

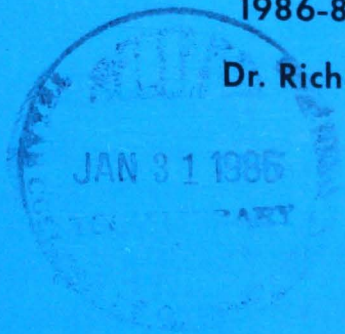
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Dr. Richards Named TCOM President - page 30



HOME of the DALLAS Cowboys; SITE for TOMA CONVENTION



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
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
TOMA Insurance Program	816-333-4511

TEXAS STATE AGENCIES

Department of Human Services	512-450-3011
Department of Public Safety Controlled Substances Division Triplicate Prescription Section	512-465-2188 512-465-2189
State Board of Health	512-458-7111
State Board of Medical Examiners	512-452-1078
State Board of Pharmacy	512-478-9827
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
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Texas DO

Texas Osteopathic
Medical Association
February 1986

FEATURES

JPS Suit Headed for U.S. Supreme Court
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President of TCOM
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Newsbriefs
News from the Auxiliary
Practice Locations in Texas

ON THE COVER: Cover art of the Dallas skyline designed by
Charles L. O'Toole, Sr. of Fort Worth, Texas.

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Tex Roberts, Editor
Diana Finley, Associate Editor
Lydia Anderson Smith, Staff Writer

Calendar of Events

February

7
1-9
"Ligamentous Articular Strain Techniques Workshop"
 Texas College of Osteopathic Medicine
 Presented by TCOM and the Dallas/Fort Worth Osteopathic Study Group
 Fee: \$325.00
 CME Hours: 20 Category 1-A
 Contact: Neil Pruzzo, D.O.
 1109 Hampshire Lane
 Richardson, 75080
 214-231-7482

1-9
"Family Practice Seminar"
 Intercontinental Hotel, Houston
 Presented by the Harris County Osteopathic Society
 CME Hours: 18.5 Category 1-A
 Contact: Ladd Tucek, D.O., Co-Chairman
 161 Aldine-Bender
 FM 525
 Houston, 77060
 713-999-5992

B
"Metroplex Trainers Association Winter Symposium"
 TCOM - Kiva Room
 Presented by the Department of Rehabilitation/Sports Medicine
 Texas College of Osteopathic Medicine
 Fee: \$5.00
 CME Hours: 4 Category 1-A
 Contact: Mr. David Regier
 Texas College of Osteopathic Medicine
 817-870-5260

9

9-14
SKI & CME Midwinter Conference
 Colorado Society of Osteopathic Medicine
 Keystone, Colorado
 Over 40 CME - Category 1-A and ACLS Course
 Contact: Mary Irvin, CSOM
 215 St. Paul Street
 Suite 290
 Denver, Colorado 80206
 303-322-1752

20

20-22
Sports Medicine
 Kirksville College of Osteopathic Medicine
 Phoenix, Arizona
 Contact: Rita Gray, CME Coordinator
 KCOM
 816-626-2232

MARCH

1

Third Annual Conference on Fitness and Sports: "Considerations in the Diagnosis and Management of Upper Extremity Dysfunction"
 Texas College of Osteopathic Medicine
 Fee: \$75.00 for non-TCOM affiliates
 \$55.00 for TCOM affiliates
 CME Hours: 7 Category 1-A

Contact: Susan Larson
 CME Director
 Department of CME
 Camp Bowie at
 Montgomery
 Fort Worth, 76107
 817-735-2539

April

12

Current Concepts in Infectious Diseases: An Update for the Primary Care Physician
 Dallas Family Hospital
 7 CME Hours - Category 1-A
 Fee: \$125
 Contact: Susan Larson, Director
 TCOM Department of CME
 Camp Bowie at Montgomery
 Fort Worth, 76107
 817-735-2539

30

TOMA Pre-Convention Board of Trustees Meeting/Luncheon
 Cosmopolitan Room
 The Registry Hotel
 12:00 Noon
 Contact: Mr. Tex Roberts,
 Executive Director, TOMA
 1-800-772-5993

MAY

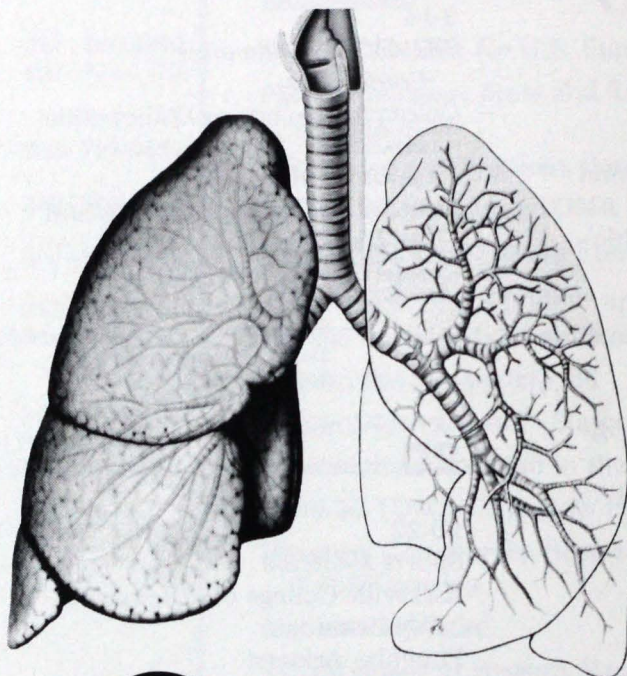
1

TOMA House of Delegates Meeting
 Laliq Ballroom 1
 The Registry Hotel
 9:00 a.m.
 Contact: Mr. Tex Roberts
 TOMA Executive Director
 1-800-772-5993

3

TOMA Post-Convention Board of Trustees Meeting
 Cosmopolitan Room
 The Registry Hotel
 2:30 p.m.
 Contact: Mr. Tex Roberts
 TOMA Executive Director
 1-800-772-5993

Consider the causative organisms...



Cecilor®
cefaclor

250-mg Pulvules® t.i.d.

offers effectiveness against the major causes of bacterial bronchitis

H. influenzae*, *H. influenzae*, *S. pneumoniae*, *S. pyogenes
(ampicillin-susceptible) (ampicillin-resistant)

Brief Summary: Consult the package literature for prescribing information.

Indications and Usage: Cefaclor (Cecilor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae* and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefaclor.

Contraindication: Cefaclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Cefaclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics including macrolides, semisynthetic penicillins, and cephalosporins; therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening.

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis.

Mild cases of pseudomembranous colitis usually respond

to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be ruled out.

Precautions: General Precautions — If an allergic reaction to Cefaclor (Cecilor, Lilly) occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids. Prolonged use of Cefaclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiagglutinin tests are performed on the minor side or in Coombs' testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the drug.

Cefaclor should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cefaclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinistix® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

Usage in Pregnancy — Pregnancy Category B — Reproduction

studies have been performed in mice and rats at doses up to 12 times the human dose and in ferrets given three times the maximum human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Cefaclor. There are, however, no adequate and well-controlled studies in pregnant women.

Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: Small amounts of Cefaclor (Cecilor, Lilly) have been detected in mother's milk following administration of single 500-mg doses. Average levels were 0.18, 0.20, 0.21, and 0.16 mcg/ml at two, three, four, and five hours respectively. Trace amounts were detected at one hour. The effect on nursing infants is not known. Caution should be exercised when Cefaclor is administered to a nursing woman.

Usage in Children: Safety and effectiveness of this product for use in infants less than one month of age have not been established.

Adverse Reactions: Adverse effects considered related to therapy with Cefaclor are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70).

Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely.

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever) have been reported.

These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cefaclor. Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported.

Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy. Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain: Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic: Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic: Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal: Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

(0617829)

Note: Cefaclor (Cecilor, Lilly) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

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Lilly
Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285. Eli Lilly Industries, Inc., Carolina, Puerto Rico 00630.

402440

JPS Suit Headed for U.S. Supreme Court

Legal action brought against John Peter Smith Hospital by five D.O.s is headed for the U.S. Supreme Court. The hospital is a tax-supported institution in Fort Worth.

The suit involves equal protection for D.O.s under the constitution and recognition of osteopathic medical education and training.

On appeal by the hospital the Federal Fifth Circuit Court of Appeals in New Orleans recently ruled eight to five against the D.O.s, thereby reversing a decision of the federal district court in Fort Worth and a panel of the Fifth Circuit that had earlier supported the osteopathic physicians' case.

Five justices of the thirteen hearing the case dissented by saying that "the majority opinion refuses to prevent a state agency from discriminating against osteopathic physicians in favor of allopathic physicians in defiance of state law. In so doing, it disregards both the plain language of the Fourteenth Amendment and the historic reasons for its inactment, for the equal protection clause forbids, and was intended to forbid, a state to purposefully and arbitrarily deny to one class of persons the protection of a state law that it affords to another class of persons."

The dissenting judges said that the Fourteenth Amendment to the U.S. Constitution forbids any state

to "deny to any person within its jurisdiction the equal protection of the laws." The amendment was not needed to insure that the states provide equal protection of federal laws for the text of the original Constitution made federal law the supreme law of the land, "anything in the Constitution or laws of any state to the contrary notwithstanding." The equal protection clause was needed and was intended to assure that the states afford to all persons the equal protection of their own laws.

The dissenting opinion continued that it is abundantly clear that one reason the legislation was passed was to afford a federal right in federal courts, because, by reason of prejudice, passion, neglect, intolerance or otherwise, state laws might now be enforced and the claims of citizens to the enjoyment of rights, privileges and immunities guaranteed by the Fourteenth Amendment might be denied by the state agencies.

Before adoption of the Fourteenth Amendment to the federal Constitution the states were not required by the Constitution to provide either due process or equal protection.

Texas state law sponsored by TOMA and passed in 1981 and 1983 provide that there will be no differentiation between the D.O. and the M.D. degree in Texas. ^

PMIC Promissory Note and Escrow Plan is in Your Mail

Escalating awards by juries in medical malpractice cases and all other forms of liability insurance nationwide have caused a crisis that affects not only doctors, hospitals and the health care industry but businesses, large and small, municipalities, school systems and other entities that need liability coverage to operate.

Many medical malpractice insurance carriers are faced with reserve shortages including Professional Mutual Insurance Company of Kansas City, a company that insures a large segment of Texas D.O.s.

Current reports indicate that other carriers in Texas are being selective in coverage, accepting no new policyholders and demanding additional reserves and surplus contributions as well as higher premiums therefore it is important to maintain PMIC.

The Missouri Division of Insurance has placed a requirement on Professional Mutual Insurance Company to increase their reserves from the present 50 million dollars. Additions to this reserve are being

asked of Texas policyholders in the form of promissory notes, voluntary conversion to a claims made policy form and an escrow agreement that deposits the notes with Tex Roberts, Executive Director of the Texas Osteopathic Medical Association at the Fort Worth Headquarters.

The notes will only be released to the company upon notification that the Missouri Division of Insurance is satisfied with the new levels of reserve.

A package of material was mailed by PMIC January 10 to Texas D.O. policyholders explaining the plan and including two options, promissory note forms and escrow agreement.

Included in the packet is a memo from Roberts recommending Option A. Most everyone involved is convinced that maintaining PMIC as a viable carrier is a better and less expensive alternative.

All Texas PMIC policyholders are urged to retrieve the January 10 PMIC package and act now! ^



TOMA Annual Golf Tournament

For golfing enthusiasts, it's time to start practicing your swings and getting into shape for the annual golf tournament which will be held Saturday, May 3 during the TOMA annual convention.

