



# Bulletin

Editor: John W. Snead, M.D.

## 2009 Meetings & Events

### 2009 LCMS Meetings

*LCMS meetings are held on the 3rd Thursday of the month at the Royal Palm Yacht Club in Downtown Ft Myers.*

January 15th - Installation of Officers  
March 19th  
May 21st  
September 17th  
November 19th  
December (TBA) - Holiday Party

### 2009 FMA and AMA Meetings

#### February 14

FMA Board of Governors in Tampa, FL

#### March 9-11

AMA President's Forum & National Advocacy Conference in Washington, DC

#### May 15-17

FMA Board of Governors & Council Days in Daytona Beach, FL

#### June 13- 17

AMA Annual Meeting in Chicago, IL

#### July 23-26

FMA Annual Meeting in Boca Raton, FL

#### October 1-4

FMA Board of Governors & Council Days in Key Largo, FL

#### November 7-10

AMA Interim Meeting in Houston, TX

## Inserts

- Diamond Financial Services Ad
- The Dry Ice Source Ad
- FMA Code of Medical Collegiality
- Board of Medicine Members & Dates

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## President's Message

## 2009 - The Year of Change?

Dean Traiger, M.D.



The election cycle has finally ended and America has voted for change. In what form will this change appear? When will it occur? How will it impact us as physicians and the way we practice medicine?

One thing is for certain, the "change" is coming and we must be able to adapt to meet the new challenges that lie ahead. Perhaps this change will provide the opportunity for physicians to come together as a community rather than remain as fragmented chains of islands which exist today.

The physician community is under palpable stress. It affects the interaction between physicians and erodes personal and professional relationships among physicians. The loss of collegiality takes a heavy toll on individual physician and team functioning and ultimately on the quality of our care, as well as on our personal and family lives.

The changing environment and increasing diversity among practice settings require us to adapt how we communicate and reconcile our differences. To do so, we must consider using effective, if unconventional tools, such as learned responses, to facilitate working together in a supportive collegium. After all, we have more common threads than differences: our medical school and residency experience including that first human dissection; our first patient; the first encounter with the dying patient; the first one we pulled from the jaws of death. We strive day and night to do the best for our patients by learning and serving, and we struggle to hold on to our professionalism and ethics against difficult odds. What more basic bond can there be? We need to mend the bond and not let it fray while preoccupying ourselves with the distractions around us.

One thing I've always admired about the business of higher education is the idea of collegiality. The big idea is that coworkers ought to have a good sense of civility and cooperativeness. Like most other workplaces, it's easy to find *intradepartmental* collegiality, but tougher to find *interdepartmental* collegiality.

The Finnish Medical Association has developed a code of medical collegiality which emphasizes an appropriate spirit and good fellowship among the country's medical profession. The code of medical collegiality provides guidelines for behavior according to collegial principles in mutual relationships between physicians. (See FMA Code of Medical Collegiality Insert.)

One way to foster collegiality can be by utilizing the current structures we have in our community now, such as the Lee County Medical Society. As I said back in the beginning of my term, this is your Medical Society and we can shape it to meet the needs of the community.

This is my last month as your President and I want to close by thanking Ann Wilke and her wonderful staff. Without you, our jobs would be near impossible. The LCMS board and I extend to you our deep gratitude for your hard work on behalf of all the physicians and patients in Lee County.

I am signing off with one of my favorite quotes from Winston Churchill:

*Now this is not the end.  
It is not even the beginning of the end.  
But it is, perhaps, the end of the beginning.*

*Happy New Year and see you in 2009 –  
The Year of Change...*



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#### PRINTERS

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#### **Lee County Medical Society Mission Statement & Disclosure Policy**

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

*All LCMS Board of Governors and Committee meeting minutes are available for all members to review.*

## Membership Activity

### Moved Office

#### **John Green, D.O.**

14131 Metropolis Avenue Ste 104  
Fort Myers, FL 33912  
Tel: 332-4099

### New Members

Jon Burdzy, D.O., Family Medicine  
Kathleen Cook, M.D., Obstetrics/ Gynecology  
Alvaro Garcia, M.D., General Surgery  
Nadia Kazim, M.D., Ophthalmology  
Louis Magas M.D., Radiology

### New Phone/Fax

#### **Linda Saether, M.D.**

Lee Convenient Care  
Tel: 343-9800 Fax: 343-9848

Marlene Moulton, M.D., Internal Medicine  
Ashish Sharma, M.D., Ophthalmology  
Douglas Tsai, M.D., Radiology  
Tracy Vo, D.O., Internal Medicine  
Jeffrey Williams M.D., Family Medicine

### Life Members

The following physicians have been members of both the Lee County Medical Society and the Florida Medical Association for 35 years and have been given the Status of Life Member by the FMA. We would like to congratulate them for all the contributions they have made to medicine here in Lee County.

