

Send in Registration for TOMA Mid-Year Conference  
\*\* Save \$25 \*\* .....page 5

Texas Hospitals and Medical Centers Introduce Physicians  
Serving Internships or Residencies .....page 11

TOMA Members Elected to AOA Medical Posts .....page 15

Areas of Deficiencies Identified Through the  
Quality Assurance Program .....page 15

## NATIONAL OSTEOPATHIC FOUNDATION

RESEARCH

STUDENT LOANS

GEORGE J. LUIBEL  
D.O., F.A.A.O.



TEXAS COLLEGE  
OF OSTEOPATHIC  
MEDICINE

1988

EDUCATOR OF THE YEAR

1989

# PHONE

## For Your Information

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in Texas	800/444-TOMA
Dallas Metro	429-9755
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Drug Enforcement Administration:	
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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 1988

## FEATURES

### George J. Luibel, D.O. Selected as

**Educator of the Year** ..... 4  
In addition, Dr. Luibel, of Fort Worth, was named  
Honorary Seals Program Chairman for 1988-89  
by the National Osteopathic Foundation.

### Program of TOMA Mid-Year

**Conference/Legislative Forum** ..... 5  
Send in your registration to TOMA Headquarters  
today and save \$25 off the registration fee.

### Dr. Lund Reports on Project Focusing on

**Prevention of Hyaline Membrane Disease** ..... 6  
TCOM graduate is the local principle investigator  
for the study of an exogenous surfactant,  
INFRASURE.

### Hyperbaric Oxygen Therapy Continues at TCOM

..... 8  
Thanks to a Fort Worth couple, TCOM has  
established a rapidly growing clinical and research  
program in hyperbaric medicine.

### Medicare Medically Unnecessary Services

..... 14  
Effective September 1, HCFA announced changes  
in the denials of payment for services deemed  
medically unnecessary, according to  
AOA Government Relations Division.

### In Memoriam

### AOA Delegates' Reports Continued

..... 17  
..... 21  
Texas osteopathic physicians continued to report  
on AOA meeting held recently.

## DEPARTMENTS

### Calendar of Events

### News from the Auxiliary

### Texas ACGP Update

### Texas Ticker Tape

### For Your Information

### Practice Opportunities in Texas

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### Published by

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION  
Volume XXXV — No. 9 — October, 1988, ISSN 0275-1453  
Publication Office — 226 Bailey, Fort Worth, Texas 76107  
Phone: 817/336-0549 or 1/800/444-TOMA in Texas  
Copy deadline — 10th of month preceding publication

Tom Hanstrom, Editor  
Diana Finley, Associate Editor  
Lydia Anderson Smith, Staff Writer

# Calendar of Events



## OCTOBER

14

*TOMA Board of Trustees Meeting*  
Sheraton CentrePark Hotel  
Arlington  
7:00 p.m.  
Contact: TOMA - 817/336-0549

15-16

*TOMA Mid-Year Seminar/  
Legislative Forum*  
(formerly)  
*Public Health Seminar/Legislative  
Forum*  
Sheraton CentrePark Hotel  
Arlington  
15 CME hours expected  
Contact: TOMA — 817/336-0549

25

*Review for AOBGP Practical Exam*  
(Over, #'s 1-8)  
Speaker: David Vick, D.O.  
Sponsors:  
TCOM's Center for Osteopathic  
Research and Education; Texas  
Academy of Osteopathy  
Location:  
TCOM, Med Ed I, Room 632  
Accreditation:  
2 hours; Category 1-A; AOA  
Contact: Diane Russell  
817/735-2579

23-26

*Clinical Assembly of Osteopathic  
Specialists*  
Surgeons Group  
New York Hilton  
Contact: ACAOS Conv. Mgr.  
3132 Ponce de Leon Blvd.  
Coral Gables, FL 33134  
305/444-2267

## NOVEMBER

2-5

*"Optimizing Management of  
Primary Bone  
Tumors: An International  
Symposium  
Emphasizing the Multidisciplinary  
Approach"*  
32nd Annual Clinical Conference  
The University of Texas  
M.D. Anderson Cancer Center  
Contact: Office of Conference Services  
M.D. Anderson Cancer Center  
1515 Holcombe Blvd.  
Houston, 77030  
713/792-2222

6

*"Corneal and External Eye  
Disease: A Practical Approach"*  
Presented by: University of  
Houston/College of Optometry  
and TCOM's Office of Continuing  
Medical Education; supported by  
Dallas Southwest Osteopathic  
Physicians, Inc.

Location:  
TCOM, Med Ed 2,  
Kiva Room 2-106  
Speaker: Brian Ranelle, D.O.  
CME: 8 hours, Category 1-A  
Physician's Fee: \$105  
Contact: Cheryl Cooper  
TCOM, Office of CME  
817/735-2539

22

*Review for AOBGP Practical Exam*  
(Over, #'s 9-16)  
Speaker: Greg Dott, D.O.  
Sponsors:  
TCOM's Center for Osteopathic  
Research and Education; Texas  
Academy of Osteopathy  
Location:  
TCOM, Med Ed I, Room 632  
Accreditation:  
2 hours; Category 1-A; AOA  
Contact: Diane Russell  
817/735-2579

## DECEMBER

4-8

*Annual Convention and Scientific  
Seminar*  
American Osteopathic Association  
Las Vegas, NV  
Contact: AOA Bureau of Conv.  
142 E. Ontario Street  
Chicago, IL 60611-2864  
800/621-1773

6-7

*Educational Conference on  
Graduate Medical Education*  
American Association of Colleges  
of Osteopathic Medicine  
Las Vegas, NV  
Contact: Tarmara S. Johnstone  
Conference Coordinator  
6110 Executive Bldg., Suite 405  
Rockville, Maryland 20852  
301/468-0990

## 1989 COMING EVENTS:

APRIL

27-29

*90th Annual Convention &  
Scientific Seminar*  
Texas Osteopathic Medical Assoc.  
Sheraton CentrePark Hotel  
Arlington  
Contact: TOMA  
817/336-0549

JUNE

15-17

*International Symposium*  
American Academy of Osteopathy  
Omni Netherland Plaza  
Cincinnati, Ohio  
Contact: Mrs. Vicki E. Dyson  
AAO Executive Director  
12 West Locust Street  
P.O. Box 750  
Newark, Ohio 43055  
614/349-8701





## George J. Luibel, D.O. Selected as Educator of the Year

George J. Luibel, D.O., FFAO, of Fort Worth, was named "Educator of the Year" and Honorary Seals Program Chairman for 1988-89 by the National Osteopathic Foundation during the recent AOA House of Delegates meeting in Florida. During the announcement, he was presented with a commemorative replica of the national stamp highlighting his likeness on the seal.

The award is presented annually to the outstanding educator in one of the 15 osteopathic colleges. The selection is made by alumni of the college and the associates who know the educators best. A national honor that is announced to the public at large during NOM Week, the award features the selected Educator of the Year on national osteopathic seals program artwork, public relations material and the official seal stamp. Dr. Luibel becomes the seventh person so honored, and the first Texan.

Dr. Luibel exemplifies the osteopathic philosophy in his every action. He has made an outstanding impact on the prestige of the osteopathic profession, and his teaching and leadership abilities are an inspiration to all who know him. He literally personifies the very essence of our unique profession. We are so proud of his selection as Educator of the Year.

His accomplishments throughout the years are lengthy and impressive, with his distinguished career beginning in 1936. Following his graduation from Kirksville College of Osteopathic Medicine and an internship at Sparks Clinic and Hospital in Dallas, he began his practice in Ennis. In 1946 he relocated to Fort Worth which, we might add, was a lucky move for us.

He is well recognized as one of three founders of TCOM, beginning his association with the college in 1962 as chairman of a committee to study the feasibility of opening an osteopathic medical school in Fort Worth. A state charter was obtained in 1966 and four years later, the college opened its doors. Dr. Luibel served as the first chairman of TCOM's board of directors from 1966-74, and in 1978, was awarded a coveted TCOM's Founders Medal.

An active staff member at Fort Worth Osteopathic Medical Center since 1946, he received the prestigious Eleventh Annual Medical Staff Award in 1985. He is a fellow of the American Academy of Osteopathy; holds a Doctorate of Law from PCOM; and is an honorary fellow of the American College of Osteopathic Internists. Professional and association membership include the AOA; TOMA, in which he holds life membership; American Academy of Osteopathy; and Pan American Allergy Society.

Numerous offices held include president, vice president and trustee of the AOA; president of TOMA; president of TOMA District II; member of TOMA Board of Trustees and House of Delegates; president of the FWOMC board

and chief-of-staff; president of Kirksville College Alumni Association; and president of the Sierra Club of Fort Worth.

Additionally, Dr. Luibel has lectured for the AOA and the American Academy of Osteopathy Graduate Instruction programs and is a current member and present chairman of the Board of Managers, Tarrant County Hospital District, the first D.O. to hold the position in its history. He has been a teacher of medical students in the office, the college and the hospital.

In 1985, upon his appointment as chairman of the advisory committee that began the search for TCOM's next president, culminating in the selection of David M. Richards, D.O., Wayne O. Stockseth, at that time chairman of the NTSU Board of Regents, made the following statements regarding Dr. Luibel. "He brings... long years of experience in the field of medicine and a reputation for integrity and exemplary service to the community..." Mr. Stockseth added, "We consider him one of the elder statesmen of the osteopathic profession in the United States. He's been the fellow in the background getting things done for a long time!" Truer words have probably never been uttered.

Dr. Luibel himself notes that he doesn't view himself as an educator in the academic sense, but rather more in the sense of starting the college and dealing with physicians, both D.O.s and M.D.s, instilling into people an awareness of the profession. He feels that part of the job of an educator is starting a school where others could educate students and importantly, educating allopathic physicians.

The National Osteopathic Foundation was incorporated in 1949 as a non-profit corporation. It is the philanthropic affiliate of the AOA which serves the profession's physicians. The primary goal of NOF is to provide low-cost student loans and support osteopathic research. The Osteopathic Seal Program is the profession's only national public fund raising program.

All funds received are equally distributed between student loans and osteopathic research.

"As an educator, I see NOF programs at work in many ways helping students and thereby helping the medical schools to recruit and retain the most qualified students. And all of this helps our profession. Please support NOF," said Dr. Luibel.

In his AOA presidential acceptance address in 1976, Dr. Luibel stated, "...I shall carry out the responsibilities of this office with all the dedication at my command, working for all of you in the best interests of our profession!" These words are surely as pertinent today as they were in 1976. In all his years of practice, Dr. Luibel has yet to stumble off the tracks.

Our congratulations to Dr. Luibel upon his selection as Educator of the Year, as well as our thanks for his dedication and hard work for the osteopathic profession. ■



# TOMA Mid-Year Conference / Legislative Forum

Sheraton CentrePark Hotel - Arlington

October 15-16, 1988

## REGISTRATION FEES:

Physicians — \$75.00  
At-the-Door — \$100.00  
Spouses — \$35.00

## PROGRAM

15 CME HOURS  
Category 1-A

### SATURDAY, OCTOBER 15, 1988

7:15 - 7:45 a.m.

*Registration and Visit with the Exhibitors*

7:45 - 8:00 a.m.

*Welcome —*

James E. Froelich, III, D.O., Clinical Program Chairman

William R. Jenkins, D.O., Legislative Program Chairman

8:00 - 8:45 a.m.

*"Infectious Complications Associated with AIDS"*

Ken Rolston, M.D.

8:45 - 9:30 a.m.

*"Importance of Being Involved in the Overall Political Process"*

Mr. Billy Clayton

9:30 - 10:15 a.m.

*"Silent Ischemia"*

Ernest Pickering, D.O.

10:15 - 10:45 a.m.

*Coffee Break with the Exhibitors*

10:45 - 11:30 a.m.

