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"Enjoy the U.S. and its health care delivery system — it's the best there is!" says TCOM Graduate	page 14

SATURDAY

SEPTEMBER						
S	M	T	W	T	F	S
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
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15

OCT. 1988

NOVEMBER						
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18	19	20	21	22	23	24
25	26	27	28	29	30	

MID-YEAR CONFERENCE/ LEGISLATIVE FORUM

**Sheraton CentrePark Hotel
 Arlington, Texas**

**15 CME Hours
 Category 1-A**

DAY OF THE YEAR

289 -

DAYS REMAINING

SATURDAY, OCT. 15 - 77

MARK YOUR CALENDAR!
 October 15-16, 1988

see page 8 for details

PHONE

For Your Information

American Osteopathic Association	312/280-5800
	800/621-1773
Washington Office	202/783-3434
American Osteopathic Hospital Association	703/684-7700
Professional Mutual Insurance Company	800/821-3515
Risk Retention Group	816/523-1835
TOMA Malpractice Insurance Program:	
For Premium Rates,	
Enrollment & Information	800/544-8560
Texas College of Osteopathic Medicine	817/735-2000
Dallas Metro	429-9120

Medicare Office:	
Part A Telephone Unit	214/470-0222
Part B Telephone Unit	214/647-2282
Profile Questions	214/669-7408
Provider Numbers:	
Established new physician (solo)	214/669-6162
Established new physician (group)	214/669-6163
All changes to existing provider number records	214/669-6158

Texas Medical Foundation	512/329-6610
Medicare/Medicaid General Inquiry	800/252-9216
Medicare Beneficiary Inquiry	800/252-8315
Medicare Preadmission/Preprocedure	800/252-8293
Private Review Preadmission/Preprocedure	800/252-9225
Private Review General Inquiry	800/252-9225

Texas Osteopathic Medical Association	817/336-0549
	in Texas 800/444-TOMA
	Dallas Metro 429-9755
TOMA Med-Search	in Texas 800/444-TOMA

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

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

CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

Texas DO

Texas Osteopathic Medical Association
August 1988

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The Advertising contained in this magazine is not necessarily endorsed by the Texas Osteopathic Medical Association.

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

Calendar of Events



SEPTEMBER

25-Oct. 1

*National Osteopathic
Medicine Week*

"Osteopathic Medicine Salutes
the Nation's Seniors"

NOM kits should be out soon!

Contact: AOA Director of Communications
142 East Ontario Street
Chicago, Illinois 60611
312/280-5800

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

12 CME hours expected

Contact: TOMA - 817/336-0549

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

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

*Education 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



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.¹

A problem so widespread... 88% of physicians realize it afflicts at least 1 out of 3 American adults.^{1,2}

A "disease" so serious... 81% of physicians acknowledge it is related, either directly or indirectly, to 20% or more of the nation's mortality.^{1,3}

A NATIONWIDE SURPRISE YOU.



FASTIN® (IV) (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.¹**

Please see summary of prescribing information on next page.

References:

1. Results based on 6,631 physician responses to a recent survey (note: Not all responding physicians answered all questions). Data on file, Winthrop Laboratories.
2. White ST. Obesity: Pathogenesis, consequences, and approaches to treatment. *Psychiatr Clin North Am* 1984;7:307-318.
3. Endersson P. Call obesity "a killer," costing the US \$30.4 billion a year. *Medical Tribune* 1985;March 20:26.

FASTIN® (phentermine HCl)
30 mg capsules

Preferred by physicians over other well-known anorectics.

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.

PHYSICAL 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 in sleep (depression, insomnia), appetite, and mood. Amphetamine-like drugs include amphetamines, barbiturates, 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 prescribed 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

DOSAGE 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.

OVERDOSSAGE: Manifestations of acute overdosage 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 overdosage.

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

NDC 0029-2205-39

NOC 0029-2205-31

bottles of 100

bottles of 100
bottles of 450

bottles of 450
pack of 30

TCOM Faculty Additions

David A. Vick, D.O., a private practitioner for the last 21 years, has been named assistant professor of manipulative medicine at Texas College of Osteopathic Medicine (TCOM). Dr. Vick earned his D.O. degree at the University of Health Sciences in Kansas City and interned at Mount Clemens General Hospital in Michigan. He then completed a three-year internal medicine residency at Flint Osteopathic Hospital, also in Michigan, and did further postgraduate work at the University of Michigan and Wayne State University. Among his professional associations, Dr. Vick is an active member of TOMA, the AOA, American College of Osteopathic Internists, American Academy of Osteopathy and the Cranial Academy.

Gregory A. Dott, D.O., director of Main Street Medical Clinic in Grapevine for the last two years, has been appointed an instructor of manipulative medicine at TCOM. While directing the general practice clinic in Grapevine, he also worked part-time at the Beltline Minor Emergency Center in Irving and conducted a part-time practice in osteopathic manipulative treatment in Dallas. A 1984 TCOM graduate, Dr. Dott served a rotating internship at the Osteopathic hospital of Maine and a family practice residency at Dallas Memorial Hospital. He is married to Cynthia Dott, D.O., a TCOM graduate and a general practitioner in Mesquite.

Brent Jones, Ph.D., former National Science Foundation fellow at Texas Christian University (TCU), has been named minority retention advisor at TCOM. In the new position, Dr. Jones will be responsible for expanding the support system TCOM offers its minority students. He will create methods of identifying problems and intervening with referrals to appropriate assistance programs. He will also be involved with recruiting minorities and economically disadvantaged students. Dr. Jones earned his B.S. degree in microbiology at Ohio State University before going to work as an industrial chemist at Rohm & Haas Chemical Company in Philadelphia. He returned to TCU and earned his M.S. and Ph.D. degrees in social psychology. Dr. Jones has published articles in scientific journals and presented papers at meetings of the Midwestern Psychological Association and the Southwestern Psychological Association.

Beecham
laboratories
Bristol, Tennessee 37620

Association News

By Tom Hanstrom, Executive Director

I wanted to take this opportunity to briefly mention a few issues pertaining to TOMA. First of all, it is my extreme pleasure to report that the first closing on the stock of Osteopathic Medical Protective occurred on May 31, 1988 and we are in receipt of \$25,000 from that closing, plus \$3,300 for ten percent of the excess over the initial \$100,000 received in the closing. At the same time, we have purchased (as an offset against the \$150,000) 9,900 shares of Class B stock in OMPI. With the reduction in debt to \$140,100 with the stock purchase, and the further reduction to approximately \$111,000 with the return of the first installment, the amount outstanding is a great deal more attractive.

While I am discussing the Captive, let me indicate that in early May, the Board of Directors of the Captive met and elected Dr. William R. Jenkins as president of the Board of Directors, and elected me as a director. This gives TOMA five slots on the eight-person Board of Directors of the Captive. Those positions are held by Drs. Jenkins, Bill Puryear, and Jerry Armbruster, and the other two positions are held by Tex Roberts and me.

The agenda for the Mid-year Conference/Legislative Forum scheduled for the weekend of October 15 and 16 is shaping up nicely, with a good program, both clinically and legislatively. James Froelich, D.O., as program chairman, along with TOMA Associate Executive Director Diana Finley, have been working diligently on the program and we are hoping for a good turnout from the membership.

We continue in the Medicare recoupment suit with the TMA. Although we have no additional information to report at this time, it is still anticipated that the trial will begin in the fall of 1988.

Letters have been sent to each of the district presidents requesting the opportunity for Dr. Shriner, TOMA President, and me to visit during the upcoming year. We would anticipate making most of those visits prior to January so that we will not interfere with the legislative session. Please call TOMA with dates and details as to when your district would like a visitation. I did attend an inaugural meeting of the newly created District XVIII in Waco in June, and assisted them with their first meeting, election of officers and setting up the district structure relative to bylaws and dues.

The project of classifying and moving TOMA archives to the rare book section at the TCOM Health Sciences Library has begun. We have set up the TCOM archivist with space at the TOMA office, where over the next several months, she will be classifying and reviewing all of our documents to determine the need for inclusion or exclusion in the archives. This project was agreed upon

by the TOMA Board of Trustees as the TCOM library appears to be the safest place in which to display such items indefinitely.

Please feel free to call or write TOMA with any questions or problems. ■

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Richard R. Keene, M.D., F.C.A.P.

P.O. Box 64682 Dallas, Texas 75206

33RD ANNUAL MID-YEAR CONFERENCE/LEGISLATIVE FORUM

(formerly Public Health Seminar/Legislative Forum)

"WHAT'S NEW"

October 15-16, 1988

Sponsored by:

Texas Osteopathic Medical Association

Location:

Sheraton CentrePark Hotel
1500 Stadium Drive East
Arlington, Texas 76011

TOPICS TO INCLUDE: *"Current Concepts in Cholesterol Treatment," "What's New in Heart Failure," "Record Keeping of Controlled Substances," "Medicare's Explanation of Maximum Allowable Actual Charges (MAAC)," "Importance of Being Involved in the Over-all Political Process," "What's New in the Treatment of Anxiety," "AIDS: Antibiotic Update," "Silent Ischemia," "ACE Inhibitors," and more.*

PROGRAM CHAIRMEN:

James Froelich, D.O. — Clinical
William R. Jenkins, D.O. — Legislative

REGISTRATION FEE: Physicians \$75.00
Spouses \$35.00

CME CREDITS: 15 Category-1A
AOA Approved

Watch your mail for registration information and hotel reservation forms.

"Osteopathic Healthcare Salutes Older Americans"

The week of September 25 through October 1 is set aside for the annual celebration of National Osteopathic Medicine Week. Although the theme continues to be "Health for the Whole Family," this year's observance will focus on one segment of the family with a salute to older Americans — "Osteopathic Healthcare Salutes Older Americans."

