

BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

Volume LV

MARCH, 1985

Number 3



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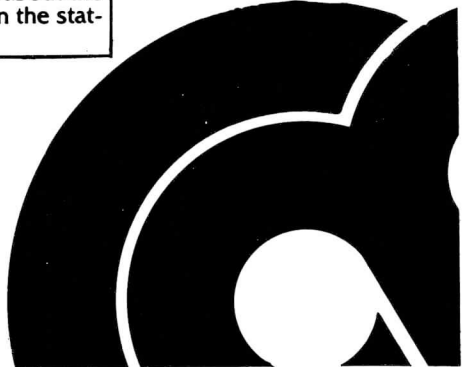
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1985 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1985

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 15	Mar. 19	May 21	Sept. 17	Nov. 19	Dec. 17

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From the Desk of the President



“Qui eris et Quo Vadis Medicus?”

The two most important questions before any physician, at any time, are the same two questions asked by every individual, of himself. Who am I and where am I going?

Basically, we are what we think we are, what we would like people to think we are, and what people think we are. This last one, how we are perceived by others, is the most important facet of our identity, whether we want to believe this or not.

The truth of the matter is that the public's perception of the physician changes from time to time, and it is ALWAYS due to changes in our own behavior and attitudes. Unfortunately, attitudinal and behavioral changes by a number of physicians is interpreted by the patients as representing changes by all physicians and, therefore, a generalization ensues.

How does the public see the physician? While it is true that percent-wise we still are ahead of politicians and used car salesmen in credibility and other virtues, we are slipping.

A recent survey (1984) by the AMA, published under the title “Physician and Public Attitudes on Health Care Issues”, reveals the following:

Only 53% of the patients felt that doctors were available in an emergency and 38% felt that most doctors are not genuinely interested in their patients. 67% felt that doctors are too interested in making money and 63% believe that the doctor's fees are unreasonably high. To top this, 56% felt that doctors did not spend enough time to explain things well enough to their patients. Over one-half of the elderly and poor interviewed believed that they were not able to get the medical care they needed. The final stab came in when 68% claimed that they are losing faith in doctors.

That is our image, whether we like it or not. A professional that is not available a good deal of the time, does not take time or appears not to be interested in his clients, charges too much, is too interested in making money and cannot be trusted as he once was, particularly by the poor and the elderly. A poor image, to say the least.

What, then, can we do? Obviously, we need to change our public image, but just saying all sorts of nice things about ourselves does not change us or our perception by the public. WE MUST BECOME WHAT WE SAY WE ARE. There in lies the challenge and the answer to our second question. Quo Vadis Medicus?

We shall endeavor to make some suggestions in our next letter.

James A. Ruiz, M.D.



BULLETIN

of the Mahoning County Medical Society

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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Editorial:

THE INDUSTRIALIZATION OF MEDICINE - - - REFLECTIONS ON THE FUTURE

In my first commentary I reflected on some of the reasons for our possible demise. Some felt a pessimistic view. Now I would like to discuss those ideas in greater detail.

We are preparing, each in our own way, for the arrival of a controlled medical environment; a milieu in which someone will always be watching what we do and asking why we do it. Throughout the various meetings, I have attended, I've heard much discussion about what we were, what we should have done, what we can do now. However, I've observed some naive errors in basic logic. In order to solve a problem, that problem must first be defined. In order to define the problem, the elements that constitute it must be clearly understood - - accurately and honestly. Therein lies the error. Although the problem has been defined, we refuse to acknowledge its real elements.

As noted previously, we have existed in a free market for the past 80 years. We provide a service, and we charge as we wish for that service. There is no argument that what we provide is an essential, nonelective service. My observation is that we are the only unregulated public service in existence. That is the first element of the problem. Another element of this problem is our image; there has been considerable discussion concerning the use of advertising to project the image of physicians as a noble profession whose main concern is patient well-being. In fact, the osteopathic society has already embarked on this very campaign. But first, we must determine just what image we are trying to change and how it came to be. How do we hope to change the public image of over 100,000 physicians, an image that has evolved over several years based on a one-to-one experience with the public? A spattering of newspaper ads? Radio or TV spots? Not likely. We can change that image only in the same manner in which it was created. The public views physicians as the highest paid profession in the world, having the finest homes in the best neighborhoods. Many have such complex financial structures that, aside from malpractice, the greatest expense may be the accountant. Building offices, drilling for oil, sheltering from taxes, keeping condos in Florida, Colorado, Europe - - yet expecting the public to defer to

Editorial:

us as a noble profession. I have no criticism of these things, but it matters little how we would like to appear to the public. It matters little what we imagine ourselves to be. The image we have is the one with which we must deal - - it matters not if we agree with it, approve of it, or anything else. The only way it can be changed is to become, indeed, a noble profession, to truly have as our first concern our patients' welfare and health.

