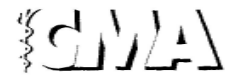




# North Coast Physician



## In This Issue:

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**Cover Photo**  
**"Snow Storm In The Redwoods, 2008"**  
**Stephen Kamelgarn, M.D.**

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*The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication.*

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*North Coast Physician* **does not** assume responsibility for author's statements or opinions; opinions expressed are not necessarily those of *North Coast Physician* or the Humboldt- Del Norte County Medical Society.

# **“That’s Just Part of the Job”**

**HAL GROTKE, M.D.**



Last month I started my monthly article mentioning the war wounds of my nephew. This month I have just returned from spending Thanksgiving week with him. After eight weeks, nine surgeries under general anesthesia, transfusion of exactly 50 units of blood products and three new wheelchairs he was discharged to acute rehab on Wednesday the 23rd. While he was in the hospital his mother and two much younger siblings were staying at an on-base hotel across the street from the rehab unit, “The Center for the Intrepid,” and a block from the hospital. He is now staying in that hotel room with them. Yesterday afternoon we were all in the room talking about rehab and his buddies who were injured beside him and who have already entered rehab, as well as the 13 other men from his platoon who have been admitted to the same hospital for similar wounds while he had been there. I don’t remember the exact context but at one point he referred to multi-limb amputation and traumatic brain injury as “just part of the job” of an infantry soldier. In a separate conversation he had stated that he thinks all US troops should be “brought home” (his words). What I deduce from that is that he believes such wounds are an acceptable consequence of loyalty of purpose even when he believes the greater mission is inappropriate.

You may deduce, correctly, that I am writing about this largely because it has impacted me immensely. Chris and I have been close since he was two years old. When he was seven and eight years old he occa-

sionally attended class with me at medical school. Since he was in high school he has said repeatedly that after he gets out of the Army he wants to go to college and medical school and subspecialize in sports medicine. It was never entirely clear whether he wants to be an orthopedist or a primary care sports medicine subspecialist but now that he has lost most use of one hand it seems unlikely that the surgical specialty will be possible.

I am also writing this because I see his situation as a metaphor for us: to fix what is wrong with health care in delivery and access and payment. My 22 year old nephew is willing to sacrifice so much for a cause in which he may or may not believe. I think the vast majority of physicians in the US agree that there is much that needs to be fixed in health care. Although we do not entirely agree on the solution most of us can agree on the problems. Today I am questioning what I am willing to sacrifice to realize solutions and I ask you each to consider that question for yourselves.

I had been considering for a few months what I might write in my final article as president of our county medical society. I had planned to reflect on real, albeit small, progress in health care at the national level with PPACA and TARP/ARRA, during my term. I have said from the start that I think that those laws will lead to insufficient improvements while perpetuating some of the existing problems. I have also been very disappointed in movement at the state level away from improving health care. I am no longer willing to accept almost-

good-enough and I am certainly no longer willing to passively observe setbacks. It is time – no, past time – for us all to rise up and take back medicine for ourselves and much more importantly for our patients. This, my last article as your president, is a CALL TO ARMS. Our patients need us and we are failing them. This is unquestionably an issue of national security. In order to have a healthy nation we need healthy people to move us forward and no group is better able to maintain the health of the people than are physicians. It is time to take it back!

In my first article I discussed how politicians respect us for our education, our knowledge and our caring. Our patients support us as we are their source of information and tools to maintain and, when necessary, to regain health. We are all demoralized. We have been controlled by the insurers/“payers”, the pharmaceutical and device manufacturers, and government regulations for too long. Much of that we tacitly accepted as it took over gradually. Much of it we brought on ourselves, collectively at least, through greed and misplaced self protection which led only to distance us from our patients. It is past time for us to come together. We must all speak out. We must take up arms and take back health care. I beg you all – no, I implore you – no, I demand of you: get involved, learn the issues, make informed decisions, lead the policy makers and lead your patients to lead the policymakers. We must do whatever it takes to make this better. We must be intrepid. That’s just part of the job. This is no longer “reform”, this is WAR! **§**