This theme appropriately affirms the fact that this particular group of people is becoming increasingly important to our society. As consumers of healthcare, the over-65 group represents 12 percent of the population but uses 31 percent of total personal health expenditures. By the year 2000, one out of every eight persons will be 65 and over, an astounding large percentage of our population.

America's 26,794 osteopathic physicians, 194 osteopathic hospitals and 15 osteopathic medical colleges are gearing up for this annual observance in a variety of ways. Activities such as open houses, health fairs, health education courses and the like will bring the osteopathic message and philosophy to the public — that of the whole person concept in medical care and specifically, this year, how osteopathic medicine relates directly to older Americans.

The following is a list of ideas to assist you in your NOM Week activity planning. Most of these can be adapted for local use or as a stimulus for your own project ideas.

Media Publicity

Take advantage of a most important resource, your local media, during NOM Week.

1. Send a standard NOM Week release to local newspapers.

2. Send an editorial to your local newspapers, television and radio stations. Editorials should be sent to the editorial page editors of your local newspapers; and the editorial directors of your community's television and radio station(s). Since a personalized touch can make a difference, it's a good idea to find out the editor's name in advance and address the envelope to that editor personally. An excellent editorial has been created by the AOA entitled, "Who is the Best Medical Practitioner to Treat the Older Patient?" This can be submitted, used

as a guide or an editorial on a different subject can, of course, be used.

3. Write a personalized letter to the editor of your community newspaper explaining NOM Week, the history of osteopathic medicine, and stress the whole person concept along with preventive medicine. An item to note is that older patients can profit from every facet of the osteopathic philosophy.

4. Write a guest column, perhaps dealing with problems of the elderly, to appear during NOM Week.

5. For television and/or radio coverage, zero in on something new, such as research findings or recent survey results. Aim for a fast opening punch, such as "By the year 2000, one out of every eight persons will be 65 and over."

6. Look for the unusual or ironic. The media may be interested in doing a story about an older D.O. with a decades-old established practice who now works side by side with a D.O. who has just opened a practice.

7. Stories with a human interest angle are always well received, as are stories that involve public figures or celebrities.

8. Have a physician involved in sports medicine talk as well as demonstrate on radio or television ways to keep fit for various lifestyles, such as senior citizens, housewives, etc. How to maintain an exercise routine and the benefits of walking are of general interest, also.

9. Preventive medicine and the wellness concept are well received.

10. Have a D.O. offer a demonstration of OMT on television and/or offer a reporter a free OMT session.

11. Help your television station produce "A Day in the Life" feature pertaining to a D.O. who makes house calls, or treats senior citizens with a "whole body" and "personal touch" approach. It might be noted here that many cable television stations are locally based, thus, are anxious for programming of interest to the surrounding community.

12. For radio or television, an osteopathic physician might wish to speak on common diagnostic tests, such as allergy tests, amniocentesis, blood analysis, EKG and mammography, among others.

13. Stress rehabilitation programs during NOM Week, emphasizing all the people helped in the community. ▶

14. Feature your innovations, including research done by your staff and how it will affect your community. New services, fitness programs, ect. should all be highlighted during this week.

15. Don't forget radio phone-in interviews.

Community Projects

Listed below are some ideas to let your community know it's NOM Week. Some of these ideas might be implemented in cooperation with other health organizations, community groups or local Scout troops. A physician's or facility's reputation is built on many factors, and one way to achieve an image of integrity and service is through direct involvement in community affairs.

1. Arrange a community-wide health fair, placing special emphasis on the value of senior citizens. Invite participation from other groups, such as the American Red Cross, the American Cancer Society and others. A good idea to consider is that of free screenings for blood pressure, glaucoma, blood sugar, cholesterol and so on. Consider VCR showings of the AOA's new movie, "Osteopathic Medicine: The Touch of Health."

2. Hold an open house for senior citizens. Provide transportation, a tour, and refreshments. Don't forget a brochure or some type of printed literature pertaining to osteopathic medicine and the particular D.O./osteopathic hospital or organization giving the open house.

3. Coordinate a lecture series for senior highlighting the expertise your speakers have, such as special skills in osteoporosis, diabetes, Alzheimer's, etc. Or, structure a lecture on the special exercise and nutrition needs of the elderly, such as preventive medicine for seniors.

4. Another excellent idea is an all day seminar where several physicians can sit and talk informally with seniors or address a particular health education topic.

5. Initiate a "Dial A Doctor" phone-in campaign for older patients and/or others. Assign physicians hour-long segments to answer a designated phone line. Be sure to promote this idea through news releases, posters and public service announcements.

6. Arrange classroom programs at your local school on the contribution of senior citizens to your community and sponsor a health career day.

7. Host a fitness seminar for seniors, using facilities at a local school or YMCA if hospital facilities are not available.

8. Hold a nutrition fair at a grocery store or shopping mall, featuring nutritious foods and appliances that help foods retain their nutrients. Or, contact a senior citizen's organization and offer to sponsor a nutrition fair targeted towards the special nutritional needs of the elderly.

9. Sponsor aerobics classes for seniors or others at the local YMCA. This might be cosponsored with a senior citizens organization.

10. Sponsor an arts and crafts display of items made by seniors.

11. Donate books, brochures, or osteopathic book markers to local libraries. Arrange for a special display of osteopathic materials.

12. Present fruit baskets or flowers to seniors in the hospital or local senior centers and pass out brochures pertaining to NOM Week and osteopathic medicine in general.

13. Contact local fast food or other restaurant owners association or franchise owners to print health tips and a salute to the profession on trayliners used during September.

14. Plan a party with entertainment or a harvest ball for senior citizens, providing transportation for those who need it.

15. Run public service announcements in local newspaper and on local radio stations. Contact your local television stations at least six weeks in advance in order to have NOM Week and your events announced on their community calendar or late night public service announcements.

16. Place NOM Week posters in such areas as shopping centers, store fronts, libraries and schools.

Hospital Participation

NOM Week is an excellent opportunity for hospitals to educate the public through special projects and activities.

1. Sponsor workshops on such topics as how to fill out Medicare forms and how to lobby for health care legislation.

2. Have a nurse address the whole body philosophy of osteopathic medicine. Target this for relatives or caretakers of the older patient. Include a review of how everything that happens in the senior's life such as loss of spouse, affects his or her health, concluding with a discussion of lifestyle modifications.

3. Offer membership in an older patients' club; issue a credit card which would give a discount on a hospital bill or other procedure. Offer a packet with a list of local community resources, such as places older patients can contact for housekeeping services or if they become ill and need meals for a period of time. Design an ID card for seniors with names and phone numbers of osteopathic physicians.

4. Arrange for a billboard to publicize your osteopathic personnel and their recognition of the community's seniors.

5. Encourage staff and physician involvement in NOM Week activities at your hospital and in your community.

6. Educate employees about osteopathic healthcare and elderly patients through "Brown Bag" lecture series.

7. Hold a barbecue or ice cream social for medical staff, employees and their families, encouraging them to bring their older relatives for special recognition.

8. Design NOM Week buttons or t-shirts for medical and hospital staff.

9. Hold service award programs for employees or volunteers during NOM Week, saluting them with awards. Also, schedule a "Doctor Appreciation Day."

10. Provide health food treats and punch, fruit baskets or flowers for medical and hospital staff and schedule breakfasts for administrative staff.

11. Show the AOA's new movie, "Osteopathic Medicine: The Touch of Health"

12. Plan a carnival for employees and members of a local seniors' group.

13. Host a reunion/party for medical and hospital staff who have retired during the past 10 years.

14. Have a theme menu in the cafeteria during NOM Week.

15. Invite an elected official to tour your hospital and have lunch with the CEO, board chairpersons, chief-of-staff and/or employees. Point out services, equipment and departments pertinent to aging patients. Don't forget to take black and white photos to send to your local newspaper.

16. Hold an open house for the public during NOM Week; offer screenings by clinical departments.

17. Sponsor a NOM Week Door Decorating Contest for each hospital department.

18. Use NOM Week staffers for outgoing mail.

Promotional Ideas

Promos are invaluable in publicizing NOM Week to patients, the media, community members and others, as well as educating the public as to osteopathic medicine.

Some suggested promos are bumper stickers, litter bags, pens, tray liners for hospitals and restaurants, and envelope stuffers to be used by D.O. offices and clinics, hospitals, banks, pharmacies, and so on.

The AOA has produced two brochures entitled, "Growing Older, Better," specifically targeted for senior citizens. Additionally, they have "Osteopathic Medal of Merit" pins to distribute to officials, outstanding employees, volunteers, etc. To order, call 703/684-7700.

Public Appearances

Many community groups will be most happy to have D.O.s as guest speakers at their meetings during NOM Week. There is certainly no better way to reach prominent members of your community than face-to-face.

Some groups for whom you can provide speakers include local Chambers of Commerce; local merchants' groups; church organizations; nursing homes; senior citizen groups and so on. The list is almost endless. An

important point to remember is to contact the group's program chairperson at the earliest possible date. It's also important to address specific talks to specific audiences. For example, the Chamber of Commerce would more than likely be interested in health problems affecting the entire community while senior citizen groups would want to hear about problems centering around aging.

Tips for speakers to keep in mind are to make sure you are introduced as an osteopathic physician; seek questions and answers following your talk; have printed material on hand for those requesting such; use correct figures and statistics, which can be found in the AOA's newest Fact Sheet and other promotional brochures. The AOA's "Talk Show tips for Osteopathic Physicians" videotape can be a great help in preparing your talk.

The excellent "I Am A Physician" speech can be obtained from the AOA also, or, TOMA can send you a copy if necessary.

