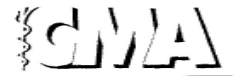




North Coast Physician



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"THE GOOD NEWS - 2011"
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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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OPEN LETTER TO POPE FRANCIS



P.O. Box 6457
Eureka, CA 95502 USA

November 12, 2013

His Holiness, The Pope
Domus Sanctae Marthae, Suite 201
Vatican City State, 00120

Your Holiness:

As a physician who has practiced rural medicine in Humboldt County, California for the past 40 years, I write to draw your attention to serious problems that have arisen in our community as a result of the regional bishop's enforcement of the Ethical and Religious Directives for Catholic Health Care Services issued by the United States Conference of Catholic Bishops in 2009.

Ours is a large rural county and the only hospital in Eureka, our county seat, is St. Joseph Hospital (SJH). The St. Joseph Health System (SJHS) also owns and operates Redwood Memorial Hospital (RMH), the only hospital in the neighboring city of Fortuna, California.

For decades SJH and RMH were quietly allowed to perform post-partum tubal ligation on women who wanted and needed this simple procedure, if the attending physician felt that it was medically appropriate. The same was true for hysterectomy. Both of these procedures are potentially life saving. Following the arrival two years ago of Bishop Vasa to the Santa Rosa diocese, the hospitals are no longer allowed to perform tubal ligations under any circumstances and may only perform hysterectomies to treat cancer.

The imposition of these medical restrictions created an antagonistic relationship between the SJHS and the medical community that continues to fester. When the hospital administration cancelled the second post-partum tubal ligation case and notified the hospital's OB/GYN physicians that no hysterectomies would be allowed at these facilities, the medical staff's Chief of OB-GYN resigned in protest. Another physician on the medical executive committee, the previous President of the Medical Staff, resigned in protest as well. In addition, the SJH medical staff bioethics committee that had previously reviewed such cases has been disbanded. Repeated community requests to reconstitute this committee have been denied.

135,000 people live here in Humboldt. We are spread out over an area larger than the states of Delaware and Rhode Island combined, larger by far than the island of Cyprus. We have only 4 OBs practicing full time and taking new patients. Two are in their 70's or nearly so, and a third is in his mid-60's. Obstetricians are leaving the community over this issue, and the medical community has been unable to recruit replacement obstetricians to work under these conditions. This in turn has led to a growing number of women finding themselves unable to procure local obstetrical care. This pattern is not confined to Humboldt County, but is emerging in rural areas across the United States. It approaches crisis proportions.

Holy Father, in the past few months you have spoken eloquently of the need for the Church to balance its divisive rules about abortion, gays and contraception with the greater need to make the Church a merciful, more welcoming place for all. You have stated clearly that ministers of the Church must always consider the person in need, for in life God accompanies persons and ministers must tend to them, tuning to the person's situation with mercy. You have repeatedly affirmed the spiritual reality that there is no place for the use of mental or hierarchical coercion to force people to accept the tenets of a given faith. You recently declared the ideological extremism of right-wing Christian fundamentalism to be "a serious illness" that does not serve Jesus, but rather serves the ideology, and in doing so it frightens people and scares them away from religion. Your pronouncements are a breath of fresh air to many in the medical community. Your words give us hope that change is possible.

We implore you to take steps quickly to limit the implementation of those Ethical Directives that deprive a person of the right to have their medical care be based on current medical "best practice" guidelines. Please free physicians and patients from the shackles of the Church's fundamentalist ideology so that all may receive appropriate health care delivered in an atmosphere of mercy and compassion. Such papal action is sorely needed and would be seen as a great gift by the patient population and those health care professionals who serve them.

Perhaps the 43-page document that defines the 72 Ethical Directives might some day be reduced to its essence, namely the holy commandment to "Be of Love."

Very Respectfully,

Scott Sattler, MD

CMA President's Message

Health Reform: Physicians Leading Change

RICHARD THORP, M.D.

CMA President



As I am sure most of you are acutely aware, the medical profession in our country is undergoing rapid unprecedented change.

In a little more than six months, major provisions of the Patient Protection and Affordable Care Act (ACA) – the driving legislation behind the national effort for health care reform – will be implemented, undoubtedly reshaping the national system for delivering care for years to come.

