# BULLETIN

Founded 1872

Vol. 61, No. 9 | Bulletin of The Mahoning County Medical Society | December 1991

***Amish - Working the Rush, 1991***

**Limited Edition Woodcut Print, 8/10** by Nels Oestreich (1932 – )

Nels Oestreich is an artist who seems to have the "Midas Touch." Anything he attempts becomes a work of beauty. His talents have emerged in painting, illustrating, sculpture/wood carving, glass etching, jewelry, woodcut printmaking, bas relief carving, carpentry and furniture repairing...all quite remarkable.

He was born and raised on a farm in the little town of Graytown between Toledo and Sandusky on

*continued on pg. 26*

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# BULLETIN

**Mahoning County Medical Society**
Volume 61 December 1991 No. 9


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# WARNING: Acute Legislation

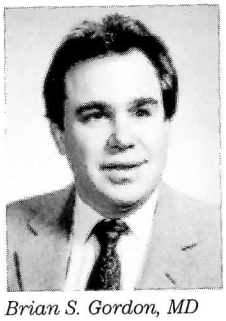
There is a growing concern all across the country and especially in the Mahoning Valley that access to health care and health care costs are beyond the reach not only of the poor but now even the middle class. Small businesses, including physician offices, can no longer afford to pay for health benefits, and the increased expenses of running a medical practice limits the amount of care that can be given to uninsured patients. Multiple reasons are present for the perceived high costs, and every accused group blames every other group for the problem. Inevitably, consumers react, as they apparently did by electing Harris Wofford to the U.S. Senate in Pennsylvania. Polls in Ohio show an increased concern for these health issues and fully 80 percent of Ohio physicians feel that some changes have to take place.

*"Multiple proposals are in the legislative fire, ..Their authors have tried to address the twin issues of cost and access to health"*

Multiple proposals are in the legislative fire, and some are actually coming to the forefront. Of immediate concern are two bills that will be coming to a vote as early as next month. The House version is H.B. 478 and the Senate version is S.B. 240. Their authors have tried to address the twin issues of cost and access to health. The originals bills were quite punitive to physicians but have been softened to some point but not without a large element of cost containment.

On the plus side, the bills provide for small business basic health policies with guaranteed health coverage for all their employees, create a cap for health insurance administrative costs at no greater than 20 percent of premiums collected for health insurance, and grant immunity from medical liability to physicians treating indigent patients. On the minus side, there would be a prohibition against balance billing for at least Medicare services, possibly limiting physician reimbursement from all third party payers to 110 percent of the amount reimbursed by Medicare, and the most extraordinary move of all - to permit hospitals to require pathologists, anesthesiologists, radiologists, and emergency physicians (RAPE group) to bill only through the hospital by contract. Of controversy is a state risk pool without state subsidies or insurance company assessments. This pool would be funded by premiums paid by those willing to participate and based on their ability to pay. Though necessarily underfunded, some payments would be available to physicians who currently get no reimbursement at all for these services. Also, the bills would require a universal health claims form from all health insurers, and retain a prohibition against physicians referring patients to clinical laboratories in which they have a financial interest (already federal law).

*Your medical society is asking you to understand pending legislation and to freely comment on any or all parts of these to the society or more importantly to key legislative people. Some changes will inevitably occur in health care legislation over the next one to two years. Now is the time to show your interest. It does no good to accept whatever is legislated and complain afterward. History is marked at only specific times.* □



*Brian S. Gordon, MD*

## *Hospital-based and Community-based Health Care Delivery:* Opportunities and Challenges

Once upon a time, there was no way to get specialized health care, unless you were "privileged" to live adjacent to a major city medical center. Some of us in those centers decided to impact the problem: We established clinically-oriented fellowship training programs. These programs started the process of development of clinical acumen. As Harold Jeghers often said, "We are students of medicine for the rest of our lives. The day we stop being students is the day when medicine ceases to be a profession." The Mahoning Valley is fortunate to have attracted seasoned individuals committed to maintaining their skills, in addition to those fresh out of fellowship. What has been the role of hospitals in this process. Perhaps hospitals originally attracted/recruited specialized health care to the community. Be that as it may, the growth of specialized care has now transcended its origins.

