TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

FORT WORTH OSTEOPATHIC HOSPITAL – 1970

IN THIS ISSUE

An apple for teacher

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In This Issue

An affiliate of
AMERICAN OSTEOPATHIC ASSOCIATION
212 East Ohio Street
Chicago, Illinois 60611

Calendar of Events

SEPTEMBER

G. P. DIALOGUE
Sun., Sept. 13
East Town Osteo. Hosp.
12 noon — 5 p.m.

DISTRICT I
Sunday, Sept.
Sun., Sept. 13
1:00 p.m.

DISTRICT IV
Sun., Sept. 13
Stanton

DISTRICT IX
Sun., Sept. 13
3:00 p.m.
Schulenburg

DISTRICT XII
Thur., Sept. 17
7:00 p.m.
Pompano Club
Port Neches

DISTRICT XIII
Sat., Sept. 12

DISTRICT XIV
Thur., Sept. 17
McAllen

OCTOBER

AOA 75th Annual Con. & Scientific Seminar
Oct. 5 — 8
Mark Hopkins Hotel
San Francisco

43rd ACOS Clinical Assembly
Oct. 25 —29
Shamrock Hilton
Houston

DISTRICT IV
Sun., Oct. 18

DISTRICT VII
Sun., Oct. 11
10:00 a.m.
Menger Hotel
San Antonio

DISTRICT IX
Sun., Oct. 11
3:00 p.m.
Louise

DISTRICT XII
Thur., Oct. 15
7:00 p.m.
Pompano Club
Port Neches

DISTRICT XIV
Thur., Oct. 15
McAllen

NOVEMBER

DISTRICT I
Sun., Nov. 8
1:00 p.m.

DISTRICT VII
Sun., Nov. 8
10:00 a.m.
Menger Hotel
San Antonio

DISTRICT XII
Thurs., Nov. 19
7:00 p.m.
Pompano Club
Port Neches

DISTRICT XIV
Thur., Nov. 19

DECEMBER

DISTRICT IV
Sun., Dec. 13

JANUARY

DISTRICT IX
Sun., Jan. 10
3:00 p.m.
Gonzales

More Faculty Added -- Curriculum Set

Two additional fulltime faculty members have joined the basic sciences department of the Texas College of Osteopathic Medicine, reports Dr. Henry B. Hardt, dean of faculty and students.

Dean Hardt said the teaching staff now totals six. The seventh, a professor of anatomy, will be employed in September, he added.

One of the new faculty members is an 11-year veteran of medical school instruction. He is Dr. J. W. Banister, Ph.D., 44-year-old associate professor of microbiology and biochemistry who comes to TCOM from the Medical College of Georgia, Augusta.

Dr. Banister, a native of Paris, Texas, earned his doctorate at the University of Wisconsin. He received his bachelor and masters degrees from North Texas State University. He is married and has two children.

A Tulsa, Oklahoma native who formerly taught biology at Texas Christian University is Mrs. Mary Lu Schunder. She will be an instructor in anatomy and physiology.

Mrs. Schunder, a Fort Worth resident, holds an M.A. degree from TCU. She is the mother of three children.

Twenty-one students will make up the first class, Dr. Hardt concluded. They will begin studies October 5.

TEXAS COLLEGE OF OSTEOPATHIC MEDICINE

First Semester Class Schedule

	Hour	Monday	Tuesday	Wednesday	Thursday	Friday
1st term	8	Cell	Micro-	Micro-	Cell	Micro-
7½ weeks	9	Physiology	Anatomy	Anatomy (H)	Physiology	Anatomy
	10	Gross	(Histology)	Gross		(Embryology)
Oct. 5 –	11	Lecture	Psychology	Lecture	History	
Nov. 25	12					
	1	Gross	Gross		Gross	Gross
	2	Anatomy	Anatomy	FREE	Anatomy	Anatomy
	3	Lab	Lab		Lab	Lab
2nd term	8	Micro	Micro-	Bio-	Micro-	Bio-
3½ weeks	9	Anatomy (H)	Anatomy (H)	chemistry	Anatomy (H)	chemistry
	10	Gross		Gross		
Nov. 30 –	11	Lecture	Psychology	Lecture	History	
Dec. 22	12					
	1	Gross	Gross		Gross	Gross
	2	Anatomy (H)	Anatomy	FREE	Anatomy (H)	Anatomy
	3	Lab	Lab		Lab	Lab
3rd term	8	Micro-	Bio-	Bio-	Micro-	Bio-
7 weeks	9	Anatomy (H)	chemistry	chemistry	Anatomy (H)	chemistry
	10	Gross		Gross		Osteopathic
Jan. 4 –	11	Lecture	Psychology	Lecture	History	Theory & Technique
Feb. 19	12					
	1	Gross	Gross		Gross	Gross
	2	Anatomy	Anatomy	FREE	Anatomy	Anatomy
	3	Lab	Lab		Lab	Lab

