BULLETIN

Founded 1872

Vol. 61, No. 8 | Bulletin of The Mahoning County Medical Society | November 1991

Smoked Stoneware Vessel, 1991
Original Clay Pottery
by Florence L. Gordon (1923 –)

While putting together these articles, I have discovered wonderful evidence of the diversity of art and the number of exceptionally talented artists who are women. No exception is this month's featured artist, Florence L. Gordon.

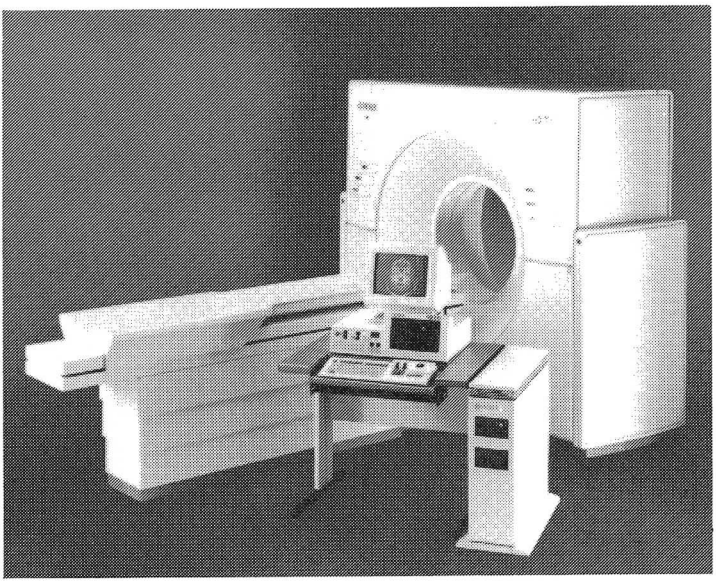
Presently residing in Warren, Florence was born in 1923 in Burghill, Ohio, and grew up on a dairy farm. After high school graduation, she married and became a busy mother of nine children. Her involvement in art began when one of her daughters joined a painting class. Instead of following the typical drop-off/pick-up routine, Florence decided to join the class. She loved it so much that once her youngest child began school, Florence began college as an art major. She graduated cum laude with a B.A. in Studio Art from Kent State University. Of all the art media Florence touched upon, clay was the area to which she became most "addicted." Until about ten years ago, she was a part-time teacher and a part-time potter, but since then she has become a full-time studio potter where "by full-time I mean 10-12 hours a day, 7000 pounds of clay a year."

In the hands of Florence, clay is worked into many shapes, creating an enormous diversity in this single medium. She is best known for her small clay birds but has recently developed a style of smoked stoneware

continued on pg. 26

Western Reserve Imaging Center, Inc.

The **only** outpatient radiology facility that provides you with:



- FOURTH GENERATION CT SCAN with slip ring technology, and laser camera.
- Mammography
- Color Doppler Ultrasound
- IVP, BE, GI
- General X-ray

- Quick Scheduling
- Minimal Waiting Time
- Same Day Report
- Fulltime Radiologist
- Convenience & Easy Access
- Fees Averaging 10% Lower Than Hospitals

(next to Northside Medical Center)

RADIOLOGIST:
Galterius A. Grajo, M.D.

- Board Certified - Diagnostic Radiology
- University Trained Pediatric Radiologist
- 13 years Radiologist at Northside Medical Center

Monday - Friday 8 a.m. - 5 p.m. • Thursday & Saturday 8 a.m.-12:00

747-XRAY (9729)

510 Gypsy Lane • Youngstown, Ohio 44504

*This is a physician radiology office.

Founded 1872

COUNCIL

Officers
Brian S. Gordon, MD
President
Jane F. Butterworth, MD
President Elect
Kimbroe J. Carter, MD
Secretary
Danny Chung, MD
Treasurer
James A. Lambert, MD
Immediate Past President

Censors
Jane F. Butterworth, MD
Brian S. Gordon, MD
James A. Lambert, MD

AMA Alternate Delegate
J. James Anderson, MD

OSMA Delegates
J. James Anderson, MD
Brian S. Gordon, MD
James A. Lambert, MD
Lloyd E. Slusher, MD
Hai Shiuh Wang, MD
Karl F. Wieneke, MD

OSMA Alternate Delegates
Ernesto V. Angtuaco, MD
Denise L. Bobovnyik, MD
Jane F. Butterworth, MD
David J. Dunch, MD
Murali Guthikonda, MD
Daniel W. Handel, MD

Council at Large
Chester Amedia, MD
John W. Babyak, MD
Glenn J. Baumblatt, MD
John G. Guju, MD
Chris A. Knight, MD
Catherine E. Molloy, DO
Alam M. Qadri, MD
Robert G. Spratt, MD
Eric W. Svenson, MD
Milo N. Warner, DO

Director of Public Relations Program Chairman
Richard D. Gentile, MD

Editor/Bulletin
Bruce M. Rothschild, MD

Executive Director
Eleanor Pershing

BULLETIN

Mahoning County Medical Society
Volume 61 November 1991 No. 8

Table of Contents

SOCIETY MEETINGS
January 15, 1991
March 16, 1991
May 21, 1991
September 24, 1991
November 19, 1991
December 17, 1991

The Bulletin is published nine times a year, monthly with the exception of May, July and August by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512.
Phone (216) 788-4700.