**Horace P. Dansby, M.D.**, a Cardiologist with Associates in Cardiac Care  
**Ronald D. Castellanos, M.D.**, an Urologist with SWFL Urologic Associates  
**Simeon P. Manalili, M.D.**, an Anesthesiologist with Anesthesia & Pain Consultants of SWFL  
**Richard H. Davis, M.D.**, a Cardiologist with Cardiology Consultants of SWFL  
**Charles E. Cox, M.D.**, an Ophthalmologist in solo practice  
**Edwin G. Guttery, M.D.**, a Pediatrician with Physicians Primary Care of SWFL

### Members to keep in your thoughts

**Wallace Dawson, M.D.** a member of the LCMS since 1964 and past president of the Medical Society in 1973 has fallen and broken his hip. Cards would be appreciated, please send to:  
3201 First Street NE  
St. Petersburg, FL 33704

## New Member Applicant

**Adam Heller, M.D.** attended University of Miami, Miami, FL where he obtained his MD degree in 2003. He completed his internship, residency in neurology and a fellowship in Clinical Neurophysiology at Emory University in Atlanta, GA (2003-2008). He is certified by the American Board of Psychiatry and Neurology. Dr. Heller is in group practice with Florida Neurology Group at 12670 Whitehall Drive, Fort Myers, FL 33907.



### Correction

*The pictures for the following physicians were left out of the October 2008 Bulletin:*

**Louis Magas, M.D.**, attended St. Louis University and obtained his M.D. degree in 2002. He completed his internship/residency at St. Louis University, St. Louis, MO (2002-2007) and a fellowship at Washington University, St. Louis, MO (2007-2008). Dr. Magas is a radiologist with Florida Radiology Consultants at 2726 Swamp Cabbage Court, Fort Myers, FL 33901



**Douglas Tsai, M.D.** attended Temple University School of Medicine and obtained his M.D. degree in 2002. He completed his internship at Reading Hospital, Reading, PA (2002-2003); residency at Bryn Mawr Hospital, Bryn Mawr, PA (2003-2007) and a fellowship at Brown University, Rhode Island (2007-2008). Dr. Tsai is a Radiologist with Florida Radiology Consultants at 2726 Swamp Cabbage Court, Fort Myers, FL 33901.





## As I Recall...

Roger D. Scott, M.D.

### Christmas Snow

It was 1984, I believe July, that we began our summer vacation and flew from Fort Myers to arrive in San Francisco rather late in the evening. Our plans were to spend two nights in San Francisco and show our two youngest children all the sights of the "beautiful city by the Bay" before heading to Oregon. By the time we deplaned, obtained our rental car (a *Hertz* light tan Lincoln freshly filled to "FULL" with gasoline) and then drove to the Hyatt Embarcadero Hotel, it was quite late. Our multiple suitcases were unloaded, and the car was turned over to the parking attendant for valet parking. We were dead tired after the lengthy cross country flight so we had dinner and went to bed.

After the good night's rest we had breakfast and then approached the parking attendant, presented the claim tag and our light tan Lincoln was delivered promptly. We drove around San Francisco a good bit that day-probably about 60 miles. As we were returning to the hotel late in the day at the conclusion of our jaunt, I noticed that the fuel tank was almost empty. (It had been almost full when we checked in the hotel the evening before.) My first thought was that someone had taken our car out during the night and driven to Mexico or somewhere distant before returning it just like we had seen in the recent movie *Ferris Buehler's Day Off*. I asked my wife to get the rental contract from the glove compartment so we would see what the original mileage was when we leased the car. To my mortification, my wife said someone else's name was listed as the leaser of the car and also that it was from *Avis*! I then looked at the key ring and there was a tab labeled *Avis*. Like a lightning bolt reality struck me - the valet had given us the wrong, but identical Lincoln! Did someone else have my *Hertz* rental car while I had their rental car all day? We returned to the hotel and explained the situation to the valet. Fortunately my car was still in the garage with gas "FULL" and mileage satisfactory; therefore, it had not been taken out at all during the day. I still wonder what the people thought when they got their *Avis* Lincoln? Can you imagine the furor and problems that would be caused had we loaded the mistaken Lincoln with our suitcases and continued on our trip instead of just staying local the one day? I guess we could have been charged with car theft!

So the next day we did get the proper Lincoln and headed north (We were already West Mr. Horace Greeley!) towards our ultimate destination, Sunriver Oregon. My daughters had read about family vacation locations, and Sunriver was the only one that had a disco for teenagers. We had planned to stay that night in Medford, Oregon, but we arrived in Medford so early that we felt we could probably drive the extra 180 or so miles to Sunriver.

