

# BULLETIN

## 1996 MCMS Leadership



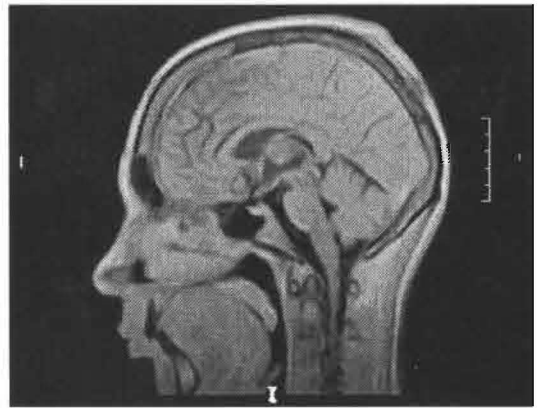
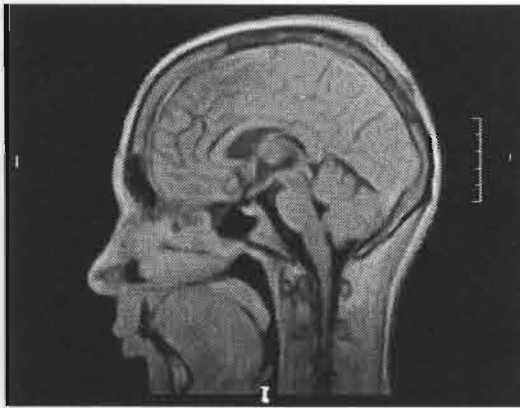
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# BULLETIN

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The Bulletin is published six times a year by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512. Phone (330) 788-4700. Fax (330) 788-0704

The opinions and conclusions expressed herein do not necessarily represent the views of the editorial staff nor the official view of the Mahoning County Medical Society. Advertisements do not imply sponsorship or endorsement by the Mahoning County Medical Society of products or services advertised.

The Bulletin reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted, including advertisements.

Subscription rate of \$20.00 per year is included in MCMS dues. Correspondence and changes of address should be mailed to the above address.

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## These Changing Times...

AS HEALTH CARE CONTINUES TO CHANGE, THE POPULATION OF PATIENTS IN OUR OFFICE ALSO CHANGES. NO longer are patients sitting in your waiting room because the *want*

to see you, but because they *have* to see you. Changes in insurance coverage and constant changes in health plans, require patients to go to physicians, hospitals and facilities they may not have chosen themselves. Because of this, there is already an element of distrust by the patient towards the physician prior to meeting him/her.

To complicate matters more, the physician's office is changing also. It no longer is the same environment recognized by the patient. Managed care has forced physicians to become more efficient and cost effective which often requires seeing more patients at a quicker pace. Less time is available to socialize with our patients and to get to know them. This can lead to the patients feeling as if their doctor doesn't care and that they are just numbers.

These factors may add to the malpractice problem in our society which already gets enough attention from lawyers' advertisements on television and newspapers. Therefore, it is of vital importance that we address the potential risk factors for a malpractice suite: quality of medical care and interpersonal communication skills.

Interestingly, quality of medical care appears

Sergul A. Erzurum, MD



*Sergul A. Erzurum MD*

to be of secondary importance. A study by *Entman et al* in Florida examined the rate of malpractice of obstetricians and the quality of clinical care they delivered. No correlation was found between quality of care and malpractice suits. This contradicts everything we were taught, but over and over again it is seen: claims are initiated when there has been no evidence of medical injury or negligence. We have also seen the contrary: medical negligence has occurred but the patient is not interested in compensation. Approximately 1% of patients hospitalized suffer from medical negligence, but less than 3% initiate a claim!

If these statistics are true, than interpersonal communication between the patient, family and physician must be critical. Studies have shown that patients who file claims tend to be significantly less satisfied with their physician prior to the incident. These patients report feeling rushed, feeling ignored, receiving inadequate explanations and spending less time with the physician during an exam. Malpractice attorneys confirm these findings, stating that 80% of patients filing malpractice claims are dissatisfied for these reasons.

It appears patients are most fulfilled when they become active partners in their health care and the decision making. Patients want their physician to care, to relate to them on a personal level. We, as physicians, feel we are providing this to our patients; however, using excessive medical lingo, feeling pressed for time, or making decisions for the patient may be interpreted differently by our patients.

Therefore, if we want to decrease our chance of malpractice litigation, it becomes obvious that practicing good medicine is not enough; we must improve our relationship with our patients. In these changing times, however, the relationship with our patients is going to be more stressed from the outset. So, how can we improve our interpersonal relationships with our patients while still maintaining an office which can survive in today's health care arena?

This is a difficult question, and the answer starts with a need to examine our practice meth-

*continued on pg. 22*

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## A Vision for 1996

I'VE BEEN TOLD BY MANY OF YOU THAT I HAVE A BUSY YEAR AHEAD. FORTUNATELY, I DON'T FEAR HARD WORK OR CHALLENGE AS LONG AS there is a positive outcome for my efforts. I feel it is an honor to be in this position, and have dedicated myself to uphold the

principles and mission of our Society. It will be my personal commitment to represent you during these changing times in the practice of medicine.

There are difficult times ahead for the medical community. Issues include the advent of managed care, the financial controls of medical services insurance companies, the upsurge in medical malpractice litigation and awards, and the formation of medical entities limiting the physician's ability to care for patients. For those of us who have practiced our profession during the golden era of medicine, these changes appear to have taken place overnight while we sat on the sidelines and watched. However, we must not let ourselves become disheartened. We must work together to shape the future of medicine and focus on enhancing the positive aspects of our chosen field. We need to improve our image as patient advocates who consider it a privilege to provide medical care.

Along with these external problems, we as a group are sometimes faced with internal disagreements. The young physician versus the old, the private practitioner versus one employed by

a health care institution—these differences may result in conflicting attitudes and goals. We must put our dissimilarities aside, and cooperate with each other to safeguard the physician-patient relationship and promote the positive image of physicians as a whole.

We also need to become more involved at a community level in order to develop a better understanding of the existing problems. With this goal in mind, Drs. William Crawford and Thomas Detesco will continue to serve as chairpersons of the Community Relationship Committee.

At a political level, the role of the physician in influencing legislation to improve the practice of medicine in serving patients is critical. Dr. Handel, as chairperson of the Legislation Committee, will keep us abreast of changes at the state and federal levels. The concept of a free clinic for the needy is just one of the many topics that will undergo further consideration.

Our community has a wealth of dedicated, experienced physicians who excel in their medical fields. We need to disseminate information about available health services in order to counteract the patient drain from this valley to outside institutions.

As part of the overall marketing plan, we intend to have our Society on an electronic bulletin board in the near future. This will open a venue of interactive communication between the medical profession and the community at large. Dr. Fred Peachman will be chairing this ad-hoc committee. Dr. Lloyd Slusher will act as chairperson of the committee investigating the possibility of locating a permanent location for the Society.

