

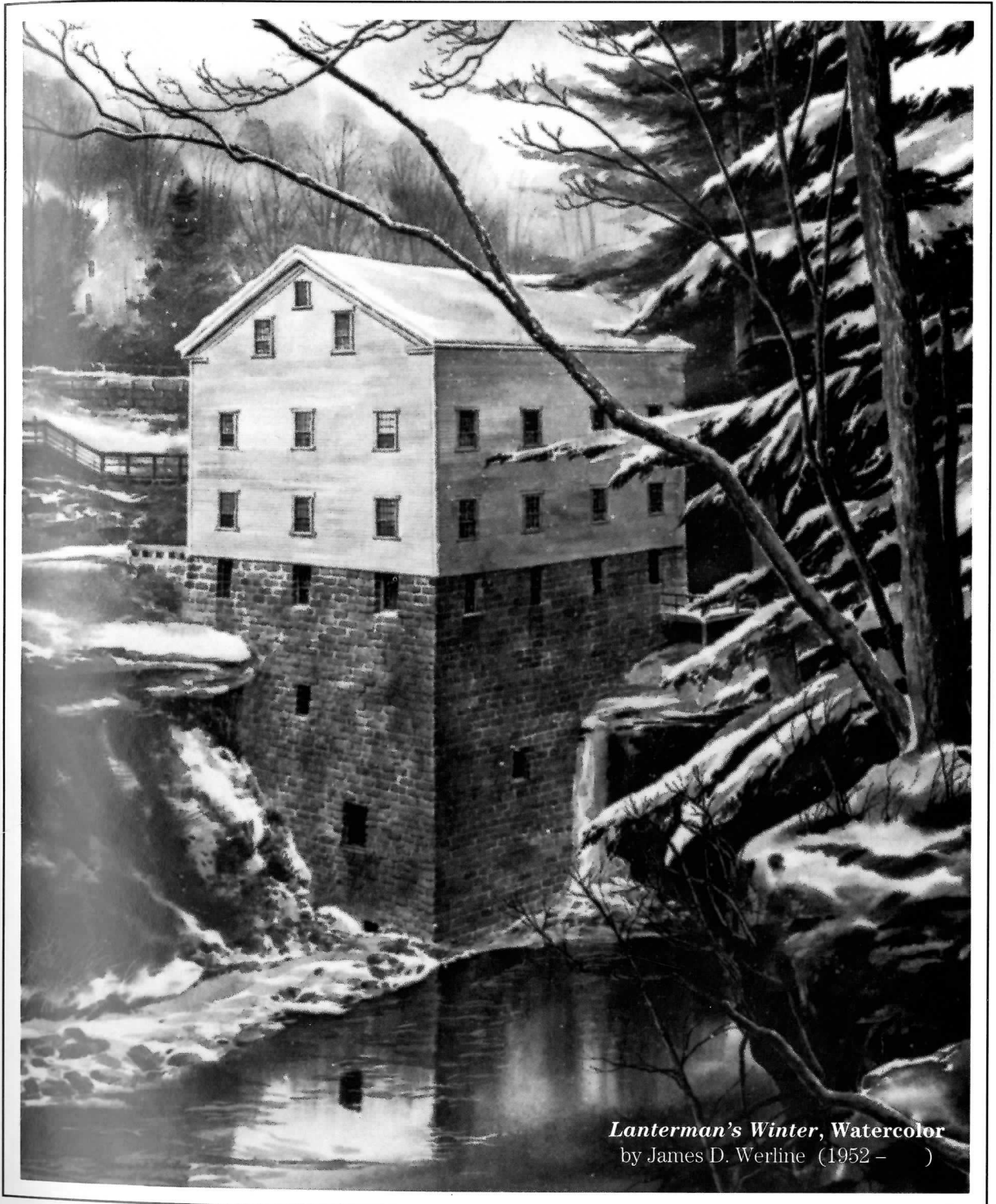
BULLETIN



Vol. 61, No. 5

Bulletin of The Mahoning County Medical Society

September 1991



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BULLETIN

Mahoning County Medical Society

Volume 61 September 1991 No. 6

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SOCIETY MEETINGS

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

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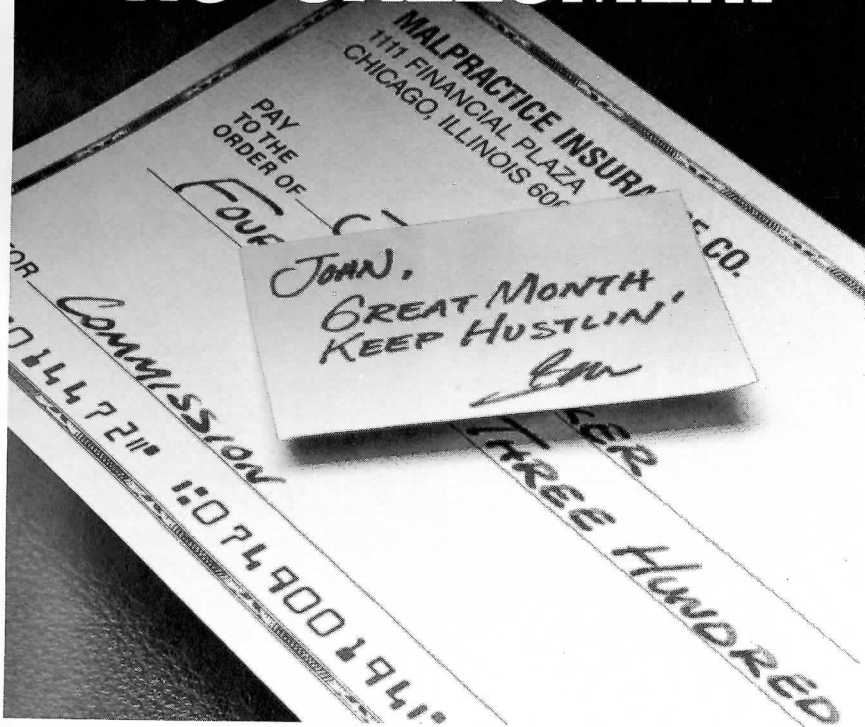
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Elizabeth Blackwell Remembered

Elizabeth Blackwell was born on February 3, 1821, in England and came to the United States in 1832. She was an avid student and eventually became a teacher. Virtually penniless, she barely earned a living teaching in the Cincinnati area. Her life bored her, and she longed for a challenge. Ironically, she encountered that challenge one day in 1845 while visiting a friend, Mary Donaldson, a victim of cancer.

In her dying words, her friend encouraged Elizabeth to stop staying on the sidelines. She told her that her compassion, cultivated intelligence, and love of study could best be employed in the expanding role of medicine.

