



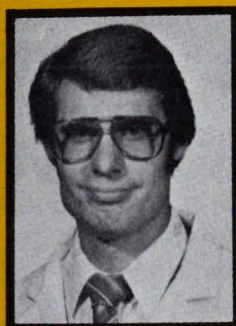
DR. ARMBRUSTER



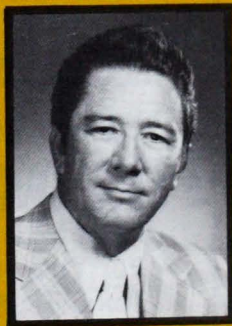
DR. BRADLEY



DR. JENKINS



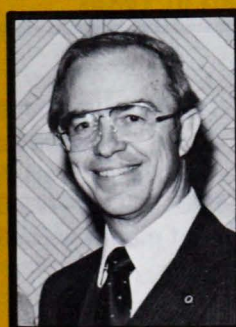
S/D JONES



DR. LIVELY



DR. CEGELSKI



DR. KEILERS



DR. PETERSON



S/D RANDALL

Texas Delegates Report on Actions of the AOA House

See page 4

SEP 05 1986

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 FORT WORTH, TEXAS 76167

DR. FLANAGAN

PHONE

For Your Information

OSTEOPATHIC AGENCIES

American Osteopathic Association	312-280-5800 800-621-1773
American Osteopathic Association Washington Office	202-783-3434
American Osteopathic Hospital Association	312-952-8900
Professional Mutual Insurance Company	800-821-3515
TOMA Malpractice Insurance Program	
For Premium Rates	1-800-392-2462
For Enrollment & Information	1-713-496-3400
Texas College of Osteopathic Medicine	817-735-2000
	Dallas Metro 429-9120 429-9121
Texas Osteopathic Medical Association	817-336-0549
	in Texas 800-772-5993 Dallas Metro 429-9755
TOMA Med-Search	in Texas 800-772-5993

TEXAS STATE AGENCIES

Department of Human Services	512-450-3011
Department of Public Safety	
Controlled Substances Division	512-465-2188
Triplicate Prescription Section	512-465-2189
State Board of Health	512-458-7111
State Board of Medical Examiners	512-452-1078
State Board of Pharmacy	512-832-0661
State of Texas Poison Center for Doctors & Hospitals Only	713-765-1420 800-392-8548
	Houston Metro 654-1701

FEDERAL AGENCIES

Drug Enforcement Administration	
For state narcotics number	512-465-2000 ext. 3074
For DEA number (form 224)	214-767-7250

CANCER INFORMATION

Cancer Information Service	713-792-3245
	in Texas 800-392-2040

Texas DO

Texas Osteopathic
Medical Association

September 1986

FEATURES

Texas Delegates Report on Recent AOA House Meeting

Texas Delegates update TOMA members on resolutions voted on at the AOA meeting in July.

Hospitals Introduce New Interns

Three Texas Osteopathic Hospitals introduce their new interns to the TOMA membership.

In Memoriam

Betty Hardimon

ACGP Mid-year Seminar Proves Successful

ACGP introduces special guests and new officers for the 1986-87 fiscal year.

FDA Develops New Short Form for Adverse Drug Reactions

FDA reports "this new form will facilitate timely and thorough physician reporting of adverse drug reactions".

TMF Contract is Renewed

TMF has been awarded an \$18,100,000, two-year extension of its current contract with HCFA.

DEPARTMENTS

Calendar of Events

Letters

TOMA Membership Applications Received
News from the Auxiliary
For Your Information
Texas Ticker Tape
Newsbriefs
Ten Years Ago in the Texas DO
Practice Locations in Texas

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Tex Roberts, Editor

Diana Finley, Associate Editor

Lydia Anderson Smith, Staff Writer

Calendar of Events

SEPTEMBER

13

Patient Education: Theory and Practice

American Diabetes Association
Marriot Hotel—D/FW Airport
8:30 a.m. - 4:45 p.m.
Fee: \$25

Contact: American Diabetes Association
Texas Affiliate, Inc.
P.O. Box 14926
Austin, Texas 78761

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14-20

National Osteopathic Medicine Week

Contact: American Osteopathic Association
Department of Public Relations
212 East Ohio Street
Chicago, Illinois 60611
312-280-5800



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TOMA District II Meeting Colonial Country Club Fort Worth

Contact: Kathy Hayes
923-6904 or 237-7878
or Suzanne Reeves
735-3543

20

Update in the Management of Cardiovascular Disorder

Fitness Institute, Bedford
9:00 a.m. - 12:00 noon
CME: 3 Hours Applied for to the AOA

Contact: Nancy Minor
817-540-3522

26

26-28

Primary Care Update III

Texas College of Osteopathic Medicine

Departments of CME & Medicine

TCOM Campus, Fort Worth

Fee: TCOM affiliates \$65

TCOM Non-affiliates \$125

CME Hours: 11 Category 1-A

Contact: Cheryl Cooper
TCOM, Office of CME
Camp Bowie at
Montgomery
Fort Worth, 76107
817-735-2539

OCTOBER

10

10-12

Gynecology Review & Update

Stouffer's Pine Isle Resort Hotel
Lake Lanier Islands

Buford, Georgia

CME: 20.5 Applied For

Contact: Georgia Osteopathic Medical Association
1847-A Peeler Road
Atlanta, Georgia 30338
404-399-6865

18

Lakeway Conference

Hyatt Regency
Austin

Contact: Tex Roberts
TOMA Executive Director
1-800-772-5993

19

TOMA Board of Trustees

Mid-Year Meeting

Hyatt Regency
Austin

Contact: Tex Roberts
TOMA Executive Director
1-800-772-5993

NOVEMBER

2

2-6

AOA 91st Annual Convention and Scientific Seminar

Bally Grand Hotel
Las Vegas, Nevada

Contact: Ann M. Wittner,
Dir. of Administration
AOA
212 East Ohio St.
Chicago, Illinois 60611
1-800-621-1773 or
312-280-5814

18

TOMA District II Meeting

Lodge of Granbury
(Off the Square)

Granbury

Contact: Kathy Hayes
923-6904 or 237-7878
or Suzanne Reeves
735-3543

Texas Delegates Report

DAVID R. ARMBRUSTER, D.O. Report on Committee on Ethics

At the July 12, 1986 meeting of the American Osteopathic Association Committee on Ethics, several items were considered, all concerning Section 12 of the *Code of Ethics* regarding the referring physician's services in helping to work up a case and the question as to whether it constituted pre-operative services, either requested by the patient and/or of the assistance to the surgeon. It was decided by the Ethics Committee that the physician who actually did the work pre-operatively and did the services was entitled to billing. If he was requested by the surgeon to assist, then in that case, there is no ethical violation if there was only one billing by the surgeon, if the surgeon then compensated the referring and assisting physician for such services.

However, if such services were not pre-operative but simply constituted a continuation of a referring physician's care of a patient, then the referring physician himself should be able to render the bill and be paid for such services.

If no genuine services were rendered by the referring physician, then the receipt of payment by him, whether from the patient, the third-party payer or the surgeon, would be considered unethical.

The second problem considered by the Ethics Committee was physician-owned facilities. It was not felt that there was prohibition against division of fees where those services were rendered if physicians owned the facilities and were in a group partnership. The major thrust of this were the magnetic imaging units that are presently being built. It was felt that physicians could participate in ownership of this type of facility and be reimbursed for the use as with any other investment.

Another problem still being considered is factual situations in various instances of referring physicians. If the referring physician rendered substantial services and pre-operative care during surgery and in post-operative care, if the services were requested by either the patient or the surgeon, the physician should be paid by the surgeon for the services, if not paid by third-party payers or the family.

In a situation where the family requests the referring physician to stand in surgery but not assist and not scrub but answer family questions during the post-operative period, the referring physician could bill for only the actual services rendered with respect to fees.

If the family paid the referring physician, this would not be unethical, or if the third-party paid the referring physician, this would not be unethical or if the referring physician requested a fee from the surgeon for services rendered, this would not be considered unethical either.

In all of these examples, the committee felt considerations of the best patient care should govern the choice of the specialist, rather than any consideration of the specialist's agreement to compensate the referring physician for any services.

A fourth problem considered notification of termination of the patient/physician relationship. It was considered that as long as Section 4 of the Code was observed, this would be ethical. However, the Committee also felt that the physician/patient relationship should not, under any circumstances, be based primarily on financial matters. This basically was regarding participation in HMO's, as to whether a physician participated in an HMO or did not participate in an HMO.

FRANK J. BRADLEY, D.O. Report on Committee on Public Affairs

It was my privilege again to serve on the Public Affairs Committee. At this time I would like to give part of the resolutions that were discussed and the final report of the Committee.

Resolution 200 — *Reimbursement for Osteopathic Manipulative Treatment: submitted by the Board of Trustees*

This resolution dealt with reimbursement for osteopathic manipulative therapy. This resolution provided that the AOA legislatively pursue any and all legal resources to protect the rights of its member physicians to deliver approved and beneficial modalities of health care and that the AOA objects to any attempt by an HMO, hospital corporation, IPA, PPO, insurance company or other entities to deny or restrict reimbursement of osteopathic manipulative treatment when appropriately rendered.

PASSED

Resolution 201 — *Therapeutic Substitution: submitted by the Board of Trustees*

This resolution stated that the AOA opposes any legislation or regulation which would permit the dispensing of drugs with differing pharmaceutical composition, within a pharmacological class by pharmacists.

PASSED

Resolution 202 — *Catastrophic Health Insurance: submitted by the Committee on Health Related Policies*

This resolution declared that the AOA support the enactment of a federal program to provide insurance to protect the American people from the financial impact of catastrophic illness.

PASSED

Recent AOA House Meeting

Resolution 203 — *Cigarette Smoking: submitted by the Committee on Health Related Policies*

This resolution provided that the AOA support a comprehensive educational campaign on the hazards of smoking beginning at the elementary school level, that the AOA encourage the elimination of federal subsidies and encourage increased taxation of tobacco products at both federal and state levels; that monies from the additional taxation could be earmarked for smoking reduction programs, research for prevention of tobacco related diseases; and that municipal staff and federal executive agencies and lawmakers enact clean indoor air acts, a total ban on tobacco product advertising and the elimination of the free distribution of cigarettes in the United States; and every school should be encouraged to incorporate a curricular component that has been proven effective in preventing tobacco usage in health education curriculum.

PASSED

Resolution 204 — *Cost-Effective Health Care: submitted by the Committee on Health Related Policies*

This resolution amended the policy adopted in July, 1981 by the AOA House of Delegates on *Cost-effective Health Care*. To summarize this resolution, the AOA believes the present scope of federal regulatory intervention in health care is unjustifiable and the manner in which health care dollars are allocated is incorrect. The AOA policy with respect to regulation in health care is 1) The need for any new regulation must demonstrate that access to, or the quality of, health care will be improved by the proposed regulatory action, and that the claimed improvement can be accomplished at an acceptable cost to the public; 2) In all matters where the health profession has demonstrated its capacity for quality self-regulation, government at all levels should not impose additional or preemptive regulation; 3) Where the need for regulation has been demonstrated, it should emanate from the lowest practicable level of government; 4) Where there is a demonstrated necessity for regulation of health care, such regulation must be drawn and implemented in such a way as to promote pluralism and preserve the free enterprise system in health care.

Unless dramatic changes in the system are effected soon, the result will be an unresponsive, wasteful and expensive health care system, which the American patient neither wants nor can afford. The AOA pledges its fullest cooperation with the Administration and Congress in effecting the changes necessary to bring about greater cost-effectiveness in health care delivery.