It is obvious to me that a great need exists in the realm of health care, and since we exist in a free market, we cannot protest the appearance of a new product or service. The appearance of PPO's, HMO's, etc., is clearly designed to streamline the delivery of health care services and make a profit in doing so. The evolution of the system will proceed and, as it matures, it shall move inexorably to some distant unidentifiable end regardless of our approval. We will not determine success or failure; only the patient and the public will do that. We may argue among ourselves ad infinitum - - but, as in nature, the forces of necessity will determine the evolution of health care provision. We may stubbornly promote ourselves as noble, caring, efficient, or whatever - - none of us would deny this - - but whatever the public wishes from medical care is what will survive. There is but *one* complaint about health care in the country, and that is *cost*. We have not been capable of regulating our costs - - we have not even tried. Protest and action could have been predicted by the lowliest of sentient beings - - our nobility lacks foresight. Worse yet, this dying ember of a profession still lacks the ability to uniformly moderate itself. Hence the elements: A self-image that does not coincide with the public image: an essential public service that remains unregulated: and the inability to self-regulate.

Into this vacuum moves a system that has the efficiency of a well-structured corporation; a strong, clear image that is built from the beginning, not an image that has to be torn down and then rebuilt. The promise of effective, efficient, and no-frills health care at a fraction of the cost, with the profits going to anonymous stockholders and corporate heads; thus isolating profits and money from recipients of care. Hence, no identity of those subsisting from the misfortune of others.

Our contention that we now deliver the best possible care to our patients in the present system is arguable by anyone who has worked and lived under another system. We tend to equate quantity with quality. For example, we do twice as many bypass surgeries as Canada or Australia and *four* times as many as Western Europe; cost - - 5 billion dollars this year. Yet, there is no perceptible difference in survival rates. Furthermore, 97% of bypasses done in the U.S. are done on whites, but the age-adjusted prevalence of coronary artery disease in whites and blacks is equivalent - - this is but one example. As a "noble" profession, we must ask ourselves when confronted with questions such as this, "Just what are our motives. If the procedure is 'essential'

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why it is not offered to all - - and if it is not 'essential', why does the practice continue with such prevalence?" The answer is obvious - - the procedure is more readily offered to those who can pay for it; maybe only if considered essential, is it offered to others.

This kind of inconsistency of judgment and performance begs for regulation. It cries out for guidance out of the chaos that exists today. Internally, we have not matured sufficiently to self-regulate. Any standard of quality we have achieved has been accidental since we have no policing or punitive system. We have only a short time left, if any, to demonstrate that we can regulate ourselves, that we can establish a consistent standard of quality, that we can develop our own system of efficient, yet compassionate, health care. If we cannot do this, then let us cease and desist discussion about what we imagine ourselves to be - - we will be shown clearly what we are, and we will be made into whatever mold the regulatory system wishes.

Benjamin M. Hayek, M.D.

Editor's note:

These observations are not necessarily my criticism of the various aspects of medicine, rather, they are attempts at viewing medicine from the vantage of our judges - - the public and the federal government. Only in viewing medicine as they do can we resolve the problems they perceive.

B. M. H.

PATRICK KENNEDY, M.D.

1893 — 1985

Dr. Patrick H. Kennedy, 92, died February 21, 1985 of infirmities at YHA Northside Hospital. He was an industrial physician.

Dr. Kennedy attended school in Youngstown where he was born and, although his education was interrupted twice by work at a printing company and a railroad, he completed school then received an undergraduate degree and a medical degree at Washington University in St. Louis in 1920.

After an internship, Dr. Kennedy served with the American Relief Administration's Russian Unit that was organized by Herbert Hoover, who later became U.S. president. He met his wife, Natalie in Russia.

Dr. Kennedy did some advanced work in Vienna and took a post in the medical department of Sheet & Tube in 1927. In 1932, he was named head of the department and he retired in 1961.

He was a member of the Mahoning County Medical Society, the Ohio State Medical Association, the American Medical Association, and the St. John Episcopal Church.

* * * * *

ASHER RANDELL

1910 — 1985

Dr. Asher Randell, 74, died February 2, 1985 in St. Elizabeth Hospital Medical Center after a three-week illness. He was a family practice specialist.

Dr. Randell was born in Cleveland, went to Youngstown schools, was a graduate of Cornell University and Jefferson Medical School of Philadelphia. He interned at Mount Sinai Hospital in Cleveland for one year following his graduation from medical school in 1935.

