

# BULLETIN



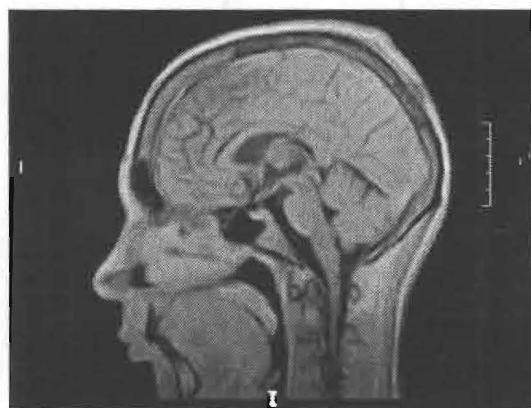
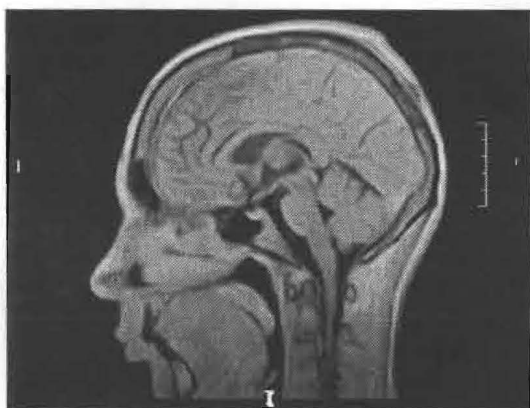
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# BULLETIN

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## New Committees To Produce Educational Seminars

**T**HANKS TO ALL OF YOU FOR ELECTING ME YOUR PRESIDENT FOR THE COMING YEAR. MY PLANS INCLUDE BEING A BIT SELFISH - not just for me, but also for you. As physicians we face numerous challenges, including governmental regulations, managed care organizations and legal issues. The best way to handle these challenges is through knowledge. It is my belief that the better we can handle these challenges, the better care we can deliver to our patients.

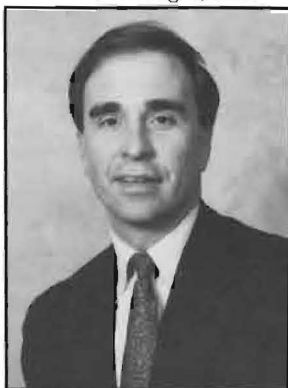
I have formed two ad hoc committees, both charged with producing educational seminars. The first committee is chaired by Dr. Dan Handel. The committee has been given the task of developing a seminar for legal issues as they affect the practice of medicine. This does not just pertain to malpractice issues. The committee will explore such topics as employee hiring and firing, as well as licensure, prescribing, and contractual issues. I have asked Dr. Thomas Detesco to chair the second committee, whose task will be to develop a managed care seminar. This committee's purpose is to show us how to survive and prosper under managed care. Tom has special interest and expertise in this field, as he is one of five physicians selected to serve on OSMA's Managed Care Task Force.

I would also urge you to support OMPAC.

We are very fortunate to have one of our members, Dan Handel, as the OMPAC chairman (isn't it funny how a few people do a great deal of the work for us?). OMPAC has done a great job this last year. A partial list of OMPAC's accomplishments are tort reform legislation, exclusion of prescriptive authority and limitation of the scope of practice of advanced nurse practitioners, and establishment of guidelines for hospitalizations of new mothers and their babies. I urge you all to contact the MCMS office, Dan or me on how to become a member of OMPAC.

The last issue has become dear to my heart. I have often heard how OSMA is an "old boy's club" and how behind the times it is. To address these concerns, Task Force 2000 has been formed. I have been asked to serve on this task force and we have been meeting monthly for the last five months. We are still formulating our plan, which attempts to make OSMA a more member-friendly and responsive organization. We will submit our preliminary report at our annual convention in May of this year in Columbus.

Chris A. Knight, MD



*Chris A. Knight*

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## Medical Advances Highlighted

I HAVE HAD THE OPPORTUNITY TO READ A NUMBER OF FASCINATING AND EDUCATIONAL ARTICLES RECENTLY. IN THE February 1, 1997 issue of *Science News* I read of a drug under development that may prove to be an alternative to the annual flu shot. Although tested only in animals so far, flu symptoms were cured even if taken up to 60 hours after appearing. Each year the injectable vaccine is formulated based on the prediction of which strains are expected to prevail. The resulting vaccine works on this group of strains only. The new developmental drug works on the action of neuraminidase that helps the virus move through mucus in the lungs. It also helps the spread from cell to cell but that mechanism is not yet clear. Neuraminidase varies little between viral flu strains. This is being studied by scientists and researchers at Gilead Sciences (California), University of California, Berkeley, and Australian National University in Canberra.

A similar drug is under development by Glaxo Research Institute in North Carolina but has been chemically modified to be effective when taken orally. This one is currently being tested in humans - inhaled as a powder or taken as nasal drops. This would give the patient a high localized concentration of the drug while reducing the side effects. History shows past virulent flu pandemics killing millions. Most agree there will be another pandemic and 'when'

*Jane F. Butterworth, MD*



*Jane F. Butterworth MD*

is the only question.

It will be six to eight years before another potential breakthrough will have human application. In the March, 1997 edition of *Discover*, the problems of bacterial resistance to currently available drugs was discussed in the article called "Worms and Wonder Drugs." Some bacteria have gone beyond mutational resistance to antibiotics and actually thrive more efficiently in the presence of those drugs. John Webster, a parasitologist at Simon Fraser University in British Columbia, has discovered a new class of chemical compounds that could serve as powerful antibiotics and possibly even as anti-cancer agents.

These new compounds are found in xenorhabdus. These bacteria live inside certain species of soil-dwelling microscopic worms called nematodes. The bacteria can only reproduce inside insects. When the meandering nematode reaches its breeding area, which includes the insect, the nematode burrows into the insect releasing a packet of bacteria. The bacteria feed on the insect, reproduce rapidly and the nematode consumes the insect. Then the nematodes reproduce - leading to more of everything except the insect!

When these bacteria are feasting they produce chemicals that kill competing bacteria. One of these isolated is a powerful antifungal and antibacterial agent. Another isolated chemical attacks human lung, breast, prostate and colon cancer cells but not the healthy normal cells - in a petri dish, at this stage. Toxicity in lab animals hasn't been demonstrated. A hopeful new direction!!

As we all know, we live in the setting of evolving resistance, mutation and new directions. This is not just in a microscopic landscape, but also in the environment in which physicians hope to care for patients, favorably influencing outcomes. In the evening news recently, one of the largest HMOs in the north-eastern U.S. has contracted with nurse practitioners to provide primary care services (my un-

*continued on page 13*

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# Making an Impact through OMPAC

**T**HE 1996 ELECTIONS HAVE COME AND GONE. THE 122ND OHIO STATE LEGISLATURE HAS RESUMED ITS DUTIES. IN THE Ohio House, the Republicans again hold the edge, having gained four seats. Their current margin over the Democrats is 60 seats to 33. In the Ohio Senate, the Republicans have gained one seat, increasing their margin to 21 seats to 12.

Locally, House Representatives Ron Hood, Ron Gerberry, June Lucas, and Mike Verich retained their seats. In the Ohio Senate, Anthony Latell was reelected to serve as representative of the 32nd District. Senator Joseph Vukovich won his election to a judgeship and has moved on. Former House Representative Bob Hagan has been appointed Senator, filling Vukovich's vacancy.

The election process will become much more active over the next four to six years. Since term limits have been established in Ohio, there will be 66 seats open for election within the Ohio House in the year 2000. In 2002 the Ohio Senate will have 15 open seats. Term limits have changed the rules.

It is important that groups such as the OSMA and local medical societies help to identify and support candidates who will support the issues of concern for medicine. I hope that members within the local medical community will be willing to serve; that they will step forward and run for political office.

*Daniel W. Handel, MD*



*Daniel W. Handel, MD*

Across the country, more physicians and their spouses are becoming active in the political process and seeking elective office. It is my hope that this phenomena will take place in the Mahoning County area as well. I would like to see our members become more active in local politics. I would appreciate hearing from Society members as to any recommendations or ideas they might have concerning the upcoming election process.

OMPAC had a 96% success rate during the last election cycle. Out of 121 races throughout the state, OMPAC supported 117 of the winners. This reflects OMPAC doing its homework. In Ohio one in six OSMA physicians support OMPAC. That number needs to be greatly improved upon. I hope to see more members of the OSMA become active participants in the political action process. Or, at the very least, to support OMPAC in its efforts to elect those candidates who best reflect our concerns and ideals.