*Does referral to a hospital-based provider support a system that is in direct competition with community-based provision of care?"*

Medicine is now in the midst of many dilemmas. One is our relationship with hospitals and hospital-based services. Some hospitals now function in direct competition with practitioners. This was perhaps once referred to as a "town-gown" problem, as once upon a time the best experts were hospital-based. As research has transcended the hospital-based approach and as equally or more qualified care is often available in community-based practice, the appellation "town versus gown" is no longer applicable. The issue is now institutional versus private practice.

Institutional-based practice is subsidized at least indirectly, if not directly. Advertising, recruitment, facilities, basic equipment, phone lines and coverage, photocopying, and franking (postage) are provided, if not free, at least at a very reduced rate. Contrary to complaints of exorbitant charges for space and staffing to see patients, those charges generally apply only to the actual time in patient care. If hospital-based services are not in direct competition with those offered on a community base, perhaps this is acceptable. However, I wonder if even that situation does not conflict with new Safe Harbor regulations.

Some hospital-based emergency department physicians have expressed their frustration with quality and quantity of physical plant, staffing, bed availability, and other problems. Perhaps those are among the reasons that lead other physicians to chose not to be hospital based. Emergency department physicians of course have little choice.

There is, however, another dilemma. What should we respond to services (of at least equal quality) that are offered by community-based, as well as hospital-based providers? Who should we patronize? A hospital-based provider might feel obligated to refer to other hospital-based providers. Does referral to a hospital-based provider support a system that is in direct competition with community-based provision of care?

The issue reaches further complexity with the new Safe Harbor regulations. A physician is ethically (? by statute) allowed to refer to a facility or service in which he or she (or a family member) has a financial interest, if no more than 40 percent of the revenue generated in 12 months comes from referring physician investors. Non-associated referrals thus become the life-line of the venture. If that facility is primarily sponsored by hospital(s) in competition with community-based care, how appropriate a referral site is it for community-based providers?

These issues are quite complex. I hope the day never comes when they become

*Bruce M. Rothschild, MD*

the deciding factor. The quality of health care and service provision should be the determinant. Who we utilize as consultants or as facilities should be premised on the care provided. While that may be a difficult judgment in some instances, we do need to analyze the full impact of our decisions.

Past editorials have elicited additional insightful correspondence. It turns out that emergency department physicians are not so different. Physicians are all challenged to communicate with other health care providers, whether distracted by an office or emergency department full of patients. We all face the problem of caring for people with inadequate support systems. We all face the problem of the so-called "social admission," whether it be the "bag-packed" individual arriving at the emergency department or a patient/family in our offices.

Health care maintenance is another major challenge. Screening examinations are critical to that process. While recommendations are available for frequency of physical examination, sigmoidoscopy, and mammography, the challenge is identifying cost-effective mechanisms for assuring the quality and communication aspects of their performance. Should hospital-based, "non-profit" institutions be utilized or should patients be referred to community-based providers of such services? Who provides service of appropriate quality at a reasonable price and communicates appropriately with patients and their physicians? Quality control is a major issue. One approach is to leave the issue to the third party payer, who so often now "directs" the patient. Exposure to third party "direction" of services suggests that they may not be appropriate delegates for overview of quality issues. Another approach is to sample the work. Mammograms could reasonably be reviewed episodically for technical quality and accuracy of issued reports. My own approach is to examine all X-rays. Perhaps it would be beneficial for us all to episodically review the services provided under our prescription.

Medicine is a field in flux. The resultant "magnetism" has great potential. The public trust is the portion of the health care provider. That position is maintained only because of our profession's insistence on the highest levels of integrity. We have hard decisions ahead of us. May we be granted the strength to pursue those paths which conscience dictates.