*"Cardiovascular and Pulmonary Risk Factors"*

Robert G. Garmon, D.O.

11:30 a.m. - 12:15 p.m.

*"Current Concepts in Cholesterol Treatment"*

Stephen Weis, D.O.

12:15 - 1:45 p.m.

*Luncheon —*

*"What's New in the 71st Legislative Session Regarding Health Care"*

Senator Bob Glasgow, Texas State Senate

1:45 - 2:30 p.m.

*"Newer Therapeutic Approaches in Cardiovascular Disease"*

Christian S. Hanson, D.O.

2:30 - 3:15 p.m.

*"New Rationale of ACE Inhibitors in the Management of Congestive Heart Failure"*

Thomas Haffey, D.O.

3:15 - 3:45 p.m.

*Coffee Break with the Exhibitors*

3:45 - 4:30 p.m.

*"Record Keeping of Controlled Substances"*

Captain B.C. Lyon, Dept. of Public Safety

4:30 - 5:15 p.m.

*"Use of Anti-Anxiety Agents in Addicted Patients"*

Louis Faber, M.D.

5:15 - 6:15 p.m.

*Cocktail Hour with the Exhibitors*

### SUNDAY, OCTOBER 16, 1988

7:30 - 8:30 a.m.

*Registration and Continental Breakfast with the Exhibitors*

8:30 - 9:15 a.m.

*"Medicare's Explanation of Maximum Allowable Actual Charges (MAAC)"*

Barbara Harvey, Blue Cross Blue Shield of Texas

9:15 - 10:00 a.m.

*"What's New in the Treatment of Industrial and Environmental Allergies"*

Alfred Johnson, D.O.

10:00 - 10:30 a.m.

*Coffee Break with the Exhibitors*

10:30 - 11:15 a.m.

*"Work and Findings on Special Committee on Post Secondary Medical, Dental and Allied Health Education"*

Greg Hooser, Attorney-At-Law

11:15 - 12:00 noon

*"AIDS and Related Therapies"*

Richard M. Olson, D.O.

12:00 - 12:45 p.m.

*"Update on Thrombolytic Therapy"*

Richard J. Feingold, D.O.

12:45 - 1:30 p.m.

*"Gastropathy Non-steroid Anti-Inflammatory Drug"*

James W. Hogin, D.O.

## EDUCATIONAL & SUSTAINING GRANTORS

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Parke Davis

Professional Mutual Insurance Co.—RRG

The Upjohn Company

# Dr. Lund Reports on Project Focusing on Prevention of Hyaline Membrane Disease

The following is a report by Gregg Lund, D.O., a 1980 TCOM graduate, describing a project in which he is currently involved, relating to the use of Surfactant in prevention of Hyaline Membrane Disease. According to Dr. Lund, this is an exciting new tool in neonatology across the country, due to its possibility of decreasing infant mortality/morbidity. Results will be used to help the FDA evaluate the drug for general use.

Dr. Lund is the local principle investigator for the study of an exogenous surfactant, INFRASURF, working out of Presbyterian Hospital, Dallas, which is one of 15 centers nationwide working on the project. The only other centers in Texas using any exogenous surfactant are at the medical schools in San Antonio and Houston. Nationally, Dr. Lund is the only private practice neonatologist or D.O. principle investigator. Because a large number of babies are born to women with D.O.s as their obstetrician or family practitioner, he feels the following information should prove useful and of interest since it has the potential of helping to save the lives of many babies.

## Brief Study Description

The major life threatening illness seen in the premature today is respiratory failure caused by Hyaline Membrane Disease. Approximately 230,000 - 250,000 infants will be born prematurely each year in the United States. Of these born prematurely 40,000 - 50,000 will have Hyaline Membrane Disease. Of those with Hyaline Membrane Disease, 5,000 - 8,000 will die. In this modern era of Newborn Intensive Care, the majority of the newborns with Hyaline Membrane Diseases survive. This survival may be associated with significant complications which include pneumothorax, pneumopericardium, pulmonary interstitial emphysema, bronchopulmonary dysplasia, patent ductus arteriosus necrotizing enterocolitis, retinopathy of prematurity and intraventricular hemorrhage.

In 1959, Avery and Mead documented that the reason for the progressive respiratory failure, called Hyaline Membrane Disease was the deficiency of a surface active lining material, Surfactant. Surfactant is a mixture of phospholipids, neutral lipids and proteins found in the terminal airways of the lung.

The purpose of the study is to determine the effect of exogenous surfactant administered to premature newborns at birth on the incidence and severity of Hyaline Membrane Disease. The product used INFRASURF (ONY inc, Buffalo, NY) is produced by alveolar lavage of calf lungs. The surfactant is extracted from the lavage fluid, then flash autoclaved. The resulting preparation has demonstrated surface active properties very similar to natural surfactant. In surfactant deficient premature sheep this surfactant produced near normal lung function in lambs whose age matched cohorts had fatal hyaline membrane disease.

Following the positive results in animal studies three separate well controlled randomized studies were published on the use of this surfactant preparation in the prevention of Hyaline Membrane Disease in premature human. In each of these studies, the use of the surfactant immediately following birth was shown to decrease the incidence and severity of Hyaline Membrane Disease without any adverse effects found. However in a retrospective study of almost 300 newborns at Buffalo Children's Hospital the extremely premature surfactant treated group demonstrated a 55% increased survival without any increased incidence of severe neurological or pulmonary complications compared to a similar group that did not receive surfactant.

This is a phase three non-randomized trial, therefore all newborns entered will receive the surfactant. There is no cost for the surfactant. Eligible newborns must be 24-32 completed weeks gestation (8-16 weeks premature), without lethal congenital anomalies, delivered at the study center (Presbyterian Hospital of Dallas) with consent signed prior to delivery. Only one dose will be given and it must be given in the delivery room by a center neonatologist. The study will look at the incidence and severity of Hyaline Membrane Disease, length of hospitalization and respiratory support (days of mechanical ventilation and supplemental oxygen) side effect associated with prematurity (Intraventricular hemorrhage, pneumothorax, retinopathy of prematurity, bronchopulmonary dysplasia) and look for unusual side effects of any type.

Osteopathic physicians wishing further information can contact Dr. Lund at: 214/891-2647. ■

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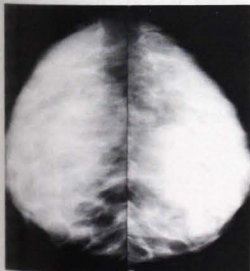


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# Hyperbaric Oxygen Therapy Continues at TCOM

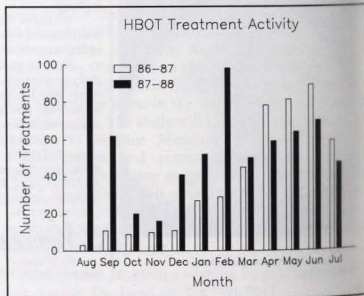


August 26, 1988 marked the second anniversary of the Hyperbaric Oxygen Treatment Facility at the Texas College of Osteopathic Medicine. Through the generosity of a Fort Worth couple who donated the chamber, TCOM has established a rapidly growing clinical and research program in hyperbaric medicine. Hyperbaric oxygenation (HBO) is the delivery of oxygen to the body at higher than normal atmospheric pressures the purpose of which is to treat hypoxic, nonhealing wounds, anaerobic infections as well as other diagnoses resulting from low partial pressures of oxygen in the body. An account must also be taken of the pressure-time envelopes, long-established for avoiding cellular oxygen toxicity. The two important toxicities to consider are central nervous system and pulmonary toxicity. Safe pressure-time limits have been documented during the past four or five decades of use of compressed air and/or oxygen for treatment.

Hyperbaric medicine traces its origin to the risk management of the British Royal Navy at the turn of the 20th Century. From its narrow beginning as Navy "diving medicine," hyperbaric medicine has evolved to become a rapidly growing subspecialty of aerospace medicine. It is predicated on Boyle's law which states: At a constant temperature, the volume of a gas is inversely proportional to its pressure. The use of HBO, therefore, will result in a reduction of bubble size, as in the case of decompression sickness or arterial gas embolism. Consequently, hyperbaric medicine was originally developed to treat caisson disease, deep-sea or scuba divers with decompression sickness ("the bends"),

or arterial gas embolism ("air embolism"), and aviators with decompression sickness secondary to rapid decompression. Until 1960, recompression for these conditions was accomplished in multiplace chambers. Monoplace chambers using pure oxygen were introduced in the early 1960's to provide HBO in association with radiation therapy for cancer. While these efforts were disappointing, other research reported good results in treating carbon monoxide intoxication and clostridial myonecrosis. The Undersea and Hyperbaric Medical Society publishes a committee report every two years. This committee (made up of physicians and researchers in the field of hyperbaric medicine) is responsible for evaluating the research published in the area of hyperbaric medicine and determining sufficient evidence exists for the use of HBO in treating a particular diagnosis. Table one lists the currently accepted conditions for hyperbaric oxygen therapy.

The Hyperbaric Oxygen Treatment Facility at Texas College of Osteopathic Medicine is a division of Internal Medicine. With Dr. Robert G. Garmon, a pulmonar specialist, serving as the Clinical Director. Peter B. Raven, Ph.D., Dept. of Physiology is the Research Director while Judy R. Wilson, Ph.D., is Technical Director and oversees the day-to-day operation of the program, both clinical and research. Both Dr. Garmon and Dr. Wilson have attended a training and orientation course in hyperbaric medicine at Long Beach Memorial Hospital, Long Beach, California and have subsequently acquisition of a grant from the Tandy Corporation, a technician was hired in the fall of 1987, Keith Hardeman.



**TABLE 1:****Accepted conditions for hyperbaric oxygen therapy**

Air or gas embolism (acute)
Carbon monoxide poisoning, acute smoke inhalation, and assumed carbon monoxide/cyanide poisoning
Crush injury, compartment syndrome, and other acute traumatic ischemias
Cyanide poisoning (acute)
Decompression sickness
Enhancement of healing in selected problem wounds
Diabetic wounds
Venous stasis ulcers
Decubitus ulcers
Arterial insufficiency ulcers
Clinical management
Exponential blood loss (anemia)
Gas gangrene (clostridial)
Necrotizing soft-tissue infections (subcutaneous tissue, muscle, fascia)
Crepitant anaerobic cellulitis
Progressing bacterial gangrene
Necrotizing fasciitis
Fournier's disease
Miscellaneous necrotizing infections in the compromised host
Osteomyelitis (refractory)
Radiation necrosis: osteoradionecrosis and soft-tissue radiation necrosis; caries in radiated bones
Selected refractory anaerobic infections: actinomycosis
Skin grafts or flaps (compromised)

**TABLE 2:****Special Considerations/investigative indications for hyperbaric oxygen therapy**

Burns (thermal)*
Anaerobic and mixed aerobic, anaerobic brain abscesses
Carbon tetrachloride poisoning (acute)
Other liver toxins
Cerebrovascular accident (acute-thrombotic or embolic)
Head injury (cerebral edema)
Fracture healing and bone grafting
Hydrogen sulfide poisoning
Lepromatous leprosy
Meningitis
Multiple Sclerosis
Pyoderma gangrenosum
Pseudomembranous colitis (antimicrobial agent-induced colitis)
Radiation enteritis and proctitis
Radiation myelitis
Retinal (central) artery insufficiency-acute
Selected refractory mycoses: mucormycosis, canibolus coronata, invasive aspergilosis
Sepsis (chronic), intraabdominal abscesses
Sickle cell anemia crisis
Spider bite (brown recluse, Loxosceles reclusa)
Spinal cord injury
*Special consideration

**TABLE 3:****Diagnoses treated at TCOM with HBO**

Diagnosis	n
Preparation for and/or preservation of compromised skin graft	8
Chronic refractory osteomyelitis	5
Diabetic ulcers	5
Carbon monoxide poisoning	4
Venous insufficiency	3
Osteoradionecrosis	2
Radiation necrosis	2
Multiple Sclerosis	3
Burns (second and third degree)	1
Pyoderma Gangrenosum	1
Partial amputation, reimplantation	1
<b>Diagnoses experimental to HBO</b>	
Respiratory allergies	2
Migraine headache	1
Cystoid macular edema	1

During the first year of operation, 27 patients received more than 540 hyperbaric oxygen treatments, while during the second year of operation more than 650 treatments have been given. While not all the diagnoses indicated in Table 1 have been seen for treatment at TCOM, a majority have been. Table 3 presents a list of diagnoses treated with hyperbaric oxygen at TCOM. In addition to the clinical treatments accepted by the UHMS, efforts to provide additional research data have included treatments of migraine headache, respiratory allergies, multiple sclerosis, pyoderma gangrenosum and cystoid macular edema. At this time the number of patients treated in each of these categories is still too small for definitive conclusions, but the research continues as patients are referred. The largest group of patients treated at TCOM with hyperbaric oxygen are diabetics. Usually these patients present with adult-onset diabetes with leg ulcers that do not heal. The patient is given a series of hyperbaric oxygen treatments, often followed by a skin graft, followed by repeated treatments to assure that the graft is accepted.