After touring Medford and an early supper we began to drive in the darkest of night on a narrow less traveled state road. We passed through large forests of giant Ponderosa pines without sighting a single individual, car, or village. It seemed as though we were going to the end of nowhere, but finally after midnight we arrived at the small village of Sunriver. Everything was closed but the rental agency had left a key and map for the rental house (for three days).

The next morning my wife and I got up for breakfast and

found a note in the kitchen from the girls stating they had found bicycles in the garage and were riding around Sunriver. About noon they returned filled with excitement about the wonders they had found in Sunriver. There were miles and miles of hiking and bike trails, two swimming pools, a small village mall with a number of nice little shops, the beautiful Deschutes River, an ice rink, a lodge with many amenities, and many beautiful residential areas. After the first day there, we wanted to stay two full weeks, but the house was only available for one week. We had such a delightful time and the girls found so many safe summer activities that we decided to rent a house for the two weeks of Christmas.

In December we flew to Portland, Oregon and drove a four-wheel drive vehicle over the icy, snow-blanketed mountains at Mount Hood and then to the high (4,195 feet) mountain desert of Sunriver. The resort was in full winter swing, and we had our first white Christmas as a family. After a few days, we bought a beautiful lot (land) with a spacious and perpetually protected full view of the majestic all year snowcapped 9,068 ft Mount Bachelor. After getting preliminary plans, we went ahead and met with a contractor for the construction of a 1,300 square foot vacation home. It was great fun in the snow and on the mountain slopes with skiing and sledding before returning home to sunny Ft. Myers.

The house plans were finalized and the house was built and completely furnished by phone and mail. Construction had to be delayed until the ground thawed, but the house was finished except for exterior painting when we arrived for the summer visit one year after our first trip to Sunriver. We continued our vacations there for about six years and each Christmas it snowed except for one when it snowed the day after Christmas.

We all loved Oregon and so my daughter Lara went back, worked, and graduated from junior college there before going on to graduate from Portland University.

After our first visit to Sunriver I was having lunch in the Southwest Regional Hospital Doctors' Lounge and the discussion came up about vacations. I raved about what a great place we found in Oregon, and a new physician in Fort Myers asked where in Oregon. I told him that he would not know where it was, but it was a little place called Sunriver, 16 miles south of Bend in Central Oregon. What a surprise when the physician said that he was born in Bend, and we had unknowingly seen the house where he grew up in and his family still lived there on the banks of the Deschutes River that flows through the center of Bend! You know now this 1982 physician as the Senior Cardiac Surgeon in Fort Myers, Mike Metke. Small world, isn't it?

We revisited the area a few times since leaving and while there has been some "Californication", it stills remains beautiful and a wonderful summer or winter vacation area. We all returned with joy to Sunriver in 2005 for Lara and DJ's wedding.

REMEMBER PEARL HARBOR! Merry Christmas & A Happy New Year



## News From The Lee County Medical Society Alliance & Foundation

Mary Macchiaroli, LCMS Alliance Co-President

I recently heard the Alliance referred to as the “philanthropic arm” of the Lee County Medical Society. I realized that much of what we do *is* philanthropy. As I write this, the holidays are approaching, and we are focused on assembling our holiday charity basket to be raffled off at the holiday party. The proceeds for the raffle always benefit a local charity selected by the Board. We are in the process of compiling names for the Holiday Sharing Card, which benefits deserving medical students; initiatives such as violence prevention, substance abuse prevention and promotion of healthy lifestyles; and in some cases unrestricted support to enable the AMA Foundation to continue its mission of enhancing health care through programs in medical education, research and service. In addition, the sale of fruit through the Florida Medical Association Alliance Foundation Citrus Sales program benefits deserving physicians’ families throughout Florida.

After the New Year, we will focus our efforts on our own Foundation fundraiser through an elegant soiree at the home of Dr. and Mrs. Howard Barrow, and chaired by Nancy Barrow and Barbara Rodriguez. Finally, in April, we will work on our annual Medibag project. Start collecting toiletries and personal hygiene items throughout your holiday travels to donate to this worthy project! Last year, we provided over 200 bags filled with daily essentials to the Abuse Counseling and Treatment Center in Fort Myers.

With New Year almost upon us, we realize that a change of command for the Lee County Medical Society is soon to follow. The Lee County Medical Society Alliance would like to commend Dr. Dean Traiger for a year of outstanding meetings and great leadership. It has been a pleasure to work with you Dean. Thank you for being a friend to the Alliance. We look forward to working with Dr. Larry Hobbs after January!

It is time to start thinking of new leadership for the Alliance as well. The Nominations Committee will be working diligently to recruit new, fresh candidates to serve on the board and committees. If you or your spouse is interested in taking a more active role in the 2009-2010 year, or if you or your spouse has any questions about what type of commitment that might entail, please do not hesitate to contact any member of the committee: Jennifer Kim, Anne Wittenborn or Mary Macchiaroli. The board roles we need to fill include: President, Vice President, Treasurer, Recording Secretary, Corresponding Secretary, and Nominating Committee. The Committee jobs include: Directory, Doctors’ Day, Finance, PAC, Legislation, Membership, Newsletter, Supper Club, Medibags, Foundation Fundraiser, and SAVE.