Does OMPAC work? You bet it does! Through the efforts of a coalition, OMPAC helped to support tort reform in this state, and during this last legislative session, tort reform was passed. Just about everything the OSMA had hoped for was incorporated into the tort reform bill. This indicates a strong bill that will become a piece of model legislation for other states to follow.

The legislative beat goes on at this time. The OSMA, through OMPAC and its PLAN efforts, continues to monitor the legislative process. Areas of concern regarding health care priorities for 1997 include: insurance market reform, managed care issues, scopes of practice, health care facilities and services, and public health issues. As long as our legislators remain in session, there is always a chance that they will pass significant legislation that will impact upon our ability to practice medicine in an effective and compassionate fashion.

These are just a few of the many reasons why physicians need to become active members in organized medicine. Please take the time to become more politically active and join OMPAC and the OSMA's PLAN Program. Also, try to become more active in the grassroots process of political activism. Thank you.



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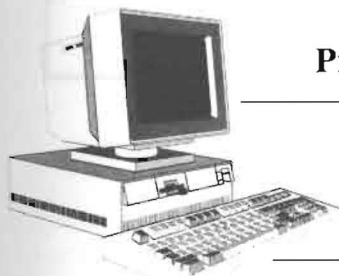
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## NEOUCOM Accreditation is Renewed

**T**HE NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE (NEOUCOM) HAS RECEIVED FULL ACCREDITATION FOR seven years from the Liaison Committee on Medical Education (LCME), Robert S. Blacklow, NEOUCOM president

and dean, reported to the College's Board of Trustees in November.

Sponsored by the Association of American Medical Colleges and the American Medical Association, the LCME is the accrediting body for programs of medical education that award the doctor of medicine degree (M.D.) in the United States and Canada. All state medical practice laws recognize the accreditation status conferred by the LCME on the medical schools.

An LCME ad hoc survey team, made up of representatives from six other U.S. medical schools, visited NEOUCOM for four days in



*Robert S. Blacklow, MD*

March 1996. Prior to the visit, members of the College faculty, staff and Board of Trustees, along with students and alumni, prepared an institutional self-study report, which the LCME reviewers called "fair, accurate

and complete...and congruent with the views of the site visit team."

At its September meeting the LCME approved continued accreditation for NEOUCOM until another full survey takes place during the 2002-3 academic year.

"We're very pleased with the results of the LCME survey," said Blacklow. "The final report shows that NEOUCOM is a mature school that has taken good advantage of its unique nature to provide past, current and future students with a rich assortment of opportunities.

"Of particular importance is that the report acknowledges the 'loyalty, dedication and commitment' of our volunteer clinical faculty."

Other strengths mentioned by the LCME

report include Blacklow's visionary leadership and effective administration, the College's integrated medical humanities and behavioral sciences curriculum, the diversity of the community-based clinical sites, the comprehensive and vertically integrated curriculum in population medicine offered by the Department of Community Health Sciences and the Akron Health Department, and the "outstanding" academic and student support services that are available.

Concerns raised by the LCME site visit team mirrored those expressed in the College's self-assessment. They involve issues of student attrition, limited financial aid resources, a need for more hands-on activities and curricular integration in the first year of medical school, and for written standards for advancement, dismissal and disciplinary action throughout the final four years of the program. The team members also expressed apprehension about the uncertain impact that current changes in health care will have on the affiliated hospital sites and residency programs.

Blacklow said the College has already developed recommendations and action plans to address the LCME concerns.

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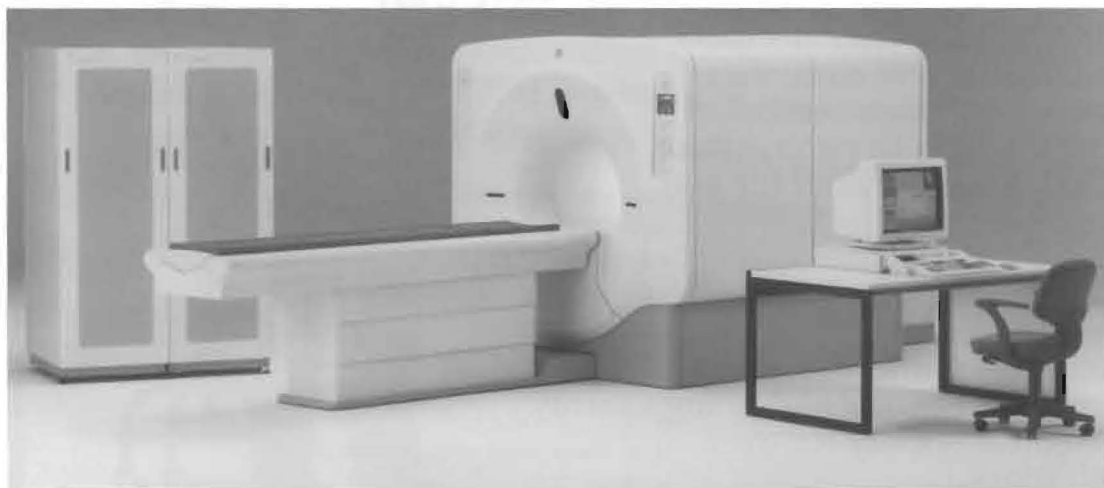
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# In Memoriam

## SIDNEY C. KEYES, MD

*August 19, 1914*  
*December 4, 1996*

### From the desk of the Editor

*continued from pg. 6*

derstanding was that this was to be independent of more extensively trained supervision and collaboration). The motto of my home state, Kentucky, is "United we stand, Divided we fall." Complaining and worrying in the Doctors Lounge solves nothing other than introducing previously unknown threats to the physicians' practice of Medicine.

Adding your voice to others is of paramount importance. You and your county medical society need each other. Delegates to the state Society take the county concerns, and suggestions (resolutions) and in turn these go on to the AMA. Political Action Committees (Ohio = OMPAC, AMA = AMPAC) work aggressively for you, to translate concerns into legislation that protects patients and physicians individually. If we remain "quiet" (too busy, too tired, don't like politics, etc.) the competition for the health care dollar which allows patient care, is not going to be quiet. Our patients should not be made to 'remember' when they could receive their care

from the best trained and most knowledgeable care giver.

Changes in the way you are allowed to care for your patients are a fact and will undoubtedly become a legislative landslide. We all had to be competitive to reach medical school and residencies so the skills are there in each of us and pulling together we may remain competitive. Please consider whom you wish to provide your health care - no one is exempt - and how you think the current and future delivery of medical care should be structured. We need each other - NOW! Health care in America is mutating. Don't be resistant to involvement.

## Power — Old-Fashioned Style

**M**CO, HMO, TPA, PBM AND DRG...THE INTRICACIES OF OUR COLLECTIVE PROFESSIONS THAT WERE NOT FULLY EXPLAINED in pharmacy or medical school. In the 1960s, these offspring of the insurance industry were the "manna and honey" of medical and pharmaceutical practices. Practitioners billing at "usual and customary" were reimbursed at usual and customary. There were no write-offs, prior authorizations, written, or worse yet, *telephone instructions* that a particular medication is not in the patients' best interest.

Slowly evolving in the dark corners of medical care were these "bearers of good fortune", the insurance companies. Although we have questioned their concern for the patient, none question their ability to gather data, grow, make

money and sign up for more clients. Are we helpless in this arena that apathy helped to create? NO!!

A patient of mine came into my pharmacy with a new prescription card that was activated 1/1/97. After several attempts, I was unsuccessful in transmitting his prescription data on-line. I then spoke with his new insurance company, who informed me that his information was not loaded into the computer. After inquiring further, I found out that the prescription benefit for this plan was "outsourced" to another insurance company, who outsourced the data entry to a temporary service.

Needless to say, I was exasperated. But instead of ingesting the anger, I passed it on. I

*continued on page 18*

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Int: Wright State University Hospital, Dayton, OH  
Int: Meridia Hillcrest Huron Hospital, Cleveland, OH  
Redcy: Case Western Reserve Hospital, Cleveland, OH  
Sponsored By: Rashid A. Abdu, M.D., Nancy L. Gontt,  
M.D.; Suzan L. Selim, M.D.



