

TOMA
Professional Liability Program
Signs 118 D.O.s
... page 5

**TCOM Graduates Rate High
in FLEX Scores**

... page 4

**An Osteopathic
Physician Looks at
Chinese Medicine**

...page 19

**TDH Announces
Revised Policy for
Distribution of Vaccines**

...page 12

In This Issue

**Third Party
Payers
May Be Held
Liable**

...page 8

**Some Practical Guidelines for Preventing
Malpractice Claims and Suits**

... page 6



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
TOMA Malpractice Insurance Program	
For Premium Rates	1-800-392-2462
For Enrollment & Information	1-713-496-3400
Texas College of Osteopathic Medicine	817-735-2000
	Dallas Metro 429-9120 429-9121
Texas Osteopathic Medical Association	817-336-0549
	in Texas 800-772-5993 Dallas Metro 429-9755
TOMA Med-Search	in Texas 800-772-5993

TEXAS STATE AGENCIES

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

FEDERAL AGENCIES

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

CANCER INFORMATION

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

Texas DO

Texas Osteopathic
Medical Association
October 1986

FEATURES

TCOM Graduates Rate High in FLEX Scores

TOMA is proud to report the TCOM graduates are at the top or near the top in passing grades compared to other medical schools in Texas.

Some Practical Guidelines for Preventing Malpractice Claims and Suits

Careful observance of the practical guidelines will greatly reduce the likelihood that you will become involved in a malpractice suit.

Inauguration and TCOM Convocation to be Combined

Both events will be held October 10 at TCOM

In Memoriam

Warner H. Sorenson, D.O.

An Osteopathic Physician Looks at Chinese Medicine

Fred R. Tepper, D.O. visits China as a delegate in a primary care/sportsmedicine cultural exchange program

Releasing Medical Records

The Board of Medical Examiners clarifies proper procedures for releasing medical records

DEPARTMENTS

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

Published by
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Volume XXXIII - No. 9 - October, 1986 ISSN 0275-1453
Publication Office - 226 Bailey, Fort Worth, Texas 76107
Phone: 817-336-0549 or 1-800-772-5993 in Texas
Copy deadline - 10th of month preceding publication

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

Calendar of Events

October

10

*TCOM Convocation &
Inauguration of David M.
Richards, D.O. as president
of TCOM*

2:00 p.m.

TCOM Auditorium

Fort Worth

Reception Following

Contact: Public Affairs & Information
Services
TCOM
817-735-2550

10-12

*Gynecology Review & Update
Stouffer's Pine Isle Resort Hotel
Lake Lanier Islands
Buford, Georgia
CME: 20.5 Applied For*

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

18

*(Cancelled)
Lakeway Conference
Hyatt Regency
Austin*

*(Change in Location)
TOMA Board of Trustees
Mid-Year Year Meeting
State Headquarters Building
Fort Worth*

Contact: Tex Roberts, CAE
Executive Director
817-336-0549 or
800-772-5993

19-22

*Annual Convention
Academy of Osteopathic Directors
of Medical Education
Westin St. Frances
San Francisco*

Contact: Richard A. Margoles, Ph.D.
Secretary-Treasurer
AODME
Pontiac Osteopathic Hospital
50 N. Perry Street
Pontiac, MI 48058
313-338-5392

19-22

*Annual Convention
American Osteopathic Hospital
Association
Westin St. Frances
San Francisco*

Contact: Richard A. Strano
President, AOHA
55 W. Seegers Road
Arlington Heights, ILL 60005
312-952-8900

26

*46th Annual Convention
American College of Osteopathic
Internists
Mayflower Hotel
Washington, D.C.*

CME: 29 Hours Category 1-A

Contact: Ralph J. Tomei, D.O.
Secretary-Treasurer
ACOI
14750 N.W. 77th Ct.
Suite 130
Miami Lake, FL 33016
305-556-0600

November

2

2-6

*AOA 91st Annual Convention
and Scientific Seminar
Bally Grand Hotel
Las Vegas, Nevada*

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

18

*TOMA District II Meeting
Lodge of Granbury
(Off the Square)
Granbury*

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

December

6

6-7

*Public Health Seminar
Texas Osteopathic Medical Assoc.
The Registry Hotel
Dallas*

Contact: Tex Roberts, CAE
Executive Director
TOMA
226 Bailey Avenue
Fort Worth, 76107
817-336-0549 or
metro 429-9755 or
1-800-772-5993 toll free
in Texas

TCOM Graduates Rate High in FLEX Scores

The *Texas DO Magazine* is proud to report the TCOM graduates are at the top or near the top in passing grades compared with other medical schools in Texas.

Published herewith is the June 1986 examination analysis issued by the Texas State Board of Medical Examiners.

One analysis that doesn't come easily from the tabulation is that 96.3 percent of the 1986 TCOM graduating class passed the Medical Jurisprudence and FLEX Components I and II examinations.

In fact, 100 percent of the TCOM graduates passed the Medical Jurisprudence examination, 95 percent passed Component I of FLEX and 96 percent passed Component II of FLEX.

Not all of the Class of 1986 took the examination in Texas. The exact count was that four of 66 in the class taking the June examinations failed.

Of eight Texas medical school graduates taking the Medical Jurisprudence test the only 100 percent passing record was set by TCOM, Texas Tech and Texas A & M medical schools.

The Medical Jurisprudence examination has to do with knowledge of all the state laws that are applicable to the practice of medicine in Texas.

In fact, Texas A & M had 37 graduates taking all three examinations and it is the only school in the lineup that had 100 percent passing across the board and with the highest grade averages of all the eight medical schools.

Wayne O. Stockseth, Corpus Christi, Chairman of the Board of Regents that governs TCOM and NTSU, expressed the Board's pride in the performance of the

student/doctors and of the TCOM administration for the excellent showing in the June examinations.

David M. Richards, D.O., TCOM President, is very pleased with the passing grade and noted that it was a marked improvement over the past two years and it was well above the national average.

He said that changes begun in late 1984 in student recruitment, admissions, curriculum development and academic standards are just beginning to be reflected in FLEX scores.

T. Eugene Zachary, D.O., Acting Vice President for Academic Affairs and Dean, said that the school expects continued improvement over the next several years.

President Richards congratulated the class. "We're extremely proud of the 62 graduates who passed the test and became licensed physicians in Texas. All of the credit goes to the faculty and students who cared enough to make a difference." ^

JANICE WRIGHT


**Merrill Lynch
Realty**

**FOR YOUR PERSONAL
and
PROFESSIONAL NEEDS**

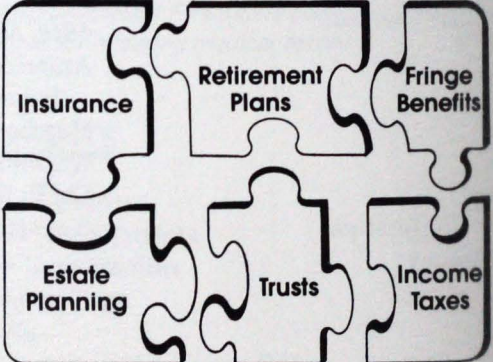
DALLAS/FORT WORTH

2821 BROWN TRAIL
BROWN TRAIL AT
HARWOOD ROAD
BEDFORD, TX 76021

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



REALTOR®



PUZZLED?

We can help you put the pieces together.

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

4004 Beltline Rd., LB-3
Addison, Texas 75244

Texas State Board of Medical Examiners

June, 1986 Examination Analysis

Examination Division Applicants

	Jurisprudence Examination				FLEX/Component I Exam				FLEX/Component II Exam			
	Total Examined	Total Passed	Percent Passed	Grade Average	Total Examined	Total Passed	Percent Passed	Grade Average	Total Examined	Total Passed	Percent Passed	Grade Average
UTMB	153	148	96%	90.1	153	149	97%	80.6	152	149	98%	80.9
Baylor	132	129	97%	90.3	132	131	99%	82.9	133	132	99%	82.9
UT - Southwestern	165	158	95%	86.8	165	163	98%	82.2	166	164	98%	82.2
UT - San Antonio	101	91	90%	82.5	100	98	98%	80.6	100	99	99%	80.7
UT - Houston	143	139	97%	90.7	145	143	98%	80.6	145	140	96%	80.3
Texas Tech	82	82	100%	90.3	84	81	96%	80.5	84	83	98%	81.5
Texas A & M	37	37	100%	94.8	37	37	100%	83.2	37	37	100%	84.0
TCOM	59	59	100%	90.8	66	63	95%	78.9	60	58	96%	80.7
Total Texas Graduates	872	843	96%	89.0	882	865	98%	81.2	877	862	98%	81.5
Out-of-State Graduates	140	125	89%	85.7	145	140	96%	81.0	141	140	99%	82.5
Total U. S. Graduates	1012	968	95%	88.5	1027	1005	97%	81.2	1018	1002	98%	81.6
Canadian Graduates	1	1	100%	95.0	1	1	100%	80.0	1	1	100%	84.0
Foreign Graduates	16	10	62%	77.1	20	15	75%	77.7	17	15	88%	80.2
Total All Graduates	1029	979	95%	88.4	1048	1021	97%	81.1	1036	1018	98%	81.6
MD Summary												
Texas Graduates	813	784	96%	88.9	816	802	98%	81.4	817	804	98%	81.6
Out-of-State Graduates	128	117	91%	86.0	132	128	96%	81.4	129	128	99%	82.8
Canadian Graduates	1	1	100%	95.0	1	1	100%	80.0	1	1	100%	84.0
Foreign Graduates	16	10	62%	77.1	20	15	75%	77.7	17	15	88%	80.2
Total MDs	958	912	95%	88.3	969	946	97%	81.3	964	948	98%	81.7
DO Summary												
Texas Graduates	59	59	100%	90.8	66	63	95%	78.9	60	58	96%	80.7
Out-of-State Graduates	12	8	66%	82.3	13	12	92%	77.2	12	12	100%	79.5
Total DOs	71	67	94%	89.4	79	75	94%	78.6	72	70	97%	80.5
Total All Graduates	1029	979	95%	88.4	1048	1021	97%	81.1	1036	1018	98%	81.6

TOMA Professional Liability Program Signs 118 D.O.s

Initial response to the TOMA Professional Liability Insurance Program has been substantial.

In its first three months, 118 Texas D.O.s made application and were covered under the program including the entire faculty of 66 physicians at the Texas College of Osteopathic Medicine.

The name of the plan, which has been approved by the Texas State Board of Insurance, is Universal Liability[™] which is a trade mark owned by Insurance Equities Corporation of Palo Alto, California. Soon, a prospectus will be sent to Texas D.O.s which provides for stock ownership in Osteopathic Medical Protective, Inc., the controlling entity.

The policy issuing company is Clarendon National

Insurance Company of New York. Clarendon's balance sheet shows more than \$225,000,000 capital and surplus. This TOMA professional liability program calls for a level premium for the next five years barring any huge court catastrophes.

The three joint ventures who put the program together are TOMA, Insurance Equities Corporation of Palo Alto, California and Anco Insurance of Houston, Texas. Any earnings of Osteopathic Medical Protective, Inc. accrues to the benefit of the D.O. stockholders and a minority interest held by the three joint ventures.

Premiums to the program can be paid 40 percent down, 30 percent in 90 days and 30 percent in 180 days.▲

Some Practical Guidelines for Preventing Malpractice Claims and Suits

By Eli P. Bernzweig, J.D.

Careful observance of the following practical guidelines, many of which are derived from actual court cases, will greatly reduce the likelihood that you will become involved in a malpractice suit.

Maintain a Wholesome Doctor - Patient Relationship

(a) Do not undertake the care of any person unless you so desire. Certainly, you are under no *legal* obligation to do so. [Exception: You do have a *moral* obligation to respond to medical emergencies to the best of your ability, that is, where first aid treatment is essential to preserve life or to prevent significant deterioration of the victim's condition.] You should exercise care in declining to accept a patient, however, and always refer the individual to other competent physicians in your area.

