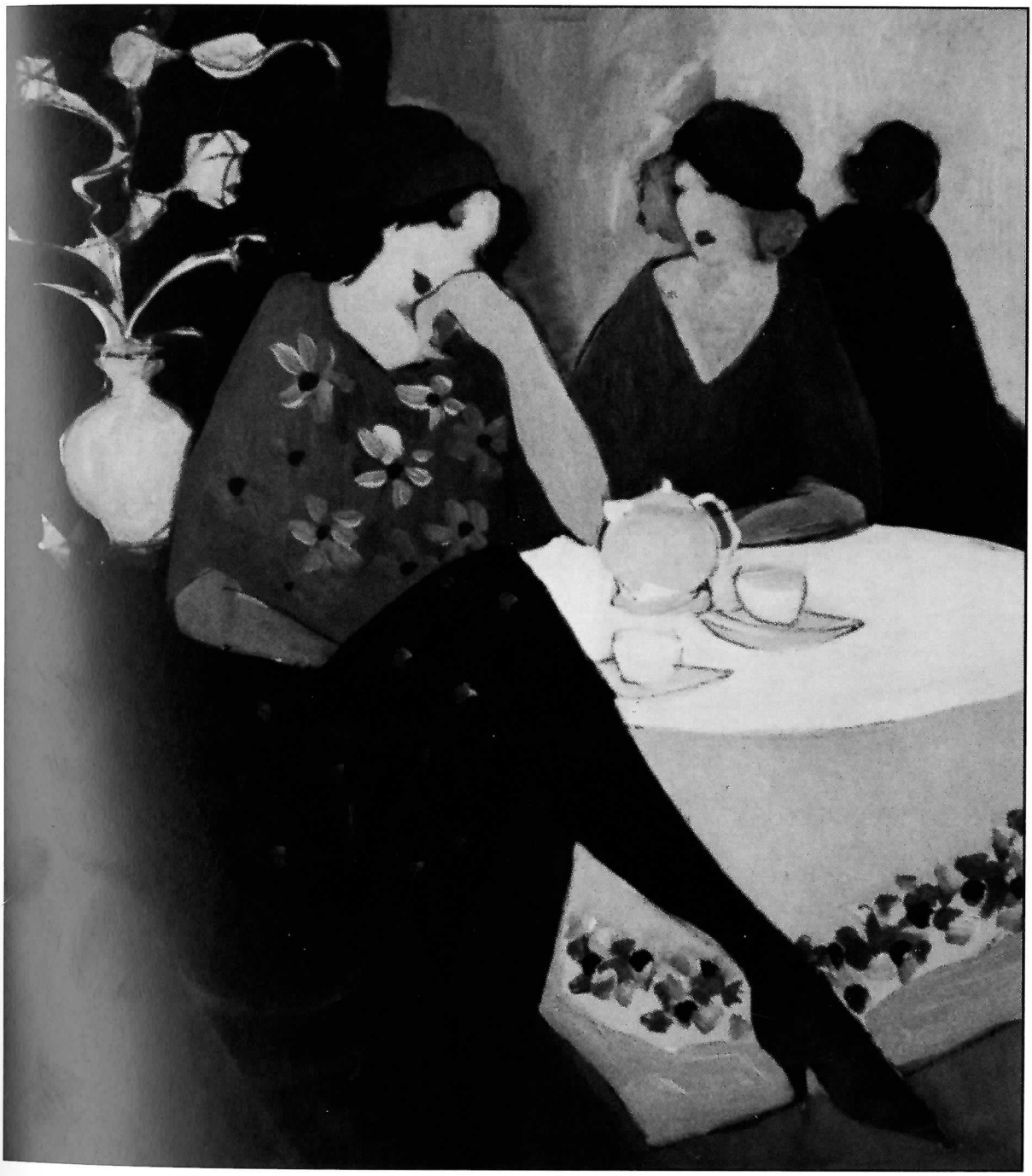
BULLETIN

Vol. 62, No. 2 Bulletin of The Mahoning County Medical Society March/April 1992



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BULLETIN

Mahoning County Medical Society
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The *Bulletin* is published six times a year, by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512.
Phone (216) 788-4700.

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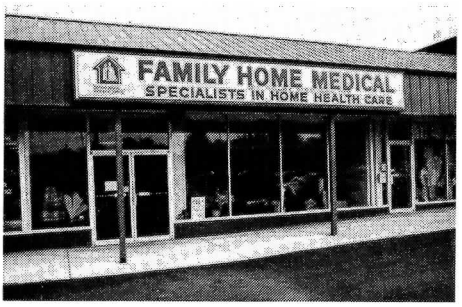

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Political Forces to Shape Medicine's Future

"...the public outcry and political responses to it will craft changes with enormous impact on the structure within which we will practice medicine in the near future."