PASSED AS AMENDED

Resolution 205 — *Drinking/Driving: submitted by the Committee on Health Related Policies*

This resolution provided that the AOA pledge its support to law enforcement agencies in their efforts to enforce such statutes; encourage agencies in government and the private sector to promote greater public awareness of the problem and, additionally, that the AOA encourage its members, through discussions with their patients and their communities, to help in the effort by making the problem and its prevention more visible.

PASSED

Resolution 207 — *Health Care Regulation-State and Federal/Congressional Rule-Making: submitted by the Committee on Health Related Policies*

This resolution stated that the AOA supports the concept of closer Congressional and state legislative scrutiny of the administrative rule-making process to more effectively monitor the development of regulations and insure their conformity with expressed legislative intent.

PASSED

Resolution 208 — *Health Care Regulation-State Government Rule-Making: submitted by the Committee on Health Related Policies*

This resolution stated that the AOA supports the concept of closer state scrutiny of the administrative rule-making process to more effectively monitor the development of regulations and insure their conformity with expressed state intent where applicable.

PASSED

Resolution 209 — *Health Maintenance Organizations (HMOs): submitted by the Committee on Health Related Policies*

This resolution dealt with HMOs, whereas the AOA has heretofore recognized that HMOs represent an alternate method of health care delivery and financing. This resolution was amended to provide that the AOA believes that free market forces should now be allowed to determine when and where new HMOs will be developed and that where available, osteopathic care should be included in such vehicles and that further federal funding and promotion of HMOs is neither necessary nor appropriate.

PASSED AS AMENDED

Texas DO/5

Resolution 212— *Physical Fitness Program: submitted by the Committee on Health Related Policies*

This resolution declared that the AOA believes that preventing and decreasing chronic disease can be accomplished through sound physical fitness programs which are performed on a regular basis by responsible patients in cooperation with their osteopathic physicians.

PASSED

Resolution 214 — *Pro-Competition Health Insurance: submitted by the Committee on Health Related Policies*

This resolution stated that the AOA endorses the concept of federally induced, pro-competitive, consumer choice private health insurance and favors the evaluation of the various pro-competitive health insurance proposals now being considered by Congress.

PASSED

Explanatory note: This resolution has become outdated.

JOHN J. CEGELSKI, JR., D.O.

**Report on
Ad Hoc Committee**

Resolution 245 — *AOA Captive Insurance Company: submitted by the AOA Board of Trustees*

This report deals with Resolution 245, Ad Hoc Committee. A great deal of interest was expressed in this resolution, both in the Ad Hoc Committee and in the House.

This resolution, which was formulated by the AOA Board of Trustees in the best interests of the profession, instructed the AOA to proceed with the necessary financial support, namely \$1 million, to form a captive insurance company based on sound business and underwriting basis. This resolution was discussed at length in the Ad Hoc Committee and the Committee recommended it be amended with an explanatory statement, "The \$1 million capital and surplus contribution from the AOA to facilitate the installation of the captive insurance shall be a one time contribution and no further funding from the Association to advance or maintain the company will be entertained by the Board of Trustees and the House of Delegates."

The House of Delegates defeated this Resolution 245. TOMA Executive Director Tex Roberts addressed the House of Delegates briefly and expressed opposition to the AOA going into the insurance business.

Dr. Wilbur Hill from Missouri also spoke against this resolution and made a very dramatic plea to the House, as one of the founders of PMIC. He stated that the company is a very viable company, writing insurance in 23 states, which he named to the House. He further stated that a wave of bad publicity and rumors about the company going broke or being in receivership are all false. The fact is, "that the company is going through a rehabilitation program by the Insurance Commissioner of Missouri, Mr. Glenn Jourdan, and who at present, is appointing a new D.O. board with members to represent each state PMIC is

writing insurance in." Dr. Hill insisted that the endorsement of PMIC by the AOA and giving PMIC the \$1 million would give new strength to the company, which he feels, after 27 years of experienced representation of the osteopathic profession, PMIC will survive.

DEFEATED

GERALD P. FLANAGAN, D.O.

**Report on
Joint Board/House Budget Review Committee**

The Joint Board/House Budget Review Committee was called to order by President John Burnett, D.O., to review the proposed budget of the AOA for the fiscal year June 1, 1986 through May 31, 1987.

Each area of expense was delineated by department with line items for each anticipated expense. The Executive Director, Mr. John Perrin, Controller Mr. Ronald J. Bordui and AOA Treasurer Mervin E. Meck, D.O., gave helpful and germane answers to the committee members as well as to the questions from the House membership in the audience.

The Committee was directed to review Resolution 246 which reads:

Resolution 246 — *Tax Liability: submitted by the AOA Board of Trustees*

RESOLVED, that the House of Delegate's action of July, 1979 (H-July/79-162) setting aside a portion of membership dues in a reserve for tax liability, be amended by limiting the tax reserve contingency account to the amount actually necessary for the Association's residual tax liabilities and transferring the balance of the tax contingency account to the general AOA contingency account.

PASSED

Explanatory Statement: The AOA contingent federal tax liability through tax year 1982, does not exceed \$1.5 million. the current balance in the AOA tax contingency account is \$3.5 million.

The Committee recommended passage of Resolution 246 and the proposed 1986-87 budget to the House of Delegates and the House concurred in the voting.

WILLIAM R. JENKINS, D.O.

**Report on
Committee on Professional Affairs**

This report is written by W. R. Jenkins, D.O., committee member; Jerome L. Armbruster, D.O., delegate; Robert G. Maul, D.O., delegate and Bill H. Puryear, D.O., first alternate delegate.

The majority of the actions taken by the House of Delegates are in response to resolutions that have gone through a Reference Committee. At that Reference Committee, all the delegates had the opportunity to express their opinions of the resolutions. The Reference Committee then reports back to the House of Delegates with their additions and deletions to the House and

the House then takes actions on the recommendations.

The following resolutions were considered by the Committee on Professional Affairs and were reported to the House for action.

Resolution 206 — *General Practitioner, Definition: submitted by the Committee on Health Related Policies*

This resolution provided that the policy adopted in July of 1981 by the AOA House of Delegates on *General Practitioner, Definition* be reaffirmed, with slight changes.

PASSED

Resolution 210 — *Health Planning: submitted by the Committee on Health Related Policies*

This resolution was presented so that the policy adopted in 1981 by the AOA House of Delegates on *Health Planning* could be amended. It was amended to provide that the AOA affirms its commitment to sound and equitable health resources planning and development.

PASSED

Resolution 211 — *Patient's Bill of Rights: submitted by the Committee on Health Related Policies*

This resolution was presented in order that the policy adopted in July, 1981 by the AOA House of Delegates on *Patient's Bill of Rights* be reaffirmed.

PASSED

Resolution 213 — *Prescribing Pharmacists: submitted by the Committee on Health Related Policies*

This resolution concerned amending the policy adopted in July, 1982 by the AOA House of Delegates on *Prescribing Pharmacists*. It was amended to read that the AOA vigorously opposes any legislation or regulation which would grant prescribing privileges to pharmacists.

PASSED

Resolution 217 — *Second Opinion: submitted by the Committee on Health Related Policies*

This resolution dealt with amending the policy adopted in July of 1981 by the AOA House of Delegates on *Second Opinion*. This resolution provided that the AOA promote and encourage the voluntary use of second opinions in cases of obscure or uncertain diagnosis and/or treatment, and that the purpose of the second opinion was to provide for the patient and the physician, education and information to enhance better patient care and preserve the high standards of osteopathic medical care.

DISAPPROVED

Explanatory Statement: This resolution has been revised in the AOA Position Papers in 1985.

Resolution 218 — *Small States: submitted by the Committee on Health Related Policies*

This resolution was presented whereby the policy adopted in July, 1981 by the AOA House of Delegates on *Small States* be reaffirmed with minor changes.

PASSED

Resolution 223 — *Change in Terminology of Postgraduate Training: submitted by the American College of Osteopathic Obstetricians and Gynecologists*

This resolution was submitted in order that the terminology for postgraduate training be changed as follows: First year, PGY-1; Second year, PGY-2 and so forth.

DISAPPROVED

Explanatory Statement: This change would be contradictory to current AOA basic documents.

Resolution 224 — *Postgraduate Medical Education Terminology: submitted by the American College of Osteopathic Surgeons*

This resolution provided that the internship as presently known by the AOA be considered the first year of postgraduate medical education (PGY-1), and that each successive year be listed by the year it represents of postgraduate training. If only one year of postgraduate training is completed by a graduate of an osteopathic school, then that year be considered his internship; but if the individual continues his/her postgraduate education into successive years, that the first year be considered PGY-1.

DISAPPROVED

Explanatory Statement: This change would be contradictory to current AOA basic documents.

Resolution 225 — *Postgraduate Training: submitted by the Osteopathic Physicians and Surgeons of California*

WITHDRAWN

Resolution 232 — *Impaired Physicians: submitted by the New Mexico Osteopathic Medical Association*

WITHDRAWN

Resolution 235 — *Osteopathic Hospitals: submitted by the New York State Osteopathic Medical Society, Inc.*

This resolution was presented to urge the AOA to encourage affiliation with osteopathic hospitals and arouse the conscience of osteopathic physicians to encourage loyalty and support of osteopathic hospitals by a continuous effort to prevent the demise of any osteopathic hospital wherever possible; and request that the AOA appoint an Ad Hoc Committee of the Commit-

tee on Hospital Accreditation to study the variety of ways in which the AOA and affiliate organizations can assist any and all osteopathic hospitals to stem the tide of these losses; and also called for a report of the Ad Hoc Committee to be brought back to the 1987 House of Delegates.

This resolution was disapproved, however, a substitute resolution was adopted which reads:

RESOLVED, that the Committee on Medical Economics meet with a like committee within the structure of the American Osteopathic Hospital Association to discuss matters of mutual concern and report back to the July, 1987 House of Delegates meeting.

PASSED

Resolution 240— *Alternative Health Care Delivery Systems: submitted by the Pennsylvania Osteopathic Medical Association*

This resolution was submitted detailing a need to establish an AOA standing committee whose function shall be: 1) To educate the osteopathic physician as to the place of osteopathic medicine in the Health Care Delivery System; 2) Be responsible to organize and/or conduct seminars, lectures, and disseminate literature relative to the Alternative Health Care Delivery Systems; 3) Be involved in an advisory capacity and/or conduct courses and seminars for osteopathic colleges and osteopathic hospitals regarding Alternative Health Care Delivery Systems; 4) To establish guidelines to educate the public on the position of osteopathic medicine and the profession in Alternative Health Care Delivery Systems; and 5) To review and evaluate the changes in health care delivery as related to the osteopathic profession and make, as needed, recommendations to the AOA House of Delegates.

This resolution was referred to the Bureau of Public Education on Health and the Committee on Medical Economics.

PASSED

Resolution 244 — *Mandatory Medicare Assignments/Licensure: submitted by the AOA Board of Trustees*

This resolution dealt with the trend by state legislatures to require as a condition of licensure mandatory acceptance of Medicare assignments. It stated that the AOA remains unequivocally opposed to any legislative or regulatory action that takes away from physicians the right to determine payment arrangements with their patients, and stands firm in its belief that physician licensure should continue to be determined on the basis of training and other qualifications as determined by state licensing authorities.

PASSED

Resolution 251 — *Osteopathic Specialists: submitted by the Maine Osteopathic Association*

This resolution addressed the fact that the osteopathic profession and especially its specialists may be excluded from professional practice in some allopathic institutions and urged that the House of Delegates reaffirm its support of the AOA's posi-

tion on such restraint of trade and the threatened ability of osteopathic physicians to practice freely in all institutions, as qualified, where there is no accessible osteopathic facility.