(b) Exercise tact, as well as professional competence, in the handling of your patients. A proper, professional manner should be maintained at all times, both toward the patient and toward the patient's family. Above all, show genuine concern for your patients and try to develop warm and mutually respectful relationships with them. Good communication is essential to the development of rapport. Accordingly, keeping the patient, as well as his or her family, reasonably well informed, especially when treatment problems arise, can pay great dividends later on.

(c) Instruct your patients carefully. Emphasize the dangers of continuing medication beyond the prescribed period(s) or discontinuing them prematurely. Where a patient's needs are being taken care of by others, be sure those persons are given adequate instructions to assure not merely continuity of care, but the patient's safety in all respects.

(d) It is better to sever relations and help the patient find another physician if it becomes clear

that you and the patient are not compatible. But, under no circumstances should you *abandon* the patient. Do not stop treatment before another physician has been engaged and has assumed responsibility for the continued treatment of the patient.

Diagnose as Carefully as You Can

To adequately protect yourself from liability for error in diagnosis, you must be able to show that you (a) appropriately examined the patient, (b) took a proper history, (c) conducted all indicated diagnostic tests and procedures, and (d) carefully ruled out alternative modes of diagnosis and treatment. If you have done all of the above, it is unlikely that you will be held liable for an error in diagnosis, since a physician is not ordinarily held liable for an error in professional judgment, provided all commonly accepted diagnostic steps and procedures have been utilized.

Avoid Promising a Cure or Making an Over Optimistic Prognosis

Every doctor knows better than to "guarantee" a cure, but there may be times when you may be motivated to give a little "extra reassurance" to the patient or the patient's family. Resist the temptation to make the patient or family feel better by downplaying a clearly negative medical situation and implying an optimistic prognosis. Using words such as "You have nothing to worry about," or "Everything is going to turn out just fine," may give the patient and the family some momentary comfort, but in a later court case you may be held liable for implying a guarantee of a cure you were unable to deliver.

Always Seek Consultation when in Doubt

Legally, you have a duty to seek consultation with, or refer the patient to, a specialist whenever you know, or in the exercise of reasonable care should know, that the services of a specialist are indicated. Thus, effective prophylaxis against malpractice suits calls for prompt referral of the patient to a specialist for consultation (1) whenever you are faced with a diagnosis that is beyond your knowledge, technical skill or ability, or (2) your selected method of treatment is ineffective. Don't let your pride stand in the way of good judgment. Seek consultation early. It is protection for the patient as well as for you, the concerned doctor.

Obtain Informed Consent

The common law requirement for obtaining informed consent has been altered substantially by the Medical Liability and Insurance Improvement Act of Texas (1977); now, the specific treatments and procedures that require disclosure, as well as the *degree* of disclosure and the *form* in which the disclosure shall be made are spelled out in detail. Texas Code. Ann., Art. 4590, §§ 6.03(a) - 6.06. [Suggested forms are available at TOMA: 1-800-772-5993.]

Obviously, strict adherence to the statutorily-required disclosures is the safest way to avoid malpractice litigation. But, disclosure may be required under the common law even if not specifically required by statute. Thus, if a physician fails to disclose to a patient risks and hazards that might influence a reasonable person in making a decision to consent (or not consent) to the procedure, proper disclosure should be made before proceeding. **Remember:** Disclosing the risks of treatment or a particular procedure calls for more than simply "getting the patient's signature" on the prescribed form. You must actually take the time to explain to the patient in simple, understandable language what is to be done, the risks involved and the possible complications. This process can also aid substantially in building good rapport with the patient by showing appropriate respect for the patient's concerns and feelings.

Keep Good Medical Records

Medical records are sometimes called "witnesses whose memories never die." Since the patient's medical chart is often the keystone to the defense of a medical malpractice case, it should be maintained accurately and contain the detail necessary to provide

a successful defense. This includes the following essential data: past history, present complaints, clinical findings, treatment rendered, drug allergies, prescriptions and refills authorized, lab and x-ray reports and the reports of consultants. You should also consider including the following, if applicable in a given case: a history of drug or alcohol addiction, recommendations made for continuing treatment, such as lab tests or hospitalization, follow-up visits, and referrals to specialists.

Incomplete records can hurt as much as complete ones can help. Be sure to document, therefore, a patient's refusal to follow your orders and recommendations, or failure to comply with prescribed treatments. Note, also, any "informed consent" discussions or other discussions concerning the risks of treatment, surgery, or the use of particular medications.

Select and Supervise Your Employees Carefully

Since you can be held legally responsible for the negligent errors or omissions of your nurses or other employees assisting you in your office or clinic, you should exercise great care in their selection and supervision. Be especially careful about delegating tasks to employees that may be beyond their capabilities and always make sure they are not asked or permitted to carry out tasks beyond the scope of their licenses.

Do Not Abandon the Patient

The patient must not be abandoned. You should always advise your patients of any anticipated absence from practice, and recommend or advise the name of a qualified substitute. If you conclude that you and your patient are not compatible, it would be wise to sever relations and help the patient find another physician. Be sure to place a note in the patient's chart detailing the steps you have taken to legally terminate the relationship.

Discuss Adverse Results, but Do Not Admit Fault

Speak with extreme caution to a complaining patient, family member or attorney about what might have *caused* a particular adverse result or who might



be legally responsible. By all means, do not conceal the *fact* of an untoward therapeutic result or accident, but there is no need to volunteer an admission of responsibility or to place the blame on others.

Your office staff and assistants should also be cautioned about making admissions of blame or attempting to explain matters they know nothing about.

Handle Fee Disputes with Tact

Prior to undertaking treatment, you should arrive

at an understanding with each patient concerning the fees you charge. Misunderstandings about fees, particularly when they involve higher-than-anticipated charges, or charges for services not originally contemplated (e.g., for correcting untoward results of treatment), frequently trigger unnecessary claims and suits. Tact as well as diplomacy must be exercised under these circumstances. Always interrupt the normal computerized billing and make contact with the patient personally whenever there's a complaint about a bill and/or the treatment related thereto.▲

Third Party Payers May be Held Liable

What is believed to be the first court ruling notifying third-party payers that they may be held legally responsible for decisions which prove harmful to patients in the cost containment game has been issued by Judge Barnet Cooperman of the Second Appellate District Court in Los Angeles, California, according to a recent article in *American Medical News*. Judge Cooperman also wrote in his opinion that physicians will be held liable if they comply with decisions made by third-party payers against their medical judgment.

The opinion stems from a case whereby a Medi-Cal beneficiary, (California's Medicaid program), alleged that the program's failure to grant an extended hospital stay resulted in complications which eventually led to amputation of her leg. The woman was awarded the sum of \$500,000 by a superior court jury, however, Judge Cooperman overturned the award stating that in this particular instance, the extension denial was within the "standard of care." This decision will be appealed to the California Supreme Court by the plaintiff's attorney.

The three attending physicians all agreed that the patient needed an additional eight days of hospitalization after postoperative complications, but the physician acting as the Medi-Cal consultant granted only four days. The Medi-Cal policy is to rely on the Medi-Cal form requesting an extension unless attending physicians bring additional facts to its attention after issuance of a denial. Since the physicians did not renew their request, the court held that Medi-Cal was not liable for adverse medical consequences. The court noted that the Medi-Cal prospective utilization review system tended to intimidate physicians, however, this did not exonerate them and the court placed the bur-

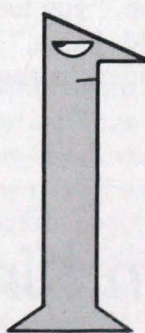
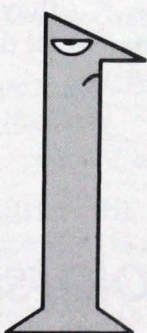
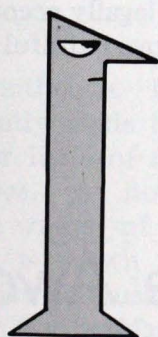
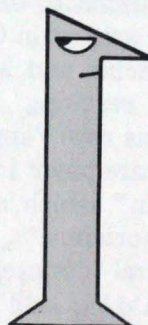
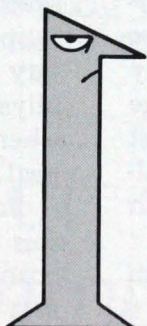
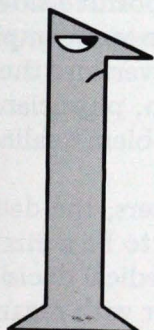
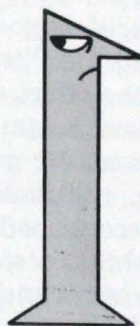
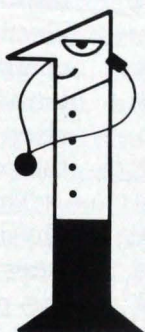
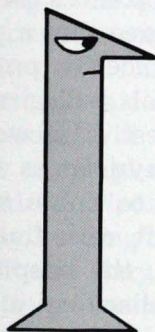
den on the physicians. Judge Cooperman, in his opinion, stated that some effort should have been made to keep the patient in the hospital, since the decision stemmed from the medical judgment of the physicians, however, the medical decision to discharge the patient met the standard of care applicable at the time. Medical witnesses who testified at the trial for the plaintiff or the defendant all agreed that the physicians' decision for discharge was within the standard of practice of the medical community.

Medi-Cal officials testified that had any of the patient's three physicians requested additional hospitalization time, other than the four days granted, officials would have given the request due consideration. Since this was not the case, Judge Cooperman said, "Medi-Cal was not a party to that medical decision and therefore cannot be held to share in the harm resulting if such decision was negligently made." Additionally, Medi-Cal did not supersede the medical judgment of the treating physicians in that it was not even given the opportunity to do so due to the lack of protest from the physicians. Judge Cooperman added, "Therefore, there can be no viable cause of action against it for the consequences of that discharge decision."

The opinion stated that "the patient who requires treatment and who is harmed when care which should have been provided is not provided should recover for the injuries suffered from all those responsible for the deprivation of such care, including, when appropriate, health care payers."

"Third-party payers of health care services can be held legally accountable when medically inappropriate

WE'RE THE ONE



AND ONLY auto leasing
company endorsed by the Texas Osteo-
pathic Medical Association, with good
reason.

Call our toll-free number for more
information. **1-800-442-6158**



TRANS-TEXAS LEASING
9330 LBJ Frwy, Suite 635
Dallas, TX 75243
1-214-699-9494

decisions result from defects in the design or implementation of cost containment mechanisms as, for example, when appeals made on a patient's behalf for medical or hospital care are arbitrarily ignored or unreasonably disregarded or overridden.

"However, the physician who complies without protest with the limitations imposed by a third-party payer, when his medical judgment dictates otherwise, cannot avoid his ultimate responsibility for his patient's care. He cannot point to the health care payer as the liability scapegoat when the consequences of his own determinative medical decisions go sour."

The opinion concluded that "this court appreciates that what is at issue is the effect of cost containment programs upon professional judgment of physicians to prescribe hospital treatment for patients requiring the same. While we recognize, realistically, that cost consciousness has become a permanent feature of the health care system, it is essential that cost limitation programs not be permitted to corrupt medical judgment. We have concluded, from the facts in issue here, that in this case, it did not."

The opinion is considered to be of national importance because opinions written in California courts are usually logically convincing and are followed closely by other states. In reaching his ruling, Judge Cooperman said that this case "appears to be the first attempt to tie a health care payer into the medical malpractice causation chain" which naturally deals with "issues of profound importance."

Kirk Johnson, general counsel of the American Medical Association (AMA), said the ruling offers a "very valuable lesson" for physicians. When a physician's medical judgment does not agree with the reviewer's recommendation, "you have to protest strongly or you can be held liable," said Mr. Johnson. Another factor to consider "is the court's recognition

that prior authorization programs will be held liable if they are administered in an arbitrary manner," he concluded.

