

BULLETIN



Vol. 61, No. 7

Bulletin of The Mahoning County Medical Society

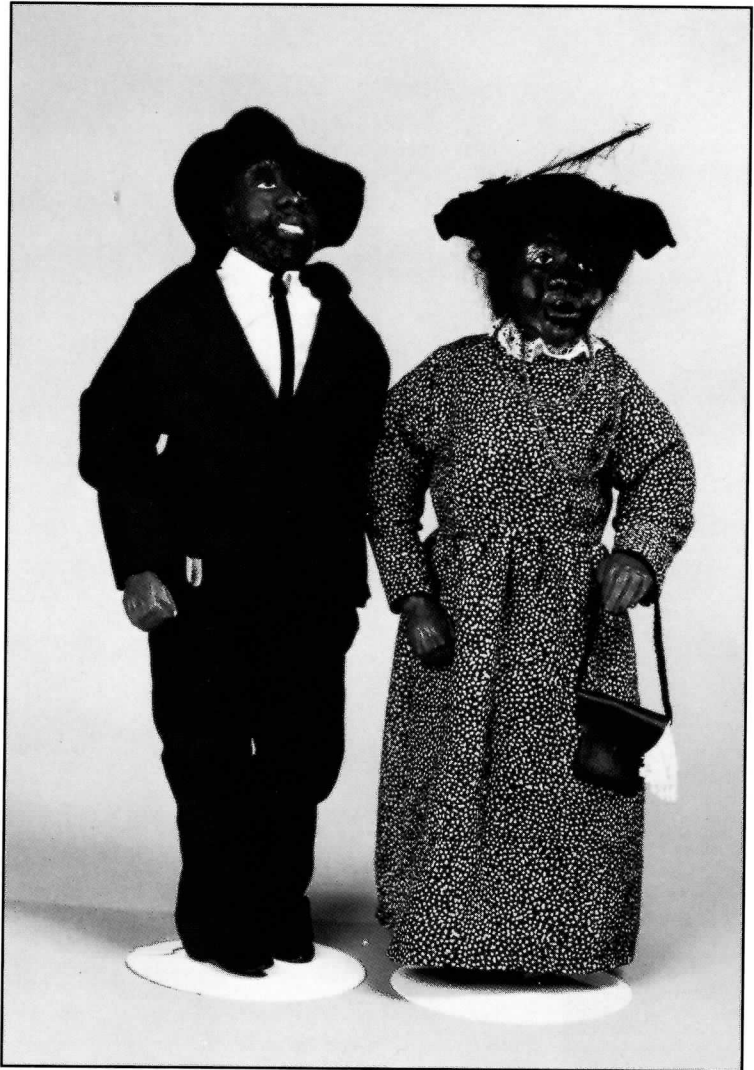
October 1991

"Brother Thomas"/"Miss Lizzie" 14" Limited Edition

by Marcella Welch (1949 -)

This month we will focus on a lady who has taken her childhood fantasies with dolls and presented them to the world in a vision of history and beauty. Marcella Welch's journey to international fame as a three dimensional artist is just reaching a level of high pitched excitement as she completes her commission of five life-sized dolls for the Smithsonian Institute.

Born August 3, 1949, in Cleveland of parents Johnnie and Hellon Rogers, Marcella Welch has accumulated years of practice in doll making. Unable to afford dolls as a child, handmade creations became the norm. Some of her first dolls were made in church by her mother from her father's large white



handkerchiefs. After Marcella's father migrated to Cleveland in the 1940s from his parents' Morven, Georgia, cotton and tobacco farm, maternal grandparents followed to live with them. Grandmother Fannie was very creative in making dolls from old flour sacks stuffed with cotton and hair made of unraveled burlap. Marcella and her grandmother later began dressing dolls that had been old and discarded, washing them and sewing fabric for dresses. Excellence in her art was instilled by her paternal grandmother Bessie. She instructed Marcella about perfection by teaching her to crochet at the age of seven, and if a single stitch were dropped, the article was started over or ripped out.

Many of Marcella's creations were once real people in her life. Presented on the cover is Brother

continued on pg. 35



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BULLETIN

Mahoning County Medical Society

Volume 61 October 1991 No. 7

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SOCIETY MEETINGS

January 15, 1991

March 16, 1991

May 21, 1991

September 24, 1991

November 19, 1991

December 17, 1991

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

Phone (216) 788-4700.

Editor

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Managing Editor

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Editorial Board

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Publication Contributor

Margaret Floyd

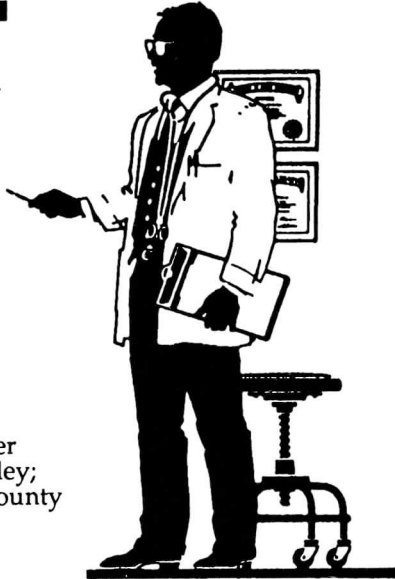
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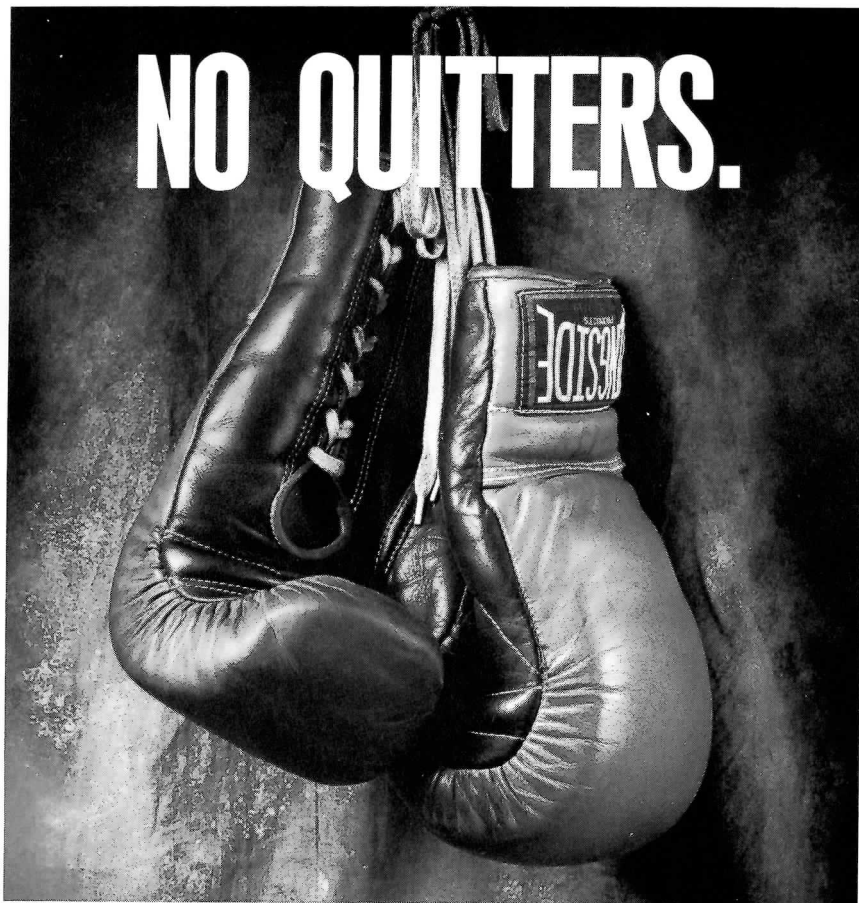
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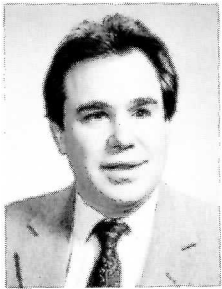
Playing the Game

We all know and have experienced games insurance companies play. It seems that each day they manage to dream up another nuance. In the *old days*, patients paid in cash, and when insurance came in, so did forms. That form was finally standardized, but then they wanted a narrative report along with a complete copy of the records. Soon physicians demanded payment for all the extra work in preparing all these papers. The latest twist is a series of ways to demand all this material without paying for it.