PASSED

ROYCE K. KEILERS, D.O.

**Report on
Ad Hoc Committee**

It was my pleasure to serve on the Ad Hoc Committee where many important decisions were deliberated. In the following, please find a summary of the AOA House actions.

Resolution 220 — *Acquired Immune Deficiency Syndrome (AIDS): submitted by the American College of General Practitioners in Osteopathic Medicine and Surgery*

This resolution was amended to read that the AOA encourage its membership to educate its patients, communities and peers on the known facts and fallacies of this disease and that the AOA stress that all osteopathic physicians are a fundamental part of the treatment team in AIDS.

PASSED AS AMENDED

Resolution 221 — *Judicial Review: submitted by the American College of General Practitioners in Osteopathic Medicine and Surgery*

This resolution was substituted to provide that the AOA supports the right of physicians and patients to appropriate judicial review of all third-party denial decisions.

PASSED AS SUBSTITUTED

Resolution 227 — *American College of Utilization Review Physicians, Inc.: submitted by the Florida Osteopathic Medical Association*

This resolution passed with amendments to provide that the AOA award accreditation for Continuing Medical Education presented by the American College of Utilization Review Physicians, Inc. (ACURP) and that the accreditation be in the 2-D category.

PASSED AS AMENDED

Resolution 228 — *Generic Drugs: submitted by the Michigan Association of Osteopathic Physicians and Surgeons, Inc.*

This resolution was amended to provide that the AOA seek whatever means necessary to request the FDA to inspect and insure that all succeeding lots of generic drugs do, in fact, conform to bioequivalency and bioavailability standards.

PASSED AS AMENDED

Res. 73 & 245 — AOA Captive Insurance Company: submitted by the Board of Trustees

This resolution was submitted in order that the AOA, in consultation with Corroon & Black and legal counsel, be authorized and directed to form a captive medical professional liability company to offer such insurance to AOA members and that the AOA commit \$1,000,000 to the capital and surplus of such company in connection with its formation and operation.

DISAPPROVED

Resolution 229 — Implementing Changes in the PRO Program: submitted by the Missouri Association of Osteopathic Physicians and Surgeons

This resolution was amended and presented in order that the AOA might ask the Secretary of Health and Human Services to: 1) appoint at least one physician consultant at each of the Regional Offices to assist HCFA in their monitoring of PRO's and that these physicians be in active clinical practice; 2) establish a committee of health care providers and consumers to oversee the continuing implementation of the PRO program; 3) provide stability to the PROs so they can carry out their mandated responsibility and the Medicare beneficiary can be assured of quality care.

PASSED AS AMENDED

Resolution 230 — Osteopathic Graduate Medical Education: submitted by the New Jersey Association of Osteopathic Physicians and Surgeons

This resolution dealt with the reduction of federal funding for graduate medical education and requested that the AOA urge the federal government to adopt appropriate measures to assure that previously adopted cuts will be restored, and no further decrease be allowed for all osteopathic graduate medical education programs and furthermore, that copies of this resolution be sent to the members of Congress and individual officials in the administrative branch of the federal government.

DISAPPROVED

Explanatory Statement: This objective is actively being pursued by the Council on Federal Health Programs.

Resolution 231 — Relative Value Schedules: submitted by the New Jersey Association of Osteopathic Physicians and Surgeons

This resolution was submitted with amendments authorizing the AOA to contact Dr. William C. Hsiao of the Harvard School of Public Health and request that appropriate representation be appointed from the AOA to serve on the panel of physicians which will create the Relative Value Schedule.

PASSED AS AMENDED

Resolution 233 — Malpractice Insurance: submitted by the New Mexico Osteopathic Medical Association

This resolution was presented in order that the AOA seek to implement methods and suggest a cap on awards for pain and suffering and mandate that payments for medical care be made on a yearly or on an as needed basis and furthermore, that the statute of limitations be three years from the time of the occurrence for everyone aged nine or older and for children less than nine years of age, until they reach age nine plus three years.

DISAPPROVED

Explanatory Statement: The AOA is actively pursuing this objective through the Council on Federal Health Programs and the AOA Washington Office.

Resolution 234 — Tobacco Use: submitted by the New Mexico Osteopathic Medical Association

WITHDRAWN

Resolution 236 — Osteopathic Identification on AOA Accredited Hospitals: submitted by the New York State Osteopathic Medical Society, Inc.

This resolution provided that osteopathic hospitals, in order to be approved by the Committee on Hospital Accreditation, AOA, be required to identify as an osteopathic institution and that compliance with this resolution shall be completed on or before July 1, 1987.

This resolution was adopted and referred to the Committee on Hospital Accreditation.

ADOPTED TO REFER

Resolution 237 — Organ Donor Identification Program: submitted by the Pennsylvania Osteopathic Medical Association

This resolution was amended and presented in order that the AOA support public awareness of the need and means to provide organ donation, support a convenient identification program for organ donors, and that the AOA recommend the establishment of a federally supported central donor/recipient information center to allow for fair and ethical distribution to patients most qualified to receive these organs.

PASSED AS AMENDED

Resolution 238 — Professional Liability Insurance Premiums: submitted by the Pennsylvania Osteopathic Medical Association

This resolution dealt with the issue of some third-party carriers, particularly Medicare, putting a cap on reimbursement for professional services. The resolution declared that the AOA support legislation at the state and national levels that would permit a direct pass through for charges necessitated by the increases in insurance premiums.

DISAPPROVED

Explanatory Statement: This objective is actively being pursued by the Council on Federal Health Programs.



Resolution 242 — *Smoking - Health Effects: submitted by the Ohio Osteopathic Association*

This resolution stated that the AOA encourage the elimination of federal subsidies and encourage increased taxation of tobacco products at both federal and state levels; that monies from the additional taxation be earmarked for smoking reduction programs and research for prevention of tobacco-related diseases; that municipal, state and federal executive agencies and lawmakers enact clean-indoor-acts, a total ban on tobacco product advertising, and the elimination of free distribution of cigarettes in the U.S.; and that every school should be encouraged to incorporate a curricular component that has been proven effective in preventing tobacco usage in its health education curriculum.

DISAPPROVED

Res. 54 & 243 — *Location of AOA Central Office: submitted by the Board of Trustees*

This resolution stated that the AOA Central Office shall remain in the Greater Chicago area.

PASSED

Resolution 247 — *National Listing: submitted by the Maine Osteopathic Association*

This resolution dealt with governmental agencies collecting lists of physicians who have judgments against them in malpractice litigation, these lists often being used or released improperly. This resolution was amended to provide that the AOA oppose all attempts that encourage the collection of these lists that might be used for release.

PASSED AS AMENDED

Resolution 250 — *Alcohol and Advertising: submitted by the Maine Osteopathic Association*

This resolution was presented to provide that the AOA support efforts to disallow direct alcohol advertising in the public media and furthermore, that the AOA support government efforts to advertise the dangerous effects of acute or chronic excessive alcohol use.

PASSED

Resolution 252 — *HMO Insurance: submitted by the New Jersey Association of Osteopathic Physicians and Surgeons*

This resolution was amended to provide that the AOA support legislation that will require employers to include fee for service as one of its choices for health insurance.

PASSED AS AMENDED

**JAMES W. LIVELY, D.O.
Report on
Constitution and Bylaws**

It was my privilege to serve as chairman of the Committee on Constitution and Bylaws for the AOA House of Delegates. This was a relatively quiet year for this Committee. The Committee recommended the following amendment to the Bylaws and it was approved by the Delegates. (New material is shown in capitals and old material is struck through).

ARTICLE III - DUES AND ASSESSMENTS

Section 2d - Residency Rate. Dues for regular members serving in Residency training programs approved by the American Osteopathic Association shall be twenty dollars (\$20.00) per year. A MEMBER WHO HAS SUBMITTED AN APPLICATION FOR APPROVAL OF HIS NONOSTEOPATHIC RESIDENCY TRAINING PROGRAM TO THE AOA OFFICE OF OSTEOPATHIC EDUCATION SHALL BE ALLOWED THE RESIDENCY RATES OF DUES. A member seeking approval of a nonosteopathic residency training program on which approval action has been deferred by the Committee on Postdoctoral Training shall be allowed the Residency Rate of dues. One fiscal year at the Residency Rate of dues is to be allowed for each year of residency.

The amendment will simplify the accounting requirements for the central office and reduce the financial burden on physicians beginning their residency programs.

**DONALD M. PETERSON, D.O.
Report on
Resolutions Committee**

This Committee met and, as tradition dictates, wrote resolutions thanking the hotel for their most excellent accommodations and service.

Additionally, this Committee worked on resolutions, appreciative in nature, thanking the major officers of the profession for their invaluable time and energy spent in our best interests, greatly enhancing our overall image. Their service is to be highly commended.

JANICE WRIGHT

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METRO 817/268-5000
817/577-1320 (RES.)

Resolution 239 — *Reimbursement Restrictions: submitted by the Pennsylvania Osteopathic Medical Association*

This resolution was disapproved with the explanatory note that the Council on Federal Health Programs is already investigating how to change restrictions on charges and reimbursement by third-party carriers.

DISAPPROVED

Resolution 241 — *Alcohol Consumption by Individuals Under Age Twenty-one: submitted by the Ohio Osteopathic Association*

With this resolution, the AOA endorses legislation that would control the consumption and purchase of alcohol by individuals under the age of twenty-one.

PASSED

Resolution 248 — *Liability: submitted by the Maine Osteopathic Association*

With this resolution, the House of Delegates directs the AOA to encourage governmental efforts to structure tort reform.

PASSED

Resolution 249 — *Medicare Assignment: submitted by the Maine Osteopathic Association*

This resolution directs the AOA to oppose efforts to change the current free-enterprise system in medicine by mandating assignment in Medicare or other governmental programs.

PASSED

Resolution 253 — *Student Osteopathic Medical Association (SOMA)/Special Olympics International (SOI) Affiliation: submitted by the Maine Osteopathic Association*

The House of Delegates voted in favor of the AOA supporting the concept of the SOMA/SOI relationship.

PASSED

Resolution 254 — *Cocaine Addiction: submitted by the Michigan Association of Osteopathic Physicians and Surgeons*

This resolution requests that all appropriate agencies of the AOA be recruited to deal with the serious problem of cocaine addiction through acknowledgement of the problem, physician and public education and efforts to combat the initial utilization of cocaine.

PASSED

Resolution 215 — *Pro-competitive Health Insurance: submitted by the Committee on Health Related Policies*

This resolution, adopted in 1981, deleted policy concerning pro-competitive insurance because it had become outdated.

PASSED

Resolution 216 — *Public Health Service, AOA Support: submitted by the Committee on Health Related Policies*

This resolution was given some editorial corrections since it was originally adopted in 1981, and reaffirmed the AOA's continued support of the United States Public Health Service Commissioned Corps and recognizes its contribution to U.S. health care.

PASSED

Resolution 219 — *Physician Reimbursement in Federal Programs: submitted by the Board of Trustees upon recommendation of the Council on Federal Health Programs.*

This resolution states that the AOA will continue to endorse an indemnity type of reimbursement system for Medicare and Medicaid, however, if Congress were to implement a capitation reimbursement system, the AOA is resolved that it should contain provisions to ensure fullest participation of all physicians, quality patient care, adequate compensation and preserve the referral patterns as established by osteopathic physicians.

