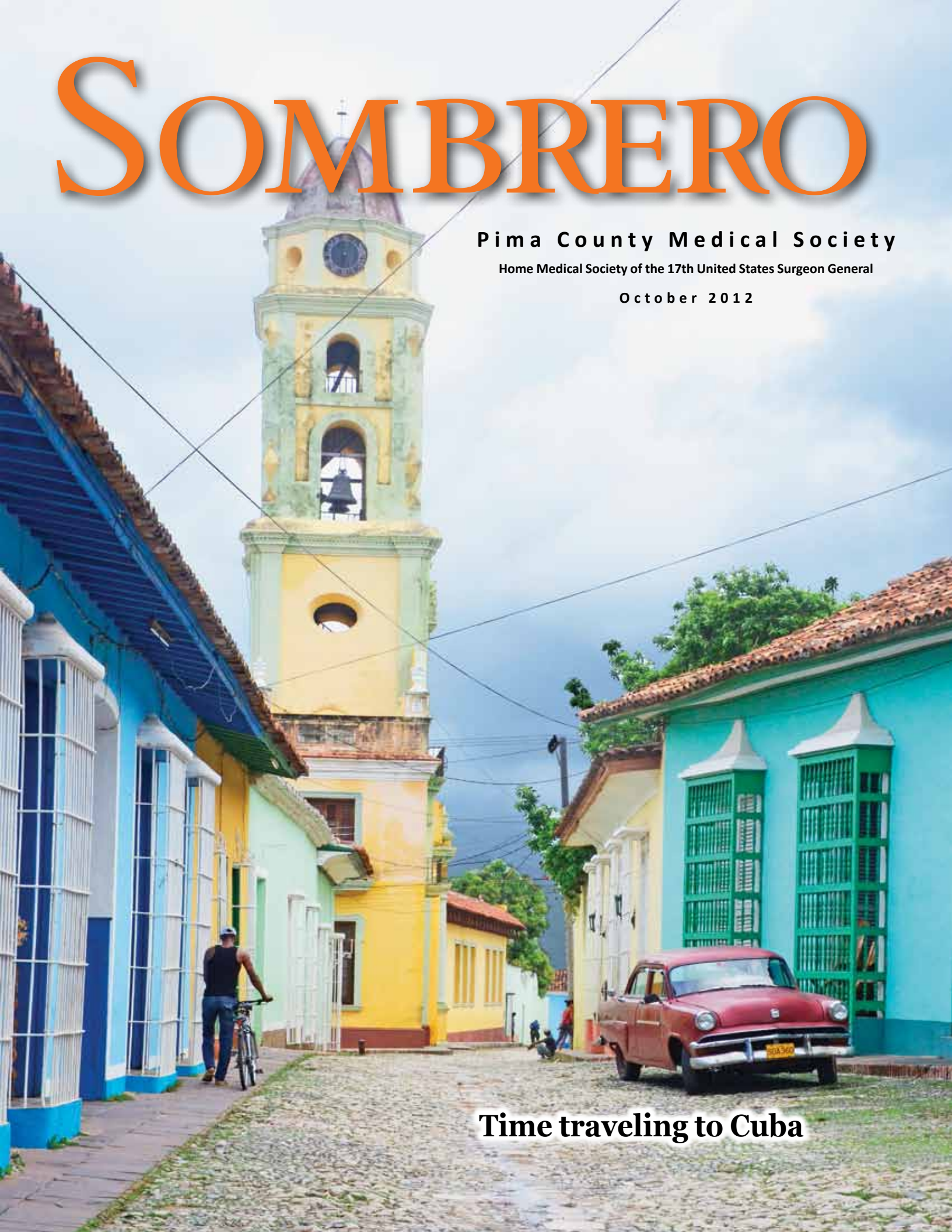
Sombrero

Pima County Medical Society

Home Medical Society of the 17th United States Surgeon General

October 2012



Time traveling to Cuba

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Inside

On the Cover

The bell tower of Iglesia y Convento de San Francisco in Cuba's city of Trinidad dates from 1730. The Tretbars visit a changing dictatorship in this months's Behind the Lens (Dr. Hal Tretbar photo).

You are a role model

By Alan Rogers, M.D.

PCMS President

The United States is on the brink of a colossal physician shortage.

In discussions of the Patient Protection and Affordable Care Act ("ObamaCare"), the prospect of 32 million newly insured patients suddenly seeking doctors seems to be glossed over. Where are the physicians to see these patients?

The Association of American Medical Colleges estimates a shortage of 63,000 physicians in the U.S. in 2015 and 130,600 by 2025. Shortages will span every medical specialty, but will be most severe in primary care.

Residency training positions are currently frozen at about 100,000 per year by the Balanced Budget Act of 1997, which limits Medicare-funded slots to 1996 levels. AAMC estimates a 30 percent increase in medical school enrollment would be needed by 2015 to keep pace with demand, but without residency expansion larger medical school classes will be fruitless.

Approximately a third of primary care physicians are age 55 or older and nearing retirement, while relatively few medical students are entering primary care specialties. I had the pleasure of having a University of Arizona resident do a clinical rotation in my office, who has nearly $300,000 in student loans. With impending student loan payments equal to a home mortgage, no wonder medical students gravitate to high-paying specialties. With retirement of many primary care physicians and few new primary care doctors entering practice, the physician supply gap is going to widen. Primary care will have the most pronounced lack of manpower.

Physician shortages are also defined by geographic and financial boundaries. Parts of California's Orange County lack enough physicians because of poverty, high crime, and living conditions. Rural areas have traditionally been under-served due to lifestyle and financial factors. Low-paying health insurance plans may be shunned by physicians who have plenty of patients in better paying plans. The move to concierge medicine, in which a primary care physician charges patients a retainer fee to join the practice, greatly limits the number of patients under care, and exacerbates primary care shortages in relatively affluent areas.

Adding to the physician shortage is our aging population. Baby Boomers will increasingly need medical care as they age.

So what can we do to alleviate this impending physician shortage? Here are a few ideas I've heard suggested:

1) Increase the size and number of medical schools. This seems obvious but is limited by costs and the long lead-time to develop a medical school. The University of Arizona has started a new medical school in Phoenix and Mayo Clinic Scottsdale is planning a medical school there, but these will take years to ramp up. Osteopathy schools are now operating in Phoenix to produce physicians.

2) Increase the number of resident training slots. This will require unfreezing Medicare limits and more funding to residency programs in a time of limited government resources.

3) Increase use of NPs and PAs. I believe this is the future of primary care. An increasing number of mid-level providers will be required to see patients for routine follow-up care, leaving difficult cases for physicians. Care teams of nurses and pharmacists working with physicians to manage large groups of patients may provide efficiencies to better utilize scarce physician time.

4) Increase the numbers of foreign medical graduates. Make it easier for FMGs to enter the U.S. and get training programs.

5) Streamline medical training. Take undergraduate students if they have fulfilled prerequisites, even if they have not completed an undergraduate degree. Instead of eight years of college and medical school, it could be six. Medical students who commit to primary care specialties could have shorter medical school and residency requirements. For example, surgical and obstetric rotations could possibly be eliminated for some students.

6) Make primary care lucrative. The Obama Administration and Medicare are taking steps to increase reimbursement for primary care cognitive services, but it's a drop in the bucket compared to what would make primary care more attractive. As I see it, primary care physicians will need to come together into large practices to perform laboratory and imaging services and gain efficiencies of scale in billing and collecting and in managing the myriad legal, administrative, financial, and regulatory complexities of medical practice. Poorly thoughtout

measures against self-referral have made it difficult for primary care practices to participate in ancillary revenue. These need to be modified to improve primary care income.

Most importantly, we need more students to choose primary care residencies. We must elevate the image of primary care. I hear constant grumbling from physician colleagues about office practice hassles, threatened reimbursement cuts, overbearing managed care plans, unnecessary paperwork, crushing schedules, omnipresent liability threats, and frustrating transitions to electronic medical records, to name a few aggravations. But we must not let these issues poison our souls. I love my practice and my patients. It is a privilege to be a physician and have patients share their lives and secrets with me. It is such a joy to see someone recover from a serious illness, or even just lose the 20 pounds they've struggled over.

I hereby call on all of us to have a positive attitude about primary care practice and share that with young people entering the field. Who would want to be a primary care physician when their role models all seem to hate it?

The standard question asked of physicians is: Would you want your child to go into medicine? Well, I am very happy to report that my daughter just started medical school. I hope she will be in primary care.