Editor
Bruce M. Rothschild, MD

Managing Editor
Eleanor Pershing

Publication Contributor
Margaret Floyd

Editorial Board
Denise L. Bobovnyik, MD
Robert R. Fisher, MD
Brian S. Gordon, MD

The Politics of Good Report Cards

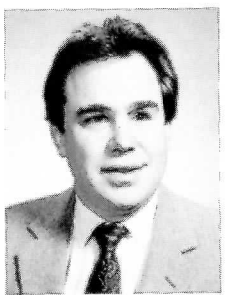
Let's say you were a government agency and you were responsible for certain medical benefits. You also find that your costs and paid benefits outstretched your income. How do you turn the red ink in your books to black and show that you are "fiscally responsible"? Well, one state agency seems to have found the answer.

Take one of the state's compensation programs in which all employers have to pay for their beneficiaries (unless done privately) and expect that the program will run as a responsible insurance agency to cover their workers. Unfortunately, an inordinate amount of claims and a decreasing industrial base lead to a large amount of poorly backed payments. In fact, of the 6.2 million workers in the state of Ohio covered, 3.1 million active claims are still present.

So here's the plan. First, hire someone from outside of the state, give him a large salary, and let him be the fall guy for any of the drastic actions taken. Then, change the rules. Don't allow workers to continue to collect benefits more than 90 days, and, if possible, don't bother acknowledging that a claim had been filed at all. Next, reduce payments to physicians. Oops, that doesn't work. Try not paying at all! No, better yet, change your computer system, update all the data by erasing all claims prior to March 1991, and then write to all physicians who took care of beneficiaries during 1990 and 1991 that they owe the agency thousands of dollars in overpayments. Now with all this publish a glowing report that fewer claims are being filed, fewer payment demands are being made, and more money is available to show solvency of the agency.

So much for the present. What about the future? I have an idea. What I would like to see is that we start all over again. I believe that physicians, business, and labor from all over the state of Ohio should sit down and present a new package to the legislature to ensure streamlined fair access to care for those workers in need of the types of care that certain state agencies were mandated to provide. Medicine in Ohio is for all Ohioans, not just the domain of those interested in good report cards. □

"Medicine in Ohio is for all Ohioans, not just the domain of those interested in good report cards."



Brian S. Gordon, MD

NEOUCOM Physician Survey

NEOUCOM is mailing its third physician survey to physicians in the College of Medicine's fourteen county region this week. We ask that all physicians, except those in residency training, complete and return the survey form.

As you may know, the 1981 and 1986 surveys were used to gather information that helped to guide the College in making important decisions relative to teaching resources. The summary results, which will include anticipated changes in work patterns over the next ten years, will be shared with you and others in the community.

Your cooperation in making this effort a success is very much appreciated.

Sincerely, Jean H. Baird
Associate Dean for
Regional Programs

Transcendental Medication:

The Role of the Vigilant Physician as Patient Confidant and Protector?

A patient shares with us his or her interest in trying an unproven or risky treatment or diagnostic technique. What should we do? Do we simply tell the patient to avoid the current snake oil purveyor? That would be paternalism. However, the alternatives are often complex. Try to explain to the patient the nuances distinguishing testimonials from controlled studies — that is quite a challenge. Perhaps the concept of controlled trials is foreign to most patients. We are all impacted, if not assaulted, by advertising, usually predicated on testimonials. Given the impact of product detailers on professionally trained individuals, so much more problematic is it for our patients. While our decision to add a treatment to our therapeutic armamentarium is predicated upon performance of the treatment in controlled trials, our actual prescription of that treatment is often not so based. How do we explain to patients the nuances of our decision-making process? The PRO has forced us to take a more in-depth look at this question. While the decision for a particular action may be based on our perspectives, it has become more important to delineate all indications for intervention, not just those that precipitated our action. So too the patient must be brought into the process.

"...what we really desire is that the patient incorporate our recommendations into their lifestyle, with enlightened modification of either, when appropriate."

While some patients may not be comfortable in this role, it does not seem appropriate for them to follow a course of action simply because it is recommended by their physician. To safely pursue any course of action, the patient must be able to assess its appropriateness (in view of the intercurrent events characteristic of their complex lifestyles). This was dramatically brought to my attention ten years ago when two Chicago snowstorms led to the "fall from favor" of the city's mayor. The cumulative 38 inches from back to back snowfalls preceded scheduled office hours. I only "went in" because I would feel terrible if one patient braved the elements to keep their appointment. While it took a week for the city to dig out, 90 percent of my patients kept their appointments. I realized that we had a major compliance problem. It was not appropriate for anyone, let alone individuals with compromised ambulation, to be out on such a day. The compliance we seek is not that of blindly following our instructions. I suspect that what we really desire is that the patient incorporate our recommendations into their life style, with enlightened modification of either, when appropriate.

The issues, however, transcend unproven methodology. Recurrent review of effectiveness and safety of our approaches is essential if we are to continue to make the highest levels available to the Mahoning Valley. All techniques, even diagnostic, are not without risk and require constant vigilance.

The standard for comparison is the historical record for national performance of that technique. If the local performance of that technique is more effective, with less toxicity than elsewhere, it should be studied to identify why. Thus we in the Mahoning Valley can continue to contribute to medical progress nationwide. Conversely, toxicity in excess of national averages mandates investigation. If, for example, a procedure were to be associated with a six point hematocrit drop in Cleveland and not in Youngstown, who could in conscience refer a patient to Cleveland for that procedure?