PASSED

Resolution 222 — *Standard of Care: submitted by the American College of General Practitioners in Osteopathic Medicine and Surgery*

This resolution urges federal and state government examination of deteriorating health care quality and to develop a single high standard of care for all patients, whether they be Medicare, Medicaid, HMO or private insurance.

PASSED

Resolution 226 — *Standard of Care: submitted by the Osteopathic Physicians and Surgeons of California*

This resolution encompassed the same issue as that of Resolution 222, thus was disapproved.

DISAPPROVED



**Professional
Pathology
Services**

George E. Miller, D.O., F.A.O.C.P.
Richard R. Keene, M.D., F.C.A.P.

P.O. Box 64682 Dallas, Texas 75206

Hospitals Introduce New Interns

Additional recently graduated osteopathic physicians from osteopathic colleges throughout the United States who were not listed in the August *Texas DO* are already hard at work at Texas hospitals and medical centers.

Among the new interns for the 1986-87 year are:

Dallas Family Hospital

In ceremonies at Hotel Crescent Court on June 28, Dallas Family Hospital recognized the eight incoming physicians to the hospital's intern program for the 1986-87 session. The new interns will serve one year in study at the hospital in a program approved by the American Osteopathic Association in affiliation with the Texas College of Osteopathic Medicine.

Those serving their internships are:

Steven R. Burkholz, D.O., is a 1986 graduate of the University of Health Sciences in Kansas City, Missouri. A native of Dallas, he earned his B.S. in Biology from Trinity University in San Antonio.



Steven R. Burkholz, D.O.

Robert D. Gruber, D.O., is a native of Florida and a 1986 graduate of Southeastern College of Osteopathic Medicine (SECOM). He earned his B.S. in Biology at Florida State University in Tallahassee, Florida.

Mark E. Larey, D.O., a native of Kansas, is a 1986 KCOM graduate. He has undergraduate degrees in Biology and Chemistry from Pittsburg State University and the University of Kansas.

Craig S. Yetter, D.O., is a native of Indiana and a 1986 TCOM graduate. He received a B.S. in Pharmacy from Purdue University in West Lafayette, Louisiana.

David Lee Shadid, D.O., is a 1986 graduate of the Oklahoma College of Osteopathic Medicine and Surgery. A native of Oklahoma, Dr. Shadid attended the University of Oklahoma where he earned a B.S. in Micro-



Left to Right — front row: Jane Hewes, D.O., Robert Moul, D.O., and Deborah Cawthon, D.O.; Back row: Robert Gruber, D.O., Mark Larey, D.O., David Shadid, D.O. and Craig Yetter, D.O.

biology and an M.S. in Environmental Science.

Robert Gene Moul, D.O., is a 1986 TCOM graduate and a native of Missouri. He earned a B.S. in Biology from Missouri Southern State in Joplin, Missouri.

Jane E. Hewes, D.O., is also a 1986 TCOM graduate and a native of north Texas. She attended Eastfield Community College and the University of Texas at Arlington where she received a B.S. in Biology.

Yet another 1986 TCOM graduate, Deborah H. Cawthon, D.O., is a native of Dallas. She attended the University of Texas in Austin and UT-Dallas where she earned a B.S. in Biology and a B.A. in Psychology.

Corpus Christi Osteopathic Hospital

Seven new interns are presently training at Corpus Christi Osteopathic Hospital. The 1986-87 intern class already hard at work are as follows:

R. Donovan Butter, D.O., is a graduate of Southwest Texas State University and received his D.O. degree from Texas College of Osteopathic Medicine, (TCOM). A native of San Marcos, Texas, he is married to Susie.

Dan Chamberlin, D.O., a native of Jacksonville, Texas, graduated from Lamar University. He also re-

ceived his D.O. degree from TCOM. Dr. Chamberlin is married to Cristine.

A native of Austin, Douglas MacAskill, D.O., graduated from Indiana University. He received his D.O. degree from Kirksville College of Osteopathic Medicine.

Another TCOM graduate is David Mosig, D.O. Dr. Mosig, a native of Arlington, Texas, received his premed training at the University of Texas in Arlington. He is married to Jill.

Timothy Pfeiffer, D.O., is a native of Bensalem, Pennsylvania. He graduated from Pennsylvania State University and received his D.O. degree from the Philadelphia College of Osteopathic Medicine. He is married to Sherrie.

Randy Terrell, D.O., a native of Houston, graduated from Texas Tech University and received his D.O. degree from TCOM. He is married to Joan.

Stanford Varnado, D.O., is a native of Lake Charles, Louisiana. He graduated from Howard University in Washington, D.C. and received his D.O. degree from Kirksville College of Osteopathic Medicine.

Dallas/Fort Worth Medical Center

Thirteen newly graduated doctors of osteopathic medicine have begun their internships at Dallas/Fort Worth Medical Center gaining the experience required to either further their postgraduate training or begin their practices next year.

Noel Emerson, D.O., is a graduate of KCOM and his medical field of interest runs to general surgery. A native of Checotah, Oklahoma, Dr. Emerson is married and has two daughters.

David Hankins, D.O. is also a graduate of KCOM with family practice being his field of interest. A native of Jacksonville, Florida, Dr. Hankins is single.

Kenneth Horak, D.O., is a recent graduate of TCOM. He is married to Deborah and calls Mesquite his hometown.

Wendell Johnson, D.O., also graduated from TCOM. A native of Austin, Dr. Johnson's special interests are orthopedics or family practice. He is married and has one child.

Dennis J. McClary, D.O., received his D.O. degree from Oklahoma College of Osteopathic Medicine. His medical field of interest is internal medicine. A native of Kinta, Oklahoma, Dr. McClary is married to Laurie.

John "Jay" Martin, D.O., also received his D.O. degree from Oklahoma College of Osteopathic Medicine. His interest is family practice. Dr. Martin hails from Yukon, Oklahoma and is married to Teri.

A native of Fort Worth, Laura Sharratt, D.O., is a recent graduate of TCOM. She is married to Pat.

Another TCOM graduate is Curt Smith, D.O., who hails from Arlington. His interest is in family practice or psychiatry. Dr. Smith is married to Vicky.

Daniel P. Sneed, D.O., is yet another TCOM graduate who hails from Arlington. He is interested in family practice and he and his wife, Lynn, have four children.

Mickey Syrquin, D.O., is a graduate of Kansas City University of Health Sciences. He is single and is from Grand Prairie. Dr. Syrquin's medical field of interest is neurosurgery.

Bonnie Taylor, D.O. received her D.O. degree from Chicago College of Osteopathic Medicine. She is married to John and her hometown is Rochester, Michigan. Dr. Taylor's medical fields of interest are family medicine, emergency medicine and pediatrics.

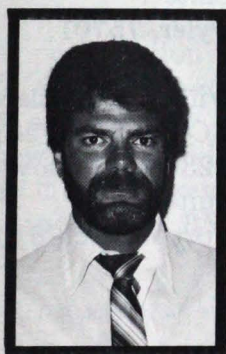
Michael D. Williams, D.O., is a TCOM graduate and hails from Grand Prairie. His medical field of interest is family practice. Dr. Williams and his wife, Laura Ann, have one child.

A graduate of Chicago College of Osteopathic Medicine, Joseph Daniels D.O., is from Joliet, Illinois. His medical fields of interest run to emergency room, general practice and orthopedics.

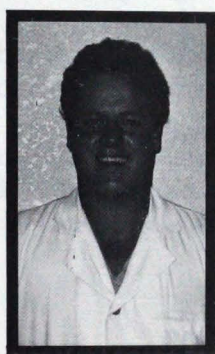
TOMA congratulates all the new D.O.'s and extends an invitation to drop by the TOMA State Headquarters at any time. ^



Dr. Butter



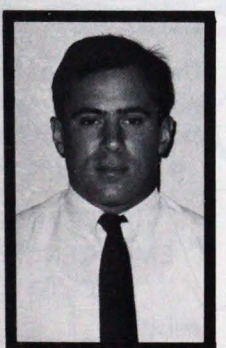
Dr. Chamberlin



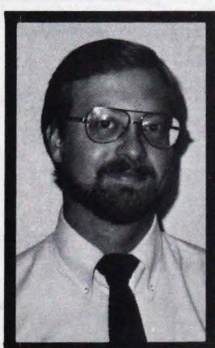
Dr. MacAskill



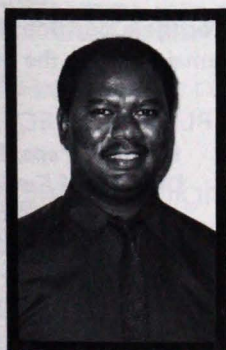
Dr. Mosig



Dr. Pfeiffer



Dr. Terrell



Dr. Varnado

Letters

TOMA Membership Applications Received

Dear Tex:

Please let me thank you for giving me a life membership to the TOMA, the plaque and life membership card.

I appreciate it very much.

Sincerely,

B.J. Souders, D.O., P.A.

To the TCOM Class of 1986:

Thank you for the money you donated to the Student Associate Auxiliary. We will be happy to accept it and use it toward expenses for our annual Christmas party. The gesture was really generous of you and the S.A.A. appreciates your thoughtfulness.

We were honored to serve you in any capacity possible and grateful for the opportunity to be associated with such an outstanding class of medical students. You have set a wonderful example for the proceeding classes to follow.

Thank you again and best wishes to each of you as you go your separate ways.

Sincerely,

Mrs. David Randell

Corresponding Secretary - S.A.A.

E. Lane Bowden, D.O.
KCOM '67; b '29; GP
1005-C W. San Antonio
Lockhart, 78644

Susan A. Dusek, D.O.
TCOM '85; b '57; GP; MT
7430 Louis Pasteur, Suite 104
San Antonio, 78229

Thomas W. Essex, D.O.
KC '85; b '52; GP
Memorial Hospital
224 E. 2nd
Dumas, 79029

Donna Hand, D.O.
TCOM '85; b '60; GP
Lindale Medical Building
P.O. Box 1509
Lindale, 75771

Wendell Hand, D.O.
TCOM '85; b '52; GP
Lindale Medical Building
P.O. Box 1509
Lindale, 75771

Gregg C. Lund, D.O.
TCOM '80; b '54; C-PD; C-NE
UT Health Sciences Center
7703 Floyd Curl Drive
San Antonio, 78284

M. Bradley Miller, D.O.
TCOM '82; b '56; MS; OBG
Darnall Army Hospital
Fort Hood, 76544

Sam S. Morgan, Jr., D.O.
TCOM '85; b '56; GP
3535 Gates Blvd., Suite 100
Port Arthur, 77642

Terry M. Roach, D.O.
TCOM '85; b '57; GP
2313 W. Arkansas Lane
Arlington, 76013

Richard D. Saunders, D.O.
TCOM '85; b '50; GP
7731 N. Loop
El Paso, 79915

Martha Y. Walker, D.O.
KC '80; b '51; GP
1420 W. SW Loop 323
Suite 4
Tyler, 75701

Tero J. Walker, D.O.
KC '80; b '50; OR
1420 W. SW Loop 323
Suite 7
Tyler, 75701

William E. Wallace, D.O.
TCOM '80; b '50; C-S
3230 Camp Bowie Boulevard
Suite C
Fort Worth, 76107

The Division of Emergency Medicine
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(817) 735-2301.

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ATOMA News

By Nancy Hawa
District II

Welcome back, readers, to the busy days of fall. I can't believe that summer has passed so quickly. District II members are lucky to have a great activity scheduled to literally "get them in the swing" of things.