As a practicing physician, it would be considered malpractice to ignore the symptoms of a serious illness, or to avoid addressing the ominous signs of a change that would impact on the quality or continuation of the life of one of our patients. When we took the Hippocratic oath, we promised to do no harm. We are each aware that the sins of omission may well be as deleterious as the sins of commission. I know of no gentle way to share with you that the days of physician autonomy are rapidly coming to a close. Even though physicians' incomes may only represent slightly less than 20 percent of the health care expense pie, we are the most vulnerable. Because of our collective passivity, and despite the formidable and respected power of the AMA lobby in Washington and State lobbying groups, the public outcry and political responses to it will craft changes with enormous impact on the structure within which we will practice medicine in the near future. When cuts, controls, and regulations are enacted, the squeakiest wheels will get the most grease. Nursing home associations, hospitals, and pharmaceutical concerns also have powerful state and national political action groups - unified aggressive groups. If we as individual physicians choose to be passively quiet, abstaining from support verbally and financially of our lobbyists, failing to offer CONSTRUCTIVE suggestions, we will fail in preserving the potentially salvageable elements of the best health care system in the world.

Whoever is elected this year will channel the changes which will occur in the coming months.

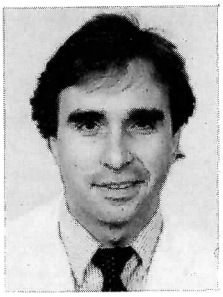
I urge you to choose to be an active participant. I know of no better place to remain current in your information than through the resources of YOUR MEDICAL SOCIETY - local, state, and national. OMPAC and AMPAC were vague acronyms for me a few months ago. I know now that these are the political action groups in Ohio that are also working nationally to preserve what is good and reach for what is feasible for the sake of all of us and our patients. If you are unable to choose firsthand involvement, please support these groups. A year from now will be too late to become involved. Dr. Handel prepared an excellent communication on these groups. Dr. Chris Knight wrote a very eloquent editorial last month urging your support and involvement.

Each of us individually can make a difference. Through organized financial ($1,000 each) and communication support, the optometrists in Ohio were able to facilitate passage of legislation allowing them to dispense prescription medicines. This is a very local and illuminating example of what working together can accomplish. I urge you to read your legislative bulletins from OMS. The AMA News incorporates brief and readable information on national issues. The news itself can be caught on CNN anytime of the day or night.

As physicians, each of us has a vested interest in the healthcare system of America. However, I think it is also important to remember that each of us eventually in the course of our lives will also be consumers in this system. I feel that those that are most knowledgeable should be a major factor in the structural fabrication of health care in America. The politicians respond to those who are most vocal. We must each listen, assess, and make constructive comments to the politicians who will actually be voting on our future.

Jane F. Butterworth, MD

And The Walls Will Come Down



Chris A. Knight, MD

During the last 6-1/2 years I have been practicing in Youngstown, I have found myself saying on numerous occasions, "I don't own Western Reserve Care System," or "I am a doctor, not a Southside doctor." What I mean is that physicians that practice mainly at St. Elizabeth's will ask me what we are doing over at Western Reserve, or how we are handling a certain situation at Southside as if I ran the hospital or made the policies of the hospital. We all know in fact that physicians are having less of a role in policy making in any hospital system. The hospital staffs have seemed to have formed ball teams implying that we must only play for one team or the team manager will get angry. I can understand this type of thinking from the administrators of the hospitals, as certainly they are in competition with each other and attempting to "capture the market." We as physicians should not participate in the hospitals' battles. Our purpose is to deliver quality care to our patients. We should learn to cooperate with one another and not to get caught in the competition between the hospital systems. We must remember that hospitals have their own best interest as their priority, and it does not always coincide with our interest. So while it is understandable that a physician may prefer one hospital system over another, I would like not to have an us vs. them mindset. We must also reach out to our associates at Youngstown Osteopathic Hospital. Though there are some differences, our common interests heavily outweigh these differences.

We as physicians must cooperate and become unified to survive these troubled times we are facing. It feels as if we are being pressured from all sides–by the government, the often hostile media, and the litigious environment. Therefore, as we have seen political and physical walls fall down in the world that we never thought would occur, I would like to see walls come down in our medical community that have been built over the years and certainly an excellent first step is to become active in the Mahoning County Medical Society. □

Mark Your Calendar

Dialogue With
U.S. Rep. James A. Traficant
Society Dinner Meeting
Tues., April 21; 6:00 p.m.
Youngstown Club

Health Matters Live Line
Mon., April 27; 8:00 p.m. - 9:00 p.m.
WYTV Channel 33
Featuring members of the
Young Physicians Committee

OSHA Compliance Seminar
Wed., April 28; 7:00 p.m. - 9:00 p.m.
Antone's Banquet Centre

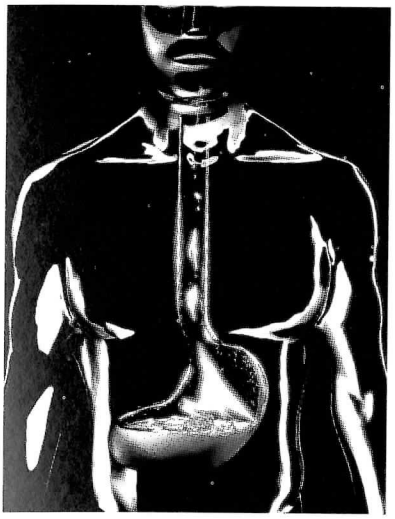
Call Society for details: 216-788-4700

The following applications for membership were approved by Council:

Active:
Gregory J. Mazanek, MD

First Year In Practice:
Jon W. Arnott, MD

Information pertinent to the applicants should be sent to the Board of Censors by April 30, 1992.



