North Coast Physician

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Cover Photo
Medical Society Bench in Humboldt Botanical Gardens

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

North Coast Physician is published monthly by the **Humboldt-Del Norte County Medical Society**, 3100 Edgewood Road, P.O. Box 6457, Eureka, CA 95502. Telephone: (707) 442-2367; FAX: (707) 442-8134;
E-Mail: hdncms@sbcglobal.net Web page: *www.hdncms.org*

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FROM HEPATITIS TO CANNABIS

Lee Leer, M.D.

Hopefully, you've all survived the "Great Hepatitis A" non-event of 2013. I meant to go shopping at Costco the Monday after the story broke, assuming the check out lines would be more or less empty. Unfortunately, I was kept fairly busy at work formulating a response to the breathless article the Times-Standard published to instigate the panic. I know we humans are irrational beings, but I was still shocked by the onslaught of calls and demands we received from a subset of our patients. One woman was so angry that we weren't prepared to both test her for Hepatitis A exposure AND give her Immune Globulin that she literally had one of our MA's in tears.

By 9 AM Monday morning, we had fielded more than two dozen phone calls. I wanted to have my staff tell the patients that they'd be better off worrying about something that might really impact their health, such as global warming. Common sense – my office manager's, not mine – prevailed, and we pieced together a response that was fortunately close to what the Health Department came out with the next day.

As of June 1, the State Department of Public Health had reported a whopping 30 cases of Hepatitis A, with 6 hospitalizations. As of June 4th, there had been 49 cases related to this outbreak in the entire US. Possibly all linked to contaminated berries from a particular supplier. In the entire nation! Imagine! From our recent experience, it would seem that the default public response to such a catastrophe is to panic and expect someone to eliminate all possible risk.

Granted, not everyone shops at Costco, though whenever I go there it seems that way. But still, a rough estimate based on the state's population would put my risk of contracting Hepatitis A as about 1 in 1.2 million as of June 1 (30 cases, 30.8 million Californians). Here in Humboldt, where there had been one possible case [at the time of the greatest hysteria – I understand that the attack rate has now doubled], the risk is a phenomenal 1/134,000. I know I know: many people are immune; many people never came in contact with the tainted berries, or with those who did. My numbers are highly inaccurate. Yet the point is accurate. We humans are by and large incapable of usefully assessing risk. Nor, apparently, are many of us able to garner basic information about the true health risk associated with a given disease, even if said information is readably available. Given, for example, all the persisting excitement about chronic Lyme disease among a certain segment of the population, the real surprise is that any of this should come to me as a surprise.

On an unrelated note, the New York Times has begun a fascinating series on the costs of healthcare in the U.S. I'd recommend that anyone who missed it read "The $2.7 Trillion Medical Bill" in the Health section of the New York Times on June 1. Some interesting outtakes:

The average cost of a coronary angiogram in the U.S.: $914
The average cost of a coronary angiogram in Canada: $35

The average cost of a colonoscopy in the U.S.: $1,185
The average cost of a colonoscopy in Switzerland: $650

The average cost of a hip replacement in the U.S.: $40,364
The average cost of a hip replacement in Spain: $7,731

The average cost of Lipitor in the U.S.: $124/mo
The average cost of Lipitor in New Zealand: $6/mo

The average cost of an MRI in the U.S.: $1,121
The average cost of an MRI in the Netherlands: $319

By contrast, the overall ranking of life expectancy in the above countries is as follows:

Switzerland	1
Canada	4 (13 way tie)
Spain	4 (13 way tie)
Netherlands	17 (10 way tie)
New Zealand	17 (10 way tie)
U.S.	33 (tied with Denmark, Chile, Costa Rica and Bahrain)

Even within the U.S., the variation in cost is astounding. For example: the average cost of a colonoscopy in Baltimore is $1,908, while a little ways away, in New York, it's $8,577. In San Francisco the average cost is $4,849. Humboldt County, sad to say, is more like New York in this regard than it is like San Francisco or Baltimore.