Bruce M. Rothschild, MD

We hope our patients will feel comfortable enough to discuss their potential plans with us. Thus patients will be protected from such recently resurfacing dangerous concoctions as "Comfrey tea." While a "folk medicine" analgesic when applied topically, this concoction has been specifically cited by the FDA as not allowable for internal use (as it is quite toxic when ingested). Today's climate probably requires that we not only attempt to disabuse the patient from ingestion of this potentially deadly product, but also that we report all instances of its prescription (for internal use) to the appropriate health board for investigation. Most untested or ineffective approaches are not that blatant. While the efficacy of copper bracelets must be considered unproven, their use (in addition to the therapeutics of documented efficacy and safety) is not harmful. While the expense of the bracelets is probably wasted, it is of little benefit to criticize a patient's folly after the fact. It is predominantly use of unproven techniques, to the exclusion of effective techniques, that we wish to contravene. We must work together in this process and perhaps establish a central clearing house. Unproven therapies are often "recycled." This is no reason to "reinvent the wheel" in addressing them. Perhaps establishment of a central clearing house and generation of specific patient education materials is required.

Given the vagaries of anti-trust for physicians, perhaps this issue should be addressed through a consortium of health care providers. It certainly would be most insightful for pharmacists, nurses, physicians, therapists, counselors, educated patient representatives, and perhaps even elected officials to participate in this process. Such input would be helpful (not only for protecting patients but also) for development of a viable approach to the problem of universal quality health care accessibility. Then perhaps maintenance and improvement of quality of life will perhaps be addressed, rather than simply a patchwork approach to simply keeping people alive. □

The following applications for membership were approved by Council:

First Year:
Richard G. Barr, MD

Active:
Richard J. Marina, MD
Barry M. Perlin, MD

Information pertinent to the applicants should be sent to the Board of Censors by December 20, 1991.

Simplified Employee Pension

According to the Department of Labor more pension plans will be terminated than established this year. Administrative costs and the burdensome ERISA rules and regulations could be construed as the major reason. However, one of the reasons could be increased awareness of SEP, the Simplified Employee Pension.

Whether a business is incorporated or unincorporated, the benefits of a SEP are becoming widely known as an economical alternative to traditional pension and profit-sharing plans. Like a qualified profit-sharing plan, the SEP reduces the participant's tax liability while providing for retirement. The major difference is that a SEP provides many of the benefits of a profit-sharing plan without the administrative costs or ERISA filing requirements.

"Like a qualified profit-sharing plan, the SEP reduces the participant's tax liability while providing for retirement."

Features of a SEP

The SEP allows employers to contribute up to 15 percent of compensation up to a maximum contribution of $30,000. That's a maximum of 15 percent of $200,000 of compensation.

The SEP is structured or designed so that contributions are paid directly into Individual Retirement Accounts established for the benefit of each participant. As a result, the account, which is an IRA account, belongs to each employee, is nonforfeitable and is invested as the employee may choose. Consequently, fiduciary liability is considerably reduced.

Most important, employers can maintain a SEP without IRS and Department of Labor filings, thus saving administrative and accounting expenses. There are no 5500's or summary description documents as with a traditional profit-sharing plan.

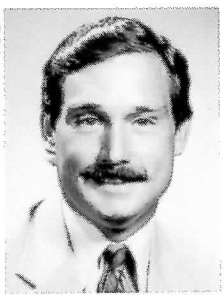
Employers can exclude employees who have been employed for less than three of the last five years, and those under 21. However, all employees must be covered including all part-time employees who earn more than $363.

Employees can also make IRA contributions into their SEP/IRA accounts. The employees $2,000 contribution may or may not be tax deductible depending on each employee circumstance.

Employers can establish and fund a SEP as late as April 15.

Integration with Social Security thereby reducing contributions on behalf of employees is permissible. If this feature is used than certain minimum contributions are necessary.

Rick Desman has over 20 years experience in the financial services industry. He is a partner in a financial planning firm based in Weirton, West Virginia, where he also hosts Money Line a locally produced financial/talk radio show. He also does the Money Minute for WTOV Television. As a speaker and lecturer he conducts continuing education seminars for accountants and attorneys. He is currently conducting financial planning seminars for the medical profession. □



Rick Desman

SIXTH DISTRICT NEWS

MCMS member Dr. Dan Handel was appointed to the OMPAC board. He replaces Dr. Raymond McMahon who has relocated to Columbus. Dr. McMahon is a member of the Stark County Medical Society.

AMA Brief—
Hospitals Practice Economic Credentialing

Should hospitals consider physicians' economic contributions when renewing their privileges? Some hospitals have begun to collect data on physician's financial productivity. They use the data in determining hospital medical staff appointments, reappointments and clinical privileges, the AMA Council on Medical Service said in a report to the Board of Trustees. The practice of using economic data without regard to quality of care or professional competence is known as "economic credentialing." A survey of 500 hospital executives found that 71.4 percent currently prepare economic profiles of their medical staff members. In its report, the council did not object to hospitals' providing the economic data to physicians for educational purposes. It recommended, however, that the AMA oppose the practice of reviewing the profiles when renewing privileges. The AMA should consider drafting model legislation to address the issue, the council said. The board transmitted the report for the House of Delegates to consider at its Interim Meeting in December. □

The Physician-Patient Relationship: TEN PRECEPTS

1. ***The patient will choose his or her physician.***
2. ***The physician will choose which patients he or she will accept for appropriate care.***
3. ***The physician must treat the patient as he would want to be treated, and continue his care until the patient is well and discharged, the patient discharges the physician, or the physician retires from the case.***
4. ***Only one quality of care (excellent) may be given, regardless of the patient's ability to pay.***
5. ***The physician will maintain proficiency at all times.***
6. ***The physician will advise and educate the patient in matters of preventive medicine and health maintenance.***
7. ***The physician must maintain as confidential all information divulged by the patient.***
8. ***The patient must pay the physician for care, unless he or she is unable to do so.***
9. ***The physician must provide compassionate, nonjudgemental care to all individuals.***
10. ***The physician must always be the patient's advocate.***

The physician-patient relationship is a fragile and essential part of skilled medical care, which must be preserved in order to deliver satisfaction to the patient. It is based on an interactive relationship between patient and physician. Ideally, the patient brings trust and respect to the union while the physician brings medical skills in addition to respect and compassion. This association is designed to be for the benefit of the patient, not for the benefit of the physician or the public.