But how to fulfill this improbable dream involved strategy. First, she needed the finances, but more importantly she faced the overwhelming task of convincing the conservative lords of medicine that change was indeed in order. To these ends, she returned to teaching and by the summer of 1847 had enough money to start medical school. She went to Philadelphia and applied to four medical schools there. She was met with resistance and even scorn in the Victorian world of 1847. Finally, she managed to befriend a leading physician and educator of the time, Dr. Joseph Warrington. Downhearted at her rejected applications to nineteen medical schools, she asked him for advice. He wrote to the dean of the fledgling Geneva College in central New York State. The dean and his faculty, unwilling to take full responsibility for offending Dr. Warrington, turned the matter over to the students for a vote.

It was a boring October afternoon in 1847 when Dean Charles Lee interrupted the class.

"Gentlemen, I have a most amazing request to bring to your attention, a young lady, Elizabeth Blackwell, has applied for acceptance to our medical school." The room silenced. "The faculty, although inclined to reject this application, has decided to let the class vote on the matter."

He added that one vote would eliminate her. There was opposition, but liberal heads prevailed. By 1849, Dr. Elizabeth Blackwell had become our nation's first woman doctor.

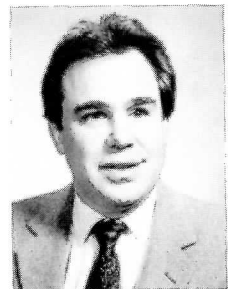
It was the start of many campaigns fought by women within the medical profession, including a campaign for a medical college for women and the start of sex education within the profession. Dr. Blackwell died on May 31, 1910, by which time 7,399 women physicians and surgeons had been licensed. Her spirit lived on through their presence.

In talking with my colleagues, I have observed one of medicine's major problems — apathy and non-involvement. History has taught us that sitting on the side, complaining or dreaming of what medicine should be accomplishes little. Rebellion and trying to topple the system from outside also doesn't work. Rather, getting into the political system and changing the system from within, that's the only way change for the better can be effectively initiated, a bitter lesson of the 1960s.

Let us take a lesson from Dr. Blackwell who did not choose to sit on the sidelines and merely study medicine but through persistence was able to enter the system. Thus, she achieved her own personal goal while coincidentally managing to affect an even broader change — shaping the future of medicine from that time forward. □

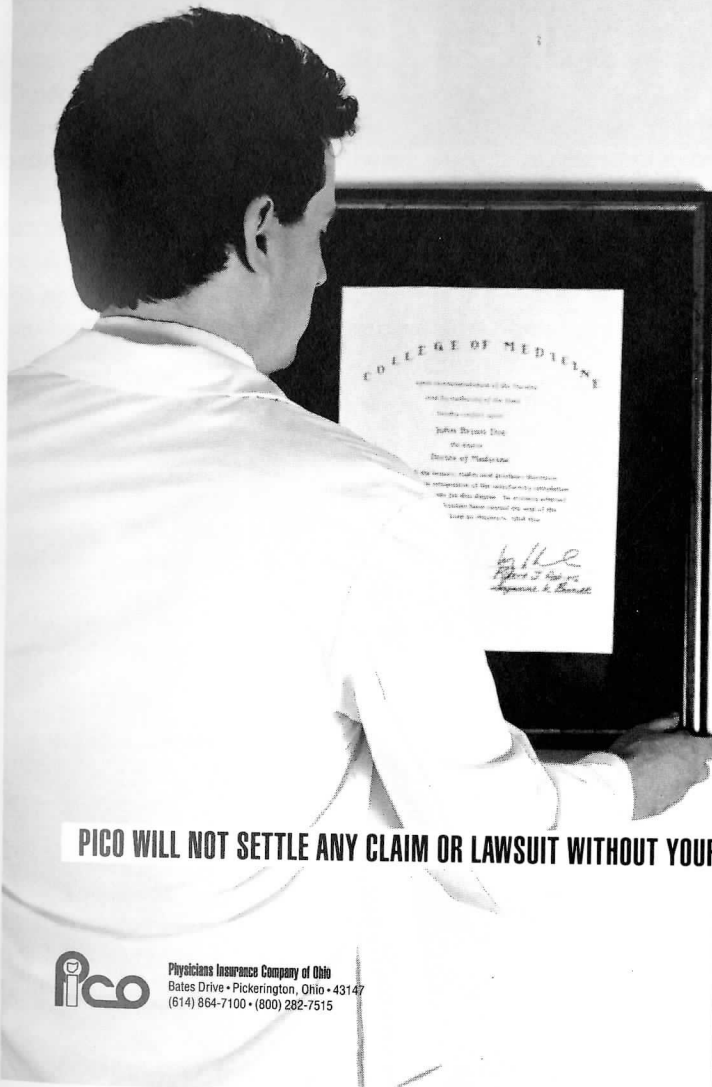
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"History has taught us that sitting on the side, complaining or dreaming of what medicine should be accomplishes little."



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Women in Medicine

Medicine as we know it today is becoming a second class citizen. It is indeed a paradox that much of medicine today owes its origins to the classic second class citizens of the past (women). While medicine was male dominated until the nineteenth century, it was also quite limited in its scope. It was perhaps not until the mid-nineteenth century that modern medicine evolved. This was prior to dissemination of the concepts of handwashing, sterile technique, and even of anesthesia. The Civil War made a major contribution to medicine - the triage concept. That arose from concerned women organizing a mechanism for transport and health care access.

Preconceived notions often interfere with progress. The impossible is often accomplished by those who "don't know better." Will Rogers once said, "It ain't what we don't know that gets us into trouble, so much as what we know that ain't so." The place of men and women in society has been one of perspective. Each has in the past been assigned to their own "club." Requisites for membership were not based on ability. Professional progress in a field was, however, usually dependent upon "club" membership. If the "locker room" were not available, how could the club be joined? Becoming part of the Good Old "... " required acceptance as a peer. It is difficult to be accepted as a peer, when one is perceived as a threat - to livelihood, ego, or self-esteem.

The position of women in medicine has finally reached the point where peership is achieved in most fields. Sexist treatment and comments no longer must be mutely accepted. While this new social awareness in medicine has had major impact on the entire field, no where is it more insightful than in training programs. Demeaning treatment of trainees has been replaced by enlightened leadership, predominantly be-

cause the sexist nature, common to most demeaning treatment, is no longer "socially acceptable."

Women in medicine have also introduced an important, although originally controversial, concept to medicine: Part-time or shared practice. Combining parenting with medicine will likely become even more important, as third party interference with practice compromises not only health care delivery, but also the health care provider's satisfaction/gratification with his or her ability to provide that care.