More than 10 million Americans get colonoscopies each year. Thus, this single procedure alone accounts for over $10 billion in annual healthcare costs. Respected voices are being

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raised against such unseemly numbers. Per the New York Times article: Dr. Cesare Hassan, an Italian gastroenterologist and the chair of the Guidelines Committee of the European Society of Gastrointestinal Endoscopy stated “The U.S. is paying way too much for too little – it leads in opportunistic colonoscopies,” done for profit rather than for health. Dr. James Goodwin, a geriatrician at the University of Texas, has estimated that 25% of Medicare patients undergo colonoscopy more often than recommended.

I believe that mostly we doctors really do want to do the right thing. We are often simply lacking in data. Hopefully, as more data such as these become public, we’ll see more consistency and fewer “opportunistic” procedures of all types.

Finally, and on yet another different note, I was intrigued by the New England Journal of Medicine’s recent Clinical Decisions poll results regarding medical use of marijuana (N Engl J Med 2013; 368:e30). For those not familiar with this series: the NEJM periodically discusses controversial issues, and invites experts to opine on each side of said issue. Then, they poll readers. In this case, the authors were surprised by the results. Fully 76% of respondents in North America (Canada, US, and Mexico), favored medical use, and in every state save one, the majority favored medical use. The lone exception was Utah, where only 1% of the voters were in favor. This contrasts with Pennsylvania, in which 96% favored legal medical marijuana. I would love to know the percentages in California, and more specifically, how Humboldt County might compare to the rest of the state and country.

I’ve chosen to provide my own ongoing patients with Cannabis recommendations when they ask and when their needs sound reasonable (e.g., insomnia, chronic pain, medication related nausea: sure; depression, glaucoma, “because I want to make sure I’m safe:” not gonna happen). Surprisingly, I’ve had more than one patient enquire as to how they should pay me for said recommendation: would I like a check right now, or should they pay at the front desk on their way out? As part of me sees a small fortune trickle through my fingers, I explain to them that I think it’s obscene to require extra cash payment for providing what is, after all, a routine medical service. Another part of me, admittedly, is thrilled to thumb its nose at a Federal law that makes absolutely no sense.

We all know, of course, that there are physicians out there who do little else but take cash from people who want legal cover to grow and or smoke weed. We have them in our community. Perhaps one or more of them even belongs to the Medical Society. I wonder why we physicians, who claim to be able to police ourselves, have just sat by and allowed people in our profession to get away with setting up these ‘medical marijuana’ prescription mills. Of course, on a grand scale, hardly any of the nearly 18% of our GDP that goes towards health care is falling into the pockets of marijuana doctors, but every dollar that does is a dollar wasted.

Yes, I do believe that most of us truly want to do what’s best. But there are exceptions, right? Doctors who do nothing but prescribe marijuana may be very nice people, may be very well intended… may be all sorts of good things. But they are not physicians. Why we continue to allow them to pretend to be is truly beyond me.

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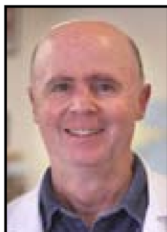
SUTTER COAST HOSPITAL STRATEGIC OPTIONS STUDY



KEVIN CALDWELL, M.D.

Board Member
Del Norte Healthcare District

GREGORY DUNCAN, M.D.

Chief-of-Staff
Sutter Coast Hospital

Dear Supervisors of Del Norte County:

We write with an update on the status of the Sutter Coast Hospital Strategic Options Study. This is a study about the future of Sutter Coast Hospital (SCH), being conducted and paid for by Sutter Health, using a consultant group (The Camden Group) with ongoing business connections to Sutter Health. As you know, the Medical Staff passed a unanimous resolution (among the physicians attending our Medical Staff meeting) that prior to participation in any study, we would like our concerns addressed with respect to the funding, design, and rights and responsibilities of community participants. The physicians have received no response to our concerns from Sutter Health or the Board of Directors of SCH. We have also confirmed with two community members familiar with the study that outside funding remains available, as long as the study results are not predetermined. However, Sutter Health Regional President Mike Cohill and Sutter Health study coordinator Traci Van have rejected the outside independent funding. Thus, although the hospital Board voted to approve a collaboratively funded and independent study, the current study is entirely Sutter funded and Sutter controlled.

