

LEE COUNTY MEDICAL SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 25, NO. 05

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

SEPTEMBER 2001

LEE COUNTY MEDICAL SOCIETY MEETINGS FOR 2001

GENERAL MEMBERSHIP MEETING NO SEPTEMBER MEETING

MONDAY, OCTOBER 8, 2001

Joint Legislative Meeting
Lee & Collier County Medical Society/Alliance

6:30 P.M. - Social Time
7:00 P.M. - Dinner
7:45 P.M. - Program

Fiddlesticks Country Club
15319 Canongate Drive
Fort Myers, Florida

Speaker: Sandra Mortham, FMA EVP

Moderator: Liz Kagan,
President of the AMA Alliance

No charge for LCMS members. \$25 for spouses,
guests, applicants & retired members.

Members, please bring a non-member to our meetings.

RSVP by October 3rd to the
Lee County Medical Society
Tel: (941) 936-1645
Fax: (941) 936-0533

September is

"Women in Medicine" Month

**BE SURE TO RECOGNIZE THEIR
CONTRIBUTION TO MEDICINE
IN LEE COUNTY.**

Inserts

- ❶ LEGISLATIVE MEETING NOTICE
- ❷ AMA PRINCIPLES OF MEDICAL ETHICS
- ❸ WHAT TO DO WHEN THE INVESTIGATOR OR PROSECUTOR IS AT THE DOOR
- ❹ FUTILE CARE AND ITS FRIENDS

Physicians in the News

Phillip E. Andrews, M.D. was appointed State Director for the Committee on Cancer of the American College of Surgeons



PRESIDENT'S MESSAGE

Paying for Regional Trauma Care

Peter Blitzer, M.D.

Lee Memorial Hospital is the State Designated Trauma Center for Lee and adjacent counties. This means that LMH cares for virtually all major trauma from the entire area. Everyone agrees that this has improved trauma care, but it has also harmed LMH's balance sheet.

All physicians familiar with trauma care locally tell me that by centralizing trauma care, outcomes are better. This certainly reflects the experience nationwide. Among the advantages of centralization are better emergency room preparation, full-time trauma surgeons, dedicated operating room personnel, more experienced ancillary care, and better ability to develop and follow standardized protocols.

Centralizing trauma care at LMH has also meant an improved lifestyle for local physicians. The specialized trauma surgeons at LMH have taken over responsibility for this group of "difficult patients" from the local general surgeons. Other specialties, such as orthopedic surgery and otolaryngology, are also benefited by centralization because of the better-organized ancillary care. Furthermore, the most important benefit to us local doctors is personal. All of our families and we are at risk of becoming trauma patients! We are better protected by the LMH Trauma Center than we were previously.

As valuable as the LMH Trauma Center is, it loses money for the hospital. This is because many trauma patients are not adequately insured. The LMH administration tells me that unless something is done to help them financially, LMH may have to voluntarily give up the designation as a regional Trauma Center. If this happens, we would revert to the previous approach to trauma care. Ambulance drivers would take patients to the closest hospital and every hospital would be back in the business of trauma care. This would not be good for anyone.

Hence, we need to figure out how to pay for trauma care. One idea is a countywide tax. A task force has been created to explore this concept. Both hospital systems have representatives, as well as the County Board, Emergency Medical Services,

and the Lee County Medical Society. Drs. Steve West, Doug Stevens, and I represent the LCMS. We think that, in theory, a county wide tax to fund trauma care is reasonable, but that it may not be something the voters will ever approve.

The voters of Lee County are remarkably adverse to any new taxes ("read my lips"). If they could be convinced that the money would go towards paying for their own trauma care, then maybe the voters of Lee County would approve a new tax. If, however, the opponents successfully portrayed the tax as paying for care of out-of-county indigents, I am sure a ballot initiative would fail. Even if a new countywide tax could be enacted, we physicians need to look at the specifics of how the money would be distributed.

Drs. Steve West, Doug Stevens, and I have made it clear that the LCMS will not support a tax initiative unless the revenue generated goes in an equitable fashion to all involved in trauma care. We are concerned that the money not merely subsidize the hospital. In some other Florida counties payments to hospitals have, in spite of promises to the contrary, bypassed the physicians who actually care for the patients. In other words, the dollars should follow the patient. Clearly, there is no reason why a pulmonologist should be expected to provide free care for the trauma patient while the hospital and the hospital-employed trauma surgeon are subsidized.