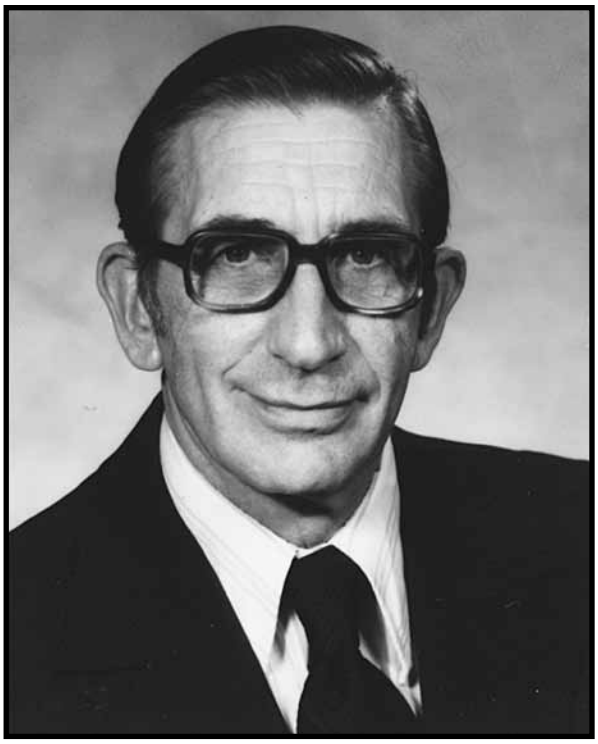
So invite students into your practice and show them your daily routine. Encourage them to be in primary care and show them how you know your patients.

Show them a positive role model! ■

In Memoriam

By Stuart Faxon

Dr. Johannes Penners, 1923-2012



Dr. Johannes Penners in 1984.

Dr. Johannes Penners, radiologist who joined PCMS in 1967, died Aug. 25 in Tucson. Retired since 1992, he was 89.

Johannes Hendricus Hubertus Penners was born youngest of five children on April 26, 1938 in Amsterdam, Netherlands. He earned his M.D. at the University of Amsterdam in 1953. He interned at University of Amsterdam and Trinity Lutheran Hospital, Kansas City, Mo. He did his radiology residency at Presbyterian Hospital in Denver.

In 1953-55 Dr. Penners was in general practice in the Netherlands. He practiced radiology 1960-66 at Grand Forks Clinic, Grand Forks, N.D. and served as president of the North Dakota Radiological Society. He became an American citizen in 1962 and was known here as John H.H. Penners. Coming to Tucson, he began practicing in 1966 at Thomas-Davis Clinic when it was at Alvernon Way and East Fifth Street.

He was certified by the American Board of Radiology and was a member of AMA, ArMA, the American College of Radiology, and the Society of Nuclear Medicine as well as PCMS.

Dr. Penners and his wife, Jacqueline, had three children: Ann, John, and Donald. The family were members of St. Mark's Presbyterian Church.

"He chose the right specialty and thoroughly enjoyed his work," the family told the *Arizona Daily Star*. "Starting in high school he became an accomplished chess player, something he enjoyed both playing and teaching throughout his life. Living in the Southwest, he also enjoyed fishing trips from Rocky Point and, in later years, he became an avid hiker." After he retired, Dr. Penners helped children in Tucson learn chess.

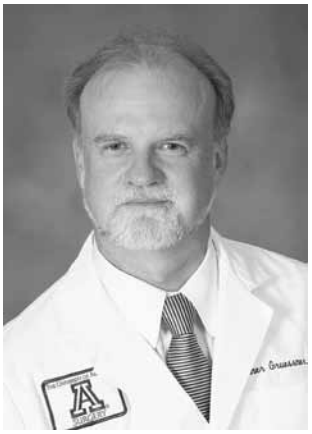
Dr. Penners' wife of 55 years, Jackie; their three children; and four grandchildren survive him.

Memorial services were on Sept. 22 at Bring's Broadway Chapel. Memorial donations may be made to the American Diabetes Association, Box 11454, Alexandria, Va. ■

Milestones

UofA first in robotic pancreatectomy/ islet transplant procedure

Surgeons at University of Arizona Medical Center in July performed the world's first fully robotic total pancreatectomy with a successful simultaneous autologous islet transplant on a woman suffering from chronic pancreatitis, the university reported.



"The minimally invasive surgery was performed on Tami Alveshere, a 39-year-old woman from North Dakota. Leading the surgical team from the UA Department of Surgery were **Rainer W.G. Gruessner, M.D.**, professor and chairman, and Carlos Galvani, M.D., associate professor and director of minimally invasive and robotic surgery. Horacio Rilo, M.D., professor and director of the Institute for Cellular Transplantation, isolated 248,000 islets from the removed pancreas using the department's Class 10,000 clean room, a state-of-the art laboratory designed for this procedure.

"Dr. Galvani was part of the team at the University of Illinois Chicago (UIC) that performed the first-ever robotic partial pancreatectomy with combined auto-islet transplant in 2007. During the procedure at UIC, only about 60 percent of the patient's pancreas was removed."

"Robotically removing the whole pancreas is more complex than removing part of the organ because the gland is in close proximity with the digestive tract, biliary tract and major arteries and veins such as aorta, inferior vena cava and portal vein," Dr. Galvani said.

"Other attempts to perform this procedure robotically have been made, but were incomplete," Dr. Gruessner said. "We are the first to successfully perform all three stages of the procedure robotically: removing the entire pancreas, reconstructing the gastrointestinal tract, and transplanting the islets."

"Chronic pancreatitis is a disease that progressively destroys pancreatic tissue, causing pain that frequently requires hospitalization and severely compromises quality of life. Medical management, consisting of analgesics and pancreatic enzyme replacement, rarely leads to acceptable relief of the pain. In Western Europe and North America, chronic pancreatitis is diagnosed in about five people in every 100,000 each year.

"Alveshere had suffered from debilitating chronic pancreatitis for years and required high doses of narcotic pain medication. A pancreatectomy was her last option to escape the severe pain caused by the disease and the dependency on narcotics.

"Pancreatectomy ... relieves the pain. However, without a pancreas, the person will develop brittle diabetes because islets in the pancreas make insulin, which controls glucose."

UofA "surgeons have performed almost 40 open pancreatectomies with islet auto-transplant (TP-IAT) to treat severe chronic pancreatitis for the past three years. In the procedure, islets are isolated from the removed pancreas in the department's laboratory and then are injected into the liver where they continue to produce insulin and prevent the development of brittle diabetes. By using the patient's own islets, there is no risk of rejection."

"As one of the nation's busiest islet transplant centers, we attract patients from all over the country," Dr. Rilo said. "Less than a handful of centers have the technology to perform successful islet transplants."

"The open procedure requires a large incision and a longer recovery. Using the da Vinci surgical robot with its 3-D visualization and precise movement capabilities, surgeons are able to carefully remove the pancreas without damaging the islets with only three small incisions in the abdomen to insert the laparoscopic instruments, plus a fourth small incision a couple of

inches in the bikini region to remove the organ. Small incisions allow for a shorter hospital stay and fewer complications.

"Alveshere was discharged from the hospital 10 days after her July 5 surgery, is off insulin, and has dramatically reduced her pain medications," the university reported.

"Our surgeons are pioneers in both pancreatic and robot-assisted surgeries. By integrating our expertise with new technology, we are able to offer new, innovative minimally invasive options for our patients so their surgery is less traumatic and they are able to heal faster," Dr. Gruessner said.

Carondelet group joins Vascular Quality Initiative

Carondelet Health Network recently announced that Carondelet Specialist Group vascular surgeons **Rhonda Quick, M.D.** and **Scott Berman, M.D.** of Tucson Vascular Specialists, are the first vascular specialists in Arizona to join the Vascular Quality Initiative (VQI).

"The VQI is a voluntary reporting program that tracks outcomes for nine of the most common procedures performed by vascular specialists. Participating physicians and institutions can compare their outcomes with similar physicians throughout their region and nationally.

"The Society for Vascular Surgery (SVS), the pre-eminent professional society for vascular specialists in the United States, has created a patient safety organization (PSO) to oversee the management of the national database consistent with the Agency for Healthcare Research and Quality."

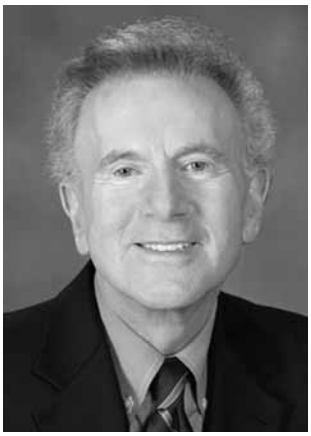
"We are excited to be participating in this critically important program, which will define 'real world' outcomes for patients with peripheral vascular disease," Dr. Berman said. "Moreover, by analyzing trends in outcomes, the regional and national work groups can determine best practices and institute changes in practices much more quickly and cost effectively than waiting for this information to be disseminated by traditional means."

Dr. Berman has been selected to the national governing council of the SVS PSO as a representative of the newly created Rocky Mountain Vascular Study Group, Carondelet reported.

"Dr. Berman also noted that outcomes analyses from the Vascular Study Group of New England, the founding members of the VQI, have already been applied to participating physicians' practices and have been shown to improve outcomes and reduce healthcare expenditures by improving quality."