Donald Um M.D.  
Anesthesiology, Bel-Park Anesthesia Assoc., Inc.  
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Med. Ed: Jefferson Medical College, Philadelphia, PA  
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Philadelphia, PA  
Sponsored By: Hyon S. Hwang, M.D., Dong S. Lee, M.D.  
Steven L. Sheakoski, M.D.

## Eastern Ohio Pharmacists

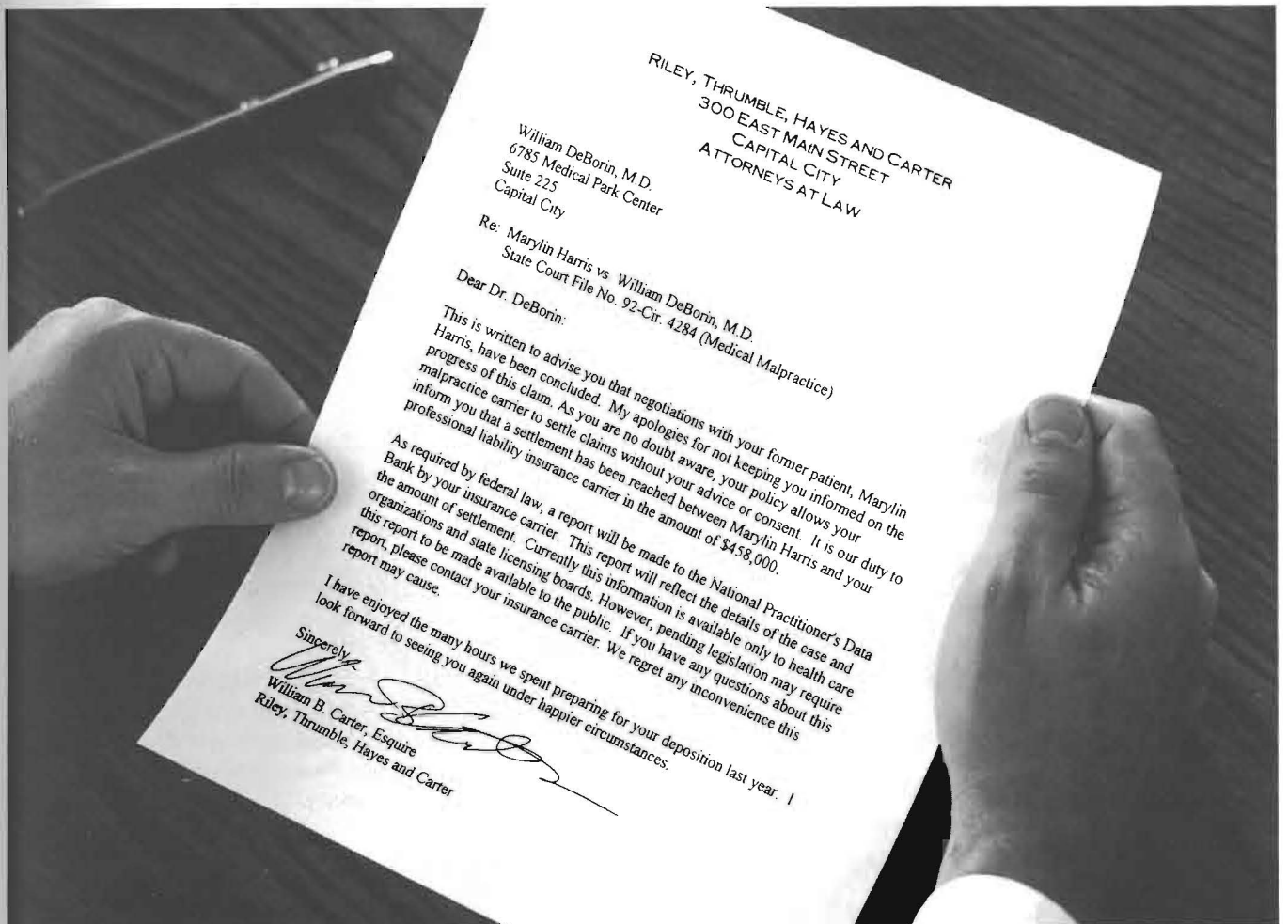
*continued from pg. 14*

handed the phone to my patient, who quickly and sternly told the insurance company what he thought. What the insurance company did **not** know was that my patient is a union delegate who had the ear of his union brothers. And according to their latest contract, they had more than one insurance company to choose from.

We will not see victory overnight. But no matter how much money the insurance companies spend on advertising, and golf weekends with the Capitol Hill crew, we are "The Show." Our patients love us as much as they despise the difficulties heaped on them by the insurance industry. The reason for their love is very simple. Our number one concern is how to make our patients better." Although Hippocrates walked the earth many centuries ago, his words play out daily through the actions that we do without a second thought.

*John A. Petracci, RPh  
Board of Trustees,  
Eastern Ohio Pharmacists Association*

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# Recent HIV Testing and Guidelines

**T**HE FOLLOWING ARE GUIDELINES FOR THE PREVENTION OF HIV PERINATAL TRANSMISSION AND FOR THE HIV Testing of Pregnant Women from the Ohio Department of Health.

- Any woman considering becoming pregnant, and all pregnant women as early in gestation as possible, should receive culturally specific HIV education and counseling to reduce their risk of infection. They should also be encouraged to be tested for HIV so that important interventions for the woman's health and that of her infant can be offered in the most timely and effective manner.
- The provision of HIV counseling and voluntary testing for all pregnant women should be the standard of care and routinely included in pregnancy counseling, prenatal services and other routine primary care.
- Women who decline HIV testing should not be denied prenatal care. Women at risk for HIV are also at risk for poor prenatal outcomes. Women should face no barriers to full prenatal care.

Neil H. Altman, MPH  
Mahoning County Health Commissioner



- Testing and treatment decisions should be made with the mother's full understanding of the risks and benefits. Although research demonstrates a definite drop in the rate of maternal-fetal HIV transmission (25% to 8%) and minimal short-term side effects with the use of Zidovudine (AZT), its long-term effects on the mother and infant are not yet known. Therefore, no woman should be coerced into receiving the drug.
- HIV positive mothers should be counseled not to breast feed their infants to reduce possible transmission of the virus through their milk. Counseling concerning access and use of appropriate breast milk substitutes is appropriate.
- Women testing HIV negative but acknowledging continued practice of high-risk behaviors should receive counseling and be offered antibody testing at three-month intervals throughout their pregnancy.
- Women presenting for delivery who have not received prenatal care should be counseled about HIV, offered voluntary testing and, when determined appropriate, ZDV treatment as early as medically feasible.

AIDS-related conditions continue to grow in importance as leading causes of illness and death among women of childbearing ability and children. Women accounted for 9% of Ohio AIDS cases diagnosed in 1992, 11% in 1993 and 14% in 1994. Nationally, HIV disease was the fourth leading cause of death for women age 25-44. In Ohio it is the eleventh leading cause for that age group, while in Mahoning County, it is the third leading cause of death (tied with cerebrovascular disease and homicide) for that age group.

It is also very important that all physicians remember that HIV/AIDS is a reportable communicable disease. In Mahoning County, confidential case reports are to be sent to my attention at the Youngstown City Health Department.

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# MCMS January Meeting

**D**R. CHANDER KOHLI CONDUCTED THE BUSINESS MEETING FOR THE SOCIETY'S JANUARY MEETING. JANSSEN PHARMACEUTICA representatives Donald Hehr and Brook Jennings provided a product display.

The Society paused to remember the following members who had passed away last year: Drs. Edwin Brody, Henry Ellison, Bertram Firestone, Sidney Keyes, Raul Pedraza, Angelo Riberi, Morris Rosenblum, Paul Ruth, and Joseph Tandatnick.

New members Drs. Gregg Bogen and Maria Madden were acknowledged. The Society acknowledged the following past presidents who were in attendance: Drs. Robert Barton, Jane Butterworth, Gabriel DeCicco, Robert Fisher, Daniel Handel, Robert Jenkins, and Karl Wieneke. Alliance president Suzy Soleimani and past president Florence Wang were also acknowledged.



(L to R) Front Row: Drs. Marc Saunders, Denise Bobvnyik, Chander Kohli. Back Row: Drs. Dan Handel, Richard Marina, Chris Knight, Tom DeTesco, Jane Butterworth.