Take the copying service. This scam is to send official looking documents demanding the original records, all original pathology slides and X-rays, plus a narrative report, and this is expected to be done either at no cost or payment must be demanded from the patient. The Ohio revised code (without a number) is quoted. A

favorite of Pennsylvania companies is to get a court order for the records with the reimbursement of six dollars for the postage. Classic among all the methods is the piecemeal method. This involves asking for some information, followed by letter after letter for additional information before any bills are paid.

There are no doubt many other ways in which this is done. What I would like to see developed is a reasonable and ethical method of reporting only needed information to these insurance companies on a standardized form. Please write to me at the Mahoning County Medical Society and tell me other scams and inconveniences you experience. These will be incorporated in upcoming proposals by me to the Ohio State Medical Society and hopefully introduced eventually as legislation. □



Brian S. Gordon, MD

Auxiliary Promotes Drug Awareness Week

This month, the Auxiliary supports Red Ribbon Week. This national event promotes awareness of alcohol and drug problems facing our communities. The program is sponsored by the National Federation of Parents for Drug Free Youth and runs from October 19 through October 27. The Ohio Medical Education and Research Foundation is funding the local campaign.

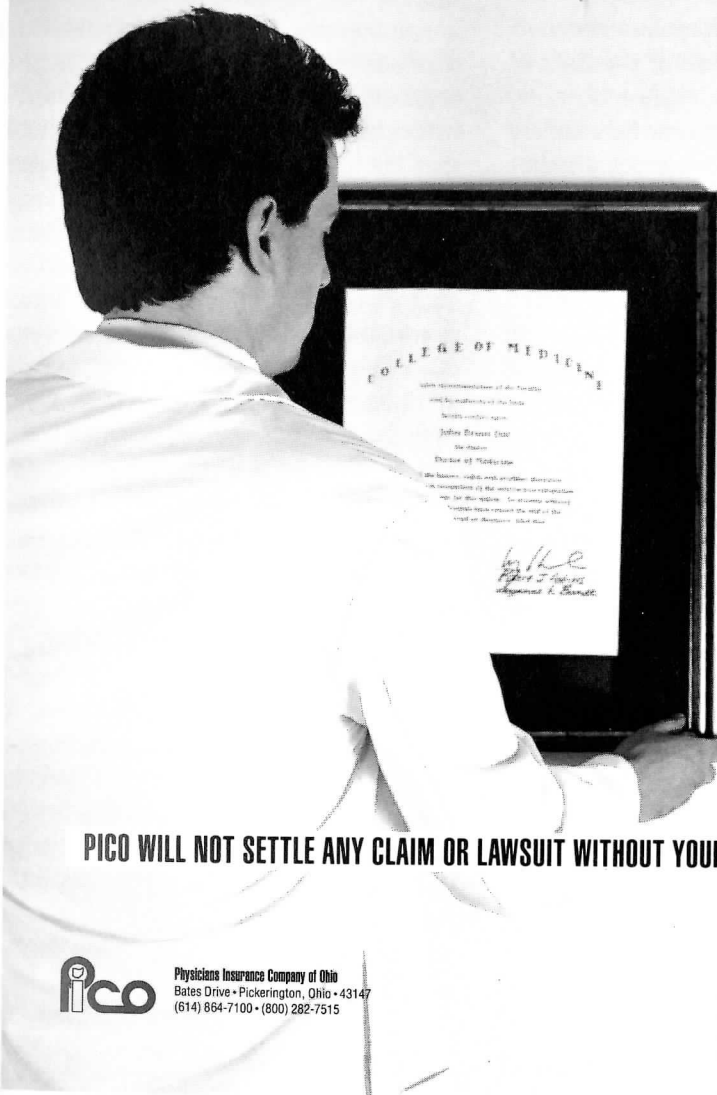
The Auxiliary has enlisted several Mahoning County physicians as participants. To demonstrate a commitment to a drug free America, the following doctors will display red ribbons and posters in their offices: Dr. Michael Evan, Drs. Louis Brine and William Houser, Dr. Steven Kalavsky, Dr. Manuel Spirtos, and Drs. Khalid and Riffat Iqbal.

Red Ribbon Week is being coordinated locally by Auxiliary member Mrs. Carol Kalavsky. Mrs. Kalavsky is serving as the new Health Projects Chairman for the Ohio State Medical Association Auxiliary.

Last month, the Auxiliary welcomed prospective new members at a New Members Lunch on September 17. Mrs. Richard Bernstine chaired the event which was held at the Youngstown Historical Center of Industry and Labor.

These and other Auxiliary projects demonstrate that in its 51st year, the Medical Auxiliary is as vigorous and committed as ever. □

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The Good, the Bad and the Ugly: *Enlightened peer review, inadequate assessment of quality of care and potential abuse of the peer review process*

The impact of peer review organizations on management of patients under Medicare has been controversial. If two qualified physicians can express three opinions about the management of many conditions, how are standards of care established? If the field of medicine is rapidly changing, how does one establish appropriate criteria for medical practice? As cost control is not a minor aspect of PRO activity, what are appropriate criteria for cost-effectiveness of therapy?

An initial critique of the PRO approach was that retirees from practice were among those judging contemporary practice providers, on the basis of medical concepts derived 20 to 40 years previously. Subsequent requirements for PROs simply required that the reviewing physicians maintain hospital staff privileges. There is still no requirement (to my knowledge) with respect to activity of practice, nor for documented expertise to manage the conditions they are judging.

Perhaps as important is assuring that the reviewer is an active practitioner committed to long term patient care (and not an individual, whose practice and skills are retiring) and assuring that he/she has access to pertinent literature. While hospital libraries are invaluable in the search for appropriate citations, accessing those citations is a time consuming process. However, that process is as essential to peer review as it is to the practicing physician. Failure to use such a resource by either group is not conducive to quality health care.

Fortunately, Youngstown has a unique resource in the *Jeghers' Medical Index* project. Physically located at one of the

local health care institutions, it is actually independently endowed and a community resource.

When I met Harold Jeghers 20 years ago, he was expounding the virtues of a unique literature retrieval system. He would tear out pertinent articles and file them topically. When he was interested in reviewing a specific topic, he simply "pulled" that file and had essentially all the pertinent literature at his fingertips. Although I had pursued a similar approach, I adopted his system in earnest the day my own bookshelves collapsed like dominos. Twenty years later, the 200 file cabinets that contain the heart of the *Jeghers' Medical Index* are maintained and updated as a living memorial.