In addition to providing clinical treatments, the HBO facility at TCOM is also involved in research. Currently, two research projects are underway. The effects of hyperbaric oxygen treatments on the human immune system are being studied in collaboration with the Dr. Elizabeth Harris, Micro-biology/Immunology Dept. It has been suggested that the immune system may be enhanced or suppressed, depending upon the pressures used. We are presently involved in a study designed to demonstrate if manipulation of the immune system is possible. A second study is also underway to examine the toxic effects of hyperbaric oxygen on the vascular system. To date, much work has been done with the toxic effects of hyperbaric oxygen on the pulmonary system and the central nervous system, but little on other systems of the body. These two studies are in addition to the study funded by the Tandy Corporation investigating the role of hyperbaric oxygen therapy in the treatment of perfusion disorders. The purpose of this proposal is to support the establishment of specific protocols and data collection procedures for these disorders.

The hyperbaric oxygen treatment program at TCOM is expanding but there is an additional need to provide a hospital based emergency facility. We have initiated a fund-raising effort to establish such a facility. For further information on hyperbaric oxygen therapy or for questions regarding the treatments, please contact Dr. Wilson at (817) 735-2502. ■

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And that condition is more common than you might think. If you're 45 now, you have a 38 percent chance of becoming disabled for three months or longer before you reach retirement. And if you're 35, your chance of disability could be as high as 45 percent.\* Without disability insurance, that's a 45 percent chance that your income will wind up in critical condition.

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Should disability strike, how long could you keep your home? make the payments on your car? keep up your membership at the club? Provident disability protection is the perfect prescription, offering full coverage in your own occupation. That means Provident pays if you can no longer work in your own medical specialty regardless of how much you can earn working in a new career or a new specialty.

## Trust a good referral.

Endorsed by the Texas Osteopathic Medical Association, your Provident disability plan offers TOMA members a 10 percent

discount for monthly payment or a 15 percent discount when you pay semi-annually or annually.

## See a specialist.

Provident is the nation's leading carrier of individual, long-term, non-cancellable disability insurance.\*\* To put the best to work for you, call your Texas Osteopathic Medical Association at 1-800-772-5993 or contact:

**William H. Dean and Associates**  
3112 W. 4th St.  
Ft. Worth, TX 76107  
(817) 335-3214  
Metro: 429-0460

\*1985 Commissioners' Individual Disability Table A, 7-day Continuance Table.

\*\*Life Insurance Marketing and Research Association (LIMRA)

**PROVIDENT  
LIFE & ACCIDENT  
INSURANCE COMPANY**

1 Fountain Square  
Chattanooga, TN 37402





# Hospitals Introduce Physicians Serving Internships or Residencies

Recently graduated osteopathic physicians from osteopathic colleges throughout the United States have begun their training programs at Texas hospitals and medical centers.

Among new interns and residents already hard at work for the 1988-89 year are:

## Corpus Christi Osteopathic Hospital



**Thomas P. Forks, D.O.**  
University of Health Sciences  
(UHS/COM) Kansas City, MO —  
*Intern*



**Thomas H. Lyster, D.O.**  
UHS/COM — *Intern*



**Aaron E. McCoy, D.O.**  
Oklahoma College of  
Osteopathic Medicine (OKCOM),  
recently renamed College of  
Osteopathic Medicine of  
Oklahoma State University —  
*Intern*

## Dallas Family Hospital

**Gene V. Carsia, D.O.**  
UHS/COM — *Intern*

**Nancy L. Carsia, D.O.**  
UHS/COM — *Intern*

**Frank Pape, III, D.O.**  
UHS/COM — *Intern*

**Michael C. Peace, D.O.**  
Texas College of Osteopathic Medicine (TCOM) —  
*Intern*

**Harold Glen Wagner, D.O.**  
OKCOM — *Intern*

**Charles E. Esterlein, D.O.**

TCOM — *1st year family practice resident*

**Daniel N. Metzger, D.O.**

TCOM — *1st year family practice resident*

**Rick G. Wright, D.O.**

TCOM — *1st year family practice resident*

**Siena J. L. Schields, D.O.**

UHS/COM — *2nd year family practice resident*

**Stephen B. Trammell, D.O.**

TCOM — *2nd year family practice resident*

**Jaime J. Vasquez, D.O.**

TCOM — *2nd year family practice resident*

## Dallas/Fort Worth Medical Center - Grand Prairie

**Patricia Barrington, D.O.**

TCOM — *Intern*

**Bradley Christianson, D.O.**

TCOM — *Intern*

**Paul Cook, D.O.**

OKCOM — *Intern*

**Larry Evans, D.O.**

TCOM — *Intern*

**David Gouldy, D.O.**

TCOM — *Intern*

**Jeff Hall, D.O.**

TCOM — *Intern*

**Kathleen Humphries, D.O.**

TCOM — *Intern*

**Margaret Jaskowski, D.O.**

TCOM — *Intern*

**Lora Overton, D.O.**

OKCOM — *Intern*

**Jan Tuohy, D.O.**

OKCOM — *Intern*

**Diane Walter, D.O.**

TCOM — *Intern*

**Andrew Clemmons, D.O.**

TCOM — *surgery resident*

**Scott Stowers, D.O.**

TCOM — *surgery resident*

**Laura Hempstead, D.O.**

TCOM — *family practice resident*

## Dallas Memorial Hospital

**Michael Benavides, D.O.**

TCOM — *Intern*

**John Cronk, D.O.**

Kirksville College of Osteopathic Medicine  
(KCOM) — *Intern*

**Herb Dempsey, D.O.**

UHS/COM — *Intern*

**Andrea (Andy) Prevan, D.O.**

UHS/COM — *Intern*

**Anthony (Tony) Rector, D.O.**

TCOM — *Intern*

**Glenn Routhouska, D.O.**

UHS/COM — *Intern*

**Juli Hattier, D.O.**

West Virginia School of Osteopathic Medicine —  
*Resident*

## Doctors Hospital — Groves



*Drs. (L-R) Duncan, Hanson, Turcan and Drake*

**Edward S. (Ted) Drake, D.O.**

UHS/COM — *Intern*

**Teresa Hill-Duncan, D.O.**

TCOM — *Intern*

**Clyde A. Hanson, D.O.**

UHS/COM — *Intern*

**Elaine Czachor-Turcan, D.O.**

UHS/COM — *Intern*

## Fort Worth Osteopathic Medical Center

**Larry E. Bradley, D.O.**

TCOM — *Intern*

**April Bremby, D.O.**

TCOM — *Intern*

**William Chambers, Jr., D.O.**

TCOM — *Intern*

**Mark C. Crouch, D.O.**

TCOM — *Intern*

**Nancy H. Dunn, D.O.**

TCOM — *Intern*

**Clifford C. Ferrell, D.O.**

TCOM — *Intern*

**Sandra K. Gilfillan, D.O.**

TCOM — *Intern*

**Robin A. Hall, D.O.**

TCOM — *Intern*

**Mary Hendryx-Ward, D.O.**

TCOM — *Intern*

**Wesley N. Klein, D.O.**

TCOM — *Intern*

**J. Mark Knox, D.O.**

TCOM — *Intern*

**Kenneth Luckay, D.O.**

TCOM — *Intern*

**Dale McCormack, D.O.**

TCOM — *Intern*

**Bonnie J. Nock, D.O.**

TCOM — *Intern*

**Alonzo Ortega, D.O.**

TCOM — *Intern*

**Steven L. Ross, D.O.**

TCOM — *Intern*

**Mario Sanchez, D.O.**

TCOM — *Intern*

**Jeff Schlueter, D.O.**

TCOM — *Intern*

**Valerie Slocum, D.O.**

TCOM — *Intern*

**William Wullivan, D.O.**

TCOM — *Intern*

## Northeast Community Hospital

**Mark S. Bickley, D.O.**

TCOM — *Intern*

**Kathleen O. Bledsoe, D.O.**

KCOM — *Intern*

**Dana Nighswonger, D.O.**

OCOMS — *Intern*

**Mike Bell, D.O.**

TCOM — *Family practice resident*

**Dennis Graham, D.O.**

TCOM — *Orthopedic resident*

**Margaret (Meg) Walter, D.O.**

TCOM — *Family practice resident*

# THE LOWER RESPIRATORY TRACT— More vulnerable to infection in smokers and older adults



Experience counts

**Ceclor**<sup>®</sup> Pulvules<sup>®</sup>  
250 mg  
cefaclor  
*think of it first*

For respiratory tract infections due to susceptible strains of indicated organisms.

#### Summary.

Consult the package literature for prescribing information.

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

**Contraindication:** Known allergy to cephalosporins.

**Warnings:** CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLIN AND CEPHALOSPORINS SHARE PARTIAL CROSS-ALLERGY. 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.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in

moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.

- 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 mobiliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely], Stevens-Johnson syndrome) and toxic epidermal necrolysis or the above skin manifestations accompanied by arthritis/arthralgia, and frequently, fever): 1.5%, usually subsiding within a few days after cessation of therapy. Serum-sickness-like 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.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely reversible hypersensitivity: neurotoxicity, insomnia, confusion, hyperkalemia, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%, and, rarely, thrombocytopenia.
- 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<sup>®</sup> tablets but not with Tes-Tape<sup>®</sup> (glucose enzymatic test strip, Lilly).

Additional information available from  
Eli Lilly and Company, Indianapolis, Indiana 46205

*Lilly*

Eli Lilly Industries, Inc.  
Carolina, Puerto Rico 00630

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CP 5014-B-085405



# Medicare Medically Unnecessary Services

The Government Relations division of the AOA reports that the Health Care Financing Administration (HCFA) announced changes in the denials of payment for services deemed medically unnecessary. The changes took effect September 1, 1988.

Most notably, HCFA has revised the wording of the agreements patients must sign when they agree to pay for services which may be deemed unnecessary. HCFA suggests the following notice by the physician to patients:

Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under Medicare program standards, Medicare will deny payment for the service. I believe that, in your case, Medicare is likely to deny payment for [specify particular service(s)] for the following reasons: (the physician gives the reason for his or her belief).

## Beneficiary Agreement

I have been notified by my physician that he or she believes that, in my case, Medicare is likely to deny payment for the services, identified above, for the reasons states. If Medicare denies payment, I agree to be personally and fully responsible for payment.

Signed

Beneficiary Signature

HCFA notes that the physician must give the beneficiary an idea of why he is predicting the likelihood of denial in order to allow the beneficiary to make an informed decision whether to receive the service and pay for it out of pocket.