"Rather than chasing after generalized benchmarks established by the government," he said, "participation in VQI will allow us to develop practical quality benchmarks that are directly applicable to our patient population and more accurately reflect the care being provided by vascular specialists in the U.S. In time, it is likely that Medicare and other third-party payers will consider participation in VQI as a mandatory requirement for vascular specialists to be included in their programs."

Dr. Alberts receives Lifetime Achievement Award



University of Arizona Cancer Center Director David S. Alberts, M.D. is among this year's Lifetime Achievement honorees at the 2012 AZBio Awards for Achievement, to be given Oct. 23 at the Phoenix Convention Center.

Dr. Alberts, along with Raymond L. Woosley, M.D., of the Arizona Center for Education and Research on Therapeutics, will receive Lifetime Achievement Awards, commemorating each man's contributions to the medical field.

"Arizona is the land of the pioneers," said Joan Koerber-Walker, president and CEO of the Arizona Bioindustry Association. "This year, as we celebrate 100 years of statehood, AZBio is shining the spotlight on two pioneers who exemplify Arizona's pioneer spirit, led in creation of new discoveries, and built up institutions that will pioneer new innovations for decades to come."

Heart & vascular institute arrives

With the November arrival of Carondelet Heart & Vascular Institute (CVHI) at the campus of Carondelet St. Mary's Hospital, Carondelet Health Network (CHN) reports that they have reached another milestone.

"For months, Carondelet has been working on the relocation of its cardiovascular program from the current location at River Road and Stone Avenue to the campus of its legacy hospital. The first phase of construction was originally expected to be completed in January 2013, but that timeline was able to be accelerated. Patients and associates are now scheduled to transfer by Nov. 6, and surgeons will be set to perform their first open heart surgery at St. Mary's on Nov. 7.

"Carondelet is investing more than $17 million to build the institute's new home at St. Mary's Hospital, and the entire project is expected to be completed by May 2013. 'In the meantime,' says **Amy Beiter, M.D.**, Carondelet St. Mary's CMO, 'St. Mary's is perfectly poised to welcome the institute's surgeons, physicians, caregivers and patients this fall.'

"In April when Carondelet first announced relocation plans, CHN leaders and key physician partners explained that the new location will provide many advantages: easier access I-10 and I-19, helicopter access, new technologies, and the capability to expand and grow the ministry's cardio-thoracic surgery program.

"'This relocation also provides Carondelet the opportunity to combine the efforts of two very strong and highly dedicated teams of caregivers," said Jim Beckmann, CHN president and CEO. 'What Carondelet is building on our West Side campus is a cardiovascular institute dedicated to high-quality care and a

unique patient experience with all of the advantages of a nationally-recognized acute care medical center.'

"By November, key aspects of the construction project will be completed. This first phase will include 21 dedicated private patient rooms on the third floor for cardiovascular patients who have had heart surgery or require specialized heart care. This will be a modern healing environment for anyone recovering from heart or vascular surgery, heart attack, or related diseases. This unit will also include a patient/family education room and later, outdoor 'healing gardens' as well. There are an additional 23 patient rooms on the same floor available for the institute's use in care of heart patients. Also, the institute will include 12-bed dedicated Cardiovascular Intensive Care Unit on the first floor of the hospital. This newly remodeled ICU will be adjacent to the current hospital ICU. The institute's CV ICU will include a private waiting area for families and loved ones of cardiovascular patients.

"Once the second phase of planned construction is completed in spring, cardiovascular patients and their families will use the main hospital entrance and travel a short, newly-renovated corridor to a glass-walled main lobby for the institute, just across from the St. Mary's Chapel. The 92,000-square-foot institute will include newly remodeled cardiovascular operating suites, along with a cardiovascular hybrid OR, two new cath labs, electrophysiology, and a cardiac testing area. Patients will also be served by St. Mary's inpatient cardiac rehab department.

"Moving the Carondelet Heart & Vascular Institute onto St. Mary's campus actually returns Carondelet's cardiovascular and cardio-thoracic surgery programs to where it all began. Longtime physicians across Southern Arizona may remember that in 1959, St. Mary's was the first Arizona hospital to perform open- heart surgery. It was also the first hospital in the state to use a heart-lung machine that same year, and St. Mary's put in its first pacemaker in 1960."

Chamber music innovator Dr. Bierney steps down

One of the greatest and most dynamic music societies in the United States, Arizona Friends of Chamber Music, has announced that this will be the 35th and final season for one of the sparks behind its energy.

AFCM President Jean-Paul Bierny, M.D. will step down as leader when the season concludes in April. During his 35-year tenure he brought some of the greatest chamber music names in the world to Tucson.

Dr. Bierney is credited with founding the Tucson Winter Chamber Music Festival, presented each March, which he co-founded with Peter Rejto. This will be the 20th anniversary of the festival. His is also credited with founding the Commissioning Program, in which new chamber music pieces that are both accessible and contemporary are commissioned and performed in Tucson. This season will feature the 50th commissioned piece.

Arizona Friends of Chamber Music is a 501(c)(3) organization founded in 1948. You can learn more about the organization and the coming season at www.arizonachambermusic.org. ■

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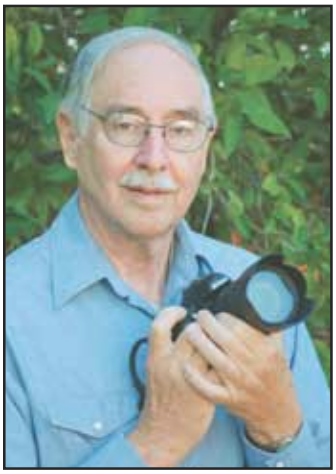

Behind the Lens

Cuba time travel

By Hal Tretbar, M.D.

Many families live in state-owned buildings of fading elegance.

The Republic of Cuba is stuck in a kind of time warp from the 1950s and '60s. This is due to the American embargos that were placed after the communist revolution in 1959, and Fidel Castro's expropriation of private properties in 1960.

Most Cubans still depend on the state to furnish their jobs, housing, education, and healthcare. Many families still live in deteriorating buildings. All American cars are older than 1960, but ingenious mechanics keep them running. It is not unusual to hear a 1958 Buick start with the rattle of a Russian diesel engine.

Today bits of private enterprise reflect changes loosening some previous restrictions. People can now own homes and small plots of land. They can own and sell a car. Permits for small private businesses are available. Homes can be licensed as bed-and-breakfasts called *casas particulares*. Small family-run restaurants or *paladares* are sanctioned and can be found across Cuba.

Recently Dorothy and I were walking down fashionable Obispo Street in Old Havana, or *Habana Viejo*, looking for a restaurant when a neatly dressed young man approached us with a menu in his hand. "Hello" he said in perfect English, "My name is Landy. Would you like to have a nice meal in our family's home? You will have to climb the stairs to the second floor, up there where you see the balcony."

The only American cars are from before strict embargoes began in 1960. Ingenious mechanics keep them running.

The home had been transformed into two pleasant and nicely decorated dining rooms with a small bar. The extensive menu included meat, shrimp, and fish. The family prepared a fish dinner with rice and black beans. It was one of the best meals in our 12 days in Cuba.

Since 1990 tourism from Canada, Mexico, South America and Europe has been the main source of income for Cuba, and they have developed a first-class tourist infrastructure. Cuba has partnered with Spanish and Dutch companies to develop excellent hotels, restaurants, and beach facilities. They have recently acquired Chinese tour buses that rival Europe's best.

Americans can now visit Cuba with educational groups such as the People to People program from the Grand Circle Foundation that we traveled with. The American program has to be run in conjunction with a Cuban tour company. We had a great Cuban guide who would sometimes take us to a *paladar* instead of following his instructions to use state-owned restaurants.

Two of our favorite *paladares* are in the city of Trinidad on the south-central coast. It was founded in 1514 as a trade center for sugar and slaves. Trinidad has been designated a World Heritage Site by UNESCO because of its well-preserved Spanish architecture. Streets are paved with the ballast stones from the old sailing ships that docked there to take sugar cane to the rest of the world.

The Plaza Mayor is the centerpiece of Trinidad. Historic buildings, museums and churches surround this picturesque square. The *paladar Sol Ananda* occupies the former mansion of Don Martin de Olivera, who built it in mid-18th century. The home was enlarged and modified over the centuries. Current owner Lazaro Morgado Orellana recently restored it with antiques and opened the restaurant in January 2011.

We liked the gazpacho for lunch so much that we returned another day. It seems that every restaurant or café has a basic musical group of one or two guitars, bass, and percussion. The ensemble at the *Sol Ananda*, El Cuarteto Isla, had the most entertaining music of the entire trip.

A family visits neighbors in a small town, with transportation varying from horses to a newer car.

Our dinner on the patio of the Trinidad *paladar* Davimart was an exceptional meal of pork, vegetables, and desert, washed down with mojitos. Music floated through the evening with Eddy on trumpet, Luis on guitar, and Julio on bongos.

It also was an enlightening experience when we heard the story of Chef David Alfredo Aloma. The 51-year-old has a degree in mechanical engineering but has always been a cook by avocation. In 1998 he opened this *paladar* with 12 chairs at his home in a working-class neighborhood.