A resource, however, is only valuable in use. The current tendency to use Med-Line searches (with their occasionally helpful, but very limited information retrieval) might serve as a back up, but REAL literature review becomes feasible for the busy practitioner through use of the Jeghers' project. A call relating the issue of interest precipitates the literature accession, which is then available for the physician's review. A cursory review identifies what is really pertinent and the staff of *The Index* provides photocopies. *The Index* is a superb resource available to the Mahoning Valley. For access, call 746-2255. Once the line responds, punch in 2265, much as you would with a pager. The line is answered on weekdays from 8 a.m. to 5 p.m.

Unrelated to their clinical skills and the currency of their reading, physicians occasionally are annoyed by letters from PROs, questioning the necessity for admission or diagnostic/therapeutic approach utilized. Documentation of our thought process is

"If we do not assess our effectiveness, we cannot continue to improve the quality of life for the citizens of this valley."



Bruce M. Rothschild, MD

essential. Such letters perhaps remind us that we need to more frequently share our thoughts. Let's learn from them and utilize the appropriate components to at least better document the care that we deliver to the Mahoning Valley.

A concern shared by practicing physician colleagues is sanctions for PRO-determined "errors" made by emergency room physicians in determining need for admission. It would seem that emergency room physicians are real doctors too. They should bear the responsibility for optimizing their clinical and assessment skills. Failure to appropriately set the responsibility appears to be an opportunity, lost by the PRO, to impact medical care at one of the more critical decision points. Rethinking of the PRO approach may be of value.

However, we must always be vigilant for abuses of the system in the peer review process. As the PRO has charts reviewed by nurses and subsequently by physician reviewers, it becomes obvious that much depends upon the reviewer. As physician reviewers have varying perspectives of acceptable practice, some will have what might be called "higher standards" than others. If the distribution of charts for review is biased, a particular physician's or hospital's charts could potentially be sent to the more demanding reviewer, who will suggest that a problem exists. A favored physician or hospital could have its charts sent to an easy reviewer, and more often "be given the benefit of the doubt." Neither is appropriate.

Peer review is not a necessary evil. It is an integral component of providing of quality health care. If we do not assess our effectiveness, we cannot continue to improve the quality of life for the citizens of

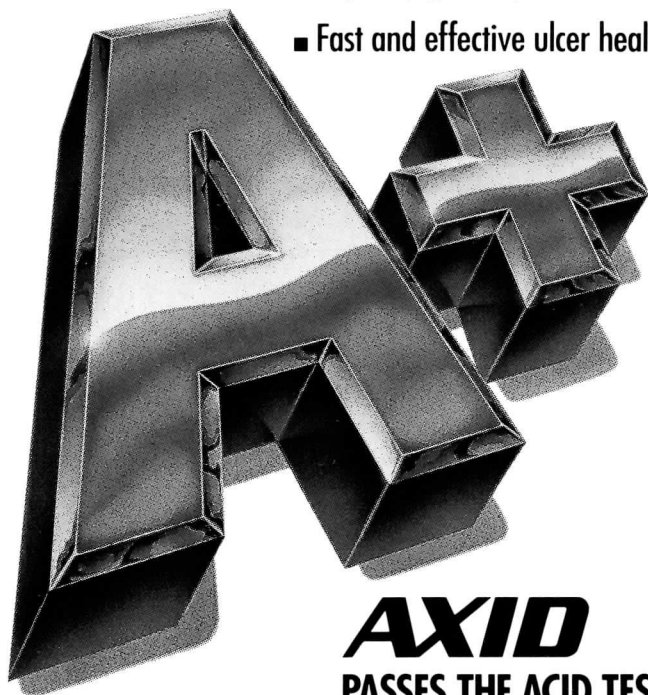
this valley. The down side of peer review relates solely to the qualifications of the reviewers and their hidden agendas (e.g., cost containment priorities). What is it worth to allow an individual to continue to actively participate in the community? As health care providers, I suspect that many of us find such questions discomfoting. However, someone has to stand up for our patients. I'm not sure that they have another advocate who so has their best interests at heart. The ugly potential of the peer review system is bias and inappropriateness in its application. Vigilance in the care we provide and in overseeing the reviewers should allow us to continue to provide the quality of care to which our community is entitled. □

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Carcinogenesis, Mutagenesis, Impairment of Fertility—A 2-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a 2-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mid liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a 2-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in 1 fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in 1 fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events were due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to 3 times the upper limit of normal, however, did not significantly differ from that in placebo patients. All abnormalities were reversible after discontinuation of Axid. Since market introduction, hepatitis and jaundice have been reported. Rare cases of cholestatic or mixed hepatocellular and cholestatic injury with jaundice have been reported with reversal of the abnormalities after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis does not substantially increase clearance of nizatidine due to its large volume of distribution. PV 2091 AMP [091190]

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2. *Scand J Gastroenterol.* 1987;22(suppl 136):61-70.
3. *Scand J Gastroenterol.* 1987;22(suppl 136):47-55.
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Health Care Workers and HIV

This month's article is an editorial reprinted with permission from *The Nation's Health*. The editorial is written by Dr. C. William Keck, president of the American Public Health Association. Dr. Keck addresses the public's perception that HIV disease is commonly spread from health care worker to patient.

"This has not been a good summer for efforts to develop public health policy based on science. Both the lay and health professional media have been full of the issues of United States Immigration policies related to HIV infection and HIV testing of health care workers. I didn't want to write about HIV again, but it appears that everyone else is, and I can't seem to keep myself from joining the group.

As I write this, it appears we may have lost our argument related to keeping only tuberculosis on the list of exclusionary infections for immigration, and the issue of HIV testing for health care workers remains unresolved although the trend is anything but comforting. There isn't any question, however, that we've lost the battle in the mind of a public that wants to be guaranteed of freedom from risk of transmission of HIV to them from their health care professionals. They are in no mood to listen to the technical and social reasons for avoiding mandatory testing, or the probable consequences of embarking on such a road. They want to know who is positive and be excluded from contact with them.

Well, what do we do now? As good examples of the new health professional, we give advice, not orders. The public is choosing not to take all of the advice we give them. It's not surprising. The atmosphere is poisoned with fear and confusion, and with an unfortunate array of mixed messages from the health care community and policy-makers.

It's time to recapture the initiative. In

spite of the fact that our advice has not been accepted as we would have liked, we should continue to offer it in a manner consistent with the best science available. We don't abandon clients who don't accept all of the advice we give them, and we should not turn away from this challenge.

We have the responsibility, as well, to help health care workers respond to this infection in a consistent and appropriate manner. The public has read and reacted to the "body language" exhibited by too many of us driven by fear to refer every HIV positive person to the local "AIDS doctor" or "AIDS dentist," or to call for mandatory testing of patients. General acceptance of the value of universal precautions and a calm and caring approach would do much to reduce the ambiguities in treating AIDS that are obvious today.

Perhaps it's also time to demonstrate to the community how much is being done to protect them from infection in health care settings. The changes in procedures, equipment and policies are both extensive and impressive in just about every setting where transmission is even a remote possibility. The effectiveness of these efforts is the least told story these days, and it may be that a collaborative effort among health care providers in a community to appropriately reassure people would be helpful.

And while we're at it, let's continue to remind people how this virus is actually transmitted. This controversy about HIV infected health care workers contributes little to the control of HIV infection while diverting our attention from the important work of education, prevention, detection and treatment in those populations at significant risk of infection, and that's a shame."

