpkins for the "Blue Jeans for Babies" event at HealthPark on October 8th. Participating LCMS members: Stephen Aleshire, M.D.; Victoria Cruz, M.D.; J. Bert Davis, M.D.; F. Lee Howington, M.D. and John W. Snead, M.D. Dr. Davis took second place and Dr. Snead won third place. The Chefs were very creative as you can see by the pictures below. A "good time" was had by all and we anticipate a greater number of members taking part next year. ♦



Creations By The "Chefs."



Dr. J. Bert Davis receives second place award.



Dr. Lee Howington works on his second pumpkin by the moonlight.



Dr. John Snead received third place. He captivated the audience by his creative and unusual attire. Way to go John.

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**LEE COUNTY MEDICAL SOCIETY**  
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**NOVEMBER  
MEDICAL SOCIETY  
MEETING**

Royal Palm Yacht Club  
November 15, 1993  
Social Time: 6:30 p.m.  
Dinner Time: 7:00 p.m.

**SPEAKER:**  
WILLIAM H. STRAUB, M.D.  
Senior Health Policy  
Analyst  
Jackson Hole Group

**TOPIC:**  
"Comparison of  
The Florida Health  
Care Plan with the  
Jackson Hole Plan"

DINNER BY RESERVATION ONLY

**CANCELLATIONS:**  
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