Total Hours First Semester

Anatomy	412	Biochemistry	67
Microanatomy	122	Cell Physiology	37
Histology	94	Medical Psychology	19
Embryology	28	History & Principles of Osteopathic Medicine*	17
Gross Anatomy	290	Introduction to Osteopathic Theory & Technique	14
Lecture	74		
Lab	216	TOTAL	566

* Includes history of all schools of medicine

1946

They Planned BIG!

by Robert L. Rader

Twenty-four years ago a dream, sired by twenty young, eager doctors of osteopathy, came true in an old mansion at 1401 Summit Avenue in Fort Worth and Fort Worth Osteopathic Hospital was born.

Those were hard but interesting years and this concept grew through the devotion and efforts of these pioneers. From these modest beginnings they moved to new quarters at 3807 Camp Bowie Blvd. This building was completely air conditioned and had a capacity of twenty-five adult beds and five bassinets. This modern building was erected and completed on February 28, 1950 by the contributions of the staff physicians and by a loan from the Amon G. Carter Foundation. The furnishings were gifts of Mr. Amon G. Carter and Mr. Sid W. Richardson.

During this time the staff had grown from 20 to 44 osteopathic physicians, including specialists in surgery, EENT, X-ray, obstetrics and gynecology.

In 1951 the hospital was accepted as qualified for intern training and a general surgical residency program was begun in the summer of 1956.

It soon became apparent that the increasing public demand for osteopathic medical facilities would not permit the doctors to rest on their laurels.

The third phase of this original concept blossomed out in 1956 at 1000 Montgomery Street. This was the most ambitious plan to date and upon completion represented an outlay of $1,250,000 and provided 120 adult beds and 15 bassinets. A four-story modern building housed this latest progressive step.

Progress seems to permeate the area all around Fort Worth and certainly Fort Worth Osteopathic Hospital has entered into the trend of this progressive spirit.

In June 1970, just 24 years since the beginning of the hospital on Summit Street, a new addition was completed. This expansion increased the total capacity to over 200 beds and 15 bassinets. This also adds an eight-bed intensive care unit and a four-bed cardiac care unit.

Many other ancillary facilities greatly profited by the expansion. Radiology, pathology-clinical laboratory, inhalation, physio-therapy, medical records and library, conference and meeting areas and business office areas were greatly expanded to meet the growing needs of their continuing requirements. The surgical suites were refurnished and expanded to meet the growth of surgical requirements. The dietary department was greatly enlarged and many innovative pieces of equipment were installed which has contributed to increased efficiency and the attractiveness of meals served in the hospital.

The building program has permitted the hospital to participate in a local health education program which has been a dream of the staff and members for some time.

The Tarrant County Junior College has established a two-year academic program resulting in an Associate Degree and a certificate of completion in laboratory work completed in the local hospitals. This program will include X-ray technicians, inhalation therapists, medical technicians in laboratories, surgical area and medical and dental secretaries.

Fort Worth Osteopathic Hospital, together with the other local hospitals and sponsored by the Coordinating Committee to Tarrant County Junior College on Health Careers, is fortunately included in the program.

As of this date, six students have begun their instruction in FWOH's radiological department and it is anticipated that new students will enter other departments as the program expands.

The building program was planned to allow for expansion of the present facilities and it is most fortunate that the planners were alert for a growth which is continually stimulated by the demands for osteopathic physicians and the osteopathic concept of health care.

Hospital Today

No Solution

by Dr. W. R. Jenkins

This will be a short report because no solution was found by the July, 1970 House of Delegates for the problem which exists in medical liability insurance coverage.

You each received copies of the Linder Report and of the First National Conference on Malpractice sponsored by the American Osteopathic Association in February of this year, so there is no need to repeat that information here.

There were many hours spent on liability insurance in reference committee meetings and the entire House of Delegates spent an evening session of three hours on this subject. In that session of the House, much was said by various delegates and by the Chairman of the Bureau of Insurance, but all too few solutions were offered. There were several statements made which seemed to be accepted by the Delegates after discussion as definite statements, or conclusions. These were:

a. Most insurance companies do not want to write medical professional liability insurance.
b. The final solution will, if one is ever attained, be found by cooperation between the health professionals, attorneys, courts and the consumer.
c. There is no easy solution.

There were several resolutions presented by various states. Most of the subject matter in all resolutions was covered by resolutions presented by the state of Pennsylvania on American Osteopathic Association Health Insurance Programs. The resolution was as follows:

WHEREAS, the Professional Liability Insurance Program offered by the AOA has contributed to the crisis which threatens the continuation and very existence of the osteopathic profession, and,

WHEREAS, the Catastrophic Liability Policy offered by the AOA provides no relief to the existing malpractice crisis, and,

WHEREAS, the Linder Report states:

"As for the AOA program, aspects warranting commendation, if they exist, are not readily apparent. If it is to achieve an overall satisfactory solution for malpractice insurance coverage the osteopathic profession must be willing to share actively in working for it," and,

WHEREAS, the Life Insurance and Income Protection Programs offered by the AOA do not provide the

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Just the Facts

by Dr. H. Eugene Brown, Jr.