□

"...the issue of HIV testing for health-care workers remains unresolved although the trend is anything but comforting."



Neil H. Altman, M.P.H.

OHIO Medicine Gets New Look

Big changes are coming in January when *OHIO Medicine* gets a new look.

As of January 1992, the Ohio State Medical Association will be merging all of its publications, *OHIO Medicine*, the *OSMAgram*, the *Legislative Bulletin* and *Third-Party Update* into one, 20 plus page, monthly tabloid publication, retaining the name *OHIO Medicine*.

The new *OHIO Medicine* format will be more news-oriented. Articles will be short, direct and up-to-date. Articles on legislative, legal and reimbursement issues will continue to be plentiful in the new design. Along with your favorite articles, graphs and charts will be interspersed to make information more accessible.

The OSMA plans to produce the tabloid camera-ready in-house on a desktop publishing system that will not only save money, but will drastically reduce the turn-around time for the publication. This means the tabloid could be revised up until the minute it is sent to the printer.

Mid-year, the OSMA plans to give interested county medical societies the opportunity to publish two- to four-page inserts in the new publication. This would be accomplished by breaking the mailing list down by county.

The decision to make the change was a directive from the OSMA Council's Long-Range Planning Committee. Based on a readership survey and focus group interviews held over the spring and early summer, *OHIO Medicine*, despite changes, continued to suffer from poor readership. OSMA Council asked the Communications Department to evaluate all member communication activities and to report back to them in September on improving their effectiveness.

Throughout the summer, the communications staff was involved in an

in-depth study of all OSMA member publications seeking ways to streamline these publications and make them more readable and cost-effective. The result was a tabloid.

This new venture has received approval from the *OHIO Medicine* Advisory Committee and the Communications Committee, as well as the OSMA Council.

Keep an eye out for the new *OHIO Medicine*.

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Box 182195, Columbus, Ohio, 43218.

UPIN numbers for referring/ordering physicians practicing in states other than Ohio and West Virginia must be requested from the United States Government Printing Office, Superintendent of Documents, Attention: Order Department, Washington, D.C., 20402

Important: Physicians should continue to report their Physician Identification Number (PIN), i.e., SM1234567, in Block 31 (and 24H when appropriate) of the current HCFA-1500 claim form. Questions regarding reporting of the UPIN or PIN numbers may be directed to the OSMA Ombudsman staff at (800) 766-OSMA.

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MCMS September Dinner Meeting

The Mahoning County Medical Society held a September dinner meeting at the Youngstown Club on Tuesday, September 24, 1991.

Theodore V. Parran, Jr., MD, was the guest speaker. His topic for the evening program was "One Approach to Chemical Dependency Screening." Dr. Parran is associate medical director at Rosary Hall St. Vincent Charity Hospital & Health Clinic in Cleveland, Ohio. He is also an assistant clinical professor in medicine and family medicine at Case Western Reserve University School of Medicine.

Other invited guests were John Mayer, a representative from American Physicians Life Insurance Company; Youngstown Health Commissioner Neil Altman; and Mahoning County Health Commissioner Matthew Stefanak.

Prior to the meeting, American Physicians Life sponsored a social hour, and representative John Mayer answered questions concerning coverage.

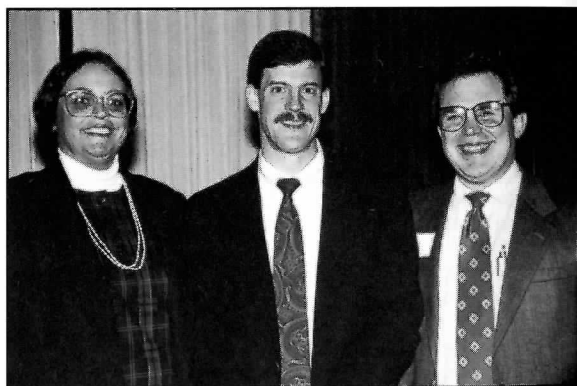
Applications for resident membership were presented at the September meeting for the following doctors:

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

Emeritus membership applications were presented for Drs. Aniceto DiDomenico, Angelo Riberi, and Morris Rosenblum. All applications will be voted on at the November meeting.

The nominating committee appointed by Council includes Drs. James Lambert, chairman; Brian Gordon; Roberto Bacani; Daniel Garritano; Vinod Sethi; Paul Weiss; and Ramiro Albarran.

The November meeting will feature guest speaker Sue McGill from Nationwide Insurance. She will discuss physicians payment reform. □



Dr. J. Butterworth, Dr. T. Parran, Dr. B. Gordon



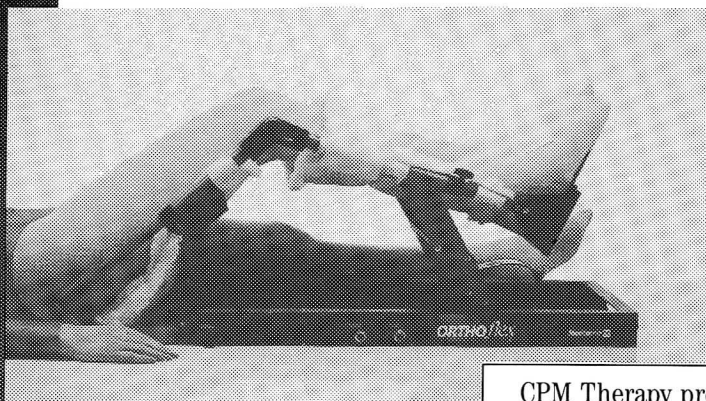
N. Altman, M. Stefanak, Dr. J. Anderson



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References: 1. Frank, C. et al., Physiology and Therapeutic Value of Passive Joint Motion., *Clinical Orthopaedics and Related Research*, 185: 113-125, May, 1984. 2. Salter Robert B. et al., Clinical application of basic research on continuous passive motion... *Journal of Orthopaedic Research*, 1:325-342, 1984. 3. Driscoll Shawn W. et al., The Chondrogenic Potential of free autogenous grafts... *The Journal of Bone and Joint Surgery*, 68-A(7):1017-1035, 1986.

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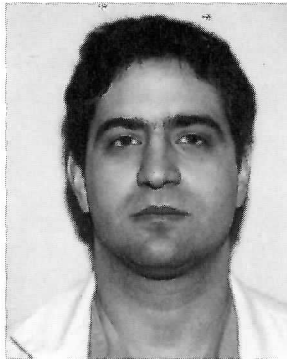
Jenifer R. Lloyd, DO
 Dermatology
 Office: 8060 Market St. • 758-9189
 MED. ED: Univ. of Osteopathic Medicine, Des
 Moines, IA
 INTERN: St. Luke's Hospital, Cleveland, OH
 REDCY: Slate Univ. of New York, Buffalo, NY



Kenneth M. Lloyd, MD
 Dermatology
 Office: 8060 Market St. • 758-9189
 MED. ED: University of Michigan, Ann Arbor, MI
 REDCY: Henry Ford Hospital, Detroit, MI
 REDCY: Duke University, Durham, NC
 REDCY: Youngstown Hospital Assoc.,
 Youngstown, OH



Douglas F. Naylor, Jr., MD
 General Surgery/Surgical Critical Care
 Office: 6505 Market St. Suite E-2A • 726-4101
 MED. ED: Medical College of Ohio, Toledo, OH
 INTERN: Medical College of Ohio, Toledo, OH
 REDCY: Graduate Hospital, Philadelphia, PA
 REDCY: Presby/Univ. Medical Center,
 Philadelphia, PA
 FELLOW: Cleveland Clinic, Cleveland, OH