The location for this event will be the Championship Course at Bear Creek Country Club, located at the Dallas/Fort Worth Airport.

As you probably know, Bear Creek is the qualifying course for the Professional Golfers Association (PGA) Tour and due to this fact, Robert Lorenz, D.O., chairman of the tournament, has informed us that the cost is \$45.00, rather than \$35.00 which was printed in error on the recent convention registration form sent to you.

The cost includes 1/2 cart, green fees and transportation, which will be provided from The Registry Hotel lobby. Tee-off time will be 11:00 a.m.

If you're an avid golfer, don't forget this event and as stated above, the cost is \$45.00. ^

President's Night Dance to Feature the "Dave Harris Quartet"

The traditional President's Night Dance will feature the Dave Harris Quartet. This event will take place May 2 at 9:00 p.m. immediately following the President's Banquet and installation of officers.

Donald M. Peterson, D.O., will be honored as the outgoing TOMA President.

The Registry Hotel's Malachite Room is a dinner theatre-style room and the decor is none other than elegant.

The Dave Harris Quartet is one of the Dallas/Fort Worth Metroplex' most versatile and sought-after musical groups. Their reputation was built on long and multiple runs at such famed supper clubs as Chateaubriand, Elan, The Lancers Club, the Playboy Club and all the major public rooms of the Marriott chain.

Dave's artistry on the piano is legendary and he holds a degree in music from North Texas State

University. In addition to playing all types of dance and reception music, his group is also noted for their ability to "back-up" singers of all types, including those of the "Name" category.

Dancers are always in for a treat when it is the Harris combo on the bandstand because of their ability to play such a wide variety of types of dance music, so that everyone at the party is totally pleased. ^

AOA President-Elect's Luncheon Set for May 3

Eugene L. Sikorski, D.O., of Pontiac, Michigan, incoming president of the American Osteopathic Association, will be the honored guest at the annual AOA President-elect's luncheon on Saturday, May 3, during the TOMA Convention.

The luncheon will begin at 1:00 p.m. in the Crystal Ballroom VII & VIII of The Registry Hotel.

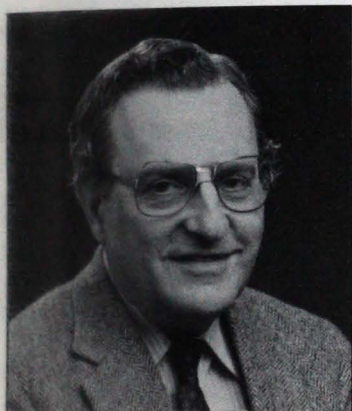
Dr. Sikorski is a general practitioner from the great State of Michigan.

As an added pleasure, John H.

Burnett, D.O., of Dallas, current president of the AOA will join us as our special guest for the luncheon.

Plan to attend and welcome our national officials to the 87th Annual Convention and Scientific Seminar.

'86 Convention Speakers Continue



Heinz F. Eichenwald, M.D.

Heinz F. Eichenwald, M.D., will lecture on "Developments in the Diagnosis and Treatment of Otitis Media" during this year's CME program. He will be discussing how this syndrome has recently been studied from a bacteriologic, physiologic, epidemiologic and clinical standpoint which has improved the ability to diagnose, treat, prevent and greatly diminish the need for surgical intervention, thus placing approaches on a more rational foundation. The discussion will focus on practical aspects as well as the approach to the child with frequently recurrent disease.

Dr. Eichenwald graduated from Harvard University in 1946 "Magna Cum Laude with highest honors in Biomedical Sciences" and received his M.D. degree in 1950 from Cornell University Medical College in New York. He served as an intern in pediatrics at New York Hospital, senior assistant resident pediatrician and senior resident pediatrician from 1950-53.

Professional societies include Harvey Society; New York Aca-

demy of Sciences; Society for Pediatric Research; American Pediatric Society; Infectious Disease Society of America; and the Texas Pediatric Society.

He is also a member of the board of directors of the Winston School in Dallas; associate editor of *Pediatric Therapy*; member of the editorial board of *Pediatric Infectious Disease*; co-editor of *Practical Pediatric Therapy*; and chairman of the executive committee of the Committee on the Care of Children. Dr. Eichenwald is also the author of numerous articles.

Currently, he serves as William Buchanan Professor of Pediatrics at the University of Texas Southwestern Medical School in Dallas.

Robert J. Chilton, D.O.

The topic to be presented by Robert J. Chilton, D.O., will be "Calcium Blockers in Cardiovascular Disease". He will be updating participants on the use of these drugs in cardiology which has made a significant impact in the treatment of coronary artery spasm, mixed angina and fixed obstructive disease.

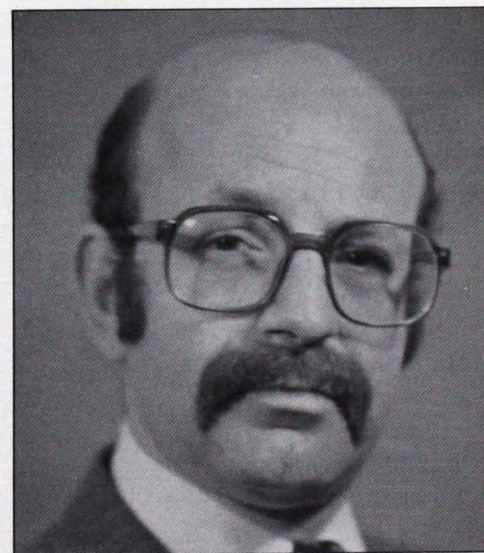
Dr. Chilton will also address the issue of new directions in hypertensive treatment with calcium blockers which are awaiting final research studies and approval by the FDA.

A 1972 graduate of the College of Osteopathic Medicine and Surgery, Des Moines, Iowa, he furthered his postgraduate education

by training in internal medicine and cardiology.

He is a fellow of the American College of Cardiology, fellow of the American College of Physicians and president-elect of the American Heart Association. In addition, he is board certified in internal medicine and in cardiology.

Dr. Chilton currently is the director of the Electrophysiology Lab at the University of Texas Medical School in San Antonio, an assistant professor of medicine and also maintains a private practice in San Antonio.



Joel Alter, D.O.

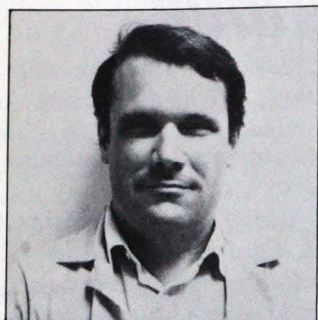
Joel Alter, D.O., will be speaking on "Middle Life Crisis" at this year's annual convention.

A 1964 graduate of Kirksville College of Osteopathic Medicine, Dr. Alter interned at Kirksville Osteopathic Hospital and took a surgery residency at Fort Worth Osteopathic Hospital from 1965-68.



In 1977, he was certified by the American Osteopathic Board of Surgery.

A fellow of the American College of Osteopathic Surgeons, he is also a member of the American Osteopathic Association and TOMA.



William C. Coleman, D.P.M.

"Non-Surgical Management of the Diabetic Foot" is the topic to be presented at the annual convention by William C. Coleman, D.P.M. Dr. Coleman will be sharing his knowledge of special techniques developed at the Gillis W. Long Hansen's Disease Center in regards to his subject.

A 1978 graduate of the California College of Podiatric Medicine, Dr. Coleman served as a podiatry resident in service under Dr. Paul Brand of the National Hansen's Disease Center in Louisiana and Philip Block, D.P.M., from August 1978 to July of 1979. He is certified by the National Board of Podiatry Examiners and is a certified x-ray supervisor for the State of California.

President of the American Diabetes Association, Baton Rouge Chapter, Louisiana, he is also a member of the American Podiatry Association, Podiatrists in Federal Service and the International Leprosy Association, and has given numerous professional presentations.

Currently, Dr. Coleman is chief of the Podiatry Department at the National Hansen's Disease Center in Louisiana; staff podiatrist for the Veteran's Administration Out-patient Clinic in Baton Rouge; and podiatry consultant for the LSU Track Team, also in Baton Rouge.▲

Dr. Peterson Updates TOMA Members

This past month has flown just like the others, and seemingly, even though we have been extremely busy, not much seems to get accomplished.

Visitations for the association during the past several weeks have been less, but still of importance.

Your association hosted a luncheon at the TOMA State Headquarters for the TCOM Class of 1987 on their last day of major didactic work and their entrance into clinical rotations. I was invited to respond for TOMA. I also represented you at a reception for Governor White in Austin and will be attending a reception and dinner for Nat Stewart, D.O., in Arlington, on January 17.

Dave Richards, D.O., was appointed president of TCOM which was a happy event for the Richards' family. More will be forthcoming in later issues of the *Texas DO*.

There is continuous planning for the TOMA convention in Dallas slated for May. Bob Lorenz, D.O., has consented to be the golf tournament chairman. This should prove to be an outstanding event as the tournament will be held at Bear Creek at Dallas/Fort Worth Airport, a most beautiful course.

We are sending out a brief of the new scope of work for the PROs for 1986-88 which will be previewed by your board and your representatives to the TMF. Any comments you may have need to be sent to us here at the state office.

Please send to me or any of your board members any other comments for the good of the association. This is your organization.▲

TOMA Membership Applications Received

Deborah L. Blackwell, D.O.
TCOM '82; b'55; PHS; PD
Laredo-Webb County Health Dept
2600 Cedar Street
Laredo, Texas 78041

Admerle Hall-Hoskins, D.O.
TCOM '84; b'54; GP
3038 Quail Springs
Corpus Christi, Texas 78414

Harold D. Lewis, D.O.
TCOM '76; b'48; GP
6104 South First, Suite 102
Austin, Texas 78745

Joyce L. Stroud, D.O.
OU '84; b'56; GP
3633 Landers Lane
Arlington, Texas 76014

Geurt L. Tilma, D.O.
TCOM '76; b'38; DNB; RAD
P.O. Box 50644
Denton, Texas 76206

A Short Course in Human Relations

The Six most important words
"I Admit I Made a Mistake"

The Five most important words
"You Did a Good Job"

The Four most important words
"What is Your Opinion?"

The Three most important words
"If You Please"

The Two most important words
"Thank You"

The One most important word
"We"

The LEAST important word:
"I"

Pre-Register-Win a DeLuxe Double Room for Four Nights

DRAWING FOR COMPLIMENTARY ROOM — APRIL 10, 1986

Texas Osteopathic Medical Association

87th Annual Convention

Enclosed is \$_____ check for advance registration for _____ persons at \$250 for physicians
and \$125 for spouses

To take advantage of the advance registration discount, payment must accompany this form.

PRE-REGISTRATION DEADLINE — APRIL 10

Name _____ (please print) First Name for Badge _____

My Spouse _____ will _____ will not _____ accompany me.
(first name for badge)

My Guest _____ will _____ will not _____ accompany me.
(first AND last name for badge)

City _____ State _____ AOA Membership No. _____

D.O. College _____ Year Graduated _____

TOMA Annual Golf Tournament Registration

Name _____

Address _____

Handicap _____

**\$45 per person
includes
½ cart, green fees, transportation
(Cash Bar)
Bear Creek, D/FW Airport
Saturday, May 3, 1986**

CHECK ENCLOSED _____
(please make payable to TOMA)

Refund Policy

A NEW REFUND POLICY will take effect beginning with the 1986 convention. All cancellations must be received in writing; no telephone cancellations will be accepted. A \$25.00 processing fee will be charged to all registrants who cancel. If cancellation is necessary, the following policy will apply:

More than 45 days prior to program, FULL REFUND
(less processing fee).

