

LEE COUNTY
MEDICAL
SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 25, NO. 08

FORT MYERS, FLORIDA
MARY C. BLUE, M.D., EDITOR

DECEMBER 2001

The Lee County
Medical Society
and
The AllianceRequest the honor of your presence at our
ANNUAL HOLIDAY PARTY
held at
The Historical Veranda Restaurant
2122 Second StreetMonday, December 10, 2001
7:00 P.M. - 11:00 P.M.Sponsor: Northern Trust Bank
Music by Jazz Pianist, Scott CossaTwo Holiday Basket Raffles—
proceeds to benefit
Foster Care Council of Southwest Florida
R.S.V.P. by December 7, 2001
LCMS Members - No Charge
Guests, Spouses, Applicants & Retired - \$40
For Reservations make check payable:
LCMS, P.O. Box 60041,
Fort Myers, FL 33906-0041
Tel - 936-1645 Fax - 936-0533

Inserts

- ① HOLIDAY PARTY INVITATION
- ② HIPAA COMPLIANCE DEADLINE
- ③ 2002 LCMS/FMA LEGISLATIVE STRATEGY
- ④ OSHA FREQUENTLY ASKED QUESTIONS

Season's
Greetings
and
Happy New Year
2002

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PRESIDENT'S MESSAGE

Steal this Bulletin!

Peter Blitzer, M.D.

In fact, steal everything organized medicine is doing for the physicians of Lee County! Sound preposterous? Well, that is exactly what our colleagues who are not members of the Lee County Medical Society are doing.

Let me get up on the presidential soapbox one last time. I want to criticize that 20% of the practicing physicians here in Lee County who are not members of the LCMS.

There are several excuses offered by those who choose not to belong. I hear it stated that the County Medical Society, and by extension, the Florida Medical Association and the American Medical Association, do not really accomplish anything. This is so far wrong that it makes me laugh. Without organized medicine, I am convinced, we would be working for a nationalized health care system, similar to that in England. We would have all the prestige and flexibility of postal workers.

Just this past year your LCMS, through the FMA and the AMA, has been fighting on your behalf (and of course on behalf of our colleagues who do not belong - a.k.a. the freeloaders) to control the power of managed care, to work towards tort reform, and to limit government regulation of how we run our practices. On a practical note, without the alert

work of the FMA attorneys, the State of Florida would have doubled our registration fees this year. This alone pays the cost of LCMS dues!

Another excuse I hear from the freeloaders is the "single-issue protest." There is one certain issue which the freeloader feels organized medicine has mishandled. I hear many different complaints - abortion, gun control, fluoridation, etc. Sometimes the complaint is a petty political consideration, such as which charity the Alliance is supporting this year. Because of this single affront, whatever it is, the freeloader has dropped out of organized medicine.

What has this single-issue protest really accomplished? In most cases it does not advance the cause that the freeloader insists is so important. It seems to me that if the freeloader were really so concerned about the issue, a more logical response would be to work within organized medicine.

So in conclusion, I am asking all of you members to talk to your colleagues who are not members. Remind them that without organized medicine all practicing physicians would suffer. Then tell them you would like them to help contribute to this cause.

I realize that the tone of this last Presidential Message is strident. The reason for this is that I am passionately in favor of organized medicine. Because of this I thank all you members of the LCMS for allowing me to be your President for this past year.

2002 License Renewal
IMPORTANT INFORMATION

November Notice of Renewal Licenses for physicians and Physician assistants will expire at midnight, Eastern Time (ET) on January 31, 2002. Notices of license renewal were mailed to all licensees on or before October 31, 2001. Renewal notices were mailed to the last address on file with the Department. If you do not receive a notice of renewal, please contact the Medical Quality Assurance Call Center at (850) 488-0595, Press 3, Monday - Friday from 8:00 a.m. - 5:00 p.m., ET or e-mail: LicenseServices@doh.state.fl.us

Take advantage of the e-Renewal system. E-Renewal allows you to renew using the Internet. E-Renewal does not allow you to renew online, if you are adding or removing status, such as paying a delinquency fee or changing a license status. Due to high volume allow sufficient time to renew since e-Renewal will not be available after midnight ET January 31, 2002. E-Renewal will require your PIN number and license number.

Medical Doctors - Split Renewal Cycle. ALL physicians must complete their license renewal by midnight, ET on January 31, 2002, or their license will become delinquent. To increase the efficient management of license renewals for over 50,000 licensed medical doctors, for this renewal only, the physician license renewal cycle will be divided into two groups. You may verify your group by checking the mailing label on this newsletter. The label will contain the words 2-year of 3-year depending on the group you are being assigned.

Half of the physicians will renew for a two-year period, which will expire at midnight, ET on January 31, 2004. The remaining group of physicians will renew for a three-year period, which will expire at midnight, ET on January 31, 2005. This will be a one-time only renewal period of three years. The renewal fee will be prorated for this three-year period.