Eugene L. Potesta, Jr., MD
 Otolaryngology
 Office: 1350 Fifth Ave. #300 • 747-5668
 MED. ED: NEOUCOM, Rootstown, OH
 INTERN: Henry Ford Hospital, Detroit, MI
 REDCY: Henry Ford Hospital, Detroit, MI



Michael G. Sekman, MD
 Pediatrics
 Office: 1240 Boardman-Canfield Rd. • 726-1689
 MED. ED: Cebu Doctor's College, Philippines
 INTERN: Western Reserve Care System,
 Youngstown, OH
 REDCY: Western Reserve Care System,
 Youngstown, OH



Melinda K. Smith, MD
 OB-GYN
 Office: 6505 Market St. #A-104 • 726-4833
 MED. ED: Univ. of North Dakota, Grand Forks, ND
 REDCY: St. Elizabeth Hospital Medical Center,
 Youngstown, OH



Lyn E. Yakubov, MD
 Ophthalmology
 Office: 8110 Market Street • 758-0900
 MED. ED: NEOUCOM, Rootstown, OH
 INTERN: Riverside Methodist Hospital,
 Columbus, OH
 REDCY: Akron City Hospital, Akron, OH

AIDS Task Force Plans Program

The Mahoning County Area Task Force on AIDS will be presenting a program on November 6, 1991, addressing Amended Substitute Senate Bill Number 2, the comprehensive AIDS bill. The presenter will be Attorney Elliot Fishman of Columbus, Ohio, who helped craft the bill.

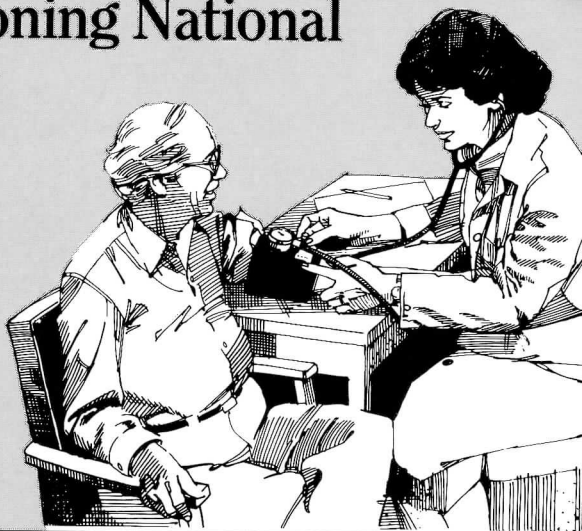
Atty. Fishman comes to us with an outstanding background in AIDS, including discrimination issues and other important legal issues. Why do you, a physician, your nurses and other staff need to know about these issues? Increasingly, lawsuits are being filed relating to discrimination against people living with

AIDS. In addition, it is crucial to be as up-to-date as possible on current issues like infection control procedures, health care and work plan policies, HIV antibody testing and others. This is especially true in light of the recent press to test all health care workers for HIV. This is a seminar you and your office staff can't afford to miss!

The seminar will be held on November 6, 1991, at the Wick Pollock Inn, between 10:00 a.m. and 12:00 noon, after which time lunch may be ordered. Registration brochures will be mailed to you soon. The cost for the seminar is \$10. □

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Flu Vaccine Offered

The Youngstown and Mahoning County Health Departments are offering flu shots in separate immunization programs. The vaccine will protect against three strains of virus believed prevalent this year — A-Taiwan, A-Beijing and B-Panama.

Public health officials recommend immunization for the following groups: individuals with lung or heart disorders, those with serious health problems, diabetics, those 65 or older, and anyone caring for the elderly or the chronically ill.

The Youngstown Health Department is sponsoring clinics at two sites in the city. Vaccinations will be provided at the Senior Multi-Purpose Center, 1361 Fifth Ave., on two consecutive Wednesdays, October 23

and October 30 from 9:00 a.m. until 3:30 p.m. Shots will also be given at the Mill Creek Community Center, 496 Glenwood Ave., every Tuesday morning until December 17, 1991. Immunization will cost \$3.00, and no appointment is necessary. For more information, contact the health department at 742-8772.

The Mahoning County Health Department will also hold clinics at various sites through the month of November. These clinics will provide vaccination by appointment only and a fee of \$1.00 will be charged. Appointments can be scheduled by calling the Mahoning County Health Department at 788-5011. A schedule of clinic sites and dates follows:

October 30	Sebring — Community Action Center, 135 E. Ohio Ave., 8:30 a.m. - 4:00 p.m.
October 31	Boardman — Boardman Township Hall, 126 Boardman-Poland Road, 8:30 a.m. — 4:00 p.m.
November 4	Lowellville — 140 E. Liberty Street, Lowellville 12:00 noon - 4:00 p.m.
November 7	North Lima — Beaver Township Safety Bldg., Rt. 165 8:30 a.m. - 12:00 noon
November 7	Coitsville — Coitsville Township Hall, 3737 McCartney Road, Lowellville, Ohio, 12:00 noon - 4:00 p.m.
November 8	Canfield — St. Michael's Church, 281 Glenview Drive 8:30 a.m. - 4:00 p.m.
November 12	Austintown — Township Hall, 82 Ohltown Road 8:30 a.m. - 4:00 p.m.
November 19	Lake Milton — St. Catherine's Church, 1254 Grandview Road 9:00 a.m. - 11:30 a.m.
November 19	Berlin Center — Weidenmier House 15823 Akron-Canfield Rd. (Rt. 224), 1:00 p.m. - 4:00 p.m.
November 22	Poland — Poland Township Hall, 3339 Dobbins Road 12:00 noon - 4:00 p.m.

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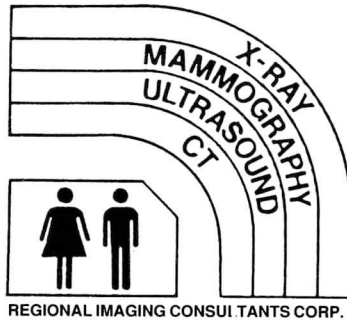
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The Young Physicians Committee

The Young Physicians Committee of the Mahoning County Medical Society was organized one year ago. The purpose of this committee is to address issues which are particularly relevant to physicians starting in practice. If you are under 40 years old or have been in practice less than five years you meet the criteria of a "Young Physician."

Our group has been active, meeting monthly to bi-monthly on Thursday evenings. Several topics are presently being discussed. Among these are providing practice management/financial planning seminars for senior residents of area hospitals. These will be open to attendance by "young physician" members of the Mahoning County Medical Society. We are also working with the county health department in order to assist in providing health care to under served populations. We will be working with area organizations and the media to promote health care issues.

The Young Physicians Committee provides exposure to the political side of medicine. Resolutions on many health care issues are formed at the county level and taken to the Ohio State Medical Association and forwarded to the American Medical Association. In this way, input into medical issues helps determine health care legislation on the state and national level. Today, more than ever, it is essential as a physician to participate in some form of organized medical/political forum.

The Medical Society remains an extremely effective tool to address the many issues that are affecting patient care and medical practice.