If the countywide tax idea fails, what next? Maybe the solution has to be statewide. For example, maybe the solution could be through the mechanism of auto insurance. The state could mandate a \$200,000 minimum no-fault coverage of MVA related medical expenses for hospitalized patients. I know that no one wants to pay higher auto insurance premiums, but since it is MVA's that generate most of the trauma, this may be the most equitable solution.

Truthfully, nothing may happen until voters perceive that there is a crisis. I very much hate to see it happen, especially if it would threaten the Trauma Center at LMH. For now, I think that the best thing that the LCMS and its members can do is to educate the citizens of Lee County about the difficulty in financing trauma care.

A Time of Reflection

By Sandra B. Mortham, FMA EVP/CEO

**FMA ANNUAL MEETING, SEPTEMBER 20 - 23, 2001
DORAL SPA AND GOLF RESORT, MIAMI, FL**

With the Annual Meeting just around the corner, it is time to reflect on the events that have taken place since last year, beginning with the inauguration of Terence P. McCoy, M.D. as the FMA's 124th president. Dr. McCoy has been very vocal with the media and his colleagues in support of key issues for the FMA and is a wonderful advocate for patients and physicians in the State of Florida. He has been outspoken on HMO accountability, preserving the patient/physician relationship, and for a cohesive bond among physicians to make a difference through their county medical society, specialty society, and the FMA. We applaud Dr. McCoy's stand on issues and his passion.

This legislative session the FMA, with Dr. McCoy's leadership, was able to lobby and have passed several priority bills. These bills included such pertinent topics as the All Products Clause, Adverse Determinations, maintaining a cap on licensure fees, changes to the PIP laws, and Medicaid budget successes. A comprehensive

legislative summary is available on the FMA website at <http://www.fmaonline.org>, click on Legislative Activity. The FMA is also active with national legislation, working together with the AMA towards the passage of a comprehensive Patients' Bill of Rights.

A public relations campaign to inform patients and physicians of the Florida Patients' Bill of Rights was unveiled with a press conference during the Days at the Capitol and Council Days event in Tallahassee. This campaign, which ran in March and April 2001, focused on the struggle hold HMOs have on Florida's patients and doctors, as well as, the dissemination of information to patients as to where they can get help. This campaign included billboards, television ads, and opinion editorials written by Dr. McCoy. Thank you to Dr. McCoy for being at the forefront on this very important issue.

Through FLAMPAC, the FMA was involved in the successful creation of a pro-medicine majority in the Florida House and Senate.

Continued on page 4

AS I RECALL...

E. A. Brungard, M.D.

Roger D. Scott, M.D.

One would hardly envision that E. A. was Elizabeth Anne and that Dr. Brungard was indeed a female physician. She was born in Ridgeway, Ohio on July 14, 1912. Her father (Otis D.) was a physician, and I assume that her interest and love of medicine developed by observing him. She entered the University of Buffalo School of Medicine in 1938 at the age of 26. A bit old to begin medical school, but I suspect that she had considerable difficulties gaining entry because of her gender. After graduation in 1942 there were eighteen months of internship followed by six months of surgery at Buffalo. She then applied to several places for employment, but only one doctor in Pennsylvania responded that he would be happy to have her join his practice. This failed as she was unable to get an application to take the Pennsylvania State Board (a way to keep someone from being licensed in the state). She did have an Ohio license (issued in 1944) so she practiced in Kenton and Youngstown, Ohio with her father for a time. Dr. O. D. Brungard (Florida License #3 issued 8/15/1921) moved to Ft. Lauderdale for a brief period but wound up in La Belle in 1948. He died in 1951, and Elizabeth moved there and carried on his practice (from her home). She retired in 1977 and moved to her farm located between LaBelle and Alva.

My first face-to-face encounter with Elizabeth was at SWR Hospital in December 2000 (had talked to her by phone a few times over the years) when she was considered terminally ill. I spoke with her briefly about donating some of her medical effects to our beginning museum. The next meeting on March 3, 2001 was at her residence outside Alva. She was quite weak, but we were able to converse a bit.

Any Museum would be proud to obtain such a collection so generously donated to us. We now have her many personal and business files dating back to 1936. It will take a long time to examine and realize the full value of all these bits of historical information. These will also yield insight into her practice and life. James Lowry along with Sherri Denning of LaBelle have been so very helpful in supplying information about Elizabeth as well as arranging for the museum to receive an abundance of old medical equipment, books, and office equipment.