He struggled because the only advertising was by word of mouth and a listing in the phone book. Fresh food from the government was in short supply. Finally in 2002 Davimart became profitable by getting fish and lobsters from private sources. When government officials found out, they shut him down and fined him 3,000 pesos. The state was depending on income from exporting shrimp and lobsters.

In 2003 David went to France for work as a chef to support his family while they rented out rooms. Another setback occurred in 2005 when hurricane *Dennis* caused heavy damage to his property.

He returned to Trinidad and was able to reopen in 2011 with 50 chairs. He has to get his supplies and food through government sources. His license allows him to hire five employees. As a private business he pays their "social security" as well as salaries. Healthcare is from the state.

The yearly cost of a license is 2,000 Cuban pesos (26.5 to $1). David pays 10 percent tax on profits and must declare his total income or face a 50 percent tax. His bookkeeping can be audited by an agency similar to our IRS. The restaurant is health inspected and is subject to fines for any deficiencies.

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Oxen still do a lot of the heavy pulling on sugar cane farms.

small family business that is healthy and profitable," David said. "With more love and effort it can become larger."

He was very open with his thoughts about the current regime. "Raul Castro is more progressive and open-minded than Fidel," he said. "Other reforms are possible that can make the country better. However, the government has to change the mentality that we are an 'island surrounded by capitalism.' They still want to defend what they fought for in the revolution. With the changes of the past several years, all of us Cubans expect better days ahead." ■

A Cuban timeline of major events

1959: Fidel Castro and revolutionaries take control of Cuban government on Jan. 2. Dictator Fulgencio Batista flees the country.

1960: The government takes control of private and U.S.-owned businesses. A U.S. embargo prohibits all exports to Cuba.

1961: U.S. ends diplomatic relations. Cuban exiles approved by the Kennedy Administration invade the Bay of Pigs and are defeated.

1962: The Cuban Missile Crisis. President John F. Kennedy publicly agrees never to invade Cuba and Soviet Premier Nikita Kruschev has offensive missiles aimed at the U.S. removed from U.S.S.R. patron Cuba. Secretly, the U.S. agreed to dismantle all U.S.-built Jupiter intermediate-range ballistic nuclear missiles deployed in Turkey and Italy.

1967: Castro comrade Ernesto "Che" Guevara captured and executed in Bolivia.

1968: 125,000 Cubans flee to U.S. during the Mariel Boatlift, with permission of both governments.

1990: Tourism from Europe, Canada, and Mexico is main source of income.

1991: Soviet Union collapses. Era of fuel, energy, and food shortages is called the Special Period.

1993: Dollars are allowed. A few small private businesses are now legal.

1996: Helms-Burton Act strengthens the embargo and prohibits private aid to Cuba.

1996: Five-year-old Elian Gonzalez is rescued at sea as his mother dies. After prolonged custody battle he is returned to father in Cuba four years later.

1998: Pope John Paul II visits.

2002: Jimmy Carter is first former President to visit Cuba, to focus on human rights.

2004: President George W. Bush eliminates all cultural exchange licenses to Cuba.

2005: Convertible Pesos (CUC) for tourists are introduced and U.S. dollars are no longer accepted.

2006: Led by socialist dictator Hugo Chavez, Venezuela gives cheap oil to Cuba in exchange for teachers and doctors.

2008: Fidel's brother Raul Castro replaces Fidel when he becomes ill. Fidel remains head of Communist Party.

2011: President Barack Obama eases travel restrictions to Cuba, allowing more educational, religious, and cultural programs. But you still can't travel as an ordinary tourist.

2012: Pope Benedict visits Cuba and is enthusiastically received, but no major changes are expected.

PCMF Evening Speaker Series returns for fall

Pima Medical Foundation Inc.'s Evening Speaker Series has scheduled these events:

Oct. 9: ***Diabetes Mellitus Type 2: An Epidemic in the World; What You Must Know*** will be presented by Jonathan Insel, M.D. Dinner at 6:30 p.m., speaker at 7:10. One hour CME credit.

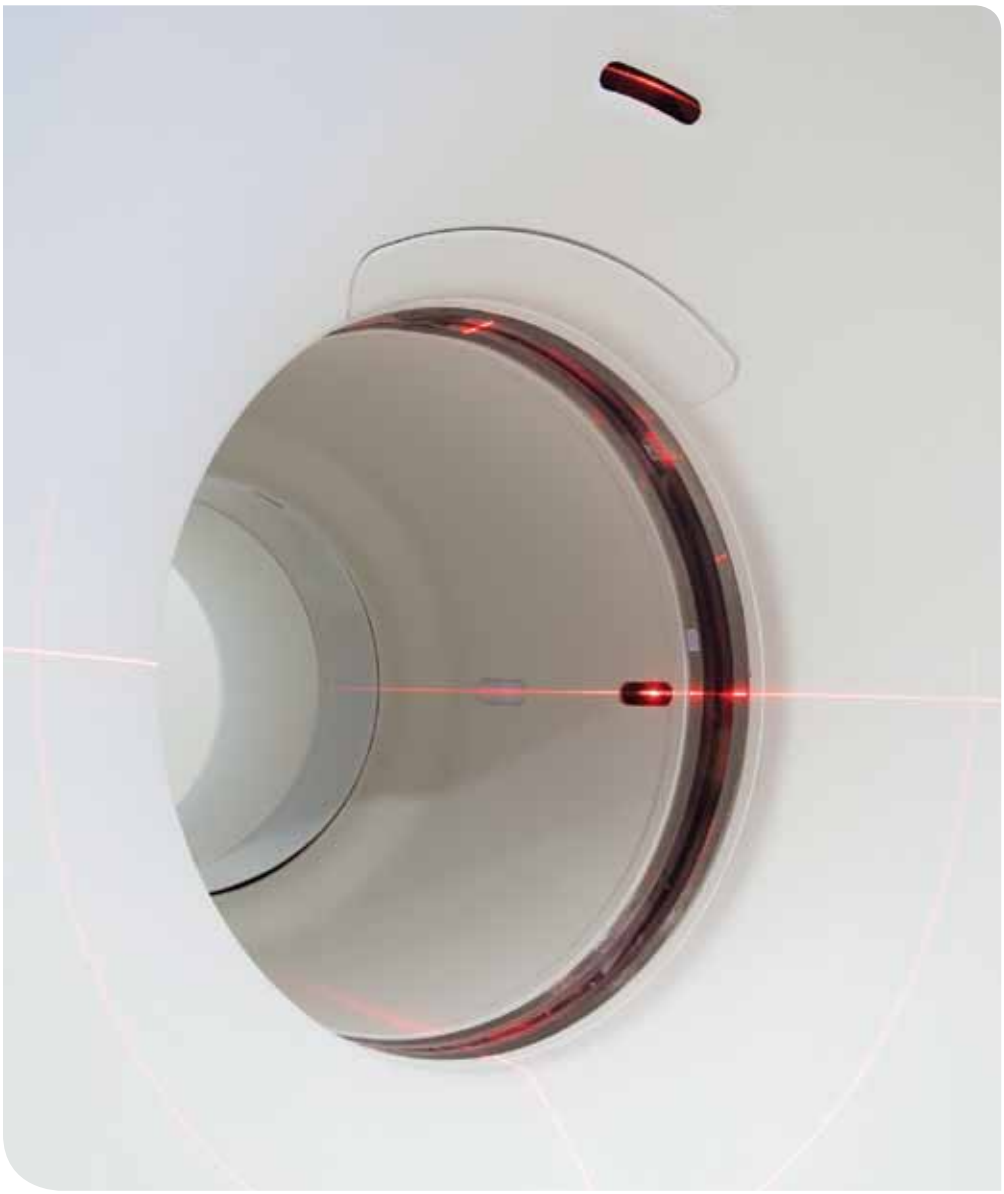
Nov. 13: ***Genetics: Molecular Biology for Physicians and Medical Personnel in Understanding the Medical Literature for the 21st Century*** will be presented by a panel led by Johnny Fares, Ph.D. of the University of Arizona. One hour CME credit.

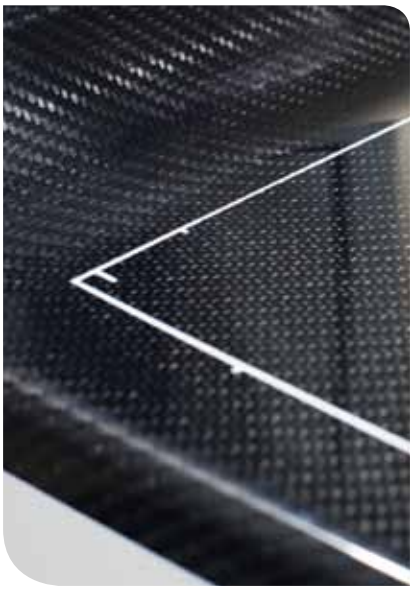
Bollywood at the Fox: Mystic India

The award-winning Mystic India international folk dance troupe will perform at the Fox Tucson Theatre at 7 p.m. Saturday Oct. 20. "Under the creative direction of Amit Shah, one of Bollywood's most respected choreographers and production masters, Mystic India has received rave reviews on its current U.S. and international tour," promoters said.