The Ad Hoc Reference Committee of the American Osteopathic Association met Monday, July 13, 1970, to consider the various resolutions submitted to the House for its action.

The first item for consideration was the Osteopathic Portgraduate Internists.

They wanted reconsideration of AOA Memo H of July 1968—76, which dealt with instruction of postgraduate educational programs of all divisional societies, specialty and practice affiliates, hospitals, colleges and annual AOA Scientific Seminars. This memo stated that instruction should be so distinct in the osteopathic approach that it could not be duplicated outside the osteopathic profession and that the majority of said programs be by osteopathic physicians.

A number of members of the College of American Osteopathic Internists appeared to speak against this memo, saying that to require osteopathic members on postgraduate courses severely limited the program chairman and he should have a free hand to have whoever he wants from whatever school of practice. It was pointed out that there are committees to deal with approval of programs and that this was not placing any gross or severe limitations on the program chairman. The committee recommended to reaffirm the AOA policy.

The Academy of Osteopathic Directors of Medical Education, which had previously submitted its constitution and bylaws, was approved as an affiliate of the AOA. The active membership of this association is open to the medical directors and/or directors of medical education, or other qualified individuals charged with this responsibility by the governing body of an osteopathic hospital.

The next resolution taken up was that of the AOA-AMA Medical Education Liaison Committee that would offer a Liaison Committee related medical school education and opportunity to begin dialogue to communicate the distinctive osteopathic philosophy and its tangible therapy to the AMA and medical schools. The committee recommended disapproval at this time, due to the difficulties of setting up such a committee.

The following order of business was the mixed staff hospital resolution by Pennsylvania, which would allow allopathic physicians to serve on an equal basis on osteopathic teaching hospital staffs with osteopathic physicians, providing that all heads of departments be

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You Can't Just Keep Your Fingers Crossed!

[Editor's Note: At our convention last April Mr. Caleb Belove, Executive Vice President of the Professional Mutual Insurance Company, was asked to report to the Board of Trustees on the first National Conference on Malpractice held in Chicago last spring by the AOA and HEW in which Mr. Belove was an invited participant. We thought his remarks to the Board of sufficient interest and importance to print excerpts here. We are only sorry that space does not permit us to publish his entire presentation, along with his very knowledgeable answers to questions put to him by Board members.]

As you are all aware, the field of companies writing malpractice insurance has shrunk—shrunk to the point where those who are left in the business must huddle together for comfort because the air is cold outside and the problems are multitudinous—and it is in this vein that this first National Conference on Malpractice was held.

There are at least five segments of the population that are interested in the practice of medicine and the ramifications of the practice of medicine; the legal aspects of the practice of medicine and the legal penalties which are adjudicated against doctors for alleged negligence in the handling of patients.

This, to my knowledge, was the first attempt to bring people together who were involved. There were physicians who were there and there were lawyers who represented both sides. We had lawyers who were really specialists in defending doctors—and we had lawyers who had made a big reputation out of prosecuting the claims against doctors.

Public groups were invited also, because they were interested in the one aspect of malpractice: That the more the claims, the higher the insurance rates; and the higher the insurance rates, the more the doctor is going to have to charge. He is going to have to pay a large sum to his insurance company to protect his economic stature and he is going to have to pass it on to his patients. There's no place else to go. In the long run the patient foots the bill.

The meeting was a sort of confrontation. We all presented our different points of view, which delineates the problem and shows the enormity of it. There are no simplistic answers.

Our judicial system is set up so that he who is injured by the negligence of someone else is entitled to compensation, but there is no ceiling placed on such compensation. And regardless of whether a case has merit, anyone can sue anyone else for anything at any time and the defendant has to go to court to answer. He may come in with a simple answer that gets the case thrown out of court, but nevertheless, the suit must be answered. It cannot be ignored.

It was the consensus of those who participated in the workshops of this conference that most cases that finally reached the courts really had merit—merit in the sense that there was damage to the patient—and the question that has to be decided by a jury is whether such damage is the result of negligence by the doctor.

But who is to pass judgment? The people who are on the jury don't know enough about medicine to know whether you have done a good job or not. It doesn't make any difference how explicit the information that is brought to court is. How is a lay person supposed to make that kind of a decision? And yet he is the one who does it. Expert witnesses are brought in, but what it really gets down to is, how sharp is the attorney? It is really a battle of wits between two adversaries and whoever is the sharpest and the smartest—where there is some doubt—is the one who actually wins the case. You don't know what appeals to the jury. If there is ever justice in the courtroom, it is coincidental. It doesn't always happen. We lose them when we should win, and we win them occasionally when we should lose.