The president of the California Medical Association believes the decision is a victory for physicians "because it tells third-party payers they cannot deny care capriciously." The ruling should remind physicians "they must continue to be the advocate of their patients."

The ruling notes that the decision to discharge is the responsibility of the patient's own physician and if the physician does not agree that a patient should be discharged, he should voice his protest for a further extension so that officials will give additional consideration to such a request. This would protect not only the patient, but the physician as well.

This ruling seems to come with mixed blessings. Physicians are still left with financial and other pressures from the payer, the hospital and the patient if the patient is hospitalized on a non-authorized basis. Also, if the patient is discharged too early and develops complications, the physician may be faced with a malpractice suit. On the positive side, this ruling gives the support to challenge review implemented in an arbitrary manner or that overrides the medical judgment of physicians. In addition, physicians may cite this ruling when faced with a problem dealing with review and appeal procedures.

For third-party payers, the decision stemming from this case also appears to be a mixture. If payers do not corrupt or override medical decisions and appear to act in a reasonable manner with regard to procedures, they are currently fairly safe from liability under the law in California. However, it does put them on notice that they can now be held legally accountable for detrimental decisions which prove harmful to patients.▲

Mavern Kinzie Scholarships are Awarded

Elisabeth Bates of St. Joseph, Michigan, and Robert Turner of Houston have been named recipients of the Mavern Devine Kinzie Scholarships at Texas College of Osteopathic Medicine.

The scholarships are made possible through an annual gift from Earl C. Kinzie, D.O., a physician in Lindale for the last 45 years and a lifetime member of the Texas Osteopathic Medical Association. The awards are named for Dr. Kinzie's wife, Mavern.

Dr. Kinzie, a 1935 graduate of Kansas City College of Osteopathic Medicine (now the University of Health Sciences College of Osteopathic Medicine), has practiced general and family medicine in the small East Texas town since the early 1940s. The Kansas native is a member of the President's Council at TCOM and an honorary member of the TCOM Alumni Association.

Dr. Kinzie is the father of June Kinzie Gibson of Houston, Bill

Kinzie, M.D., of Ennis and Ellen Kinzie Hughes of Dallas; the grandfather of eight and the great-grandfather of two.

Scholarship winner Bates is the daughter of Frederick and Anita Schultz of 2816 Evergreen Drive in St. Joseph and a graduate of Western Michigan University. Turner is the son of R.M. and Olivia Turner of 302 Coach Lamp Lane in Houston and a graduate of Graceland College in Lamoni, Iowa.▲

Inauguration and TCOM Convocation to be Combined

The inauguration of David M. Richards, D.O., as president of Texas College of Osteopathic Medicine (TCOM) is being combined with the annual fall convocation at the college on October 10. Three osteopathic physicians and a Fort Worth community leader will be honored at the event as recipients of the TCOM Founders' Medals.

"We are purposefully keeping the inauguration low-key," said Mary L. Schunder, Ph.D., acting associate dean for student affairs and chairman of the convocation/inauguration committee. "Dr. Richards felt that it would be inappropriate to

spend a great deal of money on such an event in light of the state's strained budget situation. The combined ceremony will be dignified but not elaborate."

Receiving the Founders' Medal, TCOM's highest honor given for outstanding contributions to health care and osteopathic medical education, are Samuel B. Ganz, D.O., of Corpus Christi; George Grainger, D.O., of Tyler; V. Mae Leopold, D.O., of Odessa, Missouri; and Harry Werst of Fort Worth. All four were members of the Board of Directors of TCOM when it was a private institution. The college be-

came state supported under the North Texas State University Board of Regents in 1975.

The combined ceremony begins at 2 p.m. in the auditorium of Medical Education Building 1. The public is invited.

Dr. Richards was named president of the medical school in January after having served as acting president since June 1, 1985. He has been with TCOM's administration since 1981, when he came from Ohio University College of Osteopathic Medicine as associate dean for academic affairs. ^

District Communiqués

By H. George Grainger, D.O.

Ben Wheeler's apotheosis, Dr. Charles Ogilvie, recently made the cover of the Summer Issue of the magazine, *Perspectives*, we note. Charlie, a peripatetic winner of all kinds of marathons, is shown up front of what looks like a thousand starters at the Tyler Spring Marathon, sponsored by Mother Frances Hospital here, which puts out the flier. Not only that, but his smiling full bust takes up the length of page two in vivid color, along with a "running" commentary on his pedal accomplishments.

The fact that Ogilvie was on the faculty of Texas College of Osteopathic Medicine, and by inference, a D.O., was nicely brought out in the article by the local M.D. hospital public relations magazine.

Graingergram: Marathon races are not run on the level.

* * * * *

The District III division of TOMA, erstwhile East Texas district, has just been blessed with the bounteous influx of four new D.O. practitioners into Tyler and environs: two Husband-Wife teams, it so happens, which is good.

The Tyler team consists of Tero John and Martha Yoel Walker, who have settled into offices in the professional building next to Doctors-Memorial Hospital. The environs team (translated: Lindale) are Wendell Phillip, Jr., and Donna Marie, Hand; and they occupy the Lindale offices at 103 North Street.

The Hands are graduates of TCOM, class of '85, Donna having received the accolade of Dean's

Scholarship Cum Laude for her entire four years of school. Both are fresh out of GP internships in two different prestigious osteopathic hospitals.

The Walkers are both graduates of Kansas City, class of 1980. Martha, a GP, brings along previous licenses from Ohio and Michigan, while Tero John has one from Michigan. Tero John has just completed his training in orthopedic surgery at Parkview Hospital, Toledo, Ohio and as such, is already filling a great vacuum on the staff of Doctors-Memorial. (We had him setting fractures even before he'd had a chance to move in.)

We welcome to Texas and District III the Walkers and the Hands! ^

* * * * *

ANTACIDS MAY HAVE TO CARRY WARNING LABELS

The Food and Drug Administration (FDA) has proposed that over-the-counter (OTC) antacid products should bear labels warning of possible prescription drug interactions. The proposal was published in the July 30 *Federal Register*.

The proposed warning would read, "Antacids may interact with certain prescription drugs. If you are presently taking a prescription drug, do not take this product without checking with your physician." Antacids can slow the rate of absorption of some prescription drugs, said the FDA, thus reducing the drugs' efficiency.

Additionally, the FDA said that although interactions between aluminum, calcium and magnesium antacids and tetracycline are the most frequent, information in the literature implies that the entire class of antacids interacts with other drugs as well, due to pH-related and other mechanisms of antacids.

TDH ANNOUNCES REVISED POLICY FOR DISTRIBUTION OF VACCINES

Robert Bernstein, M.D., Commissioner of Health, Texas Department of Health (TDH), has announced that increased vaccine prices accompanied with State budget deficits have forced the TDH to revise the September, 1984 *Policy for Distribution of State and Federal Vaccines to Private Physicians*. The new policy became effective September 1, 1986.

Dr. Bernstein said the major change to the policy involves the distribution of vaccines to a few physicians in Texas who receive substantial amounts of vaccines to administer to their private patients. Limited amounts of vaccines will still be provided to physicians for their indigent patients and in addition, vaccines will continue to be provided to physicians who are Early and Periodic Screening, Diagnosis and Treatment providers.

Physicians interested in receiving a copy of the *Revised Policy for Distribution of State and Federal Vaccines to Private Physicians* should contact the TOMA State Headquarters.

A REMINDER REGARDING PRE-AUTHORIZATION FORMS

As you know, the Medicaid program has cut payments and also is reducing the number of services they currently pay for, which is creating confusion. Physicians are sometimes unaware of what services they will or will not pay for. Physicians are advised to have their patients sign either the Medicaid or the Medicare side of the authorization form for any service administered, other than an office visit. By following this procedure, the patient can be billed if the claim is returned stating that a particular service is not covered. If the pre-authorization form is not signed by the patient, he or she cannot be billed by the physician.

Physicians needing a copy of this form (which can be photocopied for future use) should contact the TOMA State Headquarters.

TWO CHAMPUS CLAIM FORMS TO BE DISCONTINUED

The use of two CHAMPUS claim forms will be discontinued as of the end of September, 1986. The forms are DA Form 1863-3, "Services and/or Supplies--Handicapped Program (Active Duty Dependents Only)" and DA Form 1863-4, "CHAMPUS Prescription Billing--Outpatient Pharmaceutical Services."

Since CHAMPUS is committed to using standard national claim forms (with the exception of its Claim Form 500), facility charges under the Program for the Handicapped should be submitted on the UB-82 after September 30, 1986. Handicapped program charges for professional services for dependents of active-duty military must be submitted on the CHAMPUS Form 500 or the HCFA 1500/CHAMPUS Form 501. These should be clearly marked "Program for the Handicapped" or "PPTH."

Pharmacies can use the CHAMPUS Form 500 or HCFA 1500/CHAMPUS Form 501 in place of the DA Form 1863-4. The same information for prescription drugs will still be required, even though the claim form has changed.

If the two obsolete forms (the "1863-3" and the "1863-4") are received by the CHAMPUS claims processors after September 30, 1986, they will be returned to the claimant for resubmission on a valid claim form.

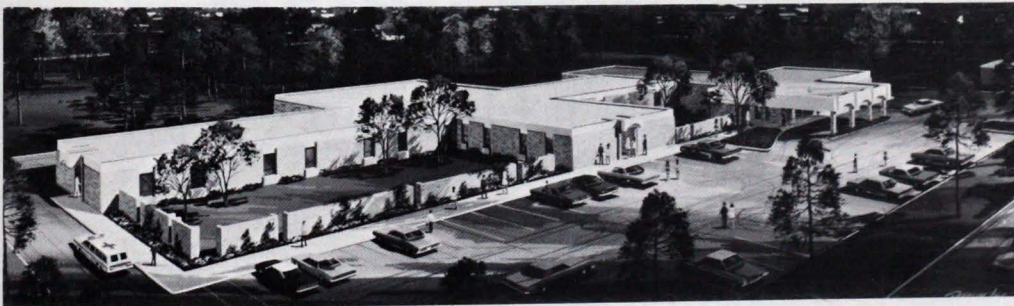
New Quarters for Marion A. Groff, Jr., D.O.

Residents of Pilot Point, Texas have a reason to be proud of a new 10,000 square foot building constructed on Highway 377 South. Known as the Tri-County Medical Plaza, the beautiful new facility houses the offices of TOMA member Marion A. Groff, Jr., D.O., a general practitioner in Pilot Point since 1964; Rene Scott, D.D.S and the Axtell Pharmacy. The medical plaza offers a greater convenience in regards to total health care to the community and surrounding areas.

Dr. Groff has been a TOMA member since 1956. He received his D.O. degree from Kansas City College of Osteopathic Medicine in 1956 and interned at Dallas Osteopathic Hospital from 1956-57. He currently holds memberships in TOMA District II and the American Osteopathic Association.▲



DOCTORS MEMORIAL HOSPITAL TYLER, TEXAS



Open Staff Osteopathic Hospital in Beautiful East Texas

54 beds 6 bassinets 2 surgeries

GENERAL SURGERY
Keith L. Hull, D.O.

INTERNAL MEDICINE
Robert J. Breckenridge, D.O.

Professional Staff

RADIOLOGY
E. B. Rockwell, D.O.

ANESTHESIOLOGY
Edmund F. Touma, D.O.

Mr. Olie Clem, Administrator
Tyler, Texas 75701

Phone: 214-561-3771

1400 West Southwest Loop 323

Dr. Montgomery-Davis Updates Texas G.P.s

By Joseph Montgomery-Davis, D.O.
Immediate Past President

The Texas ACGP wishes to thank Pat Patterson and Marion Laboratories for providing their technical and graphic expertise to the Zeta Chapter at TCOM in the development of a logo, personalized stationery, student bulletins, etc. This pilot program has generated a lot of self-pride and enthusiasm from members of the Zeta Chapter.