Ten precepts

The development of guidelines that indicate the theoretically correct course of action for the physician has led to their simplification and identification here as "precepts." Not intended to be an exhaustive coverage, this list identifies certain critical components vital to the physician-patient relationship.

1. It is critical that the patient be free to choose a physician whom he desires to provide medical treatment. Care of a patient involves more than scientific application of medicine. Confidence in and satisfaction with the physician of choice contribute to the cooperation and confidence with which a patient approaches prescribed care. In some closed panel health maintenance organizations and other forms of contractually based medical care, this freedom of choice may not be possible. Undesirable restraint of patient independence to freely choose a physician may ultimately adversely affect the results of care.

2. The physician must be free to accept or reject any patient, for whatever reason. It would not serve a patient well to insist that a particular physician provide care if that physician was not skilled in the type of care needed. If the physician was already overburdened with patients or if, because of personality conflict or any other reason, the physician felt unable to render quality care to a particular individual, it would be best for the patient to seek the service of another practitioner. However, acceptance of a patient for care must not ever be related to race, creed, color, or

economic status.

3. In all cases, the physician should recommend the same treatment for a patient as he would for a family member. If the patient decides to discharge one physician and seek another, the attending physician should provide care for a reasonable period of time until the patient can obtain a replacement.

Formal notice of the physician's decision to discontinue care must be given directly to the patient, preferably in writing. The patient must have ample opportunity to make arrangements for the services of another physician, and the original physician must promptly make all records available to the new physician. To withhold records because the patient has not paid would be to deprive the new physician of information needed for continuing care and would constitute unacceptable behavior.

4. Only one quality of care (excellent) may be administered. Consultation with another physician should be sought at any time the attending physician feels need of consultation, or at any time the patient expresses desire for another opinion. However, mandatory second opinion has not proven to be of medical value, may be disruptive to the trust and confidence of the patient, and should not become part of patient care.

The final decision with regard to patient care is one that must be made by the physician and the patient in concert. The final decision regarding appropriate therapy must be made by the physician but can be made only after informing the patient regarding various options and risks, taking into account the specific details of the patient's situation and the patient's wishes. Realizing that it is impossible to provide certain patients with information adequate to make them sufficiently knowledgeable to arrive at an appropriate decision, the physician has the further obligation to recommend the specific therapy considered most likely to produce the desired result.

5. The physician should maintain proficiency by continuing the pursuit of medical information and learning throughout a lifetime of study. Also, he or she should eschew the use of all chemicals that impair either mental or physical ability. The physician must maintain availability or provide comparable coverage when that is not possible, at all times.

6. The physician should advise and educate the patient in matters of preventive medicine and health maintenance. He clearly has the obligation to inform the patient regarding illness, medications prescribed, and recommended procedures with adequate detail about untoward drug and other hazards to enable the patient to intelligently direct his own destiny. The physician who practices his art in the true sense of the word must also advise the patient on general matters of health and health maintenance and both advise and urge the patient to adopt and follow a lifestyle that will enable the patient to enjoy continued health. It is by advising on such matters as smoking, the use of alcohol and drugs, seat belts, motorcycle helmets, regular tooth brushing, dietary control of obesity, and sexual practices that the physician may be of major assistance to the patient.

7. The confidentiality of the physician-patient relationship is a sacred trust that must remain inviolate. Without this, the patient might be reluctant to reveal information that is critical to proper diagnosis and treatment.

8. The physician should determine the appropriate fee. It is improper that the

third-party payor should establish the fee, as determinations made by third parties are often made on the basis of an arbitrary scale that does not take into account either the skill or effort needed to deliver quality care. The physician should not be forced to accept as payment in full whatever amount is offered as a result of such arbitrary decisions.

As the contract for care has been made by the patient's application to the physician and the physician's acceptance of that application, the patient is obligated to pay the physician for service. Properly, the patient should pay the physician for services and seek reimbursement from the third-party payor. It has become clear to third-party payors that there is an economic advantage to them in reducing numbers of surgical procedures, performing outpatient surgery instead of inpatient surgery, and eliminating some procedures entirely. Their interest in the patient is entirely economic. The third-party payor should be obligated, by contract with the patient, to make appropriate payment for services rendered, not decide what procedures are appropriate. It is proper for the physician to tell the patient that the third party allowance is inadequate, if it in truth is, and make reasonable effort to help the patient secure appropriate payment allowance toward discharge of the bill. Knowing the patient's circumstances, the physician should feel free to cancel part or all of the fee, if the situation makes that an appropriate decision.

The patient is otherwise liable for the full amount of the fee charged by the physician. This stipulation should be discussed by patient and physician before therapy is begun, except in cases of urgent need, when such considerations should be set aside. The third-party payor is liable for the amount allowed by insurance coverage, which the patient has purchased. If the physician's fee is higher than the allowed amount, the patient should pay that difference.

It is improper to request or require advance payment for most medical care. There are some strictly elective procedures in which prepayment may be acceptable, such as cosmetic surgery. The physician's raison d'être is to care for the patient. Although recompense for this effort is essential to allow the physician to perform on a continuing basis, it must not become his overriding concern or purpose.