## **MARK YOUR CALENDARS**

**ANNUAL GENERAL MEMBERSHIP MEETING December 8, 2011**

**MEDICAL SOCIETY TALENT SHOW February 18, 2012**

# Slow Down: You Move Too Fast

## STEPHEN KAMELGARN, MD



It is Autumn on the North Coast. This is the most magnificent time of the year, and reminds me of why I live up here. Unfortunately, by the time this column will



be published, we'll be in the middle of our proverbial winter monsoon. But for now, the sun is shining low in the sky, the tips of the redwood branches are turning brown gold, and there's a marvelous crispness

in the air; despite the warmth of the sun. Halloween is this weekend, and we now look forward to Thanksgiving. But still we abound in pumpkins and lingering dusks.

Yesterday, I was out hiking in Fern Canyon, and I had the place completely to myself. All the foot bridges put in by the park service had either been removed or washed out, so I had to do a little wading to go up the canyon. It was worth it. As the sunlight penetrated the canyon it seemed as the air itself shimmered in the long, low rays of the autumn afternoon sun. There were dozens of elk doing their yearly courtship thing in the forest and meadows. I felt as if I had stepped back 300 years, before all the craziness and modern weirdness. I could

take long, slow breaths and capture the moment forever. Why can't it last forever?

The cool, deserted beaches are very special at this time of the year as I study the long shadows of the rocks, and the sun-glare off the waves. At this time of the year, all



becomes timeless, and we cast off our cares to recharge ourselves and reconnect with our lives. Again, why can't it last forever?

We spend so much time playing catch-up with our work load: Forms, letters, patient calls, office crises. The corporate creeps from the Medicare D plans keep thinking up new and improved ways to make our lives miserable. We're so caught up in the treadmill moment that we forget why we came up here in the first place. You've all seen the ads from the various head-hunters: "Enjoy the beautiful out-doors of (blank. You fill it in)." We finally move to (blank),

and then we don't spend enough time out of the office to remember why we came in the first place. Slowly, as the months and years pass, we find ourselves more and more isolated from our original reasons for coming here. We become more and more involved with the daily minutiae that numbs our souls and divorces us from our environment (both human and physical).

We all need to take a minute from our busy hectic days, stand back and appreciate all that's around us at this time. We are privileged to live in an incredible area. We should be able to enjoy it. This is the time of the year when we can go outside, if only for 5 minutes, slow everything down and let the North Coast come into us.

Even that small break can refresh and replenish worn down batteries. The forms will always be there, our malignant insurance industry is, like death and taxes, eternal, but the 5 minute break may make them not quite so meaningless and frustrating. If we can do just this small thing for a few minutes every day it may revive the meaning that has been so suppressed by the medical practice climate in the Millennium.

With those thoughts, I wish you all a happy end of the year, and a good 2012. §

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# Hospitalist Update - Team Health West

**BY JENNIFER HEIDMANN, M.D.**

*Facility Medical Director  
Team Health West, St. Joseph Hospital*



The term "hospitalist" recently celebrated its 15th anniversary, so though it has been around as a concept since I started medical school, we are really still the new kids on the block. Having worked for a time in a more traditional model covering my own clinic patients in the hospital, I can understand the continuity lost and the sense of fragmentation the new world of medical care promotes. Yet, here we are, and perhaps there are even some benefits to the hospitalist model. Since it is so young, I believe it will mature and develop and, hopefully, learn some valuable lessons along the way. This perspective may be slightly affected by the fact I am the parent of two teens and a tween.

Our group is striving to improve communication with our primary care and specialist colleagues. In an age where one can call, page, text, tweet, and be Facebook friends, it is astounding how difficult basic communication seems to be. I remember once hearing a story from an old time GP about how his every move was tracked by someone so the town doctor could be reached. He reported once having a patient crawl through his bedroom window at night looking for assistance. Ah, the good old days.