I look to the day when women can successfully assume leadership positions with "third parties" and participate in the restoration of medicine to first class citizenship. □

"The position of women in medicine has finally reached the point where peership is achieved in most fields."



Bruce M. Rothschild, MD

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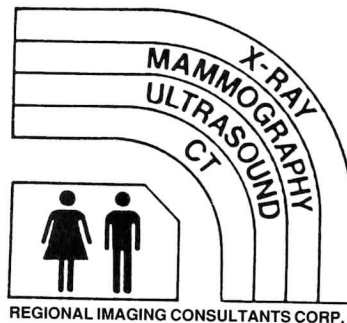
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Paul J. Mahar, Sr., MD
1904-1991

The local medical community has a lost a dedicated medical pioneer, a mentor and a friend. Dr. Paul J. Mahar, Sr., passed away on June 3, 1991, at the age of 86. Dr. Mahar was one of the first local physicians to use electrocardiograms as a diagnostic tool.

Dr. Mahar valued the American Dream—the concept that by dint of hard work and diligence one could advance one's life and realize his or her ambitions.

A Youngstown native, born July 25, 1904, Dr. Mahar graduated from South High School then worked at various jobs before seeking a medical degree. He graduated from Ohio State University College of Medicine in 1933. He interned at St. Elizabeth Hospital and was a resident physician in internal medicine at the University of Michigan and Western Reserve University. He later completed advanced studies in his specialty at the New York Postgraduate School of Medicine.

Dr. Mahar implicitly believed that in the field of medicine he had found the ultimate vehicle for personal satisfaction in work. This belief was expressed throughout a long career which emphasized service to the community and a strong work ethic.

Dr. Mahar retired in 1980 after maintaining a private practice for more than 40 years. Besides his practice, he used his medical skills to benefit the community in other capacities. For eight years, he was

medical director of the Mahoning County Nursing Home, where in 1961 he instituted a cost-effective drug program. He was a former chief of medicine at St. Elizabeth Hospital Medical Center, where he started the poison control center. He also served as a Heart Association trustee.

Dr. Mahar was an active and loyal member of the Mahoning County Medical Society and served as a former president of the Society.

Dr. Mahar believed that he could achieve all his goals in life if they were firmly set in a religious framework. He practiced his faith fervently over the whole of his life. He believed in the family as a religious and social entity of the foremost importance. He was extremely proud when one of his grandchildren became a third generation physician in the course of his lifetime.

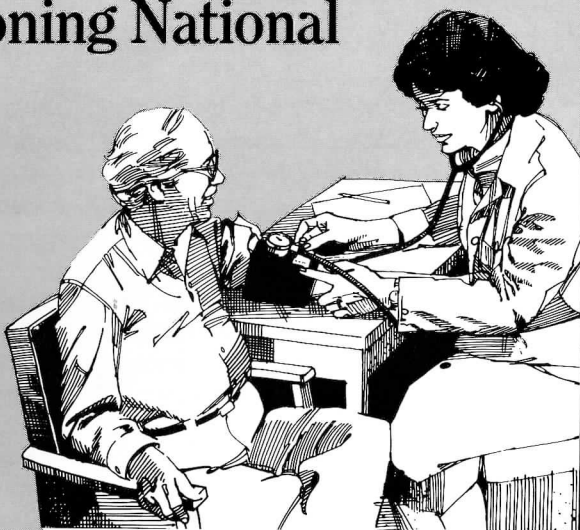
Dr. Mahar was married for over 50 years to the former Ethel Hobbs, who predeceased him in 1989. He leaves a son, Dr. Paul Mahar, Jr., of Boardman who is a Society member; and a daughter, Mrs. Mary Mahoney. He also leaves 12 grandchildren and six great-grandchildren.

There are many other facets of Dr. Mahar's life worth remembering and emulating, the most important being his love of life, his love of friends, and his love of joy. □

C. Edward Pichette, MD

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Ohio Health Departments: Perspective on Access to Care

In the fall of 1989, the Ohio Department of Health Office of Primary Care and Planning undertook a survey of local health departments to gain their perceptions of primary care access problems. Developed in cooperation with the Association of Ohio Health Commissioners, the survey was intended to define the current awareness of Ohio's local health departments about primary care access issues in their communities. A summary of the survey results is presented in this article.

Among the challenges identified by a 1988 Institute of Medicine report as facing the public health system are limitations on access to health care for the indigent. Assessing the extent and causes of limitations to access is a public health concern in Ohio. Increasing numbers of residents are finding their ability to obtain medical care limited by a number of factors, including rising costs, fewer insurance benefits and shortages of key medical personnel. In 1987, 11.4 percent of the state's population had no health insurance. This means that there were over 1.23 million Ohioans not covered by private insurance and not eligible for public reimbursement programs, such as Medicaid and Medicare.

For the purposes of the survey, *primary care* is defined as preventive health care, including screening/monitoring, health education and basic medical care, i.e., treatment for acute short term illnesses, monitoring and maintenance for chronic conditions and referral for specialty services as needed.

Ninety-nine of the 154 Ohio local health departments returned completed questionnaires. The local health departments were queried regarding access to certain health care services by specific population groups, the availability of primary medical specialties within the jurisdictions, and the array of primary medical and related services provided by the respondent health district.

Respondents were asked about the

general availability of specific categories of primary care services within their communities, regardless of special needs or ability to pay. Forty-two local health departments (42 percent) indicated that primary care services for adults were inadequate in their jurisdictions; 25 (25 percent) noted similar problems with primary care services for children. Forty-five local health departments indicated that access to primary care had significantly worsened for selected population groups in their communities - most specifically for low income persons.

Medicaid eligible adults and children: Dental services and basic medical care were identified as the least accessible services for both adults and children. Forty-three local health departments reported that most area physicians were accepting Medicaid only for current patients.

Working poor/medically indigent: Access to primary care for the working poor/medically indigent was the greatest concern of local health departments responding to the survey. All services identified in the survey were considered to have significant limitations for this population.

(TABLE 1)

ACCESS FOR THE UNINSURED

Services	Respondents Indicating Limited Access (%)
Adult personal health care	69
Child personal health care	49
Obstetrical care	49
Emergency medical care	33
Family planning	31
Dental care	65
Substance abuse (drug/alcohol)	31
Home health care	35

"...over 1.23 million Ohioans [were] not covered by private insurance and not eligible for public reimbursement programs..."



Matthew A. Stefanak,
M.P.H.

Local health department services: Twenty-eight reporting local health departments provide comprehensive primary care for children and 20 for adults. Most local health departments, however, are concerned with tapping the various categorical grant programs to financially *piece out* primary care services. Some of these respondents expressed frustration over the resulting fragmentation, duplication and lack of continuity of care. Table 2 summarizes some of the types of categorical services offered by local health departments.