The Texas ACGP is also developing a student health guide for the use of TCOM student doctors and their immediate families while at school or at home.

A mailing to all Texas ACGP members in the near future will encourage their participation in this TCOM Student Health project.

The chairman and members of the Texas ACGP Standing Committees have been appointed by Dr. Greg Maul, president of the Texas ACGP for 1986-87.

There are 10 Standing Committees and the appointments are as follows: Education — Dr. Nelda Cunniff, chairman; Membership — Dr. Richard Hall, chairman and Dr. Montgomery-Davis, member; Pharmaceutical — Dr. Nelda Cunniff, chairman and Dr. Lee Nelson, member; Hospital — Dr. Constance Jenkins, chairman and Dr. Denny Tharp, member; Awards — Dr. Douglas Sharp, chairman and Dr. Randy Rodgers, member; Constitution & Bylaws — Dr. T. Eugene

Zachary, chairman; Undergraduate Student Liaison — Dr. T. Eugene Zachary, chairman; Public Information — Dr. Lee Shriner, chairman; Government Legislation Liaison — Dr. Montgomery-Davis, chairman; and PACER — Dr. Montgomery-Davis, chairman.

The Ex-Officio members of the Texas ACGP Board appointed by Dr. Greg Maul are: Parliamentarian — Dr. T. Eugene Zachary; Editor of News Publication, Dr. Montgomery-Davis; and Liaison to National ACGP — Dr. Robert Maul.

The Texas ACGP would also like to congratulate the TCOM class of 1986 for their fine performance on the recent FLEX exam.▲

IN MEMORIAM

Warner H. Sorenson, D.O.

Warner H. Sorenson, D.O., formerly of Port Arthur, passed away at his home in Houston on March 5.

A TOMA member since 1943, Dr. Sorenson graduated from Kirksville College of Osteopathic Medicine in 1934 and served an internship at Fenner Hospital in North Platte, Nebraska. Postgraduate training included major surgical techniques at Denver Poly Clinic and Post Graduate College in Colorado.

He practiced in Oklahoma from 1934-1942 at which time he relocated to Port Arthur where he maintained his practice until 1983.

A founding member and owner of Doctors Hospital in Groves, Dr. Sorenson served in all capacities on the hospital board.

Throughout his active professional life, he was a member of TOMA District XII, in which he held all offices; served as president for TOMA District VI; held membership in the American Society of Bariatrics and was awarded Life Membership in TOMA in 1981. In addition, Dr. Sorenson was a Life Member of the American Osteopathic Association and a recipient of the AOA's certificate

of appreciation for 50 years of service to his profession.

He was also active in community activities and served as a Director of the Sabine Bank for 22 years; past president of the Kiwanis Club and was a member of the Port Arthur Chamber of Commerce.

Survivors include his wife of 52 years, Erma L. Sorenson; daughters, Michelle Johnson and Marchelle Daigle; grandchildren, Kevin Warner Johnson, Mark Daigle and Keri Daigle; and two brothers and ten sisters.▲

Reportable Diseases in Texas

The Texas Department of Health has issued a listing of reportable diseases in Texas. The listing is reprinted for your information.

The Communicable Disease Prevention and Control Act (Texas Civil Statutes, Article 4419b-1) authorizes measures for the control of communicable diseases and for the establishment of methods of procedure for reporting them. The Texas Board of Health, under authority of that Act, has issued rules (25 Texas Administrative Code, §§ 97.10) implementing the act, including the designation of certain communicable diseases as reportable.

Diseases to be reported immediately by telephone to the Texas Department of Health in Austin (CALL TOLL-FREE 800/252/8239)

Botulism	Plague
Cholera	Poliomyelitis, Paralytic
Diphtheria	Yellow Fever
Measles	

Diseases Reportable by Name

AIDS	Measles
Amebiasis	Meningococcal Infections
Anthrax	Mumps
Bacterial or Viral	Pertussis
Meningitis (specify etiology)	Plague
Botulism	Poliomyelitis, Paralytic
Brucellosis	Psittacosis
Campylobacteriosis	Q Fever
Cholera	Rabies in Man
Coccidioidomycosis	Relapsing Fever
Congenital Rubella Syndrome	Reye Syndrome
Dengue	Rocky Mountain Spotted Fever
Diphtheria	Rubella
Encephalitis (specify etiology)	Salmonellosis
Gonorrhea	Shigellosis
Hansen's Disease	Syphilis
Hepatitis, Viral	Tetanus
Type A	Toxic Shock Syndrome
Type B	Trichinosis
Non-A, Non-B	Tuberculosis
Unspecified	Tularemia
	Typhoid Fever
	Typhus Fever

Histoplasmosis
Legionellosis
Leptospirosis
Malaria

Endemic (Murine)
Epidemic
Viral Hemorrhagic Fever
Yellow Fever

Diseases reportable by numerical totals

Chickenpox
Influenza & Flu-like Illness
Streptococcal Sore Throat
Scarlet Fever

Occupational diseases reportable by name

Acute Occupational Pesticide Poisoning
Asbestosis
Elevated Blood Lead in Adults (blood lead $\geq 40 \mu\text{g/dl}$ in persons ≥ 15 years of age)
Silicosis

The Texas Board of Health also has designated by rule 25 TAC, §§ 99.1 certain occupational diseases as reportable, under authority of the Occupational Disease Reporting Act, Chapter 931, Article 19, Acts of the 69th Legislature, Regular Session, page 6741 et seq. (Texas Session Laws Service (Vernon's) to be codified as TCS Art. 5182c).

In addition to the requirements of individual case reports, any unusual or group expression of illness, whether related to communicable disease, occupationally caused sickness, or due to an unknown cause, which may be of public health concern should be reported to the Texas Department of Health in Austin, through the local health authorities, or to the State Epidemiologist directly by the most expeditious means.

The Venereal Disease Act (Art. 4445d, TCS, amended) and the Tuberculosis Code (Art. 4477-11, TCS, amended) require the reporting of cases of syphilis and gonorrhea and tuberculosis, respectively. Form J-27, "Confidential Report of Venereal Disease," is used to report syphilis and gonorrhea, and Form TB-400, "Report of Case and Patient Services," is used to report tuberculosis.

Your cooperation in promptly securing these reports helps all Texans and is greatly appreciated. Reports of these diseases may be made in writing to the Texas Department of Health, 1100 W. 49th St., Austin 78756, or by calling 800/252-8239.▲

TEXAS TICKER TAPE

JUA PRIMARY COVERAGE RATES ARE DOUBLED

A soaring rate increase was approved by the State Board of Insurance for the Texas Medical Liability Insurance Underwriting Association (JUA) to take effect September 1 for new policies, with a 90-day notice for renewals.

The rates for primary coverage for medical professional liability rose by 104.7 percent for physicians, surgeons and non-institutional health care providers. For hospitals and institutional health care providers, rates skyrocketed to 109.9 percent.

The reason for the huge increase is a deficit of \$11 million sustained by the JUA in 1984. An even larger deficit is predicted for 1985 which will most likely require the JUA to obtain additional increases from policyholders.

AAOA AWARDS SCHOLARSHIPS FOR 1986

The Scholarship Awards Commission of the Auxiliary to the American Osteopathic Association has announced the recipients of the National Osteopathic College Scholarships for 1986. The awards are based on academic quality, financial need, personality and motivation toward the osteopathic medical philosophy. Of the 140 applications received, 25 scholarships were granted along with five alternate awards.

Recipients of scholarships enrolled at Texas College of Osteopathic Medicine are Student/Doctors Don Allred, Caroline Woodland and Pamela Nix, all in the Class of 1989.

We extend our congratulations to all the scholarship winners.

STUART PHARMACEUTICALS AWARDS GRANT TO SOMA

Stuart Pharmaceuticals has awarded a \$20,000 educational grant to the Student Osteopathic Medical Association (SOMA), to be awarded to 18 individuals in order to help defray the educational costs incurred in attending osteopathic medical schools. Criteria for the selection will be based on SOMA involvement, scholastic records and financial need.

The program is open to all SOMA members. One award each will be distributed to 12 osteopathic medical schools, with two awards each going to the three largest osteopathic medical schools.

TEXAS MEDICAL ASSOCIATION NAMES NEW CEO

D. Brent Mulgrew of Columbus, Ohio has been named chief executive officer of the Texas Medical Association (TMA). His appointment became effective October 1. C. Lincoln Williston will continue as executive director until his retirement December 31, 1986.

As chief executive officer, Mulgrew will be responsible for the management and operation of the TMA and its staff, headquartered in Austin.

MORE FINANCIAL AID

In light of rising tuition costs, the Financial Aid Office at Texas College of Osteopathic Medicine is doing all it can to offer monetary help to students. This year, 63 students are getting a total of \$248,000 in financial aid through the office. That's up from 29 students with \$146,000 in aid last year. David Erickson became director of financial aid at the school in March 1985.

ATTORNEY GENERAL OPINION

An opinion was requested concerning whether a county hospital district is liable for emergency health care administered in a hospital in another county to an indigent resident of the hospital district.

The Attorney General's opinion stated, "A hospital district created under article IX, section 9 of the Texas Constitution, is liable for emergency health care administered prior to September 1, 1986, to an indigent resident of the hospital district in a county hospital of another county."

LIBRARIANS TO MEET

Some 300 members of the South Central Regional Group of the Medical Library Association will meet in Fort Worth, October 27-31 with a reception and dinner for the group at Texas College of Osteopathic Medicine's new Health Sciences Library set for October 29. The four-story library and biomedical communications building, Medical Education Building 3, is set to open in late October.

Newsbriefs

THE PHYSICIAN-FRIENDLY PENTAGON

Although recent legislation in Florida allowing pharmacists to write prescriptions was passed, physicians seem to have a friend in the Pentagon. Federal regulations, according to the Pentagon, prohibit CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) from paying for medication costs unless a physician writes the prescription.

MIDWIVES GRANTED HOSPITAL PRIVILEGES IN OHIO

Ohio hospitals are now required by law to grant clinical privileges to certified nurse midwives. Although they are not allowed to admit patients into a hospital, they may practice in one with the backing of a physician. The purpose of the bill is to keep hospitals from discriminating against midwives, require insurers to reimburse for their services and change the licensing mechanism for their practice.

GOOD NEWS FOR GOMA

The Georgia Osteopathic Medical Association (GOMA) reports that the Georgia Department of Medical Assistance, which oversees the Medicaid program, has agreed to dispense with their requirement for prior approval of osteopathic manipulative therapy. D.O.s may now bill for OMT exactly as they bill for all other modalities.

The turnabout came after several months of discussions with various groups by GOMA representatives. GOMA pointed out that no other third party payer required prior approval and it was essentially an impossible requirement. It was also pointed out that Medicare has instituted specific coding nationwide for OMT and recognizes it as a legitimate diagnostic and treatment modality.

NURSES ARE CLAIMING THEIR OWN TURF

With the cost of health care ballooning, non-traditional providers are becoming a trend with cost-conscious patients. The American Nurses' Association has reported that over the last few years, it is estimated that the number of nurses organizing their own clinics and managing their own businesses has grown to 20,000, even though most state laws grant provisions for limited services. One nurse operating a clinic in Illinois skirted policy by taking in nine physicians as employees in order to complement her staff of 14 nurses.

OPEN-HEART SURGERY IS HALTED AT VA HOSPITAL

Recent patients deaths have prompted the Veterans Administration (VA) Hospital in Washington to discontinue performing open-heart surgery for the present time until the situation is reviewed by a group of consultants.

A sudden increase in the mortality rate among open-heart surgery patients began this summer and the director of the VA's District of Columbia hospital ordered the open-heart surgery unit closed in late August.

According to the *Washington Post*, six of 21 patients undergoing the operation in July and August alone have died and the VA is currently undergoing a nationwide review targeted at closing some units and consolidating others. A VA study has proposed that VA hospitals performing less than 150 operations per year with a mortality rate greater than five percent should close down open-heart surgery units on a permanent basis. As a result, VA officials have commented that one-quarter to one-third of the 49 VA hospitals which perform open-heart surgery may see their cardiac units shut down, however, a decision will be made by the VA in December.