Licenses that expire midnight, ET on January 31, 2005, will thereafter be renewed for the usual two-year period, which will expire at midnight, ET on January 31, 2007. The purpose of this change in the physician renewal cycle is to better balance the volume of license

renewals on a yearly basis, instead of having the total renewal volume at one time. This yearly schedule is expected to yield greater efficiency and customer service in processing the renewals.

The Renewal notice mailed on or before October 31, 2001 will clearly reflect whether a licensee is renewing for a two or three-year renewal period.

Medical Doctors - Fees and CME. License renewal fees were last raised in 1992. An increase is necessary to cover the current costs of the licensure and enforcement processes under Florida's Medical Practice Act. The license renewal fee for licensees renewing for two years will be increased from \$350 to \$385.

Licenses must also pay a \$5 unlicensed activity fee, and a \$16 fee for the FBI background check for a total of \$406. Licensees renewing for the three-year period will pay a prorated fee of \$577.50 plus the \$5 unlicensed activity fee, and a \$16 fee for the FBI background check for a total of \$598.50.

Pursuant to Board Rule 64B8-13.005, Florida Administrative Code, every physician is required to complete 40 hours of approved CME courses (CME) in the 24 months preceding each biennial renewal period. Specific requirements for CME are detailed on the Board website at www.doh.state.fl.us/mqa/medical/2001me_home. Licensees are NOT required to submit document of completed CME with their license renewal form. However the renewal form will require the licensee to state that he or she has completed the required CME. Licensees must retain documentation of completed CME for a period of not less than 4 years from the date each CME course was completed, for possible random audit by the Board.

Taken from the Fall 2001 Board of Medicine Newsletter. The Board of Medicine has decided that both groups of physicians need only obtain 40 hours of CME in the 2 or 3 year time period - those in the 3 year renewal cycle will not have to obtain extra CMEs. The two renewal dates should be:

2 year - January 31, 2004 (Instead of December 2003)
3 year - January 31, 2005 (Instead of December 2004)

AS I RECALL...

ER

Roger D. Scott, M.D.

President Abraham Lincoln stated, "With the fearful strain that is on me night and day, if I did not laugh I should die." With the tremendous tragedies in our county and the US in a war, it is necessary that we have some laughter so I hope you will have a chuckle or two from this article.

Scenario dates back to 1951 (yes, 50 years ago) when I was an intern rotating through the emergency room of a large university hospital in a large city (Baltimore, MD). Our medical school curriculum did not allow us much clinical experience so facing the emergency situations was indeed a challenge. A very nice lady came into the ER with a significant laceration of her face and in my Good Samaritan form, I tried to do plastic surgery. Horsehair was the desirable suture for plastic surgery of the face. Sutures were meticulously placed and very carefully tied. At the completion of the procedure with about 30 sutures having been made, I wiped the incision with saline to cleanse it, and each of the sutures came untied. Well, she wound up with a less than plastic surgical closure with five silk sutures.

The next blunder was with a drunk who came in with a fractured foot (metatarsals). I reviewed the x-ray and applied a left short-leg cast, gave him crutches, and sent him on his way. The next day he returned (sober) stating that he was having great pain and great swelling in his right foot. An x-ray of this foot revealed fractured metatarsals; in fact, they were identical to those of the left foot, and the radiologist sent a note asking why I requested a repeat x-ray as a diagnosis of "fracture of the right metatarsals" was made the previous day. With my vast inexperience, I had mistaken the "Lat" on the x-ray for left and did not notice the "R" for right. I casted the right lower leg and foot and removed the cast from the left. I said, "Gee, you certainly healed fast," so a cast no longer needed on the left.

The ER waiting room of 30 or so seats was always packed as there were only two of us (interns) working the ER, and we were slow and far behind. The nurse came to get me and said that one man was unconscious in the waiting room in a chair so it was necessary for me to make a "chair-call" to see him. He seemed a little cool and the stethoscope failed to yield a heartbeat, and I said loudly to the nurse (the stethoscope was in my ears), "He's dead!" Practically all of the other patients in the waiting room jumped up out of their seats and ran out of the hospital. Walter Winchell (a noted NYC and national newscaster) said on his radio show "Something's wrong when patients die waiting to be seen at University Hospital ER in Baltimore."

We always seemed to be behind so patients filled the waiting room and most of these were not emergent cases. We devised a scheme whereby one of us would get on a stretcher, be totally covered, and then two of us would wheel the stretcher out through the waiting room suggesting that this was a body. We would take the empty stretcher back and then a different person would get under the covers and the others would wheel him out, and on the third trip out the intern would stop in the waiting room and state "We must be doing something wrong tonight." This never failed to clear them out! This was an extreme measure and we used this only in times of great crowding.