The requirement for advance notice is not satisfied by a signed statement to the effect that should Medicare deny payment the patient agrees to pay for the service. Nor can routine notices to beneficiaries stating Medicare payment denial is possible, be acceptable advance notice. Finally, giving notices for all claims or services is not an acceptable practice. HCFA intends that physicians give notices only where there is genuine doubt regarding the likelihood of payment.

HCFA officials met on August 17 with the AOA, AMA and other affected groups concerning the new instructions. They are sensitive to the many objections raised, but there are no guarantees that further changes will be made.

# Dismissal Denied In Recoupment Suit

A federal judge on July 14 denied the government's motion to dismiss TMA's lawsuit challenging a \$13.5 million Medicare recoupment effort. The court also dismissed Blue Cross and Blue Shield of Texas (BC/BS) from the suit. However, the U.S. Court of Appeals in New Orleans still must consider the government's appeal of the preliminary injunction halting the recoupment. This hearing is scheduled for September 19.

"As an advocate for Texas physicians and their patients, TMA is committed to seeking a permanent injunction stopping the recoupment," TMA president Dr. Val F. Borum stressed. "We also are committed to ensuring the government returns more than \$3 million it wrongfully collected before the preliminary injunction stopped the recoupment."

The U.S. Department of Health and Human Services (HHS) argued the U.S. District Court in Austin lacked jurisdiction to try the case and the plaintiffs failed to state a claim upon which relief could be granted. However, District Judge James Nowlin rejected the HHS positions.

The court dismissed BC/BS from the suit since "the Medicare contract carrier is not the real party in interest in the suit for wrongful withholding of Medicare payments." The real party is the U.S. government as "Blue Cross acts in this regard as the agent of the secretary (of HHS)," Judge Nowlin said. Any order against the government will blind BC/BS as well.

TMA and co-plaintiffs continue to gather information and prepare for a trial anticipated in 1989. Meanwhile, the preliminary injunction remains in effect. The recoupment was initiated in the summer of 1987 for alleged "overpayments" made to patients and physicians from July 1985 through March 1986.

## Newsbrief

### SMOKING BAN FOR HOSPITALS MAY PAY OFF

William Roper, M.D., HCFA administrator, is pondering the idea of denying federal reimbursement to hospitals that allow smoking on their premises. Although hospitals are understandably hesitant to institute any policy which could lead to an admissions decrease, a complete smoking ban has already been imposed by 16.5 percent of all hospitals.

# TOMA Members Elected To AOA Medical Posts

Mary M. Burnett, D.O., FACGP, of Dallas, has been elected to a three-year term to the Board of Trustees of the AOA. She is a certified general practitioner affiliated with Tri-City Health Center (formerly Metropolitan Hospital) in Dallas.

William R. Jenkins, D.O., FACOS, of Fort Worth, has been elected Chairman of the Bureau of Insurance of the AOA. Dr. Jenkins is a certified surgeon and serves as Professor and Chairman of the Department of Surgery at TCOM. He is also Associate Dean for Graduate Medical Education and program Director for the General Surgery Residency at TCOM.

T. Eugene Zachary, D.O., FACGP, of Fort Worth, has

been re-elected Speaker of the House of Delegates of the AOA. He is the first physician to serve concurrently as speaker of three major osteopathic organizations: AOA House of Delegates, the TOMA House of Delegates and the Congress of Delegates of the American College of general Practitioners in Osteopathic medicine and Surgery. A certified general practitioner, Dr. Zachary is Vice President for Academic Affairs and Dean of TCOM, and an Associate Professor in the Department of General and Family Practice at TCOM.

The elections took place during the AOA's recent House of Delegates meeting in Miami.

Congratulations to Drs. Burnett, Jenkins and Zachary. ■

## News From the Texas Medical Foundation

### Areas of Deficiencies Identified Through the Quality Assurance Program

The Texas Medical Foundation continues to review Medicare cases for the quality of the medical care provided. As a part of a modification to the Peer Review Organization contract with the Health Care Financing Administration, the TMF will continue to inform parties offering continuing education activities in Texas about the areas of deficiencies being identified. As you plan your continuing medical education offerings, please keep in mind the need to provide basic programs related to these deficiencies. Should you need further information or have questions related to this matter, please call Carol McCauley at 1-800-252-9216.

Below is the list of common deficiencies. The same basic issues were identified this quarter as were identified in the last quarter.

- Diagnosis and treatment of acute myocardial infarction, congestive heart failure, pulmonary edema, and chronic obstructive pulmonary disease.
- Fluid and electrolyte balance in patients with congestive heart failure, diabetes mellitus and dehydration.
- Failure to use available laboratory and ancillary diagnostic services in critical life-threatening situations to include the use of available cardiac monitoring, x-ray studies, and blood and urine testing.

Treatment with and administration of antibiotics.

- Diagnosis and treatment of anemia.
- Pharmacological treatment of cardiac, respiratory, bacterial, endocrine, and psychiatric diseases.
- Discharges from hospital before the patient is medically stable. ■

### Newsbrief

#### PODIATRISTS MUST STICK TO FEET

Upholding a Superior Court decision won by the medical society in Connecticut, the Connecticut Supreme Court has ruled that podiatrists cannot treat ankle problems. Four years ago, ruling that the foot and ankle are inseparable components, the Board of Examiners in Podiatry thus gave podiatrists the authority to treat ankles. However, this led to a challenge in Superior Court by the state medical society, then on to the Supreme Court who upheld the Superior Court's decision, which had based its conclusions on common usage and the definition of the word "foot" in the dictionary.

# ATOMA NEWS

By Nancy Martin  
Public Relations Chairman  
ATOMA District II

Fall has arrived, and here I am again this month anxiously awaiting to let you know what is going on. I do hope you received the District II news update which was included with the notices for the evening District II TOMA and ATOMA meeting in September. With this news update, you could see the results of our 1987-88 donations to different groups and also see what activities were planned. As was said in the update, "Together We Can Make a Difference." So read the rest of this article and come be a part of the group.

Chris Brenner, ATOMA Chairman of Public Health and Education for 1988-89 has coordinated efforts to have some of the short stories from the illustrated coloring book called *Smart Kids, Safe Kids — Aware Not Afraid* to be read to the preschool children during storytimes at all nine branch libraries in Fort Worth by District II Auxiliary members. We will be conducting this activity during NOM Week (September 25-October 1). After storytime, coloring books will be given to the children. This is how District II will participate in the State Auxiliary's safety coloring book project. There was a terrific article in the May/June issue of the *Texas DO* magazine which tells you all about the ATOMA coloring book and stories which teach child safety. Congratulations to Chris Schellin, Auxiliary member, who illustrated the book and wrote the stories and to Chris Brenner, who developed such a fantastic educational project that will be of significant benefit to the community. Also, Chris Brenner has been invited by the national president of the AAOA to present the coloring book project at the National AAOA Convention in Las Vegas, Nevada (December 5-7) to the other Auxiliaries. Thank you, Chris Brenner, for developing and coordinating this educational project which the osteopathic profession can be so proud of.

Some of our Auxiliary members will be manning the telephone lines in September to help people make appointments to see physicians for free health screenings during the "Checkup For Life," scheduled for October 1. This is the second year for this community service project which will occur on the last day of NOM Week. Appointments for patients will be made to see a physician closest to where they live. This is truly a worthy public health event, and it will help acquaint the community with osteopathic physicians.

A new member and General Membership Branch will be held at Loretta Stone's home on October 13. Please come and get to know each other at this daytime function. We want to especially encourage intern/resident spouses to come to this enjoyable get-together. Our speaker will be Dr. Irwin Schussler. If you have any questions, please call Loretta at 926-5050.

Please make a note on your calendars that the Holiday Party will be at the City Club on December 1st. This is always an enjoyable event and it is sure to be filled with

glitter and glamour this year per B.J. Czewski's (Events Chairman) efforts to provide a memorable time.

The Wintercrest Charity Ball will take place at the Petroleum Club on March 4, 1989. Our chairmen, Loretta Stone and Sherry Reese, are quite busy planning and preparing for this terrific event. They have a lot of exciting plans in the makings. The Party Dolls will be with us again this year for some fabulous entertainment. Please contact either Sherry at 732-4930 or Loretta at 926-5050 if you are interested in being a part of the ball committee. This event is fun filled and achieves much. So please call and see if you can be of some help in making the event even more fantastic.

Carolyn Bilyea, Scholarship Chairman for ATOMA for 1988-89, had some exciting news to report from the Scholarships Award Commission and Marilyn Beiger, AAOA Scholarship Chairman, which met to evaluate the 144 applications that were received this year. Fifteen scholarships and six alternate awards were granted. We are pleased to hear that two TCOM students were named as recipients. District II contributes annually to the National Osteopathic College Scholarships sponsored by the AAOA to help support the educational activities of the osteopathic profession. Out of the nine TCOM students who applied, the two selected were David I. Kabel from Delran, New Jersey, who received a scholarship, and Horis T. Stedman, Jr., from Dallas, who received one of the alternate awards. Scholarship awards are for \$3,000 each. The requirements for the scholarship applications are the following: 1) Must have high scholastic standing determined by class rank (top 20 percent of freshman class); 2) Financial need; 3) Applicant must not be a recipient of any full tuition scholarship; 4) Good moral character; 5) Motivation and aptitude towards the osteopathic medical profession; and 6) personal interviews. The personal interviews for Horis T. Stedman, Jr. and David I. Kabel were done by Dr. and Mrs. Christopher Hull and Dr. and Mrs. Gary Polk. We send a special note of thanks to the nine District II doctors and their wives for the time and effort they gave in the personal interviews. Thanks, too, Carolyn, for your involvement with such a worthy cause.

On a personal note, we are so glad to hear that Jackie Sharp is doing very well after some recent minor surgery. We send our deepest sympathy to Dr. W. W. Bailes and family on the recent loss of Mrs. Bailes. We all feel the loss of Alleen, a past president (1966-67) and dedicated member of District II Auxiliary.

Again, please call me at 483-6001 or Val Lowry, Courtesy Chairman, with any news you might have.

Take care and we'll see you next month.



# In Memoriam

## Jim D. Bettis, D.O.

Jim D. Bettis, D.O., of Hurst, passed away July 20 at Northeast Community Hospital after a short illness. He was 54 years of age.

Funeral was held July 23 at Shady Oaks Baptist Church, Hurst, with graveside services July 25 at Resthaven Memorial Park in Shawnee, Oklahoma.

Dr. Bettis was born in Pearson, Oklahoma and graduated from Capitol Hill High School in Oklahoma City, later attending Central State University in Edmond. He served with the U.S. Navy from 1952-56 and married Marie Sue Lacey in 1957. A 1962 graduate of Kansas City College of Osteopathy and Surgery, Dr. Bettis interned at Tulsa Osteopathic Hospital.

A certified general practitioner, he practiced 25 years in Hurst and was chief of staff and chairman of the General Practice Department at Hurst General Hospital. Dr. Bettis was also chief of staff at Northeast Community Hospital, chairman of the General Practice Department and member and chairman of the board.

Besides TOMA membership, Dr. Bettis was a member of TOMA District XV; an AOA member; member of the North Richland Hills Masonic Lodge and a member of Shady Oaks Baptist Church.

Survivors include his wife, Marie, of Hurst; three sons and one daughter-in-law, Mark Bettis of Hurst; Richard and Lesley Bettis of Arlington; and John D. Bettis of Nacogdoches; and one sister, Coeta Callahan of Spartanburg, South Carolina.

In lieu of the usual remembrances, the family suggests contributions be made to the American Cancer Society or the Kidney Foundation.

TOMA extends its condolences to the family of Dr. Bettis.