Jackie Sharp, chairwoman of the "Cattle Rustler's Hoe-Down" says, "Y'all come." District II will sponsor this event on Sunday, September 21, 1986 at 6:00 p.m. at the Circle R Ranch in Flower Mound. Western dress is encouraged and participants need to be ready to whirl and twirl to a country dance review and a square dance caller. Proceeds from the event will be going to charity.

Dinner will be a combination of barbeque brisket, chicken and fixin's, and soft drinks, coffee and a cash bar will be available all evening.

This event is a new star on the District II calender so let's get out and try it out. Tickets are \$50.00 a couple and the invitation is in the mail. RSVP to Chris Brenner. "See ya'll there!"

Fort Worth Osteopathic Medical Center has a new manager of volunteer services. Ms. Ellen McCarthy has

replaced a retiring Faith Burt. Welcome, Ellen!

Fort Worth Osteopathic Medical Center celebrated its annual Medical Awards Banquet on Friday, June 27 at Fort Worth's Shady Oaks Country Club. The theme of the party was a 50's Sock Hop and did folks dress the part! Master of ceremonies was Irwin Schussler, D.O., who looked disturbingly like DonHo in his suntan, flowered shirt and ... hair.

The 1986 interns were honored for their services this past year and the 1987 interns were welcomed.

The 7th Annual Bonehead Award was presented to Irwin Schussler, D.O. by Mr. Claude Rainey in an impressive ceremony which featured previous Bonehead recipients. The Annual Medical Staff Award was presented to George F. Pease, D.O., by Roy B. Fisher, D.O. Dr. Pease was unable to attend due to illness but he received a standing ovation for his dedication and efforts on behalf of his patients and FWOMC.

On a lighter note, the best-dressed honors went to Monte Troutman, D.O., Toni Cole and Stewart Cole, D.O. and Suzanne Schafer, D.O., for their fab fifties outfits. Monte Troutman, D.O., was truly a wonder in his "Nerd" outfit. But where did he find those polyester checked pants?

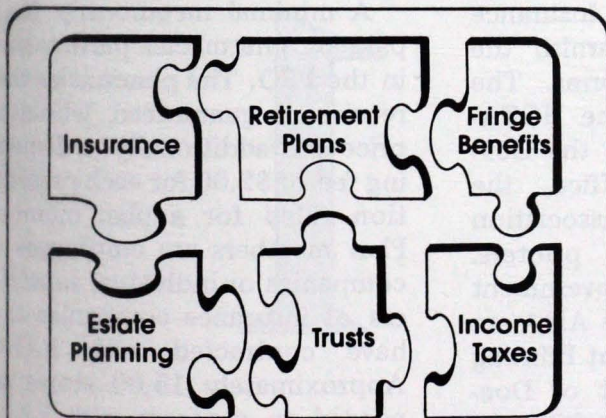
The party was a real hit. Many thanks to John Hawkins and his administrative staff at FWOMC for such a great party!

Another great day enjoyed by District II members this summer was the picnic and field day, put together by FWOMC and Carswell Air Force Base Regional Hospital, in celebration of FWOMC's 40 years of service.

Over 800 were in attendance. Activities included a softball game, volleyball tournament (FWOMC vs. Carswell), canoe races, a chili cook-off, fishing tournament and a doctor's leg contest, in which 13 doctors participated. The most gorgeous legs belonged to Suzanne Schafer, D.O.; sexiest legs, Kenneth Winton, D.O.; skinniest legs, Kenneth Ponitz, D.O.; ugliest legs, Howard Graitzer, D.O.; knottiest knees, Frank Santacruz, D.O. and the fuzziest legs were attached to Randall Martin, D.O.

Everyone had a great time and the affair was well planned and definitely worth doing again.

Thank you to Suzanne Reeves.



PUZZLED?

We can help you put the pieces together.

Charles D. Knight, PC
Certified Public Accountant
214/239-1670

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FYI

AMA UNIFIED MEMBERSHIP POSES PROBLEMS IN LIABILITY COVERAGE FOR D.O.S

The AOA has reported on a growing trend among state medical societies which has a direct impact on the current liability crisis. As of July, 1986, the American Medical Association (AMA) reported that six state medical societies have made AMA membership part of their bylaws. Under their constitutions, members of state medical societies in Delaware, Illinois, Kansas, Mississippi, Utah and Virginia are required to join AMA.

In addition, the Michigan State Medical Society has adopted necessary revisions to make unified membership part of their society's constitution, however, this must be presented to the Michigan House at two annual meetings. Delegates will vote once again in 1987 for the proposed change which, if passed would take place in 1988.

AMA unified membership has a great impact on the liability crisis whereby due to unavailability and unaffordability of coverage with "traditional" insurance companies, many medical societies have or are in the process of forming their own companies. The problem here is that in order to obtain coverage, most of the companies are requiring membership in the medical society, thus, policyholders would have to become AMA members also in the state medical societies which require unified membership.

This type of situation is quite a problem for osteopathic physicians seeking coverage from a medical association-sponsored company in the unified membership states. It is urgent that osteopathic physicians and examination applicants are aware of this growing trend when seeking liability coverage.

MEDICAID REMINDER

Effective October 1, 1986, state Medicaid agencies will begin requiring the use of the Health Care Financing Administration (HCFA) 1500 claim form for requesting payment for medical services and supplies. This form is currently required for Medicare, federal worker's compensation and some insurance companies. Providers will continue to use the Eyeglass (T19-007) and EPSDT (T19-249) claim forms when requesting payment for these services.

National Heritage Insurance Company will not furnish the HCFA-1500 claim forms. The standard version of the HCFA-1500 is available from the Government Printing Office, the American Medical Association (AMA) and private printers. Addresses for the Government Printing Office and the AMA are as follows: Government Printing Office, Superintendent of Documents, Order Desk, Washington, D.C. 20402, telephone (202)-783-3238 for quantities less than 10,000. For quantities more than 10,000, phone (202)-275-3318.

To order from the AMA, contact AMA Insurance Form, Book, and Pamphlet Fulfillment, AMA, P.O. Box 10946, Chicago, Illinois 60610.

NATIONWIDE PHARMACY PPO STARTED

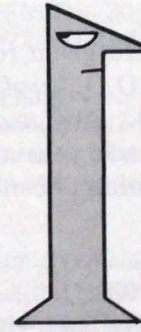
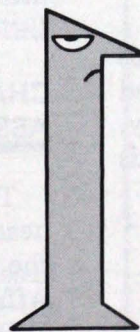
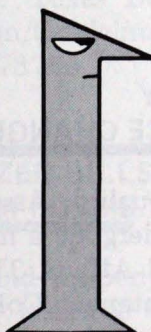
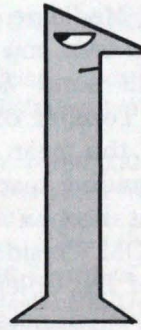
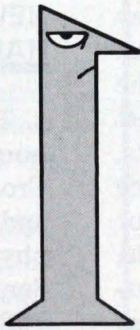
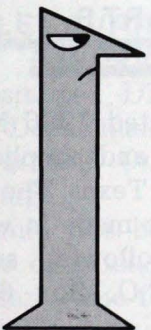
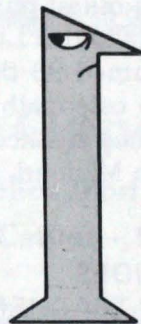
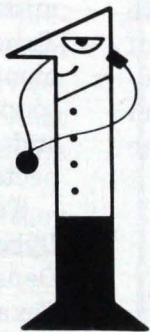
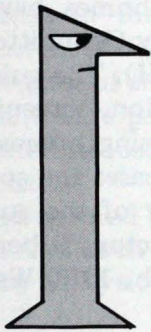
First American Health Concepts, Inc. (FAHC), located in Arizona, has initiated a preferred provider organization (PPO) for pharmacies and is believed to be the first national pharmacy PPO.

The PPO is known as America's Pharmacy Card (APC) and came about after the tremendous success of FAHC's vision care plan, known as Under Eye Care Plan of America, which FAHC calls the nation's largest PPO eye care program. More than 1,500 centers participate in the vision PPO which led to the venture into the pharmacy PPO.

The program uses approved pharmaceuticals which are bought from wholesalers thus resulting in savings. The pharmacy PPO began in May and since that time, seven drugstore chains have signed up, including Revco which has more than 2,000 stores in 28 states alone.

A minimal membership fee is paid by pharmacies participating in the PPO. The pharmacies then receive a guaranteed wholesale price and additionally, a dispensing fee of \$2.00 for each prescription filled for a plan member. Plan members are employees of companies or individual subscribers of insurance companies that have contracted with FAHC. Approximately 15,00 stores are needed to contract with FAHC in order to provide good availability for APC members enrolled in the plan.

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TEXAS Ticker Tape

TOMA MEMBER HOLDS OLDEST ACTIVE LICENSE

According to records of the Texas State Board of Medical Examiners, the oldest physician with an active license is TOMA life member L. V. Cradit, D.O., of Amarillo. Dr. Cradit turned 96 this month. He graduated in 1916 from the osteopathic medical school in Des Moines and obtained his license in 1919 on the basis of reciprocity with Missouri.

DR. COLEMAN PROVIDES FUNDING FOR TCOM TEACHER AWARDS

M.L. Coleman, D.O., of Dallas has given Texas College of Osteopathic Medicine (TCOM) the money to endow an award to two top teachers each year.

The endowment will fund \$500 awards to the college's Best Clinical Teacher of the Year and Best Pre-Clinical Teacher of the Year chosen by students.

"Honoring the outstanding teachers in basic science and clinical science has been a TCOM tradition for many years," said TCOM President David Richards, D.O., "the generosity of Dr. Coleman has made it possible for us to attach a monetary reward to these honors. We appreciate very much his generosity, his interest in the college and his commitment to academic excellence."

The \$500 awards were given for the first time this year to Charles Hawes, D.O., professor of surgery, and Myron Jacobson, Ph.D., professor of biochemistry. The awards are given each year at the Senior Awards Banquet on the eve of commencement.

ALLIANCE HEALTH, INC., ACQUIRES TIGUA GENERAL HOSPITAL

Alliance Health, Inc., a Texas based health management firm for smaller hospitals, has acquired Tigua General Hospital in El Paso, Texas. The 55-bed lower valley hospital was previously owned by three El Paso physicians. Tigua General Hospital has served the lower valley of El Paso for over 35 years.

Alliance Health, Inc., will spend \$1 million to renovate the hospital, said Frank M. Braden, president of the organization. The money will be spent to refurbish patient rooms and purchase new medical equipment.

Alliance Health, Inc., provides both ownership and management of general acute care facilities primarily in the sunbelt.

TB GUIDELINES FOR NURSING HOMES ARE DEVELOPED

Guidelines for the prevention of tuberculosis transmission in nursing homes have been issued by the Tuberculosis Advisory Committee of the Texas Department of Health (TDH). The guidelines list precautions to prevent transmission, screening for new employees and residents of nursing homes, where to report suspected or diagnosed cases and so on.

To obtain a copy of the guidelines, contact John Bybee, Division Director, Tuberculosis Control, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78751.

NEW MEDICARE PART B HANDBOOK IS AVAILABLE

There is an updated 1986 Medicare Part B handbook for physicians and suppliers available from Blue Cross Blue Shield of Texas. The cost is \$2.50 per copy and requests must be made in writing from interested physicians to the following address: Janet Judie, Senior Supervisor, P.O. Box 660156, Dallas, Texas 75266-0156.

Please enclose a check or money order with your signed request.

