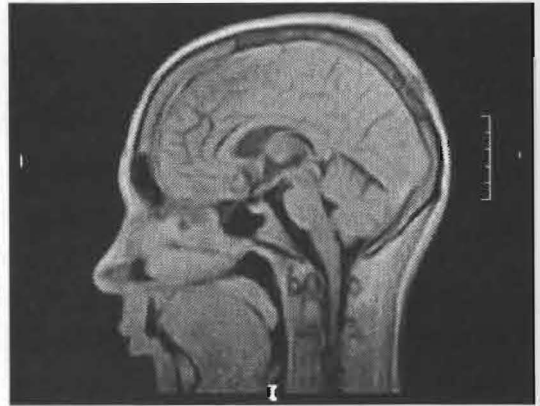
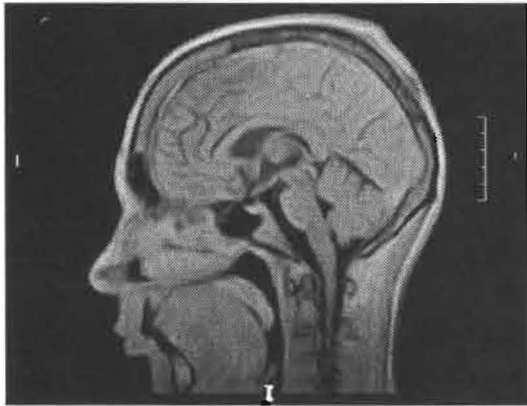


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BULLETIN

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Editor JANE F. BUTTERWORTH, MD

Managing Editor ELEANOR PERSHING *Editorial Board* DENISE L. BOBOVNYIK, MD
JANE F. BUTTERWORTH, MD CHRIS A. KNIGHT, MD

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
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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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What's in it for me?

MOST PHYSICIANS ASK THE QUESTION, "WHAT WILL I GET FOR MY DUES WHEN I JOIN THE OHIO STATE MEDICAL ASSOCIATION and the Mahoning County Medical Society?" The answer can be found by taking a close look at the Physicians'

Health Plan Partnership Act, a bill drafted through a joint effort between the OSMA and Kaiser Permanente, which is currently passing through both houses of the state legislature.

The bill establishes a universal credentialing form, thus eliminating copious amounts of paperwork. (This in itself is worth your dues!) It would prohibit plans from retroactively denying reimbursement for treatments which had been approved previously. The bill would allow continuing care from a specialist without the repeated approval of the "gatekeeper". If a plan would have a restricted formulary, the bill allows physicians to prescribe non-formulary drugs without monetary penalty if, in the opinion of the physician, the formulary equivalent is not as effective or may cause harmful side effects to the patient.

The bill protects physicians in a position to be terminated from a plan for reasons of quality of care by first notifying the physician and then formulating a course of action to correct the problem. Emergency services for any condition that the patient believes could result in serious impairment without immediate attention would

be allowed, even if retrospectively it was not an emergency. Gag clauses would be removed from all plans, and the bill would require all plans to notify physicians of acceptance into the plan within 120 days.

Passage of this bill appears likely, with very positive outcomes for physicians and their patients, which provides clear evidence of OSMA's role for its members. I urge you to continue your support both of the MCMS and the OSMA by continuing your membership, and of House Bill 361 and Senate Bill 84 by contacting your legislators.

Please mark Saturday, November 1st, on your calendars. This is the night that we will celebrate the 125th Anniversary of the MCMS. This gala event will be held at the Butler Institute of American Art. Entertainment will be provided by "Top Notes".

Chris A. Knight, MD



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New Chemical Element Discovered

THE HEAVIEST ELEMENT KNOWN TO SCIENCE WAS RECENTLY DISCOVERED BY INVESTIGATORS AT A MAJOR U.S. RESEARCH university. The element, tentatively named administratium, has no protons or electrons and thus has an atomic number

of 0. However, it does have one neutron, 125 assistant neutrons, 75 vice neutrons and 111 assistant vice neutrons, which gives it an atomic mass of 312. These 312 particles are held together by a force that involves the continuous exchange of meson-like particles called morons.

Since it has no electrons, administratium is inert. However, it can be detected chemically as it impedes every neutron it comes in contact with. According to the discoverers, a minute amount of administratium causes one reaction to take over four days to complete when it would have normally occurred in less than a second.

Administratium has a normal half-life of approximately three years, at which time it does not decay, but instead undergoes a reorganization in which assistant neutrons, vice neutrons and assistant vice neutrons exchange places. Some studies have shown that the atomic mass actually increases after each reorganization.

Research at other laboratories indicates that administratium occurs naturally in the atmosphere. It tends to concentrate at certain points such as government agencies, large corporations,

and universities. It can usually be found in the newest, best appointed, and best maintained buildings.