TABLE 2

Service	Responding Local Health Department Providers (%)
Immunizations	100
Communicable disease control	97
Children with medical handicaps	88
Newborn home visits	73
Well child clinics	70
Hearing and speech assessment	69
Lead screening	64
EPSDT (Health Check)	60
WIC clinics	59
STD clinics	55
Tuberculosis services	52
Home health care	51
Prenatal home visits	48
Sickle cell screening	39
Prenatal clinics	32
Family planning services	27
AIDS/HIV testing and counseling	26
Dental clinics	24
Diabetes clinics	10
Substance abuse treatment	9

In summary, local health department respondents expressed concern about the problems of access to primary care and a desire to provide solutions. The Ohio Department of Health and local health departments believe that the public health system should build upon this base of concern by enhancing local capacity to measure and clearly target the most critical access problems in the community. □



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Executive Director Attends AAMSE Meeting

“**H**arnessing the Forces of Change” was the theme of a day long seminar at the 10th annual meeting of the American Association of Medical Society Executives. MCMS Executive Director Eleanor Pershing attended the meeting which was held August 22 through August 25 in Minneapolis, Minnesota.

In opening comments, AAMSE President Eldon Huston noted that “new realities of health care are being shaped by people and forces no longer controlled by [organized] medicine.” In keeping with this premise, guest panelists included a newspaper columnist, a health care marketing strategist, and a nationally recognized health care consultant.

Syndicated columnist Joanne Beck was the first to speak. A member of the editorial board of the *Chicago Tribune*, Beck discussed the changing relationships between the physician and the public. She predicted an unprecedented assault on the prestige, income and egos of physicians. She also noted that health care stories in the next decade will continue to set off “political triggers and ethical concerns.”

Following Joanne Beck was Mike Mervis, a business planning manager for the 3-M Healthcare corporation, a major health care manufacturer.

Mervis stated that his company role was to interpret broad changes in the health care environment and translate these changes into business decisions for 3-M. Speaking from this perspective, Mervis noted that medicine will continue to become more patient and business oriented, while being dominated by new technology. Mervis suggested that the concepts of total quality management and health outcomes would have a significant impact on the future practice of medicine.

The last speaker on the program was Katherine Johnson, president of the

Healthcare Forum, an educational resource center for national health care leaders. While serving as chairman of the board for AAMSE, Johnson designed the Vision 2000 program to help medical society executives prepare for the twenty-first century. Johnson focused her comments on the need to develop new leadership in health care and the fragmented concerns of various groups within the massive health care industry.

Johnson suggested that our country will soon require its physicians, executives and policy makers to understand the health status of their communities and to develop action plans for improving that status. Finally, Johnson cited the need for medical associations to frame issues around social, political and economic concerns.

If the predictions and assumptions of the guest panelists at this year's AAMSE conference prove correct, medical societies and their members face a long, contentious decade ahead. By looking forward and being proactive, our Society will be prepared to face new challenges as they develop. □

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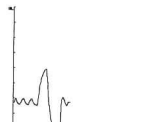
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FUNCTION	UNIT	MEAS	PRED	VAR
VC	L	2.97	4.22	94
FVC	L	2.12	3.00	91
FEV1	L	1.67	2.34	91
FEV2	L	1.48	2.04	91
FEV3	L	1.35	1.81	91
FEV4	L	1.28	1.72	91
FEV5	L	1.25	1.67	91
FEV6	L	1.23	1.63	91
FEV7	L	1.22	1.60	91
FEV8	L	1.21	1.57	91
FEV9	L	1.20	1.54	91
FEV10	L	1.19	1.51	91
FEV15	L	1.17	1.45	91
FEV30	L	1.15	1.38	91
FEV60	L	1.13	1.30	91
FEV120	L	1.11	1.22	91

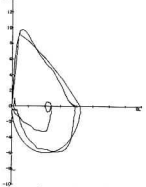


FUNCTION	UNIT	MEAS	PRED	VAR
VC	L	2.97	4.22	94
FVC	L	2.12	3.00	91
FEV1	L	1.67	2.34	91
FEV2	L	1.48	2.04	91
FEV3	L	1.35	1.81	91
FEV4	L	1.28	1.72	91
FEV5	L	1.25	1.67	91
FEV6	L	1.23	1.63	91
FEV7	L	1.22	1.60	91
FEV8	L	1.21	1.57	91
FEV9	L	1.20	1.54	91
FEV10	L	1.19	1.51	91
FEV15	L	1.17	1.45	91
FEV30	L	1.15	1.38	91
FEV60	L	1.13	1.30	91
FEV120	L	1.11	1.22	91

RESPIRATORY RATE: 12.5
 EXPIRE TIME: 2.06
 V TIDAL: 0.50
 V VC: 2.97
 V FVC: 2.12
 V FEV1: 1.67
 V FEV2: 1.48
 V FEV3: 1.35
 V FEV4: 1.28
 V FEV5: 1.25
 V FEV6: 1.23
 V FEV7: 1.22
 V FEV8: 1.21
 V FEV9: 1.20
 V FEV10: 1.19
 V FEV15: 1.17
 V FEV30: 1.15
 V FEV60: 1.13
 V FEV120: 1.11

INTERPRETATION: # 0114 3

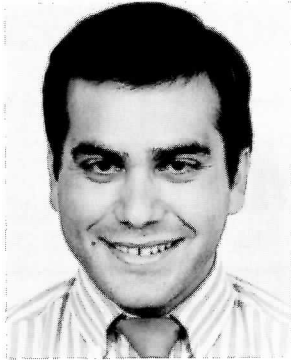
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FVC	L	2.12	3.00	91
FEV1	L	1.67	2.34	91
FEV2	L	1.48	2.04	91
FEV3	L	1.35	1.81	91
FEV4	L	1.28	1.72	91
FEV5	L	1.25	1.67	91
FEV6	L	1.23	1.63	91
FEV7	L	1.22	1.60	91
FEV8	L	1.21	1.57	91
FEV9	L	1.20	1.54	91
FEV10	L	1.19	1.51	91
FEV15	L	1.17	1.45	91
FEV30	L	1.15	1.38	91
FEV60	L	1.13	1.30	91
FEV120	L	1.11	1.22	91

RESPIRATORY RATE: 12.5
 EXPIRE TIME: 2.06
 V TIDAL: 0.50
 V VC: 2.97
 V FVC: 2.12
 V FEV1: 1.67
 V FEV2: 1.48
 V FEV3: 1.35
 V FEV4: 1.28
 V FEV5: 1.25
 V FEV6: 1.23
 V FEV7: 1.22
 V FEV8: 1.21
 V FEV9: 1.20
 V FEV10: 1.19
 V FEV15: 1.17
 V FEV30: 1.15
 V FEV60: 1.13
 V FEV120: 1.11