There are innumerable ways in which you can spread the D.O. message, individually or as a group. Some are simple while others will take a bit of planning. It's imperative that we never stop our efforts at educating the public as to the unique aspects and philosophy of osteopathic medicine, while spreading the word that "we offer something more, not something else." This is something we need to work on all year long.

For your information, we have printed the following "Facts About the Osteopathic Profession," compiled by the AOA this spring.

- * Total number of D.O.s: 26,794
- * D.O.s in active practice, direct patient care: 15,967
- * D.O.s in the military: 1,254
- * Percentage of D.O.s in primary care (GP, pediatrics, internal medicine): 65 percent
- * Total number of osteopathic hospitals: 194
- * Total number of osteopathic hospital beds: 27,258
- * Patient visits per year to D.O. offices: 58,000,000
- * Percentage of new patients per year: 12 percent
- * Percentage of patient repeat visits: 88 percent
- * Prescriptions written per year by D.O.s: 50,000,000
- * Average number of patients seen per week: 109
- * Percentage of D.O.s practicing in towns of less than 50,000: 66 percent

We would like to ask that TOMA be notified as to activities and events taking place during NOM Week, along with photos, if possible. This information will be included in the November issue of the Texas DO in our annual roundup of NOM Week celebrations throughout Texas.

Now's the time to get busy to assure the best NOM Week ever! ■

A NEW H₂ Antagonist nizatidine 300mg

Effective once-nightly
duodenal ulcer therapy available in a
Unique Convenience Pak
for better patient compliance



AXID®

nizatidine capsules

Brief Summary: Consult the package insert for prescribing information.

Indications and Usage: Acid is indicated for use as evening therapy for the treatment of active duodenal ulcer in most patients. The ulcer will heal within four weeks. Acid is indicated for maintenance therapy for duodenal ulcer patients, at a reduced dosage of 150 mg b.i.d. after healing of an active duodenal ulcer. The consequences of continued therapy with Acid for longer than one year are not known.

Contraindications: Acid is contraindicated in patients with known hypersensitivity to the drug and should be used with caution in patients with hypersensitivity to other H₂-receptor antagonists.

Precautions: General—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Because nizatidine is secreted primarily by the kidney, dosage should be reduced in patients with moderate to severe renal insufficiency.

3. Pharmacokinetic studies in patients with treatment-naïve duodenal ulcer have not been done. Part of the dose of nizatidine is metabolized in the liver. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests: False-positive tests for urinalysis with Multistix® may occur during therapy with nizatidine.

Drug Interactions: No interactions have been observed between Acid and theophylline, chloramphenicol, tetracycline, lidocaine, phenytoin, and warfarin. Acid does not inhibit the cytochrome P-450-mediated drug-metabolizing enzyme system; therefore, drug interactions mediated by inhibition of nizatidine metabolism are not expected to occur. In patients given very high doses (3,500 mg) of aspirin daily, increases in serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Contraindications, Management: Impairment of gastric H₂-two-gastric acid secretions in rats with doses as high as 300 mg/kg/day (about 30 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of antiproliferative (SCL) cells in the gastric gastric mucosa in a two-year study in mice. There was no evidence of a carcinogenic effect in male mice; although hyperplastic nodules of the liver were increased in the high dose males compared to placebo. Female mice given the high dose of Acid (2,500 mg/kg/day) about 230 times the human dose showed marginally significant increases in hepatocellular carcinoma and hepatic nodular hyperplasia with no tumor increase in any of the other dose groups. The rate of hepatic carcinoma in the high dose female mice within the historical control limits (lower for the drugs of most used). The female mice were given a dose larger than the maximum tolerated dose, as indicated by mortality (30%) weight reduction

compared to concurrent controls, and evidence of acid tumor (non-neoplastic adenomas). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 300 mg/kg/day, about 30 times the human dose), and a marginally significant finding in rats, considered evidence of a carcinogenic potential for Acid.

Acid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, and the mouse lymphoma L5178Y test.

In a two-generation, perinatal and postnatal, fertility study in rats, doses of nizatidine up to 100 mg/kg/day produced no adverse effects on the reproductive performance of parent animals or their progeny.

Pregnancy—Reproductive Effect:—Pregnancy Category C—Oral reproductive studies in rats at doses up to 300 times the human dose, and in Dutch Beldt rabbits at doses up to 50 times the human dose, showed no evidence of impaired fertility or teratogenic effect, but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and decreased live weights. On sequential administration to pregnant New Zealand white rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and subcutaneous edema in one fetus and at 50 mg/kg produced ventricular aneurysm, distended abdomen, spinal infarct, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers:—Nizatidine is secreted and concentrated in the milk of lactating rats. Pups weaned by treated lactating rats had decreased growth rates. Although no studies have been conducted in lactating women, nizatidine is excreted in the secreted in human milk, and caution should be exercised when nizatidine is administered to nursing mothers.

Potential Use—Safety and Effectiveness:—No studies have been established. Use in Elderly Patients—Older healing rates in elderly patients are similar to those in younger age groups. The incidence rates of adverse events and laboratory test abnormalities are also similar to those seen in other age groups. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of nizatidine included almost 5,000 patients receiving nizatidine at studies of varying durations. Documented placebo-controlled adverse reactions in 1,600 patients given nizatidine and over 1,300 given placebo are shown in the following table. The most common adverse reaction was headache, occurring in 17% (vs 9.2%) with nizatidine (5% vs 10.4%) and constipation (2.4% vs 1.7%) were significantly more common in the nizatidine group. A variety of test results were also reported; it was not possible to

determine whether these were caused by nizatidine.

Reactions—Neurological: Reactions, evidenced by elevated liver enzyme tests (SGPT [ALT], SGPT [ACT], or alkaline phosphatase, occurred in some patients possibly or probably related to nizatidine. In some cases, there was marked elevation of SGPT. SGPT increases greater than 100 IU/L, and in a single instance, SGPT was greater than 2,000 IU/L. The overall rate of occurrence of elevated liver enzymes and elevations in three times the upper limit of normal, however, did not significantly differ from the rate of liver enzyme abnormalities in placebo-treated patients. All abnormalities were reversible after discontinuation of Acid.

Cardiovascular:—In clinical pharmacology studies, short episodes of symptomatic, ectopic tachycardia occurred in two individuals administered Acid and in three untreated subjects.

Endocrine:—Clinical pharmacology studies and controlled clinical trials showed no evidence of antihypertensive activity due to Acid. Hypertension and decreased blood pressure were reported with equal frequency by patients who received Acid and by those given placebo. Reports of hypotension occurred.

Rheumatology:—Rash (dermatitis) was reported in a patient who was treated with Acid and another "receptor antagonist. In previous occasions, the patient had experienced rheumatoid arthritis when taking other drugs.

Integumentary:—Swelling and urticaria were reported significantly more frequently in nizatidine than in placebo patients. Rash and exanthematous dermatitis were also reported.

Other—Hypernatremia associated with poor or nephropathic was reported.

Overdose: There is little clinical experience with overdose of Acid in humans. If overdose occurs, use of activated charcoal, emesis, or laxative should be considered along with clinical monitoring and supportive therapy. The oral LD₅₀ for 14 to 16 hours, increased plasma clearance by approximately 50%.

Test animals that received large doses of nizatidine have exhibited cholinergic-type effects, including miosis, salivation, emesis, mucus, and diarrhea. Single oral doses of 800 mg/kg in dogs and of 1,200 mg/kg in monkeys were not lethal. Intravenous LD₅₀ values in the rat and mouse were 301 mg/kg and 232 mg/kg, respectively.

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News From the Texas State Board of Medical Examiners

The Summer 1988 newsletter of the Texas State Board of Medical Examiners (TSBME) contains various informational items of interest to practicing physicians. Some of the more pertinent information follows.

Board Adopts Series of Rules

The Board has adopted a myriad of rules and regulations, many of which are in response to legislation which magnified the scope of the Board's activities. Some of these rules are outlined below, however, health care practitioners may contact the TSBME for a copy of any of the rules. When ordering, specify the chapter number following the summary. Unless otherwise indicated, the copy will be free of charge.

Confidentiality of Investigation Files, Requests for Information, Investigation of Professional Review Actions, Reporting when Practice is Threat to Welfare, and Criminal Convictions.

All complaints, adverse reports, and files or reports of an investigatory nature are confidential except: (1) to other appropriate state licensing authorities where the physician is licensed, (2) to peer review committees considering a physician's application for privileges, (3) to appropriate law enforcement agencies if there are indications a crime was committed, (4) to a limited extent, to health care entities, and (5) to other persons if required during the course of an investigation.

Regarding professional liability suits and claims, new rules state that when the Board receives notice of a claim letter or a complaint filed in court against a physician, the physician is required to furnish the Board information concerning the suit or claim, to complete a questionnaire designed to provide information deemed necessary to assess the physician's competency, to provide copies of any applicable medical and hospital records, and to submit current information on the status of any suit or claim previously reported. There are also very specific reporting requirements for insurers or other entities providing medical professional liability insurance for a physician. If the carrier does not report, it is the responsibility of the physician to do so. The claims report form is set out in the rules.

Reports of peer review action must now contain the results and circumstances of the action taken, including the basis for action (whether or not directly related to patient care) and the limitations imposed upon the physician's clinical privileges or membership in the professional society or association.

In the event a report indicates that a physician's practice poses a threat to public welfare, there should be a statement describing the details of the acts on which the report is based. The report should be furnished to the

Board as soon as possible after such conclusion.

Upon initial conviction of a felony or misdemeanor involving moral turpitude, or the discovery of the physician's guilt in such a criminal proceeding, the Board shall suspend the physician's license. Upon final conviction, the Board shall revoke the license.