I encourage all physicians to participate in their medical organization. I especially hope all the new/young physicians

will find time in their busy schedule to help form future health care policies. The Young Physicians Committee is one way we can accomplish this. The next meeting of this group is scheduled for Thursday, December 5, 6:00 p.m. at the Youngstown Club. Plan to attend! □



Jenise Bobovnyk, MD

The following applications for membership were approved by Council:

First Year:

Jay R. Osborne, MD
David Rich, MD

Second Year:

S. William Pipoly, MD

Information pertinent to the applicants should be sent to the Board of Censors by November 11, 1991.

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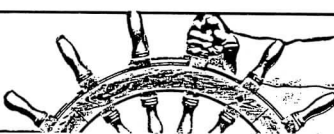
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Canfield Fair

The Mahoning County Medical Society sponsored another very successful medical and health exhibit at the recently concluded Canfield Fair. This year celebrated the 20th anniversary of the permanent building at the fair, after some 25 years in a tent. The Medical and Health Building houses some 32 different exhibits ranging from the three hospitals to the various health related agencies in the Mahoning Valley.

Again this year, the Medical Society presented a very attractive exhibit featuring 20 different physicians answering questions of a medical nature and displaying various instruments, tissue samples and techniques. Drs. Kenneth and Jenifer Lloyd provided a very professional exhibit highlighting malignant melanoma. Dr. George Pugh assembled an attractive display including a locally produced video that drew considerable attention. Dr. James Lambert

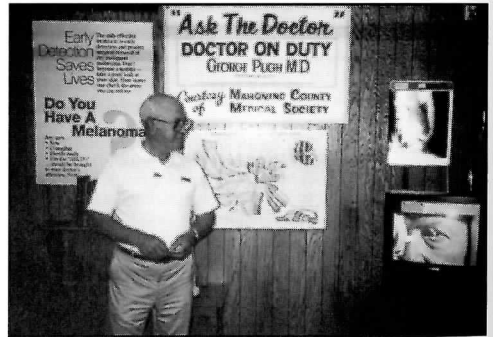
was responsible for a fine exhibit of the ear which attracted many people.

Physicians were on duty in the booth during the entire fair. Doctors who gave so generously of their time were Jon Arnott, Linda Cuculic, Michael Devine, Robert Fisher, Richard Gentile, Daniel Handel, James Lambert, Jenifer Lloyd, Paul Mahar, Anthony Mehle, Kevin Nash, Jay Osborne, George Pugh, William Reeves, Stephen Salcedo, Robert Sinsheimer, E.U. Sevilla, Eugene Tareshawty, Robert Udell, and Bruce Willner.

As they have for the past 20 years, Dr. Fred Friedrich and Dr. Jack Schreiber co-chaired this popular project. The Society is grateful to these two doctors for organizing such a large turnout of physicians to represent our Society before the public. The Society thanks all those members who took time out from busy schedules to participate during the Labor Day weekend. □



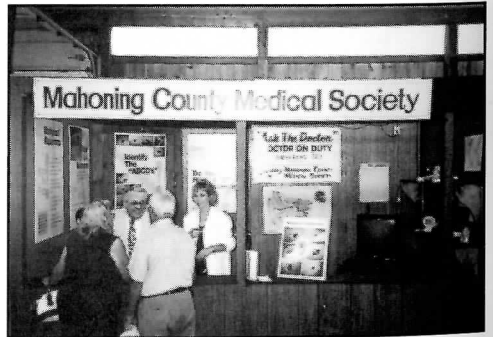
Dr. M. Devine



Dr. G. Pugh



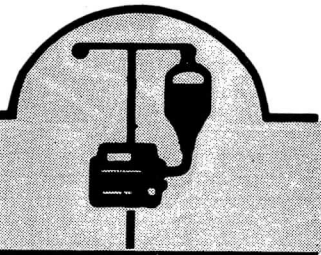
Dr. J. Lambert



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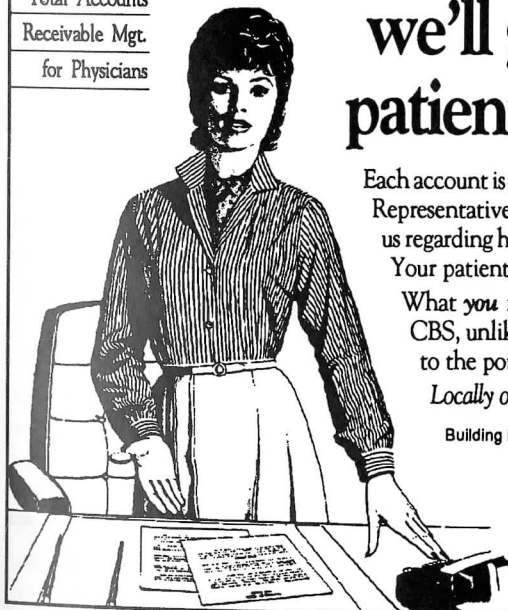
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NEOUCOM hosts Medcamp

The Class of 2001 at the Northeastern Ohio Universities College of Medicine (NEOUCOM) may be filled with students who recently got a first-hand experience of what it's like being a doctor.

These "B.D.s" (Beginning Doctors) spent three days at NEOUCOM, participating in MEDCAMP, where they were introduced to the medical life sciences through a hands-on learning experience.

Laboratories in anatomy, physical diagnosis, physiology, and microbiology provided the opportunity to diagnose the fictitious clinical case of 10-year-old Edward Coli, suffering from swollen ankles, a fever, sore throat and light rash.

Dressed in scrub suits provided by the medical school's consortium hospitals, students took EKGs, used microscopes to analyze bacteria, investigated a human heart and the anatomical structure, and tested each other's vital signs, reflexes, and heart and lung sounds.

Physicians, graduate students and scientists helped students with their clinical findings, (Edward Coli was diagnosed as having rheumatic fever) which they discussed at a case presentation during MEDCAMP's closing ceremony. Parents and teachers attended the ceremony where students received their "Beginning Doctor" certificates.

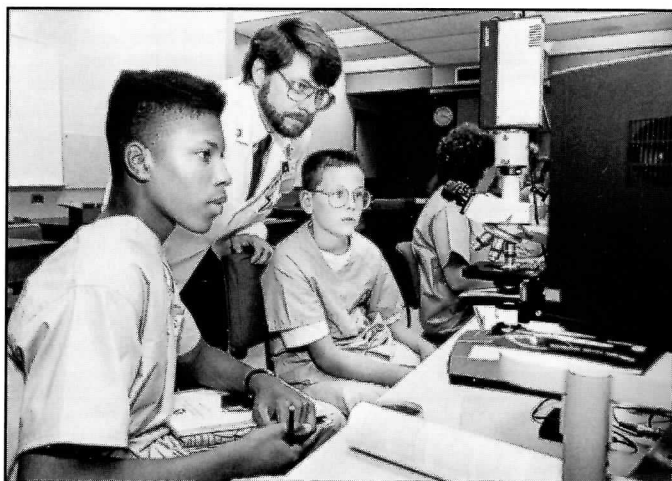
There were evening recreational activities at NEOUCOM and overnight accommodations at Kent State University dormitories.

The pilot program was geared to ninth grade students with demonstrated achievement in science and an interest in medicine

as a possible career.

Selected school districts in Summit, Portage, Mahoning, Stark and Cuyahoga counties were invited to nominate students for the program. Preference to minority, female, and disadvantaged students was encouraged.