Last month, we hosted a dinner for primary care doctors with the hospitalist group. Unfortunately, only Dr. Leer was able to attend. We were fortunate to get some great feedback from him about what is working and what is not. We will keep trying to have these dinners, and work on our communication regarding invitations so more people are aware of the opportunity. I think one of the advantages of our rural community is the ability to get to know the physicians with

whom we work. That is, incidentally, one of the great joys of hospital medicine, as we see many of our colleagues and work side by side with them regularly.

I would like to hear ideas from PCP's and specialists about how we should communicate with each other. In recent months, I have made a real effort to call when there is something crucial to discuss regarding a patient. The Care Transitions team at SJH has been working hard to properly identify the PCP, and then make sure that PCP is notified about admissions. Our team recently acquired iPhones for our daily work. The phone number PCP's and Specialists should memorize is: 601-6779. This phone is on 24/7, and is the place to start if you are looking for a hospitalist, or if you want to send one of your patients over to our service. By the way, overhead paging us at the hospital is dicey. If we are in a room or in the ER, we can't hear those pages. And I personally hope all overhead paging will disappear in the near future, as it adds to the noise level for our already beleaguered patients! Many PCP's and specialists have shared their cell phones with us, and we communicate that way. We are all so busy, sometimes the sitting and waiting on hold for an actual person can be impossible. My contact information is below, and I would be glad to hear the best way to reach you about your patients. It will be interesting to see if anyone includes climbing through their bedroom window.

We are invested in taking the best care of your patients that we can. We are working toward goals such as perfect scores on core measures, always having discussions about intensity of intervention/code status, improving patient satisfaction, and providing high quality care with appropriate use of

resources. All of these things are a work in progress, and depend upon a good relationship with our colleagues who must pick up these patients after they leave the hospital.

In the spirit of good communication, next month I will write about the doctors on our team, to give you the chance to get to know a little more about us.

Until then, please call, text, email or send a paper airplane. And remember to share your thoughts on the best way for hospitalists, PCP's and specialists to communicate with each other. §

## Did You Know....

The Medical Society offers NOTARY PUBLIC services for our members at no charge.

### **OFFICE MANAGER NETWORKING MEETINGS**

#### **EUREKA:**

3<sup>rd</sup> Wednesday each month  
8:30 A.M.

Foundation Conference Room

#### **ARCATA:**

1<sup>st</sup> Thursday of each month  
12:15 - 1:15 pm

#### **FORTUNA:**

3<sup>rd</sup> Thursday of each month  
12:15 - 1:15 pm

#### **CONTACT:**

Rosemary DenOuden, HDN IPA/FMC  
(707)443-4563, ext 39  
rdenouden@hdnfm.com

# Marijuana and the Regulatory Void or My TAC Experience

BY DIANE DICKINSON, M.D.



The CMA House of Delegates in 2010 ordered formation of a technical advisory committee to recommend policy on cannabis legalization, regulation and education. I had the privilege of serving on the committee which involved one meeting in San Francisco and all subsequent work by conference calls. My fellow committee members were impressive, including our chairman, Donald Lyman, MD who is Chief, Division of Chronic Disease and Injury Control at California Department of Public Health. My own personal hero in the realm of medical cannabis research, knowledge and integrity, Donald Abrams, MD sat next to me. Dr. Abrams is Professor of Clinical Medicine at university of CA, San Francisco and Chief of Hematology/Oncology. Access to his recent research publication is available at: <http://www.nature.com/doi/10.1038/clpt.2011.188> published 11/2/11 in Clinical Pharmacology and Therapeutics regarding the synergistic effects of cannabinoids with opioids for pain control.