Under the guidance of Dr. Jim Enyeart, we will carry on the efforts of Dr. Handel in recruiting new members. Being a member, however, is only the first step to success. We need members to take an active roll through volunteering their time, financial support, legislative activity or moral support. An organization is only as strong as its members. With this in mind, we urgently solicit your help with the committee of your choice.

*continued on pg. 22*

Chander H. Kohli, MD



*Chander H. Kohli MD*

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## Physician Action Critical

**A**T THE NATIONAL LEVEL, TWO PIECES OF LEGISLATION ARE MOVING THROUGH CONGRESS THAT DESERVE PHYSICIAN support. H.R. 2925 introduced by Rep. Hyde R. Ill. deals with relaxing certain antitrust provisions which currently prevent

physician sponsored provider networks from developing certain managed care products. The "rule of reason" would apply taking into account all relevant factors affecting competition.

According to a recent issue of the American Medical News, federal authorities assume that physician networks are illegal per se unless doctors are fully capitated: withhold a set percentage of fees: or use a "messenger model" where a third party conveys physicians rates to payers. Rep. Hyde states that "granting these networks rule of reason treatment will not guarantee that they will be found permissible under current antitrust laws, but it will ensure that they will not be barred simply because they fail to meet the arbitrarily narrow definition of integration currently employed by the Justice Dept. and the FTC."

The AMA supports HR 2925. AMA board chairperson Nancy Dickey has stated that "these agencies fail to treat physician ventures in the same manner as joint ventures in other industries, resulting in chilled innovation in the delivery of medical services and dramatically reduced patient choice."

*Daniel W. Handel, MD*



*Daniel W. Handel, MD*

The Kassebaum/Kennedy bill currently in committee [Senate Labor and Human Resources] would allow for patient portability of health insurance. This bill which also has the strong support of the AMA faces stiff opposition from the insurance industry and the National Manufacturers Assn. The AMA and the bill's cosponsors are keeping the scope of the bill limited and resisting efforts to add amendments which would reduce the chances for passage.

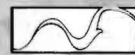
At the state level, OSMA efforts on the legislative front have gone very well. HB 350 the tort reform issue passed the House by a vote of 54-44. Rep. Ron Hood was the only local legislator to support the tort reform bill. Hopefully this can pass the Senate by mid-May and signed into law by June 1st. It will take another intense round of grassroots and lobbying efforts to accomplish passage. The current draft of the Nurse Practitioner bill passed through the Senate with the independent prescriptive authority provision removed due to OSMA and OMPAC efforts.

I would ask that physicians in our community take the following steps. Please write or call Rep. Traficant asking his support for HR 2925 and the Kassebaum/Kennedy bill once it reaches the House for action. Please write or call Senators DeWine and Glenn requesting their support for the Kassebaum/Kennedy bill. Please join PLAN the OSMA's grassroots physician network and become more politically involved. SUPPORT OMPAC. OMPAC needs your contributions NOW! Respond to the recent mailing requesting your support. Payment can be made with a PERSONAL check, VISA or MasterCard. It represents an investment in your professional future, an investment with much potential benefit and with little or no risk.



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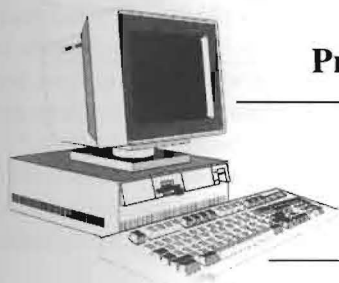
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# MEDCAMP science outreach program inspires area students

**T**HREE YOUNGSTOWN-AREA STUDENTS WHO PARTICIPATED IN THE FIRST MEDCAMP PROGRAM IN 1991 ARE NOW in their first year in the combined B.S./M.D. program at the Northeastern Ohio Universities College of Medicine: Shannon

Huggins of Youngstown and Anastasia Karabatsos of Canfield, both attending Kent State University, and Christopher Schuler of Canfield, who attends Youngstown State University.

MEDCAMP is a three-day, hands-on experience designed to stimulate students' interests in the basic sciences and medicine, and to expose them to opportunities for careers in those fields. It is offered each summer for ninth-grade students who have demonstrated achievement in science and an interest in medicine as a possible career. Preference is given to minorities, females, rural students, and other underrepresented groups in medicine.



*Youngstown natives Anastasia Karabatsos (left) and Shannon Huggins are in the first year of the BS/MD program at Kent State University.*

A 1995 graduate of Canfield High School, Anastasia Karabatsos says she had dreams of becoming a doctor as early as the third grade. "I started to have some doubts as I got older. I also thought I might like to be a lawyer or scientist," she says, "but MEDCAMP reinforced my desire to become a physician. I liked being in the labs, looking through microscopes and seeing the cadavers—it just felt right, like it was a part of me. It was the first time I had ever gotten to see a cadaver.

And the bodies were treated with such respect that the experience didn't frighten me at all."

Chaney High School graduate Shannon Huggins, on the other hand, says she never had any doubts and never desired to be anything but a physician. "I've wanted to be a doctor for as long as I can remember. MEDCAMP was exciting because I knew that this would be my career for the rest of my life."

Christopher Schuler, also a 1995 graduate of Canfield High School, first began thinking about

a career as a physician in the sixth grade after hearing numerous stories told by his mother, who is a registered nurse. "My mother would come home and tell the most fascinating stories," Schuler says. "I had first wanted to be a pilot but my eyesight is too bad and I knew I couldn't fly for the Navy. So after hearing my mother's stories, I thought that if I became a doctor, I could buy my own plane and fly myself. But as I matured, I began to like the classes I was taking and I found that I liked helping people, especially children. So my desire to be a physician evolved.

"I learned a lot at MEDCAMP, and if I hadn't already known I wanted to be a physician, the experience certainly would have persuaded me."

Students who participate in MEDCAMP attend laboratory sessions on anatomy, physical diagnosis, physiology and microbiology. Physicians, professors, graduate students and medical students guide the students in laboratory experiences such as taking blood pressures, reading EKGs and identifying bacteria under a microscope, as well as a session on study skills. Students are introduced to a clinical study case of fictitious ill patient and are given the case history, symptoms and lab results. Through lectures, lab work and library study time, they are expected to provide a diagnosis of the patient including history of the disease and treatment.

"It was almost like being a real doctor," Schuler says. "It was as though we were studying a real patient with real symptoms. It was incredible."

Karabatsos says the experience helped her realize the importance of good study habits and what it takes to be a physician. "I had always worked hard in school to get good grades because I knew that it would be important later, but MEDCAMP demonstrated the dedication that was necessary to become a physician."