We sincerely hope to have some new faces on our board and committees next year. Please consider the opportunity!

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## Human Trafficking and the Role of Medical Professionals

Nola Theiss, Executive Director, Human Trafficking Awareness Partnerships

Human Trafficking is a modern term used to describe what is, in reality, slavery. Since 2000, the U.S. Trafficking Victims Protection Act has sought to prevent the crime of slavery, to protect its victims and to prosecute people who exploit the vulnerable in sex and labor trafficking. Despite estimates of almost a million people enslaved today around the world, including 200,000 people held against their will within our own borders, many people are unaware of this crime or believe it can't happen here.

While eighty percent of all victims are female and fifty percent are children, victims of all ages and nationalities, whether documented or undocumented immigrants or U.S. citizens, and in all states have been identified. Because human trafficking can happen to any vulnerable person, there is no easily identifiable "face" of human trafficking. Like domestic violence thirty years ago, traffickers can easily perpetrate their crime because victims are too afraid to escape and citizens are not aware of their plight or what to do if they suspect someone may be a victim.

Why should you as a medical professional be concerned about this crime?

Often it is medical professionals who first come into contact with victims. Traffickers consider human beings a commodity that they own to use as they wish. If the victim becomes too sick or injured to work or is ready to deliver a baby, these enslavers may seek medical care for their "property" in order to protect their investment. Often medical care will not be sought until the situation is critical. These patients will rarely return for follow up appointments and their babies will not receive post-natal care. Often children of trafficking victims suffer from stunted growth and dental problems because of poor nutrition or may be victims themselves.

Victims suffer from host of physical and psychological problems stemming from their abuse in commercial sex or forced labor, according to the U.S. Department of Health and Human Services. They often live with poor sanitation, inadequate nutrition, poor personal hygiene and brutal physical and emotional abuse. They may suffer from untreated tuberculosis, diabetes, cancer or sexually transmitted diseases, HIV/AIDS, and pelvic, rectal and urinary difficulties. Unwanted pregnancy, resulting from rape or prostitution, and infertility from chronic untreated sexually transmitted infections or botched or unsafe abortions are common. Some victims have infections or mutilations caused by medical procedures performed by unqualified individuals. They may have chronic back, hearing, cardiovascular or respiratory problems from dangerous agricultural, sweatshop or construction work; malnourishment and serious dental problems; as well as bruises, scars and other signs of physical abuse and torture. Traffickers may use drugs to control their victims, often resulting in addictions.

Traffickers lure their victims into enslavement using force, fraud or physical or psychological coercion. Victims are often made to do things they are ashamed of and may be suffering from stress or trauma related mental conditions. They are told not to tell the truth to authorities under the threat of retaliation against themselves or their families, making it particularly difficult to identify or help them. When seeking medical care, they will usually be accompanied by their captor who offers to "translate" or explain things to them or the doctor.

It is important that suspected victims of human trafficking be seen alone by professionals who have an understanding of this crime and are then referred to specialists who are trained to work with trafficking victims. Fortunately, there are a number of such individuals and agencies in Lee County. Questions which may identify a victim of human trafficking, such as "Where do you eat and sleep?", "Can you come and go as you please?", "Do you have to ask permission to eat, sleep or go to the bathroom?" can be added to intake forms as a way of flagging possible victims.

In 2005, Lee County organized a task force, sponsored by the Lee County Sheriff's Office. Many governmental, non-governmental and community organizations are working together to fight this crime. The task force and Catholic Charities have been funded by the US Department of Justice. Under the U.S. Trafficking Victims Protection Act, victims may be provided immediate shelter, specialized foster care, health care, immigration and legal assistance. The local office of Catholic Charities is currently the designated victim care provider and Florida Gulf Coast University's Esperanza Project is coordinating community efforts, outreach and training efforts.

Organizations, such as Lee Memorial Hospital, Family Health Centers, churches, and service clubs, have already held outreach programs which are offered at no cost. Medical professionals in Lee County have reported a number of cases in Lee County over the past few years after they were made aware of the signs of human trafficking. Trainings are available through the Lee County Human Trafficking Task Force which can be adapted to fit the special needs of your practice, specialty, or hospital. You may also be interested in arranging a speaker for an organization or church you attend. This crime can only be fought with the cooperation of all citizens and, as medical professionals; you are in a unique position to help!