The last of my little ditties was a sure-fired-absolute-positive-unequivocal cure for hysterical catatonia. When all other treatments such as holding ammonia directly under the nares, pinching, giving an injection of saline, etc. failed, the Scott Suppository was called into action. This consisted of molding a large amount of crushed ice into the form of an extremely large (about 30 mm) suppository. This was then well lubricated and inserted per rectum. This never failed to bring the catatonic back to life. I used this once or twice in private practice when I had to cover the ER in Ft. Myers and thank goodness malpractice suits were not in vogue in those days. I haven't used it since and don't expect to ever again.

Continued on page 4

**LEE COUNTY MEDICAL SOCIETY
BULLETIN**

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The editors welcome contributions from members. Opinions expressed in the *Bulletin* are those of the individual authors and do not necessarily reflect policies of the Society.

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If you have a change of address or phone number, please send the new information in writing to the LCMS office

P.O. Box 60041, Fort Myers, FL 33906
Fax: 936-0533

IMPORTANT NOTICE

Physicians need to correct their mailing addresses with the Florida Board of Medicine/Department of Health and also the Drug Enforcement Agency as soon as the change occurs.

The Florida Board of Medicine takes the failure to notify them very seriously (\$1,000 fine, plus fees for administrative costs, plus disciplinary action against your license!)

Lee County Medical Society Alliance Foundation News

Respectfully submitted by Noreen Kurland, LCMS Alliance Corresponding Secretary

S.A.V.E. "Bullies and Victims" – A proactive approach to stop school violence will be offering training by renowned expert SueEllen Fried. The informative workshops are underwritten by Southwest Florida Regional Medical Center and the Lee County Medical Society Alliance Foundation, Inc. The workshops will take place December 10th thru December 12th 0830-1530 (THREE DAY COURSE FOR CERTIFICATION). A special thanks to Ms. Nancy Barrow and Ms. Gena Burch who have been working hard on this wonderful project with the Lee County Public School Board.

Gators Galore - Sherry Tipton and Sandee Foster have created a unique coloring book and calendar that tells a tall tale about some playful Caloosahatchee River alligators. Proceeds from Gators Galore will be donated to S.A.V.E. To order or for more information, please contact: Sherry Tipton 652-4140 or Sandee Foster 936-6995

Lee County Medical Society & Alliance Annual Holiday Party – Please join the Lee County Medical Society at the Veranda Restaurant on December 10th from 7 P.M. to 11 P.M. for a wonderful holiday party where beautiful baskets will be raffled and the proceeds will benefit Foster Care Council of Southwest Florida. Please call the LCMS at 936-1645.

**The Rise and Fall(s) of Professionalism**

by Audiey Kao, M.D., Ph.D.

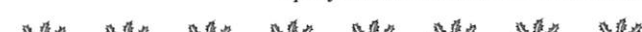
During a trip to the Pacific Northwest, I had the opportunity to spend an afternoon touring the Columbia River Gorge and its spectacular waterfalls. The largest of these is Multnomah Falls, which stands at nearly 620 feet. As I stood on the bridge that spanned the upper pool of this double-tiered waterfall, I marveled at the millennia of geological activity it must have taken to create this magnificent temple of rock and water. The slow process of weathering and erosion that creates waterfalls is hardly perceivable, but there are instances where geologic change is dramatically visible. On September 4, 1995, a rock the size of a Greyhound bus broke off from the face of Multnomah Falls, and its landscape was instantaneously altered. Luckily, no one was seriously injured when the rock came tumbling down.

Driving back to the hotel after visiting the Gorge, I reflected on the notion that the creation of waterfalls symbolized to me the historical currents of professionalism that bind physicians of the present to the past and attract future physicians. The professional landscape of contemporary medicine is shaped in many respects by the ethical values and conduct of physicians who came before us, and, by virtue of our predecessors' actions and priorities, we are the beneficiaries of the trust that patients have in today's physicians. However, this public trust can be taken for granted. The erosion of trust is often difficult to perceive until a critical point is reached, and then rebuilding fallen trust may be tough if not impossible. Over the last 5 years, the number of medical school applications has fallen by one-fifth, and, while this may not seem as dramatic as the crash of a bus-size boulder, it does reflect a growing disillusionment about medicine as a calling. Thus, the actions and priorities of contemporary physicians collectively shape the professional landscape of medicine that students and residents will face, and the future of professionalism will rise or fall depending on that landscape's ethical contours.

A physician who undoubtedly contributed to creating our current professional landscape was Archibald Wright Graham. Most of you might know him better as "Moonlight" Graham, the physician who had a short-lived career as a baseball player. Portrayed by Burt Lancaster in the 1989 motion picture, "Field of Dreams," Moonlight Graham made his major league debut on June 29, 1905 with the New York Giants. Because of the way the ball bounced in a single game, however, he lost his only chance to face a big league pitcher. After the 1905 season, Graham left baseball to fulfill his dream of becoming a medical doctor, eventually pursuing his life's work in Chisholm, Minnesota. "Doc" Graham spent his entire medical career in Chisholm, where he gained national recognition for his studies on children's blood pressure and enjoyed the love and respect of the entire local community. In the film, the character played by Kevin Costner commented on the tragedy that Moonlight Graham's baseball career lasted only 5 minutes, but Doc Graham replied, "Son, if I'd only got to be a doctor for 5 minutes, now that would have been a tragedy."