In high school, Karabatsos concentrated on college preparatory courses and was a member of the speech and debate team, young leaders,

*continued on pg. 26*

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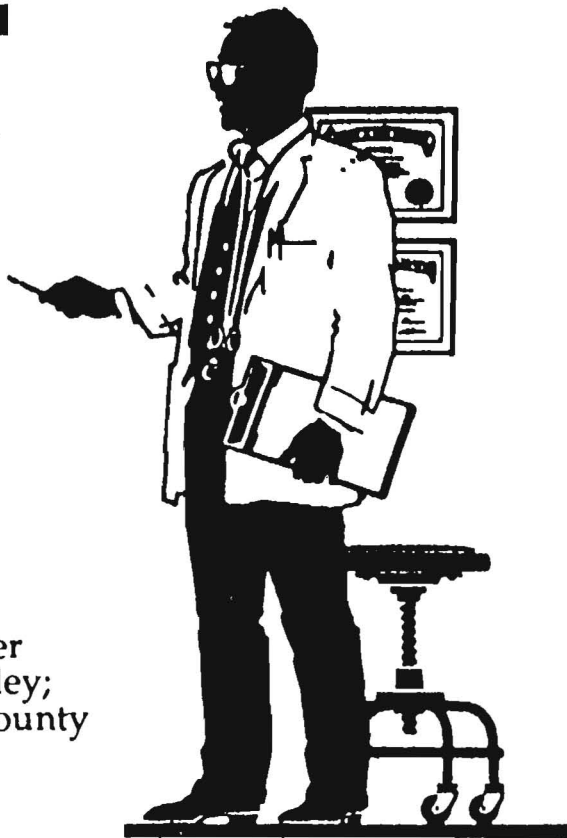
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# Election and Installation of New Officers

**T**HE MAHONING COUNTY MEDICAL SOCIETY HELD A COMBINED ELECTION AND INSTALLATION OF OFFICERS JANUARY 16, AT the Youngstown Club. Past President Dr. Chester Amedia conducted the election, and installed the new officers and members of the Council, including Dr. Chander Kohli as the 124th president of the Society.

The December meeting, during which the election usually takes place, had been canceled due to extreme weather.

Newly-installed officers included:

**Officers**

- President ..... Dr. C. M. Kohli
- President-Elect ..... Dr. C.A. Knight
- Secretary/Treasurer ..... Dr. D. Goldsmith
- Immediate Past Pres. .... Dr. D.W. Handel

**OSMA**

**Delegates**

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- Dr. D.W. Handel
- Dr. C.M. Kohli
- Dr. C.A. Knight
- Dr. L.K. Nash
- Dr. H. Wang

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**Alt. Delegates**

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- Dr. J.F. Butterworth
- Dr. R.J. Marina
- Dr. T.J. Traikoff
- Dr. L.E. Yakubov

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- Dr. R.A. Rhodes
- Dr. M.S. Saunders
- Dr. J.T. Tallam

**Editor of Bulletin**

- Dr. S.A. Erzurum

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- Dr. D.J. Dunch
- Dr. N.I. German
- Dr. S.M. Kalavsky
- Dr. P. Lakhani
- Dr. C.C. White

Following the installation, outgoing president Dr. Dan Handel presented the president's gavel to the new president, Dr. Chander Kohli. Dr. Kohli then presented the president's plaque

and pin to Dr. Handel, who gave a brief recap of his year in office.

A moment of silence was observed in remembrance of the following members who had passed away during 1995: Drs. Robert V. Bruchs, A. Reed Hoffmaster, Frances A. Miller, Henry L. Shorr and Craig C. Wales.

Past presidents of the Society in attendance were acknowledged. They were: Drs. Chester Amedia, Y.T. Chiu, James Dallis, Gabriel DeCicco, Robert Fisher, Robert Jenkins, Paul Mahar, Hai Shiuh Wang and Karl Wieneke.

The membership also recognized past presidents of the Alliance who were also present. These included: Mrs. Beth Bacani, Anita Gestosani, Dolly Handel, Donna Hayat, Mohini Khanna, Cathy Petraglia, Phyllis Ricciuti and Florence Wang.

The following outgoing members of Council were recognized: Drs. James Anderson, Anand Garg, Norton German, Anthony Mehle, David Pichette, Nicholas Proia, Lloyd Slusher, Melinda Smith, William Sutherland, Eric Svenson and Elisabeth Young.

The Bulletin contributors acknowledged included: President Dr. Dan Handel; Editor Dr. David Pichette; columnists Drs. Robert Fisher and Anand Garg; Jeannine Lambert, who provided cover art and companion articles; and photographers Dr. Robert and Mary Jane Jenkins.

Dr. Norton German, chairperson of the Society's Foundation, announced that a \$5,000 loan had been granted to a NEOUCOM student. The Foundation has granted 73 loans since its creation in 1966.

Membership of the Society as of December 31, 1995 totaled 539, including 381 active, 97 emeritus, 16 non-resident and 45 resident members.

Following reports from Alliance President Susan Berny and Society President Dr. Kohli, the meeting was adjourned.

Pfizer Labs, represented by Joseph Simko, provided the product display.

## Society Welcomes New President

Dr. Chander Kohli, area neurosurgeon and member of the Mahoning County Medical Society since 1972, has assumed the role of President effective January 1996. He is the 124th member to hold that position.

A native of India, Dr. Kohli received his medical education in New Delhi, completing his internship and residency at various hospitals in the United States and Canada. Presently, Dr. Kohli now holds the position of President of Staff at St. Elizabeth Health Center, where he has also served as Director, Section of Neurosurgery; Assistant Director of Surgical Services; Vice President of Staff, and member of the Clinical Executive Committee.

Dr. Kohli is also a member of the active staff at Western Reserve Care System, and is an Associate Professor of Neurosurgery at NEOUCOM. He is a member of the Congress of Neurological Surgeons and a Fellow of the American College of Surgeons.

In addition to numerous professional affiliations, Dr. Kohli is the president and founding member of the American Association of South

Asian Neurosurgeons, and recently served as president of the Ohio Chapter of the American College of International Physicians. Among other honors, he was the recipient of the "Man of the Year" award, presented by the India Association of Greater Youngstown for community service.

Dr. Kohli and his wife, Karen, reside in Liberty Township with their two children, Aneal and Nisha.

The following applications for membership were approved by Council:

**SECOND YEAR:** Debra S. Guerini, M.D.

**ACTIVE:** Thomas M. Picklow, M.D.

Information pertinent to the applicants should be sent to the Mahoning County Medical Society Council.