CHAMPUS QUALITY ASSURANCE OFFICE CHANGES NAME

The Office of Quality Assurance at CHAMPUS headquarters has undergone a name change. It is now the Office of Medical Affairs. The Director of Medical Affairs is Army Lieutenant Colonel Melvin M. Kolb, D.O. Correspondence to the office should be addressed to: CHAMPUS Office of Medical Affairs (DQ), Aurora, Colorado 80045-6900.

NEW VICE PRESIDENT/ MEDICAL DIRECTOR FOR BCBS

Rogers K. Coleman, M.D., formerly associate medical director of Blue Cross Blue Shield (BCBS) of Texas, has succeeded Louis W. Conradt, M.D. as vice president, medical director of BCBS of Texas.

CHAMPUS WILL NOT PAY FOR PRESCRIPTIONS WRITTEN BY PHARMACISTS

A new Florida law, which became effective May 1, 1986, allows pharmacists in that state to write prescriptions in limited instances. Officials of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) want health care providers to know that CHAMPUS will not share the cost of prescription drugs prescribed by pharmacists.

Prescription drugs are covered by CHAMPUS as they have been in the past. And as in the past, the prescriptions must be written by a physician.

STD TREATMENT GUIDELINES BOOKLET AVAILABLE

The sexually Transmitted Disease (STD) Control Division of the Texas Department of Health has a new reprint of *STD Treatment Guidelines* available in booklet form at no charge.

The guidelines should not be construed as rules, but rather as a source of guidance within the United States. This is particularly true for topics that are controversial or based on limited data. The 35-page booklet should prove to be an asset to physicians.

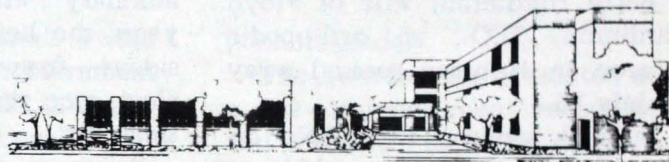
To order, contact: Texas Department of Health, STD Control Division/Guidelines, 1100 West 49th Street, Austin, Texas 78756.

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Billing statements showing only total charges, cancelled checks, cash register receipts or other receipts are not accepted as itemized statements.

For prescription drugs, the statement must contain the name of the patient; name, strength and quantity of each drug; prescription number; name and address of pharmacy; and name and address of the prescribing physician.



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IN MEMORIAM

Betty Hardimon

Betty Hardimon, wife of Floyd Hardimon, D.O., an orthopedic surgeon in Houston, passed away on July 16.

Funeral services were held on July 18 at Earthman Funeral Home in Houston.

Mrs. Hardimon was born May 17, 1938 in Philadelphia, Pennsylvania. She graduated from Texas Christian University, Fort Worth, in 1959. She was active in the Woodlands Living Arts Council and St. John's Academy where her son, John, graduated this past spring.

She was also active in her local

auxiliary where throughout the years she held the offices of president, from 1974-75; president-elect, vice president and secretary-treasurer.

Survivors include her husband, Floyd O. Hardimon, D.O.; one son, John, of Houston; four brothers, H. William Ranelle, D.O., Brian Ranelle, D.O., and John Barry Ranelle, D.O., of Fort Worth and Robert G. Ranelle, D.O., currently in an orthopedic surgery residency in Philadelphia, Pennsylvania; and father, Hugo J. Ranelle, D.O., of Fort Worth.▲

ACGP Mid-Year Seminar Proves Successful

The Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery (ACGP) staged another successful mid-year seminar at the Flagship Inn in Arlington, August 1-3. Special guests included Donald Boxman, D.O., President of the National ACGP; Bette Vaught, Executive Director of the National ACGP; and Mr. Tex Roberts, TOMA Executive Director.

Program chairman Nelda Cuniff, D.O., put together an outstanding CME program and the turnout was excellent.

Election of officers for 1986-87 took place during the meeting and they are as follows: R. Greg Maul, D.O., president; Constance I. Jenkins, D.O., president-elect; T. R. Sharp, D.O., secretary-treasurer; Joseph Montgomery-Davis, D.O., immediate past president; Nelda Cuniff, D.O., vice president; T.

Eugene Zachary, D.O., parliamentarian; Larry L. Bunnell, D.O., TCOM observer and Student/Doctor David Smith, who is president of the Zeta Chapter of the ACGP was elected as Zeta Chapter Representative.

In other actions, the Board was expanded from four trustees to six. Trustees include Richard M. Hall, D.O., Leland B. Nelson, D.O., Denny K. Tharp, D.O., Randall W. Rodgers, D.O., M. Lee Shriner, D.O. and Rodney Wiseman, D.O.

Other business conducted during the meeting involved the election of individuals to the various standing committees as well as delegates to the National ACGP Congress of Delegates to be held March 8-15, 1987 in Scottsdale, Arizona at the Sheraton Resort.

ACGP members will be kept informed of news and events through the *Texas DO*.▲

Ten Years Ago in the Texas DO

The September 1976 issue of the *Texas DO* covered reports of the Texas Delegates who were in attendance at the AOA House meeting. John H. Burnett, D.O., as chairman of the Texas Delegation, reported on the malpractice crisis which had exploded 18 months ago and was officially recognized nationwide. The profession's official professional liability insurance program received a 38.8 percent rate increase that year. A higher increase was indicated by the actuarial workup, but the Chubb Corporation agreed to cut their cost factor from five percent rate to two and one-half percent, and the Nettleship Company agreed to cut their production and underwriting fees from 12 and one-half percent to nine percent in order to accomplish the 38.8 percent. Legislators in almost all states began enacting laws assuring the continued availability of malpractice insurance.

Architectural plans for TCOM's first major building, Medical Education Building 1, were made available for bidding by construction firms. In addition to \$8 million appropriated from the State of Texas for construction of the building, \$4.8 million was supplied by the United States Department of Health, Education and Welfare. Ralph L. Willard, D.O., Dean of TCOM, stated, "We will build the finest college of osteopathic medicine in the country."

The AOA Board of Trustees granted pre-accreditation status to the Ohio University College of Osteopathic Medicine which had an entering class of 24 students and the New York College of Osteopathic Medicine, where classes would be enrolled in 1977.▲

Three-way Tie for New Jersey Osteopathic Graduates

For the first time in its history, the University of Medicine and Dentistry of New Jersey's School of Osteopathic Medicine awarded its top honor to three graduating medical students whose academic performances were a three-way tie.

Gregory Pharo, D.O., Wayne Carlsen, D.O., and Raymond Wolf, D.O., held identical acade-

mic rank and the Dean's Award for Outstanding Achievement was conferred on all three by Acting Dean Robert Fogel, D.O.

All three earned the same number of honors grades of "1" in eleven major courses throughout their four years of medical school. Even in their final examinations, expected to be a tie-breaker, each earned the highest

possible grade.

The awards were presented at a pre-commencement reception and dinner. In addition, 58 graduates received their D.O. degrees at commencement exercises at the Garden State Arts Center in Holmdel.

Our congratulations to all the new graduates.▲

Newsbriefs

THIS COUNTY IS TAKING THE BULL BY THE HORNS

Montgomery County in Maryland has passed a law whereby anyone living or working in this suburb of Washington, D.C. will be able to purchase catastrophic health insurance by the end of 1986. The county will manage and market the plan and an insurance carrier, to be picked through bidding, will pay the claims and assume the risks. The coverage will pay expenses over \$50,000 and the cost for individuals is anticipated to be approximately \$37 to \$55 per year.

WASHINGTON SENATOR PROPOSES MANDATORY POISON REGISTRY

In the wake of two recent deaths in a Seattle, Washington suburb attributed to cyanide-laced Extra-Strength Excedrin capsules, a Washington state senator has proposed the establishment of a poison registry, which would require individuals buying such poisons as arsenic, strychnine and cyanide to register their names and addresses annually with the state board of pharmacy. Supporters of the proposal are the Washington State Board of Pharmacy, the Washington State Pharmacists Association and the Proprietary Association.

If the proposal passes the legislature, slated to meet in January, the state would become the first to enact such a measure.

EVERYONE IS WANTING TO GET INTO THE ACT

The American Optometric Association is predicting that virtually all optometrists will be using therapeutic drugs by 1995. This year alone, five states have awarded such permission, which brings the total number of states allowing such action to 12. This measure first began in West Virginia in 1976 but began snowballing in 1985. At this time, optometrists use diagnostic drugs in all but two states. And now comes news of the next item on their wish list - in July, New York Governor Cuomo enacted a law whereby optometrists cannot be discriminated against when seeking hospital privileges.

What comes next, nobody knows.

ADDRESS CHANGES FOR YOUR INFORMATION

The American Osteopathic Academy of Sclerotherapy, Inc. has changed its address to 2222 Lindsay Michelle Drive, Alpine, California 92001. The executive secretary is Rayma L. Kulik.

The new address for the American College of Osteopathic Internists is 14750 N.W. 77th Court, Suite 130, Miami Lakes, Florida 33016.

The American College of Osteopathic Pediatricians has changed its address to 210 Carnegie Center, Suite 207, Princeton, New Jersey 08540.



The Positive Side of Informed Consent

By Eli P. Bernzweig, J.D.

Many physicians undoubtedly believe that obtaining the patient's "informed consent" to designated medical treatments and procedures is not only an impossible task, but an unwise and unnecessary one forced upon them by lawyers and a legal system that does not comprehend the realities of medical practice. A common complaint is that most patients are not capable of understanding, let alone evaluating, the real risks involved in treatment and that discussing the statistical probabilities of major complications not only increases patient anxiety unnecessarily, but may cause some patients to forego necessary, and perhaps even critical, medical treatment.

However, a patient's conscious choice *not to proceed* with treatment may not be as bad as it seems, even if it may appear irrational. First of all, the patient has exercised his or her autonomy, which is exactly what the law hopes to achieve. Beyond that, the patient who refuses to undergo recommended surgery or a diagnostic procedure after the risks have been fully disclosed may choose not to proceed precisely because he or she doesn't want to assume personal responsibility for decisions that might have negative consequences. This behavior is typical of the person who customarily shifts responsibility for his or her actions to others and then resorts to litigation when things don't go exactly as expected—sometimes referred to as the suit-prone patient. Seen in this light, adherence to the requirement of obtaining the patient's informed consent (both by statute and by common law) may well prevent some totally unnecessary malpractice suits.

But, no formal requirement based on such an adversary view of the physician-patient relationship can ever be a substitute for true communication between the parties. The legal necessity for obtaining informed consent presents the ideal opportunity for the physician to educate and counsel the patient by providing essential information about the proposed course of treatment and, in particular, the fact that complications can (and sometimes do) occur without any negligence whatsoever.

In short, the whole process of conversation that informed consent necessitates is an important aspect of good therapeutic management. If carried out pro-

perly, it will reduce the feelings of isolation and abandonment patients occasionally experience in their interactions with physicians. There is little doubt that the patient whose views (or fears) are disregarded or dismissed is the one most likely to develop feelings of anger, predisposing him or her to contemplate litigation if results do not meet previous expectations. Engaging in a genuine give-and-take discussion with the patient also tends to strengthen the rapport essential to a wholesome physician-patient relationship.

Simply "getting the patient's signature" on a document that dutifully recites the patient has been informed and has consented to the proposed treatment or procedure clearly is not as valuable as some physicians believe, particularly if the discussion process described above has not preceded the signing. Courts in Texas as well as elsewhere have been less concerned with the technical niceties of informed consent than they have been with the substance and quality of the process by which the patient is told what is to happen to his or her body and is given the opportunity to ask questions, voice any fears, and then make an informed decision. Since it is required by statute (Tex. Code Ann. Art 4590, § 6.06) by all means, make sure you obtain the patient's signature on the consent form prescribed by statute for that purpose; but remember the patient's *legally valid* consent can effectively be obtained only after a full and frank discussion between doctor and patient. The form is merely written evidence creating a rebuttable presumption that such a discussion took place and that consent was in fact obtained.