Scientists point out that administratium is known to be toxic at any level of concentration and can easily destroy any productive reaction where it is allowed to accumulate. Attempts are being made to determine how administratium can be controlled to prevent irreversible damage, but results to date are not promising.

The above was Internet humor sent to me by my nephew.

However, I think it is important to realize that the quality of Health Care provided in the coming years requires the balancing and intelligence of physicians working together to improve Health Care for all of us.

Jane F. Butterworth, MD



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AMA 1997 Annual Meeting Highlights

THE AMERICAN MEDICAL ASSOCIATION MARKED ITS 150TH ANNIVERSARY THIS YEAR, AND THE ASSOCIATION'S ANNUAL Meeting held recently in Chicago represents a watershed event for organized medicine. The Board of Trustees expressed

deep concern regarding decreasing membership within the Association, and has charged its Delegates and Alternate Delegates to reach out to the disenfranchised physicians and bring them back on board into the house of organized medicine. I personally have been presented a list of 74 physicians from the Mahoning County who have not reapplied for 1997. I will be contacting them in the near future to ascertain why and encourage their recommitment to the AMA. To the 289 MCMS members who currently belong to and continue to support the AMA, I say "Thank you!". At this time I would like to highlight some of the activities of the Annual Meeting.

The Ohio Delegation to the AMA experienced significant success on several fronts during this meeting. Herman Abramowitz, a Family Practitioner from Dayton, was elected to the AMA's Board of Trustees and will serve on this Board for the next four years. Ohio physicians will have within the AMA a powerful friend who will be responsive to your concerns. Another Ohio physician, Andy Thomas, was also elected to the Board of Trustees. He is an Internal Medicine resident at Ohio State University, who will represent the Resident Physician. With these

Daniel W. Handel, MD



Daniel W. Handel, M.D.

two fellow Ohioans in leadership positions within the AMA we in Mahoning County have a direct pipeline to the governing board.

The Ohio Delegation submitted several resolutions for consideration by the house of Delegates, and many were endorsed. Ohio supported the Board of Trustees report which denounced the "partial birth abortion" procedure and its use in the third trimester. Ohio's resolution called for referral to the Council on Judicial and Ethical Affairs for rendering an ethical opinion on the partial-birth-abortion issue. The AMA has reaffirmed its stance on abortion during the first and second trimesters of pregnancy, stating that such a decision for or against continuing the pregnancy is between the patient and her physician. The AMA will work with the American College of Obstetrics and Gynecology to develop clinical guidelines for induced abortion after the 22nd week of gestation. The AMA will also work with the American Academy of Pediatrics to establish clinical guidelines with respect to fetal viability during gestation and its impact on this procedure.

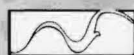
On a personal note, I represented the Ohio Delegation before Reference Committee F [a subject for another article], speaking to the AMA to employ a TV and Radio public service announcement dealing with the impending Medicare crisis pertaining to adequate funding. The AMA has produced a thoughtful document entitled "Transforming Medicare" which spells out its recommendations for solving the impending crisis. The AMA has recommended a pluralistic approach based on the system of benefits currently enjoyed by Federal employees. For further information you can request this document directly from AMA headquarters. After much discussion the matter has been referred to the Board of Trustees for decision. This resolution was sponsored by the 6th District of the OSMA and passed at the annual meeting of the House of Delegates this past spring.

The issue of physician unions was the subject of a Board of Trustees Report and one resolution. Resolution 239 asked the AMA to seek means for removing restrictions so that physicians can form collective bargaining units in

continued on page 32

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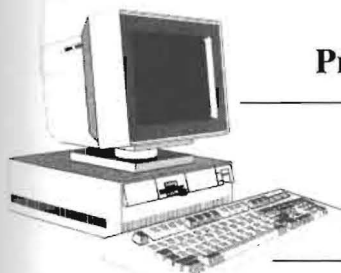
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Center for Studies Of Clinical Performance Opens At NEOUCOM

WITH THE OPENING OF THE CENTER FOR STUDIES OF CLINICAL PERFORMANCE, THE NORTHEASTERN OHIO UNIVERSITIES College of Medicine (NEOUCOM) can boast the only facility in the region used specifically for the assessment of medical students' clinical skills. The Center, which was officially opened on March 21, houses



Andre Ognibene, M.D., rates medical student Heath Dorian as he "examines" standardized patient Melody Wilcox.

simulated physicians' offices to aid with the instruction and evaluation of clinical and diagnostic skills of medical students and residents.

The construction of the Center is a milestone for the College. Medical educators nationwide have discovered that a very efficient way to teach and evaluate clinical and diagnostic skills is by using "standardized, simulated patients"—people who are trained to act as patients with well-defined symptoms and conditions—in a simulated office setting.

Physicians who are members of NEOUCOM's clinical faculty then measure the students' performance according to standardized criteria.