## R. Z. Abell, Jr., D.O.

R. Z. Abell, Jr., D.O., of Lubbock passed away on September 5, 1988, following a rather lengthy illness of about a year's duration. Memorial services were held on September 7.

Dr. Abell was born in Mingus, Texas and attended Texas Tech University. He was a 1943 graduate of Kirksville College of Osteopathic Medicine and interned in Vidor, Texas. Upon completion of his internship, he returned to Lubbock and joined his father in practice at the Abell Hospital and Clinic, on the Idalou Highway, in 1947.

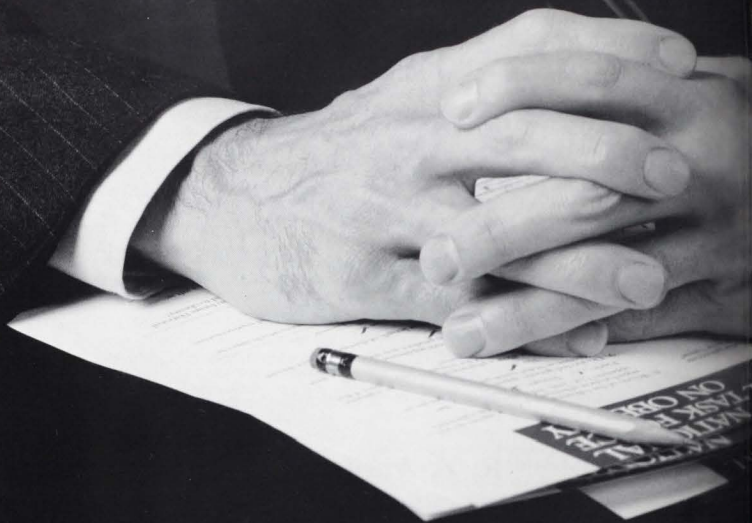
Dr. Abell was a staff member of Lubbock Osteopathic Hospital for approximately 30 years and was one of the seven doctors who originally built the hospital, which was sold several years ago to Summit Health, Ltd. The proceeds from the sale are now in a Trust Fund, giving financial aid to many doctors for school expenses on a revolving loan fund, and also in support of grants to residents at TCOM.

During his latter practice years, Dr. Abell was at the Stettner Clinic from 1973-1984. A long-time supporter of the osteopathic profession, he was awarded TOMA Life Membership in 1986; was a member of the AOA; TOMA District X; and Westminster Presbyterian Church.

Survivors include his wife, one son, a stepson and two sisters. His wife suggests that in lieu of usual remembrances, memoriams be sent to the Texas College of Osteopathic Medicine.

TOMA extends its sympathies to the family of Dr. Abell.

# OBESITY. RESULTS OF SURVEY MAY



---

According to responses from over 6,800 physicians, obesity has become a serious health threat.

*A problem so significant...77% of responding physicians view it as the single most prevalent chronic condition in the US.<sup>1</sup>*

*A problem so widespread...88% of physicians realize it afflicts at least 1 out of 3 American adults.<sup>1,2</sup>*

*A "disease" so serious...81% of physicians acknowledge it is related, either directly or indirectly, to 20% or more of the nation's mortality.<sup>1,3</sup>*

# A NATIONWIDE SURPRISE YOU.



## FASTIN®<sup>IV</sup> (phentermine HCl) 30 mg capsules

FASTIN® (phentermine HCl) can help. It effectively curbs hunger—the critical first step. In fact, 46% of responding physicians prefer FASTIN over two other well-known anorectics.

As an adjunct to prescribed diet, exercise, and counseling, FASTIN can help provide the early motivation many patients need to overcome obesity... and its serious health risks.

*Preferred by physicians over  
other well-known anorectics.<sup>1</sup>*

Please see summary of prescribing information on next page.

References:

1. Results based on 6,531 physician responses to a recent survey (note: Not all responding physicians answered all questions). Data on file, Beecham Laboratories.
2. Wilton ST. Obesity: Pathogenesis, consequences, and approaches to treatment. *Psychiatr Clin North Am* 1994;7:267-319.
3. Eastman P. Cell obesity "a killer", costing the US \$30.6 billion a year. *Medical Tribune* 1995;March 29:26.



**FASTIN®**  
(phentermine HCl)  
30 mg capsules

*Preferred by physicians over  
other well-known anorectics.<sup>1</sup>*

**Brief Summary**

Indicated only for use as a short-term adjunct in the management of exogenous obesity.

**INDICATION:** FASTIN is indicated in the management of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class (see ACTIONS) should be measured against possible risk factors inherent in their use such as those described below.

**CONTRAINDICATIONS:** Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity, or idiosyncrasy to the sympathomimetic amines, glaucoma. Agitated states. Patients with a history of drug abuse. During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

**WARNINGS:** Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

FASTIN may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

**DRUG DEPENDENCE:** FASTIN is related chemically and pharmacologically to the amphetamines. Amphetamines and related stimulant drugs have been extensively abused, and the possibility of abuse of FASTIN should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program. Abuse of amphetamines and related drugs may be associated with intense psychological dependence and severe social dysfunction. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxications is psychosis, often clinically indistinguishable from schizophrenia.

**Usage in Pregnancy:** Safe use in pregnancy has not been established. Use of FASTIN by women who are or who may become pregnant, and those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

**Usage in Children:** FASTIN is not recommended for use in children under 12 years of age.

**Usage with Alcohol:** Concomitant use of alcohol with FASTIN may result in an adverse drug interaction.

**PRECAUTIONS:** Caution is to be exercised in prescribing FASTIN for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of FASTIN and the concomitant dietary regimen.

FASTIN may decrease the hypotensive effect of guanethidine.

The least amount feasible should be administered or dispensed at one time in order to minimize the possibility of overdose.

**ADVERSE REACTIONS:** Cardiovascular: Palpitation, tachycardia, elevation of blood pressure.

Central Nervous System: Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely psychotic episodes at recommended doses.

Gastrointestinal: Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances.

Allergic: Urticaria.

Endocrine: Impotence, changes in libido.

**DOSE AND ADMINISTRATION:** Exogenous Obesity: One capsule at approximately 2 hours after breakfast for appetite control. Late evening medication should be avoided because of the possibility of resulting insomnia.

Administration of one capsule (30 mg) daily has been found to be adequate in depression of the appetite for twelve to fourteen hours.

FASTIN is not recommended for use in children under 12 years of age.

**OVERDOSEAGE:** Manifestations of acute overdose with phentermine include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute phentermine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard. Acidification of the urine increases phentermine excretion. Intravenous phenolamine (REGITINE) has been suggested for possible acute, severe hypertension, if this complicates phentermine overdose.

**CAUTION:** Federal law prohibits dispensing without prescription.

**HOW SUPPLIED:** Blue and clear capsules with blue and white beads containing 30 mg phentermine hydrochloride (equivalent to 24 mg phentermine).

NDC 0029-2205-30 ..... bottles of 100

NDC 0029-2205-39 ..... bottles of 450

NDC 0029-2205-31 ..... pack of 30

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# Dr. Shriner Urges D.O.s To Speak For the Profession

*Editor's note: The following is a letter written to Merlin Lee Shriner, D.O., FACGP, TOMA President, in appreciation for a visit he made to Tulane University Medical Center, New Orleans, Louisiana, where he spoke about osteopathic medicine, the first D.O. to do so.*

*Dr. Shriner urges all D.O.s to "speak for the profession at any opportunity in order to improve our image as an important contribution to the health care field." He added this might especially be good in conjunction with NOM Week.*

"Dear Dr. Shriner:

"It is because of people like you who take time from your busy schedule to visit and speak to our 'Health Care Delivery Team' seminar on Friday, July 15, 1988, that our MedREP Summer Program participants will be in a better position to make a wise career choice. The information you presented on Osteopathic Medicine was most informative and valuable. It was quite obviously well received by all of the students."

"Again, we wish to thank you for your participation and the gracious manner in which you reached out in answering the students many questions. We sincerely appreciate your visit to Tulane and the MedREP Summer Program. We were so pleased with your fine presentation on Osteopathic Medicine as an alternative in the practice of medicine. We were delighted that your son, David, made us aware of your profession and your willingness to share your knowledge, experiences as well as the educational opportunities in Osteopathic Medicine to our Summer Program participants."

Sincerely,

A. Cherrie Epps, Ph.D.  
Associate Dean for Student Services  
Professor of Medicine  
Director, MedREP

# AOA Delegates' Reports Continued

**JOHN J. CEGELSKI, JR., D.O.**  
**Report on Committee on Public Affairs**

**Resolution 202 — Rural Health Care Payment Equity:**  
*submitted by the Board of Trustees*

"Resolved, that the AOA endorses equity in reimbursement for rural physicians as part of the strategy to increase the availability of quality health care in rural areas"

**PASSED**

**Resolution 205 — Medicare:** *submitted by the Committee on Health Related Policies*

This resolution dealt with fluoridation of water supply and was a reaffirmation of the policy adopted by the AOA House of Delegates in July, 1983 on "Fluoridation."

"Resolved, that the AOA shall go on record favoring the fluoridation of fluoride-deficient public water supply when this program is scientifically controlled by competent health authorities"

Note: The use of Fluoridation in San Antonio has been a constant debate over the years and, in 1986, was not approved by the local voting public in San Antonio.

**PASSED**

**Resolution 207 — Environmental Health:** *submitted by the Committee on Health Related Policies*

This resolution was an editorially corrected policy on "Environmental Health" which had been adopted by the AOA House of Delegates in July, 1983.

"Resolved, that the AOA reaffirms its commitment to support concerned government agencies to eradicate environmentally-caused health problems."

**PASSED**

**Resolution 208 — Catastrophic Health Insurance:** *submitted by the Committee on Health Related Policies*

This resolution resolved that the policy adopted in July, 1986 by the AOA House of Delegates on "Catastrophic health Insurance" be deleted:

"Resolved, that the AOA supports the enactment of a federal program to provide insurance to protect the American people from the financial impact of catastrophic illnesses."

Explanatory statement: the House of Delegates approved a catastrophic health insurance policy in 1987, which makes this statement redundant.

**PASSED**

**Resolution 212 — Health Care, Government Interference in Delivery:** *submitted by the Committee on Health Related Policies*

This resolution was an amended policy on "Health Care, Government Interference in Delivery," which had been adopted in July 1983 by the AOA House of Delegates.

The amended resolution resolved, "that the AOA continues its contacts with other professional health organizations for the purpose of combining and coordinating lawful efforts as equal but separate partners to oppose excessive expansion of federal control of health delivery"

**PASSED**

**Resolution 214 — Preferred Provider Organizations:** *submitted by the Committee on Health Related Policies*

This resolution was a policy adopted in July, 1983 by the AOA House of Delegates on "Preferred Provider Organizations"

This resolution was amended to resolve, "that the AOA endorses only those preferred provider organizations that: 1) render quality care to all patients; 2) permits freedom of choice of hospital and doctors; 3) permits their patients to make economic decisions involving their health care; 4) do not exclude certain physicians and hospitals from honest competition for any segment of the marketplace; 5) do not force physicians on a contracting hospital staff to join that hospitals PPO and thereby lead to closed hospital staffs, and 6) seek the most cost effective health care in the community"

**PASSED**

**Resolution 215 — Geriatric Health Care:** *submitted by the Committee on Health Related Policies*

This resolution amended the policy adopted in July, 1983 by the AOA House of Delegates on "Geriatric Health Care"

This amended resolution resolved, "that the AOA encourages osteopathic physicians to participate in innovative approaches to health care for the geriatric population"

**PASSED**

**Resolution 219 — Physician Assistants, Payments:** *submitted by the Committee on Health Related Policies*

This resolution resolved, "that where plans are already in effect allowing third party payments to be made to physician assistants that vigorous efforts are to be made to terminate this practice"

**DISAPPROVED**

Explanatory statement: This policy is covered in Resolution 218.