For a copy of the rules relating to any of the above topics, request a copy of Chapter 179 from the TSBME.

The SPEX Examination

In March, the Board started administering a new examination—the SPEX (Special Purpose Examination). Texas is one of the premier states to offer this examination. For reciprocity licensure candidates, it represents an examination which may be taken to gain licensure in Texas in addition to the ones previously required. For a copy of the requirements, request Chapter 163.

For those previously licensed in Texas who have been placed on official retired status five years or longer, the SPEX is one of the examinations required before the physician may return to active status. For more details on the requisites, ask for a copy of Chapter 166.

Anyone wishing a set of all Board rules can obtain such for \$21.55 by either writing or phoning, TSBME, 1101 Camino La Costa, Suite 201, P.O. Box 13562, Capitol Station, Austin, 78711, phone 512/452-1078.

Retired Status

The TSBME reminds physicians that they have a status for any retired physician who does not engage in clinical activities or medical practice in Texas or any other state. According to the provisions of this "retired" status, the physician may not prescribe or administer drugs to anyone, or possess a DEA or Texas controlled substances registration.

Physicians who feel they are qualified in every detail for this status should contact the Registration Division of the TSBME and request an application for the retired status.

Physicians should make note of the fact that licenses with this status may not be endorsed to other states. If the physician ever wishes to return to an active status in Texas, he or she must pay all previous exempt registration fees. If on retired status five or more years, the physician must also pass a specified examination or be specialty certified or recertified within the past 10 years.

TOMA Member Provides Insights As to the Medical Missions Field

"Enjoy the U.S. and its health care delivery system — it's the best there is!" This statement is not just another piece of hype intended to make physicians feel more optimistic about medicine today, but rather a direct quote from someone who really knows — Clinton L. Burns, D.O., a 1975 TCOM graduate now serving as a medical missionary in Kenya, East Africa.

Many of you will remember Dr. Burns, who last practiced in Pottsville and was active in his district as well as in TOMA. Dr. Burns also served as president of the TCOM Alumni Association for 1979-80. In November of 1987, he notified TOMA of his plans to enter the medical missions field in Kenya, at which time we asked that he keep in touch with us.

The following are excerpts taken from a letter received from Dr. Burns, providing some interesting insights as to his mission, as well as frantic preparation for his work, in Kenya. Or, as Dr. Burns put it, "...enclosed are some observations, purposely delayed until most of the cultural shock had worn off..."

"Our arrival in Kenya, just after new year's, was preceded by furious preparation for a change in location, lifestyle, professional direction, and yes, even diet. After abandoning much of the last minute stuff to our dedicated friends, we boarded our American Airlines flight to London's Gatwick airport after shucking out for overage in baggage (we only had a Tandy 3000 computer and printer in addition to our personal luggage). Gatwick was originally planned because we had intended to meet a couple from the OFC ministry in London for a few days of holiday before plunging into East Africa. Unfortunately, that was revised after the tickets were purchased in favor of a safari upon arrival in Kenya to Mombasa on the Indian Ocean (great seafood, beautiful beach) and visits to wild game parks for photography safaris. So our landing at Gatwick necessitated the gathering of all our luggage (ten pieces) and struggling to understand the instructions of a young British lady give colloquial instructions to the Jet Link Express bus to Heathrow where we had to board a British Airways flight to Nairobi in less than 10 hours. For only nine pounds each, (I forgot to ask for a child's ticket) Fredia, myself and Wes, our nine-year-old, found ourselves hurtling through the light rain over the British answer for an expressway toward Heathrow Airport. Our reservations for a dayroom at the Skyline Sheraton was intended to allow for an eight hour nap before the nine hour flight to Nairobi, but we chose first to get our luggage checked at BA before proceeding to the hotel. I found that the reservationist had rented me two rooms,

so I had to return to the desk and cancel one, then I returned to the room to fall exhausted into bed (we had been up almost 24 hours now), only to be awakened by our wake-up call in four hours (mustn't miss our flight).

"Kenya International Airport, East Africa's best, is almost deserted at 5:30 a.m. and the 747's load of tourists, adventurers, fellow travelers, wanderers and rookie medical missionaries belch out into the deserted dingy concourse that points with signs in English and Kiswahili to immigrations. Since arriving, I have discovered that the majority of missionaries the world over are in their host countries illegally, having only a visitor's visa rather than a work permit. So our first job is to finish our applications for a two-year work permit with re-entry passes after our visit to the coast.

"Our reception party of two (friends from Fort Worth) help us load our luggage after we found that we must leave the computer equipment in bond at customs until the ministry pays the duty and taxes. We had to wait until the invoice could be telefaxed because the duty and taxes came out to 135 percent of the invoice price.

"Our hotel in Nairobi is a favorite of safari tourists (cameras only, no guns in Kenya) and one can find multinationalities in the lobby waiting in the epitome of safari suits, Jungle Jim hats and laden with camera equipment waiting for the tour van to come, or the veterans who have just returned with stories of seeing NINE leopards or hundreds of zebra and scores of elephant and bragging of great feats of photographic and stalking (in vehicles, of course) prowess.

"After the interlude in Mombasa, and a couple of nights in game lodges where we saw most every kind of game East Africa has to offer (some a bit too close), we returned to Nairobi to hit the streets to the government buildings to secure all needed work and dependent permits.

"At present, I seem to be the only osteopathic physician in medical missions work in the nation of Kenya. I am joined by three young allopathic physicians, all family practitioners, who are the principal providers at Overcoming Faith Medical Clinic in Kakamega, a town in the Western Province about 65 miles from the Ugandan border. The municipal population seems to be around 50,000 people, primarily of the Luo tribe, although there are Luyias, Kikuyu, and various others.

"Kakamega is located about 45 miles north of the east arm of Lake Victoria and the equator in the northwestern highlands at an altitude of 5012 feet above sea level. ▶

Because of the altitude and the higher land to the east, the moisture from Lake Victoria drops on the Kakamega district in different seasons. We have the long rainy season, March-June; the short rainy season, July-early December; and the hot dry season, late December through February.

"The vast majority of the indigenous people of the Western Province still live in mud huts with thatch roofs. Water supplies are still either trapped rainwater or nearby streams or other types of surface water. Even though the Kenyan government has launched an immunization campaign, the primary cause of death in children under five is measles. Culturally the Luo, when they find that an infant in their family has measles, seek to hide the fact, because their superstition is that if they tell anyone that their child has measles, the child will die. Malaria is the most commonly diagnosed and treated disease at the clinic. Gastroenteritis is next, with etiology being varied from bacterial and viral, (their toilet's or choo are often located at or near their drinking water source), and parasitic (protozoan and various round and flat worms).

"Almost all of the clinic's patients suffer from preventable diseases. Consequently, the next phase of our

medical outreach is projected as community based health care — the teaching of indigenous personnel for the purpose of introducing public health information (immunization, sanitation, personal hygiene, and disease etiology). We often think of building big hospitals in Third World countries but we could eliminate 70 percent of the return visits at the clinic by means of teaching the people how to prevent so much.

"People in general usually view missionaries with a combination of awe and incredulity. (This is often brought about by recognizing the possible need for such, but that thankful feeling that it is someone else that is filling the need.) ...there is the realization that there is another day tomorrow and there will be time and opportunity to bring God and man closer together and to reduce man's level of disease, spiritually, mentally and physically."

We all wish Dr. Burns the highest level of satisfaction in his chosen work as a medical missionary and certainly, we feel the opening statement bears repeating: "Enjoy the U.S. and its health care delivery system — it's the best there is!" ■

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CATASTROPHIC HEALTH CARE ACT PASSES CONGRESS

On July 1, President Reagan signed into law the first major expansion of Medicare since the program for the elderly was established in 1965. "The bill said to those people who have had the nightmares of being wiped out financially because of a catastrophic illness, that this can no longer happen to you or your children who care for you if you have a financial catastrophe," United States Senator Bentsen asserted after it passed Congress. The Houston senator was key to passage of the act and lobbied successfully in passing prescription drug provisions that prohibit implementation of a formulary or eliminating classes of drugs covered by Medicare.

The Medicare Catastrophic Coverage Act of 1988 is designed to protect America's 32 million recipients from financial ruin by capping out-of-pocket charges and adding prescription drug coverage. Among other things it extends hospital coverage to 365 days from the current limit of 90; limits hospital costs after satisfying one deductible per year; and restricts the yearly out-of-pocket payment for physician charges.

NEW ADDRESS FOR ARIZONA LICENSING BOARD

As of July 1, 1988, the Arizona Board of Osteopathic Examiners in Medicine and Surgery has relocated to: 1830 West Colter, Suite 4, Phoenix, Arizona 85015, phone 602/255-1747.

UPDATE ON IPECAC SYRUP RECALL

The Texas Department of Health reports that the Food and Drug Administration (FDA) has appealed anew to parents to search their medicine cabinets for up to 400,000 one-ounce bottles of Humco-brand ipecac syrup because some may contain a poisonous amount of eucalyptus oil instead of ipecac (see July issue of *Texas DO*).

On April 29, 1988, the FDA announced a nationwide recall of the Humco-brand syrup of ipecac as a result of a label mix-up. However, the FDA later discovered that thousands of bottles had been made available, free of charge, to consumers by various groups including several poison control centers throughout the United States as part of poison prevention week campaigns. Some of the bottles were sold or given away alone while others were included as part of a poison prevention kit. FDA Acting Commissioner John Norris, JD, MBA, reemphasized the importance of searching for and returning the one-ounce bottles to their place of purchase "so there is no chance that a parent might forget and, six months from now, give his or her child this poison." Although 200,000 bottles were still in distribution channels at the time of the recall, another 200,000 bottles may already have reached consumers.