"Primary care physicians spend a great deal of their time with patients in the clinical setting," explained Robert S. Blacklow, M.D., NEOUCOM president and dean. "The physician's ability to accurately assess a patient's condition and needs is one of the most important aspects of diagnosis."

Because of NEOUCOM's high-quality standardized program, the national Board of Medical Examiners is considering using the Center

for the standardized patient portion of its Step II examination, one of three steps necessary for physician licensure.

"The Center will not only be used to teach and assess clinical skills of NEOUCOM medical students and affiliated residents," said John D. Engel, Ph.D., managing director of the Center, "but it may also be used by faculty, students and residents of other medical schools in the region for students' assessments, workshops for standardized patient trainers and faculty development programs."

The Center for Studies of Clinical Performance, a \$1.8 million project, includes 9,751 square feet of new space and 2,431 square feet of renovated space. On the first floor, 16 "patient" examination rooms are assembled around a central viewing area, with adjoining offices, a patient lounge, and meeting and seminar rooms. Audiovisual equipment (television cameras, microphones and speakers linked to television monitors, videotape recording and playback machines) and computers installed in the patient assessment rooms will facilitate evaluation of student clinical competency.

The second floor includes a student lounge and recreation area, a student government office, a student yearbook office and additional space for the Office of Academic Services.

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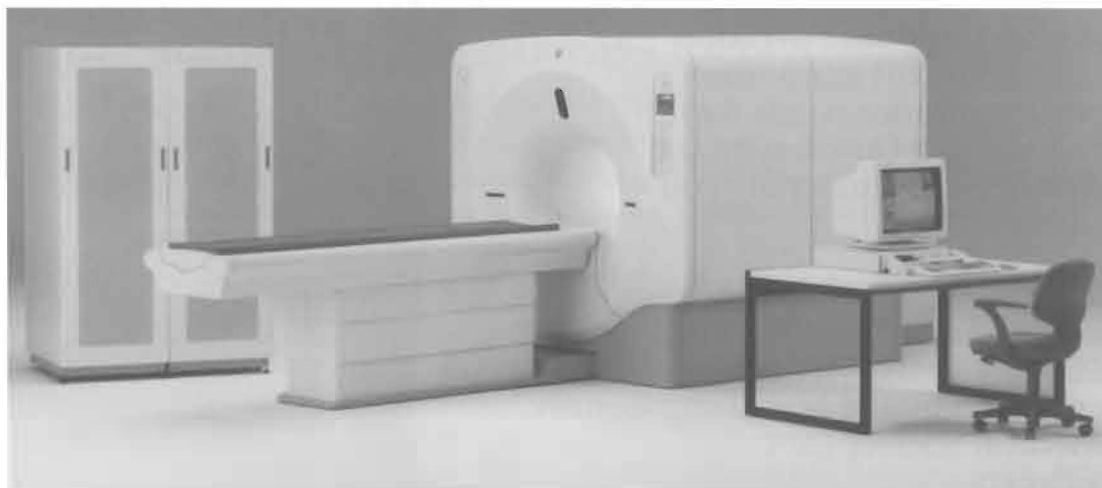
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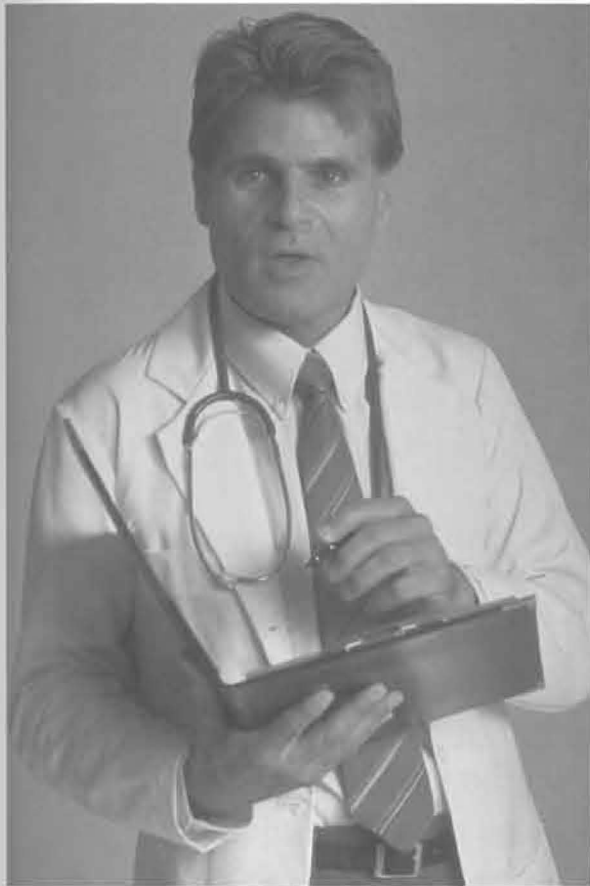
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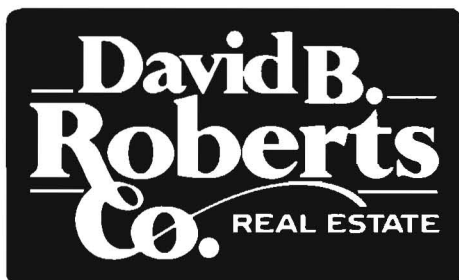
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The following applications for membership were approved by Council:

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James R. Stille, MD

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James E. Boniface, MD

ACTIVE:

John J. Popovec, DO

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

MCMSA News

Mrs. Bernstine Receives "Gem of the Year" Honors

JOYCE TULLY BERNSTINE WAS THE RECIPIENT OF THIS YEAR'S "GEM OF THE YEAR" AWARD, PRESENTED BY THE ALLIANCE GAVEL CLUB.

The presentation was made at the annual dinner meeting of the MCMS and Alliance, which also served to commemorate National Doctors' Day.

An active member of the Alliance since 1976, Joyce served as its president in 1980. Over the years, she has served as chairperson of numerous committees, including the following: AMA-ERF, Doctors' Day, Membership, Nominating, Publicity, and Courtesy/Outreach Committees.

Joyce has served on the board of the OSMA Alliance, as chairperson of AMA-ERF. She has also participated in many NEOUCOM activities, and was elected the first president of the NEOUCOM Faculty Wives' Club.

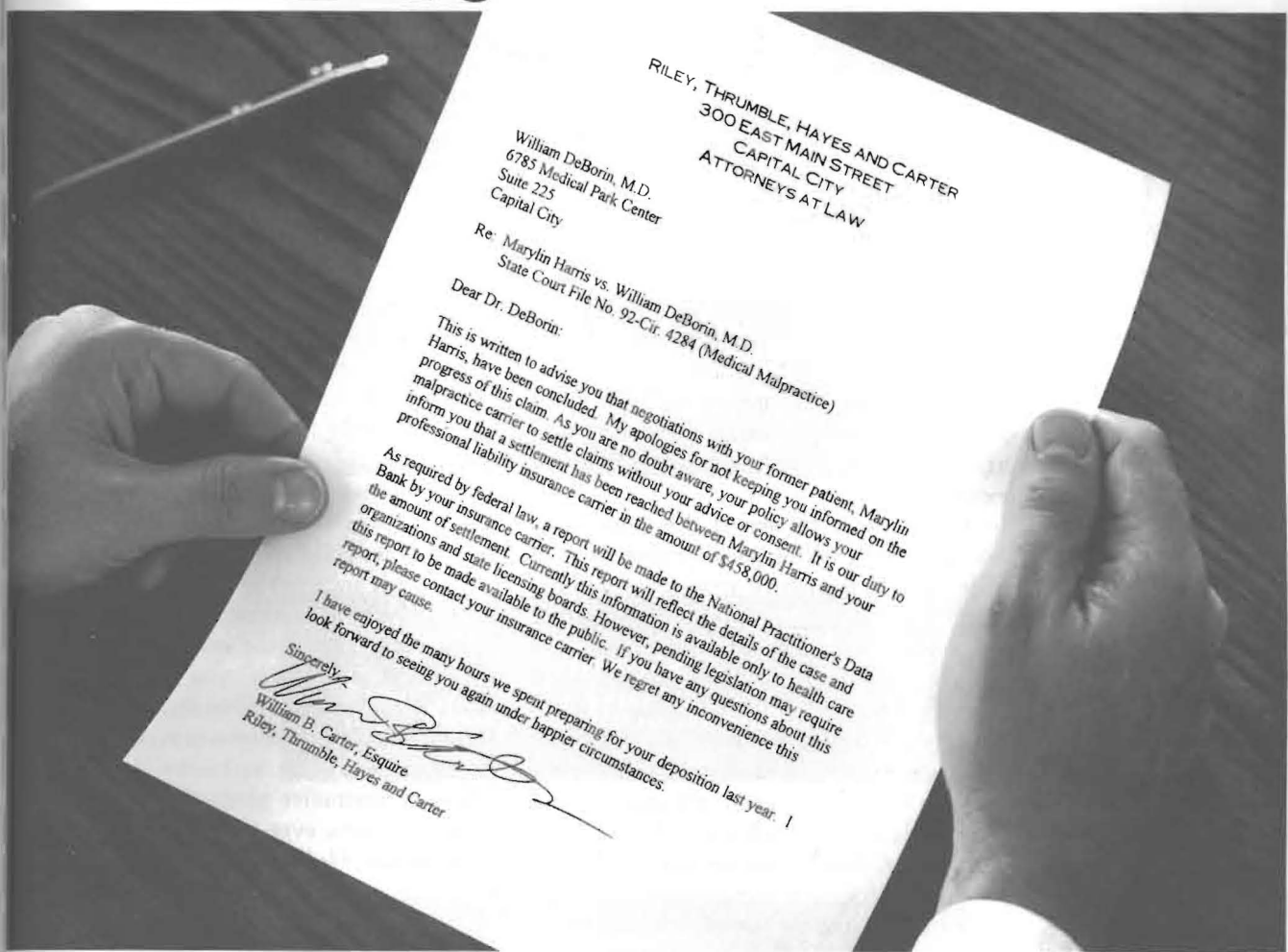


Dr. & Mrs. R.L. Bernstine

A volunteer for many years, Joyce continues to donate her time to many worthwhile causes, including Angels of Easter Seal, Stambaugh Pillars Council, Youngstown Symphony Guild, Leadership St. E's Program, Junior Guild, and the Youngstown Bicentennial Committee.

Joyce resides in Boardman with her husband Dr. Richard L. Bernstine, former director of obstetrics & gynecology at St. Elizabeth Hospital Medical Center.

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ATTORNEYS AT LAW

William DeBorin, M.D.
6785 Medical Park Center
Suite 225
Capital City

Re: Marilyn Harris vs. William DeBorin, M.D.
State Court File No. 92-Cir. 4284 (Medical Malpractice)

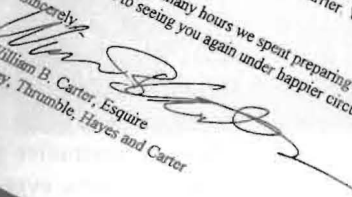
Dear Dr. DeBorin:

This is written to advise you that negotiations with your former patient, Marilyn Harris, have been concluded. My apologies for not keeping you informed on the progress of this claim. As you are no doubt aware, your policy allows your malpractice carrier to settle claims without your advice or consent. It is our duty to inform you that a settlement has been reached between Marilyn Harris and your professional liability insurance carrier in the amount of \$458,000.

As required by federal law, a report will be made to the National Practitioner's Data Bank by your insurance carrier. This report will reflect the details of the case and the amount of settlement. Currently this information is available only to health care organizations and state licensing boards. However, pending legislation may require this report to be made available to the public. If you have any questions about this report, please contact your insurance carrier. We regret any inconvenience this report may cause.

I have enjoyed the many hours we spent preparing for your deposition last year. I look forward to seeing you again under happier circumstances.

Sincerely,


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Doctors and Alternative Medicine