30-45 days prior to program, 50 percent of fees paid will
be refunded.

15-30 days prior to program, 25 percent of fees paid will
be refunded.

Less than 15 days prior to program, NO REFUND.

TOMA '86 Convention Program

April 30

- 12:00 Noon TOMA Pre-convention Board of Trustees/
Luncheon - Cosmopolitan
- 6:30 p.m. District Caucus - Addison

MAY 1

- 8:00 a.m. TOMA House of Delegates Registration
Lalique Foyer
- 9:00 a.m. TOMA House of Delegates Meeting
Lalique Ballroom 1
- 12:00 Noon TOMA House of Delegates Luncheon
Lalique Ballroom 2
- 12:00 Noon ATOMA Board of Trustees/Luncheon
Steuben
- 1:00 - 5:00 p.m. Early Registration - Crystal Ballroom
(Exhibit Hall)
- 6:00 p.m. POPPS Reception - Addison
- 7:00 p.m. Sustainer's Party - Crystal Ballroom 8
Featuring "Texas"

MAY 2

- 7:00 a.m. Texas Society of ACPG Breakfast - Colonnade
- 8:00 a.m. Registration - Crystal Ballroom
- 8:00 a.m. ATOMA House of Delegates - Lalique Ballroom 1

ALL LECTURES WILL BE HELD IN
CRYSTAL BALLROOM 3
UNLESS OTHERWISE DESIGNATED

- 8:00 a.m. "Dyspnea in the Elderly: Cardiac or Pulmonary"
David Ostransky, D.O.
- 8:40 a.m. "Confusional States in the Elderly"
Charles D. Buckholtz, D.O.
- 9:20 a.m. "Developments in the Diagnosis and Treatment
of Otitis Media"
Heinz Eichenwald, M.D.
- 10:00 a.m. Refreshment Break with Exhibitors
- 11:00 a.m. "Obesity as a Disease"
Lewis M. Pincus, D.O.
- 11:40 a.m. "Ambulatory Evaluation of Peripheral Vascular
Disease"
David L. Bilyea, D.O.
- 12:30 p.m. "Laser (YAG) in Gastrointestinal Disease"
Jay Beckwith, D.O.
- 1:00 p.m. Keynote Luncheon
Guest Speaker: Slim Goodbody
Crystal Ballroom 6-8
- 2:30 p.m. "Hyperalimentation: Who, How and What"
Lewis M. Pincus, D.O.
- 3:10 p.m. "Non-surgical Management of the Diabetic Foot"
William C. Coleman, D.P.M.

BREAKOUT SESSIONS:

- 3:10 p.m. "Pulmonary Function Test (PFT) in the Office"
David Ostransky, D.O.
Waterford
- "Doppler in Peripheral Vascular Disease"
David Bilyea, D.O.
Colonnade
- Texas Academy of Osteopathy Meeting
Baccarat
- 3:50 p.m. "Magnetic Resonance Imaging"
Sally Hallgren, D.O.
- 4:30 p.m. Visit Exhibits - Door Prize Drawings

- 5:00 p.m. "Office Management of the Arthritic Patient"
Bernard Rubin, D.O.
- 6:30 p.m. President's Night Reception
Garden Court
- 7:15 p.m. President's Night Dinner - Installation of Officers
Malachite
- 9:00 p.m. President's Night Dance
Featuring "Dave Harris Quartet"
Malachite

MAY 3

- 7:00 a.m. General Convention Breakfast
"Future of Osteopathic Medicine"
J. Jerry Rodos, D.O.
Lalique Ballroom
- 8:00 a.m. Alumni Meetings
KCOM - Baccarat
TCOM - Spectrum
- 8:00 a.m. Registration - Crystal Ballroom
- 8:00 a.m. "Calcium Blockers in Cardiovascular Disease"
Robert Chilton, D.O.
- 8:40 a.m. "Therapeutic Approaches to Type II Diabetes"
Rick Johnson, D.O.
- 9:20 a.m. "Anxiety - Diagnosis and Current Perspectives"
J. Jerry Rodos, D.O.
- 10:00 a.m. Refreshment Break with Exhibitors
- 10:00 a.m. Golf Tournament - Bus leaves in front of hotel
lobby
- 10:30 a.m. ATOMA Installation Luncheon
Lalique Ballroom 1
- 11:00 a.m. "Immunological Markers of Hemopoetic Cells:
Clinical Significance and Basic Science"
John Measel, Ph.D.
- 11:40 a.m. "Depression: Current Trends and Office
Management"
Irwin Schussler, D.O.
- 12:30 p.m. "Anatomist View of Chest Pain"
James Carnes, Ph.D.
- 1:00 p.m. AOA President-Elect's Luncheon
Eugene L. Sikorski, D.O.
Crystal Ballroom 7 & 8
- 2:30 p.m. "Geriatric Drug Reactions"
Peter P. Lamy, Ph.D.

- 2:30 p.m. TOMA Post-Convention Board of Trustees
Meeting
Cosmopolitan
- 2:30 p.m. ATOMA Post-Convention Board of Trustees
Meeting
Steuben
- 3:10 p.m. "Cardiologist View of Chest Pain"
Philip Reese, D.O.
- 3:50 p.m. "Osteopathic View of Chest Pain"
Neil A. Pruzzo, D.O.
- 4:30 p.m. Visit with Exhibitors - Door Prize Drawings
- 5:00 p.m. "OMT Practice Session - Chest Pain; Hands
on LAB"
Lecturing Faculty
- 6:30 p.m. Fun Night Party - Crystal Ballroom 6-8
Casino Party - ATOMA Fund Raiser
Featuring "Texas"

MAY 4

- 7:00 a.m. "Sports Medicine"
Wayne English, D.O.
Trental Mini Marathon Run
(Sponsored by Hoechst-Roussel Pharmaceutical)
- 9:00 a.m. "New Aspects of Gastroesophageal Reflux
Disease"
Lawrence R. Schiller, M.D.
- 9:40 a.m. "Middle Life Crisis"
Joel Alter, D.O.
- 10:20 a.m. "Thrombolysis in Acute Myocardial Infarction"
John F. Brenner, D.O.
- 11:00 a.m. "Lasers in Ophthalmology"
Brian D. Ranelle, D.O.
- 11:40 a.m. "Non-Surgical Management of Knee Injuries"
Wayne English, D.O.
- 12:30 p.m. "History of Osteopathic Medicine in Texas"
Charles Ogilvie, D.O.

Annual Sustainer's Party Scheduled

If it's a little western flavor you want during your visit to Dallas for the 87th Annual Convention, you will be off to a good start at the Sustainer's Party on Thursday, May 1 at 7:00 p.m.

If you aren't a Sustainer, you better sign on quick so you can join the spring roundup at The Registry Hotel. Entertainment for the evening will be provided by "Texas," billed as "a band with a sound as big as its name."

The four-piece band features both country and pop music, with vocals in singles, duos and trios.

In addition to the special party on Thursday night, Sustainers also will have a chance to win a Black

Angus Steer, fully prepared and just awaiting your freezer. The steer has been donated by Bob Finch, D.O., of Dallas, owner of the Black Champ Farm, in memory of his partner and friend, the late Robert Haman, D.O., who began the Sustainer's Membership in the early 1970s.

There will be white hats again this year for all NEW Sustaining Members.

If you haven't already paid your dues, or didn't include the sustaining membership fee in your check, there is still time to send it in and be included as one of the Good Guys. Fill out the coupon and mail it to the State Headquarters and we'll be sure and reserve space for

you at our Sustainer's Party.

In addition, for an extra \$5 this year, Good Guys will be given a feather to fancy up their white hats and arouse the envy of the natives. So show your support by purchasing one or more of these feathers. You'll be glad you did.

When delegates to the House register Thursday morning, May 1, a member of the Gang will be on hand to take your money or your pledge and give you a white hat (if you don't have one already). We're hoping for 100 percent participation in the TOMA House this year.

Make your plans now to attend the annual Sustainer's Party. ^

Texas Osteopathic Medical Association

SUSTAINING MEMBERSHIP APPLICATION



Name _____

District _____

Office Address _____

Phone _____

☐ Check Enclosed

☐ Bill Me

White Hat Size _____

_____ I hereby elect to become a Sustaining Member of TOMA and authorize you to increase my dues billing \$100 annually

_____ I hereby elect to become a Sustaining plus member and authorize you to increase my dues billing \$150 annually

I WILL ATTEND THE SUSTAINER'S PARTY MAY 1 _____

Date _____

Signed _____

Convention Supporters '86

Exhibitors

Abbott Laboratories
Adria Laboratories
Ames Division (Miles Laboratories)
Bristol Laboratories
CompuMed, Inc.
Cornish Medical Electronics, Inc.
Cross Medical Instruments, Inc.
Dawn Manufacturing
William H. Dean & Associates
Dista Products Company
DuPont Pharmaceuticals
Eastman Kodak
Eli Lilly & Company
Encyclopaedia Britannica — USA
Fort Worth Osteopathic Medical Center
Geigy Pharmaceuticals
Glaxo, Inc.
Hill Laboratories, Inc.
Hoechst-Roussel Pharmaceutical, Inc.
Hyper Scan Dallas, Inc.
International Medical Electronics, Inc.
Knoll Pharmaceutical Company
The Lanpar Company
Lederle Laboratories
Mason Pharmaceuticals, Inc.
McNeil Pharmaceutical
Mead Johnson Pharmaceutical Division
Merck Sharp & Dohme
Muro Pharmaceutical, Inc.
Ortho Pharmaceutical Corporation
Parke-Davis
Bill Payne Benefit Plans
Pfizer Laboratories
Professional Mutual Insurance Company
R-B Instruments
Ran-M-Inc.
Riker Laboratories, Inc./3M
A. H. Robins Company
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William H. Rorer, Inc.
W. B. Saunders Company
Searle Pharmaceuticals, Inc.
Smith Kline & French Laboratories
Specialized Medical Management, Inc.
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Syntex Laboratories, Inc.
Texas College of Osteopathic Medicine
Texas Department of Human Services
Texas Hospital Supply
Texas Medical Foundation
Texas State Board of Medical Examiners
Trans-Texas Leasing Company
UAD Laboratories, Inc.
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Sandoz Pharmaceuticals
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Syntex Laboratories
Travenol Laboratories
The Upjohn Company

State Panel Commissioned to Study Liability Programs

Amid massive complaints, rising prices and the decline of liability insurance, Lt. Governor Bill Hobby and House Speaker Gib Lewis have named a panel of 10 lawmakers to study liability insurance.

When the Legislature reconvenes in 1987, the commission plans to present its findings and possible solutions. The year will be spent studying the accessibility and cost of commercial, governmental and professional liability insurance, as well as the impact of huge court awards on the insurance industry.

Senator Ray Farabee, Wichita Falls, chairman of the Senate State Affairs Committee and a member of the joint legislative committee on liability insurance, said he had met with a group of architects who informed him that their malpractice insurance premiums had increased by more than 200 percent.

Senator Farabee said, "It's a problem, and it's indicative of what's happening across the state and across the nation." He further commented that although in 1977 the Legislature had to deal with a crisis in medical malpractice, current problems in the liability insurance industry are much broader in scope. Not only are Texas physicians and medical

personnel having difficulty in obtaining insurance, but other professionals and businesses are running into the same problems.

A variety of factors appear to affect liability insurance, Senator Farabee said, even though many critics believe the main reason for the tremendous price increase is due to large court awards granted to victims of malpractice.