Other members included George Fouras, Medical Director of the Foster Care Mental Health Program; David Pating, MD, Director of the Chemical Dependency

Recovery Program at San Francisco Kaiser, Heywood Zeidman, MD with Pyschiatric Centers of San Diego with board certifications in psychiatry and addiction medicine. The list of amazing people involved goes on from there and among the group there were quite varied outlooks on the issues. The resulting White Paper went through many versions before the final document was released. The final recommendations include:

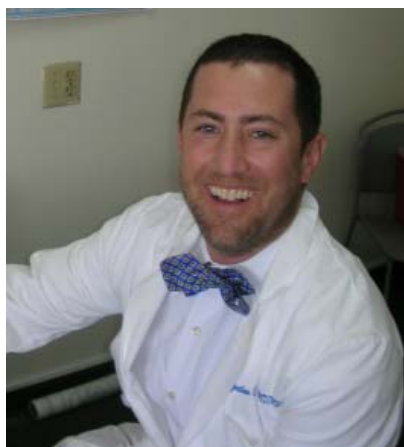
Promoting rescheduling of cannabis from a Schedule 1 drug, the definition of which from the DEA's website is "Substances in this schedule have a high potential for abuse, have no currently accepted medical use in treatment in the United States, and there is a lack of accepted safety for use of the drug or other substance under medical supervision." Changing the schedule would allow reasoned research to proceed, whether it is moved to another schedule within the current framework or reclassified to a new, unique classification which would allow research to move forward.

This alone is a multifaceted issue with complex history which included politics and some misinformation which resulted in

prohibition of this botanical. Further muddying the waters is that even the federal government has found in research that there is therapeutic potential definite enough to warrant a patent application for cannabidiols in 2003 (for viewing the patent application, go to: <http://www.rm3.us/wp-content/uploads/2010/04/US6630507-Hampson-USDHHS-Antioxidants.pdf>).

The main point of agreement is that prohibition of cannabis is a failed public health policy. Evidence of this includes: disparity regarding persons of color incarcerated for cannabis use, disruption of families resulting from incarceration for cannabis use, use of enormous economic resources for policing this prohibition, and other issues listed in the White Paper.

I do believe the final document reflects the need for further research while allowing physicians in CA to approve use of cannabis for their patients with qualifying medical diagnoses. The complete White Paper document is available at: <http://www.cmanet.org/files/pdf/news/cma-cannabis-tac-white-paper-101411.pdf> §



## **Jonathan Rutchik, MD, MPH**

is a physician board certified in both neurology and occupational and environmental medicine from the SF Bay area.

He visits the Eureka/Arcata area every 3-4 months to perform worker's compensation Neurology consultations, EMG and NCV testing and Qualified Medical Examinations including AMEs.

Please call his office to schedule an appointment.

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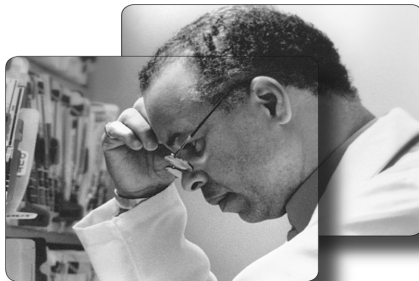
# AMA HOD