With the aim of contributing to positive changes in our ethical and professional landscape, the Virtual Mentor was created by the AMA's Ethics Standards Group more than 2 years ago as an online forum for examining the ethical and professional issues confronting medicine. The editors and contributors of the Virtual Mentor have published essays and stories meant to catalyze interest, invite discussion, and broaden understanding among our readers about the challenges that confront this healing profession. We built it, and, to our delight, students and teachers have come in increasing numbers to the Virtual Mentor.

Reprint from the AMA Virtual Mentor - www.virtualmentor.org

**Flu Vaccine**

As you are aware, there is a shortage of flu vaccine in the US and the AMA has received many calls from physicians who have not been able to obtain flu vaccine.

The AMA has been informed by a distributor that it has some extra vaccine (500,000 doses), ready for delivery by the end of November. They would like to make that available to physicians.

The AMA is not marketing or advertising on behalf of the manufacturer or any of the distributors. The AMA makes no representations, warranties or endorsements about the vaccine, its method of distribution, price or guarantees about the availability of the vaccine. The AMA is merely notifying its members of its potential availability in furtherance of public health.

To find out more about the vaccine and its pricing, please contact FFF Enterprises Customer Care Department at 800-843-7477. Operating hours for placing orders are Monday - Friday from 5:00 A.M. PST to 5:30 P.M. PST. Customers may place orders through Tuesday November 20, 2001.

If the AMA becomes aware of other flu vaccine availability, updated information will be provided. Please do not contact the AMA.

**AMA Names New EVP/CEO**

The AMA named Michael D. Maves, MD, MBA, as its new executive vice president and chief executive officer today. Dr. Maves will assume leadership of the nation's oldest and largest physicians' group on January 15, 2002. Dr. Maves, 53, brings extensive medical and association management experience to his new AMA post. He served as executive vice president of the American Academy of Otolaryngology - Head and Neck Surgery, Inc. (AAO-HNS) from 1994-99. Most recently, he headed the Consumer Healthcare Products Association (CHPA) in Washington, D.C.

"Dr. Maves is a proven leader who has distinguished himself across many fronts - academia, organized medicine and association management. The AMA is excited about the leadership and vision he will bring to our association," said AMA Board Chair Timothy T. Flaherty, MD.

An active participant in organized medicine throughout his professional career, Dr. Maves has served as a specialty society representative and alternate delegate to the AMA House of Delegates as well as a governor of the American College of Surgeons. At the local level, he has served as a member of the board of the St. Louis Metropolitan Medical Society, a Councilor of the St. Louis Surgical Society, and a delegate to the Missouri State Medical Association.

Raised in Ohio, Dr. Maves received his undergraduate degree from the University of Toledo and his medical degree from The Ohio State University. He received his MBA from the University of Iowa College of Business Administration. Dr. Maves is a former captain in the U.S. Army Medical Corps and served in Europe. He and his wife Betsy have three children.



THE QUESTION MAN
OPINIONS - EDITORIALS
LETTERS TO THE EDITOR
John W. Snead, M.D.

**December's Question:
"What should we Physicians
do about Anthrax?"**

*Bob Schwartz, M.D.
Infectious Disease*

- 1.) We should all have high indices of suspicion for anthrax and other infectious forms of Bio terrorism.
- 2.) We must be ready to treat even without microbiological evidence.
- 3.) We should know which hospitals have a microbiology lab.
- 4.) We should know our ID Doc's first names and have their cell phone numbers close at hand



*Judith Hartner, M.D., M.P.H.
Public Health*

"First, learn about the presenting symptoms and signs of all diseases that are potential bioterrorist weapons, including anthrax, smallpox, plague, botulism. Second, be certain that communicable diseases are promptly reported to the health department."



*Larry Farmer, D.O.
Emergency Medicine*

"The best response to a confusing and chaotic situation, such as this, is to be calm, and use the gift of common sense that God gave you. You should become well-educated on the subject (as well as the 3 other bio-threats) and be ready to teach your patients; that is what 'physician' means - 'teacher'."

The CDC, state and local Health Departments have lengthy, but simple guidelines to follow for possible exposures, most of which do not rush into "culture and Cipro." Certainly, legitimate threats, similar to those situations in the news, should be "prophylaxed" and contact the Health Department. All other cases should be approached with calm and commonsense. I recently had a group of 8 or 9 patients in our ER due to a possible exposure. The teenagers in the group had opened a napkin in the school cafeteria, that had a "white powder" in it. They went home and "exposed" the parents. A calm, long conversation dispelled most of their fears, and they went home. Of course, it turned out to be a hoax.