**Resolution 220 — *Mandatory Assignment: submitted by the Committee on Health Related Policies***

This resolution was amended and resolved, "that the AOA opposes any and all legislation or regulation that mandates the acceptance of assignment as payment in full."

PASSED

**Resolution 228 — *Substance Abuse (Drug): submitted by the Committee on Health Related Policies***

This resolution resolved that the policy adopted in July, 1983 by the AOA House of Delegates on "Substance Abuse (Drug)" be amended and approved.

"Resolved, that the AOA encourages its members, through continuing medical education, to have current knowledge of substances with a high potential for abuse, and of appropriate treatment techniques; and be it further

"Resolved, that the AOA encourages its members to participate in the education of their communities relative to substance abuse; and be it further

"Resolved, that the AOA pledges its support to health and law enforcement agencies, in their efforts to eliminate substance abuse; and be it further

"Resolved, that the AOA urges all members of the osteopathic profession and osteopathic hospitals to participate in the care and rehabilitation of persons suffering from substance abuse."

PASSED

**FRANK J. BRADLEY, D.O.**

**Report on Committee on Public Affairs**

It was again my privilege to represent you as a member of the House of Delegates to the AOA. The meeting was very informative and a considerable amount of material was discussed. As a member of this committee, I was involved with the results of the following resolutions:

**Resolution 230 — *Substance Abuse Education: submitted by the Committee on Health Related Policies***

"Resolved, that the AOA does herewith urge institution of substance abuse education at the appropriate primary school grade level."

PASSED

**Resolution 231 — *Drug and Alcohol Abuse: submitted by the Committee on Health Related Policies***

"Resolved, that the AOA take an active and highly visible role in educating the public on drug and alcohol abuse and the effects these have on the patient, his family, and the community as a whole."

PASSED

**Resolution 232 — *Alcoholism: submitted by the Committee on Health Related Policies***

"Resolved, that the AOA urges that alcoholism prevention and treatment programs be given higher national priority; and be it further

"Resolved, that the AOA supports a broad national program directed toward the desocialization of alcohol consumption; and be it further

"Resolved, that methods be developed to detect problem drinkers and direct them into prevention and treatment programs."

PASSED

**Resolution 233 — *Uniform Minimum Age For Purchase Of Alcoholic Beverages: submitted by the Committee on Health Related Policies***

This resolution resolved that the policy adopted in July, 1983 by the AOA House of Delegates on "Uniform Minimum Age for Purchase Of Alcoholic Beverages" be deleted.

The policy "Resolved, that the AOA supports the establishments of a uniform minimum age of at least 21 years to purchase alcoholic beverages in all 50 states, and be it further

"Resolved, that the AOA petition each divisional society to support necessary legislation at the state level"

*Explanatory Statement: This policy is redundant to a statement approved by the House of Delegates in 1986.*

PASSED

**Resolution 236 — *Support of All Governmental Expenditures for Maternal and Child Health Care Block Grants to Reduce Infant Mortalities: submitted by the American College of Osteopathic Obstetricians and Gynecologists***

This resolution was amended slightly to resolve, "that the AOA support all government expenditures for maternal and child health care block grants to reduce infant mortalities."

PASSED

**Resolution 242 — *Teaching of an Approved Fire Prevention Course in All School Grades: submitted by the New Jersey Association of Osteopathic Physicians and Surgeons***

"Resolved, that a Fire Prevention Course be taught throughout from pre-first through twelfth grade; and be it further

"Resolved, that escape techniques be taught along with the importance of having smoke detectors in the home; and be it further

"Resolved, that the AOA does herewith endorse measures as to the importance of teaching escape techniques in health classes nationally and having smoke detectors in homes"

PASSED



## ACA Delegates Reports Continued

### **Resolution 245** — *Guidelines for Retention of Medical Records: submitted by the Ohio Osteopathic Association*

"Resolved, that the AOA and appropriate divisional societies, petition the state and federal legislative bodies to establish an absolute statute of limitations for the retention of medical records?"

**PASSED**

### **Resolution 253** — *Abuse of the Elderly: submitted by the Board of Trustees*

"Resolved, that the divisional societies and colleges of osteopathic medicine provide appropriate educational information to their members and students on the problem of abuse of the elderly?"

**PASSED**

All of the above resolutions were accepted, and I do appreciate again the opportunity to represent you at the AOA House of Delegates. ■

## News From the FDA

### **Bioequivalence Task Force Issues Report**

After considering evidence presented at a special hearing, comments submitted to the Food and Drug Administration (FDA), and other material from the literature, the Bioequivalence Task Force has issued a report and made recommendations to the FDA to insure that generic tablets and capsules are therapeutically equivalent to innovator products.

The Task Force concluded that there was a remarkable lack of hard evidence substantiating claims of bioequivalency problems with generic drugs. It did, however, make 14 recommendations, including some relating to the evaluation and use of generic drugs and the implementation of minor changes in the statistical tests used to establish bioequivalence. It also recommended that the FDA and others make information about therapeutic equivalency more easily available to health professionals and encourage physicians and pharmacists to inform patients about drug substitution so that patients would not be confused by a difference in color or shape in the case of substitution.

The complete report is available from: FDA, Dockets Management Branch (HFA-305), 5600 Fishers Lane, Rockville, Maryland 20857. ■

## **TCOM Students Soaring High On Scoring**

The 1988 graduates of TCOM who took the Federation Licensure Examination (FLEX) in June achieved a 100 percent passing rate on both components of the exam. The Texas Board of Medical Examiners reported that all 47 of this year's 72 TCOM graduates who took the FLEX passed Component I (Basic Science) and Component II (Clinical Science).

"At the Senior Banquet in May, I characterized the Class of 1988 as 'survivors' whom I would match against any class graduating from any medical school this year. I think this notable achievement by our graduates validates my statement," said Dr. David M. Richards, TCOM President.

The scores of 47 graduates and seven graduates from earlier classes taking the FLEX test resulted in an overall pass rate of 94 percent on Component I and 100 percent on Component II. The 54 TCOM graduates taking the Jurisprudence Test, the third element required for licensure to practice medicine in Texas, achieved a 92 percent passing rate.

Dr. Richards said there seems to be a close correlation between scores on the FLEX test and the students' performance on Part I of the National Osteopathic Board Examination given medical students following completion of their sophomore year. All 93 TCOM sophomore students who took National Boards Part I earlier this year passed, and the mean overall score put TCOM at, or close to, the top of all 15 osteopathic medical schools in the United States.

"One hundred percent pass rates on state and national qualifying examinations by our now junior class and the 1988 graduates evidences, I believe, the quality of students attending TCOM, excellence of the faculty, and the strength of our medical education program resulting from higher academic standards," said Dr. Richards. ■

## **Newsbrief**

### **DOD UPDATES HIV POLICY**

Updated Department of Defense (DOD) policy now allows a military physician to inform the spouse of a reservist who tests positive for HIV antibodies.

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# Texas ACGP Update

By Joseph Montgomery-Davis, D.O.  
Texas ACGP Editor

Texans will go to the polls on November 8, 1988, with the opportunity to mold a new Texas Supreme Court. Six of the existing nine seats are up for grabs. The check and balance system of Texas government can only exist when the major players stick to their legitimate roles.

The first significant blow for tort reform in Texas will be struck this November, not January 1989 when the next legislative session is scheduled to convene in Austin. Texas legislators have the responsibility of drafting and passing new state laws. Texas judges should not legislate. Texas judges should interpret existing state laws, not make new ones.

Texas D.O.-G.P.s should encourage other voters to review the judicial track record of candidates running for a seat on the Texas Supreme Court and then vote their consciences. This is not a partisan political issue. We must vote for Texas Supreme Court Justices who will interpret, not make laws. Information concerning the candidates running for a seat on the Texas Supreme Court will be made available upon request to the Texas ACGP members.

In keeping with our past policy, I would like to discuss some medical practice topics.

When administering injectable medications for Medicare patients, it is important to know whether the injection is covered and the rate of reimbursement.

Allowable charges for Medicare injectable medications are set on a state wide profile. A physician must submit a written request to obtain a copy of the current Medicare allowable charges for covered injectables. The address is: Janet Judie, Sr. Supervisor, P.O. Box 660156, Dallas, Texas 75266-0156.

The following are CPT codes which can be used for counseling patients and their families. Counseling is not a covered service under Medicare or Medicaid; however, if the patient and/or relative is informed prior to the service being rendered that it is a non-covered service, charges can be made to the Medicare or Medicaid recipient. The Medicare and/or Medicaid Program cannot

be billed for this service; the patient and/or relative must be billed directly.

## Counseling Patients and Their Families

### CPT Codes

99155	Medical conference by physician regarding medical management with patient, and/or relative, guardian or other (may include counseling by a physician); Approximately 25 minutes.
99155-52	Approximately 15 minutes.
99155-22	Approximately 35 minutes.
99156	Approximately 50 minutes.
99156-52	Approximately 45 minutes.
99156-22	Approximately 60 minutes.

In closing, at our last ACGP Board meeting in Arlington, Texas, a special order of business took place. Tex Roberts, former Executive Director of TOMA, was made an honorary member of the Texas ACGP. Congratulations, Tex!

## Newsbrief

### WVSOM PASSES ACCREDITATION

The West Virginia School of Osteopathic Medicine (WVSOM) reports that it has been granted the highest accreditation rating available through the AOA's Bureau of Professional Education. The accreditation was approved by the officially recognized accrediting body for the nation's 15 osteopathic medical colleges, following review of a Full Survey Report filed by the AOA's Committee on Colleges. The survey report is the result of a complete on-site inspection of WVSOM's academic and administrative programs which was completed in February.

The AOA Bureau of Professional Education requires full site inspections of each of the nation's osteopathic medical colleges every five years. "We are extremely pleased with the accreditation rating," said WVSOM President Olen E. Jones, Jr. "The accreditation review team found a college with a strong program to offer our students and our profession."



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# AMA Will Not Bid On Data Bank

The first step toward implementation of the national data bank on adverse credentialing and malpractice actions has finally been taken since Congress appears to have agreed to appropriate \$2.8 million in fiscal 1989 to launch the bank.

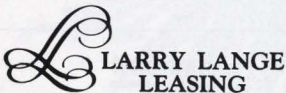
The data bank, created by the Health Care Quality Improvement Act of 1986 and the Medicare and Medicaid Patient Protection Act of 1987, was to have been operational by now. However, failure by Congress to fund the program earlier has delayed its implementation. The purpose of the bank is to store and report adverse actions on licensing, hospital privileges, and payments relating to any malpractice action or claim on physicians, dentists and other health care professionals.

The American Medical Association, in conjunction with the Federation of State Medical Boards, submitted a bid last year to run the data bank when the original proposal was issued. However, the proposal was withdrawn due to the fact there was no funding available for the data bank for fiscal 1988.

Now that funding seems to be available, the AMA has made the decision not to bid on the project, stating

that the project's scope had "changed dramatically" from its original creation in 1987, and that it "cannot be implemented efficiently and economically." In a letter to the Department of Health and Human Services (HHS), the AMA noted that "unknown costs involved in the project made it difficult to issue a credible response to the proposal" and that "potential contractors should have a reasonable idea about the volume of requests for the data, the number of actions to be reported, and the costs of educating health care professionals about the project before submitting a bid." Additionally, the AMA stated that the 1987 law did not provide limited immunity for good faith activities relating to the bank, whereas the 1986 law did, giving rise to "... significant exposure to the risk of litigation costs..." In the letter, the AMA added, "... the data bank has become an all-inclusive library with operational requirements that will be exceptionally difficult to manage."