I have listened to you discussing here the starting of a new college and I find I am rather amazed that anyone wants to become a doctor when someone can pull the rug out from under him by winning perhaps a million dollar suit against him. There are other ways to make a living where you don't have to wonder if you are going to fall off the edge of that precipice!

Everybody expects a lot from doctors. As you know you are supposed to be miracle men. When someone comes to you he contracts to be made well; as when you send your television set for repairs, when it comes back it is supposed to work. You can't be that sure that your repairs are going to work, that you are going to cure anybody, but people expect it of you. And if

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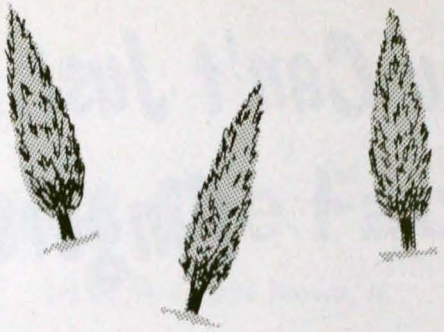
Opinion

the Forest for the Trees?



by Dr. H. Eugene Brown, Jr.

The AOA is the official spokesman and functioning body representing the American osteopathic physicians in the United States. It has for some time been my opinion that they do not necessarily represent the basic feeling of this group, particularly in the areas in which we live and practice.

After this first meeting my opinion has not changed, but I can better comprehend the reasons for this divergence of opinion between the AOA and its members. However, this understanding makes it no more acceptable.

Digressing at this point, in all fairness it must be said that our Texas representatives are well respected at the national level and do an excellent job of accomplishment. Dr. George Luibel and Dr. John Burnett represent us in a most outstanding manner on the AOA Board of Trustees. They are both equally as qualified as any man on the AOA Board.

Dr. Sam Ganz and Dr. Clifford Dickey, as the 'old heads', did an exceptional job of advising the delegation and imparting their wishes in the places where they needed to be known. The efforts of these people and the other members of the delegation to the House were outstanding.

Back to my basic disagreement with the AOA—that of failing to carry out the attitudes of the membership—explanation of function is necessary. The AOA is made up of individual members who are represented through their divisional societies in the House of Delegates, as they are in our state association. In turn, the staff of the American Osteopathic Association is employed by the Board and officers. This staff, as the one in our state, is to carry out the objectives and desires of the association membership. I found most of this staff to be well-qualified, motivated and dedicated.

However, it is my feeling that they are so busy functioning in the affairs of the association, with the Department of Health, Education and Welfare, insurance companies, insurance commissions, school accrediting associations, foundation people, and a variety of other organizations, that they do not have time to have direct verbal or written communications with the grassroots individuals practicing in their respective offices and hospitals around the country.

At the annual AOA House of Delegates, since the affairs are handled primarily in reference committees, it is impossible for all delegates to know the discussion pros and cons of all the resolutions, much less expect this of the staff. Therefore, even though hours of discussion of the various pros and cons may have taken place in the reference committee, the staff cannot be all places at once and, therefore, do not have the background or understanding of feelings of the profession.

They are subjected daily to the outside influence of an organization to which they have very little dialogue or continuing insight.

The problems of hospital accreditation, malpractice, student unrest about our future, hospital staff affiliations, and compliance with rules and regulations that are detrimental to the practice of medicine are not fully understood by these individuals at the level of physician, patient and community—only at national levels on the official and legislative levels.

Unfortunately, the professional staff, when they do visit in the individual states, are in attendance at state association meetings or are there to handle difficulties in that state and are, therefore, there as honored guests and not to obtain the opinions of the membership.

I reiterate—my complaints are not with the physicians who represent us. It is with the problems within the professional staff. Let's get them seeing the physicians and hearing their side more often.

MEMORIAL

Texas College of Osteopathic Medicine is the beneficiary of a memorial fund honoring the late Dr. Fred E. Logan, Jr., reports Ray Stokes, Director of Development.

Stokes said that all proceeds earmarked for the Logan fund will be used to support a special project to be named at a later date by the Board of Directors.

A source close to the late doctor's family indicated that the memorial fund was started with a gift of $1,000, according to the college spokesman.

Opinion

Let's Take a Recount!

by Dr. T. Eugene Zachary

Yes, it's time we had a recount of ourselves. Let's take a long, hard look in the mirror. What are we going to find there? Are we going to see five or seven hundred osteopathic physicians who are sincere in their cries for opportunities to obtain postgraduate education; and those same doctors then rushing to avail themselves of that which they claim to be seeking?

No, my friend, we are not!