AXID® (nizatidine capsules)

Brief Summary. Consult the package insert for complete prescribing information.

Indications and Usage: 1. *Active duodenal ulcer* – for up to 8 weeks of treatment at a dosage of 300 mg h.s. or 150 mg b.i.d. Most patients heal within 4 weeks.

2. *Maintenance therapy* – for healed duodenal ulcer patients at a dosage of 150 mg h.s. at bedtime. The consequences of therapy with Axid for longer than 1 year are not known.

3. *Gastroesophageal reflux disease (GERD)* – for up to 12 weeks of treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and associated heartburn at a dosage of 150 mg b.i.d.

Contraindication: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H_2-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to other H_2-receptor antagonists.

Precautions: *General* – 1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests – False-positive tests for urobilinogen with Multistix* may occur during therapy.

Drug Interactions – No interactions have been observed with theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

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 mild 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: Worldwide, controlled clinical trials included over 6,000 patients given nizatidine in studies of varying durations. Placebo-controlled trials in the United States and Canada included over 2,600 patients given nizatidine and over 1,700 given placebo. Among the adverse events in these placebo-controlled trials, only anemia (0.2% vs 0%) and urticaria (0.5% vs 0.1%) were significantly more common in the nizatidine group. Of the adverse events that occurred at a frequency of 1% or more, there was no statistically significant difference between Axid and placebo in the incidence of any of these events (see package insert for complete information).

A variety of less common events were also reported; it was not possible to determine whether these were caused by nizatidine.

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 similar frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic – Anemia was reported significantly more frequently in nizatidine than in placebo-treated patients. Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental – Urticaria was reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity – As with other H_2-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. The ability of hemodialysis to remove nizatidine from the body has not been conclusively demonstrated; however, due to its large volume of distribution, nizatidine is not expected to be efficiently removed from the body by this method.

PV 2093 AMP [101591]

Additional information available to the profession on request.

Eli Lilly and Company
Indianapolis, Indiana
46285

NZ-2952-B-249309

Axid® (nizatidine, Lilly)

Physician Inform Thy Self

As the debate over national health insurance heats up during this election year, it is vital that we physicians arm ourselves with information to counter the false and misleading propaganda. We need to speak out, whether it be to our patients, a letter to the *Vindicator*, or a talk to a church group or a service club. It is not necessary to memorize a lot of facts and figures. Here are six points that can help inform the public.

1. Approximately 36 million people lack health insurance. Thirty six million is 14 percent of the population. The important statistic is the fact that 86 percent of the population is covered by health insurance to some degree. The medical profession needs to help devise a program that addresses the 14 percent, rather than discarding a system that works for the overwhelming majority.

2. A "single payor" system is being touted by the politicians as the answer to the so-called health care crisis. "Single payor" is a code word for monopoly and the elimination of competition. A monopoly, especially with the government becoming the single payor, would in the long run increase rather than decrease costs. More importantly, a government run monopoly would take away freedom of choice.

3. A national health scheme run by the government would, by its very nature, increase taxes. This occurs in two ways. First, the plan imposes another income and/or payroll taxes on an already overtaxed citizenry. Secondly, the plan indirectly affects taxes imposed on business. Business and corporations don't pay taxes - only people pay taxes. Business taxes are passed on to the consumer in the form of higher prices for goods and services.

4. The Canadian health care system is seriously being considered, especially here in Ohio. It is an interesting paradox that people in our valley who speak out loudly against foreign imports applaud a foreign medical import. Millions of people in Europe are discarding socialism, while some Americans are hailing the merits of socialized medicine – one of the hallmarks of the socialistic state.

5. The entire debate focuses on a philosophical untruth - that "medical care is a God given right," Medical care is a desirable and often necessary service, rendered by people. No one has the right to the services of another human being. This is called involuntary servitude or slavery and is prohibited by the constitution.

6. The most important question to ask in this debate is "do we as a nation want to turn over to the politicians and government bureaucrats one of the most personal and precious aspects of our lives — Our health?

Jack Schreiber, MD

Society Meeting

Members and Auxilians met on March 19 at St. John's Greek Orthodox Church for the customary meeting and international dinner. Members approved a date change, for the next meeting, from May 19 to April 21. Dr. Gary Gibson, Trumbull County, presented an update on "Jump Start America." □

ELECTRONIC MEDIA CLAIMS

Vendor Fair

Hosted By
The Academy of Medicine of Cleveland
In Cooperation With Nationwide Medicare

June 8, 1992
The Holiday Inn, Rockside, Cleveland
(Ballroom)
11:00 a.m. to 5:00 p.m.

— FREE ADMISSION —

- 35 Electronic Media Claims Vendors With hardware/Software
- Lecture Series
  - Medicare Representatives - How EMC Works
  - Consultant - CPT Coding
  - Physician Office Administrators How EMC Really Works

For information contact: Kandie Wolfe at The Academy of Medicine of Cleveland at 216-524-8050.

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PEOPLE

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The Adolescent Recovery Center at Northside Medical Center

Youth Services at
Tod Children's Hospital

The Alcoholic Clinic of Youngstown

and

*The*Vindicator
Newspapers in Education

May 12, 1992
8:30 a.m. - 4:00 p.m.

Mr. Anthony's
7440 South Ave., Boardman, Ohio

Call 744-1181 for registration.