Physicians can help by mentioning this recall to their patients or perhaps by posting a notice in their offices.

LONG TERM HEALTH CARE ON HOLD FOR 1988

The AOA Council on Federal Health Programs reports that by a vote of 169-143, the U.S. House of Representatives rejected a rule that would have cleared the way for floor consideration of Representative Claude Pepper's home health care bill for the elderly, chronically ill and the disabled.

The bill would have provided 2.2 million beneficiaries with expanded medical and non-medical home care benefits if they were unable to perform two or more routine tasks such as eating, bathing or dressing. The purpose of the bill was to help these people stay out of nursing homes, if possible. The measure would have cost at least \$6 billion per year and would have been funded by lifting the \$45,000 cap on individual income subject to Medicare's 2.9 percent payroll tax.

House leadership had promised a vote on the bill after Rep. Pepper agreed to not offer the measure as a floor amendment to the catastrophic health care bill. Opponents of this tactic argued that the bill had unfairly bypassed the committee process. Long term home health care has been put on the congressional agenda for 1989 and Rep. Pepper has been assured of House action in that year. ■

TEXAS TICKER TAPE □ □ □ □ □ □ □

ANOTHER CONFUSING, CONFLICTING COURT DECISION

A chiropractor does not have to refer a patient to a physician for treatment of a condition that doesn't respond to chiropractic, according to a ruling of the Supreme Court of Wisconsin. The court ruled that to refer a patient to a physician, a chiropractor would have to make a medical diagnosis, which he or she is not licensed to make. Meanwhile, in New Jersey, a court ruling stated that a chiropractor does have a duty to recognize when a patient needs medical treatment, at which time the patient is to be referred to a physician.

VDRL TESTING NECESSARY FOR PROSPECTIVE MOTHERS

The Texas State Board of Medical Examiners reminds physicians that according to Section 3.01 of Article 4445d, the Texas Venereal Disease Act as passed in 1983, every physician administering care to an expectant woman shall at the time of first examination obtain a blood test and order a standard serologic test for syphilis.

This report shall be retained for nine months and, if the woman changes physicians, shall be forwarded to the new physician. Within 24 hours of the time of delivery, a physician shall take a sample of the mother's blood and submit it to a lab for a standard test for syphilis. (A blood sample from the umbilical cord of the infant may be submitted in lieu of the mother's blood.) Further, when a physician reports births or fetal deaths, it shall be stated whether a syphilis test was performed.

1988-89 TOMA DIRECTORIES AVAILABLE SHORTLY

As of press time for this magazine, the 1988-89 TOMA membership directories were in the process of being printed. TOMA members receiving their directories should check their listing carefully. Although we make every effort to assure accuracy, the popular quotation "To err is human..." is applicable in any printed work. If you have any changes since the directory was printed or notice an error, please contact the TOMA Office or send in the special form inserted in the back of each directory specifically for this purpose, indicating any such change.

Thanks for your cooperation.

POLL PREDICTS SUPREME COURT REFORM

The majority of Texans likely to vote in the November elections said in a recent opinion poll that the state supreme court should be reformed and some of the judges replaced. Commissioned by the Texas Medical Association (TMA), the poll of 602 Texans was the third in a series of studies that measure attitudes about Texas government.

In rating the performance of the judges, the TMA poll corroborates results of a Texas Poll survey released earlier this year. In it, 33 percent of Texans rated the court excellent or good. In the TMA poll, 34 percent of Texans rated the judges positive. In the Texas Poll, 37 percent rated the judges' performance fair, 18 percent said it was poor, while 46 percent in the TMA poll gave them negative grades.

PATIENT SATISFACTION

People who have been hospitalized recently were most likely to think that health care had improved, according to a Health Management Quarterly commissioned study. Many questions in the study asked people to compare health care today with what it was five years ago. To this end, it found that 56 percent think the quality of care is better now. Twenty-three percent said it is the same, and 11 percent said it's worse. Two out of three said they would favor national health insurance but also said they would be unwilling to pay much for it.

TEXAS PHYSICIAN CHARGED WITH IMPROPER RECORD KEEPING

A Texas physician was recently charged with failure to keep proper medical records pertaining to controlled substances. Physicians should make special note of the fact that Texas law requires practitioners to keep in a bound book complete and accurate records of purchases and disposals of controlled substances. The physician could only produce a box which contained purchase invoices from a laboratory. The arrest warrant specifically pointed out the improper record keeping of controlled substances dispensed by the physician in question.

The High Cost Of Malpractice Insurance Is Turning Us All Into Mad Doctors.



But, who can blame us, if we get a little mad? And what choice do we have? Well, now the American Osteopathic Association has endorsed the formation of a new insurance company exclusively for AOA members. It's called the Osteopathic Mutual Insurance Company. And if you act now, you can join your AOA colleagues in this not-for-profit, member-owned opportunity for excellent

coverage and competitive rates.

To receive your association's endorsement OMIC had to exhibit a solid financial foundation and a long-term commitment to association members.

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Texas ACGP Update

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

The PACER committee of the Texas ACGP suggested that a clarification of the Texas Medicaid Vendor Drug Program's policy on multi-source drugs and the physician over-ride provision was needed.

As you may recall, the May/June 1988 Texas ACGP Update explained the difference between Type "A" and Type "B" generic drugs. Type "A" generics are the therapeutic equivalent of brand name drugs while Type "B" generics are not therapeutically equivalent.

The Texas Pharmacy Act permits substitution of a therapeutically equivalent drug (Type "A") for a brand name drug without liability on the prescriber for an act of omission by a pharmacist in selecting, preparing, or dispensing the drug product. However, this does not apply to Type "B" generic drugs. Some pertinent points are:

1. By law a pharmacist must dispense the drug product specified by the prescribing physician if that physician signs on the "Dispense As Written" line.

2. By law a pharmacist can choose a therapeutic equivalent generic (Type "A") if the prescribing physician signs on the "Product Selection Permitted" line.

3. The Texas Medicaid Vendor Drug Program has a Maximum Allowable Actual Cost (MAAC) provision for therapeutic equivalent generics (Type "A"). There is also a provision which allows for physician over-ride. In the case of physician over-ride, Texas Medicaid will reimburse for dispensing the brand name drug.

4. If the physician does not exercise over-ride authority in prescribing a brand name drug which has a therapeutic equivalent generic available on the Texas Vendor Drug list, the pharmacist will have to dispense the more expensive brand name drug although the Texas Medicaid program will only reimburse the pharmacist for the MAAC generic drug. The difference in cost between the brand name drug and the MAAC generic drug will be borne by the pharmacist.

5. A pharmacist is not legally bound to fill every Medicaid prescription; however, if the prescription is dispensed and has the physician's signature on the "Dispense As Written" line, substitution cannot legally take place without a verbal authorization by the prescribing physician.

6. The Texas Pharmacy Act governs the dispensing of pharmaceuticals by pharmacists. The Texas Medicaid MAAC program's reimbursement policy does not supersede the Texas Pharmacy Act.

The conflicting policies of the Texas Medicaid Vendor Drug provision dealing with MAAC's and the Texas Pharmacy Act can sometimes place pharmacists and physicians in an antagonistic situation. Physicians and pharmacists have a professional obligation to communicate and correct any problems in dispensing quality medications to Medicaid patients. If the situation cannot be rectified, the physician should then contact the Texas Pharmacy Board either by phone or in writing to resolve the problem. The address is 8505 Cross Park Drive, Suite 110, Austin, Texas 78754-4533, and the phone number is 512/832-0661.

An example of the correct format for physician over-ride of the MAAC in the Texas Vendor Drug Program is presented below.

Name	JANE DOE	
Address		Date 7-7-88
R		
DIABENASE 250mg		
# 30		
Sig: $\dot{+}$ daily in A.M. for D.M.		
* BRAND NAME NECESSARY *		
Refill	3	times
		JOHN DOE, D.O.
PRODUCT SELECTION PERMITTED	DISPENSE AS WRITTEN	

The Annual Mid Year Seminar/Symposium of the Texas ACGP will be held at the Arlington-Hilton Hotel, August 5 through August 7, 1988. Hope to see and visit with our members at that time.

Have a safe, healthy and enjoyable summer. ■

ATOMA NEWS

By Nancy Martin
Public Relations Chairman
ATOMA District II

Welcome back, readers, to another monthly column during these wonderful and a bit slower summer days. Before you know it, fall will be here and all of us will be hurled into various demanding schedules again. I do hope you enjoyed last month's column updating you on our Wintercrest Charity Ball; past State Convention news; the upcoming National AAOA's convention, which takes place in conjunction with the AOA's Scientific Seminar; our congratulatory personal news; our Mayfest volunteer activity; our installation of new officers, etc. As you can see, we have quite an enthusiastic group and I have more news and upcoming events of our Auxiliary to tell you about.

First of all, work is continuing on the illustrated coloring book with short stories (entitled *Smart Kids, Safe Kids — Aware Not Afraid*). Our aim is to be able to distribute it in conjunction with or during National Osteopathic Medicine Week, slated for September 25—October 1. Although the general theme remains "Health for the Whole Family", the 1988 celebration will focus on a particular group, "Osteopathic Healthcare Salutes Older Americans." During this week each community plans various activities and events to promote an awareness of Osteopathic Medicine. What District II will be doing specifically will be publicized as the time draws nearer.

Wintercrest Ball Chairmen, Loretta Stone and Sherry Reese, are already gearing up for the 1989 event. I am sure everyone will be looking forward to another exciting and gala event. More news will come later on this item.