(L to R) Karen and Dr. C. Kohli



(L to R) Karen, Norma and Florence Hoffmaster

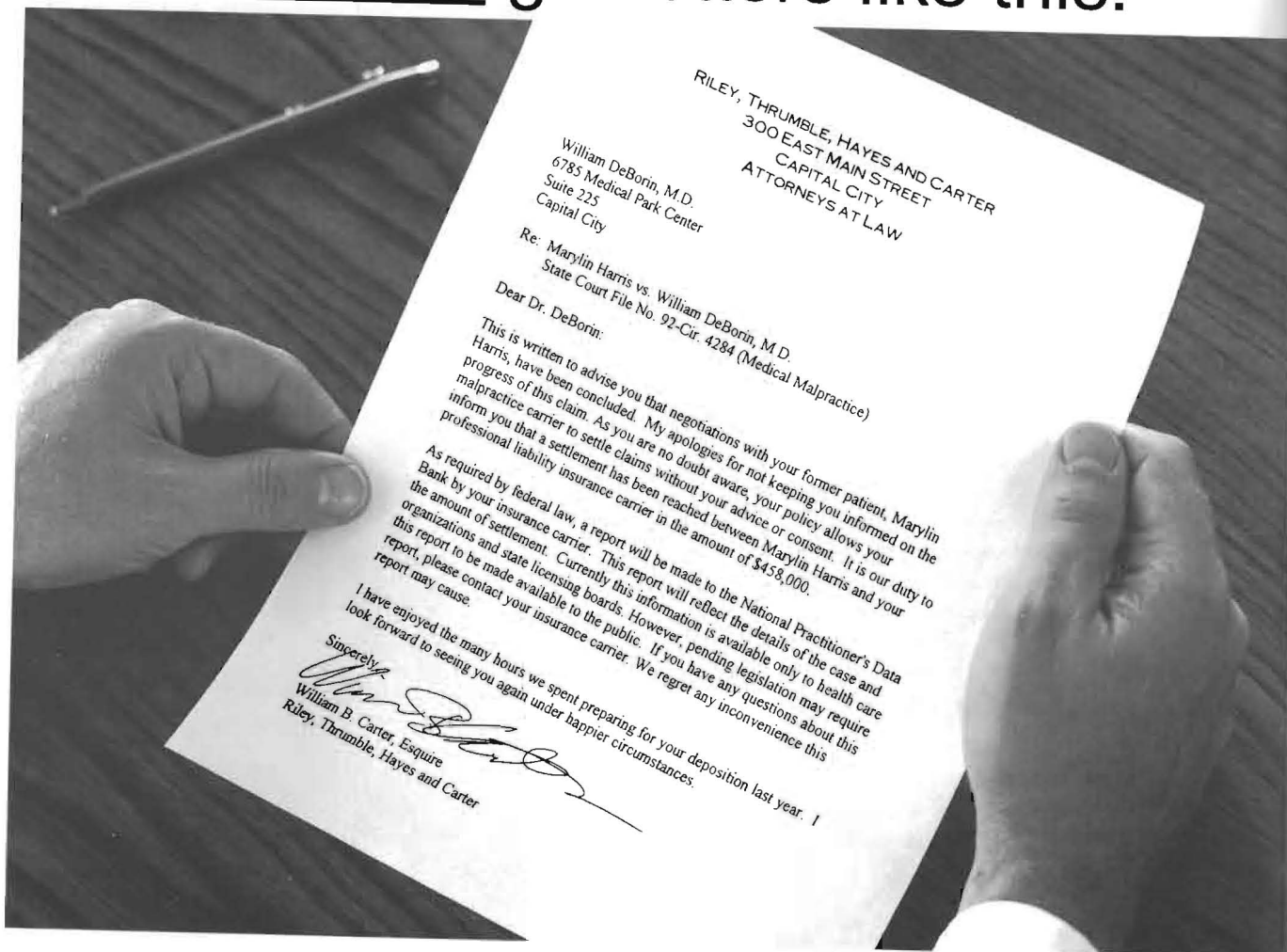


(L to R) Drs. D. Handel and C. Kohli



(L to R) Drs. Loeser, S. Chiasson, G. Altman, H. Bennett

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# Put Prevention Into Practice

AS OUTGOING SOCIETY PRESIDENT DR. DAN HANDEL NOTED IN LAST MONTH'S BULLETIN, BOARDS OF HEALTH, HOSPITALS AND the Medial Society are involved in a concerted effort of community health assessment and planning for Mahoning County.

Achieving the primary goal of this **Healthy Valley 2000** project - improving the health of individuals and communities in Mahoning County - will require, among other things, that we increase the delivery of clinical preventive services-immunizations, screening tests, chemoprophylaxis, and counseling interventions - to all individuals at the appropriate intervals as recommended by professional organizations and health authorities.

For a variety of reasons, children and adults often do not receive these essential services at the appropriate intervals. For example, in 1988, only 30 percent of primary care providers in the U.S. reported routinely assessing and counseling their patients about physical activity. As the Mahoning County Board of Health found in its 1993 Survey of Behavioral Risk Factors for Disease and Injury in Mahoning County Adults, physical inactivity is a risk factor for chronic disease common to a large proportion of Mahoning County adults (Figure 1).

Matthew A. Stefanak, MD  
Mahoning County Health Commissioner



*Matthew Stefanak*

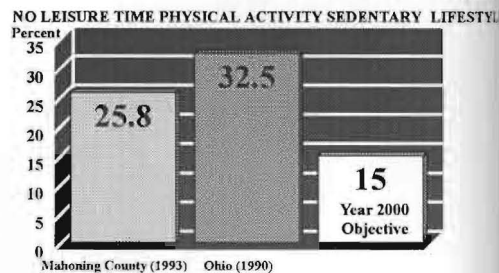


Figure 1

Tobacco use is the single most important preventable cause of death and disease in the United States, the underlying cause for one-fifth of all deaths. Fifty-two percent of primary care providers and 35 percent of oral health care providers reported counseling their patients on smoking cessation in 1988. Although smoking prevalence among Mahoning County adults is lower than elsewhere in Ohio (Figure 2), the number of smokers will remain high unless we develop effective interventions for adolescents, 3,000 of whom become addicted to tobacco every day in the U.S.

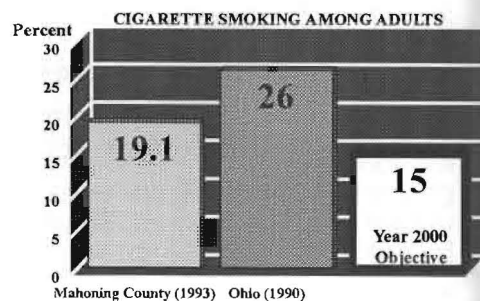


Figure 2

Breast cancer is the most common form of cancer among American women and the second leading cause of cancer deaths - after lung cancer - in women. Deaths due to breast cancer can be reduced by 30 percent among women aged 50 and older through the use of mammography and clinical breast examination. We are



encouraged by the large proportion of Mahoning County women who have had a mammo-gram in the last two years (Figure 3), yet the age-adjusted death rate of 27.8 deaths among every 100,000 women in Mahoning County must decline by almost 10 percent in order to reach the Year 2000 objective of no more than 25.2 breast cancer deaths among every 100,000 women.