NLRB Rules HMO Doctors Cannot Bargain

The National Labor Relations Board (NLRB), in reaching a decision that affects health care professionals nationwide, has ruled that full-time physicians and dentists cannot engage in collective bargaining at a southern California health maintenance organization (HMO), according to *Medical Staff News*.

A petition had been filed by the Union of American Physicians and Dentists (UAPD) for collective bargaining for a majority of staff members at FHP, Inc., Fountain Valley.

The NLRB, after studying the proposal for 18 months, concluded that physicians are "managerial employees" and therefore not protected by the National Labor Relations Act, and furthermore, full-time physicians advisory activities fall outside the scope of decision making routinely performed by similarly situated health care professionals. However, the ruling did specify that HMOs part-time physicians may engage in collective bargaining rights.

New HHS Secretary may be Good News for Malpractice Nightmare

Medical malpractice insurance is expected to get quite a bit of attention from the new secretary of the Department of Health and Human Services, Otis Bowen, M.D., according to his aides.

Dr. Bowen, a family physician, naturally has firsthand knowledge of the crisis, but he also has experience in the matter. In Indiana, where he served as governor for two terms, the legislature, in 1975, enacted one of the nation's most far-reaching malpractice reform laws. Since 1975, malpractice claims in Indiana must go before a three-member panel consisting of two physician members and chaired by an attorney. Awards are capped at \$500,000 and the state insurance commissioner determines the size of the award.

In addition, providers must carry \$100,000 in insurance and awards above that amount are taken from a patients' compensation fund which is made up of surcharges equal to 75 percent of a provider's malpractice insurance premium. In 1985, due to a solvency problem with the fund, a program of structured awards was introduced in which malpractice payments are stretched out.

With a physician blessed with vast experience as well as personal knowledge of malpractice problems holding the reins of HHS, perhaps the nightmare will soon take on a less garish hue.

"Legal Defense Fund" Support Continues

At press time for the January issue of the *Texas DO*, the Texas Osteopathic Medical Association had received \$5,620 in contributions from its members towards the Legal Defense Fund.

These funds will be used to help defray the tremendous legal costs we are facing due to the John Peter Smith lawsuit. Contributions in the amount of \$30 are being solicited, which is based on each member participating. As stated in the November 26, 1985 letter from

Donald M. Peterson, D.O., TOMA President, legal defenses have seriously strained our budget and we must arm ourselves properly to win this suit.

At press time for this issue, an additional \$4,335 has been collected with four individuals sending in \$100 each; a check for \$60 from one; nine forwarding \$50 and one for \$35. This brings the total amount contributed to \$9,955.

We sincerely thank all who have contributed to the Legal Defense

Fund. Again we would like to say that your loyalty and dedication to the osteopathic profession is evident in this matter. A list of the additional contributors are listed below.

If you have not contributed to the Legal Defense Fund, we appeal to you to do so, as the John Peter Smith lawsuit poses a real danger to your practice options in Texas if we lose the suit. We certainly NEED your help to win this.

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Joseph Wysoki, D.O.

TEXAS Ticker Tape

CORRECTION

In the January issue of the *Texas DO*, we inadvertently passed along the wrong phone number for Community Hospital of Lubbock. The correct phone number is 806-795-9301. Our apologies for any confusion this may have caused.

INTERNISTS TURNING THE TABLES ON CARRIERS

The American Society of Internal Medicine plans to turn the tables on Medicare carriers by monitoring their performance. Data will be compiled on Medicare intermediaries nationwide and turned over to Congress and the Health Care Financing Administration.

Internists, who treat more than two-fifths of the Medicare population, will document payment delays, show how often carriers supply wrong coding that results in lower physician payments and gather information on how payment for services are denied at times without appropriate or prior review.

COST INCREASES OF HMOs AND TRADITIONAL PLANS UNIFORM

The Rand Corporation has completed a study which indicates that health maintenance organizations (HMOs) and traditional fee-for-service plans increase at the same rate in regards to medical costs. The study states that between 1976 and 1981 HMO enrollees experienced the same cost increases as enrollees in fee-for-service plans. These cost increases are attributed largely to expensive new technologies adopted by HMOs and the public's willingness to pay for it, according to the Rand Corporation. In conclusion, the study contends that while HMOs may alleviate escalating medical costs temporarily, they will not have a significant long-term effect.

FEE FREEZE IS EXTENDED AGAIN

Prior to adjourning for the Christmas recess, the Senate passed and sent to President Reagan a bill extending until March 15, 1986 the freeze in the reimbursement rate to doctors and hospitals under Medicare. This measure makes for the third such delay thus far.

HCFA PLAN ON PRO REVIEW UNDER FIRE

The Health Care Financing Administration (HCFA) has suggested exempting hospitals with a steady record of good performance from peer review organization (PRO) study and wants to concentrate PRO review on so-called problem hospitals. However, this plan is receiving a large amount of public criticism and limited support from physicians, hospitals and the PROs themselves.

The American Medical Peer Review Association supports the reduction but not the elimination of review and the American Hospital Association feels review should be decreased in proportion to the ability of a hospital to make correct Medicare coverage decisions. The American Medical Association believes that PROs should be the ones to decide whether a hospital can be exempted from PRO review, not the HCFA.

LIPID CLINIC OPENS AT TCOM

The Texas College of Osteopathic Medicine has opened its own Lipid Clinic to assist physicians in the diagnosis and treatment of hyperlipidemia and the prevention of coronary heart diseases. The blood lipid screen offered at the clinic includes tests for cholesterol, triglycerides and HDL cholesterol.

Director of the clinic is Stephen Weis, D.O., Institute for Human Fitness. Additional staff includes Jeffrey Bleicher, D.O., medicine; Bhalchandra Kudchodkar, Ph.D. and Andras Lacko, Ph.D., biochemistry; and Ann Blankenship, Ph.D. and Don Hagan, Ph.D., Institute for Human Fitness.

AMA AND AMPRA ARE LEADING BIDDERS FOR MILITARY PRO CONTRACT

The Department of Defense (DoD) is searching for a contractor for a \$7.5 million PRO program in response to heavy criticism of the military medical system. At this point, the two leading bidders are the American Medical Association (AMA) and the American Medical Peer Review Association (AMPRA). If chosen, the AMPRA will subcontract the military contract to PROs in those states with military medical facilities while the AMA, who is currently working with the American Nurses Association on its bid, will have nurses do most or all of the actual review.

ATTORNEY GENERAL OPINION REGARDING SEAT BELTS

The Honorable Gibson D. Lewis, Speaker of the Texas House of Representatives, recently requested an Attorney General opinion concerning whether a physician who grants to an individual a medical exemption from wearing a seat belt may be liable in the event of injury to the individual.

Summary of the Attorney General opinion states, "The law does not explicitly make physicians immune from liability for negligence in providing a person a statement of exemption from the mandatory seat belt law. The validity of a release depends on the circumstances of the particular case."

WE WANT TO HEAR FROM YOU

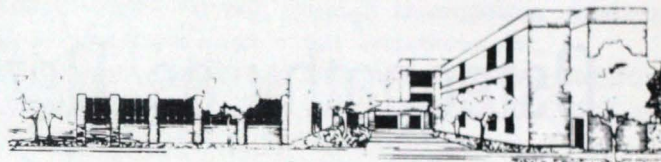
Let us know what you're doing that might be new or unusual. Do you have an experience to share with your colleagues that might be useful or just downright amusing? We want to hear about the light as well as the dark side of medical life. After all, this is your magazine.

We're eager to consider publishing any article or letter, personal, professional or financial, that may be of interest to our readers. The editor reserves the right to edit as necessary.

Come on and get busy. We really want to hear from you. Send your articles or letters to Editor, *Texas DO*, Texas Osteopathic Medical Association, 226 Bailey Avenue, Fort Worth, Texas 76107.

WALK-IN CENTERS FISHING FOR MEDICARE PATIENTS

In an effort to up their profits, some free-standing walk-in centers are hoping to lure Medicare beneficiaries by offering such bait as discounts for certain services. Such discounts have been offered for such procedures as complete blood counts and glaucoma and diabetes testing. In addition, some centers are sending representatives to senior citizen groups and retirement organizations in the hopes of attracting more Medicare patients. Currently, only about one in 10 patients who use these walk-in centers are 65 years or older.



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with less than excellence in everything we do."**

Osteopathy as Defined in the Dark Ages

Quite often by chance we run across articles or books regarding osteopathic medicine which proclaim the great strides we have made in the past 112 years. We read of osteopathic physicians elected to important positions in national, state and local governments and other organizations and we feel a great sense of pride that we are "different" from the other health care professionals. We read of osteopathic physicians overcoming discriminatory policies and we rejoice for our profession. We are different, but proud to be different, and not even our worst critics can state we have not come a long way in 112 years, the dark ages of osteopathy.

On the other hand, we sometimes come across an article or a book regarding osteopathic medicine which is so archaic and filled with inaccuracies that we literally cringe as we read it, wondering how such a piece of gross misinformation is allowed to be published. Osteopathy has been brought out of the closet, or should we say dark ages, and we would like to mention one such book that seemingly doesn't seem to realize this fact. Entitled *The Complete Manual of Fitness and Well-Being*, the first American edition of this book was published in 1984 by Viking Penguin, Inc., New York and published simultaneously in Canada. Authors include Gordon Jackson, MB, MRCP; Judy Garlick, BA; Thomas C. Kelly, MA; Elizabeth MacFarland, MB, BS; Paulette Pratt; Arlene Sobel, MA; and Shelley Turner, BA. Special adviser is Robert Burns Arnot, M.D. and various other consultants are listed. We are happy to report, however, that none of the authors or consultants are osteopathic physicians and perhaps this is where the problem stems. If you are wondering where this book was located, check out the Texas College of Osteopathic Medicine Health Sciences Library from which a TCOM student/doctor's wife brought it to our attention.

On page 272 entitled *Osteopathy and Chiropractic*, you may shudder as you read, "Osteopathy and chiropractic are distinct, but related, drug-free treatments that concentrate primarily on dealing with disorders of the spine". Make note of this, "It is not recommended that you go to an osteopath for the treatment of a slipped disc. This condition is best dealt with by conventional medical treatment". This statement leaves us

wondering what comprises conventional medical treatment. Furthermore, we have been under the assumption that osteopathic physicians could prescribe drugs if needed.

Let's forge ahead as we read, "...Unlike osteopathy which is confined to the treatment of mechanical disorders, it (chiropractic) is concerned with a 'system' disease, and its treatments have a wider scope". We thought that osteopathic medicine was a total form of health care in that more emphasis is placed on the whole person when providing medical treatment. We also thought that osteopathic physicians and surgeons used traditional forms of diagnosis and treatment along with drugs when needed, in unity with structural diagnosis and manipulative therapy.

The book mentions that chiropractic was named from the Greek words for hand/manual and practice and christened by a patient of David Daniel Palmer who introduced the theory in 1895. "Compared to Still (Dr. A. T.), Palmer placed greater importance on the nervous system and on the way mechanical disorders of the joints interfere with it. He proposed that mechanical dysfunction was best corrected by mechanical means". To the best of our knowledge, we have been practicing manipulative therapy for 112 years now and it seems correct to assert that mechanical dysfunction is being corrected by mechanical means, namely manipulative therapy.

"Chiropractic diagnosis is similar to osteopathic, but makes more regular use of x-rays and blood, urine, neurological and orthopaedic tests". No comment on this most outrageous statement. We know who we are and what we do.

Lest they forget or just don't know, let's get a few facts straight. First, the Doctor of Osteopathy, D.O., is a fully trained physician who prescribes drugs, performs surgery and utilizes all accepted scientific modalities to maintain as well as to restore health. They are not chiropractors, nor are they bone specialists or physical therapists. Furthermore, they are not M.D.s because they graduated from colleges of osteopathic medicine.

