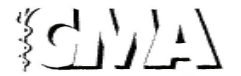




THE BULLETIN



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“The Short Term Medical Mission Trip: Why you should go”

EMILY DALTON, M.D.



Physicians have a unique skill to offer when doing international charitable work, and it is important that we share those special skills with those less fortunate. The tradition of the American medical mission dates back to the early 1800's when missionary physicians traveled to countries like India and Africa to promote Christianity, provide medical care and establish hospitals.¹ Currently in addition to faith based medical missions, there are numerous secular humanitarian missions and in fact, the modern definition of “medical mission” is: “Travel by a group of physicians to a foreign country for the purpose of making a special study or of undertaking a special project of a short-term duration; not to be confused with missions and missionaries which covers permanent medical establishments and personnel maintained by religious organizations.”²

Short term medical missions are set up to provide essential or important medical services that may not otherwise be available in an impoverished country. Some of the religious organizations that sponsor such trips include the Christian Medical and Dental Association or Medical Ministry International, while some of the secular groups include Doctors Without Borders, Rotaplast, or Operation Smile. For a more comprehensive list of resources and some helpful advice, see the 2009 editorial in American Family Physician.³

I have always wanted to do a medical mission trip, so last February I went to Honduras with the Christian Medical and Dental Association (CMDA). The medical team was great--the people were industrious, passionate, and full of humor and joy. Physicians, practitioners, nurses, missionaries, translators, a physical therapist and a

pharmacist made up our multidisciplinary team. The itinerary was well planned, comprehensive, and coordinated with local community leaders to reach out in ways that would be most effective.

Honduras is a beautiful country. Lush greenery sprouts up everywhere, the climate is warm, and the coffee is great. Hondurans are friendly, down to earth, and short-- it's the only place I've ever been where I felt tall. (I'm 5'2) Cows rule the roads, and even the main thoroughfares can be dirt or gravel. Although malaria is endemic, I did not see a single mosquito the whole time. (That could have had something to do with the large amounts of insect repellent that I repeatedly applied.) Nevertheless, life is hard in the Honduras. People in are poor: the gross national income per capita is \$1,820, compared to \$45,640 in the US. Wages are low, and little industry exists to provide employment. Drugs and crime are rampant, and the social infrastructure to counter that

influence is sorely lacking. The BBC website describes Honduras in the following way: Military rule, corruption, a huge wealth gap, crime and natural disasters have rendered Honduras one of the least developed and least secure countries in Central America.⁴

Vaccines and some preventative medicine are provided by governmental health workers, but many of the people we saw had never seen a doctor, or had only had emergency care for dire illnesses. Most could not even afford to get acetaminophen or ibuprofen for aches and pains. One woman showed up with an acute abdomen and \$40 to her name. We effectively doubled her net worth by getting her a two hour ride to the nearest hospital and giving her \$50 to pay the medical bill.

The trip was a whirlwind of prayer, travel, medical work and communal meals. Each day we rode on a rickety school bus to a remote village where we would set up clinic

...cont on next page





ics on the dirt floor of the local church. Most places had no electricity, so we worked by daylight or flashlight, and the dentists brought a generator to do extractions and other basic dental work. Long lines of people formed to see a doctor or dentist, and we spend many lengthy days seeing patients, trying to communicate across the linguistic and cultural barriers, praying with people and prescribing medications that could be obtained at our makeshift pharmacy.

I was able to speak enough Spanish to communicate directly with the patients. In some villages I still needed an interpreter--but not one who spoke English--just someone who could translate the local dialect into standard Spanish! During a check up with a 15 year old boy, I asked him how his mood was, and he said "sad". He pointed to a black ribbon he had pinned to his sleeve and told me that two of his friends had recently been murdered. The aftermath of violence spares neither young nor old. Another young woman asked if I could help her to get pregnant. She explained that her friends had all had children, and the years were passing and she wanted a baby. I

asked her how old she was, and she replied "17". Although I viewed her as a child, she clearly did not. I tried to be sensitive to her perception, and while the scope of what we could offer was limited, I gave her prenatal vitamins, and we prayed together.

A 23 year old woman came in for a consultation, and she was only about three and a half feet tall. She had coarse features, but clearly did not have achondroplasia. I quickly ran my mind over the differential diagnosis of short stature, and tried to recall the associated medical complications. She sat down, and I asked what was wrong. She replied that she had headaches and a back pain and would like something to relieve them. After addressing that, I asked if she knew why she was so short. She seemed surprised by the question and made it clear that her height had never really troubled her.

Over and over I found that my preconceptions got in the way of understanding the concerns of my patients. I had to reel back some of my world views and try to find how I could be most helpful to each individual. Often prayer and emotional support were as helpful as any medical treatment or advice I could give.