He was in medical practice for 46 years and was on the staff at St. Elizabeth Hospital. He was one of the first physicians certified in family practice in the county.

Dr. Randell served as president of the Mahoning County Medical Society in 1962. He was a member of the American Academy of Family Physicians, Ohio Medical Association and the American Medical Association.

He served in the Army Medical Corps in World War II and in Korea. He was a member of Youngstown Lodge of Masons and held membership in Rodef Sholem and El Emeth Temples and B'nai Brith.

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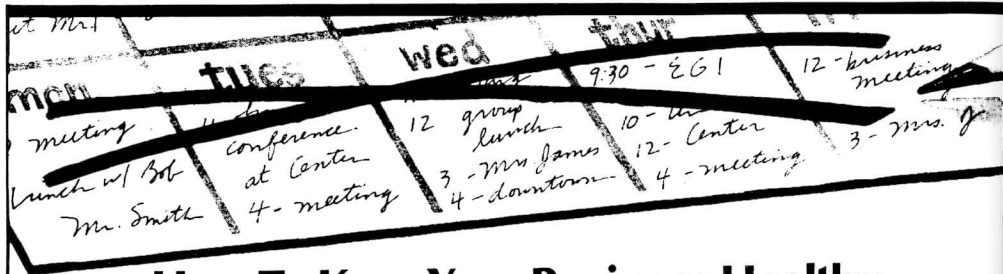
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PROCEEDINGS OF COUNCIL

Feb. 12, 1985

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, Feb. 12, 1985 at the Youngstown Club.

The meeting was opened at 7:32 p.m. by Dr. Ruiz. The minutes of the January meeting, having been read, were approved.

The treasurer's report included notice that 284 members (Active and Associate) have paid Society dues for 1985 and 201 of those have paid dues to AMA. The report also included the total amount of dues collected.

The following application was presented for membership:

ACTIVE: Frederick A. Peachman, M.D.

The application was approved. The applicant will become a member of the Mahoning County Medical Society in the voted category 15 days after the printing of the name in the minutes of the February meeting that are mailed to all members, unless an objection is filed in writing with the executive director before that time.

Communications included:

A response from the Americanism Foundation in appreciation of the Society's contribution; a summary of actions of the Ohio Delegation to the interim AMA meeting in December; a notice about the AMA awards programs; a thank you from Mrs. Weltman for the contribution to the Foundation from the Society as a memorial to Dr. Weltman; a notice of the availability of an updated CPT-4 from AMA.

Canfield Fair Committee reported the annual exhibitors' luncheon will be held March 27 at the Youngstown Maennerchor on Mahoning Avenue.

Scholarship Dinner Committee reported a program about Russia will be presented by Edward Smerek, Ph.D., who has escorted student groups to that country. It was noted that volunteer host couples are needed for the dinner event.

Sixth District Councilor Dr. Anderson announced the Spring Caucus will be held April 24 at Tippecanoe Country Club. He reported on the Winter Caucus held January 30 in Alliance and noted the many different actions taken by the Montgomery County Medical Society and one of the Dayton physicians in an attempt to let GM employees know all the options that are available to them. He related the inception of a mini-intern program wherein industry and government leaders take a day to accompany a physician to learn about the day-to-day work of a physician.

It was noted that every individual is entitled to know what options are available in medical care and how each method of delivery of medical care differs. In an effort to determine how best to make the general public aware of its medical care options, the president appointed an ad hoc committee to address the matter and determine means of making the public medically aware. Dr. Jack Schreiber was named to head the committee.

Dr. Anderson reported that names will be submitted to OSMA for participation on committees on the State level. He stated persons interested in being considered for a State committee assignment should make it known to the executive director or to him.

Dr. Melnick reported he has not yet finalized the membership of the Committee to select a Society "Citizen of the Year".

For the information of the Council, a clipping from a newspaper detailing the collapse of the insurance carrier that was providing hospitalization coverage for the Cleveland Academy of Medicine was provided.

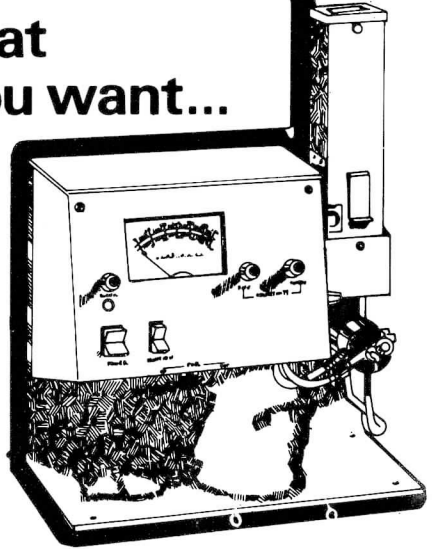
The Council voted to keep the concept of the Old Fashioned Medical Society Meeting for September but to request the program chairman to select a different location for the meeting.