For the ensuing year, our Auxiliary will be scheduling one or two daytime Auxiliary meetings with a luncheon or brunch, in addition to our evening meetings. These daytime meetings are designed to encourage our intern/resident spouses and all those who can't attend evening meetings to come and meet the other members and to participate in our activities. We certainly would be pleased to welcome more members to our group and to familiarize them with what we are involved in. More information will follow on this at a later date, also.

In the upcoming evening meeting notices for TOMA and ATOMA, an Auxiliary newsletter will be included. This newsletter will update our members on what District II is doing. It is very important that you remember that as spouses, we are working hard to achieve our objectives to support public health and educational activities of the osteopathic profession, and to create a better understanding of the osteopathic profession.

Melinda Teitelbaum (Yearbook Chairman) is working on the yearbook, which will be ready for distribution

and will be given to paid Auxiliary members at the first meeting of ATOMA and TOMA in September.

Oh, yes, I do hope you all have been seeing the television ads on all three networks (NBC, CBS and ABC) promoting CareLink, a physician's finder service. This service helps patients easily locate the particular type of physician best suited for their needs. The CareLink service is provided at no charge to all physicians on staff at Fort Worth Osteopathic Medical Center. These ads have been running since May 16 and will continue through the end of August. Also, newspaper ads in the *Fort Worth Star-Telegram*, the *Fort Worth News-Tribune* and some business publications advertising CareLink are appearing. Additionally, an image ad is appearing for FWOMC introducing a new slogan for the hospital called "A Friend For Life." These newspaper and business publication ads will continue through 1988.

Well, I guess this sums up the news for our Auxiliary this month. Please note that Valorie Lowry, Courtesy Chairman, welcomes any news relating to births, marriages, bereavements, etc. Please feel free to give Valorie or me a phone call with any news! This helps us keep our newsletter up to date with the most current information.

You'll take care now and we hope to have you with us (in reading) next month!

ARE YOU ABOUT TO MISS A BENEFIT?

The Professional Mutual Insurance Company (in Receivership) was placed in liquidation on October 9, 1987. The last date for filing a claim against the estate in order to participate in distribution of assets is October 9, 1988. Any claims presented later are forever barred.

Any of our members who are insured by this company and have not received a proof of claim form should contact:

The Liquidator
Professional Mutual Insurance Company,
in Receivership
11 East Gregory Boulevard, P.O. Box 8707
Kansas City, MO 64114
(816) 444-4834

The above has no effect on Professional Mutual Insurance Company *Risk Retention Group*, which company continues in full operation, and is *not* in liquidation.

TCOM Health Sciences Library Offers Expanded Services and Functions

Ann Brooks, MLS, Coordinator of Extramural Services at Texas College of Osteopathic Medicine (TCOM) Health Sciences Library, has supplied the following information pertaining to expanded services offered by the Library for the benefit of TOMA members.

When the Health Sciences Library at TCOM moved into new facilities last year, an integrated information system was installed to support the expanded services and functions of the Library. The new system, called the Library Information System (LIS), is a set of integrated applications programs designed by the Dahlgren Memorial Library, Georgetown University Medical Center, Washington, D.C., which allows librarians to order, receive, catalog and process materials in the Library's collections more efficiently than ever before.

LIS also provides Library users with greater access and flexibility in utilizing Library resources. Through menu-driven screens, LIS allows users to access four databases for public use: 1) the book and audiovisual catalog; 2) the journal holdings catalog; 3) MESH — a complete list of medical subject headings established by the National Library of Medicine with usage notes and hierarchy structures; and 4) miniMEDLINE, a database with more than 100,000 citations and abstracts of articles from January 1987 to the present. These articles are selected from a subset of 402 journals, mostly clinical in nature, extracted from the National Library of Medicine's MEDLINE database. Updated monthly, miniMEDLINE is potentially very valuable in meeting the immediate patient care and education information needs of physicians and students.

A major advantage of LIS is its availability not only through terminals in the Library, but also through telephone lines from anywhere in the world. To use this dial-up service, you will need a personal computer, a Hayes compatible modem and appropriate communications software. Since LIS uses VT100 control sequences for cursor positioning and screen formatting, your communications program must be capable of emulating a VT100 terminal. If you have an IBM PC or a compatible MS-DOS machine, the Library can supply you with a copy of PC-VT, a program for VT100 emulation. In summary, the technical modem requirements are the following:

1200 baud 8 data bits, 1 stop bit
no parity
XON/XOFF flow control
VT100 control sequences

Except for long distance telephone charges, there are no fees for this service. The telephone number is 817/735-2222; this is not a metro number. There are five lines available for public use, so you should not get a busy signal unless all five lines are in use. You may search the LIS databases any time from your office or home — even when the Library is closed. No special passwords or login procedures are necessary. After connecting to the system, simply press RETURN to display the first screen.

In order to use the miniMEDLINE component of the LIS system, it is necessary to be a registered borrower of the TCOM Library. To become a registered borrower or to obtain a copy of PC-VT, you may call 817/735-2380, or use the TOMA 800/444-8662 number and the Library will return your call.

For TOMA members who do not have personal computers or who have more extensive information needs, TOMA still provides free online database searching and document delivery through the TCOM Health Sciences Library. ■

Newsbriefs

PLAN TO WIPE OUT TB DEVELOPED

The eradication of tuberculosis by the year 2010 is the goal developed by the Centers for Disease Control (CDC) and a special advisory committee created by the Department of Health and Human Services. An estimated 8 to 10 million new cases, with 3 million deaths, occur yearly on a worldwide basis. Additionally, the CDC estimates approximately 10 million people in the United States and 1 billion worldwide have latent TB infection.

AIDS TRAINING OR NO LICENSE

A new law in the state of Washington requires physicians, nurses and virtually all health care professionals to participate in an AIDS educational program in order to be licensed or recertified. Each state board will be required to develop its own program. Washington is number 12 among the states in the number of reported AIDS cases.

Federal Legislation of Interest to Physicians

Among the many significant changes in health care during recent years are the following pieces of legislation impacting on physicians nationwide.

The Health Care Quality Improvement Act — PL 99-660

In late 1986, President Reagan signed PL 99-660 into law, its purpose being to identify incompetent and unethical physicians by collection of information relating to specific disciplinary actions taken against health care practitioners, then transmitting such to state medical licensing boards and other health care concerns. Malpractice insurance companies, according to terms of the law, would be assessed a penalty for failure to report malpractice claims on a timely basis to a central data reporting bank. Also required to report include self-insured physicians, state medical boards, HMOs, hospitals and group practices and professional medical societies having a formal peer review process. The Department of Health and Human Services (HHS) has issued proposed regulations pertaining to penalties for failure to report, breach of confidentiality and establishment of the National Data Bank.

The National Data Bank, required in Title IV of PL 99-660, was scheduled to become operational by November 1987, however, due to lack of appropriated funding, it is behind schedule. If all goes well, it should become a reality by late this year. The Secretary of HHS has the authority to establish and operate the Bank

through contract with a private or public agency.

Language in the proposed regulations stipulate that information submitted to the data bank is confidential and is to be disclosed only for the specified reasons. The law provides immunity in any civil action for those reporting and for the organization operating the data bank. Those who must report will not be responsible for submitting information until the bank is operational, and data will not be collected on a retroactive basis.

Medicare and Medicaid Patient and Program Protection Act — PL 100-93

This legislation, known as the "fraud and abuse" bill, requires the HHS to exclude providers who have had their licenses revoked or suspended, have defaulted on medical school loans, or have been found guilty of fraud or patient abuse, from participation in federal health programs covered under the Social Security Act. Such providers could be assessed stiff fines and/or prison sentences. However, the Secretary of HHS has authority to waive such penalties "if the individual or entity excluded is the sole community provider or the sole source of essential specialized services in the community." This expands upon previous law whereby it allows the HHS to prohibit physicians who have lost their licenses from participating in any applicable federal program in any state in the nation. Previously, such physicians were prohibited from participation only in the state in which they were disciplined. ■

A Nationwide Approach to Osteopathic Principles and Education

The Michigan State University-College of Osteopathic Medicine (MSU-COM) reports that the MSU-COM based Osteopathic Principles Education Project met recently and made progress on a nationwide approach to osteopathic principles.

A major thrust is on extensive revisions to the glossary of osteopathic terms which the project originally created and now appears in the American Osteopathic Association Directory.

Each American osteopathic school has a representative involved. The project, which began in 1978, is staffed by MSU-COM. Robert C. Ward, professor of biomechanics and of family medicine, serves as the principal investigator and Sarah Sprafka, Associate professor of biomechanics, serves as project director. In addition,

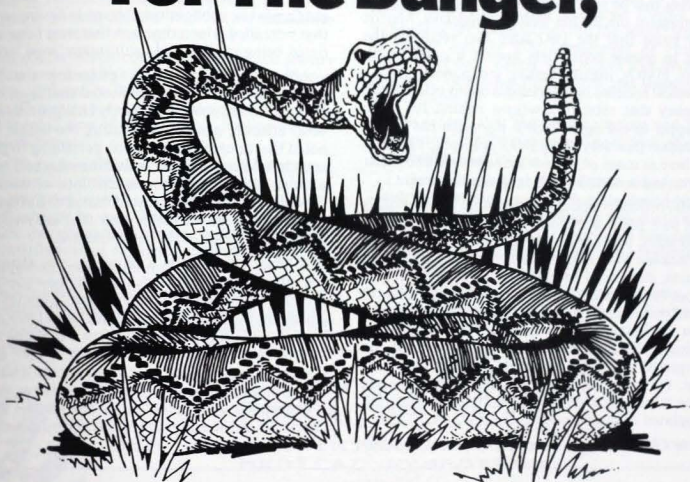
the project employs four quarter-time graduate assistants.