### Contact information:

#### To arrange outreach and training events, contact:

Nola Theiss at Human Trafficking Awareness Partnerships:  
nola@humantraffickingawareness.org  
239-395-2635

#### To report suspicions, contact:

Lee County Sheriff's Office:  
Sgt. Jeremiah Marcotte: 239-477-1200  
US Attorney Douglas Molloy: 239-461-2200  
Lee County Office of the FBI: 239-337-7171

#### For Victim Services, contact:

Martha Vivas, Catholic Charities, 239-390-2928

24 Hour Hotline: 888-373-7888



## Out and About

*The Lee County Medical Society was invited to...*

### Open House of the Orthopedic Center of Florida

The Orthopedic Center of Florida held an open house on Wednesday, November 12th at their beautifully decorated office at 12670 Creekside Lane, 2nd & 3rd Floors.



Tom Dahl, PT and Dr. Sandra Collins



Drs. John Mehalik and Michael Frey



Dr. Mark Farmer (second from left) gave a tour of the updated facility

### Women in Medicine Wine Tasting Event

Fine Mark Bank and the Lee County Medical Society sponsored the Annual Women in Medicine Wine Tasting. The wine tasting event was hosted by Drs. Valerie Dyke, Janette Gaw, and Veronique Fernandez-Salvador on Tuesday, November 18th at the Flying Pig, 7970 Summerlin Lakes Drive in Fort Myers. Bonita Wilson and John Miksa were our wine hosts for the evening. The event was enjoyed by all who attended. We invite all women physicians to participate next year.



Drs. Rebecca Kosloff, Valerie Dyke, Laurie Gutstein



Bonita Wilson and John Miksa



Karen Hutto Owner of the Flying Pig



Drs. Ellen Sayet and Mai Saif



Drs. Sandra Collins, Annette Tugaoen, Tracy Vo, Krista Zivkovic, and Aurora Badia



Drs. Annette St. Pierre MacKoul and Dana Crater



## Top 10 Laws and Rules Every Physician Should Know

The following information is being provided as a resource to remind you of important laws and rules that affect your medical practice. It is still your responsibility to read and become familiar with the laws and rules of the State of Florida.

**1. You must update your Practitioner Profile within 15 days** - s. 456.042, F.S.

This includes changes in –

- Address
- Staff privileges
- Medical malpractice history
- Financial responsibility
- Board certification
- Education
- Disciplinary/criminal history

**2. Before you move to a new practice, notify the Board** - s. 456.035, F.S.; s. 458.319(3), F.S.; s. 458.327(2)(e), F.S.

No current address on file? Here is what can happen:

- crisis at renewal time
- late renewal may mean practicing on an inactive license
- practice on inactive license = criminal offense

**3. Do not pre-sign prescriptions**—s. 458.331(1)(aa), F.S.

Board of Medicine Disciplinary Guidelines provide a maximum penalty of:

- Reprimand
- \$5,000 fine
- 2 years probation

**4. At license renewal, read the fine print before you renew**— s. 458.319, F.S.

- It is your license on the line, not your office manager's!
- CME and Financial Responsibility requirements are audited
- Maintain copies of your CME certificates for at least 2 biennium
- DIDN'T RECEIVE YOUR RENEWAL POSTCARD? Call (850) 488-0595 extension #3
- RENEW ONLINE at [www.doh.state.fl.us/mqaservices](http://www.doh.state.fl.us/mqaservices)

The Preventing of Medical Errors course has specific requirements including a study of root cause analysis, error reduction, prevention and patient safety, and the 5 most mis-diagnosed medical conditions in Florida during the previous biennium and those conditions are:

- cancer
- cardiac
- acute abdomen
- timely diagnosis of surgical complications
- stroke and related cranial conditions

CME providers may be located on the Internet by typing "continuing medical education" in the search field, or by contacting the American Medical Association at (312) 464-4952.

**5. You must keep charts on the family, employees and friends that you treat** - s. 458.331(1)(r), F.S. and s. 458.331(1)(m), F.S.

- A prescription creates the physician/patient relationship
- Records are required even for family
- Spouses/friends may become adverse parties
- Cannot self-prescribe controlled substance

**6. Patient Boundaries** - S. 458.329, FS. and s. 458.331(1)(j), F.S. Board of Medicine has a zero tolerance policy on physician/patient sexual misconduct

- Typical penalty is suspension/revocation
- Remember: A prescription creates a physician/patient relationship

**7. Pause before you make the incision on the correct site of the correct patient** - s. 458.331(1)(t), F.S.; s. 456.072, F.S.; and Rule 64B8-9.007, F.A.C.

- The "pause" before the procedure must be in the patient chart
- If you make the mistake, inform the patient and/or the patient's representative and document it or the Board will increase the penalty.
- Read the rule at **64B8-9.007 Standards of Practice**.