*In this time of flux, the County Medical Society provides many services. Previously considered important, they now seem essential. In spite of training program- related preparation for practice, the pace of environmental (e.g., third party) "modification" antiquates information which was valid only months prior. The process does, however, take preparation. How many of us have made the comment, "If we only knew .... when we were residents." The Mahoning County Medical Society would like to initiate an "Adopt a Resident Program." This program of "big brothers" or "big sisters" could establish a one-on-one relationship with residents in training. This would provide the residents with an invaluable adviser and confidant. Sponsorship of the nominal resident Medical Society dues by the "big brother" or big "sister" could sensitize physicians-in-training to the values of collegiallity, upon which our Society is based. Your participation can be initiated by contacting the Society office.* □

# Clinical Pearls

I once introduced Dave Spodick's presentation on pericarditis as oysters: The development of clinical pearls. He had actually published on the pericardium of oysters. This month I am introducing a new column, which will share pertinent clinical observations. Will Rogers once stated that "It's not so much what we don't know that causes trouble, as much as what we know that ain't so." He was in fact paraphrasing Claude Bernard, "The doubter is a true man of science; he doubts only himself and his interpretations, but believes in science." (Spodick, 1975)

Dr. Robert Sinsheimer shares with us just such an experience, which speaks for itself:

*Approximately in 1982, I wrote an article for this Bulletin detailing my experiencewith several patients whose diabetes was reversed after stopping diuretic. Frank diabetics were transformed into euglycemic patients with no other treatment than stopping diuretic therapy. Since that time, I have seen a wider discussion of this clinical "pearl" in various lectures and articles. However, I believe that a lot of us do not take the use of diuretics into consideration when we approach the diabetic patient. Recently I had a case which illustrates the power of this clinical approach. A 67 year old man was referred to my office by a plastic surgeon after his preoperative testing showed a fasting blood sugar of 344. He had been on Diazide for many years and had not had his blood checked for six years. At 227 pounds he was 17 pounds above his normal weight. I gave him a diabetic diet and stopped his Diazide. His glycohemoglobin was 10.6 (normal less than 6.2). Three months later, the patient came in confessing that he had "been on the banquet circle." He had initially lost some weight but then gained it back. He had now been off diuretics for three months and his repeat glycohemoglobin was 5.9 percent. The experience with this patient is highly gratifying, and the story is one that bears repeating.*

*Spodick DH. 1975. On experts and expertise: The effect of variability in observer performance. Aner J Cardiol 36:592-596.* □

# Hepatitis B and Proposed OSHA Standards for Immunization of Occupationally Exposed Workers

In 1987, the Centers for Disease Control estimated the total number of hepatitis B virus (HBV) infections in the United States to be 300,000 per year. Of these patients, 6 to 10 percent become carriers at risk of developing chronic liver disease and becoming infectious to others. The Public Health Service has proposed a disease prevention objective for the reduction of hepatitis B infection from a 1987 baseline incidence of 63.5 cases per 100,000 to 40 cases per 100,000 in the year 2000. [1]

This objective would be attained in part by reducing disease incidence by 80 to 90 percent in occupationally exposed workers, a group that account for approximately 4 percent of cases, through vaccination with one of the two types of hepatitis B vaccine currently licensed in the United States. Those at occupational risk of HBV infection include medical and dental workers, related laboratory and support personnel, public safety employees who have contact with blood, and staff in institutions or classrooms for the mentally retarded. [2]

In pursuit of this national objective, the Occupational Safety and Health Administration (OSHA) has proposed standards for the reduction of exposure to bloodborne pathogens, including HBV, that will apply to thousands of public and private sector employees. The proposed standard requires that vaccine be offered to all employees occupationally exposed on average one or more times per month unless it has been determined through antibody testing that an employee is immune or has previously received the vaccine. In the past, the Centers for Disease Control has published lists of occupations identified by epidemiologic studies as placing employees at risk for hepatitis B infection and has recommended the vaccination of these groups. If this approach were followed for regulatory purposes, some occupations with routine exposure to blood would be excluded because epidemiologic studies may not be available to quantify the risk. Consequently, OSHA has proposed to base HBV vaccination need on frequency of exposure rather than occupation. [3]

In addition to the requirement that an employer offer vaccine to exposed employees, OSHA has proposed related standards for the reduction of exposure to bloodborne pathogens. These standards would require an employer to:

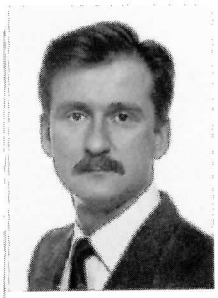
-make available HBV antibody testing to employees who desire such testing prior to deciding whether to receive the vaccine.