She died peacefully among loving friends at home on June 16, 2001 and on June 21, 2001 a community memorial service was held in LaBelle (I attended). It was indeed moving to see the response of the LaBelle citizenry paying tribute to this very fine lady physician. Elizabeth never married and was childless according to official records; however she had many children as evidenced by the turnout and the love shown for her at the memorial service. She also delivered many children in Hendry and Glades Counties, both at home and at her office, and she performed surgery and did all that a true Country Doctor would be doing at that period in time. When the medical museum opens (hopefully within the next several months) there will be a truly wonderful "Brungard Collection" on display and her memory will live on.

As most of you are aware, I am considered one the world's greatest pack rats, but to our benefit Elizabeth far exceeded me! Receiving her legacy of such wonderful material will enable many to appreciate the hardships and sacrifice this woman endured to fulfill her love of medicine. It took real fortitude ("guts") to solo practice in the "backwoods", and I greatly admire her.

Elizabeth's Florida License is dated August 25, 1951. This seemed a familiar date to me as it is the same date of my Florida License. Elizabeth and I took the Florida State Board in Jacksonville at the Seminole Hotel on June 25 & 26, 1951 ("Lockbox" Sept 2000)! Florida never would let a Yankee (much less a female Yankee) get licensed in this state unless there was a true need in a community for such, and over the years she proved that she was truly that person. R.I.P. E.A. Brungard, M.D.

Didyano: Lee, Charlotte, Hendry, and Collier Counties were all one medical society until May 1959. ("Beginnings" Jan. 2001)

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**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.

PRINTERS

Distinct Impressions 482-6262

Membership Activities**DROPPED**

Pierre Bourgon, M.D.

RESIGNED

Daniel Appelbaum, M.D. - moving out of state

Leonard Benitez, M.D. - moved out of county

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Elizabeth Kagan**2001-2002 AMERICAN MEDICAL ASSOCIATION ALLIANCE PRESIDENT**

Dear Friends:

Please accept my sincere thanks for being a significant part of one of the most special and memorable experiences in my life as I was installed as the American Medical Association Alliance President. Words seem somewhat inadequate but for now, it is the best I can do.

Thank you so much for the engraved crystal plaque containing both the LCMS and the LCMSA seats. It is absolutely beautiful and is prominently displayed in my office. The seats standing together are very symbolic for me as they truly represent years of partnership and successful efforts working together and what always inspired me to do more. The slide bracelet is truly magnificent and something I have always wanted. I will enjoy wearing it always and it will serve as a constant reminder of our friendship and partnership.

The festivities in Chicago were unbelievable and I was so thankful that I had some of my hometown involved. From the joint dinner on Saturday night with the FMA and the FMAA to the wonderful dessert reception on Monday night at the Drake, I was overwhelmed by all of the kind words and beautiful tributes I received. I received proclamations from so many impressive individuals, from President George Bush, to Governor Jeb Bush down to our Mayor, Jim Humphrey. I was amazed at everything from the flag flown in my honor over the nation's Capitol to a day in Fort Myers named in my honor. I cannot imagine all of the effort, creativity, ingenuity and determination it took to make all of this happen! Truly a once-in-a-lifetime experience.

I want all of you to know how very much I appreciate everything! I am proud to represent our great county, our great state and our great organization. My very first attempt at leadership was in 1986 when I was President of the Lee County Medical Society Auxiliary, as it was known in those days. Then as now, we worked in partnership in many areas, especially legislation. That work also represented my first experience with legislative efforts of any kind. What an incredible training ground! I am always reminded of all the years we have worked together on behalf of patients, doctors and medical families in this great county and state. It is those memories and that partnership that I will take forth this year.

Wherever I go, I will take a piece of all of you with me. Whoever I meet, I will share a piece of all of you with them! I will endeavor to always demonstrate the very best that Florida has to offer and to make sure everyone hears of LEE COUNTY. I will strive to make all of you proud! Thanks again for being all that you are to me!

With Deep Affection and Admiration,

Liz

Mrs. Gena Burtch New FMA Alliance Editor

Our congratulations and thanks to Mrs. Gena (Gordon) Burtch who has taken on the awesome task as editor of the FMA Alliance publication, *The Alliance Advocate*. The first issue has just come off the press and it is something to be very proud of in our House of Medicine. Thank you Gena.

What's In A Name Change?**HCFA TO CMS**

Thomas A. Scully, confirmed by the Senate as the new HCFA administrator on May 25, and HHS Secretary Thompson recently discussed plans for implementing a variety of changes and reforms at the agency. For example:

- HCFA soon will make more use of newspaper advertisements, the Internet, and toll-free telephone numbers to market Medicare program and benefits. In particular, it is reported that plans are under way to conduct an aggressive advertising campaign targeted toward enrolling 30 percent of Medicare beneficiaries in the program's managed care plans by 2005.