What we see is an uneasy, simple truth. All those D.O.s who from time to time scream for more postgraduate education, which they say is offered only to the allopathic physician, are not really anxious to take the time to attend good programs when they are laid at their feet.

Rather often we find members coming to a district or state meeting, commandeering the floor and speaking with eloquence about the need for D.O.s to be able to get postgraduate training, and chastising their own leaders for not getting it for them.

Well, friend, the mirror reflects those faces, and they have egg on them. They have been making a lot of noise when they really didn't mean that they *wanted* to attend those postgraduate opportunities. They just meant they wanted the *right* to attend—if it was convenient for, and of interest to, them.

Admittedly, we are too seldom informed of available opportunities, but what happens when a goodly number *are* informed—in plenty of time to make plans to attend—of a symposium on a malady that should be considered of epidemic proportions and, therefore, should command the interest of every doctor in the country?

One such program was made available to all physicians July 1 in Dallas, where there are some 160 D.O.s alone and where adequate notice of the symposium was given.

The program to which I refer was the Symposium, "The Forgotten Addict: The Alcoholic," cosponsored by Pfizer Laboratories and the National Council on Alcoholism—and Pfizer picked up the tab for the meeting hall, the expenses of several noted and very interesting speakers, and for a delicious buffet meal.

Out of some 175 physicians in attendance *SIX* were D.O.s! Three from District V, two from District II and one from District XIII.

I have checked with our state office and learned that it was not informed of this meeting so, of course, was not listed in the JOURNAL'S Calendar of Events. And we do have a legitimate gripe when the entire membership cannot be informed of such opportunities. But the most populous centers, D.O.-wise, were informed..... and *SIX* showed up. I am wondering how many more might have attended if they had been informed..... Another six?

Certainly the entire membership was informed—bombarded might be a better word—of the convention in Lubbock where a half dozen eminently qualified lecturers spoke to almost empty rooms. One of those speakers cost a pretty penny to bring out here and he was well worth his fee. Out of nearly 700 Texas D.O.s, how many heard him?

Postgraduate opportunities? We have them.

Where are you?

YOU CAN'T JUST KEEP YOUR... FINGERS CROSSED!

(Continued from page 7)

you don't cure them, they won't pay you for your time, no matter what efforts you made in their behalf. And when you try to collect from them, you have a lawsuit.

It doesn't make any difference whether you actually did any damage to the patient. You have a lawsuit. And everytime we have a lawsuit, it costs us money. Even though you did nothing wrong and we easily win the case or knock it in the head, by the time it is over we have several thousands of dollars invested in just getting it checked out even if the case is without merit.

When I first went into the malpractice insurance business there were some 55 or 60 companies which rather freely wrote malpractice, but much of it was written as an accommodation. Some of the reasons companies stayed away from it was for the very good reason that there just weren't enough doctors around for it to be a big deal. If you want to write automobile insurance, you have millions of cars on which to write it. If you want to write insurance for doctors, you have a maximum of some 200,000 who would be eligible.

Part of the problem is that there just aren't enough doctors so that all of them are too busy and working too fast. The doctor is not careful enough of what he does and he is too tired at the end of the day. So the result is that things are happening which probably wouldn't happen if there were more doctors. If there were more doctors you might make a little less money, but you wouldn't have to spend so much for your malpractice insurance.

Because there is such a shortage of doctors, there are some people who probably should not be practicing medicine, but who are successful doctors—not because they are good doctors, but because doctors are so desperately needed. So what we need is something in our colleges that teaches doctors what their responsibility is to society.

I am sure some of you get out of school and don't know how to bill your patients. Maybe you don't know enough about consent forms and a lot of things that are intrinsic to the business of being a doctor which would protect you legally.

It is a sad thing that doctors are not taught how to keep proper records. And one of the most difficult things to prove to a jury is that you have done what is right if you haven't written it down.

I didn't mean to make this a polemic on how you should practice medicine, but from the point of view of the malpractice insurance carrier, keeping proper records is just about the most important thing you can do.

Don't leave any spaces in your records! When a jury sees spaces have been left for afterthoughts, they are instantly suspicious, and a good lawyer will spot and point out those spaces immediately. If there are spaces between dates, they will figure they are there so a doctor can go back and write in other things a month or a year later—or when and if he gets in trouble.

I am sure you know that the many fire prevention programs are backed by insurance companies. If you own a building the insurance company will send out an inspector to look over your building and tell you what is needed to be done to make it insurable under their codes.

And what does the malpractice carrier do? We don't do anything! We have assumed that we would write it and the premium would be enough to cover the situation. And we haven't told the doctor what he must do to be entitled to that insurance. Insurance companies are trying to meet the problem by constantly raising rates and never attacking the problem.