The D.O. recognizes that the musculoskeletal system makes up over 60 percent of body mass and that all body systems are interdependent whereby a disturbance in one causes altered function in other systems.

of the body. This interrelationship of body systems is effected through the nervous and circulatory systems. The emphasis on the relationship between body structure and organic functioning gives a broader base for the treatment of the patient.

Only D.O.s and M.D.s are qualified to be licensed as physicians and to practice all branches of medicine and surgery. In Texas, as in many other states, both must take the same examination for licensure and are able to practice in all of the 50 states of the Union. D.O.s are accepted into the military services on the same basis as M.D.s, and as for statistics, five percent of all United

States physicians and 10 percent of all United States military physicians are D.O.s; there are 15 college of osteopathic medicine; and 215 osteopathic hospitals offering 28,000 beds to serve patients in 30 states.

Approximately 20 million Americans are cared for by osteopathic physicians. Surely these 20 million patients can't be all wrong! Osteopathic medicine offers something more — not something else.

This book clearly needs some correcting regarding osteopathic medicine to bring it out of the dark ages and into this century, where it belongs.▲

Ten Years Ago in the Texas DO

United States District Judge Jack Roberts of Austin decreed that the designation of the nine PSRO areas for Texas was unlawful and invalid, and not in accordance with the law. Thus, he referred the issue back to the secretary of HEW for appropriate action, enjoining him from proceeding in any manner with the implementation of PSRO in Texas until the administrative process, or remand, was fully and finally completed. The suit was brought by the Texas Medical Association. The court further agreed that the decision by HEW to designate multiple

PSROs in Texas should be struck down as arbitrary, capricious and an abuse of discretion. The secretary of HEW was to perform anew his statutory function of appropriate PSRO designation for the State of Texas.

Dr. Margaret Dennis, formerly professor of community medicine at Michigan State University College of Osteopathic Medicine, was named professor of psychology at TCOM, pending approval of the NTSU Board of Regents. Announcement of her appointment was made by

Dr. Gustave Ferre, vice president for medical affairs, ad interim, at TCOM.

Richard M. Hall, D.O., of Eden, who represented TOMA on the Regional Medical Program advisory group, was named to the special committee to review Health Systems Agencies (HSA's) applications for designation in 12 areas of Texas. The committee was called the Health Systems Agency Application Review Committee. In addition, Dr. Hall was named to the governing board of the Region IV HSA.▲

TOMA Member Receives Award

Gerard K. Nash, D.O., of Amarillo, has been awarded the Department of the Army Commander's Medal for Public Service. The award was made "for outstanding contributions to the mission of the United States Military Entrance Processing Command" where "he compiled an enviable record of performance as Acting Chief Medical Officer through consistent and steadfast duty performance."

A TOMA member since 1966, Dr. Nash received his D.O. degree from the College of Osteopathic

Medicine and Surgery, Des Moines, Iowa in 1953 and interned at the Amarillo Osteopathic Hospital. From 1955-58, he was a resident in diagnostic roentgenology at Bay View Hospital in Ohio, and in 1960 was certified by the American Osteopathic College of Radiology. In addition, he is a Texas member of the American Osteopathic College of Allergy and Immunology.

He has been an active member of TOMA District I, serving as president from 1971-72 and has served

as a member of the TOMA Military Affairs Committee.

In 1974, Dr. Nash, along with Richard D. Chandler, D.O., became the first osteopathic physicians appointed to the Northwest Texas Hospital medical and dental staff in Amarillo. The Amarillo Hospital District Board of Managers had amended the bylaws to include osteopathic physicians.

Dr. Nash is currently a certified roentgenologist and a senior aviation medical examiner.▲

Newsbriefs

ELDERLY COMPLAIN LESS ABOUT HEALTH CARE

The Ohio State Medical Association recently conducted a survey whose findings indicate that the elderly have fewer complaints about quality of care rendered by physicians and other health care professionals than do younger patients. Of the age 65 and over group taking part in the survey, approximately seven out of 10 felt that Medicare beneficiaries are given the same quality of care as non-Medicare beneficiaries. Another finding of the survey is that more than one-half of these people also feel that recipients of Medicaid get equal health care treatment. Unfortunately, only one-third of younger patients surveyed agreed with either finding.

MALPRACTICE IS ALMOST NON-EXISTENT IN JAPANESE CULTURE

The Hastings Center, a national research organization, reports that Japanese physicians are sued for malpractice only one-tenth as often as American physicians. The reason, according to the center, is that the culture of Japan is such that great honor is given to those in authoritative positions; thus, Japanese physicians are respected tremendously by the public and are viewed in high esteem. An interesting fact is that there has never been a lawsuit in Japan revolving around the care of a handicapped newborn, as any decisions regarding these type of patients are the responsibility of the physicians in attendance with whom the parents virtually never disagree.

SMOKELESS TOBACCO BILL ON HOLD

A Senate bill warning of links between chewing tobacco and snuff increasing the risk of gum disease and oral cancer as well as warning labels on smokeless tobacco products passed the Senate but was halted in the House by a legislator from a tobacco state. Senators Richard Lugar and Orrin Hatch, sponsors of the bill, managed to work out a proposal with Henry Waxman, House Commerce Health Subcommittee Chairman, to push a bill mandating labels and reading of warnings during television and radio advertisements. The bill was blocked by Representative Thomas Bliley who objected to the warning labels in print advertising, which call for the use of circles and arrows drawing attention to the warnings. So, the bill is back at the drawing board where the House will take it up again this year.

BEWARE OF THIS RISK

According to the State Volunteer Mutual Insurance Company, some courts have ruled that when prescribing drugs, the patient should be informed of any complications that might result from the drug, no matter how minor in nature or remote the possibility. The carrier suggests that in order to protect yourself from liability risk of this nature, discuss the possible reactions that might be experienced by the drug and give the patient an information sheet. In addition, protect yourself further by documenting both actions on the patients' chart.

NURSE MIDWIVES ESTABLISH THEIR OWN INSURANCE COMPANY

Last year the nurse midwives group was refused renewal of its policy and fought in vain to get coverage elsewhere. In order to solve this problem, the 2,500-member American College of Nurse Midwives has established its own independent mutual insurance company to provide medical malpractice for its members. The plan is expected to go into effect April 1 and premiums will be approximately \$2,000 per year.

PRIVATE INSURERS MUST COVER ALCOHOLISM TREATMENT

Under a law that became effective January 1, private health insurers are required to cover treatment for alcoholism. The law covers health maintenance organizations, medical service corporations and non-profit hospitals.

During committee hearings, experts testified that insurance coverage premiums would be less expensive than the results of untreated alcoholism, such as reduced productivity and absenteeism in the work force.

ROERIG, INC. OFFERS GUARANTEE ON NEW ANTIBIOTIC

A guarantee is being offered to hospitals and Medicare patients who use a new antibiotic, Cefobid, manufactured by Roerig, Inc., a subsidiary of Pfizer Pharmaceuticals. With the antibiotic field so extremely competitive, Roerig has stated it will pay for all antibiotic costs garnered by patients between the end of the mean length of stay for a group of common diagnosis related groups and the beginning of the outpatient payment period for Medicare.

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Perrin Expresses Optimism on Internship Positions

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John Perrin, executive director of the American Osteopathic Association (AOA), recently met with third-year medical students at the University of Osteopathic Medicine and Health Sciences, Des Moines, Iowa, to address the concerns and present solutions in regards to the shortage of internship positions for osteopathic graduates.

According to Mr. Perrin, the highest number of physicians graduating from medical institutions will be in 1987. To alleviate the shortage of positions, the AOA will be adding approximately 100 new positions for next year's match. He emphasized, "The AOA has been working with the D.M.E.s of the osteopathic hospitals to encourage continued funding of internship positions and to consider increasing the number of internship programs."

In addition, the AOA will be accrediting more than 120 college coordinated positions for the coming year. He stated, "The shortage of internship positions does not look black, in fact, it looks better than it ever has in three years." He continued, "My main reason for being here today is to establish a level of credibility with you. I want you to realize that there is an adequate number of quality programs available to you."

Mr. Perrin indicated that the number of internship programs will continue to improve. Currently, the AOA is working to develop new curriculum models in postgraduate education. Also, hospitals staffed by both osteopathic and allopathic physicians are being approached by the AOA to establish internship programs.▲

Continental Hospital North Opens 24-Hour Emergency Department

Continental Hospital North, 2100 Highway 183 N.W., has extended its emergency department's coverage to 24 hours.

"We took a look at the services we could offer to help meet the medical needs of north Fort Worth and northwest Tarrant County," Executive Director Joel Bailey said. "A 24-hour emergency department was a need we identified, so we've expanded our existing services from 12 to 24 hours."

The emergency department is staffed by qualified emergency doctors and nurses, is equipped to handle minor emergencies as well as life-threatening ones and there is

usually no waiting to see a doctor.

"Our location has always been convenient for residents of north Fort Worth and the small surrounding cities," Mr. Bailey said. "Now our extended coverage makes us even more convenient. No more having to figure out whether the ER is open; we're here around-the-clock, every day of the year."

A health care facility of Continental Medical Inc. of Atlanta, Georgia, Continental Hospital North is a community hospital serving the health care needs of the residents of north Fort Worth and northwest Tarrant County.▲

Try This Tea for a Real Lift

A Peruvian tea by the name of Health Inca Tea was the subject recently in the January 3 issue of the *Journal of the American Medical Association*. The tea has been sold since 1983 by mail order as well as in American grocery stores and health food stores. Scientists began researching the tea when they learned it contained cocaine.

According to the researchers, drinking two cups a day causes no ill effects, however, the drinker may experience mood elevation, mild stimulation and an increased pulse rate. The researchers added that some people are either chewing the tea bags or smoking the leaves in pipes or cigarettes. In addition, it was also reported that the tea helps some patients withdraw from cocaine use. One cocaine treatment center, not named by the researchers, gives patients the tea as a diuretic and cocaine substitute.

Listed ingredients include decocainized coca leaves, and is advertised as the source of a natural stimulant without caffeine. Scientists say, however, that they can find no evidence that the cocaine has been removed from the leaves, and that "cocaine concentrations within the range of 0.13 percent to 0.68 percent, normally found in untreated cultivated coca" has been found.

Packaged in Peru and exported by the National Enterprise of Coca, an agency of the Peruvian government, it has been estimated that 1.5 million tea bags have been sold.

The Federal Drug Administration (FDA), upon learning of this study, will investigate further and according to FDA spokesman William Grigg, "We'll take a look at the findings of this group to see if any action is necessary."^

News from the Texas Medical Foundation

At the Texas Medical Foundation's (TMF) Executive Committee meeting held December 21, several items of interest took place. Nine physicians were approved as TMF's Peer Review Organization (PRO) Regional Medical Directors effective January 1, 1986.

Among the nine nominated were Gerald P. Flanagan, D.O., to cover statewide osteopathic review activity and Royce K. Keilers, D.O., for Austin-based mail-in review. The Regional Medical Director will be responsible for medical peer review activities within the region, including Physician Advisor recruitment, training and evaluation.

The restructuring of physician quality assurance committees was approved. Each geographic region will have at least one Regional Quality Assurance Committee. At a Regional Medical Director's request, however, the Executive Com-

mittee will consider an additional number of committees for a region.

Each Regional Quality Assurance Committee will consist of at least seven physicians; two D.O.s and five M.D.s. The Regional Quality Assurance Committee will be responsible for medical review of quality issues in the region.