PHYSICIAN UPDATE ON CHILD ADVOCACY

LOLITA M. McDAVID, M.D.

Dr. McDavid is the director of the Greater Cleveland project of the Children's Defense Fund. She was previously head of general pediatrics at MetroHealth Medical Center in Cleveland. She is a faculty member in the Department of Pediatrics at Case Western Reserve University School of Medicine. As a representative of the Children's Defense Fund, she is meeting with area physicians to discuss:

- *the status of children in Mahoning and Trumbull counties when compared to the latest state and national statistics.*
- *to let you know what physicians throughout the state are doing for children.*

WHERE: Tod Children's Hospital
Medical Education Center
500 Gypsy Lane
Youngstown, OH 44501

WHEN: Wednesday, April 29, 1992
8:00 a.m. to 9:00 a.m.

SPONSORS: Mahoning County Medical Society
Mahoning County Children's Health Coalition
Tod Children's Hospital

(for more information call (216) 740-3898)

State Senator Meets with Society Members

On March 6, State Senator Harry Meshel met with several members of our Medical Society at the Youngstown Club. The members who met with the senator were: **Drs. Denise Bobovnyik; Raymond J. Boniface; Thomas Boniface; Anang Garg; Sanford Gaylord; Norton German; James Lambert; Richard Memo; Michael Miladore; Alam Qadri; Robert Sinsheimer; Eric Svenson; Hai Shiuh Wang and Elizabeth Young.**

The meeting was an opportunity for dialogue on several key legislative issues being debated in the Ohio legislature. Senator Meshel indicated his willingness to meet with our Society on a regular basis to garner much needed medical input on health care issues confronting the Ohio legislature.

AMA Expands AMT

In February, the AMA joined forces with NBC-TV's cable division to expand American Medical Television or AMT. The new partnership began airing medical programs on the Consumer News and Business Channel (CNBC) on February 29. Operating from the AMA's Chicago headquarters, AMT produces five hours of live and interactive medical programming which airs each Saturday and Sunday from 10 a.m. to 3 p.m. Eastern time. Three hours of programming are aimed at physicians and two hours are aimed at consumers. According to AMA Executive Vice-President James S. Todd, M.D., American Medical Television reflects the AMA's mission to provide "consumers and physicians with important and accurate medical information." So doctors stay tuned and stay informed.

Using The Computer to Create A Discharge Summary

I. INTRODUCTION

The ability to effectively manage the written word, correct mistakes, move entire paragraphs, etc. was realized with the advent of the personal computer and word processing.

Word processors have revolutionized the way we convert our thoughts into words. The power and effectiveness of this tool still amazes many of us. There are many word processors, ranging from the very simple to the very sophisticated.

In 1986, while working in the *Jeghers Medical Index*, I was fortunate to meet and later establish a friendship with Dr. Leonard P. Caccamo. He introduced me to the word processor that I still use today, the extraordinary WordPerfect program. All the work I have done, and the essence of this paper is related to this distinctive program. Its powerful macro language and versatility have made possible the medical adaptations that I have created and use daily.

There are, as I say, other good word processors available with similar capabilities, but my efforts, over the past 5 years, have been exclusively related to WordPerfect .

II. Need for Easy Way to Write Discharge Summaries

As physicians, we need to use the written word daily, in letters to third party payers, consultations, etc. Much time and effort is required in dictating, reviewing and editing such documents.

I have addressed this need by applying WordPerfect®, as a tool in executing these tasks and especially in the generation of hospital discharge summaries.

The reason for my search to find a new way to manage discharge summaries was very clear to me: I wanted to have all the pertinent information related to my patients printed and available at discharge from the Neonatal Intensive Care Nursery (NICU).

When my patients are discharged, they need, in most cases, a follow-up by their pediatrician within a very short period of time.

It is important that the family pediatrician and other consultants have in their hands detailed information on the baby's problems, while in the NICU.

III. The Importance of Macros as Time Savers

By using WordPerfect®, the discharge summary can be prepared in a very short period of time and with great efficiency. The word processors have the capacity of remembering frequently repeated keystrokes, words and very complex sentences by creating macros requiring very, very few keystrokes.

For example, if you always use the same description for a certain medical procedure, you can instruct WordPerfect® to save this as a macro and give it a code name PROC. Every time you want to repeat the description of this routine procedure in your discharge summary, you just invoke the macro PROC, and at that point the entire description is inserted in your document. It is obvious that when this routine description is repeatedly used in the same or in other summaries, much time and effort will be saved.

The macro can be instructed to pause in the middle of its execution, so that you can insert specific findings for a particular patient.

Taking advantage of the WordPerfect®. macro language, I have created a series of well-over 150 macros that assist me in writing a custom-made discharge summary in a very short period of time.

IV. A Short Description of The Program

(STEP ONE) When I decided to create my macros, I first listed what was to be included in my discharge summary, including the heading and the footer for each page, so that when printed it would be acceptable for placing in the permanent record.

(STEP TWO) Once step one was accomplished, I then wrote down the 'skeleton' of the entire discharge summary, in the way I wanted it to look upon completion.

The THIRD STEP was to create the macros for each of the most common procedures and diagnoses that I, as a neonatologist, face every time I have a patient in the NICU.