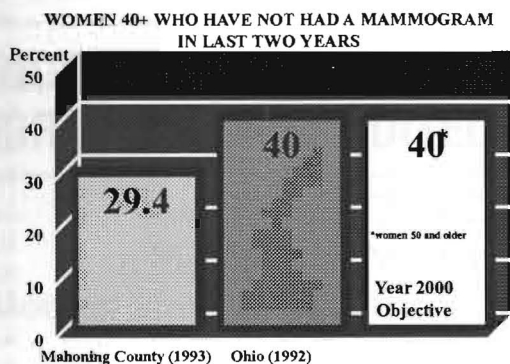


Figure 3

Colorectal cancer is another leading cause of death due to cancer. Between 1986 and 1988, 278 persons in Mahoning County died of colorectal cancer. Digital rectal examination and proctosigmoidoscopy have the potential to increase early detection of colon and rectal cancer, improve survival rates, and decrease colorectal cancer mortality. In 1993, almost two-thirds of Mahoning County adults 40 years and older had not had a digital rectal exam in the last year (Figure 4).

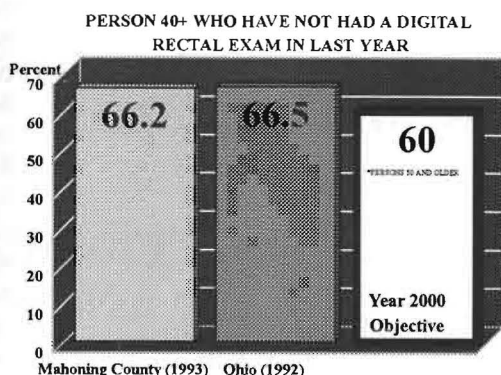


Figure 4

An annual flu shot is an effective measure for reducing the incidence and severity of influenza in older persons, diabetics, and others with chronic respiratory diseases and disorders of the immune system. Despite increased efforts

in recent years by the private and public sectors to promote influenza immunization, a large percentage of older adults and diabetics in Mahoning County had not received a flu shot in 1993 (Figure 5).

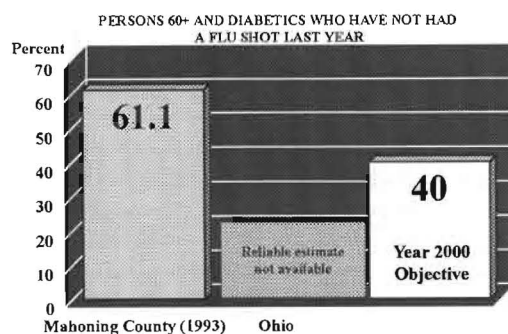


Figure 5

The human and economic costs of failure to receive these and other clinical preventive measures are enormous. In a recent study, Assistant Secretary of Health Dr. Michael McGinnis estimated that up to half of all U.S. deaths in 1990 were the result of preventable causes. Each year, approximately 400,000 deaths in the U.S. are attributed to cigarette smoking; estimated smoking attributable costs for medical care in 1993 were \$50 billion.

Why do barriers to the use of clinical preventive services persist? Some reasons include:

- clinician uncertainty about which patients should receive which services and at what intervals
- lack of reimbursement for the service
- limited time allotted for patient education, a service associated with the clinician's perception that some patients lack the motivation for behavioral change
- lack of available time for service delivery and an office system to facilitate delivery of clinical preventive services.

To help clinicians overcome some of these barriers, the U.S. Public Health Service has developed **Put Prevention into Practice (PIIP)**, a national program designed to assist clinicians in the performance of a broad range of clinical preventive services. PIIP can provide a kit of materials targeted to clinicians, patients, and the office staff. The PIIP kit consists of a Clinician's Handbook of Preventive Services covering screening tests, immunizations/prophylaxis, and counseling; a Personal Health Guide and Child

*continued on pg. 26*

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### President's Page

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Regarding community activities, we would like to thank Dr. Jay Osborne for continuing to represent us at the Canfield Fair. Also earning congratulations are Drs. Howard Slemmons and Lyn Yakubov for their role as co-chairpersons of the Health-O-Rama held recently at the Southern Park Mall.

Dr. Jennifer Lloyd will be joined by Dr. Melinda Smith as Young Physicians spokespersons. Using audio-visual media, they will develop interactive communication with the community on medical matters. Our *Bulletin* will also undergo some pleasing changes under the direction of co-editors Drs. Sergul Erzurum and Donald Tamulonis. Dr. John Buckley, Jr. will be planning this summer's golf outing for the medical community, and we look forward to all of you joining us at this event.

I would like to close by thanking you all again

for the honor you have bestowed upon me. I am deeply touched and will do my utmost to support you during these challenging times.

### From the Desk of the Editor

continued from pg. 4

ods and communication skills on a person level. Although patients are saying they feel rushed and want more time with their physician, actual physical time may not be as important as *what* is said when you are with the patient and *how* it is said.

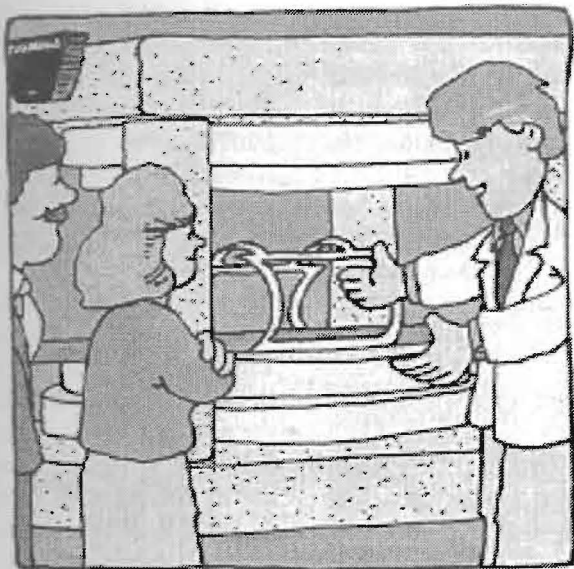
It is extremely easy, with all of the changes that physicians are being faced with in health care, to get distracted by managed care contracts and reorganization. However, we must remember that some of the factors which will bring patients into our office in the present and future, may also increase our risk for poorer communication and lessen the trust of our patient.

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# A Look Back...

Sixty Years Ago,  
Jan/Feb, 1936

The new President was **L.G. Coe**, **H.E. Patrick** was the new Editor of the *Bulletin*. **Paul Fuzy** was President-Elect and **Bob Poling** was Secretary. No mention of a Treasurer. The new Florence Crittenton Home, a home provided for unwed mothers, opened. Obstetricians were **Henry Fusselman**, **Herman Kling**, **J.A. "Cash" Altdoerffer**, **Sam Schwebel** and **A.J. Brandt**. **E.R. Thomas** was the lone pediatrician.