## DISPOSITION OF AMA ACTIONS ON CALIFORNIA RESOLUTIONS FROM 2011 CMA-HOD AS OF NOVEMBER 15, 2011

| AMA RES (I-11) | CMA RES/ RPT | TITLE   | ORIGINAL CMA AUTHOR  | INTRODUCED BY                           | AMA-HOD ACTION   |
|----------------|--------------|---|--|---|--|
| 007            | 613a         | Deceptive Pregnancy "Counseling" Centers                        | Leslie Lopato, MD  | Leslie Lopato, MD                       | Substitute adopted with title changed to: "Truth and Transparency in Pregnancy Counseling Centers" |
| 219            | 118          | Censorship of Physician Discussion of Firearm Risk              | Stephen Follansbee, MD   | Stephen Follansbee, MD                  | Adopted.   |
| 220            | 504          | Generic vs. Brand Medications                                   | George Susens, MD  | George Susens, MD                       | Adopted.   |
| 221            | 516          | Federal Liability Protection for EMTALA Mandated Care           | Douglas Brosnan, MD  | Katherine Gillogley, MD                 | Adopted as amended.  |
| 222            | 106          | Legal Prohibition of Circumcision                               | Solo and Small Group Practice Forum  | Solo and Small Group Practice Forum     | Adopted with title changed to: "Opposing Legal Prohibition of Circumcision"                        |
| 822            | D-3          | Prior Authorization and Medical Exception Process               | Cmte on Medical Services   | Board of Trustees                       | Existing policy reaffirmed.  |
| 823            | 525a         | Electronic Health Record "Lemon Law"                            | Ravindra Chandrashekar, MD   | Amer College of Physicians, California  | Referred.  |
| 932            | 101a         | Medical Disaster Response                                       | Gaurang Pandya, MD   | Gaurang Pandya, MD                      | Recommended Against Consideration at I-11 (will be reintroduced at A-12)                           |
| 933            | 107a         | Medical vs. Legal Solutions to Drug Abuse                       | Clarke Smith, MD   | Solo and Small Group Practice Forum     | Substitute adopted; original resolution will be reintroduced at A-12.                              |
| 934            | 111          | Marketing of Unhealthy Food and Beverages to Children           | Adam Schickedanz, MD; Arti Desai, MD   | Arti Desai, MD                          | Recommended Against Consideration at I-11 (will be reintroduced at A-12)                           |
| 935            | 218          | Preventive Health and Health Services Grant Funding             | CA Acad of Preventive Med  | CA Acad of Preventive Med               | Adopted.   |
| 936            | 505          | Statistical Significance of FDA Safety Data                     | Susan Sprau, MD  | Amer College of Physicians, California  | Not adopted.   |
| 937            | 114          | Tax Incentives for Films Depicting Tobacco                      | Gordon Fung, MD  | Gordon Fung, MD                         | Recommended Against Consideration at I-11 (will be reintroduced at A-12)                           |
| 1003           |              | Income Eligibility / Tax Deductibility of Student Loan Interest |  |   | Recommended Against Acceptance as Late Resolution  |
| AMA RES (A-12) | CMA RES/ RPT | TITLE   | ORIGINAL CMA AUTHOR  | INTRODUCED BY                           | AMA-HOD ACTION   |
|                | 101a         | Medical Disaster Response                                       | Gaurang Pandya, MD   | Gaurang Pandya, MD                      |  |
|                | 107a         | Medical vs. Legal Solutions to Drug Abuse                       | Clarke Smith, MD   | Solo and Small Group Practice Forum     |  |
|                | 111          | Marketing of Unhealthy Food and Beverages to Children           | Adam Schickedanz, MD; Arti Desai, MD   | Arti Desai, MD                          |  |
|                | 114          | Tax Incentives for Films Depicting Tobacco                      | Gordon Fung, MD  | Gordon Fung, MD                         |  |
|                | 121          | Nanoparticle Testing, Monitoring and Regulation                 | Cindy Lee Russell, MD; Robert Gould, MD  | Cindy Lee Russell, MD; Robert Gould, MD |  |
|                | 122          | Triclosan Antimicrobial Soap                                    | Cindy Lee Russell, MD  | Cindy Lee Russell, MD                   |  |
|                | 123          | Mild Traumatic Brain Injury Awareness                           | Natalia Covarrubias, MD; Elizabeth Ngo, MD; Sujin Lee, MD; Katayoon Shahrokh, MD | Robert Bitonte, MD                      |  |
|                | 605a         | Economic Growth and Distribution of GME Funding                 | Adam Dougherty   | CMA Medical Student Section             |  |

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Contact: Nancy Craig, 442-5335 X 338 *(bc611)*

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| Inside Cover/Full Page | \$275.00        | 7.90" x 10.40"       |
| Business Card Ad       | \$65.00         | Copy Ready 2" x 3.5" |
| Classified Ads         | \$5.25 per line |                      |

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