I have made certain modifications over time that have improved the format including additional macros to help with the order of the discharge summary.

V. Program Example

The program includes five major macros that I have chained. (Once executed, it automatically calls the others, until all are completed.) The five macros are: DISCHEAD, PEXAM, HOME, COURSE, and DIAGNOSIS.

DISCHEAD creates the header, including the patient's name, hospital number, sex and age. It also incorporates the name of the hospital.

The next macro will execute the pertinent facts about the history and physical, and it will pause to allow input of the information unique for that particular patient.

The execution of the remaining macros in the series allows me to input information related to the admission diagnosis, hospital course, procedures, consultants, discharge diagnosis and disposition.

Separate macros exits have been created that can be utilized after the main one has been executed, so that I can expand my comments in any area, depending upon the individual patient and problem.

VI. Conclusions

The execution of this program, can be done in a very short period of time, and the final product is easy to read and contains detailed information in a well constructed format.

As of this date, I have written over 170 discharge summaries using the above procedure. The process is ongoing, and I have found an additional way of using WordPerfect® to help me in my daily work as a neonatologist.

I firmly believe that physicians, regardless of specialty, can adapt this computer strategy of creating medical documents for his or her own advantage. We should always remember that tools such as these help us utilize time more efficiently, providing us more time for the care of our patients.

Physicians following the patient after discharge can render better patient care because of a more complete documentation of medical data. □

Claudio A. Ruiz, MD
St. Elizabeth Hospital
Medical Center

The 25¢ On A Dollar Pension Plan

As a financial planner, a large part of my practice is working with older physicians. Most commonly the largest asset making up the physician's estate is usually their pension or profit plans. Qualified retirement plans provide a substantial amount of current tax relief and are therefore highly utilized. Most of the physician's I have worked with are under the misconception that their qualified retirement plan or plans will ultimately become a legacy to their children or grandchildren. The harsh reality is that as much as 75¢ of every dollar in a qualified plan could end up in the hands of the IRS.

Not too long ago while establishing a living trust for a physician, this harsh reality was made aware to both the physician and his wife. This particular doctor was a few years away from retirement and he was proud of the fact that he already had accumulated $1,400,000 in his qualified plans. To both of their surprise, they were not aware that potentially 75¢ of every dollar of their qualified plans could end up in the hands of the IRS. And this is why. If both husband and wife were to die in a common disaster the qualified plan assets will be taxed as follows:

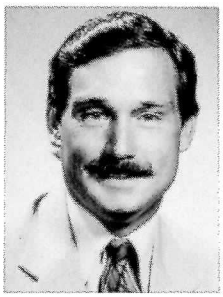
1,400.00	
x .65	*reflects 35% Income tax bracket*
910,000	
x .45	*reflects 55% Federal estate tax bracket*
409,500	
–31,500	
378,000	*reflects the 15% excise tax*

Thus only $378,000 of the $1,400,000 plan assets would end up in the hands of their children should a common disaster occur. The only way to avoid this tax trap is to pay ordinary income tax on the plan distributions and pars the balance of plan assets to a qualified charity. Yes you reduce the grips of the IRS but you also disinherit the next generation.

Two strategies can be applied to help alleviate this problem. The first is to utilize the tax benefits and different tax provisions that apply to qualified plans. For example the tax code permits a pension or profit sharing plan to purchase term life insurance as long as the insurance is incidental to the plan. In this case our 56 year old physician could have his pension plan purchase $1,000,000 of ten year term insurance at a cost of $5,000 a year. The $5,000 term premium would be fully deductible by the corporation and at worst be added to doctor's W2. The result is an additional $1,000,000 would be available to pay the IRS. The drawback is the million dollars would be included in the doctor's estate. However, some experts feel that the $1,000,000 of term insurance could be transferred to an irrevocable trust thus avoiding this problem. At this time, it is unclear whether or not the IRS would approve this so called sub trust approach with respect to qualified retirement plans.

This brings us to our second strategy, the use of group term life insurance based on an employee's salary. The term insurance premium would be fully deductible by the corporation and the cost of term insurance over $50,000 will be added back to the doctor's W2. However, unlike the pension approach the $1,000,000 of group insurance can be transferred into an irrevocable trust thereby avoiding both income tax and federal estate tax. The results, assuming everything is executed properly will replace the $1,000,000 paid to the IRS.

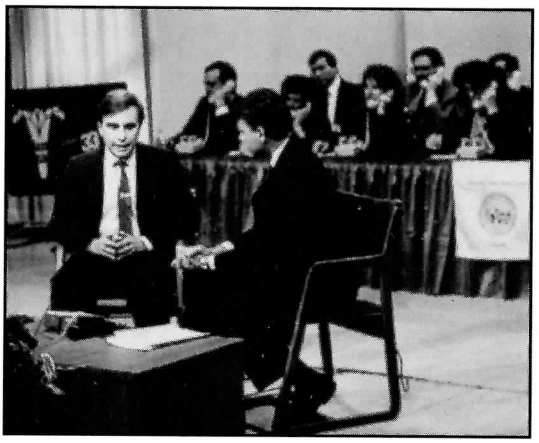
Rick Desman is a principal partner of CD Financial Group based in Weirton, West Virginia, and has over 20 years of experience in the financial service industry. □



Rick Desman, CLU, ChFC, CFP

Young Physicians Appear on TV

"Health Matters: Live Line," a one hour, live television program featuring physicians from our Medical Society was an astounding success. The health program aired Thursday, January 16, 1992, from 8-9 p.m. on WYTV. The show was a special presentation of WYTV's 33 Eyewitness News and the Easter Seal Society. The show was produced in cooperation with the Mahoning County Medical Society's Young Physicians Committee.