MEDCAMP funding was provided by the Martha Holden Jennings Foundation of Cleveland and the Sisler McFawn Trust of Akron. The program was a success due to the efforts of NEOUCOM faculty and staff



Herbert Davis, III, of Youngstown, (left), and Fred Hutson, of Canton, (right), get some hands-on experience in the microbiology laboratory during MEDCAMP. Working with the "B.D.s" (Beginning Doctors) was Mark Penn, M.D., NEOUCOM Assistant Professor of Family Medicine.

members, under the guidance of the College's Science Outreach Committee.

MEDCAMP was designed to enhance student interest in medicine and the life sciences by providing role models and offering independent learning through problem-solving in a fun experience.

"The program was designed to be intense, and I was impressed with the students' ability to handle the material, the responsibility, and even the pressure," said Kenneth Rosenthal, Ph.D., Professor, Microbiology/Immunology. Rosenthal and Susan Labuda Schrop, associate director for Administration, Family Medicine,

coordinated the program.

"This was such a positive experience for the students. It helped them to feel good about themselves, to feel good about the life sciences discipline and to encourage their interest in pursuing a medical career," Rosenthal said.

"Beginning Doctors" participating in the program from the Youngstown area were:

BERLIN CENTER: Brian J. Brancaccio and Jodi Nicole Holtzman, both of Western Reserve Middle School.

CAMPBELL: Megan C. Floor, Campbell City Schools.

CANFIELD: Stacey Karabatsos and Christopher M. Schuler, both of Canfield Middle School.

DAMASCUS: Jaemi L. Scheible, West Branch Junior High School.

HEMOWORTH: Brandi L. Gott,

West Branch Junior High School.

LAKE MILTON: Jody Lee Burnside, Jackson Milton Middle School.

YOUNGSTOWN: Teneika L. Carlisle, Adams Junior High School; Herbert H. Davis, III, Hayes Junior High School; Melissa A. Fuller, North Junior High School; Shannon L. Huggins, Volney Rogers Junior High School; Kimberly Jean McCollum, Volney Rogers Junior High School; and Laura D. Nohrden, Adams Junior High School.

Participating NEOUCOM faculty were: Robert E. McArtor, M.D., M.P.H., Professor and chairman, Family Medicine; Kenneth Rosenthal, Ph.D., Professor, Microbiology/Immunology; Thomas Perkins, IV, M.D., and a Ph.D. candidate, NEOUCOM Department of Neurobiology; Mark Penn, M.D., Assistant Professor of Family Medicine; Janice Spalding, M.D., Assistant Professor of Clinical Family Medicine.

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Dolly Handel Nominated for Volunteer Award

The Medical Auxiliary has nominated Auxiliary member Dolly Handel for the YWCA Woman of the Year Award in the health volunteer category.

Contributing more than 500 volunteer hours in a single year, Dolly Handel epitomizes the dedicated community volunteer. She has directed her efforts toward developmental activities in the schools and community that promote healthy lifestyles for children and adults. She has served as a math and reading tutor in area schools and is also a presenter in the American Cancer Society's Tobacco Education School Program.

Dolly has held numerous leadership positions in St. Elizabeth's Junior Guild and the County and State Medical Auxiliaries. These organizations have greatly benefited from Dolly's willingness to donate her time and talents to the many charitable events that support better health care for Mahoning County residents.

Dolly is a graduate of Cleveland State University where she earned a B.S. in Education. She is the wife of Dr. Daniel Handel and the mother of three sons. In addition to her many volunteer activities, she works as a bookkeeper in her husband's practice.

As a health care volunteer, Dolly has demonstrated a maturity and warmth which

reflects her attitude toward serving others – a joyful giving with a willingness to listen to others and perform duties efficiently and on schedule.

The Mahoning County Medical Auxiliary is proud to support a woman of Dolly's caliber and recognize her contributions in the area of community health volunteer services. □



Dolly Handel

M. Maurine Fogarty, M.S., C.C.C.

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50 Years Ago — October 1941

Two hundred and fifty members attended the September meeting of the MCMS at the Youngstown Club! Those were the “good ole days.”

Bert Milliken treated the doctors to a picnic of clams, corn on the cob and chicken down on his farm below Poland. **Dr. O.M. Lawton** was in San Diego at the Naval Hospital. **Drs. Bartz** and **Nathan Belinke**y were on Corregidor in the Phillipines. **Dr. Asher Randall** was at the ordinance plant in Ravenna. The treatment for pneumonia was sulfathiazole or specific anti-pneumococcus serum.

40 Years Ago — October 1951

Dr. Howard Mathay was president of the Mahoning County Academy of General Practice. New members were **Drs. W.T. Breesmen, Lewis Gasser** and **David Brody**. Members of the staff of St. Elizabeth's Hospital enjoyed a picnic at **Dr. Marinelli's** farm. **Dr. F.F. Monroe** passed away.

30 Years Ago — October 1961

Dr. Kurt Wegner was developing plans for the mass immunization of residents of Mahoning County with the newly developed oral Sabin vaccine for the prevention of poliomyelitis. Citations of appreciation were given to Esther Hamilton of the *Youngstown Vindicator* for her reporting of medical news, to John Moses of WKBN for his work on the radio program “Consultation,” and to Mitch Stanley of WFMJ for the radio program “Diagnosis.”

20 Years Ago — October 1971

President **Dr. John Stotler** wondered why we couldn't get members to come to the meetings, but their office girls turned out in full force for the annual Medical Assistants' Dinner. The October issue was

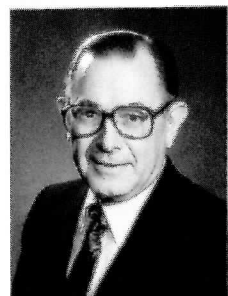
filled with pictures of the new Medical Building erected during the past year at the Canfield Fair. It was long a dream of **Dr. McGregor's** but he didn't live long enough to see it come true. The Society was starting a collection of medical antiques for a permanent exhibit of a turn of the century doctor's office for the new medical building at the fairgrounds.

There were no new members that month.

10 Years Ago — October 1981

Dr. Robert Kiskaddon was featured on the cover of the October issue. The occasion was the presentation of a commemorative plaque to Youngstown Hospital Association by the Mahoning County Medical Society to kick off the one-hundredth anniversary of YHA. **Dr. Kiskaddon** was vice-president of the Medical Society. **Dr. Edward A. Shorten** was the master of ceremonies.

St. Elizabeth Hospital Medical Center announced its second annual Cancer Symposium to be held in November. The symposium would focus on gynecological malignancies. **Dr. William R. Johnson** was named clinical director of Emergency Services at SEHMC. □



Robert R. Fisher, MD

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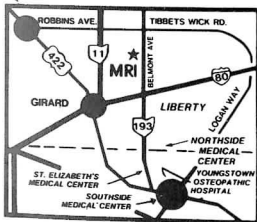
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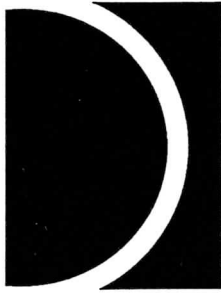


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“Brother Thomas”/“Miss Lizzie”

14" Limited Edition, by Marcella Welch (1949 –)

continued...

Thomas, who “in exchange for a place to rest and a good Sunday meal, was a local circuit preacher who shared The Word and his own rousing rendition of ‘I’ll Fly Away.’” The lady, Miss Lizzie, is “in her ‘Sunday-go-to-meetin’ finery as she walks the two miles to church each week, saying the journey gives her time to talk to the Lord and purify her mind for services.”