**8. Internet Prescribing** - s. 458.331(1)(t), F.S. and Rule 64B8-9.014, FAC

- Prescribing without a history and physical is both a standard of care violation and a violation of Board rule
- Physician have been disciplined for this with penalties ranging from revocation to suspension, reprimands and fines
- DO NOT JEOPARDIZE YOUR LICENSE – DON'T PRESCRIBE ON THE INTERNET!

**9. Relocating Practice?** - Rule 64B8-10.002, FAC

You are responsible to:

- hold patient records for 5 years
- notify patients in letters or by sign as to where to pick up records
- place a notice in newspapers and notify the Board of Medicine 30 days before you move
- complete your hospital charts if leaving the area!

**10. Help for impaired practitioners**—s. 456.076, F.S.

Do you know a colleague with drug, alcohol, or psychiatric problems?

- You can get them help without subjecting them to disciplinary action
- The Board has an excellent evaluation and rehabilitation program that is a phone call away: Professional Resource Network (PRN) – 1-800-888-8776
- For most practitioners, this is and remains a confidential process that offers help to those willing to change
- This program was recently expanded to include medical students as well

**Want the details on these Top 10? Accessing the laws and Rules**

Laws: <http://www.leg.state.fl.us/statutes/index.cfm>

Rules: <https://www.flrules.org/Default.asp>



## Highlighting a Social Service Agency

# The Leukemia & Lymphoma Society Southwest Florida Chapter

Peter West, Editor

Nearly 10,000 Floridians are expected to be diagnosed with leukemia, lymphoma and myeloma this year. For many, a trusted source of information and support during their journey through diagnosis, treatment and recovery will be The Leukemia & Lymphoma Society.

The Leukemia & Lymphoma Society® (also known as LLS), headquartered in White Plains, NY, with 68 chapters in the United States and Canada, is the world's largest voluntary health organization dedicated to funding blood cancer research and providing education and patient services. One of those chapters is the Southwest Florida Chapter, 9200 Bonita Beach Road, Suite 215, Bonita Springs, serving Charlotte, Lee and Collier counties.

LLS offers a thorough array of free educational materials and services for patients and families - from booklets, Webcasts and telephone education programs to professionally led Family Support Groups, one-to-one support and helpful patient financial aid programs.

"LLS is a beacon of help and guidance to those touched by blood cancer," said Melissa Peacock, patient services manager, Southwest Florida Chapter. "One of our goals is to connect with people in the first days of their diagnosis to provide them with the information, support and guidance they need to confront their disease."

## A Long and Helpful History

LLS was born out of a New York family's grief following the death of their teenage son. Robert Roesler de Villiers was only 16 when he quickly succumbed to leukemia in 1944. In 1949, frustrated by the lack of effective treatments for what was then considered a hopeless disease, parents Rudolph and Antoinette de Villiers started a fundraising and education organization in their son's name.

The foundation grew steadily, changing its name to The Leukemia Society of America in the 1960s and then The Leukemia & Lymphoma Society in 2000.

Increased funding from generous donors meant that LLS was able to identify promising young researchers and help support their work. A short list of the researchers and scientific advisors who have been affiliated with LLS over the years reads like a who's who of cancer pioneers and includes three Nobel laureates.

## 21<sup>st</sup> Century Growth

With the help of major fundraising campaigns, including Team In Training®, the world's largest endurance sports training program, and Light The Night® Walk, LLS has supported more than \$600 million in blood cancer research since 1949.

The commitment to cutting-edge science has contributed to an unprecedented rise in survival rates for some blood cancers. The relative five-year survival rate for people with leukemia, for example, nearly quadrupled in the past 50 years. Hodgkin lymphoma is now considered one of the most curable forms of cancer, thanks to radiation, chemotherapy or a combination of the two.

New LLS research programs are already creating tomorrow's treatments and perhaps laying the groundwork for the ultimate cures:

- **Specialized Center of Research** is LLS's largest and most innovative research initiative, emphasizing collaboration across universities, labs and national boundaries.
- **Translational Research Program** supports research that shows strong promise for translating basic biomedical knowledge to new treatments that will ultimately prolong and enhance patients' lives.
- **Career Development Program** provides stipends to investigators in the early stages of their careers.
- **Therapy Acceleration Program** provides funding for cutting-edge pharmaceutical and biotechnology companies to help them advance potentially curative therapies through the development pipeline.

LLS is also at the forefront of advocacy efforts on behalf of blood cancer patients everywhere. Through its Advocates Network of 16,000 dedicated volunteers, LLS reaches out to legislators in Washington, DC and state capitals to push for laws that benefit patients and their families.

Ensuring that all blood cancer patients have access to potentially lifesaving clinical trials has become a priority issue for advocates. LLS is encouraging states to pass laws that force insurance companies to pay for the routine costs associated with clinical trials – a real damper on clinical trial enrollment. In Florida, LLS recently received a boost in its efforts to expand coverage when the Florida Medical Association passed a resolution urging the Florida Legislature to take action on this important issue.