(L to R) Dr. C. Knight, Len Rome.

According to telephone company statistics, 529 incoming calls to the 15-member doctor panel were completed during the one-hour program; 14,000 busy signals were recorded showing tremendous viewer response to the locally produced program.

Committee chairperson **Dr. Denise Bobovnyik** opened the show with interviewer and program anchor Len Rome. The show was divided into five segments which featured interviews with specialists in five areas. Addressing the television audience were oncologist **Dr. Chris A. Knight**, cardiologist **Dr. Gregory J. Mazanek**, obstetrician and gynecologist **Dr. Melinda K. Smith**, and Chief of Infectious Diseases at Tod Children's Hospital **Dr. John S. Venglarcik.**

Eighteen Society members took turns answering questions on the 15 phone lines provided. The following physicians participated in the phone bank: **Drs. Thomas Albani; Albert Bleggi; Denise Bobovnyik; Raymond Boniface; Thomas Boniface; Linda Cuculic; Nancy Gantt; Richard Gentile; Jenifer Lloyd; Anthony Mehle; Michael Miladore; Larry K. Nash; Douglas Naylor, Jr.; Susan Selim; Manuel Spirtos; Bruce Willner; Lyn Yakubov and Elisabeth Young.**

The Society greatly appreciates the significant effort made by the Young Physicians Committee to ensure the success of this well-received educational program. The committee will repeat this success story on Monday, April 27, when a brand new show airs. Be sure to tune in.

Medical Assistants

Recent meetings of the Mahoning County Chapter of Medical Assistants have featured speakers on several current topics. In February, Alice Slusher gave an "Ultrasound Update." At the March meeting, Marilyn White, RRA, discussed records management, and the April meeting featured Attorney Ronald J. Rice, who discussed medical legal issues. The Ohio State Society of Medical Assistants held its 1992 Annual Meeting April 9-12 in Hudson, Ohio. MCMA President Nena LaBarbera encouraged local chapter members to attend this educational program which was hosted by the Summit County Chapter.

MCMS Physicians Serving on OSMA Committees

Committee on Cancer	**Dr. Raymond Lupse**
	Dr. Karl F. Wieneke
Joint Advisory Committee on Sports Medicine	**Dr. Michael J. Miladore**
Committee on Accreditation	**Dr. Chander M. Kohli**
Committee on Communications	**Dr. James A. Lambert**
Committee on Infectious Diseases	**Dr. John S. Venglarcik**
Task Force on Professional Liability	**Dr. Richard A. Memo**
International Medical Graduate Task Force	**Dr. Anand G. Garg**
	Dr. Miranjan N. Patel

Career Night '92 Volunteers

Three Medical Society members participated in Career Night '92 held Tuesday, March 24, at Youngstown State University. **Drs. Thomas Albani, Larry Kevin Nash, and Paul Weiss** represented our Medical Society before a large group of young people and their parents. The Society thanks these dedicated professionals for donating their time to this worthwhile program.

A response to Dr. Butterworth's poem, "The Coded Care Crisis Cometh," featured in last month's Bulletin

The coded health care crisis
It cometh as a need...
Like a roaring clap of thunder
to counter doctor greed.
We fought for "fee for service"
We paid ourselves too well.
The patient's bills made him aghast
Now, "Doc can go to hell."
I'll tell you what has happened to
See, evaluate and treat.
The patient gets a bill so large
It knocks him off his feet.

So, who can afford our medical care?
30 million sigh and quake.
What illness comes to our poor house
And all our future take.
When our new skills and labs and rays
Can break GM and Ford
The Feds and 50 states as well
We fell on our own sword.

(Present company excluded)

A member who prefers to use his nom de plume. *H.L. Windermere, MD*

Earliest Fossil from Human Genus Identified as 2.4 Million Years Old

In a study that extends the age of our own genus by 500,000 years, a Northeastern Ohio Universities College of Medicine (NEOUCOM) scientist and his colleagues from Yale University and University of California, Berkeley, have identified the fossil of a skull fragment found in Kenya as belonging to the genus Homo and have dated it as 2.4 million years old.

The fossil provides the first direct evidence that our genus existed when the earliest known tools, found in Ethiopia, were made between 2.4 and 2.6 million years ago, according to Steven C. Ward, Ph.D., professor and chairman, Anatomy, NEOUCOM. Species of the genus *Homo*, which generally had larger brains and greater dexterity than species of the earlier genus *Australopithecus*, are believed to have had exclusive ability to craft stone tools, although the earliest *Homo* fossil known previously was only 1.9 million years old.

The announcement in the February 20 issue of the British journal *Nature* also adds credence to a theory proposed in 1984 by Yale geologist Elisabeth S. Vrba, Ph.D. — that the first species on the evolutionary path leading directly to modern humans *(Homo sapiens)* arose about 2.5 million years ago because of rapid global climate cooling. With temperatures 5 to 10 degrees centigrade cooler than today, a relatively brief time span gave rise to an unusually large number of new plant and animal species adapted to survive colder, drier conditions, she noted, and our direct ancestor most likely was among them.