The installation of officers was conducted by past president Dr. Hai-Shiuh Wang. New officers and members-at-large are as follows:

## MCMS Council 1997

**President**  
Chris Knight

**President-elect**  
Denise Bobovnyik

**Secretary/Treasurer**  
Douglas Goldsmith

**Immediate Past President**  
Chander Kohli

**OSMA Delegates**  
Denise Bobovnyik  
Anand Garg  
Daniel Handel  
Chander Kohli  
Chris Knight  
Richard Marina

**Alternate Delegates**  
Chester Amedia  
Thomas DeTesco  
Ronald Rhodes  
Marc Saunders

**Council-at-Large**  
Thomas Albani  
Jane Butterworth  
James Enyeart  
Sudershan Garg  
Jenifer Lloyd  
Janardan Tallam

**Editor of Bulletin**  
Jane Butterworth

**Foundation Trustees**  
Rashid Abdu  
David Dunch  
Norton German  
Prabhudas Lakhani  
Chatrchai Watanakunakorn  
C. Conner White

Contributions to the Bulletin were acknowledged, including Drs. Sergul Erzurum and Donald Tamulonis, editors; Drs. Robert Fisher, Anand Garg, and Daniel Handel, columnists; and Dr. Robert and Mary Jane Jenkins, photographers.

It was announced that the Society's Foundation had granted three loans, totaling \$10,000. Since its creation in 1966 the Foundation has granted 76 loans.

Following the installation, Dr. Kohli presented the president's gavel to new President Dr. Chris Knight. Dr. Knight then presented the

president's plaque and pin to Dr. Kohli. Dr. Kohli presented a brief recap of his year in office.

Dr. Knight outlined events that are planned for the coming year. His plans include several educational symposiums and workshops, with an emphasis on managed care. Dr. Knight noted that this year marks the 125th anniversary of the MCMS. Chairperson for the celebration is Dr. Denise Bobovnyik.

The membership voted to change the date of the Society/Alliance dinner meeting to March 20, 1997.



*Dr. Chris Knight and Dr. Chander Kohli.*



*Melinda Knight and Dr. Chris Knight.*

## The Year in Review

In the recap of his year in office, Dr. Chander Kohli highlighted the following accomplishments: **a new computer was purchased for the office, and a website and E-mail address were established. The website contains a listing of Society members, including specialty and phone numbers. Also included is a list of coming events.**

Dr. Kohli thanked the following committee chairpersons and co-chairpersons: Drs. Jenifer Lloyd and Malida Smith, Young Physicians; Drs. Lyn Yakubov and Howard Slemon, Health-O-Rama; Drs. Jay Osborne, Fred Friedrich, Joseph Gregori, and Jack

Schreiber, Canfield Fair; Dr. Daniel Handel, Legislation; and Dr. John Buckley, Jr., Golf Outing.

Dr. Kohli also updated members on the progress of the free medical clinic he initiated during his term. Meetings have been held with the physicians, hospital administrators and city officials. Although the location for the clinic has yet to be determined, several physicians and nurses have already volunteered their time. Representing the MCMS, Dr. Tom DeTesco will serve on the advisory board. The clinic will be known as the "Community Clinic."

# A Look Back...

## Sixty Years Ago

Jan./Feb. 1937

New officers were:

**Paul Fuzy**, president; **Bill Skipp**, vice-president; **Claude Morris**, president-elect; and **Robert Poling**, secretary. At that time, there was no executive secretary or Society office - the officers did all their own work. **Harry Patrick** was Editor for a second term. At St. Elizabeth's, **F.W. McNamara** was Chief of Staff; **Saul Tamarkin** was Secretary-Treasurer; **A.M. Rosenblum** was Chief of Medicine; and **J.M. Ranz** was Chief of Surgery.



and **A.K. Phillips** was the new treasurer. New members at that time were **Ben Berg**, **Leonard Fagnano**, **Gene Fry**, **A.W. Geordan**, **Robert Parry**, **Sam Squicquero**, and **Izydor Werbner**. **John Heberding**, Youngstown's first roentgenologist, passed away. He had trained **Edgar Baker**, **Ben Brown**, and **Saul Tamarkin**.

## Thirty Years Ago

Jan./Feb. 1967

New officers were:

**Harold Reese**, president; **Robert Fisher**, president-elect; **Carl Raupple**, treasurer; and **Clyde Walter**, secretary. **Elias Saadi** was the new Editor. There were 308 active members. Counting associate, military, non-resident, and honorary members, the total membership was 336. New honorary members were **B.J. Deiling** and **F.W. McNamara**. New members were **Rashid Abdu**, **Pat Brucoli**, **John Bleacher**, **William R. Johnson**, **William Moskalik**, **C. Conner White** and **Loren J. Zehr**. **Fred Dunlea** was the new President of the Mahoning County Chapter of the Academy of General Practice. In Council, a resolution submitted by **J.L. Fisher** requiring mandatory attendance at Medical Society meetings was soundly defeated. **E. Henry Jones**, who had been coroner for six years, passed away.



## Fifty Years Ago

Jan./Feb. 1947

New officers were:

**George McKelvey**, president; **John Noll**, president-elect; **Vernon Goodwin**, secretary; and **Pete McOwen**, treasurer. (The position of vice-president had been discontinued.) **Mary Herald** was the new Executive Secretary. Sixteen physicians, whose offices had been held for them rent-free in the Home Savings and Loan Building during World War II, presented a bronze plaque to the Directors of that institution for their patriotic act. New members were **Louis Bloomberg**, **Marie Krupko**, **John LaManna, Sr.**, and **Stewart Patton, Jr.**



## Forty Years Ago

Jan./Feb. 1957

New President

**Stephen Ondash** reminded members that it was the 85th anniversary of the founding of the Medical Society. Editor **C.E. Pichette** printed the Hippocratic Oath, calling it 'a doctor's most important New Year's resolution.' **N.W. Neidus** was secretary,



## Twenty Years Ago

Jan./Feb. 1977

New officers were:

**Jim Anderson**, president; **Karl Wieneke**, vice-president; **Tony DeRamo**, secretary; and **Jim Lambert**, treasurer. New Editor **Reed Hofmaster** wrote, "I am of the firm belief that the average prac-



ticating physician in our nation is confused as to the developments in the health care industry." There were several new members: **Richard Arnott**, **S.K. Gandhi**, **Paul Ho**, **Joungsen Hong**, **Jeet Mohta**, **A.Z. Rabinowitz**, **Paul Silverstein**, **Richard Solyn**, **W.F. Stanford** and **Panos Zafirides**. New associate members were: **Tom DeTesco**, **Michael Jacobson**, **Dhong M. Lee**, **Charles Luttenton**, **Ernesto Sabado** and **Hai-Shiuh Wang**. In addition, there were 18 non-resident members.

## Ten Years Ago

Jan./Feb. 1987

New officers were:

**G. Robert Barton**, president; **Hai-Shiuh Wang**, vice-president; **Joseph Tandatnik**, secretary; and **Joseph Gregori**, treasurer. The new Editor was **Brian S. Gordon**. The installation of officers at the Metroplex was highlighted by a performance of the Ballet Western Reserve and Jazz Group. New members were: **Mounir El-Hayek**, **Robert Gillette**, **Leonard D. Hendricks**, **Edgar Kornhauser**, **Richard W. Lobritz**, **Lynn Mikolich**, **John C. Miller**, **Paul Rosman**, **Baljeet Singh**, and **Francis Turocy**. **Bruce M. Rothschild** was appointed to a full professorship in Internal Medicine at NEOU.COM.



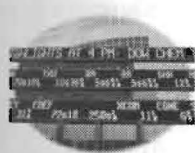
Robert R. Fisher, MD



*Robert R. Fisher, MD*



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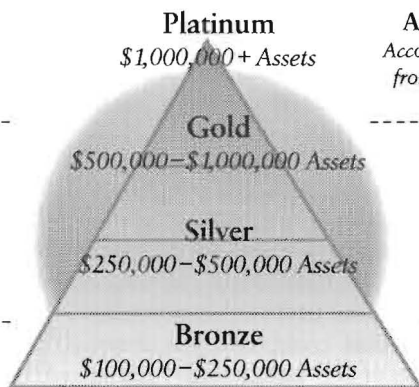
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## Cooperation vs. Competition

THE HEALTH CARE INDUSTRY IN YOUNGSTOWN IS UNDERGOING MAJOR RESTRUCTURING. IN THE PRESENT CLIMATE of managed care, the physicians can best serve the health care needs of the public by working together and setting aside differences. However, there are no easy answers as to how to go about this "unification." The answers that come to mind present a challenge which, relatively speaking, is as difficult as trying to break the gridlock in Congress.