"A beautiful blend of Eastern and Western cultures, Mystic India combines traditional Indian dance with contemporary forms of movement (ballet, jazz, hip-hop) in a breathtaking visual display of dance and entertainment. Each performance is a joyous journey through the Bollywood cinema industry and Indian culture. It's a stunning visual display of dance and theatre, featuring hundreds of costume changes and spectacular special effects."

Neelam Sethi, founder of Tucson's own "Bollywood" event, was instrumental in bringing Mystic India to Tucson. "I can't think of a more beautiful way to share my culture with Tucson," she said. "We are so fortunate that this extraordinary troupe is able to fit a Tucson stop on its world tour. Mystic India, along with 'BollyKids presents FAME'—a family arts and music experience 11 a.m.-2 p.m. Sunday Oct. 21 at the Tucson Children's Museum—is part of a lovely weekend of Indian inspired events. Now in





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its second year, 'FAME' is a wonderful free day for children and their families to experience Indian arts, creative play, and so much more. Both events are excellent 'appetizers' for our own wonderful 'Bollywood for Tucson' event on April 27, 2013 at the Chinese Cultural Center."

Tickets for Mystic India are $25, $35, $80 (for two loge seats), $50 and $75, and may be purchased online at http://foxtucsontheatre.org, at the theater box office at 17 W. Congress, or by calling 520.547.3040.

Box-office hours are Tuesday-Friday 11 a.m.-6 p.m., and weekends open two hours prior to each performance. For video previews of Mystic India, long onto www.mysticindiatheshow.com/#!videos.

This is part of the gang that joined Just Walk on a breezy and wonderfully cool Sept. 8. Walk leader Dr. Alan Rogers is at the center with dachshunds playing at his feet. That's Dr. Thomas Abrams in the back row far right, and Dr. Robert Segal and Judge Anne Segal at far left (Steve Nash photo).

Heed not the rumors

Despite rumors to the contrary, Urgent Care Associates is still open at 1622 N. Swan Rd., and Bob Cairns, M.D. and George Sokol, M.D. are still there. Look for a nice history of urgent care in Tucson from Dr. Cairns in next month's Sombrero.

Call us for handy hotlines reference

A free guide containing emergency numbers and victim legal rights in domestic abuse situations is available at PCMS. Call 795.7985 to arrange for a copy.

"The booklet might be helpful for a primary care office or emergency department," PCMS Executive Director Steve Nash said, "because it has a complete listing of hotlines in Arizona for domestic abuse and suicide as well as a how-to for restraining orders, filing for separation, and divorce."

Prepared by the Pima County/Tucson Women's Commission, the printing was paid for from funds seized from criminals by the Pima County Attorney's office. The guide was printed in July. PCMS has 100 copies.

New pathway to TMC Emergency

A new entry boulevard is partially complete, and is already carrying traffic into the Tucson Medical Center campus at **Grant Road and Beverly Avenue, TMC Communications reports**. Two-way traffic has been restored as vehicles use newly installed pavement at Grant and Beverly.

"Now, work begins on rebuilding the remaining old roadway and parking spaces. The area directly in front of the main TMC Emergency entrance is temporarily torn up, so all foot traffic for the west end of the hospital is using the side entrance just past the main Emergency door. Emergency Department access will always be maintained by the side door just north of the temporarily closed main Emergency doors.

"New parking spaces for patients and visitors are now available in the improved parking lot in front of Emergency, and access has been improved to the new 600-space parking garage just to the west. Right in front of the temporary Emergency entrance, visitors can pull into a patient drop-off area, or use the free valet service, available all days per week.

"These final phases of road work will create a direct path for patients and visitors who will use the new TMC Orthopedic and Surgical Tower, opening next spring with patient rooms, orthopedic clinics, and advanced high-tech ORs.

PCMSA Holiday Luncheon Dec. 5

Pima County Medical Society's Holiday Luncheon benefiting Mobile Meals of Tucson is on Wednesday, Dec. 5, 11 a.m.—2 p.m. at Fleming's Prime Steakhouse, 6360 N. Campbell Ave.

Forty-two years ago Virginia Clements of the Pima County Medical Auxiliary, with Joann Butterbaugh as the first president, organized and chartered Mobile Meals of Tucson after the two-year experimental funding expired that provided special diet meals for the elderly and disabled in their homes. Continuing the tradition, PCMSA's Holiday Luncheon supports Mobile Meals of Tucson with its annual holiday luncheon in addition to delivering meals to clients.

To be a part of the luncheon by volunteering, participating, or donating to the silent auction and/or raffle, contact Anastasha Lynn (chair) at 820.1622, or e-mail msdesertprincess@gmail.com.

Stopping healthcare fraud

"Stop Health Care Fraud" was the topic of a presentation at the medical society Sept. 12, and if you ever wanted to know what the government message is to your patients, the takeaway was pretty simple: protect, detect, and report.

Mainly aimed at Medicare beneficiaries, speaker Sue Lemmon, a volunteer presenter from the Pima Council on Aging, said the government estimates that between $40 billion and $200 billion are lost to fraud and abuse from the Medicare system every year. She gave the legal definition of fraud and of abuse, and illustrated some of the many ways schemers try to get information from seniors.

Lemmon urged that you protect your Medicare, Medicaid, and Social Security numbers by treating them the same as credit cards. She suggested not carrying your Medicare card unless you are going for health services, and that in an emergency, carrying a copy with all but the last four digits blacked out. Never give the numbers to strangers. "Medicare does not call or visit to sell anything," Lemmon said.

Detect fraud by reviewing MSNs and Part D explanation of benefits for possible mistakes by comparing the items listed with your notes of visits, Lemmon said. Look for charges for item or service not received; billing for the same thing twice; and services not ordered by your doctor.

She also advised to report suspected fraud by first calling your doctor or plan with questions about concerns on the MSNs or explanation of benefits. If not satisfied, you can call the Pima Council on Aging, 546.2011.

An Affordable Care Act grant funded the presentation. PCMS let presenters use our conference room without charge.

FAME Event for Kids at Children's Museum

The Second Annual BollyKids presents the FAME Event for Kids at the Tucson Children's Museum 11a.m.-2 p.m. Sunday Oct. 21.

The family arts and music experience returns to the museum for what's called an "exciting free day of creative and performing arts, music, food and fun." It attracted more than 1,000 kids and families last year. This year it will expand to cover more areas and include more activities on the museum grounds.

FAME creators Neelam Sethi and her husband **Dr. Gulshan Sethi** say they were thrilled with the turnout last year. In fact, Dr. Sethi so loved the idea of creative play for kids that for the 2011 event he went to clown school and became "Dr. Gully G" for the day, much to the delight of every child in attendance. This year, he says he is excited to expand on the circus theme by including more fellow clowns as well as a circus tent that will feature hands-on circus arts, lessons in juggling, balloon animals and more.

A wide range of local arts and entertainment organizations will be on hand including Samba Cub Club, Bens Bells Project, KidzArt, Puppets Amongus, MOCA, The Loft, Fox Tucson Theatre, Young Rembrandts of Tucson, Sonoran Glass Art Academy, Tucson Museum of Art, and the Drawing Studio. There will also be Kids Can Cook cooking demos, health and fitness info from the UofA's Zuckerman College of Public Health, Indian cultural activities including henna tattoos, Hindi alphabet writing, music, folk dancing, and food.

Event sponsors are the Tucson Children's Museum, Tucson Medical Center, University of Arizona Medical Center, and the Zuckerman College of Public Health. For more event or participation information, e-mail Brooke at the children's museum: brooke@childrensmuseumtucson.org, or call 520.792.9985.

TMC surgeons conquer Mount Rainier

By Cheryl Kohut
TMC Communications

They've conquered medical school, residencies and fellowships; they've operated on thousands of patients, sometimes delving into difficult and intricate cases requiring a steady hand, precision, skill, concentration and talent. Seeking the next area to conquer,
a "TMC Summit Team" headed for Mount Rainier in June.

"Surgeons are hard-driven, Type-A personalities looking for the next challenge," said **TMC Chief of Staff Michael Probstfeld, M.D.**, a general and vascular surgeon who has been climbing for more than 13 years. He joined surgeon **Tom Harmon, M.D**. and three others as they headed for Washington to spend two days getting oriented and going to mountaineering school. They learned

Photo courtesy TMC

and practiced snow climbing techniques and rescue skills, as glaciers, avalanches, crevasses, and blizzards could thwart them.

On the third day they trekked halfway up, to Camp Muir to establish their base camp. On the fourth day they got up very early, sometime between midnight and 1 a.m., for a day that, if conditions allowed, would include ascending to the summit.

"There's this feeling you get being at the summit, it's like being at the top of the world," Dr. Probstfeld said. The five then hiked back down to Camp Muir to pick up their gear and head back down the mountain to warm beds. "It was a long day, 12-18 hours," Dr. Probstfeld said.