9. The physician must provide compassionate care for both the physical and psychologic ills of the patient. The physician's duty is not to sit in moral judgement but to combat illness.

10. The physician must always be the patient's advocate. In many situations, the patient is incapable or unable to exercise reasonable control over his activity, body, and future. In these and all other instances, the physician must maintain proper supervision and control of the patient so that the individual is protected from harm when incompetent (following trauma, in the operating room, postanesthetic room, recovery room, and so forth). He or she must assist the patient in dealing with family, friends, third-party payors, government agencies, and others, in order that economic, socioeconomic, and other extraneous factors do not interfere with the quality of medical care rendered.

The physician should always refer to a patient as patient, avoiding the terms client, consumer, and customer, and should always refer to himself as physician or doctor, never as provider, caregiver, or caretaker.

This point is an important one, as it implies a professional rather than merely a business bond between patient and physician.

Conclusion

There are rules and regulations that must be followed in the care of patients today that do not take into account or even permit the application of some of the above principles. In spite of this, it is important to periodically reassess our position and continue to strive for perfection in this less than ideal system within which we must work.

There are distinct advantages in adhering to the ten precepts. Both patient and physician have responsibilities that each must discharge to make the relationship viable. The physician must give and direct care in concordance with both good medical practice and the wishes and needs of the patient. The physician's highest calling is to be the provider of medical care. The patient must seek care, share in the decision making process and, to the best of his ability, follow the treatment plan. The patient must pay the physician for his advice and work when able to do so.

When these principles are clearly understood, a bond of mutual trust and respect develops that enhances the likelihood of success and satisfaction from this relationship. The physician must be the pacesetter, as his leadership and example will profoundly affect the response of the patient.

This article is reprinted with permission from the October issue of the American College of Surgeons Bulletin. The author Dr. Loring W. Pratt was a regent of the college from 1973 to 1982. He is now retired. □

Mahoning County Medical Assistants

Mahoning County Chapter of Medical Assistants held their fall Educational Seminar on November 17, 1991, at the Fonderlac. Pat Kochamba, chairperson, introduced the speakers. President Nena LaBarbera, CMA-A, welcomed members and guests. A brief address was given by Ruth Bucheit, provider relations representative, Community Mutual Insurance Company. Speakers were James Smith, MD, whose topic was laparoscopic cholecystectomy. Michael Heilman, MS, spoke on biofeedback for migraine headache and premenstrual syndrome. After lunch, Charlotte Stahl, RN, M.S.N., C.I.C., spoke on AIDS, and Charles Demario, MD, spoke on Norplant birth control.

MCMS November Dinner Meeting

The Mahoning County Medical Society met at the Youngstown Club on Tuesday, November 19, 1991.

The program for the dinner meeting was physician payment reform. Program chairman Dr. Richard Gentile introduced the guest speakers from Nationwide Medicare Operations, Medical Director Dr. Alice Faryna and Sue McGill, a district manager in the Provider Relations Department.

The membership welcomed the following new menbers: **Drs. Nicholas Garritano, Jr.; Jenifer Lloyd, Eugene Potesta, Bruce Willner, Lyn Yakubov and Young Park.**

Emeritus membership was accorded to **Drs. Aniceto DiDomenico, Angelo Riberi, and Morris Rosenblum.**

The following doctors were accepted for resident membership:

Robert N. Angelo MD, Stephen Bernard MD, Stephen D. Campbell MD, Peter M. DeVito MD, Alexander G. DiStante MD, Debra S. Guerini MD, Ashish K. Gupta MD, Rebecca M. Hanigosky DO, Soccoh A. Kabia MD, Rafik M. Khalil MD, Karl Luketic MD, Kimberly L. McAbee MD, Roberto J. Mendez MD, Walter G. Morris DO, John L. Pedersen MD, James N. Priola DO, Richard Ray MD, Mourad L. Rostom MD, Bernard S. Thomas MD, Frank Tortorice MD, Edward M. Wineck MD, Khym B. Zarzuela MD.

Dr. Lambert, chairman of the nominating committee, gave a report on the upcoming election of officers. Listed below are the candidates submitted by the nominating committee and the candidates nominated by the members at the meeting.

President Elect ..... **Eric Svenson, MD**

Secretary ..... **Douglas Goldsmith, DO**

1997 Delegate ..... **Hai Shiuh Wang, MD**

Alternate ..... **Denise Bobovnyik, MD**

Delegate (elect 3) **Anand Garg, MD**
Prabhudas Lakhani, MD
Milo Warner, DO

Council Member ... **Norton German, MD**

at Large (elect 5) **John Guju, MD**
Chris Knight, MD
Chander Kohli, MD
Alice Pomidor, MD
Alam Qadri, MD

Foundation ..... **Norton German, MD**

Trustee (elect 2) **Bee Min Lim, MD**

The membership will be notified by mail of the list of nominees, and the slate will be presented at the December 17 meeting. Nominations from the floor will be accepted at the December meeting.

In other new business, resident membership applications were presented for **Drs. Tharwat Hanna, Razon Alkhoury, Afaf Mansour, Lateef Abumoussa, and Rizk Saqr.**

It was announced that the Society will join with Nationwide Medicare Operations to present a free two hour seminar on implementing physician payment reform. The seminar will be held Thursday, December 12, from 1:30 p.m. until 3:30 p.m. at the holiday Inn Metroplex. Notices have been sent to all members.

The Society will hold its Annual Meeting on Tuesday, December 17, 1991, at the Youngstown Club. □

Students Journey into the World of Health Professions through Project Health Quest

What do you want to be when you grow up? For too long, the answer to that question for most minority children has not included doctor, nurse, dentist, or other health professional.