In the past, the bylaws of the two major health care institutions in Youngstown mandated that a physician could maintain active status at only one of the institutions. About five years ago, the bylaws were changed, making it possible to have active staff privileges at both hospitals. One would expect this to have brought the physicians of both staffs closer together, but that has not been the case. Determining just why this has not occurred is not an easy task.

It is obvious that there has been competition between Youngstown's two major hospitals. This fact is evidenced by the existence of two separate PHOs. Further, there has been no consolidation of specific work at one institution or the other. Thus far, the two institutions have been unable to work together to bring their respective staffs closer together; and the physicians with vested interests have widened the gap even further. This competition has not helped physicians to keep their patients in the area.

Our patient base in the Mahoning Valley

Chander M. Kohli, MD



*Chander M. Kohli*  
MD

has been slowly eroding, while hospitals in the Cleveland and Pittsburgh areas have been actively advertising their services to our potential patients. Some of our own primary care physicians are not even aware of the caliber of services which are offered here at one or both of our major hospitals. So, it is no surprise that the general public has been led to believe that they must travel to these larger cities in order to receive these specialized services.

Both local institutions, as well as the physicians, are being hit hard with dwindling reimbursement. And yet, they are using their financial resources to advertise, in order to compete with one another. Money would be better spent if the two institutions would concentrate on increasing community awareness of the fine services they have to offer. Cooperation between the institutions could decrease the duplication of services and bring down health care costs.

Again, we are faced with a dilemma: How can these health care providers work together? It would not necessitate that they change their basic philosophies or mission statements. It would, however, require a real effort by all involved. Specific areas of focus would include: a cooperative effort regarding resident training; the sharing of resources; a common credentialing process; and other cost-saving efforts.

Strong leadership would be required in order to build trust between these institutions and among the physicians. Divisiveness among physicians merely benefits the insurance companies and other outside interests. In order to bolster the delivery of health care in the valley, we (physicians) must present a united front. And it is imperative that the hospitals also present a united front to the available patient population, since they are, in effect, seeking after the same turf.

Our local hospitals and physicians are excellent health care providers. And we have an edge, in that we can offer our patients the comfort of familiarity. With a lot of hope and hard work, there is much that we can accomplish together. By speaking out about the excellent care that's being provided right here at home, and by challenging hospital administrators to deliver on our common goals, we can play a major role effecting in these changes.

## Basic Medical Sciences Director Named

THE BOARD OF TRUSTEES OF THE NORTH-EASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE HAS APPROVED THE appointment of Gary B. Schneider, Ph.D., to the positions of director of the Division of Basic Medical Sciences (BMS), associate dean for research and professor of anatomy.

In his position as BMS director, Schneider will oversee operations and budgets for the division and its departments, coordinate faculty performance evaluations, and work with other directors in supervising the medical school curriculum. He also will oversee the NEOUCOM portion of the graduate program with Kent State University.

As associate dean for research, Schneider will administer the grants and contracts office to provide research development and support services for all divisions of the College. He also will serve as the College's research liaison among its associated hospitals and affiliated universities and help to establish interdepartmental and interdisciplinary research programs and centers to promote faculty growth and development.

"I'm pleased to have Dr. Schneider at NEOUCOM," said Robert S. Blacklow, M.D., president and dean. "His experience and knowledge will greatly enhance the College's educational and research efforts."

Prior to coming to NEOUCOM, Schneider was professor of cell biology and anatomy at Finch University of Health Sciences/The Chicago Medical School. Previously he was at Loyola University (LU), Stritch School of Medicine, as professor in the Department of Cell Biology, Neurobiology and Anatomy; professor in the LU Department of Orthopaedic Surgery, and member of the Oncology Institute. He also has served as a director of research at the Western Pennsylvania Research Institute, and on numerous graduate and administrative committees.

Schneider received his Ph.D in biochemistry from the cooperative five-college program of Amherst, Hampshire, Mt. Holyoke, and Smith colleges and the University of Massachusetts, Amherst. He holds a B.S. in zoology from the University of Wisconsin-Madison.

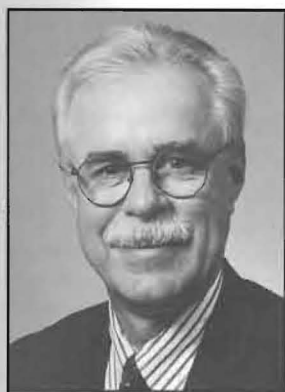
In addition to his teaching and administrative work, Schneider has been very active in research, receiving more than \$2 million in grants as principal investigator from the National Institutes of Health and nearly \$500,000 from the National Science Foundation and from the Arthritis Foundation, among others. He has served on numerous NIH special review committees and standing study sections, and is a reviewer for the NSF Experimental Program to Stimulate Competitive Research (EPSCOR) and the National Research Council Fellowship and Associateship Program.

He has a patent for "Treatment of Osteoprotic and Osteolytic Diseases, and Diagnosis of Inflammation-Mediated Bone Loss" and has patent pending for "Treatment of Osteopenias and Non-Human Transgenic Mammals Expressing Therapeutic Transgenes." His research has concentrated on skeletal cell biology and bone diseases.

Author or coauthor of more than 50 publications, Schneider also serves as a reviewer for seven professional journals and has been invited to present several lectures and seminars.

Schneider is a member of the American Association for the Advancement of Science, the American Association of Anatomists, the American Association of Immunologists, the American Society for Bone and Mineral Research, the American Society for Cell Biology and the International Bone and Mineral Society.

Schneider's wife, Barbara, is public information liaison for the Libertyville Community High School District. They have two adult children.



Gary B. Schneider, PhD

## Report on AMA Interim Meeting

**T**HE INTERIM AMA MEETING WAS HELD DECEMBER 7-11 IN ATLANTA, GEORGIA. DURING THIS SESSION, DELEGATES DEALT with 175 Committee Reports Resolutions. This interim meeting is held each December, and gives us a chance to deal with issues that have arisen since the time of the annual meeting (in June), as well as to further discuss issues which may have been brought up previously, but not yet resolved. While many issues were very straightforward and mundane in nature, several issues critical to our profession were debated. In this article, I will highlight these significant issues.

The American Medical Association is proceeding with its American Medical Accreditation Program, which should be operational by early July. The AMAP would handle the credentialing of physicians on a national basis. The AMA intends to **work together** with state and local medical society organizations, not to undermine their efforts. As one physician stated at the meeting "I don't want to see my dues used to fight myself." AMAP will get its first action by working with the Massachusetts Medical Society to credential its members. After heated debate from both sides, the House of Delegates voted in favor of the AMAP.

*Daniel W. Handel, MD  
AMA Alternate Delegate*



*Daniel W. Handel, MD*

The House voted in favor of a test pilot project to evaluate practice guidelines. Several physicians expressed concerns about voting for a project in which the specific details are uncertain. However, one delegate from California pointed out that "delay is death...there are organizations that fully intend to move into this area. It will be done for us if we don't take care of it."

Specialty societies also expressed concerns that the AMA was inappropriately trying to impose outside standards on their initiatives. Look for this to become a priority issue during the next six months.

Another area of concern involved physician work force issues. A full afternoon hearing was given to these issues, with testimony taken at that time. Just how graduate medical education will be financed in the future remains uncertain. The AMA envisions an all-payor system, but the questions of who the payors are, how they will pay, who will collect the money, and how the funds will be distributed, have yet to be answered. Look for activities to take place in this regard in the ensuing months. Further discussion on this issue will take place at the annual meeting in June.

The House supported the Association's Council on Medical Services 16-item list of professional decisions which should be solely under the control of the physician working within the managed care setting. The caveat it raised, however, is that before agreeing to participate in a particular health plan, it is essential that physicians understand the extent to which any of their decisions that directly impact patient care will be subject to the influence of, or controlled by, plan administrators.

The Council on Medical Services outlined the 16 issues it deemed as integral to high quality care in the managed care setting. The Council determined that Physicians should maintain control over the following issues:

- what diagnostic tests are appropriate
- when and to whom in-plan physician referral is indicated
- when and to whom out-of-plan physician re-

- ferral is indicated
- when and with whom consultation is indicated
  - when non-emergency hospitalization is indicated
  - when hospitalization from the emergency department is indicated
  - choice of in-plan service sites for specific services
  - length of hospital stay
  - use of formulary medications
  - length and frequency of office and out-patient visits or care
  - determining what surgery is indicated
  - determining when termination of extraordinary or heroic care is indicated
  - making recommendations to patients for other treatment options, including non-covered care

In addition, the physician should retain the right to schedule on-call coverage; the right to terminate a patient-physician relationship; and the right to decide whether to work with, and what responsibilities to delegate to, a mid-level practitioner.