As it turned out, all made it to base camp June 20, but injury and illness sidelined two from heading to the top. Doctors Probstfeld and Harmon and Dr. Luis Leon set out with, by chance, another surgeon, and their two guides at 2 a.m. June 21 to head to the summit. Dr. John Pacanowski had injured his knee and Dr. Paul Yurkanin experienced altitude sickness, so the two remained at Camp Muir.

Approaching their goal was challenging, Probstfeld said, "It was still dark, the air was getting thinner. We were working hard, but moving slowly—one foot in front of the other." Guide JJ Justman reported "good, but cold weather with calm winds" as they neared the 14, 410-foot summit around 7:30 a.m.

The views were magnificent: Mount Saint Helens with its top blown off, and Mount Adams greeted the party at daybreak. The TMC Summit Team unfurled its flag while a guide took video and photos.

Only half of those who attempt to summit Mount Rainier succeed, Dr. Probstfeld said, so he was grateful that the weather was in their favor. It hadn't been in the days before they first set out and would cause climbers to turn around that weekend. "Not everyone has to summit," he said, "but everyone has to get down."

Hiking down you have to be more careful, he said. "You've reached your goal, but you're tired. You don't want to lose your concentration because you could fall. You have to focus on your foot placement. It's cool to look around, but mostly I focused on what was in front of me, putting one foot in front of the other."

Unfortunately, they had a stark reminder that climbing can never be taken for granted. That same day as they were coming down, the messages came over the guides' radios that a hiking party of four had fallen into a crevasse. During the rescue effort, National Park Service Ranger Nick Hall, 33, fell 2,500 feet down the Emmons Glacier to his death.

Annual end-of-life conference Nov. 8

Dying in America: Ensuring the Best Care Possible, Casa de la Luz Foundation's 12th Annual End of Life Conference, is at the Arizona Inn Nov. 8 at 6 p.m. To register for the Thursday evening seminar or the Friday all-day conference, log onto www.casafoundation.org or call 520.544.9890. Early reservations are recommended.

Featured is Dr. Ira Byock, leading hospice and palliative care physician and best-selling author, as keynote speaker for this special seminar and dinner event. Physicians and NPs are invited to join Dr. Byock and the Foundation for an educational program, "What Are Doctors For? The Physician-Patient Relationship Through the End of Life."

At the Thursday seminar, Dr. Byock will discuss the physician's role and purpose in providing care to patients. "I want to talk about what professionals are for … How do we respond best to people facing serious illness?" Dr. Byock will review the modern physician-patient relationship. "We are operating within a disease treatment system where physicians maintain a technical role," he said. "We're taking away the soul of medicine, and impoverishing the patient and physician."

Dr. Byock, professor at Dartmouth Medical School, argues that how we die is among the biggest national crises facing us today and has been a consistent advocate for the voice and rights of incurably ill patients and their families. He is the author of *Dying Well, the Four Things That Matter Most,* and his most recent, *The Best Care Possible,* as well as numerous published essays. He has also been featured on ABC's *Nightline,* NPR's *Talk of the Nation,* and PBS's *The NewsHour,* and he and his team were featured in November 2009 on CBS' *60 Minutes,* in a segment, "The Cost of Dying," which won a Peabody Award for journalism.

"Casa de la Luz Foundation is honored to be able to have Dr. Ira Byock, one of the significant voices for end of life care," said Frank Williams, conference chairman and Foundation board member. "His knowledge, compassion, and commitment for end-of-life care will provide us with an important perspective in the future of health care in our country."

Dr. Byock will also be the keynote speaker for the Foundation's annual end-of-life conference the next day at St. Philips in the Hills Episcopal Church. The one-day conference is open to healthcare professionals, caregivers, volunteers, and community members interested in improving end-of-life care.

Casa de la Luz Foundation's mission is to provide funding of supplemental support for hospice patients, family, and loved ones during end-of-life care; educate the community about end-of-life

care; support research in end-of-life care; conduct appropriate fundraising events to help finance this vision. Funding for the 12th Annual End of Life Conference was provided by the Community Foundation for Southern Arizona through the Sharon Kent Endowment Fund plus additional sponsors and private donations.

Expanding ortho relationships to Southeast Asia

By Rhonda Bodfield
TMC Communications

Five orthopaedic surgeons from Southeast Asia wrapped up a visit to Tucson this summer, exchanging professional experiences and knowledge with local physicians—and taking home a little piece of UA Baseball while they were at it.

Dr. Lawrence Housman, a total joint surgeon at Tucson Orthopaedic Institute, volunteered to host the surgeons, visiting through the American Orthopaedic Association and the Association of Southeast Asian NationsTraveling Fellowship program. The surgeons, from Indonesia, Malaysia, Philippines, Singapore and Thailand, were able to tour the orthopaedic centers of TOI and University of Arizona Medical Center. They observed surgery at TMC with Dr. Housman and a host of other physicians, and were able to learn more about TOI research projects.

"It was very interesting to hear about experiences in other parts of the world," Dr. Housman said. He noted that insurance companies in most of those countries do not cover prosthetic implants for joint replacements. He also learned that for both cultural and financial reasons in the Philippines, many patients refuse surgery to treat broken hips, preferring traction instead, despite far worse outcomes.

In some of the countries, families subsist on mere dollars a day, so delays in treatment are common. Despite the economic disparities, the visiting surgeons had modern equipment and training. And since they had largely trained in the U.S. or Europe, communication was a breeze.

The summer heat was more problematic, although the group gamely toured the Biosphere 2 Center. Before they left, Dr. Housman gave each Fellow a souvenir UA Baseball championship T-shirt. In return, he was presented with a plaque to express their gratitude for his hospitality. The Fellows concluded their U.S. tour with the American Orthopaedic Association's annual meeting in Washington, D.C.

UofA's OMA gets $3.5 million grant

The Office of Outreach and Multicultural Affairs (OMA) at the UofA College of Medicine—Tucson has been competitively awarded a $3.5 million Center of Excellence grant, the university reported.

The five-year grant from the Health Resources and Services Administration (HRSA) will support OMA's "longstanding commitment to foster diversity, inclusion in the healthcare workforce," they said. "The HRSA-funded Arizona Center of Excellence will serve as an innovative resource and education center to recruit, train and retain primarily Latino/Hispanic and American Indian/Alaska Native students and faculty at the College of Medicine."

"This award builds on the work of our recently funded AZ-HOPE—Arizona Health Opportunities Pathways to Excellence," said **Ana Maria Lopez, M.D., M.P.H., F.A.C.P.**, associate dean for outreach and multicultural affairs and principal investigator for the HRSA COE grant and for AZ-HOPE, which was funded by a Health Career Opportunities Program (HCOP) grant from HRSA in 2011.

ACA demands hospitals collaborate on needs

Tucson's non-profit hospitals have joined forces on a Pima County Community Health Needs Assessment that suggests access to care is the county's top health gap, Carondelet Health Network and UMAC reported recently.

Access to care—specifically lack of insurance coverage, cuts in AHCCCS funding, limited coverage for behavioral health, and lack of access to medications and funding for primary care—is the top health issue identified in the Community Health Needs Assessment jointly published by Carondelet Health Network, Tucson Medical Center and University of Arizona Medical Center.

The Pima County Community Health Needs Assessment is an outcome of the Affordable Care Act, which requires tax-exempt, non-profit hospitals to complete a Community Health Needs Assessment every three years and to implement strategies to address the needs identified in the report. Last fall Tucson's non-profit hospital systems elected to collaborate on a joint Community Health Needs Assessment rather than each conducting its own assessment.

The 121-page Pima County assessment was completed with information obtained through written questionnaires and focus groups attended by key informants and community leaders representing the various needs and interests of Pima County. The assessment draws from county health rankings, the Arizona Department of Health Services Vital Statistics, Primary Care Area Statistical Profiles, and the U.S. Census Bureau.

Emily Coyle, MPH student at the UofA Zuckerman College of Public Health, was the data analyst. Among the findings of the hospitals' Community Health Needs Assessment for Pima County:

✓ Although access-to-care issues topped the needs list, other critical areas of need include rising obesity rates, diabetes, shortages of primary care providers, and mental health.

✓ "The health assessment shows that in many areas Pima County does well compared with the rest of the state. This is tempered, however, by the fact that often both the state and county fall short of national benchmarks," the report states.

✓ "Pima County residents are more active and more likely to practice healthful habits than those in the rest of the state, which should benefit long-term health. But access to care, poverty and other factors offer ample room for improvement for the county's overall health," it said.

✓ Obesity, diabetes and substance abuse led the list of top medical health issues in the county. These issues are either among or closely correlated with many of the top ten causes of death among Pima County residents, including cardiovascular disease, accidental injury, cerebrovascular disease and drug-induced deaths. ■

Makol's Call

Immunity from trial lawyers

Dr. George J. Makol

A few years ago a lot of people thought it would be a nice idea to elect a different kind of president, i.e. one with no skill sets to do the job, and radical new ideas that really were whitewashed old ideas.