The group is nearing completion on documents that will allow the schools to review and analyze their curricula with regard to osteopathic principles, Ward said. A text book is also being developed.

Much of the graduate assistants' work has involved poring through documents and analyzing their content.

The osteopathic colleges all contribute funding to the project. It is sponsored by the Educational Council on Osteopathic Principles, a faculty group under the umbrella of the American Association of Colleges of Osteopathic Medicine Council of Deans. This umbrella organization must approve the project documents. ■

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TSBME Asking Attorney General to Reconsider Complaint-Disclosure Opinion

The Texas State Board of Medical Examiners (TSBME) is preparing a letter to Texas Attorney General Jim Mattox, asking that he reconsider his recent opinion regarding complaint disclosures against physicians. Mattox recently ruled that the 1987 state law, requiring the TSBME to release complaints against a physician to hospitals, HMOs, nursing homes, group medical practices, medical societies or associations or any other health care agency that submits a written request for such, would apply to the entire time a physician has held a Texas license. (See July *Texas DO*). An ironic situation applies here as many physicians may not even know that they have had a complaint lodged against them.

TSBME officials oppose the disclosure of complaints made in past years, some of which could date back as far as 50 years, because they believe complaints are not a good measure when assessing a physician's competence. Paul Gavia, director of enforcement for the Board, says that about 70 percent of complaints received by the Board are found to be nonmeritorious upon investigation and thus, no disciplinary action is taken. Opposition also stems from the fact that such complaints may be misinterpreted by hospitals and other health care facilities. Furthermore, Board officials feel it is unfair to release information on physicians that previous state law stipulated as confidential.

Senator Chet Brooks of Pasadena, sponsor of the 1987

medical reform bill, as well as chairman of the Senate Committee on Health and Human Services which held a hearing in June, said that he "can see absolutely no public need or public interest served in having complaints that were filed a long time ago that were never substantiated being enumerated again many years later."

Although the Board is preparing the letter, a spokesperson for Mattox indicated that legal opinions of the attorney general are rarely changed. An assistant Texas attorney general, addressing the Senate hearing, noted that released information pertaining to physician complaints could have an evaluation attached, indicating whether the complaint was frivolous or meritorious. However, a Board member said that such a system would probably not be workable and that only complaints would more than likely be considered.

A situation whereby a physician was charged with something years ago but cleared, and now tries to apply for staff privileges at a hospital but is denied because a printout might list 10 or 20 complaints (with no violations found), may very well become a common scenario. According to Gavia, if a complaint is filed against a doctor, it doesn't mean he is a bad doctor. This opinion clearly does not carry any weight, as far as the public is concerned, and a problem of due process for physicians may be the end result if this controversial opinion is not reversed. ■

Dr. Luke Passes Certification Exam in Psychiatry

TOMA member Edward A. Luke, Jr., D.O., of Fort Worth, has been notified by the American Osteopathic Board of Neurology and Psychiatry of his successful completion of the examination for certification in psychiatry.

Dr. Luke completed his medical training at TCOM and fulfilled an internship at Fort Worth Osteopathic Medical Center before going on to a residency in psychiatry at Michigan State University. He completed two years of training there and finished his psychiatric training in a fellowship in geriatric psychiatry at the Texas Research Institute for Mental Sciences in Houston.

He is presently a faculty member at TCOM in the

Department of Psychiatry and Human Behavior. He has a large practice dealing with mental disorders of the elderly. Dr. Luke also sees a number of other types of patients including adults with affective disorders such as manic depressive disorder and major depression, and problems in living. Another interest is dealing with the mentally retarded and their difficulties.

Dr. Luke serves on the Boards of numerous agencies in his local area dealing with many aspects of community life, such as substance abuse, the homeless, the mentally ill, teenage pregnancy and the many problems of the elderly.

Congratulations to Dr. Luke! ■

Novel Jewelry Contains Radium

Some new costume jewelry, featuring old watch or clock faces, may be novel to look at, but could be dangerous to wear or handle.

According to the Texas Department of Health's Bureau of Radiation Control, used watch and clock faces fashioned into pendants, bracelets, earrings, and men's clasps may contain radium. Radium is a radioactive element used to make them glow in the dark.

Health effects which could result from the jewelry range from increased risk of cancer to possible contact dermatitis. Artisans crafting the jewelry are at a higher risk than the wearer because of greater possibility of ingestion or inhalation of the materials, leading to internal contamination.

David K. Lacker, Chief of the Bureau of Radiation Control, said that although luminous dials on watches manufactured in the U.S., less hazardous elements than radium must be used. There are no manufacturers in the U.S. that use radium on new watches, but this is not necessarily true of foreign manufacturers that import timepieces into the country.

"Even if a watch does contain radium, it is not considered extremely hazardous if the case and crystal are intact," Lacker said. "People are not normally exposed

to radium unless the watch is broken or taken apart for repair — or its parts are used for some other purpose, such as in this jewelry."

Lacker said that in addition to Texas, this new use of old watches in jewelry has been traced to California, Oregon and Pennsylvania. Radiation control units in those states are cooperating with the Texas Department of Health and the U.S. Department of Health and Human Services' Center for Devices and Radiological Health to determine the sources and distribution of jewelry items.

"We suspect that the people making and handling these pieces may be unaware of their risk of exposure to radiation," Lacker said.

Lacker said anyone who may have bought items of jewelry made from used watch dials should have them tested for the amount of radiation they contain. Testing for radiation is done at the Bureau of Radiation Control in Austin, and at any of the eight regional offices in the state.

There is no charge for the test. If the jewelry is found to be contaminated, the bureau also will accept the item for proper disposal. ■

NEW MEXICO OSTEOPATHIC MEDICAL ASSOCIATION

8th ANNUAL INTERNATIONAL BALLOON MEDICAL SYMPOSIUM

Sept 29 - Oct 2, 1988
HOLIDAY INN JOURNAL CENTER
Albuquerque, New Mexico

CME credit = 23 hours anticipated

This increasingly popular medical symposium offers a CME program especially well suited to the needs of the family practice D.O., with a wide range of topics: OMT hands-on session; immunology; public health; allergy; office psychiatry; drug updates; AIDS, economic and personal perspectives; and political issues in health care.

REGISTRATION FEES

PHYSICIAN = \$235

RN, PA, LPN, RT = \$75



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

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AIDS Funding in Texas - What's Really Happening

The following is an update on AIDS funding in Texas by Robert Bernstein, M.D., FACGP, Commissioner, Texas Department of Health, as quoted in the May/June Texas Health Bulletin.

"No doubt you have all read the recent newspaper reports about the fact that Texas is lagging behind other states in funding to fight AIDS. I want to reassure you that any loss of federal dollars is certainly not the fault of the Texas Department of Health.

"We have been accused of not trying hard enough for a fair share of federal money. This is simply not true.

"Earlier in the spring, the Department submitted the largest funding request of any state this year to the Centers for Disease Control (CDC). Our proposal totaled more than \$19 million to be used for AIDS surveillance and prevention in Texas.

"We received only \$6 million for an eight-month grant period that began May 1. Although Texas ranks fourth among the states in numbers of reported AIDS cases,

having 7 percent of the nation's total, this funding represents only 5.5 percent of the CDC's \$109 million allocation for all 50 states.

"Federal officials seem to be punishing us for our efforts. They cite figures showing that Texas ranks at the bottom among the states in per capita spending on AIDS. Yet they fail to realize that our legislature allocated \$3.4 million for AIDS education and services during the 1987-88 biennium — a significant amount, given the state's stormy economic climate.

"Certainly, we are not going to give the federal money back in protest. We will continue to carry on as we have in the past — stretching every dollar as far as it will possibly go toward controlling AIDS in Texas" ■

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ANESTHESIOLOGY
Edmund F. Torma, D.O.

Mr. Olie Clem, Administrator
Tyler, Texas 75701

1400 West Southwest Loop 323

Phone: 214-561-3771

Use of Isotretinoin Contraindicated During Pregnancy

The Food and Drug Administration (FDA) continues to warn physicians against prescribing Accutane (generic name isotretinoin), used to treat severe, recalcitrant cystic acne, to pregnant women or those of childbearing age. An FDA advisory committee has recommended that distribution of the drug be restricted in order to make it more difficult for women to obtain, estimating that the drug has caused approximately 900 to 1,300 birth defects from 1982 to 1986 as well as 700 to 1,000 spontaneous abortions. Sixty-two severe birth defects have been reported.

The Texas Department of Health (TDH) recently issued a report in *Texas Preventable Disease News*, citing four infants born with isotretinoin embryopathy in New Jersey between June 1983 and January 1987. Isotretinoin embryopathy consists of severe birth defects associated with first-trimester exposure to the synthetic retinoid isotretinoin. The cases were similar to a large number of cases that had been reported to the FDA from all areas of the United States. It was noted that isotretinoin was recognized as an animal teratogen before it was first marketed in September 1982. Therefore, it was classified by the FDA as Category X, contraindicated for use during pregnancy and a statement to that effect was included in the package insert.

The report by the TDH stated that in June 1983, human teratogenicity was reported to the FDA and to the public. Subsequent reports have documented a strong association between a characteristic group of birth defects and exposure to isotretinoin during the first weeks of gestation. These defects include external ear malformations, cleft palate, micrognathia, conotruncal heart defects, ventricular septal defects, aortic-arch malformations, and certain brain malformations. In one prospective follow-up study, eight of 36 pregnancies that were exposed to isotretinoin resulted in spontaneous abortions during the first trimester; four resulted in live-born infants with at least one major malformation; one, in a malformed stillborn infant; and 23, in infants without major malformations. This study found a relative risk of 25.6 (95 percent confidence interval, 11.4 to 57.5) for the defects associated with isotretinoin embryopathy.