- HCFA staff were invited to participate in a "Rename the Agency" contest to help establish a new identity that better describes the agency's mission and responsibilities. The results were announced on June 14 by HHS Secretary Thompson, who said that HCFA will now be called the Centers for Medicare and Medicaid Services (CMS). The name change and restructuring will also allow for more effective management of Medicare's managed care and fee-for-service programs.
- Most controversial, the agency tentatively announced plans to develop new "scorecards" for every Medicare provider. Comprised of numerical ratings for a limited number of criteria, such as medical credentials, staffing levels, and patient satisfaction, the scorecards are expected to be issued four times a year. Details of the proposal are still being developed, but it is reported that nursing homes would be the first provider group to receive ratings, followed by dialysis clinics, hospitals, and physicians. Officials believe that a new rating system could not only help Medicare patients make more informed choices, but also encourage improvements in quality of care.

Secretary for CMS

The newly appointed Secretary of the CMS, Tommy Thompson has set the highest priorities to achieve a new "culture of responsiveness" to meet the concerns of Medicare and Medicaid.

Improving CMS Responsiveness

In Mid-June 2001, the Administration announced the beginning of a number of initiatives to reform and strengthen the CMS. Among the highest priorities is the goal to create within CMS a culture of responsiveness the needs and concerns of Medicare and Medicaid beneficiaries and their health care providers. A key part of that effort is our name change and the restructuring of the agency so that it focuses more clearly on distinct lines of business related to each of our constituencies. In mid-July, the President announced the prescription drug discount card initiative to provide immediate relief to millions of seniors who now pay full retail price for prescription drugs and who can least afford them.

We announce three more important initiatives designed to enhance our responsiveness:

- First, the creation of CMS Open Door Policy Committees, chaired by senior level staff, including administrator Tom Scully, to serve as principle points of contact for seven provider and beneficiary groups that will meet monthly;
- Second, the launch of a series of open, listening forums across the country to hear directly from physicians and health care providers on the day-to-day workload effects of the rules we develop; and
- Third, the formation of in-house expert teams across CMS's program areas to think innovatively about new ways of doing business that will reduce administrative burdens and simplify our rules and regulations.

Senior Staff: Points of Contact

We want the CMS to be more responsive and more accessible. One way to ensure open door access to the agency is by building effective relationships between CMS senior staff and the various groups that represent beneficiaries and providers. We want those who work with us on a daily basis to have a better understanding of CMS and more open access for policy input. We want to hear what we can do as an agency to allow healthcare professionals to more easily deliver care and services to the people who rely on Medicare and Medicaid for their health care needs. And, we want to hear the suggestions from individuals who depend on Medicare and Medicaid.

So today, we are announcing the following designees as CMS Open Door Policy Committee Chairs:

Physicians - Ruben King-Shaw
Health Plans - David Kreiss and Mark Miller
ESRD & Dialysis Centers - Linda Fishman
Nursing Homes - Tom Scully with Co-Chair Ray Scheppach, Executive Director, Nat'l Governors Association

Hospitals and Rural Health - Tom Grissom

Home Health and Hospice - Rob Sweezy

Nurses & Allied Health Care Professionals - Rob Foreman

*Notes: Ruben King-Shaw was over Florida's AHCA and is a good choice to interact with physicians.

**THE QUESTION MAN**

OPINIONS - EDITORIALS

LETTERS TO THE EDITOR

John W. Snead, M.D.

September's Question: "What is the Effect of Direct-to-Consumer Advertising on Physicians and Patients?"



"Today a patient called wanting to know why Eckerd's had called her to switch from Prilosec to Nexium. When I called Eckerd's therapeutic support department (1-800-745-4400) to ask why this call occurred, they informed me that it is cheaper for the patient. I replied that Protomik is much cheaper so why not switch to that drug. Here is a company Astra-Zenica who are losing their patient protection for Prilosec and want to switch patients to their new product which has no therapeutic advantage. Once again the lack of ethics in medicine knows no bounds. If the individual physicians do not act as patient advocates then we have become no better than salespeople. If you agree why not let Mr. Dick McGown, director of Retail Pharmacy Services Program know. He can be reached at 1-800-281-7438 ext. 8200.

Paul Yudelman, M.D.
Obstetrics/Gynecology

October's Question: "What is the Most Important Thing the FMA Did For Its Members Last Year?"