All of Marcella’s originals are first sculpted in clay. A mold is made, and all body parts are poured and cast in pecan-shell resin. Each doll is assembled with a soft cloth body and wired arms for realistic posing. Handpainted detailing is next, with natural sheep’s wool used for hair. Clothing is fashioned from hand-aged prints, antique and hand crocheted trims and laces, with much of the material being imported from Africa to create authentic costumes for some of Marcella’s dramatic African doll creations.

A self-taught artist, Marcella feels “the images I create are ever-changing, running the gamut from ancestral to fetishlike and ethereal. With each creation, I strive to evoke powerful emotions to communicate on an unspoken level my cultural heritage, memories, dreams and spirituality in hopes of drawing the viewer into my world, both real and imaginary.” These creations are mostly one-of-a-kind with some limited editions. Major exhibits and juried shows have been mounted in Cleveland, Dallas, Atlanta, Tennessee. Marcella’s work was

also exhibited at the 1988/1990 National Black Arts Festival in Atlanta. Commissions have included McDonald’s Restaurants, Carlisle Department Stores, the Smithsonian Institute, and noted personalities like Oprah Winfrey. Marcella Welch has been named Dollmaker of the Year by the National Afro-American Museum. Her mail order company, “The Welch Gang,” offers life-size doll kits which have been sold all over the United States, England, Africa and Australia. In November and December of this year, Marcella will be one of two featured artists in an exhibit at Apex Museum in Atlanta, Georgia.



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Believe it or not, the holiday season is just around the corner! It seems early, but wouldn't it be great to have one less thing to remember when the hustle really begins? Now is the time to share the holiday spirit with the medical community by joining us in the American Medical Association Education and Research Foundation Holiday Sharing Card project.

As part of this fund-raising project, a lovely holiday greeting card is sent to all members of the Mahoning County Medical Society and the Auxiliary with the donors' names enclosed. Please let us include your name!

- *Your AMA-ERF donation is TAX DEDUCTIBLE*
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- *Your regular donation to your ALMA MATER can be sent through AMA-ERF.*

Please make your check payable to AMA-ERF in the amount of your choice. Complete the form below and send the check and form to: Debbie Albarran, 67 Newport Dr., Boardman, OH, 44512, no later than December 1, 1991. Respond now before the holiday rush begins!

Remember, this is a charitable cause and one to which we have a deep commitment. Please let us hear from you soon.

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*Please make check payable to AMA-ERF and send is with this form to:
Debbie Albarran, 67 Newport Dr., Boardman, OH 44512.*

Don't Share Your Anger with Your Patients

Between the malpractice climate, Medicare hassles and peer review burdens, you many have a lot to complain about. Even if sorely tempted, airing your gripes with your patients won't really help you.

Medical management lecturer George Conomikes recently described a conversation with a fairly high-level bank officer. The banker spent half an hour describing his profession's woes; real estate loan losses, onerous new record-keeping regulations and untold hassles with the FDIC. Conomikes said he felt sorry for his friend's plight, but it didn't give him any confidence in his friend's bank!

Patient Relations

It's the same when you tell your patients that Medicare is shortchanging you in its latest rulings. While you may think you can mobilize patients to support your cause, it won't really happen. These people will hear you sympathetically and go on with their lives.

Complaining about the profession undermines your credibility with your patients. They come to you for medical care because of a health problem, not for a lecture about medical politics and economics. No matter how fervently you feel about the situation, you won't help your practice—or your cause—by bringing your patients into it.

Soliciting your patients for general political support is a classic example of the "abused doctor syndrome." We've reviewed a variety of letters appealing for patient uprising, but we still haven't seen one that actually accomplished its purpose. Especially when your complaint touches on economic issues, the letter simply puts in question how much you are earning in the first place—probably much more than your pa-

tients.

Office Staff, Too

Conomikes adds another bit of advice. Don't share your anger with your employees, either. Giving them a picture of your frustration dampens their enthusiasm. This in turn reduces their efforts in serving the practice. And worse yet, your staff may transfer your bad feelings to your patients, accelerating a potentially downward spiral of confidence.

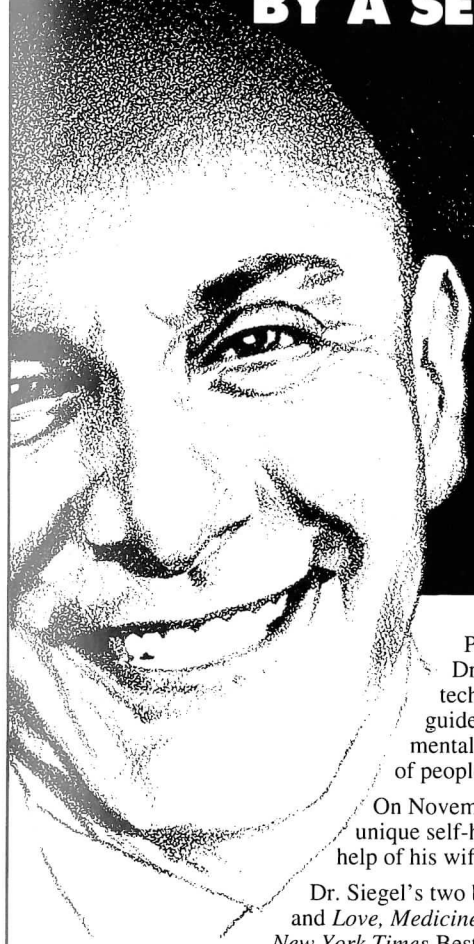
We're generally upbeat about medical practice, although there certainly are many frustrations. Your best strategy is to maintain a positive front to your "customers"—your patients—and fight your battles elsewhere.

Leif C. Beck
LL.B., C.P.B.C.

Editorial Note: We acknowledge the cooperation of Leif Beck, who has granted reprint rights for topics which have appeared in his regular monthly publication, The Physician's Advisory. His organization, The Health Care Group, with offices in Plymouth Meeting, PA, is a group of leading national consultants and attorneys specializing in medical practice organization and management.

□

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On November 7, 1991, Dr. Siegel will present his unique self-healing techniques in person, along with the help of his wife, Bobbie, who acts as facilitator.

Dr. Siegel's two best-selling books, *Peace, Love and Healing* and *Love, Medicine and Miracles*, have spent years atop the *New York Times* Best Sellers List. Today, he travels the country delivering his unique gospel of how love, a positive mental attitude and self-healing

can make the difference between being a victim of illness...or its master.

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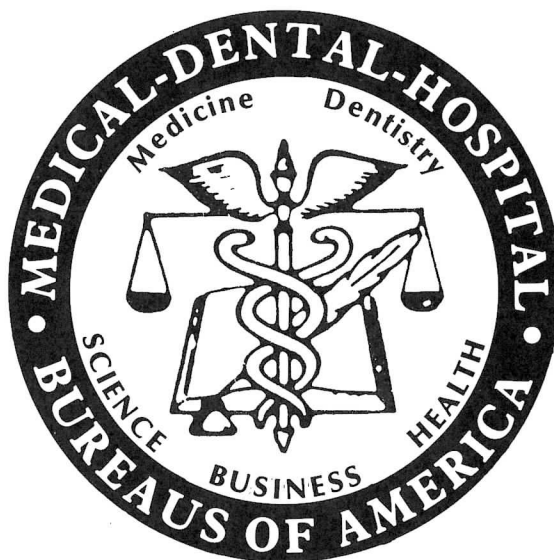
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