-explain the contents of the OSHA standard to employees.

-provide employee training, including an explanation of the infection control program and of methods for recognizing tasks that may involve exposure to blood, and other potentially infectious materials. The training material must be appropriate in content and vocabulary to educational level, literacy and language background of employees.

-explain the use and limitations of appropriate engineering controls, work practice controls, and personal protective equipment.

-explain the procedure to follow if an occupational exposure to bloodborne pathogens occurs, including the method of reporting the incident and a



*Matthew Stefanak, M.P.H.*

description of medical follow-up.
-maintain HBV vaccination or antibody testing records.
-maintain records of employee training.

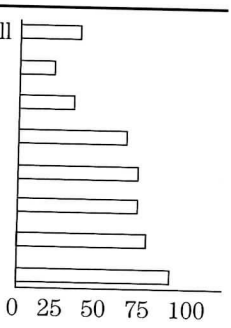
An obstacle to increasing HBV vaccination coverage among small public sector employees such as townships and village public safety workers has been the high cost of vaccine. Through an arrangement with Merck, Sharp & Dohme, Inc., the Ohio Department of Health has made Recombivax vaccine available to local health departments at a substantially reduced cost. The Mahoning County Health Department will administer the vaccine to public safety employees of several Mahoning County townships, villages and agencies in 1992.

We will continue to promote public sector participation in this program as long as vaccine is available. Private sector employers are likewise encouraged to make HBV vaccine available to their potentially exposed employees. Final approval of the proposed OSHA standards is expected sometime in 1992. Further information about HBV vaccine and the proposed OSHA standards is available from the Division of Preventive Medicine, Ohio Department of Health, at (614) 466-4643.

## *Special Population Targets for HBV*

| *HBV Cases* | *1987 Estimated Baseline* | *2000 Target* | *Percent Decrease* |
|---|---|---|---|
| Intravenous drug abusers | 30,000 | 22,500 | all |
| Heterosexually active people | 33,000 | 22,000 | a |
| Homosexual men | 25,300 | 8,500 | b |
| Children of Asians/Pacific Islanders | 8,900 | 1,800 | c |
| Occupationally exposed workers | 6,200 | 1,250 | d |
| Infants | 3,500 | 550 | e |
| | | new carriers | f |
| Alaska Natives | 15 | 1 | g |

Baseline data source: Center for Infectious Diseases, CDC.




[1]Public Health Service. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives.* Washington, D.C.: Public Heatlh Service, 1990; DHHS publication no. (PHS) 91-50212.
[2]Centers for Disease Control. Protection against viral hepatitis. *MMWR* 1990; 39: no. S-2.
[3]*Federal Register*, May 30, 1989. Vol. 54, No. 102, pp. 23080-132.

# PASSPORT, A Guide For Ohioans

The District XI Area Agency on Aging - PASSPORT program offers two alternatives to nursing home care to older adults in Ashtabula, Columbiana, Mahoning, and Trumbull Counties. PASSPORT (Pre-admission Screening Systems providing Options and Resources Today) is Ohio's long-term care program designed to provide the option of community-based care as an alternative to nursing home care.

The first option is the PASSPORT Home Care Program. To be eligible for PASSPORT home care a person must be:

**A. Age 60 or older and at risk of nursing home placement.**
**B. Have a nursing home level of care.**
**C. Meet financial eligibility standards.**
**D. Have a care plan that is 60 percent of nursing home costs.**
**E. Have a physician approval of the home care plan.**
**F. Be able to be maintained safely in their home.**

Individuals who are appropriate for the home care program are enrolled, provided with a plan of services and assigned a case manager. The services, after the service plan has been approved by the client's physician, are purchased by the PASSPORT program from local community service providers.