THIS MIGHT BE BAD NEWS FOR DENTISTS

The Food and Drug Administration is currently pondering export approval of a Japanese-made toothbrush - with a microchip implanted inside the handle. The microchip releases electrons through the bristles which breaks down the film in which bacteria flourish. The toothbrush, which sells for about \$12 in Japan, is said to clean plaque at least 10 times more effectively than the old-fashioned manual models.



**Professional
Pathology
Services**

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

P.O. Box 64682 Dallas, Texas 75206

TOMA District V Stages Mesquite Health Fair

By Claudette M. Miller

The Texas Osteopathic Medical Association, District V, sponsored a Health Fair, August 9, at the Medical Center Building in Mesquite.

District V physicians volunteered their time to do almost 200 free athletic physicals for the Mesquite School System. Donating their time for these students were Drs. Linus Miller, Jerry Cannaday, Phil Hutchison, Sybil Brinkman, Brad Eames, Neil Levy, Barry Burke, and Steve Bander. ATOMA greatly appreciated these doctors giving up their Saturday to help.

Well-known osteopathic physician, lecturer and marathon-runner, Dr. Charles Ogilvie, gave an enlightening address regarding nutrition and exercise. Dr. Ogilvie is ranked second in the nation in his age

bracket in 10 kilometer races.

Some of the exhibitors who attended the Health Fair and offered services to the community were Mesquite Physicians Hospital, Metropolitan Hospital, Dallas Memorial Hospital Guild, Mesquite Police Department, The American Cancer Society, MADD, Prevent Blindness, Horizon Recovery, Meadowview School and Racquetball Resorts Inc.

Mrs. Carol Ann Gafford compiled an excellent slide presentation on the osteopathic physician entitled "I Am a Physician," that was shown throughout the day. This presentation will be used in the future as a public relations tool to be shown at area hospitals, schools, etc. Many thanks to Carol Ann for a beautiful

job!

Mrs. Marty Hinshaw assembled Health Directory listing active District V osteopathic physicians and hospitals. These informative directories were passed out to visitors the day of the fair. Thanks must also be extended to Dr. and Mr. Bill Way for their assistance with this project.

An event of this proportion could not have been a success without the help of many volunteers. In particular I would like to thank Kare Bander, Susie Burke, Bessann Anderson, Betty Collop, Carl Herren, Marty Hinshaw, Carol Ann Gafford, and Barbara at the TOM State Office. These ladies are the greatest!^

Ten Years Ago in the "Texas DO"

The feature story concerned ground-breaking ceremonies for TCOM's Medical Education Building I, scheduled for November 15 with Governor Dolph Briscoe participating. The total estimated project cost was \$12.8 million and occupancy date was expected to be in time to accommodate the entering freshman class of 1980. This was the first completely new facility built especially for TCOM. The school's first facility of its own had previously housed a bowling alley so things were certainly looking up for the college.

TOMA President David Armbruster, D.O., made an official

visit as TOMA President in Amarillo where he met with members of TOMA District I. His first official visit was in early September at a District III meeting in Tyler.

Ralph L. Willard, D.O., Dean of TCOM, announced the establishment of a rural clinic program to provide health care for the residents of Justin and surrounding areas. The Justin Clinic was the first clinic to be opened outside the City of Fort Worth and began operation on October 1. The physician in charge of the new clinic was James McLaughlin, D.O. and student/doctors and seniors from TCOM began

rotating through the clinic during the clinical clerkship portion of their medical training.

The American Osteopathic Hospital Association Committee on Hospitals with Teaching Programs met in Chicago September 16, with the major agenda item focused on the continuing review of the "internship crunch" facing osteopathic hospitals as well as the cost to hospitals for providing and conducting postdoctoral training and clinical clerkship programs. Representing TCOM at the meeting were Dean Ralph L. Willard, D.O., and George M. Esselman, D.O.^

An Osteopathic Physician Looks at Chinese Medicine

By Fred R. Tepper, D.O.

Director of Sportsmedicine, TCOM

I recently had the opportunity to participate as a delegate in a primary care/sportsmedicine cultural exchange program with the People's Republic of China. The program was sponsored by the People-to-People Citizen Ambassador Program, a brainchild of the late President Eisenhower, which over the years has essentially been formulated to literally let the people, rather than primarily politicians exchange information and ideas.

The headquarters for the program is located in Tacoma, Washington and in May, 30 of us set off for this most exciting 10-day event. Participants included two D.O.'s, of which I was one, 27 M.D.s and one Ph.D., all hailing from various states. All were either involved in sportsmedicine or primary care with an interest in sportsmedicine.

Highlights of this trip included: 1) the structure of the health care delivery system of the Beijing area, where visitations were made at the number three Teaching Hospital of Beijing as well as the Institute of Sportsmedicine, the Beijing Shunyi County Hospital the Township Health Center (one out of 30 in Beijing County); and the Village Health Station (one out of 434), 2) The Hangzhou Athletic Training Center, one of 30 in China, with 600 professional athletes, 100 coaches and 17 on the medical staff and 3) the Hangzhou Institute of Traditional Medicine.

We were fortunate indeed to have an outstanding representative of the Chinese Medical Association, the national organization, direct and interpret our mainland China experiences. Although the Chinese language comprises over a dozen major spoken dialects, the official spoken language is Putongua (standard speech), known to Westerners as Mandarin and was declared the common language at the National Conference on Reform of the Chinese Written Language in 1955. In 1977 the Chinese formally requested the United Nations to utilize Pinyin romanization for the spelling of place-names in China. This method of romanization was created by the Chinese in the late 1950's and the Chinese government has encouraged minority languages not having a written form to develop written scripts using Pinyin. However, these groups are also urged to continue traditions to promote knowledge of their ethnol-

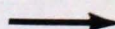
inguistic heritage. Thus the Mandarin-based dialect is taught in schools, usually as a second language and knowledge of it is necessary throughout China.

Beijing is the capital of China, which is the Pinyin transliteration for Peking, and has been the capital for about 1,000 years with a few interruptions. It is an independently administered municipal district, located in north central China, consisting of 6,500 square miles and a population of 10 million. It is the cultural, political and intellectual center of China and has more colleges and universities than any other Chinese city. In addition, Beijing is the ceremonial center for China, not only because it is the capital, but because of the cultural traditions of vast richness it displays to foreigners and Chinese travelers. The Beijing area is dry, flat country and an interesting note is that there is not a blade of grass in this area whatsoever, due to the shortage of water in the area, however everyone is required to plant three trees annually.

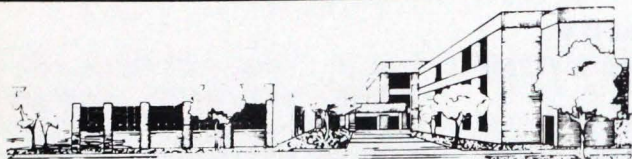
The culture and philosophy of China is extremely interesting and this trip has left me with the desire to learn more about the country in addition to the medical system.

Ironically enough, I was born in a "Year of the Tiger" and my visit coincided with a "Year of the Tiger." 1986 is the 4,684th Chinese year. The Chinese lunar calendar is the longest chronological record in history and a complete cycle takes 60 years, composed of five simple cycles of 12 years each. (Sunspot cycles, Stonehenge and Mayan calendars are merely three challenging similarities considered in the many experiences of China). During the complete 60 year cycle, each of the 12 animal signs is combined with the five main elements, which are further divided into positive and negative polarity (Yin and Yang). Only six changes of elements occur in a normal 12 year cycle because each element must appear twice (positive, negative).

Chinese antiquity has described the source of all movement of matter and the life force to the constant, equilibrating Yin and Yang, which are complementary opposites (neither forces or material entities but convenient labels used to describe how things function in relation to each other and to the universe). They are



also seen as parts of a whole. "In harmony with nature" was an omnipresent theme in numerous aspects of Chinese life, including philosophy, architecture, medicine, exercises and so on. Harmony means that the proportions of Yin and Yang are relatively balanced, disharmony means the proportions are unequal and there is imbalance. A deficiency of one aspect implies an



"Your Opportunity"

**Dallas/Fort Worth
Medical Center - Grand Prairie**

**As a physician, Dallas/Fort Worth Medical Center
offers you an opportunity. . .**

... FOR PROFESSIONAL GROWTH — an expanding 377-bed not-for-profit medical facility with an outstanding need for many physicians. Located in a rapid growth area in the heart of the Dallas/Fort Worth Metroplex.

... FOR SECURITY — \$60,000 first year guarantee. For additional security, one year's free rent on office space in Medical Center's medical office building.

... FOR PROGRESS — medical complex with specialized services including a Metabolic/Diabetes Unit, Cardiac Intermediate Care, Alcohol and Drug Rehabilitation Care Unit, and the Southwest Trauma Center.

... FOR CONVENIENCE — 30,000 square foot hospital based medical office building with plans for expansion.

... FOR A CHALLENGE — continued excellence in internship and residency programs, as well as a comprehensive continuing medical education program for the more than 150 osteopathic and allopathic physicians presently on staff.

... A COMMITMENT — providing the best diagnostic and treatment capabilities currently available for the citizens of the community. Presently offering many services not usually found in comparable hospitals.

**2709 Hospital Blvd.
Grand Prairie, Texas 75051
(214) 641-5001**

**For information, please contact:
Dan Nielsen, Chief Executive Officer**

**"Ours is a health care facility that will not be content
with less than excellence in everything we do."**

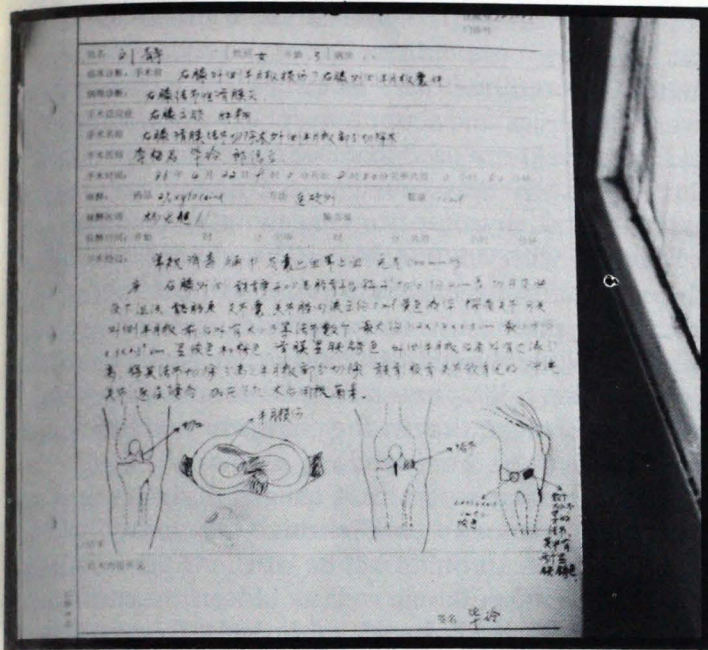
excess of the other and one cannot exist without the other.

"Qi" is considered the energy of life. Chinese meridians are the channels or pathways that theoretically carry "Qi" through the body. These channels are unseen and carry nourishment and strength, unifying all the parts of the body. This is thought to be essential for the maintenance of harmonious balance, regulating Yin and Yang. Most acupuncture points relate to the meridians and most herbs a doctor prescribes are thought to enter one or more of the meridian pathways, the meridian theory being that disorder within a meridian generates derangement in the pathway and creates disharmony along that meridian or that such derangement is a result of disharmony of the meridian's connecting organ. Disharmonies in an organ may manifest themselves in the corresponding meridians. "Western" medicine thought uses terms like "somatovisceral" and "viscerosomatic" in such a discussion.