Project Health Quest (A Journey Into the World of Health Professions) is working to help change that for minority students and others underrepresented in the field of medicine.

The program is presented by the Northeastern Ohio Universities College of Medicine (NEOUCOM), Area Health Education Centers (AHEC), Mahoning Shenango Area Health Education Network (M.S.A.H.E.N.), St. Elizabeth Hospital Medical Center, the Diocese of Youngstown, and the Youngstown Board of Education. It was developed by the M.S.A.H.E.N. Advisory Committee for Health Promotion/Disease Prevention, which includes minority community leaders and health care professionals throughout the Youngstown area.

Project Health Quest is a nine-week program for selected fifth graders from Youngstown area schools. Most of the sessions take place during the school day at St. Elizabeth Hospital Medical Center and include visits to the Newborn Nursery, Mobile Intensive Care Unit, CPR Regional Learning Center, and other laboratory and educational settings.

Field trips are planned to the Youngstown State University Allied Health Department and to the Northeastern Ohio Universities College of Medicine in Rootstown.

Three of the sessions are parent-student activities, including the orientation session, career planning session, and recognition program. The recognition program for students, their parents, and school personnel is held at Kilcawley Center at YSU.

Project Health Quest is designed to teach fifth graders about career opportunities in the health care field. Students see health professionals at work and participate in hands-on activities. The health professionals working with the students serve as role models.

The pilot program of Project Health Quest was held in April with students from Martin Luther King, Jr., Jefferson, Harding, St. Anthony's, and St. Edward's elementary schools. The students who participated are now sixth graders and will have additional science-related programs each year through high school to build on the foundation received during Project Health Quest.

Following the success of the pilot program, Project Health Quest is again being offered to approximately 35 fifth graders from Bennett, Hillman, Sheridan, St. Patrick's, and Williamson elementary schools. It will continue through the November 19 recognition program.

"As coordinator for Project Health Quest, I've had the pleasure of witnessing first-hand how the enthusiasm of the students, their parents, and the school systems involved have contributed to the success of the program," said Yvonne Mathis, NEOUCOM Minority Community Coordinator.

"The M.S.A.H.E.N. advisory committee recognized the need for students to have an introduction to the health care field at a level appropriate for them," said Orva S. Schramm, R.N., M.A., center director, M.S.A.H.E.N.. "The committee identified the need to encourage scientific interest earlier in the educational process," she said.

Project Heath Quest has been successful in addressing that need and science-related follow-up programs for participants will provide the continuity for increasing minority students' awareness of health care opportunities.

TOUGH, SMART AND YOURS

medical economics
SEPTEMBER 4 1989

DON'T YOU WISH THESE DEFENSE LAWYERS WERE YOURS?

This big, multistate firm rarely loses a case. But it's more than luck, or even legal skill, that's behind its enviable record.

By Howard Eisenberg

Successfully defending a brain-damaged baby case in the courtroom equivalent of pitching a no-hitter. Because the "sympathy factor" can add millions to a jury's award, many insurance carriers would rather settle than fight.

Not so the P•I•E Mutual Insurance Co. of Cleveland, Ohio, and the 4-year-old law firm—Jacobson, Maynard, Tuschman & Kalur—that does all its defense work. In 21 brain-damaged baby cases it has defended for the doctor-owned company, its record is a remarkable 19-1-1, the last a hung jury. In 1988, its overall scorecard read 31 wins, 5 losses—all malpractice cases.

There's more to those numbers than luck. "Or even legal skill," adds JMT&K founding partner Aaron Jacobson, who was one of Ohio's leading plaintiffs' lawyers before he, Larry E. Rogers, Herbert S. Bell, M.D., and 70 other Cleveland doctors formed P•I•E in 1975.

"It's the concept behind the firm that makes it work: Physician specialty panels review every lawsuit to decide whether the defendant deviated significantly from the standard of care. If he did, we pay. If he didn't, we defend. Makes no difference whether it's a $5,000 or a $5 million case. We label it 'No pay.' That policy has resulted in a lot of cases being dropped. Perhaps more important, it's discouraged the filing of many other cases. Plaintiffs' attorneys have learned that we're fair negotiators when our doctor's in the wrong, but won't back down when he's right."

That approach pays off. "According to the most recent report I've seen from the General Accounting Office," says Larry Rogers, P•I•E president and CEO, "in 1984, about 57 percent of medical-malpractice claims were closed without payment. Through 1988, we've closed an average of 78 percent of our cases without a dime changing hands. And it's my understanding that, without including defense costs, St. Paul Fire and Marine Insurance Co.'s 1988 average gross payout for cases closed in Ohio with payment was $52,500. Our comparable figure was about $10,000 below theirs. That's partly why we can sell an OBG specialist in Ohio—an industrial state that ranks among the most litigious—$1.2 million in coverage for just $26,000."

The unique marriage of P•I•E and JMT&K has been so successful that the carrier has expanded into five other states: Indiana, Kentucky, Maryland, Missouri, and West Virginia. Where P•I•E goes, there goes JMT&K, with nine branch offices to date. The firm has 105 trial attorneys, and may well be the nation's largest devoted well-nigh exclusively to medical-malpractice defense.

Could the insurer-defender symbiosis, if duplicated by other doctor companies, make a significant contribution to reducing malpractice litigation nationwide? An up-close look at how JMT&K operates may help to answer that question.