MUCH HAS BEEN WRITTEN RECENTLY ABOUT A HETEROGENEOUS GROUP OF TREATMENTS THAT EXIST OUTSIDE of the "mainstream" of health care, collectively called "alternative medicine." The advocated modalities include ingestion of various substances, engaging in various physical activities, performing certain mental routines, and/or adopting some specific belief systems. Are the claims made for these new approaches valid? Are physicians at fault for not endorsing them?

Our attempt to answer these questions should begin by asking whether there is solid evidence that alternative approaches are beneficial. This in turn leads us to consider how such benefits should be defined and measured. It is one thing to assert that most subjects feel better for a while after receiving some form of treatment. It is quite another to say that an intervention reduced mean diastolic blood pressure by a statistically significant amount compared to placebo in an adequately blinded controlled study. Indeed, any treatment for which there is solid scientific support ceases to qualify as alternative. A good example of this is physical exercise, which has moved into the mainstream as its favorable impact on long-term morbidity and mortality has become firmly established.

Robert D. Gillette, MD



A handwritten signature in dark ink, which appears to read "Robert D. Gillette". The signature is written in a cursive, somewhat stylized script.

On the other hand, it is evident from listening to clerks in health food stores and watching television pitches for the products they sell that enthusiasm for whatever is being sold often exceeds the evidence for benefit. It is difficult to shake off the suspicion that commercial gain, not altruism, is the primary driving force here. It would be wrong, though, to assume that greed is the only major motivator in this context. People seek meaning and purpose in their lives, and we often encounter individuals and groups whose belief systems seem irrational but are sincerely and even fervently held. The very act of advocacy may benefit the mental health of the actor, through the enhanced self esteem that often flows from a sense of personal purpose. Performing a familiar and valued ritual, however futile it may seem to a disinterested observer, can also boost one's sense of well-being. Thus, an alternative program may "work," in subjective terms, even in the absence of objectively measurable benefit. It is important for us to understand the difference between objective reality, which should be the same for all observers, and subjective reality, which is a function of individual and collective thinking but nevertheless has profound implications for human beliefs and behavior.

Inappropriate self-treatment can be harmful. Shedding excess body fat is good, but carrying the process to the extreme of anorexia nervosa is not. The writer has personal knowledge of a patient who suffered life-endangering ventricular arrhythmias after consuming a health food product which contained a dangerous cardioactive agent. An internal defibrillator was implanted before the true etiology of her disorder came to light.