You may also recall that the Medical Staff has passed two unanimous resolutions asking the hospital Board to rescind their prior vote to transfer ownership of SCH to Sutter Health's West Bay Region. The Board of Supervisors and City Council also asked the hospital Board to rescind their Regionalization vote. In every case, the local hospital Board refused to rescind their Regionalize vote, and in fact, the Board voted on 3/7/13 to leave the process of Regionalization in place.

Sutter Health claims SCH is losing money. In an attempt to verify Sutter's claims, I (GJD) have made repeated requests during the last year to meet with the hospital accountant, a meeting which is my right as a Director of SCH, and which was promised by former SCH CEO Eugene Suksi. Mr. Suksi told me that the accountant was the appropriate person to show me SCH financial documents. Subsequently, Regional President Mike Cohill, Mr. Suksi, and current interim SCH CEO Linda Horn have all blocked this meeting, unless a Sutter Health employee is also present. Remember Sutter Health does not own Sutter Coast, but they are attempting to take hospital ownership.

In addition, Linda Horn has not responded to my requests to learn who has been invited to participate on The Camden Group's "steering committee." The SCH Board has not even discussed the concept of a steering committee, much less discussed or approved the process by which community members would be selected to participate on the committee. However, numerous community members have told me they have received invitations to sit on a steering committee related to Sutter Health's Strategic Options Study.

In light of these facts, I would ask the Supervisors, and anyone else who Sutter has invited to participate on the steering committee, to consider the following:

1. Mandate that your participation in a hospital study be preceded by Sutter Health releasing the meeting minutes and the financial data for the hospital. We applaud Supervisor Finigan's call for Sutter Health to release this information, but three weeks later, Sutter has released nothing. Be aware that study of SCH financial data will require considerable time by an independent accounting group with access to detailed records, not just summary information provided by Sutter Health.

2. Participate in the study only as it was originally designed and approved by the hospital Board-with collaborative funding and an independent consultant. Community participation at the outset would ensure that the consultant candidates are selected and approved by the community, not by Sutter Health, as was the case in the current study. (Only 3 community members selected The Camden Group to perform the study, after the first six local residents initially approached by the hospital Board refused to participate, over concern the study was not legitimate).

3. Ask Sutter Health to stop using the word "independent" to describe the current study. As pointed out by a community member who was asked to participate on the steering committee, the current process is clearly not independent and should not be described as such.

4. Put the Sutter hospital study on the Agenda for a special meeting of the Board of Supervisors, to be held during the evening to allow maximum community participation. You may not be aware that some of the individuals who spoke in favor of Sutter Health during your 5/28/13 meeting, including SCH interim CEO Linda Horn, are employed by Sutter Health, the corporation which is

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tempting to take ownership of locally owned Sutter Coast Hospital.

Finally, please consider the motivation behind the two sides of this conflict. Sutter Health is attempting to take ownership of SCH. It has become increasingly clear that Sutter Health wants to downsize Sutter Coast Hospital in order to receive higher payments for the treatment of Medicare patients. If Sutter Health will allow me to release the audio recording of Mike Cohill, Sutter Health Sr. Vice President, you will hear information which supports this contention. The local hospital Board and Sutter Health have not responded to the physicians' resolution to expand services to improve the hospital, nor to our "no confidence" vote in Critical Access designation at Sutter Coast.

We believe very strongly that Critical Access designation will harm the economic development and the residents and visitors in Del Norte and Curry counties, especially the elderly, poor and chronically ill.

Thank you for your consideration.

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