It was freeing to be able to see patients with no insurances to bill, no malpractice to worry about, and no restrictions imposed by health plans or government rules. I got back in touch with what made me go into medicine in the first place: helping people. The experience was rejuvenating, and the gratitude and appreciation from my patients made me come away feeling as though I had received more than I gave.

I encourage all physicians to consider doing a medical mission. The recent article in American Family Physician has some

excellent resources and guidance for anyone considering one.³ We have a unique skill that we can and should share, the experience is rewarding, results in personal growth, and helps bring us back to why we all became doctors in the first place: to help people.

1. <http://www.ovc.edu/missions/medical/medbook2.htm>
2. <http://www.mondofacto.com/facts/dictionary?medical+missions%2C+official>
3. Mulvaney SW, McBeth, JM. Medical Humanitarian Missions American Family Physician 2009;
4. http://news.bbc.co.uk/2/hi/americas/country_profiles/1225416.stm §

MARK YOUR CALENDARS

**NORCAL RISK MANAGEMENT
"Lessons Learned in
Litigation: EHR Best
Practices"**

September 7, 2011

**CMA HOUSE OF
DELEGATES, ANAHEIM**
October 15-17, 2011

**ANNUAL GENERAL
MEMBERSHIP MEETING**
December 1, 2011

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

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

Partnering with Patients for Quality Care

M. ELLEN MAHONEY, M.D



We all want the best outcomes for our patients, and we work hard to make sure they get the care they need. However, patients often don't understand that their role is just as important. Communication between patients and physicians is essential for the appropriate delivery of quality care. And that can only happen when both the patient and physician are equally engaged.

Quality care means patients are comfortable enough to ask questions and share relevant personal information with their provider. Timid patients may make this difficult if they are too shy to speak up and take part in health decisions. Many patients still expect a doctor's visit to mean "she talks, I listen." And physicians don't always have time to wait for more reserved patients to open up and ask questions.

Patients need information from each of us, but they also need help integrating what they have heard if, as commonly happens, consultants from other specialties have seen them too. Reconciling the different nuances inherent in seeing other specialists, in talking to friends and family, and in being exposed to the media is a daunting task that is best tackled directly. Some primary care practices remain excellent guides for their patients as they involve other health care professionals, and sometimes this integration is left to one of the specialty practices involved. And sometimes the patients are left trying to decide on a course of action by themselves, and their lack of information resources can lead to suboptimal outcomes. Solid doctor-patient relationships don't come easily. As physicians, too often we are pressured to see more patients and burdened by growing administrative requirements. This leaves little time to coax each patient into revealing her personal history or repeat the steps of a treatment program. While I

work hard to develop strong, open relationships with my patients, using patient tools can help them become more knowledgeable about their health behaviors and ensure their questions are answered – as well as help me deliver quality care to each patient who comes through my door.

Here in Humboldt, there are resources available for physicians who want to forge better relationships with their patients. As part of its involvement in Aligning Forces for Quality, a national initiative of the Robert Wood Johnson Foundation to improve the quality of local health care, the Community Health Alliance has developed a chronic disease self-management program for Humboldt County residents with diabetes, chronic pain, heart disease, arthritis, depression, or any other on-going health condition. The program, called Our Pathways to Health, includes resources such as a personal health record and a sample pre-appointment checklist to help patients prepare for their visit.


The Alliance is also working to measure and publicly report on the quality of local care, help health care providers improve their care delivery, and engage patients in making informed choices about the care they receive. For example, in partnership with the Independent Practice Association, the Alliance is supporting local primary care practices as they work to weave the patient perspective through their quality improvement efforts and their groundwork for patient-centered medical home preparation.

Eighteen practices meet monthly as part of a "Primary Care Renewal Collaborative" to share ideas and provide support for improving the quality of care they provide their patients. Patients collaborate with physicians, nurses, and other allied professionals as well as office personnel to identify strategies to improve the quality of – and patient experience with – primary care, such as making sure appointments are available everyday for patients who call with urgent needs.

Visit communityhealthalliance.org to learn more about how you can get involved and find resources to help your patients better managing their health care. §

2011 Salary Survey results available to members. Contact the Medical Society

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



Corsetti & Noyes, LLP
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Humboldt-Del Norte "Tattler"

CONGRATULATIONS to Gita Meshri and Michael Raisinghani on the birth of their son, Arjan, born 7/7/11. Baby Arjan weighed in at 7 lbs, 1 oz and was 19" long. Joins sister Aria, 3 ½ yrs. Mom and baby are doing great!

CONGRATULATIONS to Nathan Brinckhaus (son of Ruben and Lalita Brinckhaus) who just graduated from Loma Linda Medical School in May 2011!