Unquestioning endorsement of alternative treatments may also create hazards for the physician's intellectual integrity: one who accepts the misguided views of an overenthusiastic patient or alternative medicine entrepreneur uncritically may serve other patients poorly in

continued on page 32

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A Look Back...

Sixty Years Ago Spring 1937

The new revised Constitution was published in the March issue and was to be voted on at the March meeting. It provided for incorporation of the Society and established that the Bulletin would be its official publication. Peter Boyle was studying obstetrics and gynecology in Dublin. Edgar Baker addressed the Cleveland Radiological Society. William Bunn, Sr. and John McCann were both speakers at the OSMA meeting in Dayton. Richard Clifford became a member of the Society.



members at that time were: Robert Parry, Al Geordan, Ben Berg, Salvatore "Sam" Squicquero, Leonard Fagnano, Izydor Werbner, Gene Fry, and Herman Allen. John Heberding, Youngstown's first roentgenologist, passed away. He had trained Saul Tamarkin, Edgar Baker, and Ben Brown.

Thirty Years Ago Spring 1967

The March meeting failed to reach a quorum of members. Editor Eli Saadi wrote that the Society showed signs of a terminal illness. President Harold Reese wrote "Surely you can see that the Society is your sole bulwark against our common foes. It must be a great source of... satisfaction to them to see you slowly destroying yourselves." Jack Schreiber received the Freedom Foundation Award for his series of lectures on "The Last Candle". New members were Pat Brucoli, Domenic Malter, Juan Ruiz, Michael Galose, M.L. McKenzie and C.A. Sarantopoulos. Lost through death were Joseph Colla, and Bill Allsop, a past-president.



Fifty Years Ago Spring 1947

Bill Allsop had an article on the new Lincoln Avenue Hospital. It was the first hospital in the U.S. owned and operated by Alcoholics Anonymous. It has since been demolished to make room for the YSU expansion, but the hospital still operates under the name of Neil Kennedy Recovery Clinic. The Veterans Administration opened an office in the Union National Bank building under the direction of Sidney Franklin. Robert Beede wrote that "the existence of rabies as a prevalent disease in any community that has the means to control it, is an indefensible outrage!" New members at that time were: Louis Bloomberg, John LaManna, Sr., Stewart Patton, and Mario Krupko.



Twenty Years Ago Spring 1977

President Jim Anderson wrote that since third parties are now paying for the cost of medical care, neither the physician nor the patient has an incentive to keep costs down. He felt that the deductible insurance was the way to go, with the patient paying the deductible. Kurt Wegner was awarded a plaque and a resolution in recognition for his organizing and carrying out four mass immunizations for the Medical Society. They were:



Poliomyelitis in 1961; Measles in 1967; Rubella in 1970; and the Swine Flu in 1976. He received a standing ovation from the members. New members at that time were Hira L. Khanna, Ying Amorn, Sheldon Binder, Tahir Firdaus, and Edward McIver.

Ten Years Ago Spring 1987

President Bob Barton said that we had all better be thinking hard about whether or not we were going to participate in the Medicare plan. He reminded us that cooperation usually pays off in the long run. Editor Brian Gordon reminded us that apathy and non-involvement stifled progress, and that getting involved and changing the system from within was the only way to better the outlook. New members at that time were: Freddy Koenig, Demetrios Lagoutaris, James Leonelli, Vincent Nanek and Jane Butterworth. There was no meeting in May.



Robert R. Fisher, MD



Robert R. Fisher MD

Forty Years Ago Spring 1957

President Stephen Ondash said that Youngstown was behind the times by not having a full time, fully qualified Commissioner of Health. New



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“Window on Summer”

Watercolor, size 14.5” x 21”

MARY KAY BUCKLEY D’ISA IS NO STRANGER TO THE BULLETIN. HER WATERCOLOR PAINTINGS HAVE PREVIOUSLY graced the covers of this publication in March of 1991 (vol. 61, no. 3) and March of 1996 (vol. 66, no. 2).

Mrs. D’Isa was born in Youngstown and is a graduate of Ursuline High School. Last year, she was named as a Distinguished Alumna by her Alma Mater. Mrs. D’Isa received a Certificate in Commercial Art from the Richmond School of Art, College of William and Mary. She holds a B.S. in Ed. from Youngstown State University and an M.Ed. degree from Kent State University, having majored in art at both universities.



Mary Kay Buckley D’Isa

Mrs. D’Isa is a charter member of the Mahoning Valley Watercolor Society, was elected into the Pittsburgh Watercolor Society, and holds signature membership in the Ohio Watercolor Society. She also holds membership in the following organizations: The Salem Arts Guild, Valley Art Guild, Artworks, Catholic Collegiate, Mignonette Garden Club, and YSU Women’s Club.