The second option is a community assessment for those individuals who do not meet all of the above requirements for the PASSPORT Home Care Program but are still interested in identifying their specific service needs and finding services that are available through traditional community services. Individuals that request a community assessment are referred to traditional community-based services, e.g., home health agencies, home delivered meals, etc. The individuals and agencies work together to coordinate service delivery.

A comprehensive in-home assessment conducted by an assessment team consisting of a registered nurse and licensed social worker is provided to individuals eligible for either the Home Care program or for traditional community-based services.

Referrals for PASSPORT Home Care and community assessments can be made by calling (216) 746-2938. □

## Continuing Education for Cardiologists

The Academy of Medicine of Cincinnati will present a one day Cardiology Conference on Saturday, January 18, 1992, at the Westin Hotel in Cincinnati. The program, "Directions in Cardiology: The Current State of the Heart," is designed for physicians specializing in cardiology and internal medicine/cardilogy. For reservations or more information, contact the Academy at (513) 421-7010. □

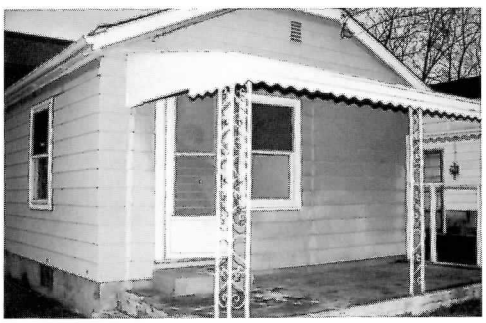
# Auxiliary Assists Multihandicapped Students

The Mahoning Medical Society Auxiliary has become involved with the Youngstown school system's functional training center for multihandicapped students. The city school system has purchased a small house adjacent to West Elementary School. The handicapped students who attend daily classes at West Elementary will use the house as a training center where they will learn to develop skills for independent living. Simple activities, such as meal preparation, hygiene skills, communication and other household tasks, will be emphasized, as well as vocational training and recreation. Classes for parent education will also be offered.

Auxiliary members Rosemary Memo and Donna Hayat have been working hard for many months seeking donations from Auxiliary members and local businesses to complete the house with furniture, electrical appliances, cookware, bedding, linens, and paint. Cash donations were used to purchase needed items.

On December 3, Auxiliary members hosted a "House Warming" at the school with tours of the house, and people were asked to bring donations. Mrs. Mary Walton, publicity chairperson for the Auxiliary, arranged for all three Youngstown television and radio stations to film the occasion. In addition, three area newspapers covered the event.

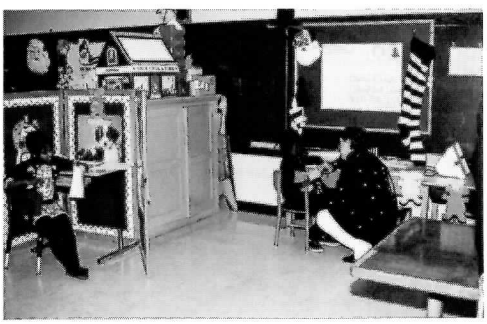
The Auxiliary is still seeking donations for the center andasks all Society members for their continued support of this very badly needed project. □



*Training Center for developing skills for independent living.*

*Pauline Sarantopolous, Auxiliary President.*

*Lorene Phallar, Director of Multihandicapped Program*



*Training Center classroom.*

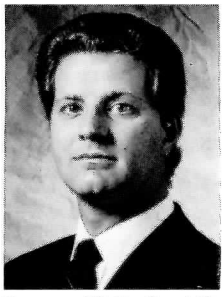
*(L to R) Rosemary Memo, Joseph Reda, Principal, West Elementary School, Donna Hyatt.*

# Farris is Chairman of NEOUCOM Board of Trustees

Melvin E. Farris, M.D., is the new chairman of the Board of Trustees of the Northeastern Ohio Universities College of Medicine (NEOUCOM). Y.T. Chiu, Jr., M.D., is Vice-chairman.