HAPPY BIRTHDAY to.....DRS. Bailey, Bellah, Jay Davis, Harmon, Kessler, Ray Koch, Kushner, McCaffrey, McKenzie, Rush, Tse, Welton and Zibilich;

MEET OUR NEW MEMBERS

Please join us in welcoming the following new member(s).

Contact the Medical Society Office if you wish further information about any of our member physicians.



CLIFFORD TSE, M.D.

Family Medicine

Ross University (2008)

Redwood Family Practice

2350 Buhne Street, Suite A

Eureka, CA 95501

(707) 443-4593 FAX: (707) 443-6447

Office Manager: Debbie Lee

CORRECTION



ERIK JANSSON, M.D.

Ophthalmology

Board Certification: American Board of Ophthalmology (1999-2019)

University of Iowa (1972)

North Coast Ophthalmology

3798 Janes Road, Suite 16

Arcata, CA 95521-4746

(707) 822-7222

FAX: (707) 822-1342

Office Manager: Karen Peterson

2840 O'Neil Lane

Eureka, CA 95503-4870

(707) 443-9777

FAX: (707) 445-1003

Coming, Going & Moving Around

WELCOME:

Tara Arness, M.D.

Evan Buxbaum, M.D.

Stephanie Dittmer, M.D.

Courney Ladika, M.D.

Robert Lemon, M.D.

Hugh Parker, M.D.

Kelvin Vu, D.O.

Family Medicine/OB

Pediatrics

Family Medicine/OB

Family Medicine

Medical Oncology

Cardiology

Family Medicine

McKinleyville Open Door

Redwood Pediatrics, Fortuna

Humboldt Medical Group, Fortuna

Redwood Family Practice, Eureka

Eureka Internal Medicine

Humboldt Medical Specialists - Cardiology

North Country Clinic, Arcata

GOING:

Robert LaClair, M.D. Nephrology

MOVING AROUND

Allen Mathew, M.D.

Nephrology

TO: Redwood Renal Associates

2505 Lucas Street

Eureka (707) 444-2534

ANN LINDSAY, M.D.
Humboldt County Public Health Officer



Tdap REQUIREMENT FOR 7TH TO 12TH GRADERS NOW IN EFFECT

As of July 18th, 65% of the Humboldt County 7th to 12 grade students who are required to have Tdap for school entry late August have gotten vaccinated. Please help spread the word to parents about the requirement and promote vaccines in your offices if that is a service you offer. Students will need to show proof of vaccination. A printout from the immunization registry will suffice. Public Health will be hosting Tdap clinics for teens every Thursday from 1-4 PM at 529 I St, Eureka. We are asking for \$15 donation, but waive the fee in cases of financial hardship.

THE HAZARDS OF LOW VACCINATION RATES

In case you haven't heard, the alleged link between vaccines and autism was based on fictitious research. There is no evidence for such a link, but safety concerns often prevent conscientious parents from vaccinating their children, putting their children and the community at increasing risk for illness. Also at risk are people who have been vaccinated, but whose immunity has waned.

The World Health Organization reports outbreaks in countries where vaccination rates have gone down, including France (7,000 cases so far this year, more than in all of 2010), Belgium, Germany, Romania, Serbia, Spain, Macedonia and Turkey. There have already been 334 measles cases in England and Wales this year, compared with 33 all of last year. The U.S. has seen 118 cases as of mid-May, compared with 56 cases a year from 2001 to 2008.

The Oxford Journal reports that when a woman from Switzerland who had not been vaccinated for measles visited Tucson in 2008 and became symptomatic, she went to a local hospital for medical attention. This initiated a chain of events that over the next three months led to at least 14 people, including seven kids, getting measles. Seven of the victims caught the

disease while visiting healthcare facilities. Four people had to be hospitalized. The outbreak cost two local hospitals a total of nearly \$800,000, and the state and local health departments tens of thousands more, to track down the cases, quarantine and treat the sick and notify the thousands of people who might have been exposed, which is more likely in communities, like some schools in Humboldt, where "herd immunity" has fallen too low to keep the spread of the disease in check.

None of the victims had been vaccinated or had "unknown vaccination status," and remarkably, 25% of the workers in the healthcare facilities where the patients were treated had no immunity to measles (either they had not been vaccinated or the antibodies from an earlier vaccination could no longer be detected). One healthcare worker got the disease and gave it to two other people.

In 2010, California suffered its worst

whooping cough outbreak in more than 60 years (more than 9,000 cases, 10 infant deaths). A 2008 study in Michigan found that areas with "exemption clusters" of parents who didn't vaccinate their kids were three times more likely to have outbreaks of whooping cough than areas where vaccination rates matched the state average.