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.

**FAA Medical Examinations
for Pilots**

Bill Fulk, M.D.

The FAA requires a medical examination for all pilots-students, private, commercial, and airline transport. Recreational pilots are exempted from this requirement at this time. As a commercial helicopter pilot and instructor, I understand the need for these exams and have performed them for many years. There are 3 classes of exams available: 1st class required for airline pilots-valid for 6 months, 2nd class required for commercial pilots-valid for 1 year and 3rd class required for private and student pilots - valid for 3 years. The minimum medical requirements however do vary for each class of exam. Prior to the present few years, all exams were hand typed and mailed to the FAA. Today we transmit them over the Internet in a few minutes and hand the certificate to the applicant on the day of the exam. Please call Dr. Bill Fulk at the Sanibel Medical Clinic (941-395-2005) for questions or an appointment for an exam. I am a Senior Medical Examiner and am authorized by the FAA to do all 3 classes of exams. Happy flying!!!

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la Bellezza
DAY SPA

At the
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OPEN HOUSE

Tuesday, September 25th
5:30-8:00 pm
RSVP (941) 561-7556

embracing the body and spirit

Responding to a Malpractice Investigation

By: Timothy E. Monaghan, M.B.A., J.D.

A peer review final action, a malpractice judgment or a patient complaint can trigger an investigation by state licensing authorities. This article will give you some tips on how to respond to a state investigation and how to protect your license to practice medicine.

The first line of defense is documentation. Nothing protects you like a complete medical record; a medical record that includes a complete history and physical, a clear diagnosis, a plan of treatment and good progress notes. If your care was appropriate, i.e. within the standard of care, a well-documented chart will prove it. Without good documentation, you may appear negligent even when you are not negligent. The absence of good documentation makes your innocence difficult to prove. Even if you make a mistake or miss a diagnosis, good documentation showing a reasonable course of treatment, explaining your thought processes, observations and other basis for your course of action, will greatly mitigate the criticism and adverse actions of peer review panels, juries, state investigators and the Board of Medicine.

One of my favorite clients is a nephrologist. He is often called in to consult on difficult cases and many of his own patients are critically ill. Naturally, many of these patients ultimately expire, despite all the best that medical science has to offer. Sometimes family members can be extremely critical in their grief. On a couple of occasions, this has led to complaints to the Board of Medicine. These complaints are always investigated but we have never had a problem. First, the care has always been first-class. Secondly, we can prove this fact because the chart has always been well documented. This may seem odd but, once an investigation has begun, the documentation is as important as the actual care that was given to the patient. If you did a good job but nonetheless had a bad outcome, the outcome will speak louder if you cannot prove that your course of treatment was reasonable because, in the absence of documentation, the outcome speaks in a vacuum.

The second line of defense is competent representation. This may sound like a pitch for new business but believe me; you should not try to represent yourself in a state investigation. Also, you should take every state investigation seriously since these investigations can lead to restrictions on your license or even a suspension or loss of license. Physicians often try to handle these matters themselves because they're confident that they did not make a mistake. However, I have seen cases where the investigation could have been ended early if the facts of the case had been presented clearly, early on. I have also seen cases that have led to more serious discipline than perhaps would have occurred otherwise had a more favorable case been presented early on. Attorneys often remind each other that the lawyer who represents himself has a fool for client. No one (doctor or lawyer) has a very good perspective on their own case.

When a physician client gets notice of investigation, I immediately contact the investigator and introduce myself. If this conversation is handled properly, a professional and cordial working relationship is established with the investigator. I then sit down with the doctor and ask him or her to walk me through the chart. The purpose of this session is to enable me to bridge the gap between the physician and the investigator. State investigators are not doctors and many have no medical training at all. They may be investigating a real estate complaint one day and a medical complaint the next day. From this session, I garner two basic types of information. First, I get a basic understanding of the science behind the case. Second, I get the facts necessary to develop a history of the case. After this session, I dictate a memorandum, which tells the story of the patient's disease, the course of treatment and the reasons for the outcome. We also select and highlight documentation from the chart, which substantiates our position. The purpose of this effort is to enable us to present a case that is understandable, plausible and credible. This often enables us to bring an investigation to an early and favorable close.

One final point; **don't keep any secrets from your attorney.** If you have made a mistake or have missed something or are aware of an aspect of the case where you could be criticized, rightly or wrongly — tell your lawyer and give him a chance to prepare a defense or an explanation. The good lawyer will not highlight your areas of vulnerability but will be sure to include in your presentation, facts or considerations that prevent or mitigate issues, in advance. At the very least, we want to be prepared to answer questions in advance. If a question arises regarding your course of treatment and an answer is readily available, this is more credible.