The last issues that I wish to bring to your attention regard end-of-life concerns and partial-birth abortions. Both issues were given a good deal of discussion during the interim meeting. With regard to end-of-life issues, the House again reaffirmed its position **against** physician-assisted suicide. After much debate, the House unanimously accepted the report from the Council on Ethical and Judicial Affairs regarding medical futility in end-of-life care. In a related action, the Delegates endorsed several proposals intended to make it easier for physicians to bill for counseling patients and families in end-of-life decisions.

The Delegates discussed the issue of late-term partial-birth abortion, and heard extensive arguments from both sides. The arguments, while at times charged, were poignant and fairly civil. A recommendation supported by the House of Delegates will allow the AMA to study the partial-birth abortion issue and report back to its membership for further action. Questions arose concerning the number of such procedures

that are done in the course of a year.

Alternative health care issues were addressed during a one-day seminar, and in a board of trustees report. Alternative medicine therapies, including medical hypnosis, acupuncture, herbal therapy, and holistic therapy, were reviewed and discussed. The deliberation on alternative medicine is highly appropriate in light of the fact that millions of Americans today are seeking alternative solutions to their medical problems. Many are finding sources of relief in some of these modalities.

Just how these alternative approaches influence or help individuals to manage their health care requires further elucidation. Several medical schools are including courses on alternative systems of health care within their curriculum to study this issue. These alternative systems of health care delivery have become quite popular within our country. In fact, managed care organizations are now looking toward incorporating alternative care within their coverage plans. Some of these services may be seen as more cost-effective than traditional care.

However, the bottom line is that alternative therapies to date have not been held to the same standards as have allopathic and osteopathic medicine. Positive results reported by alternative methods, as far as I can determine, are anecdotal, and have not been subjected to scientific scrutiny. We need to learn how and why these methods could be effective in helping our patients, and to incorporate them into our practices where appropriate. The AMA is taking steps to look at these systems, in order to learn more about them and to help keep our members informed.

# MCMS Happenings

**T**HE MCMS WELCOMED TWO GUEST SPEAKERS TO THE SOCIETY'S NOVEMBER MEETING: EDWARD POCZEKAJ, DIRECTOR of the Field Services/Ohio Physicians Effectiveness Program (OPEP) and Dr. Anand Garg, member of the State Medical Board of Ohio.

A product display was presented by Pfizer Labs representatives Joseph Simko and Bruce Phebus.

New members Drs. John Fassler and Mark Hirko were acknowledged, as was guest Tom Flynn, director of the Lake to River Health Care Coalition.

Dr. Dan Handel, chairperson of the nominating committee reviewed the nominating ballot. The ballot was approved as presented. Since each position was uncontested, no election is required in December.

The Society's next meeting will be held December 17th at the Youngstown Club.

## Slate of Candidates For 1997

President-elect .....	Denise Bobovnyik
Secretary/Treasurer .....	Douglas Goldsmith
Delegate .....	Daniel Handel
(two to elect)	Richard Marina
Alternate Delegate .....	Thomas DeTesco
(three to elect)	Ronald Rhodes
	Marc Saunders
Council Member-at-Large .	Thomas Albani
(four to elect)	Jame Butterworth
	James Enyeart
	Jenifer Lloyd
Foundation Trustees .....	Prabhudas Lakhani
(two to elect)	Chatrchai Watanakunakorn



(l to r) Dr. Anand Garg, Edward Poczekaj, Dr. Chander Kohli, Dr. David Handel.

# Dr. Amedia Receives Distinguished Physician Award

THE MCMS PRESENTED ITS 1996 DISTINGUISHED PHYSICIAN AWARD TO DR. CHESTER A. "CHET" AMEDIA. SINCE 1978 this award has been presented each year to a Society member who has distinguished himself in the field of medicine, as well as the community

A past Society president, Dr. Amedia is chief of nephrology and medical director of dialysis services at Western Reserve Care System. He is an associate professor of clinical internal medicine at Northeastern Ohio Universities College of Medicine, and serves as module coordinator for the principals of medical science.

Born in Youngstown, Dr. Amedia graduated from Hubbard High School. He went on to earn his undergraduate degree from Kenyon College and his M.D. from Ohio State University. He completed his straight medicine

internship and medical residency at Tripler Army Medical Center in Honolulu, and a nephrology fellowship at Walter Reed Army Medical Center in Washington, D.C. After a distinguished military career, Dr. Amedia was honorably discharged from the U.S. Army in 1981.

Dr. Amedia is chairman of the by-laws committee at St. Elizabeth Hospital Medical Center, where he also serves on the apheresis committee. He maintains consulting staff and courtesy staff privileges at several other area hospitals, including Sharon General Hospital, Trumbull Memorial Hospital, Shenango Valley Hospital, Salem Community Hospital, and Youngstown Osteopathic Hospital.

A Fellow of the American College of Phy-

sicians since 1993, his professional society affiliations include the AMA, the Eastern Ohio Physicians Organization (which he helped found), the International Society of Nephrology, the American Society for Apheresis, and the American Society of Internal Medicine.

Since he began his practice in the Youngstown area in 1981, Dr. Amedia has taken an active role in community affairs. Among his current affiliations, he is a member of the American Kidney Foundation; serves on the board of trustees of the Medical-Dental Bureau and is a medical division leader and an executive committee member for the United Way.

Since 1993 Dr. Amedia has completed several research projects and has others in progress. He has had two articles published in medical journals. Throughout his 16 years in practice, he has accomplished much, both personally and professionally. Yet he remains compassionate... he truly cares for his patients and even continues to make house calls.

In his presentation speech, Dr. Dan Handel described him as "a teacher...a leader...and a visionary". All that and more, the Society is proud to honor Dr. Amedia as the deserving recipient of the Distinguished Physician Award.

*Dr. Amedia resides in Boardman with his wife Marilyn and son Adrian. Another son, Christian, is deceased. In his acceptance speech, Dr. Amedia acknowledged the support of his family, including his parents Col. (retired) Chester and Cecelia Amedia, and his father-in-law Walter Baker.*



Back (l to r): Dr. Chester Amedia, Adrian Amedia.  
Front (l to r): Walter Baker, Mara Amedia and Cecelia Amedia.

# Keeping Hospital Costs Down

**Y**OUR FAVORABLE RESPONSE TO MY FIRST EDITORIAL WAS GREATLY APPRECIATED. WHEN I SAT DOWN TO WRITE THIS ONE, however, it was quite a struggle. Although many physicians told, wrote, and faxed me jokes to use in this column, I regret to say that most of their material was not printable. To those who don't know me, I refuse to tell any off-color jokes. I will not pander in profanity or perversion, nor will I succumb to lewdness or lasciviousness. Of course, we can only engage in wholesome humor on the pages of this respected journal, and there's not a lot of that in the hospital these days.

And so, I had to break one of my own promises, namely the one when I said I would not write about health care reform or the sorry state of affairs at our hospitals. However, I have obtained a secret administrative letter from a local hospital concerning their cost containment

initiatives. The author of this memo is unknown, but I don't think he will mind my printing it.

Donald J. Tamulonis, MD



A handwritten signature in dark ink that reads "Donald J. Tamulonis, MD". The signature is written in a cursive style.

## Memorandum

From: Administration/Groundskeeping  
Re: Cost Containment Initiatives

Effective immediately, this hospital will no longer provide security. Each Charge Nurse will be issued a .38 caliber revolver and 12 rounds of ammunition. An additional 12 rounds will be stored in the pharmacy, and may be obtained by the Clinic Coordinator after hours. In addition to routine nursing duties, Charge Nurses will rotate the patrolling of hospital grounds. A bicycle and helmet will be provided for patrolling the parking areas. In light of the similarity of monitoring equipment, ICU will now assume the security surveillance duties. The unit clerk will be responsible for watching cardiac and security monitors, as well as continuing previous clerical duties.

Food service will be discontinued. Patients wishing to be fed will need to let their

families know to bring something, or may make arrangements with Subway, Domino's, etc., before mealtimes. Coin-operated telephones will be available in the patient rooms for this purpose, as well as for other calls the patient may wish to make.