Human birth defects also have been observed after prenatal exposure to etretinate (Tegison), a drug approved in October 1986 for treatment of severe, recalcitrant psoriasis. Etretinate also carries Category X labeling.

Measurable serum concentrations of this drug have been documented more than two years after cessation of therapy, and the risk of teratogenicity may extend for an indefinite period of time after therapy.

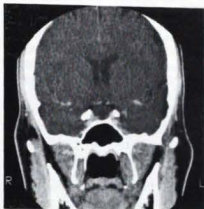
Isotretinoin embryopathy is a preventable syndrome, and the number of infants born with these problems can be reduced by following the guidelines developed cooperatively by the FDA and the manufacturer. This information is distributed in the form of package inserts and patient information leaflets. Current prescribing information for Accutane and Tegison has been published in the *1988 Physician's Desk Reference*. A summary of these guidelines follows:

1. Isotretinoin and etretinate should not be used by women who are pregnant or who may become pregnant while taking the drug.
2. Pregnancy should be ruled out before treatment begins. This precaution may best be accomplished by obtaining a negative pregnancy test no more than two weeks prior to the beginning of therapy and starting therapy on the second or third day of the patient's next normal menstrual period.
3. An effective form of contraception should be used for at least one month before therapy begins.
4. Women who have received isotretinoin should continue using an effective form of contraception for one month after discontinuing treatment.
5. The period of time during which pregnancy must be avoided after treatment is discontinued has not been determined for women who have received etretinate.
6. Female patients should be counseled on the risk of major birth defects associated with first-trimester exposure to isotretinoin or etretinate. Should a pregnancy occur during treatment (or after treatment, in the case of etretinate), the woman should consult her physician about the management of her pregnancy.

In addition, patients should be counseled not to share these prescription drugs with friends or family members.

The approach suggested by these guidelines cannot be expected to prevent all fetal exposures. It can be anticipated that infants will be born with defects caused by first-trimester exposures to the synthetic retinoids isotretinoin and etretinate as long as these drugs are available for use.

You'll be surprised how fast you have the answer.

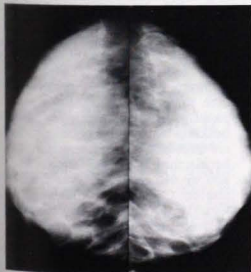


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KNOX — Family practice opportunity available now! Meets National Health Service Corps requirements and Physicians Student Loan Program Repayment Requirement. Solo practice in Texas County of around 6,000 population. Town approximately 1,800 populations, good school, golf course, and churches. Rent free, furnished clinic and monthly guarantee for first year. Rural tax supported hospital of 28-beds with one other physician on medical staff to relieve call. First year expected earnings, gross over \$100,000. Call collect 817/658-3535 or send C.V. to D.L. Stout, Hospital District Administrator, P.O. Box 608, Knox City, 79529. (04)

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)

IMMEDIATE OPPORTUNITY FOR PART-TIME D.O. — in Department of Medical Humanities, Texas College of Osteopathic Medicine, as instructor or assistant professor. Texas license required. Position includes supervision of students in community clinic and service activities, teaching and scholarly activity. Please submit CV to Sue T. Lurie, Ph.D., Office of Interdisciplinary Studies, TCOM, 3500 Camp Bowie Boulevard, Fort Worth, 76107. TCOM is an Equal Opportunity Employer. (38)

APPLICATIONS BEING SOUGHT — for Assistant or Associate Professor position to teach in a Department of Manipulative Medicine. Prior teaching experience required. Salary negotiable. Please submit C.V. to Jerry L. Dickey, D.O., TCOM, 3500 Camp Bowie, Fort Worth, 76107. TCOM IS AN EQUAL OPPORTUNITY EMPLOYER. (33)

PHYSICIANS NEEDED IMMEDIATELY — full or part-time for busy ambulatory care clinic in beautiful East Texas. Must have own malpractice insurance. Call 409/564-1188 in Nacogdoches for more information. (45)

OPENING IN NORTHWEST HOUSTON — D.O. for immediate care center. Salary or commission. To start immediately, call Dr. Buczek at 713/367-1357. (42)

WANTED — Family/Industrial Physician to join two busy practitioners in Deer Park, Texas. Excellent recreational facilities in nearby Galveston or Houston. No OB. Competitive compensation package. Send C.V. to Don Metz, D.O., 1920 Center, Deer Park, 77536. Call 713/479-5941. (19)

DALLAS/MID-CITIES PHYSICIANS — Full-time or part-time positions available. Five day week. 9:00 a.m. to 6:00 p.m. — no night call — no hospital — small amount of general practice. Physical examinations and physical therapy protocols primary responsibility. Salary minimum of \$67,000/year full-time. Part-time negotiable. Send resume to: P.O. Box 64758, Dallas, 75206. (36)

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)

POSITIONS AVAILABLE — We have unadvertised practice opportunities available for F/P; OB/GYN; Ped; EM; and Urologist. **GUARANTEED INCOMES!** Contact: MRI at 713/359-6171 or 800/323-1434. Write 1110 Kingwood Drive, Suite 200, Kingwood, 77339. (43)

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)

PRACTICE AND EQUIPMENT FOR SALE — Office building for sale or lease. Contact: Joseph L. Love, D.O., 4400 Red River Street, Austin, 78751 or call 512/452-7641. (30)

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)

NEEDED — General Family Practice Physician to practice in Comanche — North Central Texas. To join a group practice with two busy general practitioners. City of 4,000, excellent fishing and hunting, good schools. Hospital is willing to provide guaranteed income incentive of \$6,000 a month plus moving expenses. Contact: Paul Livingston, D.O., 105 Valley Forge, Comanche, 76442; phone: 915/356-5211. (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 — Well established but still growing large general practice, upper Texas gulf coast. Now solo but space and patient load for two. Large modern clinic with x-ray, lab, minor emergency room, etc. Friendly area with abundant coverage; DO and MD hospitals nearby, with OB and surgical privileges if you wish. Financing available. Will retire when new doctor is comfortably acclimated, or immediately. Please send inquiries to TOMA, Box 49, 226 Bailey Avenue, Fort Worth, 76107. (49)

PHYSICIAN SEEKING TEMPORARY ASSOCIATE — (approximately one year) to see Medicare and Medicaid patients in office daily and in nursing home. This is due to being sanctioned by TMF. If interested, please call (after 2:00 p.m.) 214/569-5743. Practice in rural area, small town, with large group of elderly patients, approximately 75 miles from Dallas. (33)

SAN ANTONIO — BC/BE FP/EM WANTED for young group staffing three successful and prospering ACC's. 100% physician owned/managed. Minimum guarantee, malpractice/health insurance paid. Send CV to David Gude, M.D., Texas MedClinic, 777 NE Loop 410, San Antonio, 78209; 512/696-5599. (16)

PHYSICIANS NEEDED — In Columbus, Ohio for busy, progressive MedCenter(s). Immediate openings. Clean, modern facilities. Great working conditions and environment. Excellent fringe benefits. State-of-the-art equipment. Salary \$80,000+. Please call for interview at 614/294-5622, ask for Mrs. Marckel or Ms. Cardwell. (01)

PHYSICIANS WITH TEXAS LICENSES NEEDED — to practice general medicine at Student Health Center. 40-hour week, Monday—Friday. Minimal call duty. Fringe benefits. Contact Sheila Meyer, Administrator, University of North Texas Health Center, P.O. Box 5158, Denton, 76203; 817/565-2331. Equal Opportunity Employer/Affirmative Action Employer. (09)

POSITIONS DESIRED

PHYSICIAN ASSISTANT (Board Certified) — seeks part-time position; has had five years experience as first assistant to general surgeon. Interested in general surgery, internal medicine and family practice. Contact: John G. Henevad, 1111 N. O'Connor Road, # 121, Irving, 75061. Phone: 214/254-6523. (07)

PHYSICIAN SEEKING — family practice opportunity in cities in Texas. Will complete general practice residency and available in August, 1988. 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)

NEW OFFICE FOR MEDICAL PRACTICE — 1300 sq. ft. finished and ready for occupancy. Reception area with business office, two examination rooms, private office, x-ray, bathroom and small lab. space. Office can be expanded to 2,660 sq. ft. Located in Grand Prairie, five minutes from D/FW Medical Center. Please call George Miller, D.O., 214/969-7477 for more information or to make an appointment to see the property. (05)

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)

TWO MEDICAL OFFICE SPACES FOR LEASE — in Euless, heart of booming Metroplex in established location near Harris HEB and Northeast Community Hospitals. 1500+ and 1600+ square feet — \$9.00 per foot including utilities. X-ray equipment available on premises; pharmacy on premises. Call Bill Wyatt, 817/481-5158 or 817/282-6717; or write 701 W. Pipeline Road, Hurst, 76053. (31)

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)

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)

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)

TRANSCRIPTION — let us do your office transcription, for reasonable rates, pickup and delivery; call Joyce 817/297-4965. (53)

FOR SALE — beautiful 61-acre ranch estate, Kaufman County, 30 minutes east of Dallas off Interstate 20, on Highway 429. Newly 100 percent remodeled ranch home with detached guest or game room, two metal barns, all-steel corrals and gates, fenced and cross-fenced. One large lake with lighted picnic and fishing area, two smaller lakes, sandy loam, huge trees. Nonstop from ranch to downtown Dallas. Highly tax-advantaged solid investment for doctors or professionals. Owner financed at nine percent. Shown by appointment only. Call Orvil Jones, 214/932-3860. No agents! (47)

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, Culoscope, Cryo Unit, Xerox, etc. For more information write TOMA, Box 02, 226 Bailey Avenue, Fort Worth, 76107. (02)



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