Fifty Years Ago,  
Jan/Feb, 1946

**E.J. Reilly** was the new President with **George McKelvey** as President-Elect. **Verne Goodwin** was Secretary and **Pete McOwen** was the Treasurer. **Carl Gustafson** was the new Editor. The society hired **Mrs. Mary Herald** as the first Executive Secretary. The Home Savings and Loan Company received a letter of commendation from presidential aide **Wallace Graham** for holding open the offices of sixteen physicians during the entire war years.



Forty Years Ago  
Jan/Feb, 1956

The newly installed President was **G.E. DeCicco**, **Steve Ondash** was President-Elect, **Andy DeTesco** was Secretary and **A.K. Phillips** was Treasurer. **Bill Skipp**, OSMA delegate to the AMA, reported on several resolutions regarding proposed legislation before Congress. Specifically H.R. 7225 which would lower Social Security retirement age for women to age 62, expand



Social Security to all professional groups (except physicians) and raise SS taxes over and above those already scheduled for the next 20 years. New members were **A. DiDomenico**, **W.G. Tobin**, **J.H. Grove**, **Donald Bernat**, **Sam Adornato**, **Joe Campolito**, **Bob Foster**, **Uhlrich Boening**, **Wayne Agey**, **Bob Bruchs**, **Paul Dobson**, **R.J. Fuzy** and **Sandy Gaylord**.

Thirty Years Ago  
Jan/Feb, 1966

The new President was **Fredrich A. Resch**, with **Harold Reese** as President-Elect. **Clyde Walter** was the new Secretary and **M.C. Raupple** was Treasurer. The new Editor was **Bob Jenkins**. The Society now had new offices in the Bel-Park Building, and **Howard Rempes** was now the Executive Secretary. **Jack Schreiber's** article, "Your Doctor and the AMA" was reprinted in the *Saturday Evening Post*.



Twenty Years Ago  
Jan/Feb, 1976

**Bill Sovik** was the new President that year. Vice-President was **J.J. Anderson**



Robert R. Fisher, MD



*Robert R. Fisher MD*

(no more President-Elect) **T. DeRamo** was secretary and **Y.T. C** was Treasurer. The new Editor was **Lambert**. Ground had been broken the previous month for the new medical school, soon to be known **NEOUCOM**. In Washington, Federal Trade Commission was filing charges against the AMA for restriction of trade in not allowing its members to advertise. New members were **Cesar Ariza**, **Guaroa Ariza**, **E. Galanternik**, **Ray Jackson**, **Jim Lambert**, **Robert Rich**, **Gerald Sevach** and **J.P. Shah**. Associate members were **Ron Aiello**, **Masud Bhatti**, **L. Harichand** and **Hyun-Bo Lee**.

Ten Years Ago  
Jan/Feb, 1986

New President was **Richard Memo**, who graced the front cover of The February issue of the *Bulletin*. Vice President was **Bob Barton**, with **J. Tandatnik** as Secretary and **Dan Levy** as Treasurer. **Emil Dickstein** was the new Editor, and, with the retirement of **Howard Rempes**, the Society's Executive Secretary was **Robert B. Blake**, who wrote a nice touch to keep the members up to date. In December, the members had chosen **Ed Pichette** as "Doctor of the Year" and gave him a standing ovation at the meeting. Also, fifty pins were presented to **John Renne**, **Sam Goldberg** and **Sidney Davidson**. New members were **Paul Weiss** and **Tom Ragland**. New associate members were **S. Fatteh**, **R.P. Iqbal**, **A.C. Pangilnan** and **George Georgopoulos**. Lost through death was **Gordon Nelson**, a much loved general surgeon.





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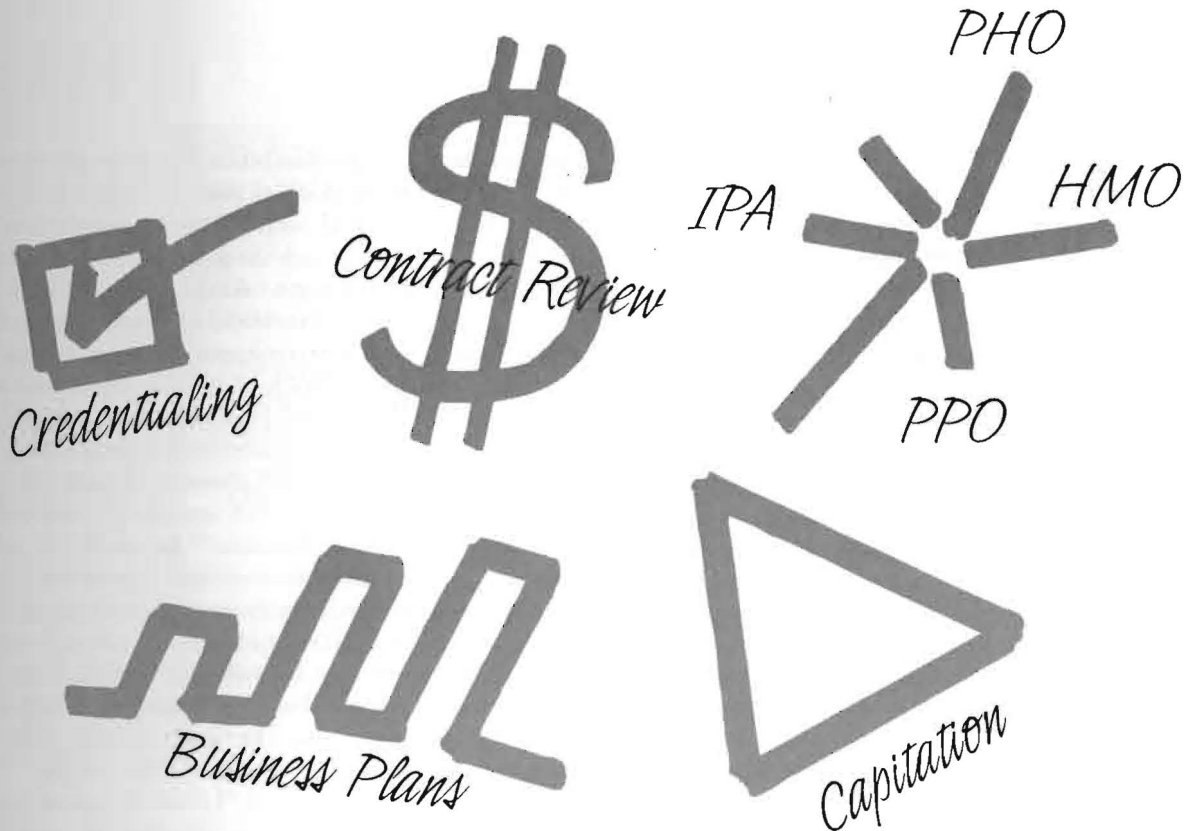
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## NEOUCOM

*continued from pg. 10*

Key Club, National Honor Society, and the Spanish and French clubs. During her junior and senior years, she took courses at YSU which applied toward her freshman year at KSU.