In addition, Donald M. Peterson, D.O., TOMA President, was appointed to the American Medical Peer Review Association (AMPRA) Quality Assurance Committee.

Regarding review activity, TMF reports that during the month of November, 1985, 22,249 medical records were reviewed. Of this number 13.9 percent were referred to Physicians Advisors for admission review. Of the total number of records reviewed, 92.4 percent of the admissions were approved as medically necessary.^

TCOM Advisory Council to Spread the D.O. Message

Jay Sandelin, president of Fort Worth's Park Central Bank, has been named chairman of the Texas College of Osteopathic Medicine (TCOM) Advisory Council and three new members have been appointed to the council.

New to the council are Jerome Armbruster, D.O., of Pearland, president-elect of the Texas Osteopathic Medical Association; Eugene Bond, D.O., of Grand Prairie, president of the TCOM Alumni Association; and Maxie Davie of Fort Worth, vice president for corporate affairs at Texas-New Mexico Power

Company.

The 16-member Advisory Council is charged with evaluating the relationship of TCOM to Fort Worth, Tarrant County, the North Texas region and the state, as well as assisting the college in making certain that the involved communities are aware of the role that TCOM can and should play in supporting the health needs of the state.

The appointments were made by the North Texas State University Board of Regents, TCOM's governing body, in late November.^

Lawyers Facing Liability Crisis

Misery loves company.

New York attorneys now face an increasingly severe "crunch" in liability insurance, reports an article in *Insurance Times*.

Liability premiums have risen an average of 400 percent for lawyers in New York, with some increases reaching 1,200 percent. Some attorneys and firms have been unable to obtain insurance at any price. Others have been unable to obtain high limit policies or have seen deductibles raised to extremely high levels.

President of the Association of the Bar of the City of New York said, "When insurance rates suddenly escalate from a few hundred percent to more than 1,000 percent, it becomes time for the organized bar to inquire about possible remedies, so that the practice of law again becomes affordable."

Some insurance industry analysts "... blame the legal system for the current crunch, saying liability laws and sizable damage awards by juries have made it too costly for insurance carriers to stay in the business of writing liability coverage."

Et tu, Brute?^

Aspirin to Prevent Heart Disease Approved by FDA

The Food and Drug Administration (FDA) has given its approval for the use of aspirin in the prevention of heart attacks for those at risk. Several months ago, then Secretary of Health and Human

Services Margaret Heckler stated, "Aspirin — one of our most familiar and long-used medicines — may help us prevent 30,000 to 50,000 of the heart disease deaths that occur each year in this country."

Ms. Heckler further stated that the FDA has concluded that in patients who have previously suffered a heart attack, one aspirin a day (325 mg.) can reduce chances of having another heart attack by approximately one-fifth. In addition, aspirin can reduce the risk of heart attack and possible death by about one-half in persons with unstable angina.

Commenting that it is extremely important to follow other measures also, such as diet, weight control, non-smoking and exercise, Ms. Heckler said a study is under way to assess whether aspirin would be effective in preventing heart attacks in healthy people.^

NBC Poll Shows High Public Awareness of AIDS

In a poll conducted among 1,198 adults nationwide by NBC News, it was found that the majority of the public have either heard or read about acquired immune deficiency syndrome (AIDS). More than one in four are concerned about the disease and their own health. In comparison, only 12 percent surveyed stated they hadn't heard or read very much about the disease.

Findings also indicated that 27 percent believe AIDS is a threat to their own personal health. 64 percent oppose the firing of a person diagnosed as having AIDS and 67 percent feel a victim should be allowed to continue to work as long as possible.

Regarding admitting children with AIDS into public schools, the poll revealed a near-even split. 40 percent were in favor of admittance while 39 percent were opposed.^

A Cure for Baldness Could be on the Way

Although baldness is pretty much accepted these days without a backward glance, most of us can remember the 1960's when long locks were "in", which was probably a most trying experience for those without an abundance of hair. However, it is speculated that many people afflicted with baldness would like to change their condition and help could be on the way.

The Upjohn Company has asked the United States Food and Drug Administration for permission to sell the drug Minoxidil, under the name Regaine, as a prescription for baldness. Approval of the drug could be as long as two years away but there is already vast interest in this drug. Upjohn conducted tests on the drug's effectiveness last year, but to date, no results have been released.

Minoxidil, manufactured by Upjohn under the name Loniten, has been used for treatment of high blood pressure since the early 1970's and physicians as well as patients noticed occasional hair growth during treatment, so Upjohn began testing subjects using a solution applied twice daily with a roll-on device.

Jan AufderHeide, Upjohn spokeswoman, said no price has been set for Regaine yet and that it would have to be sold by prescription so any changes in blood pressure could be monitored. Commenting on why Minoxidil causes new hair growth, Ms. AufderHeide said it is theorized

that since the drug dilates blood vessels to lower blood pressure, it might dilate hair follicles. ^

ACOS Moves Headquarters and Elects New Executive Director

The American College of Osteopathic Surgeons (ACOS), after due deliberation and assessment, has re-located as of January 10 to Capitol Hill. An outstanding location, the eight-story building is convenient to all nearby federal agencies, the Capitol and Senate office buildings, as well as a mere three blocks from Union Station, with two Metro stations for easy inner city travel. The new address is 122 C Street Northwest, Suite 875, Washington, D.C. 20001, 202-639-3815 or 639-8816.

The ACOS will be sharing offices with the Washington office of the American Osteopathic Association and the Association of American Colleges of Osteopathic Medicine.

It was the opinion of the ACOS site location committee that a close liaison with AOA's Director of Governmental Relations, Mr. Brian J. Donadio and his staff will be of tremendous value to the new ACOS executive director, Guy Beaumont, in legislative activities on behalf of ACOS.

Guy D. Beaumont, Jr., new ACOS executive director, served four years as associate executive director for the American College of Emergency Physicians in Dallas and eight years with the American Medical Association in Chicago. He received his formal education at Antioch University, Yellow Springs, Ohio, with a B.A. in administration in 1969. ^

Personal Phone Calls Ruled Vital for Workers

The next time you feel tempted to snap at an employee for making a personal phone call, even if it is in violation of your rules, you might want to think twice. The Texas Supreme Court recently ruled that personal phone calls might be as vital to employees as a drink of water.

This opinion stems from a 1979 case involving a charge nurse in Dallas who had just called her young daughter to say good night. Upon hanging up the phone, the cord caught a hot coffee urn and pulled it over, causing second and third degree burns to the nurse. The nursing home at which the woman was employed contended they were not liable for her injuries because she was violating a company rule against making personal phone calls while on duty.

However, the court noted that the woman had called her daughter from her regular duty station, thus remaining available to help patients as well as supervise nurses' aides.

In its judgement, the court stated, "In this electronic age, telephonic communication is a necessity. Under appropriate circumstances, making a personal telephone call during working hours may be as essential as a rest period or a refreshment break.

In particular, a parent's telephone call to a minor child at bedtime is as reasonably necessary to a worker's well-being as quenching one's thirst or relieving hunger..."

The court upheld a Fort Worth jury's \$155,134 verdict for the injured woman and her appeal lawyer stated, "I can't imagine in the 20th century that the use of the telephone is any different from going to the bathroom or going to the water fountain to get a drink of water." ^

1986-87 TOMA Dues Now Payable

As most TOMA members are probably already aware, the billing for the 1986-87 fiscal year has hit the mail and your prompt attention is appreciated. If any physician encounters a problem in paying dues in one lump sum, feel free to contact the TOMA State Headquarters and a payment plan will be worked out to your satisfaction.

Tradition seems to be repeating itself as for the third year in a row, the first TOMA member to pay 1986-87 dues is Ted C. Alexander, Jr., D.O., of Wichita Falls, who will receive membership card number one. Cards two through ten will go to Larry Lewellyn, D.O., Austin; Carl E. Everett, D.O., Fort Worth; Rollin E. Becker, D.O., Dallas; Karen G. Rightmire, D.O., Fort Worth; Lawrence A. Wills, D.O., Granbury; John P. Waytuk, D.O., Fort Worth; Roger A. Guthrie, D.O., Bedford; Rolland E. Ensign, D.O., Waco; and Robert L. Hamilton, D.O., Mabank, in that order. ^

TOMA ANNUAL CONVENTION

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See page 9

for Registration Form

Mesquite Community Hospital Opens YouthCrossing

Thanks to a new program at Mesquite Community Hospital, area adolescents experiencing problems related to alcohol or drug abuse, and their families, can get the special professional help they need.

YouthCrossing, a family-centered recovery unit, formally opened on December 3. Open house ceremonies took place on December 2 and a large turnout of about 150 people showed up for the event.

The recovery unit is located on the second floor, north wing of Mesquite Community Hospital, Interstate 30 at Motley Drive, and the medical staff is a near even split of 50 percent D.O. and 50 percent M.D. The program is aimed at young people ages 12-20 and their families, although at times, adult treatment programs are recommended for older youth. Placement is based on individual needs and development. The inpatient program generally lasts six to eight weeks and outpatient services are also available. Once a person is discharged, an intensive aftercare program is initiated to help reinforce and maintain that commitment to recovery. The aftercare program lasts at least one year.



The staff at YouthCrossing includes left to right: Neil S. Levy, D.O., Director of Medicine, Arlene Duck, Director of Administration, Louis E. Deere, D.O., Director of Psychiatry and Pam Newton, Director of Special Programs.

Each person undergoing treatment receives an individually tailored treatment plan which includes individual and group counseling; recreation therapy; stress management training; drug education classes; creativity classes; homebound teachers for those enrolled in

school prior to admission; a 12 step program, such as AA or NA; family counseling; and parent support groups.

To enter this program, a parent, physician, minister, teacher or the person with the problem simply calls YouthCrossing. An appointment is made for a free assessment, then a decision is made on the best treatment method. Outpatient treatment is encouraged for less severe dependencies. Treatment is "fee for service" which means that most insurance companies will cover cost of the care.

One of the goals of YouthCrossing is to be involved in the community it serves. To that end, services provided at no charge are consultation to new community prevention programs; chemical dependency assessments; urinalysis drug detection; 24-hour telephone line; crisis counseling; and seminars for groups, schools and churches.

Serving as director of psychiatry for YouthCrossing is Louis E. Deere, D.O. while Neil S. Levy, D.O., serves as director of medicine.

Since its formal December 3 opening, 11 young persons are already entered in the program which clearly shows the need for such a program as YouthCrossing.

Physicians wishing more information about the program should contact the unit at 214-686-0685.▲

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- 1) The services are furnished in conjunction with a covered ASC procedure;
- 2) The surgical procedure is performed in a participating ASC, on an outpatient basis in a hospital or in a hospital affiliated ASC; and
- 3) The physician accepts assignment for the services.

Billing Instructions

To receive 100 percent reimbursement for pre- and post-operative office visits and consultations that meet these requirements, the services must be billed on the same claim form as the covered ASC procedure.

Claims for pre- and post-operative diagnostic tests which meet the requirements listed above will be reimbursed at 100 percent of the reasonable charges only when the claim documentation includes the following information:

- 1) The name and provider number of the ambulatory surgical center or hospital where the surgical procedure was performed must be shown in item 21 of the claim form; and

- 2) A statement similar to "pre- and post-operative diagnostic tests performed in conjunction with covered ASC procedure 2-XXXXX." must be shown.

NOTE: The appropriate covered ASC procedure code must be documented.