Incidentally, it is not a bad idea to sign the consent form yourself, after indicating you have explained the procedure to the patient and have answered all his/her questions to the best of your ability. Then, place a brief note of your discussion in the patient's chart touching on the key points raised and discussed—and particularly the specific questions posed by the patient.

Eli P. Bernzweig, J.D. is Vice President, Loss Control, Insurance Equities Corporation, the manager of TOMA's new professional liability insurance program.

FDA Develops New Short form for Adverse Drug Reactions

In an effort to expedite physician reporting of adverse drug reactions (ADRs), the Food and Drug Administration (FDA) has developed a short form for physician use, which is printed in the *FDA Drug Bulletin*, dated June 1986, Volume 16, Number 1. The FDA hopes the new form will "facilitate timely and thorough physician reporting of adverse drug reactions" and states that the importance "cannot be overstated."

The agency says safety information collected after a drug is marketed will often affect product use and availability in important ways and can provide an early warning signal for major problems as well as a profile of host susceptibility factors.

Major changes have been initiated in the FDA's ADR program during the last few years in order to achieve a higher degree of effectiveness and efficiency. The professional staff has been expanded to include more epidemiologists and reviewers, improved computer equipment has been installed and regulations for drug manufacturers have also been revised.

The agency feels that they, along with the medical community, share the responsibility of providing continual evaluation of drug performance after marketing. Of particular value are serious ADRs related to newly marketed drugs, even if the ADR is already included in the current labeling, since the incidence of

the ADR may prove to be greater than anticipated.

Clinicians should be aware that their reports are individually reviewed and used on a timely basis and that the confidentiality of the report source is maintained.

Future issues of the *FDA Drug Bulletin* will provide feedback on ADR reporting to the medical community.

The FDA has requested that physicians keep the original short form and make photocopies as needed, however in the event the original form has been misplaced, contact the TOMA State Headquarters for a photocopy or order from FDA (HFN-730), 5600 Fishers Lane, Rockville, Maryland 20857.▲

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Primary Care

Update III

FRIDAY, SATURDAY, SUNDAY
September 26, 27, 28, 1986

Location

Texas College of Osteopathic Medicine
Camp Bowie at Montgomery
Fort Worth, Texas

KEYNOTE SPEAKERS

David M. Richards, D.O., President
Texas College of Osteopathic Medicine
Fort Worth, Texas
*"The Future of Osteopathic Medicine
in Texas"*

Hunter Handsfield, M.D.
Associate Professor of Medicine
University of Washington
Director-STD Control Program
Seattle-King County Department
of Public Health
Seattle, Washington
*"Update in Sexually Transmitted
Diseases"*

Topics

INFECTIOUS DISEASE

Update on AIDS; Sexually Transmitted Disease in Asymptomatic Males; Approach to the Infected Patient

NEPHROLOGY

Outpatient Evaluation of Kidney Stones; Step Care or Not? Hypertension 1986; The Kidney in Pregnancy.

CARDIOLOGY

Diagnosis and Therapy of Mitral Valve Prolapse, Cardiac Syncope; Recent Advances in the Diagnosis and Treatment of Coronary Heart Disease

NEUROLOGY

What to do with Double Vision; Sleep Disorders; Management of Diabetic Peripheral Neuropathy

GASTROENTEROLOGY

Use of Flexible Proctosigmoidoscope in Office Practice; Therapy Through the Scope

GERIATRICS

Physiology of Aging; Drug Therapy in the Elderly; Psychiatric Problems of the Aged

11 Hours CME—Category 1-A (AOA)

CONTACT:

Cheryl Cooper
Continuing Medical Education
Texas College of Osteopathic Medicine
817/735-2539

North Carolina Passes Nation's First Vaccine Law

The North Carolina Legislature has approved a mandatory no-fault compensation system for vaccine-related injuries which is the first of its kind in the nation.

The new law passed unanimously on July 11 and will take effect on October 1. Physicians and vaccine manufacturers alike have cited the need for such a law, especially in light of the fact that Lederle Laboratories and Connaught Laboratories, both in the DPT market, had recently announced that DPT prices would be rising because of inability to secure liability insurance. The price increase was needed to set aside a specific amount for self-insurance. The legislation has passed at a time when vaccine compensation legislation on a national basis appears to have been shoved on the back burner, with tort reform being the major issue.

The basic move for the legislation came about after a highly respected pediatrician in the state faced a vaccine-related injury lawsuit and eventually settled out of court for \$1.1 million. This led to successful lobbying by the states' physicians who saw the immediate threat to all physicians in the state. In addition, passage of the bill will most likely reduce vaccine prices in the state since liability costs will decrease.

The legislation is basically a way of compensating families for vaccine-related injuries without pointing accusatory fingers at physicians, claiming negligence when negligence on the part of the physician is not the issue. Claims, under the new law, must be brought to the state industrial commission within six years after administration of the vaccine which was believed to have caused injuries. The commission then rules if the alleged injuries are vaccine-related, and if so, the amount of compensation to be awarded.

Families may be given free medical services for the child from the state Department of Human Resources. Additionally, the commission may secure \$300,000 from the Department of Human Resources, which is the maximum monetary compensation for loss of earnings, pain and suffering and the like. Families dissatisfied with the commission's decision may appeal to the state appellate court and in the event the state attorney general decides the negligence was on the part of the vaccine manufacturer or the provider initially administering the vaccine, the manufacturer and provider may be sued by the state for an amount which cannot be more than the amount given to the family by the commission.

At the present time, claims may be filed either with the commission or in court until the October 1 implementation date. Advocates are hopeful that a surcharge on vaccines to help defray costs of awards from the state will be approved by the legislature next year.▲

You Can't Find a Fairer Deal Than This

People are sometimes at a loss as to how much they should contribute to campaigns or charity organizations.

I'm reminded of a story of the man who got a chicken bone stuck in his throat. The doctor gets there just in time to save the man's life.

"How much do I owe you?" asks the patient.

The doctor replied, "Just give me half of what you were willing to give when the bone was stuck in your throat."

TMF Contract is Renewed

John M. Smith, Jr., M.D., president of the Texas Medical Foundation (TMF), has announced that the TMF has been awarded an \$18,100,000, two-year extension of its current contract with the Health Care Financing Administration (HCFA).

HCFA is the division of the United States Department of Health and Human Services responsible for federally funded health care programs. The new contract takes effect October 1, 1986, and will again involve evaluating the medical necessity of and quality of care received during Medicare hospitalizations.

The TMF is the designated Peer Review Organization (PRO) for Texas. Federal legislation in 1982

established nationwide PROs to assure that Medicare funds are used to pay for medically necessary, quality health care in the most cost-effective manner.

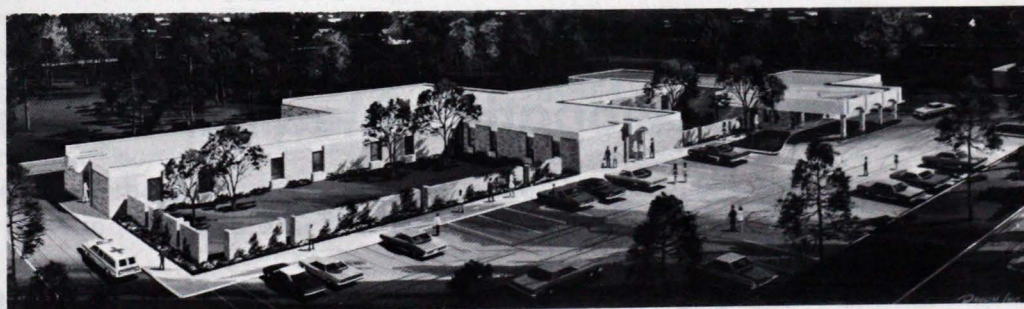
The TMF is an organization that believes physicians should be in charge of Texas medicine's future and its members actively work towards answering the current serious challenges to the medical profession in Texas through participation in physician-directed hospital review.

If you are not a member of TMF, request an application from TMF, 7800 Shoal Creek, Suite 150E, Austin, Texas 78757 or phone at (512)-459-3341. Annual dues are only \$24 so join this most important organization. Private review is

becoming the trend within the health care delivery system and TMF review is distinguished from other review programs by its intent, namely to keep the physician in control of review. This is certainly preferable to being reviewed by insurance companies or computers.

By keeping physicians in charge, the efficiency of private medical practice is promoted, keeping the fee-for-service physician competitive with other alternative delivery systems. In view of this, you are urged to join if you have not done so already. Your input as an osteopathic physician is essential and will help broaden the base of physicians who are strengthening the quality of health care delivery in Texas. ^

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Street Drug Suffers from Cracks in Law Enforcement

Known as "crack" in the East and "rock" in the West, the street drug of choice for 1986 has already made users out of approximately one million individuals in 25 states. The drug is basically a refined form of cocaine, which is processed into small pellets or chips, and smoked in a pipe.

The attraction of this drug to dealers is that it can be simply made by combining cocaine with other basic ingredients which are easy to come by. And, an ounce of the drug, when divided into retail-size allotments, can yield a street value of as much as \$4,000.

Users are lured by the drug because it is less expensive than cocaine, in the beginning stages, and an ecstatic high is experienced within a matter of seconds. Additionally, since the drug is smoked rather than injected, those who fear contracting AIDS are even more

attracted to it.

Dr. Arnold Washton, a nationally eminent physician who deals with cocaine treatment, says crack is "the most addictive drug known to man right now," adding that the addiction is "almost instantaneous."

Crack users find that the high vanishes quickly, leaving such a severe feeling of depression that as much as a \$1,000 a day habit develops in an effort to stave off depression. Cocaine molecules work directly on the user's brain neurons, thus a user finds himself or herself chemically addicted as well as dependent psychologically. A vicious cycle ensues as many users resort to robbery and acts of violence in order to pay for their growing dependence. In fact, an 18 percent increase in robberies in New York City is attributed by the New York police to be caused from crack addicts.

Unfortunately, possession of

crack literally has a crack in law enforcement when it comes to setting penalties. Enforced under the same state laws as cocaine in Texas, possession of an ounce of cocaine is a first-degree felony wherein lies the problem as a small number of tiny pellets, even though supplying the potency of an ounce of cocaine, most often does not meet the weight requirements. Under federal law, dealers face small fines and must be arrested a number of times before a severe penalty is handed down.

Bills have been introduced by Senator Lawton Chiles of Florida whereby crack dealers could face up to 20 years in prison as well as a \$250,000 fine for a first offense.

It is obvious that in order to at least make an effort to stop drug epidemics such as crack from spreading, laws must be updated so that penalties may fit the crimes.

**Below is a list of material that can be ordered
FREE OF CHARGE
from the Texas Osteopathic Medical Association
1/800/772-5993**

Natural Death Form

Prevailing Charge Reports

Medical Jurisprudence Study Guide

The Osteopathic Oath

A Modern Physician's Creed

"Physician, Heal Thyself"

Physician's Primer on Medical Malpractice

"The Difference a D.O. Makes"

Brochures for Office Distribution:

"Your Physician and You, A Team for Good Health"

"What Everyone Should Know About Osteopathic Physicians"

"It's For You"

"The Osteopathic Profession"

"Osteopathic Medicine"

An English Primer

By Thomas Sowell
Scripps Howard News Service

Every field has its own special words and expressions, which others find hard to understand. Politics is no exception. For those who have difficulty understanding the strange way words are used by politicians and the media, here is a glossary translating political rhetoric into plain English:

Crisis: any situation you want to change.