"Although we should be careful about putting too great a significance on the simple coincidence of these factors in the fossil record, it is interesting to correlate the origin of our genus with a global climatic shift," said Andrew Hill, Ph.D., Yale paleoanthropologist. Instead of evolution occurring at a constant rate, Vrba added, evidence is mounting that "a lot of turnover in species and a lot of evolutionary adaptations tend to arrive together on the same wave of dramatic climate change."

Scientists believe the evolutionary path leading to modern humans diverged from that of the apes between 5 and 9 million years ago, Ward said. By 3.7 million years ago, human-like creatures walked on two legs but still had skulls somewhat similar to those of modern chimpanzees. These bipedal creatures are the earliest known species in the genus *Australopithecus*, which together with the genus *Homo* makes up the family of hominidae.

According to the study, the genus *Homo* diverged at least 2.4 million years ago from *Australopithecus*, a once-thriving branch of human evolution that became extinct about 1 million years ago.

The three-inch-long skull fragment in the study, which spans the right earhole and jaw joint, has characteristic crests and vascular grooves that aided researchers in locating its position on the human evolutionary spectrum. Hill and Ward, who identified the fossil, concluded that the specimen's cranium had a realtively wide base — typical only in the genus *Homo*.

Although the fossil was found nearly 25 years ago at a site in Kenya's Chemeron rock formation near Lake Baringo, its age had not been determined until now. Using a process called single crystal $^{40}AR/^{39}Ar$ laser fusion dating, scientists at the Geochronology Centre of the Institute of Human Origins in Berkeley, CA, bombarded with lasers a sample of volcanic-ash crystals from the site where the fossil was found. The scientists — Alan Deino, Garniss

Steven Ward, Ph.D.

Curtis and Robert Drake — placed the fossil's age at 2.4 million years by calculating how much of the argon isotope ^{40}Ar was produced from the radioactive decay of the sample's potassium isotope ^{40}K since the crystals were formed. The fossil is housed at the National Museums of Kenya in Nairobi.

The earliest recognized species in the genus *Homo* - *Homo habilis*, meaning "handy" man — was found in the Olduvai Gorge in Tanzania and is about 1.8 million years old. Before the Yale announcement, the oldest securely identified specimens in our genus, found in East Turkana, Kenya, were dated at 1.9 million years old. The fossil may belong to a different *Homo* species, although presently the scientists are not allocating it to any species.

Ward, an internationally know anthropologist, has been participating in the Kenya project since 1981. He was appointed professsor and chairman of Anatomy at NEOUCOM in July 1991. Prior to that, he was associate professor of anthropology at Kent State University and associate professor of Anatomy at NEOUCOM. He received his master's and doctorate, both in anthropology, from Washington University, St. Louis, MO.

Hill, an anthropology professor, directs the Baringo Paleontological Research Project, which is an expedition based at Yale University and carried out jointly with the National Museums of Kenya.

The research is funded primarily by the National Science Foundation; the Louise Brown Foundation, Cleveland; the Ingalls Foundation, Cleveland; and Clayton Stevenson, New Haven, CT. □

60 Years Ago — March/April 1932

The fifth Annual Postgraduate Day meeting was held in April. Over four hundred doctors were registered from five different states. The new president that year was **A. Earl Brant**. New members were **E.C. Mylott, James B. Birch** and **W. Stanley Curtis**. The health department reported 17 cases of diptheria, 11 cases of smallpox and 50 cases of influenza.

50 Years Ago — March/April 1942

War had broken out in December with the disaster at Pearl Harbor. Our Pacific fleet was smashed, its remnants were holed up in the Phillippines. War fever was mounting; many physicians were called into service, leaving their families and their practices to those too old or too disabled to serve. Street lights were blacked out and cars had black tape over the upper part of their headlights. Air raid drills and bomb shelters were on everyone's mind. New members were **Bertram Firestone** and **Genevive Delfs.**

40 Years Ago — March/April 1952

The Annual Postgraduate Day meeting had become part of the larger Sixth Councillor District meeting and was changed to October. President that year was **C.A. Gustafson,** and *Bulletin* editor was **Elmore MacNeal**. The T.B. Sanitorium admitted 164 patients in 1951 and was 93.2 percent filled. **J.N. McCann**, president of the Ohio Board of Medical Examiners, was made president of the National Federation of Medical Examiners.