*Melvin E. Farris, MD*

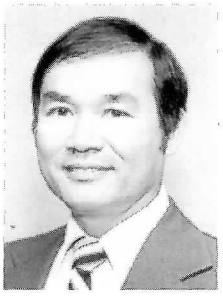
The board also has three new members, Carol A. Cartwright, Ph.D., president of Kent State University; Theodore V. Boyd, chairman of the board of WHBC - AM&FM, Canton; and Raymond S. Duffett, M.D., an orthopaedic surgeon, Youngstown. Boyd represents the Kent State University Board of Trustees and Duffett represents the Youngstown community on the NEOUCOM board.



*Raymond S. Duffett, MD*

Farris, a family physician in Akron, has been a member of the NEOUCOM board for four years. He has served on the Board of The University of Akron since 1985 and has been Vice-chairman of that board for three years.

Chiu, a Youngstown plastic surgeon, has been a member of the NEOUCOM Board of Trustees since 1983. He served as chairman of the board from 1987 through 1989.



*Y.T. Chiu, MD*

The board also presented resolutions of appreciation to three outgoing board members.

Michael Schwartz, Ph.D., former president of Kent State University, was cited for his dedicated service to students, faculty and staff at both Kent State and NEOUCOM.

Emily P. Mackall was recognized for her service throughout the Mahoning Valley, as well as for her support of both NEOUCOM and Youngstown State University.

Raymond Janson, a board member since 1988, was cited for his support of economic activities in Canton and Stark County as well as his service to the boards of Kent State and NEOUCOM. □

## Medicare News

HCFA recently announced that a grace period for the acceptance of 1991 CPT-4 visit codes will be granted from January 1, 1992, through January 31, 1992. Effective January 2, 1992, providers may call (614) 249-3391, Monday through Friday, 8:00 a.m. to 4:30 p.m. for assistance with Physician Payment Reform questions.

The following applications for membership were approved by Council:

*First Year In Practice:*
Ibrahim Haddad, MD
Kenneth A. Kaplan, MD
Ramesh Soundararajan, MD

*Second Year In Practice:*
Richard E. Wyszynski, MD

*Active:*
Sheikh M. Ashraf, MD

Information pertinent to the applicants should be sent to the Board of Censors by January 20, 1992.

### 60 Years Ago — December 1931

It was the height of the Great Depression; there were soup lines; patients paid for their medical care with a chicken, a loaf of bread, a dozen eggs, if they paid at all. S.Q. Laypius reported that we were one month nearer to the return of prosperity than we were 30 days ago.

**Dr. James Birch** became a new member. Secretary J.P. Harvey said the Society was big enough to have a full-time executive secretary.

### 50 Years Ago — December 1941

The Medical Society had 224 regular members, 9 non-resident, 6 associate and 4 intern, making a total of 243. Twelve were away on active duty with the armed forces. Dues were twenty dollars.

Ralph Morrall, Sam Weaver, Paul Fuzy, Paul Kaufman, Pat Kennedy, Walter Turner, George Mckelvey and Francis McNamara all attended the College of Surgeons meeting in Boston. Charles Hauser was recuperating from surgery, and Kocialek was on the sick list.

On December 7, the Japanese attacked Pearl Harbor, and we were at war. Some wonder these days, who won that war?

### 40 Years Ago — December 1951

The Society now boasted of 289 members. Outgoing president was Elmer Wenaas; president-elect was C.A. Gustafson. Among the impressive list of new members for 1951 were the following: Frederick Resch, DeForest Metcalf, Frank Gelbman, Robert Donley, Elmore McNeal, Benjamin Brown, Dean Stillson, Merrill Evans, Edward Thomas, William Breesman, Earl E. Brant, Hugh Munson, Francis Gambrel, Robert G. Thomas, Harold Teitelbaum, Irving Chevlen, Edward Shorten, George Cook, David Beynon, Frederick Schellhase and David Brody.

*Robert R. Fisher, MD*

### 30 Years Ago — December 1961

The Annual meeting was held at the Ohio Hotel on December 21, and the dinner was free. Both John McDonough and Asher Randall were nominated for president-elect. A.K. Phillips was outgoing president. New members that month were Michael Kachmer, Gust Boulis, Philip Giber, Robert Hamlisch, Maurice Oudiz, Walter Weickenand and Skevos Zervos.