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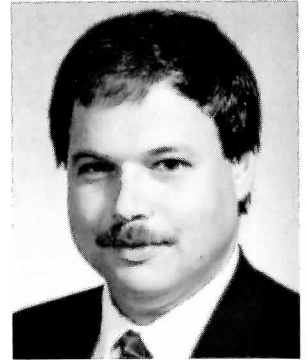
James P. D'Apolito, MD

Pediatrics
Office: 4531 Belmont Ave. • 759-9797
MED. ED: NEOUCOM, Rootstown, OH
REDCY: Tod Children's Hospital, Youngstown, OH



Rashad El Dabh, MD

Radiation Therapy
Office: 7655 Market St. #565 • 758-5520
MED. ED: Cairo University, Cairo, Egypt
INTERN: Cairo University, Cairo, Egypt
REDCY: Cleveland, Clinic, Cleveland, OH
REDCY: Wayne State University, Detroit, MI



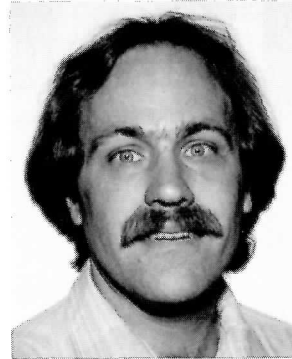
Michael B. Evan, MD

Family Practice
Office: 33 Sheridan Rd. • 757-7211
MED. ED: Wright State Univ. School of Med.,
Dayton, OH
INTERN: St. Elizabeth Hospital, Youngstown, OH
REDCY: St. Elizabeth Hospital, Youngstown, OH
BOARD CERT: Family Practice



Madeleine Ana Ortiz, MD

Pediatrics
Office: 500 Gypsy Lane • 740-3961
MED. ED: Univ. Central Del Este, San Pedro De
Marcoris
INTERN: Tod Children's Hospital, Youngstown,
OH
REDCY: Tod Children's Hospital, Youngstown, OH



Mark W. Reininga, MD

Family Practice
Office: 1350 Fifth Ave. #18 • 747-9551
MED. ED: George Washington Medical School,
Washington, DC
INTERN: Univ. NM School of Medicine,
Albuquerque, NM
REDCY: Univ. NM School of Medicine,
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Medical Assistants

The Mahoning County Chapter of Medical Assistants held their first meeting for the 1991-1992 year on September 5 at the Boatyard on Belmont Avenue. On Tuesday, October 1, the Chapter will meet at Dr. Skevos M. Zervos' office annex at 7:30 p.m. The speaker will be Richard Arnott, MD.

Patricia Kochamba and her educational committee are planning a workshop for Sunday, November 17.

The Chapter wants to thank the retiring physician advisors: C.A. Amedia, MD; B.M. Brandmiller, MD; Paul E. Ruth, MD; and Lloyd E. Slusher, MD. These advisors gave continual support during their term on the Advisory Board. The current Mahoning County Medical Assistants Advisory Board members are David J. Dunch, MD; Brian S. Gordon, MD; G.J. Nigam, MD; and Juan Ruiz, MD. □

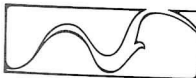
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September is Women in Medicine Month

The American Medical Association has designated September as "Women in Medicine" Month. In keeping with this theme, this issue of the *Bulletin* will recognize our women members who contribute so much to the success of our Society.

Following is a brief history of some of the local and national milestones women physicians have reached in their quest to practice medicine in the mainstream.

The Mahoning County Medical Society was an all male group when it was first established on November 13, 1872. The group's status soon changed, however, when just four months later, Dr. Helen Betts applied for membership. One of the country's first women doctors, Dr. Betts opened her practice in Youngstown in 1873. She shared office space with Dr. Timothy Woodbridge, the Society's first president.

Sad to say, the welcome accorded to Dr. Betts by her Youngstown colleagues was an exception to the rule, as many other state and county societies were slow or reluctant to admit women in the nineteenth century. The AMA, however, had taken a progressive stance, as far back as the 1870s. While the U.S. Supreme Court still permitted states to prohibit women from practicing medicine, the AMA listed women physicians in its Membership Directory.

Despite the overwhelming opposition of most male physicians to their presence, women pioneers still sought medical careers. By 1900, the United States had more than 7,000 women physicians. Unable to gain entrance into many local medical societies, women physicians founded the American Medical Woman's Association in 1915. Women's medical societies emphasized the same goals as their male counterparts, including case reports and discussion of medical topics. Women physicians, however, focused more on the

health concerns of women in the areas of pediatrics, obstetrics, and public health and sanitation issues.

For the first 60 years of the twentieth century, women represented 4 to 5 percent of the country's physician population. In the 1970s, the number of women entering medical school nearly quadrupled. Today, there are than 98,000 women physicians practicing in the United States, and women represent almost 40 percent of all medical students.

The climate for women physicians has vastly improved as the blatant sexism of the nineteenth century has decreased significantly over the last decades, although it has not vanished entirely.

In response to the dramatic increase in the number of women entering the medical profession, in 1984, the AMA established the Women in Medicine Advisory Panel to deal with issues of primary concern to women physicians.

Today organized medicine welcomes the diverse talents that women physicians bring to the quest to strengthen and advance the profession. Women physicians, in turn, have found through the AMA and state and local societies advocates for their professional concerns and beliefs.

Women have assumed leadership roles at all levels of organized medicine. In 1991, four of the 14 AMA Board of Trustees were women physicians. At the OSMA, one woman serves on Council. Locally, Dr. Jane Butterworth now serves as our Society's president-elect. She will be the first woman to assume the presidency in the association's history. Currently, two other women serve with Dr. Butterworth on the governing Council of MCMS, Dr. Denise Bobovnyik and Dr. Catherine Molloy. The Society now has 32 women members. These dedicated professionals are profiled here.