Environmental Services and Physical Therapy are being combined. Mops will be issued to ambulatory patients, thus providing range-of-motion exercises, as well as a clean environment. Families and ambulatory patients may also sign up to clean non-ambulatory patient rooms for special discounts on their final bill. Time cards will be provided.

As you can see on the "From" line above, Administration is assuming Groundskeeping duties. If an administrator cannot be reached in the office, it is suggested that you step outside and listen for the sound of lawnmowers or weedwhackers.

Plant Operations and Bio-Med have  
*continued on page 35*



## Medical Alliance Makes Donation to Sojourner House

THE MCMSA RECENTLY PRESENTED A \$20,000 CHECK TO REPRESENTATIVES OF THE SOJOURNER HOUSE AT THE Burdman Group building. This donation, which marked the largest single donation ever received by the shelter, was made possible by proceeds from the annual Celebrity Charity Auction.

Saving local domestic violence shelters has been a priority for Alliance members, and this Alliance project is part of the National AMA Alliance's S.A.V.E. (Stop America's Violence Everywhere) campaign Chairpersons for the

Celebrity Auction were Renee Bitonte and Susan Berny. Committee members were Susan Yarab, Beth Bacani, Anita Gestosani, Norene Kenyhercz, Marlene Morrison, Paulette Pannozzo, Donna Hayat, Joyce Paris, Jamie Frank, and Norma Garritano.

The Sojourner House is a safe, confidentially located, home-like place for women and children to stay while they are trying to escape an abusive environment. It offers food, lodging and programs that provide the women with the opportunity to initiate solutions to problems they are experiencing. They receive information about housing, as well as legal, financial, medical, and vocational issues. Individual counseling and support groups are available. Other services offered include community education programs and a 24-hour crisis telephone line (330) 747-4040.

Sojourner House is funded through Mahoning County Marriage License fees, the Department of Human Service, the Mahoning County Mental Health Board, the United Way, and private donations, as well as federal and state grants. Volunteers and item donations are always needed. For information, please call (330) 747-4040.



Committee members included the following: (clockwise, from top left) Beth Bacani, Donna Hayat, Renee Bitonte, Susan Yarab, Suzy Soleimani (president), and Marlene Morrison.



Renee Bitonte, auction chairperson, presented a check to Melinda Gavins, assistant director of the Sojourner House.

## MCMS Annual Meeting Held

THE MCMS HELD ITS ANNUAL MEETING ON TUESDAY, DECEMBER 17, 1996 AT THE YOUNGSTOWN CLUB. SPECIAL guests in attendance were Dr. David Utlak, sixth district councilor from OSMA and Mrs. Suzy Soleimani, president of the Alliance.

Dr. Utlak, a past president of the Stark County Medical Society, currently is a delegate to both the OSMA and the AMA. He gave an update from both associations. Mrs. Soleimani announced that the Alliance's November fund raising event raised over \$30,000 for local charities. President Dr. Chander Kohli conducted the business meeting.

As in the past, the Society acknowledged recipients of the OSMA 50 Years in Medicine Award. This year's recipients were: Drs. Robert A. Brown, Frederick A. Friedrich, Kenneth J. Hovanic, Edward Kessler and Robert B. McConnell.

The Society presented its 1996 Distinguished Physician of the Year Award to respected nephrologist and internist Dr. Chester A. Amedia. This award was initiated in 1978 to honor Society members who have distinguished themselves in all walks of life.

Dr. Dan Handel remarked on Dr. Amedia's merits and accomplishments. Dr. Kohli then presented Dr. Amedia with an inscribed plaque.

The young physicians committee announced it will host another one-hour TV special on WYTV. The next "Health Matters Live Line" will air on January 29, 1997 at 8 p.m.

A product display was provided by TAP. Abbott Pharmaceuticals representative Maria Fryda.

New officers will be installed at the Society's next meeting, scheduled to be held January 28, 1997 at the Youngstown Club.



(l to r) Dr. Chander Kohli and Dr. Chester Amedia



(l to r) Dr. David Utlak & Dr. Kenneth Hovanic



(l to r) Dr. David Utlak and Dr. Robert Brown.

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### Hospital Costs/Memorandum

*continued from pg. 32*

been eliminated. The hospital has subscribed to the *Time/Life* 'How to...' series of maintenance books. These books can be checked out from Administration, and a toolbox will be standard equipment on all nursing units. We will be receiving the series at the rate of one volume every other month, and have already received the volume on Electrical wiring. If a non-electrical problem occurs, please try to handle it as best you can until the appropriate volume arrives.

Cutbacks in the laboratory staff will be accommodated by performing blood-related tests only on patients who are already bleeding.

Physicians will be informed that they may order no more than 2 (two) X-rays per stay. This is due to the turn-around time required by Arbor's Photo Lab. Two prints will be provided for the price of one, and physicians are advised to clip coupons from the Sunday paper if they require extra copies. Arbor will

honor competitors' coupons for one-hour processing in emergency situations, so if you come across any coupons, please clip them and send them to the Emergency Department. Due to the impending cold weather, Detroit Edison has been asked to install individual meters in each patient room and office, so that electrical consumption can be monitored and appropriately billed. Fans and space heaters will be available for sale or lease at the gift shop.

In addition to the current recycling program, a compost bin for the collection of unused fruit and bread will soon be provided on each floor. Families, patients, and the few remaining employees are encouraged to contribute discarded produce. The resulting moldy compost will be utilized by the pharmacy for the production of antibiotics. These antibiotics will also be available for purchase through the hospital pharmacy and will, coincidentally, soon be the only antibiotics listed on the HMO's formularies.

Thank you for your anticipated cooperation.

I hope you enjoyed this. I recommend that you save it for future reference... You may need it!

## A Look Back...

### Sixty Years Ago

Nov./Dec. 1936

**Alf Landon** was opposing President Franklin Roosevelt for his second term.

New medical developments at the time were the use of mandelic acid in treating urinary tract infections; hyperpyrexia treatment for undulant fever; and the introduction of protamine-zinc insulin for treating diabetes.



away: **H.E. Patrick**, a physician and surgeon who gave of his time and energy to the school system, and dermatologist **Samuel Schwebel**, son of Schwebel's Bakery founder Dora Schwebel.

### Thirty Years Ago

Nov./Dec. 1966

**Richard Murray** became the second physician to receive the Frank

Purnell Award for community service. (The first was **John McCann**.) Both the AMA and the OSMA advised physicians not to accept any assignment of fees from Medicare, Medicaid, or other welfare organizations. New members were **Richard Ebie**, **Clayton Hixon**, **George Szaboky**, **John K. Altier**, **Barry Decker**, **Anthony Deramo**, **William Martin**, **Dennis Salcedo**, **John Werning**, **Marshall Lewis** and **Jose Solana**.



### Fifty Years Ago

Nov./Dec. 1946

**William Bunn, Sr.**

announced the initiation of a nationwide program by the American Heart Association for public education about heart disease. **Arthur Rappoport** recommended that the Society further a program of mass inoculation against influenza. **Carl Gustafson** and **Walter Tims** urged taking action to control rabies. Fees for office calls were raised to \$3.00, and house calls (7AM to 6PM) to \$4.00.



### Twenty Years Ago

Nov./Dec. 1976

A formal dedication of Dutton Drive was carried out, presided over by **Jack Schreiber**, assisted by **John Melnick** and **Rashid Abdu**. Also, a marker was placed on the grave of **Timothy Woodbridge**, the first president of the MCMS. New members were **A.F. Azimpoor**, **William Crawford**, **Alam Quadri**, **John Brucoli**, **Paul Bunn**, **Ludwig Deppisch**, **George Hromyak**, **James Johnson**, **Stephen Kalavsky**, **Gerald Klebanoff**, **Chi Sown Ko**, **Fun Cheng Lin**, **Mohamed Masry**, **Ivan Nenadic** and **David Pichette**.