The most important thing groups such as TAOP&S can do is to police their membership. Unfortunately, a doctor who should be censured isn't because you too often have the tendency to protect your own. But in so doing it hurts you, because when you get a practitioner who costs the profession money, all rates go up—not just his, but everyone's,

I am trying to tell you that it is a problem that must be wrestled with from within. You can't expect someone on the outside to solve it. You have to police yourselves, you have to know your responsibilities. In a real sense the malpractice situation is beginning to hurt the practice of medicine.

We find ourselves in the position of preaching that you practice conservative medicine, which I think is wrong, but how are you going to avoid it?

You can be so conservative, you can get so many forms of consent signed, you can protect yourselves in so many ways that there is no time left to practice medicine!

The Chicago meeting did not come up with any possible solution because there is not enough reliable information.

There was some discussion of limiting liability, but that is not in keeping with American jurisprudence. They talked about possible ceilings, but they did not arrive at how this could be done. There was some discussion of the possibility of using the no-fault approach, the workman's compensation approach. But it only amounted to discussion. There was no attempt to solve the problem. But there was an attempt to find out what the problem is. I think from that respect they made good progress, but not enough.

Now what can state associations do? They are in a very good position to do something and that is to control their own membership. I think an insurance company would have to be very dependent on a state association for the kind of information that would allow

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No Solution—

(Continued from page 6)

members of the Association the greatest benefits for the premiums paid, and,

WHEREAS, since the AOA has failed to develop an insurance program which has been in the best interests of the membership,

THEREFORE, BE IT RESOLVED, that the House of Delegates of the AOA appoint a committee, comprised of at least one delegate from each divisional society having at least 200 members in good standing in the AOA for the purpose of accomplishing an in-depth study of the present insurance programs offered by the AOA, and,

BE IT FURTHER RESOLVED, that the committee review all facets of the insurance program and furnish to the Bureau of Insurance information regarding programs whose benefits will be of a greater value than those presently available and which should be incorporated into the AOA program to be offered to the membership of the Association, and,

BE IT FURTHER RESOLVED, that this committee proceed immediately with the formation of a mutual liability insurance company under the American Osteopathic Association so as to make available liability insurance to the membership of the Association and its divisional societies.

The above resolution seemed at least to this delegate to give the membership a chance for a 'new look' committee to have a try at solving some of our malpractice problems. The formation of a mutual insurance company by the American Osteopathic Association which is covered in the last paragraph of the resolution was defeated in Committee because the financial backing required was not available. A watered-down version of the rest of the resolution came out of the Reference Committee and was passed by the House of Delegates and reads as follows:

RESOLVED, that the membership of the Bureau of Insurance be increased by two members for the coming year, and that these two members be appointed by the AOA President from a list submitted by the Speaker of the House of Delegates.

Explanatory Statement: This is to supplement the membership of the Bureau of Insurance for the year 1970-71, for a thorough study of all our insurance programs. The two House members shall report back to the House of Delegates in July, 1971.

The addition of the two members to the Bureau of Insurance will, in the opinion of many delegates, including this one, probably be a waste of money because it will not in all probability accomplish a 'new look' at the problem.

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Just the Facts—

(Continued from page 6)

osteopathic physicians. This was referred to the Committee on Postdoctoral Training for study and report in July, 1971.

The next item of business considered a number of resolutions dealing with peer review and utilization. There was a great deal of discussion, both pro and con, on the feasibility of peer review. It was pointed out that, regardless of feasibility, it was not necessarily a debatable item, since it was a requirement of HEW. Therefore, recommendations suggested that a new resolution be submitted regarding a committee on utilization, peer review and hospital education on accreditation procedure whose purpose in function would be to:

1. Raise the standard of patient care in all hospitals within the state;
2. Act in an advisory capacity to osteopathic hospitals in the state for compliance with requirements for accreditation and the interpretation thereof as established by the AOA;
3. Cooperation and coordination with HEW state agencies regarding peer review and utilization.

The committee amended this to make it permissable for the state to set this up under a single committee, or different committees, so long as they were functioning.

This basically boils down to a requirement that the state set up a committee, or committees, working in conjunction with utilization committees of hospitals on utilization in their area. It further sets up a committee to be advisor to all osteopathic hospitals in a state on exactly what the requirements for accreditation are and how to meet these requirements.

It is to be advisory in nature and is to assist the hospitals in every way to maintain accreditation requirements. It also allows for peer review of the quality of care that is dispensed by osteopathic physicians and osteopathic hospitals. They would also be assisted by the AOA Committee on Hospital Accreditation, which would be responsible for supplying information, assistance and training to the committees of all state osteopathic associations participating in this program.

The next order of business was the listing of osteopathic hospitals licensed by controlling state agencies. This was the Texas resolution which resolved that all osteopathic hospitals, not accredited by the American Osteopathic Association, but which are licensed by the appropriate state agency, be listed in a category separate from that for accreditation.