□



Hi Moon Ahn, MD
Neonatology/Pediatrics



Consuelo Albarran, MD
Diagnostic Radiology
Diagnostic Ultrasound



Rebecca Bailey, MD
Pulmonary/Critical Care



Surjit Bal, MD
Pathology



Denise Bobovnyk, MD
Family Practice



Jane Butterworth, MD
Physical Medicine and
Rehabilitation



Frances Couch, MD
Obstetrics and
Gynecology



Linda Cuculic, MD
Family Practice



Maria M. Fok, MD
Family Practice



Nancy Gantt, MD
General Surgery
Breast Disease



Norma Hazelbaker, MD
Pediatrics



Riffat Iqbal, MD
Pediatrics



Betty Klahr, MD
Pediatrics/Adolescent
Medicine



Roop Kollipara, MD
Allergy/Immunology



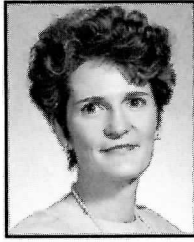
Rani Krishnan, MD
Diagnostic Radiology



Adele Lipari, DO
Diagnostic Radiology



Jenifer Lloyd, DO
Dermatology



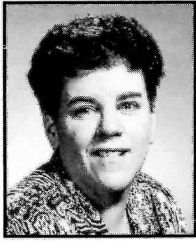
Lynn Mikolich, MD
Physical Medicine and
Rehabilitation



Madeline Miller, MD
Anesthesiology
Pediatric
Anesthesiology



Patricia Miller, MD
Internal Medicine



Catherine Molloy, DO
Obstetrics and
Gynecology



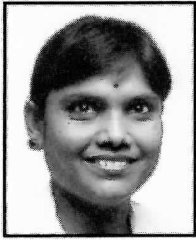
Violet Nagina, MD
Pediatrics



Gurbilash Nagpaul, MD
Radiation Oncology



Madeline Ortiz, MD
Pediatrics



Swarajya Perni, MD
Radiology



Alice Pomidor, MD
Family Practice
Geriatrics



Susan Selim, MD
Internal Medicine



Usha Sethi, MD
Obstetrics and
Gynecology



Melinda Smith, MD
Obstetrics and
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To Will or Not To Will

As the host of a locally produced financial/talk radio show, I invited a local attorney on the air to discuss the benefits of a living trust. This was my first exposure to living trusts and the response from the listening audience was overwhelming. I was amazed as to how much people already knew about the benefits of living trusts as opposed to the cost and delay of probate. The cost alone could be substantial depending on the size of the probatable estate. The computation of attorney's fees for the Mahoning County Probate Court illustrates this:

5%	up to \$25,000
4%	\$25,000 to \$200,000
3%	\$200,000 to \$500,000
2%	over \$500,000

Once you understand the probate system, it is easy to see why living trusts are becoming so popular.

What is wrong with a will? Other than the fact that a will has to be probated which:

*invites lawsuits
may be required in more than one state takes too long (usually 9 to 24 months) costs too much (often 8% of your gross estate)
makes your affairs become public record*

Other than that, nothing is wrong with a will.

Additionally, a will does not provide for conservatorship if you become disabled and cannot manage your affairs. With an aging population, an increasing number of people going into nursing homes, the need of already having in place someone to manage your affairs is extremely important. A will simply does not provide for this.

What is the solution?

The living trust can totally eliminate

the stress and expense of both probate and conservatorship. In addition, a living trust can also minimize estate tax liabilities, reduce the time required for asset transfer from months to days. Finally, a living trust discourages law suits and make your affairs totally private.

Where did the Living Trust come from?

Living trusts have been around since the time of Julius Caesar. The first trust written in America was written by Patrick Henry. Living trusts are regulated by the Internal Revenue Code and are governed by each and every state. Our honorable Congress and the wealthy have always been making use of living trusts. The living trust allows you to disinherit the probate courts and lawyers.

What is a Living Trust?

A living trust is nothing more than a method of holding title to your property. You simply transfer title of your assets from yourself individually to yourself as a trustee. The trust is revocable so you can change it in any way you desire at the time. There is no tax consequence or requirement for a tax return. (The trust uses your social security number and all income and expense flows through to your 1040.) If you die or become disabled, you have named a successor trustee who automatically assumes control, without going to court, publishing advertisements or paying probate fees to an attorney.

What are the advantages of a Living Trust?

1. *Avoids probate.* Your assets go directly to your beneficiaries at your death without court costs and attorney fees.
2. *Eliminates conservatorship.* If you become unable to manage your affairs, the person you have designated assumes



Rick Desman

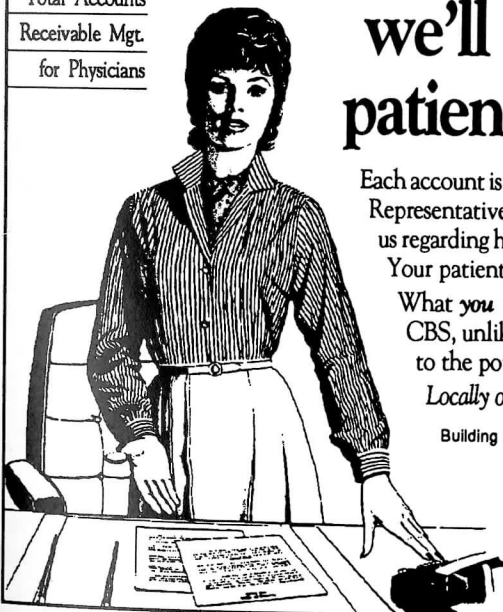
control, not the court and its related expense.

3. *Affords privacy.* Newspaper publicity is avoided, and the heirs do not get on mailing lists as there is no public court record.
4. *Avoids will contest.* The assets are not tied up in the estate, and the ease of attacking is greatly reduced.
5. *Avoids probate in other states.* Property owned in more than one state requires probate in each state if a will is used.
6. *Reduces time.* Instead of months or years to transfer assets to the heirs, a trust may pass title to beneficiaries in one day.
7. *Saves money.* There are no court costs, probate fees, administrative fees, advertising costs, bond fees, and even taxes can be reduced.
8. *Gives one piece of mind.* A living trust can reduce the stress associated with the ordeal of probate. □

Rick Desman has over 20 years experience in the financial service industry. He holds the professional designations of Chartered Life Underwriter, Chartered Financial Consultant and Certified Financial Planner. He is a principal partner in CD Financial Group, a full service financial planning organization in Weirton, West Virginia. He is the host of 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.

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Successful aging is focus for Carol Franken

Successful aging is a message Carol E. Franken, M.S. Ed., has not only taught - but lived.

Franken, of Youngstown, recently retired as administrative director of the Northeastern Ohio Universities College of Medicine's Office of Geriatric Medicine/Gerontology. She will continue to work part-time as a research instructor in gerontology.

She has been actively involved and enjoys educating various audiences—medical students, health professionals and the community - on aging-related subjects. She also has established several community support groups.

Franken values the opportunity to make the public more aware of the needs of the elderly. "I enjoy sharing some of myself and something I love - the subject of successful aging," Franken says. "It's wonderful to know that what I have shared has helped someone."

Franken believes one of the keys to successful teaching is to involve the audience by being entertaining and enthusiastic. "It's important that they catch fire through your enthusiasm," she says.

Franken came to NEOUCOM in 1980 as a graduate research assistant in geriatrics/gerontology. During her time at the College, she has earned her bachelor's degree in sociology and master's degree in education/guidance and counseling, both from Youngstown State University. She has since held positions at the College as coordinator of the Office of Geriatric Medicine/Gerontology and instructor in gerontology.