In closing, let me highlight the two main points of this article, i.e. thorough documentation and adequate representation. Of these, first and foremost is documentation, documentation and documentation.

Timothy E. Monaghan, M.B.A., J.D., is a shareholder in the Delray Beach law firm of Strawn, Monaghan & Cohen, P.A. He specializes in healthcare law and routinely represents doctors in business matters. Mr. Monaghan can be reached by calling (561) 278-9400.



Museum Collectables

Roger D. Scott, M.D., Curator

We are now collecting objects/artifacts for the Museum of Medical History that will be housed in Fort Myers. The objects that we are searching for must be in some way related to medicine, preferably in Lee County and Southwest Florida, but anywhere in the world, as long as it is relevant. Examples are listed here that may not have occurred to you when thinking of our needs.

PAPERS AND DOCUMENTS: Licenses, diplomas, drug information, letters, news clippings, old brochures, tests (i.e. medical quizzes), committee reports, official reports, CMVs, biographies, autobiographies, stories (i.e. medicine hospitals, or such), prescription pads, announcements, stationery, calling cards, appointment cards, etc.

PHOTOGRAPHS: Hospitals, persons, operations, patients, diseases, offices, personal photograph collections, etc.

BOOKS: Especially old medical books but not necessary ancient, albums, school year books, instruction manuals, pamphlets, drug information, etc.

EQUIPMENT: Any and all medical and surgical, teaching, personal equipment (i.e. buttons, lights, razors, bags, etc.), office signs, telephones, dictating equipment, ekg, bp cuffs, splints, microscopes, mirrors, gauzes, office furniture, copy machines, laboratory supplies and equipment, knives, clocks, fountain pens, letter openers, money clips (yes, we used to have money), key chains, current and old throwaway ball point pens with logos pertaining to medicines or hospitals, etc.

BOXES AND VIALS: Anything medical - believe it or not, some boxes in good condition are sometimes worth more than their contents, it is truly amazing.

POSTERS AND CHARTS: Any that may have been used in the medical office or hospital.

MISCELLANEOUS: Auto tags, cars (the ones that use gasoline and we ride in), toys, musical instruments, clothing, jewelry, office signs, dentures, eyeglasses, organization lapel pens, hearing aids, etc.

CURRENCY: U.S. Dollars in any amount would be greatly appreciated although I think these are few and far between now days.

We will have a location in the very near future in which to begin our work. We have already collected many items and are desirous of having, as many as we can that will be of historical significance. Remember that today is tomorrow's yesterday so even though items may not be very old at this time we are collecting them because in the future they will be old. If you have some item that you think would be of benefit to the Museum, please give me a call at 936-4636 and we will discuss it.

Thank you very much.

LCMS Stats

JUNE 15, 2001 - AUGUST 17, 2001

	Current	YTD
Total Phone Calls Received	546	3190
From Physicians and Office Staff	138	618
For Referrals	156	989
For Background Checks	47	210
Filing Complaints	11	38
Regarding Non-Members	26	93
Regarding Alliance	11	72
Regarding CMS, FMA, and AMA	33	149
Miscellaneous Calls	124	1021
Meetings	16	87
Attended on behalf of LCMS	11	46
Society Meetings	5	41
Applications Sent to Physicians	8	42
Paternalistic Denotations Distributed	11	560

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.



ABDUL AZIZ, M.D. - RHEUMATOLOGY

Medical School: Dow Medical College, University of Karachi, Pakistan (1989)

Internship: Long Island College Hospital, Brooklyn, NY (1991-1992)

Residency: Long Island College Hospital, Brooklyn, NY (1992-94)

Fellowship: Louisiana State University Medical Center (1998-2000)

Board Certification: American Board of Internal Medicine in Internal Medicine and Rheumatology

Dr. Aziz is in practice with the Sybert Institute at 413 Del Prado Blvd, Ste 201, Cape Coral.



ANGELA BRYAN, M.D. - FAMILY PRACTICE

Medical School: Southern Illinois University, Springfield, IL (1994-98)

Internship: Southern Illinois University, Springfield, IL (1998-2001)

Dr. Bryan is in practice at Physicians Primary Care of SWFL at 1304 SE 8th Terrace, Cape Coral.