As medical professionals you can do your part to encourage vaccination. Furthermore, it is required for health care personnel to be vaccinated against pertussis (Tdap). You should also make sure you and employees at your facility are documented to either have received measles vaccine or be immune by laboratory testing. Otherwise, you or an employee could face having to stay home for a few weeks if exposed to measles on the job to prevent infecting others. Now that would be disrupting! §

The New CMANET.org

Have you updated your "Physician Finder" profile yet?

The California Medical Association (CMA) recently launched a new website for easier, more intuitive navigation, loaded with a suite of digital tools that will help you get the most from your membership.

If your membership is current, you'll be listed in our new online "find a physician" search engine. Login today to update your profile so patients and colleagues can locate you.

If it's your first visit to the new CMA website, you will need to activate your new web account. Passwords from the old website were not carried over for security reasons.

The process of activating your account is quick and easy, and will give you direct and immediate access to your account information and profile.

Activate your account online today. If you have any questions, please do not hesitate to contact CMA's member help center at (800) 786-4262 or memberservice@cmanet.org

CLASSIFIED ADVERTISEMENTS

JOB OPPORTUNITIES

*Also refer to Practice Opportunities on our website
www.hdnems.org*

PART TIME (TEMPORARY) URGENT CARE PHYSICIAN OPPORTUNITY – seeking a Board Certified Family Practice or Emergency Medicine Physician to work at St. Joseph Urgent Care Center on a part time basis for approximately 6 months. **If interested, please contact Eric Gerdes, D.O. at ericgerdes@**

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)

BUSY PSYCHIATRIC PRACTICE with Psychiatrist and P.A.-C looking for mid-level practitioner to join practice (part time at first)

Pleasant office environment and staff. Practice focuses heavily on psychopharmacology and brief supportive counseling. Psychiatric experience a big plus but will train and supervise the right person.

TRANSCRIPTIONIST AVAIL 4+ yrs exp. in GP, OB-GYN ultsnds, IM, ortho, cardiac, ltrs & C notes. Local/Reliable. (707) 725-6517 or (707) 845-6181.

FAMILY PRACTICE OPPORTUNITY: Please help spread the word. We are seeking a Family Practitioner or Nurse Practitioner to take over a Family Practice in Arcata, California. The practice has been going for 25 years with a stable patient population and staff, and consistently is ranked one of the top performing primary care practices in Humboldt County, both in performance measures and patient experience. It is located in a historic California bungalow in a desirable Arcata neighborhood. Arcata is a Health Manpower Shortage Area, so loan forgiveness is possible. We have fully implemented Athena EHR with clinical, practice management, and patient portal modules, including secure e-mail for which patients pay \$10 a month. Contact alindsay@gotsky.com or call 707 499 5177.

BUSY DOCTOR HIRING WEEKEND NANNY. Friday - Sunday, 2-3 weekends/month. Contact: Maria, 918-266-6789.

PROPERTY FOR SALE/ RENT/ LEASE

FOR LEASE: Join our new professional medical facilities near Mad River Hospital. Build to suit in new Planned Unit Development. 1200 - 4000 sq. ft. spaces. Contact Mark , 707-616-4416 or e-mail: Jones202@suddenlink.net.

MEDICAL OFFICE SPACE AVAILABLE in Fortuna. New clinic --2,500-5,000 sq ft. Equipt for lab; has comfortable waiting room, eight treatment rooms and 4 private offices for providers and/or office/nurse managers. Please contact Arlene Guccione for more information , (707) 725-8770 . (JG7-10)

FOR RENT. 3 Bedroom, 2 Bathroom, Backyard with deck. Washer/dryer hookup. Walking distance to Safeway, Washington School, Sequoia Park, St. Joseph Hospital. \$2500/month. Pets OK. Photos: www.3333Harrison.com; Regina 707-845-4740.

MISCELLANEOUS

FOR SALE. Local medical practice is currently offering for sale:

- Welch wall mounted Blood Pressure Monitor
- Metal xray storage shelves --(2) 5 tier (1) 6 tier
- Blood draw chair
- Ambco Audiometer model 650
- Large Dry Erase Board
- 2 bullet proof reception desk widows with metal mounting hardware

Contact Nancy Craig at 707-442-5335 x 338

EXAM TABLE FOR SALE. LIKE NEW. \$50. OBO

Contact: [Elesha @ Eureka Pediatrics](mailto:Elesha@EurekaPediatrics), 445-8416 (ME611)

Display Advertising Rate Schedule

SIZE	MONTHLY	SIZE
1/4 Page	\$140.00	7.45" x 2.61"
1/2 Page	\$160.00	7.45" x 5.23"
1/3 Page Vertical	\$150.00	2.37" x 9.95"
Full Page	\$200.00	7.45" x 9.95"
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	

DEADLINE: 15th day of the preceding month to be published