Although the AMA has indicated to HHS that it is willing to get together with its representative and discuss an alternative proposal determined to be cost-effective and more in line with legislative objectives, HHS, before considering such options, will first evaluate bids. ■



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# D.O.s Do Their Part In United Way Campaigns



## United Way of Metropolitan Tarrant County

As the sizzling temperatures of summer begin to subside, communities across Texas annually conduct amazing feats of effort and altruism called United Way campaigns. Each United Way is locally owned and operated by the people of its particular community, but all are a tribute to the dedication of men and women who, as the United Way mission says, want "to increase the organized capacity of people to care for one another."

Osteopathic physicians, a compassionate group by the very nature of the profession, do their part to make sure the United Way campaigns in their communities are successful. Many contribute generously. Others, such as John F. Brenner, D.O., chief of staff at the Fort Worth Osteopathic Medical Center, also donate time to help conduct the fund drives themselves.

This year Dr. Brenner is chairing the portion of the Tarrant County

United Way campaign that solicits contributions from osteopathic physicians. He said he agreed to take the volunteer job because of his belief in United Way and his hope that support of the campaign by someone in a highly visible position at the Medical Center would prompt others to attach importance to the United Way drive.

"I've always felt that all of the programs United Way supports are important," Dr. Brenner said. "My wife used to be a professional Girl Scout, and since the Girl Scouts were funded locally by United Way, we were well aware of how important United Way was to the program that she ran."

There are 2300 independent United Ways throughout America. Each one determines which non-profit organizations will receive funds from its annual campaign, but many provide funding for health care and rehabilitation services, emergency assistance and child care. Decisions about which agencies receive funds and how much are made by committees of volunteers who represent all facets of the community. Volunteers also monitor the agencies affiliated with their local United Way to make sure that United Way dollars are used efficiently and effectively. The result is an enhanced quality of life for people who care about their communities. ■

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## Car Phones Create A Mobile Office

Dallas / Fort Worth osteopathic physicians, picture this scenario...you are sitting impatiently on Central Expressway at 5:00 p.m. on a Tuesday evening when your beeper goes off. Checking your display, you realize the hospital is trying to contact you and, to be frank, we all realize hospitals don't call just to say "Hi." You frantically attempt to maneuver your car to the nearest exit, and after 10 minutes of intense effort, you are able to ease off Central only to find yourself in another dilemma: where is the nearest pay phone? Not a very pretty picture, is it?

With a cellular telephone, such a nightmare on Central Expressway can be avoided. Since its public arrival in 1985, cellular telephone service has proven to be the most comprehensive method of mobile communications available. By placing low powered radio towers throughout a geographic area, cellular telephone systems provide service areas exceeding those of pagers or other forms of mobile radio. Because your call is "handed off" from tower to tower as you travel through an area, a cellular phone also insures the privacy of your conversation.

In Dallas / Fort Worth only MetroCel Cellular offers over 6,700 miles of coverage. That means you can make a call in Waxahachie just as easily as in downtown Dallas.

By providing such an extended coverage area, MetroCel provides you with the ability to make and receive calls from your car, the golf course or your boat, because business and, unfortunately, emergencies don't stop when you're away from the office.

Anyone who has ever tried to make a business call with one ear on the conversation and the other on the background noise and crosstalk can certainly appreciate just how important call clarity can be. MetroCel shares this concern. As Dallas / Fort Worth's exclusive provider of digitally switched cellular service, MetroCel insures that all your calls will be of the highest quality technologically possible.

In partnership with MetroCel, Auto Cellular and Accessories has been an innovative leader in the Dallas / Fort Worth cellular industry. Realizing that business professionals are often too busy to take time out to have their phone installed, Auto Cellular was one of the first to provide mobile installation capability. Now your new cellular phone can be installed at your office just as easily as at Auto Cellular's state of the art installation and service facilities.





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# TEXAS TICKER TAPE □ □ □ □ □ □ □ □

## **D.O.s to REPORT ALL CME BY DECEMBER 31**

The AOA reports that AOA members have until December 31, 1988 to report all CME credits earned during the 1986-88 CME cycle. Any documentation received after the end of the year cannot be entered in the physicians' computer records, and credits earned during the 1986-88 cycle cannot be applied to the 1989-91 cycle.

The AOA will mail Individual Activity Reports to members between December 5-9, which will list CME reported to the AOA by November 10. In mid-January, a second activity report mailing will take place, at which time CME reported between November 11 and December 31 will be included.

D.O.s should direct CME materials to: AOA Division of Continuing Medical Education, 142 East Ontario Street, Chicago, Illinois 60611-2864.

## **LAWMAKERS WANT TO KNOW WHAT'S WRONG IN MASSACHUSETTS**

Access to care is becoming a problem in Massachusetts due to government regulation and the high cost of liability insurance, and many practitioners are dropping out of Blue Cross and Blue Shield because of the state's ban on balance billing, which is mandatory. In a poll conducted by the state medical society, recruiting specialists has become a problem area for approximately three-fourths of the hospitals responding to the poll, and a companion survey revealed that over 30 percent of high risk specialists are performing fewer procedures and/or eliminating surgery altogether. Ironically enough, in response to this crisis situation, Massachusetts lawmakers are gearing up for a massive study of the shortage of physicians.

## **TOMA MEMBER RECEIVES PROMOTION IN USPHS**

TeCora Jones-Ballom, D.O., a 1984 graduate of TCOM, has been promoted to the rank of Lieutenant Commander in the United States Public Health Service. Lt. Cmdr. Jones-Ballom, a three year veteran of the service, is presently stationed at the Federal Correctional Institution in Fort Worth. During her commission, she has served as the Chief of Medical Staff at the Institution's hospital.

Dr. Jones-Ballom and her husband, Adrian, reside in Arlington and are expecting their first child in March.

Congratulations to Dr. Jones-Ballom!

## **UPDATED MEDICARE PART B HANDBOOK AVAILABLE**

An updated version of the Medicare Part B Handbook for physicians and suppliers is now available. This was updated in July and includes the latest information on covered services, non-covered services, coding, injectables, claims filing, etc.

To obtain a copy, write to: Janet Judie, P.O. Box 660156, Dallas, Texas 75266-0156. Copies are \$5.00 for each handbook so be sure and include your check when ordering.

TOMA highly recommends that each osteopathic physician in Texas acquires this book. It answers many questions pertaining to the Medicare program in the state.

## **NURSING SHORTAGE MAY AFFECT DOCTOR'S HOSPITAL AFFILIATION**

In recent years, hospitals have been offering physicians attractive fringes, ranging from referral services to subsidized malpractice insurance, in an attempt to establish a concrete courtship between the two. However, a research firm, in surveying 10,000 physicians, found that a whopping 87 percent were lured to particular hospitals due to the quality of the nursing staff.

Other factors involved in physician's choices as to hospitals, according to the survey, included quality of medical staff, at 78 percent; availability of new technology and equipment, 74 percent; quality of clinical support services, 64 percent; patient accommodations, 60 percent; range of services offered, 58 percent; and trailing the survey at 49 percent, was the proximity of a hospital to a physician's office.

## **WARNING — UNFULFILLED OBLIGATIONS MAY BE HAZARDOUS TO YOUR WALLET**

A physician who attended medical school on National Health Service Corps scholarships was handed a hefty verdict by a federal judge in Louisiana. The judge ruled that the physician currently owes the government \$520,993.86, which is over three times the original amount borrowed. On top of this comes a 17.4 percent interest rate, adding more than \$113 per day to the balance owed. This costly crackdown came about because the physician turned down every assignment the NHSC proposed, and selected the hospital herself at which to fulfill her obligation. ▶



## **THIS MAY CAUSE MORE PROBLEMS WITH GENERICS**

Allegations that several manufacturers of generic drugs may have resorted to bribery in order to speed up approval of their products has prompted the HHS Office of Inspector General to take action. In the states of New York, Maryland, New Jersey and Illinois, subpoenas have been served, and insiders say the investigation will in all probability spread further.

## **OREGON TO LIST TOBACCO ON DEATH CERTIFICATES**

Beginning in 1989, new rules will be instituted in Oregon whereby tobacco will be included as a cause of death on death certificates. In answer to whether tobacco was a contributing factor in death, physicians will check one of several boxes to be marked yes, no, probably or unknown. Oregon is the first state to implement such a measure which officials believe will help in their efforts to obtain information on the toll tobacco has taken on the health of persons in the state.

## **D.O.S LEADING THE PACK IN HEALTHCARE RACE**

The AOA reports that osteopathic medicine has reclaimed its distinction as the fastest growing segment of healthcare. This good news comes from a report prepared by the U.S. Public Health Service's Health Resources and Services Administration. The report estimates that the number of D.O.s will increase by nearly 80 percent between 1986 and 2000 and by 177 percent between 1986 and 2020. Podiatrists are running in second place.

## **DR. STELLA TELLS IT LIKE IT IS**

During a recent visit to the College of Osteopathic Medicine of the Pacific, Joseph W. Stella, D.O., past president of the AOA, said that this is the first year that there are more AOA-approved internship slots than graduates to fill them. In addressing the problem of residences, Dr. Stella announced that some D.O.s go outside of AOA-approved hospitals for their training, due to a number of reasons. "If you have to do it, do it!" he told COMP students, "but remember that you are D.O.s AND COME BACK. You are our real target. We want to keep you in our profession, which must continue to grow." ■

# **Get a Bigger Blanket Or Face The Music**

People are fired for all kinds of reasons, but occasionally a claim comes along that causes us to grin and shake our heads over the human condition.

The claimant in our case was a district supervisor and he was fired for "using poor judgement" and "lying to his employer." His poor judgment consisted of letting a female subordinate down from his third floor motel room window via a blanket while her husband pounded on the front door. The blanket was too short so the woman had to drop the remaining distance. She suffered cuts and bruises and was hospitalized for two days.

As for "lying to his employer," the claimant admitted giving his regional manager two inaccurate accounts as to why his subordinate was absent from work. When he finally got around to telling how it "really happened," the claimant denied having an affair with the woman and said she had merely come by his room to pick up her key which she had earlier left in his car.

Hmmmm.

And then her husband chose this inopportune moment to come pounding on the door.

O.K.

Knowing that the husband had a violent temper, the claimant decided it would be best for the woman to jump out the window.

Understandable.

Finally, the claimant maintained it was all really a frame-up as he was on the verge of terminating the woman's employment because of her inventory shortages.

Right.

The claimant was denied unemployment insurance benefits, but we hear he is currently in training to be a firefighter. ■

*Reprinted from August 1988 Texas Business Today.*

## SKIN PATCH REMEDIES INVESTIGATED

The Texas Department of Health's (TDH) Food and Drugs Division reports that sales of adhesive skin "patches," purported to contain non-standard drugs, alleged to be effective against a wide range of disorders, have boomed in Texas in recent months.

The TDH has joined the Federal Food and Drug Administration (FDA) and the Texas Attorney General in investigating the products, claims and sales practices of some 30 skin patch distributors known to be operating in the state.

Ken Davis, an inspector for the Food and Drugs Division, said that none of the products currently being sold without prescription as skin patch medications have been approved by the FDA, either as safe or as effective.

By law, he said, any drugs manufactured in Texas must be registered and must undergo the Department's inspection as well as be approved by FDA. A manufacturer's failure to comply with the law is a Class A misdemeanor.

"To date," Davis said, "all the over-the-counter skin patch remedies we have seen have not been in legal compliance. The patches and the literature or advertising for them that have come to our attention have consistently been misleading, and the products we have sampled have been misbranded and adulterated."

Davis said that the so-called active ingredients, usually supplied in a vial or tube with the adhesive strips, often contain mixtures of common herbs and chemicals, or water. The products may be harmless, but investigations are underway

about reports of skin rashes by users.

The Division of Food and Drugs and the Attorney General's office continue to gather information about the skin patch remedy industry, since it appears to be growing. "One manufacturer claims to have as many as 600 distributors in Texas, alone," Davis added.