We are all a little nervous about terrorism. But, WE, as professionals, are charged with the responsibility of dispensing our own anti-terrorism campaign - Approach this health care issue by calming our patients, recognizing and treating the sick and fearful, and instill confidence in the citizens of America."

**January's Question:
"Does Medical Journalism Help
or Hurt Doctors?"**

Send your comments to the Medical Society. The *Bulletin* deadline is the 15th of each month... we want to see you in the print media.

**Online CME Program!****INDOOR AIR QUALITY:
DETECTING ILLNESS, EDUCATING PATIENTS**

According to the Environmental Protection Agency (EPA), research indicates that Americans spend approximately 90% of their time indoors; a fact that illustrates the importance of ensuring the air inside their homes is safe to breathe.

Fortunately, there are actions patients can take to minimize exposure to the harmful indoor gases and particles that can cause health problems. The American College of Preventive Medicine (ACPM) and the EPA have developed an educational program available on the Internet to help health care providers recognize symptoms and give them tips on how to advise their patients.

Visit ACPM's Online CME Center at www.ACPM.org

LCMS Stats

OCTOBER 18, 2001 - NOVEMBER 15, 2001

	Current	YTD
Total Phone Calls Received	506	4776
From Physicians and Office Staff	94	996
For Referrals	195	1494
For Background Checks	23	296
Filing Complaints	4	53
Regarding Non-Members	13	137
Regarding Alliance	25	124
Regarding CMS, FMA, and AMA	9	227
Miscellaneous Calls	143	1449
Applications Sent to Physicians	166	238
Meetings	13	123
Attended on behalf of LCMS	7	66
Society Meetings	6	57
Pictorial Directories Distributed	9	598

Important Changes in the Physician Assistant Formulary

The Physician Assistant Formulary has historically been a listing of drugs that licensed prescribing physician assistants may prescribe, in accordance with practice parameters established by a physician assistant's supervisory physician.

Recent legislation changed the formulary from a listing of permissible drugs, to a listing of prohibited drugs. The Florida Boards of Medicine and Osteopathic Medicine have proposed amendments to the Physician Assistant Formulary to implement this law change. When this rule becomes effective, licensed prescribing physician assistants will be authorized to prescribe any drugs approved by their supervising physician and not prohibited by the rule.

This rule was not in effect at the time of the printing of this newsletter. A copy of the new rule will be mailed to all licensed physician assistants as soon as the rule becomes effective. Please remember that physician assistants may not prescribe any drugs until they receive a prescribing license. This is a supplemental license specifically for prescribing privileges.

Information about application for a prescribing license, and the new Physician Assistant Formulary rule may be accessed at the Council on Physician Assistant website at www.doh.state.fl.us/mqa/PhysAsst/2001pa_home.html

Taken from the Fall 2001 Board of Medicine Newsletter

INTERNET MEDICAL RESOURCES

Patient Bioterrorism Resources WHERE TO FIND IMPORTANT INFORMATION ONLINE

by Michael Barnaby - Public Information Officer, Lee County Health Department

With terrorism generally, and bioterrorism in particular, on everyone's mind, disease-as-a-weapon information should be readily available to your patients. The sources below offer some of the soundest and clearest knowledge for the consumer.

- **FirstGov.gov** offers the best and most comprehensive coverage of anthrax and terrorism for the concerned layman. Located at <http://www.firstgov.gov>, the site bills itself as "the only official U.S. government portal to 47 million pages of government information, services, and online transactions." Available here, under the heading "America Responds to Terrorism," are literally thousands of documents. Yet the site is well organized and makes finding data comparatively painless. For instance, clicking on "Precautions Regarding Bioterrorism" brings up Anthrax Resources and Information, a Frequently Asked Questions list (FAQ), an anthrax video, and a very interesting and important consumer article entitled "Offers to Treat Biological Threats: What You Need to Know," which outlines the many scams growing out of recent events.
- In Florida, **MyFlorida.com** offers an area geared specifically to matters that may impact our state. Labeled "Domestic Security in Florida," this section of the official state website contains press releases from the Department of Health, a statewide list of FBI offices, all official announcements from the governor's office, the expected fact sheets on anthrax, and various public safety and state links. MyFlorida is at <http://www.myflorida.com>
- The CDC offers "Public Health Emergency Preparedness and Response," containing alerts, advisories, and easy to digest fact sheets on anthrax, botulism, plague and smallpox. Further, it gives overviews of the National Pharmaceutical Stockpile and the Health Alert Network (HAN). One click takes the reader to MMWR articles on anthrax and bioterrorism, listings of events, conferences and professional meetings, and the full range of CDC services. The area specific to bioterrorism can be reached at <http://www.bt.cdc.gov>
- Detailed consensus papers - definitely not for the casual reader - can be found at the Journal of the American Medical Association site. Covering anthrax, smallpox, plague, botulism toxin and tularemia, the physician and other concerned parties may want to review the information. The Journal also offers various other bioterrorism materials, including book reviews, letters to the editor, and various MMWR articles. The JAMA website is located at <http://www.jama.ama-assn.org>

New Member Applicants

APPLICATION FOR MEMBERSHIP

Active members are requested to express to the Committee on Ethical and Judicial Affairs or Board of Governors any information or opinions they may have concerning the eligibility of the applicants.