### 20 Years Ago — December 1971

The Women's Auxiliary collected and packaged two tons of drug samples from doctor's offices to be sent to missionary hospitals and clinics all over the world. Chairpersons were Mrs. Gonzales, Mrs. Dietz and Mrs. Gilliland.

At the annual meeting on Dec. 21, president-elect **Dr. Henry Holden** accepted the gavel from out-going president John Stotler. New president-elect was C.E. Pichette, and new editor was to be John Melnick. They were good choices, for 1972 was to be the centennial year for the Mahoning County Medical Society.

### 10 Years Ago — December 1981

It was time for elections, and it was time for honors. **Dr. Henry Holden** was honored by his alma mater, South Carolina State University, as that institution's most outstanding player of the *century*. **Dr. John Melnick** was elected as "Doctor of the Year" by the Society members for his outstanding service to the medical profession and to the community. □

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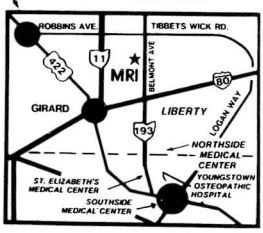


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## *Amish - Working The Rush, 1991*

**Limited Edition Woodcut Print, 8/10** by Nels Oestreich (1932 – )

*continued...*

October 15, 1932. There was no magic moment in his youth that brought forth the artist inside, although he had a cousin a few years older whose cartoon drawings Nels found amusing but not inspiring for himself. There was no art instruction in his schooling until he entered Bowling Green State University to study physical education with a minor in art. Art emerged as his true love with Nels eventually earning a B.S. and an M.F.A. from BGSU and an M.A. from Kent State University. Nels has recently retired from his Chairmanship and Professor of Art career at Westminster College to enjoy full time the pursuit of art in his own studio in New Wilmington, PA.

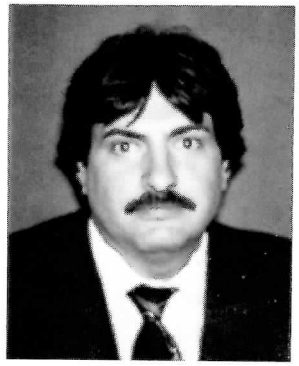
Oestreich is most noted for his woodcarving prints. It is an artform rarely pursued today because it is a difficult medium to perfect. Nels began working with woodcarving when he moved into his first apartment. The apartment was so tiny that space was too limited for canvases and paints, so he began to carve small woodblocks. In his early works, his inspiration was the famous French artist Rouault who used bold black lines reminiscent of outlines in stained glass windows. Eventually Nels' lines became finer. Almost from the beginning his woodcuts included colors along with the traditional black and white inked prints. While Nels has over 150 sketch books filled with drawings, he does not do preliminary sketches for his woodblocks. Most of his scenes are done mentally then drawn directly on the woodblock with a black marker or felt pen. White pine is used from the local lumber yard and his palette is a variety of chisels. In working with woodcuts, Nels comments, "I sometimes feel I do my most expressive drawings with a knife rather than a brush or pencil. I enjoy the resistance of the wood."

In the featured woodblock on the cover, *Amish-Working the Rush*, Nels was inspired by a visit to a local Amish gentleman who lives near his studio. The Amishman is a cane chair builder, and Nels often visits to buy materials from him. On one particular visit, Nels walked in and saw the Amishman standing near the window working, and the moment remained in his mind. This particular woodblock print is black and white and captures the essence of another artist at work. The Amish make good subject matters for woodblock prints because there are no grays in their society. Black and white portray their costumes, their hard characters and life styles. Nels feels he is "a workman. I enjoy working. I work at making art as I would at any other job. I do not wait for inspiration, I make my own inspiration. I look, I feel, I try to visually understand by making art. I have repeatedly used the word 'I,' not out of arrogance, but because the making of art is a one-person endeavor. I hope the results, the art, will reach the 'I' in the viewer."