This talented artist has exhibited statewide, regionally, and nationally, and has won numerous awards. Her paintings have been selected at juried shows, including the National Mid-Year Shows at the Butler Institute of American Art, Pittsburgh Aqueous National Shows, and Ohio Watercolor Society Annuals. Her watercolors are represented in several public and private collections, including the Butler Institute of American Art, St. Elizabeth’s Health Center, and Westminster College.

Among other accomplishments, Mrs. D’Isa was elected the YWCA’s 1982 “Woman of the Year” in the “Career Arts Category”. More recently, she was selected as the Steel Valley Art Teachers Association’s “Outstanding Art Educator” for 1997.

“Window on Summer” depicts a New England flower box. This watercolor was accepted in an Ohio Watercolor Society State Show,

judged by Serge Hollerbach, N.A., A.W.S. The exhibit was held at British Petroleum America’s Atrium Gallery in Cleveland, Ohio. This painting has also been exhibited at the Butler Institute of American Art, the Jewish Community Center, and St. Elizabeth’s Health Center.

The daughter of the late Judge and Mrs. John J. Buckley, Mrs. D’Isa has been married to Dr. Frank A. D’Isa since 1950. Dr. D’Isa is a retired professor and past chairman of Mechanical Engineering at YSU. Dr. and Mrs. D’Isa have two adult daughters: Dr. Nancy J. Turner, an assistant professor at St. Mary’s College, Notre Dame, Indiana; and Dr. Jane S. D’Isa Smith, who specializes in internal medicine at Brentwood Hospital in Cleveland.



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The New Workers' Comp Program Explained

THIS FALL, THE OHIO STATE MEDICAL ASSOCIATION WILL HOST A SERIES OF SEMINARS ENTITLED "THE BWC HPP: TRANSITIONING Theory into Reality." The seminars will specifically address physician needs for understanding and working with the Ohio Bureau of Workers' Compensation's new managed-care approach, the Health Partnership Program (HPP). The bureau is also offering, throughout the summer, its own series of training sessions for all provider types.

Each half-day seminar, being developed by the OSMA Committee on Education, will provide specific information regarding physician roles and responsibilities, alternative dispute resolution and reporting requirements, as well as answer billing questions. In addition, the OSMA will offer an informal BWC website demonstration.

The seminars will provide Ohio physicians with the opportunity to truly understand how physicians fit into the new managed-care program. Gloria Maser of the Clearwater Group, a Columbus-based managed-care consulting firm, is assisting in the development of the materials. Ms. Maser is a 15-year veteran of medical, health and safety, and policy training. Along with Ms. Maser, other event speakers include physicians working with the BWC system, representatives from the BWC, and OSMA legal staff.

The HPP affects 260,000 businesses and 5,000,000 workers throughout the state by shifting the primary responsibility for management of treatment of injured workers to BWC-certified managed-care organizations. The HPP means a change in reporting requirements, receiving treatment authorizations and billing for services.

For more information, contact Maria Bond, OSMA Division of Legal Affairs, at 1-(800)-766-6762, Ext. 123.

NEW MCMSA MEMBERS WANTED

The Alliance is in the process of recruiting new members. This organization of physician spouses is dedicated to supporting the medical family; educating the public about current domestic issues/problems; and raising funds for charitable organizations.

But we need your help! We are having a difficult time obtaining names and telephone numbers of potential members. If your spouse is interested, please have him/her call the Society office at 788-4700.

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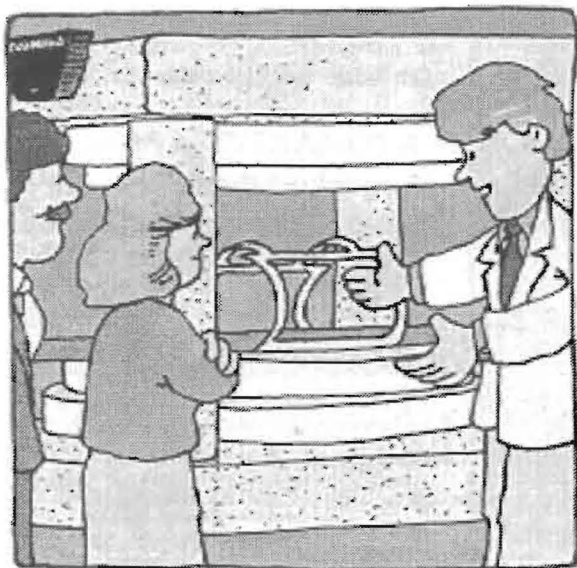
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AMA News

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order to negotiate reasonable payments for medical services and to better compete in the current managed care environment. Ultimately the house of Delegates adopted this Board of Trustees Report and will have the AMA establish a new Division of Representation. This division would serve as a single point of entry for members to the AMA's extensive resources and expertise in the areas of antitrust, collective negotiation and related issues.

Time and space does not afford additional discussion of all the Reports and Resolutions addressed at this last AMA House of Delegates. The actions taken by the House during this meeting can be found on the AMA's website at <http://www.ama-assn.org>.