(Continued on Page 65)

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Dr. Anderson was requested to transmit to the OSMA Council the feeling of the Society concerning the allocation of additional funds for the implementation of an already proposed public information program.

It was reported there may be some distribution of funds that are currently in the Stabilization Reserve Fund in Columbus that is being held by the State.

A suggestion was made that each member of Council and each attending member of the Society make a special effort to invite some of the older members to attend the Society meetings and offer to provide transportation for them. It was noted that many of the older members do not like to drive at night or during inclement weather but would like to attend the meetings.

A resolution to amend the OSMA constitution and bylaws in regard to the manner in which AMA delegates and alternates are elected during the House of Delegates meeting in Columbus annually was presented. After some discussion, it was decided there is not sufficient time to present it to this year's session and it should be presented to the Spring Caucus and, if accepted by the District, presented at next year's House of Delegates session.

Dr. Rabinowitz appeared as a guest and presented for discussion a proposal concerning binding arbitration when litigation occurs concerning malpractice. The district counselor agreed to present the suggestion to the OSMA for consideration.

It was announced the next general meeting of the Society will be held March 19 at the Moonraker on Rt. 224 with a program concerning the instituting of the triple-option medical care program by General Motors through Metropolitan Insurance Company. A representative of Metropolitan will present and explain the program. Also to be discussed will be PPO, HMO and other alternative medical care systems.

The meeting was adjourned at 9:18 p.m.

Robert B. Blake
Executive Director

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Mar. 29

F. C. Tiberio

Mar. 30

C. M. Lee

Mar. 31

P. B. Cestone
E. F. Sabado

Apr. 1

P. E. Krupko

Apr. 4

R. S. Richards
J. D. Moore

Apr. 5

L. Bloomberg
S. K. Garg
B. Dayal

Apr. 6

J. F. Ervin

Apr. 8

T. N. Detesco

Apr. 9

A. Z. Rabinowitz

Apr. 10

J. J. Anderson
J. Mehta
R. R. Miller
D. E. Lagoutaris

Apr. 11

R. J. Cuttica
D. H. Smile

Apr. 12

A. B. Cinelli
B. S. Gordon

Apr. 13

R. J. Heaver

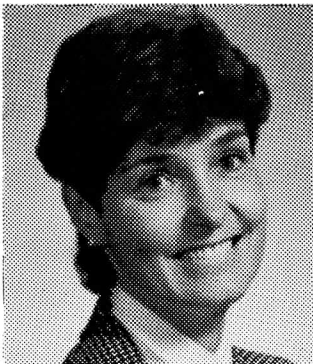
Apr. 15

J. E. Might



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AUXILIARY PLANS GUEST DAY

The next function of the Auxiliary to the Mahoning County Medical Society will be a guest-day luncheon March 26 at Youngstown Country Club. Proceeds from the luncheon will go to a local charity.

According to Mrs. Armand Garcia, auxiliary president, the Auxiliary's fourth annual fashion show and raffle netted almost \$7,000. Proceeds from this major fundraising effort benefitted Hospice of Youngstown, Kidney Foundation of Mahoning, Trumbull and Columbiana Counties; Mothers Against Drunk Drivers; and Childrens' Dreams.

General chairman for the event was Mrs. Robert Bacani with Mrs. Gary Bitonte as co-chairman. Committees were chaired by Mrs. Dean Limbert, Mrs. Richard Bernstine and Mrs. Douglas Van Rees.

The style show featured holiday fashions and furs, and the raffle offered specialized services provided by area physicians, as well as gift and travel items.