Every lawyer develops a medical specialty

"Our firm's lawyers read more medical books than law books," says P•I•E Vice President Gerard C. Opgenorth, himself a veteran defense attorney. Robert Maynard explains: "New cases are discussed at our weekly staff meeting, so that every lawyer is familiar with every case. But we assign cases to our attorneys according to medical specialty. They're well-versed in their fields, so they don't have to reinvent the wheel with each case."

Last year, the firm's OBG specialist, attorney Jerome S. Kalur, who had won 16 consecutive brain-damaged baby cases, faced one of his toughest challenges when he defended a GP who'd attempted a midforceps delivery that ended in a Caesarean section and a severely brain-injured baby. Recalls Kalur: "I didn't think the doctor had caused the damage, but our position was weakened by the fact that he didn't have midforceps privileges. Based on that departure from the standard of care, our doctor panel voted to settle, and, since the hospital was also involved, a combined sum of $1.5 million was offered. Plaintiffs turned us down flat.

"I wanted to depose the doctors who'd been involved in the mother's care during her hospitalization, but the attorney for the plaintiff baby insisted it would violate the mother's physician-patient confidentiality. That privilege would terminate automatically when her medical records were introduced at the tail end of the plaintiff's case. Meanwhile, I was in the no-win position of having to tell the jury, 'It couldn't have been the midforceps,' without afterward them another reasonable brain-damage theory."

Fortunately, the plaintiffs rested their case on a Friday afternoon, giving JMT&K time for a weekend rally. "Twenty minutes later," says Kalur, "I was in the hospital pathologist's office with an order permitting me to view the mother's placental slides." Meconium staining had been charted, and Kalur had a hunch that fetal distress had begun long before the for-

The winning firm's four founders at Cleveland's 8th District Court of Appeals (from left): Jerome S. Kalur, Aaron Jacobson, James M. Tuschman, and Robert Maynard.

They're seasoned attorneys with an incredible record of success. Malpractice specialists in every medical specialty. More than seventy lawyers in eleven offices: they're part of The P•I•E Mutual team...Jacobson, Maynard, Tuschman & Kalur, a formidable defensive lineup, with an imposing record.

Three-quarters of all claims closed without a penny changing hands. Ninety percent of the cases that go to trial won.

One of every four doctors will someday face a lawsuit. The P•I•E Mutual helps you face that future without fear. With a claims review committee made up of your peers. And a prepaid law firm that can rally its total resources against any and all claims.

Call us for a reprint of the Medical Economics article. 1-800-228-2335. Tough and smart can soon be yours.

THE P•I•E MUTUAL
INSURANCE COMPANY

NORTH POINT TOWER
1001 LAKESIDE AVENUE
CLEVELAND, OHIO 44114-1149

Moreman•Yerian
Where insurance works...for you

THE MOREMAN-YERIAN COMPANY
9251 MARKET STREET
P.O. BOX 3728
YOUNGSTOWN, OHIO 44513
216/758-4571 • FAX: 216/758-3753

50 Years Ago — November 1941

The depression was over but now a war was raging in Europe. The Selective Service System released figures showing that at least 50 percent of the draftees were rejected for physical or mental defects. This caused a furor in the public press and was used by proponents of socialized medicine as evidence of inadequate medical care by the medical profession. Japanese envoys were negotiating peace in Washington, while their fleet was steaming toward Pearl Harbor.

40 Years Ago — November 1951

President **Dr. Elmer Wenaas** and Editor **Dr. Stephen Ondash** both urged the members to support the Red Cross Blood Bank drives to supply blood for those injured in the conflict in Korea.

At that time, **Dr. W.D. Coy** wrote a monthly column under the name of "Uncle Dudley". It consisted of some philosophical thoughts with a nostalgic flavor. He also published a book of poems entitled *Leaves of Life*.

New members that month were **M.D. Evans, E.E. Brant, K.C. Kunin, J.N. Gordon, J.L. Calvin, H.A. Smith** and **J.J. Campolito.**

30 Years Ago — November 1961

At the October meeting, **Dr. Kurt Wegner** outlined his plans for the mass Sabin poliomyelitis vaccine program. Dr. Wegner organized the program with considerable assistance from the Women's Auxiliary. He had arranged a similar program in the past when the Salk vaccine became available.

Dr. J.D. Miller was chairman of the annual Diabetes Week, which was scheduled for the week of November 12.

New members that month were **Armin Banez, Maria Laing Fok** and **Rual A. Hernandez.**

Robert R. Fisher, MD

20 Years Ago — November 1971

Editor **Dr. Felix Pesa** examined the Medical Society by editorial and pronounced the diagnosis was "Akinetic Mutism." He reported that the Society was suffering from apathy, complacency and disinterest. He hoped the disease was self-limiting. It wasn't.

It was indeed an accurate diagnosis. Because of poor attendance at the Medical-Dental Picnic, it was decided that this annual outing in the month of September would be discontinued. The Women's Auxiliary reported that it no longer wished to sponsor the annual Dinner Dance and handed it back to the Society.

Diabetes week, however, was in full swing under the guidance of **Mrs. Joan Gonzales** of the Auxiliary and **Dr. Sanford Gaylord** from the Medical Society.

Mrs. Ella Tidd retired as secretary of the Society after 10 years of loyal service.