Remember Lyndon Johnson's "Great Society"? What harm could this do? It is not as if the U.S. could lose its triple-A S&P credit rating. It is not likely the national debt would skyrocket to $15 trillion in just three years under just one president. How likely is it that gas prices could double? By any stretch of the imagination, no bumbler could drive the value of our dollar down 40 percent, and gold prices through the roof.

But wait, you say, all of this just happened in the past three years under our current leader! Oops, I hadn't noticed. I was too worried about the real harm this guy could do!

Let me point you to the real problem, one that especially affects medicine. You may have heard about the National Childhood Vaccine Injury Act of 1986. Congress passed this bill because a virtual explosion of lawsuits was endangering the supply of vaccines that act as protection from potentially lethal childhood diseases. Before Congress passed this act, two of the three manufacturers of vaccines dropped out completely, and the third estimated its liability under our tort system to be 200 times greater than any possible earnings from these products.

According to the CDC, at least 33,000 lives are saved annually by childhood vaccinations, and the country saves $43 billion it would have spent treating these illnesses. The Vaccine Court was set up with funds paid by the manufacturers—a tax is levied on each dose produced—and any family can bring its case before the impartial panel. If there is scientific evidence that the complications could have occurred from an administered vaccine, compensation is paid directly to the family, but this completely cuts out the tort lawyer and his 40 percent commission. It also cuts out families who claim their child's autism was caused by childhood vaccines. Sorry, Jenny McCarthy (actress and activist mother of an autistic child), there is no scientific evidence that vaccines cause autism. More than $1.2 billion has been paid directly to families so far.

Now cut to the Supreme Court, that late last year considered a case in which a family wished to go around the Vaccine Court and sue in a state court. Understand that this would open up vaccine manufacturers to unlimited liability, and doubtless would end vaccine production completely, as people would sue if their child did not get in to Harvard, because it was likely caused by the MMR vaccine. Johnny could not just be too stupid, could he?

Enter Obama appointee Justice Sonia Sotomayor, certainly in my opinion the least qualified jurist ever to be appointed to the Supreme Court—unless you count Elena Kagan, the other Obama appointee, who never even served as a judge before. She and Justice Ruth Bader Ginsburg actually dissented in the 6-2 decision. She put the rights of tort lawyers to make hundreds of millions of dollars over the right of our children to have vaccines available for their protection. Justice Kagan was recused because of her former job As Obama's solicitor-general, but be sure she would have been in left-wing lockstep with Ginsburg and Sotomayor.

Now think about an Obama second term. Say 76-year old Justice Anthony Kennedy, who is often the swing vote on the court, becomes ill or otherwise incapacitated. The serving president would have the power to appoint a replacement justice. Remember that Justices Kagan and Sotomayor are relatively young and could serve for another 30 years. That would effectively rule out any malpractice reform occurring in the U.S. during any of our professional lifetimes, as any Obama appointee will be far-left and solidly on the side of the tort bar, as Justice Sotomayor recently proved.

But let's say the country wakes up and Obama is voted out of office. There is a chance for physician liability reform state-by-state. Each state could set up a medical practice court consisting of three medical doctors, three legal experts and three university trained economists, and require this court, modeled on the current Vaccine Court, to rule on all alleged malpractice cases. There would be no plaintiff's lawyers, no 40 percent commissions, no liability insurance necessary— just a panel to determine real injury and real compensation for victims.

To go a step further, if the accused doctor has not met the standard of practice, they should have the authority to send him/her back to school, or limit operating privileges. Now we have eliminated or reformed the bad doctor, and compensated the injured party. Billions of dollars wasted on malpractice insurance could be channeled into better patient care, and the tort lawyers would just have to buy smaller yachts. The court would operate by requiring that two percent of any judgment be used for overhead expenses, and a tax of one percent on medical visits, paid by the patients, would provide funding for the injured. The Arizona constitutional directive that liability for death or severe injury not be limited could still stand; without the tort lawyer's huge commission, stoked by ridiculous claims for "pain and suffering," we could afford settlements again.

Or, we could continue to see Ob/Gyn and ortho docs paying six-figure malpractice insurance premiums to subsidize lawyers like John Edwards with their fancy haircuts, grand mansions, and even mistresses (I have been told they are expensive!)

You each have a vote; make it count in November!

George J. Makol, M.D. practices with Alvernon Allergy and Asthma, 2902 E. Grant Rd, and has been a PCMS member since 1980. ■

Just what are history's lessons?

By Dr. Michael F. Hamant

Congratulations to George Makol, M.D. for his opinion column "Makol's Call" becoming a regular feature in *Sombrero* [June/July]. However, I will now be quite busy writing counterpoints to his opinions, many of which I find unsubstantiated or misinformed.

I agree wholeheartedly that "History's lessons are today's." However, Dr. Makol states, "But now people who do not know the first thing about America and its history want to redistribute wealth through government, subject to the petty needs of politicians foaming at the mouth to be re-elected, filtered through layers of bureaucrats, and taking maybe 90 cents on the dollar before delivering anything to the needy."

Perhaps Dr. Makol should view history through a wider aperture than his narrow ideological focus. Not everyone who has knowledge of American history has the same perspective that Dr. Makol expresses. For instance, I have been a student of history my entire life. In my freshman year of high school I received the top score in the state of Ohio on a world history exam. In the last couple of years I have read biographies of Adams, Washington (two), Hamilton, Franklin, Lincoln, and two histories of the early American Republic. Yet my ideology and political perspective are polar opposites from those of Dr. Makol. Maybe there are people who know a thing or two about American history who do not agree with Dr. Makol's prescription for curing what ails this country.

I wonder if Dr. Makol is referring to the recent Tea Party Republicans who won election in 2010 who are "foaming at the mouth" to be re-elected. I know Dr. Makol is a better student of history to understand that the original Boston Tea Party participants were not opposed to the levy of taxes, but to the lack of representation in the British Parliament, therefore their cry about "taxation without Representation." I would hope by his statement that Dr. Makol would be in favor of government funding of elections, and congressional legislation to counter the Supreme Court's *Citizens United* decision, but I doubt that to be the case.

I think most everyone believes, incorrectly, that the government is inefficient, but the claim of 90 percent overhead is more than just an exaggeration. The Medicare overhead expense of processing claims at 4 percent pales in comparison to the overhead expense (marketing, administration, profit) of private insurance of 25-30 percent. Could Dr. Makol please give us some data showing any government program with anywhere near a 90 percent overhead? The most inefficient program in government is the military-industrial complex, which unfortunately is off-limits to criticism from the Right. That the U.S. spends double on defense than the next 25 countries combined—the majority of whom are allies—is inconsistent with our history, and more than just foolish since the end of the Cold War.

Dr. Mokol states that "John Maynard Keynes was dead wrong." I guess he doesn't agree with President Reagan, who famously stated, "We are all Keynesians now." I presume he doesn't believe that the Bush Administration's Troubled Asset Recover Program (TARP) bailout of the financial system, or the Obama Administration's stimulus package that saved GM and Chrysler, were necessary government expenditures in preventing another Great Depression. What alternative strategy would Dr. Makol have had us undertake to avoid economic calamity?

Dr. Makol comments on the despicable conditions of the poor in South America and compares them to the poor in the U.S. who have "color TVs, air conditioning, cell phones, food stamps, 'free' healthcare." He attributes this disparity to "our freedoms and capitalism." Does Dr. Makol think the homeless living under bridges in Tucson have any of these things? Does he know that if they are childless adults can no longer newly qualify for AHCCCS? On the other hand he berates French and Greek socialists and condemns their recent rejection of severe austerity measures. But the French and Greeks do have universal healthcare, and only very rarely have citizens living in crates or children suffering from malnutrition, as occurs in both South America and the U.S.

Obviously no country is perfect, but what economic principles does Dr. Makol think the U.S. should adopt? Pure unregulated capitalism? No Social Security, no Medicare, no Medicaid? Only the largess of the super-wealthy to provide charity for the poor? This seems to be the economic model that he suggests.

Finally, Dr. Makol states, "I just pray that our electorate figures this out before it's too late." I believe the electorate is smart enough to know that two wars fought with borrowed money and placed off the budget, inappropriate tax cuts, and de-regulation of the financial industry are what brought about the current economic problems. The cure is certainly not to return to the policies that created the mess in the first place.

Does Dr. Makol "know the first thing about America and its history," or does he simply want to repeat failed ideas like "trickle-down economics," "voodoo" tax policies, and Wall Street de-regulation?

Has he learned some lessons from history?

Abortion: No mere 'social' issue

By Dr. Jane M. Orient

I previously discussed refusal to debate on the grounds that acceptance might tend to lend credibility to the opponent's viewpoint when all respectable people know that "the science is settled." Therefore, it is "beyond debate."

Another reason for refusal is that the issue is not settled, but is too contentious and divisive.