RALPH GARRAMONE, M.D. - PLASTIC AND RECONSTRUCTIVE SURGERY

Medical School: New York Medical College, Valhalla, NY (1983-87)

Internship: Hartford Hospital/ University of Connecticut (1987-93)

Residency: Rhode Island Hospital/ Brown University, Providence, RI (1993-95)

Fellowship: Primary Children's Medical Center, Salt Lake City, UT (1995-96)

New York University Medical Center, New York, NY (1996-97)

Board Certification: American Board of Plastic Surgery

Dr. Garramone is in practice with John V. Hugill, M.D. at 8660 College Parkway, Ste 100, Fort Myers.



JUAN HERRERA, M.D. - GASTROENTEROLOGY

Medical School: University of California College of Medicine, San Francisco, CA (1988-92)

Internship: Dept of Veterans Affairs, Sepulveda, CA (1992-93)

Residency: Dept of Veterans Affairs, Sepulveda, CA (1998-2001)

Fellowship: University of Florida, Gainesville, FL (1995-98)

Board Certification: American Board of Internal Medicine in Internal Med. and Gastroenterology.

Dr. Herrera is in practice with Digestive Health Physicians at 23 Barkley Circle, Fort Myers.



GLEN LUEHRMAN, M.D. - ANESTHESIOLOGY

Medical School: Medical College of Georgia, Augusta, GA (1989-93)

Internship: Georgia Baptist Medical Center, Atlanta, GA (1993-94)

Residency: Emory University Hospitals, Atlanta, GA (1994-97)

Board Certification: American Board of Anesthesiology

Dr. Luehrman is in practice with Medical Anesthesia and Pain Management at 2472 Congress Street, Fort Myers.



SAURIN SHAH, M.D. - DIAGNOSTIC RADIOLOGY

Medical School: Georgetown University School of Medicine, Washington, DC (1991-95)

Internship: Roger Williams Hospital (1995-96)

Residency: New England Medical Center, Boston, MA (1996-2000)

Fellowship: Brigham and Women's Hospital, Boston, MA (2000-01)

Board Certification: American Board of Radiology

Dr. Shah is in practice with Radiology Regional Center, 3680 Broadway, Fort Myers.



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2001 AMA Annual Meeting*By Sandra B. Mortham, FMA EVP/CEO*

The Florida Medical Association (FMA), the Florida Delegation to the American Medical Association (AMA) and the FMA Alliance actively participated in the AMA's Annual Meeting held in Chicago, June 15-21, 2001. This was a very successful meeting for the FMA as all our candidates for elected office won, virtually all of our resolutions were adopted by the AMA House of Delegates and important awards were received by several of our members.

Richard F. Corlin, M.D., of Santa Monica, California was inaugurated as President of the AMA, and our own Liz Kagan of Ft. Myers, FMA Alliance and Lee County Medical Society Alliance, was installed as the President of the AMA Alliance. FMA President and Florida Delegation Secretary, Terence P. McCoy, M.D., spoke at the installation ceremony before the AMA Alliance House of Delegates and congratulated Mrs. Kagan on having achieved the highest office in the AMA Alliance. Dr. McCoy also thanked Mrs. Kagan for her dedicated leadership and for her many accomplishments on behalf of Florida's physicians and their patients. Mrs. Carol Winchester, FMA Alliance President, and Mrs. Rochelle Marcus, FMA Alliance President-Elect, also participated in Mrs. Kagan's installation, along with the entire FMA Alliance Delegation, and other representatives of the FMA leadership including H. Frank Farmer, Jr., M.D., President-Elect, Carl W. "Rick" Lentz, M.D., Speaker, Patrick M. J. Hutton, M.D., Vice Speaker and Arthur L. Eberly, Jr., M.D., Florida AMA Delegation Chair.

Florida Resolutions

The Florida Delegation submitted four resolutions to the AMA House of Delegates, which were adopted as follows:

Resolution 134, Medicare Reimbursement for Vitamin D Therapy for Dialysis Patients, which was brought to the FMA by the Florida Society of Nephrology, and which calls on the AMA to petition HCFA and lobby Congress to repeal a proposed reimbursement policy that will be detrimental to the management and treatment of dialysis patients in Florida;

Resolution 247, Modification for Pending Federal Bankruptcy Legislation, which resolves that the AMA immediately pursue all avenues available to correct the problems with the Bankruptcy Reform Act of 2001 that adversely affects physicians;

Substitute Resolution 704, Managed Care Plans and the Right to Set Fees, which resolves that the AMA oppose any government or hospital requirement that a hospital-based physician must accept the terms of any managed care plan accepted by the hospital; and

Substitute Resolution 803, Clinical Examples of E&M Documentation Guidelines, which contains several resolves calling on the AMA and specialty societies to work with the CPT Editorial Panel, HCFA and the Secretary of HHS to develop specialty specific clinical examples for each current E&M Code, and to seek immediate resolution to correct inadvertent or defensive downcoding of E&M services.