## DOD LOOKING TO FREEZE PHYSICIAN PAYMENTS FOR CHAMPUS BENEFICIARIES

The Department of Defense (DOD) has announced plans whereby the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) will freeze physician payments beginning October 1, unless Congress passes legislation to tie the annual fee increase to the Medicare economic index.

Rates covering the care of the approximately six million CHAMPUS eligibles are normally updated each October 1 by as much as needed in order to cover 80 percent of charges for procedures in the prior year. According to the DOD, CHAMPUS payments for physician visits rose around 31 percent, compared with an index increase of 7.5 percent between 1984 and 1987. However, physician fees were frozen under Medicare during most of that period. The freeze would save an estimated \$24 million a year in the \$2.1 billion CHAMPUS budget, according to a DOD spokesperson.

## "OLD" PMIC TAIL COVERAGE NOW AVAILABLE

Professional Mutual Insurance Company Risk Retention Group (PMICRRG) can now offer tail coverage on "old" Professional Mutual Insurance Company (PMIC) occurrence policies through their London reinsurers. The tail coverage endorsement can be purchased by current insureds of PMICRRG as well as former PMIC policyholders who obtain an active policy through PMICRRG.

The coverage is divided into two rating categories — physician WITH obstetrics and those WITHOUT obstetrics in their practice. Prenatal care will be considered under "Without OB."

Current PMICRRG policyholders who were with PMIC should have received a special bulletin toward the latter part of August, which provided further information, as well as a "Request for Quote on PMIC Tail Coverage" form to complete. Those physicians not insured by PMICRRG are due to receive notice in a later mailing.

PMICRRG notes that the decision to purchase this tail coverage is an individual choice and should be made by evaluating your practice and past exposure. PMICRRG wishes only to provide you with the opportunity to purchase such coverage, if you so desire, for your protection and peace of mind. ■



# Opportunities Unlimited

## PHYSICIANS WANTED

**WANTED** — General/Family practice physician to join two, too busy, practitioners in progressive vigorous rural community. Good schools and excellent recreational opportunities in smog-free, low-crime environment. No OB or major surgery. 20-bed hospital and 82-bed nursing home within walking distance of clinic. Reasonable schedule with ample vacation time and CME opportunity. 45 miles to city of 80,000 with State University. Compensation negotiable. Phone 915/869-6171. (06)

**DALLAS, FORT WORTH, MINERAL WELLS** — Opportunities for full or part-time D.O. or M.D. emergency physicians who practice quality emergency medicine. BC/BE encouraged, but not required. Several low and medium volume osteopathic and mixed staff hospitals in North Texas area available. Competitive hourly guarantee with malpractice stipend. Send C.V. to Glenn Calabrese, D.O., OPEM Associates, P.A., 100 N. University Drive, #220, Fort Worth, 76107. 817/332-2313. (21)

**FORT WORTH** — New clinic seeking energetic general practitioner to work full-time and act as medical director. Salary open. Contact Bill Puryear, D.O. or Jim Czewski, D.O. at 817/232-9767. (10)

**TWO PHYSICIANS SEEKING THIRD** — to run second clinic in Dallas/Fort Worth suburb. Hours and salary are negotiable. Excellent opportunity in a proven business and strong community. Call (metro) 481-8030 ask for Jim Hueber, Business Manager. (27)

**WEST TEXAS** — General internist needed at County Hospital. Town of 12,000 and county of 16,000. Close to Lubbock and Midland/Odessa. New Mexico skiing close. New ICU-CCU wing under construction. Guaranteed incentive program. Excellent Ancillary departments. Contact Patrick J. Hanford, D.O. at 806/872-2113. (54)

**MESQUITE, POPULATION 100,000** — The office is fully equipped, has a 33 year practice with cranial treatments to patients. Office space 1800 square feet; family practice — no OB any more. Ideal for beginning physician. Office space for lease. Contact: Mrs. Brunhilde Nystrom, 214/285-5580 (evenings), P.O. Box 341, Mesquite, 75149. (39)

**THRIVING PRACTICE AVAILABLE SEPTEMBER 1, 1988 CORPUS CHRISTI** — Retiring. Equipment leased shopping center office, will stay on and introduce this private practice and industrial account. Excellent opportunity for young physician. Reasonable, some financing available. 512/241-4241. (11)

**APPLICATIONS BEING SOUGHT** for Assistant or Associate Professor created to teach in Department of General and Family Practice courses, as well as clinical supervision of medical students and residents. Seeking residency trained physicians. Salary commensurate with credentials and experience. Submit Curriculum Vitae: L.L. Bunnell, D.O., Chairman, Department General and Family Practice, TCOM, 3500 Camp Bowie, Fort Worth, Texas 76107-2690. TCOM IS EQUAL OPPORTUNITY EMPLOYER. (48)

**COME GROW WITH US** — Denver City, Texas, rural area with a strong economy, needs a family practice physician some OB. Willing to negotiate a package deal with furnished clinic. Now building a new county hospital. There are three physicians currently in practice here in the area of 10,000. Give us a call and we will send you some more information. Contact: Ed Rodgers, Yoakum County Hospital 806/592-5484 or Denver City Chamber of Commerce 806/592-5424. The people of Yoakum County are proud of their heritage and look enthusiastically toward the future. (20)

**FOR SALE** — Doctors practice, equipment and clinic in small north Texas town; one hour from Dallas and Fort Worth. Excellent schools and churches. Patient census approximately 35-40 per day; two large nursing homes in town. Lots of good will. Excellent opportunity for a young active physician. Call Dr. Groff 817/686-5463 (residence) or 817/686-2254 (office). (40)

**FOR SALE** — General Practice in the Hurst, Euless, Bedford area. Gross \$164,000. All equipment less than five years old. Equipment includes EKG, Medco sonolator, Hydrocollator packs, Culposcope, Cryo Unit, Xerox, etc. For more information write TOMA, Box 02, 226 Bailey Avenue, Fort Worth, 76107. (02)

**FOR SALE** — Osteopathic Manipulative practice in Houston. Working two hours daily averaging \$55,000. Working longer hours advantageous. Call 713/353-5635. (37)

**BUSY FOUR-DOCTOR** — Internal Medicine and Sub-specialty group looking for Pulmonologist, General Internist, Nephrologists, Gastroenterologist and Medical Oncologist. Please contact: Westside Medical Associates, 1002 Montgomery, Suite 102, Fort Worth, 76107; 817/737-3166. (41)

**RETIRED OR THINKING OF RETIRING?** — Any physician, medical directorships available. Please send resume with telephone numbers, active licenses, liability insurance paid. 35 hrs/wk. \$35,000/yr. Frederick V. Hrachovina, D.O., Suite 23, 740 N. Miami Beach Blvd., N. Miami Beach, FL 33162. (53)

**GENERAL/FAMILY PRACTICE PHYSICIAN** — needed to practice in Kirbyville, southeast Texas, to join a group practice. Excellent fishing, hunting and good schools. Hospital privileges. Write Jasper County Medical Center, 1609 South Margaret, Kirbyville, 409/423-2166. (15)

**WANTED: ORTHOPEDIC SURGEON; BOARD CERTIFIED OR ELIGIBLE** — to join a young staff of 14 physicians in a 54-bed, non-profit osteopathic hospital. Previous orthopedic surgeon had a successful, expanding practice before his untimely death. All new equipment, including c-arm, arthroscopes, and instrument rarely available. Hospital has a sound economic base and is located in Tyler, Texas, rose capitol of the world, amidst beautiful lakes and in the pine forest of East Texas. For more information, please contact: Rodney M. Wiseman, D.O. - 214/839-4396, or Robert E. Wray, D.O. - 214/561-9631. (04)

**EAST TEXAS** — Opportunity for aggressive Family Practice Physician in well equipped clinic in East Texas. Rotating days, four on, four off. Some assistance with malpractice. Bonus incentive. Option to buy in partnership. Approximately \$40 per hour. Please send resume to Jean Roberts, 202 S. John Redditt Drive, Lufkin, 75901. (22)



## POSITIONS DESIRED

**PHYSICIAN SEEKING** — family practice opportunity in cities in Texas. Has completed general practice residency and is currently available. Has current Texas license. Contact: T.L., 6508 Chaffee, #88, Des Moines, Iowa 50315. (46)

## OFFICE SPACE AVAILABLE

**MEDICAL OFFICE FOR LEASE** — 2,500 sq. ft. office space suitable for two doctors; six exam rooms, dual lab, x-ray and two offices. Good location in Fort Worth. Phone 817/284-4195. (25)

**FINISHED OUT SPACE AVAILABLE/PARK CITIES:** 1,285 square feet in the Park Cities area. Conveniently located just minutes from downtown Dallas, this space offers high visibility in a prime location. Ideal for an osteopathic practice. To find out more about this superior finished out space, contact John Hawkins, 214/522-9767. (34)

**NORTH DALLAS/PARK CITIES** — Ideal office space available. Over 1,000 square feet finished out space. Located in Highland Park, near North Central Expressway, it is a perfect location for an osteopathic practice. For further information contact John Hawkins 214/522-9767. (52)

## 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 percent savings. All guaranteed. Mediquip-Scientific, Dallas, 214/630-1660. (29)

**ATTORNEY** — representing the D.O. in professional matters, including: TSBME formal and informal hearings; medical staff privileges; contracts; Professional Associations; partnerships; and leases. Robert J. Ratcliffe, 1104 Nueces, Suite 4, Austin, 78701; 512/477-2335. (Fully licensed attorney in Texas and Tennessee; not certified as to specialty; 1979 graduate Vanderbilt University Law School). (50)

**FOR SALE** — Birtcher 334 ECG \$1000; Ames Seralyzer \$1,300; Schieff Ronometer \$100, O2 regulator \$70; Bennett \$150; Incubator \$60; Mayo stand \$25; Glucometer II \$100; Panasonic dictation system \$250; Electrocoagulator \$200; Amo bag \$60; Desktop baurometer cuff \$90; Woods lite \$30; Radio Shack 2-line phones \$75; door flags, IV Stand \$25; Stainless steel containers and trays. Call 214/872-7335 after 6 pm. (16) ■

## New Developments In Antithrombotic Therapy and Thrombolysis

DATE

Saturday - November 12, 1988

### SPONSOR

Texas College of Osteopathic Medicine's Department of Medicine and Office of Continuing Medical Education supported by Dallas Southwest Osteopathic Physicians, Inc.

### SPEAKERS AND TOPICS

*Anticoagulation Principles and Practices*

Gregory G. Friess, D.O.

*Prevention and Treatment of Cerebro-embolic Disease*  
William E. McIntosh, D.O.

*Diagnosis and Treatment of Pulmonary Embolism*  
David Ostransky, D.O.

*Diagnosis and Treatment of Deep Vein Thrombosis*  
David Braunstein, D.O.

*Hypercoagulable States in Clinical Practice*  
Gregory G. Friess, D.O.

*Anticoagulation and Myocardial Infarction*  
Russell Fisher, D.O.

*Thrombolytic Therapy*  
David Braunstein, D.O.

### DESCRIPTION

This course will present state-of-the-art and recent advances regarding therapy of cardiovascular, cerebrovascular and atherosclerotic disease. We will discuss the role of anticoagulant and antiplatelet therapy for peripheral vascular disease, cerebrovascular disease and acute myocardial infarction. Additionally, thrombolytic therapy and its role in the treatment of pulmonary embolism and myocardial infarction will be discussed.

### FEE

Non-TCOM affiliated Physicians	\$90
TCOM affiliated physicians	\$50
Allied Health Professionals	\$25
Externs, Interns, Residents	no charge

### ACCREDITATION

6 hours CME Category 1-A, AOA

### CONTACT

Cheryl Cooper  
Coordinator

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

### LOCATION

Arlington Hilton



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you share in the profits generated by the program - including returns  
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