New member that month was **Raymond Catoline.**

Robert R. Fisher, MD

30 Years Ago — March/April 1962

President **C.W. Stertzbach** warned the members and the public at large of the dangers inherent in President Kennedy's Medicare program. **William D. Loeser** had a lengthy article on extra-corporeal dialysis using the new "artificial kidney." He listed the indications for using the new McNeill-Collins dializer. **Winifred Liu** submitted an article urging all members to do uterine cytological studies periodically on all female patients, regardless of their reason for coming to the office. New members were **Raymond Catoline** and **George Dietz.**

20 Years Ago — March/April 1972

This was the Society's Centennial Year, with each month's issue containing an article describing one of Youngstown's pioneer doctors, researched by **John Melnick.** President **Henry Holden** pleaded for better attendance at the meetings. **Conner White** was chairman of the Annual Scholarship Dinner, which was held on April 13. Speaker for the event was Ross Wales, Olympic bronze medal winner and son of **Dr. and Mrs. Craig Wales.** New members that month were **Robert S. Bakondy, Abdul Hafiz** and **Parviz Soliemani.**

10 Years Ago — March/April 1982

President **Robert Kiskaddon** reported the settlement of the lawsuit brought by the State Attorney William Brown. After that experience, he submitted legislation calling for attorneys to share in the cost of any loss. This proposal, of course, died aborning. Combined staff meetings of YHA and St. Elizabeth hospitals was again discussed. All thought it would be a good idea, but again, nothing came of it. New member that month was **Joseph A. Abrams.** □

Memories

Original Oil by Itzchak Tarkay (1935 –)

Itzchak Tarkay was born in 1935 in Subotica on the Yugoslav-Hungarian border. The Nazis sent him to the Mathausen concentration camp near the end of WWII when he was only 9 years old. When Tarkay returned home, he began to develop an interest in art. He moved to Israel in 1949 where he received a scholarship to study at Bezalel Art Academy. Financial difficulties limited that study to one year. After serving in the Israeli Army, he returned to Tel Aviv where he completed his art studies in 1956 at Avni Institute of Art. During those years, Tarkay studied privately under several masters. He has since exhibited his works all over the world, establishing an international reputation.

To view a Tarkay painting is to step back with one foot to the early twentieth century and see Henri Matisse written all over the canvas. The colors dazzle you. His palette is the entire color wheel, and the contrasting colors are surprisingly harmonious. Like Matisse, the painting is flat. There are no shadows, no depth; everything is drawn elongated and out of proportion. Patterns are everywhere, yet there are large surfaces of solid color as well. The works are spontaneous yet controlled. Details do not exist. All the images are suggestive and realistic, yet there lingers a touch of fantasy and dreamlike quality.

In the featured painting, *Memories*, Tarkay shows two women sitting in a cafe. Tarkay has done a large series of cafe paintings with anywhere from one to many women at a table/tables. This is similar to Degas and Manet's recordings of Paris Cafe Society, only Tarkay makes you stop and look. The scene is packed with emotion. The viewer instantly becomes curious and almost embarrassed to be looking at someone with such private thoughts as shown in the women's faces and postures. Moods ooze from the canvas. Is there a tinge of sorrow in one face? Or loneliness and a need for compassion? Tarkay focuses on women because he wants the viewer to realize women are often isolated and need a break from the many problems in our society. A cafe scene brings back quiet memories of peace, relaxation, leisure, and even a touch of romantic atmosphere. The bright colors present a strong contrast to these moods, elevating them to an even stronger statement. It is said Tarkay is "a poet of colors and a lyricist of moods" with poetry as lines and colors as verses." This is one of those instances where color in the *Bulletin* would bring you the intense impact of this artist's work.

Most of Tarkay's oils and lithographs are large in scale, which in turn makes an even bigger impact on the viewer because of the intensity of the colors. They are all quite beautiful and exciting to view. Artists have begun to imitate Tarkay's cafe scenes, with one artist recently being stopped by the courts. Isn't there a saying that imitation is the highest form of flattery? Tarkay is a master who has brought back to the world the thrill of brilliant colors and qualities. And tenderness and respect...all his women are treated like ladies. Would that the twenty-first century could find that place in society for women again. □

Jeannine Lambert

Free Vaccine Program

Through an agreement with ODH, ODHS Medicaid pays for 4 free vaccines:

- DTP (diptheria, tetanus toxoids, pertussis) (90701)
- MMR (measles, mumps, rubella, live) (90707)
- OPV (oral poliovirus, live) (90712)
- HIB (Hemophilus influenza B) (90737)

Physicians may obtain these vaccines from ODH for the immunization of Medicaid patients. To enroll in the "Free Vaccine Program":

(1) Complete the "Physician Certification" and Physician Information" form found in Appendix D of Section II of Chapter 3336, *Medicaid Provider Handbook.*

(2) Send form to: Ohio Dept. of Health
Immunization Program
900 Freeway Drive North, Bldg. 8
Columbus, Ohio 43229
(614) 752-1352

(3) ODH will send a Vaccine Order Package. Order as much as you will utilize on Medicaid patients. If you are new to the program, ODH may limit you to a quota equal to the mean usage of Medicaid providers. If you have been in the program, ODH may limit you to historical claim usage. But you may submit written justification for a higher quota.

BILLING: Immunizations are usually given in conjunction with a medical service. When it is the only service performed, a minimal office visit may be billed in addition to the proper immunization code, which includes supply of materials (free) and the administration of the vaccine ($2.07).

LESS CME NEEDED

Relicensure process to speed up this year

HB 454:

What you need to know about the new law

- The Ohio State Medical Board mailed applications to licensed physicians April 1, 1992. (After this year, applications will be mailed by March 1, even-numbered years.)
- The deadline for physicians to submit applications for renewal will be July 1, 1992.
- The license will be valid for two years, beginning October 1, 1992.
- Physicians must have 75 hours of CME by June 30, 1992 (or request an extension until Sept. 30, 1992.

Advertising List

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

Address Correction Requested