Qi Gong techniques epitomize the Chinese claim that the human psyche can influence susceptibility to disease and the natural course of illness. "Western" medicine has just begun to wonder whether and how meditation, biofeedback, relaxation response and faith alter human physiology (psychoneuroimmunology). 3,000 years before the birth of the first psychoneuroimmunologist, Chinese doctors were struggling with the same mind-body relations.

It is absolutely fascinating to study the parallel evolution of Western "modern" medicine and Chinese "traditional" medicine. The intellectual golden era of ancient China strangely paralleled that of Greek philosophy. Confucius died in 479 B.C., a few years before the birth of Hippocrates. The world, as Hippocrates knew it, did not contain China, thus medicine evolved in both cultures independently and unaware of each other. "Western" medicine dramatically evolved with surgery, chemical medicine, psychology and (lately) osteopathic medicine while Chinese medicine evolved with acupuncture, herbal medicine, Qi Gong and public health. Only recently have the two unique forms of medicine begun to interact and exchange ideas and practices. A Chinese physician told me he viewed this difference in medical practice in the same concept as eating a meal: "The goal is the same; some do it with chopsticks, some do it with forks and spoons."

China has come a long way since the Cultural Revolution of 1966-69, at which time almost all classrooms were closed. Mao had declared that the goal of education was to reduce the sense of class distinction, to be accomplished by reducing the social gaps between manual and mental labor. Primary and secondary schools began to reopen in 1968-69 but all institutions of higher education remained closed until the 1970-72 period. During this period, government policies toward education changed dramatically. Primary and secondary schools were decreased to nine and 10 year plans versus



Orthopedic surgical chart.

the traditional 13 years and colleges with four or five year curriculums changed to three years. In addition, part of the time was utilized for productive labor in support of the school and a two-year period of manual labor also become essential for most graduates who wanted to enter college. Following Mao's death in 1976, policies began to change partly because of the increased interest in science in Chinese education. The number of years in school once again increased, resembling the tradition of the pre-Cultural Revolution years and graduates were no longer required to perform two years of manual labor before competing for college positions. Among the most prominent universities in China are Peking University (1898) and Hangzhou University (1952).

There are many medical schools in China but due to the inadequate number of slots, many are trained in Russia and the United States. Prospective physicians are chosen directly out of high school by examination and go directly into medical school for basic training. If a student shows a high degree of expertise in a specialty, he or she takes an exam relating to that specialty. The government or even a professor can assign a specialty to a student who shows vast interest and/or level of competence in a particular field. There are many different types of education offered, for example, individuals wishing to study acupuncture or Tui-Na (Chinese massage therapy) must obtain different degrees for expertise in those fields. In fact, to become the head of a department in a hospital, a physician must obtain a certain amount of additional education. I noted that there were many specialists and not many private practices. I also found it quite interesting that many individuals in occupations other than medicine make the same amount of money as do physicians, however, physicians have a very high level of social standing in their



Students in training at Hangzhou Athletic Training Center.

communities and are greatly respected.

Impressive gains have been made in the area of health care. In 1949, life expectancy was 45 years; by the 1970's, it had risen to 62 years. By 1976, China had a paramedical corps of "barefoot doctors" trained in hygiene, preventive medicine, acupuncture and routine treatment of most common diseases. For millions of individuals in rural areas, "barefoot doctors" were their first contact with health services. Historically, a country's public health progress roughly parallels the curve of a country's Gross National Product. In China, however, the public health status has greatly exceeded the GNP. In a country with a population of over 1.05 billion, in excess of 90 percent of the population has received appropriate immunizations. This amazing fact has been accomplished through a highly structured and regimented health care delivery system as related to public health. Mass campaigns in the health care field are ongoing. There is a national campaign against pestilence (flies, mosquitoes, rats and roaches). The war against schistosomiasis has gradually diminished the schistosoma through traditional and modern methods in the rice fields. Rats, however, have made a dramatic resurgence in the past few decades and destroy in excess of 10 percent of new rice plants annually. In addition, government promotion has encouraged efforts to diminish venereal disease and to promote child immunizations. Numerous rural clinics assure that health care is available to those who cannot pay. Government subsidiaries pay the bills, however, in some instances, people may pay 50 cents or a minimal fee depending upon their job status. Persons with good jobs who remain for a number of years many times get certain benefits, such as free total health care.

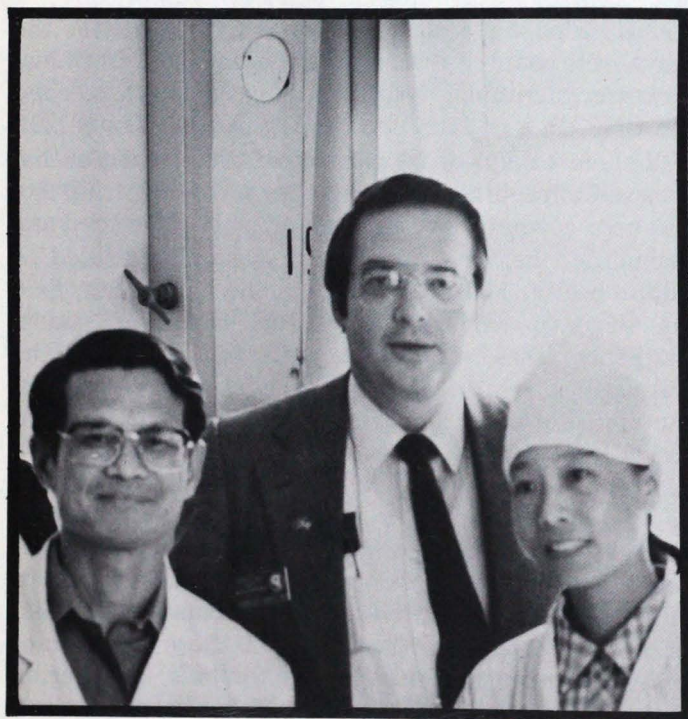
The Hangzhou Institute of Traditional Medicine has been in existence for 30 years and boasts of departments of research and herbal medicine; acupuncture, basic science and immunology; Tui-Na (Chinese massage therapy) and clinical services. The Ming Dynasty, which ruled from 1368-1644 during which time earlier institutions were restored, schools were founded and the arts (especially porcelain) were brought to a high degree of excellence, had some 50,000 "prescriptions." Today's herbal pharmacy now contains some 1,000 herbs — a compilation of the best proven herbs over thousands of years. Most "prescriptions" contain nine to 11 herbs and are used as plasters and oral medications supplied as pills, pulvules and aerosols. I noticed that traditional medical physicians had their own hospitals and essentially all procedures are performed in the hospital due to the seemingly lack of private practices, as mentioned already. Aspirin is not dispensed in these hospitals as herbs are used instead, along with other traditional methods. The scarcity of nurses stations struck me as quite odd.

The subject of acupuncture was couched in terms of a very old truth, with new and old points. Historically, it is thought to "balance" Yin and Yang, introducing or extracting the imbalances of Qi through the acupuncture points with the application of plasters at those points, inserting needles - acupuncture or moxibustion (heated acupuncture) - or acupressure at those points. I learned, for example, that certain herbs and toadskin preparations used in treating asthmatic patients contain ephedrine and that acupuncture has been found to af-

fect the endorphan response. The Chinese physician uses "western" epinephrine for anaphylaxis, "western" surgical procedures and anesthesia utilizing pre- "western" drugs and acupuncture. It was explained that epidural blocks are used in cases requiring more muscle relaxation than that provided with acupuncture, but that subtotal thyroidectomies are performed almost exclusively with acupuncture. The clinical evaluation of a patient using examination of the tongue, evaluation of the pulse and a thorough history was frequently followed with acupuncture and other traditional therapies and very little western medicine is prescribed. I did find, however, that in the emergency room, adrenalin and lidocaine were used.

An interesting aspect that caught my attention was the high incidence of cancer which can probably be attributed to the smoking habits of the Chinese. Almost all of the men smoke as well as older women. In addition, coal is burned almost exclusively for heating and cooking and in my opinion, dust due to the absence of grass in the Beijing area is another possible contributing factor. In comparison to the United States, the incidence of heart disease is fairly low which may be accounted to the fact that most people ride bicycles there being few automobiles in China.

Another item of interest was that in almost every park in the early morning hours, hundreds of people of all ages could be seen exercising. Many claims have been made for the traditional Tai Ji Quan early morning exercises done by millions every day. It involves a continuum of controlled breathing and exercise routines.



Left to right - Director of sportsmedicine facility at No. 3 Teaching Hospital in Beijing, Dr. Tepper and orthopedic resident.



Patient undergoing moxibustion (heated acupuncture).

that would have to be beneficial, if for no other reason than basic range of motion of the major joints of the body, allowing for a gradual introduction into the activities of the day.

While not relevant to medicine, another aspect of Chinese life which I found revealing was the divorce rate, which is four percent in the city and two percent in the country. Quite an obvious difference from the U.S. statistics. In addition, the Chinese are moving away from pre-destined marriages and the government itself encourages later marriages. Due to the huge population, couples are encouraged to have only one child and this effort has been coupled with the expansion of public health facilities which provide birth-control information and contraceptives at little or no cost.

The opportunity to visit China was a unique cultural experience for me — a “western” physician “couched” in a mere century-old experience of osteopathic medicine. To me, the mentally stimulating and challenging exposure to the many unanswered questions of the Chinese medical experience is even more awesome than the considerations of the “fascilitated segment” and the “cranial concept.” The Chinese have been using manipulative techniques for many centuries; osteopathic physicians have been considering acupuncture for only two decades. The future of an exchange of ideas and practices of Chinese “traditional” medicine and western “modern” medicine should be an exciting evolutionary experience.

Bibliography

1. Doczi, G., *The Power of Limits* (Proportional Harmonies in Nature, Art, and Architecture), Shambhala, Boston and London, 1981.
2. Eisenberg, D., and Wright, T.L., *Encounters With Qi* (Exploring Chinese Medicine), W.W. Norton, New York, and London, 1985.
3. Kaptchuk, T.J., *The Web That Has No Weaver* (Understanding Chinese Medicine), Congdon and Weed, New York, 1983.
4. Lau, T., *The Handbook Of Chinese Horoscopes*, Arrow Books, London, 1986.
5. Majno, G., *The Healing Hand* (Man and Wound in the Ancient World), Harvard University Press, Cambridge and London, 1982.
6. *Traditional Chinese Fitness Exercises*, China Sports and New World Press Editors, New World Press, Beijing, 1984.

Editors Note:

Dr. Tepper, as Director of Sportsmedicine at Texas College of Osteopathic Medicine, has expressed the desire to speak on all aspects of sportsmedicine/rehabilitation at TOMA district meetings. The specialty of sportsmedicine has come a long way in a short period of time and thus, is an often misunderstood area. However, as this field of medicine grows, it will certainly be advantageous to any health care professional, regardless of specialty, to learn the basics of this field which is increasing in importance.

Additionally, Dr. Tepper has also stated he would be more than pleased to speak on his trip to China and does have slides of medical facilities and the various hospitals and clinics he visited during his trip.