Barbara Palmisano, M.A., R.N., is replacing Franken as administrative director of the Office of Geriatric Medicine/Gerontology. As former coordinator of the office, she watched Franken's enthusiasm take hold in her students and looks forward

to the challenge of teaching.

"Despite the shift in duties, the focus of the office will remain the same," says Maria R. Schimer, M.P.H., J.D., director of the Office of Geriatric Medicine/Gerontology. That focus includes teaching medical students and residents, serving on community boards, sponsoring continuing medical education courses, providing speakers on aging-related topics and organizing research efforts within the consortium. In addition, emphasis will be placed on expanding the network of resources among the College's consortium universities and clinical campuses. Franken will devote a considerable amount of time to promoting another priority—research in geriatrics/gerontology.

Franken's enthusiastic approach to her work will continue. "I don't look at this as retirement," she says, "but launching into new directions." □

CORRECTION:

A photograph of Patricia Mascolo incorrectly appeared with an article "NEOUCOM Board Recognizes Emily Mackall," in the June issue of The Bulletin. Ms. Mascolo, Coordinator, Fellowship in Academic Medicine, had written the article from NEOUCOM for the April issue of The Bulletin.

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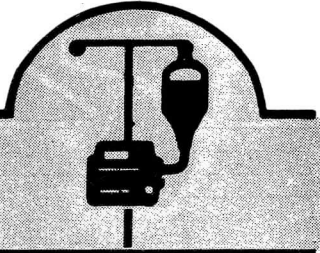
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Auxiliary Plans Fashion Show

The Auxiliary's 1991 Charity Fashion Show will take its theme from *The Phantom of the Opera*. The theater inspired fashion extravaganza will be staged October 30, 1991, at Stambaugh Auditorium. This year, the show will benefit the Youngstown Hearing and Speech Center.

Mrs. Norma Garritano and Mrs. Mara Amedia are co-chairing the event which will feature clothes from Cache Cami, men's fashions from the Golden Needle's "After Five" collections, and jewelry from Adamas. In addition, a wide variety of prizes and trips will be given away in a raffle.

The Auxiliary is asking Society members to support this very special fund raiser.

The money raised will help the Hearing and Speech Center purchase an auditory tone enhancer trainer. This specialized equipment will enable the center to provide auditory training for autistic children and children with attention deficit disorders.

Auxiliary President Pauline Sarantopoulos has asked Auxiliary members to commit to providing ongoing support for the center throughout the upcoming year.

In other news, three Auxiliary members have been elected to posts at the state level. Mrs. Beth Bacani now serves as a member-at-large. Mrs. Carol Kalavsky is the new health chairperson, and Mrs. Dolly Handel is the state treasurer. The Auxiliary is very proud of these diligent, talented members who are now contributing at the state level. □

Sixth District News

David Utlak, MD was elected an OSMA Alternate Delegate to the AMA for a 2 year term commencing January 1, 1992

Robert C. Reed, MD was re-elected 6th District Councilor to the OSMA for a year term.

Drs. Utlak and Reed are members of Stark County Medical Society.

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AMA News Brief

Physician competence will soon be tested by computer-based exams. According to an article by Donald Langsley, MD, presented in the *Journal of the American Medical Association*, electronic simulations and tests relying on live patient models will be used to duplicate care of an actual patient.

Electronic simulations, suggests Langsley, will allow for examination of the thought processes of the experience practitioner. "Trained" patients will act as raters in the live simulated test. With the computer simulation, the clinician or student will proceed based on a brief vignette. Time and cost determinations will be incorporated into the scoring process as well as case development.

Langsley concludes that using "illness scripts" and "instance scripts" will make certification exams more valid. □

50 Years Ago — September 1941

The Ohio State Legislature had passed a law requiring a physician's examination and a blood test for syphilis before a couple would be granted a marriage license. The Medical Society and the OSMA had opposed the bill because it singled out just one disease and one test, but the legislature passed it over the doctors' objections and it was the law for many years.

40 Years Ago — September 1951

President Elmer Wenaas urged the members to push for the new "Ives Amendment" which would allow professional men to put 10 percent of their income into a retirement fund. This may have been the forerunner of today's IRA plans.

The Youngstown Committee on Alcoholism opened a new hospital for the treatment of alcoholism in an old home at 138 Lincoln Avenue. It filled a great need and soon had to expand.

Dr. Louis Gasser opened his office on West Indianola Ave. Dr. Kalmin Kunin opened his office in the Home Savings and Loan Bldg. for the practice of obstetrics and gynecology.

30 Years Ago — September 1961

Kurt Wegner, chairman of the polio committee, was planning another mass immunization program for the new oral Sabin polio vaccine.

The Medical Society had another successful exhibit at the Canfield Fair. For years, Lyons Physician Supply hauled all of the equipment to the fair without charge to the Medical Society. For some reason, we don't see their ad in the *Bulletin* any more.

James J. Anderson joined with Dr. Robert Wiltsie in the practice of pediatrics. Dr. Robert Brocker opened an office for the practice of neurosurgery. Nicholas Garritano entered the practice of family medicine. William H. Bunn, Sr., passed

away after an outstanding career. He was Youngstown's first cardiologist and was a charter member of the American Heart Association.

20 Years Ago — September 1971

This was the first year for the new permanent Medical and Health Building at the Canfield Fair. The building was the brainchild of Dr. Harlan McGregor, who served as chairman of the Fair Board for 10 years. The building was dedicated to Dr. McGregor after his untimely death.

Dr. Sam Squicquero was appointed to the position of associate director of clinical services at St. Elizabeth Hospital. Dr. Robert Hritzko was certified by the American Board of Surgery. Six physicians were certified by the American Board of Family Practice. They were U.H. Boening, F.W. Dunlea, S.C. Keyes, D.H. Levy, R. Roland and S.V. Squicquero.

10 Years Ago — September 1981

Dr. William E. Sovik, our delegate to the OSMA, was named to three committees. He was named chairman of the committee on health manpower, and also served on the OSMA-ONA liaison committee. He was also named to the committee on state legislation.