Some of you have already felt the effects of the ACA in your day-to-day practice. Perhaps you have treated a patient whose only avenue for coverage was a temporary high-risk pool plan designed to ensure that her pre-existing condition could no longer be denied coverage. Or maybe you have simply noticed an influx of young adults into your office, a result of the provision allowing children to remain on their parents' insurance until age 26.

While these reforms are laudable, the bulk of the planned legislative reforms will be introduced and overseen by an entirely new entity in the nation's health care delivery model – state-based health benefit exchanges.

Beginning on January 1, 2014, these state-based exchanges will introduce new, online insurance marketplaces through which consumers will be able to purchase health coverage subsidized according to their income levels. Between the exchanges and the planned expansion of Medicaid programs across the country, as many as 32 million Americans are expected to gain coverage over the next few years.

With the January deadline drawing near, the pace is frantic, and as providers begin to plan for this massive influx of new patients, state and federal regulators are still issuing guidance outlining exactly how

these exchanges will function.

We are changing out our jet engines mid-flight, while the runway we approach is still being built.

But while there is still much to be done, California physicians are making progress toward a successful implementation.

Only days after the federal enacting legislation was signed, California emerged as the leader in ACA implementation by authorizing formation of its own health benefit exchange. Now called Covered California, our state exchange has since that time selected an executive director and board who have been aggressively assembling preparing for the opening of a successful marketplace in 2014.

This progress has not come easily. Throughout the effort, the exchange board has been faced with input from many competing interests. Every decision, no matter how large or small, has come with comments and suggestions from payors, consumer advocates, hospitals and, of course, your California Medical Association (CMA).

CMA staff has worked diligently to position our association as a prominent stakeholder in the development and future function of Covered California, ensuring that our state does not end up with a model of health care in which quality is measured in dollars, value is available only to those who can pay for it, and medical decisions are controlled by payors and regulators rather than by doctors.

Only physicians know how to balance medical care wisely as we figure out how to realign incentives towards a sustainable health system and stable fiscal future, and our leadership at this juncture is critical.

Furthermore, with important major

tasks still yet to be accomplished, design and implementation of the exchange continues to hold significant risks for California physicians. Only now, roughly six months before the exchange goes live, is the model contract being finalized. Following that, the exchange must select which insurance providers will be eligible to offer a plan in the new, online marketplace.

As these decisions are finalized, it is vital that physicians pay attention, educate themselves and choose wisely the nature and extent of their future participation.

The choices we make today – both individually and collectively – will have important ramifications for how medicine is practiced in California for years to come. As you consider these choices, you can rest assured that CMA will be there to help

And as we begin to land our re-tooled aircraft on a brand-new runway, the efforts we have made as physicians and as CMA members will help to ensure a safe, sensible and successful journey into a professional future we have helped to both envision and create.

With only months to go, it is critical that we remember and reaffirm the importance of physician leadership in the California health care reform effort, knowing that absent our involvement and our effort, the default future would have been much different. Physician leadership – in the vision for, implementation of and provision of medical care going forward – is the only way to ensure the people of California have access to the health care system they truly deserve.

Thank you for your leadership. It has – and will – make all the difference.



**CONGRATULATIONS
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**CONGRATULATIONS
EVA MARIE SMITH, M.D.**



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FREDERICK K.M. PLESSNER
AWARD RECIPIENT AS
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WANTED - FAMILY PRACTICE PHYSICIAN Full or part time. Aviation Medical Examiner preferred. Contact George Jutila, M.D., 725-3334 or home.md@suddenlink.net (GJ)

FNP WANTED. 3 days per week (Tuesday, Wednesday, Friday) 8 to 5:30 is 27 hours patient time, and 8 hours paid paperwork time in addition, that is full time 35 hours. With vacation, paid holidays, CME time, CME paid, malpractice and licenses paid. Hourly rate based on experience. Work in small solo family practice in Eureka with Dr Teresa Marshall and Carolyn Barnhart FNP with wonderful office staff, full EMR web based system that is easy to learn and training time paid. Please call 445-5900 or email to drmarshallsoffice@att.net and ask any more questions you have.

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