Y. H. A. CME

- Mar. 12 "Adult Respiratory Distress Syndrome", R. Bailey-Newton, M.D. 8 a.m. Tower 2, Southside Hospital, Emergency Medicine.
- Mar. 16 Tumor Conference, G. Nagpaul, M.D., Moderator. 8 a.m. Hitchcock Auditorium, Southside Hospital.
- Mar. 16 "Anesthesia for Patients with Chronic Pulmonary Disease", R. Albarran, M.D. 8 a.m., Tod #2, Northside Hospital, Anesthesiology.
- Mar. 19 "Pediatric Head Trauma", J. Michael Lonergan, M.D. 8 a.m. New CCU Conf. Room, Northside Hospital, Emergency Medicine.
- Mar. 21 "Disseminated Intravascular Coagulation", L. Pass, M.D. 8 a.m. Hitchcock Auditorium, Southside Hospital, Internal Medicine.
- Mar. 23 Tumor Conference, M. Bhatti, M.D., Moderator. 8 a.m. Hitchcock Auditorium, Southside Hospital.
- Mar. 23 "Histamine Two Blockers and Anesthesia", J. Fulks, M.D. 8 a.m., Tod #2, Northside Hospital, Anesthesiology.
- Mar. 26 "Stroke Syndromes", A. Nagpaul, M.D. 8 a.m. New CCU Conf. Room, Northside Hospital, Emergency Medicine.
- Mar. 30 Tumor Conference, L. Pass, M.D., Moderator. 8 a.m. Hitchcock Auditorium, Southside Hospital.
- Mar. 30 "Narcotic Anesthesia", J. Werning, M.D. 8 a.m., Tod #2, Northside Hospital, Anesthesiology.
- Apr. 2 "Acute Monoarticular Arthritis", M. Luzar, M.D. 8 a.m., Tower 2, Southside Hospital, Emergency Medicine.
- Apr. 3 "Modern Uses of Blood and Blood Components, etc.", L. Klein, M.D. 4 p.m., Pathology Conf. Room, Northside Hospital, Pathology.
- Apr. 4 1985 Cancer Symposium, "Controversies in the Treatment of Cancer". 8 a.m., Avalon Inn, Warren, Ohio
- Apr. 9 "Depression and Suicide", N. Sarma, M.D. 8 a.m., New CCU Conf. Room, Northside Hospital, Emergency Medicine.

SOME ODDS AND ENDS OF STATISTICS

There are now three physicians serving as members of Congress. Twenty-five pieces of legislation dealing with medical or health matters were passed by Congress and signed into law last year. The AMA presented 263 policy or position statements to Congressional committees or to departments of government last year. The American Medical Political Action Committee (AMPAC) was 90 percent successful in its support of candidates in the 1984 general election.

SAUCE FOR THE GANDER

In recent months there has been a sizeable amount of editorial breast-beating regarding the increase in libel suits against the news media. Editorial writers and columnists point out that most libel actions are won by defendant publishers or broadcasters. However, they add, because of the frightening size of damages being sought and the high cost of defending even an unfounded law suit, the mere threat of libel is having a "chilling" effect on the press. In ominous tones they warn that freedom of the press is in jeopardy. Isn't it interesting that the press doesn't have comparable concerns about the "chilling" effect of professional liability litigation in the health care field?

EVERY MAN'S RESPONSIBILITY

Even though the Mahoning County Medical Society has a public relations committee that is concerned with the image of the physician and concerned with the medical misinformation that is sometimes presented to the public as new items or letters to the editor, it is still the responsibility of each member of the Society to express his or her feelings about what is put into print or transmitted over the air waves. A simple statement of fact is usually the best reaction to adverse publicity or slanted articles.

C.M.E. AT ST. ELIZABETH HOSPITAL

FAMILY MEDICINE GRAND ROUNDS

March 22, GERONTOLOGY "Approach to Drug Use in the Elderly." James S. Goodwin, M.D., Chief, division of Gerontology, Univ. of New Mexico School of Medicine. A Pfizer Visiting Fellow.

March 29, HYPNOSIS "Management of Stress." Harold Wain, Ph.D., Pain Clinic, Walter Reed Army Hospital, Potomac, Maryland.

SURGERY SYMPOSIUM SERIES

March 21, TECHNIQUE AND EVALUATION OF THE PROBLEM CASE OF LOW BACK PAIN. Buel Smith, M.D. 9 a.m. through noon.

April 11, PULMONARY PHYSIOLOGY. E. F. Klein Jr., M.D. 9 a.m. through noon.

MOST SUCCESSFUL PHYSICIAN

A recent study indicated that the most successful physicians are those who answer five questions, directly or indirectly, when confronting all but the most minor medical problems.

1) What is wrong? 2) What caused it? 3) What should be done about it? 4) What will it cost? 5) How long will it take?

A recurring major complaint of patients is that they don't get their questions answered. How about your patients? How do they rate you and your staff on answering those questions today?

If you think you're too busy for all that talk, remember that information provided by aides, pamphlets, audio-visual material and other items counts too.

Some offices are even hiring "talkers" or counselors, whose job it is to merely explain things to the patient and these helpers have proven tremendously cost-effective.

Efforts at improving communication can help to fulfill Trudeau's admonition:

"To cure sometimes, to relieve often, to comfort always."

Don't overlook the final question those successful physicians ask: "Is there anything else you would like to know?"