Nels Oestreich is currently working on an oak relief carving of a mother with children for a local church in Youngstown. His works are found in many public and private collections including the Butler Institute of Art, the Arms Museum, Massillon Museum, Hoyt Institute of Art, Heritage Historical Library in Ontario, and the Library of Congress Print Collection. He has done illustrations for numerous books of poetry and children's books, and he was the featured artist in *Phantasm* a west coast literary magazine. His work may be viewed at the Trunick Gallery in Brookfield, Ohio. □

*Jeannine Lambert*

## Advertising List



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## Mark Your Calendar

The Psychiatric Professional Group, Gregory X. Boehm, MD, Nancy Duff-Boehm, Ph.D. and Youth Services Unit, Tod Children's Hospital will sponsor a workshop for professionals on "Attention Deficit Disorder in Children." The workshop will feature psychologist Russell Barkley, an internationally recognized authority on ADHD. Dr. Barkley will discuss diagnosis, assessment and treatment. The workshop will be held Wednesday, March 11, 1992, from 8:30 a.m. to 4:30 p.m. at Mr. Anthony's in Boardman. For registration information, call (216) 726-5656. □

Physicians Insurance Company of Ohio
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# PHYSICIANS INSURANCE COMPANY OF OHIO

*ANNOUNCING A VERY IMPORTANT COVERAGE ENHANCEMENT*

## SPECIAL DISABILITY COVERAGE RESPONDS TO INFECTIOUS DISEASE EXPOSURE; AVAILABLE TO INSURED PHYSICIANS, SURGEONS AND DENTISTS

**What It Is:** A special disability coverage, including infectious disease, which will be provided to insureds as part of their malpractice insurance policies.

The special endorsement will offer a minimum of $100,000 disability coverage for insureds who test positive for Human Immunodeficiency Virus (HIV). For the infectious disease coverage, higher limits of $250,000 and $500,000 are available for an additional premium:

| | **$250,000** | **$500,000** |
|---|---|---|
| **Dentists** | $338 | $ 900 |
| **Physicians** | $413 | $1,100 |
| **Surgeons** | $563 | $1,500 |

**Added coverage:**: The new coverage enhancement also will include a schedule of benefits for accidental death, dismemberment or disability related to other practice-threatening injuries such as loss of sight or the loss of use of hands.

**When it begins:** Coverage becomes part of each MPL policy at inception (for new policyholders) or at the time each policy renews (for current insureds) beginning January 1, 1992.

**Who is covered:** All physicians, surgeons and dentists insured through claims-made and occurrence policies.

**How it works:** The disability benefit is payable upon first testing positive for HIV. It does not require waiting for the end stage of the virus, or AIDS, to develop for the coverage to apply.

It also does not require proof of the insured's ability to pursue practice, nor is it restricted to injury or infection in the workplace.

Payout will be in a lump sum, or in monthly annuity payments (through a contract issued by a PICO subsidiary, American Physicians Life Insurance Company).

**Background Information:** The growing risk of exposure to infectious diseases often can produce complex and interrelated concerns — personal, professional, ethical and financial.

Insured physicians, surgeons and dentists who test positive for Human Immunodeficiency Virus (HIV) will face a multitude of pressures in making the difficult decision to leave practice or to modify their practice to prevent risk of transmission.

This new coverage can offset some of the accompanying financial burdens which are linked to the loss of income and depletion of resources.

Under policies established by the Ohio State Medical Board and the Ohio State Dental Board, physicians or dentists who believe they may be carriers of the HIV virus bear the responsibility for limiting their practices to non-invasive care, and for using appropriate techniques and procedures in the course of patient contacts to limit the risk of transmission. Violations of these policies are grounds for disciplinary action, which may include license revocation.

PICO believes that the income security offered by the new disability coverage will allow infected insureds to comply with the policies of the state medical or dental boards.

**Additional data:**

- The new coveage will be reinsured by Lloyd's of London.
- The disability enhancement attaches to policies with effective dates of January 1, 1992, and later which are issued by PICO and its subsidiary, The Professionals Insurance Company.
- PICO also is exploring a similar coverage enhancement for other healthcare providers, as well as coverage related to other infectious diseases.

**For more information contact the Gluck Agency,**
**2901 Market Street, Youngstown, Ohio, 44507 • (216) 788-6577**

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

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