## Get Involved

The Southwest Florida Chapter is always looking for physicians and healthcare professionals to serve as volunteers, advocates, guest speakers at educational events, members of the chapter Board of Trustees and other activities. For details, call Melissa Peacock at (800) 463-5761.

Encourage your patients to visit [www.LLS.org](http://www.LLS.org); or they can contact the Southwest Florida Chapter at (800) 463-5761 or call LLS's Information Resource Center (IRC), a national call center staffed by master's level social workers, nurses and health educators who provide information, support and resources to patients, families and caregivers. IRC information specialists are available at (800) 955-4572, Monday through Friday, 9 a.m. to 6 p.m. ET.



## Memoriam

### Harris Quillian Jones, Jr., MD

1929-2008



Quill was born on July 4, 1929 and went to rest on October 19, 2008. And during those years he lived a remarkable life. Unfortunately he had a difficult struggle in the last few years. He was born in Ft. Myers (the son of Dr. Quill Jones, Sr. a Family Practitioner & Surgeon) and graduated from Ft. Myers High School, then Emory University & Medical School.

He completed an internship & surgical residency at Grady Memorial Hospital in Atlanta. He served with pride in the U.S. Army as a physician paratrooper. In July 1963 he returned to his native Ft. Myers to become the third board eligible General Surgeon here. Quill was an exceptional surgeon and added much for the surgical care of the citizens. He was very active in the local medical community & in the state as well as nationally to preserve quality medicine. His absence from practice over the past few years has already been a great loss & now we have lost the man himself. Rest in peace old friend and thank you for all of your earthly contributions.

*Roger D. Scott, M.D.*


## Recovery Audit Contractors' Work Put On Hold

The Centers for Medicare & Medicaid Services (CMS) temporarily suspended work by the four recently named recovery audit contractors (RACs) after being informed by the Government Accountability Office (GAO) this week that two of the four contracts awarded are being protested by a pair of companies that bid on the work but were not selected.

The GAO has 100 days to issue a decision about the protests, meaning one likely will be announced in early February. Prior to the protested contracts, CMS had been moving ahead with outreach to state hospital associations, as hospitals were expected to be the first Medicare providers audited under the program. CMS has promised to alert the AMA in advance of any physician audits.

As part of the Tax Relief and Health Care Act of 2006, Congress required a permanent and national RAC program to be in place by Jan. 1, 2010. The national RAC program is the outgrowth of a demonstration program also mandated by Congress that used RACs to identify Medicare overpayments and underpayments to physicians and other health care providers in California, Florida, New York, Massachusetts, South Carolina and Arizona.

Visit <http://www.cms.hhs.gov/RAC> for more information.



*Lee County Medical  
Society & Alliance  
Holiday Party*

*Monday, December 8, 2008  
7-11 p.m.*

*The Veranda Restaurant  
2122 Second Street*

*Sponsor Ironstone Bank*

*RSVP - 936-1645*

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## Harris County Medical Society Thanks You for Hurricane Relief

The Lee County Medical Society would like to thank everyone who contributed to Hurricane Ike Relief. Below are some letters from those who you have helped.



October 7, 2008

Ann Wilke  
Executive Director  
Lee County Medical Society  
P. O. Box 60041  
Fort Myers, Florida 33906-0041

Dear Ann,

Thank you so much for your expression of concern for the Harris County Medical Society employees who have been affected by Hurricane Ike. You have no idea how much we appreciate your generosity at this time.

We shared with those who needed help the most, and they were very touched that someone so far away would think of us. I reminded them that you were from Florida, and they understood.

Please extend our deepest gratitude to the Lee County Medical Society members and, on a personal note, to Cynthia, Marian and you. You have truly touched our hearts and lifted a burden for those in need.

Sincerely,

Louise Geerts  
Assistant Executive Vice President

Dear colleagues,  
Thank you very much  
for your concerns of us,  
Houstonians, for devastation  
of hurricane ike.  
It is good to know that  
some other people think of  
us.  
I got \$500 check from your  
company which will help  
me with the recovery.  
Very much appreciative.  
Marina Webb  
Harris County Medical  
Society 10/10/08

Thank you for the generous gift from the Lee County Medical Society and your personal gifts. Louise felt that other employees needed the gift cards more than she did, so we gave them to the employees with the most need. The Society check was given to Marina Webb, our bookkeeper. She lost the roof on her recently purchased home. She had insurance but with a high deductible and contractors charging more than the insurance allowables, she had substantial out of pocket costs. Let us know if we can ever return the favor, but we will pray that hurricane avoid Fort Myers. Thank you, Greg Benner



## Memoriam

### Ron Davis, M.D.

#### AMA Immediate Past President

It is with great sadness that we tell you of the passing of Dr. Ron Davis, immediate past president of the AMA. Dr. Davis, 52, passed away at his home outside East Lansing, Michigan. He was diagnosed with pancreatic cancer last February.