ITEMS

From the Exec's Desk

ROBERT B. BLAKE, Executive Director

A word about the OMPAC-AMPAC dues notice sent out last month. This is an entirely voluntary contribution for political purposes and must be made on an individual basis. The funds raised for OMPAC-AMPAC are segregated and used for political action. Medicine's voice must be heard above the cacophonous clamor of cost-cutting advocates who have no concern for the proper medical care of the populace. Physicians must be the patients' advocates and one way to do that is to provide the funds for a concerted effort in the state and national legislatures. Contributions to OMPAC-AMPAC can support that effort.

* * * * *

Jury awards in medical malpractice cases are as much as four times higher than in auto accident cases where the injuries are of a comparable nature. Researchers for the Institute for Civil Justice reached that conclusion after studying 9,000 civil suits in Cook County, Illinois. The Institute speculated that the higher awards in medical cases occurred because juries believe that "doctors can afford to pay."

* * * * *

Non-physician health care providers are advancing on at least two fronts, according to Medical Economics. The national magazine reports that a Texas court has ruled that in some situations non-physicians may testify as "expert witnesses." The specific case involved an experienced nurse with extensive experience in the ICU. Also, it appears that the number of non-physicians participating in Medicaid programs is on the increase. In the past year, Medicaid has removed bars in several states for RNs, chiropractors, optometrists, podiatrists and midwives.

* * * * *

A room with a view is good for you. A 10-year study by the Paoli Memorial Hospital in Paoli, Pennsylvania indicates that hospital patients who have pleasant views from their windows recover faster, have fewer post-operative problems, and need less pain medication than those patients who have nothing to look at.

WORLDLY PROVERBS

It is folly to live poor and die rich. *Scottish Proverb.*

He who would love must first learn to run through snow leaving no footprints. *American Indian Proverb.*

Where there is no wind, row. *Portuguese Proverb.*

Never advise anyone to go to war or to marry. *Spanish Proverb.*

To speak kindly does not hurt the tongue. *French Proverb.*

Dig a well before you are thirsty. *Chinese Proverb.*

Never give advice in a crowd. *Arab Proverb.*

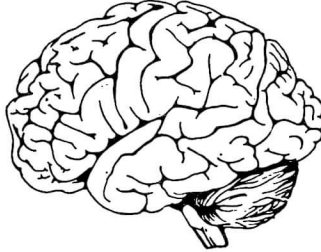
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ETHICS AND D. R. G.

Economic priorities, competing interests, and national politics have come to intervene between the free choice of patients and physicians to choose or forego any treatment. DRGs are the tools for this intervention.

The ethical significance of DRG, the reimbursement system, is the invasion of privacy between the physician and the patient. The peer review organizations share the information about patients' illnesses and this makes the information public property without the patient's consent. The peer review organization is going to decide, along with the hospital, if a patient with a particular disease is going to be admitted to the hospital.

At this stage, there is pressure to eliminate useless care. But then, what is useless is a matter of perspective. The Peer Review Organization for North-eastern Ohio has won the Medicare contract for the next two years to fulfill a quota/objective to deny patients, with seventeen different diagnoses, admission to the hospital for surgery because the hospital won't be reimbursed by Medicare if they are admitted. Any physician not complying will have to ultimately face sanctions. Patients with nineteen different medical conditions will be denied admissions along the same lines.

It does not stop here. For the first time, age has been taken up as a reason for denying care. Admissions for certain operations will be denied if the person is above the age of 70 years.

Non-physician agents of peer review organizations are deciding the usefulness or uselessness of hospital admissions. So much for reducing the cost of medical care by deciding what useless care is.

The next step in this escalating effort to save money at the cost of the quality of medical care will be to eliminate marginally useful care. We will be hearing about it pretty soon.

The cost-cutting is marching on without educating the public about its expectancy from medical care or values about life. If this tall order can not be filled, then we better devise some system of footing the bill. This should be done before the horror stories make the front pages or the national news.

One welcome target of peer review objective is reducing the post-operative morbidity and mortality. This direction in cost-cutting has to be encouraged.

Suman K. Mishr, M.D.

SUMMARY OF ANTITRUST DECREE

On January 22, 1982, Federal Judge Thomas D. Lambros in Cleveland adopted a Consent Order agreed to by the State of Ohio, the Mahoning County Medical Society (the "Medical Society") and other medical defendants in the case entitled *State of Ohio ex rel. Attorney General vs. Mahoning County Medical Society*, Case No. C76-168Y (U.S. District Court, N.D. Ohio).

The Consent Order relates to Health Maintenance Organizations (HMO's) and Prepaid Plans, that is, plans which are designed to provide health care services by arrangements with a limited number of doctors or hospitals.