Awards

Mrs. Cheryl Dolan, Jacksonville, FMA Alliance and Duval County Medical Society Alliance, received AMPAC's Belle Chenault Award for Political Participation. This distinguished award is given each year to Alliance members for their excellence and dedication in the advancement of the rights of patients and physicians. FLAMPAC President, James B. Dolan, M.D., was also present with Mrs. Dolan when she received this high honor.

The Lee County Medical Society Alliance, for the second consecutive year was one of five Alliances in the nation to receive the 2001 Health Awareness Promotion (HAP) Award for raising over \$100,000 through its charity ball. An agency for abused and neglected children was the major recipient of the Lee County Medical Society Alliance's fundraiser donations. Mrs. Nancy Barrow of Ft. Myers received this outstanding award on behalf of Mrs. Gena Burch, Immediate Past President of the Lee County Medical Society Alliance.

Other Highlights

One of the major highlights of this AMA Annual Meeting was the nomination of Dr. Coble for President-Elect by Edward R. Annis, M.D., Miami, Dade County Medical Association, who served as AMA President, 1963-64. Dr. Annis, along with the entire Florida Delegation and our county medical society and specialty society representatives, had an enjoyable meeting. Many important issues were enacted as AMA policy, which will positively help the physicians of Florida in Washington and in their daily practices.

AMA ELECTIONS

The Florida Medical Association is proud to announce that all three of our Florida candidates won their elections at the AMA Annual Meeting in Chicago.

- Yank D. Coble, M.D. an Internist from Jacksonville was unanimously elected as the AMA's President-Elect for 2001-2002.
- Richard J. Bagby, M.D. a Radiologist from Orlando was elected to the AMA Council on Medical Service.

- Kay M. Mitchell, M.D. an Internist from Jacksonville was elected to the AMA Council on Medical Education.
- Miguel A. Machado, M.D., St. Augustine, St. Johns County Medical Society, was elected Chair of the International Medical Graduates (IMG) Section.

We know that these well respected members will represent the physicians of Florida with distinction.

**Regional Economic Conference SWFL**

The popular Regional Economic Outlook Conference (REO) will expand to a full-day format November 15, 2001, coinciding with a move to its new location at Barbara B. Mann Auditorium, Fort Myers. Now in its 15th Year, the 2001 REO will include a two-hour morning session examining how growth in SW Florida affects your business and lifestyle.

This year's corporate sponsor is Florida Power and Light which underscores its commitment to provide adequate energy and pricing options for small businesses in Southwest Florida. For information about the program, call The Chamber at 278-4001.

A Time of Reflection - Continued from page 1


During the 2000 election cycle candidates supported by the 1000 Club won 21 out of 26 races (81%). These results are positive proof that your voice does make a difference.

The FMA Alliance's "Days at the Capitol" event was a huge success with keynote speakers Liz Kagan, AMA Alliance President and Charlie Crist, Florida Education Commissioner. Participation significantly increased over past years. The FMA Legislative Team also gave a humorous yet informative presentation about the legislative process and tips on how each participant could help spread the word about key issues.

The FMA Foundation was revitalized with the addition of Julie Miller as the executive director. It will award scholarships to two 3rd or 4th year FMA medical student members during the 2001 Annual Meeting.

The original State Board of Health Building in Jacksonville is being renovated and will be named the Wilson T. Sowder, M.D. Museum of Medicine and Public Health, after Florida's longest serving State Health Officer. This museum, the first of its kind in Florida, will trace the history of medicine and public health in Florida primarily from the time it became a territory of the United States in 1821 and a state in 1845. The FMA's Committee on the Museum of Medicine and Public Health hopes that the museum will be able to open its doors in 2002.


These of course are only a few highlights from all our many successful events that have taken place since our last annual meeting. We look forward to H. Frank Farmer, M.D. of Ormond Beach being inaugurated as the FMA's 125th President. We know that Dr. McCoy will continue to be active as he contributes to the FMA's success in his role as Immediate Past President, and that he will work closely with Dr. Farmer to make the FMA and our component societies an even stronger organization for our membership and the patients they serve.



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