To expedite processing, we ask that you send these claims to the following address:

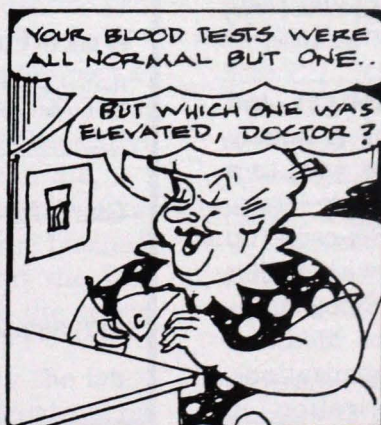
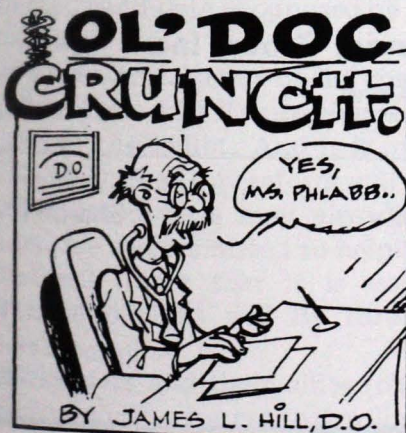
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The use of a Yag Laser to perform a posterior capsulotomy is not considered to be a covered ASC procedure. Consequently, the ambulatory surgical center fee is not payable, and physician reimbursement for the procedure cannot be made at 100 percent of the Medicare allowable charge.

Use of Argon and Yag Laser Machine

The use of Argon and Yag Laser machines is not reimbursable as a separate Part B charge. Expenses incurred for the use of these machines are generally reimbursed as a Part A hospital expense. ^



Capitation Payment System on the Horizon

A capitated payment system, a seemingly longtime goal of the Reagan Administration, appears to be moving in at a rapid pace. Medicare officials have stated to a Senate panel that interim plans for overhaul of physician payment systems are being swept away while a push for capitation is zooming in.

At a December hearing of the Finance Committee's health subcommittee, the capitation plan was described as a plan which will enable the government to make a single prospectively determined annual payment for each of its Medicare beneficiaries. The payment would be received by an insurer, a group of physicians and/or hospitals or a Medicare contractor who would guarantee a level of services to beneficiaries. This proposal abandons the HCFA plan to work on complaints regarding the current physician payment system in the interim which was to eventually develop fee schedules based on a revised scale of relative values of certain medical services.

One HCFA official commented that study might continue on other plans, such as fee schedules, but more effort will be given to the capitation plan. If Congress accepts the proposal, capitation could be used in capping federal payments for health care of the elderly and shifting some of the financial burden for their care to physicians, hospitals, patients or insurers.

Subcommittee members and some groups such as the American Association of Retired Persons see favorable possibilities in capitating Medicare; however, all have expressed opposition to rushing into this type of payment system and shelving other alternatives. On the other hand, Senate Majority Leader and Finance Committee member Robert Dole warned HCFA that he would like to see a variety of payment methods, while Senator Max Baucus feels that capitation would be unworkable in rural areas.

Health Maintenance Organizations (HMO's) and other practice association models have been largely encouraged by the HCFA whereby payment goes to a provider group or an insurer, covering only those enrolled in the plan. Early last year, HCFA came up with a new plan for risk-based contracts with HMOs called competitive medical plans (CMPs). Since statistics reveal that less than five percent of Medicare patients are enrolled in these types of organizations, HCFA is attempting to increase participation in

capitation plans in the near future with the use of Medicare voucher. An annual payment equal to 1 percent of Medicare's average cost for treating Medicare patients would be made for each recipient who selected the voucher in favor of the traditional Medicare plan. It would eventually be incorporated to include traditional insurance plans as well as HMOs and CMPs as one of the options to be purchased with the voucher. One benefit of the voucher system is that it would give employers the opportunity to take the voucher payment, combine it with premiums they already paid, thus providing a good set of benefits for their retirees.

A few months ago, HCFA agreed to fund a Harvard University-based study designed to develop a new relative value scale (RVS), however signing of the contract has been delayed, and HCFA seems to be playing around by lowering payments on some procedures it thinks are too expensive. Medical groups seem to want to retain fee-for-service with the use of a new RVS and Congress has been urged to mandate that HCFA begin the Harvard RVS study.

Stanley Wallack, director of the Brandeis University Health Policy Center, has suggested a geographic capitation plan which would retain fee-for-service as one of several options, and believes that if Medicare contractors were used, it could be started "tomorrow."

In the meantime, the controversy is reaching a boiling point as to whether to try out the capitation system on a specific group first; whether to try out other reforms in the interim; whether to leave the whole mess in the hands of private plans, thus leaving the federal government out of it and so on.

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Tort Reform to Sway State-Wide Races

By Sam Kinch

News-Tribune Austin Bureau

During 1986 election season, you may hear some odd names tossed around by candidates and their critics. They will be names like Otis Engineering, Cavnar and Whitworth. And, no, there's no reason for a layman to recognize them.

But the names may be used in legislative races, at least, to show how candidates feel about the most explosive 1987 legislative issue.

Briefly, as discussed here last week, the so-called tort reform movement has arrived in Texas. It's part of a national, and even international, attempt to bring predictability to the business and professional, (and, therefore, insurance) worlds where risk for lawsuits for wrongful acts is highest.

The tort reform movement seeks to achieve that goal through limitations on the right to sue and recover damages and on the amount or beneficiary of so-called punitive (or exemplary) damages. There also will be an effort to limit the amount of attorney's fees that a plaintiff may pay out of the award.

As might be expected, so-called tort reform is designed to protect those who are at risk in lawsuits—the business and professional people who commit wrongful acts, along with their insurance companies. They will spend as much as a half-million dollars to lobby the legislation through the House and Senate.

The targets of the proposed changes are the trial lawyers who file the suits and Texas Supreme Court justices who in recent years have expanded the right to sue and collect for wrongful acts.

Trial lawyers won't be on the ballot, obviously, but four Supreme Court justices will be. And opponents of the current direction of tort law in Texas—through a separate political action committee—have vowed to raise up to \$1 million for each race in which a trial lawyer-oriented candidate is opposed by a qualified pro-business candidate.

More importantly, in terms of the cost and impact of elections, there are 150 Texas House and 16 Texas Senate seats on the ballot. And it is in the legislative process ultimately, that tort reform will live or die.

Curiously, that process may already be half over. House leaders are so committed to helping the business and professional lobby that it is assumed the tort reform package of bills will fly through the lower chamber.

The trial lawyers and their allies (chiefly the labor unions and some minority groups) will concentrate on

playing defense in the Senate. In the past, the trial lawyers could count on a cadre of senators to block any legislation, but that is not true on tort reform so it can be said that the Senate is up for grabs.

It is probably true that business and professional trade groups won't condition their contributions on a candidate's commitment to vote for tort reform. But candidate's may think that is true, and will make a commitment blindly. Others will lean just as far in the other direction to get away from business interests.

What the non-lawyer needs to be aware of is how a candidate's (and the Legislature's) commitment would affect the public, assuming that tort reform were eventually passed.

That isn't easy, so we will use those strange-named cases mentioned earlier as examples of recent Supreme Court decisions that the tort reform movement seeks to reverse.

—The Otis Engineering case established that an employer can be held responsible for harm done by an employee who was sent home for being drunk on the job and who later, driving while still drunk, killed a third party.

—The Cavnar case said a plaintiff in a civil damage suit collects interest on a court judgment from long before the judgment is upheld on appeal, on grounds that the money belonged to him all the time.

—The Whitworth case held that civil suits can be filed against a negligent driver of a vehicle by a passenger-victim, even if the passenger is a close relative or an in-law.

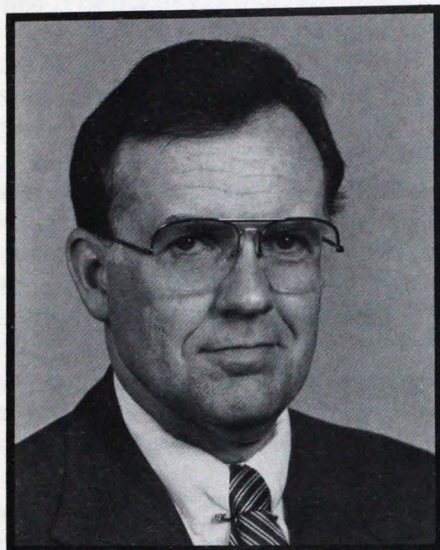
In each instance, the Supreme Court sided with the plaintiff on appeal, in the process overturning long-established case law. And in each instance, the business and professional community roared its disapproval at the travesty—and even, unsuccessfully, made one case an issue in a 1984 Supreme Court race against incumbent C.L. Ray.

Boiled down, if you think the thread of those cases is a good line of thinking, you oppose tort reform. If you think it makes bad law and bad social policy, you support tort reform.

The next critical step is to make sure legislative candidates understand what is at stake before they take a position.

(Reprinted from the Fort Worth News-Tribune, January 3, 1986)

TCOM Board of Regents Names Dr. Richards President of TCOM



David M. Richards, D.O., acting president of Texas College of Osteopathic Medicine since June 1, was recently named president by the TCOM Board of Regents.

The announcement was made to an assembly of the faculty, staff and student body by Alfred F. Hurley, Ph.D., Chancellor of NTSU-TCOM.

Dr. Richards has been a TCOM administrator since April 1981, when he was appointed associate dean for academic affairs. His title was changed to dean for academic affairs later in 1981 and to vice president and dean for academic affairs in 1983. He was given operational responsibility for the college as interim executive vice president in November 1984, when President Ralph L. Willard, D.O., announced his resignation. Dr. Richards became acting president June 1 when Dr. Willard's resignation became effective.

The 53-year-old Ohio native

came to TCOM from Ohio University College of Osteopathic Medicine, where he was founding chairman of the department of family medicine and associate dean for academic and clinical affairs. He earned his B.A. degree from Baldwin Wallace College and his D.O. degree from Kirksville College of Osteopathic Medicine. At KCOM he received the Steward Scholarship as the outstanding senior medical student, was granted the Waldo General Hospital Scholarship and was a member of Sigma Sigma Phi, the national osteopathic honor society.

A fellow of the American College of General Practitioners in Osteopathic Medicine and Surgery, Dr. Richards was in private practice in Worthington, Ohio, from 1961 to 1976. In 1972 he served as chief of staff at Doctors Hospital in Columbus, one of the largest osteopathic hospitals in the country where he had done his internship in 1961. In 1977 he was named General Practitioner of the Year by the Ohio State Society of the ACGPOMS and was honored as an outstanding physician and educator by the Ohio State Senate. The Ohio Jaycees named him one of the 10 Outstanding Young Men in Central Ohio in 1966.

Last year Dr. Richards was chairman of the program advisory committee to the American Association of Colleges of Osteopathic Medicine's Office of Special Opportunities, which handles affirmative action issues for the nation's 15 osteopathic colleges. He was last year's chairman of the AACOM

Council of Deans and will serve through 1988 as chairman of the American Osteopathic Association's Council of Osteopathic Educational Development. He also is a member of the AOA's Committee on Colleges.

In Fort Worth Dr. Richards is a member of the Arts Council, the Symphony Orchestra Board of Directors, the Downtown Rotary Club and has just completed three years as lay leader of Overton Park United Methodist Church.

COMMUNISM:

You have two cows. The government takes both of them and gives you part of the milk.

SOCIALISM:

You have two cows. The government takes one and gives it to your neighbor.

FASCISM:

You have two cows. The government takes both of them and sells you the milk.

NAZISM:

You have two cows. The government takes both of them and shoots you.

BUREAUCRACY:

You have two cows. The government takes both of them, shoots one, milks the other and then pours the milk down the drain.