The Order protects the rights of physicians and the public to choose HMO's and Prepaid Plans if they so desire, and also protects the rights of physicians and the Medical Society itself to express their views, both pro and con, relative to HMO's and Prepaid Plans. It prohibits, however, physicians and the Medical Society from trying to stop, delay or hinder the development or operation of HMO's and Prepaid Plans. Individual doctors and the Medical Society are entitled to express and act in accordance with their own opinions about HMO's and Prepaid Plans, so long as they respect the right of others to do the same.

Specifically, the Consent Order permits each doctor *individually* to decide whether or not he or she will affiliate with an HMO or Prepaid Plan. At the same time, the Order prohibits *two or more doctors* from agreeing with each other that they will not affiliate with an HMO or Prepaid Plan. Thus, for example, it is perfectly legal for an individual physician to decide that he will not work for an HMO, for whatever reason. It would, however, be illegal - - and a violation of the Consent Order - - for an individual physician to agree with one or more other physicians not to work for an HMO. In short, *individual* decisions are permitted, while *collective* decisions or agreements are not.

Similarly, the Order prohibits *collective* efforts by physicians or the Medical Society to prevent or interfere with the development or operation of HMO's or Prepaid Plans by, for example, attempting to prevent or otherwise interfere with efforts by physicians, customers, suppliers, or others to deal with HMO's or Prepaid Plans.

It is the fundamental intent of the Consent Order to reflect the basic free market principle that physicians, hospitals, and the public are free to select any lawful method available of organizing and paying for hospital and medical services.

The Mahoning County Medical Society does not oppose competition between Prepaid Plans and the fee-for-service method of health care delivery, and members of the Medical Society are free to support, assist, or contract with such plans as they individually see fit, without fear of sanctions, formal or otherwise, from the Medical Society, although they are not required to do so.

(Reprinted as per judicial order dated January 22, 1982)

NAMES OMITTED

The names of Dr. Maria Fok and Dr. Michael Jacobson were inadvertently left out of the listing of members of the Grievance Committee in the committee listing in the February *Bulletin*. Please add these to your list.

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From the Bulletin

FIFTY YEARS AGO — MARCH, 1935

The Scientific Program of the February meeting of the staff of St. Elizabeth's Hospital consisted of a symposium on "Diseases of the Thyroid". Papers were presented by Drs. J. G. Brody, F. W. McNamara, Saul Tamarkin, and R. B. Poling.

The Society was still attempting to launch a campaign to stamp out Diphtheria and Smallpox. They urged that a physician attending a birth should impress upon the mother the importance of having these two immunizations at six months.

Florence Heberding bragged in a full page ad that "We have chased the bugs out of milk". As you may recall, Mrs. Heberding sold milk from her Indian Creek Farm at Starr's Corners. McKelvey recommended "Battle Creek Fig Bran" as a mildly laxative breakfast food, and antiphlogistine was still being touted as a cure for pneumonia "whatever the type".

FORTY YEARS AGO — MARCH, 1945

President W. H. Bunn, Sr. reported on the plan of the Mahoning County Tuberculosis and Health Association, for a mass chest x-ray survey of the population. The plan was for a transportable x-ray unit to be taken to the schools and to the various industries. These films were to be read by Dr. Heberding, Dr. Baker, and Dr. Tamarkin who would donate their time and expertise. There was also a suggested plan for a downtown control clinic for Tuberculosis patients.

The Associated Hospital Service reported it had paid for 13,109 patients in 1944 at a cost of \$662,593. The average monthly hospitalization expenditure was \$55,200, and the average cost per member-patient was \$50.53. Maternity care averaged \$54.41 per patient.

Major Asher Randall was home on leave. Lt. Commander John A. Renner was transferred from the U.S. Naval Training Center at Great Lakes to the U.S. Naval Hospital at Recife, Brazil. Capt. Joseph Kupek was transferred to Camp Atterbury, Indiana. Dr. John Scarnecchia finished his tour of duty and planned to take specialty training in Obstetrics and Gynecology at University Hospital in Cleveland before returning to Youngstown.

THIRTY YEARS AGO — MARCH, 1955

Speaker for the March meeting was Dr. Stanley O. Hoerr, Staff Surgeon of the Cleveland Clinic Foundation. His subject was "Disease of the Pancreas".

Dr. Wm. Skipp, AMA delegate, reported that the rising cost of sickness was due to "Higher charges resulting from better pay scales for hospital workers and the higher cost of food."

Dr. H. E. Patrick reported that the Associated Hospital Service (now known as the Blue Cross Plan) had enrolled about 250,000 people and had assumed liability for hospital bills in the amount of nearly five million dollars. He warned that the one thing that might destroy the Blue Cross Plan was the ever increasing premium rates. He blamed these rising costs on 1) Broader coverage, 2) Inflation and 3) Increased use of hospitals by the subscribers. He recommended that diagnostic procedures should be done on an out-patient basis and that patients should be discharged sooner.