Bilingual: unable to speak English.

Equal opportunity: preferential treatment.

Non-judgmental: Blaming society.

Compassion: the use of tax money to buy votes.

Insensitivity: objection to the use of tax money to buy votes.

Simplistic: an argument you disagree with but can't answer.

Rehabilitation: magic words said before releasing criminals.

Demonstration: a riot by people you agree with.

Mob violence: a riot by people you disagree with.

A matter of principle: a political controversy involving the convictions of liberals.

An emotional issue: a political controversy involving the convictions of conservatives.

Funding: money from the government.

Commitment: more money from the government.

Docu-drama: a work of fiction about famous people.

Autobiography: a work of fiction about yourself.

Federal budget: a work of fiction about government spending.

People's Republic: a place where you do what you are told or get shot.

National liberation movements: organizations trying to create People's Republics.

Stereotypes: behavior patterns you don't want to think about.

Reaganomics: media explanation of downturns in the economy.

Robust economy: media explanation of upturns in the economy.

Constitutional interpretation: judges reading their own political views into the Constitution.

Politicizing the courts: criticizing judges for reading their own political views into the Constitution.

A proud people: chauvinists you like.

Bigots: chauvinists you don't like.

Anti-war movement: disarmament advocates who know the idea won't fly under its own name.

Private greed: making money selling people what they want.

Public service: gaining power to make people do what you want them to.

Innovation: something new.

New innovation: something new by someone who doesn't understand English.

Competency: competence, as described by the incompetent.

Moderate Arabs: mythical beings to whom State Department officials make sacrificial offerings.

Special interest lobby: politically organized conservatives.

Public interest group: politically organized liberals.

Accountability: holding teachers, public officials, and private business responsible for the consequences of their misdeeds.

Chilling effect: holding journalists responsible for the consequences of their misdeeds.

Economist Thomas Sowell is a senior fellow at the Hoover Institution on War, Revolution and Peace in Stanford, California.

(Reprinted from the Valley Morning Star, November 15, 1985).

Bernard Rubin, D.O. of TCOM is Vice President of Arthritis Foundation

Arthritis Treatment Needs Doctor - Patient Teamwork

As vice president of the Northwest Texas Chapter of the Arthritis Foundation, Bernard Rubin, D.O. is committed to his work as reflected by his desire to contribute his professional knowledge to people in Fort Worth and the region served by the Arthritis Foundation.

Dr. Rubin is currently serving as an assistant professor in the Department of Rheumatology/Clinical Immunology at Texas College of Osteopathic Medicine.

He offers the Foundation a multi-faceted perspective through his teaching, his work as an osteopathic physician and his involvement in research. The focus is clearly on rheumatology—the study of bones, joints and connective tissues — a relatively young area of specialization for physicians.

Treating a patient with arthritis is more than a medical problem, Dr. Rubin believes. There are also psychological and social aspects involved. Dr. Rubin's medical philosophy centers on treating the "whole person, the whole patient, the whole body" — and the interrelationship of the mental and physical conditions.

"We're attuned to our patients, taking care of them, listening to their day to day needs," he said. "The Arthritis Foundation, too, listens to these needs, provides emotional and political support. The Foundation is a 'big shoulder' people can lead on."

Dr. Rubin has been a member of the Arthritis Foundation Board of Directors for a year, and in addition to his vice presidency, is involved with committees that include medical and scientific advisory guidance, long range planning and political advocacy. He sees his volunteer position as a natural extension of his vocation where he can provide information on such topics as access to medical facilities or the lack of accessibility to buildings and facilities. He is aware of the inability of people to afford medicine and to obtain medical opinions regarding their disease. "Millions of dollars are spent on quackery," he observed. "Fortunately the Arthritis Foundation is in a position to act as a clearing house for information. The Foundation plays an important role by clarifying both medical and sociological problems for arthritis victims."

The Arthritis Foundation, in its role as an educational agency, teaches the patient about the disease and how it affects the body — important self-help steps in understanding the illness. Armed with knowledge,

the patient then becomes a participant to aid the physician or nurse in the patient's care.

A large percentage of the population is affected. "One of the most common medical complaints today is musculoskeletal pain. Everyone will have symptoms at some time," he added. "As doctors we try to determine if it is chronic or will it go away? Many types of arthritic conditions are self-limited, others are chronic. A few are life-threatening. We decide what kind the patient has and structure a program for the individual."

In treating a patient, Dr. Rubin said initial medical consultation would determine the type of arthritis. Subsequent steps would recommend both medical and non-medical treatment, the type of physical therapy that would prove most beneficial, and counseling for the emotional problems that accompany the illness.

Dr. Rubin feels that 90 percent of his treatment is diagnosis. "I like to take time with people, to examine, touch, talk. Most diagnoses are clinical and laboratory tests only support what you have already found through other methods," he said.

"Telling a young mother with children that she has rheumatoid arthritis is like opening Pandora's box," he said. "But, we can provide emotional support through the Foundation and its network with other people. And, of course, there are all types of medical treatment programs that can be designed specifically for an individual."

Dr. Rubin's analysis of arthritis is direct and easily understood by the laymen: "It is the body fighting against itself. It's often an inherited tendency with some kind of influence from the environment that may lay dormant until something triggers it 20 years later."

Because of the vagarious nature of the disease, Dr. Rubin admits he has "short sighted goals": "What can I do in the next few months?" "What are the problems?" "What can I do with the tools I have to impact on the patient?"

But although he says his goals are "short sighted" he is searching for long range solutions. He is engaged in research involving effects on blood cells and bone marrow as well as new treatments for osteoporosis. Research, combined with his demanding teaching schedule for third and fourth year medical students at TCOM, and his patients, keeps him apprised of

problems as well as progress in his field.

It was an area he chose as a medical student during clinical rotation. He was "influenced by a dedicated physician" specializing in rheumatology in Chicago at his medical school.

"I like to go to the outpatient clinic to see people who were functioning well. I enjoyed the rapport, the give and take with the patients", Dr. Rubin added: "I don't often deal with life-threatening situations. It's nice to help in subtle ways to improve the quality of life."

Dr. Rubin is a 1976 graduate of the Chicago College of Osteopathic Medicine, interned at Chicago Osteopathic Hospital, took an internal medicine residency at Albert Einstein Medical Center in Pennsylvania and a fellowship at the same location in rheumatology. Further postgraduate training included an additional fellowship in rheumatology at Thomas Jefferson University School of Medicine in Pennsylvania and a clinical immunology fellowship at Hahnemann University, also in Pennsylvania.

"Opportunity" brought him to Fort Worth, he said. There were no other doctors specializing in rheumatology at TCOM when he moved to Fort Worth almost three years ago.

He feels his work with the Arthritis Foundation affords an escape from what may be an "ivory tower" and the interaction and information exchange with other board members, he believes, will offer him "a better perspective on how to treat my patients." Dr. Rubin also feels his presence on the Board will allow him to contribute some of the expertise he has developed in his years in practice.

"In my practice, I tell patients about resources of the Foundation, give them booklets, tell them about the Health Fairs and the network of help that is there for them" he said, "My working with the Foundation is a real give and take relationship."

Observing the commitment and dedication of Dr. Bernard Rubin, his concern for quality education, for effective and total treatment of people with rheumatic illnesses, it would seem that will be a great deal of give in the relationship.

[Reprinted from "The Arthritis News", summer 1986 edition; Sally House, Writer]

EDITOR'S NOTE: A diplomate of both the National Board of Examiners for Osteopathic Physicians and Surgeons and the American Board of Internal Medicine, Dr. Rubin holds memberships in the Texas Osteopathic Medical Association, TOMA District II, American Osteopathic Association, American College of Physicians, American Rheumatism Association, New York Academy of Science, American Federation of Clinical Research, Texas Rheumatism Association, Sigma Sigma Phi, and associate membership in the American College of Osteopathic Internists.



During Osteopathic General Practitioner's month, Metropolitan Hospital Guild of Dallas held an open house in their Gift Shop. Each guest was presented a flower. The volunteers made homemade goodies to have with punch and coffee. The event was attended by 25 guests.

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POSITION OPEN for assistant in practice either as salary or as percentage of practice. Phone 512-452-7641 or write Joseph L. Love, D.O., 4400 Red River St., Austin, 78751.

WANTED — Family Practice doctors to supervise four TCOM sophomore medical students and work at the Virginia Ellis Clinic on Wednesdays from 5-8 p.m. This is a free screening clinic in the Bethlehem Community Center located at 970 E. Humbolt, Fort Worth, 76104, and serves low income families. Must have own malpractice insurance. Not necessary to work every Wednesday. Pays \$25/hour. Call Community Services, 817-735-2450, if interested.

ONCOLOGIST/INTERNISTS — Available in July 1987. M.D. Anderson trained AOA approved. Will consider all offers. Please contact: Rich McKinney, D.O., 713-667-9272.

ANESTHESIOLOGY RESIDENCIES Texas College of Osteopathic Medicine accepting applications for residency in anesthesiology for January and August 1987. Contact:

Paul A. Stern, D.O.
Professor & Chairman
Dept. of Anesthesiology
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FAMILY OR GENERAL PRACTICE PHYSICIAN — Needed to join a very busy West Texas Family Practice Medical Center. Modern, well equipped clinic. Excellent opportunity for person willing to work hard. Contact L.R. Moses, D.O., 1300 Hailey, Sweetwater, Texas, 79556 or telephone 915-235-1717.

HOWE — Town of 4,000 needs two physicians. Clinic presently being built. Clinic includes four exam rooms and pharmacy. Town willing to help with equipment. Clinic rent-free for six months. Contact: Paul Smith at 214-968-7596 or Sterling Huff, D.O. at 214-965-7709.

OB/GYN — Rapidly growing area, cheap malpractice insurance, no state tax. Arlington Medical Center, an affiliated clinic of independent practices, is seeking an OB/GYN for a fast growing area of Dallas/Fort Worth metroplex. Six busy family practitioners in area, no OB/GYN for over two miles. Guarantee available. Contact: Dean Peyton, D.O., 1114 E. Pioneer Parkway, Arlington, 76010; phone 817-277-6444.

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INTERNIST — Completes third-year residency in June 1987. Graduate of Oklahoma College of Osteopathic Medicine and Surgery. Will consider all areas of Texas. Contact: Stan Wood, D.O., 3802 Dexter, Fort Worth, 76107 or call Dr. Wood at 817-731-4311 (day hours).

PHYSICIAN AVAILABLE — for locum tenens in the Dallas/Fort Worth area. Please contact Barbara E. Gallagher, D.O., 817-485-6296.

OFFICE SPACE AVAILABLE

SHARED OFFICE SPACE in the Arlington Medical Center. Ideal for specialists who wish to make themselves available to this lucrative, rapidly growing and underserved market. Contact: Dean Peyton, D.O. at 817-277-6444 or Dallas/Fort Worth metro 265-6561.

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Help Us Double ATOMA Membership so that We will be Doubly Effective in Our Efforts on Behalf of the Osteopathic Profession in Texas. THERE IS STRENGTH IN UNITY!

Chris Godell, ATOMA President

For more information about ATOMA, please contact: Chris Godell, ATOMA President, 2103 Wilson Drive, Arlington, Texas 76011, 817-469-7648; Sue Urban, ATOMA Treasurer, 7813 Fairwood Ct., Fort Worth, Texas, 76179 or TOMA State Headquarters, 1-800-772-5993.

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