ROBERT MIRSKY, M.D. - FAMILY PRACTICE

Medical School: SUNY Health Science Center (1981-85)
Internship: Highland Hospital, Rochester, New York (1985-1986)
Residency: St. Joseph's Medical Center, Yonkers, New York (1987-89)
Board Certification: American Board of Family Practice.
Dr. Mirsky is employed by Blue Cross/Blue Shield of Florida at 100 Arthur Andersen Pkwy #303, Sarasota, FL.



STEPHEN PRENDIVILLE, M.D. - OTOLARYNGOLOGY AND FACIAL PLASTIC SURGERY

Medical School: Georgetown University Medical School, Washington, DC (1990-94)
Internship: Georgetown University Medical School, Washington, DC (1994-96)
Residency: Georgetown University Medical School, Washington, DC (1996-2000)
Fellowship: St. Louis University Medical Center (2000-2001)
Board Certification: American Board of Otolaryngology.
Dr. Prendiville is in practice with Ft. Myers Centre for Facial Plastic and Laser Surgery, Fort Myers.

OOPS...

We printed the wrong information for the following two physicians in the November 2001 issue of the *Bulletin*. The corrected information is:



JOHN DOYLE, M.D. - ANESTHESIA/CARDIOVASCULAR ANESTHESIOLOGY

Medical School: St. George's University, St. George, Grenada (1983-89)
Internship: Yale University School of Medicine Danbury Hospital, Danbury, CT (1989-90)
Residency: University of South Florida School of Medicine, Tampa, FL (1994-96)
Board Certification: American Board of Anesthesiology, National Board Echocardiography, Perioperative Transesophageal echocardiography.
Dr. Doyle is employed by Medical Anesthesia and Pain Management at 2472 Congress Street, Fort Myers.



JOHN GREEN, D.O. - INTERNAL MEDICINE

Medical School: Southeastern College of Osteopathic Medicine, Davie, FL (1986-90)
Internship: University of Medicine and Dentistry, Stratford, NJ (1990-93)
Residency: Hartford Hospital/ University of Connecticut, Hartford, CT (1993-95)
Board Certification: American Osteopathic Board of Internal Medicine.
Dr. Green is employed by Family Health Centers at 8750 Gladiolus Drive #6, Fort Myers.

JOINT CANCER CONFERENCE OF THE FLORIDA UNIVERSITIES

*The University of South Florida Shands Cancer Center
University of Florida H. Lee Moffitt Cancer Center & Research Institute
University of Miami Comprehensive Cancer Center*

Will be holding the

6th Annual Joint Cancer Conference of the Florida Universities

**JANUARY 31 - FEBRUARY 2, 2002
OPRYLAND HOTEL - ORLANDO, FL**

New features in 2002:

- Pre-conference workshop on the Business of Medicine at no additional charge
- Basic Science Forum on Friday afternoon on Signal Transduction and apoptosis
- Beautiful new hotel with a grand reputation and pedigree, Opryland Hotel Florida

For information call (888) 456-2840.

I Miss My AMA News

J. Greg Arterburn

In the good old days the *AMNews* print edition was the primary way that I kept up with the AMA. I regularly skimmed through the newest edition. It was convenient, easy to carry along to the office, home, or hospital. I've been known to take a peak at an article or two in my car while waiting at traffic lights.

Somewhere along the way, I stopped getting the *AMNews* print edition. At first I didn't miss it, but then one day I wondered what was happening at the AMA. Except for an occasional comment on TV or in the regular newspaper or the PICOMESO, I hardly remembered that there was an AMA. On the Internet, I clicked on the AMA site, and with a little searching, found the *AMNews* site. All the news is there, and I can search old editions, which is something that can't be done with the print edition, unless one saves the old copies.

My wife will tell you that I spend way too much time on the computer and the Internet, but even then, there is only so much time that I have to work at my computer - and there are lots of things far more interesting on the Internet than the AMA web site, and that's why I rarely check the site. And so it goes, I no longer know the names of any AMA officers except for Dr. Yank Coble from Jacksonville who is President-elect and Dr. John Knotte from Louisiana who is a Radiologist and Speaker of the House.

I certainly can't tell you what the AMA has been doing lately, and I'm sure that my other four partners can't tell you anything that the AMA has done recently, since they don't receive the *AMNews* print edition either. I'll bet anything that they have never seen the AMA web site since they mostly use their computers for receiving teleradiology images.