TWENTY YEARS AGO — MARCH, 1965

The Medical Society had plunged into the Medicare fight with 100% support of the AMA's Eldercare program. If every county medical society in the country had fought as well, we would have won the battle. Editor Kurt Wegner said, "It is never too late to pass good legislation, and Eldercare

certainly qualifies." President John J. McDonough said, "We as doctors see over two million patients a day. Our patients will help us too. Just ask them, please." What went wrong?

Dr. Jack Schreiber was Chairman of an Operation Home Town Committee that provided speakers on Medicare. The Women's Auxiliary held three Eldercare parties during the month. Featured entertainers were three young singers making up the Eldercare Trio. They were Kathy Sofranec, Donna Marie Geise and Diane Babnich. Later they were to entertain the Ohio State Medical Association at a meeting in Columbus. Dr. J. J. Sofranec still remembers the mad dash down Rt. 71 to get them there on time.

Sixty clergymen and physicians attended a Medicine and Religion meeting at St. Elizabeth Hospital auditorium, with Dr. Bill Cleary as the chairman and moderator. Discussants were Rev. George Duritsa, Rev. Gwyn Walters, Dr. F. L. Schellhase, Dr. A. K. Phillips, Dr. G. F. Nelson, Dr. Arnoldus Goudsmit, Dr. F. K. Inui and Dr. Frank Gelbman. The meeting was the third in a series.

Dr. Robert Paul Meader became a new member. Dr. William Moskalik became an intern-resident member.

TEN YEARS AGO — MARCH, 1975

Malpractice law suits and the rising cost of Malpractice Insurance were a major cause for concern. President Abdu pointed out that this pressure on physicians was adding to the cost of medical care by causing physicians to practice "defensive medicine". This was driving the cost of medical care upward at a time when the medical profession was being urged to keep costs down.

New Members that month were:

Associate — Bohumila A. Slabochova, M.D.

Active — Narendra Kumar Badjatia, M.D.

Robert R. Fisher, M.D.

OLD TIMER OBSERVES

"The moving finger writes and having writ, moves on." And nobody can read a word of the prescription.

The bird of life has but a little way to flutter. But a little digitalis will convert that flutter into sinus rythum.

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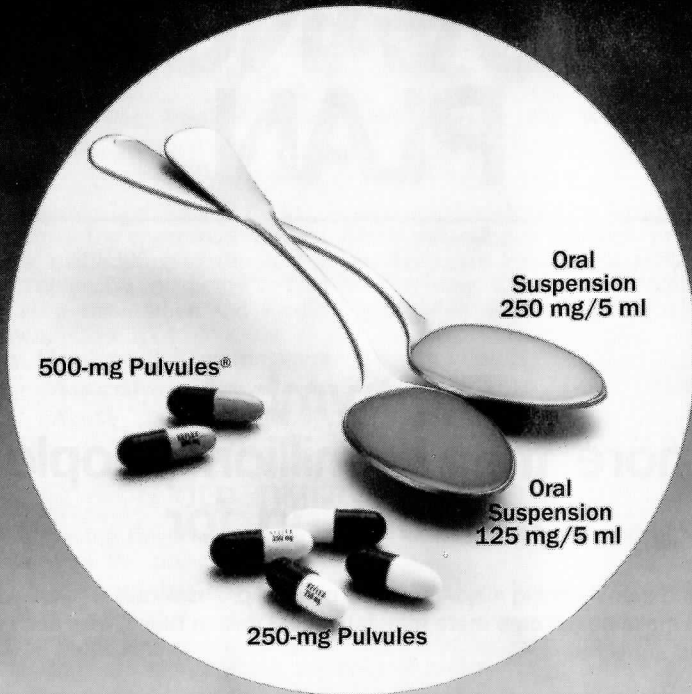
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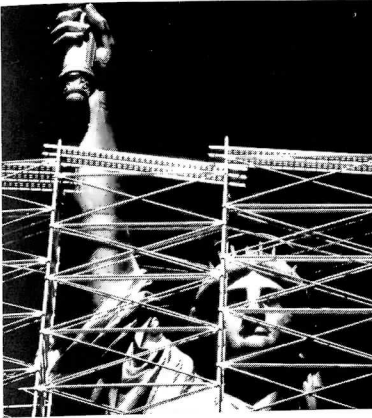
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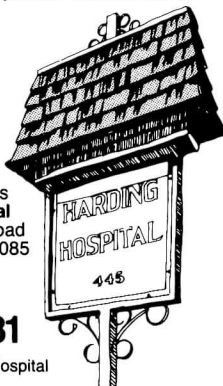
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