10 Years Ago — November 1981

President **Dr. D.J. Dallis** reported that nine members of the Medical Society had passed away in 1981. They were **Drs. Elsa Shapira-Bloomberg, Bertie B. Burrowes, Richard J. Jarvis, Nicholas G. Kastellorios, Charles A. McReynolds, Fred G. Schlecht, Joseph J. Sofranec, Carl H. Weidenmeir** and **Elmer T. Wenaas.**

Editor **Dr. Richard Memo** wondered in his editorial, why the legal profession was not required to pass specialty board examinations similar to those required in the medical profession. Good question. □

OFFICE SPACE AVAILABLE

900 sq. ft.
Northside Location.
Convenient to Hospitals.
542 Broadway Ave., Suite #1,
Youngstown, Ohio.
Available immediately. 744-4369

OFFICE SPACE AVAILABLE

Affordable Office Space available in attractive new strip plaza on Mahoning Avenue, approximately 1,500 sq. ft. Call 747-9122 for details.

Eric Hagberg, PhD
Audiologist

PHYSICIANS

Your patients can now receive complete diagnostic services with no waiting, and you'll receive same day reports.
Now serving your patients for 16 years.

DIAGNOSTIC AND REHABILITATIVE AUDIOLOGY
PRESCRIPTION HEARING AIDS

Neuro-Communication Service, Inc.
755 Boardman-Canfield Road
Building C-1 South Bridge West
Boardman, Ohio 44512

Erin Miller, MA
Audiologist

MEDICARE & INSURANCES ACCEPTED

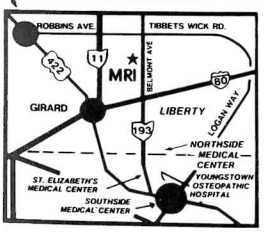
SAME DAY APPOINTMENTS
216-726-8155

Magnetic Resonance Imaging

MRI Cooperative

- Directed by Board Certified Radiologists with Specialized Training in Magnetic Resonance Imaging
- Fast turnaround time on reports
- Professional and convenient service in a modern facility
- Patients accepted on a Referral Basis Only

WARREN GENERAL HOSPITAL
ST. JOSEPH'S
RIVERSIDE HOSPITAL



Quality Patient Care

4964 Belmont Avenue
Youngstown, Ohio

759-9922

Toll Free Dial 1 & Then 800-686-9933

Smoked Stoneware Vessel, 1991

Original Clay Pottery by Florence L. Gordon (1923 –)

continued...

vessels, "influenced by my love of American Indian art and African sculpture". Inspiration also comes from books, museums, and nature. After these stoneware vessels are fired, natural materials such as feathers, leather, grapevine, and turquoise are often added. In the featured selection, Florence's inspiration came from some wild grapevine. The vessel was created so that the bark could be wrapped around the neck with feathers and a turquoise nugget added for color. The vessel was fired in an electric kiln at 2200 degrees Fahrenheit and smoked in leaves, sawdust, etc. in a covered outdoor kiln.

Jeannine Lambert

Working with clay goes back thousands of years, yet Florence and other potters continue to find expression in its simple beauty. I'm not sure "simple" is the correct term, unless you understand that here, in the hands of Florence Gordon, simple encompasses beauty in line, color, and composition. Each of her vessels has a breath-taking quality of dignity and historical presence. They are both emotional and inspirational and allow the viewer to go beyond the piece itself and see a vision of all things past and present. Florence communicates well with clay. "Sometimes I can mold it into the form I want, other times I wait to see what it wants to be." Her motto: "When your work speaks for itself, don't interrupt."

Since becoming a full-time potter, Florence Gordon has been a part of many exhibitions and festivals in Ohio including "Christmas at the Gallery" in Youngstown, Yankee Peddler Festival in Canal Fulton, and "Women Artists, A Celebration" in Youngstown. She has participated in various annual shows and invitationals and has received First Place (Fine Crafts) at the Art Fare I in Hermitage, Pennsylvania. She maintains retail and wholesale stoneware pottery items under the business name of Claythings. Her work may be viewed at the Trunick Gallery in Brookfield.

Letters

The following was received from Arthur E. Rappoport, M.D. Dr. Rappoport was the former director of the Department of Pathology and Laboratory Medicine at YHA for many years. He has contributed extensively to the international medical literature and is an expert on computerized laboratory information systems.

Oct. 29, 1991

Reading about "MCMS Canfield Fair" (Sept.-Oct. *Bulletin*) – brought back memories of that first 1946 MC exhibit when, cajoled by "Bill" Skipp, I set up a "lab in a tent" – with rabbits, tissue cutting machine (microtomes), automatic knife sharpening machine, hemoglobinometer (for testing fair-goers) and blood sugar tests. Lab technologists, Dave Carlson, a path resident, and I manned the tent. We had a ball!

"Rappy"

Those who wish to contact Dr. Rappoport may reach him at the following address:

A.E. Rappoport, M.D.
Clinical Laboratory Consultant
1860 Cutlass Cove Drive
Vero Beach, FL 32963

Advertising List

Jay R. Osbourne, MD
Family Practice
Office: 2959 Canfield Rd. #8 • 797-0222
MED. ED: NEOUCOM
INTERN: Western Reserve Care System, Youngstown, OH
REDCY: Western Reserve Care System, Youngstown, OH

Stephen W. Pipoly, MD
Cardiovascular Diseases
Office: 6505 Market St. #201 • 726-0100
MED. ED: Medical College of Ohio, Toledo OH
INTERN: Suny Buffalo Affiliated Hospitals, Buffalo, NY
REDCY: Medical College of Ohio, Toledo, OH

David Rich, MD
Family Practice
Office: 2959 Canfield Rd. #8 • 797-0222
MED. ED: NEOUCOM
INTERN: Western Reserve Care System, Youngstown, OH
REDCY: Western Reserve Care System, Youngstown, OH

Mahoning County Medical Society
5104 MARKET STREET, YOUNGSTOWN, OH 44512-2147

Address Correction Requested