So, we are all out of touch with the AMA. Is there any doubt that next year, or the year after, someone in the group is sure to ask why we each should pay over \$400 dues for the organization that we don't know. Is there any wonder why AMA keeps losing members?

The PICOMESO, Newsletter for the Pinellas County Medical Society, published October 2001.

2002 Doctor of the Day Program

The 2002 Legislative Session begins Tuesday, January 22, 2002 and adjourns Friday, March 22, 2002. Physicians who are willing to spend a day in Tallahassee during the Session perform an invaluable service by providing health care for members of the legislature and legislative employees. In addition, the program continues to be a vital component in improving and strengthening physician-legislators relations, the FMA will provide a complimentary room to FMA members who wish to serve as Doctor of the Day at the Tallahassee Double Tree. If you are interested in participation, please visit the FMA website at www.fmaonline.org and click Doctor of the Day Program, fill out the registration form and fax back to Michelle Jacquis by fax (850) 222-8827. For questions or additional information please contact Michelle at (800) 762-0233.

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Report of the FMA Board of Governors

NOVEMBER 9-10, 2001

By Steven R. West, M.D., FMA Board of Governors District E

This weekend the Florida Medical Association Board of Governors met at the Tampa Airport Marriott Hotel. I am once again impressed with the dedication, spirit, enthusiasm and knowledge that the Physicians and the FMA staff demonstrate during these meetings. I want to share with you the highlights of the meeting. There is no way I will be able to cover all the items discussed and acted upon by the Board in this letter. Rather, I will share with you what I feel are the most important to you.

The House of Delegates directed the Board of Governors to make Tort Reform the highest priority of the FMA. Even before the House of Delegates meeting this fall the Board of Governors had created a Tort Reform Task Force chaired by Dennis Agliano M.D. The task force is doing a great job meeting several times. Jeff Scott FMA attorney is researching this problem in detail. The Task Force has written legislation for consideration during the upcoming legislative session. The proposed legislation seeks to enact the following changes to the medical malpractice litigation system:

- Changes the qualifications needed to testify as an expert witness in a malpractice case. Requires that an expert be licensed in the state of Florida or hold an expert witness certificate. Deletes the loophole that allowed trial judge to qualify expert based on education, experience or training regardless of whether the expert practiced in the same specialty as the defendant.
- Provides that the qualifications needed to sign the pretrial affidavit are the same qualifications needed to testify as an expert at trial.
- Creates the Expert Witness Certificate for out of state physicians who testify in a malpractice case in Florida.
- Provides equal access to subsequent treating physicians.
- Changes to the Collateral Source statute to allow the jury to receive evidence of certain collateral source payments.
- Allows for the periodic payment, rather than lump sum, of ALL damage awards, not just those for future economic damages.
- Extends the timeframes in the offer of judgment statute to give the defendant the ability to better assess the claim and the offer for settlement.
- Creates a medical review panel to assess the claim and issue an opinion admissible at trial.

Florida is currently in the grip of a burgeoning medical malpractice insurance crisis that threatens to force physicians out of practice and cut off patient access to needed specialists. Three years ago, there were five professional liability insurance carriers headquartered in Florida. Today, only one remains. During those three years, rates have increased on average by 50%. In the past year alone, the average rate increase by all

carriers still operating in Florida was more than 25% and rate increases in 2002 are expected to be in the 25% range once more.

The major reason for the deteriorating malpractice insurance market is the skyrocketing cost of malpractice litigation. While the frequency of claims has remained about the same, the severity of losses is out of control. The average medical malpractice award was \$2 million between 1994 and 1997. Between 1998 and 1999, however, the average award exceeded \$3 million. Total loss ratios of the top 100 medical malpractice insurance companies increased from 77.7 in 1999 to 83.2 in 2000, despite a 5.5% increase in direct premiums. These high costs of resolving malpractice cases, combined with lower returns on investment income, have led to premium increases physicians simply cannot afford. As a result, many physicians are choosing not to take high risk patients, are electing not to practice in certain specialties (most notably obstetrics and neurosurgery) or are simply electing not to practice medicine altogether.

We heard testimony from Bob White representing the FMA endorsed malpractice carrier FPIC. Mr. White informed us that pulmonologists and cardiologists face increases in premiums over 60%. The average increase will be over 30%. This increase is not due to increase frequency of malpractice cases but rather to increase in the severity (\$ amount of the settlement). Tort reform of the 1980's has kept the frequency of malpractice litigation relatively constant. Mr. White pointed out the only way to deal with the severity issue is to cap the amount of the settlements for non-economic damages. Armed with this information the Task Force is going to study the feasibility of passing a constitutional amendment to cap non-economic damages.