As your representative to the house of Delegates I want to hear your concerns. My job is to serve you, and to do that I need your input. I am a believer in grassroots activism and will bring your concerns and ideas before both the OSMA and the House of Delegates.

For those of you who are not currently AMA members I would like to hear personally regarding why you chose not to join. Among the concerns I have already heard expressed are:

"The AMA doesn't express my views."

"It's not worth the expense."

"I disagree with the AMA's policy on..."

"AMA dues are too expensive."

"I'd like to join, but I simply can't afford it this year."

"The AMA is not very effective."

These concerns and beliefs of yours can be, I believe, effectively addressed by your representative now! The AMA is working aggressively to preserve and protect the American health care system and to resolve the problems and hassles physicians face daily in their practices. We need to remain patient advocates and preserve the integrity of the patient-physician relationship. It remains my belief that the AMA is still the best single forum for doctors to debate their views and to ensure that adopted policy represents the best efforts of medicine in preserving the profession, medical practice, and patients' best interests.

Dr. Handel serves as an OSMA Alternate Delegate to the AMA. Area physicians are reminded that he is available to discuss their concerns or suggestions.

Doctors and Alternative Medicine

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ways that are difficult to anticipate. It's possible, of course, that some form of alternative treatment which presently seems ludicrous will prove in time to be valid and useful, but the odds are small enough that waiting for proof will prove wise in the long run.

These considerations lead to the conclusion that alternative medicine may have a limited role to play in medical care. If a patient has a psychological need to do something about a particular anxiety or symptom, and there is a harmless alternative approach that can ease that need, and pursuing that option will not obstruct some important psychotherapeutic intervention, then it seems reasonable for the practitioner to offer no objection. However, the latter must maintain his or her intellectual integrity. It is reasonable to say, "I don't know that treatment X will help you, but it would be OK to try it and judge for yourself." It would be inappropriate to say, "Treatment X sounds great, and I advise you to go for it." If the doctor has reason to doubt the safety of a proposed intervention, or if the cost seems grossly excessive, there is an ethical obligation to express this clearly to the patient.

Similar considerations apply to physical treatment methods in the management of aches

and pains. We can recognize that patients often feel better after hands-on therapy while rejecting the dogma of certain groups of limited practitioners. We can also accept as valid and useful the placebo effects so often associated with person-centered care. There seems to be no truly satisfactory way to handle situations where the utilization of such services is driven by litigation and/or compensation issues, but at least we can be honest with ourselves about what is happening in these cases and avoid making them worse.

The limited evidence available supports the view that the demand for alternative care arises in large part from mainstream medicine's preoccupation with the biological components of illness to the near exclusion of attention to human factors. It is well documented that a combination of selection methods and the medical education system's socialization process tends to create physicians who are more comfortable with scientific esoterica than with human imperfection. People want to be listened to, cared for, and touched. And, yes, they want magic when they are sick or frightened. If they don't get these things from their doctors they may seek them elsewhere.

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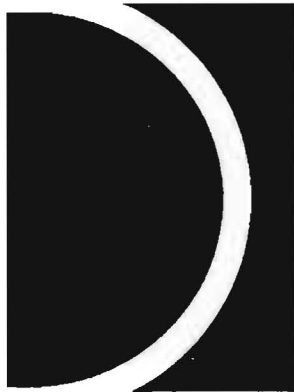
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American Association of Medical Assistants Accepts New Educational Standards

The AAMA unanimously accepted a mandatory educational standard recommendation that any candidate for the AAMA Certification Examination must be a graduate of a Commission on Accreditation of Allied Health Education Program-accredited medical assisting program. This requirement will become effective February 1, 1998. Anticipated benefits of the recommendation include: 1) safeguarding the quality of care to the consumer; 2) ensuring the CMA's role in the rapidly-evolving health care delivery system; and 3) continuing to promote the identity and stature of the profession.

For Ohio medical assistants who are not graduates of a CAAHEP-accredited program, the final opportunity for taking the AAMA Certification Examination will be January 23, 1998. The application deadline is October 1, 1997. For additional information, write to: Cathy Llorone, CMA, 2030 Eighth Street, Cuyahoga Falls, OH 44221.



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YOUNGSTOWN, OHIO



The Medical-Dental Bureau provides the Physician and Dental community with much needed office services. Since we understand your needs, we provide the best dollar value in the tri-county area.

Services provided:

Telephone Answering

- Targeted to the needs of the Medical community.
- Numerous line services available for your particular needs.

Collections:

- Collect past due accounts.
- Individual attention to each account so as to maximize dollars collected.
- Fee based on collection.

For complete details please telephone your

**Medical-Dental
Bureau, Inc.**

**901 Home Savings & Loan Bldg.
275 Federal Plaza West
Youngstown, Ohio 44503**

(330) 744-4040

Judy Bloomberg, Manager

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

Address Correction Requested