Dr. Davis, a preventive medicine physician, served as the 162<sup>nd</sup> president of the AMA from June 2007 to June 2008. He led the AMA's focus on preventive medicine and had been a longtime public health and anti-tobacco advocate. Dr. Davis also pushed the AMA to focus more on its "healthy lifestyles" platform, doing so with presentations around the nation that included informative and even humorous observations about a general lack of fitness, unhealthy eating, and tobacco use in this country.

*Michael Maves, M.D., AMA EVP*

## Odds and Ends

### Renew Your License

It's time for half of all Florida physicians to renew your medical licenses, the deadline is January 30, 2009. The Department of Health has started sending out renewal notices in October. These reminders will come to you in a postcard format, therefore, please be careful not to overlook them. ***This will be the only reminder that the Board of Medicine will send to you!*** You can simplify by renewing your license on line, the correct web address to renew a license on line is [www.FLHealthsource.com](http://www.FLHealthsource.com). If you have questions regarding your medical license the telephone number for the Board of Medicine is 850-488-0595 or 850-245-4131.



### Free Required CME Course for FMA Members

FMA members may complete the 2-credit hour Prevention of Medical Errors CME course required for relicensure at **no cost**. Visit [fmaonline.org/pages/cme.html](http://fmaonline.org/pages/cme.html) to complete the course or call Melissa Carter, Director of Medical Education, at 850.224.6496 x268 for more information.

### PIP Disclosure & Acknowledgment Forms

Please be aware of several complaints we have received from physicians who have treated patients involved in motor vehicle accidents. Some automobile insurance companies have denied claims filed to them for not using the proper Disclosure and Acknowledgment Form or for not filling it out properly. Visit the website at <http://www.flor.com/pcfrr/PIPFormsHealthCareProviders.aspx> to access the proper form and instructions on filling it out. Helpful tip: You **MUST** put the services or treatment provided in #1 and not the diagnosis.

### Pictorial Directories Available

2007-2008 LCMS Pictorial Directories are available for your office and patients at no charge. They can be picked up at our office at: 3805 Fowler Street, Ste 2, Fort Myers, FL 33901.

### Holly Benson Speaks to SWFL Chamber of Commerce

Holly Benson, Secretary of the Agency For Health Care Administration spoke at The Chamber of Southwest Florida on October 29, 2008 at the Edison Community College Campus. Ms. Benson spoke about current issues facing Florida health care. A new insurance program that the public can buy into will start next year. The cost will be \$150 a month. Unfortunately there was no new information on the state's Medicaid program.



### Hospital Board Candidates

The Lee County Medical society met with the Hospital Board Candidates on Wednesday, October 15, 2008 at the Royal Palm Yacht Club. The Medical Society had a wonderful evening getting to know the candidates running for Hospital Board. We would like to congratulate the new hospital board: Linda Brown, Dr. Stephen Brown, Marilyn Stout, Lois Barrett, James Green and Kerry Babb



*Your Lee County Medical Society Office and Board of Governors wish you, your family and staff Happy Holidays*



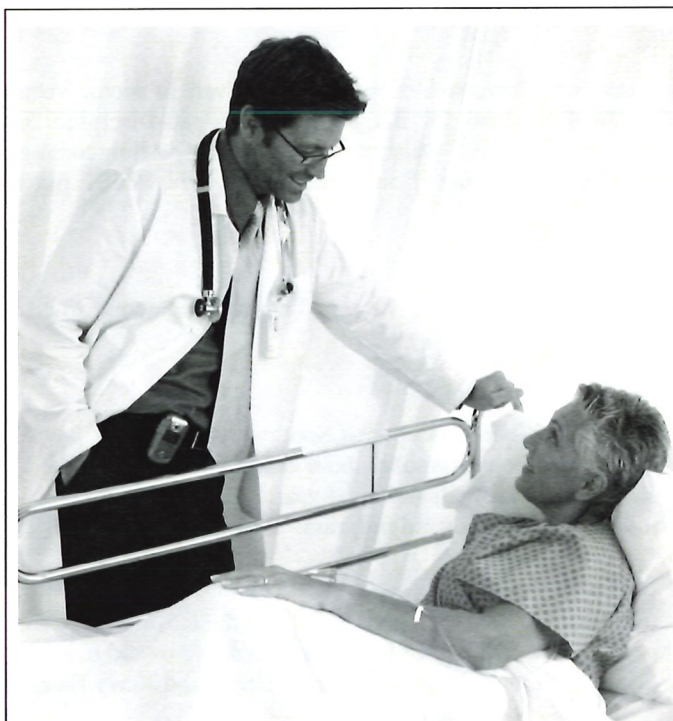
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