This was changed by the Board and House Advisory Committee to recommend a comprehensive recognition program by listing in the AOA Yearbook and Directory all other osteopathic hospitals that are approved by or licensed by the controlling state agency. This

(Please turn to page 15)

ATOPS News

by Mrs. D. E. Hackley, President

Where did the summer go? Fall is just around the corner and that means it is time to put our thoughts and efforts into the duties and responsibilities that the TAOP&S has assigned to us.

Auxiliary members can look forward to receiving new Yearbooks in September.

October 5-8 is the national convention in San Francisco. Don and I plan to attend. We were in San Francisco once and enjoyed every minute of it. The temperature is very nice if you take warm enough clothes.

October also brings the kickoff date (17th) for the Osteopathic Seal Campaign.

Last year the national goal was $175,000. Texas raised $2,965.35, which was 28% of our prorated share of $10,000.

Last year there were 188 applications for scholarships, with 18 being awarded and six alternate awards granted.

The Texas Auxiliary has the responsibility to see that osteopathic literature is placed in junior and senior high school libraries and also to contact the schools on their Career Day activities.

This officer has received invitations to visit several districts in September and is looking forward with great anticipation to meeting new friends and renewing 'old' acquaintances.

"A Ray of Hope"

A ray of hope for small hospitals finally dawned in Washington with introduction of a bill by U.S. Representative Omar Burleson of Anson, Texas.

Rep. Burleson's bill (H.R. 18753) would exempt hospitals with fewer than 50 beds from the requirement that they have registered nurses (R.N.) on duty 24 hours a day, seven days a week.

More than 170 communities in Texas alone stand to be without hospital care in their immediate area because that many small hospitals may be closed soon by the HEW requirement of R.N.s around the clock. About 140 have already been closed.

"Licensed vocational nurses do a very fine job and could well, under the general supervision of doctors and registered nurses, fill the practical needs," Rep. Burleson said.

"Everyone agrees that any hospital or nursing home should have the best and most modern care available, but when regulations and rules leave no hospital at all, people are understandably upset," he adds.

On behalf of the smaller hospitals in the suburbs and rural areas of Texas TAOP&S has been working feverishly since the advent of Medicare to get the R.N. regulation changed.

When informed of Rep. Burleson's bill, TAOP&S President, Dr. Bobby G. Smith declared, "More than 140 small hospitals in Texas have already fallen to this impractical, bureaucratic requirement that is not relevant to the real safety of the patient. Twenty of those hospitals closed were osteopathic institutions and we are upset, along with the people in those towns. The Medicare law did not require it. Why are we saddled with a regulation that does?"

"the Front Seat for TOHA--"

Retiring President Olie Clem and incoming President John Isbell of the Texas Osteopathic Hospital Association joined in calling for a stronger TOHA in the year ahead on the occasion of their convention in late August at Green Oaks Inn in Fort Worth.

Officials of TAOP&S were in attendance for the three-day conclave which featured an outstanding seven-hour course on management by Dr. Alfred A. Cox (Ph.D.) of NSTU.

Larry Jones, assistant executive director of AOHA in Chicago, outlined a number of new programs for osteopathic hospitals that the national has initiated.

Renewed and in-depth support from TAOP&S was declared by Dr. Bobby G. Smith, President, Dr. Richard L. Stratton, TAOP&S - TOHA liaison officer, and Tex Roberts, Executive Director.

Further talks were conducted on mutual problems with the Private Clinics and Hospitals Association.

TOHA officers for 1970-71 are: John Isbell, Administrator, Stevens Park, President; Franklin Wells, Administrator, Dallas Osteopathic, President - Elect; Dr. Dwight H. Hause, Corpus Christi Osteopathic, Vice President; J. M. Brooks, Administrator, Groom Memorial, Secretary-Treasurer.

Trustees elected are Dr. Richard Leech of Hurst and Dr. H. Eugene Brown, Jr., of Lubbock.

Corpus Christi was chosen as the 1971 convention site.

Tex Roberts was given authority by TOHA to explore group insurance programs for that association, along with his activity in this line for TAOP&S.

In an interview with the new president following the convention, Mr. Isbell said, "We need to start riding in the front seat — get involved in what is happening to our hospitals, rather than wait and have to ride the bandwagon."

Basic Sciences Exams in October

The next examination of the Texas Board of Examiners in the Basic Sciences has been set for Monday and Tuesday, October 12-13, 1970, in Austin.

Details as to time and place may be obtained by writing to the Executive Secretary, The Texas State Board of Examiners in The Basic Sciences, 1012 State Office Bldg., Austin, Texas 78701.

Applications for the October examination must be completed and received by September 15, 1970, and all necessary information and documents required of examinees by the Board must be completed and in the applicant's file by that date. Those interested in participating in this examination should act immediately.