CAPITALISM:

You have two cows. You sell one and buy a bull.

By Bert Hurlbut
Austin, Texas

HCPCS Coding Changes

The Texas Medicaid Program has implemented significant changes in HCPCS coding for claims processed on or after October 7, 1985.

These changes effect new patient visits and follow-up consultations.

The major change in the new patient office visits is that National Heritage Insurance Corporation (NHIC) has upgraded what it considers to be routine and above routine codes.

On July 1, 1985, NHIC only allowed two new patient office visit codes:

- 1-90010 New Patient, Routine Visit (Limited Service)
- 1-90015 Above Routine Visit (Intermediate Service)

Effective October 7, 1985, NHIC will now reimburse the following two new patient office visit codes:

- 1-90015 Intermediate Service, Routine
- 1-90017 Extended Service, Above Routine

On July 1, 1985, NHIC only allowed one follow-up consultation code:

- 3-90641 Limited consultation, follow-up visit

Effective October 7, 1985, NHIC will reimburse the following two follow-up consultation codes:

- 3-90641 Limited consultation, follow-up visit, routine
- 3-90643 Extended consultation, follow-up visit requiring re-examination or re-evaluation and/or treatment, same or new illness, above routine.

NHIC requires that the majority of all physician services (all specialties) be coded with routine codes. Above routine codes require documentation of the "above routine" nature of the visit (e.g., multiple acute symptoms).

The Texas Medicaid Bulletin No. 49, dated November 1985, has a list of approved patient contact codes that NHIC will process for reimbursement. Also, physicians may find the new NHIC Physician Claims Preparation Manual dated August 1985 helpful.

The Texas Medicaid Program encourages physicians (all specialties) to do a complete H & P and updating

of the medical record on each Medicaid patient each year. This should be done 12 months and one day from the patient's first visit and will be considered an initial visit. All other visits that year will be reimbursed as established patient follow-up visits. Documentation of the "above routine" nature of any visit is necessary for reimbursement purposes.

TOMA applauds the Texas Department of Human Services and NHIC for upgrading and expanding the new patient and follow-up consultation codes.

The Medicare Program has also implemented significant changes which impact on all Medicare Part B Physicians.

Physician Medicare Newsletter No. 206 dated November 8, 1985 addresses the proper HCPCS codes to be used for hospital visits and critical care visits.

Special Medicare Newsletter No. 43 dated November 20, 1985 addresses the Non-Physician Services Fee Freeze and the reimbursement of all anesthesia services on a statewide rather than a regional locality basis effective October 1, 1985.▲

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

National 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 Every Should Know About Osteopathic Physicians"
It's For You "The Osteopathic Profession"
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ATOMA News

by Nancy Hawa
District II News

February is certainly a month for lovers and lovely happenings to report.

Mike Adamo, D.O., a Fort Worth internist and Ann E. Hathcock, D.O., an intern at FWOMC are happy to announce their engagement. A summer wedding is planned after Ann's internship is over. Congratulations to the happy couple.



Seth Holland arrived right on schedule at 7:38 a.m. on December 27 into the arms of his happy parents Jeanne and Carlisle Holland. Big brothers Adam and Jeffrey think Seth is a real addition to the Holland team. Congratulations to all the Hollands...he's a real cutie!



Robert Hames, D.O., a Fort Worth G.P. and wife Ellen are happy to announce that their family will grow by one in May. Expectant mom, Ellen, is a drug representative for Mead Johnson.



This reporter and husband, James, celebrated ten years of wedded bliss on December 27. Since Christmas had just occurred and a new nest is now taking shape on the shores of Eagle Mountain Lake, there was an appropriate moratorium on gifts. Taking advantage of this position, I will instead commit myself in print: "You're a swell fella Hawa. . . Here's to ten years more!"



Remember the Osteopathic Charity Ball is coming up Saturday, March 8 at Ridglea Country Club. Pat Mazeika reports that gifts and sponsors for the gaming tables (remember...this is a Casino Party) are falling in line.

The following businesses are sponsoring gaming tables: Park Central Bank of Fort Worth, Camp Bowie National Bank of Fort Worth, Fort Worth Osteopathic Medical Center and Cordis Corporation. Gifts for door prizes and auction include: A computer from Tandy Corporation, a complete set of Gerber Cutlery and Block from B.C. & Kay Adam's House of Blades, a fur coat from Koslows, a trip to Las Vegas from Hulen Travel, jewelry from Mary H. of Fort Worth, jewelry, a framed print and indian pottery from Rick Richardson of the Two Grey Hills Gallery and much much more.

Proceeds from this event will be divided between A Wish With Wings, The Gill Children's Fund, The Pathfinder's Camp for children with epilepsy and Northside High School's Health Profession's Magnet Program. All are causes worthy of our attention and support. Look for your invitation in the mail soon and please make plans to come. It will be a really fun party with your attendance. We need you!

It's also tax-deductible!



Valentine's Day is February 14



More in the next column about the opening of Fort Worth Osteopathic Medical Center's new patient tower. Also a complete listing of

sponsors and gifts for the Charity Ball and what's happening on District II's spring calendar.

Another Chapter from the Annals of Bureaucracy

A professor of political science at a University in Illinois writes me that he was notified by the Social Security Administration its record showed he was dead. Well, he wrote back and said he was not. No response. He wrote again. No response. He wrote them and asked where and when he died and where he was buried, because he'd like to put flowers on his own grave. The information was denied. The professor then wrote to his Congressman, Sidney Yates of Illinois. Yates called Social Security and they said, well, they would re-examine the case. They did, and they said they found their original determination was correct and that he was dead. But it said he could ask for a hearing to contest this finding and present his side of the case. The hearing will be held sometime. Stay tuned.

This Week with David Brinkley
9/22/85

Denton Osteopathic Hospital Closes

Denton Osteopathic Hospital closed its doors for good on December 31, 1985, after 40 years of service in Denton.

When Medicare paid hospitals on a "cost-plus" basis, the federal agency "loved us", said Robert H. Nobles, D.O. But when it began paying flat rates for medical procedures, the 26-bed hospital was suddenly deemed "unsatisfactory." He feels all the new Medicare regulations are to blame for the failure of his hospital.

Sweeping changes in the healthcare delivery system and the impact of DRGs, the prospective payment system, the nation's consolidating hospital system and the growth of corporate medicine all tend to increase the vulnerability of smaller hospitals. Economists predict that by the year 2000, 1,500 hospitals will be forced to close and that cost-based reimbursement from third party payors will be nonexistent. Corporations are bargaining directly with providers and the trend is toward HMOs and PPOs.

Four years ago, said Dr. Nobles, he decided he could either expand the hospital or remain small as long as possible. "The small hospital cannot make it today. We could see the writing on the wall. There's no way a small hospital with more than 50 percent of Medicare patients can make it financially. The thing that's frustrating to me is that there are so many other factors you have to consider now than what the patient needs. That's when I decided to sell." He firmly believes that small hospitals can make it if the percentage of Medicare patients is not too high. The hospital had been owned outright by the Nobles family since 1974.

The Denton Osteopathic Hospital and Clinic are in a combined building. In 1983, Dr. Nobles sold the property and the hospital corporation to First Texas Medical who were supposed to have had a new hospital built by this time. However, before the Health Facilities Commission was legislatively put out of business, they had a certificate of need for a 50-bed hospital. Now plans are for a 100-bed hospital, which is currently under construction with a completion date tentatively scheduled for mid-1987.

The five acres on which the hospital is situated is prime property and it will be sold. Dr. Nobles said he has a lease on the clinic space with a 90-day notice. "We are now looking for new office space," he said, "and will probably relocate within the next six months."

The history of the hospital can be traced back to the 1940's. Dan B. Whitehead, D.O. and Drs. Noel and Virginia Ellis operated the hospital initially in 1944, then called Elm Street Hospital. Around 1946, Marvin

T. McDonald, D.O., joined with Dr. Whitehead and in 1959, Dr. Nobles purchased Dr. Whitehead's interest, leaving Drs. McDonald and Nobles as partners. Gerald Flanagan, D.O., became a partner in 1962 and a year later, a new facility was opened and renamed Denton Osteopathic Hospital.

Dr. McDonald passed away in 1965 and in 1967, Art Wiley, D.O., joined Dr. Flanagan and Dr. Nobles until 1973, at which time they both went into practice for themselves. A year later, John Kozura, III, D.O., came to the hospital and was with Dr. Nobles until its closing.

Physicians on staff at the hospital up until its closing date were Drs. Nobles and Kozura; J. Clyde Chapman, D.O., associate member; Marion A. Groff, Jr., D.O., associate member; William W. Cudd, III, D.O.; Betsy B. Schenck, D.O.; Phillip D. Isbell, D.O.; and Dr. Flanagan. The staff of Denton Osteopathic Hospital are also staff members of Flow Memorial Hospital and Westgate Medical Center and are utilizing those facilities. They will be members of the new hospital staff when it is completed.

According to Dr. Nobles, "The two most unfortunate things evolving from the closing are that 37 employees are out of a job and secondly, that none of us will ever have the environment that we had at the hospital, the hospital belonged to the patients. We had some patients actually become hysterical when they found the hospital was closing. We will never have the staff and the patients will never have the mutual relationship we had anywhere else."

During his practice Dr. Nobles said that over 100 people who came through his office had been referred to osteopathic medical schools and are now either in osteopathic colleges or in practice across the country. In fact, Dr. Nobles said they stopped counting after 100. "In addition, during the earlier years of TCOM, there were a lot of externs who had gone through here", he said.

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In speaking of the closing, Dr. Nobles commented, "We're losing a family environment. That's the thing that none of us can have again. We have a lot of patients who feel this is home. It's been a port in the storm for them for a long time."

It's the end of an era for us and the people who have been associated with the hospital. It's a traumatic thing, really. We've seen this coming for four years and it's here."

A 1955 graduate of Kansas City College of Osteopathic Medicine, Dr. Nobles interned at Amarillo Osteopathic Hospital from 1955-56. He has been a TOMA member since 1956 and is a certified general practitioner. After practicing three years in Lorenzo, Texas, where he was named "Man of the Year" in

1957, he relocated to Denton, where he has been since.

Over the years, Dr. Nobles has served in many capacities. He was one of the original advocates proposing the affiliation of TCOM with NTSU and was appointed to the TCOM faculty when it first began operation. He served as TOMA president from 1968-69; as a member of the TOMA House of Delegates and Board of Trustees; chairman of both the Department of Professional Affairs and the Public Relations Committee. Dr. Nobles also served two terms on the State Health Advisory Committee in the early 1970's, and in 1971 was program chairman for the American College of General Practitioners in Osteopathic Medicine and Surgery for the AOA convention.

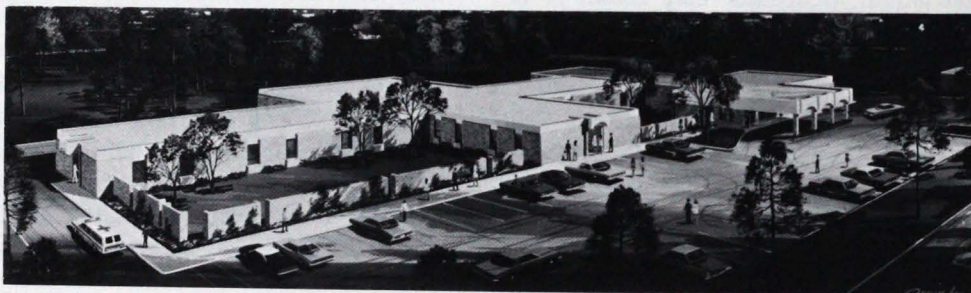


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