The valedictorian of his graduating class, Schuler also began taking classes at YSU during his junior year in high school. When he graduated from high school, he had already accumulated 85 credit hours toward his degree at YSU, and he achieved junior status there only seven months after beginning the B.S./M.D. program. In addition, Schuler has worked part-time jobs since high school in order to pay for his tuition.

"I worked every weekend," Schuler says, "and during the week, I was in high school during the day and I was at YSU at night. I would try to schedule my classes so that I was only at YSU two nights a week, and I would work on the evenings when I wasn't in school." He was also a member of the cross-country team.

Now in her first year of the B.S./M.D. program, Karabatsos says she does nothing but "study, eat and sleep." Although her first semester consisted of 19 hours (biology, chemistry, calculus and two of the required honors classes) and very little free time, Karabatsos says she doesn't regret enrolling in the accelerated program. "I love the idea of a program where you can finish a B.S. and M.D. in as few as six years. And you've got a guarantee that you're going to get into medical school as long as you keep your grades up. I've seen a lot of people take the traditional, four-year route for pre-med, and they can't get into medical school. That's something I won't have to worry about. In two years, I have my spot in medical school."

Like Karabatsos, Huggins began preparing for medical school early. "In high school, I took the math and science courses my school offered and through the post-secondary enrollment examination, I began taking courses at YSU in my senior year that would apply toward my college degree. That took up a lot of time, because I would go to high school and take night classes at YSU. Huggins still found time, however, to be a member of the dance line and speech team.

Also like Karabatsos, Huggins says free time in the B.S./M.D. program is a commodity. "Do we have free time?" she asked jokingly. "I usually make free time. I got myself on a schedule and I try to get my homework done for the week. It's not so bad once you get yourself on a schedule. It's definitely worth it. It may be difficult now, but I'll be finished with medical school in six years. I really like the idea of the accelerated program through NEOUCOM."

Schuler says, "I think I've always known I wanted to go to NEOUCOM. I really like the security of knowing my spot in medical school is waiting for me. When I attended MEDICAL COLLEGE, I knew I would return to NEOUCOM to do my medical school training." In addition, Schuler's brother, Brian, is a first-year medical student at NEOUCOM.

Huggins is the daughter of Paul and Karen Huggins of Youngstown.

Karabatsos is the daughter of Rev. John and Katina Karabatsos of Canfield.

Schuler is the son of William and Patricia Schuler of Canfield.

*Kelly Lantern  
Communications Assoc.*

## Mahoning County Health Notes

*continued from pg. 17*

Health Guide for patients and parents, explaining prevention topics and risk factors and enabling the patient or parent to participate actively in preventive care; and a set of office system materials, including patient chart flow sheets, reminder postcards, alert stickers for patient charts, and waiting room posters. Pilot testing of the PPIP materials has been promising: medical residents and attending physicians

increased significantly their delivery of preventive services by using these materials.

More information about utilization of clinical preventive services by county residents and the **Put Prevention into Practice** program is available from Jane Warga or Tracy Styka at the Mahoning County Board of Health's Health Education and Assessment Unit at 788-5011.

## Letter to the Editor

The following correspondence was recently received by the MCMS office and refers to a series of articles published in the 1995 Bulletins.

Robert M. Kiskaddon, M.D.  
708 Macedonia Drive  
Punta Gorda, Florida 33950

February 16, 1996

David Pichette, MD  
Editor of the *Bulletin*  
Mahoning County Medical Society

Dear David,

I have been following your articles concerning health care reform and thought your last one was the best and most accurate statement of the manipulation by the non-medical entrepreneurs fostered by big government. I will make copies for my three M.D. sons.

It is a delight to see the progressive improvement in the *Bulletin* and the continued participation in the Mahoning County Medical Society. Despite my 80 years, I am as active as in the past in the Medical Society in Punta Gorda, Presbyterian Church leadership, Rotary, golf, sailing, and wonderful friends.

Sincerely,

Bob Kiskaddon

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# Laparoscopic Training - Surgery

Adopted February 14, 1996

**T**HE MEDICAL BOARD TAKES THE POSITION THAT THE RAPID PROMOTION OF LAPAROSCOPIC SURGICAL TECHNIQUES has raised the question of patient safety when these techniques, which have a recognized technical learning curve, are undertaken by surgeons whose training may be inadequate.

Numerous legal actions have been initiated on the part of patients who have incurred adverse outcomes from these procedures. While some may be classified as unrealistic expectations of patients, many resulted from undeveloped expertise or inadequate training.

Therefore, the State Medical Board of Ohio promotes as minimum guidelines for:

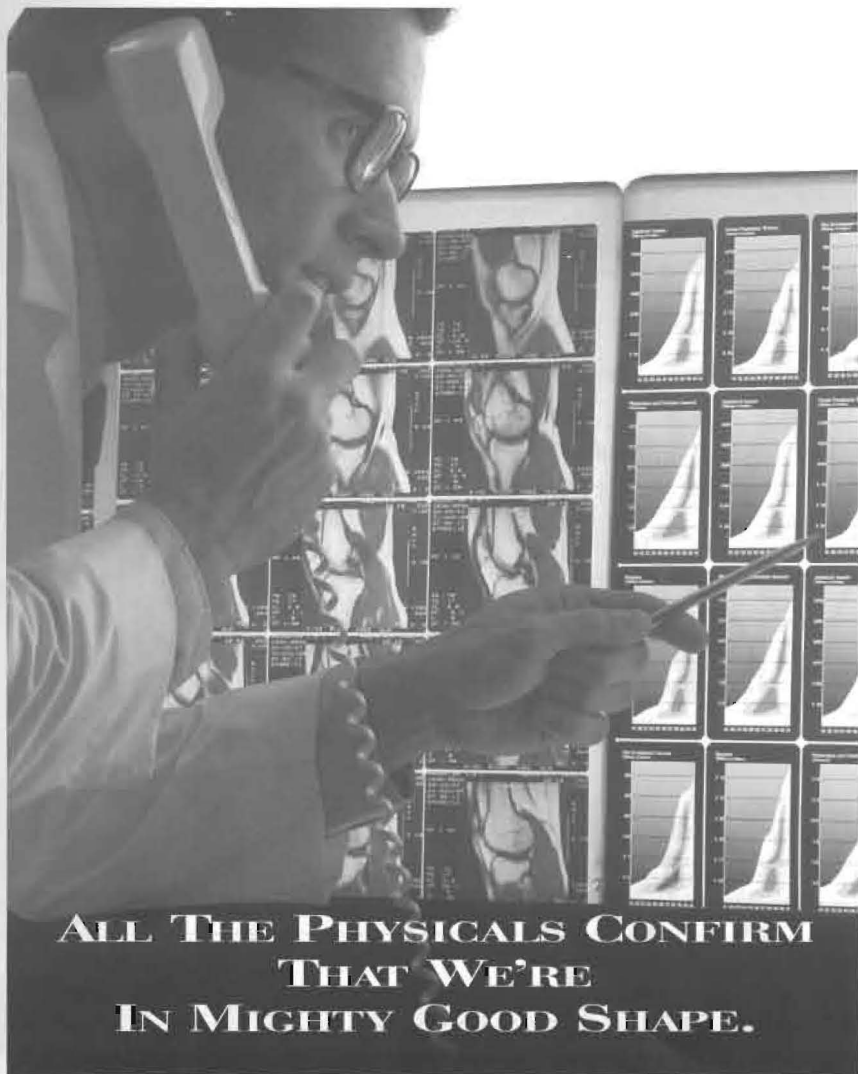
## A. Credentialing Surgical Laparoscopy:

1. residency level training in general surgery and/or gynecological surgery for abdominal procedures completed in 1992 or later, or
2. a) residency level training in general surgery and/or gynecological surgery completed prior to 1992,  
b) and a minimum of 10 hours of didactic training sponsored by a recognized training institution related to evidence based recommendations or indications criteria and contraindications to surgery as well as discussion of instrumentation technology and use, with  
c) a minimum of four (4) hours of individual, hands-on animal model experience in technique.
3. documented and demonstrated expertise and experience.

## B. Privileging should be based on:

1. Having basic credentials above, and
2. Monitoring by another surgeon with privileges for a minimum of three cases or until deemed capable of independent action, whichever is less.
3. If no monitoring surgeon with established expertise is available, then laparoscopists shall collaborate three cases before independent privileges are granted.
4. Each new or advanced procedure should be monitored for a minimum of three cases, and the surgeon's ability evaluated and documented by the monitoring surgeon.

It is assumed that new surgical techniques involving indirect, transmitted, or telemonitored technology will continue to evolve. Those that are quantum leaps, in expertise requirement to perform will continue to be a source of concern where public safety might be placed in jeopardy in the rush to apply the technology.



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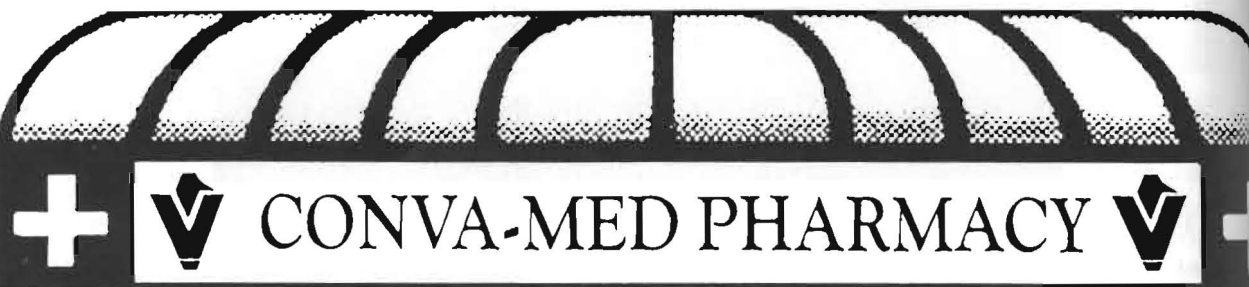


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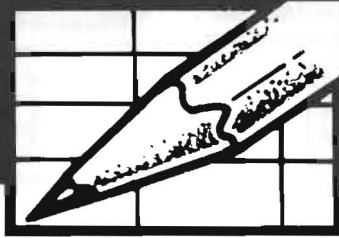
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## Notices/Classifieds

### Notice:

Retired physicians from Western Reserve Care System meet on the third Thursday of each month at 12:00 noon for lunch at the Ground Round in Boardman. If interested in more information contact Dr. DeCicco at (330) 788-2131 or Dr. Fisher at (330) 533-8748.

### Seeking Position:

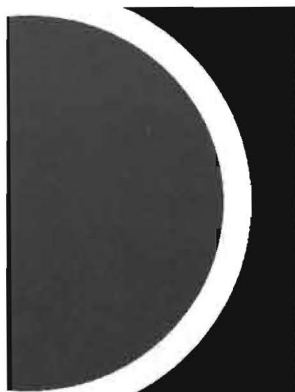
Medical Assistant seeking position, full or part time in excess of thirty hours. EKG and Phlebotomy training. Call (330) 534-1835.

### Help Wanted:

Mahoning County Chemical Dependency Programs, Inc., located

in the Meridian Care Center, 527 N. Meridian Rd., is searching for a Board-Certified Physician interested in providing family practice services. Please contact Ms. Kathy Duzny at (330) 787-0070.

Hospice of the Valley seeks part-time paid medical director. Must work well with interdisciplinary team, develop medical policies and protocols, promote Hospice concept to medical community. Significant direct patient care involved. Must be licensed in Ohio and have knowledge of palliative care-oncology, internal medicine, or family practice preferred. Good communication and public speaking skills required. Requires understanding and commitment to Hospice philosophy. Salary and benefits negotiable. Send resume in confidence to Hospice of the Valley, 5190 Market St., Youngstown, OH 44512 or call Cheryl Maras, Director H.R. (330) 788-1992, fax (330) 788-1998.



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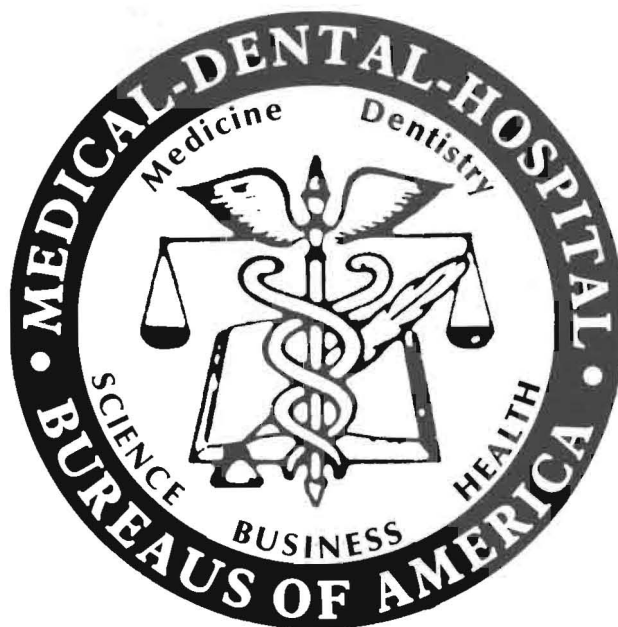
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