### Forty Years Ago

Nov./Dec. 1956

**Bertram Katz** had

an interesting article regarding the use of homografts, using sterilized cadaver donor vessels for occlusive arterial disease of the lower extremities. **Asher Randell** wrote a lengthy letter to President **Stertzbach**, pointing out in detail the shortcomings of the Society. **Oscar A. Turner** published a letter to *the Vindicator*, denouncing the leniency shown to drivers who cause death or disability while driving recklessly or under the influence of alcohol. New members were **John G. Guju**, **David Shapira** and **Kurt Wegner**. Two of our members passed



### Ten Years Ago

Nov./Dec. 1986

Outgoing President **Richard Memo** used his last message to express some of his

thoughts and frustrations. Among these "We will experience capitulated government supported medical care in the next years...For those who think the Medical Society does nothing...without the legislative lobbying and organizational methods, one wonders where we would be." In venting his frustrations with PRO rulings, Editor **Emil Dickstein** wrote that "Medicine remains one of the few occupations where integrity remains at the fore..." **William E. Sovik** was named "Doctor of the Year" at the Society's December meeting. Members lost through death were **Raymond Catoline**, a family physician and Mahoning County Coroner from 1950-1959; and **Jerome "Jake" Stechschulte**, also a family physician who was greatly loved by his patients.



Robert R. Fisher, MD



*Robert R. Fisher MD*

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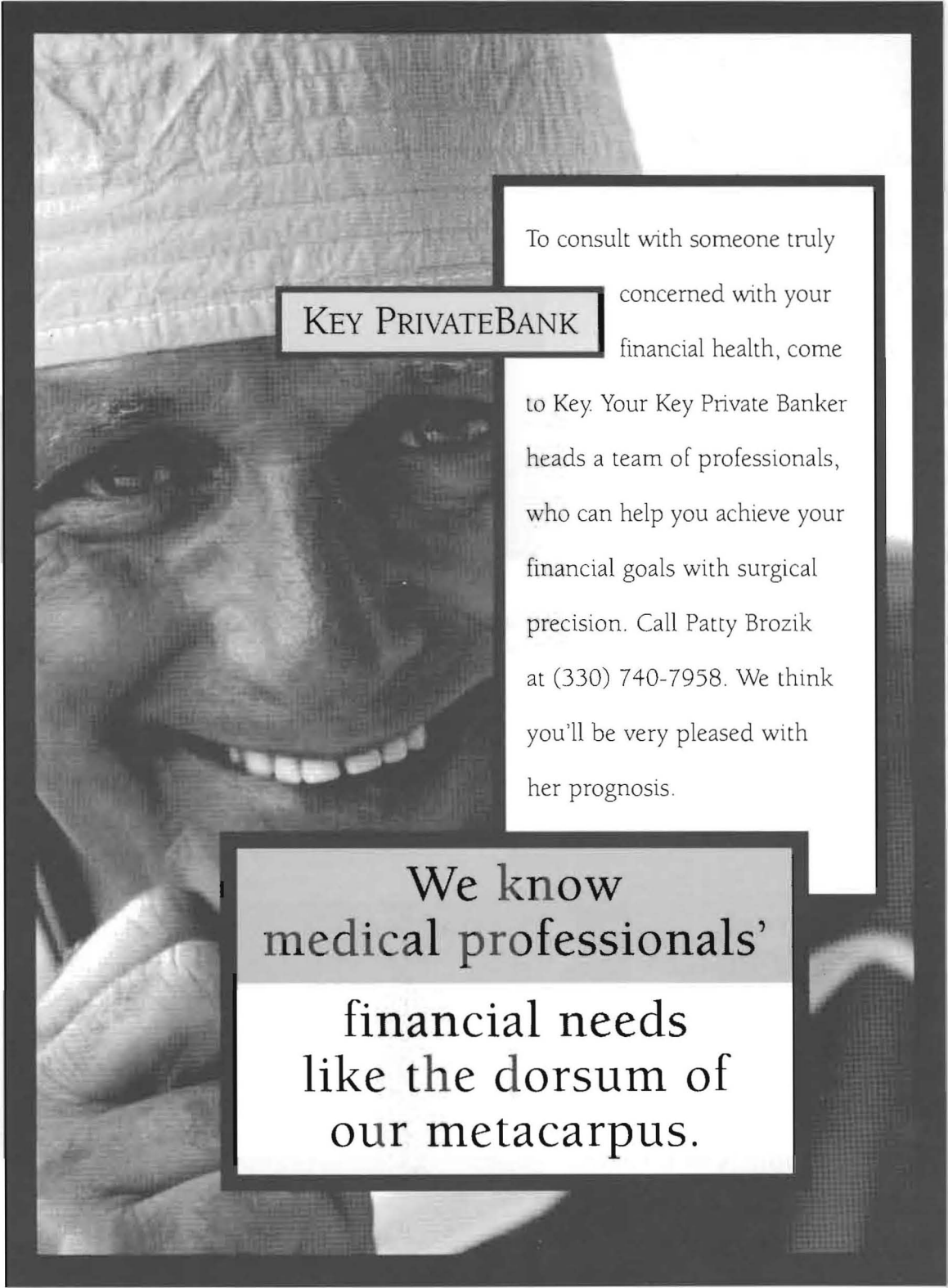
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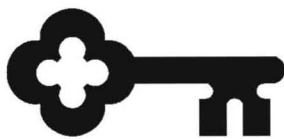




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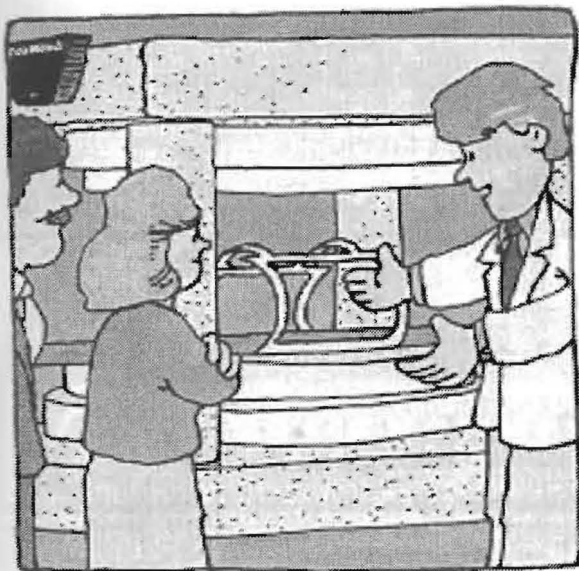
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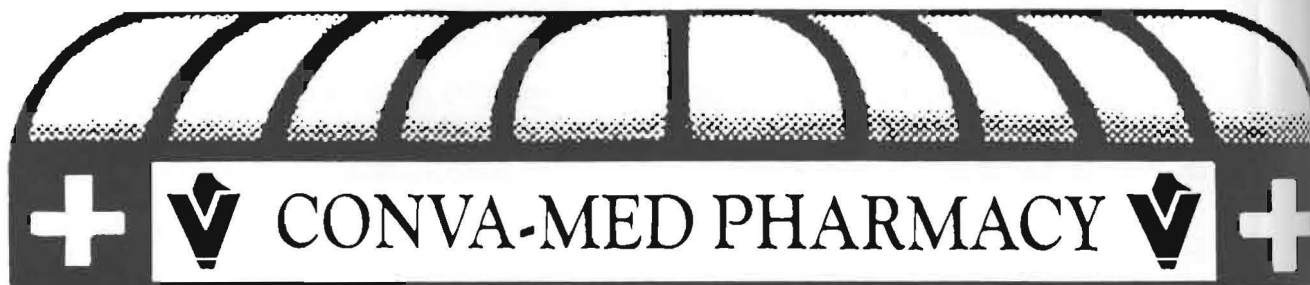


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**FIRST YEAR IN PRACTICE:** Ayman A. Saleh, MD

**ACTIVE:** Paul W. Musselman, MD

Information pertinent to the applications should be sent to the Mahoning  
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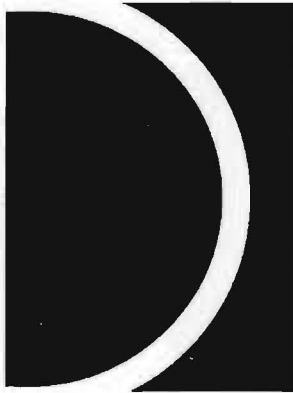
Retired physicians from Western Reserve Care System meet on the third Thursday of each month at 12 noon for lunch at the Ground Round in Boardman.

If interested in more information, contact Dr. DeCicco at (330) 788-2131 or Dr. Fisher at (330) 533-8748.

## CADUCEUS GROUP DISCUSSION

The Greater Youngstown Caduceus Group's CLOSED discussion meeting will be held in the Education Building, North Side Hospital on Tuesdays at 12:15 PM.

For additional information, contact Joyce Burns at the Medical Education Department, WRCS, (330) 740-3574.



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