Abortion is such a subject. Every time this comes up at ArMA, tensions run high, and it is feared that taking one side or the other would split the society. Past president Earl Baker states that in the 1970s, ArMA was pro-abortion. But since that time it has taken a stand that Executive Vice-President Chic Older describes as "aggressively neutral," to avoid losing members.

It appears to me that this position favors the status quo. Since the status quo has been abortion on demand up until very recently, ArMA has effectively been pro-abortion. With the last session of the legislature, the status quo changed. Measures were passed that would restrict certain abortions and impose additional requirements for informed consent.

A resolution brought by PCMS would have allowed ArMA, without becoming either "pro-choice" or "pro-life," to take a stand on certain laws, on grounds that they would criminalize the practice of medicine or interfere with medical decisions.

I am dismayed that organized medicine has not opposed the ongoing criminalizataion of medicine. It is well documented that physicians are being sentenced to the equivalent of life imprisonment for prescribing opioids for chronic pain in a manner that some disapprove, or for inadvertently coding in a manner that is portrayed as fraud rather than error. [1]

Abortion, however, seems to be the only issue of concern.

Physicians live under increasingly oppressive regulations as to how they must keep their records, what they must report, who can work in their offices, drugs they may prescribe, what treatments they may give, what they must tell patients about certain drugs or procedures and what they may not say, bureaucratic requirements they must meet before they can stick a dipstick into a cup of urine, and so on. These regulations are justified on the grounds of patient protection, and organized medicine usually does not object.

Patients are assumed to be incapable of making good decisions about insurance coverage or medical treatment—with one exception. A terrified teenager, who is experiencing the worst emotional turmoil of her life, is assumed to be perfectly capable of fending for herself at the abortion mill. Indeed, to suggest otherwise is somehow considered demeaning and insulting.

This PCMS resolution was narrowly defeated on a standup vote.

Its passage, in my opinion, would have meant that ArMA effectively takes the position that abortion, although it deliberately ends a human life, is the same as any other medical procedure—except that it is especially privileged in being immune to patient protection measures like those that are applied to many other procedures.

I was glad, however, for the resolution to be brought forward because it seems to me to be past time that the medical profession debated this subject. Abortion, probably the most common elective surgical procedure, affects everyone in the United States. Because of it, we have lost one-fourth to one-third of the younger generation.

Since the U.S. Supreme Court decision in *Roe v. Wade*, the state has been precluded from saving the life of a human being who is still within the womb, except in certain narrow cases such as partial birth abortion. There is not yet, however, any ruling that absolutely prevents the state from attempting to protect women who are undergoing this procedure.

Do women need any protection? Is abortion perfectly safe as long as it is legal?

Obviously, there are occasional medical complications including uterine perforation, hemorrhage, infection, even death, and later infertility. However, there are also risks in carrying a pregnancy to term, and some argue that abortion is safer than childbirth—for the mother.

Controversial laws have included requiring ultrasound prior to abortion and giving the woman the opportunity to see the image and have it explained to her. Ultrasounds in fact are commonly done to establish gestational age and to inform the surgeon of any possible anomalies. In contrast to the trend toward showing patients their own images in other situations, the pre-abortion ultrasound is frequently concealed from the patient.

Ultrasound requirements are proposed in the belief that they will cause a number of women to change their minds. Certainly, some women who see the ultrasound and must wait a day or more before they have the procedure do fail to return. One may certainly suspect that the billion-dollar abortion industry does not like to lose customers for this reason.

Proponents of the abortion choice will say that women know very well what they are doing. At least some of them, however, have been told or at least want to believe that a fetus is just a "blob of tissue." This fiction is challenged if one can discern a head and arms and legs.

The ultrasound had a profound effect on Abby Johnson, who was director of a Planned Parenthood facility for eight years. Her life was changed the day when she had to hold the probe for an ultrasound-guided surgical abortion. [2]

Other laws may require informing women that they may suffer remorse afterwards, and even depression or other mental-health problems. Scientific studies can be cited to support this contention, but some argue that the problem could have preceded the abortion and contributed to the decision to abort.

There are plenty of anecdotes—thousands in fact. The website www.afterabortion.com states that its message board has more than 2.3 million posts and more than 31,000 members. There are powerful testimonies about years of grieving in a video distributed by Students for Life of America. [3]

Laws requiring that patients be told of possible breast cancer risk "force doctors to lie to their patients," say some abortion-

rights advocates. But what does the law actually require? And does it forbid physicians to say that they and various prestigious authorities disagree?

It is indisputably true that some 20 studies show a statistically significant association between induced abortion, especially of the first pregnancy in younger women, and an increased incidence (of about 30%) of breast cancer. Correlation, of course, does not prove causality, but the same could be said in all epidemiologic studies on which important public policy is based. The studies claiming to show an association have been criticized, but then so have those that purport to show a null association. [4,5]

The connection is biologically plausible. In the first trimester of pregnancy, estrogen levels increase by 2,000 percent. The hormones of early pregnancy stimulate proliferation of breast tissue, which, before the first full-term pregnancy, consists of cancer-vulnerable Type 1 and Type 2 lobules. In the third trimester, human chorionic gonadotropin and human placental lactogen cause maturation of the lobules, and by the end of the third trimester, 85% of the breast consists of cancer-resistant Type 4 lobules. [6]

It is possible that the apparent abortion-breast cancer connection results from loss of the protective effect of the first full-term pregnancy. Even *Nature* magazine, which ignores abortion as a possible risk factor in its May 31 issue on breast cancer, acknowledges the possible effect of delayed childbearing. [7]

If the people determine, through their elected representatives, that women want to and have a right to know about this possible risk, even if controversial, should physicians stand against them? Should physicians who disagree work on making a better case in open debate, or stifle discussion? The appearance of denial or cover-up suggests a comparison with an infamous episode in history. Recall that prestigious, trusted authorities withheld evidence of the tobacco-lung cancer connection for many years.

Another potential risk from abortion, not the subject of any legislation to date as far as I know, is its effect on subsequent pregnancies. There is a dose-dependent increase in low birth weight and extremely low birth weight babies after abortion, shown in at least 49 studies. Low birth weight is the leading cause of infant mortality as well as cerebral palsy and other disabilities. [8] This effect may account for the racial disparity in low birth weight. Black American women have triple the risk of early preterm birth and quadruple the risk of extremely preterm birth, and 4.3 times the abortion rate, compared to nonblacks. [9] Rooney et al. also note that the safety of vacuum aspiration abortion has never been established in animal studies.

Alveda King, niece of Rev. Martin Luther King, Jr., calls abortion the civil rights issue of our time. The high abortion rate in blacks is a "racist, genocidal act," she states. [3]

Physicians have not always been silent on abortion. Frederick Dyer made the astonishing calculation that 72 percent of Americans owe their lives to the mid-nineteenth century physicians' crusade against abortion, which saved the life of at least one of their ancestors. [10]

Abortion is not a mere peripheral or "social" issue. It is so central to medical practice and medical ethics that some would like to exclude pro-life physicians from the practice of obstetrics. Debate, of course, will not settle the issue. But it might prevent it from being "settled" by the method used for other controversial issues in academia—by expulsion.

REFERENCES

1. Libby RT. The Criminalization of Medicine: America's War on Doctors. Praeger 2007.
2. Johnson A. Unplanned: The Dramatic True Story of a Former Planned Parenthood Leader's Eye-Opening Journey across the Life Line. SaltRiver 2011.
3. *Blood Money, the Business of Abortion* (DVD); 2010.
4. Brind J. Induced abortion as an independent risk factor for breast cancer: a critical review of recent studies based on prospective data. *J Am Phys Surg* 2005;10:105-110. Available at: http://www.jpands.org/vol10no4/brind.pdf. Accessed Jun 22, 2012.
5. Brind J. Induced abortion and breast cancer risk: a critical analysis of the report of the Harvard Nurses Study II. *J Am Phys Surg* 2007:38-39. Available at: http://www.jpands.org/vol12no2/brind.pdf. Accessed Jun 22, 2012.
6. Lanfranchi A. The federal government and academic texts as barriers to informed consent. *J Am Phys Surg* 2008;13:12-15. Available at: http://www.jpands.org/vol13no1/lanfranchi.pdf. Accessed Jun 22, 2012.
7. Maxmen A. Breast cancer: the hard facts. *Nature* 2012;485:550-551.
8. Rooney B, Calhoun BC. Induced abortion and risk of later premature births. *J Am Phys Surg* 2003;8:46-40. Available at: http://www.jpands.org/vol8no2/rooney.pdf. Accessed Jun 22, 2012.
9. Rooney B, Calhoun BC, Roche LE. Does induced abortion account for racial disparity in preterm births, and violate the Nuremberg Code? *J Am Phys Surg* 2008;13:102-104. Available at: http://www.jpands.org/vol13no4/rooney.pdf. Accessed Jun 22, 2012.
10. Dyer FN. *The Physicians' Crusade Against Abortion*. Sagamore Beach, Mass.: Science History Publications 2005. ■

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