Other MCMS members to serve on OSMA committees were Dr. C.E. Pichette, who served on the committee for health manpower; Dr. Lewis K. Reed, who was a member of the subcommittee on impaired physicians; Dr. Robert Bruchs who served on the committee on maternal and neonatal health; Dr. David Levy, who served on the committee on prisons and jails; Dr. Michael Vuksta, who was on the joint advisory committee on sports medicine; and Dr. J.J. Anderson, who worked on the committee on state legislation. □



Robert R. Fisher, MD

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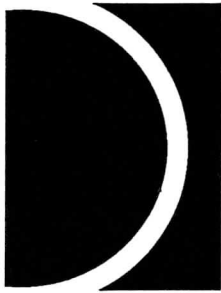
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Lanterman's Winter, Watercolor

by James D. Werline (1952 –)

Artist James Werline was born October 8, 1952, in Maysville, Kentucky. His family moved to a farm in Bentonville, Ohio, where James grew up as an only child. A third grade teacher set the wheels in motion when a colored chalk drawing made on the blackboard turned pictures into magic, and from that moment James knew his goal was to teach art and show others that same magic.

James' parents encouraged and supported his goal, paying for private lessons at age 11 and allowing him to create his own studio on the top floor of their farmhouse one year later. In high school, pastels and oils were his medium, and he earned spending money selling his art. He completed over 300 originals during high school, and he had a one man show before going to college. He attended Morehead State University, and while there he began working with watercolor and as an artist has never returned to pastels or oils. While the other mediums allowed latitude, watercolors brought a softness he could not resist. He received his masters in art education in only 3-1/2 years.

James taught two years at the high school level and then became art instructor and head of the art department at Southern State Community College in Hillsboro, Ohio. He found time to pursue his own career as an artist, establishing a national reputation as an accomplished watercolorist. He has had shows in five states and has been an invited artist to Canada's Original Showcase held annually to promote work of North America's finest artists. He holds watercolor painting workshops sponsored by galleries in various states and has a "Bed, Breakfast and More" he runs in his home. It is a five day private one-on-one workshop for an artist or art student with James.

James Werline's love of history has

involved him in numerous *Anniversaries* and *Centennials* of cities and states. In these celebrations of historical importance, he is commissioned to do either one or a series of watercolors commemorating these places. A few years ago, the Mill Creek Park Centennial was one of those historical commissions, and the selected watercolor *Lanterman's Winter* is a testament to the beauty James creates on paper. He is partial to snow scenes, finding that the transparent watercolor softness gives a spiritual and emotional involvement in the scene. His colors are not many, but he layers the paint in different hues to reach the color he wants. There is a fineness to his painting, a perfection and glow of delicate line and color that pulls you into this rare beauty and you don't want to leave.

James is presently working on a 12 series set of watercolors for Kentucky's Bicentennial coming up in 1992. Like other series painted first in watercolor, limited edition prints are made in his own printing/publishing/distribution firm. James looks at his work as a means of communicating his feelings about a time in history passing by, and he wants the viewer to react emotionally to his work because he has used interpretation while still presenting an identifiable view.

James Werline's work can be viewed at The Frame Village Gallery in Canfield. □



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Information pertinent to the applicants should be sent to the Board of Censors by October 7, 1991.

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Contact Edward Hassay at Gluck Insurance Agency,
2901 Market St., Youngstown, Ohio 44507, Ph. 788-6577 for dates and locations.

SRF refund secured for physicians

Physicians who contributed in the late 1970s to the State Stabilization Reserve Fund (SRF) soon will be eligible for a refund. The Ohio Department of Insurance, which will institute the refund, is now in the process of preparing the necessary forms. Each eligible physician must file a claim with the Ohio Department

of Insurance within 180 days after publication of a notice in Ohio newspapers. As of this writing, the date for publication of that notice is not certain. However, OSMA members will be notified through OSMA publications, and OSMA will have claim forms available.

Information on new living will law available

The OSMA has prepared materials explaining to physicians and their patients Ohio's new living will law, Senate Bill 1, which will become effective on October 10, 1991. The physician education kit on the issue of advance directives contains:

- *an analysis of the new living will/durable power of attorney law*
- *a description of how the new law affects physicians*

- *answers to commonly asked questions on this issue*

- *one copy each of the OSMA-endorsed living will form and the durable power form*

- *a poster and supply of brochures for physicians' offices to educate patients about the new law and to advise them where to write to order copies of the OSMA-endorsed living will and durable power forms. (Order forms were sent to all OSMA members.)*

Workshop "Fee and Claims Analysis"

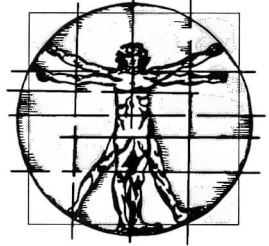
The Boardman/Youngstown workshop "Fee and Claims Analysis" will be held on October 10, 1991. Registration materials for this workshop

have been mailed to members. If you did not receive a copy, contact the OSMA Department of Education and Administrative Services at (800) 766-OSMA.



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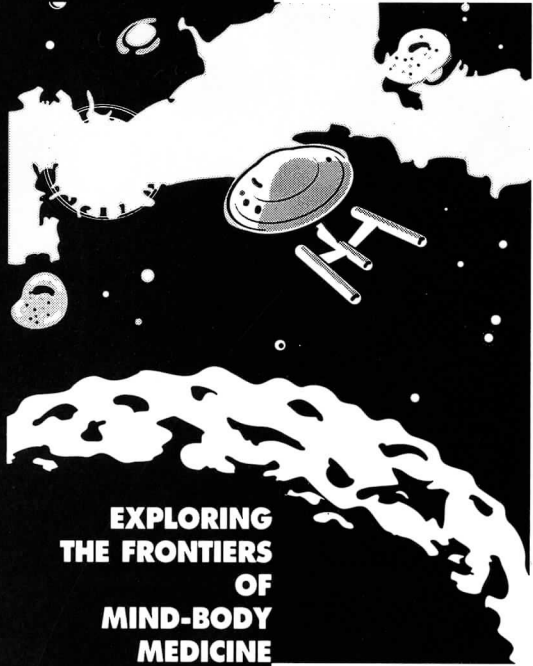
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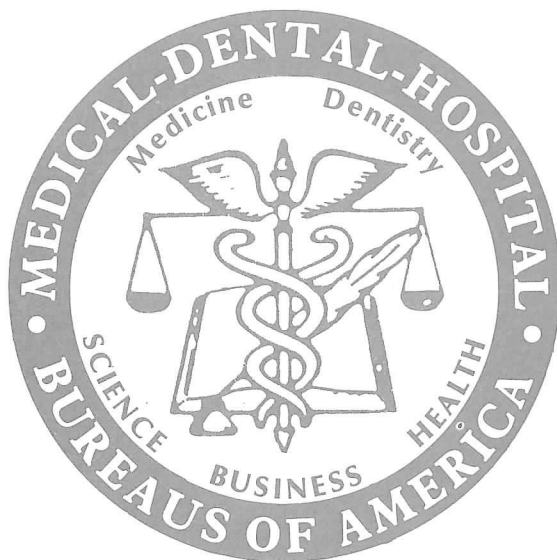
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