Charles Eytel M.D., Chair of the Council on Ethical and Judicial Affairs (CEJA), reported on the procedural guidelines for the Expert Witness Program of CEJA. This will allow CEJA to investigate complaints regarding physician testimony as expert witness in medical malpractice cases. If CEJA finds problem with the testimony or sworn affidavit CEJA will provide both the Complainant and Respondent with a written opinion concerning the merits of the complaint. The Complainant may forward this to a Board of Medicine in the state that the expert is licensed. If the expert is a FMA member and the charges sustained, CEJA may send the findings to the Board of Medicine for appropriate action of the board. The expert or Respondent may be censured, suspended or expelled by the FMA.

As Chair of the Council on Legislation, I presented to the Board the recommendation of the Council regarding the Board of Medicine's controlled substance prescribing proposal. The Board of Medicine is responding to the Attorney General of Florida, the

Governor's office and Florida law enforcement request to make it more difficult for individuals obtain controlled substances illegally. There are 25 items ranging from writing out the number of pills prescribed rather than using numbers to CME. Some of these proposals such as copy proof prescriptions with a watermark will increase the burden on physicians. Most such as requiring individuals picking up prescription to have a valid ID will place the burden on the pharmacists. Drug abuse, especially of prescription drugs, is increasing and unfortunately will require more diligence by the medical community. These same arguments and concerns are useful to counter the ARNP's efforts to prescribe controlled substances.

John Knight, FMA counsel, reported on the progress of the Federal Class action lawsuit the FMA has joined with other State Medical Societies (California, Texas, & Georgia). This action alleges that eight national for profit health plans have violated the federal Racketeer Influenced and Corrupt Organizations Act (RICO) laws to defraud physicians, enrich themselves as physicians' and patients' expense, break contracts with physicians, and otherwise eliminate the patient and physician from the important health care decision process. The health plans in Florida named in the litigation are Humana, Aetna, Cigna, United Health Care, and Prudential Insurance Company of America. Specifically, the claim alleges that the health plans:

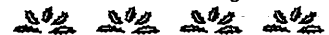
- Systematically cheat doctors by manipulating claims handling software to guarantee denial of payment for care already rendered;
- Violated Florida and other state prompt pay laws;
- Define medical necessity based on cost rather than what the patient and physician believe to be necessary;
- Deliberately delay payments in order to benefit the health plan financially and in consequence stress the delivery system;
- Provide financial and other incentives to claims reviewers who deny claims

The FMA is currently studying suing the not for profit insurance company Blue Cross Blue Shield of Florida in state court. We are supporting the FMA member Dr. Carlos Mendez, a Manatee County pediatrician in his suit against Blue Cross by filing an Amicus brief.

Finally, there are disturbing reports regarding the FMA budget in future years due to declining membership. The financial status of the FMA thanks to the hard work of our Treasurer Barbara Harty-Golder M.D. in recent years has strengthened. The FMA, because of brilliant leadership of the Treasurer, has been blessed with substantial budgetary surpluses in recent years. The Executive VP Sandra Mortham and the FMA staff have weeded out waste and are running a very efficient operation that all

members should be very proud of. Because of declining membership approximately \$100,000 per year in dues income the budget projections for next year indicate a surplus of only \$98,000. In 2003 factoring in further decline of membership estimated at a historical average of 5%, keeping programs funded at the current level and inflation a deficit of around \$252,000 is projected. Several things are being done to prevent this deficit from occurring. The Board has closed the field office in Miami saving \$40,000 per year. We approved paying off one mortgage and refinancing the other. We all must do what we can to retain members and recruit new members. This year about 500 new members joined the FMA. Unfortunately, about 900 members did not renew. Membership, Membership, Membership is our most important challenge and issue. We need the member and their money to accomplish tort reform and improve the practice of medicine.

I want to encourage all of you to contact me if you have any questions or concerns. My home phone is 941-768-2672, cell phone 941-851-4896, office 941-433-8888 and e-mail is stewest@attglobal.net

As I Recall...
Continued from page 1

I hope that you actually had a good belly laugh rather than a chuckle with these episodes. Each episode is true. Fortunately, I have matured a bit since those days.

May this be a Merry Christmas for each of you. We should always remember those who perished on 9/11/01. God Bless America and each of you. Happy New Year!

Dear Roger:

Sorry I have been falling behind in my reading of the Lee County Bulletin. I just read your column on E.A. Brungard, M.D. It was informative and delightful. I am proud of what you are doing for our medical community as the resident historian. Keep up the good work. Your legacy will outlive us all.

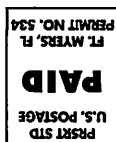
Sincerely,
Alan Siegel, M.D., F.C.C.P.

Dear Dr. Scott,

Again I want to thank you for the article you wrote about "Doc" E.A. Brungard in the LCMS Bulletin. I was really pleased by it - because I know she would have been. (I especially like the "pack rat" part!) Bless you again. Sherrie Denning

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