It should be noted that the certificate which is acquired by examination is the only one which is valid for reciprocity with other state basic science boards. The Texas Basic Science Board has reciprocity with the following states: Alabama, Alaska, Arkansas, Colorado, Iowa, Michigan, Minnesota, Nebraska, Nevada, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Washington and Wisconsin.

DON'T JUST KEEP YOUR FINGERS CROSSED!

(Continued from page 10)

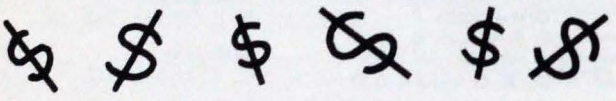
them to have a minimum of claims and keep the cost of insurance down. What the doctor does himself will go a long way toward holding down claims.

A very careful, detailed history-taking before your acceptance of a patient—and a very careful, detailed study of this history before such acceptance—can eliminate the problem before it becomes one. Once you have accepted a patient you cannot abandon him without just cause and due notice. But you can screen these people before you accept them as patients.

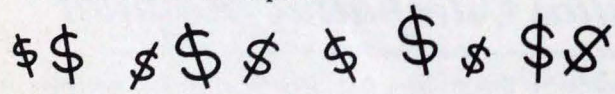
Also, if a patient wants to abandon you, you can't keep him there. That's called kidnapping. So you have to let him go. But when you do, get him to sign a release form if at all possible, or see that there are witnesses to show he walked out on his own. About forty per cent of cases are those in which someone was unhappy with your treatment and went elsewhere.

One of the worst mistakes people make is to think that doctors are perfect and that they don't make mistakes. I don't know whose fault it is—how it came about—and maybe it is not your doing, but the average person believes that a doctor is inviolable.

If the patient only realized that the doctor is *practicing* medicine—that *practice* makes perfect—that you all have a long way to go before reaching perfection—then he would not be so apt to sue.



Membership in the "One Thousand Club" has reached 74, reports Ray Stokes, Director of Development for TCOM. He said 50 members have 'joined' since the Lubbock convention in April.



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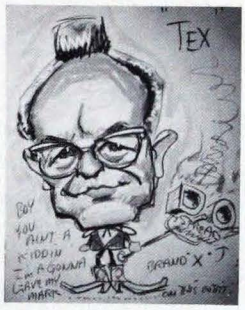
ABOUT TEXAS!



By the Executive Director

August was busier than July, which was busier than June, which was busier than ——. Well, anyway, 103 Texans going to osteopathic medical schools out of state will receive scholarships administered by the Scholarship Committee and this Association; the Public Health Committee met in Austin; the TOIL Committee met in Dallas; the Hospitals and Insurance Committee met in Fort Worth; I met with the citizens of Bowie twice and again with them and Congressman Graham Purcell in Wichita Falls.

Somewhere there in August also, the Texas Osteopathic Hospital Association met and I attended three days.

The Executive Committee met by conference call, the presidential visitation schedule was launched and the telephone and the postman filled in any spare time we had at the State Office.

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In addition to the 103 there are 21 additional D.O.s-in-the-making at the Texas College of Osteopathic Medicine which opens with its first class October 5 at Fort Worth Osteopathic Hospital.

* * * * * * * * *

U. S. Congressman Omar Burleson of the Texas 17th District (see story elsewhere in this issue) has introduced a bill in Congress that can help save hospitals of fifty or less beds. It is H.R. 18753 and would provide relief for the 24-hour R.N. requirement for R.N.s that don't exist.

If you know anyone in Austin or Washington who can help get H.R. 18753 reported out of the U.S. House of Representatives Ways and Means Committee favorably, best you get with them in a rush. Even if you don't know anyone this bill needs support, so get hold of Congressman Burleson and find out who else needs the word in Washington.

* * * * * * * * *

To influence legislation, you need to be there at the Creation. This means health advisory groups and where ever else you have an opportunity to serve.

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Walk tall. Think big. This is the year of the D.O. Damn the torpedoes. Full steam ahead!

NO SOLUTION ——

(Continued from page 11)

At the convention one sensed a feeling of uneasiness over the professional liability insurance problem among the delegates. There was the definite feeling that the American Osteopathic Association and the Bureau of Insurance over a period of years had not performed in the best interest of its membership in this field, but had been lethargic and not aggressive enough with regard to formation of new programs.

JUST THE FACTS ——

(Continued from page 11)

was passed.

There was some discussion with Dr. G. Erle Moore and Dr. Edward Crowell. Dr. Crowell, as Executive Director of the AOA, stated that this resolution had not been able to be instituted in the past year due to the fact of the mechanics involved.

He stated that the AOA had been advised by some hospitals that they did not want to be listed. Legal counsel had advised that this would be violating the rights of the hospitals to list those who did not wish to be listed. It was suggested they might use a listing similar to the one used in the Texas Directory.

(I have tried to report in an unbiased and factual manner. For this delegate's opinions, you might like to read the 'Opinion' article elsewhere in this issue.)

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