Any TOMA district interested in learning more about sportsmedicine/rehabilitation and/or the Chinese health care delivery system, can contact Dr. Tepper at 1501 Merrimac Circle, Fort Worth, 76107 or phone (817)-870-5260.▲

California May Soon be Doing it the “Right” Way

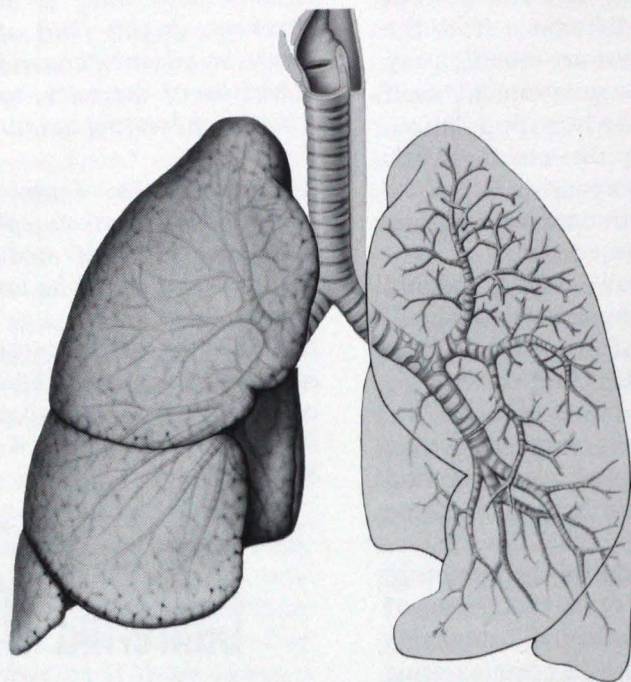
The Osteopathic Physicians and Surgeons of California (OPSC) report that after many months of frustration, their efforts at obtaining D.O. peer review for D.O. Medicare cases may soon become a reality.

California Medical Review, Inc. (CMRI), the contractor for Medicare peer review, had been blatantly ignoring previously approved regulations stipulating D.O. peer review of D.O.s. OPSC began corresponding with the Department of Health and Human Services (HHS) and the Health Care Financing Administration (HCFA) regarding this matter.

Following the latest round of correspondence, the HCFA regional office in San Francisco contacted CMRI. The CMRI director stated that since D.O. and M.D. degrees were equivalent, he did not see a problem in M.D.s performing D.O. peer review, however, he admitted he “misunderstood” the HCFA regulations. He has now sent out letters to the six CMRI district medical directors pointing out that the regulations call for M.D. peer review of M.D.s and D.O. peer review of D.O.s. The six district medical directors are currently in touch with OPSC in order to obtain names of D.O. peer reviewers.

This case clearly points out that action, not apathy, is the way to get things done, especially when rules or regulations are “misunderstood.”▲

Consider the causative organisms...



Ceclor®
ceclor

250-mg Pulvules® t.i.d.

**offers effectiveness against
the major causes of bacterial bronchitis**

Haemophilus influenzae*, *H influenzae*, *Streptococcus pneumoniae*, *Streptococcus pyogenes
(ampicillin-susceptible) (ampicillin-resistant)

Note: Ceclor® is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Ceclor® (ceclor)

Summary. Consult the package literature for prescribing information.

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

Contraindications: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-

associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:

- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, safe dosage of Ceclor may be lower than that usually recommended. Ceclor should be administered with caution in such patients.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor

penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:

- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions): 1.5%; usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. 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: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%.

Abnormalities in laboratory results of uncertain etiology

- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children)
- Abnormal urinalysis; elevations in BUN or serum creatinine
- Positive direct Coombs' test
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly)

© 1986, ELI LILLY AND COMPANY (060485LR)

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



600332

TOMA Membership Applications Received

G. Edward Early, D.O.
TCOM '82; b '55; GP
Anderson Co. Memorial Hosp.
900 S. Sycamore
Palestine, 75801

Chris J. Fernon, D.O.
TCOM '85; b '56; GP; ER
P.O. Box 9563
Fort Worth, 76107

Michael L. Greene, D.O.
TCOM '85; b '56; GP
Hwy. 35 North at Airport Road
Rockport, 78382

Yolanda Rios Greene, D.O.
TCOM '85; b '57; GP
Hwy. 35 North at Airport Road
Rockport, 78382

Charles R. Hall, D.O.
TCOM '85; b '59; GP
P.O. Box 489
Bangs, 76823

Wayne H. Harris, D.O.
OkCOMS '83; b '53; C-Fam. Prac.
1714 North Henderson
Dallas, 75205

George S. Kouns, D.O.
TCOM '79; b '51; GP
942 B Avenue D
Abernathy, 79311

Charles R. Lovelace, D.O.
TCOM '85; b '54; GP
1717 A Patricia
San Antonio, 78213

Melissa Martin, D.O.
TCOM '80; b '54; RAD
4501 Sussex Avenue
Grand Prairie, 75052

Daniel Maydonovitch, D.O.
NEC '84; b '55; GP
123 Ascot
San Antonio, 78224

Harry L. Moskowitz, D.O.
PCOM '60; b '32; GP
Hardy Medical Clinic
2103 Hardy
Houston, 77026

Billy R. Ringer, D.O.
TCOM '80; b '53; PLR
3600 Magnum Road
Houston, 77092

John S. Scott, D.O.
TCOM '85; b '57; GP
2955 Alouette, No. 222
Grand Prairie, 75051

H. Thomas Willard, D.O.
TCOM '85; b '55; GP
4728 Kilpatrick
Fort Worth, 76107

W.D. William H.
Dean and Associates
ESTATE ANALYSTS

AOA Sponsored Major Medical Insurance

FOR
PRACTICING PHYSICIANS,
THEIR FAMILIES, EMPLOYEES
AND
STUDENT DOCTORS

NOW BEING OFFERED AT NEW
LOW GROUP RATES

LIFE, DISABILITY AND OFFICE OVERHEAD INS.
THROUGH

WILLIAM H. DEAN & ASSOCIATES
P.O. BOX 470185
FORT WORTH, TX 76147

817-335-3214

METRO 429-0460

JADE
PLAN SERVICES, INC.

TURN-KEY PLANNING

AND

IMPLEMENTATION

FOR

IRA
PENSION & PROFIT SHARING
KEOGH
DEFERRED COMPENSATION
TAX PLANNING
RETIREMENT PLANNING

PENSION
PLANNING
PROFESSIONALS

817-335-3213

Court Order Removes Psychologists from Medical Staffs

The Illinois Department of Public Health (IDPH) has received an okay to order hospitals to drop psychologists from medical staffs due to a federal court ruling in Chicago. Although the Illinois Psychological Association and two psychologists are appealing the ruling, U.S. District Court Judge Brian B. Duff is refusing to bar the action while the appeal is being challenged.

The plaintiffs are alleging that IDPH's action is illegal and results from an incorrect interpretation of the regulation which establishes the qualifications for medical staff members and that furthermore, re-

moval from medical staffs will prevent them (psychologists) from competing with psychiatrists in an effective manner.

The regulation in question was made effective in 1976 and states that medical staffs are open to those who are "currently licensed" by IDPH as doctors of osteopathy, medicine, dental surgery or podiatric medicine. The psychologists are contending that just because the word "only" does not precede the four mentioned groups, the rule was not meant to exclude other medical groups. However, Judge Duff, according to an article in *Psy-*

chiatric News, ruled that IDPH's interpretation was valid. He further commented that the four groups eligible for staff privileges are all permitted to prescribe medication and perform invasive medical procedures, whereas psychologists are not.

A recent issue of *American Medical News* states that in 1985, IDPH Director Bernard Trunock, M.D., said the regulation in question was intended to grant staff membership to those four groups only and that hospitals continuing to include psychologists could face revocation of their licenses. ^

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

Natural Death Form

Medical Jurisprudence Study Guide

The Osteopathic Oath

A Modern Physician's Creed

"Physician, Heal Thyself"

Physician's Primer on Medical Malpractice

"The Difference a D.O. Makes"

Brochures for Office Distribution:

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

"What Everyone Should Know About Osteopathic Physicians"

"It's For You"

"The Osteopathic Profession"

"Osteopathic Medicine"

Releasing Medical Records

The Texas State Board of Medical Examiners (TSBME) feels that a clarification seems to be in order for many Texas physicians who are unsure as to proper procedures for releasing medical records.

Medical records may be released by physicians under certain circumstances as described in the Medical Practice Act. Medical records are defined in the Act as "any records pertaining to the history, diagnosis, treatment, or prognosis of the patient." In particular, "A physician shall furnish copies of medical records requested, or a summary or narrative of the records pursuant to a written consent for release of the information..."

Consent for release of such confidential information must be in writing and signed by the patient, a parent, or legal guardian if the patient is a minor; a legal guardian if the patient has been legally declar-

ed incompetent; an attorney properly appointed for the patient; or, if the patient is deceased, a personal representative.

The written consent must state the information or records involved and the purposes for the requested information. Additionally, the written consent must specify the person to whom the information should be released.

Physicians are required to furnish the requested information with-

in a "reasonable period of time" and if they so desire, may charge "reasonable fees."

Exceptions to the release of medical records are in order if the physician determines that "access to the information would be harmful...to the patient." Additionally, the physician "may delete confidential information about another person who has not consented to the release." ^

Physician Samples May be Limited by Drug Diversion Bill

In an effort to stop the flow of prescription drugs being diverted to illegal markets, legislation has been introduced by Representative John Dingell of Michigan, Chairman of the House Energy and Commerce Committee which would limit drug companies' distribution of pharmaceutical samples to physicians.

The bill was introduced after a report compiled by Representative Dingell's Subcommittee on Oversight and Investigation which had proposed a total ban on distribution of drug samples to physicians, however, Representatives James Broyhill of North Carolina and Thomas Bliley of Virginia have modified the bill whereby drug manufacturers would be permitted to supply samples to physicians upon receipt of a written request. The request would be submitted on a form approved by the Secretary of Health and Human

Services. The modified legislation would allow drug samples to be distributed only through the mail and drug companies would be required to maintain complete records of all transactions. Penalties for violating this proposal would include a ten-year prison sentence and fines of up to \$100,000.

At the present time, Committee action on Representative Dingell's bill has not been scheduled and several members of Congress are working on a proposal which would delete the requirement of distributing samples by mail. This is supported by the drug manufacturers but pharmacists are asking for a ban of samples. Many physicians are worried that a complete ban on samples would hurt some of their patients' access in acquiring needed medications. ^

Keene

**Pharmaceuticals
Inc.**

P.O. Box 7
Keene, Texas 76059

COURTEOUS
PERSONAL SERVICE

Rx Products: ENDOLOR™
and NASAHIST®

Write or Call for a Price List
1-817-645-8083

In Our 30th Year of Service
to the Profession

Expanded Obstetrical Services for Mesquite Community Hospital

Mesquite Community Hospital has announced plans for a \$2 million obstetrical services expansion. Construction began this fall and the completion date is scheduled for the spring of 1987.

The project will enlarge and modify existing labor and delivery and nursery areas and create a special care nursery and maternity entrance on the east side of the hospital.

Raymond P. DeBlasi, administrator said, "Over the years we've seen an ever-increasing demand for obstetrical services. This expansion is necessary for Mesquite Community Hospital to continue to meet community needs." He added, "Mesquite Community Hospital has seen the number of deliveries grow from 141 in 1979 to approximately 830 in fiscal year 1986. In the past year alone we've seen a 20 percent increase."

Expansion of the hospital's obstetrical capabilities will result in seven new labor-delivery-recovery (LDR) rooms, where an expectant mother can labor, deliver and recover in the same room.

For infants requiring specialized care, a five-bassinets neonatal intensive care unit is planned. The newborn nursery will be enlarged from 12 to 16 bassinets.

A gift shop and special waiting room for children are two additional features to be realized through expansion.

Mesquite Community Hospital began as a 120-bed general medical and surgical facility upon its opening in 1978. Six years later, in 1984, a major renovation project was completed, expanding the facility

Mini-Probate Court is 'Testing the Waters'

A mini, or portable court pilot program, the first in the country, officially convened in Arlington, Texas on September 5, according to an article in the *Fort Worth News Tribune*. The purpose of the program is to basically evaluate whether moving probate services to the people is feasible. Presiding over the eight-case docket is Probate Court 2 Judge Patrick Ferchill who describes the program as "a testing of the waters."

If this program catches on, it may lead to the establishment of a satellite court system which would prove beneficial to residents who have had to go downtown for probate matters such as guardianship concerns, wills, uncontested divorces and hospital commitments.

Judge Ferchill travels two days a week and on Wednesdays, hears commitment cases at county hospitals. "It's the only alternative to bringing them downtown in shackles and parading them through the courthouse which we feel is inhumane," he said.

The court is located at 724 East Border and is open to all residents of Tarrant County. Probate Court 2 also convenes each Monday at the courthouse downtown.

This is the first time the judicial system has made an effort to branch out and may prove to be extremely convenient to residents.▲

to its present size of 166 beds.

Located at 3500 Highway 67 East (Interstate 30 and Motley Drive), Mesquite Community Hospital serves residents of Mesquite, Rockwall, Garland, east Dallas and other surrounding communities.▲

Deceased TOMA Member Honored by Memorial Resolution

Emmett E. Dunlap, D.O., who passed away July 6 (see August issue of the *Texas DO*) recently received a moving tribute in the form of a memorial resolution unanimously adopted by the Texas House of Representatives.

Representative Ernestine V. Glossbrenner sponsored H.R. 29. The resolution read in part as follows:

WHEREAS, The citizens of Duval County lost a beloved physician and a good friend to the community with the death of Dr. E.E. Dunlap, who died on July 6, 1986, at the age of 72; and

WHEREAS, Dr. Dunlap, a respected osteopathic physician, had been practicing in the San Diego area for 48 years, during which time he had assisted in the births of thousands of the area's children; and

WHEREAS, His loyal friendship and professional dedication touched the lives of many people in Duval County, and he will long be remembered by all who knew him; now, therefore, be it

RESOLVED, That the House of Representatives of the 69th Legislature, 2nd Called Session, of the State of Texas hereby honor the memory of Dr. E.E. Dunlap...and be it further

RESOLVED, That official copies of this resolution be prepared for the members of his family and that when the Texas House of Representatives adjourns this day, it do so in memory of Dr. Dunlap.

How to Speak Liberalese

For those considering entering politics, the below should be an important consideration in determining which direction to contribute ones abilities:

"Have you ever felt ill-at-ease among liberals because you didn't know what to say? With the help of the three columns below, you can soon learn to speak Liberalese with the best of them. Select any word from Column A, and combine it with any combination from Columns B and C:

A

negative
simplistic
underfunded
unfair
counterproductive
unattainable
mismanaged
undesirable
unjust
unmerited
bigoted
misguided
inhumane
repressive

B

environmental
sexist/racist
legalistic
socioeconomic
social
sociodevelopmental
socioenvironmental
socioeducational
educational
chauvinistic
socioecological
ecological
jingoistic
pseudohumanistic

C

paranoia
manifesto
ramification
travesty
impact
sexism
racism
fascism
counterdevelopment
anticonsumerism
extremism
mindset
neglect
funding

Thus you can win the respect and admiration of your liberal friends, beginning with such phrases as "simplistic educational funding" and working your way up to "Counterproductive pseudohumanistic anti-consumerism." Don't be afraid to make phrases that are meaningless, but care must be taken so as not to create a phrase that is redundant or self-canceling.

Should you agree with me you might find it easier to fire the liberal than to learn their language.

Congressman Frost Participates in DFH Flag Dedication



Left to right: John Isbell, Executive Director, DFH; Joseph L. LaManna, D.O., DFH chief-of-staff and chairman of the board of DSWOPI; Martin Frost, U.S. Congressman, 24th District; Irene Johnson; and Cliff Johnson, DFH employee.

United States Congressman Martin Frost participated in flag dedication ceremonies at Dallas Family Hospital (DFH) in late August.

State and national flags were presented to the hospital by DFH employee, Cliff Johnson and his wife, Irene. Both flags had flown above the capitols in Washington and Austin earlier this year. The flag poles were a gift of the Dallas Southwest Osteopathic Physicians, Inc. (DSWOPI). Joseph L. LaManna, D.O., chairman of the DSWOPI board, is also chief-of-staff at DFH.

Congressman Frost, who had been in the area for a series of community meetings, concluded his activities with the dedication ceremonies before returning to Washington.

Dallas Family Hospital, located at 2929 South Hampton Road, has been operational since May 1 of 1985. The 104-bed facility is owned by Universal Health Services.

Opportunities Unlimited

PHYSICIANS WANTED

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

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

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

Paul A. Stern, D.O.
Professor & Chairman
Dept. of Anesthesiology
Camp Bowie at Montgomery
Fort Worth, TX 76107
Equal Opportunity Employer

ASSOCIATES NEEDED — in county of 25,000. Multiple practice opportunities available, salaried or unsalaried. Rural hospital and local medical community doing well in these medical hard times. For information contact: Fannin County Hospital, Chief of Staff J.E. Froelich, D.O. 214-583-8742 or Joe D. Wittemore, D.O. 214-583-8585.

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

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

FULL-TIME PHYSICIAN POSITION — for general practice/internal medicine clinic. Partnership available in one year. Excellent opportunity. Write or call S.J. Kechejian, M.D., 609 S. Main Street, Duncanville, 75116, 214-780-0093.

FAMILY PRACTICE OPPORTUNITY — Rapidly expanding eastern suburb of Dallas, has need for several primary care physicians. The ideal candidates will be board certified or eligible in family practice. Sponsoring hospital is licensed for 156 beds and is affiliated with a major hospital corporation. The hospital has developed a relocation and practice assistance package. Please send resume and letter of introduction to: Steve Porter, Administrator, Mesquite Physicians Hospital, 1527 North Galloway, Mesquite, 75149.

DIRECTOR OF URGENT CARE CENTER — Hospital based position with attractive salary. Desirable S.E. Dallas location and working conditions. Provides a minimum of 48 hours a week coverage and coordinates 24-hour staffing. Must possess Texas license and experience in emergency or primary care medicine. Residency training in general practice or emergency medicine preferred. Contact: Administrator, Metropolitan Hospital, 7525 Scyene Road, Dallas, 75227; 214-381-7171.

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

FULL TIME PHYSICIAN NEEDED — for family practice minor emergency clinic. Modern, well equipped clinic with on site lab & x-ray. Located in a growing community just south of Fort Worth. Flexible hours and time off. Hospital included. Contact: 817-447-1208.

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

POSITIONS DESIRED

ANESTHESIOLOGIST — due to rising cost of malpractice, must seek GP position. Desires opportunity in the D/FW area with group, however, will consider other surrounding areas. Write Box "403", 226 Bailey Avenue, Fort Worth, 76107.

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

PHYSICIAN ASSISTANT (Board Certified) seeks part-time position; has five years experience as first assist to general surgeon. Interested in general surgery, internal medicine and family practice. Contact: John G. Henevadl, 1111 N. O'Connor Road, No. 121, Irving, 75061. Phone: 214-254-6523.

Opportunities Unlimited

GENERAL PRACTITIONER — age 59, high energy, excellent health, desires opportunity in Dallas/Fort Worth with group. Available March 1. Resume upon request. Call Ronald R. Anderson, D.O., 214-278-2111.

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

OFFICE SPACE AVAILABLE

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

WELL ESTABLISHED SOUTHWEST DALLAS COUNTY — physician wishes to sell completely equipped clinic facility as practice package or building only. For details and terms contact Nancy Findley, American Professional Realty, Inc., at 214-291-2536, 214-780-0653 or 214-291-4484.

SIX MONTHS FREE RENT ON MEDICAL OFFICE SUITE — 1500 sq. ft., ideal for one or two physicians. Residential area in the center of Grand Prairie, close to Dallas/Fort Worth Medical Center. Call 214-262-7866.

OFFICE SPACE FOR LEASE — Ground level; in Arts district, located just east of TCOM. Will remodel to suit. Call Art at 817-332-3908.

TWO MEDICAL OFFICE SPACES FOR LEASE — in Euless, heart of booming metroplex in established location near Harris HEB and Northeast community Hospitals. 1,500 + and 1,600 + square feet — \$900 per foot including utilities. X-ray equipment available on premises; pharmacy on premises. Call Bill Wyatt 817-481-5158 or 817-282-6717 write 701 W. Pipeline Rd. — Hurst, 76053.

MISCELLANEOUS

RECONDITIONED EQUIPMENT FOR SALE — Examination tables, electrocardiographs, sterilizers, centrifuges, whirlpools, medical laboratory equipment, view boxes, weight scales, IV stands and much more. 40%-70% savings. All guaranteed. Mediquip-Scientific, Dallas, 214-630-1660.

SURGICAL SHARPENING SERVICE
Prompt, dependable service on instruments. Local pick-up and delivery available 8:30 a.m. — 5:00 p.m.
2940 Field, Fort Worth, 76117
817-834-0607

FINANCIAL ASSISTANCE — needed. Dentist with 10 years experience is an incoming freshman at TCOM and needs financial assistance. Graduate of Baylor University of Dallas, he is willing to practice medicine as well as dentistry in your area upon graduation. Please contact: S/D Roger Metcalf, P.O. Box 170006, Arlington, 76107. Phone 817-467-0123.

FIFTY PERCENT OFF — previously owned medical, laboratory, office, x-ray and ultra-sound equipment in excellent condition. We buy, sell, broker and repair. Office appraisals available by Certified Surgical Consultants. Ask about our Holter Scanning Services. Call Medical Equipment Resale, Inc. 24026 Haggerty Road, Farmington Hills, Michigan, 48018, 313-477-6880, 9 a.m. — 9 p.m.

USED MEDICAL EQUIPMENT — Excellent condition, exam tables (2), IBAC therameters, file cabinets, two surgical instruments. Call 817-924-1925.

SALE OR LEASE: LUXURY CONDOMINIUMS, six blocks to TCOM, one bedroom, all appliances including washer and dryer, fireplace, pool and jacuzzi. Call 732-0007 (evenings).

HUNTERS AND INVESTORS — 150 acre ranch near Meridian, scenic view, \$1250.00 per acre. Agent 214-262-8100.

WANTED — skull and disarticulated skull for study purposes. Write Rae Irvine, D.O., 2809 S.W. 46th Pl., Oklahoma City, Oklahoma 73119.

HOLTER MONITOR EQUIPMENT FOR SALE — circadian, 2 1/2 year old 24 hour cassette tape system; contains three patient monitors complete analization and computer scanning plus "Real-Time" diagnostic quality singlery disclosure. Contact 626 So. Broadway, Tyler 75701 or call 214-593-7955.

BLOOD ANALYZER — Ames Seralyzer with modules, 18-months-old, like new. New cost \$3,750; asking \$2,500. Contact: Dr. Herr, 109-B North Main, Cleburne, 76031; 817-641-0571 or 641-0092.

RECONDITIONED EQUIPMENT FOR SALE — Examination tables, electrocardiographs, sterilizers, centrifuges, whirlpools, medical laboratory equipment, view boxes, weight scales, IV stands and much more. 40% - 70% savings. All guaranteed. Mediquip-Scientific, Dallas, 214-630-1660.

FOR SALE — OMT tables, exam tables and medical instruments. For information call Margaret Elone Dunn Tipps at 817-939-2742.

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
226 Bailey Avenue
Fort Worth, Texas 76107

Address Correction Requested

BULK RATE
U. S. POSTAGE
PAID
FORT WORTH, TEXAS
Permit No. 1646

Medical Library - Serials
Texas Clg of Osteo Med
Camp Bowie at Montgomery
Fort Worth, TX 76107

Take a LOOK at UNIVERSAL LIABILITY™

Would you like a Professional Medical Liability Insurance policy that . . .

- . . . is with an insurance company having more than \$100,000,000 in Policyholder Surplus and no prior liabilities.
- . . . is approved and licensed by the Texas State Board of Insurance.
- . . . gives you ownership in a captive insurance company that sets aside approximately 50 percent of your premium in an investment accumulation account.
- . . . gives you an entirely tax-deductible premium.
- . . . gives you policy limits of \$200,000/\$600,000; \$500,000/\$1,000,000 or \$1,000,000/\$1,000,000 based on your need.

TOMA is sponsoring such a Professional Medical Liability Insurance program with Clarendon National Insurance Company of New York as the carrier and in joint venture with Anco Insurance Company of Houston and Insurance Equities Corporation of Palo Alto.

For Information Call:
1-800-392-2462

